**Chicago Campus**

**Department of Psychology**

**Course Syllabus**

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| **Course Title:** | Advanced Trauma-Focused Approaches to Intervention |
| **Course Number and Section:** | PSY-806-A |
| **Credit Hours:** | 3 Credit Hours |
| **Course Section Schedule:** | Summer 2022;Thursdays, 10:00am–12:00pm/1:00pm–4:25pm |
| **Prerequisites:** | Must have taken 706; 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 |
| **Contact Information:** | jhenning@adler.edu; 312-662-4343; 773-860-1417 (cell) |

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| **Course Description:** |
| This course covers advanced issues concerning the diagnosis and treatment of trauma-related dysfunction, particularly post-traumatic stress disorder (PTSD) and common comorbid conditions. Building upon the theoretical knowledge gained in *706*, the emphasis of the course will be on development and application of skills in conducting research-supported therapy and assessment for Type I (“single-event”) and Type II (“complex”) trauma, Dissociative Disorders, and trauma-associated somatic symptoms. Major treatment approaches to be covered will include phase-oriented integrated treatment and relational models; Skills Training in Affective and Interpersonal Regulation (STAIR); cognitive-behavioral therapy (CBT), Stress-Inoculation Therapy (SIT), and Cognitive Processing Therapy (CPT); Eye-Movement Desensitization and Reprocessing (EMDR), Dialectical-Behavioral Therapy (DBT), Imagery Rehearsal Therapy (IRT), Narrative Exposure Therapy (NET), and Clinical Hypnosis. The course will also address specific treatment considerations for returning military personnel as well as ethical issues relevant to clinical work with trauma survivors. The management of countertransference reactions and the recognition, prevention, and treatment of compassion fatigue and vicarious traumatization in the clinician will be emphasized throughout the course. (3 credits) |
| **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.
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| **Course Learning Objectives:** |
| Course Objectives1. To provide advanced-level conceptual frameworks for understanding complex clinical cases related to traumatic stress and related disorders.
2. To foster an advanced level of understanding about the applications of techniques for assessment and intervention in clinical issues related to traumatic stress.
3. To critique the various models’ effectiveness and usefulness, and foster the ability to select treatment approaches that best fit clients’ unique symptom profiles and clinical needs.
4. To critically evaluate the conceptual and methodological approaches of published research and its applicability to community-based clinical populations, the DSM-IV and DSM-5 conceptualizations of trauma-related disorders, and the cultural meaning of these experiences.
5. To foster development of advanced graduate level skills in safely and effectively conducting at least one research-supported therapeutic approach for the treatment of trauma, including rapport building, negotiating about conflicting goals, termination issues, and treatment planning.
6. To discuss the ethical and professional issues related to working clinically with persons presenting with trauma-related issues, including factors related to cultural competence, rapport and relationship building, appropriate boundaries and empathy, application of published research to community-based populations, and therapist countertransference and self-care.
7. To gain understanding, practice, and increased comfort in working as a team to develop a treatment plan for persons presenting with trauma-related issues, from initial client contact through termination.
8. To understand at a beginning internship level the impact of human diversity including age, gender, sexual orientation, race, religion, ethnicity, and culture when working with clinical issues related to traumatic stress.
9. To gain increased understanding about and empathy for the particular adaptation of any individual to her or his life circumstances

Upon completion of this course, students should be able to do the following:1. Working as a team, and at an advanced graduate level, conceptualize a clinical case using the relevant theories and clinical frameworks, including history, etiology, and symptomology concerning trauma-related dysfunction across the lifespan from a biopsychosocial-spiritual perspective.
2. Working as a team, and at an advanced graduate level, develop a treatment plan that identifies and utilizes effective, research-supported, culturally competent strategies and techniques in short- and long-term therapy for persons with trauma-related disorders and dysfunction, and specify recommendations and cautions for therapists.
3. Evaluate and critique the conceptual and methodological approaches of published research and make recommendations about its applicability to community-based clinical populations.
4. Demonstrate awareness of the strengths and limitations of generalized and specialized assessment measures with trauma-survivor populations.
5. Evaluate, critique, and apply the DSM-IV and DSM-5 conceptualization and diagnoses of PTSD and trauma-related disorders, and the cultural meaning of trauma-related symptoms.
6. Demonstrate beginning internship-level skills in safely and effectively conducting at least one research-supported therapeutic approach for the treatment of trauma, including rapport building, negotiating about conflicting goals, termination issues, and treatment planning.
7. Demonstrate awareness of key legal and ethical issues and dilemmas impacting clinical work with trauma survivors.
8. Demonstrate an awareness of how gender, race, sexual orientation, and economic and cultural contexts impact experiences and expression of PTSD symptoms across the lifespan, particularly with respect to the cumulative effects of oppression and trauma.
9. Demonstrate beginning internship-level skills in self-awareness about personal beliefs and countertransference reactions elicited by a variety of traumatizing experiences, and increased skill in understanding and managing them effectively.
10. Empathically appreciate the particular adaptation of any individual to her or his life circumstances.
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| **Textbooks and Materials** |
| **Required Textbook (s)** |
| Texts:Armstrong, K., Best, S., & Domeneci, P. (2005). *Courage after fire: coping strategies for troops returning from Iraq and Afghanistan and their families**.* Ulysses Press. [Available online; click title to access]Cloitre, M., Cohen, L.R., Ortigo, K. M., Jackson, C., & Koenen, K.C. (2020). *Treating survivors of childhood abuse and interpersonal trauma: STAIR Narrative Therapy.* New York: The Guilford Press. (Entire)Courtois, C.A., & Ford, J.D. (Eds.). (2013). *Treatment of complex trauma: A sequenced, relationship-based approach**.* New York: The Guilford Press. [Available online; click title to access]Linehan, M. M. (2015). *DBT Skills Training Manual (2nd Edition).* New York: The Guilford Press. Moore, B. A., & Kennedy, C. H. (2010). *Wheels down: Adjusting to life after deployment.* Washington, D. C.: American Psychological Association.Resick, P. A., Monson, C. M., & Chard, K. M. (2017). *Cognitive Processing Therapy for PTSD: A comprehensive manual.* New York: The Guilford Press. |
| **Required Readings – see Below** |
| **Required Texts and Readings**Blanchard, E. B., & Hickling, E. J. (2004). *After the crash: Psychological assessment and treatment of survivors of motor vehicle accidents**.* (2nd Edition). Washington, D. C.: American Psychological Association. (chs. 17-19) [Available online; click title to access]Brown, L. S. (2020). Cultural humility and spiritual awareness. In: J. D. Ford, & C. A. Courtois, eds. *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition*, (pp.168-188). New York: The Guilford Press.Brand, B. (2001). Establishing safety with patients with dissociative identity disorder. *Journal of Trauma and Dissociation, 2*(4), 133-155. [Available online; click title to access]Briere. J. N., & Scott, C. (2015). Principles of Trauma Therapy: A guide to symptoms, evaluation, and treatment (2nd edition). Los Angeles: Sage. (chs. 5, 6, 8)Courtois, C.A., & Ford, J.D. (Eds.). (2020). *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models (2nd edition)*. New York: The Guilford Press. Edinger, J. D., & Means, M. K. (2005). Cognitive-behavioral therapy for primary insomnia. *Clinical Psychology Review, 25*, 539-558. [Available online; click title to access]Elber, T., Schauer, M., & Neuner, F. (2021). Narrative Exposure Therapy (NET): Reorganizing memories of traumatic stress, fear, and violence. In: U. Schnyder & M. Cloitre, eds. *Evidence based treatments for trauma-related psychological disorders*, (pp. 229-253). Springer International Publishing.Ferentz, L. (2012). Treating self-destructive behaviors in trauma survivors: A clinician’s guide. New York: Routledge (ch. 13, pp. 137-148, “Working with the  cycle: Self-destructive behaviors and CARESS”).Foy, D. W., et al. (2011). Group therapy. In: B. A. Moore & W. E. Penk, *Treating PTSD in military personnel: A clinical handbook* (Ch. 8, pp. 125-140). New York: The Guilford Press.Jackson, C., Nissenson, K., & Cloitre, M. Cognitive behavioral therapy. (2020). In: J. D. Ford, & C. A. Courtois, eds. *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition*, (pp.370-389). New York: The Guilford Press.Kluft, R. P. (2012). Hypnosis in the treatment of dissociative identity disorder and allied states: An overview and case study. *South African Journal of Psychology, 42*(2), 146-155.Krakow, B., & Zadra, A. (2006). Clinical management of chronic nightmares: Imagery Rehearsal Therapy. *Behavioral Sleep Medicine, 4*(1), 45-70. [Available online; click title to access]Lynn, S. J., & Cardena, E. (2007). Hypnosis and the treatment of posttraumatic conditions: An evidence-based approach. *International Journal of Clinical and Experimental Hypnosis, 55*(2), 167-188. [Available online; click title to access]Monson, C. M., Schnurr, P. P., Resick, P. A., Friedman, M.J., Young-Xu, Y., & Stevens, S. P. (2006). Cognitive processing therapy for veterans with military-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 74*(5), 898-907. [Available online; click title to access]Moore, B. A., & Krakow, B. (2010). Imagery rehearsal therapy: An emerging treatment for posttraumatic nightmares in veterans. *Psychological Trauma: Theory, Research, Practice, and Policy, 2*(3), 232-238.Ready, D.J., Thomas, K.R., Worley, V., Backscheider, A.G., Harvey, L.C., Baltzell, D. & Rothbaum, B. O. (2008). A field test of group based exposure therapy with 102 veterans with war-related posttraumatic stress disorder. *Journal of Traumatic Stress, 21*(2), 15-157. [Available online; click title to access]Reger, G. M., & Skopp, N. A. (2012). Posttraumatic stress disorder, depression, and other psychological sequelae of military deployment. In: C. H. Kennedy & E. A. Zillmer, eds. *Military psychology: Clinical and operational applications* (Ch. 5, pp. 93-120)*.*  New York: The Guilford Press. Resick, P.A., et al. (2012). Long-term outcomes of cognitive-behavioral treatments for posttraumatic stress disorder among female rape survivors. Journal of Counseling and Clinical Psychology, 80(2), 201-210. Russell, M.C., Lipke, H., & Figley, C. Eye movement desensitization and reprocessing. (2011). In: B. A. Moore & W. E. Penk, *Treating PTSD in military personnel: A clinical handbook* (Ch. 5, pp. 74-89).New York: The Guilford Press.Schauer, M., Neuner, F., & Elbert, T. (2011). *Narrative exposure therapy: A short-term intervention for traumatic stress disorders after war, terror, or torture, 2nd Edition.* Cambridge, MA: Hogrefe & Huber Publishers. (Excerpts, to be distributed in class.)Shapiro, F., & Latiotis, D. (2021). EMDR therapy for trauma-related disorders. In: U. Schnyder & M. Cloitre, eds. *Evidence based treatments for trauma-related psychological disorders*, (pp. 205-228). Springer International Publishing. Sloan, D. M., et al. (2012). Written exposure as an intervention for PTSD: A randomized clinical trial with motor vehicle accident survivors. *Behavior Research and Therapy, 50*, 627-635.Steele, K., & Van der Hart O. (2020). Assessing and treating complex dissociative disorders. In: J. D. Ford, & C. A. Courtois, eds. *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition*, (pp.149-167). New York: The Guilford Press. Steele, K., van der Hart, O., & Nijenhuis, E. R. S. (2005). Phase-oriented treatment of structural dissociation in complex traumatization: Overcoming trauma-related phobias. *Journal of Trauma and Dissociation, 6*(3), 11-53. [Available online; click title to access]Suris, A., et al. (2013). A randomized clinical trial of cognitive processing therapy for veterans with PTSD related to military sexual trauma. *Journal of Traumatic Stress, 26*, 28-37.Wiederhold, B. K., & Wiederhold, M. D. (2010). Virtual reality treatment of posttraumatic stress disorder due to motor vehicle accident. *Cyperpsychology, Behavior, & Social Networking, 13*(1), 21-27. |
| **Supplemental/ Additional Readings** **(Note: This section is optional)** |
| **Recommended, or Reference Materials from 706**Brown, L. S. (2008). *Cultural Competence in Trauma Therapy: Beyond the Flashback.* Washington, D.C.: American Psychological Association.Briere, J., & Spinazzola, J. (2005). Phenomenology and psychological assessment of complex posttraumatic states. *Journal of Traumatic Stress, 18*(5), 401-412. Courtois, C.A. (1997). Healing the incest wound: A treatment update with attention to recovered memory issues. *American Journal of Psychotherapy, 51*(4), 464-496. (Ford, J.D., Courtois, C.A., Steele, K., van der Hart, O., & Nijenhuis, E.R.S. (2005). Treatment of complex posttraumatic self-dysregulation. *Journal of Traumatic Stress, 18*(5), 437-447. (E)Haaken, J. (1998). *Pillar of Salt: Gender, Memory, and the Perils of Looking Back*. Piscataway, New Jersey: Rutgers University Press. [Chapters 1, 8, 9, 11.] Herman, J.L. (1997). *Trauma and Recovery*. New York: Basic Books.International Society for the Study of Dissociation (2011). Guidelines for treating dissociative identity disorder in adults. *Journal of Trauma & Dissociation, 12*, 115-187. International Society for the Study of Traumatic Stress. (1997). Childhood Trauma Remembered: A report on the current scientific knowledge base and its applications. http://www.istss.org/AM/Template.cfm?Section=ChildhoodTrauma&Template=/CM/ContentDisplay.cfm&ContentID=1281Neacsiu, A. D., & Linehan, M. M. (2014). Borderline personality disorder. In D. H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders*, 5th Edition (pp. 394-461). New York: The Guilford Press. Pearlman, L.A., & Courtois, C.A. (2005). Clinical applications of the attachment framework: Relational treatment of complex trauma. *Journal of Traumatic Stress, 18*(5), 449-459. Pearlman, L.A., & Saakvitne, K.W. (1995). *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors.* New York: W. W. Norton & Company.Resick, P.A., Monson, C. M., & Rizvi, S. L. & Calhoun, K.S. (2014). Posttraumatic Stress Disorder. In D. H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders*, 5th Edition (pp. 62-113). New York: The Guilford Press. Resick, P.A., & Calhoun, K.S. (2001). Posttraumatic Stress Disorder. In D. H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders*, 3rd Edition (pp. 60-113). New York: The Guilford Press.Rothschild, B. (2000). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment,* pp. 3-73. W.W. Norton & Co.Shay, J. (1995). *Achilles in Viet Nam: Combat Trauma and the Undoing of Character.* New York: Scribner. Van der Hart, O., Nijenhuis, E.R.S., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization.* New York: W.W. Norton & Co. van der Kolk, B., McFarlane, A.C., & Weisaeth, L. (Eds.) (2006).*Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society.* New York: The Guilford Press. van der Kolk, B.A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress, 18*(5), 389-399. (E)Vermetten, E., Dorahy, M.J., & Spiegel, D., eds. (2007). *Traumatic dissociation: Neurobiology and treatment.* Washington, D.C.: American Psychiatric Publishing. Additional readings may be distributed in class.  |
| **Required Resources & Supplies** |
| **Films to be shown in class:**Anson, W. (2008). *Flashback: The science behind recovered memories of child sexual abuse.* Lionsong Productions.Briere, J. (2014). *Understanding and treating complex psychological trauma*. Ben Franklin Institute, Inc.Courtois, C. (2014). *Treating complex trauma: A sequenced, relationship-based approach.* Ben Franklin Institute, Inc. Kowatsch, C. (1991). *The use of hypnosis in the treatment of Multiple Personality Disorder*. Behavioral Science Center Inc. Linehan, M. (2003). *Getting a New Client Connected to DBT*. New York: Guilford Publications.Monson, C. M. (2016). *Cognitive Behavioral interventions for Posttraumatic Stress Disorder.* Washington, D.C.: American Psychological Association.Shapiro, F. (1997). *EMDR for trauma: Eye movement desensitization and reprocessing.* Washington, D.C.: American Psychological Association. |
| **Supplemental/ Additional Resources & Supplies**  **(Note: This section is optional)** |
| None |

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| **Instructional Methods:** |
| Lecture, discussion, case presentation and analysis, in-class therapy role plays, films, group projects, and in-class group presentations. |
| **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. In-class role plays – 30% of grade
	2. Analysis and critique of other students’ role plays – 15% of grade
	3. Class (Group) Project: Brief Case Conceptualization, Selection of Therapeutic Approach and Treatment Plan – 25% of grade
	4. Individual Reflection Paper on Group Project – 5% of grade
	5. Group Project: Critical Analysis of an Ethical Issue or Dilemma Relevant to Clinical Work with Trauma Survivors – 25% of grade

The Class Project assignment requires students to work as a team to apply relevant theories and research to a clinical “case” depicted in a character in a feature film. Students will be required to summarize the presenting problems and symptoms, analyze whether DSM-5 diagnoses are appropriate, discuss the etiological, developmental, and cultural factors influencing the experience and expression of symptoms, describe the relevant research findings and theoretical approaches, and recommend research-supported assessment and intervention approaches that are appropriate for the case. In the treatment plan, students will be required to provide a list of problems as well as the client’s strengths and assets, the short-term and long-term treatment goals, the detailed theory- and research-based strategies and techniques that will be used to achieve the treatment goals, laid out over sessions and time, the questions or concerns that should be taken into account with this client and the therapeutic approach selected, and any countertransference reactions the student anticipates that she or he might encounter in working with this client. It is likely that students will cite at least 10 of the assigned course readings and texts to support their work. |

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| **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 group presentation or participate in the group treatment team project. 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.
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| **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** studentaffairs@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. Catalog & Student Handbook: http://www.adler.edu/page/campuses/chicago/student-services/catalog-handbook |
| **Sexual Harassment and Sexual Violence Policy:** **Disclosure and Mandated Reporting**  |
| The Adler University Sexual Harassment and Sexual Violence Policy is available at [adler.edu/title9]. **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, Ben Lyon, Director of Compliance (**blyon@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.**

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| **Class Topics & Course Objectives** **(Map the Exit Competencies and/or Course Learning Objectives to the topics)** | Readings & Assignments |
| **Week 1****5/5** **DID & Dissociative Disorders****Self-Harm and Suicidality*** Stage-oriented integrated treatment models
* Hypnosis techniques
* Risk assessment and management
* Film/video: *The use of hypnosis in the treatment of Multiple Personality Disorder* (Kowatsch)
* In-class role plays: review of a transcription of a therapy session (Henning)
* Critique/Feedback: discussion of the techniques used
 |  (To be read before the first week of class)**Readings:**Kluft, R. P. (2012). Hypnosis in the treatment of dissociative identity disorder and allied states: An overview and case study. *South African Journal of Psychology, 42*(2), 146-155.Brand, B. (2001). Establishing safety with patients with dissociative identity disorder. *Journal of Trauma and Dissociation, 2*(4), 133-155. Steele, K., & Van der Hart O. (2020). Assessing and treating complex dissociative disorders. In: J. D. Ford, & C. A. Courtois, eds. *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition*, (pp.149-167). New York: The Guilford Press. Lynn, S. J., & Cardena, E. (2007). Hypnosis and the treatment of posttraumatic conditions: An evidence-based approach. *International Journal of Clinical and Experimental Hypnosis, 55*(2), 167-188.**Review from 706:**International Society for the Study of Dissociation (2011). Guidelines for treating dissociative identity disorder in adults. *Journal of Trauma & Dissociation, 12*, 115-187. |
| **Week 2****5/12** **Complex Trauma** **(Type II Trauma; DES NOS)**Stage-oriented integrated treatment models: research support, rationale, structure, and techniquesFilm: Briere, J. (2014). Understanding and treating complex psychological trauma. Ben Franklin Institute, Inc. (excerpts)Film: Courtois, C. (2014). Treating complex trauma: A sequenced, relationship-based approach. Ben Franklin Institute, Inc. (excerpts)* In-class role plays:

 Dyad #1 Dyad #2* Critique/Feedback

  |  **Readings:**Courtois, C.A., & Ford, J.D. (Eds.). (2013). *Treatment of complex trauma: A sequenced, relationship-based approach**.* New York: The Guilford Press.), chs. 1 (“Complex trauma and traumatic stress reactions”), 2 (“Complex traumatic stress reactions and disorders”), 4 (“Treatment goals and assessment”), 5 (“Phase 1: Safety, stabilization, and engagement – measured in skills, not time”), 6 (“Phases 2 and 3:Trauma memory, emotion processing, and application to the present and future”), 9 (“Walking the walk: The therapeutic relationship”)Briere. J. N., & Scott, C. (2015). *Principles of Trauma Therapy: A guide to symptoms, evaluation, and treatment* (2nd edition). Los Angeles: Sage. (chs. 5, “Psychoeducation,” 6, “Distress reduction and affect regulation training,” and 8, “Emotional processing.”)**Review from 706:**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. Herman, J.L. (1997). *Trauma and Recovery*. New York: Basic Books, chs. 7-10van 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., 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. 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. |
| **Week 3****5/19** **CPT: Type I Trauma*** Cognitive Processing Therapy: research support, rationale, structure, and techniques
* Assessment of trauma: symptoms and events

Film/video: Monson, C. M. (2016). *Cognitive Behavioral interventions for Posttraumatic Stress Disorder.* Washington, D.C.: American Psychological Association.* In-class role plays:

 Dyad #1 Dyad #2* Critique/Feedback
 | **Readings:**Resick, P. A., Monson, C. M., & Chard, K. M. (2017). *Cognitive Processing Therapy for PTSD: A comprehensive manual.* New York: The Guilford Press. (Entire)**Review from 706:**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.  |
| **Week 4****5/26** **CBT: Motor Vehicle Accident*** CBT: research support, rationale, techniques, and efficacy
* Film/video
* Group and Family Systems approaches
* Virtual Reality for Exposure
* In-class role plays:

 Dyad #1 Dyad #2* Critique/Feedback
 | **Readings:**Blanchard, E. B., & Hickling, E. J. (2004). *After the crash: Psychological assessment and treatment of survivors of motor vehicle accidents**.* (2nd Edition). Washington, D. C.: American Psychological Association. Chs. 17 (“The Albany Treatment Study: A randomized, controlled comparison of cognitive-behavioral therapy and SUPPORT in the treatment of chronic PTSD secondary to MVAs”), 18 (“The treatment manual: An in-depth look at the Albany MVA Project’s cognitive-behavioral therapy”), and 19 (“Supportive Psychotherapy manual”)Wiederhold, B. K., & Wiederhold, M. D. (2010). Virtual reality treatment of posttraumatic stress disorder due to motor vehicle accident. *Cyperpsychology, Behavior, & Social Networking, 13*(1), 21-27.Sloan, D. M., et al. (2012). Written exposure as an intervention for PTSD: A randomized clinical trial with motor vehicle accident survivors. *Behavior Research and Therapy, 50*, 627-635.Courtois, C.A., & Ford, J.D. (Eds.). (2020). *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models (2nd edition)*. New York: The Guilford Press. [Chapters 19, “Group Therapy” & 21, “Family Systems Therapy”] |
| **Week 5****6/2** **Combat, pt. 1*** The use of CBT or CPT in Combat
* CBT/CBT-I for insomnia
* IRT for severe and chronic nightmares
* Group and family system interventions, continued (emphasis on combat survivors)
* In-class role plays:

 Dyad #1 Dyad #2* Critique/Feedback
 | **Readings:**Armstrong, K., Best, S., & Domeneci, P. (2005). *Courage after fire: coping strategies for troops returning from Iraq and Afghanistan and their families**.* Ulysses Press. (Entire) Reger, G. M., & Skopp, N. A. (2012). Posttraumatic stress disorder, depression, and other psychological sequelae of military deployment. In: C. H. Kennedy & E. A. Zillmer, eds. *Military psychology: Clinical and operational applications* (Ch. 5, pp. 93-120)*.* New York: The Guilford Press. Ready, D.J., Thomas, K.R., Worley, V., Backscheider, A.G., Harvey, L.C., Baltzell, D. & Rothbaum, B. O. (2008). A field test of group based exposure therapy with 102 veterans with war-related posttraumatic stress disorder. *Journal of Traumatic Stress, 21*(2), 15-157. Foy, D. W., et al. (2011). Group therapy. In: B. A. Moore & W. E. Penk, *Treating PTSD in military personnel: A clinical handbook* (Ch. 8, pp. 125-140).New York: The Guilford Press.Moore, B. A., & Krakow, B. (2010). Imagery rehearsal therapy: An emerging treatment for posttraumatic nightmares in veterans. *Psychological Trauma: Theory, Research, Practice, and Policy, 2*(3), 232-238.Edinger, J. D., & Means, M. K. (2005). Cognitive-behavioral therapy for primary insomnia. *Clinical Psychology Review, 25*, 539-558. Krakow, B., & Zadra, A. (2006). Clinical management of chronic nightmares: Imagery Rehearsal Therapy. *Behavioral Sleep Medicine, 4*(1), 45-70. **Review from 706:**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. Shay, J. (1995). *Achilles in Viet Nam: Combat Trauma and the Undoing of Character.* New York: Scribner. |
| **Week 6****6/9** **STAIR-MPE*** The STAIR model: research support, rationale, techniques, and efficacy
* Trauma and memory
* Film/video: *Flashback: The Science Behind Recovered Memories of Childhood Sexual Abuse*
* In-class role plays:

 Dyad #1 Dyad #2* Critique/Feedback
 | **Readings:**Cloitre, M., Cohen, L.R., Ortigo, K. M., Jackson, C., & Koenen, K.C. (2020). *Treating survivors of childhood abuse and interpersonal trauma: STAIR Narrative Therapy.* New York: The Guilford Press. (Entire)Jackson, C., Nissenson, K., & Cloitre, M. Cognitive behavioral therapy. (2020). In: J. D. Ford, & C. A. Courtois, eds. *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition*, (pp.370-389). New York: The Guilford Press.**Review from 706:**International Society for the Study of Traumatic Stress. (1997). Childhood Trauma Remembered: A report on the current scientific knowledge base and its applications. http://www.istss.org/AM/Template.cfm?Section=ChildhoodTrauma&Template=/CM/ContentDisplay.cfm&ContentID=1281 |
| **Week 7****6/16** **DBT/DBT-PTSD*** DBT: research support, rationale, structure, techniques, groups
* Film/video: Linehan, M. (2003). *Getting a New Client Connected to DBT*. New York: Guilford Publications.
* In-class role plays:Dyad #1Dyad #2
* Critique/Feedback
 | **Readings:** Linehan, M. M. (2015). *DBT Skills Training Manual (2nd Edition).* New York: The Guilford Press. (Entire)Ferentz, L. (2012). Treating self-destructive behaviors in trauma survivors: A clinician’s guide. New York: Routledge (ch. 13, “Working with the cycle: Self-destructive behaviors and CARESS”).**Review from 706:**Neacsiu, A. D., & Linehan, M. M. (2014). Borderline personality disorder. In D. H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders*, 5th Edition (pp. 394-461). New York: The Guilford Press.  |
| **Week 8****6/23** **EMDR****Seeking Safety****NET for refugees and survivors of government-sponsored torture****Cultural Considerations, Revisited*** Seeking Safety
* NET: rationale, structure, and techniques
* EMDR: research support, rationale, structure, techniques, contraindications, training
* Film/video: *EMDR for trauma: Eye movement desensitization and reprocessing* (Shapiro)
* Cultural humility and trauma treatment
* **Ethics presentation Group #1, #2, #3**
* Wrap-up
 | **Readings:** Russell, M.C., Lipke, H., & Figley, C. Eye movement desensitization and reprocessing. (2011). In: B. A. Moore & W. E. Penk, *Treating PTSD in military personnel: A clinical handbook* (Ch. 5, pp. 74-89). New York: The Guilford Press.Shapiro, F., & Latiotis, D. (2021). EMDR therapy for trauma-related disorders. In: U. Schnyder & M. Cloitre, eds. *Evidence based treatments for trauma-related psychological disorders*, (pp. 205-228). Springer International Publishing. Elber, T., Schauer, M., & Neuner, F. (2021). Narrative Exposure Therapy (NET): Reorganizing memories of traumatic stress, fear, and violence. In: U. Schnyder & M. Cloitre, eds. *Evidence based treatments for trauma-related psychological disorders*, (pp. 229-253). Springer International Publishing.Brown, L. S. (2020). Cultural humility and spiritual awareness. In: J. D. Ford, & C. A. Courtois, eds. *Treating complex traumatic stress disorders in adults: Scientific foundations and therapeutic models, 2nd edition*, (pp.168-188). New York: The Guilford Press.Schauer, M., Neuner, F., & Elbert, T. (2011). *Narrative exposure therapy: A short-term intervention for traumatic stress disorders after war, terror, or torture, 2nd Edition.* Cambridge, MA: Hogrefe & Huber Publishers. (Excerpts, to be distributed and discussed in class.)**Ethics presentation** Group #1, #2, #3, #4  |
| **Students meet to do the group project together, at a time they select.** **Combat, pt. 2*** As a class, view the chosen film/video (*The Messenger*). As a class, develop the case conceptualization & treatment plan; select a therapeutic technique.
* Individually: write reflection papers
 | **Class project: Develop case conceptualization & treatment plan; select a therapeutic technique. Submit one paper, authored by the entire class.** **Individually: write reflection papers** |

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