



COURSE TITLE/SECTION:

SOCW 7397 (Section # 38223) TRAUMA & SOCIAL WORK PRACTICE

TIME: 8:30am -11:30am Tuesday SOCW229

OFFICE HOURS: Before/after class 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 demonstrate the following competencies:

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 Content

This course will include the content areas related to assessment and treatment of trauma listed in the course schedule

IV. Teaching Methods

Instruction methods will include informal lectures (questions and comments are encouraged), guest speakers, class discussions, class exercises, role plays, videos, individual/group experiential exercises, and handouts.

V. Required Textbooks

Briere, J. N. and Scott, C. (2012). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. (2nd Edition). New York, NY: Sage.

Rubin, A., and D. W. Springer (Eds.) (2009). *Treatment of Traumatized Adults and Children. Clinician's Guide to Evidence-Based Practice*. Hoboken, NJ: John Wiley and Sons.

VI Course Requirements

A. Term Paper (Select one of the following)

Option 1: Team Term Paper. Teams comprised of 2 to 4 students will interview practitioners in a setting in which a sizeable portion of the caseload is comprised of traumatized clients. The focus of the interviews should be on the extent of their current commitment or prior efforts to implement one or more of the empirically supported treatments (ESTs) emphasized in this course, such as prolonged exposure therapy, cognitive processing therapy, dialectical behavioral therapy, TF-CBT (with children), or EMDR. The paper should cover the following issues:

- Describe the setting's key organizational characteristics.
- Describe the clinicians in the setting who are assigned to trauma clients, especially regarding their profession, highest educational degrees earned, years of clinical practice experience, extent and nature of their training and supervision in the relevant EST(s), caseload sizes, and how these or any other characteristics may bear upon their views and experiences regarding providing the relevant EST(s).

- Describe the nature of their trauma caseload (i.e., any predominant client demographic characteristics, types of trauma, most common diagnoses, etc.)
- If none of the ESTs for trauma are being provided in that setting (or by a particular clinician who treats trauma cases), why not? What treatment approach or approaches is/are emphasized instead? Why? How does/do it/they seem to be working?
- If one or more of the ESTs is being provided:
 - o How does/do it/they seem to be working?
 - o What adaptations/modifications, if any, have been made to the EST to make it a better fit for their setting and/or clientele? This is especially applicable to cultural minority clients.
- Identify the relevant cultural minority group(s), discuss the rationale for the modifications to better fit them, describe those modifications, and discuss how the modified approach seems to be working out and why.
 - o If no such modifications/adaptations were made, discuss the rationale and whether/how the absence of such modifications seems to be influencing treatment outcomes.
- In light of what you have learned in this course and in your interviews, what recommendations would you make to improve the treatment of traumatized clients in that setting?

Here is a list of some possible settings and contacts that treat traumatized clients:

Children's Assessment Center – Susan Szczygielski 713-986-3456
 Child Advocacy of Fort Bend-Fiona Remico
 DePelchin Children's Center – Jennifer Mills 713-802-6209
 Center for Success and Independence-Becca Whitson
 Catholic Charities- Ernesto Lopez 713-874-6512
 Family Service Center-Deniece Christ-Rice 713-867-7709
 Houston Council on Alcohol and Drugs-Holly McDonald 281-200-9204
 Champion Therapy -Renee Traweek (private practice, formerly with Shield Bearer) 281-813-7894

Option 2: Individual Term Paper. Select one of the case scenarios below and develop a comprehensive, detailed, chronological treatment plan for the case. The plan should show how one or more of the treatment approaches emphasized in this course (such as prolonged exposure therapy, cognitive processing therapy, dialectical behavioral therapy, and/or TF-CBT) would be adapted to fit the diagnostic and cultural characteristics of the case. It also should indicate what additional treatments might be required, and in what sequence, and should include a review of any clinical, theoretical, and research literature that informs the development of your treatment plan. In addition to describing your plan, you should provide a thorough rationale explaining your decisions.

Case Scenarios:

1. A 12-year old Mexican-American girl who has experienced three incidents of sexual abuse from her single mother's partner and who has been diagnosed with complex PTSD and depression. She is failing in school and is thought to

be potentially suicidal. She continues to live with her mother, who continues to live with the perpetrator. Her mother does not believe her re the sexual abuse.

2. A 25-year old recently discharged African American veteran of the war in Afghanistan who blames himself for the death of several of his comrades in combat and who feels guilty about participating in a mission in which several civilian women and children were killed. He has been diagnosed with complex PTSD combined with mild traumatic brain injury, substance use disorder (alcohol), outbursts of rage, and suicidal ideation.

3. A 30-year old recent political refugee from Somalia who experienced extreme physical and psychological torture and witnessed some friends and family being similarly tortured. He has been diagnosed with complex PTSD and has severe trust issues here in the USA. He finds it hard to trust any professionals (including therapists), hard to believe that he will not be tortured again here, and hard to trust that exposure therapy is not another form of psychological torture.

4. A 19 year-old devoutly religious Asian American female college student with close ties to her parents who recently was a victim of date rape and who feels ashamed and afraid to tell her parents about the rape, who blames herself partially for what happened, and who recently discovered that she is pregnant as a result of the rape. She has been diagnosed with PTSD, depression, and suicidality.

5. Students can propose for instructor approval an alternative case scenario that they would like to create.

*Term papers may be submitted in hard copy during any class session or as an email attachment to instructor by April 30. There is no page minimum or maximum; however, the paper should be thorough in covering each of the bulleted points above.

B. Class Participation

Students are expected to attend all classes and to be prepared to participate orally and in a thoughtful manner that demonstrates that the assigned readings have been read carefully prior to class. Students are responsible for any material missed due to absences. Student feedback is welcome. Students are also encouraged to provide feedback during office hours, by phone, by e-mail, and by appointment if they desire. As noted above, class participation expectations involve attendance, arriving on time, and not leaving early. It also involves participation in class role-plays, contributions to class discussions that reflect advance reading of the assigned readings, as well as informed and thoughtful comments on role-plays and other class exercises.

Pagers, Cell Phones and Laptops: Please show respect and consideration regarding how the use of these devices can be disruptive or convey a sense of disengagement from presentations and discussions. Inappropriate or excessive use of these devices will lower the class participation grade.

VII. Evaluation and Grading

25 points Exam #1

25 points Exam #2

30 points Term paper (described above)

10 points Certificate for completing the free online training course in trauma-focused cognitive behavioral therapy available at <http://www.tfcbt.musc.edu/>

10 points Class participation (This involves attendance, arriving on time, and not leaving early. It also involves participation in class role-plays, contributions to class discussions that reflect advance reading of the assigned readings, as well as informed and thoughtful comments on role plays and other class exercises.)

Extra Credit Students can earn up to a maximum of 15 points of extra credit by attending one of the two medical clown training sessions before the start of the semester and submitting a brief paper (about 2-4 double-spaced pages) discussing why the medical clown intervention might or might not be effective with traumatized clients. (The session is 1.5 days long, and students can sign up for either the first session which will occur 9-4 on Wednesday and 9-12 on Thursday, January 8-9, or the second session which will occur 12-4 on Thursday and 9-4 on Friday, January 9-10.)

Each of the grading components as well as the overall course grade will be determined in the following manner:

A =	96-100% of the points	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%

VIII. Policy on grades of I (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 the policy.

IX. 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.

X. Bibliography

Please contact the instructor for additional references related to course content

XI. 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. Any student with a documented disability (physical or cognitive) who requires academic accommodations should contact the UH Center for Students with Disabilities at 713-743-5400 to request documentation outlining authorized accommodations

XII. Note From Instructor Concerning Changes to Syllabus and Schedule

The instructor reserves the right (and flexibility) to alter the course outline or schedule in order to better accommodate learning goals and time constraints. Student flexibility for any necessary agenda shifts is appreciated.

XIII. Course Schedule and Reading Assignments

January 14-21	Introduction to course Overview of trauma Student experiences and interests in trauma Secondary/vicarious trauma and therapist self-care	Briere & Scott, Chs. 1-2
Jan. 28	Developing a therapeutic alliance Assessment Complex PTSD	Briere & Scott, Chs. 3-4; Appendix 1-2 Herman, "A Healing Relationship"
February 4	Overview of clinical intervention in trauma work	Rubin & Springer: Ch. 1
Feb. 11	Anxiety management techniques; Psychoeducation; Prolonged Exposure Therapy	Rubin & Springer, Ch. 2 Briere & Scott, Chs. 5-6 and 8;
Feb. 18	Cognitive Processing Therapy	Rubin & Springer, Ch. 3 Briere & Scott, Ch. 7
Feb. 25	TFCBT online training in lieu of class at: http://tfcbt.musc.edu	Rubin & Springer, Ch. 4
March 4	Exam #1	
March 11	Spring Break	
March 18	EMDR	Rubin & Springer, Ch. 5-6

March 25	Military related trauma	<p>Rubin , A. (2013). "Introduction: Understanding and Intervening with Military Personnel and Their Families: An Overview." In: Rubin, A., Weiss, E. L., & Cole, E. (Eds.). <i>Handbook of Military Social Work</i>. Wiley.</p> <p>Watch online video:PTSD Veterans: A Conversation with Dr. Frank Ochberg</p> <p>At: http://ctiv.alexanderstreet.com.ezproxy.lib.uh.edu/View/1778938</p>
April 1	<p>Traumatic Brain Injury (TBI) and Social Work Practice</p> <p>Guest Speakers: Margaret Struchen & Allison Clark</p>	<p>Boyd, C. & Asmussen, S. (2013). Traumatic Brain Injury and the Military.</p> <p>Struchen, M.A., Clark, A.N., & Rubin, A. (2013). TBI and Social Work Practice.</p> <p>Both of the above are chapters in Rubin, A. et al. (2013). <i>Handbook of Military Social Work</i></p>
April 8	<p>DBT; Treating complex PTSD</p> <p>Guest Speaker: Jennifer Markey</p>	<p>Briere & Scott, Chs. 9-10</p> <p>Wagner, A. W. & Linehan, M. M. (2006). "Applications of Dialectical Behavior Therapy to PTSD and Related Problems." In V. M. Follette & J. I. Ruzek, <i>Cognitive-Behavioral Therapies for Trauma</i>, Guilford, pp. 117-145.</p>
April 15	<p>Psychobiology and Psychopharmacology of Trauma</p> <p>Guest Speaker: Julie Speir</p>	Briere & Scott, Ch. 12
April 22	<p>Exam # 2</p> <p>Reflections, closing class celebration</p> <p>Course evaluation</p>	