

COURSE TITLE: Trauma-Focused Approaches to Intervention

COURSE NUMBER: 706A

CREDIT HOURS: 3

PRE-REQUISITE: Must have at least started therapy practicum

CO-REQUISITE:

SEMESTER: Spring

COURSE SCHEDULE: Thursdays, 1:00 p.m. - 4:00 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 the history, etiology, symptoms, diagnosis, and treatment of trauma-related dysfunction, particularly post-traumatic stress disorder (PTSD), acute stress disorder (ASD), and common comorbid conditions. Students will learn about the range of events associated with trauma, the prevalence, incidence, and developmental impact of PTSD across the lifespan, the major risk factors for trauma-related dysfunction, cultural factors that exacerbate or ameliorate dysfunction, specialized assessments for identifying trauma-related symptoms, and the major research-supported approaches to treatment and prevention of PTSD in the aftermath of trauma. Major treatment approaches to be covered include stage-oriented integrated therapy models, cognitive-behavioral therapy (CBT), cognitive processing therapy (CPT), eye-movement desensitization and reprocessing (EMDR), Dialectical-Behavioral Therapy (DBT), Imagery Rehearsal Therapy (IRT), stress management techniques, group and family therapy approaches, and psychopharmacological interventions. The management of countertransference reactions and the recognition, prevention, and treatment of compassion fatigue and vicarious traumatization in the clinician will be emphasized. (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 describe the history and development of psychological theories and societal attitudes concerning trauma-related dysfunction across the lifespan, and the influence of economics, politics, the healthcare industry, and cultural factors on this continuing process.
2. To provide conceptual frameworks for understanding complex clinical cases related to traumatic stress and related disorders.
3. To familiarize students with the applications of techniques for assessment and intervention in clinical issues related to traumatic stress.
4. To critique the various models' effectiveness and usefulness.
5. 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.
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 developing a treatment plan for persons presenting with trauma-related issues, from initial client contact through termination.
8. To understand 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 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. Conceptualize clinical cases 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. Develop treatment plans that identify and utilize 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. Apply interventions to challenging cases, including rapport building, conflicting goals, termination issues, and treatment planning.
6. 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.

7. 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.
8. Demonstrate increased self-awareness about personal beliefs and countertransference reactions elicited by a variety of traumatizing experiences, and increased skill in understanding and managing them effectively.
9. Empathically appreciate the particular adaptation of any individual to her or his life circumstances.

INSTRUCTIONAL METHODOLOGY/FORMAT

Lecture, discussion, case presentation and analysis, and films.

REQUIRED READINGS: Texts and Assigned Articles

Texts:

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

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

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.

Shay, J. (1995). *Achilles in Viet Nam: Combat Trauma and the Undoing of Character*. New York: Scribner.

Spiegelman, A. (1986). *Maus, a Survivors Tale: My Father Bleeds History*. New York: Pantheon.

Spiegelman, A. (1992). *Maus II, A Survivor's Tale: And Here My Troubles Began*. New York: Pantheon. NOTE: In some bookstores, *Maus I* and *Maus II* are available together in a set.

Additional assigned articles or chapters:

(E) = available online, click title to access

(R) = On reserve in the Library

Allard, C. B. , Nunnink, S. , Gregory, A. M. , Klest, B. and Platt, M. (2011). [Military Sexual Trauma Research: A Proposed Agenda](#), *Journal of Trauma & Dissociation*, 12(3), 324-345. (E)

Bailey, K. M., & Stewart, S. H. (2014). Relations among trauma, PTSD, and substance misuse: The scope of the problem. In P. Ouimette & J. P. Read, Eds, *Trauma and substance*

abuse: Causes, consequences, and treatment of comorbid disorders, 2nd edition (pp. 11-34). Washington, D.C.: American Psychological Association. (R)

- Bonanno, G.A. (2004). [Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events?](#) *American Psychologist*, 59(1), 20-28. (E)
- Branscomb, L.P. (1993). [Surrender, healing, and the mythic journey](#). *Journal of Humanistic Psychology*, 33(4), 64-74. (E)
- Brewin, C. R. (2005). Encoding and retrieval of traumatic memories. In J. J. Vasterling and C. R. Brown, eds. [Neuropsychology of PTSD: Biological, Cognitive, and Clinical Perspectives](#) (pp. 131-150). New York: The Guilford Press. (E)
- Briere, J., & Scott, C. (2015). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment, 2nd edition, DSM-5 update. Los Angeles: Sage.
- Briere, J., & Spinazzola, J. (2005). [Phenomenology and psychological assessment of complex posttraumatic states](#). *Journal of Traumatic Stress*, 18(5), 401-412. (E)
- Cloitre, M., & Rosenberg, A. (2009). Sexual revictimization: Risk factors and prevention. In: V. M. Follette & J. I Ruzek, (Eds.), [Cognitive-behavioral therapies for trauma](#) (pp. 321-361). New York: The Guilford Press. (E)
- Constans, J. I. (2005). Information-processing biases in PTSD. In J. J. Vasterling and C. R. Brown, eds. [Neuropsychology of PTSD: Biological, Cognitive, and Clinical Perspectives](#) (pp. 105-130). New York: The Guilford Press. (E)
- 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. (E)
- Davis, M, Barad, M., Otto, M., Southwick, S. (2006). [Combining pharmacotherapy with cognitive behavioral therapy: Traditional and new approaches](#). *Journal of Traumatic Stress*, 19(5), 571-581. (E)
- De Bellis, M. D., Hooper, S.R., & Sapia, J. L. (2005). Early trauma exposure and the brain. In J. J. Vasterling and C. R. Brown, eds. [Neuropsychology of PTSD: Biological, Cognitive, and Clinical Perspectives](#) (pp. 153-177). New York: The Guilford Press. (E)
- Fabri, M. R. (2001). [Reconstructing safety: adjustments to the therapeutic frame in the treatment of survivors of political torture](#). *Professional Psychology: Research and Practice*, 32(5), 452-457. (E)
- Ford, J. D. (2013). [How can self-regulation enhance our understanding of trauma and dissociation?](#) *Journal of Trauma and Dissociation*, 14(3), 237-250. (E)
- 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)
- Friedman, M.J., Resick, P.A., Bryant, R.A., & Brewin, C. R. (2011). Considering PTSD for DSM-5. *Depression and Anxiety*, 28, 750-769. (E)
<http://web.a.ebscohost.com.ezproxy.adler.edu/ehost/pdfviewer/pdfviewer?sid=ae7ce4ef-3718-41fd-a168-b6d30a2e8822%40sessionmgr4002&vid=1&hid=4112>
- Ginzburg, K., Koopman, C., Butler, L.D., Palesh, O., Kraemer, H.C., Classen, C.C., & Spiegel, D. (2006). [Evidence for a dissociative subtype of post-traumatic stress disorder among help-seeking childhood sexual abuse survivors](#). *Journal of Trauma & Dissociation*, 7(2), 7-28. (E)
- Gorman, W. (2001). [Refugee survivors of torture: trauma and treatment](#). *Professional Psychology: Research and Practice*, 32(5), 443-451. (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.] (R)
- Heidt, J. M., Marx, B.P, and Gold, S.D. (2005). [Sexual revictimization among sexual minorities: A preliminary study](#). *Journal of Traumatic Stress*, 18(5), 533-540. (E)
- Hernandez, P. (2002). [Trauma in war and political persecution: Expanding the concept](#). *American Journal of Orthopsychiatry*, 72(1), 16-25. (E)
- Holmqvist, R., & Andersen, K. (2003). [Therapists' reactions to treatment of survivors of political torture](#). *Professional Psychology: Research and Practice*, 32(5), 294-300. (E)
- International Society for the Study of Dissociation (2011). [Guidelines for treating dissociative identity disorder in adults, third revision](#). *Journal of Trauma & Dissociation*, 12, 115-187. (E)
- Kilpatrick, D.G. (2005). [A special section on complex trauma and a few thoughts about the need for more rigorous research on treatment efficacy, effectiveness, and safety](#). *Journal of Traumatic Stress*, 18(5), 379-384. (E)
- Lanius, R., Brand, B., Vermetten, E., Frewen, P. A., & Spiegel, D. (2012). [The dissociative subtype of posttraumatic stress disorder: rationale, clinical and neurobiological evidence, and implications](#). *Depression and Anxiety*, 29, 701-708. (E)
- Linehan, M. M., & Neacsiu, A. D. (2014). Borderline Personality Disorder. In D. H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders*, 5th Edition (pp. 394-461). New York: The Guilford Press. (R)
- Litz, B. T., & Bryant, R. A. (2009). Early cognitive-behavioral interventions for adults. In E. B. Foa, et al., *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*, (pp. 117-135). New York: Guilford Press. (R)
- Mahoney, M.J. (2003). Being human and a therapist. In M. J. Mahoney, *Constructive Psychotherapy*:

A Practical Guide. New York: The Guilford Press. (R)

- Monson, C. M., Resick, P. A., & Rizvi, S. L. (2014). Posttraumatic Stress Disorder. In D. H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders*, 5th Edition (pp.). New York: The Guilford Press. (R)
- Monson, C. M., & Friedman, M. J. (2006). Back to the future of understanding trauma. In: V. M. Follette & J. I Ruzek, (Eds.), [Cognitive-behavioral therapies for trauma](#) (pp. 1-13). New York: The Guilford Press. (E)
- Nijenhuis, E. R. S., & van der Hart, O. (2011). [Dissociation in trauma: A new definition and comparison with previous formulations](#). *Journal of Trauma and Dissociation*, 12(4), 416-445. (E)
- Norman, S.B, Means-Christensen, A. J., Craske, M. G., Sherbourne, C.D., Roy-Byrne P.P, Stein, M.B. (2006). [Associations between psychological trauma and physical illness in primary care](#). *Journal of Traumatic Stress*, 19(4), 461-471. (E)
- Pearlman, L. A., & Caringi, J. (2009). Living and working self-reflectively to address vicarious trauma. In C. A. Courtois & J. D. Ford, Eds., (pp. 202-224). *Treating complex traumatic stress disorders: An evidence-based guide*. New York: Guilford Press. (R)
- 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. (E)
- 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. (R)
- Raghavan, S., Rosenfeld, B., Rasmussen, A., & Keller, A. S. (2013). [Correlates of symptom reduction in treatment-seeking survivors of torture](#). *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(4), 377-383. (E)
- Rheingold, A. A., Acierno, R., & Resnick, H. (2004). Trauma, posttraumatic stress disorder, and health risk behaviors. In P. P. Schnurr, & B. L. Green (Eds.), [Trauma and Health: Physical Health Consequences of Exposure to Extreme Stress](#), (pp. 217-243). Washington, D.C.: American Psychological Association. (E)
- Rothschild, B. (2000). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*, pp. 3-73. W.W. Norton & Co. (R)
- Spinazzola, J., Blaustein, M., & van der Kolk, B. (2005). [Posttraumatic stress disorder treatment](#)

[outcome research: The study of unrepresentative samples?](#) *Journal of Traumatic Stress*, 18(5), 425-436. (E)

Tummala-Narra, P., Kallivayalil, D., Singer, R., & Andreini, R. (2012). [Relational experiences of complex trauma survivors in treatment](#): Preliminary findings from a naturalistic study, *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(6), 640-648. (E)

Turkus, J. A. (2013). [The shaping and integration of a trauma therapist](#). *Journal of Trauma & Dissociation*, 14(1), 1-10. (E)

van der Hart, O, Nijenhuis, E.E.S., & Steele, K. (2005). [Dissociation: An insufficiently recognized major feature of complex posttraumatic stress disorder](#). *Journal of Traumatic Stress*, 18(5), 413-423. (E)

van der Kolk, B.A., & Courtois, C.A. (2005). [Editorial comments: Complex developmental trauma](#). *Journal of Traumatic Stress*, 18(5), 385-388. (E)

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. (R)

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)

Vasterling, J.J., & Brailey, K. (2005). Neuropsychological findings in adults with PTSD. In J. J. Vasterling and C. R. Brown, eds. [Neuropsychology of PTSD: Biological, Cognitive, and Clinical Perspectives](#) (pp. 178-207). New York: The Guilford Press. (E)

Yaffe, K., et al. (2010). [Posttraumatic stress disorder and risk of dementia among U. S. veterans](#). *Archives of General Psychiatry*, 67(6), 608-612. (E)

Yehuda, R., Stavitsky, K., Tischler, L., Goleir, J.A., & Harvey, P.D. (2005). Learning and memory in aging trauma survivors with PTSD. In J. J. Vasterling and C. R. Brown, eds. [Neuropsychology of PTSD: Biological, Cognitive, and Clinical Perspectives](#) (pp. 208-230). New York: The Guilford Press. (E)

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. 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).
6. **Auditing students:** The attendance policy applies to both auditing and for-credit students. Auditing students may choose whether or not to submit the two case conceptualizations. However, auditing students must submit all other course assignments in order to receive a passing grade.

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 Fall/Spring Semesters

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:

- Therapist's Self-Care Questionnaire – 10% of grade
- Moodle Posts on Specific Self-Care Activities Completed – 5% of grade
- "Pop" quizzes on the assigned readings: 5 quizzes, 5 points each – 25% of grade
- Case Conceptualization and Treatment Plan #1 – 25% of grade
- Case Conceptualization and Treatment Plan #2 – 35% of grade

These assignments require students to apply relevant theories and research to clinical "cases" depicted in characters in two feature films. Students will be required to summarize the presenting problems and symptoms, analyze whether DSM-IV-TR and 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	Jan. 8	<ul style="list-style-type: none"> • The history of trauma research • Diagnostic controversies • The DSM-IV and DSM-5 conceptualizations of ASD/PTSD • The cultural context of trauma responses 	<p>(To be read before the first week of class)</p> <p>Herman, J.L. (1997). <i>Trauma and Recovery</i>. New York: Basic Books Intro., chs. 1-4</p> <p>Friedman, M.J., Resick, P.A., Bryant, R. A., & Brewin, C. R. (2011). Considering PTSD for DSM-5. <i>Depression and Anxiety</i>, 28, 750-769.</p> <p>Briere, J., & Scott, C. (2015). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment, 2nd edition, DSM-5 update. Los Angeles: Sage. chs. 1, 2, pp. 1-48.</p> <p>Monson, C. M., & Friedman, M. J. (2006). Back to the future of understanding trauma. In: V. M. Follette & J. I Ruzek, (Eds.), <i>Cognitive-behavioral therapies for trauma</i> (pp. 1-13). New York: The Guilford Press.</p>

			van der Kolk, B.A., & Courtois, C.A. (2005). Editorial comments: Complex developmental trauma. <i>Journal of Traumatic Stress, 18</i> (5), 385-388.
2	Jan. 15	<ul style="list-style-type: none"> • Countertransference and the therapist's reactions to trauma content • Burnout • Compassion fatigue • Vicarious traumatization • Institutional Secondary Traumatic Stress • Asking for what you need in clinical supervision of trauma cases • Self-care for clinicians 	<p>Pearlman, L.A., & Saakvitne, K.W. (1995). <i>Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors</i>. New York: W. W. Norton & Company. chs. 1, 13, 14, 15, 16, 17, 18</p> <p>Mahoney, M.J. (2003). Being human and a therapist. In M. J. Mahoney, <i>Constructive Psychotherapy: A Practical Guide</i>. New York: The Guilford Press</p> <p>Pearlman, L. A., & Caringi, J. (2009). Living and working self-reflectively to address vicarious trauma. In C. A. Courtois & J. D. Ford, Eds., (pp. 202-224). <i>Treating complex traumatic stress disorders: An evidence-based guide</i>. New York: Guilford Press.</p>
3	Jan. 22	<ul style="list-style-type: none"> • Assessment of PTSD and associated symptoms • Misdiagnosis of elevated MMPI-2 F scale in complex trauma as malingering • The neurobiology of trauma reactions • Dissociative and somatic 	<p><u>Self-Care Questionnaire Due</u></p> <p><u>Post at least 5 entries concerning your own self-care on Moodle throughout the semester</u></p>

		<p>experiences</p> <ul style="list-style-type: none"> • The effects of trauma on development 	<p>Rothschild, B. (2000). <i>The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment</i>, pp. 3-73. W.W. Norton & Co.</p> <p>Briere, J., & Scott, C. (2015). <i>Principles of trauma therapy: A guide to symptoms, evaluation, and treatment</i>, 2nd edition, DSM-5 update. Los Angeles: Sage. Ch. 3, pp. 49-78.</p> <p>De Bellis, M. D., Hooper, S.R., & Sapia, J. L. (2005). Early trauma exposure and the brain. In J. J. Vasterling and C. R. Brown, eds. <i>Neuropsychology of PTSD: Biological, Cognitive, and Clinical Perspectives</i> (pp. 153-177). New York: The Guilford Press.</p> <p>Vasterling, J.J., & Brailey, K. (2005). Neuropsychological findings in adults with PTSD. In J. J. Vasterling and C. R. Brown, eds. <i>Neuropsychology of PTSD: Biological, Cognitive, and Clinical Perspectives</i> (pp. 178-207). New York: The Guilford Press.</p> <p>Briere, J., & Spinazzola, J. (2005). Phenomenology and psychological assessment of complex posttraumatic states. <i>Journal of Traumatic Stress, 18</i>(5), 401-412.</p>
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			<p>Ford, J. D. (2013). How can self-regulation enhance our understanding of trauma and dissociation? <i>Journal of Trauma and Dissociation</i>, 14(3), 237-250.</p>
4	Jan. 29	<ul style="list-style-type: none"> • Cultural competence in the treatment of trauma • The effects of trauma on memory • Recovered memory/"false memory syndrome" • Physical illness and treatment as trauma (cancer, AIDS, severe burns, disfiguring injury, etc.) • PTSD and increased incidence of medical illness 	<p>Brown, L. S. (2008). <i>Cultural Competence in Trauma Therapy: Beyond the Flashback</i>. Washington, D.C.: American Psychological Association. Introduction, ch. 1</p> <p>Constans, J. I. (2005). Information-processing biases in PTSD. In J. J. Vasterling and C. R. Brown, eds. <i>Neuropsychology of PTSD: Biological, Cognitive, and Clinical Perspectives</i> (pp. 105-130). New York: The Guilford Press.</p> <p>Brewin, C. R. (2005). Encoding and retrieval of traumatic memories. In J. J. Vasterling and C. R. Brown, eds. <i>Neuropsychology of PTSD: Biological, Cognitive, and Clinical Perspectives</i> (pp. 131-150). New York: The Guilford Press.</p> <p>Childhood Trauma Remembered - ISTSS Report: http://www.istss.org/AM/Template.cfm?Section=ChildhoodTrauma&Template=/C</p>

			<p>M/ContentDisplay.cfm&ContentID=1281</p> <p>Haaken, J. (1998). <i>Pillar of Salt: Gender, Memory, and the Perils of Looking Back</i>. Piscataway, New Jersey: Rutgers University Press. chs. 1, 2</p>
5	Feb. 5	<ul style="list-style-type: none"> • Type I trauma: Motor vehicle accident • Type I trauma: Rape • CBT approaches for Type I trauma • Methodological and conceptual problems with applying research on “evidence-based treatments” to community-based clinical populations 	<p>[Start reading Shay]</p> <p>Litz, B. T., & Bryant, R. A. (2009). Early cognitive-behavioral interventions for adults. In E. B. Foa, et al., <i>Effective treatments for PTSD: Practice guidelines form the International Society for Traumatic Stress Studies</i>, (pp. 117-135). New York: Guilford Press.</p> <p>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: The Guilford Press.</p> <p>Spinazzola, J., Blaustein, M., & van der Kolk, B. (2005). Posttraumatic stress disorder treatment outcome research: The study of unrepresentative samples? <i>Journal of Traumatic Stress</i>, 18(5), 425-436.</p> <p>Kilpatrick, D.G. (2005). A special section on complex trauma and a few thoughts</p>

			about the need for more rigorous research on treatment efficacy, effectiveness, and safety. <i>Journal of Traumatic Stress, 18(5), 379-384.</i>
6	Feb. 12	<ul style="list-style-type: none"> • Case conceptualizations and treatment plans • Film: <i>Fearless</i> 	No assigned readings
7	Feb. 19	<ul style="list-style-type: none"> • Type I trauma: Combat • IRT for severe and chronic nightmares • Group and family approaches for PTSD • Co-morbid mood and anxiety disorders • Pharmacotherapy for PTSD: traditional and new approaches 	<p>Shay, J. (1995). <i>Achilles in Viet Nam: Combat Trauma and the Undoing of Character</i>. New York: Scribner. (entire)</p> <p>Davis, M, Barad, M., Otto, M., Southwick, S. (2006). Combining phamacotherapy with cognitive behavioral therapy: Traditional and new approaches. <i>Journal of Traumatic Stress, 19(5), 571-581.</i></p> <p>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, 5th Edition</i> (pp. 62-113). New York: The Guilford Press.</p> <p>Briere, J., & Scott, C. (2015). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment, 2nd edition, DSM-5 update. Los Angeles: Sage. Ch. 12, pp 225-284.</p>

8	Feb. 26	<ul style="list-style-type: none"> • Type II trauma: Childhood sexual, physical, and emotional abuse and neglect • Developmental effects of disordered attachment (Bowlby and Briere) • “Complex PTSD” and “Disorders of Extreme Stress NOS” • Research-supported subtypes of PTSD 	<p><u>First case conceptualization and treatment plan due</u></p> <p>Herman, J.L. (1997). <i>Trauma and Recovery</i>. New York: Basic Books chs. 5-6</p> <p>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, 18</i>(5), 389-399.</p> <p>Ginzburg, K., Koopman, C., Butler, L.D., Palesh, O., Kraemer, H.C., Classen, C.C., & Spiegel, D. (2006). Evidence for a dissociative subtype of post-traumatic stress disorder among help-seeking childhood sexual abuse survivors. <i>Journal of Trauma & Dissociation, 7</i>(2), 7-28.</p> <p>Lanius, R., Brand, B., Vermetten, E., Frewen, P. A., & Spiegel, D. (2012). The dissociative subtype of posttraumatic stress disorder: rationale, clinical and neurobiological evidence, and implications. <i>Depression and Anxiety, 29</i>, 701-708.</p>
9	March 5	<ul style="list-style-type: none"> • Type II trauma: Phase-oriented integrated therapy models • Common misdiagnoses in trauma 	<p>Herman, J.L. (1997). <i>Trauma and Recovery</i>. New York: Basic Books</p>

		<p>survivors</p> <ul style="list-style-type: none"> • DBT for co-morbid Borderline Personality Disorder • EMDR • Movement- and energy-based treatment approaches 	<p>chs. 7-10</p> <p>Pearlman, L.A., & Courtois, C.A. (2005). Clinical applications of the attachment framework: Relational treatment of complex trauma. <i>Journal of Traumatic Stress, 18(5)</i>, 449-459.</p> <p>Tummala-Narra, P., Kallivayalil, D., Singer, R., & Andreini, R. (2012). Relational experiences of complex trauma survivors in treatment: Preliminary findings from a naturalistic study, <i>Psychological Trauma: Theory, Research, Practice, and Policy, 4(6)</i>, 640-648.</p> <p>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, 18(5)</i>, 437-447.</p> <p>Courtois, C.A. (1997). Healing the incest wound: A treatment update with attention to recovered memory issues. <i>American Journal of Psychotherapy, 51(4)</i>, 464-496.</p> <p>Linehan, M. M., & Neacsiu, A. D. (2014). Borderline Personality Disorder. In D. H. Barlow (Ed.), <i>Clinical Handbook of Psychological</i></p>
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			Disorders, 5 th Edition (pp. 394-461). New York: The Guilford Press.
10	March 12	<ul style="list-style-type: none"> • “The trauma marinade” (Kotlowitz’ <i>There Are No Children Here; Allison’s Bastard Out of Carolina</i>) • The cumulative effects of cultural oppression and traumatic events • Military Sexual Trauma 	<p>Brown, L. S. (2008). <i>Cultural Competence in Trauma Therapy: Beyond the Flashback</i>. Washington, D.C.: American Psychological Association. ch. 10</p> <p>Allard, C. B., Nunnink, S., Gregory, A. M., Klest, B. & Platt, M. (2011). Military Sexual Trauma Research: A Proposed Agenda. <i>Journal of Trauma & Dissociation</i>, 12(3), 324-345.</p>
	March 19	<ul style="list-style-type: none"> • NO CLASS 	
11	March 26	<ul style="list-style-type: none"> • PTSD and substance abuse • PTSD and prostitution • Sexual revictimization in trauma survivors • Trauma in LGBTQI clients • Film: <i>Mysterious Skin</i> 	<p>Heidt, J. M., Marx, B.P, and Gold, S.D. (2005). Sexual revictimization among sexual minorities: A preliminary study. <i>Journal of Traumatic Stress</i>, 18(5), 533-540.</p> <p>Brown, L. S. (2008). <i>Cultural Competence in Trauma Therapy: Beyond the Flashback</i>. Washington, D.C.: American Psychological Association. chs. 6, 8</p> <p>Rheingold, A. A., Acierno, R., & Resnick, H. (2004). Trauma, posttraumatic stress disorder, and health risk behaviors. In P. P.</p>

			<p>Schnurr, & B. L. Green (Eds.), <i>Trauma and Health: Physical Health Consequences of Exposure to Extreme Stress</i>, (pp. 217-243). Washington, D.C.: American Psychological Association.</p> <p>Bailey, K. M., & Stewart, S. H. (2014). Relations among trauma, PTSD, and substance misuse: The scope of the problem. In P. Ouimette & J. P. Read, Eds, <i>Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders</i>, 2nd edition (pp. 11-34). Washington, D.C.: American Psychological Association.</p> <p>Cloitre, M., & Rosenberg, A. (2009). Sexual revictimization: Risk factors and prevention. In: V. M. Follette & J. I Ruzek, (Eds.), <i>Cognitive-behavioral therapies for trauma</i> (pp. 321-361). New York: The Guilford Press.</p>
12	April 2	<ul style="list-style-type: none"> • Dissociative Identity Disorder • Trauma and aging • Spirituality after trauma 	<p>International Society for the Study of Dissociation (2011)</p> <p>Nijenhuis, E. R. S., & van der Hart, O. (2011). Dissociation in trauma: A new definition and comparison with previous formulations. <i>Journal of Trauma and Dissociation</i>,</p>

			<p>12(4), 416-445.</p> <p>Yehuda, R., Stavitsky, K., Tischler, L., Goleir, J.A., & Harvey, P.D. (2005). Learning and memory in aging trauma survivors with PTSD. In J. J. Vasterling and C. R. Brown, eds. <i>Neuropsychology of PTSD: Biological, Cognitive, and Clinical Perspectives</i> (pp. 208-230). New York: The Guilford Press.</p> <p>Yaffe, K., et al. (2010). Posttraumatic stress disorder and risk of dementia among U. S. veterans. <i>Archives of General Psychiatry</i>, 67(6), 608-612.</p>
<p>13</p>	<p>April 9</p>	<ul style="list-style-type: none"> • Trauma in torture survivors and refugees • Natural disasters and trauma • Complex disasters and trauma • Trauma in police officers, firefighters, emergency rescue personnel, and journalists 	<p><u>Second case conceptualization and treatment plan due</u></p> <p>[Start reading Spiegelman (1986) and Speigelman (1992)]</p> <p>Gorman, W. (2001). Refugee survivors of torture: trauma and treatment. <i>Professional Psychology: Research and Practice</i>, 32(5), 443-451.</p> <p>Hernandez, P. (2002). Trauma in war and political persecution: Expanding the concept. <i>American Journal of Orthopsychiatry</i>, 72(1), 16-25.</p> <p>Fabri, M. R. (2001).</p>

			<p>Reconstructing safety: adjustments to the therapeutic frame in the treatment of survivors of political torture. <i>Professional Psychology: Research and Practice</i>, 32(5), 452-457.</p> <p>Holmqvist, R., & Andersen, K. (2003). Therapists' reactions to treatment of survivors of political torture. <i>Professional Psychology: Research and Practice</i>, 32(5), 294-300.</p> <p>Raghavan, S., Rosenfeld, B., Rasmussen, A., & Keller, A. S. (2013). Correlates of symptom reduction in treatment-seeking survivors of torture. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i>, 5(4), 377-383.</p>
14	April 16	<ul style="list-style-type: none"> • Transgenerational Trauma • Leary's <i>Post Traumatic Slave Syndrome</i> • Healing, meaning and resilience • Case Study: The life and death of Primo Levi and Jean Amery • Trauma therapy as Social Responsibility and the practice of Social Justice 	<p>Spiegelman, A. (1986). <i>Maus, a Survivors Tale: My Father Bleeds History</i>. New York: Pantheon. (entire)</p> <p>Spiegelman, A. (1992). <i>Maus II, A Survivor's Tale: And Here My Troubles Began</i>. New York: Pantheon. (entire)</p> <p>Branscomb, L.P. (1993). Surrender, healing, and the mythic journey. <i>Journal of Humanistic Psychology</i>, 33(4), 64-74.</p> <p>Turkus, J. A. (2013). The</p>

			<p>shaping and integration of a trauma therapist. <i>Journal of Trauma & Dissociation</i>, 14(1), 1-10.</p> <p>Pearlman, L.A., & Saakvitne, K.W. (1995). <i>Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors</i>. New York: W. W. Norton & Company. ch. 19</p> <p>Herman, J.L. (1997). <i>Trauma and Recovery</i>. New York: Basic Books. Afterword</p>
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