

**UNIVERSITY OF PENNSYLVANIA  
SCHOOL OF SOCIAL POLICY & PRACTICE  
SOCIAL WORK PROGRAM**

**SW 798.001**

**Social Work Practice and Trauma  
fall 2015**

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### **I. COURSE PURPOSE**

This course integrates trauma theory and practice and expands practice knowledge to include the treatment and assessment of the survivors of trauma. Emphasis is placed on differentiating PTSD from Complex Trauma in order to identify appropriate, evidence-based and evidence-supported intervention strategies. Topics covered in this course include an historical overview of the development of our understanding of trauma and the exploration of various types of trauma including war trauma, domestic violence, childhood sexual and physical abuse, natural disasters, the experiences of refugees and organizational trauma. Among the interventions covered in this course are CBT, EMDR, group and psychodynamic treatment. Students will consider issues that affect those treating the survivors of trauma, such as vicarious trauma, and will explore approaches to self-care. This is an advanced clinical course. Through written assignments, case presentations 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. For example, the reflective essays will serve as vehicles for self-examination and assist students in identifying the personal biases and values that help or hinder their effectiveness in working with trauma survivors. Trauma will be viewed from the perspective of its effect on the individual. At the same time, students will 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. The readings include empirical literature, theory, biography and memoir and are intended to inform students of evidence-based and evidence supported interventions and the latest theories of trauma. In addition, the readings are intended to enhance the students' understanding of the meaning of traumatic experience for diverse individuals.

By the end of the course students should be able to describe:

- 1) the assumptions and characteristics of various approaches to psychotherapy for trauma;
- 2) the nature of psychological trauma and models for understanding coping with trauma;
- 3) the assumptions and treatment approaches of cognitive behavioral interventions, psychodynamic interventions, group therapy, EMDR and other evidence -based and evidence-supported interventions for the treatment of trauma in children and adults;
- 4) the risks and nature of secondary trauma and strategies for preventive self-care;
- 5) the nature of counter-transference reactions in the treatment of trauma survivors;
- 6) trauma focused CBT for children;
- 7) how social work values and practice wisdom are integrated into clinical work with the survivors of trauma.

### III. COURSE REQUIREMENTS

#### **Expectations**

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. In the event that you are unable to attend class for any reason, please notify the instructor and propose how you will make up the content you missed. **Excessive absenteeism (i.e., missing more than two classes) is a serious problem 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 are expected to: (A) participate substantively in class discussions (B) read on a weekly basis and come to class prepared to apply and discuss the reading assignments; (C) submit assignments by the due date and in accordance with the specified format.

#### **Grades will be based on the following assignments:**

Class attendance, participation and preparedness	20%
Oral and written case presentation	20%
Reflective essays	30%

**Recommended assignment.** You will receive extra credit if you complete this assignment. Please email or hand in your certificate to the instructor upon completion of the training:

Trauma focused CBT certificate

<http://tfcbt.musc.edu/>

### **Class Participation**

Students will be expected to actively participate in class discussions each week, including being prepared to discuss the readings and course content for that week and to generate appropriate and relevant questions. In addition, students will be expected to demonstrate, during class discussions, their ability to apply the concepts and theories being covered to social work practice.

### **Grading Policies**

The final course grade is based on the student's performance in class and on all assignments. Please refer to the MSW Student Handbook for the School's grading policy. Students whose performance is minimal or failing at midterm will be notified in writing.

### **Readings**

Students will read required class assignments from the assigned texts and/or articles, and from relevant materials of their own choosing. In addition, students are expected to analyze critically the professional literature they review.

### **Required Texts**

Herman, J.L. (1992). *Trauma and recovery: The aftermath of violence from domestic to political terror*. New York: Basic Books.

Courtois, C. A., & Ford, J. D. (Eds). (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: Guilford.

### **Suggested Reading**

Davies, J. M. & Frawley, M.G. (1992). *Treating the adult survivor of childhood sexual abuse: A psychoanalytic perspective*. New York: Basic Books.

Frankel, V. (2006). *Man's search for meaning*. Boston: Beacon Press.

Kidder, T. (2009). *Strength in what remains*. New York: Random House.

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.

Ward, J. (2011). *Salvage the bones*. New York: Bloomsbury.

All other required readings will be available on blackboard at <https://courseweb.library.upenn.edu/>.

## IV. ASSIGNMENTS

### Format for Written Assignments

All papers must be typewritten, in 12-point font, double-spaced, page-numbered, with 1" margins at the left, right, top and bottom. The cover page (not included in the page limit) should include the title of the paper, student's name, professor's name and date submitted. **Papers must be proofread** carefully for clarity, organization, spelling, punctuation, and other potential errors before submission.

**In-text citations following APA style guidelines are required** for all written assignments, with the specific source including authors' last names and year of publication, regardless of whether you are paraphrasing or using specific quotes. Direct quotes must have the specific source as above but with page number(s). **A list of references cited or consulted must be included at the end of each paper in proper APA bibliographic form.**

**I. CASE PRESENTATION:** Case presentations provide students with the experience of organizing their thoughts and questions about their clinical work, orally and in writing; of hearing about the clinical work of their fellow students; and of learning how to comment on each other's clinical work in a thoughtful, rigorous and supportive manner. Presenting and commenting on cases prepare students to identify the kind of help they need in their clinical practice and how to assist colleagues when they have clinical dilemmas.

Students will choose cases from their current field placement or past clinical experience and will present them from the perspective of trauma theory and treatment. Students will be randomly paired for oral case presentations and one student will present a clinical case and the other will comment on the case. Each pair will decide who will present a case and who will act as case commentator. The student presenting the case will choose a client to present using the guidelines below. The commenting student will address the presenter's questions and offer her or his insights and suggestions. She or he will assist the case presenter in organizing the details of the case and together the pair will decide which aspects of the case are most salient and should be included in the presentation.

**On the Monday prior to the oral presentation** the presenters will **post on Canvas** the following information, being very careful to protect confidentiality: (1) agency setting – type of agency, not the exact name of the agency (2) identifying data, making sure to use pseudonyms (3) the presenting problem including referral source and precipitant for seeking help (4) pertinent history (5) a succinct case formulation and whether the

presenters consider the client's trauma to fit the DSM diagnosis of PTSD or whether the client may be suffering from complex trauma.

In the **oral part of the presentation**, the student presenting the case will address the following four questions: 1) What has worked well in your treatment of your client? 2) What is not working well? 3) What are you learning from your client? 4) What do you need help with? The student who is the case commenter will address clinical questions, offer resource suggestions and/or suggest a theoretical framework for understanding the client. **All members of the class are required to read the written case summary prior to the oral presentation**, so it will not be necessary to review that information during class time. **Each presentation is limited to 30 minutes**. During the **first 10 minutes**, the student whose case is the focus of the presentation will give a **very brief** summary of the background information and then address the above four questions. During the **second 10 minutes**, the student who is commenting on the case will present her or his comments. During the **third 10 minutes**, discussion will be open to the whole class.

**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.

**II. REFLECTIVE ESSAYS:** Students will prepare 3 reflective essays, completed by the end of the day of class for weeks 5, 8 and 11. These essays will be no longer than 1 or 2 double-spaced pages. The essays will be submitted electronically to the instructor and she will reply in the same manner. The essays are confidential and will only be read by the instructor. The essays will include:

1. Reaction to class discussions and case presentations and/or relevant stress/trauma related situations in your professional and/or personal life. You may use the case from your presentation for one of the essays if you wish to explore an issue more deeply.
2. Critical reaction to at least **one of the required readings** from the previous classes that you found useful in understanding and /or coping with the situation described in part one of the essay. Be specific about how the reading was useful. The reflective essays are intended to help you become more aware of your values, beliefs and assumptions, to help you develop your critical analysis skills when reading theory and practice literature and to integrate class readings and discussions into your social work practice.

**III. Final Exam.** The final exam will be a combination of multiple choice and essay questions based on the material we cover in class throughout the semester. It will be administered through Canvas. More details to follow.

**IV. TF-CBT.** This **optional** assignment requires you to work through a training module on TF-CBT (<http://tfcbt.musc.edu/>). It is an evidence-based treatment for children put out by the Substance Abuse and Mental Health Services (SAMHSA). **Do not start this training at the last minute!** It is designed to be pursued over time. You will receive a certificate at the end of the course, which you must email or hand deliver to the instructor if you would like to receive extra credit.

**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.**

## **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.vpul.upenn.edu/osl/acadint.html>**

## **V. SCHEDULE OF TOPICS, READINGS AND ASSIGNMENTS**

### **Week #1: Sept 2- Beginning to Understand PTSD and Complex Trauma**

Introduction to course and explanation of assignments.

Discussion of readings.

#### **Required readings:**

Herman, J.L. (1992). *Trauma and recovery: The aftermath of violence from domestic to political terror*. New York: Basic Books. **Chapters 2 and 3, pp. 33-74.**

Courtois, C. A., & Ford, J. D. (2009). Introduction. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An Evidence-based guide* (pp. 1-9). New York: Guilford.

Courtois, C. A., & Ford, J. D. (2009). Defining and understanding complex trauma and complex traumatic stress disorders. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An Evidence-based guide* (pp. 13 - 30). New York: Guilford.

### **Week # 2: Sept. 9 - Overview of Current Thinking About Trauma**

Case presentation by Instructor.

Discussion of readings.

### **Required Readings:**

Straussner, S. L. A. & Calnan, A. J. (2014). Trauma through the life cycle: A review of current literature. *Clinical Social Work Journal*, 42, (323- 335).

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15, 1-18.

Van der Kolk, B. A. (2009). Afterword. In C. A. Courtois & J. D. Ford (Eds), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 455-465). New York: Guilford.

### **Suggested Reading:**

Friedman, M.J., Resick, P.A., & Keane, T.M. (2007). PTSD: Twenty-five years of progress and challenges. In M.J. Friedman, T.M. Keane, & P.A. Resick, (Eds.) *Handbook of PTSD: Science and practice* (pp. 3-18). New York: Guildford.

## **Week #3: Sept 16 - Historical Overview of the Study of Trauma: Looking at Some Macro Issues**

Case presentation (s) by students.

Discussion of case (s) and readings.

View segments from the film “A Dangerous Method”.

### **Required Readings:**

Herman, J.D. (1992). *Trauma and recovery: The aftermath of violence from domestic to political terror*. New York: Basic Books. pp. 7-33.

Launer, J. (2005). Anna O and the ‘talking cure. *QJM*, 98(6), 465-466.

Freud, S. (1896). The aetiology of hysteria. In Strachey, J. (Ed.), *The standard edition* (vol 3, pp. 191-221). London: Hogarth.

Shonkoff, J.P., Boyce, W. T., & McEwan, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities. *JAMA*, 301 (21), 2252-2259.

### **Suggested Reading:**

Shonkoff, J.P. (2000). Science, policy and practice: Three cultures in search of a shared mission. *Child Development*, 71 (1), 181-187.

## **Week # 4: Sept 23 - Trauma and the Brain. Trauma and Memory**

Case presentation (s) by student(s).

Discussion of case(s) and readings.

View video segment “The Baby’s Brain: Wider than the Sky” from the PBS documentary “The Secret Life of the Brain”.

### **Required Readings:**

Applegate, J.S. & Shapiro, J.R. (2005). *Neurobiology for clinical social work: Theory and practice*. New York: Norton. **pp. 1 – 39.**

Cohn, J. (2011). The two year window. *The New Republic*, 242 (4), 10-13.

Ford, J. D. (2009). Neurobiological and developmental research: Clinical implications. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (**pp. 31 -58**). New York: Guilford.

Terr, Lenore (1994). *Unchained memories*. New York: Basic Books **pp. 120 – 151.**

## **Week # 5: Sept 30- Treatment Approaches for PTSD and Complex Trauma**

### **\* Reflective Essay Due\***

Case presentation(s) by students.

Discussion of case(s) and readings.

### **Required Readings:**

Applegate, J. (1993). Winnicott and clinical social work: A facilitating partnership. *Child and Adolescent Social Work*, 10(1), 3–19.

Herman, J.L. (1992). *Trauma and recovery: The aftermath of violence from domestic to political terror*. New York: Basic Books. **Part II Stages of Recovery pp. 132 – 236.**

Russell, P. L. (2006). The theory of the crunch. *Smith College Studies in Social Work*, 76, pp. 9-21.

**Suggested Reading:**

Davies, J. M. (2004). Whose bad objects are we anyway?: Repetition and our elusive love affair with evil. *Psychoanalytic Dialogues*, 14, 711-732.

**Week #6: Oct 7 - Treatment Approaches (cont.)**

Case presentation(s) by student(s).

Discussion of case(s) and readings.

**Required Readings:**

Berkowitz, S.J., Stover, C. S., & Marans, S.R. (2011). The child and family traumatic stress intervention: Secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*, 52 (6), 676-685.

Chu, J. (1988). Ten traps for therapists in the treatment of trauma survivors. *Dissociation*, 1, 24-32.

Cloitre, M. (2015). The “one size fits all” approach to trauma treatment: Should we be satisfied? *European Journal of Psychotraumatology*, 6: 27344-  
<http://dx.doi.org/10.3402/ejpt.v6.27344>.

Hobfoll, S., Watson, R., Bell, C., Bryant, R., Brymer, M., Friedman, M. et al. (2007). Five essential elements of immediate and mid-term mass trauma interventions: Empirical evidence. *Psychiatry*, 70, 283-315.

Interlandi, J. (2014, May 25). A revolutionary approach to treating PTSD. *The New York Times Magazine*.

**Week #7: Oct 14 - Vicarious Trauma, Therapist Self-Care**

Case presentation(s) by student(s)

**Required Readings:**

Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization. *Smith College Studies in Social Work*, 75, 81-101.

Pearlman, L. A. & Caringi, J. (2009). Living and working self-reflectively to address vicarious trauma. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 202-224). New York: Guilford.

McWilliams N. (2004). *Psychoanalytic psychotherapy*. New York: Guilford. pp. 260 – 303.

## **Week # 8: Oct 21 - Childhood Sexual Abuse, Domestic Violence, Rape**

### **\* Reflective Essay Due \***

Case presentation (s) by student (s).

Discussion of case(s) and readings.

View segments of the documentary, “Searching for Angela Shelton”.

### **Required Reading:**

Brown, D. (2009). Assessment of Attachment and Abuse History, and Adult Attachment Style. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 124 -144). New York: Guilford

Herman, J.L. (1992). *Trauma and recovery: The aftermath of violence from domestic to political terror*. New York: Basic Books pp. 96 – 132.

Pierce-Baker, C. (1998). *Surviving the silence: Black women’s stories of rape*. New York: Norton. **Choose at least two of the “tellings” posted on BB.**

Snyder, R. L. (2013, July 22). A raised hand. *New Yorker*, 89(21), 1-12.

## **Week #9: Oct 28 - Trauma and Refugees**

Case Presentation(s) by student (s)

Discussion of case(s) and readings.

### **Required Readings:**

Hartocollis, A. (2015, October 22). A family swept up in the migrant tide. *The New York Times*. Retrieved from <http://www.nytimes.com/interactive/2015/10/22/world/europe/syrian-refugees.html>.

Shonfeld-Ringel, S. (2001). A reconceptualization of the working alliance in cross-cultural practice with non-western clients: Integrating relational perspectives and multicultural theories. *Clinical Social Work Journal*, 29, 53–63.

Tribe, R. (2002). Mental health of refugees and asylum seekers. *Advances in Psychiatric Treatment* 8, 240 – 248).

Watters, C. (2001). Emerging paradigms in the mental health care of refugees. *Social Science and Medicine*, 52, pp. 1709 – 1718.

**Suggested Reading:**

Pumariega, A. J., Rothe, E., & Pumariega, J.B. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal* 41, pp. 581-597.

**Week # 10: Nov 4 - Natural Disasters, Mass Violence and Shared Trauma**

Case presentation(s) by student(s)

**Required Readings:**

Naturale, A. (in press). Cross-cultural mental health response in disasters. In *Community mental health*.

Ornstein, A. (2010). The missing tombstone: Reflections on mourning and creativity. *Journal of the American Psychoanalytic Association*, 58, 631-648.

Tosone, C. (2006). Therapeutic intimacy: A post – 9/11 perspective. *Smith College Studies in Social Work*, 76, 89 – 97.

Tosone, C., Nuttman-Schwartz, O., & Stephens, T. (2012). Shared trauma: When the professional is personal. *Clinical Social Work Journal*, 40, 231-239.

**Week #11: Nov 11 - The Trauma of War**

**\* Reflective Essay Due \***

Case Presentation(s) by student (s)

Discussion of case(s) and readings.

View segment of documentary “Restreppo”.

**Required Readings:**

Bracken, P.J., Giller, J. E., & Summerfield, D. (1995). Responses to war and atrocity:

The limitations of current concepts. *Social Science Medicine* 40, 1073-1082.

Haley, S. A. (1985). Some of my best friends are dead: Treatment of the post-traumatic stress disorder patient and his family. *Family Systems Medicine* 3, 17-26.

Herman, J.L. (1992). *Trauma and recovery: The aftermath of violence from domestic to political terror*. New York: Basic Books pp. 33 – 95.

## **Week #12: Nov 18 - Historical Trauma/Cultural Considerations**

Case Presentation (s) by student (s)

Discussion of case(s) and readings.

View segments of the documentary “The Lion of Judah”.

### **Required Reading:**

Brown, L.S. (2009). Cultural competence. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 166 - 182). New York: Guilford

Leary, J.D. (2005). *Post-traumatic slave syndrome: America’s legacy of enduring injury and healing*. Milwaukie, Oregon: Uptone. pp. 114 – 143.

Ornstein, A. & Goldman, S. (2004). *My Mother’s Eyes*. Cincinnati: Emmis Books. Auschwitz: Another World, pp. 61-63; It Also Happened at Pitom and Ramss, pp. 75-78; A Night, pp. 81- 83; The Bath, pp. 93-96.

Yellow Horse Brave Heart, M. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35, 7-13.

### **Suggested Reading:**

Lev–Wiesel, R. (2007). Intergenerational transmission of trauma across three generations: A preliminary study. *Qualitative Social Work*, 6, (1), 75-94.

Ornstein, A. (2003). Survival and recovery: Psychoanalytic reflections. *Progress in self-psychology*, 19, 85-105.

## **Week #13: Dec 2 - The Politics of Trauma: Organizational Trauma and the Sanctuary Model**

Case presentation(s) by student(s)

View scenes from the film, “One Flew Over the Cuckoo’s Nest”.

**Required Readings:**

Bloom, S. L. (2005). The sanctuary model of organizational change for children’s residential treatments. *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations*, 26 (1) 65-81.

Bloom, S.L. (2009). *Neither liberty nor safety: The impact of trauma on individuals, institutions and societies*. Community Works. pp. 19-62.

**Week #14: Dec 9 - The Future of Trauma Research**

Case presentation (s) by student (s)

Final words.

**Required Reading:**

Friedman, M.J., Resick, P.A., & Kean, T.M. (2007). Key questions and an agenda for future research. In M.J. Friedman, T.M. Keane, & P.A. Resick, (Eds.). *Handbook of PTSD: Science and Practice*. (pp. 540-561). New York: Guilford.

Ford, J. D. & Courtois, C.A. (2009). Conclusion: The clinical utility of a complex traumatic stress disorders framework. In C. A. Courtois & J. D. Ford (Eds.), *Treating complex traumatic stress disorders: An evidence-based guide* (pp. 441 - 453). New York: Guilford.

Tough, P. (2011). The poverty clinic. *The New Yorker*, 87(5).

**Note: This syllabus is meant as a guide. Additional readings and exercises may be assigned as learning needs arise.**

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