The University of North Carolina at Chapel Hill
School of Social Work

COURSE NUMBER:	SOWO 855.001
COURSE TITLE:	Treatment of Trauma and Violence, Section 1
TIME:	Mondays, 2:00 – 4:50 PM
VENUE:	Zoom
SEMESTER AND YEAR:	Fall 2020
INSTRUCTOR:	Michael Canute Lambert, MSS, MA, PhD, L.P. with HSP-P Cert Office: 402K Tate-Turner-Kuralt Building Phone: 919-962-6436 Email: mclamber@email.unc.edu
OFFICE HOURS:	Mondays 5pm-6pm and by appointment via Zoom

COURSE DESCRIPTION:
This course focuses on the assessment and treatment of trauma and the impact of violence within the biopsychosocial context. You will learn foundation skills for intervening in direct practice settings with diverse client populations.

COURSE OBJECTIVES

1. **Critical Understanding of Theory for Practice:** You will demonstrate a critical understanding of empirically substantiated theoretical models that guide assessment and intervention for trauma and violence impact and how these theories inform and drive social work practice decisions.

2. **Assessment and Diagnosis of Trauma and Violence:** You will demonstrate the ability to assess clients for trauma histories, as well as understand risk and resiliency issues for this population. You will also be able to use your assessment skills to formulate cases and develop comprehensive treatment plans based on evidence, client needs/issues, and your knowledge of theory and research to adequately address the issues facing clients.

3. **Knowledge of and Skills in Best Practices:** You will demonstrate knowledge of and skills in best practices for trauma survivors (based on current empirical knowledge and theories) as well as an understanding of the importance of simultaneously intervening with frequently co-occurring problems (e.g., comorbidity with other mental health syndromes).

4. **Understanding the Impact of Diversity:** You will assess and evaluate how current assessment procedures and treatment practices effectively address issues related to diversity, considering age, class, race, culture, disability, ethnicity, family structure, gender including gender identity, gender expression, marital status, national origin, religion, spiritual development, sex, sexual orientation, and other populations (e.g., veterans) at risk.

5. **Values, Ethics and Self-Awareness:** Using professional ethics and values as guidelines, you will demonstrate a capacity to manage your own personal values and feelings related to violence and trauma.

EXPANDED COURSE DESCRIPTION

Building on foundation practice skills and knowledge, this course aims to build and extend your capacity to assess and intervene in the area of trauma and violence. This course will cover issues related to the assessment and treatment of multiple forms of trauma (e.g. combat, sexual abuse, interpersonal violence), especially via theory and intervention using evidence-based practice, including cognitive-behavioral lenses. In addition, this class will cover other evidence-based models designed to treat survivors of trauma. Since interpersonal trauma could not occur without the perpetrator, this course will include information on the perpetrators of violence and abuse.

Social work practice in the area of trauma can present unique challenges associated with social justice, interaction between policy and direct practice, and awareness of personal values and feelings. Building on your foundation knowledge of social justice, policy, professional values, and ethics, this course aims to extend your capacity in the following three domains:

1. Attend to issues of social justice specific to trauma and violence;
2. Manage personal feelings and values that may affect your ability to practice social work in the area of trauma.

Trauma Content:
This course includes intense content related to traumatic events experienced by children, adolescents, adults, families, communities, and societies. Students may experience strong reactions related to their own trauma history, or related to their lack of previous exposure to detailed accounts of harm that children/adults experience. Students may find themselves emotionally triggered or possibly overwhelmed, as well as having judgmental thoughts (e.g., about victims, caregivers, and perpetrators of harm). Students are encouraged to develop and use self-care strategies during class sessions and when reading and/or completing assignments for class. Students may have strong reactions that are more safely processed outside of the classroom and with appropriate support from the instructor or with professional support. In the event that students experience significant distress, please notify the instructor. The instructor will seek to foster a safe classroom environment in which learning may occur. This includes setting guidelines for safe behavior collaboratively with students, preparing students for graphic case material, and utilizing alternative assignments when determined to be beneficial. Since we know that caring for individuals victimized by trauma and violence can significantly affect intervention providers, this course will also focus on self-care and vicarious traumatization for the service provider.

Required Texts

Schnyder, U. & Cloitre, M. (Eds.). (2015). *Evidence based Treatments for trauma-related psychological disorders* Cham, Switzerland: Springer.

Baranowsky, A. B. & Gentry, J. E. (2015). *Trauma practice: Tools for stabilization and recovery (3rd edition).* Ashland, OH: Hogrefe.

RECOMMENDED TEXTS:

Blaustein, M. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency*. New York: Guilford Press.

Bryant-Davis, T. (2011). *Surviving sexual violence: a guide to recovery and empowerment*. Lanham, MD: Rowman & Littlefield.

Courtois, C. A. (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: Guilford Press.

Landolt, M. A Cloitre, M, & Schnyder, U. (Eds) (2017). Evidence-based treatments for trauma related disorders in Children and Adolescents. Switzerland: Springer International Publishing (available electronically through UNC Libraries)

Taylor, S. (2006). *Clinician's guide to PTSD: A cognitive-behavioral approach*. New York, NY: Guilford.

Zayfert, C. & Becker, C.B. (2007). *Cognitive-behavioral therapy for PTSD: A case formulation approach.* New York, NY: Guilford.

OTHER READINGS

All other readings will be on the Sakai website for the course.

A note on readings: I only chose articles and chapters for this class after careful review of current literature. This included evaluating newer readings if available versus older articles. It is therefore important to note although some readings might be older it does not mean they are irrelevant or that I did not review newer ones if available. In some cases, other articles are classic readings that I think you should review; others might be the best or only articles available on the topic of interest. Many of the newer articles are research-based and written in the context of the earlier theoretical and conceptual pieces that I have assigned. If you find other articles (especially theoretical, clinical and conceptual) that you think are relevant and wondered if I missed them, please bring them to my attention. I would be delighted to talk more about them or even add them as required or supplemental readings for our class. Remember that this is a joint learning venture and we can benefit from your knowledge, experience, and discoveries. In a similar vein, please note that my syllabi (and especially for this semester) are ***always a work in progress*** and subject to change. That is, I can add new readings or make some assigned readings optional.

TEACHING METHODS

This course utilizes lectures, discussion, experiential exercises, role-playing and video clips. These teaching strategies help students master the theoretical approaches and necessary skills needed to intervene with clients who have experienced trauma or victimized by violence. Each student should meet the expectation of active involvement in this course; thus, participation in discussion, exercises and role-playing are mandatory.

Special Notes. I am a practicing clinician. Hence, I have seen, and continue to see many cases with treatment of trauma as a primary focus. As I have led this class over the past several years, typically I am seeing two or more clients per week whose treatment focus is primarily on trauma-based intervention. I learn and teach clinical material by extensively using case material. It is my hope that this will bring the material covered "to life" and that this will be beneficial to students who enroll in this class. If this method, other approaches, and materials covered are not meeting your learning needs, it is best to speak with me as soon as possible so that I can ensure that your needs are met. This open discussion is far more fruitful than waiting to express them in teaching evaluations at the end of the semester, where I unfortunately no longer have the opportunity to attempt meeting your needs.

This class focuses on ***the treatment of trauma and violence*** as the title suggests. Hence, the focus will be on ***clinical*** intervention and ***not*** direct practice broadly speaking.

AN IMPORTANT NOTE ON CONFIDENTIALITY

As stated earlier, my practice experience spans more than two decades. I will use this experience throughout the semester by giving you examples of real cases I have treated and occasionally cases I am currently treating. I will endeavor to disguise personal information with the use of pseudonyms, as well as use multiple combinations of cases. Nonetheless, as junior and senior practitioners, we should cultivate and continue our efforts to keep case materials confidential. Therefore, although there is virtually no chance that the identity of individuals whose case examples I use would become evident, I ask and expect that you will keep all case materials confidential. That is, you ***should not*** discuss case materials with anyone once you leave each class or complete the course. Moreover, for group activities during class time, where you meet outside the classroom, if you discuss cases with your fellow class members, please ensure that others do not overhear your conversation.

THE SYLLABUS, GUEST LECTURERS. AND GENERAL CLASS ATTENDANCE

You will note that the syllabus file is entitled "almost final." Moreover, it states that we have at least four guest lectures. Please note that almost all of our guest lecturers are practicing clinicians. Indeed, one might be doing her guest lecture remotely form Okinawa, Japan. We do not pay guest lecturers. Hence, they do this out of the goodness of their heart and their devotion to your learning. Because many are giving up practice hours to be with us, I attempt to accommodate their schedules as much as possible. Hence, the dates I write on the syllabus are not in stone. We might have to move some topics around to accommodate their schedules.

In a slightly different vein, although I ask the guest lecturers to focus on a particular topic they do have their own latitude in preparing and presenting their lectures. Everyone's style might therefore be different and you might or might not agree with these professionals' approaches. That said, I expect that everyone will attend all guest lectures. Furthermore, I expect that for **all classes,** you will remain in the classroom throughout the duration of the time the guest lectures are scheduled. I also expect that you show great respect for all guest lecturers. Please note that with the exception of unforeseen emergencies, this is always my expectation.

CLASS ASSIGNMENTS

There are two required papers for this course and a group presentation. Please see the appendices of the syllabus for a thorough description of the assignments and the grading criteria used to evaluate the contents of the papers.

Please upload each written assignment via the Assignment section on Sakai no later than 11:55 PM on its due date. All Assignments should be in Microsoft Word format ***(No PDFs) except for the addition of illustrative materials)***

CLASS PARTICIPATION

Class participation counts for 15% of your final grade. Everyone will receive a standard score of 15% for participation, in recognition of a norm of attendance, contributions to small group assignments, and informed participation in class discussion. Informed participation means that you clearly demonstrate that you have completed the assigned readings and can offer analysis, synthesis and evaluation of written material. Excellent participation observes the fact that your comments are thoughtful, focused and respectful. I deduct from the base score if you miss class, arrive late, leave early, disappear for long periods on break, or you are unprepared. Please note that I do a mental class attendance record while teaching each week.

I lead this course in seminar format. Hence, all class members must be prepared to share responsibility for participating in discussions and for presenting materials needed by the class. Classroom time includes working in small task groups, experiential activities and role-plays. Therefore, **class attendance is crucial.** The development of a supportive learning environment is fostered by respectfully listening to the ideas of others, being able to understand and appreciate a point of view which is different from your own, clearly articulating your point of view, and linking experience to readings and assignments.

IMPORTANT NOTE ON CIVILITY, RESPECT AND TOLERANCE IN THE CLASSROOM

One of the reasons I like being a part of the academic setting is the tremendous appreciation and tolerance the community has for diversity of thought. Many previously vanguard ideas that are commonplace in contemporary times that affect our society in positive ways, were developed in the academy. Since all members of our class are from various backgrounds with diverse experiences, I expect that each person will provide unique contributions that can enrich our learning experience. For this reason, I encourage and expect that everyone in the class should have a voice, and should be able to express thoughts without fear of retribution or censorship. This does not mean that everyone should agree with what each person (including me) says. To the contrary, I encourage lively debate between you and your fellow students and between you and me. Nonetheless, I expect dissent in a respectful manner that protects everyone's dignity.

APA AND WRITTEN ASSIGNMENTS

The School of Social Work faculty has adopted APA style as the preferred format for papers and publications. The best reference is the Publication Manual of the American Psychological Association, Seventh Edition (2020) that is available at most bookstores. Students are strongly encouraged to review the materials on the School of Social Work's website http://ssw.unc.edu/students/writing. This page

includes numerous helpful writing resources such as tutorials on understanding plagiarism, quick reference guide to APA style, writing tips and other materials. Students are also strongly encouraged to review the section on plagiarism carefully. All instances of academic dishonesty will result in disciplinary measures pre-established by the School of Social Work and the University.

POLICY ON INCOMPLETES AND LATE ASSIGNMENTS

I expect submission of completed assignments at times recorded in the syllabus. If you have a situation that prohibits you from completing the assignment on time, you should request a delay *in advance* of the due date and time (at least 24 hours) recorded for the assignment. Approved delays will not affect your grade. Any unapproved delays or assignments completed after an approved delay date will begin to accrue a 10% reduction every 24 hours that the assignment is late. I will not accept unexcused papers five days after the submission date. Each paper is due ***by 11:55 PM on the listed due date***. Papers turned in after 11:55 PM on the due date will be considered late and there is a 10% deduction for every 1-24-hour period past the due date and time for the paper. In other words, if the paper is due at 11:55 PM and you submit it any time after 11:55 PM on the due date, there will be a 10% deduction up to 11:55 PM on the following day. These 10% deductions will continue for each day that the assignment is due. Please remember that the clock begins immediately after 11:55 PM.

If you experience unavoidable obstacles that prevent you from meeting course obligations, you should discuss the circumstances with me to determine if an initial grade of incomplete (INC) would be appropriate. I give incompletes only in compliance with University policy.

Community Standards in Our Course and Mask Use. This fall semester, while we are in the midst of a global pandemic, all enrolled students are required to wear a mask covering your mouth and nose at all times in our classroom. This requirement is to protect our educational community -- your classmates and me – as we learn together. If you choose not to wear a mask, or wear it improperly, I will ask you to leave immediately, and I will submit a report to the Office of Student Conduct. At that point you will be disenrolled from this course for the protection of our educational community. Students who have an authorized accommodation from Accessibility Resources and Service have an exception. For additional information, see https://carolinatogether.unc.edu/university-guidelines-for-facemasks/.

DISTRIBUTION OF ASSIGNMENTS FOR COURSE GRADE

Case Formulation and Treatment Planning Paper—40%
Evidence-Based Practice Paper—30%
Student Group Presentation on trauma topic—15%
Class Participation—15%

ORIGINALGRADING SYSTEM

H	High Pass	94 - 100	Clearly Excellent
P	Pass	80 – 93	Entirely Satisfactory
L	Low Pass	79 – 70	Inadequate
F	Fail	69 or below	Unacceptable
IN	Incomplete		Work Incomplete

GRADING SYSTEM FOR THIS SEMESTER (FALL, 2020)

H	High Pass	94 - 100	Clearly Excellent
P	Pass	74 – 93	Entirely Satisfactory
L	Low Pass	73 – 70	Inadequate
F	Fail	69 or below	Unacceptable
IN	Incomplete		Work Incomplete

Special Note on Grades

I would like to note that my grading is **not** punitive. I designed your assignments to assist you in becoming better social work practitioners. Hence, my goal is to ensure that you have learned and can apply the material we have covered in classes and in our readings. It is for this reason that although not a requirement, I am happy to look at your papers and give you feedback before the assignment is due. To be most useful to you in this process, I will need to see your draft at least two weeks before the assignment is due.

POLICY ON ACADEMIC DISHONESTY

Please refer to the *APA Style Guide*, the SSW *Manual*, and the SSW Writing Guide for information on attribution of quotes, plagiarism, and appropriate use of assistance in preparing assignments. For all written assignments, you should sign the pledge on Sakai stating that, "I have not received unauthorized aid in preparing this written work". In keeping with the UNC Honor Code, if reason exists to believe that academic dishonesty has occurred, university and School of Social Work policies require a referral to the Office of the Student Attorney General for investigation and further action as required.

POLICY ON ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

The School of Social Work aims to create an educational environment that supports the learning needs of all students. The University of North Carolina at Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or pregnancy complications resulting in difficulties with accessing learning opportunities. The Accessibility Resources and Service (ARS) Office at UNC has been established to coordinate all accommodations. If you might need accommodations at any point during the semester, please contact ARS prior to the beginning of the semester or as early in the semester as possible, so that they can assist you; this process takes time. You can visit their website at http://accessibility.unc.edu, and contact ARS by email: accessibility@unc.edu or phone at 919-962-8300. The accommodations process starts with ARS and helps instruct Faculty at the School of Social Work on how best to proceed. As a School, we are committed to working with ARS and students to implement needed accommodations for all of our students. In addition to seeking ARS supports, please also reach out to your instructor to communicate how best your needs can be met once you have begun the ARS process.

Equal Opportunity and Compliance (EOC) Statement.

Acts of discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitation, stalking, and related retaliation are prohibited at UNC-Chapel Hill. If you have experienced

these types of conduct, you are encouraged to report the incident and seek resources on campus or in the community. Please contact the Director of Title IX Compliance / Title IX Coordinator (Adrienne Allison, adrienne.allison@unc.edu), Report and Response Coordinators (Ew Quimbaya-Winship, eqw@unc.edu; Rebecca Gibson, rmgibson@unc.edu; Kathryn Winn kmwinn@unc.edu), Counseling and Psychological Services (CAPS) (confidential) in Campus Health Services at (919) 966-3658, or the Gender Violence Services Coordinators (confidential) (Cassidy Johnson, cassidyjohnson@unc.edu; Holly Lovern, holly.lovern@unc.edu) to discuss your specific needs. Additional resources are available at safe.unc.edu.

USE OF LAPTOPS OR OTHER ELECTRONIC DEVICES

I will permit the use of ***laptops and tablets only (NO TELEPHONES)*** and all uses are **restricted to the academic enterprise** in our class. Please do not visit social media pages or other nonacademic pages during class. Please turn off all cell phones and other devices that would disrupt the learning environment of the classroom.

Course Outline, Readings, and Class Schedule.

SECTION 1: HISTORY DEFINITION ASSESSMENT AND DIAGNOSIS OF TRAUMA

August 10: Class 1—Introduction, Overview, Self-Care

- Student/Instructor introductions
- Overview of course
- Discussion of self-care and vicarious traumatization
- Ethics of working within trauma

August 17: Class 2—Traumatic Stress and Traumatic Response

- Brief history of Trauma and Violence
- Traumatic Stress (Normal vs. Problematic)
- Traumatic response
- Neurobiology of Trauma

Readings:

Baranowsky & Gentry—Section 1

Schnyder & Cloitre—Chapters 2, 4, and 5

Sperry, L. (2016). Trauma, neurobiology, and personality dynamics: A primer. *The Journal of Individual Psychology, 72(3),* 161-167.

August 24: Class 3—Post Traumatic Stress Disorder and Impact of Trauma

- Description of PTSD
- Brief introduction to Trauma Theories

Readings:

Barnwosky & Gentry—Section 2.

Schnyder & Clloitre—Chapters 3 and 18.

OPTIONAL READING

McCormack, L. Griffiths, A. L. & Valentine, M. (2020, July 2). Family Violence, Trauma, and Positive Change Research Output Over Time: A Bibliometric Analysis. Traumatology. Advance online publication. http://dx.doi.org/10.1037/trm00002.

Russell, G. M., Bohan, J. S., Carroll, M. C., & Smith, N. G. (2011). Trauma, recovery, and community:

Perspectives on the long-term impact of anti-LGBT politics. *Traumatology, 17(2),* 14-23

August 31: Class 4—Assessment and Diagnosis of Trauma

- Overview of the DSM-V and Trauma
- Focus on assessment and use of Assessment instruments

Readings:

Review info on assessment instruments (see Class 4 readings folder)

Schnyder & L. Cloitre—Chapter 6

Baggett, L. R., Eisen, E., Gonzalez-Rivas, S., Olson, L. A. (2017). Cameron, R. P., Mona, L. R., Sex-positive assessment and treatment among female trauma survivors. *Journal of Clinical Psychology, 73(8),* 965-974.

Hopper, E. K.; (2017). Trauma-informed psychological assessment of human trafficking survivors. *Women & Therapy, 40(1-2),* 12-30.

September 7: Labor Day Holiday, No Class

SECTION 2: TREATMENT OF TRAUMA

September 14: Class 5: Key Components of effective Trauma Therapy

- VA/DOD Guidelines for Effective Trauma Treatment
- Therapeutic Relationship as an Active Ingredient
- Types of treatment that Work

Readings:

Branwosky & Gentry text—Sections 2, 3 & 4

Schnyder & L. Cloitre text: Chapters 7 & 8

Scan and keep as a reference the DOD/VA guidelines for effective treatment of trauma at the following website.
https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal012418.pdf

OPTIONAL

Benish, S. G., Imel, Z. E., & Wapold, B. E. (2008). The relative efficacy of bonafide psychotherapies for treating post-traumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review 28 746–758*

September 21: Class 6—Grief and Mourning

- Expected Grieving Process
- Importance of grief and mourning in treatment of trauma
- Understanding and treating complicated/prolonged grief
- Components of grief counseling

Readings:

Schnyder & L. Cloitre—Chapter 15

Hu. X., Cao, X., Wang, H., Chen, Q., M, Lieu, M. & Yamamoto (2016). Probable post-traumatic stress disorder and its Predictors in disaster-bereaved survivors: A longitudinal Study after the Sichuan earthquake. *American Archives of Psychiatric Nursing, 30,* 192-197

Mitchell, M. B. (2018). 'No one acknowledged my loss and hurt': Non-death loss, grief, and trauma in foster care. *Child & Adolescent Social Work Journal, 35(1),* 1-9

OPTIONAL

Nickersin, A., Lidell, B. J., Maccalum, F. G., Steel, Z., Silove, D. & Bryant R. A. (2014). Posttraumatic stress disorder and prolonged grief in refugees exposed to trauma and loss. *BioMed Central, Psychiatry, 14,* 106-126.

September 28: Class 7—General CBT Principles, Case Formulation and Treatment Planning

- Applying cognitive and behavioral aspects of CBT model to treatment process
- Practice types of interventions used with CBT
- Psychoeducation
- Cognitive restructuring
- Exposure therapies
- Activity Scheduling
- Behavioral Activation
- What is formulation and how it differs from history, assessment, and diagnosis?
- Using CBT concepts and principles in trauma case formulation
- How does CBT explain PTSD symptoms?
- Case Formulation in the context of other theoretical models
- Impact of Culture on Formulation
- Formulation and how it leads to treatment planning

Readings:

Barnwosky & Gentry—Section 5

Schnyder & Cloitre—Chapter 9

Kira, I. A., Ashby, J. S.; Omidy, A. Z. Lewandowski, L., (2015). Current, continuous, and cumulative trauma-focused cognitive behavior therapy: A new model for trauma counseling. *Journal of Mental Health Counseling, 37(4),* 323-340

Mumma, G. H. & Fluck, J. (2016). How valid is your case formulation? Empirically testing your cognitive behavioral case formulation for tailored treatment. *The cognitive behavior therapist, 9(12),* 1-25

Sonis, J. & Cook, J. M. (2019) Medication versus trauma-focused psychotherapy for adults with posttraumatic stress disorder: A systematic review and meta-analysis. *Psychiatry Research, 282,* 1-8.

OPTIONAL

Ehlers, A. (2013). Trauma-focused cognitive behavior therapy for posttraumatic stress disorder and acute stress disorder. In G Simos & S. G. Hofmann (Eds.), *CBT for anxiety disorders: A practitioner book,* pp. 161-189. Wiley-Blackwell.

October 5: Class 8—Evidence-Based CBT including Trauma-Focused CBT (TF-CBT), Stabilization and Recovery, and Case Formulation continued (if necessary)

CASE FORMULATION AND TREATMENT PLAN PAPER DUE

- Treatment Categories, Evidence and recommendations
- TF-CBT and its key Influencers
- Key concepts of TF-CBT
- Various types of TF-CBT
- CBT Treatment template and process
- EMDR
- Safety first
- Stabilization
- Working through
- Relapse prevention

Readings:

Schnyder & Cloitre: Chapters—7, 11, 12

OPTIONAL

Schnyder & Cloitre: Chapters—13

Little, S. G. & Akin-Little A. (2019). Trauma-Focused Cognitive Behavior Therapy in S. G. Little and A. Akin-Little (Eds.) *Behavioral Interventions in Schools: Evidence-Based Positive Strategies*, (2nd ed.), American Psychological Association.

SECTION 3: SPECIAL TOPICS IN THE TREATMENT OF TRAUMA

Note that the articles for guest lecturers' topics are tentative. They may add or remove articles, as they deem appropriate. In addition, because they are experts in their respective fields, they will choose areas of foci that match their knowledge of the science and intervention in their respective fields.

October 12: Class 9—Substance Use and Abuse in the Context of Trauma Guest Speaker—Boyd Wilson, MSW, LCSW, LCAS)

Readings

Schnyder & Cloitre—Chapter 16

Davis D. & Hawk, M. (2015). Incongruence between trauma center social workers' beliefs about substance use interventions and intentions to intervene. *Social Work in Health Care, 54(4),* 320-344,

Lotzin, A., S., Buth, S., Sehner,S., Hiller, P., Martens, M. S., Pawils, S. Metzner, F., et al. (2018). "Learning how to ask": Effectiveness of a training for trauma inquiry and response in substance use disorder healthcare professionals. *Psychological Trauma: Theory, Research, Practice, and Policy, 17*, 229-238

Petering, R., Rhoades, H., Winetrobe, H., Dent, D., & Rice, E. (2017). Violence, trauma, mental health, and substance use among homeless youth juggalos. *Child Psychiatry and Human Development 48(4)*, 642–650

October 19 Class 10: Working with active duty military and veterans Guest Speaker—Birnettiah Killens, MSW, LCSW, LCAS—guest lecturing from Okinawa Japan.

- Special issues when working with active duty service people and veterans
- Cognitive Processing Therapy

Readings:

Schnyder & Cloitre: Chapter 22

Galovski, T. E., Wachen, J. S., Chard, K. M., Monson, C. M., & Resick, P. (2015). Cognitive processing theory. In U. Schnyder & M. C. Cloitre (Eds). *Evidence Based treatments for Trauma-Related Psychological Disorders,* pp. 229 - 254. Cham, Switzerland: Springer International Publishing.

Kintzle, S, Schuyler, A. C., Ray-Letourneau, D. R., Ozuna, S. M., Munch, C. Xintarianos, E., Hasson, A. M., & Castro, C. A. (2015). Sexual trauma in the military: exploring PTSD and mental health care utilization in female veterans' *Psychological Services, 12(4),* 189-204.

Optional

Israel-Cohen, Y. Kaplan, O, & Noy, S. (2016). Religiosity as a moderator of self-efficacy and social support in predicting traumatic stress among combat soldiers. *Journal of Religion and Health, 55,* 1160–1171.

LaMotte, A. D., Taft, C. T., Weatherill1, R. P., Scott, J. P., & Eckhardt, C. I. (2016). Posttraumatic stress disorder symptoms, traumatic reminders, and partner aggressive tendencies among veterans. *Journal of Family Violence, 31,* 461–466.

Landrum, S. S. (2016). Enhancing recovery from trauma: facilitating a mindfulness skills group on a Department of Veterans Affairs Inpatient PTSD Unit. *Social Work with Groups, 39(1),* 35-47

October 26: Class 11—Trauma in International Context: The Complexities of Working in International Contexts and pharmacologic treatment of trauma (Guest Speaker, Lori Schweickert, MD, Medical Director and Child, Adolescent, and Adult Psychiatrist, 3-C Family Services)

Readings:

Schnyder & Cloitre Text: Chapters—21 and 26.

Ennis, N., Shorer, S., Shoval-Zuckerman, Y., Freedman, S., Monson, C. M., & Dekel, R. (2020). Treating posttraumatic stress disorder across cultures: A systematic review of cultural adaptations of trauma-focused cognitive behavioral therapies. *Journal of Clinical Psychology, 76(4),* 587-611.

Nicholas, G., Wheatley, A., & Guillaume, C. (2015). Does one trauma fit all? Exploring the relevance of PTSD across cultures. *International Journal of Culture and Mental Health 8(1),* 34-55.

Aymer, S. (2016). 'I can't breathe': A case study—Helping Black men cope with **race**-related **trauma** stemming from police killing and brutality. *Journal of Human Behavior in the Social Environment, 26(3-4),* 367-376.

OPTIONAL

Gone, J. P. (2013). Redressing first nations historical trauma: Theorizing mechanisms for indigenous culture as mental health treatment. *Transcultural Psychiatry, 50(5),* 683-706.

Ungar, M. (2013). Resilience, trauma, context, and culture, *Trauma, Violence and Abuse, 14(3),* 255-266

November 2: Class 12—Interpersonal including Sexual Violence (Guest Speaker—Rebecca Swofford, MSW

EVIDENCE-BASED PAPER DUE

Readings

Bannon, S. M. & Swalwen-Dreamer (2018). Evidence-based assessment of intimate partner violence in community settings. *Journal of Health Service Psychology, 14 (Winter),* 3-6.

Remaining readings to be determined by guest lecturer.

Review Power Wheels at the following websites

http://www.thehotline.org/wp-content/uploads/2015/01/Power-and-Control-Wheel.pdf

http://www.thehotline.org/wp-content/uploads/2015/01/LGBT-Wheel.pdf

http://www.ncdsv.org/images/teen%20p&c%20wheel%20no%20shading.pdf

November 9: **Class 13**—Student presentations on a trauma topic of interest

November 16 Class 14—Remaining student presentations, Reflection and Conclusion

Case Formulation Paper and Treatment Plan

I would prefer that you use your own case for this assignment. This can be a case you have seen in the past. If you do not have an appropriate trauma case, I can provide a case you might be able to use. If you use a case from your field placement or work, please take steps to ensure client confidentiality by altering or leaving out identifying information. Please replace your client's name with a pseudonym.

I. Objective 1: Presenting Problem and Brief Psychosocial History. In this section of the paper, please detail your client's presenting problem and history, including information about family of origin and history of trauma. Remember, "Presenting Problems can include symptoms, current stressors and difficulties in adaptive functioning". (approximately one double spaced page)

II. Formulation section: The purpose of the case formulation part of this assignment is to demonstrate your ability to formulate/describe/explain a clinical case using a CBT framework. This section requires that you assess the presenting problems of your case and link their assessment back to the CBT model of assessment. You should therefore indicate your methods of assessment and your findings. Here, you should also describe the symptoms and presenting problem(s) using CBT as an explanatory model. List each symptom, followed by an explanation of why the person has those symptoms according to the CBT model of understanding trauma. You should do this for the presenting problem as well, if it is separate from the symptoms described in the case. One helpful way to think about your formulation is to include predisposing, precipitating, perpetuating, and protective factors to explain your client's unique situation. It is also important to note that the CBT model often explains both symptom formation and maintenance. Hence, please be sure to use the CBT model to explain symptom development and maintenance. Remember that if you can explain these phenomena, you are in a better position to create the treatment plan. At the end of this section, please include the DSM-V or ICD-11 diagnosis. Please include a couple of brief sentences indicating why you believe your diagnosis is accurate (the formulation section should be approximately two or three double-spaced pages).

III. Treatment plan section: In this section, you should build on your case formulation. Hence, you will use your formulation as the basis for your treatment plan. The treatment plan should be consistent with the assessment and formulation, meaning that the interventions should address the symptoms listed in the assessment, and the types of interventions (e.g. modality, duration, specific skills, and techniques) should match the problems listed causes for those problems and what maintains them. Your treatment plan should have clearly written goals and objectives that are measurable with realistic periods for completion. The plan should be consistent with the client's needs as well as their cultural background. In addition, the modality or modalities of treatment (e.g. group, individual, family) should be discussed and a brief rationale given for your choices. Your plan should also include any other interventions that you deem necessary for the client outside of the CBT model. These *could* include but are not limited to; the creation of a safety plan, a referral to another agency or professional for additional assistance, advocacy work, case management, medication referral, addressing social

justice issues on behalf of your client on a policy level, inclusion of a spiritual leader, etc. (Approximately two pages). Note that you can use bullets in this section.

The entire paper should be between 5 to 7 double-spaced pages total with ABSOLUTELY NO MORE THAN SEVEN pages.

Grading Criteria:	Points
1. The presenting problems are clear and thorough.	4
2. Each symptom(s) and/or presenting problem(s) in the case listed with a thorough and clear explanation using the CBT model. Within the explanation, there is a discussion as to the contributors to the development, purpose/functionality, and maintenance of each of the symptoms. The DSM-V diagnosis is appropriate for the problems	6
3. For each symptom listed for the client, you have listed an appropriate intervention to address the symptoms/problems.	5
4. For each intervention, there is an appropriate period for when the goals are met and there are 2-3 objectives listed for each issue being addressed. The goals and objectives are written according to the model learned in class. The appropriate modality or modalities are included in the treatment plan (e.g. individual, family, and/or group).	5
5. For each intervention, there is an appropriate method of evaluation for how to determine whether the goals and objectives have been met.	5
6. The interventions are consistent with the client's individual needs in terms of their culture, gender, gender identity, gender expression, sexual orientation, religion, class, language or other issues of diversity. There is a discussion of social justice issues or other broader issues that might play a role in this case, such as lack of access to services, homophobia, racism, etc.	5
7. Other non-CBT/direct therapeutic interventions have been considered that would address the needs of the client.	5
8. The paper is clearly written with NO writing errors and APA formatting is followed.	5
Total	40

Evidence Based Practice Paper

Objective: A major part of what you do, as a practitioner is to provide a rationale to your clients, your clients' family members, or insurance providers for the intervention choices you recommend and carry out with your clients. This paper's aim is to help you practice gaining the skills to both explain the *reasons* for your choices, as well as determine through the available research that what you are recommending is appropriate for your client.

Description: In this paper, you are to provide a rationale as to why you feel that the treatment plan you created for your client in the previous assignment was an appropriate plan or not. Your paper should in essence explain how well the intervention model you used, namely CBT, fits with the assessment of your client's needs. This explanation should include how well the specific interventions match the needs of the client, both in terms of their symptoms, as well as broader needs or social justice issues. This paper should also include a discussion of the outcome literature regarding CBT and the treatment of individuals who have suffered from a trauma. What does the research say about the efficacy of CBT in the treatment of PTSD? In addition, you should provide a rationale for other interventions that you recommended for your client that were outside of the CBT framework. This paper should be about five pages and ABSOLUTELY NO MORE than SIX double spaced pages. You can use assigned readings as references but a minimum of five references should be included that were not assigned readings for this course.

Grading Criteria:

Criteria	Points possible
There is a clear rationale provided regarding how appropriate or inappropriate, you believe the CBT-based treatment plan fit with the symptoms/problems of the client.	5
You summarized relevant literature to support your position regarding the choice of CBT for someone with your client's diagnosis.	5
There is a clear rationale and summary of the literature regarding the other proposed interventions listed in the treatment plan	5
There is a thoughtful discussion of how well CBT or other approaches meet the specific needs of the client, in terms of their culture, sexual orientation, age, gender, gender identity, gender expression, spirituality and other issues of diversity.	5
Several new creative conclusions or connections are made and fully explained. Critical thinking should be evident.	5
At least 5 scholarly resources were used which were not assigned course readings.	3
The writing was clear with NO errors and APA formatting was used throughout the paper.	2
Total	30

Presentation on an Area of Trauma

I grade this assignment entirely on a pass/fail basis. Therefore, there is no rubric for this assignment. The goal is for students in pairs to do an in depth look at an area of trauma that is of interest to you. This might include some of the material covered in class but it should not be a repetition. For example, we will cover grief treatment in trauma and you might be interested in treatment of a specific group (e.g., veterans, childhood trauma etc.—this is just an example of an area that might be class related but is an extension of the material we cover). You should examine at least four sources of literature on the subject. Thereafter, you will devise a way to present the information. Your presentation should be 20-25 minutes. You are welcome to use any heuristic method to present your information to the class. This could be in the form of handouts to the class, activities, or any creative methods you may choose. The bottom-line is that the class should learn from your work. You are welcome to use PowerPoint but this should not be a lecture. In other words, PowerPoint can guide the presentation but you should be doing much more than merely reading from your slides. Please consult with me when you have chosen a topic just to be sure you are taking the most appropriate approach.