

School of Social Policy & Practice

SWRK 786-001 – Addressing Trauma in Practice

Fall – 2021

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I. Course Description

The purpose of this course is to broaden and deepen participants' understanding of trauma theory and practice, expanding practice knowledge to include the treatment and assessment of survivors of multiple forms of trauma. We will review different types of trauma to understand the impact of trauma symptoms and disorders, providing appropriate trauma informed evidence-based and evidence-supported intervention strategies. An emphasis will be placed on the emotional/behavioral manifestations of trauma as well as the physiological effects of trauma within the body. Topics covered in this course include a global and historical overview in understanding trauma and exploration of the various types of trauma including: war trauma, natural disasters, domestic violence, sexual and physical abuse, experiences of refugees, and organizational trauma. We will explore conditions that contribute to the development of complex trauma, acute stress disorder, post-traumatic stress disorder, personality disorders associated with trauma, and dissociative disorders. Students will consider issues impacting those who work with trauma survivors, such as vicarious trauma, compassion fatigue, and burn-out, exploring approaches to self-care and promotion of wellness. This is an advanced clinical course. Through case presentations, written work, and class discussions students are encouraged to use their experiences in the field to deepen their understanding of the material covered in the course.

II. Educational Objectives

This course is intended to develop the clinical skills and theoretical knowledge of advanced social work students who work with survivors of trauma. Throughout the course, students will be encouraged to apply core social work values to case material and readings. Trauma will be viewed from the perspective of its effect on the individual, while seeking to understand the structural phenomena that perpetuate cycles of trauma in our society such as race, gender, gender identity, age, immigration status and poverty. Students will develop their critical thinking through the readings and case presentations.

Upon completion of this course students are expected to have:

- An understanding of different types of trauma and posttraumatic aftereffects
- The ability to critically comprehend trauma theory to guide assessment and intervention for treating trauma survivors
- A thorough understanding of the cognitive-behavioral, psychodynamic, mindfulness, and other evidence based and evidence-supported interventions for the treatment of trauma.
- Comprehensive psychosocial assessment for trauma histories, risk, and resiliencies An awareness of secondary trauma and risks associated in treating survivors of trauma.
- An ability to develop strategies for preventative self-care
- An appreciation for how social work value and practice wisdom are integrated into clinical work with the survivors of trauma

STATEMENT ON ACADEMIC INTEGRITY: Students are expected to conduct themselves consistent with the University of Pennsylvania’s Code of Academic Integrity, which represents standards regarding plagiarism, multiple submissions and other actions. Students are expected to be familiar with the Code, which can be found at: http://www.upenn.edu/academicintegrity/ai_codeofacademicintegrity.html

III. Grading Scale & Graded Course Requirements

Grading Scale

A+	97-100
A	94-96
A-	90-93
B+	87-89
B	84-86
B-	80-83
C+	77-79
C	74-76
C-	70-73
D	60-69

IV. Description of Graded Course Requirements

Class Participation	30%
Case Presentation	30%
Reflective Essay #1	10%
Reflective Essay#2	15%
Reflective Essay #3	15%

Students are expected to be active participants in their own learning. Students are expected to attend each class, arrive on time to class, and be in attendance for the full class. If you are unable to attend class for any reason, please notify the instructor and propose how you will make up the content you have missed. Excessive absenteeism (i.e., missing more than two classes) is a grave issue that the instructor will handle by meeting with the student and determining whether the student’s educational adviser should be notified. Excessive absenteeism could result in course failure. Students will be graded on attendance, participation, and preparedness.

Students are expected to:

- Participate substantively in class discussions
- Read on a weekly basis and come to class prepared to discuss the reading assignments □ Submit assignments by the due date in accordance with the specified format.
- Discussion Questions will be included in the lecture material, and expectations are that each student will be able and ready to contribute their own opinions, interpretations of the content being discussed, as well as any challenges to the discussions. Discussion contributions are expected to be just that:

discussion contributions, and students will have an opportunity to share their opinions about the topics during the latter part of their community “check-in”.

B. Reflective Essays

Students will prepare three reflective essays, completed by the end of the day (midnight) of weeks 4, 7 & 11. These essays will be no longer than 3-4 double-spaced pages and must be written in APA format. Please be sure to proofread your assignment prior to submission. They are to be submitted via Canvas to the instructor. The essays are confidential and will only be read by the instructor. These essays are intended to help you become more aware of your personal preferences, values, beliefs, assumptions, and to develop critical analysis skills when reading theory & practice literature. Additionally, these essays seek to integrate class readings, lectures, and discussions into your social work practice. The essays will include:

Essay 1: Due Week 4 Reaction to class discussions and/or case presentations that is relevant to present or past stress/trauma related situations in your professional and/or personal life.

Essay 2: Due Week 7 Critical reaction to at least one of the required readings from previous classes that was useful in understanding and/or coping with the situation utilized in your first reflective paper.

Essay 3: Due Week 11 Select a preferred intervention strategy that you would feel comfortable utilizing in treating survivors of trauma. Be specific about why you have selected this approach and why this strategy resonates with you by reviewing the central constructs and assumptions of the treatment intervention you select.

C. Case Presentation

Case presentations provide students with experience in organizing their thoughts and questions about their clinical work. Additionally, students will benefit from hearing about the clinical work of fellow students, discussing it, and learning how to comment on each other’s clinical work in a thoughtful and supportive manner. Presenting and commenting on cases helps to prepare students to identify the kind of help they need in their clinical practice and how to assist colleagues when faced with clinical dilemmas.

Students will choose a case from their field placement or past clinical experience and will present it from the perspective of trauma theory and treatment. Case presentations will occur in the breakout group, and, with the permission of all the participants, will be recorded. If there is a breakout group that prefers not to be recorded, then either the instructor or class assistant will attend the group presentations.

On the day of your case presentation, please come to class prepared with a PowerPoint presentation ready to share with your group. Your PowerPoint presentation must be uploaded via PennBox prior to the start of class. Each presentation is limited to 30 minutes.

Part I: Case Presentation

Please be sure to address the following points in your case presentation:

- Agency setting – type of agency, not the exact name of the agency
- Identifying data, making sure to use pseudonyms
- Presenting problem including referral source and precipitant for seeking help □ Pertinent history
- A succinct case formulation and whether the presenter considers the client’s trauma to fit the DSM diagnosis of PTSD or meets the conditions of C-PTSD. If neither of these apply, please include your impressions of how persistent and toxic stress responses may be impacting the client.

Part II: Class Discussion

Please be sure to address each of the following questions as you facilitate the class discussion:

- What has worked well in your treatment of your client?
- What is not working well?
- What are you learning from your client? What do you need help with?

In addition to these requirements, students will be graded on the quality of the presentation and content, client confidentiality, and preparedness. The rubric for this assignment will be available on Canvas.

Please note: If you are having difficulty coming up with a case for your case presentation please speak to the professor. A case does not necessarily have to be a client. You can write and present about an organization you have been part of or a traumatic situation you have experienced. If you are not planning to write about a client, please discuss your topic idea with the professor.

*Confidentiality Statement: In all instances when case material is discussed, omit clients' names and disguise all other pertinent identifying data so as to protect client confidentiality.

V. Readings & Schedule of Class Topics

Required Text:

Herman, J.L. (2015). *Trauma and recovery: The aftermath of violence from domestic to political terror*. New York: Basic Books. (ISBN-10: 0465061710, ISBN-13: 978-0465061716)

Please note that all other required readings will be found on Canvas in the designated module for the week. This syllabus is meant as a guide. Additional readings and exercises may be assigned as learning needs arise

<u>CLASS #</u>	<u>Date</u>	<u>Lecture Title</u>	<u>Required Readings</u>	<u>Assignment Due</u>
1	Sept. 1	Introduction to 786-001 Using the SELF Model & The Importance of Community	<u>Trauma-Informed PA: A Plan to Make Pennsylvania a Trauma-Informed, Healing Centered State (2020). Office of the Governor</u>	
2	Sept. 8	Organizational Trauma	Bloom, S.L. (2004) Neither Liberty nor Safety: The impact of trauma on individuals, institutions, and societies. Part 1. <i>Psychotherapy and Politics International</i> , 2(2), 78-98 Hormann, S., & Vivian, P. (2015). Persistent Traumatization in nonprofit organization, <i>OD Practitioner</i> , (47)1, 25-31\ COVID-19's Impact on the Human Services Sector FEMA Region 3 For Review and Reference - <i>Close Reading not required</i> COVID 19 Interagency Recovery Coordination Task Force November 13, 2020	

<u>Class #</u>	<u>Date</u>	<u>Lecture Title</u>	<u>Required Readings</u>	<u>Assignment Due</u>
3	Sept. 15	Beginning to Understand PTSD and Complex Trauma	<p>Herman, J.L. (2015). Trauma and recovery: The aftermath of violence from domestic to political terror. New York: Basic Books. (Chapters 2 & 3)</p> <p>Courtois, C.A. & Ford, J.D. (Eds). (2010). Treating complex Traumatic stress disorders in adults. Scientific Foundations and Therapeutic Models, New York: Guilford, (Chapters 1 & 2)</p>	
4	Sept. 22	Historical Trauma and Cultural Considerations	<p>Courtois, C. A. & Ford, J.D. (Eds.). (2020). Treating complex traumatic stress disorders in adults: Scientific Foundations and Therapeutic Models. New York: Guilford. (Chapters 1 & 2)</p> <p>Ornstein, A. & Goldman, S. (2004). My Mother's Eyes. Cincinnati: Emmis Books. (Auschwitz: Another World, It Also Happened at Pitom and Ramss, A Night, The Bath</p> <p>Blackwell, Matthew, (2018)Devastation ad Denial: Cambodia and the Academic Left https://quillette.com/2018/07/15/devastation-and-denial-cambodiaand-the-academic-left/</p>	<u>Reflective Essay #1 Due</u>
5	Sept. 29	Historical Overview of Trauma: Macro Issues	<p>Freud, S. (1896). The aetiology of hysteria. In Strachey, J. (Ed. & Trans.), The standard edition of the complete psychological works of Sigmund Freud (vol 3, pp. 191221). London: Hogarth Press.</p> <p>Herman, J.L. (2015). Trauma and recovery: The aftermath of violence from domestic to political terror. New York: Basic Books. (Chapter 1)</p> <p>Launer, J. (2005). Anna O and the 'talking cure'. QJM: International Journal of Medicine, 98 (6), 465- 466</p>	

<u>Class #</u>		<u>Lecture Title</u>	<u>Required Reading</u>	<u>Assignment Due</u>
6	Oct. 6	Neurobiology of Trauma	<p>Shonkoff, J.P., Boyce, W. T., & McEwan, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities. <i>Journal of the American Medical Association</i>, 301(21), 2252-2259.</p> <p>Cohn, J. (2011). The two-year window. <i>The New Republic</i>, 242(4), 10-13</p> <p>Zaleski, K. L., Johnson, D. K., & Klein, J. T. (2016). Grounding Judith Herman's trauma theory within interpersonal neuroscience and evidence-based practice modalities for trauma treatment. <i>Smith College Studies in Social Work</i>, 86(4), 377-393.</p>	
7	October 13	Treatment Approaches Part 1	<p>Herman, J.L. (2015). <i>Trauma and recovery: The aftermath of violence from domestic to political terror</i>. New York: Basic Books. (Part II: Stages of Recovery – Chapters 7-11)</p> <p>Johnson, D. R., MD, & Ludin, H., MD. (2015). <i>Principles and Techniques of Trauma-Centered Psychotherapy</i>. Arlington, VA: American Psychiatric Publishing - (Chapters 2 and 4)</p>	<u>Reflective Essay #2 Due</u>
8	October 20	Treatment Approaches Part 2	<p>Johnson, D. R., MD, & Ludin, H., MD. (2015). <i>Principles and Techniques of Trauma-Centered Psychotherapy</i>. Arlington, VA: American Psychiatric Publishing (Chapter 11 and 16)</p> <p>Russell, P. L. (2006). The theory of the crunch. <i>Smith College Studies in Social Work</i>. 76, 9-21.</p>	
9	October 27	Natural Disasters, Mass Violence, and Shared Trauma	<p>Nature, A. (2007). Secondary traumatic stress in social workers responding to disasters: Reports from the field. <i>Clinical Social Work Journal</i>, 35, 173-181.</p> <p>Ornstein, A. (2010). The missing tombstone: Reflections on mourning and creativity. <i>Journal of the American Psychoanalytic Association</i>, 58, 631-648.</p> <p>Tosone, C. (2006). Therapeutic intimacy: A post-9/11 perspective. <i>Smith College Studies in Social Work</i>, 76(4), 89-97. o</p> <p>Tosone, C., Nuttman-Schwartz, O., & Stephens, T. (2012). Shared trauma: When the professional is personal. <i>Clinical Social Work Journal</i>, 40, 231-239.</p>	

<u>Class #</u>	<u>Date</u>	<u>Lecture Title</u>	<u>Required Readings</u>	<u>Assignment Due</u>
10	Nov 3	Vicarious Trauma and Therapist Self-care	<p>Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization. <i>Smith College Studies in Social Work</i>, 75, 81-101.</p> <p>Courtois, C. A. & Ford, J.D. (Eds.). (2009). <i>Treating complex traumatic stress disorders: An evidence-based guide</i>. New York: Guilford. (Chapter 8)</p> <p>Chu, J. (1988). Ten traps for therapists in the treatment of trauma survivors. <i>Dissociation</i>, 1, 24-32.</p>	
11	Nov. 10	Childhood Sexual Abuse, Domestic Violence, Rape	<p>Herman, J.L. (2015). <i>Trauma and recovery: The aftermath of violence from domestic to political terror</i>. New York: Basic Books. (Chapter 5)</p> <p>Pierce-Baker, C. (1998). <i>Surviving the silence: Black women's stories of rape</i>. New York: Norton. (Ruth, Grace, Matilda)</p> <p>Terr, L. (1994). <i>Unchained memories</i>. New York: Basic Books. (Chapter 5)</p>	Reflective Essay #3 Due
12	Nov. 17	Trauma of War	<p>Bracken, P.J., Giller, J. E., & Summerfield, D. (1995). Responses to war and atrocity: The limitations of current concepts. <i>Social Science Medicine</i> 40, 1073-1082.</p> <p>Haley, S. A. (1985). Some of my best friends are dead: Treatment of the post-traumatic stress disorder patient and his family. <i>Family Systems Medicine</i> 3, 17-26</p> <p>Herman, J.L. (2015). <i>Trauma and recovery: The aftermath of violence from domestic to political terror</i>. New York: Basic Books. (Chapter 4)</p>	

<u>Class #</u>	<u>Date</u>	<u>Lecture Title</u>	<u>Reading Assignment</u>	<u>Assignment Duw</u>
13	Dec 1	Trauma and Refugees	<p>Shonfeld-Ringel, S. (2001). A reconceptualization of the working alliance in cross-cultural practice with nonwestern clients: Integrating relational perspectives and multicultural theories. <i>Clinical Social Work Journal</i>, 29, 53- 63.</p> <p>Silove, D., Ventevogel, P., & Rees, S. (2017), The contemporary refugee crisis: An overview of mental health challenges. <i>World Psychiatry</i>, 16, 130-139.</p> <p>Watters, C. (2001). Emerging paradigms in the mental health care of refugees. <i>Social Science and Medicine</i>, 52, 1709-1718</p> <p>SILOVE, DERRICK M.B.Ch.B., M.D., FRANZCP1 The Psychosocial Effects of Torture, Mass Human Rights Violations, and Refugee Trauma, <i>The Journal of Nervous & Mental Disease</i>: April 1999 - Volume 187 - Issue 4 - p 200-207.</p>	
14	Dec. 8	Wrap-Up		