

## **Supporting Bibliography**

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### **Integration & Desensitization Stage**

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### **Post Traumatic Growth & Resilience Stage**

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#### **Ethics and Family Trauma Work**

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#### **Support information that is deemed useful or essential:**

1. Assessments;
2. Research articles;
3. Activities that help illustrate learning objectives; and,
4. Metaphors used to explain.

## **Guidelines on Trauma Competencies**

Suggested Citation: American Psychological Association (2015) *Guidelines on Trauma Competencies for Education and Training*.

Retrieved from: <http://www.apa.org/ed/resources/trauma-competencies-training.pdf>

### **Cross-Cutting Competencies**

1. Demonstrate the ability to appreciate and understand the impact of trauma on health outcomes, the contribution of trauma to increasing health disparities, and the impact of integrated and trauma-informed care as a critical component of care for people who are survivors of trauma.
2. Demonstrate understanding about trauma reactions and tailor trauma interventions and assessments in ways that honor and account for individual, cultural, community, and organizational diversity. This competency includes demonstrating the ability to identify and understand the professionals' and clients' intersecting identities (e.g., gender, age, sexual orientation, disability status, racial/ethnicity, SES, military status, rural/urban, immigration status, religion, national origin, indigenous heritage, gender identification) as related to trauma and articulate the professionals' own biases, assumptions, and problematic reactions emerging from trauma work and cultural differences.
3. Demonstrate understanding of how trauma impacts a survivor, the family system (including parents and caregivers), community, and organizations' sense of safety and trust, and apply the professional demeanor, attitude, and behavior to enhance the survivors' and organizations' sense of physical and psychological safety. This competency includes respecting autonomy of those exposed to trauma and also protecting survivors as appropriate.
4. Demonstrate understanding and ability to tailor assessment and interventions to account for developmental lifespan factors at the time(s) and duration of trauma and at the point of current psychotherapeutic contact.
5. Demonstrate the ability to understand, assess, and tailor interventions and assessments that address the complexities of trauma-related exposure including any resultant long- and short-term effects (e.g., comorbidities, housing related issues), and person-environment interactions (e.g., running away from home and being assaulted).
6. Demonstrate the ability to appropriately appreciate, assess, and incorporate trauma survivors' strengths, resilience, and potential for growth. Facilitate shared decision-making between the trauma survivor and psychologist whenever appropriate.
7. Demonstrate the ability to recognize practitioner's: (1) Capacity for self-reflection and tolerance for intense affect and content; (2) Ethical responsibility for self-care; and (3) Self-awareness of how one's own history, values, and vulnerabilities impact trauma treatment delivery. Demonstrate the ability to critically evaluate and apply up-to-date

available science on research-supported therapies and assessment strategies for trauma-related disorders/difficulties.

8. Demonstrate the ability to understand the value and purpose of the various professional, paraprofessional and lay responders in trauma work and work collaboratively and across systems to enhance positive outcomes.

### **Scientific Knowledge**

1. Demonstrate the ability to recognize the epidemiology of traumatic exposure and outcomes, specifically: prevalence, incidence, risk and resilience factors, and trajectories. Subpopulations (e.g., children, adolescents, young and middle-aged adults, older adults; men, women; veterans, civilians) and settings (e.g., primary care, general or specialized mental health, forensic, juvenile justice).
2. Demonstrate basic knowledge of findings, mechanisms, models, and interactions among social, psychological, neurobiological factors (e.g., relational, developmental, cognitive and affective, economic, genetic/epigenetic, health and health behaviors).
3. Demonstrate understanding of the social, historical, and cultural context in which trauma is experienced and researched.
4. Demonstrate the ability to critically review published literature on trauma and PTSD by employing general knowledge as well as trauma-specific knowledge.
5. Demonstrate the ability to effectively and accurately communicate scientific knowledge about trauma to a broad range of audiences.

### **Psychological Assessment**

1. Demonstrate a willingness to ask about trauma exposure and reactions with all clients, in both trauma and non-trauma focused client presentations.
2. Demonstrate the ability to conduct comprehensive assessment of trauma exposure and trauma impact based on the most current available evidence base.
3. Demonstrate the ability to conduct comprehensive assessment of trauma exposure and trauma impact, such as comprehensive trauma screening measures for domestic violence and intimate partner violence, based on the most current available evidence base.
4. Demonstrate awareness of and capacity to appropriately adjust procedures, processes, and interpretations related to the unique impacts of trauma (e.g., dissociation, avoidance, triggers) as they affect assessment.

5. Demonstrate the ability to understand the course and trajectory of trauma responses and tailor assessment accordingly.
6. Demonstrate the ability to assess strengths, resilience, and growth both pre-existing and post-trauma.
7. Demonstrate awareness of test interpretation issues frequently encountered in trauma-exposed populations (e.g., appropriate use of validity scales, response styles, motivation).
8. Demonstrate the ability to assess the extent to which cultural beliefs and practices influence the expression and coping with trauma exposure including barriers to assessing treatment.
9. Demonstrate knowledge about the practical consequences of trauma-related assessment and diagnosis in different contexts (e.g., social services, military, forensic, health care settings).
10. Demonstrate the ability to tailor the trauma assessment, battery, and interview questions to client characteristics (e.g., culture, subculture, age, SES, family or systems), trauma experience (e.g., timing, duration, type) and the practice setting.
11. Demonstrate knowledge appropriate to scope of practice regarding major trauma-relevant and generic questionnaires/interviews; this can include the questionnaires' psychometrics, strengths, limitations, and appropriateness for specific groups of trauma survivors.

### **Psychological Intervention**

1. Demonstrate knowledge of the current science on research-supported interventions (psychosocial, pharmacological, and somatic) for trauma-related disorders/difficulties.
2. Demonstrate the ability to employ critical thinking collaboratively to tailor and personalize treatment and its pacing with survivors in order to be responsive to trauma survivors' trauma type and comorbidities, as well as personality, culture, values, strengths, resources, preferences, parents/caregivers/families, and communities within the context of the recovery environment.
3. Demonstrate the ability to use the right treatment and monitor the effects. Namely demonstrate the ability to apply trauma-focused phased treatment and match treatments to evolving needs. Effective trauma treatment is inherently complex; psychologists should demonstrate the ability to continually assess the interaction of the client and the changing environment for indicators of improvement or worsening.

4. Demonstrate understanding of the components and mechanisms of change, both common and unique, underlying various therapies for trauma-related disorders.
5. Demonstrate the ability to attend to trauma-related material non-judgmentally and non-punitively with empathy, respect, and dignity and a belief in recovery and resilience (in contrast to pity, condescension, and resignation).
6. Demonstrate the ability to implement non-avoidant strategies in engagement, retention, and delivery of trauma-focused treatment (i.e., avoid avoidance).
7. Demonstrate the ability to identify opportunities to reduce the deleterious effects of trauma and promote recovery and growth before, during, and following trauma exposure (i.e., prevention and mitigation).
8. Demonstrate understanding about how a comprehensive pharmacological treatment plan can be part of a biopsychosocial approach to trauma response, when warranted.
9. Demonstrate an understanding about the pharmacology of each medication as it relates to therapeutic and adverse effects and how drug actions might be modified by genetics, gender, age, and health behaviors (e.g., diet, smoking, alcohol use) as well as their interactions (e.g., race-based medication interactions).
10. Demonstrate the ability to collaborate with trauma client's families, social networks, and care systems to promote non-avoidance and positive trauma-related responses.
11. Demonstrate the ability to cultivate and maintain a therapeutic relationship with trauma-impacted individuals and their families that fosters a sense of safety, trust, and openness to addressing trauma-focused material.

### **Professionalism**

1. Demonstrate the ability to sensitively interface with legal and other external systems in ways that safeguard trauma survivors and enhance outcomes (e.g., create and share records that do not create iatrogenic harm when introduced into the system). NOTE: APA (2007) has record keeping guidelines that address these issues and practice should not change according to specific diagnoses or settings. NOTE: It is important that psychologists working with trauma survivors remain cognizant of the context (e.g., legal setting, insurance disputes).
2. Demonstrate enhanced attention to ethical issues that are relevant to trauma survivors and appropriate boundaries in trauma work (e.g., boundary maintenance, role overlap, informed consent, confidentiality). NOTE: APA (2010) has ethical guidelines that cover this area and those should not be overshadowed.

3. Demonstrate skills to hear and work with clients' trauma material and associated distress that minimizes the risk of iatrogenic harm.
4. Demonstrate an understanding of how public policy issues affect trauma work within organizations and with individuals.
5. Demonstrate the ability to engage with relevant leaders around trauma issues and promoting systemic, social, and policy changes.

### **Relational and Systems**

1. Demonstrate knowledge of the disorganizing effects of trauma. Given that trauma results in changes at the individual and systems' levels, psychologists demonstrate the ability to respond to these deleterious effects appropriately.
2. Demonstrate knowledge about and skills in offering consultation on trauma-informed systems of care and models of care.
3. Demonstrate the ability to engage in interdisciplinary collaboration regarding traumatized individuals, their families and communities.
4. Demonstrate the ability to educate and communicate trauma-specific knowledge effectively to multiple audiences, including those communities and organizations that are acutely impacted by trauma.
5. Demonstrate understanding that institutions and systems can contribute to primary and secondary (or vicarious) trauma and offer strategies to reduce these barriers as appropriate.
6. Demonstrate an understanding of the importance of using relational healing for relational injury (e.g., trustworthiness) and the capacity to use the relationship effectively.
7. Demonstrate knowledge about the role of organizations in building resilience, prevention, and preparedness (universal precautions).
8. Demonstrate the ability to consistently recognize how cultural, historical, and intergenerational transmission of trauma influences the perception of helpers.