

## **Course Outline with Corresponding APA Trauma Competencies Guidelines**

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

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

- CCC – Cross-Cutting Competencies
- SK - Scientific Knowledge
- PA – Psychological Assessment
- PI - Psychological Intervention
- P – Professionalism
- R&S –Relational & Systems

### **COURSE OUTLINE**

#### **History of Traumatic Stress Treatment – 19<sup>th</sup> & 20<sup>th</sup> Centuries**

**APA Guidelines (CCC: 7)(SK: 2-5)(P: 5)**

##### 19<sup>th</sup> Century

- Pierre Janet
- Marc Charcot
- Sigmund Freud
- Joseph Breuer

##### 20<sup>th</sup> Century

- Joseph Wolpe & Reciprocal Inhibition
- Herbert Benson & The Relaxation Response
- Charles Figley & John Wilson – Dx of PTSD
- Bessel van der Kolk – PTSD as Brain Injury
- Onno van der Hart – Abreaction Re-Evaluated
- Judith Herman – Tri-Phasic Model
- Patricia Resick – CPT
- Edna Foa – PE
- Francine Shapiro – EMDR
- Donald Michenbaum – SIT/CBT for Trauma
- Sandra Bloom – The Sanctuary Model/TIC
- Vincent Felitti – ACES

#### **Active ingredients of Trauma Therapy**

**APA Guidelines. (CCC: 1-4) (SK: 1-4) (PA:1) (PI:10 &11)**

- “Active ingredients” or common factors literature conclude that there are certain basic treatment tasks indigenous to all effective trauma treatments. Recent meta-analytic data from a multitude of studies is reviewed to extract these “active ingredients”/common elements of trauma treatment. When these factors are present

treatment with traumatic stress has been shown to be effective in successfully moving survivors through treatment to positive outcomes. These factors are not tied to specific models of treatment, but are elements that can intentionally be utilized to improve the delivery of any model.

- The active ingredients are:
  - Development and maintenance of the therapeutic relationship & positive expectancy
  - Psychoeducation/Cognitive Restructuring
  - Exposure/Narrative (Reciprocal Inhibition)
  - Relaxation/Self-regulation

### **The Empowerment & Resilience Treatment Structure**

**APA Guidelines. (CCC: 1-4) (SK: 1-4) (PA:4-5) (PI:1-4; 7-8; 10 &11)**

- Stage 1: Preparation & Relationship-Building
  - Positive Expectancy
  - Feedback Informed Therapy
- Stage 2: Psychoeducation & Skills-Building
  - Safety & Stabilization
  - Teaching about Perceived Threat and ANS functioning
  - Making Sense of Symptoms - Shame to Self-compassion
  - Self-regulation skills
  - Other Intermediate Skills – Grounding/Containment/Anxiety management/Expression
- Mid-Treatment Assessment – Criterion B Symptoms?
- Stage 3: Desensitization & Integration
  - Plug & Play with EBTs
    - EMDR
    - CPT
    - PE
    - Other CBT Methods
    - Other Narrative Methods
  - NET 5-Narrative Model
  - Grief/Bereavement
- Stage 4: Posttraumatic Growth & Resilience
  - Meaning-Making & Cognitive Restructuring
  - PTG – Calhoun & Tedeschi
  - Forward-Facing Trauma Therapy

### **Stage 1: Preparation & Relationship-Building**

#### **Healing Philosophy and the Person of the Therapist**

**APA Guidelines. (CCC:2, 7 & 8) (R:2-3; 8)**

- How the healer thinks and believes impacts the outcome of clinical work by effecting the relationship or therapeutic alliance.

- The healer has to be the message, by living the intentional and deliberate life they are asking of clients.
- Capacity Building - Healing as the Activation of Inner Resources
- Philosophy Key Points
  1. Human beings are self-healing organisms
  2. Being human is an on-going act of creation
  3. Trust that the client will have the experience they need to have
  4. Focus on the complex rather than the binary
  5. Live into the future
  6. Possess a curious mind
  7. Be Non-egoic in approach

### **Positive Expectancy, Placebo & Hope**

**APA Guidelines. (CCC:2, 7 & 8)(SK: 2)(PI: 1-7; 11) (R: 1-3; 6-8)**

- Therapist as Ambassador of Hope
- Positive Expectancy IS Evidence-Based Treatment
- Methods for Inculcating Hope
- Viktor Frankl's Message

### **FIT: Building, Maintaining and Enhancing Therapeutic Relationships for Positive Outcomes**

**APA Guidelines. (CCC:2, 7 & 8) (SK: 2) (PI: 1-7; 11) (R: 1-3; 6-8)**

- Scott Miller's FIT
- SRS & ORS
- Implementation of FIT

### **Stage 2: Psychoeducation & Skills-Building**

#### **Tools for Hope: Perceived Threat, The ANS, Self-regulation & Intentionality**

**APA Guidelines. (CCC: 1-8) (SK:1-5) (PA: 5) (PI: 1-4; 5-7) (P: 3) (R:1-2; 4-6)**

- Psychoeducation – Owner's Manual for the ANS
- All Stress is Traumatic Stress is Perceived Threat is SNS Dominance
- Traumagenesis – Primary, Secondary & Environmental "Trauma"
  - Past Painful Learning = Perceived Threat in the Present
  - Anterior Cingulate Cortex and Threat Assessment
  - Real vs. Perceived Threat & the Prefrontal Cortex
- Autonomic Nervous System Functioning
  - PNS – Homeostasis/Repair & Self-healing Capacities
  - SNS – Threat Response System
  - SNS Activation Good / SNS Dominance Bad
- SNS Dominance = Diminished Neocortical Functioning and Compulsive/Reactive Behavior
- Yerkes-Dodson: Optimal Functioning = Intentional Energy Management
- Antidote to SNS Dominance: Self-Regulation(Interoception + Acute Relaxation)
- Intentionality requires Self-Regulation

### Skills Development:Self-Regulation

- Interoception
- Acute Relaxation Skills
  - Body Scan
  - Skeletal vs. Musculature Body Support
  - Peripheral Vision
  - Pelvic Floor/Psoas Release
- Practice

### **Assessment & Diagnosis**

**APA Guidelines. (CCC: 1-6) (SK:1-2) (PA: 1-7) (PI: 2-3; 5-7) (P: 1; 3) (R:1; 4)**

- DSM IV-TR vs. DSM V – Changes in PTSD Diagnosis
- ACES – Screening and Trauma Informed Care
- PCL-5 – Diagnosing PTSD and Documenting Symptoms
- CAPS-5 – Learning the 20 Symptoms of PTSD and the Ways in Which They Impair Functioning
- TRS – Treatment Planning and Outcome Measurement

### **Cognitive Restructuring in Early Treatment**

**APA Guidelines. (CCC: 1-4) (SK:1-3) (PA: 1-3; 5-6; 10) (PI: 2-3; 5-7) (P: 3) (R:1; 4)**

- Graphic Time-Line of Life (Using TRS)
  - All Traumatic Experiences with SUDs
  - All Positive Experiences with SUSs
  - Verbal Narrative
- Optimal Adaptation to The Events of Ones' Life, Not Pathology
- Postmodern Questions for Activating Self-Compassion

### **Skills Development: Stabilization/Intermediate Treatment**

- Tri-Phasic Model – Judith Herman
  - Safety & Stabilization
- Case Management for Safety
- Self-Regulation
- Stabilizing Sleep with Interception & PMR
- Anxiety Management Skills
  - Safe-Place Anchoring with Transitional Object + DTE
  - Thought Field Therapy as Self-Help Strategy for Anxiety Management
  - Diaphragmatic Breathing
- Sensory Grounding and Abreactive Self-Rescue
- Envelope Method for Containment of Traumata and Closing Incomplete Session

### Mid-Treatment Assessment: Impairment from Criterion B Symptoms?

- Yes – On to Stage 3
- No - On to Stage 4

### Stage 3: Desensitization & Integration

. (CCC: 2; 4;-6; 8) (SK:1-5) (PA: 1-2; 5) (PI: 1-7; 11) (P: 3) (R:1; 6)

#### Loss, Grief & Bereavement

- Grief Counseling vs. Grief Therapy (Worden, 2009)
- Normal Grief – Supportive Counseling/Passive Therapist
  - Listening (not talking)
  - Therapeutic Relationship using FIT
  - Psychoeducation/Cognitive Restructuring
  - Case Management
  - Self-regulation
- (Four) Tasks for Mourning
- Complicated Bereavement
  - Perceived Threat/ANS Dysregulation with Loss and Grief
  - Complicated Bereavement as Thwarted Healthy Grieving
- Desensitization & Integration for Complicated Bereavement
  - Therapeutic Relationship
  - Relaxation/Self-Regulation
  - Exposure/Narrative

#### VA/DoD's Guidelines for Treating PTSD – A Survey of Treatments

APA Guidelines. (CCC: 2; 4;-6; 8) (SK: 1-5) (PA: 1-2; 5) (PI: 1-7; 11) (P: 3) (R:1; 6)

- Category A (EBTs for PTSD)
  - Cognitive Processing Therapy
  - Prolonged Exposure
  - Stress Inoculation Training/Direct Therapeutic Exposure and other CBT Methods
  - Eye Movement Desensitization & Reprocessing
- Category B
  - Traumatic Incident Reduction
  - Somatic Experiencing
  - Trauma Releasing Exercises
  - Hypnosis/Neuro-Linguistic Programming
  - Psychodynamic
  - Group Approaches
  - Internal Family Systems
  - Emotional Freedom Techniques/Thought Field Therapy (Tapping)
  - Mindfulness-Based Stress Reduction
- Category C
  - Brainspotting
  - Accelerated Resolution Therapy
  - Acceptance and Commitment Therapy
- CAM
  - Yoga

- Martial Arts
- Nutrition
- Energy Psychology
- Massage
- Aerobic Exercise

### **Skills Development: Narrative Exposure Therapy – 5-Narrative Model**

**APA Guidelines. (CCC: 2; 4;-6; 8) (SK: 1-5) (PA: 1-2; 5) (PI: 1-7; 11) (P: 3) (R:1; 6)**

- Preparation
  - Non-abreactive
  - Requires Client to be Proficient with Self-Regulation
- Graphic Time Line
  - Beginning
  - End Point
  - Sequencing Sensory Components of Memory
- Written Narrative
  - Two 5-Minute Halves
  - Intermission
- Pictorial Narrative – 6 pictures
- Verbal Narrative
- Recursive Narrative
- Closure

### **Stage 4: Posttraumatic Growth & Resilience**

**APA Guidelines. (CCC: 2; 4;-6; 8) (SK: 1-5) (PA: 1-2; 5) (PI: 1-7; 11) (P: 3) (R:1; 6)**

#### Strategies for accomplishing:

Sustaining Stabilization  
 Self-regulation of physiology  
 Self-regulation of behaviors  
 Self-regulation of emotions  
 Meaning-making  
 Reconnection

#### Posttraumatic Growth

Spiritual Maturation  
 New Opportunities  
 Greater Strength  
 Greater Appreciation  
 New Relationships

#### Forward-Facing Trauma Therapy™ - Healing the Moral Wound

Self-regulation & DTE  
 Covenant & Code of Honor  
 Intentional, Principle-Based Living

**Presentation:**

Live

- Lecture/Didactic
- Experiential
- Role-Play
- Case Presentation

On-Line

- Lecture/Didactic
- Experiential
- Role-Play
- Case Presentation

DVD

- Lecture/Didactic
- Experiential
- Role-Play
- Case Presentation