Course Description: Crisis and Trauma counseling, including multi disciplinary responses to crisis, emergencies, or disasters including brief, intermediate, and long-term approaches. Aging, mental health, and long term care including biological, social and psychological aspects of aging. Human sexuality including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction

**DATE**

**TOPIC**

**Jan. 7&14  CRISIS AND TRAUMA COUNSELING:**

- “Psychological First Aid” and in class relevant principles and fundamentals to remember throughout the entire course. Video: “Psychological First Aid: 1. Goals and Guidelines.” There will be a return to the issue of crisis intervention at the end of the trauma section of the course.

- Historical views of trauma in psychology and psychiatry. Audio: Bessel van der Kolk

- Introduction to the Developing Brain and Neurobiology of Trauma; in class viewing of several of the following videos:

  Videos: Center for the Developing Child, Harvard (available on You Tube)

  - “Experiences Build Brain Architecture”
  - “The Science of Early Childhood Development”
  - “Toxic Stress Derails Healthy Development”

  Additional Videos:

  - “Attunement and Why It Matters,” David Arredondo
  - Allan Schore in “The Neurobiology of a Secure Attachment”

  - “Gene, Neuropsychoogy, and Brain Development,” Allan Schore-The Importance of Early Child Development”

  - “The Science of Stress Physiology Fight Flight”
The cortical limbic system; the autonomic nervous system (sympathetic and parasympathetic nervous systems); the short and long term impact of “attuned” vs. “non-attuned” primary caretaker parenting (secure vs. insecure attachment) in setting the stage for the impact of trauma, including abuse and neglect, on human development and health including vulnerability to PTSD, “complex trauma,” and other affect dysregulation disorders.

Implications of all of the above for Basic Treatment and Treatment Relationship Processes:

1. Presence, Attention, Attunement
2. Asking for Client Feedback - Collaboration
3. Repair of Mis-attunements

The differential impact of acute vs. chronic/combined/cumulative trauma, and of non-interpersonal (accidents, disasters) vs. interpersonal (domestic violence, child abuse) trauma. - Powerpoint will be emailed to you

The ACE (Adverse Childhood Events) Studies - Slide presentation will be emailed to you

Jan. 21

You Tube Video: Post Traumatic Stress Disorder (PTSD):
http://www.youtube.com/watch?v=YiwfsNfii

- DSM V Trauma and Stress-Related disorders with a focus on PTSD, PTSD in children, and PTSD in those older than 6 years.
- “Complex trauma” also referred to as “disorders of extreme stress not otherwise specified (DESNOS)”; the concept of “developmental trauma disorder.”
- Assessment, instruments, and related considerations.
- Introduction to the basic 3-Stage Model of trauma treatment

Jan. 28

Continued discussion of 3-Stage Model of trauma treatment. Brief reviews and/or video examples of several of the various treatment modes listed below, and the incorporation of “mindfulness” and body awareness components. Examples:

- Trauma Focused Cognitive Behavioral Therapy (TFCBT) – video examples of trauma narrative and processing; video examples affect regulations skill training for children.
- Eye Movement Desensitization Reprocessing (EMDR)
- Parent-Child Interactive Therapy (aka “Child Parent Psychotherapy”);
- Sensorimotor Psychotherapy (Body-Oriented Trauma Therapy) mind-body approaches;
- Internal Family Systems Therapy
- Dialectical Behavior Therapy (for clients with borderline features)
- “ARC” and “TARGET” programs for adolescents.
- Comments on working with clients with borderline features.

**Take-home portion of trauma test due FEB. 11.**

**Study guidelines for in-class objective trauma test to be taken Feb. 4.**

Feb. 4  
Summary of crisis intervention approaches including: the “critical stress incident debriefing debate,” considerations related to school and community trauma, political refugee issues, terrorism, and natural disasters; Secondary trauma, helping the helper. Summary issues.

**In-class objective Trauma test last 1 & ½ hours of class on reading assignments, videos, lectures.**

Feb. 11 and 18  
**Take-home portion of trauma test due.**

**HUMAN SEXUALITY**: The physiological, psychological, and social and cultural variables associated with sexual behavior and gender identify will be covered as aspects of each topic are presented. Much of the material in the assigned text and lecture material will, obviously, be very sexually explicit in content and description. And while the assigned text, in particular, often approaches the subject matter with humor and common sexual vernacular, an attitude of curiosity, humility and respect for the human emotional, relational, and sexual experience, and an appreciation of individual values will be modeled and taught as an integral part of the subject matter. The physiological aspects of sexuality, as well as assessment and treatment, will be a particular focus in discussion of desire and sexual dysfunction. The following schedule may be modified prior to class commencement. Guest presenters will include, but not be limited to Mary Buxton, LCSW, and Monica Stone, MFT. Various power-points and handouts will be provided


Female sexual concerns including pain, arousal, orgasm issues and aversion. Sexual healing after a history of sexual abuse.

Feb. 25  
Male sexual concerns including erectile dysfunction, delayed ejaculation, premature ejaculation. Lesbian/Gay/-Bi-sexual/Transgender (LGBT) issues. Sexual compulsivity.
Mar. 4  **One hour OBJECTIVE EXAM** on Human Sexuality taken from the assigned readings, lecture presentations and handouts.

**AGING, MENTAL HEALTH, AND LONG TERM CARE:** Guest presenters on the following subject matter for this and most of the next class will be Dennis Low, MD, specializing in geriatric and internal medicine, and Gary Steinke, MD, specializing in geriatric and internal medicine.

Normal aging; medical problems, pain; and medication, and medication side effects; substance abuse; sex; sleep; delirium; memory disorders; memory loss and risk factors; the impact of aging and medical illness on mental health; the impact of memory and cognitive decline; mood disorders; anxiety disorders; suicide; delusions, hallucinations, and misidentifications; psychosis. What is long term care and how may it affect the client? Mental health services in a long-term care setting. End of life care. Family dynamics and considerations.

Mar. 11 Continued presentation of the subject matter listed for March 4. The implications of an aging population United States; family dynamics; what’s different about geriatric psychology and medicine?

Mar. 18 Final comments.

**Last date for turning in certificate confirming completion of class project.**

One hour OBJECTIVE EXAM on Aging, Mental Health, and Long Term Care.

**REQUIRED TEXTBOOKS AND ARTICLES**

**TEXT BOOKS**


HANDOUTS

A. Handout: Introduction and Overview of Psychological First Aid, from “Psychological First Aid - Field Operations Guide, National Child Traumatic Stress Network - national Center for PTSD.


D. Various brain and nervous system diagrams.


G. Chapters 5 (Crisis Intervention) and 14 (Helping the Helper - Secondary Trauma), from A Practical Approach to Trauma - Empowering Interventions, by Priscilla Dass-Brailsford, Sage 2007.

ARTICLES AVAILABLE ON THE WEB

1. “Homeostasis, Stress, Trauma, and Adaptation - A Neurodevelopmental View of Child Trauma” by Bruce D. Perry, MD, PhD, and Ronnie Pollard, MD; Child and Adolescent Psychiatric Clinics of North America, Vol. 7, Number 1, January 1998, available at:


3. “Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part One: Assessment” by Toni Luxenberg, Psy D, Joseph Spinazzola, PhD, and Bessel A. Van der Kolk, MD. [Read pages 373 to 380, and pages 383 (from “Differential Diagnosis”) to 387]

4. “Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part Two: Treatment” by Toni Luxenberg, PsyD, Joseph Spinazzola, PhD, Jose Hidalgo, MD, Cheryl Hunt, PsyD, and Bessel A. Van der Kolk, MD.


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A NUMBER OF POWERPOINT HANDOUTS WILL BE PRESENTED IN CLASS

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NOT REQUIRED READING: FOR YOUR INFORMATION ONLY


http://www.traumacenter.org/research/AJOP_why_we_need_a_complex_trauma_dx.pdf

“Attachment, Self-Regulation, and Competency - A Comprehensive Intervention Framework for Children and Adolescents with Complex Trauma” by Kristine Jentoft Kinniburgh, LICSW, Margaret Blaustein, PhD, Joseph Spinazzola, PhD, and Bessel Van der Kolk, MD; Psychiatric Annals, 35-5, 2005, available at:


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**REQUIRED PROJECT**

1. Log into The National Child Traumatic Stress Network website at: http://tfcbt.musc.edu/

2. Register and complete by no later than the 10\textsuperscript{th} night of class, the FREE web based learning course for Trauma-Focused Cognitive-Behavioral-Therapy.

3. You will not get CEU’s, so just provide me with a copy of your completion certificate by the 11\textsuperscript{th} and last night of class.

4. If, for any reason, you have already completed the above course, provide me with a copy of your certificate of completion, and instead go to the Learning Center for Child and Adolescent Trauma website: http://learn.nctsn.org/login/signup.php

5. Register, and complete the FREE web based learning course for Psychological First Aid.

6. Provide me with a copy of your completion certificate by the 11\textsuperscript{th} and last night of class.

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**ASSIGNED READING**

FOR

Jan. 14  Handouts A, B and D; Web article #1; commence Neuroscience of Human Relationships: Introduction and Chaps. 1 through 14.

Jan. 21 Complete Neuroscience of Human Relationships: Introduction and Chaps. 1 through 14:

Principles of Trauma Therapy: Intro. and Chaps/ 1, 2, and 12 - pages 225 through 248, and “Conclusion” on pages 283-84.

Web article # 2.

Jan. 28 Neuroscience of Human Relationships: Chaps. 15, 16, 17, 18, 19.

Principles of Trauma Therapy: Chap. 3, and appendixes 1 and 2.

Web article # 3 (pages 373 to 380, and pages 383 - from “Differential Diagnosis” to 387)

Handouts C, E (DSM V section on “Trauma- and Stressor-Related Disorders”), and F;

Feb. 4 Neuroscience of Human Relationships: Chaps. 21, 22, and 23

Principles of Trauma Therapy: Chapters 4 through 11, and 13.

Web article #4.

Handout G.
For The Guide to Getting It On: Draft (a few more chapters maybe added)

Feb. 11  The Guide to Getting It On: Warning & Disclaimer; Chapters 78, 1, 2, 7, 8, 9, 10, 11, 12, 16; 38 through 46; 51 through 58.

Feb. 18  The Guide to Getting It On: 59 through 66; 74; 34, 35, 36, 37.


Mar. 4 Commence Therapy With Older Clients.

Mar. 11 & 18 Complete Therapy With Older Clients

GRADERS

The in-class objective test on the Trauma section of the course will occur during the last part of the class on Feb. 4 and will count for one-half of the trauma test score.

The take-home portion of the test on Trauma, a written assignment which will be distributed the first day of class, won’t be due until Feb. 11, and will count for one-half of the trauma test score. The aim of this take-home final will be to integrate the neurobiological aspects of trauma including brain, nervous system, and neurochemical functioning as you apply it to some experience or set of experiences. So knowing in advance what the take-home portion of the final is may help you know what to focus on as you go through the reading.

The take-home and in-class Trauma test scores will be combined and count for 50% of the 313 grade.

The in-class objective test on Human Sexuality will account for 33% of the final grade.

And the objective test on Aging and Long Term Care will account for 17% of the final grade.

Assuming that the required project is completed, the ultimately determined final objective test grade will be the final course grade unless the student misses more than one class period. The second class missed will result in a reduction of 1/2 a grade from the final test grade, i.e. a reduction from an A minus to a B+. The consequences for missing more than two classes have
already been determined by Dept. Policy. If the required project is not completed as assigned, an Incomplete will be issued and the policy on incompletes will be followed.

CPSY Dept. Classroom Protocol for Cell Phones, Pagers, Text Messaging, Internet browsing:
Please be careful to turn off (or set on “vibrate”) your cell phones and pagers when you are in class. It is definitely not appropriate to text message, twitter, internet browse or to engage in any other form of non-class related cyber interactions during class. Students engaging in these practices will be identified as not ready to pursue serious graduate study. Most faculty who notice anyone engaging in any messaging, emailing or e-commerce during classes will simply lower the students’ grades. BTW – it is obvious from the front of the room!
If you have to answer an emergency call, please inform your professor prior to class and sit as close to the door as possible so that you can leave the room to answer the phone.
You MAY record any class material in 312.

CPSY Dept. Class Attendance Policy:
It is expected that you would attend all classes in a given quarter. Should circumstances arise such that you will need to miss a class due to illness or emergency, please discuss this with your instructor. Should you need to miss two classes, your grade will be adversely affected. Under no circumstances will a student be allowed to miss three classes (30% of class time) and to receive credit for that class.

DISABILITY ACCOMMODATION POLICY:
To request academic accommodations for a disability, students must contact Disability Resources located in The Drahmann Center in Benson, room 214, (408) 554-4111; TTY (408) 554-5445. Students must provide documentation of a disability to Disability Resources prior to receiving accommodations.