

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY SCHOOL OF SOCIAL WORK

Trauma-Specific Practice with Children and Families

19:910:579

Spring 2025

Instructor:

Office:

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Office Hours:

I. Catalog Course Description

This course facilitates students' acquisition of the knowledge, skills, and attitudes necessary to effectively use **12 common trauma-informed practice elements** in interventions for and the treatment of traumatized children and their families. The course highlights considerations of the impact of trauma, intervention objectives, and the practice elements needed to accomplish the intervention objectives. This course is taught using **an inquiry-based learning (IBL)** pedagogy to enhance students' engagement and learning using full-length cases that exemplify the diverse clients a clinician might encounter in practice.

II. Course Overview

This course will introduce students to the use of **12 common trauma-informed practice elements** using an **anti-racist and anti-oppressive** framework in the intervention and treatment of traumatized children and their families. The course provides a trajectory for intervention that considers the impact of trauma, the intervention objective(s) that can be used to ameliorate that impact, and the identification of practice elements that, if used skillfully, will support the intervention objective. Thus, the course highlights how effective use of common trauma-informed practice elements **relies on the interconnection of the impact of trauma, intervention objectives and practice elements** in the context of a sound therapeutic relationship.

As students read through this syllabus, they should also **remember to closely review the School-Wide Syllabus** in Canvas or the Student Handbook to find information on the School of Social Work mission statement and learning goals, school-wide policies (including academic integrity policies and the standardized attendance policy), and student resources and supports.

III. Course Format

This course is taught **using an inquiry-based learning (IBL)** methodology to enhance student engagement and learning, as prior research indicates that IBL promotes the development of critical thinking and self-directed learning skills (Altshuler & Bosch, 2003). IBL presents learners with complex situations that resemble those encountered by practicing professionals. These situations involve multiple decision-making points and require learners to process and integrate case information. The course **uses full-length cases** to exemplify a range of different situations a professional might encounter. These cases vary by type of situation, client population, and the professional decisions needed to provide trauma-informed care.

IBL relies heavily **on the student taking an active role in learning**. Students are presented with real-life client situations or problems. They assume responsibility for identifying the knowledge they need to address the situation, and for searching for and obtaining that knowledge. This approach **aligns with the strengths-based perspective** endorsed in social work. Course objectives will be met through **students' regular attendance and participation** in class, which will combine intensive examinations of three case vignettes with brief discussions, class exercises, and video demonstrations. The course is divided into units organized according to the vignette clients' ages and developmental levels.

This course supports the development of trauma-informed practitioners who understand that **trauma occurs within a broad context that includes individuals' personal characteristics, life experiences, current circumstances, and macro factors** related to the surrounding culture. Indeed, the combined impact of disproportionate exposure to current trauma and experiences of historical trauma, marginalization, racism, and oppression shapes the perceptions of children and families, cultural groups, and the broader systems they live in. Practitioners must consequently **recognize the need to contend with issues involving social justice, obtaining legal redress, and seeking protection against further harm**.

Further, although the cases in this course are designed to include children and families with diverse racialized identities, **the clients are not representative of any racial or ethnic group**. The cases presented in this course are composites of real cases of diverse children and families. As the course emphasizes, while the types and contexts of trauma represented in the cases are not bound to any racialized identity, such **identities shape the positionality of the children and families in these cases and, in turn, affect the therapeutic alliance**.

IV. Place of Course in Program

This is an elective course. Students are required to be in the clinical specialization track to take this course.

V. Council of Social Work Education's Social Work Competencies

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at www.cswe.org.

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the 2022 CSWE competencies within its curriculum. The competencies assessed in this course include:

Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice

Social workers understand how racism and oppression shape human experiences and how these two constructs influence practice at the individual, family, group, organizational, and community levels

and in policy and research. Social workers understand the pervasive impact of White supremacy and privilege and use their knowledge, awareness, and skills to engage in anti-racist practice. Social workers understand how diversity and intersectionality shape human experiences and identity development and affect equity and inclusion. The dimensions of diversity are understood as the intersectionality of factors including but not limited to age, caste, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, generational status, immigration status, legal status, marital status, political ideology, race, nationality, religion and spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that this intersectionality means that a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege and power. Social workers understand the societal and historical roots of social and racial injustices and the forms and mechanisms of oppression and discrimination. Social workers understand cultural humility and recognize the extent to which a culture's structures and values, including social, economic, political, racial, technological, and cultural exclusions, may create privilege and power resulting in systemic oppression.

Social workers:

- a. demonstrate anti-racist and anti-oppressive social work practice at the individual, family, group, organizational, community, research, and policy levels; and
- b. demonstrate cultural humility by applying critical reflection, self-awareness, and self-regulation to manage the influence of bias, power, privilege, and values in working with clients and constituencies, acknowledging them as experts of their own lived experiences.

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of individuals, families, groups, organizations, and communities.

Social workers value the importance of human relationships. Social workers understand theories of human behavior and person-in-environment and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers are self-reflective and understand how bias, power, and privilege as well as their personal values and personal experiences may affect their ability to engage effectively with diverse clients and constituencies. Social workers use the principles of interprofessional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.

Social workers:

- a. apply knowledge of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, to engage with clients and constituencies; and
- b. use empathy, reflection, and interpersonal skills to engage in culturally responsive practice with clients and constituencies.

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice. Social workers understand theories of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, and they critically evaluate and apply this knowledge in culturally responsive assessment with clients and constituencies, including individuals, families, groups, organizations, and communities. Assessment involves a collaborative process of defining presenting challenges and identifying strengths with individuals, families, groups, organizations, and communities to develop a mutually agreed-upon plan. Social workers recognize the implications of the larger practice context in the assessment process and use interprofessional collaboration in this process. Social workers are self-reflective and understand how bias, power, privilege, and their personal values and experiences may affect their assessment and decision making.

Social workers:

- a. apply theories of human behavior and person-in-environment, as well as other culturally responsive and interprofessional conceptual frameworks, when assessing clients and constituencies; and
- b. demonstrate respect for client self-determination during the assessment process by collaborating with clients and constituencies in developing a mutually agreed-upon plan.

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice. Social workers understand theories of human behavior, person-in-environment, and other interprofessional conceptual frameworks, and they critically evaluate and apply this knowledge in selecting culturally responsive interventions with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of identifying, analyzing, and implementing evidence-informed interventions and participate in interprofessional collaboration to achieve client and constituency goals. Social workers facilitate effective transitions and endings.

Social workers:

- a. engage with clients and constituencies to critically choose and implement culturally responsive, evidence-informed interventions to achieve client and constituency goals; and
- b. incorporate culturally responsive methods to negotiate, mediate, and advocate with and on behalf of clients and constituencies.

[Explore the entire set of 2022 CSWE competencies.](#)

VI. Course Level Learning Goals

At the completion of the course the student will be able to:

1. **Apply the NCTSN 12 Core Concepts** as a conceptual lens to understand the impact of trauma on children and their families.
2. Demonstrate knowledge and awareness of **how racism, discrimination, and oppression** in all their forms affect trauma and trauma treatment.
3. Apply **critical reflection, self-awareness, and self-regulation** to manage the influence of bias, power, privilege, and values in the therapeutic relationship with traumatized children and their families.
4. Use **critical reasoning to make judgments** about the purpose for which a specific trauma-informed practice element is selected and employed, with emphasis on diversity, equity, and inclusion.
5. Apply 12 common trauma-informed practice elements skillfully, using an **anti-racist and anti-oppressive framework** in interventions for the treatment of traumatized children and their families.
6. Implement common trauma-informed practice elements in the context of a strong therapeutic relationship developed with an understand of the **therapist's and clients positionalities and intersectional identities**.
7. Use **evidence from research, practice, and the client system** to inform and support the case analysis, intervention objectives, and therapist-client interactions.
8. Apply the **Liberatory Consciousness Framework** to treating complex trauma in children and youth.

VII. Required Texts and Readings

- Blaustein, M., & Kinniburgh, K. (2019). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency* (2nd ed.). Guilford Press.
- Lanktree, C. B., & Briere, J. (2016). *Treating complex trauma in children and their families*. Sage Publications.

Required Web-Based Component

Core Components and Skills for Trauma-Informed Practice Accessed via: <https://bhs.unc.edu/core->

[components-skills-trauma-informed-practice](#)

Other required readings (separate from textbook) are available through the Rutgers **University Library “Reading List” that is integrated into your Canvas course.** To find your readings:

Click on the “Reading List” tab in the Canvas navigation bar to the left hand side of the course. Please note: this list contains links to articles and other required readings separate from the textbook (if applicable). Please follow the syllabus and/or Canvas Readings and Resources page in each module for more specific required readings and resources for each week (including textbook/media). For further instructions [please click here for a video tutorial](#)

VIII. Course Attendance and Participation Policies

Attendance

Please refer to the school-wide syllabus for the standard attendance policy for classes in on-the-ground (traditional) program, intensive weekend program (IWP), and asynchronous online program. Students can find the school-wide syllabus in Canvas or in their student handbook.

For this course in particular, students who miss more than one class, X. For students who miss more than two classes, X.



This course is taught **using an inquiry-based learning (IBL)** methodology to enhance student engagement and learning, as prior research indicates that IBL promotes the development of critical thinking and self-directed learning skills (Altshuler & Bosch, 2003). IBL presents learners with complex situations that resemble those encountered by practicing professionals.

IBL relies heavily **on the student taking an active role in learning.** Students are presented with real-life client situations or problems. They assume responsibility for identifying the knowledge they need to address the situation, and for searching for and obtaining that knowledge. Course objectives will be met through **students’ regular attendance and participation** in class, which will combine intensive examinations of three case vignettes with brief discussions, class exercises, and video demonstrations.

An IBL format is dependent on students regular class attendance and participation and forms a core part of your course grade. You should arrive to class on time and stay for the entire duration of class. **More than 3 late arrivals or early departures will result in grade deductions. Because of the amount of instruction you would miss, more than three absences may result in the failure of the class.** In addition, students are expected to take leadership roles in class discussions and exercises and come to class having completed readings and assignments prior to class. If you do need to miss class or come late, please reach out to me and let me know.

To promote an engaged classroom, students are expected to use laptops only for notetaking or research related to the course content and phones out of sight as much as possible.

IX. Trauma Related Course Content and Student Success and Well-Being

Graduate School is challenging no matter what and this has been a particularly challenging time period for all of us. My goal is to support your success in the classroom despite these challenges. **If you are struggling academically or if you have other concerns, please reach out to me and communicate your concerns.** I am here to help you with course content and I can refer you to other academic support and/or resources to support your well-being as necessary.

This course **includes intense content related to traumatic events** experienced by children, adolescents, and adults. Students might experience strong reactions related to their own trauma history or related to their lack of previous exposure to detailed accounts of harm that children and adults experience. Students **might find themselves emotionally activated**, overwhelmed, or having judgmental thoughts (e.g., about victims, caregivers, and perpetrators of harm), making it difficult to provide good care.

Students **are encouraged to develop and use ongoing self-care strategies** during class sessions and when reading and completing assignments for class. Students might have strong reactions that can be more safely processed outside of the classroom and with appropriate support from the instructor or with professional support. **In the event that students experience significant distress, please notify the instructor.** The instructor will seek to foster a safe classroom environment for learning, including by setting guidelines for safe behavior collaboratively with students, preparing students for graphic case material when possible, and utilizing alternative assignments when they are determined to be beneficial.

Please remember that the [Office of Student Affairs](https://socialwork.rutgers.edu/current-students/office-student-affairs) and your advisor are also here to help facilitate your success in our program as well. A variety of resources can be found on including supports around behavioral health/counseling, sexual violence and misconduct diversity and inclusion and bias reporting by campus at <https://socialwork.rutgers.edu/current-students/office-student-affairs>.

X. Assignments and Grading

All written assignments **must** follow APA format. The professor reserves the right to reduce the letter grade for any assignment that does not conform to APA format.

There are **three core written course assignments** which make up 75% of the grade for the course. Student **attendance** and **thoughtful class participation** comprise the other 25%. To be successful in the course, **students need to complete all course readings prior to the date for which they are assigned.**

***Late Pass:** You have one late pass available for your use on submission of any one assignment. You may use the late pass at your discretion without penalty. A late pass can be redeemed by notifying me in advance via email.*

Grading Guide

Comprehensive Trauma Informed Assessment and Treatment Planning	25%
The Therapeutic Relationship and Affect Regulation	25%
The Development of Termination Activities	25%
Attendance and Regular, Thoughtful Class Participation	25%

Assignments

Rubrics for each assignment and Due Dates can be found on our Canvas Course Site.

Assignment #1: Due Week 6

Title: Comprehensive Trauma-informed Assessment and Treatment Planning

The purpose of this paper is to **demonstrate your skills in comprehensive trauma-informed assessment and treatment planning**. Please choose one of your own clients or use one of the cases from the course. Write a five-page, double-spaced paper discussing the topics covered below.

Tasks:

1. Please offer your own comprehensive trauma-informed assessment of the client and family in the case study. Include any behavioral, emotional, psychological, spiritual, social, environmental/macro, and cognitive risk factors as well as pertinent details about symptomatology and duration. Also, discuss client's strengths and protective factors in the case study. Finally, document one standardized measure that you would use with this client and provide your rationale for using it with the client.
2. Based on the information, provide a diagnosis for this case. Differential diagnosis (*DSM-5-TR*, APA, 2022) is the process of weighing the probability that one disorder versus other disorders accounts for a client's symptoms. For this case study, what other diagnoses did you consider and why did you rule them out to provide the comprehensive diagnosis above?
3. Using the client's risk and protective factors, identify three main treatment plan goals. Document three common trauma-informed practice elements we have discussed in class and explain your use of the practice elements and intervention objectives to meet the goals of your treatment plan.
4. Discuss the sociocultural issues (e.g., racism, oppression), including potential unconscious biases, that impact your assessment and treatment of this case. When applicable, consider the influence of age, racialized identity, language, immigration, acculturation, gender roles, social class, stigma, ability, illness identity, spirituality/religion, and other pertinent factors. Discuss any effects of current or historical racism, oppression and/or trauma experienced by the client, family, and client system.

5. Discuss your emotional, psychological, and/or physical reactions (countertransference) to the case. How do you understand these reactions? How do you manage these reactions within and outside of the treatment situation? How might emotionally tuning in to your own reactions be helpful to you as the client's social worker?

Format: Typed, double-spaced 5-page paper with bibliography in APA 7 style.

Weight: 25%

Assignment #2: Due Week 10

Title: The Therapeutic Relationship and Affect Regulation

The purpose of this paper is to demonstrate your ability to **apply course content regarding affect regulation while facilitating a strong therapeutic relationship with one of your cases**. If you do not have a current or previous child or adolescent client case, you may use a case from the course.

Tasks:

1. Identify one of your own child or adolescent practice cases. Summarize the presenting problem and relevant history.
2. There are many ways to facilitate a strong therapeutic relationship with your client based on their age, gender, racialized identity, cultural background, and trauma history.
 - i. Describe a practice for strengthening the therapeutic relationship that was new to you and how you applied it to your work with this client.
 - ii. Address your positionality and its impact on the therapeutic relationship.
3. Describe one strategy for helping your client increase their affect regulation skills that is related to the handouts for this course (e.g., belly breathing exercise, mindfully eating a raisin).
4. Describe how the therapeutic relationship contributes to your client's effective use of the affect regulation intervention focused on increasing their affect regulation skills.

Format: Typed, double-spaced 5-page paper with bibliography in APA 7 style.

Weight: 25%

Assignment #3: Due Week 14

Title: Development of Termination Activities

The objective of this assignment is for you to **demonstrate your knowledge of the importance of healthy treatment termination** with trauma survivors, and your ability to recognize **the critical importance of the therapeutic relationship** in facilitating a successful termination.

For this assignment, you will use course readings, external resources, and class discussions to describe a termination activity, which you will further discuss in a paper.

Tasks:

1. Choose one of the cases discussed during this course. Describe, in detail, one or more treatment termination activities or exercises that would be appropriate for this case. You can take/adapt activities from one of the following websites or create your own:
 - a. <https://swhelper.org/2014/04/02/ending-therapeutic-relationship-creative-termination-activities/>
 - b. <https://www.apadivisions.org/division-49/publications/newsletter/group-psychologist/2011/04/termination-exercises>
 - c. <https://soe.syr.edu/departments/academic/counseling-human-services/modules/termination/>
2. Additionally, in your paper you should:
 1. Describe why you chose/developed the termination activity (or activities) and how it is relevant to the selected case. Identify specific intervention objectives you hoped to achieve through the activity and discuss why it would be important to achieve those objectives.
 2. Describe how your termination activity is appropriate for the client's age, gender, cultural background, and trauma history. Use empirical evidence to support your practice decision.
 3. Discuss how your activity could also help the therapist appropriately express their feelings regarding termination to the client. What might those feelings be?
 4. In what way does the activity acknowledge positionality or address issues related to positionality? (For instance, is the activity a shared activity between clinician and client? Does it illustrate the therapeutic alliance or acknowledge, either overtly or implicitly, the co-creation of a mutually respectful relationship over time?) Briefly explore the role of the positionality of the therapist and the client in treatment, including how differences and/or similarities in positionalities might have impacted the development of the therapeutic alliance (either facilitating this alliance, creating challenges, or both), and how the therapist/client relationship might have evolved over time before ultimately resulting in a mutually constructed ending to the therapeutic relationship. If you address this point, you can include one or more relevant variables of your choosing (e.g., age, gender, racialized group, ethnicity, class, other aspects of identity, the inherently hierarchical nature of the therapist/client relationship).

Format: Your 5-page double-spaced write up will be turned in at the end of class. Be sure to use APA 7 style internal citations and create an APA 7 style reference list.

Weight: 25%

Class Participation

- Actively participate in knowledge creation
- Share background and experience with others in developing case analysis and treatment goals for case vignettes
- Familiarize yourself with implementation of the common trauma- informed practice elements

Tasks

1. Attend all class sessions.
2. Come prepared to class having completed the assigned prework (readings, online course modules) and actively participate in class and discussions.
3. Complete the supplemental online course on the Core Components and Skills for Trauma Informed Practice: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>.
 - Submit proof of multiple-choice quiz completion to instructor for each practice element module.
 - Submit certificate of completion of course to instructor at end of semester.

Due: Weekly

Weight: 25%

XI. Course Outline

A variety of methods are used including lectures, discussions, exercise, assignments, readings, and videos.

COURSE OUTLINE

WEEK	HANDOUT	REQUIRED READING	ONLINE MODULES	CORE CONCEPT
			Course pretest	
1 9/7	Orientation to the Course	Bryant & Arrington (2022) Chapter 8 Edwards (2019) Sprang et al. (2019) Strand et al. (2013)	Course Navigation and Support; Demographics Survey; Course Introduction	
	EMMA GRACE			
2 9/14	1 Referral	Blaustein & Kinniburgh (2019) Chapters 1, 5 Lanktree & Briere (2016) Chapters 1, 2,	Emma Grace: Introduction	4
	2 Engagement	Collins et al. (2010)		

		Lanktree & Briere (2016) Chapter 7		
		Weingarten (2004)		
3	3 Assessment	Jordan (2006)	Assessment	5
9/21		Lanktree & Briere (2016) Chapters 4 & 5		
		Lanktree & Briere (2016) Chapter 9 Perry (2013) <i>Seven Slides</i> Video		
4	4 Psychoeducation	Blaustein & Kinniburgh (2019) Chapter 6 TED talk (2015)	Psychoeducation	3
9/28		Collins et al. (2011) Lanktree & Briere (2016) Chapter 8		
		McGoldrick & Hardy (2019) Chapters 4 & 9		
5 10/5*	5 Safety Actions	Blaustein & Kinniburgh (2019) Chapter 7	Safety Planning	6
6 10/12	6 Family Work	Blaustein & Kinniburgh (2019) Chapter 13 Collins et al. (2011)	Family Interventions	
		Lanktree & Briere (2016) Chapters 15 & 16	Family Interventions	
	ASSIGNMENT 1 DUE			
	JAMAL			
7	1 Referral Information	Blaustein & Kinniburgh (2019) Chapters 4 & 8	Jamal: Introduction	8
10/19	2 Presenting Problem	Bryant & Arrington (2022) Chapters 1-3, 9		
	3 1 st Session with J, GM	Lanktree & Briere (2016) Chapter 10		
8 10/26	4 Relaxation	Blaustein & Kinniburgh (2019) Chapters 10, 11 King (2018) Chapters 1-4 Lanktree & Briere (2016) Chapter 11	Relaxation	1
9 11/2	5 Affect Regulation	Lanktree & Briere (2016) Chapter 13	Affect Regulation	9

	6 Homework	Ortega-Williams et al. (2019)	Homework	
		Parker & Blackwell (2019)		
10	7 Nonverbal Interventions	Codrington (2021) Gil (2021)	Non-Verbal Interventions	7
11/9		Lanktree & Briere (2016) Chapter 6, review Chapters 7 and 14		
	ASSIGNMENT 2 DUE			
	DIEGO			
11	1 Presenting Problem	Blaustein & Kinniburgh (2019) Chapter 14	Diego: Introduction	10
11/16*	2 Personal History	Cook et al. (2005) Habib & Labruna (2011)		
12	3 Cognitive Regulation	Spinazzola et al. (2015) CPT Manual (n.d.)	Cognitive Restructuring	
11/30		Habib et al. (2013)		
13	Behavioral	Blaustein & Kinniburgh	Behavioral	

12/7*	Regulation	(2019) Chapter 15	Regulation	
14	5 Trauma Processing	Briere & Lanktree (n.d.) Chapter 11	Trauma Processing	2
12/14		Briere & Lanktree (2013) Chapter 13		
ASSIGNMENT 3 DUE				
15 12/21	6 Termination Ritual (session)	Norcross et al. (2017)		12
	7 Termination Ritual (treatment)	NASW California (n.d.)	Termination Rituals	
		Vidair et al. (2017)		
	Summary and Evaluation	Quiros (2020) Chapters 1 & 2	Course Posttest	11

Pretest and Posttest Links

Pretest (complete before or on first day of class):

https://unc.az1.qualtrics.com/jfe/form/SV_8eQUt5kgfhlfmqG

Posttest (complete after or on last day of class):

https://unc.az1.qualtrics.com/jfe/form/SV_6MqezBGQWttKBim

Unit 1: Trauma Intervention in Early Childhood

Module 1: Course Orientation & Working with Traumatized Children and Youth

Weekly Objectives

1. Review the NCTSN Core Concepts to better understand the impact of trauma
2. Elaborate on the impact of trauma with descriptive examples.
3. Examine secondary traumatic stress and identify strategies for dealing with secondary traumatic stress.
4. Identify the 12 common trauma-informed practice elements
5. Review the concept of the therapeutic alliance and the role of positionality (anti-racist/anti-oppression lens).
6. Examine the elements of an anti-racist and anti-oppressive framework that affect an understanding of the impact of trauma

Core Readings

1. Bryant, T., & Arrington, E. G. (2022). *The antiracism handbook: Practical tools to shift your mindset and uproot racism in your life and community*. New Harbinger Publishing. Chapter 8.
2. Edwards, J. B. (2019). The intrapsychic psychological binds of poverty and race: The intersection of mind and milieu. *Social Work in Public Health*, 34(1), 12-22.
<https://doi.org/0.1080/19371918.2018.1562401>
3. Sprang, G., Ford, J., Kerig, P., & Bride, B. (2019). Defining secondary traumatic stress and developing targeted assessments and interventions: Lessons learned from research and leading experts. *Traumatology*, 25(2), 72-81.
<https://doi.org/10.1037/trm0000180>
4. Strand, V., Hansen, S., & Courtney, D. (2013). Common elements across trauma treatments: Discovery and implications. *Advances in Social Work Practice*, 14(2), 334-354. <https://doi.org/10.18060/3052>

Supplemental Readings

1. Harris, W. W., Lieberman, F. A., & Marans, S. (2007). In the best interests of society. *Journal of Child Psychology and Psychiatry*, 48, 392-411.
<https://doi.org/10.1111/j.1469-7610.2007.01732.x>
2. Klatzkin, A., Lieberman, A. F., & Van Horn, P. (2013). Child-parent psychotherapy and historical trauma. In J. D. Ford & C. A. Courtois (Eds.), *Treating complex traumatic stress disorders in children and adolescents: Scientific foundations and therapeutic models* (pp. 295-314). Guilford Press.
3. Miller, B. C. (2022). *Reducing secondary traumatic stress* (1st ed.). Routledge.
[Othersebook/dp/B003BHM84K/ref=sr_1_1?crid=1SIVIE1O1MRC&keywords=trauma+stewardship&qid=1654696448&prefix=trauma%2Caps%2C239&sr=8-1](https://www.othersbook.com/B003BHM84K/ref=sr_1_1?crid=1SIVIE1O1MRC&keywords=trauma+stewardship&qid=1654696448&prefix=trauma%2Caps%2C239&sr=8-1)
4. NCTSN. (n.d.). *Trauma and race: Opportunities and challenges for therapists of color working with families of color* [Recorded webinar]. National Child Traumatic Stress Network (NCTSN) Learning Center. <https://learn.nctsn.org/enrol/index.php?id=519>
5. Van Dermott Lipsky, L. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. Bernett-Koehler Publishers, Inc

Web Resource

1. Metzger, I. W. (2022). *Racial trauma guide*.
<https://www.drishametzger.com/racial-trauma-guide>

Module 2: Engagement

Weekly Objectives

1. Understand how children can exhibit a wide range of reactions to trauma and loss.
2. Apply developmentally appropriate engagement strategies with pre-school children and their families.
3. Identify how developmental disabilities can complicate assessment of childhood trauma
4. Examine how loss and grief can impact young children.
5. Apply a Liberatory Consciousness Framework to grief and loss in the early years.

Core Readings

1. Blaustein & Kinniburgh. (2019).
 - Chapter 1: The developmental impact of trauma
 - Chapter 5: Foundational strategies: Engagement and education
2. Collins, K., Connors, K., Davis, S. Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F., & Thompson, E. (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions* (pp. 1-10). Family Informed Trauma Treatment Center.
3. Lanktree & Briere. (2016).
 - Chapter 1: Introduction
 - Chapter 2: Effects of complex trauma in children
 - Chapter 7: Relationship building and support.
4. Weingarten, K. (2004). Common shock: Witnessing violence in clients' lives. *Counselor Magazine*, 5.

Core Web Component

1. Complete **Introduction to the Course** on the web based course component.
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice> site.

Supplemental Readings

1. Lieberman, F. A., & Knorr, K. (2007). The impact of trauma: A development framework for infancy and early childhood. *Psychiatric Annals*, 36(4), 416-422.
<https://doi.org/10.3928/0090-4481-20070401-10>

2. Markese, S. (2011). Dyadic trauma in infancy and early childhood: Review of the literature. *Journal of Infant, Child, and Psychotherapy*, 10(2-3), 341-378.
<https://doi.org/10.1080/15289168.2011.600214>
3. McIntosh, M. L. (2019). Compound Fractures: Healing the Intersectionality of Racism, Classism and Trauma in Schools with a Trauma-Informed Approach as Part of a Social Justice Framework. *Journal of Educational Leadership and Policy Studies*.

Web Resource

1. Family Informed Trauma Treatment Center Toolkit <https://www.fittcentertoolkit.org/>

Module 3: Assessment

Weekly Objectives

1. Identify how danger and safety are core concerns in the lives of traumatized children.
2. Be able to explain how trauma and post-trauma adversities can strongly influence development.
3. Explain the wide range of reactions to trauma and loss that young children can exhibit.
4. Apply the practice element of assessment to working with young, traumatized children.
5. Apply the Liberatory Consciousness Framework to the assessment of young children.

Core Readings

1. Jordan, K. (2006). The scripto-trauma genogram: An innovative technique for working with trauma survivors' intrusive memories. *Brief Treatment and Crisis Intervention*, 6(1), 36-51. <http://doi.org/10.1093/brief-treatment/mhj002>
2. Lanktree & Briere. (2016).
 - Chapter 4: Assessment of complex trauma
 - Chapter 5: The assessment-treatment flowchart for children
3. Perry, B. D. (2013). *1: The human brain* [Video webcast]. Seven Slide Series. YouTube. <https://www.youtube.com/watch?v=uOsgDkeH52o>

Core Web Component

1. Complete module on **assessment**.
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplemental Readings

1. Chu, A. T., & Lieberman, A. F. (2010). Clinical implications of traumatic stress from birth to age 5. *The Annual Review of Clinical Psychology*, 6, 469-494.
<https://doi.org/10.1146/annurev.clinpsy.121208.131204>
2. Cohen, J. A., Deblinger, E., Mannarino, A. P., & De Arellano, M. A. (2001). The importance of culture in treating abused and neglected children: An empirical review. *Child Maltreatment*, 6(2), 148-157.
<https://doi.org/10.1177/1077559501006002007>.
3. English, D. J., Marshal, D. B., & Stewart, A. J. (2003). Effects of family violence on child behavior and health during early childhood. *Journal of Family Violence*, 18(1), 43-57. <https://doi.org/10.1023/A:1021453431252>
4. Hernandez, P., Gangsei, D., & Engstom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process*, 46(2), 229-241.
<https://doi.org/10.1111/j.1545-5300.2007.00206.x>
5. Zero to Three National Center for Infants, Toddlers, and Families. (2022).
<https://www.zerotothree.org>
6. Zilberstein, K. (2014). Trauma's neurobiological toll: Implications for clinical work with children. *Smith College Studies in Social Work*, 84(2-3), 292-309.
<https://doi.org/10.1080/00377317.2014.924251>

Web-based/Media Resources

1. National Child Traumatic Stress Network. (2016, February 16). *Growing up with traumatic grief* [Video]. YouTube.
<https://www.youtube.com/watch?v=WM50VIZwLtY>
2. Psychotherapy Networker. (2020, May 11). *How are trauma memories stored in the body? - Janina Fisher, Ph.D.* [Video]. YouTube.
<https://www.youtube.com/watch?v=sCavylqoP2I>

Module 4: Psychoeducation

Weekly Objectives

1. Understand the interaction between trauma and developmental disabilities in early childhood.
2. Explain how traumatic events generate secondary adversities, life changes, and distressing reminders.

3. Apply the practice element of psychoeducation to the treatment of young, traumatized children.
4. Apply the Liberatory Consciousness Framework to the practice element of psychoeducation in trauma treatment.

Core Readings

1. Blaustein & Kinniburgh. (2019). Chapter 6: Foundational strategies: Routines and rhythms.
2. Lanktree & Briere. (2016). Chapter 9: Psychoeducation
3. McGoldrick, M., & Hardy, K.V. (Eds.). (2019). *Revisioning family therapy: Addressing diversity in clinical practice* (3rd ed.). Guilford.
 - Chapter 4
 - Chapter 9

Required Web Component

1. Complete module on **psychoeducation**
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplemental Readings

1. Holmes, C., Levy, M., Smith, A., Pinne, S., & Neese, P. (2015). A model for creating a supportive trauma-informed culture for children in preschool settings. *Journal of Child and Family Studies*, 24(6), 1650–1659.
<https://doi.org/10.1007/s10826-014-9968-6>
2. Horn, S. R., Miller-Graff, L. E., Galano, M. M., & Graham-Bermann, S. A. (2017). Posttraumatic stress disorder in children exposed to intimate partner violence: The clinical picture of physiological arousal symptoms. *Child Care in Practice*, 23(1), 90–103. <https://doi.org/10.1080/13575279.2015.1126229>
3. The National Child Traumatic Stress Network. (n.d.). *Families and caregivers*. <https://www.nctsn.org/audiences/families-and-caregivers>

Module 5: Re-establishing Safety

Weekly Objectives

1. Understand why young children are preoccupied with safety and danger after

trauma.

2. Apply the practice element of safety planning to working with young children.
3. Apply the Liberatory Consciousness Framework to safety planning with young children.

Core Readings

1. Blaustein & Kinniburgh. (2019). Chapter 6: Foundational strategies: Routines and rhythms.
2. Collins, K. S., Strieder, F. H., DePanfilis, D., Tabor, M., Clarkson Freeman, P. A., Linde, L., & Greenberg, P. (2011). Trauma adapted family connections (TA-FC): Reducing developmental and complex trauma symptomatology to prevent child abuse and neglect. *Child Welfare, 90*(6), 29-47.
3. Osofsky, J. D., Stepka, P. T. & King, L. S. (2017). The impact of early trauma on development. In J. D. Osofsky, P. T. Stepka, & L. S. King (Eds.), *Treating infants and young children impacted by trauma: Interventions that promote healthy development* (pp. 15-39). American Psychological Association.
4. van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Group.
 - Chapter 7: Getting on the same wavelength: Attachment and attunement
 - Chapter 10: Developmental trauma: The hidden epidemic.

Required Web Component

1. Complete module on **safety interventions**
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplementary Reading

1. Perry, B. D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss & Trauma, 14*(4), 240–255. <https://doi.org/10.1080/15325020903004350>
2. Holmes, C., Levy, M., Smith, A., Pinne, S., & Neese, P. (2015). A model for creating a supportive trauma-informed culture for children in preschool settings. *Journal of Child and Family Studies, 24*(6), 1650–1659. <https://doi.org/10.1007/s10826-014-9968-6>
3. Horn, S. R., Miller-Graff, L. E., Galano, M. M., & Graham-Bermann, S. A. (2017). Posttraumatic stress disorder in children exposed to intimate partner violence: The clinical picture of physiological arousal symptoms. *Child Care in Practice, 23*(1), 90–103. <https://doi.org/10.1080/13575279.2015.1126229>

Web Based Resources

1. Reed, T., & Darling, T. (2019, December 17). *2019 Child Protection Summit: Safety planning analysis and conditions for return: The same but different*. Center for Child Welfare. <http://centervideo.forest.usf.edu/video/summit19/safereturn/start.html>
2. Center for the Study of Traumatic Stress. (n.d.). *Restoring a sense of safety in the aftermath of a mass shooting: Tips for parents and professionals*. SAMHSA. <https://www.samhsa.gov/resource/dbhis/restoring-sense-safety-aftermath-mass-shooting-tips-parents-professionals>
3. International Rescue Committee. (2020, April 2). *What is a safety plan?* [Word document]. <https://rescue.app.box.com/s/m2v75fksutg236c7s6s5ms866rilqzsl>
4. National Child Traumatic Stress Network. (n.d.). *Intellectual and developmental disabilities*. <https://www.nctsn.org/what-is-child-trauma/populations-at-risk/intellectual-and-developmental-disabilities>

Module 6: Working with Families

Weekly Objectives

1. Understand and explain how traumatic events affect the family and caregiving system
2. Plan therapeutic interactions to enhance family communication and cohesion
3. Apply the practice element of family interventions
4. Apply the Liberatory Consciousness Framework to the practice element of family interventions.

Core Readings

1. Blaustein & Kinniburgh. (2019).
 - Chapter 7: Caregiver management of affect
 - Chapter 13: Strengthening executive functions
2. Lanktree & Briere. (2016).
 - Chapter 15: Interventions with caretakers
 - Chapter 16: Family therapy

Required Web Resource

1. Complete module on **family intervention**
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplemental Readings

1. Cummings, K. P., Addante, S., Swindell, J., & Meadan, H. (2017). Creating supportive environments for children who have had exposure to traumatic events. *Journal of Child and Family Studies*, 26, 2728–2741. <https://doi.org/10.1007/s10826-017-0774-9>
2. Levenson, J. (2020). Translating trauma-informed principles into social work practice. *Social Work*, 65(3), 288–298. <https://doi.org/10.1093/sw/swaa020>
3. Music, G. (2014). Top down and bottom up: Trauma, executive functioning, emotional regulation, the brain, and child psychotherapy. *Journal of Child Psychotherapy*, 40(1), 3–19. <https://doi.org/10.1080/0075417X.2014.883125>
4. Santiago, C. D., Lennon, J. M., Fuller, A. K., Brewer, S. K., & Kataoka, S. H. (2014). Examining the impact of a family treatment component for CBITS: When and for whom is it helpful? *Journal of Family Psychology*, 28(4), 560–570. <https://doi.org/10.1037/a0037329>
5. Shaia, W. (2019). SHARP: A framework for addressing the contexts of poverty and oppression during service provision in the United States [Review]. *Journal of Social Work Values and Ethics*, 16(1), 16–26. <https://jswve.org/download/spring2019/articles16-1/16-SHARP-16-1-JSWVE-Spring-2019.pdf>

Web-Based Resources

1. Child Welfare Information Gateway. (2012). *Alternatives for families: A cognitive behavioral therapy (AF-CBT)*. U.S. Department of Health and Human Services Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/cognitive/>
2. PsychotherapyNet. (2009, April 1). *Family systems therapy with Monica McGoldrick* [Video]. YouTube. <https://www.youtube.com/watch?v=zzY-njtfX-U>
3. PsychotherapyNet. (2013, November 14). *Structural family therapy video* [Video]. YouTube. <https://www.youtube.com/watch?v=7Oq-cxQz3JM>
4. PsychotherapyNet. (2019, February 13). *A house divided: Structural therapy with a Black family* [Video]. YouTube. <https://www.youtube.com/watch?v=4cE3xfDty2E>

Unit 2: Trauma Intervention with School Age Children

Module 7: Working with Traumatized School Age Children

Weekly Objectives

1. Understand the wide range of potential impacts of trauma in school age children.
2. Identify how trauma and post-trauma adversities can strongly influence development.
3. Be able to integrate an understanding of child and family history, including impacts of sociocultural and environmental factors and current functioning in case analysis

4. Apply the Liberatory Consciousness Framework to understandings of trauma in school age children.

Core Readings

1. Blaustein & Kinniburgh. (2019).
 - Chapter 4: Trauma experience integration
 - Chapter 8: Attunement.
2. Bryant, T., & Arrington, E. G. (2022). *The antiracism handbook: Practical tools to shift your mindset and uproot racism in your life and community*. New Harbinger Publishing.
 - Chapter 1
 - Chapter 2
 - Chapter 3
 - Chapter 9
3. Lanktree & Briere. (2016). Chapter 10: Advocacy and systems interventions.

Required Web Component:

1. Complete the **course pre-test**.
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplemental Readings

1. Albritton, T. J., Hall, W. & Klein, L.B. (2022). Critical theories. In L. Rapp-McCall, A. Roberts & K. Corcoran (Eds.) *Social Workers' Desk Reference* (pp. 271-277).
2. Carter, R. T. (2007). Racism and Psychological and Emotional Injury: Recognizing and Assessing Race-Based Traumatic Stress. *The Counseling Psychologist*, 35(1), 13–105.
<https://doi.org/10.1177/0011000006292033>
3. Crenshaw, K. W., Gotanda, N., Peller, G., & Thomas, K. (1995). *Critical Race Theory: The Key Writings That Formed the Movement*.
<https://scholarship.law.columbia.edu/books/101>
4. Weller, B. E., Conrad, J. K., Wilburn, V. G., Ramamonjiarivelo, Z., & Gladden, J. (2021). Adverse childhood experiences and mental health conditions among multiracial adolescents. *Ethnicity & Health*, 27(5), 1088-1102.
<https://doi.org/10.1080/13557858.2020.1869187>

Module 8: Relaxation

Weekly Objectives

1. Identify how traumatic experiences are inherently complex.
2. Identify how behavior reflects the impact of trauma.
3. Plan interventions to reduce automatic internal arousal.
4. Apply the relaxation practice element to case material.
5. Apply the Liberatory Consciousness Framework to the relaxation practice element.

Core Readings

1. Blaustein & Kinniburgh. (2019).
 - Chapter 10: Identification
 - Chapter 11: Modulation
2. King, R. (2018). *Mindful of race: Understanding and transforming habits of harm*. Sounds True Publishing.
 - Introduction
 - Chapter 1
 - Chapter 2
 - Chapter 3
 - Chapter 4
3. Lanktree & Briere. (2016).
 - Chapter 11: Distress reduction and affect regulation training

Required Web Component

1. Complete module on **relaxation**
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplementary Reading

1. Briere, J. N., & Lanktree, C. B. (2012). Chapter 11: Distress reduction and affect regulation training. In *Treating complex trauma in adolescents and young adults* (pp. 71-85). Sage.
2. Huppert, F. A., & Johnson, D. M. (2010). A controlled trial of mindfulness training in schools: The importance of practice for an impact on well-being. *The Journal of Positive Psychology*, 5(4), 264-274. <https://doi.org/10.1080/17439761003794148>
3. Martin, C., Cromer, L., DePrince, A. P., & Freyd, J. J. (2013). The role of cumulative trauma, betrayal, and appraisals in understanding trauma symptomatology. *Psychological Trauma: Theory, Research, Practice, And Policy*, 5(2), 110-118. <https://doi.org/10.1037/a0025686>

4. Schore, A. N. (2013). Relational trauma, brain development, and dissociation. In J. D. Ford & C. A. Courtois (Eds.), *Treating complex traumatic stress disorders in children and adolescents: Scientific foundations and therapeutic models* (pp. 3-23). Guilford Press.
5. Sciaraffa, M. A., Zeanah, P. D., & Zeanah, C. H. (2018). Understanding and promoting resilience in the context of adverse childhood experiences. *Early Childhood Education Journal*, 46, 343–353. <https://doi.org/10.1007/s10643-017-0869-3>
6. van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Group. Chapter 2: Revolutions in understanding the brain.
7. van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Group. Chapter 5: Body-brain connections.
8. Perry, B. D., & Winfrey, O. (2021). *What happened to you? Conversations on trauma, resilience, and healing*. Flatiron Books.

Module 9: Affect Regulation and Homework

Weekly Objectives

1. Understand how developmental neurobiology underlies and is impacted by children's reactions to traumatic experiences
2. Examine the importance of assisting traumatized children to identify feelings
3. Apply the affect regulation practice element to case material.
4. Apply the homework practice element to case material.
5. Apply the Liberatory Consciousness Framework to the affect regulation and homework practice elements.

Core readings

1. Lanktree & Briere. (2016). Chapter 13: Cognitive and emotional processing.
2. Ortega-Williams, A., Crutchfield, J., & Hall, J. C. (2019). The colorist-historical trauma framework: Implications for culturally responsive practice with African Americans. *Journal of Social Work*, 21(3). <https://doi.org/10.1177/1468017319890083>
3. Parker, A., & Blackwell, A. (2019). Capturing context: The role of social support and neighborhood on the psychological well-being of African American families. *Urban Social Work*, 3(1), 70-94. <https://doi.org/10.1891/usw.3.1>

Required Web Component

1. Complete modules on **affect regulation and homework**
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplementary Readings

1. Fast, E., & Collin-Vézina, D. (2020). Historical Trauma, Race-Based Trauma, and Resilience of Indigenous Peoples: A Literature Review. *First Peoples Child & Family Review*, 14(1), 166–181. <https://doi.org/10.7202/1071294ar>
2. Fleming, C. M., Womack, V. Y., & Proulx, J. (Eds.). (2022). *Beyond white mindfulness: Critical perspectives on racism, well-being, and liberation*. Routledge.
3. Galán, C. A., Auguste, E. E., Smith, N. A., & Meza, J. I. (2022). An Intersectional-Contextual Approach to Racial Trauma Exposure Risk and Coping Among Black Youth. *Journal of Research on Adolescence : The Official Journal of the Society for Research on Adolescence*, 32(2), 583–595. <https://doi.org/10.1111/jora.12757>
4. Saltzman, A., & Goldin, P. (2008). Mindfulness-based stress reduction for school-age children. In L. A. Greco & S. C. Hayes (Eds.), *Acceptance and mindfulness treatments for children & adolescents* (pp. 139-161). New Harbinger.
5. van der Kolk, B. (2014). Chapter 16: Learning to inhabit your body: Yoga.

Module 10: Non-Verbal Intervention

Weekly Objectives

1. Appreciate how protective and promotive factors can reduce the adverse impact of trauma in school age children.
2. Explore how non-verbal activities engage children in critical ways that promote healing.
3. Understand how non-verbal interventions can facilitate trauma processing and help identify feelings about relationships.
4. Apply the non-verbal interventions practice element to case material.
5. Apply a Liberatory Consciousness Framework to the non-verbal intervention practice element.

Core Readings

1. Codrington, J. (2021). Culturally and racially attuned play therapy: Toward a social justice approach. In E. Gil & A. A. Drewes (Eds.), *Cultural issues in play therapy* (2nd ed.; pp. 58-74). Guilford.

2. Gil, E. (2021). White privilege, anti-racism, and promoting positive change in play therapy. In E. Gil & A. A. Drewes (Eds.), *Cultural issues in play therapy* (2nd ed.; pp. 32-57). Guilford.
3. Lanktree & Briere. (2016).
 - Chapter 6: Characteristics and tools of the therapy environment;
 - Chapter 7: Relationship building and support (review);
 - Chapter 14: Relational/attachment processing (review)

Required Web Component

1. Complete module on **non-verbal intervention**
 Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplementary Readings

1. Barbarin, O. A., McCandies, T., Coleman, C., & Hill, N. E. (2007). Family practices and school performance of African American children. In V. C. McLoyd, N. E. Hill, & K. A. Dodge (Eds.), *African American family life: Ecological and cultural diversity* (Chapter 11). Guilford.
2. Briere, J., Runtz, M., Eadie, E., Bigras, N., & Godbout, N. (2017). Disengaged parenting: Structural equation modelling with child abuse, insecure attachment, and adult symptomatology. *Child Abuse & Neglect*, 67, 260-270.
<https://doi.org/10.1016/j.chiabu.2017.02.036>
3. Ceballos, P. L., Post, P., & Rodriguez, M. (2021). Practicing child-centered play therapy from a multicultural and social justice framework. In E. Gil & A. A. Drewes (Eds.), *Cultural issues in play therapy* (2nd ed.; pp. 13-31). Guilford.
4. Gil, E. (2015). *Play in family therapy* (2nd ed.). Guilford.
5. Gil, E. (2017). Chapter 4, Manifestations of post-traumatic play in natural settings and in the therapy office. In *Posttraumatic play in children: What clinicians need to know* (pp. 52-73). Guilford.
6. Gil, E., & Dias, T. (2014). The integration of drama therapy and play therapy in attachment work with traumatized children. In C. A. Malchiodi & D. A. Crenshaw (Eds.), *Creative arts and play therapy for attachment problems* (pp. 100-118). Guilford.

Unit 3: Trauma Intervention with Adolescents

Module 11: Working with Traumatized Adolescents

Weekly Objectives

1. Identify the developmental impact of trauma in adolescence.

2. Describe how ongoing and chronic trauma can manifest for adolescents
3. Examine how culture is closely interwoven with traumatic experiences, responses, and recovery.
4. Apply the Liberatory Consciousness Framework to understanding of trauma in adolescence.

Core Readings

1. Blaustein & Kinniburgh. (2019). Chapter 14: Self-development and identity.
2. Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390-398. <https://doi.org/10.3928/00485713-20050501-05>
3. Habib, M., & Labruna, V. (2011). Considerations in assessing trauma and PTSD in adolescents. *Journal of Child and Adolescent Trauma*, 4, 198-216. <https://doi.org/10.1080/19361521.2011.597684>

Supplemental Readings

1. Ford, J. D. (2021). Why we need a developmentally appropriate trauma diagnosis for children: A 10-year update on developmental trauma disorder. *Journal of Child and Adolescent Trauma*. Advance online publication. <https://doi.org/10.1007/s40653-021-00415-4>
2. Joseph, S., Habib, M., Knoverek, A., Arvidson, J., Nisenbaum, J., Wentworth, R., Hodgdon, H., Pond, A., & Kisiel, C. (2013). The heart of the matter: Complex trauma in child welfare. *CW360 Trauma-Informed Child Welfare Practice*, 8-9, 37. <https://complextrauma.org/wp-content/uploads/2019/01/Complex-Trauma-4-Joseph-Spinazzola.pdf>
3. Teicher, M. H., & Samson, J. A. (2016). Annual research review: Enduring neurobiological effects of childhood abuse and neglect. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 57(3), 241–266. <https://doi.org/10.1111/jcpp.12507>

<p style="text-align: center;">Unit 3: Trauma Intervention with Adolescents Module 12: Cognitive Regulation</p>
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Weekly Objectives

- Describe how adolescents' cognitive appraisals influence functioning
- Identify at least one technique for addressing cognitive distortions and apply the cognitive regulation/restructuring intervention practice element

- Apply the cognitive regulation practice element to case material.
- Apply the Liberatoroy Consciousness Framework to the cognitive regulation practice element.

Core Readings

1. CPT Manual: <https://www.apa.org/ptsd-guideline/treatments/cognitive-processing-therapist.pdf>
 - Definition and Examples of Socratic Questioning: pp. 6-10 of manual (pp. 15-19 online)
 - Challenging Questions Worksheet: pp. 103-106 of manual (pp. 111-114 online)
 - Patterns of Problematic Thinking Worksheet (Cognitive Distortions): pp. 114-116 of manual (pp. 122-124 online)
 - Challenging Beliefs Worksheet: p. 153 of manual (p. 161 online)
2. Definitions and Examples of Thinking Traps:
 - Cognitive Distortions: When Your Brain Lies to You
<https://positivepsychology.com/cognitive-distortions/>
 - Thinking Traps
<https://www.anxietycanada.com/sites/default/files/ThinkingTraps.pdf>
3. Harrell, S.P. (2000). A multidimensional conceptualization of racism-related stress: implications for the well-being of people of color. *American Journal of Orthopsychiatry*, 70(1):42-57. doi: [10.1037/h0087722](https://doi.org/10.1037/h0087722). PMID: [10702849](https://pubmed.ncbi.nlm.nih.gov/10702849/).

Required Web Component

1. Complete module on **cognitive regulation**
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplemental Readings

1. Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., & Green, B. L. (2011). Treatment of complex PTSD: Results of the ISTSS Expert Clinical Survey on Best Practices. *Journal of Traumatic Stress*, 24(6), 615-627.
<https://doi.org/10.1002/jts.20697>
2. Children's Bureau. (2014). *Parenting a child who has experienced trauma*.
<https://www.childwelfare.gov/pubpdfs/child-trauma.pdf>

Web-Based Resources

1. PostivitePsychology.com. (n.d.). *Facts or opinions?* <https://positivepsychology.com/wp-content/uploads/Facts-or-Opinions-Worksheet.pdf>
2. Thought Record Worksheets:

- <https://positivepsychology.com/wp-content/uploads/Automatic-Thought-Record.pdf>
 - <https://beckinstitute.org/wp-content/uploads/2021/08/Thought-Record-Worksheet.pdf>
3. *Remembering trauma: Connecting the dots between complex trauma and misdiagnosis in youth* – Short Film (Part 1). <http://www.rememberingtrauma.org/> and on YouTube <https://www.youtube.com/watch?v=v13XamSYGBk&t=107s>

Module 13: Behavioral Regulation

Weekly Objectives

1. Identify how underlying goals/values that are important to adolescents can be used to influence beneficial choices and apply the behavioral regulation intervention practice element
2. Examine how trauma occurs within a broad context that includes adolescent's personal characteristics, life experiences, and current circumstances.
3. Apply the behavioral regulation practice element to case material.
4. Apply the Liberatory Consciousness Framework to the behavioral regulation element.

Core Readings

1. Blaustein & Kinniburgh (2019) Chapter 15
2. Habib, M., Labruna, V., & Newman, J. (2013). Complex histories and complex presentations: Implementation of a manually guided group treatment for traumatized adolescents. *Journal of Family Violence*, 28, 717-728. <https://doi.org/10.1007/s10896-013-9532-y>
3. DeRosa, R., & Pelcovitz, D. (2008). Group treatment for chronically traumatized adolescents. *Treating traumatized children: Risk, resilience and recovery*, 225.

Required Web Component

1. Complete module on **behavioral regulation**
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplementary Reading

1. Complex Trauma Resources. (2021). *Death by a thousand cuts: The insidious impact of psychological maltreatment*. <https://www.complexttrauma.org/complex-trauma/death-by-a-thousand-cuts/>

2. RememberingTrauma.org. (2022). <https://www.rememberingtrauma.org/>

Module 14: Trauma Processing

Weekly Objectives

1. Identify how trauma exposure can impact attachment.
2. Examine the importance of identifying triggers (internal and external) and the impact of prior relational trauma/neglect on current functioning and relationships in trauma treatment.
3. Apply the trauma processing practice element to case material.
4. Apply the Liberatory Consciousness Framework to the trauma processing practice element.

Core Readings

1. Briere & Lanktree. (2022). *Integrated treatment of complex trauma* [Treatment Guide]
 - Chapter 11: Trigger identification & intervention. <https://keck.usc.edu/adolescent-trauma-training-center/treatment-guide/chapter-11-trigger-identification-and-intervention/>
 - Chapter 13: Relational processing. <https://keck.usc.edu/adolescent-trauma-training-center/treatment-guide/chapter-13-relational-processing/>
2. Fazel, M., Stratford, H. J., Rowsell, E., Chan, C., Griffiths, H., & Robjant, K. (2020). Five applications of narrative exposure therapy for children and adolescents presenting with post-traumatic stress disorders. *Frontiers in Psychiatry*, 11, 19. <https://doi.org/10.3389/fpsy.2020.00019>

Required Web Component

1. Complete module on **trauma processing**
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplementary Reading and Resources

1. Harborview Center for Sexual Assault & Traumatic Stress. (n.d.). *Trauma narrative gradual exposure handout*. <https://depts.washington.edu/uwhatc/PDF/TF-%20CBT/pages/7%20Trauma%20Focused%20CBT/Gradual%20Exposure%20Handout%20SD%20with%20MMF.pdf>
2. Therapist Aid. (2022). *Creating trauma narratives*. <https://www.therapistaid.com/therapy-guide/trauma-narratives>

Center for Child Trauma Assessment, Services, and Interventions. (2020). *The intersection of race, culture, and trauma in the Remembering Trauma films* (2nd ed.). <http://www.rememberingtrauma.org/wp-content/uploads/2019/02/Intersection-of-Race-and-Trauma-Version-2.pdf>

Module 15: Termination

Weekly Objectives

1. Understand how working with trauma-exposed children and adolescents can evoke distress in the provider and identify strategies for self-care
2. Discuss the importance of the therapeutic relationship in establishing safety, consistency, predictability, and trust over time
3. Apply the termination ritual practice element
4. Apply the Liberatory Consciousness Framework to the termination ritual practice element.

Core Readings

1. Norcross, J. C., Zimmerman, B. E., Greenberg, R. P., & Swift, J. K. (2017). Do all therapists do that when saying goodbye? A study of commonalities in termination behaviors. *Psychotherapy*, 54(1), 66–75. <https://doi.org/10.1037/pst0000097>
2. National Association of Social Workers California. (n.d.). *Termination: Ending the therapeutic relationship: Avoiding abandonment*. <https://naswcanews.org/termination-ending-the-therapeutic-relationship-avoiding-abandonment/>
3. Vidair, H. B., Feyijinmi, G. O., & Feindler, E. L. (2017). Termination in cognitive–behavioral therapy with children, adolescents, and parents. *Psychotherapy*, 54(1), 15–21. <https://doi.org/10.1037/pst0000086>

Required Web Component

1. Complete module on **termination rituals**
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>
2. Complete the course **post-test**
Accessed via: <https://bhs.unc.edu/core-components-skills-trauma-informed-practice>

Supplementary Readings

1. Finkelstein, N., Rechberger, E., Russell, A. L., VanDeMark, R. N., Noether, D. C., O'Keefe, M., Gould, K., Mockus, S., & Rael, M. (2005). Building resilience in children of mothers who have co-occurring disorders and histories of violence. *The Journal of Behavioral Health Services & Research*, 32, 141–154. <https://doi.org/10.1007/BF02287263>

2. Many, M. M. (2009). Termination as a therapeutic intervention when treating children who have experienced multiple losses. *Infant Mental Health Journal*, 30(1), 23–39. <https://doi.org/10.1002/imhj.20201>
3. Steinberg, A. M., Layne, C. M., Briggs, E. C., Liang, L.-J., Brymer, M. J., Belin, T. R., Fairbank, J. A., & Pynoos, R. S. (2019). Benefits of treatment completion over premature termination: Findings from the National Child Traumatic Stress Network. *Psychiatry: Interpersonal & Biological Processes*, 82(2), 113–127. <https://doi.org/10.1080/00332747.2018.1560584>

Supplementary Readings

1. deAranello, M. A., Reid-Quinones, K., Vasquez, D., Doherty, L. S., Danielson, C. K. & Rheingold, A. (2017). Immigration trauma among Hispanic youth: Missed by trauma assessments and predictive of depression and PTSD symptoms. *Journal of Latina/o Psychology*, 6(3), 159–174. <https://doi.org/10.1037/lat0000090>
2. Therapist Aid. (2022). *Successful therapy termination*. <https://www.therapistaid.com/therapy-guide/successful-therapy-termination>
3. NCTSN. (2017). *What is complex trauma? A resource guide for youth and those who care about them*. http://www.nctsn.org/sites/default/files/assets/pdfs/ct_guide_final.pdf

This syllabus may be updated by the instructor whenever necessary.

