

COURSE TITLE: Advanced Trauma-Focused Approaches to Intervention

COURSE NUMBER: 806A

CREDIT HOURS: 3

PRE-REQUISITE: 706

CO-REQUISITE:

SEMESTER: Summer

COURSE SCHEDULE: Thursdays, 10:00 a.m. - 3:00 p.m.

PROFESSOR: Janna Henning, J.D., Psy.D., F.T., B.C.E.T.S.

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OFFICE HOURS: By arrangement

COURSE DESCRIPTION

This course covers advanced issues concerning the diagnosis and treatment of trauma-related dysfunction, particularly post-traumatic stress disorder (PTSD) and common comorbid conditions. Building upon the theoretical knowledge gained in 706, the emphasis of the course will be on development and application of skills in conducting research-supported therapy and assessment for Type I (“single-event”) and Type II (“complex”) trauma, Dissociative Disorders, and trauma-associated somatic symptoms. Major treatment approaches to be covered will include phase-oriented integrated treatment and relational models; Skills Training in Affective and Interpersonal Regulation (STAIR); cognitive-behavioral therapy (CBT), Stress-Inoculation Therapy (SIT), and Cognitive Processing Therapy (CPT); Eye-Movement Desensitization and Reprocessing (EMDR), Dialectical-Behavioral Therapy (DBT), Imagery Rehearsal Therapy (IRT), Narrative Exposure Therapy (NET), and Clinical Hypnosis. The course will also address specific treatment considerations for returning military personnel as well as ethical issues relevant to clinical work with trauma survivors. The management of countertransference reactions and the recognition, prevention, and treatment of compassion fatigue and vicarious traumatization in the clinician will be emphasized throughout the course. (3 credits)

PsyD PROGRAM COMPETENCIES

- 1.2.a Demonstrate understanding of theoretical foundations of clinical interventions.
- 1.2.b Conduct independent intervention planning, including conceptualization and intervention plan specific to the case, integrating social context and diversity issues.
- 1.3.a Understand and apply the ethical principles in the APA Ethical Principles of Psychologists and Code of Conduct, and the ethical decision making model based on these principles.

•2.3.b Demonstrate competent application of scientific foundations to case conceptualization, treatment planning and evidence-based interventions.

•5.2.a Integrate the role of social context in treatment, assessment, and evaluation.

COURSE OBJECTIVES

1. To provide advanced-level conceptual frameworks for understanding complex clinical cases related to traumatic stress and related disorders.
2. To foster an advanced level of understanding about the applications of techniques for assessment and intervention in clinical issues related to traumatic stress.
3. To critique the various models' effectiveness and usefulness, and foster the ability to select treatment approaches that best fit clients' unique symptom profiles and clinical needs.
4. To critically evaluate the conceptual and methodological approaches of published research and its applicability to community-based clinical populations, the DSM-IV and DSM-5 conceptualizations of trauma-related disorders, and the cultural meaning of these experiences.
5. To foster development of advanced graduate level skills in safely and effectively conducting at least one research-supported therapeutic approach for the treatment of trauma, including rapport building, negotiating about conflicting goals, termination issues, and treatment planning.
6. To discuss the ethical and professional issues related to working clinically with persons presenting with trauma-related issues, including factors related to cultural competence, rapport and relationship building, appropriate boundaries and empathy, application of published research to community-based populations, and therapist countertransference and self-care.
7. To gain understanding, practice, and increased comfort in working as a team to develop a treatment plan for persons presenting with trauma-related issues, from initial client contact through termination.
8. To understand at a beginning internship level the impact of human diversity including age, gender, sexual orientation, race, religion, ethnicity, and culture when working with clinical issues related to traumatic stress.
9. To gain increased understanding about and empathy for the particular adaptation of any individual to her or his life circumstances

COURSE EXIT COMPETENCIES

Upon completion of this course, students will:

1. Working as a team, and at an advanced graduate level, conceptualize a clinical case using the relevant theories and clinical frameworks, including history,

etiology, and symptomology concerning trauma-related dysfunction across the lifespan from a biopsychosocial-spiritual perspective.

2. Working as a team, and at an advanced graduate level, develop a treatment plan that identifies and utilizes effective, research-supported, culturally competent strategies and techniques in short- and long-term therapy for persons with trauma-related disorders and dysfunction, and specify recommendations and cautions for therapists.
3. Evaluate and critique the conceptual and methodological approaches of published research and make recommendations about its applicability to community-based clinical populations.
4. Demonstrate awareness of the strengths and limitations of generalized and specialized assessment measures with trauma-survivor populations.
5. Evaluate, critique, and apply the DSM-IV and DSM-5 conceptualization and diagnoses of PTSD and trauma-related disorders, and the cultural meaning of trauma-related symptoms.
6. Demonstrate beginning internship-level skills in safely and effectively conducting at least one research-supported therapeutic approach for the treatment of trauma, including rapport building, negotiating about conflicting goals, termination issues, and treatment planning.
7. Demonstrate awareness of key legal and ethical issues and dilemmas impacting clinical work with trauma survivors.
8. Demonstrate an awareness of how gender, race, sexual orientation, and economic and cultural contexts impact experiences and expression of PTSD symptoms across the lifespan, particularly with respect to the cumulative effects of oppression and trauma.
9. Demonstrate beginning internship-level skills in self-awareness about personal beliefs and countertransference reactions elicited by a variety of traumatizing experiences, and increased skill in understanding and managing them effectively.
10. Empathically appreciate the particular adaptation of any individual to her or his life circumstances.

INSTRUCTIONAL METHODOLOGY/FORMAT

Lecture, discussion, case presentation and analysis, in-class therapy role plays, films, group projects, and in-class group presentations.

Required Texts and Readings

Armstrong, K., Best, S., & Domeneci, P. (2005). [*Courage after fire: coping strategies for troops returning from Iraq and Afghanistan and their families*](#). Ulysses Press. [Available online; click title to access]

Blanchard, E. B., & Hickling, E. J. (2004). [*After the crash: Psychological assessment and treatment of survivors of motor vehicle accidents*](#). (2nd Edition). Washington, D. C.: American Psychological Association. (chs. 17-19) [Available online; click title to access]

- Brand, B. (2001). [Establishing safety with patients with dissociative identity disorder](#). *Journal of Trauma and Dissociation*, 2(4), 133-155. [Available online; click title to access]
- Briere. J. N., & Scott, C. (2015). Principles of Trauma Therapy: A guide to symptoms, evaluation, and treatment (2nd edition). Los Angeles: Sage. (chs. 5, 6, 8)
- Chu, J.A. Treatment of traumatic dissociation. In: Vermetten, E., Dorahy, M.J., & Spiegel, D., eds. (2007). *Traumatic dissociation: Neurobiology and treatment*. Washington, D.C.: American Psychiatric Publishing, pp. 333-352. [Book on reserve in the Library]
- Cloitre, M., Cohen, L.R., & Koenen, K.C. (2006). [Treating survivors of childhood abuse: Psychotherapy for the interrupted life](#). New York: The Guilford Press. [Available online; click title to access]
- Courtois, C.A., & Ford, J.D. (Eds.). (2013). [Treatment of complex trauma: A sequenced, relationship-based approach](#). New York: The Guilford Press. [Available online; click title to access]
- Courtois, C.A., & Ford, J.D. (Eds.). (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: The Guilford Press. [Book on reserve in the Library]
- Edinger, J. D., & Means, M. K. (2005). [Cognitive-behavioral therapy for primary insomnia](#). *Clinical Psychology Review*, 25, 539-558. [Available online; click title to access]
- Ferentz, L. (2012). Treating self-destructive behaviors in trauma survivors: A clinician's guide. New York: Routledge (ch. 13, pp. 137-148, "Working with the cycle: Self-destructive behaviors and CARESS").
- Foy, D. W., et al. (2011). Group therapy. In: B. A. Moore & W. E. Penk, *Treating PTSD in military personnel: A clinical handbook* (Ch. 8, pp. 125-140). New York: The Guilford Press.
- Jackson, C., Nissenon, K., & Cloitre, M. Cognitive behavioral therapy (ch. 12). (2009). In: C. A. Courtois, C.A., & J. D. Ford, J.D. (Eds.). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: The Guilford Press.
- Kluft, R. P. (2012). Hypnosis in the treatment of dissociative identity disorder and allied states: An overview and case study. *South African Journal of Psychology*, 42(2), 146-155.
- Krakow, B., & Zadra, A. (2006). [Clinical management of chronic nightmares: Imagery](#)

- [Rehearsal Therapy](#). *Behavioral Sleep Medicine*, 4(1), 45-70. [Available online; click title to access]
- Lee, C. W., & Cuijpers, P. (2013). A meta-analysis of the contribution of eye movements in processing emotional memories. *Journal of Behavioral Therapy & Experimental Psychiatry*, 44, 231-239.
- Linehan, M. M. (2015). *DBT Skills Training Manual (2nd Edition)*. New York: The Guilford Press.
- Lynn, S. J., & Cardena, E. (2007). [Hypnosis and the treatment of posttraumatic conditions: An evidence-based approach](#). *International Journal of Clinical and Experimental Hypnosis*, 55(2), 167-188. [Available online; click title to access]
- Monson, C. M., Schnurr, P. P., Resick, P. A., Friedman, M.J., Young-Xu, Y., & Stevens, S. P. (2006). [Cognitive processing therapy for veterans with military-related posttraumatic stress disorder](#). *Journal of Consulting and Clinical Psychology*, 74(5), 898-907. [Available online; click title to access]
- Moore, B. A., & Kennedy, C. H. (2010). *Wheels down: Adjusting to life after deployment*. Washington, D. C.: American Psychological Association.
- Moore, B. A., & Krakow, B. (2010). Imagery rehearsal therapy: An emerging treatment for posttraumatic nightmares in veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(3), 232-238.
- Ready, D.J., Thomas, K.R., Worley, V., Bakscheider, A.G., Harvey, L.C., Baltzell, D. & Rothbaum, B. O. (2008). [A field test of group based exposure therapy with 102 veterans with war-related posttraumatic stress disorder](#). *Journal of Traumatic Stress*, 21(2), 15-157. [Available online; click title to access]
- Reger, G. M., & Skopp, N. A. (2012). Posttraumatic stress disorder, depression, and other psychological sequelae of military deployment. In: C. H. Kennedy & E. A. Zillmer, eds. *Military psychology: Clinical and operational applications* (Ch. 5, pp. 93-120). New York: The Guilford Press.
- Resick, P.A., et al. (2012). Long-term outcomes of cognitive-behavioral treatments for posttraumatic stress disorder among female rape survivors. *Journal of Counseling and Clinical Psychology*, 80(2), 201-210.
- Robjant, K., & Fazel, M. (2010). The emerging evidence for Narrative Exposure Therapy: A review. *Clinical Psychology Review*, 30, 1030-1039.
- Russell, M.C., Lipke, H., & Figley, C. Eye movement desensitization and reprocessing. (2011). In: B. A. Moore & W. E. Penk, *Treating PTSD in military personnel: A clinical handbook* (Ch. 5, pp. 74-89). New York: The Guilford Press.

- Schauer, M., Neuner, F., & Elbert, T. (2011). *Narrative exposure therapy: A short-term intervention for traumatic stress disorders after war, terror, or torture, 2nd Edition*. Cambridge, MA: Hogrefe & Huber Publishers. (Excerpts, to be distributed in class.)
- Shapiro, F., & Maxfield, L. (2002). [Eye movement desensitization and reprocessing \(EMDR\): Information processing in the treatment of trauma](#). *Journal of Clinical Psychology/In Session*, 58(8), 933-946. [Available online; click title to access]
- Sloan, D. M., et al. (2012). Written exposure as an intervention for PTSD: A randomized clinical trial with motor vehicle accident survivors. *Behavior Research and Therapy*, 50, 627-635.
- Steele, K., van der Hart, O., & Nijenhuis, E. R. S. (2005). [Phase-oriented treatment of structural dissociation in complex traumatization: Overcoming trauma-related phobias](#). *Journal of Trauma and Dissociation*, 6(3), 11-53. [Available online; click title to access]
- Suris, A., et al. (2013). A randomized clinical trial of cognitive processing therapy for veterans with PTSD related to military sexual trauma. *Journal of Traumatic Stress*, 26, 28-37.
- Welch, K. L., & Beere, C. B. (2002). [Eye movement desensitization and reprocessing: A treatment efficacy model](#). *Clinical Psychology and Psychotherapy*, 9, 165-176. [Available online; click title to access]
- Wiederhold, B. K., & Wiederhold, M. D. (2010). Virtual reality treatment of posttraumatic stress disorder due to motor vehicle accident. *Cyberpsychology, Behavior, & Social Networking*, 13(1), 21-27.

Films to be shown in class:

- Anson, W. (2008). *Flashback: The science behind recovered memories of child sexual abuse*. Lionsong Productions.
- Briere, J. (2014). Understanding and treating complex psychological trauma. Ben Franklin Institute, Inc.
- Courtois, C. (2014). Treating complex trauma: A sequenced, relationship-based approach. Ben Franklin Institute, Inc.
- Kowatsch, C. (1991). *The use of Hypnosis in the Treatment of Multiple Personality Disorder*. Behavioral Science Center Inc. Videotape Series.
- Linehan, M. (2003). *Getting a New Client Connected to DBT*. New York: Guilford

Publications.

Resick, P. (2003). *Cognitive Processing Therapy for PTSD and associated depression*. New York: Association for Behavioral and Cognitive Therapies.

Shapiro, F. (1997). *EMDR for trauma: Eye movement desensitization and reprocessing*. Washington, D.C.: American Psychological Association.

Recommended, or Reference Materials from 706

Brown, L. S. (2008). *Cultural Competence in Trauma Therapy: Beyond the Flashback*. Washington, D.C.: American Psychological Association.

Briere, J., & Spinazzola, J. (2005). [Phenomenology and psychological assessment of complex posttraumatic states](#). *Journal of Traumatic Stress*, 18(5), 401-412.

Courtois, C.A. (1997). [Healing the incest wound: A treatment update with attention to recovered memory issues](#). *American Journal of Psychotherapy*, 51(4), 464-496. (

Ford, J.D., Courtois, C.A., Steele, K., van der Hart, O., & Nijenhuis, E.R.S. (2005). [Treatment of complex posttraumatic self-dysregulation](#). *Journal of Traumatic Stress*, 18(5), 437-447. (E)

Haaken, J. (1998). *Pillar of Salt: Gender, Memory, and the Perils of Looking Back*. Piscataway, New Jersey: Rutgers University Press. [Chapters 1, 8, 9, 11.]

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

International Society for the Study of Dissociation (2011). [Guidelines for treating dissociative identity disorder in adults](#). *Journal of Trauma & Dissociation*, 12, 115-187.

International Society for the Study of Traumatic Stress. (1997). *Childhood Trauma Remembered: A report on the current scientific knowledge base and its applications*.
<http://www.istss.org/AM/Template.cfm?Section=ChildhoodTrauma&Template=/CM/ContentDisplay.cfm&ContentID=1281>

Neacsiu, A. D., & Linehan, M. M. (2014). Borderline personality disorder. In D. H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders*, 5th Edition (pp. 394-461). New York: The Guilford Press.

Pearlman, L.A., & Courtois, C.A. (2005). [Clinical applications of the attachment framework: Relational treatment of complex trauma](#). *Journal of Traumatic Stress*, 18(5), 449-459.

- Pearlman, L.A., & Saakvitne, K.W. (1995). *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. New York: W. W. Norton & Company.
- Resick, P.A., Monson, C. M., & Rizvi, S. L. & Calhoun, K.S. (2014). Posttraumatic Stress Disorder. In D. H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders*, 5th Edition (pp. 62-113). New York: The Guilford Press.
- Resick, P.A., & Calhoun, K.S. (2001). Posttraumatic Stress Disorder. In D. H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders*, 3rd Edition (pp. 60-113). New York: The Guilford Press.
- Rothschild, B. (2000). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*, pp. 3-73. W.W. Norton & Co.
- Shay, J. (1995). *Achilles in Viet Nam: Combat Trauma and the Undoing of Character*. New York: Scribner.
- Van der Hart, O., Nijenhuis, E.R.S., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. New York: W.W. Norton & Co.
- van der Kolk, B., McFarlane, A.C., & Weisaeth, L. (Eds.) (2006). *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. New York: The Guilford Press.
- van der Kolk, B.A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). [Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma](#). *Journal of Traumatic Stress*, 18(5), 389-399. (E)
- Vermetten, E., Dorahy, M.J., & Spiegel, D., eds. (2007). *Traumatic dissociation: Neurobiology and treatment*. Washington, D.C.: American Psychiatric Publishing.

Additional readings may be distributed in class.

EVALUATION

Grading scale: 94-100% = A; 90-93% = A-; 88-89% = B+; 84-87% = B; 80-83% =B-; 73-79% = C; 70-72% = D; Below 70% = F

REQUIREMENTS AND EXPECTATIONS

1. It is expected that as graduate students all students will actively participate in class discussions. As this is a general expectation of graduate school, no credit will be given for class participation. However, at the discretion of the instructor, up to 5% of the grade of the course can be deducted if a student does not

actively participate in class and does not contribute to class discussion with original comments (the student's own opinions and thoughts).

2. Attendance at all class meetings is expected. If an emergency arises, you **MUST** inform the instructor by voicemail or email before the class you need to miss. More than one unexcused absence is grounds for course incompleteness or failure.
3. Students are expected to arrive **on time** for class and after breaks. Coming in late is highly disruptive to the discussion-based format of the class. Therefore, significant unexcused lateness will result in a reduction in points.
4. **Completion of the assigned readings is a necessary prerequisite for meaningful participation in case presentations and class discussions. Therefore, students are expected to complete the assigned readings prior to each class.**
5. Receiving feedback from instructors and peers is a key element in acquiring clinical skills. Therefore, students will conduct mock therapy interventions in dyads with classmates for feedback from other students and the instructor.
6. Due to the course's emphasis on symptoms and dysfunction in the aftermath of trauma, students will be exposed to potentially traumatizing content in the assigned films and case discussions. Students will also be taught specific awareness, coping, and stress-reduction techniques to recognize and manage their potential reactions to trauma material as students and clinicians, and these techniques will be actively practiced during the class. As part of this learning process, some disclosure of personal reactions and how they were experienced and managed will be invited and encouraged (but not required).

INSTITUTIONAL AND PROGRAM POLICIES

Compliance with Americans with Disability Act (ADA)

It is the policy of Adler School of Professional Psychology to offer reasonable accommodations to qualified students with disabilities, in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. If a student with a disability requires accommodation in order to participate fully in the courses, programs or activities offered by the School, the student must register the disability with the Academic Support Services Counselor and fill out the necessary paperwork to request accommodations.

It is the responsibility of the student to present their accommodation plan to faculty. It is the policy of Adler School that all relevant information will be held in strict confidence. If a student does not disclose approved accommodations, then the student is taking full responsibility for any related consequences or delays that may occur. Last minute special requests will be subject to the same late assignment policy as other students. Students cannot retroactively request accommodations for course work they have completed.

If you would like to request accommodations for this class, please contact Student Services to document your accommodation or for any questions or further information on academic support services available for students.

Academic Dishonesty/ Plagiarism Statement:

The Adler School of Professional Psychology seeks to establish a climate of honesty and integrity. Any work submitted by a student must represent original work produced by that student. Any source used by a student must be documented through required scholarly references and citations, and the extent to which any sources have been used must be apparent to the reader. The School further considers submission of work done partially or entirely by another, as well as resubmission of work done by a student in a previous course for a different course, to be academic dishonesty. It is the student's responsibility to seek clarification from the course instructor about how much help may be received in completing an assignment, examination or project and what sources may be used. Students found guilty of academic dishonesty or plagiarism shall be subject to disciplinary action up to and including dismissal from the School.

Class Attendance

Attendance at all class meetings is expected. If an emergency arises, you MUST inform the instructor by voicemail or email before the class you need to miss. Students whose absence or tardiness affects the quality of their work or the work of the class may be given a lower grade at the discretion of the faculty instructor.

ASSIGNMENTS AND BASIS FOR GRADE:

- In-class role plays – 30% of grade
- Analysis and critique of other students' role plays – 15% of grade
- Class Project: Brief Case Conceptualization, Selection of Therapeutic Approach and Treatment Plan – 25% of grade
- Individual Reflection Paper on Group Project – 5% of grade
- Group Project: Critical Analysis of an Ethical Issue or Dilemma Relevant to Clinical Work with Trauma Survivors – 25% of grade

The Class Project assignment requires students to work as a team to apply relevant theories and research to a clinical "case" depicted in a character in a feature film. Students will be required to summarize the presenting problems and symptoms, analyze whether DSM-5 diagnoses are appropriate, discuss the etiological, developmental, and cultural factors influencing the experience and expression of symptoms, describe the relevant research findings and theoretical approaches, and recommend research-supported assessment and intervention approaches that are appropriate for the case. In the treatment plan, students will be required to provide a list of problems as well as the client's strengths and assets, the short-term and long-term treatment goals, the detailed theory- and research-based strategies and techniques that will be used to achieve the treatment goals, laid out over sessions and time, the questions or concerns that should be taken into account with this client and the therapeutic approach selected, and any countertransference reactions the student

anticipates that she or he might encounter in working with this client. It is likely that students will cite at least 10 of the assigned course readings and texts to support their work.

- OPTIONAL: Students may choose to participate in a field trip: tour and visit to the Illinois Holocaust Museum and Education Center

COURSE SCHEDULE

Content and Readings – based on seven full-day sessions.

	Date	Topics	Readings & Assignments
1	May 7	<p><u>DID & Dissociative Disorder NOS</u> <u>Self-Harm and Suicidality</u></p> <ul style="list-style-type: none"> • Stage-oriented integrated treatment models • Hypnosis techniques • Risk assessment and management • Film/video: <i>The use of Hypnosis in the Treatment of Multiple Personality Disorder</i> (Kowatsch) • In-class role plays: demonstration (Henning) Critique/Feedback: demonstration 	<p>(To be read before the first week of class)</p> <p>Readings:</p> <ul style="list-style-type: none"> • Steele, K., van der Hart, O., & Nijenhuis, E. R. S. (2005). Phase-oriented treatment of structural dissociation in complex traumatization: Overcoming trauma-related phobias. <i>Journal of Trauma and Dissociation</i>, 6(3), 11-53. • Kluff, R. P. (2012). Hypnosis in the treatment of dissociative identity disorder and allied states: An overview and case study. <i>South African Journal of Psychology</i>, 42(2), 146-155. • Brand, B. (2001). Establishing safety with patients with dissociative identity disorder. <i>Journal of Trauma and Dissociation</i>, 2(4), 133-

			<p>155.</p> <ul style="list-style-type: none"> • Chu, J.A. Treatment of traumatic dissociation. In: Vermetten, E., Dorahy, M.J., & Spiegel, D., eds. (2007). <i>Traumatic dissociation: Neurobiology and treatment</i>. Washington, D.C.: American Psychiatric Publishing, pp. 333-352. • Lynn, S. J., & Cardena, E. (2007). Hypnosis and the treatment of posttraumatic conditions: An evidence-based approach. <i>International Journal of Clinical and Experimental Hypnosis</i>, 55(2), 167-188. <p><u>Review from 706:</u></p> <ul style="list-style-type: none"> • International Society for the Study of Dissociation (2011). Guidelines for treating dissociative identity disorder in adults. <i>Journal of Trauma & Dissociation</i>, 12, 115-187.
2	May 14	<p><u>Complex Trauma (Type II Trauma; DES NOS)</u></p> <ul style="list-style-type: none"> • Stage-oriented integrated treatment models: research support, rationale, structure, and 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Courtois, C.A., & Ford, J.D. (Eds.). (2013). Treatment of complex trauma: A sequenced, relationship-based

		<p>techniques</p> <p>Film: Briere, J. (2014). Understanding and treating complex psychological trauma. Ben Franklin Institute, Inc. (excerpts)</p> <p>Film: Courtois, C. (2014). Treating complex trauma: A sequenced, relationship-based approach. Ben Franklin Institute, Inc. (excerpts)</p> <ul style="list-style-type: none"> • In-class role plays: <ul style="list-style-type: none"> Dyad #1 Dyad #2 • Critique/Feedback 	<p>approach. New York: The Guilford Press.), chs. 1 (“Complex trauma and traumatic stress reactions”), 2 (“Complex traumatic stress reactions and disorders”), 4 (“Treatment goals and assessment”), 5 (“Phase 1: Safety, stabilization, and engagement – measured in skills, not time”), 6 (“Phases 2 and 3: Trauma memory, emotion processing, and application to the present and future”), 9 (“Walking the walk: The therapeutic relationship”)</p> <ul style="list-style-type: none"> • Briere, J. N., & Scott, C. (2015). <i>Principles of Trauma Therapy: A guide to symptoms, evaluation, and treatment</i> (2nd edition). Los Angeles: Sage. (chs. 5, “Psychoeducation,” 6, “Distress reduction and affect regulation training,” and 8, “Emotional processing.”) <p><u>Review from 706:</u></p> <ul style="list-style-type: none"> • Pearlman, L.A., & Courtois, C.A. (2005). Clinical applications of the attachment framework: Relational
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			<p>treatment of complex trauma. <i>Journal of Traumatic Stress</i>, 18(5), 449-459.</p> <ul style="list-style-type: none"> • Herman, J.L. (1997). <i>Trauma and Recovery</i>. New York: Basic Books, chs. 7-10 • van der Kolk, B.A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. <i>Journal of Traumatic Stress</i>, 18(5), 389-399. • Ford, J.D., Courtois, C.A., Steele, K., van der Hart, O., & Nijenhuis, E.R.S. (2005). Treatment of complex posttraumatic self-dysregulation. <i>Journal of Traumatic Stress</i>, 18(5), 437-447. <p>Courtois, C.A. (1997). Healing the incest wound: A treatment update with attention to recovered memory issues. <i>American Journal of Psychotherapy</i>, 51(4), 464-496.</p>
3	May 21	<p><u>CPT: Type I Trauma</u></p> <ul style="list-style-type: none"> • Cognitive Processing Therapy: research support, rationale, structure, and techniques 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Suris, A., et al. (2013). A randomized clinical trial of cognitive

		<ul style="list-style-type: none"> • Assessment of trauma: symptoms and events • Film/video: <i>Cognitive Processing Therapy for PTSD and associated depression</i> (Resick) • In-class role plays: Dyad #1 Dyad #2 • Critique/Feedback 	<p>processing therapy for veterans with PTSD related to military sexual trauma. <i>Journal of Traumatic Stress</i>, 26, 28-37.</p> <ul style="list-style-type: none"> • Resick, P.A., et al. (2012). Long-term outcomes of cognitive-behavioral treatments for posttraumatic stress disorder among female rape survivors. <i>Journal of Counseling and Clinical Psychology</i>, 80(2), 201-210. • Monson, C. M., Schnurr, P. P., Resick, P. A., Friedman, M.J., Young-Xu, Y., & Stevens, S. P. (2006). Cognitive processing therapy for veterans with military-related posttraumatic stress disorder. <i>Journal of Consulting and Clinical Psychology</i>, 74(5), 898-907. <p><u>Review from 706:</u></p> <ul style="list-style-type: none"> • Resick, P.A., & Calhoun, K.S. (2001). Posttraumatic Stress Disorder. In D. H. Barlow (Ed.), <i>Clinical Handbook of Psychological Disorders</i>, 3rd Edition (pp. 60-113). New York:
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			The Guilford Press.
4	May 28	<p><u>CBT: Motor Vehicle Accident</u></p> <ul style="list-style-type: none"> • CBT: research support, rationale, techniques, and efficacy • Film/video • In-class role plays: Dyad #1 Dyad #2 • Critique/Feedback • Group and Family Systems approaches • Virtual Reality for Exposure 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Blanchard, E. B., & Hickling, E. J. (2004). <u><i>After the crash: Psychological assessment and treatment of survivors of motor vehicle accidents</i></u>. (2nd Edition). Washington, D. C.: American Psychological Association. Chs. 17 (“The Albany Treatment Study: A randomized, controlled comparison of cognitive-behavioral therapy and SUPPORT in the treatment of chronic PTSD secondary to MVAs”), 18 (“The treatment manual: An in-depth look at the Albany MVA Project’s cognitive-behavioral therapy”), and 19 (“Supportive Psychotherapy manual”) • Wiederhold, B. K., & Wiederhold, M. D. (2010). Virtual reality treatment of posttraumatic stress disorder due to motor vehicle accident. <i>Cyberpsychology, Behavior, & Social</i>

			<p><i>Networking</i>, 13(1), 21-27.</p> <ul style="list-style-type: none"> • Sloan, D. M., et al. (2012). Written exposure as an intervention for PTSD: A randomized clinical trial with motor vehicle accident survivors. <i>Behavior Research and Therapy</i>, 50, 627-635. • Courtois, C.A., & Ford, J.D. (Eds.). (2009). <i>Treating complex traumatic stress disorders: An evidence-based guide</i>. New York: The Guilford Press. chs. 19 ("Family Systems Therapy"), 20 ("Group Therapy")
5	June 4	<p style="text-align: center;"><u>Combat, pt. 1</u></p> <ul style="list-style-type: none"> • The use of CBT or CPT in Combat • CBT for insomnia • IRT for severe and chronic nightmares • Group and family system interventions, continued • In-class role plays: Dyad #1 Dyad #2 • Critique/Feedback 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Armstrong, K., Best, S., & Domeneci, P. (2005). <u><i>Courage after fire: coping strategies for troops returning from Iraq and Afghanistan and their families</i></u>. Ulysses Press. (Entire) • Reger, G. M., & Skopp, N. A. (2012). Posttraumatic stress disorder, depression, and other psychological sequelae of military deployment. In: C. H. Kennedy & E. A.

			<p>Zillmer, eds. <i>Military psychology: Clinical and operational applications</i> (Ch. 5, pp. 93-120). New York: The Guilford Press.</p> <ul style="list-style-type: none"> • Ready, D.J., Thomas, K.R., Worley, V., Backscheider, A.G., Harvey, L.C., Baltzell, D. & Rothbaum, B. O. (2008). <u>A field test of group based exposure therapy with 102 veterans with war-related posttraumatic stress disorder</u>. <i>Journal of Traumatic Stress</i>, 21(2), 15-157. • Foy, D. W., et al. (2011). Group therapy. In: B. A. Moore & W. E. Penk, <i>Treating PTSD in military personnel: A clinical handbook</i> (Ch. 8, pp. 125-140). New York: The Guilford Press. • Moore, B. A., & Krakow, B. (2010). Imagery rehearsal therapy: An emerging treatment for posttraumatic nightmares in veterans. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i>, 2(3), 232-238. • Edinger, J. D., & Means, M. K. (2005).
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			<p>Cognitive-behavioral therapy for primary insomnia. <i>Clinical Psychology Review</i>, 25, 539-558.</p> <ul style="list-style-type: none"> • Krakow, B., & Zadra, A. (2006). Clinical management of chronic nightmares: Imagery Rehearsal Therapy. <i>Behavioral Sleep Medicine</i>, 4(1), 45-70. <p><u>Review from 706:</u></p> <ul style="list-style-type: none"> • Resick, P.A., Monson, C. M., & Rizvi, S. L. & Calhoun, K.S. (2014). Posttraumatic Stress Disorder. In D. H. Barlow (Ed.), <i>Clinical Handbook of Psychological Disorders</i>, 5th Edition (pp. 62-113). New York: The Guilford Press. • Shay, J. (1995). <i>Achilles in Viet Nam: Combat Trauma and the Undoing of Character</i>. New York: Scribner.
6	June 11	<p><u>STAIR-MPE</u></p> <ul style="list-style-type: none"> • The STAIR model: research support, rationale, techniques, and efficacy • Trauma and memory • Film/video: <i>Flashback: The Science Behind Recovered Memories of Childhood Sexual Abuse</i> • In-class role plays: 	<p><u>Readings:</u> Cloitre, M., Cohen, L.R., & Koenen, K.C. (2006). Treating survivors of childhood abuse: Psychotherapy for the interrupted life. New York: The Guilford Press. (Entire)</p>

		<p>Dyad #1 Dyad #2</p> <ul style="list-style-type: none"> • Critique/Feedback 	<p>Jackson, C., Nissenson, K., & Cloitre, M. Cognitive behavioral therapy (ch. 12). (2009). In: C. A. Courtois, C.A., & J. D. Ford, J.D. (Eds.). <i>Treating complex traumatic stress disorders: An evidence-based guide</i>. New York: The Guilford Press.</p> <p><u>Review from 706:</u></p> <ul style="list-style-type: none"> • International Society for the Study of Traumatic Stress. (1997). <i>Childhood Trauma Remembered: A report on the current scientific knowledge base and its applications</i>. http://www.istss.org/AM/Template.cfm?Section=ChildhoodTrauma&Template=/CM/ContentDisplay.cfm&ContentID=1281
7	June 18	<p><u>DBT</u></p> <ul style="list-style-type: none"> • DBT: research support, rationale, structure, techniques, groups • Film/video: Linehan, M. (2003). <i>Getting a New Client Connected to DBT</i>. New York: Guilford Publications. • In-class role plays: Dyad #1 Dyad #2 • Critique/Feedback 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Linehan, M. M. (2015). <i>DBT Skills Training Manual (2nd Edition)</i>. New York: The Guilford Press. (Entire) • Ferentz, L. (2012). <i>Treating self-destructive behaviors in trauma survivors: A clinician's guide</i>. New York: Routledge (ch. 13, "Working with the cycle: Self-destructive behaviors and CARESS").

			<p><u>Review from 706:</u></p> <ul style="list-style-type: none"> • Neacsiu, A. D., & Linehan, M. M. (2014). Borderline personality disorder. In D. H. Barlow (Ed.), <i>Clinical Handbook of Psychological Disorders</i>, 5th Edition (pp. 394-461). New York: The Guilford Press.
8	June 25	<p style="text-align: center;"><u>EMDR</u> <u>Seeking Safety</u> <u>NET for refugees and survivors of government-sponsored torture</u></p> <ul style="list-style-type: none"> • Seeking Safety • NET: rationale, structure, and techniques • EMDR: research support, rationale, structure, techniques, contraindications, training • Film/video: <i>EMDR for trauma: Eye movement desensitization and reprocessing</i> (Shapiro) • <u>Ethics presentation Group #1, #2, #3, #4</u> • Wrap-up 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Lee, C. W., & Cuijpers, P. (2013). A meta-analysis of the contribution of eye movements in processing emotional memories. <i>Journal of Behavioral Therapy & Experimental Psychiatry</i>, 44, 231-239. • Russell, M.C., Lipke, H., & Figley, C. Eye movement desensitization and reprocessing. (2011). In: B. A. Moore & W. E. Penk, <i>Treating PTSD in military personnel: A clinical handbook</i> (Ch. 5, pp. 74-89). New York: The Guilford Press. • Shapiro, F., & Maxfield, L. (2002). Eye movement

			<p>desensitization and reprocessing (EMDR): Information processing in the treatment of trauma. <i>Journal of Clinical Psychology/In Session</i>, 58(8), 933-946.</p> <ul style="list-style-type: none">• Welch, K. L., & Beere, C. B. (2002). Eye movement desensitization and reprocessing: A treatment efficacy model. <i>Clinical Psychology and Psychotherapy</i>, 9, 165-176.• Robjant, K., & Fazel, M. (2010). The emerging evidence for Narrative Exposure Therapy: A review. <i>Clinical Psychology Review</i>, 30, 1030-1039.• Schauer, M., Neuner, F., & Elbert, T. (2011). <i>Narrative exposure therapy: A short-term intervention for traumatic stress disorders after war, terror, or torture, 2nd Edition</i>. Cambridge, MA: Hogrefe & Huber Publishers. (Excerpts, to be distributed and discussed in class.) <p><u>Ethics presentation Group</u></p>
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			<u>#1, #2, #3, #4</u>
9	Date: Students will choose the day and time to meet	<p style="text-align: center;"><u>Combat, pt. 2</u></p> <ul style="list-style-type: none"> As a class, view the chosen film/video (<i>The Messenger</i>, <i>Stop-Loss</i>). As a class, develop the case conceptualization & treatment plan; select a therapeutic technique. Individually: write reflection papers 	<p><u>Class project: Develop case conceptualization & treatment plan; select a therapeutic technique.</u></p> <p><u>Individually: write reflection papers</u></p>