

Education is the kindling of a flame, not the filling of a vessel. -- Socrates

Note: You are responsible for knowing the contents of this syllabus

Instructor: Holly Orcutt, Ph.D.

Course meets: Tu 2:00 – 4:40 p.m. in PM 108

Office: 305 PM

Office hours: Tu Th 10:30 – 12:00 p.m.

Blackboard: <http://webcourses.niu.edu>

Phone: (815) 753-5920

Email: horcutt@niu.edu (will generally respond to messages within 36 hours)

***** Please be sure to put PSYC 672 in the subject line of the email**

Course description: ASSESSMENT AND TREATMENT OF TRAUMA (3). The course will cover best methods in clinical interview and self-report assessments of trauma-related sequelae, primarily posttraumatic stress disorder. Evidence-based treatments from a cognitive-behavioral perspective for trauma-related sequelae will be reviewed with the intention of building skills in practice. PRQ: Consent of instructor.

Course objectives: Upon successful completion of this course, students will be able to:

1. Compare and contrast theoretical models for treatment of trauma from a cognitive-behavioral perspective.
2. Analyze evidence-base for treatment methods for trauma-related sequela
3. Conceptualize cases from a variety of cognitive-behavioral models in a flexible, critical, and skillful manner
4. Identify methods to increase competence in treatment models
5. Discuss strengths and limitations of assessment methods for trauma-related sequela

Required Texts:

Monson, C. M., & Shnaider, P. (2014). *Treating PTSD with cognitive-behavioral therapies: Interventions that work* (Concise Guides on Trauma Care). American Psychological Association.

E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (2008) (Eds.), *Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies*. New York: Guilford.

U. Schnyder & M. Cloitre (Eds.) (2015). *Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians*. Springer.

V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), *Mindfulness-oriented interventions for trauma: Integrating contemplative practices*.

Miller W. R. & Rollnick, S. (2013). *Motivational Interviewing: Helping People Change*, 3rd Ed. New York, NY: The Guilford Press

Course Expectations

Students are expected to attend all classes, read materials prior to assigned class dates, and be prepared to discuss readings in class. Each student will be responsible for the material covered in both readings and in class. This course will require that you have access to a computer with an internet connection in order to connect to **Blackboard**. Blackboard will be used for any course documents (e.g., syllabus), reading assignments, grade posting, updates/announcements, and may be used for online discussion.

Receiving Assistance

Students are urged to contact me should they have questions concerning course materials and procedures. Northern Illinois University is committed to providing an accessible educational environment in collaboration with the Disability Resource Center (DRC). Any student requiring an academic accommodation due to a disability should let his or her faculty member know as soon as possible. Students who need academic accommodations based on the impact of a disability will be encouraged to contact the DRC if they have not done so already. The DRC is located on the 4th floor of the Health Services Building, and can be reached at 815-753-1303 (V) or drc@niu.edu.

I encourage students to bring their written work to the Writing Center (website: <http://www.niu.edu/uwc/>). Contact the excellent and esteemed Gail Jacky to make an appointment.

Grading

GRADING	POINTS
Participation/Discussion Questions	20 pts/class x 14 classes = 280
Mock client intake	40 pts
CAPS report	60 pts
Presentation #1	150 pts
Presentation #2	150 pts
Portfolio #1	200 pts
Portfolio #2	200 pts
TOTAL POSSIBLE POINTS	1080

GRADING SCALE

Cut-offs for the course grade will be determined at the end of the semester, but will be no more stringent than 95-100% = A, 90-94.9% = A-, 87-89.9%=B+, 83-86.9=B, 80-82.9=B-, 77-79.9=C+, 70-76.9=C, 60-69.9=D, and < 60=F.

Cell Phones & Pagers Policy

Please turn off all cell phones and pagers before entering class. These devices can be very disruptive to fellow classmates and your instructor. Repeated disruptions due to cell phones and/or pagers during class may result in a loss in participation points.

Late Arrival to Class

Arriving late to class is disruptive to everyone. Remember that your participation grade will reflect late arrivals to class. Please print any handouts for presentations well in advance of class to avoid printing issues.

Allowances for Religious Observance

Per the guidelines outlined by NIU's Nondiscrimination Policy, reasonable accommodations can be made to reschedule assignments for individuals who must miss a class for the purposes of religious observance.

Please check your calendar and notify me **in writing** by no later than **February 6, 2015** of any classes you will need to miss due to religious observance. **Accommodations will not be made after this date.** In the event that you will miss an assignment for the purposes of religious observance, that assignment must be made up prior to the originally scheduled assignment date.

Plagiarism Statement

Statement on Academic Integrity: Please do not engage in academic misconduct. The penalty for academic misconduct will be an F on the assignment/exam in question. (see Student Code of Conduct, page 17, <http://www.niu.edu/communitystandards/pdf/SCC.PDF>)

Academic Misconduct: The receipt or transmission of unauthorized aid on assignments or examinations, plagiarism, unauthorized use of examination materials, cheating or other forms of dishonesty in academic matters. The term “cheating” includes but is not limited to the following:

- a. Use of any unauthorized assistance in taking quizzes, tests, or examinations or on academic assignments;
- b. Use of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments;
- c. Acquisition, without permission, of tests or other academic material belonging to a member of the University faculty or staff;
- d. Engagement in any behavior specifically prohibited by a faculty member in the course syllabus or class discussion;

The term “plagiarism” includes but is not limited to the use, by paraphrase or direct quotation of the published or unpublished work of another person without full and clear acknowledgment. Plagiarism also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials.

Severe Weather Policy

In the event that NIU classes are canceled due to weather, activities for the canceled class will be covered in the next class session.

Date	Assignment
Tu Aug 25	Overview of course structure APA Trauma Competencies Overview of CBT for PTSD Reading: APA Trauma Competencies Chapter 1 (Cognitive-behavioral therapy for PTSD: Overview and empirical foundations) from Zayfert, C. & Becker, C. B. (2007). Cognitive behavioral therapy for PTSD: A case formulation approach. Chapter 2 (Cognitive-behavioral conceptualization of PTSD) from Zayfert, C. & Becker, C. B. (2007). Cognitive behavioral therapy for PTSD: A case formulation approach. Chapter 1 (Theory underlying trauma-focused interventions) from Monson, C. M., &

	<p>Shnaider, P. (2014). <i>Treating PTSD with cognitive-behavioral therapies: Interventions that work</i> (Concise Guides on Trauma Care). American Psychological Association.</p>
<p>Tu Sep 1</p>	<p>Assessment of PTSD and other trauma-related topics</p> <p>Reading: Chapter 3 (Assessment. Case conceptualization, and treatment planning) from Zayfert, C. & Becker, C. B. (2007). <i>Cognitive behavioral therapy for PTSD: A case formulation approach</i>. Reardon et al. from M. Friedman, T. Keane, & P. Resick (Eds). (2014) <i>Handbook of PTSD: Science and Practice</i> (2nd ed.). Guilford. Weathers, F. W., Keane, T. M., & Foa, E. B. (2009). Assessment and diagnosis of adults. In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i> (pp 23-61). New York: Guilford. Bablan, V. Assessment of children. In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i> (pp 62-80). New York: Guilford. Bryant, R. (2015). The diagnostic spectrum of trauma-related disorders. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer. Schillaci, J., Yanasak, E., Adams, J. H., Dunn, N. J., Rehm, L. P., & Hamilton, J. D. (2009). Guidelines for differential diagnoses in a population with a posttraumatic stress disorder. <i>Professional Psychology: Research and Practice</i>, 40, 39-45.</p> <p>Due: Discussion Questions</p>
<p>Tu Sep 8</p>	<p>Assessment continued Embarking on Treatment Psychoeducation Self-care</p> <p>Reading:</p> <ul style="list-style-type: none"> • Chapter 4 (Embarking on treatment: Clearing the path for success) from Zayfert, C. & Becker, C. B. (2007). <i>Cognitive behavioral therapy for PTSD: A case formulation approach</i>. • Chapter 5 (Psychoeducation) from Zayfert, C. & Becker, C. B. (2007). <i>Cognitive behavioral therapy for PTSD: A case formulation approach</i>. • Three articles in self-care folder on Dropbox • Powerpoint by Barnett in self-care folder on Dropbox • Preserving the emerging healer: A guide to self-care for clinical psychology graduate students. – Dissertation that is on Dropbox in self-care folder. Check out the workbook at the end of the dissertation. • Schnyder, U., Ehlers, A., Elbert, T., Foa, E., Gersons, B., Resick, P., Shapiro, F., & Cloitre, M. (2015). Psychotherapies for PTSD: what do they have in common?. <i>European Journal Of Psychotraumatology</i>, 6. doi:http://dx.doi.org/10.3402/ejpt.v6.28186

	<p>Due: Intake assignment with mock client Due: Discussion Questions</p>
Tu Sep 15	<p>PE – presenter -</p> <p>Readings: McLean, C. P., Asnaani, A, & Foa, E. B. (2015). Prolonged Exposure Therapy. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer. Zoellner et al. (2011). Teaching trauma-focused exposure therapy for PTSD: Critical clinical lessons for novice exposure therapists. <i>Psychological Trauma: Theory, Research, Practice and Policy</i>, 3, 300-308. Chapter 2 (Trauma-focused interventions: Behavioral techniques and treatment packages) from Monson, C. M., & Shnaider, P. (2014). <i>Treating PTSD with cognitive-behavioral therapies: Interventions that work</i> (Concise Guides on Trauma Care). American Psychological Association. van Minnen, A., Zoellner, L. A., Harned, M. S., & Mills, K. (2015). Changes in comorbid conditions after prolonged exposure for PTSD: A literature review. <i>Current Psychiatry Reports</i>, 17(17), 1–16. Sripada, R.K., & Rauch, S.A.M. (2015). Between-Session and Within-Session Habituation in Prolonged Exposure Therapy for Posttraumatic Stress Disorder: A Hierarchical Linear Modeling Approach. <i>Journal of Anxiety Disorders</i>, 30, 81-7.</p> <p>Due: Discussion Questions Due: CAPS Report Due: 1st draft of Training Plan #1</p>
Tu Sep 22	<p>CPT and CPT-C – presenter –</p> <p>Readings: Galovski et al. (2015). Cognitive Processing Therapy. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer. Ehlers, A. & Wild, J. (2015). Cognitive therapy for PTSD: Updating memories and meanings of trauma. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer. Chapter 3 (Trauma-focused interventions: Cognitive techniques and treatment packages) from Monson, C. M., & Shnaider, P. (2014). <i>Treating PTSD with cognitive-behavioral therapies: Interventions that work</i> (Concise Guides on Trauma Care). American Psychological Association. Overholser, J. C. (2010). Psychotherapy according to the Socratic method: Integrating ancient philosophy with contemporary cognitive therapy. <i>Journal of Cognitive Psychotherapy: An International Quarterly</i>, 24, 354-363. Resick, P. A., Monson, C. M., & Chard, K. M. (2014). <i>Cognitive processing therapy: Veteran/military version: Therapist’s manual</i>. Washington, DC: Department of Veterans Affairs.</p> <p>Due: Discussion Questions</p>
Tu Sep 29	<p>STAIR and other skills-based interventions (Presenters:)</p> <p>Readings:</p>

	<p>Chapter 4 (Theory underlying skills-focused interventions) from Monson, C. M., & Shnaider, P. (2014). <i>Treating PTSD with cognitive-behavioral therapies: Interventions that work</i> (Concise Guides on Trauma Care). American Psychological Association.</p> <p>Cloitre, M. & Schmidt, J. A. (2015). STAIR Narrative Therapy. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer.</p> <p>(Cloitre, M., Cohen, L. R., & Koenen, K. C. (2006). <i>Treating survivors of childhood abuse: Psychotherapy for the interrupted life</i>. Guilford: New York).</p> <p>Due: Discussion Questions Due: 1st draft of Training Plan #2</p>
Tu Oct 6	<p>EMDR (Presenters:)</p> <p>Readings:</p> <p>Shapiro, F., & Laliotis, D. (2015). EMDR therapy for trauma-related disorders. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer.</p> <p>11. Eye Movement Desensitization and Reprocessing, C. Richard Spates, Ellen Koch, Karen Cusack, Sherry Pagoto, and Stacey Waller . In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i>. New York: Guilford.</p> <p>Rozelle, D., & Lewis, D. J. (2015). Eye movement desensitization and reprocessing and Buddhist practice. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), <i>Mindfulness-oriented interventions for trauma: Integrating contemplative practices</i>.</p> <p>Chen, L., Zhang, G. , Hu, M., Liang, X. (2015). Eye movement desensitization and reprocessing versus cognitive-behavioral therapy for adult posttraumatic stress disorder. <i>Journal of Nervous and Mental Disease</i>, 203, 443-451.</p> <p>Due: Discussion Questions</p>
Tu Oct 13	<p>Dialectical Behavior Therapy (Presenters:)</p> <p>Readings:</p> <p>Harned, M. S. et al. (2015). Treating PTSD and borderline personality disorder. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer.</p> <p>Koerner, K. (2013). What must you know and do to get good outcomes with DBT? <i>Behavior Therapy</i>, 44, 568-579.</p> <p>Wagner, A. W., Rizvi, S. L., & Harned, M. S. (2007). Applications of dialectical behavior therapy to the treatment of complex trauma-related problems: When one case formulation does not fit all. <i>Journal of Traumatic Stress</i>, 20, 391-400.</p> <p>Fiorillo, D. R., & Fruzzetti, A. E. (2015). Dialectical behavior therapy for trauma survivors. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), <i>Mindfulness-oriented interventions for trauma: Integrating contemplative practices</i>.</p> <p><i>Treatment manuals (optional reading)</i></p> <p>Linehan, M. M. (1993). <i>Cognitive Behavioral Treatment of Borderline Personality Disorder</i>.</p>

	<p>New York: Guilford Press</p> <p>Linehan, M. M. (2014). DBT skills training manual, 2nd Edition.</p> <p>Due: Discussion Questions</p>
Tu Oct 20	<p>Acceptance and Commitment Therapy (Presenters:)</p> <p>Readings:</p> <p>Hayes, S. C., Luoma, J., Bond, F., Masuda, A., & Lillis, J. (2006). Acceptance and Commitment Therapy: Model, processes, and outcomes. <i>Behaviour Research and Therapy, 44</i>(1), 1-25.</p> <p>Walser, R. D., & Hayes, S. R. (2006). Acceptance and Commitment Therapy: Theoretical and practical considerations. In V. Follette & J. I. Ruzek (2006). <i>Cognitive-behavioral therapies for trauma</i> (2nd ed.). Guilford.</p> <p>Engle, J. L., & Follette, V. M. (2015). Mindfulness and valued action: An acceptance and commitment therapy approach to working with trauma survivors (pp 61-74). In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), <i>Mindfulness-oriented interventions for trauma: Integrating contemplative practices</i>.</p> <p>Due: Discussion Questions</p>
Tu Oct 27	<p>Couple and Family Therapies for PTSD (Presenters:)</p> <p>CBCT</p> <p>Readings:</p> <p>Couple and Family Therapy for Adults, David S. Riggs, Candice M. Monson, Shirley M. Glynn, and John Canterino In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i>. New York: Guilford.</p> <p>Monson, C. M. et al. (2015). Couple treatment for posttraumatic stress disorder. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer.</p> <p>Monson, C. M., & Fredman, S. J. (2012). <i>Cognitive-behavioral conjoint therapy for posttraumatic stress disorder: Harnessing the healing power of relationships</i>. New York, NY: Guilford Press. Chapters 1, 2, and 3 (see pages 1 to 12 of Monson handout document)</p> <p>Monson, C. M., Fredman, S. J., Macdonald, A., Pukay-Martin, N. D., Resick, P. A., Schnurr, P. P. (2012). Effect of cognitive-behavioral couple therapy for PTSD: A randomized controlled trial. <i>Journal of the American Medical Association, 308</i>, 700-709.</p> <p>Due: Discussion Questions</p>
Tu Nov 3	<p>Mindfulness/Compassion/Contemplative (Presenters:)</p> <p>Readings:</p> <p>Kearney, D. J. (2015). Mindfulness-based stress reduction and loving-kindness meditation for traumatized veterans. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), <i>Mindfulness-oriented interventions for trauma: Integrating contemplative practices</i>.</p> <p>Semple, R. J., & Madni, L. A. (2015). Treating childhood trauma with mindfulness. In V. M.</p>

	<p>Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), <i>Mindfulness-oriented interventions for trauma: Integrating contemplative practices</i>.</p> <p>Waelde, L. C. (2015). Mindfulness and mediation for trauma-related dissociation. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), <i>Mindfulness-oriented interventions for trauma: Integrating contemplative practices</i>.</p> <p>Briere, J. (2015). Pain and suffering: A synthesis of Buddhist and Western approaches to trauma. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), <i>Mindfulness-oriented interventions for trauma: Integrating contemplative practices</i>.</p> <p>Brach, T. (2015). Healing traumatic fear: The wings of mindfulness and love. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), <i>Mindfulness-oriented interventions for trauma: Integrating contemplative practices</i>.</p> <p>Germer, C. K., & Neff, K. D. (2015). Cultivating self-compassion in trauma survivors. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I. Rome (Eds.), <i>Mindfulness-oriented interventions for trauma: Integrating contemplative practices</i>.</p> <p>Due: Discussion Questions</p>
Tu Nov 10	<p>Crisis Intervention/Brief Intervention (Presenters:)</p> <p>Readings:</p> <p>Bryant, R. (2015). Early intervention after trauma. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer.</p> <p>Gersons et al (2015). Brief eclectic psychotherapy for PTSD. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer.</p> <p>Elbert et al (2015). Narrative exposure therapy for PTSD. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer</p> <p>Psychological Debriefing for Adults, <i>Jonathan I. Bisson, Alexander C. McFarlane, Suzanna Rose, Josef I. Ruzek, and Patricia J. Watson</i> In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i>. New York: Guilford.</p> <p>Early Cognitive-Behavioral Interventions for Adults, <i>Brett T. Litz and Richard A. Bryant</i> In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i>. New York: Guilford.</p> <p>Due: Discussion Questions</p>
Tu Nov 17	<p>Motivational Interviewing (Presenters:)</p> <p>Readings: Chapters 1 through 6 from Miller W. R. & Rollnick, S. (2013). <i>Motivational Interviewing: Helping People Change</i>, 3rd Ed. New York, NY: The Guilford Press</p> <p>(summary of MI on dropbox from Andrew Sherrill)</p> <p>Due: Discussion Questions</p>
Tu Nov 24	<p>Guest presentation via video: Jessica Peirce, Ph.D.</p>

	<p>Johns Hopkins Medical Center Associate Director, Addiction Treatment Services Associate Professor of Psychiatry and Behavioral Sciences</p> <p>Readings: Chapters 1 and 2 from Sudie E. Back, Edna B. Foa, Therese K. Killeen, Katherine L. Mills, Maree Teesson, Bonnie Dansky Cotton, Kathleen M. Carroll, and Kathleen T. Brady (2014) <i>Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE), Therapist Guide</i>, Oxford University Press, USA.</p> <p>Najavits, L. (2015). Trauma and substance abuse: A clinician’s guide to treatment. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer.</p> <p>Treatment of PTSD and Comorbid Disorders, Lisa M. Najavits, Donna Ryngala, Sudie E. Back, Elisa Bolton, Kim T. Mueser, and Kathleen T. Brady In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i>. New York: Guilford.</p> <p><i>Treatment manuals (optional)</i> Sudie E. Back, Edna B. Foa, Therese K. Killeen, Katherine L. Mills, Maree Teesson, Bonnie Dansky Cotton, Kathleen M. Carroll, and Kathleen T. Brady (2014) <i>Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE), Therapist Guide</i>, Oxford University Press, USA.</p> <p>Sudie E. Back, Edna B. Foa, Therese K. Killeen, Katherine L. Mills, Maree Teesson, Bonnie Dansky Cotton, Kathleen M. Carroll, and Kathleen T. Brady (2014) <i>Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE), Patient Workbook</i>, Oxford University Press, USA.</p> <p>Najavits LM. <i>Seeking Safety: A Treatment Manual for PTSD and Substance Abuse</i>. New York, NY: Guilford Press; 2002</p> <p>Due: Discussion Questions</p>
Tu Dec 1	<p>Guest Presentation on treatment of trauma in children –Elba Jung Karim, LCPC, CCTP, <i>Clinical Director of Stillwaters Behavioral Health</i>.</p> <p>Landolt, M. A., & Kenardy, J. A. (2015). Evidence-based treatments for children and adolescents. In U. Schnyder & M. Cloitre (Eds.) (2015). <i>Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians</i>. Springer.</p> <p>Brymer, M. J. et al (2008). Acute interventions for children and adolescents. In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i>. New York: Guilford.</p> <p>Cohen, J. A., Mannarino, A. P., Deblinger, E., & Berliner, L. (2008). Cognitive-behavioral therapy for children and adolescents. In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i>.</p> <p>Jaycox, L. H., Stein, B. D., Amaya-Jackson, L. (2008). School-based treatment for children and adolescents. In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i>.</p>

	<p>Goodman, R. F., Chapman, L. M., & Grant, L. (2008). Creative arts therapies for children. In E. B. Foa, T. M. Keane, M. J. Friedman, & J. A. Cohen (Eds.), <i>Effective treatments for PTSD: Practice guidelines from the International Society of Traumatic Stress Studies</i>.</p> <p>Due: Discussion Questions</p>
<p>Final Exam – Tuesday December 8, 2-3:50pm</p> <p>Class presentation on portfolios</p> <p>Due: Portfolios</p>	

Participation/Discussion Questions

Students are expected and are strongly encouraged to come prepared, attend, and actively participate in each class. In addition, students are required to submit at least 2 discussion questions by 12:00pm Monday electronically to me and the class based on Tuesday’s reading assignments. Discussion questions should be critically thoughtful, demonstrate your reading of the material, and offer a significant intellectual contribution to the day’s class. These questions will be used to facilitate discussion and enhance students’ engagement with the course material. Students can earn up to 20 points per class period based on the quality of their discussion questions and degree of class participation. Participation/discussion question points are worth a substantial portion of your overall course grade and performing well in this area is essential to doing well in this course.

If appropriate, one discussion question per week can be a client reflection – that is, thinking about how this treatment would apply to your mock client. For example, where might the treatment work well or not? Are there specific questions your client might have about this treatment? How might you increase the likelihood that this treatment would be successful for your client?

Students who must miss a class are required to contact me by e-mail or office phone at least one hour prior to the onset of class in order for me to consider excusing the absence. In addition, I may reserve the right to request and obtain written documentation verifying the reported circumstance.

Here are several examples of the format I would like you to use for discussion questions – if I can answer your question with a quick Google search, it doesn’t meet the level of complexity you should be striving for (e.g., Are the rates of eating disorders higher in developing countries?). In addition, questions about “what clients would not be a good fit for this treatment model” become quickly repetitive.

Question: How would positive psychologists deal with negative cognitions?

Rationale: Corsini (2014) states that positive psychology includes the “reeducation of attention.” Through doing exercise such as a gratitude journal and focusing on making life enjoyable and meaningful, clients are meant to shift focus from negative rumination, problems, and weaknesses to strengths, hope, and optimism. Based on discussions in class, it seems that CBT emphasizes challenging and reframing cognitive distortions, while acceptance-based therapies emphasize accepting these thoughts. Where would positive psychology fall on this spectrum, as negative thoughts will inevitably occur, even if there is a greater focus on positive aspects of life? It would seem likely to be closer to the acceptance end, and most likely involve a shifting of attention. Is that shifting avoidance or acceptance, however?

Question 2: During narrative therapy, clients tell the therapists who they are and who they want to be. How should the therapist proceed if the client wants to construct a new narrative that is unrealistic?

Rationale 2: Narrative therapy emphasizes the client's ability to create new meanings and interpretations for their life using narrative. However, I wonder how the therapist should proceed if the client would like to create new meaning in their life through an unrealistic venue. For example, if a client with a low intellectual ability would like to have a career that is inconsistent with their ability, and are working on creating a narrative that would make this possible, then how should the client proceed? It is likely the dominant discourse in the client's life is negative suggesting they are unable to meet the goal they have set for themselves, so the therapist would not want to continue this discourse. I feel the most appropriate approach would be to help the client create a new narrative without leading or speaking from a privileged position. The therapist should allow the client to remain in the privileged position, and perhaps explore other aspects of his/her life that could provide the basis for a new, attainable narrative.

Question: What are the ethical implications for treating individuals within a systemic therapeutic perspective, given the theory of psychopathology and homeostasis?

Rationale: Prochaska and Norcross (2014) describe the theory of psychopathology in systemic therapy. Though the main theory centers around communication and interactions between individuals within a system (e.g. a family), they bring up an interesting statement: "decreases in psychopathology in one family member are often accompanied by increases in symptoms in another family member" (p. 320). I have trouble coming to terms with this idea of homeostasis within the family through psychopathology. It would seem to me that psychopathology would disrupt homeostasis, and that once the problems are treated, adaptive family interactional processes would be restored. However, it appears that systemic therapists view this concept quite differently, that psychopathology is already apart of family homeostasis. Given the implications of the systemic therapy theory of psychopathology, are there some ethical concerns about treating individuals alone, given that it may increase the psychopathology experienced by a different family member?

Presenter Roles: Each of you is assigned the role of presenter (along with a partner) two times this semester. Please prepare a single page handout (front and back is fine) that is a summary of all the key players, key points, empirical evidence, etc. for that treatment – basically create a cheat sheet for the licensure exam – everything you wanted to know about Treatment X in a single sheet. For your presentation, the overall format is:

1. Read/think/write (this will be done before class) (I will have some readings for that week but you can supplement)
2. Listen/think (this will be done during your presentation)
3. Discuss (you will lead this and will have access to discussion questions)
4. Watch (we will watch video as appropriate or watch you role play)
5. Do (lead the class in role plays)

Spend about an hour in points 2 & 3. The remainder of the time should be points 4 & 5. Please email everyone the handout right before class and bring hard copies for the class. If you wait until the last minute to print this, you will have problems with your printer. Trust me.

Mock intake: This should be written in the clinic format of a Problem Assessment Report. This assignment is designed to help you flesh out your mock client with PTSD.

CAPS assessment report: There is a sample format for the report on Dropbox. You should interview another student in the class (you will not be writing this report about your mock client). You can cut and paste from the PAR for the mock client of your classmate. To make things easier moving forward, the mock client should meet criteria for current PTSD.

To prepare to administer the CAPS:

1. Read the manual for the original CAPS
2. Look at the Weathers slide presentation and listen to Marx's talk
3. Score the CAPS while listening to the mock interview
4. Compare your scoring to the file with scoring on Dropbox

Portfolios: You will complete a more in-depth personalized study of two treatment approaches. For each one, you will submit:

1. A training plan (approved by me in advance). This can include readings, video, live or virtual trainings
2. An evaluation of your training plan and discussion of how you would ideally develop competence in that treatment approach
3. A treatment plan written for your mock client (using format on dropbox)
4. A termination summary for your mock client (using the clinic format)
5. A presentation to the class on your portfolio

Please include your intake report on your original client as well as the CAPS that was done on YOUR mock client. This will help give me context for understanding your treatment plans.