

**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:	94745	Office Number:	3.130E
Semester:	Summer 2012	Office Phone:	471-9218
		E-mail	arubin@mail.utexas.edu julie.speir@lifeworksaustin.org
Meeting Time/Place:	M/W 8:30-11:00 Room 2.122	Office Hours:	Rubin: T/Th 4:30-5:30 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

30 points	Exam #1
30 points	Exam #2
20 points	Team paper based on team videos
10 points	Certificate for completing the free online training course in trauma-focused cognitive behavioral therapy available at http://www.tfcbt.musc.edu/ Deadline for submission: June 25. (This deadline is necessary so that students will be adequately prepared for the second exam and in case they want to demonstrate TFCBT in their videos. If the certificate is submitted after this date, .20 (one-fifth) point will be subtracted for every day after that date.
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 15-20 minutes in which they role-play the therapist, with another team member role-playing the client. Each video/role-play should illustrate at least two of the following:

- Relationship/therapeutic alliance skills
- Building an exposure hierarchy
- TFCBT skills of the therapist
- Cognitive restructuring skills of the therapist.

Each team will be responsible for making its own videos outside of class. 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 the one that best illustrates either the most skillful therapist performance or the least skillful one. The team should then prepare a written verbatim transcription of the vide/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.

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.

HIGHLIGHTS OF PAPERS WILL BE READ ALOUD BY INSTRUCTORS IN CLASS AT THE END OF THE SEMESTER, BUT WITHOUT IDENTIFYING TO WHOM THE PAPER/VIDEO REFERS.

PAPERS DUE IN CLASS ON JULY 11

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
June 4-6	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”

June 11	Differentiating issues in various types of trauma; sexual trauma; neurobiology of trauma; case examples	<p>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.</p> <p>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.</p> <p>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.</p>
June 13	Anxiety management techniques; Psychoeducation; Exposure therapy	Rubin & Springer, Ch. 2
June 18	Cognitive Restructuring; Helping clients uncover positive and negative core schemas	Rubin & Springer, Ch. 3
June 20	TFCBT online training in lieu of class at: http://www.tfcbt.musc.edu/	Rubin & Springer, Ch. 4
June 25	First half: Exam #1 After break: Students breakdown into teams to do role play practice for their videos.	
June 27	Crisis intervention Guest Speaker: Jackie Garrett	National Center for PTSD, "Psychological First Aid"
July 2	EMDR	Rubin & Springer, Ch. 5-6

July 9	<p>War-related trauma treatment; Assessing and treating Iraq and Afghanistan war vets; complex PTSD; VA services.</p> <ol style="list-style-type: none"> 1. Video 2. Guest speakers 	<p>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.</p>
July 11	<p>DBT; Treating complex PTSD</p> <p>Guest Speaker: Penny Kruger</p> <p>TEAM PAPERS DUE IN CLASS</p>	<p>Becker & Zayfert, (2001). "Integrating DBT-Based Techniques and Concepts to Facilitate Exposure Treatment for PTSD," <i>Cognitive and Behavioral Practice</i>, 8, 107-122.</p> <p>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.</p>
July 16	<p>Putting it all together: integrating various approaches, the healing process; developmental issues; case examples.</p>	<p>Handouts from Julie on Blackboard</p> <p>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.</p> <p>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.</p>
July 18	<p>First half: Exam # 2</p> <p>After break: Instructors begin to share comments with class regarding the team papers.</p>	
July 23	<p>Instructors continue to share comments with class regarding the team papers.</p> <p>Course evaluation</p>	