

**Abuse and Trauma**  
**PC 2223**  
**Fall 2018**  
**Wednesdays 1:30 -4:20 PM**  
**Schlegel Hall 121**

**Ashley Hicks White, Ph.D, LMFT**  
[ahicks@lpts.edu](mailto:ahicks@lpts.edu)

**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.

**Objectives and Expected Student Learning Outcomes**

<b><u>By the end of the semester, students will:</u></b>	<b><u>Student learning outcomes (SLO) &amp; MFT Competencies (MFTC)</u></b>	<b><u>Assessment Signature Assignments</u></b>
Be able to define trauma from a psychological, physiological, social, and theological framework	<b>SLO 1:</b> able to conduct multicultural, evidence-based Marriage and Family Therapy that meets entry-level professional and ethical standards. <b>SLO 5:</b> able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of MFT.  <b>MFTC 1.2.3:</b> Recognize issues that...suggest referral for specialized evaluation...care	Class Participation Course Readings Final Paper
Be able to discuss trauma's relationship to psychiatric disorders (DSM 5), substance abuse, suicide, relational problems, and other problems in living	<b>SLO 1: see above</b>  <b>MFTC 2.1.2:</b> Understand major behavioral health disorders... <b>2.1.3:</b> Understand the clinical needs and implications of persons with comorbid disorders <b>2.1.4:</b> Comprehend...assessment...appropriate to presenting problem... <b>2.1.5:</b> Understand current models of assessment... <b>3.4.3:</b> Evaluate level of risks, management of risks, crises and emergencies	Class Participation Course Readings Final Paper
Be able to describe and discuss the neurobiological components of trauma	<b>SLO 1: see above</b>  <b>MFTC 1.2.3: see above</b>	Class Participation Course Readings Mind-Body Demonstration
Be able to assess individuals, couples and families for trauma related problems and	<b>SLO 1: see above</b> <b>MFTC 1.2.1:</b> Recognize contextual and systemic dynamics <b>2.1.4: see above</b> <b>2.2.3:</b> Develop hypotheses regarding	Class Participation Course Readings Final Paper

complications	relationship patterns and their bearing on the presenting problem... <b>2.3.1</b> ...Diagnose...systemically and contextually	Final Paper
Demonstrate knowledge of evidence-based models of trauma treatment	<b>SLO 1: see above</b> <b>MFTC 3.1.1:</b> Know which models...are most effective for presenting problems <b>3.3.5:</b> Manage...therapy toward treatment goals <b>4.1.1:</b> Comprehend a variety of individual and systemic	Class Participation Course Readings Mind-Body Demonstration Final Paper
Be able to articulate how MFT models can be adapted for work with trauma survivors	<b>SLO 2:</b> demonstrate a broad knowledge of Marriage and Family Therapy theory and be able flexibly to relate theories to evidence-based practice. <b>MFTC 1.2.1:</b> Recognize contextual and systemic dynamics <b>2.3.1:</b> ...Diagnose...systemically and contextually <b>3.1.1:</b> Know which models...are most effective for presenting problems	Class Participation Course Readings Mind-Body Demonstration Final Paper
Be able to discuss vicarious traumatization, compassion fatigue and therapist self-care	<b>SLO 5:</b> able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of MFT. <b>MFTC 5.4.2:</b> Monitor attitudes...personal issues...to ensure they do not impact therapy adversely or create vulnerability to misconduct <b>5.5.2:</b> Consult with peers...supervisors if personal issues, attitudes or beliefs threaten to adversely impact work	Class Participation Course Readings Self -Care Journal Assignment Book Review and Reflection Assignment
<p><b>Multicultural Therapy Definition:</b> Multicultural Therapy, according to D. W. Sue and Torino (2005, p 3) “...can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems.” Multicultural competence as a therapist includes: (1) therapist awareness of personal assumptions, values and biases, (2) understanding the worldview of diverse clients, and (3) facility with appropriate strategies and interventions consistent with the life experiences and values of culturally different clients. (Sue &amp; Sue 2008).</p>		
<p><b>Evidence-based Practice Definition:</b> EBP is a “...practice-friendly approach to using research to enhance family therapy” (Gehard, 2010, 133). This approach looks to research to help clinicians make decisions in therapy about care for individual clients, couples and families. Evidence-based practice will (1) look to research for information about what treatments are most effective for specific problems, (2) critically examine that research for its validity and applicability to specific cases, and (3) evaluate how effective a selected method is for specific clients, couples and families (for example, using the ORS/SRS).</p>		

## Course Requirements

### 1. Assigned Readings, Class Participation, Attendance (10%)

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

### 2. Mind-Body Intervention Rationale and Demonstration (20%)

Individually or in pairs students will lead the class in a specific 10-15 minute mind-body intervention that can be 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. Students will construct a 1-2 page handout on the intervention that will be provided to the class. These presentations will occur during the last two class sessions of the course.

**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 and in they will present in the readings, but students are welcome to utilize other mind-body techniques intended to help clients reduce stress and manage intense affect).

### 3. Self- Care Journal Assignment (20%)

Each student will keep a biweekly (every two weeks) self-care journal in which they report the actions they took to keep their emotional, physical, psychological, social, and spiritual selves healthy during the semester. Each biweekly entry should be 2-3 pages and should include at least three references from scholarly sources (i.e. journal articles, books, research articles, etc.) to support their statements. There will be 5 self-care journal entries throughout the semester.

Each journal entry must include the following:

- (1) The practice(s) that they undertook and why
- (2) Any specific issue(s) that the practice(s) were meant to address
- (3) How the practice contributed to their spiritual, mental, emotional, social, and physical wellbeing.

*See course schedule for journal due dates.*

### 4. Trauma Stewardship Book Review and Reflection Assignment (20%)

Each student is required to read the book *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others.* ). Upon reading this book students will be required to create a metaphor map and write a 2 page explication paper pertaining to the metaphor.

1. Reflect on the concept/ practice of trauma stewardship, focusing on what you consider its significant components.
2. Think of a metaphor to represent how you make sense of trauma stewardship: what is it similar to, and in what ways?
3. Draw this metaphor. Stick figures are fine. Artistic ability is not required, but clarity is.
4. Write a two-page explication of your drawing that interprets it for others, clearly explaining your metaphor and all of its details, with specific attention to how it captures the significant components of trauma stewardship.

NOTE: Knowing the language for the two parts of a metaphor will help you explain your ideas more clearly: in this case the **tenor** is trauma stewardship, and the **vehicle** is the object you select to make the metaphorical comparison. For a clear definition of metaphor see here: <https://www.grammarly.com/blog/metaphor/>.

### 5. Final Paper (30%)

Each student will be required to write a final paper for this course that will be due on the last day of class. A detailed rubric for this paper will be provided by the 7<sup>th</sup> week of the semester. The final paper will be due on Wednesday December 12, 2018 by 5:00pm.

#### Required Text

**BS** = Briere, J. & Scott, C. (2015). *Principles of Trauma Therapy: A guide to Symptoms, Evaluation and Treatment, 2<sup>nd</sup> Edition Revised and Expanded, DSM 5 update.* Sage Publications.

**HJ** = Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror.* Hachette UK: Basic Books.

**SS**= Stanley, S. (2016). *Relational and body-centered practices for healing trauma: Lifting the burdens of the past.* Routledge.

**VK** = Van der Kolk, B. (2015). *The body keeps the score.* New York: Penguin Books.

**VL** = van Dernoot Lipsky, L. (2010). *Trauma stewardship: An everyday guide to caring for self while caring for others.* Berrett-Koehler Publishers.

### **On CAMS**

- Durham, M., & Webb, S. S. (2014). Historical trauma: A panoramic perspective. *The Brown University Child and Adolescent Behavior Letter*.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258.
- Goodman, R. D. (2015). A liberatory approach to trauma counseling: Decolonizing our trauma-informed practices. In *Decolonizing "multicultural" counseling through social justice* (pp. 55-72). Springer New York.
- Larisey, K. (2012). The Wounded Healer: A Jungian Perspective.  
<http://www.jungatlanta.com/articles/fall12-wounded-healer.pdf>
- Repetti, R. L., Taylor, S. E., & Seeman, T. E. (2002). Risky families: family social environments and the mental and physical health of offspring. *Psychological bulletin*, 128(2), 330.

### **On Library Reserve**

- Catherall, D. R. (2004). *Handbook of stress, trauma, and the family*. New York: Brunner-Routledge.
- Yoder, C. (2015). *Little Book of Trauma Healing: When Violence Striked and Community Security Is Threatened*. Skyhorse Publishing, Inc..

### **Additional Resources**

SAMSHA Trauma-Informed Approach and Trauma-Specific Interventions

<https://www.samhsa.gov/nctic/trauma-interventions>

National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices

<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>

Adverse Childhood Experiences (ACEs) <https://www.cdc.gov/violenceprevention/acestudy/index.html>

## **Course Policies**

**Student responsibility**- Class attendance is expected. Read the assigned material prior to each class session and come to class prepared to participate in the discussions. You are responsible for all assignments, material presented in class, as well as in the text. Lectures may supplement, highlight, or bring something entirely different from what is included in the text.

**Classroom Behavior** - Tardiness and early departures are distracting and not appreciated by me as the instructor, nor your fellow classmates. Please avoid these behaviors unless absolutely necessary. **You are expected to adhere to the following principles during class: 1) no text messaging, phone calls, emailing, or surfing the internet; and 2) no side conversations irrelevant to the class.**

**Issues of Privacy and Confidentiality** - Given the potentially sensitive nature of the course topics we need a supportive and respectful environment that allows the ability to share viewpoints, experiences, and thoughts. Please do not discuss anything that people share in class with others outside of the class. In other words, please exercise confidentiality, any discussion in the class should stay in the class

**Inclusive/Expansive Language** – The practice of using inclusive language is encouraged of all LPTS staff, students, and faculty. In classroom discussions and writing assignments it is important to avoid divisive terms that reinforce stereotypes or are pejorative. Please access the following web page for resources to assist in using non-biased language:

<http://www.lpts.edu/academics/academic-resources/guides-policies-and-handbooks/inclusive-and-expansive-language>

**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. **Three or more absences (1/4 of the course) will result in a failing grade in the course.**

**Late work** –**Assignments are due at the beginning of class unless otherwise specified.** Due dates for every assignment are provided on the course syllabus and course schedule. **An assignment submitted within 24 hours of the due date will only be eligible for 80% of the maximum number of points allotted. Assignments submitted more than 24 hours after the due date will not be accepted.** There are no make-ups for in-class writing, activities, or the final exam. If you experience extenuating circumstances (e.g., you are hospitalized) that prohibit you from submitting your assignments on time, please let me know. I will evaluate these instances on a case-by-case basis.

**Writing guidelines** - **All assignments should be submitted typed in 12-point font using Times New Roman one-inch margins, and double-spaced.** Homework assignments assume a certain level of writing skills, and points will be deducted if your writing assignments are difficult to read due to poor writing. If you need assistance with your writing, please visit the LPTS online writing lab, <http://lpts.libguides.com/OWL>, or schedule an appointment with the academic support center (ASC).

**All assignments should be completed using APA format 6th edition.**

If you have questions, please see the following resources:

American Psychological Association. (2010). *Publication manual of the American Psychological Association*. Washington, DC: American Psychological Association.

Purdue Online Writing Lab: <http://owl.english.purdue.edu/owl/resource/560/01>

**Assignments that do not meet the writing guidelines will be returned for correction and will not be graded until corrected. Assignments will be reduced by 10% for each day (including the initial due date) after the assignment is late due to failure to adhere to the writing guidelines.**

**Drop/Withdrawal** - If you decide to withdraw from this course, you must follow the Registrar's Office's specified procedures. A student can change course load during the first two weeks of regular semesters with no notation on their transcript. After the first two weeks, the student may withdraw and receive a WP or WF notation. Withdrawal from a course during the last four weeks of class will result in a failing grade; withdrawal for medical reasons may be an exception. Students seeking a withdraw-medical (WM) must file a formal written request with the Dean of the Seminary no later than 5 p.m. of the last day of classes of the term in which the course is taught. In the case of medical causes, a student who receives a withdraw-medical will be required to submit to the Dean of the Seminary certification from the treating physician or therapist of the student's ability to resume academic and professional work before being readmitted to classes in the following term or semester.

**Academic Honesty** - All work turned in to the instructor 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. Multiple occurrences of plagiarism may result in dismissal from the Seminary. Students unfamiliar with issues relating to academic honesty can find help from the staff in the Academic Support Center. For the Seminary policy, Student Handbook, p. 16.

**Special Accommodations** - Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center during the first two weeks of a semester. Anyone who feels they may need an accommodation based on the impact of a disability should contact me to arrange an appointment within the first 3 class sessions. At the appointment we can discuss the course format, anticipate your needs and explore potential accommodations. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor.

### **Grading Scale and Philosophy**

A 96.6-100  
A- 93.6-96.5  
B+ 90.6-93.5  
B 87.6-90.5  
B- 85.6-87.5  
C+ 83.6-85.5

C 81.6-83.5  
C- 79.6-81.5  
D 70.6-79.5  
F Below 70.6

Individuals admitted to graduate study are expected to perform consistently and well in academic work. This is translated into grades in the following way:

1. Basic mastery of the body of knowledge at a level expected in graduate study will earn scores in the B to B+ range.
2. Grades of A- are granted for work which demonstrates basic mastery of the body of knowledge, and independent thought about the subject matter.
3. Grades of A are granted for work which demonstrates mastery of the required body of knowledge, independent thought about the subject matter, and creative/integrative use of the material, exceptional writing which integrates the material into a student's own system of thought, and/or exceptionally well done or articulate research.
4. Scores C and below do not meet the standard expected for graduate level academic work.

<b>Course Schedule Fall 2018 (subject to change)</b>	
<b>Topic</b>	<b>Readings and Assignments</b>
9/12 Introduction to the Course	<ul style="list-style-type: none"> <li>No required reading</li> <li>Begin reading <i>The body keeps the score</i> (VK)</li> </ul>
9/19 What is Trauma? Historical Trauma	<ul style="list-style-type: none"> <li>HJ Introduction, Ch.1 &amp; Ch. 2</li> <li>BS. Ch.1</li> <li>Durham &amp; Webb (2014)</li> </ul>
9/26 The Effects of Trauma	<ul style="list-style-type: none"> <li>HJ CH. 3 &amp; 4</li> <li>BS Ch. 2</li> <li>Finish <i>The Body Keeps the Score</i></li> <li><b>Journal 1 Due</b></li> </ul>
10/3 Vicarious Trauma, Compassion fatigue, Self-care	<ul style="list-style-type: none"> <li>Begin reading <i>Trauma Stewardship</i> (VL)</li> <li>Larisey (2012)</li> </ul>
10/10 Adverse Childhood Experiences	<ul style="list-style-type: none"> <li>Felliti et al (1998)</li> <li>Repetti, Taylor, &amp; Seeman (2002)</li> <li><a href="https://www.cdc.gov/violenceprevention/acestudy/index.html">https://www.cdc.gov/violenceprevention/acestudy/index.html</a></li> <li>HJ Ch.5</li> <li><b>Journal 2 Due</b></li> </ul>
<b>10/17 Research and Study – No Class</b>	
10/24 Trauma Informed Care Assessing Trauma and Post Traumatic Outcomes	<ul style="list-style-type: none"> <li>BS Ch. 3 &amp; 4</li> <li>HJ Ch. 6, 7, &amp; 8</li> <li>Goodman (20114)</li> <li>SAMSHA Trauma-Informed Approach and Trauma-Specific Interventions <a href="https://www.samhsa.gov/nctic/trauma-interventions">https://www.samhsa.gov/nctic/trauma-interventions</a></li> <li><b>Trauma Stewardship Assignment Due</b></li> </ul>
10/31 Specific Trauma Treatment Approaches	<ul style="list-style-type: none"> <li>BS Ch. 5 &amp; 6</li> <li>HJ Ch. 9, &amp; 10</li> <li><b>Journal 3 Due</b></li> </ul>
11/7 Specific Trauma Treatment Approaches Introduction to Embodiment	<ul style="list-style-type: none"> <li>BS Ch. 7, 8, &amp; 10</li> <li>SS Ch. 1-5</li> </ul>
11/14 Systemic Relational Approaches to Trauma Treatment	<ul style="list-style-type: none"> <li>BS Ch. 9</li> <li>HJ Ch. 10 &amp; 11</li> <li><b>Journal 4 Due</b></li> </ul>
11/21 Somatic Awareness, Empathy, Inquiry and Intervention	<ul style="list-style-type: none"> <li>SS Ch. 6-11</li> <li>BS Ch. 11 &amp; 12</li> </ul>
11/28 Mind Body Lab Part 1	<ul style="list-style-type: none"> <li>SS Ch. 12</li> <li>HJ Afterword and Epilogue</li> <li><b>Journal 5 Due</b></li> </ul>
12/5 Mind Body Lab Part 2 Last Day of Class Evaluations	<ul style="list-style-type: none"> <li>No required reading</li> </ul>



## Appendix I.

### MFT Student Learning Outcomes

#### **SLO 1**

Graduating students will be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.

#### **SLO 2**

Graduating students will demonstrate a broad knowledge of systemic theory and MFT Treatment models and flexibly apply these to evidence-based practice.

#### **SLO 3**

Graduating students will be able to think ethically and make appropriate clinical decisions consistent with the highest ethical and professional standards as entry level clinical professionals.

#### **SLO 4**

Graduating students will demonstrate the ability to apply multicultural approaches to Marriage and Family Therapy and attend appropriately to religious, cultural, racial, economic, gender, and sexual orientation differences as these are experience in client systems, client-therapist systems, supervisory systems, and broader social systems.

#### **SLO 5**

Graduating students will be able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.

### MFT Core Competency Domains (MFTC Domains)

**Competency Domain 1-- Foundations of Treatment:** Knowledge of system concepts, skills to establish therapeutic relationships.

**Competency Domain 2--Clinical Assessment and Diagnosis:** Skills related to activities focused on the identification of the problems and concerns to be addressed in therapy.

**Competency Domain 3--Treatment Planning and Case Management:** Skills related to treatment planning with client/client family, managing case from intake to termination including referral and safety planning.

**Competency Domain 4--Therapeutic Interventions:** Skills used to ameliorate clinical problems and help client/client families with desired changes.

**Competency Domain 5--Legal Issues, Ethics, and Professional Standards:** All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.

**Competency Domain 6--Research Application:** Use of current MFT and behavioral health research to inform evidence-based clinical practice.

**Competency Domain 7--Self of Therapist:** Awareness and management of personal reactions to clients and treatment process and how these impact observation, intervention and clinical outcomes.

**Competency Domain 8--Theological and Spiritual Integration:** Attending to pastoral, theological and spiritual dimensions of therapy and therapist-client interactions.

**Competency Domain 9--Supervision and Collaboration:** Use of supervision and collaboration to improve skills and enhance client care.