

**THE UNIVERSITY OF TEXAS AT AUSTIN
SCHOOL OF SOCIAL WORK**

**ASSESSMENT AND TREATMENT OF TRAUMATIZED
POPULATIONS**

Course Number:	SW 393R	Instructors' names:	Allen Rubin Julie Speir
Unique Number:	62990	Office Number:	3.130E
Semester:	Fall 2012	Office Phone:	471-9218
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Meeting Time/Place:	Th 2:30-5:30 Room 2.122	Office Hours:	Rubin: Tues 2:15-3:30 and by appointment

I. Course Description

The course is designed as an advanced clinical selective for graduate students in the School of Social Work who wish to increase knowledge and skills for practice with traumatized populations. Students will develop a working understanding of traumatized populations from diverse backgrounds, affirming and respecting their strengths and differences. This course is grounded in the identification, analysis, and implementation of empirically supported intervention strategies. It will focus on skill building and will include multiple perspectives in the advanced application of theories, models and skills utilized in varying treatment modalities, with emphasis placed at the micro and mezzo levels of practice. The framework of the course is based on social work values and the ethical decision-making process, as illuminated by the NASW Code of Ethics.

II. Course Objectives

At the end of this course students will:

1. develop assessment skills for the diagnosis of posttraumatic stress disorder (PTSD) as well as the impact of trauma on other disorders;
2. demonstrate understanding and skills in the core components of the treatment of trauma, such as treatment stages, psychoeducation, the therapeutic relationship, and safety and arousal reduction techniques;
3. describe the key features distinguishing alternative evidence-based treatment approaches for trauma-related symptoms;
4. demonstrate skills in at least one trauma treatment modality;
5. demonstrate evaluation skills by accurately appraising how well others evince skills in at least one trauma treatment modality;
6. identify steps practitioners can take to prevent or ameliorate their own vicarious/secondary trauma;
7. demonstrate the ability to adapt intervention models and strategies to reflect an understanding of persons from diverse backgrounds, including (but not limited to) race, ethnicity, culture, class, gender, sexual orientation, religion/spirituality, physical or mental ability, developmental level, age, and national origin;
8. demonstrate the ability to tailor and integrate clinical interventions based on the context in which they are delivered; and
9. demonstrate advanced knowledge of social work values and ethical decision-making processes as they relate to ethical dilemmas in clinical intervention with traumatized adults and children.

III. Teaching Methods

Instruction methods will include informal lectures (questions and comments are encouraged), guest speakers, viewing and discussing video presentations of therapy sessions illustrating alternative treatment modalities, class discussions, class exercises and role playing and student presentations.

IV. Texts

Required

Rubin, A., and D. W. Springer (Eds.) (2010). *Treatment of Traumatized Adults and Children. The Clinician's Guide to Evidence-Based Practice*. Hoboken, NJ: John Wiley and Sons.

Recommended

C. A. Courtois & J.D. Ford, (Eds.) (2009). *Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide*. Guilford.

V. M. Follette & J. I. Ruzek, (Eds.) (2006). *Cognitive-Behavioral Therapies for Trauma*, Guilford.

Taylor, S. (2006). *Clinician's Guide to PTSD: A Cognitive-Behavioral Approach*. Guilford,

V. Grading

25 points	Exam #1
25 points	Exam #2
20 points	Team paper based on transcribed, comprehensive team video
10 points	5-minute team video shown in class
10 points	Certificate for completing the free online training course in trauma-focused cognitive behavioral therapy available at http://www.tfcbt.musc.edu/
10 points	Class participation (This involves attendance, arriving on time, and not leaving early. It also involves participation in class role-plays, contributions to class discussions that reflect advance reading of the assigned readings, as well as informed and thoughtful comments on videos and role plays.)

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

Accumulated Points and Grading Scale

100 - 94 = A
93 - 90 = A-
89 - 87 = B+
86 - 84 = B
83 - 80 = B-
79 - 77 = C+
76 - 74 = C
73 - 70 = C-
69 - 67 = D+
66 - 64 = D
63 - 60 = D-
59 and below = F

VI. Team Paper/Videos

Each team member will make a video of approximately 25-30 minutes in which they role-play the therapist, with another team member role-playing the client (who can be an adult, an adolescent, or a child). Each video/role-play should contain 3 segments as follows:

- Segment 1: Approximately 5 minutes demonstrating relationship/therapeutic alliance skills
- Segment 2: Approximately 10 minutes of building an exposure hierarchy (or the alternative in TFEBT if client is a child)
- Segment 3: Approximately 10-15 minutes of cognitive restructuring (or demonstrating TFEBT skills of the therapist if client is a child)
- Cognitive restructuring skills of the therapist.

Each team will be responsible for making its own videos outside of class and for providing each other feedback appraising each team member's performance as the therapist. The video should include talking by both the client and therapist, but the emphasis should be on the therapist's skills. The bulk of video time should NOT be spent on hearing from the client, only. From among the videos it makes, each team should select one segment of approximately 5 minutes that it feels is its best example of good clinical skills to show to the class. Alternatively, the team may opt to select a problematic segment to show the class some important mistakes. When presenting the segment to the class, the team should tell the class in advance whether it is going to demonstrate a good performance or a problematic one. After showing the video, the team should tell the class what it was about the video that was so good or so problematic, and why.

The team is also required to submit a written verbatim transcription of the entire 25-30 minute video/role-play. Preceding the transcription should be a brief written introduction regarding the attributes and trauma of the imaginary client, followed by a written critique of the video/role-play that identifies the main strengths and main weaknesses of the therapist's performance. The grade for the paper will be based on the following criteria:

1. Inclusion of the above three components (e.g. Intro, transcription, critique).
2. The degree to which the team's written critique accurately identifies the main strengths and main weaknesses of the therapist's performance.

FOR THE SUBMITTED TEAM PAPER, THE QUALITY OF THE THERAPIST'S PERFORMANCE WILL NOT INFLUENCE THE PAPER GRADE, AS LONG AS IT MATCHES THE NATURE OF THE CRITIQUE. THAT IS, A POOR PERFORMANCE (IN THE JUDGMENT OF THE INSTRUCTORS) COUPLED WITH A VERY NEGATIVE CRITICAL APPRAISAL WILL GET A HIGHER GRADE THAN A STRONG PERFORMANCE COUPLED WITH A NEGATIVE CRITICAL APPRAISAL OR A POOR PERFORMANCE COUPLED WITH A POSITIVE APPRAISAL.

FOR THE BRIEF VIDEO SEGMENT SHOWN IN CLASS, THE GRADE WILL DEPEND IN PART ON THE MATCH BETWEEN THE TEAM'S APPRAISAL OF THE QUALITY OF THE THERAPIST'S PERFORMANCE AND THE INSTRUCTORS' APPRAISAL. FOR EXAMPLE, IF THE TEAM SHOWS A VIDEO THAT IT APPRAISES AS VERY GOOD, BUT THE INSTRUCTORS APPRAISE IT AS NOT GOOD, THE GRADE WILL BE LOWER THAN IF THE TEAM APPRAISES THE VIDEO AS POOR AND THE INSTRUCTORS AGREE.

PAPERS DUE IN CLASS ON NOVEMBER 15

VII. Class Policies

Students are expected to attend all classes and to be prepared to participate orally and in a thoughtful manner that demonstrates that the assigned readings have been read carefully **prior to class**. Failure to regularly attend the class and demonstrate through exercises and discussions that one has comprehended the readings will be considered in assigning the final grade. Students are responsible for any material missed due to absences. Student feedback is welcome. Students are also encouraged to provide feedback during office hours, by phone, by e-mail, and by appointment if they desire.

Except in the case of extreme emergencies, and then only with the permission of the professor, **late assignments will not be accepted without penalty**. If accepted, late assignments will be assessed point penalties at the rate of four (4) points each day late. If the due date is a problem, then the student should see the professor and negotiate another due date well in advance.

The university recommends that instructors specify policies on scholastic dishonesty. In this course, scholastic dishonesty may result in a grade of an F in the course and a report to the MSSW Program Committee and the Office of Graduate Studies. While I do not anticipate scholastic dishonesty occurring, for further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students (<http://deanofstudents.utexas.edu/sjs/academicintegrity.html>).

Any student with a documented disability (physical or cognitive) who requires academic accommodations should contact the Services for Students with Disabilities area of the Office of the Dean of Students at 471-6259 (voice) or 471-4641 (TTY for users who are deaf or hard of hearing) as soon as possible to request an official letter outlining authorized accommodations.

IX. Abreactions

Most of us have experienced varying degrees of trauma in our lives. Some students understandably may have abreactions – based on prior traumas – as they participate in this course. If so, they are encouraged to inform the instructor of this difficulty. Although the instructor can be responsive and supportive regarding the student's participation in course assignments and activities, students should understand that it is not ethically appropriate for the instructor to engage in a dual role involving a therapeutic relationship with the student. If therapy or counseling is needed, students can contact a service provider of their choosing, including the UT Counseling Center at 471-3515 or online at www.utexas.edu/student/cmhc/.

X. Course and Instructor Evaluation

Students will have the opportunity to express their perceptions of the quality of the course and instruction at the end of the semester by participating in the University's Course Instructor Survey.

XI. Course Schedule

Date	Topics	Readings
August 30- Sept. 6	Introduction to course Overview of trauma Secondary/vicarious trauma and therapist self-care Assessment Developing a therapeutic alliance; Generic elements of the healing process.	Rubin & Springer: Ch. 1 and pp. 73-88 Herman, "A Healing Relationship" <u>Recommended:</u> Zimering et al. (2003). "Secondary Traumatization in Mental Health Care Providers"
Sept. 13	Differentiating issues in various types of trauma; sexual trauma; neurobiology of trauma; case examples	Taylor, S. (2006). "Neurobiology for the Cognitive-Behavioral Therapist." Ch. 4 of <i>Clinician's Guide to PTSD: A Cognitive-Behavioral Approach</i> . Guilford, p. 56-72. Ford, J.D. (2009). "Neurobiological and Developmental Research: Clinical Implications." In C. A. Courtois & J.D. Ford, <i>Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide</i> . Guilford, pp. 31-58. Cloitre, M. & Rosenberg, A. (2006). "Sexual Revictimization: Risk Factors and Prevention." In V. M. Follette & J. I. Ruzek, <i>Cognitive-Behavioral Therapies for Trauma</i> , Guilford, pp. 321-361.
Sept. 20	Anxiety management techniques; Psychoeducation; Exposure therapy	Rubin & Springer, Ch. 2
Sept. 27	Cognitive Restructuring; Helping clients uncover positive and negative core schemas	Rubin & Springer, Ch. 3
Oct. 4	TFCBT online training in lieu of class at: http://www.tfcbt.musc.edu/	Rubin & Springer, Ch. 4
Oct. 11	Exam #1	

Oct. 18	Crisis intervention	National Center for PTSD, "Psychological First Aid"
Oct. 25	EMDR	Rubin & Springer, Ch. 5-6
Nov. 1	War-related trauma treatment; Assessing and treating Iraq and Afghanistan war vets; complex PTSD; VA services. 1. Video 2. Guest speakers	Rubin (in press). "Introduction: Understanding and Intervening with Military Personnel and Their Families: An Overview." In: Rubin, A., Weiss, E. L., & Cole, E. (Eds.). <i>Handbook of Military Social Work</i> . Wiley.
Nov. 8	DBT; Treating complex PTSD Guest Speaker: Nicole Spotts	Becker & Zayfert, (2001). "Integrating DBT-Based Techniques and Concepts to Facilitate Exposure Treatment for PTSD," <i>Cognitive and Behavioral Practice</i> , 8, 107-122. Wagner, A. W. & Linehan, M. M. (2006). "Applications of Dialectical Behavior Therapy to PTSD and Related Problems." In V. M. Follette & J. I. Ruzek, <i>Cognitive-Behavioral Therapies for Trauma</i> , Guilford, pp. 117-145.
Nov. 15	Putting it all together: integrating various approaches, the healing process; developmental issues; case examples. TEAM PAPERS DUE IN CLASS	Handouts from Julie on Blackboard Walser, R. D. & Hayes, S. C. (2006). "Acceptance and Commitment Therapy in the Treatment of PTSD." In V. M. Follette & J. I. Ruzek, (Eds.), <i>Cognitive-Behavioral Therapies for Trauma</i> , Guilford, pp. 146-172. Fisher, J. & Ogden, P. (2009). "Sensorimotor Psychotherapy." In C. A. Courtois & J.D. Ford, <i>Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide</i> . Guilford, pp. 312-328.
Nov. 29	Exam # 2	

Dec. 6	Teams show and appraise their 5-minute video segments. Course evaluation	
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