



COURSE TITLE / SECTION: SOCW 7397 (Section # 24693) Spring, 2011
Trauma & Social Work Practice

TIME: 9:00 a.m. - 12:00 noon Tuesday

FACULTY:

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

Before or after class on Tuesday or by appt

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I. Course

- A. Catalog Description:** [Credit 3 (3-0)]. Frameworks and skills for understanding types, history, and impact of trauma on individuals, family, and community.
- B. Purpose:** Analyze theoretical frameworks for understanding trauma, including neurobiological aspects and types of trauma, history of traumatology, and impact of trauma on individuals, family and community, with an emphasis on strengths, resiliency, coping, multicultural issues, and systems factors. Include knowledge and skills in developing assessment and intervention approaches across the lifespan.

II. Course Objectives

Upon completion of this course, students will be able to:

1. identify the theoretical underpinnings of trauma for the analysis of traumatic life experiences, including Posttraumatic Stress Disorder and Acute Stress disorder;
2. define types of trauma and differentiate between interpersonal trauma (sexual assault, domestic violence, child abuse and incest) and other types/situational trauma (combat/military, natural disaster, political violence and accidents);
3. utilize a lifespan approach in designing trauma treatment, with an integrated knowledge of resilience and human development;
4. formulate clinical assessment processes based on social work ethics and develop research-based treatment approaches with evaluative measures for a variety of traumatic life experiences;
5. identify posttraumatic growth in various individuals, with a focus on fostering individual, family and community resilience after a traumatic event;
6. develop strategies for preventing, addressing and managing vicarious traumatization; and

7. critically assess reactions to trauma across various cultures and use this assessment in the formulation and delivery of culturally-grounded interventions.

III. **Course Structure**

A variety of teaching and learning techniques will be utilized in this course, including lectures, group discussions, individual/group experiential exercises, role plays, guest lectures, videos, and handouts. Blackboard vista will be utilized as a means of creating discussions about relevant clinical practice issues, posting assignments, supplementary readings, essential updates, and for delivery of some assignments.

IV. **Required Text**

Briere, J. and Scott, C. (2006). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment. New York: Sage.

Rubin, A. and Springer, D. (2009). Treatment of traumatized adults and children: A clinician's guide to evidenced-based practice. Wiley.

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.

V. **Course Requirements**

A. **Reading Assignments**

The course outline contains topics to be covered and reading assignments to be completed on a weekly basis. Students are also required to regularly check Blackboard Vista to access readings, resources, and other materials for class. This highly interactive class will be designed to clarify, and supplement the understanding of assigned readings, and to create stimulating discussions and experiences regarding content. It is **critical** that students remain current with all reading assignments to fully participate in class and to experience academic success in the course.

B. **Course Expectations & Assignments**

1. **Class Attendance and In-Class Participation (15%)**

Attendance and class participation are **critical** to successful learning in this course and to student's development of essential social work practice skills. Students can receive full class participation points for class attendance, attending the entire class session (arrival on time and staying throughout class), active participation in class and group activities, and informed participation in class discussions. **NOTE: More than two absences will significantly impact your final grade and will create the need to discuss withdrawal from this highly interactive and intensive course offering.** If you know in advance that you need to be absent from class, please notify Professor Kalinchuk. Periodically students will participate in experiential work, role plays, and review of prepared cases to develop knowledge and skill for practical application of trauma based practice approaches. Blackboard vista will be used to distribute readings, resources, and other materials to students.

2. Vicarious Traumatization Self-Care Plan (15%)

Managing student's reactions to the content of this Trauma course is considered highly significant to the learning process. As a means of assisting and encouraging students to prepare for this course, students will be required to complete an in-depth self-care plan to address VT. A detailed description of the self-care assignment will be provided by the Professor and posted on Blackboard Vista.

3. Group Presentation (20%)

Groups of students will be formed to develop a comprehensive and professional presentation that allows students to demonstrate their acquired clinical knowledge and skills around a selected trauma area. A detailed description of the assignment will be provided by the Professor and posted on Blackboard Vista.

4. Trauma Portfolio (50%)

The trauma portfolio assignment is considered a unique, creative, and valuable opportunity for student's to thoughtfully explore, research, analyze, and become experts on a selected trauma area. A detailed description of the trauma portfolio assignment will be provided by the Professor and posted on Blackboard Vista.

VI. Evaluation and Grading

A. Grades will be based on the following:

1. Class Attendance and Class Participation	15%
2. VT Self-Care Plan	15%
3. Group Presentation	20%
4. Trauma Portfolio	50%

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. Attendance and Class Participation

Attendance and class participation are considered to be absolutely **critical** to successful learning in this clinical practice course. Maximum participation as demonstrated by regular attendance of full class period, actively engaging in class discussions, and ongoing involvement in class work and exercises is **crucial** to the class participation grade in this course. Both attendance and class participation will be observed and recorded.

D. Late Assignments

Professor 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.

E. Pagers, Cell Phones, and Laptops

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

Laptop use will be allowed solely for note taking purposes and those students needing to do so must make formal written request to the Professor at the beginning of the course.

F. 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.

VII. 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.

VIII. Consultation

This course allows for a collaborative teaching approach involving Professors Kalinchuk, Lopez, and Taylor. Professor Kalinchuk will be the primary faculty contact for the course. She can be reached through her email at ngkalinchuk@gmail.com. Students are encouraged to schedule appointments with Professor Kalinchuk for consultation in all areas of the course.

IX. 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.

X. COURSE OUTLINE, READINGS, and ASSIGNMENTS

Please note that there are some **required** reading assignments and others that are **suggested**. In addition, there are links to podcasts and informative audio/visual tools throughout.

Tuesday, January 18

- **Overview of Course Content & Course Introduction**
- Review of Student Experiences & Interests in Trauma
- Preparation for Assignments & Discussion of Groups for Presentation
- Initiate Ideas for Trauma Portfolio

Tuesday, January 25

- **Developing Strategies for Managing Vicarious Trauma**
 - Defining Trauma
 - Understanding Countertransference
 - **Assignment Due: VT Self-Care Plan**
 - **Required Readings:**
 - Berzoff, J. & Kita, E. (2010). Compassion fatigue and countertransference: Two different concepts. *Clinical Social Work Journal*, 38: 341-340/.
 - Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization. *Smith College Studies in Social Work*, 75: 2, 81-101.
 - Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Work Education*, 40 (2): 305-317.
 - Saakvitne & Pearlman (Ch. 1 & 2)
- Suggested Link: <http://www.socialwork.buffalo.edu/students/self-care/>

Tuesday, February 1

- **Theoretical Framework for Understanding Trauma (Part I)**
- Why Trauma? - Trauma-Informed Services and Beyond
- Historical Overview of Trauma
- Defining Trauma & Major Types of Trauma
- Differentiating between Types of Trauma & Trauma Trajectory
- Cultural & Spiritual Issues & Trauma
- **Assignment Due: Trauma Portfolio Proposal**
- **Required Readings & Audio Recordings:**
 - Briere & Scott – Ch. 1 & 2
 - Episode 43 - Dr. Sharon Bowland: I Believe, But Will It Help?: Spirituality and Recovery from Interpersonal Trauma (part 1 of 2) . (2010, April 5). Living Proof Podcast Series. [Audio Podcast] Retrieved from <http://www.socialwork.buffalo.edu/podcast/episode.asp?ep=43>

Episode 45 - Dr. Sharon Bowland: Strength and Struggle: Spirituality and Recovery From Interpersonal Trauma (part 2 of 2) . (2010, May 3). Living Proof Podcast Series. [Audio Podcast] Retrieved from <http://www.socialwork.buffalo.edu/podcast/episode.asp?ep=45>

Suggested Reading:

Osterman, J.E., & de Jong, J.T.V.M. (2007). Cultural issues and trauma. In M. Friedman (Ed.), *Handbook of PTSD: Science and practice* (pp. 425-446). New York, NYC: Guilford Press.

Weissbecker, I., & Clark, C. (2007). The impact of violence and abuse on women's physical health: Can trauma-informed treatment make a difference?. *Journal of Community Psychology*, 35(7), 909-923.

Weathers, F. W., & Keane, T. M. (2007). The criterion a problem revisited: Controversies and challenges in defining and measuring psychological trauma. *Journal of Traumatic Stress*, 20(2), 107-121.

Suggested Audio:

Episode 11 - Dr. Shelly Wiechelt: Cultural and Historical Trauma: Affecting Lives for Generations . (2009, January 12). Living Proof Podcast Series. [Audio Podcast] Retrieved from <http://www.socialwork.buffalo.edu/podcast/episode.asp?ep=11>

Tuesday, February 8

- **Theoretical Framework for Understanding Trauma (Part II)**
- Effects of Trauma & Risk of Developing Traumatic Stress Response
- Emotional Responses
- Neurobiology & Psychopharmacology of Trauma
- Medications for Trauma Related Disorders
- Health & Trauma: Building Integrative Approaches

- **Required Readings:**

Briere & Scott – Ch. 11

Schnurr, P.P., Green, B.L., & Kaltman, S. (2007). Trauma exposure and physical health. In M. Friedman (Ed.), *Handbook of PTSD: Science and practice* (pp. 406-424). New York, NYC: Guilford Press.

Suggested Readings:

Allen, J.G. (2005). *Coping with trauma: Hope through understanding*. Arlington, VA: American Psychiatric Publishing, Inc. (Chapter 3)

Vogt, D.S., King, D.W., & King, L.A. (2007). Risk pathways for PTSD: making sense of the literature. In M. Friedman (Ed.), *Handbook of PTSD: Science and practice* (pp. 99-115). New York, NYC: Guilford Press.

Tuesday, February 15

- **Clinical Assessment of Trauma (Part I)**
- Assessing for Trauma in the Clinical Interview
- The Structured Interview
- Trauma-Related Psychiatric Disorders
- Overview of Co-occurring, Dual Disorders

- **Required Readings:**

Briere & Scott – Ch. 3

Courtois, C. (2004). Complex trauma, complex reactions: assessment and treatment. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 412-425.

Allen, J.G. (2005). *Coping with trauma: Hope through understanding*. Arlington, VA: American Psychiatric Publishing, Inc. (Chapters 8-11)

Episode 35 - Dr. Elizabeth Tracy: Social Networks, Trauma, Substance Abuse, and Dual Disorders Among Women . (2009, December 14). Living Proof Podcast Series. [Audio Podcast] Retrieved from <http://www.socialwork.buffalo.edu/podcast/episode.asp?ep=35>

Tuesday, February 22

- **Clinical Assessment of Trauma (Part II)**
- Using Trauma Scales for Assessment of Trauma
- **Required Readings:**
Briere & Scott – Appendix 1 & 2
Keane, T.M., Brief, D.J., Pratt, E.M., & Miller, M.W. (2007). Assessment of PTSD and its comorbidities in adults. In M. Friedman (Ed.), *Handbook of PTSD: Science and practice* (pp. 279-305). New York, NYC: Guilford Press.

Tuesday, March 1

- **Clinical Interventions in Trauma Work (Part I)**
- Central Issues in Trauma Treatment
- Ethical Issues in Trauma Work
- Post-Traumatic Growth & Resilience
- Psychoeducation/Distress Reduction/Affect Regulation
- Evidenced Based Treatment Approaches & Trauma
- **Assignment Due: Trauma Portfolio Literature Review**
- **Required Readings:**
Bonanno, G. (2005). Resilience in the face of potential trauma. *American Psychological Society*, 14 (3): 135-138.
Briere & Scott – Ch. 4, 5, 6
Rubin & Springer – Ch. 1
- **Suggested Readings:**
Tedeschi, R., Calhoun, L., & Cann, A. (2007). Evaluating resource gain: Understanding and misunderstanding posttraumatic growth. *Applied Psychology: An International Review*, 56(3), 396-406.
Herman, J. L. (1992). *Trauma and recovery*. New York, N.Y.: BasicBooks. (Ch. 8-10)

Tuesday, March 8

- **Clinical Interventions in Trauma Work (Part II)**
- Cognitive Interventions
- Emotional Processing
- Increasing Identity & Relational Functioning
- Trauma Focused Cognitive Behavioral Therapy
- **Required Readings:**
Briere & Scott – Ch. 7, 8, 9
Rubin & Springer – Ch. 2, 3, 4

Tuesday, March 15

Spring Break – Enjoy your week away from class!

Tuesday, March 22

- **Acute Trauma & Clinical Interventions**
- Acute Symptoms and Risk for PTSD
- Interventions for Acute Stress
- EMDR

- **Required Readings (Continued from previous week)**
Briere & Scott – Ch. 10 & Appendix 3
Rubin & Springer – Ch. 5 & 6

Tuesday, March 29

- **Trauma Experts Panel Presentation**
- **Assignment Due: Trauma Portfolio Intervention Strategy Examination**

Tuesday, April 5

- **Virtual Reality & Trauma Work (Dr. Patrick Bordnick)**
- **Assignments Due: Trauma Portfolio Assessment Tool & Group/Individual Activity**

Tuesday, April 12

- **Group Presentations**

Tuesday, April 19

- **Group Presentations**

Tuesday, April 26

- **Review & Sharing of Trauma Portfolios**
- **Closing Class/Evaluations**

Bibliography

This bibliography provides a list of books and articles in the area of Trauma. In addition, we have added helpful websites and assessment tools as a resource.

Seminal Books

Briere, J. (1997). Psychological assessment of adult posttraumatic states. Psychotherapy practitioner resource book series. Washington, DC: American Psychological Association.

Foa, E. B., & International Society for Traumatic Stress Studies. (2009). Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies. New York: Guilford Press.

Friedman, M. J., Keane, T. M., & Resick, P. A. (2007). Handbook of PTSD: Science and practice. New York: Guilford Press.

Herman, J. L. (1992). Trauma and recovery. New York, N.Y.: BasicBooks.

Levine, P. A. (1997). Waking the tiger: Healing trauma : the innate capacity to transform overwhelming experiences. Berkeley, Calif: North Atlantic Books.

Rothschild, B. (2003). The body remembers casebook: Unifying methods and models in the treatment of trauma and PTSD. New York: W.W. Norton.

Van der Kolk, B. A., McFarlane, A. C., & Weisæth, L. (1996). Traumatic stress: The effects of overwhelming experience on mind, body, and society. New York: Guilford Press.

Self-Care

Adams, R. E., Boscarino, J. A. and Figley, C. R. (2006), Compassion fatigue and psychological distress among social workers: A validation study. American Journal of Orthopsychiatry, 76: 103–108.

Berzoff, J., & Kita, E. (2010). Compassion fatigue and countertransference: Two different concepts. Clinical Social Work Journal, 38(3), 341-349.

Bride, B., & Figley, C. (2007). The Fatigue of compassionate social workers: An introduction to the special issue on compassion fatigue. *Clinical Social Work Journal*, pp. 151-153. doi:10.1007/s10615-007-0093-5.

Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel psychosocial stress series, no. 23. New York: Brunner/Mazel.

Rothschild, B., & Rand, M. L. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. New York: W.W. Norton.

Trauma Types

Complex Trauma

- Kissiel, C., Fehrenbach, T., Small, L., & Lyons, J. (2009). Assessment of complex trauma exposure, responses, and service needs among children and adolescents in child welfare. *Journal of Child & Adolescent Trauma*, 2(3), 143-160.
- Dyer, K., Dorahy, M., Hamilton, G., Corry, M., Shannon, M., MacSherry, A., et al. (2009). Anger, aggression, and self-harm in PTSD and complex PTSD. *Journal of Clinical Psychology*, 65(10), 1099-1114.
- Cloitre, M., Stolbach, B., Herman, J., Kolk, B., Pynoos, R., Wang, J., et al. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, 22(5), 399-408.

Domestic Violence

- Conradi, L., Geffner, R., Hamberger, L., & Lawson, G. (2009). An exploratory study of women as dominant aggressors of physical violence in their intimate relationships. *Journal of Aggression, Maltreatment & Trauma*, 18(7), 718-738.
- Duke, A., & Davidson, M. (2009). Same-sex intimate partner violence: Lesbian, gay, and bisexual affirmative outreach and advocacy. *Journal of Aggression, Maltreatment & Trauma*, 18(8), 795-816.
- Edelson, M., Hokoda, A., & Ramos-Lira, L. (2007). Differences in effects of domestic violence between latina and non-latina women. *Journal of Family Violence*, 22(1), 1-10. doi:10.1007/s10896-006-9051-1.
- James, K. (2010). Domestic violence within refugee families: Intersecting patriarchal culture and the refugee experience. *Australian & New Zealand Journal of Family Therapy*, 31(3), 275-284. Retrieved from Academic Search Complete database.
- Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-traumatic stress disorder (PTSD) in victims of domestic violence: A review of the research. *Trauma, Violence & Abuse*, 2(2), 99.

Early Childhood Trauma

- Graham-Bermann, S., & Levendosky, A. (1998). Traumatic stress symptoms in children of battered women. *Journal of Interpersonal Violence*, 13(1), 111.
- Israel, E., Stover, C. (2009). Intimate partner violence: The role of the relationship between perpetrators and children who witness violence. *Journal of Interpersonal Violence*, 24(10), 1755-1764.
- Lieberman, A., Van Horn, P., & Ippen, C. (2005). Toward evidence-based treatment: Child--parent psychotherapy with preschoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(12), 1241-1248.
- Mikton, C., & Butchart, A. (2009). Child maltreatment prevention: a systematic review of reviews. *Bulletin of the World Health Organization*, 87(5), 353-361.
- Shapiro, E.R. (2002). Family bereavement after collective trauma: Private suffering, public meanings, and cultural contexts. *Journal of Systemic Therapies*, 21(3), 81-90.
- Stover, C., Meadows, A., & Kaufman, J. (2009). Interventions for intimate partner violence: Review and implications for evidence-based practice. *Professional Psychology: Research & Practice*, 40(3), 223-233.
- Tishelman, A., Haney, P., O'Brien, J., & Blaustein, M. (2010). A framework for school-based psychological evaluations: Utilizing a 'trauma lens'. *Journal of Child & Adolescent Trauma*, 3(4), 279-302.

Sexual Assault

- Bryant-Davis, T., Heewoon, C., & Tillman, S. (2009). From the margins to the center: Ethnic minority women and the mental health effects of sexual assault. *Trauma, Violence & Abuse*, 10(4), 330-357.
- Decker, S., & Naugle, A. (2009). Immediate intervention for sexual assault: A review with recommendations and implications for practitioners. *Journal of Aggression, Maltreatment & Trauma*, 18(4), 419-441.
- Elliott, D., Mok, D., & Briere, J. (2004). Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress*, 17(3), 203-211.

Finn, J., & Hughes, P. (2008). Evaluation of the RAINN national sexual assault online hotline. *Journal of Technology in Human Services*, 26(2/4), 203-222.

Kahn, A., Jackson, J., Kully, C., Badger, K., & Halvorsen, J. (2003). Calling it rape: Differences in experiences of women who do or do not label their sexual assault as rape. *Psychology of Women Quarterly*, 27(3), 233.

Skinner, J. (2009). Recovery from trauma: A look into the process of healing from sexual assault. *Journal of Loss & Trauma*, 14(3), 170-180.

Medical Trauma

Kazak A. "Comprehensive care for children with cancer and their families: A social ecological framework guiding research, practice and policy," *Children's Services: Social Policy, Research and Practice* vol 4: 217-33. 2001.

Bush, N. (2009). Post-traumatic stress disorder related to the cancer experience. *Oncology Nursing Forum*, 36(4), 395-400.

Pedersen, A., & Cohen, B. (2010). Identifying and overcoming barriers to cervical cancer screening in women with a history of sexual violence and posttraumatic stress disorder. *Journal of Women's Health (15409996)*, 19(7), 1239-1241.

Cordova, M., Giese-Davis, J., Golant, M., Kronenwetter, C., Chang, V., & Spiegel, D. (2007). Breast cancer as trauma: Posttraumatic stress and posttraumatic growth. *Journal of Clinical Psychology in Medical Settings*, 14(4), 308-319.

Military Trauma

Jakupcak, M., Vannoy, S., Imel, Z., Cook, J. W., Fontana, A., Rosenheck, R. and McFall, M. (2010), Does PTSD moderate the relationship between social support and suicide risk in Iraq and Afghanistan war veterans seeking mental health treatment?. *Depression and Anxiety*, 27: 1001–1005.

Fritch, A., Mishkind, M., Reger, M., & Gahm, G. (2010). The impact of childhood abuse and combat-related trauma on postdeployment adjustment. *Journal of Traumatic Stress*, 23(2), 248-254.

Murdoch, M., Polusny, M., Hodges, J., & O'Brien, N. (2004). Prevalence of in-service and post-service sexual assault among combat and noncombat veterans applying for department of veterans affairs posttraumatic stress disorder disability benefits. *Military Medicine*, 169(5), 392-395.

Traumatic Brain Injury & Trauma

Adler, A. B., Wright, K. M., Bliese, P. D., Eckford, R. D., & Hoge, C. W. (2008). A2 diagnostic criterion for combat-related posttraumatic stress disorder. [Journal Article]. *Journal of Traumatic Stress*, 21(3), 301-308.

Belanger, H. G., Kretzmer, T., Yoash-Gantz, R., Pickett, T., & Tupler, L. A. (2009). Cognitive sequelae of blast-related versus other mechanisms of brain trauma. *J Int Neuropsychol Soc*, 15(1), 1-8.

Girona, R. J., Clark, M. E., Ruff, R. L., Chait, S., Craine, M. H., Walker, R., et al. (2009). Traumatic brain injury, polytrauma, and pain: Challenges and treatment strategies for the polytrauma rehabilitation. [Journal Article]. *Rehabilitation Psychology*, 54(3), 247-258.

Refugee & War Zone Trauma

Perilla, J. (1999). Domestic violence as a human rights issue. *Hispanic Journal of Behavioral Sciences*, 21, 107.

Moreno, C. (2007). The relationship between culture, gender, structural factors, abuse, trauma, and HIV/AIDS for latinas. *Qualitative Health Research*, 17, 340.

Whitaker, D., Baker, C., Pratt, C., & Reed, E. (2007). A network model for providing culturally competent services for intimate partner violence and sexual violence. *Violence Against Women*, 13, 190.

Natural Disasters

Hussain, A., Weisaeth, L., & Heir, T. (2011). Psychiatric disorders and functional impairment among disaster victims after exposure to a natural disaster: A population based study. *Journal of Affective Disorders*, 128(1/2), 135-141.

Luszczynska, A., Benight, C., Cieslak, R., Kissinger, P., Reilly, K., & Clark, R. (2009). Self-efficacy mediates effects of exposure, loss of resources, and life stress on posttraumatic distress among trauma survivors. *Applied Psychology: Health & Well-Being*, 1(1), 73-90.

- Mohay, H., & Forbes, N. (2009). Reducing the risk of posttraumatic stress disorder in children following natural disasters. *Australian Journal of Guidance & Counselling*, 19(2), 179-195.
- Polusny, M., Ries, B., Schultz, J., Calhoun, P., Clemensen, L., & Johnsen, I. (2008). PTSD symptom clusters associated with physical health and health care utilization in rural primary care patients exposed to natural disaster. *Journal of Traumatic Stress*, 21(1), 75-82.
- Sprung, M., & Harris, P. (2010). Intrusive thoughts and young children's knowledge about thinking following a natural disaster. *Journal of Child Psychology & Psychiatry*, 51(10), 1115-1124.

Co-Occurring Disorders

Najavits, L. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. The Guilford substance abuse series. New York: Guilford Press.

Courtois, C. (2004). Complex trauma, complex reactions: assessment and treatment. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 412-425

Women & Trauma

Kimerling, R., Ouimette, P., & Wolfe, J. (2002). *Gender and PTSD*. New York: Guilford Press.

Norris, F. H., Foster, J. D., & Weishaar, D. L. (2002). The epidemiology of sex differences in PTSD across developmental, societal, and research contexts. In R. Kimerling, P. Ouimette & J. Wolfe (Eds.), *Gender and PTSD* (pp. 3-42). New York: The Guilford Press.

Seedat, S., Stein, D., & Carey, P. (2005). Post-Traumatic Stress Disorder in Women: Epidemiological and Treatment Issues. *CNS Drugs*, 19(5), 411-427.

Trauma & Health

Ullman, S., & Brecklin, L. (2003). Sexual assault history and health-related outcomes in a national sample of women. *Psychology of Women Quarterly*, 27(1), 46-57.

Epidemiology of Trauma

Breslau, N., & Chilcoat, H. (1999). Previous exposure to trauma and PTSD effects of subsequent trauma: Results from the Detroit area. *American Journal of Psychiatry*, 156(6), 902.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52(12), 1048-1060.

Kilpatrick, D., Ruggiero, K., Acierno, R., Saunders, R., Resnick, H., Best, C. Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology* 71(4): 692-700, 2003.

Neurological Responses to Trauma

Friedman, M., & Pitman, R. (2007). New findings on the neurobiology of posttraumatic stress disorder. *Journal of Traumatic Stress*, 20(5), 653-655.

Hopper, J., Spinazzola, J., Simpson, W., & van der Kolk, B. (2006). Preliminary evidence of parasympathetic influence on basal heart rate in posttraumatic stress disorder. *Journal of Psychosomatic Research*, 60(1), 83-90.

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Websites of Interest

National Center for Trauma Informed Care, Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov/nctic/default.asp>

The National Center for Trauma-Informed Care (NCTIC) was created in 2005 to offer technical assistance to stimulate and support interest in and implementation of trauma-informed care in publicly-funded systems and programs. NCTIC offers consultation and technical assistance, education and outreach, and resources to support this revolutionary shift across a broad range of service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

National Center for PTSD

<http://www.ptsd.va.gov/index.asp>

Obtain factsheets, access PTSD research quarterly and use the PILOT database for the latest research on PTSD. The National Center for PTSD is the center of excellence for research and education on the prevention, understanding, and treatment of PTSD. The Center has seven divisions across the country.

International Society for Traumatic Stress Studies

<http://www.istss.org/Home.htm>

ISTSS is an international, interdisciplinary professional organization that promotes advancement and exchange of knowledge about traumatic stress. This knowledge includes:

- * Understanding the scope and consequences of traumatic exposure
- * Preventing traumatic events and ameliorating their consequences
- * Advocating for the field of traumatic stress

Center for the Study of Traumatic Stress

<http://www.centerforthestudyoftraumaticstress.org/>

The Center for the Study of Traumatic Stress (CSTS) is one of the nation's oldest and most highly regarded, academic-based organizations dedicated to advancing trauma-informed knowledge, leadership and methodologies. The Center's work addresses a wide scope of trauma exposure from the consequences of combat, operations other than war, terrorism, natural and human-made disasters, and public health threats.

The National Child Traumatic Stress Network (NCTSN)

http://www.nctsn.org/nccts/nav.do?pid=hom_main

The National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

After Deployment

<http://afterdeployment.org/web/guest/home>

After Deployment provides wellness resources – in the form of videos, assessments and educational materials for veterans and their families.

Disaster Help

<http://www.disasterassistance.gov/disasterinformation/>

The Official US site for the most up-to-date information on disasters: news, resources, and more. Created by Federal Emergency Management Agency (FEMA).

Assessment Tools

Clinician-Administered PTSD Scale (CAPS)

Summary:

The CAPS is widely considered to be the "gold standard" in PTSD assessment. It is a structured interview providing a categorical diagnosis, as well as a measure of the severity of PTSD symptoms as defined by DSM-IV. It can be administered by any trained person and takes 30-60 minutes.

Author/publisher details

National Center for PTSD, Boston, USA.

<http://www.ncptsd.va.gov>

Date

First published in 1990, usually referenced as 1995.

Acute Stress Disorder Structured Interview (ASDI)

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Summary:

The ASDI is a structured interview for diagnosing ASD. It has 19 dichotomously scored items, based on the DSM-IV criterion.

Author/publisher details

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AUSTRALIA

Date

1998 published psychometrics, 1999 copyrighted.

Posttraumatic Stress Disorder Checklist (PCL)

Summary:

This 17-item self-report scale for PTSD is based on DSM-IV criteria and takes 5-7 mins to complete. There are slightly different versions for use with military (M) or civilian (C) populations, as well as a version focused on a "specific stressful experience" (S).

Author/publisher details

National Center for PTSD, Boston, USA.

<http://www.ncptsd.va.gov/>

Date

1993

University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index (UCLA-PTSD RI)

Summary:

This instrument assesses reactions to trauma in children and adolescents. It can be used as a self-report (completed on paper, suitable for one to one or group administration), or given verbally where questions are read to the child. The test has excellent psychometric properties, and has been used across a variety of trauma types, age ranges, settings, and cultures.

Author/publisher details

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Melissa J. Brymer, PsyD,

Kelly B. Decker, MA, and

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Date

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Child PTSD Symptom Scale

Summary:

The CPSS is used to measure post traumatic stress disorder severity in children aged 8-18. It is made up of 17 items in part 1 and 7 items in part 2. It takes approximately 20 minutes to administer as an interview measure (by a clinician or a therapist) and 10 minutes to complete as a self-report. Versions are available in English and Spanish.

Author/publisher details

CPSS: Foa et al., (2001)

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