

SWK-S600 Working with Clients Exposed to Trauma (3 cr.)

Course Information

Semester Year: XXXXX
Section Number: XXXXX
Location: XXXXX
Day: XXXXX
Time: XXXXX

Instructor: XXXXX XXXXXXXXXXXX
Office: XXXX
Email: XXXX
Phone: XXXXX
Office Hours: XXXXXXXXXXXX

Course Description

Due to the legal, familial, and other societal consequences related to the many different types of trauma, including military combat, accidents, life-threatening events, interpersonal violence, sexual assault, natural disasters, secondary trauma, adverse childhood experiences, and childhood physical and sexual abuse, social workers need to be equipped to assess and intervene with clients exposed to trauma. Moreover, social workers need to be prepared to deliver appropriate trauma responsive care that addresses both client and referral source needs. Trauma assessment methods, research on prevalence, policy issues, comorbid psychological and medical diagnoses, and social correlates will be examined. Various long-term impacts will be viewed as posttraumatic adaptation, and students will distinguish between the adaptive and pathological accommodations survivors have been required to make recognizing strengths in survival.

This course assists graduate social work students in assessing and intervening in the impact of trauma on individuals and within families while attending to strengths and resilience. The course will examine a range of traumatic experiences and their differential impact trauma survivors, families and society. Graduate social work students build upon assessment and intervention knowledge gained in their foundation and concentration courses to engage, assess, intervene, and evaluate outcomes associated with trauma exposed clients. The course will provide students with opportunities to demonstrate knowledge and skills regarding assessment and intervention with clients exposed to trauma.

Course Competencies

Primary

- Competency 7 Assess Client Systems
 - Social workers assess client systems for current and historical exposure to trauma to identify targets for change, including PTSD, depression, addictions, mental illness, or other internalized and externalized adaptive strategies (CSWE, 2015 EPAS, p. 9).
- Competency 8 Intervene with Individual Client Systems
 - Social workers critically choose and implement interventions to achieve practice goals and enhance capacities of clients and constituencies with client systems exposed to trauma (CSWE, 2015 EPAS, p. 9).
- Competency 9 Evaluate Individual Client Systems

- Social workers evaluate outcomes with clients exposed to trauma to advance practice, policy and program effectiveness (CSWE, 2015 EPAS, p. 9).

Course Objectives

- S600-01:** Identify trauma in its various forms, as well as its long-term effects;
- S600-02:** Apply social work and multidisciplinary theories to complete an assessment of trauma, its impact on clients' presenting problems and to guide the selection of evidence-based interventions;
- S600-03:** Synthesize the history and development of trauma theory as well as the concept of resilience;
- S600-04:** Comprehend how race, ethnicity, age, socioeconomic status, disability, sexual orientation, and gender may influence engagement, assessment, intervention, and evaluation with clients exposed to trauma;
- S600-05:** Apply evidence-informed social work interventions to achieve intrapersonal (cognitive, behavioral, biological) and interpersonal (social, domestic) change relevant to clients exposure to trauma;
- S600-06:** Evaluate client outcomes to determine whether client goals are achieved and the extent to which it is necessary to alter the intervention strategies;
- S600-07:** Identify internal and external risk and protective factors in an individual's recovery from trauma and identify individual strengths; and,
- S600-08:** Develop strategies to identify and mitigate vicarious traumatization.

Required Readings

Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. Part 3: A review of the literature. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Additional readings are cited in the course outline.

Course Content

Graduate social work students build upon assessment and intervention knowledge gained in their foundation and concentration courses to engage, assess, intervene, and evaluate outcomes associated with trauma exposed clients. Students develop competency in assessing and intervening in the impact of trauma on individuals and within families, while attending to strengths and resilience. The course will provide students with opportunities to demonstrate knowledge and skills regarding assessment and intervention with clients exposed to trauma.

Resources

- Canvas email will also be used a way to communicate between instructor and students. You are expected to check the course announcements on Canvas before each class.
- Additional readings will be assigned throughout the semester and be posted on Canvas (Resource tab).

Course Outline

Module 1: Introduction to the Course

Dates:

Overview

- Review of syllabi
- Discussion of book review project
- Beginning discussion on trauma and self-care
- Beginning discussion on self-care project
- Defining secondary trauma

Module 2: Secondary Trauma

Dates:

Overview

Readings

1. TIPS 57 Part 2, pages 193-211.
2. Bell, H., Kulkarni, S. & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society*, 84(4) 463-470.
3. Bride, B.E., Radey, M., & Figley, C.R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35, 155-163.
4. Geller, J., Madsen, L., & Ohrenstein, L (2004). Secondary trauma: A team approach. *Clinical Social Work Journal*, 32, 415-430.
5. Way, I., VanDeusen, K. M., & Cottrell, T. (2007). Vicarious trauma: predictors of clinicians' disrupted cognitions about self-esteem and self-intimacy. *Journal of Child Sexual Abuse*, 16, 81-98.

Individual Assignment

1. Self-care project proposal

Module 3: Types of Trauma

Dates:

Overview

Readings

1. TIPS 57 Chapters 1 & 2
2. Tips 57 Part 3: Literature Review pages 1 – 15.

3. Lalor, K. & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence, & Abuse*, 11, 159–177.
4. Roberts, A. L., McLaughlin, K. A., Conron, K. J., & Koenen, K. C. (2011). Adulthood stressors, history of childhood adversity, and risk of perpetration of intimate partner violence. *American Journal of Preventive Medicine*, 40, 128–138.
5. Tam, T. W., Zlotnick, C., & Robertson, M. J. (2003). Longitudinal perspective: Adverse childhood events, substance use, and labor force participation among homeless adults. *American Journal of Drug and Alcohol Abuse*, 29, 829–846.
6. Wrenn, G. L., Wingo, A. P., Moore, R., Pelletier, T., Gutman, A. R., Bradley, B. et al. (2011). The effect of resilience on posttraumatic stress disorder in trauma-exposed inner-city primary care patients. *Journal of the National Medical Association*, 103, 560–566.

Module 4: Types of Trauma, continued

Dates:

Overview

Readings

1. Beck, A. J., Harrison, P. M., Berzofsky, M., Caspar, R., & Krebs, C. (2010). Sexual victimization in prisons and jails reported by inmates, 2008–09. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
2. Chen, L. P., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. L., Goranson, E. N. et al. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings*, 85, 618–629.
3. Catalano, S. (2012). Intimate partner violence in the U.S. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
4. Dohrenwend, B. P., Turner, J. B., Turse, N. A., Adams, B. G., Koenen, K. C., & Marshall, R. (2007). Continuing controversy over the psychological risks of Vietnam for U.S. veterans. *Journal of Traumatic Stress*, 20, 449–465.
5. Haskell, S. G., Mattocks, K., Goulet, J. L., Krebs, E. E., Skanderson, M., Leslie, D. et al. (2011). The burden of illness in the first year home: Do male and female VA users differ in health conditions and healthcare utilization. *Women's Health Issues*, 21, 92–97.
6. Ramchand, R., Schell, T. L., Karney, B. R., Osilla, K. C., Burns, R. M., & Caldarone, L. B. (2010). Disparate prevalence estimates of PTSD among service members who served in Iraq and Afghanistan: possible explanations. *Journal of Traumatic Stress*, 23(1), 59-68.
<https://doi.org/10.1002/jts.20486>

Assignment Due

1. Selection of book for book review project

Module 5: Impact of Trauma

Dates:

Overview

Readings

1. TIPS 57 Chapter 3
2. Tips 57 Part 3: Literature Review pages 16 – 24.
3. Andersen, S., Tomada, A., Vincow, E.S., Valente, E., Polcari, A., & Teicher, M. H. (2008). Preliminary evidence for sensitive periods in the effect of childhood sexual abuse on regional brain development. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 20(3), 292-301.
4. Ford, J. D., Stockton, P., Kaltman, S, & Green, B. L. (2006). Disorders of extreme stress (DESNOS) symptoms are associated with type and severity of interpersonal exposure in a sample of healthy young women. *Journal of Interpersonal Violence*, 21 (11), p1399-1416.
5. Mahajan, M. (2018). Neurobiology of childhood trauma and its implications for therapy. *Indian Journal of Health and Wellbeing*, 9(6), 849-853.
6. Majer, M. Nater, U.M., Lin, J.-M.S., Capuron, L., & Reeves, W.C. (2010). Association of childhood trauma with cognitive function in healthy adults: a pilot study. *BMC Neurology*, 10, 61-70. <https://doi.org/10.1186/1471-2377-10-61>

Assignment Due

1. Book project discussion group

Module 6: Assessment of Trauma

Dates:

Overview

Readings

1. TIPS 57 Chapter 4
2. Tips 57 Part 3: Literature Review pages 25 – 65.

Assignment Due

1. Check-in on Self-care project.
2. Book project discussion group.

Module 7: Assessment of Trauma, continued

Dates:

Overview

Readings

1. Thompson, M.P., Basile, K.C., Hertz, M.F., & Sitterle, D: (2006). *Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools*. Atlanta (GA), Centers for Disease Control and Prevention. Retrieved at [CDC Violence Prevention Website](#)

Assignment Due

1. Book project discussion group.

Module 8: Interventions

Dates:

Overview

Readings

1. TIPS 57 Chapter 5
2. Tips 57 Part 3: Literature Review pages 73-96.
3. Cohen, J. A., Berliner, L., & Mannarino, A. (2010). Trauma focused CBT for children with co-occurring trauma and behavior problems. *Child Abuse & Neglect*, 34(4), 215–224. <https://doi.org/10.1016/j.chiabu.2009.12.003>
4. Franco, D. (2018). Trauma Without Borders: The Necessity for School-Based Interventions in Treating Unaccompanied Refugee Minors. *Child & Adolescent Social Work Journal*, 35(6), 551–565. <https://doi.org/10.1007/s10560-018-0552-6>
5. Graham, J. (2012). Cognitive behavioural therapy for occupational trauma: a systematic literature review exploring the effects of occupational trauma and the existing CBT support pathways and interventions for staff working within mental healthcare including allied .. *Cognitive Behaviour Therapist*, 5(1), 24–45. <https://doi.org/10.1017/S1754470X12000025>
6. Sannibale, C., Teesson, M., Creamer, M., Sitharthan, T., Bryant, R. A., Sutherland, K., ... Peek, O. M. (2013). Randomized controlled trial of cognitive behaviour therapy for comorbid post-traumatic stress disorder and alcohol use disorders. *Addiction*, 108(8), 1397–1410. <https://doi.org/10.1111/add.12167>

Assignment Due

1. Book project discussion group.

Module 9: Interventions, continued

Dates:

Overview

Readings

Continue discussions of readings from Module 7

Assignment Due

1. Book project discussion group.
2. Individual book review paper due at the beginning of class

Module 10: Interventions: Group Techniques

Dates:

Overview

Readings

1. Beck, J. G., Coffey, S. F., Foy, D. W., Keane, T. M., & Blanchard, E. B. (2009). Group cognitive behavior therapy for chronic posttraumatic stress disorder: An initial randomized pilot study. *Behavior Therapy*, 40, 82–92.
2. Falkenstein, M. J., C’de Baca, J., Belon, K., & Castillo, D. T. (2017). Predictors of PTSD Improvement with Cognitive/Exposure Group Interventions in Operation Enduring Freedom/Operation Iraqi Freedom Female Veterans. *Journal of Loss & Trauma*, 22(4), 297–306. [doi](#)

3. Kracen, A. C., Mastnak, J. M., Loaiza, K. A., & Matthieu, M. M. (2013). Group therapy among OEF/OIF veterans: treatment barriers and preferences. *Military Medicine*, 178(1), e146-9. [doi](#)
4. O'Malley, P. G. (2015). In veterans with PTSD, mindfulness-based group therapy reduced symptom severity. *ACP Journal Club*, 163(12), 1. Retrieved from [ebSCOhost](#)

Module 11: Cultural, ethnic, and gender considerations in trauma responsive care

Dates:

Overview

Readings

1. Bemak, F., & Chung, R. C. (2017). Refugee Trauma: Culturally Responsive Counseling Interventions. *Journal of Counseling & Development*, 95(3), 299–308. <https://doi.org/10.1002/jcad.12144>
2. Blitz, L., Anderson, E., & Saastamoinen, M. (2016). Assessing Perceptions of Culture and Trauma in an Elementary School: Informing a Model for Culturally Responsive Trauma-Informed Schools. *Urban Review*, 48(4), 520–542. <https://doi.org/10.1007/s11256-016-0366-9>
3. Covington, S. S., Burke, C., Keaton, S., & Norcott, C. (2008). Evaluation of a Trauma-Informed and Gender-Responsive Intervention for Women in Drug Treatment. *Journal of Psychoactive Drugs*, 387–398. Retrieved from [ebSCOhost](#)

Assignment Due

1. Book review group presentation.

Module 12: Organizations

Dates:

Overview

Readings

1. TIPS 57 Part 2
2. Rollins, R., Gribble, A., Barrett, S. E., & Powell, C. (2017). Who Is in Your Waiting Room? Health Care Professionals as Culturally Responsive and Trauma-Informed First Responders to Human Trafficking. *AMA Journal of Ethics*, 19(2), 63–71. Retrieved from <http://proxyeast.uits.iu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=121178459&site=ehost-live&scope=site>
3. Scott Frydman, J., & Mayor, C. (2017). Trauma and Early Adolescent Development: Case Examples from a Trauma-Informed Public Health Middle School Program. *Children & Schools*, 39(4), 238–247. <https://doi.org/10.1093/cs/cdx017>

Module 13: Organizations, continued

Dates:

Overview

Assignment Due

1. Trauma paper

2. Trauma paper discussion group

Module 14: Self-care discussion and project

Dates:

Overview

Assignment Due

1. Self-care reflection paper
2. Trauma paper group discussion and presentation preparation

Module 15: Trauma Topic Presentations

Dates:

Overview

Presentations and wrap-up

Assignments and Grading

More specific instructions for each assignment will be posted on Canvas. Instructor also will discuss details or answer any questions related to assignment during the class and office hours.

All assignments should be produced on a word processor (or typed), double spaced, with one-inch margins on all sides, carefully edited and proofed, using no smaller than a 12 point font, and conforming to APA style (6th ed.)

Assignments - Overview

1. Self-care project
 - a. DUE:
 - b. Points:10
2. Book review
 - a. DUE:
 - b. Points:40
3. Trauma paper
 - a. DUE:
 - b. Points:40
4. Professionalism
 - a. DUE:
 - b. Points:10

Assignment Details

Self-care project

Students will select, design, and implement a self-care project this semester. Student submits a detailed plan for a self-care project to be implemented throughout the semester. The plan should include specifics stating who will do what, where, when, and how often. Periodically, throughout the semester students will report on implementation of the plan. A self-care reflection that discusses the project and student learning from the project is due in Module 14. The reflection must include reference to scholarly literature on self-care in social work.

Book review

Students will select one of several books listed below to read and complete a review. The review must cover five questions: 1) How is trauma defined in your book; 2) How is the impact of trauma on individuals, families, and society explained in the book; 3) What guidance is proffered in the book for practitioners who seek to engage clients with trauma experiences; 4) What does the book suggest regarding organizations becoming trauma responsive agencies; and, 5) What value does this a book provide social work practitioners?

The instructor will assign students to groups for discussion of the books. Groups will meet in class to discuss and compare the books following instructor provided prompts. The groups will develop a presentation on the major learnings gleaned from the readings and discussions.

Select one of the books listed below for this assignment.

Friedman, M. J., Keane, T. M., & Resick, P. A. (Eds.). (2015). *Handbook of PTSD: Science and practice*. New York, NY: Guilford Press.

Herman J. (2015). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. New York, NY: Basic Books.

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

Pryce, J.G., Shackelford, K.K., & Pryce, D.H. (2007). *Secondary traumatic stress and the child welfare professional*. Chicago, IL: Lyceum Books.

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

Trauma paper

Students write a scholarly paper on a selected trauma topic and working with peers present the major points of the papers. The scholarly paper process requires students to: 1) Select a field of practice; 2) Identify a type of trauma to explore within that field of practice; and, 3) Review the literature on that trauma topic within the selected field of practice. Then, the student writes a scholarly paper that addresses from the perspective of that field of practice types of trauma, assessment of trauma, interventions in trauma, and organizational preparedness for trauma responsiveness.

After submission of papers students work in small groups with other students who selected the same field of practice. Students will discuss and compare findings then prepare a presentation that identifies the major findings from the collective papers.

Professionalism

Professionalism is expected in all interactions in this class. Submit a one page assessment of your professionalism throughout this course. First, define your term then articulate how you measure against that definition.

Grading Standards

Papers are graded on the quality of the final product not on the effort you extended completing them. The grade of A is reserved for truly outstanding work that goes beyond basic requirements.

In the Indiana University School of Social Work MSW program, grades of B are the expected norm. Reflecting competency and proficiency, grades of B reflect good or high quality work typical of graduate students in professional schools. Indeed, professors typically evaluate students' work in such a way that B is the average grade. Grades in both the A and the C range are relatively uncommon and reflect work that is significantly superior to or significantly inferior, respectively, to the average, high quality, professional work conducted by most IU MSW students. Because of this approach to grading, students who routinely earned A grades in their undergraduate studies may conclude that a B grade reflects a decrease in their academic performance. Such is not the case. Grades of B in the IU MSW program reflect the average, highly competent, proficient quality of our students. In a sense, a B grade in graduate school is analogous to an A grade in undergraduate studies. MSW students must work extremely hard to achieve a B grade. If you are fortunate enough receive a B, prize it as evidence of the professional quality of your work.

Grades of A reflect Excellence. Excellent scholarly products and academic or professional performances are substantially superior to the "good," "the high quality," "the competent," or the "satisfactory." They are unusual, exceptional, and extraordinary. Criteria for assignments are not only met, they are exceeded by a significant margin. Excellence is a rare phenomenon. As a result, relatively few MSW students earn A grades.

Grades of B signify good or high quality scholarly products and academic or professional performance. Grades in the B range reflect work expected of a conscientious graduate student in a professional program. Criteria for assignments are met in a competent, thoughtful, and professional manner. However, the criteria are not exceeded and the quality is not substantially superior to other good quality products or performances. There is a clear distinction between the good and the excellent. We expect that most MSW students will earn grades in the B range—reflecting the good or high quality work expected of competent future helping professionals.

Grades of C and C+ signify work that is marginal in nature. The scholarly products or professional performances meet many but not all of the expected criteria. The work approaches but does not quite meet the standards of quality expected of a graduate student in a professional school. Satisfactory in many respects, its quality is not consistently so and cannot be considered of good or high quality. We anticipate that a minority of MSW students will earn C and C+ grades.

Grades of C- and lower reflect work that is unsatisfactory. The products or performances do not meet several, many, or most of the criteria. The work fails to approach the standards of quality expected of a graduate student and a future MSW-level professional. We anticipate that a small percentage of MSW students will earn unsatisfactory grades of C-, D, and F.

Grading scale

Grade minimums are as follows [Note: grades below C are Unsatisfactory in the MSW Program]:

A	93%	Excellent, Exceptional Quality
A-	90%	Superior Quality
B+	87%	Very Good, Slightly Higher Quality
B	83%	Good, High Quality (expected of most MSW students)
B-	80%	Satisfactory Quality
C+	77%	Marginal, Modestly Acceptable Quality
C	73%	Marginal, Minimally Acceptable Quality
C-	70%	Unsatisfactory Quality

Course Policies

Assignment

Students are expected to submit all assignments on time. If you need to extend a deadline you MUST speak to me in advance of the due date to get an approval and an agreement will be reached. Late submission (except by prior agreement) will be marked down 5% per day late. IU has a subscription with the Turnitin plagiarism detection service, and faculty members have the right to submit student papers to the service to check for originality. Turnitin.com service will be used for all student papers in this course.

Attendance and participation

Students are expected to attend and participate in all class sessions. Students should complete readings and homework as assigned and come to class prepared for discussion and questions. Because of the nature of this course and group assignments, regular attendance is required and extremely important. Class attendance and active participation in class activities are considered essential for the satisfactory completion of the course objectives. If you are absent, it is your responsibility to get notes from other students regarding materials covered during your absence. If you are absent on the day when an assignment is due, you need to submit your assignment before the beginning of the class. Missing more than 2 of the scheduled classes will result in a letter-grade deduction for the course. Late arrivals and early departures will also lead to course point deductions. It's up to instructor's discretion to decide the deduction points. If you miss five or more classes you will fail the course.

Bibliography

- Andersen, S., Tomada, A., Vincow, E.S., Valente, E., Polcari, A., & Teicher, M. H. (2008). Preliminary evidence for sensitive periods in the effect of childhood sexual abuse on regional brain development. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 20(3), 292-301.
- Beck, A. J., Harrison, P. M., Berzofsky, M., Caspar, R., & Krebs, C. (2010). *Sexual victimization in prisons and jails reported by inmates, 2008–09*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
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- Bell, H., Kulkarni, S. & Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in Society*, 84(4) 463-470.
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- Dohrenwend, B. P., Turner, J. B., Turse, N. A., Adams, B. G., Koenen, K. C., & Marshall, R. (2007). Continuing controversy over the psychological risks of Vietnam for U.S. veterans. *Journal of Traumatic Stress*, 20, 449–465.
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- Ramchand, R., Schell, T. L., Karney, B. R., Osilla, K. C., Burns, R. M., & Caldarone, L. B. (2010). Disparat prevalence estimates of PTSD among service members who served in Iraq and Afghanistan: possible explanations. *Journal of Traumatic Stress*, *23*(1), 59-68. <https://doi.org/10/1002jts.20486>
- Roberts, A. L., McLaughlin, K. A., Conron, K. J., & Koenen, K. C. (2011). Adulthood stressors, history of childhood adversity, and risk of perpetration of intimate partner violence. *American Journal of Preventive Medicine*, *40*, 128–138.
- Rollins, R., Gribble, A., Barrett, S. E., & Powell, C. (2017). Who Is in Your Waiting Room? Health Care Professionals as Culturally Responsive and Trauma-Informed First Responders to Human Trafficking. *AMA Journal of Ethics*, *19*(2), 63–71. Retrieved from [ebSCOhost](#)
- Sannibale, C., Teesson, M., Creamer, M., Sitharthan, T., Bryant, R. A., Sutherland, K., ... Peek, O. M. (2013). Randomized controlled trial of cognitive behaviour therapy for comorbid post-traumatic stress disorder and alcohol use disorders. *Addiction*, *108*(8), 1397–1410. [doi](#)
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