

Assessment & Treatment of Trauma from a Systems Perspective**Meeting Times:** January 12, 2015 – January 16, 2015

8:30am – 4:30pm Monday – Friday

Note: The following course may change at the Instructors' discretion

Instructor: Michelle Finley, Ph.D., LMFT

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Course Description:

This course provides an overview of evidence-based practice for working with survivors of trauma using a systems and relational lens. In this course, students will explore the nature and meaning of trauma, assessing and identifying trauma, and effective practices for treating trauma. This will include a focus on clinical assessments for trauma, understanding diagnosis and trauma, and relational processes as they apply to assessment, case conceptualization, treatment, and theological understandings of trauma therapy. Through exploring contemporary evidence-based trauma treatment approaches, students will have the opportunity to experience a variety of intervention methods and begin the process of formulating a theologically and personally integrated model of trauma therapy. Concepts discussed in this course will be applied to a variety of contexts and relationships and will include an emphasis on secondary or vicarious trauma and self-care.

Course Outcomes

<u>By the end of the semester, students will:</u>	<u>Student Learning Outcomes (SLO) & MFT Competencies (MFTC:)</u>	<u>Assessment Signature Assignments</u>
<ul style="list-style-type: none"> Be able to define trauma from a psychological, physiological, social and theological framework 	SLO 1: able to conduct multicultural, evidence-based Marriage and Family Therapy that meets entry-level professional and ethical standards. SLO 5: able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of MFT. MFTC 1.2.3: Recognize issues that...suggest referral for specialized evaluation...care	-Class reading and participation
<ul style="list-style-type: none"> Be able to discuss trauma's relationship to psychiatric disorders (DSM 5), substance abuse, suicide, relational problems, and other problems in living 	SLO 1: see above MFTC 2.1.2: Understand major behavioral health disorders... 2.1.3: Understand the clinical needs and implications of persons with comorbid disorders 2.1.4: Comprehend...assessment...appropriate to presenting problem... 2.1.5: Understand current models of assessment... 3.4.3: Evaluate level of risks, management of risks, crises and emergencies	-Class reading and participation -Research-informed case study & presentation
<ul style="list-style-type: none"> Be able to describe and discuss the neurobiological components of trauma 	SLO 1: see above MFTC 1.2.3: Recognize issues that...suggest referral for specialized evaluation...care	-Class reading and participation -Mind-Body Intervention Demo

	2.2.5: Consider physical & organic problems...	
<ul style="list-style-type: none"> Be able to assess individuals, couples and families for trauma related problems and complications 	SLO 1: see above MFTC 1.2.1: Recognize contextual and systemic dynamics 2.1.4: Comprehend...assessment ... appropriate to presenting problem... 2.2.3: Develop hypotheses regarding relationship patterns and their bearing on the presenting problem... 2.3.1: ...Diagnose...systemically and contextually	-Class reading and participation -Research-informed case study & presentation
<ul style="list-style-type: none"> Demonstrate knowledge of evidence-based models of treatment (three phase model, EMDR, CPT, etc.) 	SLO 1: see above MFTC 3.1.1: Know which models...are most effective for presenting problems 3.3.5: Manage...therapy toward treatment goals 4.1.1: Comprehend a variety of individual and systemic therapeutic models...	-Class reading and participation -Mind-Body Intervention Demo -Research-informed case study & presentation
<ul style="list-style-type: none"> Be able to articulate how MFT models can be adapted for work with trauma survivors 	SLO 2: demonstrate a broad knowledge of Marriage and Family Therapy theory and be able flexibly to relate theories to evidence-based practice. MFTC 1.2.1: Recognize contextual and systemic dynamics 2.3.1: ...Diagnose...systemically and contextually 3.1.1: Know which models...are most effective for presenting problems	-Class reading and participation -Research-informed case study & presentation
<ul style="list-style-type: none"> Be able to discuss vicarious traumatization, compassion fatigue and therapist self-care 	SLO 5: able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of MFT. MFTC 5.4.2: Monitor attitudes...personal issues...to ensure they do not impact therapy adversely or create vulnerability to misconduct 5.5.2: Consult with peers...supervisors if personal issues, attitudes or beliefs threaten to adversely impact work	Class reading and participation Mind-Body Intervention Demo
<ul style="list-style-type: none"> Be able to discuss how to implement a trauma-informed model of care in an organization 	SLO 2: demonstrate a broad knowledge of systemic theory and MFT treatment models and flexibly apply these in evidence-based practice. MFTC 2.2.4: Consider the influence of treatment on extra-therapeutic relationships 3.1.1: Know which models...are most effective for presenting problems	Class reading and participation

Course Requirements:

1. Assigned Readings, Class Participation, Attendance (15%)

Task:

Students will complete required reading and participate in class discussion each class period.

Evaluation:

Students will demonstrate completion of reading assignments by participating in class discussions. Students will document completion of reading assignments.

2. **Mind-Body Intervention Rationale and Demonstration** (15%) – **DUE January 15th**

Tasks:

The student will lead class on a specific mind-body intervention commonly used with trauma survivors to help ground them and regulate affect. In addition to leading the class in an exercise, the student will describe to the class the rationale for the exercise and how it is intended to help in the healing process of trauma work.

Examples: Breathing exercises, guided meditations, yoga, progressive relaxation, exercises, dance or other forms of therapeutic movement (we will discuss many of these examples in class, but students are welcome to utilize other mind-body techniques intended to help clients reduce stress and manage intense affect).

Evaluation:

The professor will observe student presentation of technique and note whether or not the student demonstrates good understanding of the purpose and implementation of the technique.

3. **Research-Informed Clinical Case Study and Presentation** (40%) – **DUE January 30th**

****Use case study rubric/instructions attached or posted on CAMS**

Tasks:

The paper will consist of an identification of a trauma(s) depicted in the movie, a narrative summary of what occurred and the family members involved, followed by your conceptualization of the system based on the trauma model you've selected. **Due dates for movie choice and trauma model choice are listed in the course schedule.**

See specific instructions on rubric/instructions. Note that this is a research-informed case study. You will need to:

- a. Select an evidence-based trauma treatment model from which to analyze your clinical case. **Note: The model chosen must be one that we have covered in the course.**
- b. Use a minimum of 10 peer-reviewed research articles and 1 or more books on the trauma model you have selected. Use a minimum of 5 peer-reviewed research articles on the presenting problem or trauma identified in your case. You will need to locate **professional journal articles** related to the use of the model you have chosen. You will also need to include journals related to the identified problem. For example: If you were to choose a case involving childhood sexual abuse and you wanted to use TF-CBT you could then find articles on both the topic of childhood sexual abuse as well as on TF-CBT as it relates to the topic of childhood sexual abuse. This should be done utilizing online databases from the library, such as PsycINFO. Many of the articles will be available instantly online, but don't be afraid to take advantage of interlibrary loan if you locate a good article that is not online. These articles must be cited in your presentation as well as in a reference page at

the end of your paper. You must use **APA Style** to cite your sources. If you are unfamiliar with APA Style check out the following website:
<http://owl.english.purdue.edu/owl/resource/560/01/>.

You will need to construct your paper applying a trauma model to the identified topic or presenting problem from one of your cases. You must incorporate the professional sources into your paper. Remember to **CITE** anything that is not your own work. Keep in mind that you are presenting a **SCHOLARLY** application/analysis of the model.

- c. Brief theological reflection: In the final section of your paper, reflect theologically on the case you have selected. Pay particular attention to theological themes in client presentation and the work of the therapist in intervention. Be sure to cite any theologians or theological traditions upon which you draw for your reflection. Focus clearly on pastoral concerns the practice of counseling as ministry as you construct this section.

To write your case study, follow the steps outlined in the Research-Informed Clinical Case Study Rubric attached to the syllabus or on the CAMS site.

4. **PICK ONE: Organizational Research Project OR Community Agency Interview** **Note: need to contact me no later than January 16th about agencies you may want to interview or organizations to research. (30%) – DUE January 23rd**

a) **Organizational Research Project:** Explore 5 community, national, or international organizations that deal directly with an aspect of crisis intervention or trauma work. Gather information on these agencies (i.e., goals, structure, services, funding, outcomes, research, support). Present a written 4-6-page summary of your findings (can be bullet points, but do not copy and paste from the websites! Develop your own summary), and share any accompanying material (which will be returned if you wish). Post your summary to CAMS and email professor before class.

Send the professor a list of the organizations you plan to research no later than January.

OR

b) **Community Agency Interview:** Select a community agency that works with trauma cases and employs mental health professionals. Conduct an interview (30-45 minutes) with a mental health professional. Before calling to arrange an appointment, research the organization. Most have websites or annual reports you can review. You will share this information during a small group presentation. You may do this assignment in pairs, but your paper needs to be written independently!

By NO LATER than January, e-mail me and let me know which agencies you plan to contact. Again, check with me first. I want to be sure no more than 2 people conduct an interview at the same site.

Include the following questions in your interview, but feel free to ask other questions as time and interest permit. Be very considerate of the interviewee's time, and thank them!

(i) How did you choose your profession? (ii) How do you approach your work with regard to crisis intervention and trauma treatment? (iii) How do you think your work influences individuals, families, and communities at the local, regional, and/or national or international levels? (Depending on the type of interview you are conducting) (iv) How does your agency incorporate evidence-based practice into service delivery? (v) What specific considerations do you have when working with diverse clients (e.g., culture, age, and gender differences)? (vi) What are your favorite and most challenging aspects of your position? (vii) How do you manage self-care?

Write a 4-5-page summary of the interview. The paper should discuss information collected in the interviews, your personal responses/reactions, and how this interview may influence your career direction.

Required Texts:

Briere, J. & Scott, C. (2015). Principles of Trauma Therapy: A guide to Symptoms, Evaluation and Treatment. Sage Publications.

Herman, J. L. (1997). Trauma and Recovery: The aftermath of violence from domestic abuse to political terror. Basic Books.

Rambo, S., Keller, K. (2010). Spirit and trauma: a theology of remaining. Louisville, KY: Westminster/John Knox.

Recommended Texts:

Courtois, C.A. & Ford, J.D. (2009) Treating complex traumatic stress disorders: An evidence-based guide. The Guilford Press. New York, NY.

Dimeff, L., & Koerner, K. (2007) Dialectical Behavior Therapy in Clinical Practice: Applications across disorders and settings. Guilford Press.

Foa, E., Hembree, E., Olaslov, R. (2007) Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences therapist guide. Oxford University Press. New York, NY.

Najavitz, L. (2002) Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. The Guilford Press, New York, NY.

Schauer, M., Neuner, F., Elbert, T. (2005) Narrative Exposure Therapy: A Short-term Intervention for Traumatic Stress Disorders after War, Terror, or Torture, Hogrefe & Huber, Ashland, OH.

Zayfert, C. & Becker, C. B. (2008). Cognitive Behavioral Therapy for PTSD. New York: Guilford Press.

Recommended Trainings:

Trauma-Focused Cognitive Behavioral Therapy (CBT): <http://tfcbt.musc.edu>. (4-10 hours)

The National Child Traumatic Stress Network: <http://www.nctsn.org/resources/training-and-education-q2>

International Society for Traumatic Stress Studies: http://www.istss.org/Online_Trauma_Training.htm

Use of Inclusive Language

In accordance with seminary policy, students are to use inclusive language in class discussions and in written and oral communication by using language representative of the whole human community in respect to gender, sexual orientation, ethnicity, age, and physical and intellectual capacities. For more information see: <http://lpts.libguides.com/content.php?pid=469569&sid=4083885> Direct quotations from theological texts and translations of the Bible do not have to be altered to conform to this policy. In your own writing, however, when referring to God, you are encouraged to use a variety of images and metaphors, reflecting the richness of the Bible's images for God.

Academic Honesty

All work turned in to the instructors is expected to be the work of the student whose name appears on the assignment. Any borrowing of the ideas or the words of others must be acknowledged by quotation marks (where appropriate) and by citation of author and source. Use of another's language or ideas from online resources is included in this policy, and must be attributed to author and source of the work being cited. Failure to do so constitutes plagiarism, and may result in failure of the course. Two occurrences of plagiarism may result in dismissal from the Seminary. Students unfamiliar with issues related to academic honesty can find help from the staff in the Academic Support Center. For more information, see the Policy for Academic Honesty in the Student Handbook.

Special Accommodations

Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center (kmapes@lpts.edu) during the first two weeks of a semester (or before the semester begins) and should speak with the instructor as soon as possible to arrange appropriate adjustments. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor.

Citation Policy

Citations in your papers should follow Seminary standards, which are based on these guides:

American Psychological Association. *Publication Manual of the American Psychological Association*. 6th ed. Washington, DC: American Psychological Association, 2010.

Turabian, Kate L., Wayne C. Booth, Gregory G. Colomb, and Joseph M. Williams. *A Manual for Writers of Research Papers, Theses, and Dissertations: Chicago Style for Students and Researchers*. 8th ed. Chicago: University of Chicago Press, 2013.

The Chicago Manual of Style. 16th ed. Chicago: University of Chicago Press, 2010.

Copies of these guides are available at the library and in the Academic Support Center.

Attendance Policy

According to the Seminary catalog, students are expected to attend class meetings regularly. In case of illness or emergency, students are asked to notify the instructor of their planned absence from class, either

prior to the session or within 24 hours of the class session. Six or more absences (1/4 of the course) may result in a low or failing grade in the course.

Make-Up Work Policy

No make up work for unexcused absences will be accepted. Simply emailing the instructors informing them that you will be absent (for any reason) will **not** count as an excused absence, and therefore will count as an unexcused absence. Unexcused absences will result in a score of “0” for any assignments due on the day of your absence. Acceptable excused absences include death of an immediate family member, an obligatory school function or illness with a doctor’s note. In order for these absences to be **excused**, students must provide documentation of their absence. If you have an excused absence, you will be allowed to make-up assignments that you missed as a result of your absence. Arrangements for make-up assignments are to be coordinated with the instructors.

Email Policy

Emails will be responded to as quickly as possible. However, emails sent on the weekend may not be responded to until Monday. It is highly recommended that you provide sufficient time before an assignment is due for receiving a response to an email asking a question.

Summary of Class Grading Percentages

15%	Assigned Readings, Class Participation, Attendance
15%	Mind-Body Intervention Rationale and Demonstration (DUE January 15 th)
40%	Research-Informed Clinical Case Study and Presentation (Idea due January 16 th ; Final DUE January 23 rd)
30%	Organizational Research Project/Community Agency Interview (DUE January 30 th)
100%	Total

Grading Scale

A = 90%-100%
B = 80%-89%
C = 70%-79%
D = 60%-69%
F = 59% or lower

Course Schedule

DATE	COURSE CONTENT	ASSIGNMENTS (DUE DATES)
January 12 th	<p>Introduction to the Course <i>Introductions</i> <i>Syllabus</i> <i>Course Expectations</i> <i>Course Objectives</i></p> <p>History of Trauma <i>Pre-Freud</i> <i>Freud</i> <i>Hysteria</i> <i>Shell Shock</i> <i>PTSD</i></p> <p>Trauma Defined <i>Trauma defined (clinically, DSM-5)</i> <i>Combat, Sexual Assault, Intimate Partner Violence (IPV),</i> <i>Childhood Sexual Abuse, Child Abuse, Torture, Natural</i> <i>Disasters</i></p> <p>The Effects of Trauma <i>Mind, Body, Spirit, Relationships</i> <i>Common Diagnoses in the DSM-5</i></p>	<p><i>Rambo, S. & Keller, K. (2010)</i> – ALL</p> <p><i>Briere & Scott (2015) –</i> <i>Introduction, Part I: Chs. 1-3</i></p> <p><i>Herman (1997) – Introduction,</i> <i>Part I: Chs. 1-6</i></p>
January 13 th	<p>Assessment of Trauma <i>Clinical Interviews</i> <i>Psychological Tests</i> <i>Systemic Considerations and Assessments</i></p> <p>Specific Forms of Trauma Treatment -- Acute <i>Narrative Exposure Therapy; Psychological First Aid;</i> <i>Prolonged Exposure Therapy</i></p> <p>Specific Forms of Trauma Treatment – Longer-term; Complex and/or Chronic Trauma <i>Cognitive Processing Therapy; Trauma-Focused Cognitive Behavioral</i> <i>Therapy; Cognitive Behavioral Therapy; Dialectical Behavioral</i> <i>Therapy; Acceptance and Commitment Therapy; Neuroaffective</i> <i>Relational Model; Internal Family Systems; Emotionally-Focused</i> <i>Therapy (trauma focused); Eye Movement Desensitization and</i> <i>Reprocessing; Psychoanalytic Perspective</i></p>	<p><i>Briere & Scott (2015) –</i> <i>Chs. 4-11</i></p> <p><i>Herman (1997) – Chs. 7-11</i></p>
January 14 th	<p>Continued Discussion of Trauma Treatments <i>Acute vs. Chronic Symptomatology</i> <i>Severity of Trauma</i> <i>Cognitive and Affective Processing</i> <i>Other neurological concerns</i> <i>Medical concerns</i> <i>Substance Use concerns</i></p> <p>Systemic Perspective on Trauma</p>	

	<p><i>IFS, EFT, other systemic approaches and adaptations to trauma work</i></p> <p>Treating Co-Morbidities <i>Substance Use</i> <i>Seeking Safety Curriculum</i></p> <p>Neurobiology of Trauma <i>Psychopharmacology</i> <i>Mindfulness: Meditation & Yoga</i></p>	
January 15th	<p>Mindfulness, Meditation, Mind-Body Work <i>Student Mind-Body Demonstrations</i></p>	<p><i>Mind-Body Intervention</i> <i>Rationale and</i> <i>Demonstration Due!</i></p>
January 16th	<p>Course Wrap Up <i>Final thoughts, trauma-informed care model, vicarious trauma, self-care practices</i></p>	<p><i>Organizational Research</i> <i>Project/Community Agency</i> <i>Idea Due!</i></p>
January 23rd		<p><i>Organizational Research</i> <i>Project/Community Agency</i> <i>Interview Due!</i></p>
January 30th		<p><i>Research-Informed Clinical</i> <i>Case Study Due!</i></p>

