

**UNIVERSITY OF MAINE  
SCHOOL OF SOCIAL WORK**

**SWK 571: TRAUMA: THEORY AND TREATMENT**

**FALL, 2015**

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Wednesday, 4:00-6:30  
SWK Bldg. 102  
**Office Hours:** By appointment

**SYLLABUS**

**COURSE DESCRIPTION**

In this course we will survey the history of the development of trauma theory, as well as the neurobiology of trauma. The concept of resilience and its mechanisms will also be explored. Students will consider various forms of trauma, with particular emphases on developmental and complex trauma and their long-term effects, as well as the traumatic sequelae of war, ethnic conflict, and historical trauma. Trauma diagnoses and comorbidity will be considered, including posttraumatic stress disorder (PTSD), complex PTSD, borderline personality disorder, and the dissociative disorders. The emphasis throughout the course will be on a strengths-based perspective. Various long-term impacts will be viewed as posttraumatic adaptation, and students will have a beginning understanding of how to distinguish between the adaptive and pathological accommodations survivors have been required to make, and recognize the strength in survival.

Using the extensive readings, as well as case studies, film clips, and DVDs of leading theorists, researchers, and clinicians in the field, students will have a beginning understanding of the impact of trauma on individuals, and the intergenerational transmission of both trauma and resilience within families. We will examine a range of traumatic experiences and their differential impact based on race, ethnicity, gender, sexual orientation, and membership in oppressed groups, paying careful attention to the importance of cultural competence in clinical work with trauma survivors. We will explore the stages of recovery, the phases of treatment for complex trauma, and touch on various treatment modalities, such as Mindfulness-based interventions, CBT-focused therapy, EMDR, Prolonged Exposure Therapy, Sensorimotor Therapy, and Internal Family Systems Therapy. The emphasis regarding trauma treatment will be focused on a phase-model, relationship-based approach. The critical importance of the therapeutic relationship in trauma treatment will be emphasized throughout the course, as well.

Other topics we will discuss in this course include: the power of shame and guilt; the conspiracy of silence on familial, societal, and global levels regarding the extent of trauma; forgiveness and reconciliation; working within systems and the concept of “sanctuary trauma”, developing resources and anchors in therapy; the role of transference and counter-transference in trauma therapy; and the very real risks to the helper of vicarious traumatization as well as ways to mitigate its impact. There will be a strong emphasis on the importance of self-care throughout the course.

## **EDUCATIONAL OUTCOMES**

At the completion of the course students will have *a beginning ability* to:

1. Identify trauma in its various forms, as well as its long-term effects;
2. Understand the history and development of trauma theory as well as the concept of resilience;
3. Identify internal and external risk and protective factors in an individual’s recovery from trauma and identify individual strengths;
4. Begin to understand how to conduct an assessment of trauma;
5. Have a beginning understanding of various treatment approaches;
6. Begin to understand how to monitor and recognize the role of transference, counter-transference, and re-enactment in the treatment of trauma survivors;
7. Understand the impact of discrimination on oppressed groups as chronic trauma;
8. Learn how to “help the helper,” or mitigate vicarious traumatization;
9. Begin to understand the intergenerational impact of both trauma and resilience.

## **COURSE CAVEATS**

This is an intensive and demanding course with a great deal of difficult and sometimes graphic reading material, film, and documentary content. We will be processing this material on a weekly basis, but if at any time the coursework becomes overwhelming to you, please contact me ASAP either in class or via phone or email. It is challenging and often quite painful to deal with trauma. It sometimes taps into our own past individual histories. However, this class is not a forum for discussion of students’ personal traumatic experiences. Time will be allotted weekly through class discussion and reflection papers to individual impressions of the readings and discussions. Within the classroom, there will be an emphasis on creating a safe atmosphere, including respect for diverse perspectives and experiences, confidentiality, and thoughtful pacing of the traumatic material.

## REQUIREMENTS AND GRADING

**Class Participation:** There will be a great deal of lecture format in this course, but I also encourage students to participate in the discussion as much as possible. I realize that not everyone is comfortable speaking in class. However, because of the amount of reading for this course, your participation will help me assess how well you are keeping up with and integrating the material. Students who participate on a regular basis will receive **extra credit for the course.**

**Reflection Papers:** This is a reading-intensive as well as writing-intensive course. Each week (with a few exceptions) you will write a two-to-three-page reflection paper (typed, double-spaced, APA format, Times Roman 12 pt. font, including a reference section in correct APA) on BOTH the readings AND class discussion. These papers must be handed in each week as hard copies. Your papers should do more than just summarize what you've read; they should contain your own *reactions to* and *reflections on* the reading and/or discussions.

You can write your reflection papers in a variety of ways: as a critique of what you've read, comparing/contrasting it with related readings, raising questions for further discussion, critiquing the underlying assumptions of the readings, and their value. However, each paper should include your own thoughts about and emotional reactions to the material. In a very important sense, these papers can be considered "debriefing exercises." Please try to keep these papers to a two-to-three page maximum. Being concise is as important in writing as clarity. Be sure to include a reference section in correct APA citation. The references do not need to be on a separate page for these assignments.

I will grade these papers on both the content of your ideas, as well as on the clarity of your writing. Try to use active voice, person-first language, organize your ideas carefully, and be sure that your grammar, punctuation, and spelling are correct before handing in your papers; if not, they will be returned to you for corrections. When quoting from an article or chapter, you must use correct APA citation or you will need to redo the paper. Refer to the APA guide provided for you on Blackboard or at <http://owl.english.purdue.edu/owl/resource/560/01/>. **Reaction papers are due ON TIME each week, unless there is some dire emergency. Late papers, or papers that need to be corrected and resubmitted will lose 5 points per day, no exceptions. 50%**

**Final Research Proposal and Paper:** You will choose a particular area of interest in the field of traumatology, including issues of diversity within your topic, research the most recent literature on your topic, and write an integrated paper of your findings from the readings you have completed, paying careful attention to issues of diversity, including: race, ethnicity, sexual orientation, gender bias, differently-abled, etc.

**Some examples of broad topics that can be further refined:** War trauma; military sexual trauma; the response of the VA to returning soldiers; suicide of returning soldiers;

the problems of reintegration of returning soldiers; borderline personality disorder and its basis in developmental trauma; self-injury and its causes and treatment; substance abuse and its relationship to trauma; neurobiology of trauma; the dissociative disorders; efficacious and/or experimental treatment approaches; genocide and/or ethnic conflict; intergenerational transmission of trauma and/or resilience; the role of transference and countertransference in trauma treatment; domestic violence; cultural competence in trauma therapy; HIV/AIDS diagnosis and trauma; animal abuse and trauma; institutional trauma; vicarious traumatization in social workers and other helpers. There are many other topics that can be explored; if you have questions, please don't hesitate to ask!

You will need at least 10 references that are articles from peer-reviewed journals. You should also include readings from the course, as these should very much inform your work, but these will **not** count toward the 10 refereed journal articles. Your paper should be 12-15 pages in length excluding the cover and reference pages.

A one-page proposal, which will include a description of your topic of inquiry, a rationale for pursuing the topic, and at least three up-to-date (no earlier than 2005) citations from peer-reviewed journals in correct APA citation, should be submitted to me for approval by October 7th. The final paper is due to be presented to the class on Wednesday December 9<sup>th</sup>, and due on Friday December 11<sup>h</sup> at 11:59 p.m. via email (firstclass) attachment. **5 points per day will be deducted for late papers, no exceptions. 50%**

### **ACCESSIBILITY**

The School of Social Work is committed to providing access for people with disabilities. If you have an disability for which you would like an accommodation please contact Ann Smith, Coordinator of Services for Students with Disabilities (Onward Building, 581-2319), as early as possible in the term.

### **LANGUAGE, FORMATTING AND INTEGRITY**

Please be sure that all your written work has correct grammar, punctuation, and spelling, as well as correct APA citation format before handing it in or it will be returned to you. Please use person-first language and make sure you fully understand both the spirit and details related to academic integrity contained in the MSW Handbook.

Grading will be on a plus/minus basis: 94-100 = A; 90-93 = A-; 87-89 = B+; 84-86 = B; 80-83 = B-; 77-79 = C+; 74-76 = C; etc.

**H1N1 CONTINGENCY:** In the event of an extended disruption of normal classroom activities, the format for this course may be modified to enable its completion within its programmed time frame. In that event, you will be provided an addendum to the syllabus that will supersede this version.

## **Sexual Discrimination Reporting**

The University of Maine is committed to making campus a safe place for students. Because of this commitment, if you tell any of your teachers about sexual discrimination involving members of the campus, **your teacher is required to report** this information to the campus Office of Sexual Assault & Violence Prevention or the Office of Equal Opportunity.

Behaviors that can be “sexual discrimination” include sexual assault, sexual harassment, stalking, relationship abuse (dating violence and domestic violence), sexual misconduct, and gender discrimination. Therefore, all of these behaviors must be reported.

### **Why do teachers have to report sexual discrimination?**

The university can better support students in trouble if we know about what is happening. Reporting also helps us to identify patterns that might arise – for example, if more than one victim reports having been assaulted or harassed by the same individual.

### **What will happen to a student if a teacher reports?**

An employee from the Office of Sexual Assault & Violence Prevention or the Office of Equal Opportunity will reach out to you and offer support, resources, and information. You will be invited to meet with the employee to discuss the situation and the various options available to you.

If you have requested confidentiality, the University will weigh your request that no action be taken against the institution’s obligation to provide a safe, nondiscriminatory environment for all students. If the University determines that it can maintain confidentiality, you must understand that the institution’s ability to meaningfully investigate the incident and pursue disciplinary action, if warranted, may be limited. There are times when the University may not be able to honor a request for confidentiality because doing so would pose a risk to its ability to provide a safe, nondiscriminatory environment for everyone. If the University determines that it cannot maintain confidentiality, the University will advise you, prior to starting an investigation and, to the extent possible, will share information only with those responsible for handling the institution’s response

The University is committed to the well-being of all students and will take steps to protect all involved from retaliation or harm.

**If you want to talk in confidence** to someone about an experience of sexual discrimination, please contact these resources:

*For confidential resources on campus:* **Counseling Center: 207-581-1392** or **Cutler Health Center: at 207-581-4000.**

*For confidential resources off campus:* **Rape Response Services: 1-800-310-0000** or **Spruce Run: 1-800-863-9909.**

**Other resources:** The resources listed below can offer support but may have to report the incident to others who can help:

For *support services on campus*: **Office of Sexual Assault & Violence Prevention: 207-581-1406, Office of Community Standards: 207-581-1409, University of Maine Police: 207-581-4040 or 911.** Or see the OSAVP website for a complete list of services at <http://www.umaine.edu/osavp/>

### **REQUIRED TEXTS:**

Courtois, C. A., & Ford, J. D. (2013). *Treatment of complex trauma: A sequenced, relationship-based approach*. New York: The Guilford Press.

Herman, J. (1997). *Trauma and recovery*. New York: Basic Books.

Hollander-Goldfein, B., Isserman, N., and Goldenberg, J. (2012). *Transcending trauma: Survival, resilience, and clinical implications in survivor families*. New York: Routledge.

Van der Kolk, B. (2014). *The body keeps the score*. New York: Viking.

### **RECOMMENDED TEXTS:**

Emerson, D. (2015). *Trauma-sensitive yoga in therapy*. New York: W.W. Norton & Co.

Silberg, J. (2012). *The child survivor*. New York: Routledge.2

**All other required readings will be found on Blackboard under “Course Documents.”**

## **COURSE SCHEDULE**

### **PART ONE: TRAUMA THEORY AND TRAUMA’S LONG-TERM EFFECTS**

#### **WEEK 1 (Sept. 2): Introduction to the Course**

Class introductions, syllabus, expectations for the course, the importance of the strengths perspective in working with trauma survivors, discussion of personal strengths, internal and external risk and protective factors, coping strategies and resources, handling

traumatic content, mindfulness techniques, including attention to the breath, and relaxation techniques for self-care.

**Case Study:** Charlotte: Identifying internal and external risk and protective factors.

**Film clip:** “You can’t handle this” (Precious)

## **WEEK 2 (Sept. 9): History of Trauma Theory and the Concept of Resilience**

Definitions of trauma, a history of trauma theory, and the current state of the field of resilience theory.

**Readings (Try to do the readings for the course in the order I have them listed each week, so that they will make the most sense):**

*Trauma and recovery*, 1-73.

*Transcending trauma*, pp. 3-35.

**Assignment:** Each week, beginning this week you will write your reflection papers on the readings and/or class discussion. **This is an ongoing assignment due in hard copy format. FIRST PAPER DUE TODAY.**

## **WEEK 3 (Sept. 16): The Body Remembers**

Overview of PTSD; differentiating stress, traumatic stress, PTS, and PTSD; development, memory, and the brain; implicit and explicit memory; state-dependent recall; somatic memory; the somatic nervous system. Autonomic nervous system (ANS) and parasympathetic nervous system (PNS). The avoidance/flooding dynamic of PTSD.

### **Readings:**

*Trauma and Recovery*, pp. 115-129 (“A new diagnosis”).

*The Body Keeps the Score*, pp. 1-87.

## **WEEK 4 (Sept. 23): Intro to Developmental and Complex Trauma**

I will not be in class due to my observance of Yom Kippur. However, you will be watching van der Kolk’s discussion of developmental trauma in class, without me. You will be taking notes so that you can include your reflections/reactions to this DVD in your reflection paper. Someone will pass around an attendance sheet and put it in my box along with the DVD.

Developmental trauma and its societal context.

**Readings:**

*Treatment of Complex Trauma*, pp. viii-50.

**Documentary:** Bessel van der Kolk, Developmental Trauma Disorder

**WEEK 5 (Sept. 30): Developmental and Complex Trauma (continued)**

Discussion of developmental trauma, complex traumatic stress disorders and their definitions; trauma, attachment, and the development of the self; the survival brain and the learning brain; emotion dysregulation; dysregulated information processing; disorganized attachment, borderline personality disorder

*Trauma and Recovery*, pp. 96-114.

*The Body Keeps the Score*, pp. 105-149.

**WEEK 6 (Oct. 7): The Dissociative Disorders: Trauma Not Yet Remembered**

**RESEARCH PAPER PROPOSALS DUE**

The phenomenon of dissociation; the history of a diagnosis; traumatic dissociation and traumatic flashbacks; the BASK Model of dissociation, the SIBAM model; the neurobiology of traumatic amnesia.

The DES Scale (In Class)

**Readings:**

Courtois & Ford, 145-165; 235-268.

*Body Keeps the Score*, pp.171-202

**Documentary:** Angel

**WEEK 7 (Oct. 14): The Child Survivor**

The traumatized and dissociative child; Silberg's integrative developmental model of treatment, diagnostic considerations regarding traumatized children, treating the dissociative child; somatic work with child survivors.

**Readings: TBA**

**WEEK 8 (Oct. 21): War Trauma**

The impact of war on the warriors: Vietnam, Iraq and Afghanistan.

**Readings:**

O'Brien, "The Things they Carried," Chapter 1

[http://mobile.nytimes.com/2014/08/08/us/combat-stress-found-to-persist-since-vietnam.html?emc=edit\\_th\\_20140808&nl=todaysheadlines&nid=23429038&r=2&referrer=](http://mobile.nytimes.com/2014/08/08/us/combat-stress-found-to-persist-since-vietnam.html?emc=edit_th_20140808&nl=todaysheadlines&nid=23429038&r=2&referrer=)

Explore this website and be prepared to discuss:

[www.ptsd.va.gov](http://www.ptsd.va.gov)

**Guest Speaker:** Vietnam Veteran living with PTSD.

**Week 9 (Oct. 28): Genocide and Ethnic Conflict**

The Holocaust and other genocidal conflicts; the importance of studying global conflict and its long-term impacts and relevance to other trauma survivors. Pre-trauma coping strategies and their posttraumatic impact; intro to the search for meaning after trauma.

**Readings:** *Transcending Trauma*, pp. 51-109.

Ellis, B.H., MacDonald, H.Z., Lincoln, A.K., & Cabral, H.J. (2008). The mental health of Somali adolescent refugees: The role of trauma, stress, and perceived discrimination. *Journal of Consulting and Clinical Psychology*, 76(2), 184-193.

Schall, S., & Elbert, T. (2006). Ten years after the genocide: Trauma confrontation and posttraumatic stress in Rwandan adolescents. *Journal of Traumatic Stress*, 19 (1), pp. 95-105.

Sarah (Holocaust survivor) interview excerpts (in class)

**Documentary:** The Last Days

### **Week 10 (Nov. 4): The Intergenerational Transmission of Trauma and Resilience in Survivor Families**

The role of communication in survivor families. The intergenerational transmission of trauma and resilience. Special topics: forgiveness and reconciliation: Is it necessary for recovery from trauma? The role of faith in coping with trauma; the clinician's discomfort with clients' faith systems.

Rita (child of survivor) interview excerpts (in class)

In-class Exercises: Adolescent coping strategies; Pivotal Narratives; The Shawl

**Readings:** *Transcending Trauma*, pp. 133-149; 201-234.

Myhra, L.L. (2011). 'It runs in the family:' Intergenerational transmission of historical trauma among urban American Indians and Alaska Natives in culturally specific maintenance programs. *American Indian and Alaska Native Mental Health Research*, Vol. 18(2), 17-40.

## **PART TWO: INTRODUCTION TO TRAUMA TREATMENT**

### **Week 11 (Nov. 11) The Stages of Recovery and the Phases of Treatment**

The primary importance of safety and stabilization; building a working alliance, reconstruction of the traumatic narrative; trauma processing, reconnection and meaning; phase-oriented treatment for Complex PTSD.

#### **Readings:**

Herman, pp. 155-236

Courtois and Ford, pp. 53-87

### **WEEK 12 (Nov. 18) The Therapeutic Relationship: The Heart of Change**

The primary importance of the therapeutic relationship; transference and counter-transference; boundary-setting; the context of the therapeutic relationship; working within systems; the concept of "sanctuary trauma;" Sandra Bloom's Sanctuary Model; vicarious traumatization and ways to mitigate it.

**Readings:** Courtois & Ford, pp. 269-327

Esaki, N., et al. (2013). The Sanctuary Model: Theoretical framework. *Families in Society*, 94(2), 87-95.

**WEEK 13 (Nov. 25) NO CLASS. THANKSGIVING BREAK.**

**WEEK 14 (Dec. 2) Cultural Competence in Trauma Treatment/ Selected Treatment Approaches**

Cultural competence in trauma treatment; residual effects of slavery in African-American families; introduction to several selected treatment approaches for trauma, including: mindfulness-based interventions, psychodynamic, prolonged exposure therapy, EMDR, DBT, and Sensorimotor Therapy.

**Readings:**

*Body keeps the score*, pp. 248-277.

Wilkins, E.J., Whiting, J.B., Watson, M.F., Russon, J.M., Moncrief, A.M. (2013): Residual effects of slavery: What clinicians need to know. *Contemporary Family Therapy* 35,14-28.

DVD on “EMDR and Beyond”

**WEEK 15 (Dec. 9). Trauma Treatment Approaches (continued) and Wrap-Up**

Papers due to be presented. **Final papers due Friday at midnight by email attachment to [jenniegoldenberg@gmail.com](mailto:jenniegoldenberg@gmail.com).**