



COURSE TITLE / SECTION: SOCW 7397 Section 19109 Summer 2012
Core Concepts in Trauma Treatment for Children and Adolescents

TIME: June 14, 19, 21, 26, and 28. The class will meet each day from 9am-4pm and will include a 1 hour working lunch.

FACULTY:

Sandra A. Lopez, LCSW, ACSW, DCSW
Patricia Taylor, Ph. D., LCSW

OFFICE HOURS:

Contact Professors for appointments

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I. **Course**

A. Catalog Description: [Credit 3 (3-0)].

This course will introduce students to the core concepts (general theory and foundational knowledge), which informs evidence-based assessment and intervention with traumatized children and adolescents. Trauma is broadly defined, and includes children and adolescents exposed to traumatic events including, but not limited to natural disasters, war, abuse and neglect, medical trauma and witnessing interpersonal crime (e.g. domestic violence) and other traumatic events. This course will highlight the role of development, culture and empirical evidence in trauma-specific interventions with children, adolescents and their families. It will address the level of functioning of primary care giving environments and assess the capacity of the community to facilitate restorative processes.

B. Purpose:

This course provides an introduction to the core concepts of evidence based assessment and intervention with adolescents and children. Using an inquiry (problem) based learning approach, the students will apply the core concepts of trauma treatment to five specifically designed cases.

II. **Course Objectives**

At the end of the course the student will be able to:

1. Explain how traumatic experiences are inherently complex;
2. Illustrate how trauma occurs within a broad context that included children's personal characteristics, life experiences and current circumstances;
3. Appraise the manner in which trauma events often generate secondary adversities, life changes and distressing reminders in children's daily lives;
4. Evaluate a wide range of reactions to trauma and loss experienced by a child and family;
5. Examine the manner in which danger and safety are core concerns in the lives of traumatized children;
6. Provide a framework for intervention which addresses the level of functioning of primary care-giving environments, including parent/caregiver and family unit;

7. Describe how pre-existing protective and promotive factors can reduce the adverse impacts of trauma exposure across development;
8. Identify how posttraumatic adversities strongly influence development;
9. Describe how traumatic experiences evoke strong biological (neurological) responses;
10. Examine the manner in which culture is closely interwoven with traumatic experiences, response and recovery;
11. Determine the manner in which interventions with trauma exposed children and adolescents need to address ethical and legal issues as they arise; and
12. Recognize how interventions with trauma-exposed children and adolescents impact the practitioner in working with these populations.

III. Required Text

Fontes, L.A. (2008). *Child abuse and culture: Working with diverse families*. New York: Guilford Press.

Saxe, G.N., Ellis, B.H., & Kaplow, J. (2007). *Collaborative treatment of traumatized children and teens: The trauma systems therapy approach*. New York: Guilford Press.

IV. Recommended Texts

Cohen, J.A., Mannarino, A.P. & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York: Guilford Press.

Lieberman, A. & Van Horn, P. (2005). *Don't hit my Mommy*. Washington, DC: Zero to Three Press.

V. Course Structure and Teaching Format

Two key conceptual frameworks provide the overarching organizing principles for the Core Concepts in Trauma Treatment for Children and Adolescents. They are: 1) the Trauma paradigm and 2) Inquiry (problem) based learning. A trauma paradigm offers a lens through which to view and understand the overwhelming and often enduring effects of adverse life experiences on children, adolescents and their families. Inquiry (problem) based learning method relies heavily on the student taking an active role in learning. Students are presented with real life client situations or problems. They assume responsibility for identification of the knowledge they need to solve the problem or address the situation, and for searching and obtaining that knowledge. This approach is compatible with a strength-based perspective endorsed in social work. It has been suggested that the skills most developed in students with the approach are those of critical thinking and self-directed learning (Altshuler & Bosch, 2003). The objectives of the course will be met through regular attendance and participation in the class which will combine an intensive examination of 5 case vignettes with brief lectures, role play, class exercises, the use of films and videotapes, and class discussion. The structure of the course is divided into 3 units organized according to age.

Your Responsibility as a Learner -

Use of Self is a key to effective social work practice and is the demonstrated ability to use self in an appropriate manner which includes participation, an established pattern of completing course requirements in the timelines established, and demonstrating responsibility and commitment to your learning. Part of professional behavior is the ability to effectively communicate. It is expected that a student will maintain contact with the professor via classroom meetings, e-mail, phone, and on-line discussions. This action exhibits responsible behavior on the part of the student. One crucial foundation for being able to do this is developing insight into your own self process in the classroom environment and in relation to your class assignments, other students, and your professor. Use of self includes the following: Quality of written work, Receptivity to new learning and differing perspectives, and Ability to accept feedback and attempt change.

VI. Course Requirements

A. Required Readings

A selection of articles/chapters from books have been identified as **required readings** for this course. These required readings will be posted on Blackboard Vista and must be completed prior to the date in which they will be used as resource readings. (See Course Outline and Schedule of Readings)

B. Assignments/Requirements

1. Participation (20 points)

The required course meetings and full participation for each class meeting are worth 4 points each day (20 points total). All required readings, will be posted on blackboard vista; videos, and other media resources for each learning unit to prepare you for class case discussion will be posted as well. It is essential that you come to class prepared with questions that reflect your readings and insights related to cases from other personal or professional experiences.

Each day we will assign points (0, 1, 2, 3, 4) for your participation in class. A zero means you did not participate or your participation was poor whereas a 4 reflects full participation and excellent effort that incorporated critical and reflective thinking. We will consider the following factors as we grade:

1. thoroughness and quality of the discussion topics;
2. response to and engagement with your peers;
3. the timeliness in discussion (did you stay on topic);
4. understanding of material, shares personal opinions or experiences in relation to material;
5. appropriate and substantive application of course material to case study and other social work practice situations. Cites from the text and other readings appropriately;
6. evaluation and synthesis of material; establishes relationship between/among ideas/events; offers insights and new ideas based on the material and uses citations and references beyond required readings to support ideas.

In other words, student discussions that provide synthesis and analysis of material and that provide insights beyond what is presented in the text will be graded higher than work that is primarily descriptive or merely relates what other peers discuss.

2. Trauma-Focused Cognitive Behavior Therapy Web Course (10 points)

All students will complete the free ten hour online TF-CBT web course training. Go to the website for Trauma-Focused Cognitive Behavior Therapy (CF-CBT) <http://tfcbt.musc.edu/> (you can always find this if you Google "tf-cbt"). Login and complete the course. This web based course complements the readings and class content. At the end of each module there is a post-test. You will have to complete the post test before you can move on to the next module. Print out and hand in the certificate of completion by the first class day on June 14.

3. Two Reflection Papers (30 points each)

Two Reflection Papers will be assigned and due June 23 and June 30.

Goal of the Assignment: To demonstrate the ability to identify and explore a question, theme or concept of interest and apply that to your understanding of a case.

Tasks: Choose a case and identify a question, theme or core concept that you wish to investigate further. Use the literature to explore the question, theme or core concept for yourself. Discuss why this was of interest

to you. Relate the themes/concepts to any case discussed in class. Include a reference list of the authors you used.

Format: Each paper should be a double-spaced, typewritten and 7-8 pages in length. As guidelines for preparing reflective papers, please address the following content areas:

- . Introduction of Selected Case
- . Introduction of Identified Question, Theme, or Core Concept
- . Review of Literature related to Identified Question, Theme or Core Concept
- . Rationale for Interest in These Issues
- . Relate Identified Question, Theme, or Core Concept to Cases Reviewed Thus Far in Class
- . Conclusion
- . References

Grade: **Reflection Paper 1 – 30%**
 Reflection Paper 2 – 30%

Due Dates: **June 23 and June 30** – Must be turned in at the specified time through blackboard vista.

4. Blackboard Discussion (10 points)

Students will participate in periodic discussion on Blackboard Vista. Specific questions will be designed to invite reflection of the course content, to promote participation, and to supplement class learning. Prior to the beginning of class on June 14th, students will participate in three key discussion postings:

- 1) Student Introduction
- 2) Self-Care Planning
- 3) TFCBT Course.

VII. Evaluation and Grading

A. Grades will be based on the following:

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| 1. In-Class Participation | 20% |
| 2. Trauma Focused CBT Course | 10% |
| 3. Two Reflection Papers (30% each) | 60% |
| 4. Blackboard Vista Participation & Discussion | 10% |

B. Final course letter grades are based on the following standard grading scale for all courses taught in the College:

A = 96 - 100	C+ = 76 - 79.9
A- = 92 - 95.9	C = 72 - 75.9
B+ = 88 - 91.9	C- = 68 - 71.9
B = 84 - 87.9	D = 64 - 67.9
B- = 80 - 83.9	F = Below 64

C. Late Assignments

Professors will allow for submission of late assignments **only** if the **student has made prior arrangements to do so and for appropriate and compelling reasons. Late assignments (granted permission for late submission) however will automatically result in the lowering of the otherwise earned grade.**

D. Pagers, Cell Phones, and Laptops

Please show respect and consideration of colleagues and professors by taking responsibility for keeping pager and cell phone interruptions to a minimum.

Given the nature of this class and its focus on inquiry based learning, students are invited and encouraged to use their laptops to support their intensive work and learning in the classroom. During group processing, students may use their laptops to identify resources, review assigned articles, and to locate information which may be valuable to the case processing. The Professors will assume students will act responsibly in using their laptops solely for coursework.

E. Policy on Grades of Incomplete

Please refer to the UH Graduate and Professional Studies Bulletin for the university policy regarding a grade of Incomplete (I). Incompletes will be given only in accordance with this policy.

VIII. Policy on Academic Dishonesty and Plagiarism

Students are expected to demonstrate and maintain a professional standard of writing in all courses, do one's own work, give credit for the ideas of others, and provide proper citation of source materials. Any student who plagiarizes any part of a paper or assignment or engages in any form of academic dishonesty will receive an "I" for the class with a recommendation that a grade of F be assigned, subsequent to a College hearing, in accordance with the University policy on academic dishonesty. Other actions may also be recommended and/or taken by the College to suspend or expel a student who engages in academic dishonesty.

All papers and written assignments must be fully and properly referenced using APA style format (or as approved by the Instructor), with credit given to the authors whose ideas you have used. If you are using direct quotes from a specific author (or authors), you must set the quote in quotation marks or use an indented quotation form. For all direct quotes, you must include the page number (s) in your text or references. Any time that you use more than four or five consecutive words taken from another author, you must clearly indicate that this is a direct quotation. Please consult the current APA manual for further information.

Academic dishonesty includes using any other person's work and representing it as your own. This includes (but is not limited to) using graded papers from students who have previously taken this course as the basis for your work. It also includes, but is not limited to submitting the same paper to more than one class. If you have any specific questions about plagiarism or academic dishonesty, please raise these questions in class or make an appointment to see Instructor. This statement is consistent with the University Policy on Academic Dishonesty that can be found in your UH Student Handbook.

IX. Consultation

This course allows for a collaborative teaching approach involving Professors Lopez and Taylor. You may schedule consultation with either professor as needed.

X. Americans with Disabilities Statement

Whenever possible, and in accordance with 504/ADA guidelines, the University of Houston will attempt to provide reasonable academic accommodations to students who request and require them. For more information and/or assistance, please contact the Center for Students with DisAbilities at 713-743-5400. Instructors may not provide accommodations without supporting documentation from the UH Center for Students with DisAbilities.

COURSE OUTLINE AND SCHEDULE OF READINGS

Unit I - INFANCY AND PRESCHOOL

Day 1 June 14:

- **Amarika:** One and one-half year old African American female; witness to community violence (mother shot); historical trauma

Learning Objectives

At the conclusion of class session one, the learner should be able to:

1. Know that very young children, including babies in the first year of life, are affected by traumatic events in their physiological, emotional, social, and cognitive functioning and enact the traumatic experience through their behavior even when are unable to describe it verbally.
2. Understand that caregiver and child functioning are inter-connected and influence each other, especially during the first five years of life.
3. Identify specific ways in which the young child's biological, emotional, social, and cognitive development may be affected by the experience of trauma.
4. Appreciate that historical trauma and other preexisting ecological stressors can affect the family's perception of and response to the trauma.
5. Identify engagement skills used with infants and caregivers;

Required Readings

Collins, K., Connors, K., Davis, S., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F., Thompson, E. (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions*. Baltimore, MD: Family Informed Trauma Treatment center.

Harris, W. W., Lieberman, F. A., & Marans, S. (2007). In the best interests of society. *Journal of Child Psychology and Psychiatry*, 48(3-4), 392-411.

Fontes (2008) Chapter 1-2

Lieberman, F. A., Knorr, K. (2007) The impact of trauma: A development framework for infancy and early childhood. *Psychiatric Annals*, 37(6), 416-422.

Saxe, G.N. (2007). Chapters 2-4.

Weingarten, K. (2004) Common Shock: Witnessing violence in clients' lives. *Counselor Magazine*, Volume, 5.

Resource Readings

Bogat, G.A., DeJonghe, E., Levendosky, A.A., Davidson, W.S. & von Eye, A. (2006). Trauma symptoms among infants exposed to intimate partner violence. *Child Abuse & Neglect* 30, 109-125.

English, D.J., Marshal, D.B. & Stewart, A.J. (2003). Effects of family violence on child behavior and health during early childhood. *Journal of Family Violence*, 18(1), 43-57.

Pynoos, S R., Fairbank, A. J., Steinberg, M. A., Amaya-Jackson, L., Gerrity, E., Mount, L. M., Maze, J. (2008)., National child traumatic stress network collaborating to improve the standard of care. *Professional Psychology: Research and Practice* 39(4), 389-395.

Walker, J. (2007). Unresolved loss and trauma for parents and the implications for child protection. *Journal of Social Work Practice*, 77-87

Zero to Three National Center for Infants, Toddlers and Families www.zerotothree.org

Day 2 June 19:

- **Juan** – Three year old Latino male: victim of paternal sexual abuse

Learning Objectives

At the conclusion of class session two, the learner should be able to:

1. Appreciate the impact of sexually inappropriate and possible traumatic events on a pre-school child.
2. Understand the impact of the parent/caregiver's reaction to the suspected sexual abuse and how that impacts the child's experience of and recovery from the traumatic event.
3. Be aware of the behavioral manifestations of exposure to sexually inappropriate material (thru witnessing) or to sexual molestation
4. Learn how to enlist parent/caregiver in the therapeutic process.
5. Appreciate the role of external, authoritative systems (e.g. CPS) in securing a safe environment for the child and family.
6. Identify the manner in which culture affects and interacts with the child and family response to the trauma, and to helping professionals

Required Readings

Fontes (2008) Chapters 3 & 6
Lieberman & Van Horn (2008) Section 1
Saxe, G.N. (2007). Chapters 5-7

Resource Readings

Cermak, P., Molitor, C. (1996). Male victims of child sexual abuse. *Child & Adolescent Social Work*, 13 (5), 385-400.

Lederman, C & Osofsky, J. D. (2008). A judicial-mental health partnership to heal young children in court. *Infant Mental Health Journal*. Vol. 29(1), 36-47.

Lovett, B. B. (2007). Sexual abuse in the preschool years: Blending Ideas from Object relations Theory, Ego Psychology, and Biology. *Child & Adolescent Social Work*. 24, 579-589.

Lovett, B. B. (2004). Child sexual abuse disclosure: Maternal response and other variables impacting the victim. *Child & Adolescent Social Work Journal*, 21(4), 355-371.

Milot, T., Ethier, L.S., St-Laurent, D., & Provost, M.A. (2010). The role of trauma symptoms in the development of behavior problems in maltreated pre-schoolers. *Child Abuse and Neglect*, 34, 225-234.

Unit II - ELEMENTARY

Day 3 June 21:

- **Geraldine** - 9 year old, African American female, witness murder of mother.

Learning Objectives

At the conclusion of this class session, the learner should be able to:

1. Identify the unique characteristics of an assessment conducted during the acute phase of a traumatic experience.
2. Identify the unique legal considerations that need to be made in the case where a child witness's one parent kills another.
3. Describe the peritraumatic dissociative process Geraldine experiences at the time of her mother's murder. Describe how this is similar and different to later experiences of dissociation. Identify at least two places in the vignette where Geraldine's use of dissociation interferes with her ability to function.

4. Identify triggering experiences (both internal and external) for Geraldine. Describe the two primary ways in which she seems to cope with being triggered.
5. Identify the ways in which Geraldine experiences this murder that are specific to her developmental level.
6. Identify the cultural factors and processes that may be influencing this family's experience of trauma (e.g., kinship family network, spirituality, historical trauma, interactions with legal and child welfare systems).

Required Readings

Kaplow, B. J., Saxe, N. G., Putnam, W. F., Pynoos, S. R., Lieberman, F. A. (2006). The long-term consequences of early childhood trauma: a case study and discussion. *Psychiatry: Interpersonal and Biological Processes*, 69(4), 362-375.

Saxe, Ellis & Kaplow, J. (2007) Chapter 8 & 9

Resource Readings

Clements, M. C., Oxtoby, C., & Ogle, L. R. (2008). Methodological issues in assessing psychological adjustment in child witnesses of intimate partner violence. *Trauma, Violence, & Abuse*, 9(2), 114-127.

Crenshaw, D.A. (2007). An interpersonal neurobiological –informed treatment model for childhood traumatic grief. *Omega*, 54(4), 319-335.

Kocourková, J., Koutek, J. (1998). The child as a witness of extreme violence in the family. *Journal of Forensic Psychiatry*, 9(2), 435-439

Lang, M. J., Stover, S. C. (2008). Symptom patterns among youth exposed to intimate partner violence. *Journal of Family Violence*, 23(7), 619-629

Salloum, A. (2008). Group therapy for children after homicide and violence: A pilot study. *Research on Social Work Practice*, 18(3), 98-211.

Vickerman, A. K., Margolin, G. (2007). Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment. *Professional Psychology: Research and Practice*, 38(6), 620-628.

Day 4 June 26:

- **Ibrahim:** 10-year old Somalian male; refugee and victim of traumatic bus accident

Learning Objectives:

At the conclusion of this class session, the learner should be able to:

1. Identify specific components of the child's post-traumatic distress (and the impact of child's developmental stage, culture, and position in the family).
2. Analyze promotive factors in the child's environment and how to harness them for treatment.
3. Identify pre-existing vulnerabilities and describe their interaction with trauma-related symptoms.
4. Specify the child's moment-by-moment experience of the traumatic event and how it relates to current symptoms.

Required Readings

Fontes (2008) Chapter 4

Saxe, Ellis & Kaplow, J. (2007) Chapter 10-12

Schmitz, L. C., Jacobus, V. M., Stakeman, C., Valenzuela, A. G., Sprankel, J. (2003). Immigrant and refugee communities: resiliency, trauma, policy, and practice. *Social Thought*, 22(2/3), 35-158.

Resource Readings

- Berliner, H. L., Ira; A. T., Fitzgerald, M. (2003). Children's memory for trauma and positive experiences. *Journal of Traumatic Stress*, 16(3), 229.
- De Haene, L. Grietens, H., Verschueren, K. (2010). Adult attachment in the context of refugee traumatization: The impact of organized violence and forced separation on parental states of mind regarding attachment. *Attachment & Human Development*, 12(3), 249-264.
- Ellis, B. H., Lhewa, D., Charney, M., Cabral, H. (2006). Screening for PTSD among Somali adolescent refugees: Psychometric properties of the UCLA PTSD index. *Journal of Traumatic Stress*, 19(4), 547-551.
- Maddali, O. A. (2008). Sophia's choice: Problems faced by female asylum-seekers and their U.S.-citizen children. *Feminist Studies*, 34, 277-290.
- Montgomery, E. (2010). Trauma and resilience in young refugees: A 9-year follow-up study. *Development and Psychopathology*, 22(2), 477-489.
- Neuner, F., Kurreck, S., Ruf, M., Odenwald, M., Elbert, T. & Schauer, M. (2010). Can asylum-seekers with posttraumatic stress disorder be successfully treated? A randomized controlled pilot study. *Cognitive Behaviour Therapy*, Vol 39(2), Jun, 2010. pp. 81-91
- Stodoiska, M. (2008). Adaptation processes among young immigrants: an integrative review. *Journal of Immigrant & Refugee Studies*, 6, 34-59.
- Yohani, S. (2010). Nurturing hope in refugee children during early years of post-war adjustment. *Children and Youth Services Review*, February, 2010.

Unit III - ADOLESCENCE

Day 5 June 28:

- **James** - 14-year old Caucasian male; victim of complex trauma (physical and psychological abuse, neglect; exposure to caregiver substance abuse)

Learning Objectives

At the conclusion of this class session, the learner should be able to:

1. Describe the complex manifestations of early trauma.
2. Recognize an array of trauma exposures (subtle and overt) and their intersect with attachment issues.
3. Identify and describe at least three developmental domains impacted by early interpersonal trauma.
4. Identify and describe at least three examples of how "symptoms" of complex trauma exposure represent functional attempts to cope.

Required Readings

Saxe, Ellis & Kaplow, J. (2007) Chapters 13 -15
Fontes (2008) Chapter 5

Resource Readings

- Chapman, V. M., Wall, A., Barth, P.R. (2004). Children's voices: The perceptions of children in foster care. *American Journal of Orthopsychiatry*, 74(3), 293-304.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., VanDer Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390-398.
- Finkelstein, N., Rechberger, E., Russell, A. L., VanDeMark, R. N., Noether, D. C., O'Keefe, M., Gould, K., Mockus, S., Rael, M. (2005). Building resilience in children of mothers who have co-occurring

- disorders and histories of violence: *The Journal of Behavioral Health Services & Research*, 32(2), 141-154.
- Lodico, M. A., Gruber, E., & DiClemente, R. J. (1996). Childhood sexual abuse and coercive sex among school-based adolescents in a midwestern state. *Journal of adolescent Health*, 18(3), 211-217.
- VanDeMark, R. N., Russell, A. L., O'Keefe, M., Finkelstein, N., Noether, D. C., Gampel, JC (2005). Children of mothers with histories of substance abuse, mental illness, and trauma. *Journal of Community Psychology*, 33(4), 45-59.
- Vickerman, A. K., Margolin, G. (2007). Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues. *Professional Psychology: Research and Practice*, 38(6), 613-619.
- Vickerman, A. K., Margolin, G. (2007). Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment. *Professional Psychology: Research and Practice*, 38(6), 620-628.