

**WURZWEILER SCHOOL OF SOCIAL WORK
YESHIVA UNIVERSITY**

**Social Work Practice with Trauma and Interpersonal Violence
SWK 6685**

I. Course Description:

Trauma and Interpersonal Violence is a clinical course that examines trauma and interpersonal violence from a critical lens exploring the various types of trauma, its effect on human lives and trauma-informed, evidence-based interventions for social work practice. Exploring the prevalence and complex dynamics of trauma and interpersonal violence from an ecosystems lens, this course contextualizes the environment in which traumatic events occur, analyzing the historical roots of movements and social policy influencing social thought about trauma and response strategies. Students will learn to think critically about the intersection of sociopolitical discourse with existing intervention approaches, as well as the intersectionality of persons vulnerable to trauma exposure and their historical, cultural legacies, and the importance of reflexive practice to effectively engage in the work. The biopsychosocial impact of interpersonal violence, relationally based trauma and traumatic events will be examined, and its effects on the developmental life course. Students will learn about the neurobiological impact and complex manifestations of trauma, including the effects of surviving adverse childhood experiences as it relates to social determinants of health. The various types of traumatic event exposure in childhood and adulthood will be reviewed. Issues of social justice and oppression will be highlighted in relation to social work practice with survivors of trauma, particularly the manifestation of power dynamics and potential re-enactment in the therapeutic relationship.

Throughout the entirety of this course, special attention will be given to indirect trauma, including secondary and vicarious trauma, compassion fatigue and burnout to inform students about the potential indirect effects of the work. Students will learn to self-evaluate their potential indirect responses, develop personalized self-care strategies and explore macro level interventions to effectively prepare them for practice with survivors. Thus, learning objectives related to reflexivity and self-care will be woven throughout course assignments and in reflection papers to prepare students for practice.

Students will learn the importance of trauma-informed approaches as they explore evidence-based models of interventions at the micro, mezzo and macro levels of care. Herman's seminal framework will be reviewed to inform students' general approach to working with survivors. Thereafter, more specific models of intervention will be examined: individual and group strategies of cognitive behavioral therapy such as trauma-informed CBT and prolonged exposure; narrative and mindfulness-based approaches; eye movement desensitization and reprocessing (EMDR); somatic experiencing; child and family interventions such as the ARC model, and; posttraumatic growth as it relates to protective factors and resiliency when working with all survivors.

II. Course Competency Outcomes/Learning Objectives:

By the conclusion of this course, students will be able to:

1. Demonstrate an understanding of the complex phenomena of trauma, including adult domestic violence, adult rape/sexual assault and child victimization and interpersonal violence, war, natural disasters, intergenerational trauma transmission, racial-based trauma, immigration, genocide, indirect trauma exposure and the complex effects on human lives (Competencies 2, 3, 6)
2. Demonstrate an understanding of the historical roots of movements and social/political forces influencing the field of trauma, as well as related social policy informing social work practice with survivors of trauma and interpersonal violence. (Core competencies 2, 3, 5, 6)
3. Critically articulate orally and in writing the effects of trauma and interpersonal violence on children, adults and communities, including posttraumatic stress disorders and complex reactions to trauma, in order to inform assessment and practice (Competencies 2, 3, 6, 7, 8)
4. Demonstrate mastery of knowledge and application of current intervention approaches including trauma-informed care principles, individual and group interventions, and community-based strategies (Core Competencies 6, 7, 8, 9)
5. Demonstrate critical development of self-awareness such that there is an understanding of the possible effect of trauma work on social workers, and an understanding of particular strategies to develop self-care and foster agency responsiveness. (Core competencies 1, 5)

III. Course Requirements

Reflection Assignment: Instructor's discretion (see below)	10%
Class Attendance and Participation: <ul style="list-style-type: none"> • Punctual attendance in all classes • Active, informed participation in class discussions • Completion of online canvas assignments 	20%
Midterm Assignment: Understanding Trauma	35%
Final Assignment: Intervention Strategies in Practice with Trauma	35%

A. Required Texts:

Herman, J. (1997). *Trauma and recovery: The aftermath of violence—From domestic abuse to political terror*. New York: Basic Books. ISBN: 0465087302; \$ 10.87.
(CLASSIC)

(Required texts continued)

Van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.

B. Supplemental Texts:

Courtois, C. & Ford, J. (2016). *Treatment of complex trauma: A sequenced, relationship-based approach*. New York: The Guilford Press.

Meisinger, S. E. (2009). *Stories of pain, trauma and survival: A social worker's experiences and insights from the field*. Washington DC: NASW Press.

C. Additional Articles and Texts:

Additional articles will be available on e-res. You can access the full text articles from your home or from a university computer at no charge.

D. Assignments

Class Participation: Class participation is an important part of the learning process and ALL students are expected to participate in all assigned exercises and discussions. Students are expected to complete assigned readings and to be prepared for related class discussion. You will be graded on the depth of your contributions and preparedness for class.

Assigned Readings: Instructors will select and assign weekly readings (2-3 items) corresponding to the syllabus from the reading options listed within in each session. Seminal/priority readings are noted with an asterisk, which may be changed at the instructor's discretion.

Reflection Assignment:

At the instructor's discretion, either reflective journals (to be assigned weekly or bi-weekly) or an initial essay will be assigned in order to contribute to students' professional development, "use of self" and reflexive practice.

Reflection Assignment, Essay Option: Due Class 3

The reflection assignment in the form of an essay is required to be submitted class session 3. The essay topic will be chosen at the instructor's discretion from the essay options provided below.

Essay Option 1: Starting your Self-Care Plan

Self-care in social work is an important part of our practice. Social workers are human, and it is possible that we may become affected by our work if we do not take the time to care for ourselves. Oftentimes in practice, we may hear clients share challenging experiences, histories of trauma and other difficult situations that can be hard to separate from. Social workers must

practice self-care consistently to ensure our well-being and our ability to engage in effective, competent practice.

In 2-3 pages, please answer the following questions:

- 1.) Define self-care (using empirical references or professional websites). What is the purpose of self-care in social work?
- 2.) Why do you think it may be important for social workers practicing with survivors of trauma to develop a self-care plan?
- 3.) Begin to think about your self-care plan and identify some concrete parts of your plan. Share what steps you can take to implement your plan as you move forward in social work school and into the field of social work.

Essay Option 2: Reflection Essay

The professional use of self in social work is a critical tool to engaging in effective practice; it is the marriage of our personal self, including our personal experiences and values, with our professional self as informed by our education, training and the Code of Ethics. An important part of social work training and education is to develop a critical awareness of self, in order to employ use of self in practice in a manner that is ethical and sound.

The purpose of this reflection is for students to “tune in” to self and reflect on their personal and professional experiences as it relates social work practice with trauma and interpersonal violence. Students should critically think about how their experiences might shape their “use of self” as a professional social worker.

As this is a reflection assignment, *there is no right or wrong answer*. Responses should be genuine and demonstrate the student’s commitment to professional development.

In a 2 to 3-page reflection, please answer the following:

- 1.) Report about your experience with trauma, whether it has been personal, professional or both (no more than 1 page)
- 2.) Define use of self in social work (1/2 page)
*See *E-reserves and module on use of self in canvas*.
- 3.) Discuss how your experience with trauma (as discussed in question 1) could potentially shape your use of self as a social worker? (1- 1 ½ pages)

****Special Instructions****

Students should answer these questions genuinely and according to their level of comfort: there is no need to be graphic or extremely specific. Consider “where you are at” in your *professional development of self*, allowing this to inform your writing and report. For example, you may refer to your experiences in a general way if you are more comfortable doing so, and this may be helpful in order for you to keep appropriate boundaries. APA not required.

(Core Competencies: 1)

Midterm Assignment –Due Class 7

Understanding Trauma

The purpose of this assignment is for students to examine a type of trauma and a particular population affected by this trauma type, with conceptualization of a case example. Students must cite empirical sources to inform their responses to the questions of this assignment. Papers should be 6-8 pages. Students may choose a case example from practice, internship or employment, or choose a hypothetical example from a movie or book. The student should discuss the case example they plan to use in this paper with their Professor before submission.

A. Identify a Type of Trauma (20 points)

Provide a rationale for why this qualifies as a traumatic experience or event exposure and report the associated dynamics of this type of trauma as informed by the literature. Be sure to cite empirical sources or the DSM to validate why your trauma type is considered to be a traumatic experience.

B. Define a Cohort Impacted by the Chosen Type of Trauma (10 points)

Examples include: 1.) Child survivors of physical abuse, sexual abuse, maltreatment or complex trauma; 2.) Adults survivors of partner abuse, sexual assault or child abuse and maltreatment, or; 3.) Children or adults: survivors of war, natural disasters, terrorism, trafficking, or single event traumas (i.e. auto accidents, active shooter events).

C. Biopsychosocial Impact of Trauma (25 points)

Describe what is known about the deleterious biopsychosocial effects of this particular type of trauma exposure on your chosen population, as informed by the literature. If the type of trauma you chose is considered an *Adverse Childhood Experience*, be sure to identify it as such, reporting the implications from the literature.

D. Socio-Political Discourse (20 points)

Research and report examples of myths and misconceptions surrounding this type of trauma and survivors. Discuss social forces contributing to these perceptions, exploring sociocultural and political norms, as well as the impact of social policy.

E. Case Application (15 points, 5 points each)

- i. Write a case illustration of a person who has experienced this type of trauma.
- ii. Identify the person's social position, resources, strengths, and unique cultural background.
- iii. Provide a one-page discussion of *your emotional reaction to this case* and be specific.

F. APA, Grammar and Scholarly Writing (10 points)

- i. Papers should be edited for grammatical errors and will be evaluated based on clarity of thought and critical thinking. This is a scholarly paper and should be

- written in essay format, which a clear introduction, body and conclusion. Headings may be incorporated into your paper, as permitted by APA guidelines.
- ii. All papers must incorporate APA referencing within text using the author, date method. Papers should abide by APA guidelines, including: reference page, title page, 12 point font, Times New Roman font, double spacing and one in margins.

(Core competencies 1, 2, 5, 6, 7)

Final Assignment – Due Class 13

Intervention Strategies for Trauma and Interpersonal Violence with Self-Care Plan

Building on your learning from the first paper, research intervention strategies and approaches with survivors of trauma. Responses should be informed by scholarly research, which students are permitted to use textbooks and articles from the course syllabus and E-reserves Library, or any other empirical source, professional government website, etc. Papers should be 6-8 pages.

- 1.) *Review the literature* for evidence-based interventions for working with the cohort you discussed in your midterm paper. (30 points, 15 each)
 - a. What micro level interventions (individual intervention models) exist as evidence-based practice for working with this population? Briefly summarize at least two.
 - b. What community-based interventions exist for this population? Explore specialized programs/services in the community offered, briefly summarizing at least one. You may use professional or government websites to inform your report.

- 2.) *Analyze one intervention strategy* that is of particular interest to you, using one of the interventions cited above in response to question 1 (45points, 15 each)
 - a. Summarize the main ideas of your chosen model to explain the intervention. For example, what is the length of treatment? Is the model effective alone or in tandem with other treatment modalities (i.e. group therapy or medication)? What theory informs the model?
 - b. Report the rationale for your chosen intervention: explain how it assists individuals in the cohort you have chosen to manage their reactions to trauma and work towards the healing process. Be sure to summarize the steps/phases of the model.
 - c. Does your chosen intervention serve as a trauma-informed approach? Include a rationale as to why or why not.

- 3.) *Self-care plan: Managing indirect effects of the work* (15 points)
 - a. Report your plan for self-care, incorporating micro and macro strategies from the literature to inform your plan.

- 4.) *APA, Grammar and Scholarly Writing* (10 points)
 - a. Papers should be edited for grammatical errors and will be evaluated based on clarity of thought and critical thinking. This is a scholarly paper and should be written in essay format, which a clear introduction, body and

conclusion. Headings may be incorporated into your paper, as permitted by APA guidelines.

- b. All papers must incorporate APA referencing within text using the author, date method. Papers should abide by APA guidelines, including: reference page, title page, 12 point font, Times New Roman font, double spacing and one in margins. Please see:

https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html

(Core competencies: 1, 4, 5, 6, 7, 8)

OFFICE OF DISABILITIES SERVICES (ODS) collaborates with students, faculty and staff to provide reasonable accommodations and services to students with disabilities. The purpose of reasonable academic accommodations is to assure that there is equal access to and the opportunity to benefit from your education at Wurzweiler. It is the student's responsibility to identify himself/herself to the Office of Disabilities Services (ODS) and to provide documentation of a disability. <http://www.yu.edu/Student-Life/Resources-and-Services/Disability-Services/>

E-RESERVES

Access full text copies of most of the "on reserve" articles for a course from your home computer. You will need Adobe Acrobat to use this service. Your professor will provide you with a password. The link for e-reserves is <http://yulib002.mc.yu.edu:2262/er.php>. Most of the articles mentioned in the curriculum are available on electronic reserve (E-reserves). You can access the full text articles from your home or from a university computer at no charge.

ACCESSING E-RESERVES

FROM CANVAS

1. Go to your class Canvas page.
2. Click the link "Library Resources & E-Reserves" (no password required)

FROM CAMPUS

1. If you wish to access e-reserves from the library home page (library.yu.edu),
2. Use "**wurzweiler**" all lower case, as the password.
3. If you have problems accessing e-reserves, email: Stephanie Gross, Electronic Reserves Librarian: gross@yu.edu or ereserves@yu.edu.

FROM OFF-CAMPUS

1. Go to the library's online resources page:
http://www.yu.edu/libraries/online_resources.asp
2. Click on E-RES; you will be prompted for your Off Campus Access Service login and password.
3. Use "**wurzweiler**" all lower case, as the password for all courses in all social work programs.
4. If you have problems accessing e-reserves, email: Stephanie Gross, Electronic Reserves Librarian: gross@yu.edu or ereserves@yu.edu.

USING E-RESERVES

1. Click on “Search E-RES” or on “Course Index,” and search by instructor's name, department, course name, course number, document title, or document author.
2. Click on the link to your course.
3. When the article text or book record appears on the screen, you can print, email, or save it to disk. To view documents that are in PDF format, the computer you are using must have Adobe Acrobat Reader software. You can download it FREE at www.adobe.com/products/acrobat/readstep2.html

PLAGIARISM

All written work submitted by students is to be their own. Ideas and concepts that are the work of others must be cited with proper attribution. The use of the written works of others that is submitted as one's own constitutes *plagiarism* and is a violation of academic standards. The School will not condone *plagiarism* in any form and will impose sanctions to acts of *plagiarism*. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original thinking and writing. *Plagiarism* occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also *plagiarism* to use the ideas and/or work of another student and present them as your own. It is **NOT** *plagiarism* to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited. If it is determined that a student has plagiarized any part of any assignment in a course, the student automatically **FAIL** the course. The student also will be placed on Academic Probation and will be referred to the Associate Dean for any additional disciplinary action which may include expulsion. A student may not submit the same paper or an assignment from another class for credit. If students or faculty are concerned that written work is indeed plagiarized, they can use the following “plagiarism checker” websites, easily accessible, and generally free on Google:

www.grammarly.com/plagiarism_checker

www.dustball.com/cs/plagiarism.checker

www.plagtracker.com

www.plagium.com/

www.plagscan.com/seesources/

www.duplichecker.com/

As a Wurzweiler student, maintaining good standing in the program is dependent on developing and maintaining high standards of ethical and professional behavior. Students are required to adhere to the Code of Ethics promulgated by the National Association of Social Workers (NASW).

HIPAA

In line with HIPAA regulations concerning protected health information, it is important that you understand that any case information you present in class or coursework will need to be

de-identified. What this means is that any information that would allow another to identify the person must be changed or eliminated. This includes obvious identifiers such as names and birth dates but may also contain other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity or gender. If diagnosis, race/ethnicity or gender is directly related to the case presentation, it can be included if it will not allow for identification.

CONFIDENTIALITY

Given the nature of classroom discussion and the presentation of case materials and at times personal revelation in class, students are reminded that the same commitment to confidentiality with clients extends to classmates. What is shared in class stays in class.

FERPA & OTHER UNIVERSITY POLICIES

- Wurzweiler’s policies and procedures are in compliance with FERPA regulations. Information about FERPA regulations can be found [here](#).
- Drug-Free University Policy can be found [here](#).
- Policy Statement on Non-Discrimination, Anti-Harassment, and Complaint procedures can be found [here](#).
- The University’s Computer Guidelines can be found [here](#).

COURSE OUTLINE

Unit 1 (Sessions 1-2)

Introduction to Trauma & Interpersonal Violence (Session 1)

- Overview of the course syllabus and requirements.
- Review types of trauma and interpersonal violence, including what constitutes a traumatic event as informed by the DSM-5 and relevant research that informs knowledge about trauma occurring globally, nationally and in communities.
*Special attention will be given to conceptualize the traumatic stressor of COVID-19.
- Understand the context in which traumatic events occur, influence of social and political forces, and historical roots of movements impacting knowledge about trauma: the feminist, anti-rape and domestic violence movements; the impact of war, prompting services for active service members and veterans; and historical and current social policy.
- Introduce indirect effects of trauma work on social work professionals.

Required Readings:

- *Herman, J.L. (1997). *Trauma and recovery, The aftermath of violence, from domestic abuse to political terror*. New York, NY: Basic Books.
Introduction, p.1-4. Chapter 1, “A Forgotten History”, p. 8-32
- *van der Kolk, B.A. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York, NY: Penguin Books.
Prologue, p.1-6, Chapter 1, “Lessons from Vietnam Veterans”, p.7-22

- *Substance Abuse and Mental Health Services Administration (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD.
Chapter 2, “Trauma Awareness”, p. 33-52
- Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93-108.

Understanding Indirect Trauma and Developing Strategies for Self-Care (Session 2)

- Introduce how social workers may be indirectly impacted working with survivors of trauma and begin developing self-care strategies to effectively support practice with this population.
- Explore the concept of *indirect trauma* and *shared trauma*, including differentiating among related concepts as defined by current literature, including vicarious trauma, secondary traumatic stress, compassion fatigue and burnout.
- The role and importance of self-assessment in evaluating one’s reaction to the work.
- Tools for developing an effective self-care plan.
- Macro-level strategies to inform policy for preventing burnout and managing indirect reactions to the work.
*Students should access the “Self-Care” module to access instruments for self-evaluation

Required Readings:

- Choi, G.Y. (2017). Secondary traumatic stress and empowerment among social workers working with family violence or sexual assault survivors. *Journal of Social Work*, 17(3), 358-378.
- *Dekel, R., & Baum, N. (2010). Intervention in a shared traumatic reality: A new challenge for social workers. *British Journal of Social Work*, 40(6), 1927-1944.
- *Meisinger, S. E. (2009). *Stories of pain, trauma, and survival: a social worker's experiences and insights from the field*. National Assn of Social Workers Press. **Chapter 6, “What about my pain” and Chapter 7, “Compassion Fatigue and Burnout”.**
- National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). *Secondary traumatic stress: A fact sheet for child-serving professionals*. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.
- Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review*, 49, 54-61.
- *Sansbury, B. S., Graves, K., & Scott, W. (2015). Managing traumatic stress responses among clinicians: Individual and organizational tools for self-care. *Trauma*, 17(2), 114-122.

Tools:

- Bride, B.E., Robinson, M.R., Yegidis, B., & Figley, C.R. (2004). Development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice, 14*, 27-35.
- Figley Institute. (2012). *Compassion fatigue educator certification manual*. Retrieved from:
http://www.figleyinstitute.com/documents/Workbook_AMEDD_SanAntonio_2012July20_RevAugust2013.pdf
- *Mathieu, F. (2012). *The compassion fatigue workbook: Creative tools for transforming compassion fatigue and vicarious trauma*. New York, NY: Routledge. **Chapter 6: Warning signs of compassion fatigue and vicarious trauma, p. 47-61**

Videos/Web Resources:

Beyond the Cliff: Laura van Dernoot Lipsky: TEDx Talk

<https://www.youtube.com/watch?v=uOzDGrcvmus>

*Please watch before assigning to prepare for student discussion and reactions

NASW: Tips for Self-Care

<https://www.youtube.com/watch?v=vJ5fqsWskkE>

Unit II (Sessions 3-5)

The Psychosocial Impact of Trauma (Session 3/4)

- The psychological manifestation of traumatic reactions, psychological coping skills and defenses persons exposed to trauma engage in for adaptation and survival.
- The effects of trauma on social and relational functioning including social isolation, community disengagement, identity development and relationship with the self.
- The therapeutic relationship with survivors of trauma and tuning in to aspects of engagement, trust, reenactment and power.

Required Readings:

- *Herman, J.L. (1997). *Trauma and recovery, The aftermath of violence, from domestic abuse to political terror*. New York, NY: Basic Books.
Chapter 2, “Terror”, p. 33-50
Chapter 3, “Disconnection”, p.51-73.
- Ben-Ezra, M., Hamama-Raz, Y., Mahat-Shamir, M., Pitcho-Prelorentzos, S., & Kaniasty, K. (2017). Shattering core beliefs: Psychological reactions to mass shooting in Orlando. *Journal of Psychiatric Research, 85*, 56-58. doi: 10.1016/j.jpsychires.2016.09.033.
- Isobel, S., Goodyear, M., & Foster, K. (2017). Psychological trauma in the context of familial relationships: a concept analysis. *Trauma, Violence, & Abuse, 15*24838017726424

Video/Web Resources:

van der Kolk: Learn the Signs and Symptoms of PTSD

https://www.youtube.com/watch?v=szvCMwl_d-E

The Neurobiological Effects of Trauma (Session 4/5)

- The neurobiological effects of traumatic stress, including the impact of traumatic event exposure on biological development throughout the life course.
- Intergenerational transmission of trauma and the role of epigenetics.
- Traumatic stress exposure related to the social determinants of health: Adverse Childhood Experiences (ACEs) study.

Required Readings:

- *van der Kolk, B.A. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York, NY: Penguin Books.
Chapter 3, “Looking into the Brain: The Neuroscience Revolution”, p. 39-50.
Chapter 4, “Running for Your Life: The Anatomy of Survival”, p. 51-71.
Chapter 5, “Body-Brain Connections”, p. 74-88.
- Yehuda, R., & Lehrner, A. (2018). Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. *World Psychiatry, 17*(3), 243-257
- *Danese, A., & McEwen, B. S. (2012). Adverse childhood experiences, allostasis, allostatic load, and age-related disease. *Physiology & behavior, 106*(1), 29-39.

Video/Web Resources:

van der Kolk: How Trauma Changes the Brain

<https://www.nicabm.com/trauma-three-ways-trauma-changes-the-brain/>

Harvard University: The Developing Child

<https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/>

(ACEs)

-Nadine Burke Harris: How Childhood Trauma Affects Health Across a Lifetime

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

-Center for Disease Control

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

-ACEs Tools and Screening:

<https://acestoohigh.com/got-your-ace-score/>

Unit III (Sessions 6-8)

Childhood Trauma and Interpersonal Violence (Session 6)

- Exposure to trauma in childhood: child sexual abuse, physical abuse, neglect, incest, adolescent relationship abuse, kidnapping, immigration, child/adolescent hostage/soldier experience, community violence and family separation due to legal involvement of child services.
- The social position of children and risk factors due to children being a vulnerable population.

- Psychological manifestation of traumatic reactions in children as well as immature defenses employed for adaptation, survival and coping, with an understanding of how methods children use for protection may lead to relational difficulties functioning in adulthood.
- Childhood trauma in the context of racial trauma and stress.

Required Readings:

- *Herman, J.L. (1997). *Trauma and recovery, The aftermath of violence, from domestic abuse to political terror*. New York, NY: Basic Books.
Chapter 5, “Child Abuse”, p.96-114.
- *van der Kolk, B.A. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York, NY: Penguin Books.
Chapter 7, “Getting on the Same Wavelength: Attachment and Attunement”, p.107-124.
- Erozkhan, A. (2016). The link between types of attachment and childhood trauma. *Universal Journal of Educational Research*, 4(5), 1071-1079.
- Saleem, F. T., Anderson, R. E., & Williams, M. (2019). Addressing the “myth” of racial trauma: developmental and ecological considerations for youth of color. *Clinical Child and Family Psychology Review*, 1-14. <https://doi.org/10.1007/s10567-019-00304-1>
- Tynes, B. M., Willis, H. A., Stewart, A. M., & Hamilton, M. W. (2019). Race-related traumatic events online and mental health among adolescents of color. *Journal of Adolescent Health*, 65(3), 371-377. <https://doi.org/10.1016/j.jadohealth.2019.03.006>

Videos/Web Resources:

The National Child Traumatic Stress Network

<https://www.nctsn.org>

SAMHSA

<https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress>

Tutorial on Recognizing and Addressing Trauma in Infants, Children and their Families

https://www.ecmhc.org/tutorials/trauma/mod2_2.html

Adult Trauma and IPV: Community, Global and Single Event Traumas (Session 7)

- Overview of traumatic events and IPV in adulthood, including domestic violence, partner abuse, rape and sexual violence, natural disasters, terrorism, disasters (i.e., COVID-19) and racial trauma.
 - Special attention is given to vulnerable populations: persons in older adulthood, LGBTQ persons and persons of color.
- Indirect trauma exposure in adulthood and the media: community, national and global violence intersecting with advances in social media and increased media exposure.
- The manifestation of traumatic reactions in adulthood: posttraumatic stress disorder.

Required Readings:

- *Kira, I. A., Shuwiekh, H. A., Alhuwailah, A., Ashby, J. S., Sous Fahmy Sous, M., Baali, S. B. A., ... & Jamil, H. J. (2020). The effects of COVID-19 and collective identity trauma (intersectional discrimination) on social status and well-being. *Traumatology*.
- *Bragin, M. (2011). Clinical social work in situations of disaster and terrorism. In J.R. Brandell (Ed.), *Theory and practice in clinical social work* (pp. 373-406). Sage Publications Inc.
- *Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2018). Assessing racial trauma within a DSM–5 framework: The UConn Racial/Ethnic Stress & Trauma Survey. *Practice Innovations*, 3(4), 242-260. DOI: 10.1037/pri0000076
- *Garfin, D. R., Holman, E. A., & Silver, R. C. (2015). Cumulative exposure to prior collective trauma and acute stress responses to the Boston Marathon bombings. *Psychological Science*, 26(6), 675-683.
- Brown, T., & Herman, J. (2015). Intimate partner violence and sexual abuse among LGBT people. *Los Angeles, CA: The Williams Institute*.
- Fullerton, C. S., Mash, H. B. H., Morganstein, J. C., & Ursano, R. J. (2019). Active shooter and terrorist event-related posttraumatic stress and depression: television viewing and perceived safety. *Disaster Medicine and Public Health Preparedness*, 13(3), 570-576.

Web/Video Resources:

<https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters>

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

Complex Trauma (Session 8)

- Overview of types of complex trauma: cumulative childhood trauma in the context of the caregiving system, including childhood neglect, and physical, sexual and emotional abuse. Survivors of cumulative trauma exposure related to war and terrorism.
- The biopsychosocial impact of childhood trauma on the developmental life-course of survivors:
 - Understanding complex reactions such as dissociation, somatization, identity development and the fragmented self, splitting, emotional regulation difficulties, among others.
 - Diagnostic challenges and barriers to accessing services.
 - Implications for the helping relationship.

Required Readings:

- Van der Kolk, B. A. (2017). Developmental trauma disorder: toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, 35(5), 401-408.
- *Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., ... & Mallah, K. (2017). Complex trauma in children and adolescents. *Psychiatric Annals*, 35(5), 390-398.
- Herman, J.L. (1997). *Trauma and recovery, The aftermath of violence, from domestic abuse to political terror*. New York, NY: Basic Books.
Chapter 6, “A New Diagnosis”, p.115-132.

- *van der Kolk, B.A. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York, NY: Penguin Books. **Chapter 10, “Developmental Trauma: The Hidden Epidemic”, p. 151-172**
- Messman-Moore, T. L., & Bhuptani, P. H. (2017). A review of the long-term impact of child maltreatment on posttraumatic stress disorder and its comorbidities: An emotion dysregulation perspective. *Clinical Psychology: Science and Practice*, 24(2), 154-169.

Web/Video Resources:

<https://www.mercyhome.org/blog/resources/nature-treatment-trauma/#.Xd09uuhKiUI>

Video 3: Developmental Trauma and Youth Violence

Complex Trauma Treatment Network

<https://www.cttntraumatraining.org>

Complex Trauma Resources

<https://complextrauma.org/about-us/>

Complex Trauma Resources Canada

<https://www.complextrauma.ca>

Unit IV (Sessions 9-12)

Key Concepts and Practice Principles to Inform Social Work Practice with Survivors of Trauma and IPV (Session 9)

- Posttraumatic growth and resiliency
- Grief, ambiguous loss and reconstructing one’s trauma narrative
- Power dynamics: the intersection of trauma narratives with social position and multiple identities
- Establishing safety
- Integration of the split self and identity development throughout the life course
- Transference traumatic reactions and countertransference working with survivors

Required Readings:

- *Herman, J.L. (1997). *Trauma and recovery, The aftermath of violence, from domestic abuse to political terror*. New York, NY: Basic Books.
Chapter 7, “A Healing Relationship”, p.133-154 and Chapter 8, “Safety”, p.155-17
- *Neimeyer, R. A. (2005). Re-storying loss: Fostering growth in the posttraumatic narrative. In L.G. Calhoun & E.G. Tadeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 82-94). New York, NY: Psychology Press.
- Tedeschi, R. G., & Calhoun, L. (2004). Posttraumatic growth: A new perspective on psychotraumatology. *Psychiatric Times*, 21(4), 58-60.
- *Zaleski, K. L., Johnson, D. K., & Klein, J. T. (2016). Grounding Judith Herman’s trauma theory within interpersonal neuroscience and evidence-based practice modalities for trauma treatment. *Smith College Studies in Social Work*, 86(4), 377-393.

Interventions for Social Work Practice with Children and Families Impacted by Trauma and IPV (Session 10)

*Instructors will choose specific intervention models (1-2 models) that will be the focus of session 10 from below and inform students of the corresponding reading assignment.

- The ARC Model
- Trauma-informed CBT for children and families
- The FITT Model

Required Readings:

- *Cohen, J. A., & Mannarino, A. P. (2015). Trauma-focused cognitive behavior therapy for traumatized children and families. *Child and Adolescent Psychiatric Clinics of North America*, 24(3), 557-570. Doi:10.1016/j.chc.2015.02.005.
- May, J.C. (2005). Family attachment narrative therapy: Healing the experience of early child-hood maltreatment. *Journal of Marital and Family Therapy*, 31(3), 221-237.
- Hatcher, S. S., Maschi, T., Morgen, K., & Toldson, I. A. (2009). Exploring the impact of racial and ethnic differences in the emotional and behavioral responses of maltreated youth: Implications for culturally competent services. *Children and Youth Services Review*, 31(9), 1042-1048.
- *Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., ... & Blaustein, M. E. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma*, 4(1), 34-51.

Web/Video Resources:

Family Informed Trauma Treatment Center: FITT

<https://www.thefittcenter.org/>

Video 2: Poverty and Traumatic Stress: Strategies for Building Family Resilience

<https://www.mercyhome.org/blog/resources/nature-treatment-trauma/#.Xd09uuhKiUI>

The ARC Model

<https://attachmenttheoryinaction.podbean.com/e/margaret-blaustein-on-what-the-arc-model-is-part-1/>

Video 1: ARC Implementation in Residential Care | The First Year – Refining the Mercy Model of Care

Trauma-Focused CBT for Children

<https://childmind.org/article/whats-the-best-treatment-for-ptsd-in-children/>

Interventions for Social Work Practice with Adults Survivors of Trauma and IPV (Sessions 11&12)

*Instructors will choose specific intervention models (2-3 models) that will be the focus of sessions 11 and 12 from below and inform students of the corresponding reading assignment.

- Cognitive behavioral interventions: Trauma-informed CBT, Prolonged Exposure
- Mindfulness-Based Stress Reduction

- Psychological First Aid (PFA)
- Somatic Experiencing
- Eye-Movement Desensitization and Reprocessing
- Psychodynamic and Relational approaches

Required Readings:

- *van der Kolk, B.A. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York, NY: Penguin Books.
Chapter 13, “Healing from Trauma: Owing Yourself”, p. 205-231.
Chapter 15, “Letting go of the Past: EMDR”, p. 250-265.
Chapter 16, “Learning to Inhabit Your Body: Yoga”, p. 265-278.
- *Substance Abuse and Mental Health Services Administration (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD.
Chapter 6, “Trauma-Specific Services”, p. 137-155.
- Foa, E., Hembree, E.A., & Rothbaum, B.O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences*. Therapist Guide
- Vernberg, E. M., Steinberg, A. M., Jacobs, A. K., Brymer, M. J., Watson, P. J., Osofsky, J. D., ... & Ruzek, J. I. (2008). Innovations in disaster mental health: Psychological first aid. *Professional Psychology: Research and Practice*, 39(4), 381.
- Watkins, L. E., Sprang, K. R., & Rothbaum, B. (2018). Treating PTSD: a review of evidence-based psychotherapy interventions. *Frontiers in Behavioral Neuroscience*, 12, 258.
- Helping Individuals Affected by Highly Stressful Events, Chapter 9 In Berger, R. (2015). *Stress trauma and posttraumatic growth*. New York, NY: Routledge.
- Grupe, D. W., McGehee, C., Smith, C., Francis, A., Mumford, J. A., & Davidson, R. J. (2019). Mindfulness training reduces PTSD symptoms and other stress-related health outcomes in police officers. *Journal of Police and Criminal Psychology*.
<https://doi.org/10.1007/s11896-019-093514>
- Alessi, E. J., & Kahn, S. (2019). Using psychodynamic interventions to engage in trauma-informed practice. *Journal of Social Work Practice*, 33(1), 27-39. DOI: 10.1080/02650533.2017.1400959
- Saakvitne, K. W. (2017). Relational theory: The cornerstone of integrative trauma practice. In S.N. Gold (Ed), *APA handbook of trauma psychology: Trauma practice, Vol. 2* (p.117-142). Washington, DC, US: American Psychological Association. <https://doi.org/10.1037/0000020-000>

Web/Video Resources:

Dr. Edna Foa: Anxiety, Trauma and how Prolonged Exposure Therapy Works for PTSD
<https://www.youtube.com/watch?v=wB6LOGA01D0>

Trauma-Focused CBT: Counselor Toolbox
https://www.youtube.com/watch?v=bTnXa4E9_rs

Dr. Daniel Siegal: Mindfulness Based Stress Reduction

<http://meditationscience.weebly.com/dr-dan-siegel-on-neuroplasticity-and-mindfulness.html>:

Bessel van der Kolk: Overcome trauma with yoga
https://www.youtube.com/watch?v=MmKfzbHzm_s

Cognitive Processing Therapy: VA
<https://www.youtube.com/watch?v=Tx3KdKDZOS8>

EMDR International Association
https://www.emdria.org/page/what_is_emdr_therapy

Psychological First Aid (NCTSN)
[https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa#:~:text=Psychological%20First%20Aid%20\(PFA\)%20is,aftermath%20of%20disaster%20and%20terrorism.&text=PFA%20is%20designed%20to%20reduce,term%20adaptive%20functioning%20and%20coping.](https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa#:~:text=Psychological%20First%20Aid%20(PFA)%20is,aftermath%20of%20disaster%20and%20terrorism.&text=PFA%20is%20designed%20to%20reduce,term%20adaptive%20functioning%20and%20coping.)

Unit V (Session 13)

Macro, Community-based Interventions and Trauma-informed care (Session 13)

- Trauma-informed care principles
- Community-based interventions
- Macro-policy for agencies offering trauma services

Required Readings:

- *Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD.
- *Collin-Vézina, D., Brend, D., & Beeman, I. (2020). When it counts the most: Trauma-informed care and the COVID-19 global pandemic. *Developmental Child Welfare, 2*(3), 172-179.
- Dopp, A. R., Hanson, R. F., Saunders, B. E., Dismuke, C. E., & Moreland, A. D. (2017). Community-based implementation of trauma-focused interventions for youth: Economic impact of the learning collaborative model. *Psychological Services, 14*(1), 57.
- Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society, 84*(4), 463-470.
- Levenson, J. (2017). Trauma-informed social work practice. *Social Work, 62*(2), 105-113.
- *Guarino, K., & Decandia, C. (2015). Trauma-informed care: An ecological response. *Journal of Child and Youth Care Work, 24*, 7-32.

Video/Web Resources:

Trauma-Informed Care Implementation Resource Center
<https://www.traumainformedcare.chcs.org>

Building the Dream: Trauma-Informed Care and ACE's

<https://www.pbs.org/video/chasing-the-dream-trauma-informed-care-aces-cms83d/>

Trauma-Informed Organizational Toolkit

[https://www.air.org/sites/default/files/downloads/report/Trauma-Informed Organizational Toolkit 0.pdf](https://www.air.org/sites/default/files/downloads/report/Trauma-Informed%20Organizational%20Toolkit%200.pdf)

Unit VI (Session 14)

Trauma and IPV Among Minority Groups and Vulnerable Populations (Session 14)

In this unit, students will learn about specific vulnerable populations impacted by trauma. Instructors will choose what population this module will focus on (no more than two) and inform students of the corresponding reading assignment chosen from the list below. Topics may include:

- Race-based traumatic stress for Black Indigenous People of Color (BIPOC)
- Active service members in the military and their families, and veterans
- Immigrants and the migration experience
- The role of addiction and substance-use among survivors of trauma
- Cultural groups impacted by genocide, historical and cultural trauma, further reviewing intergenerational components

Required Readings:

- Piwowarczyk, L., Rous, D., Mancuso, A., Flinton, K., Hastings, E., Forbush, L., & Shepherd, A. (2016). Impact of the Boston Marathon bombing and its aftermath on refugees and survivors of torture. *Journal of Immigrant and Minority Health, 18*(4), 764-770.
- Anderson, R. E., & Stevenson, H. C. (2019). RECASTing racial stress and trauma: Theorizing the healing potential of racial socialization in families. *American Psychologist, 74*(1), 63.
- Li, M., & Anderson, J. G. (2016). Pre-migration trauma exposure and psychological distress for Asian American immigrants: Linking the pre-and post-migration contexts. *Journal of Immigrant and Minority Health, 18*(4), 728-739.
- Najavits, L. M., Hyman, S. M., Ruglass, L. M., Hien, D. A., & Read, J. P. (2017). Substance use disorder and trauma. *APA handbook of trauma psychology, 1*, 195-213.
- Coleman, J. A. (2016). Racial differences in posttraumatic stress disorder in military personnel: Intergenerational transmission of trauma as a theoretical lens. *Journal of Aggression, Maltreatment & Trauma, 25*(6), 561-579.
- Beckerman, N. L., & Sarracco, M. (2019). The Legacy of Inherited Trauma: Case Studies. *Journal of Anxiety & Depression, 2*(1), 113-123.

Web/Video Resources:

Veteran John O'Brien talks about his experience with PTSD

<https://www.youtube.com/watch?v=-ZsmOgjOj9E>

NCTSN: Refugee Trauma

<https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma>

Addressing Psychological Trauma in Addiction Treatment (Lisa Najavits)

<https://www.youtube.com/watch?v=efbcmFzflEY>

Course Grading Rubrics

COURSE GRADING RUBRIC

Class Participation	Contributes to class discussions by raising thoughtful questions, analyzing relevant issues, building on others' ideas, synthesizing across readings and discussions, expanding the class' perspective, and appropriately challenging assumptions and perspectives 33 points	Attends class regularly and <i>sometimes</i> contributes to the discussion in the aforementioned ways. 30 points	Attends class regularly but <i>rarely</i> contributes to the discussion in the aforementioned ways. 27 points	Attends class regularly but <i>never</i> contributes to the discussion in the aforementioned ways. 23 points
Attendance	Always arrives on time and stays for entire class; regularly attends class; all absences are excused; always takes responsibility for work missed; no deadlines missed. 33 points	Minimal lateness; almost never misses a class; no unexcused absences. No deadlines missed. 30 points	Late to class semi-frequently; misses deadlines. 27 points	Late to class frequently misses deadlines 23 points
Comportment	Demonstrates excellence in communication, interpersonal skill, respect for the ideas of others and the learning environment, engages in reflective thinking, exemplifies empathy, honesty and integrity, shows respect for diversity, demonstrates ethical conduct, and conducts oneself with a professional demeanor. 33 points	Occasionally exhibits excellence in comportment; is almost always respectful towards peers, and the learning environment 30 points	Recurring concerning comportment issues behaves in ways that are not always respectful of peers, and the learning environment 27 points	Consistent comportment concerns; is often disrespectful to peers and the learning environment 23 points

Grading Rubric for Papers:

	Advanced Competence (A= 94-100; A- = 90-93)	High Competence (B+ = 87-89; B= 83-86)	Fair Competence (B- =80-82; C+ = 75-79)	Pre- Competence (C=70-74 F<74)
Intro & conclusion	The intro guides the reader smoothly and logically into the paper with a clear organized structure. The conclusion synthesizes key points suggesting perspectives relevant to the theme.	The intro clearly identifies the central theme and provides a good organizational structure. The conclusion synthesizes key points.	The intro identifies the central theme though not sufficiently and does not guide the reader into the paper. The conclusion restates the same points as the intro paragraph without reframing.	The intro does not have a discernable theme and does not guide the reader into the body of the paper. The conclusion is missing, or restates the intro paragraph verbatim.
Content & depth of analysis	Paper goes beyond the assignment exploring the topic with depth. Paper shows a strong grasp of social work principles; with clear integration of theory and practice.	Paper fully meets the parameters of the assignment but does not exceed them. Paper demonstrates a good integration of theory and practice but with some awkwardness.	Paper does not address some aspects of the assignment; and/or demonstrates a somewhat shaky grasp of social work principles.	Paper does not address the assignment, and demonstrates a very basic understanding of social work principles.
Integration of class discussions and course readings	Paper evidences course readings & discussions. Demonstrating a firm understanding of course content and readings.	Paper shows some evidence of course readings and discussions.	Paper shows some evidence of course readings and discussions though not clearly; with minor inaccuracies.	Paper misrepresents class discussions and readings
Literature	Literature supporting central points is detailed and well-chosen. The discussion and literature are integrated with some opposing views considered.	Literature supporting central points is well chosen, but somewhat weak. The discussion and literature articulate opposing viewpoints.	There are minimal citations and the literature chosen is not particularly relevant. There is little connection between the discussion and the literature.	There are few citations and the literature chosen is not relevant to the discussion
Organization & Clarity	Organization is logical and apparent with connections among paragraphs clearly articulated. Transitions between paragraphs are smooth. Wording is unambiguous. Sentence structure is clear.	Organization is logical and apparent, but transitions between paragraphs are not consistently smooth; all but a few paragraphs connect with clarity. Paper is unambiguous. Sentence structure is mostly clear.	Organization can only be discerned with effort. Not all parts of the paper fit the organizational structure. There is no logical connection between many paragraphs. Wording is ambiguous Sentence structure confusing.	Organization of the paper as a whole is not logical or discernable. Throughout the paper, wording is ambiguous. Sentence structure is consistently confusing.
Mechanics	Paper is formatted well. Grammar is perfect. Quotes are all properly attributed and cited.	Minor spelling or grammatical errors. Quotes are all properly attributed and cited.	Many spelling and grammatical errors. In a few places, quotes are not attributed and cited.	Paper is unacceptably sloppy. And quotes are frequently not attributed or improperly cited.

Additional Recommended Readings:

Beckerman, N. L., & Wozniak, D. F. (2018). Domestic violence counselors and secondary traumatic stress (STS): A brief qualitative report and strategies for support. *Social Work in Mental Health*, 16(4), 470-490.

- Blanco, A., Blanco, R., & Díaz, D. (2016). Social (dis) order and psychosocial trauma: Look earlier, look outside, and look beyond the persons. *American Psychologist*, 71(3), 187.
- Collins, P.H. (1991). *Black feminist thought*. New York: Routledge.
- Clemans, S.E. (2005). A feminist group for rape survivors. *Social Work with Groups*, 28(2), 59-75.
- Clemans, S.E. (2004). Life changing: The experience of rape crisis work. *Affilia: Journal of Women and Social Work*, 19(2), 146-159.
- Clemans, S.E. (2004). Vicarious traumatization: Strategies for social workers. *Social Work Today*, 4 (2), 13-17.
- D'Andrea, W., Sharma, R., Zelechowski, A. D., & Spinazzola, J. (2011). Physical health problems after single trauma exposure: When stress takes root in the body. *Journal of the American Psychiatric Nurses Association*, 17(6), 378-392.
- Dane, B. (2002). Duty to inform: Preparing social work students to understand vicarious traumatization. *Journal of Teaching in Social Work*, 22(3/4), 3-20.
- Danieli, Y., Norris, F. H., & Engdahl, B. (2016, January 14). Multigenerational Legacies of Trauma: Modeling the What and How of Transmission. *American Journal of Orthopsychiatry*. Advance online publication. <http://dx.doi.org/10.1037/ort0000145>
- Figley, C.R. (2002). (Ed.) *Treating compassion fatigue*. New York: Routledge.
- Figley, C. (2002). Compassion fatigue self-test for care providers--*Revised* (pp. 134-135). In Figley, C. (Ed.) *Treating compassion fatigue*. New York: Routledge.
- Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress*, 9(1), 3-23.
- Knight, C. (2015). Trauma-informed social work practice: Practice considerations and challenges. *Clinical Social Work Journal*, 43(1), 25-37.
- Martinez, M. E., Kearney, D. J., Simpson, T., Felleman, B. I., Bernardi, N., & Sayre, G. (2015). Challenges to enrollment and participation in mindfulness-based stress reduction among veterans: A qualitative study. *The Journal of Alternative and Complementary Medicine*, 21(7), 409-421.
- May, C. L., & Wisco, B. E. (2016). Defining trauma: How level of exposure and proximity affect risk for posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(2), 233.
- McLaughlin, K. A., Alvarez, K., Fillbrunn, M., Green, J. G., Jackson, J. S., Kessler, R. C., ... & Alegria, M. (2019). Racial/ethnic variation in trauma-related psychopathology in the United States: A population-based study. *Psychological Medicine*, 49(13), 2215-2226.
- Munjiza, J., Britvic, D., & Crawford, M. J. (2019). Lasting personality pathology following exposure to severe trauma in adulthood: retrospective cohort study. *BMC psychiatry*, 19(1), 3.
- Oral, R., Ramirez, M., Coohy, C., Nakada, S., Walz, A., Kuntz, A., ... & Peek-Asa, C. (2016). Adverse childhood experiences and trauma informed care: the future of health care. *Pediatric Research*, 79(1-2), 227.
- Orbke, S., & Smith, H. L. (2013). A developmental framework for enhancing resiliency in adult survivors of childhood abuse. *International Journal for the Advancement of Counselling*, 35(1), 46-56.

- Riebschleger, J., Day, A., & Damashek, A. (2015). Foster care youth share stories of trauma before, during, and after placement: Youth voices for building trauma-informed systems of care. *Journal of Aggression, Maltreatment & Trauma, 24*(4), 339-360.
- Schwartz, A. (2016) *The complex PTSD workbook: A mind body approach to regaining emotional control and becoming whole*. California: Althea Press
- Schure, M. B., Simpson, T. L., Martinez, M., Sayre, G., & Kearney, D. J. (2018). Mindfulness-based processes of healing for veterans with post-traumatic stress disorder. *The Journal of Alternative and Complementary Medicine, 24*(11), 1063-1068.
- Slattery, S. M., & Goodman, L. A. (2009). Secondary traumatic stress among domestic violence advocates: Workplace risk and protective factors. *Violence Against Women, 15*(11), 1358-1379.
- Updegraff, J. A., Silver, R. C., & Holman, E. A. (2008). Searching for and finding meaning in collective trauma: Results from a national longitudinal study of the 9/11 terrorist attacks. *Journal of Personality and Social Psychology, 95*(3), 709.
- van der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics of North America, 12*(2), 293-318
- Van dermoot Lipsky, L and Burke, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. Berrett-Koehler Publisher.