** Chicago Campus**

**Department of Psychology**

**Course Syllabus**

|  |  |
| --- | --- |
| **Course Title:** | Trauma-Focused Approaches to Intervention |
| **Course Number and Section:** | PSY-706-F |
| **Credit Hours:** | 3 Credit Hours |
| **Course Section Schedule:** | Spring 2023;Thursdays, 1:00pm – 3:45pm |
| **Prerequisites:** | Must be a 3rd or 4th year student  |
| **Co-requisites:** | Must have at least started therapy practicum |
| **Instructor Name:** | Janna Henning, J.D., Psy.D., F.T. |
| **Office Hours:** | By appointment; Mondays, 3:30pm – 4:30pm; Tuesdays, 3:00pm – 4:00pm |
| **Contact Information:** | jhenning@adler.edu; 312-662-4343; 773-860-1417 (cell) |

|  |
| --- |
| **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) |
| **Program and profession-wide Competencies** |
| **Intervention** * Demonstrate understanding of the theoretical foundations of clinical interventions.
* Develop evidence-based intervention plans specific to the service delivery goals.
* Implement interventions informed by the current scientific literature
* Implement interventions informed by assessment findings
* Implement interventions informed by diversity characteristics, and contextual variables.
* Apply the relevant literature to clinical decision making.
* Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking
* Evaluate intervention effectiveness
* Adapt intervention goals and methods consistent with ongoing evaluation

**Ethical and Legal Standards** * Demonstrates knowledge of the current version of the APA Ethical Principles of Psychologists and Code of Conduct
* Demonstrates knowledge of the relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
* Demonstrates knowledge of the relevant professional standards and guidelines.
* Recognize ethical dilemmas as they arise
* Apply ethical decision-making processes in order to resolve the dilemmas.
* Conduct self in an ethical manner in all professional activities.

**Individual and Cultural Differences*** Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand people different from themselves

**Communication and Interpersonal Skills** * Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated
* Develop working relationships and therapeutic rapport with clients, co-workers, and staff, including mastery of the following elements: establishing a safe environment; obtaining background information; facilitating communications with diverse populations; assessing and managing self and others’ emotions.
 |
| **Course Learning 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

Upon completion of this course, students should be able to do the following: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.
 |

|  |
| --- |
| **Textbooks and Materials** |
| **Required Textbook (s)** |
| Texts:Briere, J., & Scott, C. (2015). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment ( DSM-5 Update), 2nd edition*. Los Angeles: Sage.Brown, L. S. (2008). *Cultural competence in trauma therapy: Beyond the flashback.* Washington, D.C.: American Psychological Association. (available as an e-book)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. (available as an e-book)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. |
| **Required Readings – see Below** |
| 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. <https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Fwww.tandfonline.com%2Fdoi%2Fpdf%2F10.1080%2F15299732.2011.542609>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). (15) (PDF) Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? (researchgate.net) *American Psychologist, 59*(1), 20-28. Brand, B., & Frewen, P. (2017). Dissociation as a trauma-related phenomenon.In S. N. Gold (Ed.), APA handbooks in psychology. APA handbook of trauma psychology: Foundations in knowledge (pp. 215-241). Washington, DC, US: American Psychological Association.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.Bryant R. A. (2021). Psychological models of PTSD. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 98 -116). The Guilford Press. 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)Comas-Díaz, L. (2016). Racial trauma recovery: A race-informed therapeutic approach to racial wounds. In A. N. Alvarez, C. T. H. Liang, & H. A. Neville (Eds.), Cultural, racial, and ethnic psychology book series. The cost of racism for people of color: Contextualizing experiences of discrimination (p. 249–272). American Psychological Association. https://doi.org/10.1037/14852-012Constans, 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)Cook, J. M., & Simiola, V. (2021). Trauma and PTSD in older adults. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 263-279). The Guilford Press. Courtois, C. A. (2020). Therapeutic alliance and risk management. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 99-124). New York: The Guilford Press.Courtois, C. A., Ford, J. A., Cloitre, M., & Schnyder, U. (2020). Best practices in psychotherapy for adults. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 62-98). New York: The Guilford Press.Davis, M, Barad, M., Otto, M., Southwick, S. (2006). Combining phamacotherapy with cognitive behavioral therapy: Traditional and new approaches. *Journal of Traumatic Stress, 19(*5), 571-581. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Fweb.s.ebscohost.com.%2Fehost%2Fdetail%2Fdetail%3Fvid%3D0%26sid%3Dd0a67e86-1241-4d8c-9998-dbb57a32d0e0%2540redis%26bdata%3DJkF1dGhUeXBlPXNzbyZzaXRlPWVob3N0LWxpdmUmc2NvcGU9c2l0ZQ%253d%253d%23AN%3D22980426%26db%3DsihDe 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. (DePrince, A. P., Dorahy, M. J., Lanius, R., & Schiavone, F. L. (2021). Trauma-induced dissociation. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 135-151). The Guilford Press. 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. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Foce.ovid.com%2Farticle%2F00001326-200110000-00002%2FHTMLFord, J. D. (2020). Developmental neurobiology. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 35-61). New York: The Guilford Press.Ford, J. D., & Courtois, C. A. (2020). Defining and understanding complex trauma and complex traumatic stress disorders. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 3-34). New York: The Guilford Press.Friedman, M. J., Bovin, M. J., & Weathers, F. W. (2021). DSM-5 criteria for PTSD. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 19 -37). The Guilford Press. Friedman, M. J., Schnurr, P. P., & Keane, T. M. (2021). PTSD from DSM-III to DSM-5: Progress and challenges. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 3 -18). The Guilford Press. 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.Gorman, W. (2001). Refugee survivors of torture: trauma and treatment. *Professional Psychology: Research and Practice, 32*(5), 443-451. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Foce.ovid.com%2Farticle%2F00001326-200110000-00001%2FHTMLHaaken, 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. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Fweb.s.ebscohost.com%2Fehost%2Fpdfviewer%2Fpdfviewer%3Fvid%3D1%26sid%3D99728f03-092a-48cd-8894-881e2451a946%2540redisHernandez, P. (2002). Trauma in war and political persecution: Expanding the concept. *American Journal of Orthopsychiatry, 72*(1), 16-25. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Foce.ovid.com%2Farticle%2F00000454-200201000-00003%2FHTMLHolmqvist, R., & Andersen, K. (2003). Therapists’ reactions to treatment of survivors of political torture.*Professional Psychology: Research and Practice, 32*(5), 294-300. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Foce.ovid.com%2Farticle%2F00001326-200306000-00012%2FHTMLInternational 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)International Society for Traumatic Stress Studies. Childhood trauma remembered. http://www.istss.org/AM/Template.cfm?Section=ChildhoodTrauma&Template=/CM/ContentDisplay.cfm&ContentID=1281Kilpatrick, 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. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Fweb.s.ebscohost.com%2Fehost%2Fdetail%2Fdetail%3Fvid%3D0%26sid%3D9f443b2e-ba0b-469b-bd0f-a9c871a6a0cd%2540redis%26bdata%3DJkF1dGhUeXBlPXNzbyZzaXRlPWVob3N0LWxpdmUmc2NvcGU9c2l0ZQ%253d%253d%23AN%3D18977959%26db%3DsihLanius, R., Brand, B., Vermetten, E., Frewen, P. A., & Speigel, D. (2012). The dissociative subtype of posttraumatic stress disorder: rationale, clinical and neurobiological evidence, and implications. *Depression and Anxiety, 29,* 701-708.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., Shnaider, P., & Chard, K. M. (2021). Posttraumatic Stress Disorder. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders*, 6th Edition (pp. 64-107). The Guilford Press.Neacsiu, A. D., Zerubavel, N., Nylocks, K. M., & Linehan, M. M. (2021). Borderline Personality Disorder. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders,* 6th Edition (pp. 381-442). New York: The Guilford Press. (R)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. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Fwww.tandfonline.com%2Fdoi%2Ffull%2F10.1080%2F15299732.2011.570592Norman, 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. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Fweb.p.ebscohost.com%2Fehost%2Fdetail%2Fdetail%3Fvid%3D0%26sid%3Ddb6e9bee-a17c-4f2e-ba7e-14788d64181d%2540redis%26bdata%3DJkF1dGhUeXBlPXNzbyZzaXRlPWVob3N0LWxpdmUmc2NvcGU9c2l0ZQ%253d%253d%23AN%3D22175797%26db%3DsihPearlman, L. A., Caringi, J., & Trautman, A. R. (2021). New perspectives on vicarious traumatization and complex trauma. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 189-204). 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)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. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Fovidsp.dc2.ovid.com%2Fovid-a%2Fovidweb.cgi%3FQS2%3D434f4e1a73d37e8c88968e4e39841554548bb292d9569a179e9c3b7e80a2e258b7b5dadd9ceb6b422aac0ee3c227fc0f7850f9ca0178b697ee01f8dac3bc45ec1b82456482adf25cfcab52a2a118c27abe9092e3860a61a033f8ca7b154731b6d9fbfdbeb355ac62bbd9f3744cd77d22ee6f816a2764151170e52758bfd90db5d9f600b79db7a89553b0044e64eba3747a0db071918ce147c385893a17824633404b0599ba66a225384c6a3a7d9c1f7b48706d4a3b730f74523aa207c5b4357abd5d8c09ae4d2cace1e2284cccf4ea90dad30359573980aff60f5c7e3b041fe2Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment,* pp. 3-73. W.W. Norton & Co. (R)Silove, D., & Klein, L. (2021). Culture, trauma, and traumatic stress among refugees, asylum seekers, and post-conflict populations. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 483-500). The Guilford Press. 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. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Fweb.p.ebscohost.com%2Fehost%2Fdetail%2Fdetail%3Fvid%3D0%26sid%3Df5aae8d3-2bd3-42b1-8566-ed4e66141a5c%2540redis%26bdata%3DJkF1dGhUeXBlPXNzbyZzaXRlPWVob3N0LWxpdmUmc2NvcGU9c2l0ZQ%253d%253d%23AN%3D18977954%26db%3DsihSpinazzola, J., & Briere, J. (2020). Evidence-based psychological assessment of the sequelae of complex trauma. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 125-148). New York: The Guilford Press.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. Turkus, J. A. (2013). The shaping and integration of a trauma therapist. *Journal of Trauma & Dissociation, 14*(1), 1-10. 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. 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. 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. https://go.openathens.net/redirector/adler.edu?url=https%3A%2F%2Foce.ovid.com%2Farticle%2F00000756-201006000-00010%2FHTMLWachen, J. S., Dondanville, K. A., Mcdonald, A., & Resick, P. A. (2017). Cognitive therapy. In: S. N. Gold, (Ed.), *APA handbook of trauma and psychology, vol. 2*, (pp. 143-168). American Psychological Association.  |
| **Supplemental/ Additional Readings** **(Note: This section is optional)** |
| N/A |
| **Required Resources & Supplies** |
| None |
| **Supplemental/ Additional Resources & Supplies**  **(Note: This section is optional)** |
| None |

|  |
| --- |
| **Instructional Methods:** |
| Lecture, discussion, case presentation and analysis, role plays, videotapes, and in-class group exercises. |
| **Delivery Method:** |
| On-the ground/on campus |
| **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. **Fall/Spring Semesters** Students are responsible for maintaining regular and punctual attendance for each class session. Students who expect to miss or arrive late for class should notify the instructor in advance. Students who miss more than two unexcused class sessions, or an accumulation of 5 hours of class time due to late arrival or tardiness may receive a grade of “F” (Fail) and may be required to repeat the course. 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. In those instances in which a class is offered on a weekend intensive format (that is, three or fewer class meetings in a semester), missing one class may result in a grade of “F” (Fail). Due to the unique structure of the practicum seminar courses, students who miss more than one class session in a semester may receive a grade of “NC” (No Credit) and may be referred to the Training Committee for review. **Summer Semester** Students are responsible for maintaining regular and punctual attendance for each class session. Students who expect to miss or arrive late for class should notify the instructor in advance. Students who miss more than two unexcused (or one 5-hour per week) class sessions may receive a grade of “F” (Fail) and may be required to repeat the course. Students who miss more than two unexcused class sessions, or an accumulation of 5 hours of class time due to late arrival or tardiness may receive a grade of “F” (Fail) and may be required to repeat the course. In those instances in which a class is offered on a weekend intensive format (that is, three or fewer class meetings in a semester), missing one class may result in a grade of “F” (Fail). Due to the unique structure of the practicum seminar courses, students who miss more than one class session in a semester may receive a grade of “NC” (No Credit) and may be referred to the Training Committee for review. |
| **Grading and Evaluation:** |
| Grading Scale: A= 95%-100%; A-= 90%-94% ; B+=85%-89% ; B=80%-84%; B-=77%-79%; C=70%-76%; D=60%-69%; F=Below 60%1. In order to pass successfully each PsyD course students are required to meet the minimal level of achievement, which is a grade of B. In courses or seminars where letter grades are not used, the minimal level of achievement to pass is a grade of “Credit” (CR).
2. Students who receive a grade of C or below in a required course must retake the course and pass it with a grade of at least B. If the course is an elective, the student has the option to retake the course and achieve a grade of at least B or elect a different elective and pass it with a grade of at least B. Students who receive a grade of No Credit (NC) are required to retake the course or seminar.
3. None of the courses with a grade of B- or below, or NC will meet the requirements for the completion of the PsyD degree.
4. Students can appeal their grade by following the Grade Appeal Policy.
5. Students who receive a grade of B- or below, or NC are referred to the Student Development Committee.

It is expected that as graduate students all students will actively participate in class. 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).Students are expected to complete two course evaluations. One at mid-term and one at the end of the term.  |
| **Course Rubric:** |
| The PsyD Program assesses student learning in each course through the completion of course rubrics. These rubrics are congruent with the Standards of Accreditation in Health Service Psychology profession-wide competencies. The following competencies are included in this course:  |
| **Assignments:** |
| * 1. Therapist’s Self-Care Questionnaire – 10% of grade
	2. Email Posts on Specific Self-Care Activities Completed – 5% of grade
	3. “Pop” quizzes on the assigned readings: 5 quizzes, 5 points each – 25% of grade
	4. Case Conceptualization and Treatment Plan #1 – 25% of grade
	5. 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-5-TR 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 Policies** |
| 1. Regular class attendance is required. Having more than **one unexcused** absence is grounds for an incomplete or course failure. Any unavoidable emergencies need to be discussed with the instructor as soon as possible.
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.
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. 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.
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 related to experiences of traumatic stress, 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 emotionally intense 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.
7. All work must be completed by the identified date. If an emergency occurs that prevents completion of the assignment by the due date, the student must meet with the instructor to discuss whether and under what terms late work will be accepted.
8. There will be no make-up work or extra credit assignments offered in addition to the options described in the syllabus.
9. Students who wish to meet individually with the professor to discuss issues related to the course must make the necessary arrangements.
10. The use of cellular phones and wrist devices is prohibited during class.
11. The use of computers in class is only allowed as an aid to taking class-related notes. Students must not check email, use Facebook, or other social media.
12. Inappropriate conduct (e.g., hostility, sarcasm or any form of disrespect, including verbal or nonverbal expressions, shown toward any of the class members or the instructor) may result in disciplinary action or failure to pass the course.
 |
| **Institutional and Department/ Program Policies:** |
| PsyD Program Policies can be found in the PsyD Program Policies Handbook*https://connect.adler.edu/academiclife/academics/clinicalpsyc/Pages/default.aspx*Program information can be found in the PsyD Program Student Handbook *https://connect.adler.edu/academiclife/academics/clinicalpsyc/Pages/default.aspx*University Policies can be found in the Catalog & Student Handbook*http://www.adler.edu/page/campuses/chicago/student-services/catalog-handbook* |
| **Academic Honesty** |
| Adler University 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 University further considers resubmission of work done partially or entirely by another, as well as resubmission of work done by a student in a previous course or for a different professor, 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. Student Handbook: http://www.adler.edu/page/campuses/chicago/student-services/catalog-handbook |
| **Students with Disabilities (ADA Compliance)** |
| It is the policy of Adler University to offer reasonable accommodations to students with qualified disabilities, in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 and the B.C. Human Rights Code. **If a student with a disability wishes to receive accommodations in order to participate in the courses, programs, or activities offered by the University, the student may request accommodations by contacting** disabilityoffice@adler.edu**.** The use of these services is voluntary and confidential. Students must request accommodation prior to the implementation of needed accommodation. Accommodations cannot be applied retroactively. University Catalog [https://www.adler.edu/wp-content/uploads/2020/08/Adler-University-Catalog\_2020-2021-Catalog.pdf](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.adler.edu%2Fwp-content%2Fuploads%2F2020%2F08%2FAdler-University-Catalog_2020-2021-Catalog.pdf&data=02%7C01%7CJHenning%40adler.edu%7Ca42f400f540642c1d41208d8543bc35b%7C9de910667ccb4483a226fd27d4b9c570%7C0%7C0%7C637351962954084099&sdata=Dpv5c%2BadRTQ68nK6Nm5fnlxNspR3y7LfiqcoRg0k97Q%3D&reserved=0)Student Handbook: [https://www.adler.edu/wp-content/uploads/2020/06/Adler-University-Handbook-19-20-.pdf](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.adler.edu%2Fwp-content%2Fuploads%2F2020%2F06%2FAdler-University-Handbook-19-20-.pdf&data=02%7C01%7CJHenning%40adler.edu%7Ca42f400f540642c1d41208d8543bc35b%7C9de910667ccb4483a226fd27d4b9c570%7C0%7C0%7C637351962954084099&sdata=VZKlyMpqAiWHf%2FAQ3XFuRbrjdK8NmZPETn53wNR2zvk%3D&reserved=0)Additional resources: <https://www.adler.edu/student-alumni-resources/> |
| **Sexual Harassment and Sexual Violence Policy:** **Disclosure and Mandated Reporting**  |
| The Adler University Sexual Harassment and Sexual Violence Policy is available at Here is the link for the Title IX policy on Adler Connect. [https://connect.adler.edu/studentservices/studentaffairs/Documents/Adler%20University%20Title%20IX%20Sexual%20Harassment%20Policy%20August%202020.pdf](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fconnect.adler.edu%2Fstudentservices%2Fstudentaffairs%2FDocuments%2FAdler%2520University%2520Title%2520IX%2520Sexual%2520Harassment%2520Policy%2520August%25202020.pdf&data=02%7C01%7CJHenning%40adler.edu%7C7a003c97e7d744d76db108d850d4b2da%7C9de910667ccb4483a226fd27d4b9c570%7C0%7C0%7C637348221892345789&sdata=07x%2FltjsI0nRqQyLAKNL4dlqt68P7gfVgMTTuU04Iic%3D&reserved=0)**This policy addresses how information about sexual violence/sexual misconduct that is shared with any Adler University faculty and staff must be reported to the Title IX Coordinator, Ms. Julie Proscia (****jproscia@adler.edu****).** |
| **Minimum Hardware and Software Requirements** (if applicable) |
| N/A |

**Topical Outline: \*Content and Readings are based on seven full-day sessions.**

**\*Course sequence may be modified; students will be notified of any changes.**

|  |  |
| --- | --- |
| **Class Topics & Course Objectives** **(Map the Exit Competencies and/or Course Learning Objectives to the topics)** | Readings & Assignments |
| **Week 1** **1/5** * The history of trauma research
* Diagnostic controversies
* The DSM-IV and DSM-5 conceptualizations of ASD/PTSD
* The cultural context of trauma responses
 |  **(To be read before the first week of class)**Herman, J.L. (1997). *Trauma and recovery*. New York: Basic Books Intro., chs. 1-4Briere, J., & Scott, C. (2015). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment ( DSM-5 Update), 2nd edition*. Los Angeles: Sage. Chs. 1, 2, pp. 1-61.Friedman, M. J., Bovin, M. J., & Weathers, F. W. (2021). DSM-5 criteria for PTSD. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 19 -37). The Guilford Press. Friedman, M. J., Schnurr, P. P., & Keane, T. M. (2021). PTSD from DSM-III to DSM-5: Progress and challenges. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 3 -18). The Guilford Press. van der Kolk, B.A., & Courtois, C.A. (2005). Editorial comments: Complex developmental trauma. *Journal of Traumatic Stress, 18*(5), 385-388.  |
| **Week 2** **1/12** * 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

  |  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.Chs. 1, 13, 14, 15, 16, 17, 18Mahoney, M.J. (2003). Being human and a therapist. In M. J. Mahoney, *Constructive psychotherapy: A practical guide*. New York: The Guilford PressPearlman, L. A., Caringi, J., & Trautman, A. R. (2021). New perspectives on vicarious traumatization and complex trauma. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 189-204). New York: The Guilford Press. |
| **Week 3** **1/19** * 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 experiences
* The effects of trauma on development
 | **Self-Care Questionnaire Due****Post at least 5 entries throughout the semester concerning your own self-care using an email to me and all the other students** Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma Treatment*, pp. 3-73. W.W. Norton & Co. 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. 3, pp. 63-96.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. 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. Spinazzola, J., & Briere, J. (2020). Evidence-based psychological assessment of the sequelae of complex trauma. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 125-148). New York: The Guilford Press.Ford, J. D. (2020). Developmental neurobiology. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 35-61). New York: The Guilford Press. |
| **Week 4** **1/26** * 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
 | Brown, L. S. (2008). *Cultural competence in trauma therapy: Beyond the flashback.* Washington, D.C.: American Psychological Association. Introduction, ch. 1Constans, 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. 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. Childhood Trauma Remembered - ISTSS Report: http://www.istss.org/AM/Template.cfm?Section=ChildhoodTrauma&Template=/CM/ContentDisplay.cfm&ContentID=1281Haaken, J. (1998). *Pillar of salt: Gender, memory, and the perils of looking back*. Piscataway, New Jersey: Rutgers University Press. chs. 1, 2 |
| **Week 5** **2/2** * Type I trauma: Motor vehicle accident
* Type I trauma: Rape
* CBT approaches for Type I trauma: CBT, Cognitive Processing Therapy
* -+logical and conceptual problems with applying research on “evidence-based treatments”to community-based clinical populations
 | [Start reading Shay]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.  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. Bryant R. A. (2021). Psychological models of PTSD. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 98 -116). The Guilford Press. Wachen, J. S., Dondanville, K. A., Mcdonald, A., & Resick, P. A. (2017). Cognitive therapy. In: S. N. Gold, (Ed.), *APA handbook of trauma and psychology, vol. 2*, (pp. 143-168). American Psychological Association. 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. |
| **Week 6** **2/9** * Case conceptualizations and treatment plans
* Film: *Fearless*
 | ***No assigned readings*** |
| **Week 7** **2/16** * 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
 | Shay, J. (1995). *Achilles in Viet Nam: Combat trauma and the undoing of character.* New York: Scribner. (entire)Davis, M, Barad, M., Otto, M., Southwick, S. (2006). Combining phamacotherapy with cognitive behavioral therapy: Traditional and new approaches. *Journal of Traumatic Stress, 19(*5), 571-581. Monson, C. M., Shnaider, P., & Chard, K. M. (2021). Posttraumatic Stress Disorder. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders*, 6th Edition (pp. 64-107). The Guilford Press.Briere, J., & Scott, C. (2015). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment ( DSM-5 Update), 2nd edition*. Los Angeles: Sage. Ch. 12, pp 259-332. |
| **Week 8** **2/23*** 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
 | **First case conceptualization and treatment plan due**Herman, J.L. (1997). *Trauma and recovery*. New York: Basic Books. Chs. 5-6van 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.Ford, J. D., & Courtois, C. A. (2020). Defining and understanding complex trauma and complex traumatic stress disorders. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 3-34). New York: The Guilford Press.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. Lanius, R., Brand, B., Vermetten, E., Frewen, P. A., & Speigel, D. (2012). The dissociative subtype of posttraumatic stress disorder: rationale, clinical and neurobiological evidence, and implications. *Depression and Anxiety, 29,* 701-708. |
| **Week 9** **3/2*** Type II trauma: Phase-oriented integrated therapy models
* Common misdiagnoses in trauma survivors
* DBT for co-morbid Borderline Personality Disorder
* EMDR
* Movement- and energy-based treatment approaches
 | Herman, J.L. (1997). *Trauma and recovery*. New York: Basic Books chs. 7-10Courtois, C. A. (2020). Therapeutic alliance and risk management. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 99-124). New York: The Guilford Press.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.Courtois, C. A., Ford, J. A., Cloitre, M., & Schnyder, U. (2020). Best practices in psychotherapy for adults. In: J. D. Ford & C. A. Courtois, eds., *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition* (pp. 62-98). New York: The Guilford Press.Neacsiu, A. D., Zerubavel, N., Nylocks, K. M., & Linehan, M. M. (2021). Borderline Personality Disorder. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders,* 6th Edition (pp. 381-442). New York: The Guilford Press. (R) |
| **Week 10** **3/9*** “The trauma marinade” (Kotlowitz’ *There are no children here*; Allison’s *Bastard out of Carolina*)
* Race/ethnicity and trauma
* The cumulative effects of cultural oppression and traumatic events
* Military Sexual Trauma
* Feedback on papers
 | Brown, L. S. (2008). *Cultural competence in trauma therapy: Beyond the flashback.* Washington, D.C.: American Psychological Association. Chs. 10, 7Comas-Díaz, L. (2016). Racial trauma recovery: A race-informed therapeutic approach to racial wounds. In A. N. Alvarez, C. T. H. Liang, & H. A. Neville (Eds.), Cultural, racial, and ethnic psychology book series. The cost of racism for people of color: Contextualizing experiences of discrimination (p. 249–272). American Psychological Association.  Allard, C. B., Nunnink, S., Gregory, A. M., Klest, B. & Platt, M. (2011).Military sexual trauma research: A proposed agenda. *Journal of Trauma & Dissociation, 12*(3), 324-345. |
| **Week 11** **3/16*** PTSD and substance abuse
* PTSD and sex work
* Sexual revictimization in trauma survivors
* Trauma in LGBTQI clients
* Film: *Mysterious Skin – watch on your own, but* ***DO NOT WATCH IT BEFORE THIS CLASS MEETING!***

 *I will offer some comments in class that are relevant to your viewing.* | 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.Brown, L. S. (2008). *Cultural competence in trauma therapy: Beyond the flashback.* Washington, D.C.: American Psychological Association. Chs. 6, 8Rheingold, 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. 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.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 |
| **Week 12** 3/23* Dissociative Identity Disorder
* Trauma and aging
* Spirituality after trauma
 | 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. [Just skim through]Brand, B., & Frewen, P. (2017). Dissociation as a trauma-related phenomenon.In S. N. Gold (Ed.), APA handbooks in psychology. APA handbook of trauma psychology: Foundations in knowledge (pp. 215-241). Washington, DC, US: American Psychological Association.Cook, J. M., & Simiola, V. (2021). Trauma and PTSD in older adults. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 263-279). The Guilford Press. DePrince, A. P., Dorahy, M. J., Lanius, R., & Schiavone, F. L. (2021). Trauma-induced dissociation. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 135-151). The Guilford Press. Thorp, S. R., Wells, S. Y., & Cook, J. M. (2017). Trauma-focused therapy for older adults. In S. N. Gold (Ed.), APA handbooks in psychology. APA handbook of trauma psychology: Vol. 2, Trauma practice (pp. 431-448). Washington, DC: American Psychological Association. |
| **Week 13:** **To be completed on your own.****Virtual/Asynchronous Learning Module**3/30* Trauma in torture survivors and refugees
* Natural disasters and trauma
* Complex disasters and trauma
* Trauma in police officers, firefighters, emergency rescue personnel, and journalists
 | [Start reading Spiegelman (1986) and Speigelman (1992)]Gorman, W. (2001). Refugee survivors of torture: trauma and treatment. *Professional Psychology: Research and Practice, 32*(5), 443-451. Hernandez, P. (2002). Trauma in war and political persecution: Expanding the concept. *American Journal of Orthopsychiatry, 72*(1), 16-25. 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. Holmqvist, R., & Andersen, K. (2003). Therapists’ reactions to treatment of survivors of political torture.*Professional Psychology: Research and Practice, 32*(5), 294-300. Silove, D., & Klein, L. (2021). Culture, trauma, and traumatic stress among refugees, asylum seekers, and post-conflict populations. In: [M. J. Friedman](https://www.guilford.com/author/Matthew-J-Friedman), [P. P. Schnurr](https://www.guilford.com/author/Paula-P-Schnurr), & [T. M. Keane](https://www.guilford.com/author/Terence-M-Keane), (Eds.), *Handbook of PTSD: Science and Practice, 3rd ed.* (pp. 483-500). The Guilford Press.  |
| **Week 14** 4/6* Transgenerational Trauma
* Leary’s *Post Traumatic Slave Syndrome*
* 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
* Course wrap-up
 | **Second case conceptualization and treatment plan due**Spiegelman, A. (1986). *Maus, a survivors tale: My father bleeds history.* New York: Pantheon. (entire)Spiegelman, A. (1992). *Maus II, a survivor's tale: And here my troubles began.* New York: Pantheon. (entire)Branscomb, L.P. (1993). Surrender, healing, and the mythic journey. *Journal of Humanistic Psychology, 33*(4), 64-74. Turkus, J. A. (2013). The shaping and integration of a trauma therapist. *Journal of Trauma & Dissociation, 14*(1), 1-10. 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.ch. 19Herman, J.L. (1997). *Trauma and recovery*. New York: Basic Books. (Afterword) |
| **Week 15**4/13 * Optional Q & A and discussion
 |  |

**(Optional) Bibliography:** Insert current journal articles and books that may serve as course content references for students. Use APA style.