



International Society
for the Study of Trauma
and Dissociation



The Center for
Advanced Studies
in Trauma & Dissociation

International Society for the Study of Trauma and Dissociation Professional Training Program Level I The Complexities of Complex Trauma Part I

Curriculum for 2021

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Intended Participants: Licensed mental health professionals (psychiatrists, psychologists, clinical social workers, mental health counselors, accredited psychotherapists, etc.) who are interested in developing their skills in treating clients with complex trauma related disorders. For Part I of the course, there is no need to have a client with a complex trauma-related disorder.

Course Format: Six, two and a half hour sessions of literature discussion, lecture, discussion of a “teaching case” and discussion of your cases. For the first session, the class will be three hours to allow for introductions and review of the course syllabus.

Course Materials: Required textbooks are listed below and must be purchased by the participant. Additional materials including journal articles and handouts will be provided at no cost via the online course portal. Access to the course portal is sent to registered participants two to three weeks in advance of the first class.

Recommendation: We recommend that you join ISSTD. Membership in ISSTD gives you free access to every past issue of the *Journal of Trauma & Dissociation* and a wealth of clinical articles and discussions from past issues of *The ISSTD Newsletter*.

Required Texts:

1. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press.
2. Courtois, CA, and Ford, JD, eds. (2020) *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press.
3. Herman, JL (2015) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. NY, NY: Basic Books.

Required Articles:

Classen, C.C., Muller, R.T., Field, N.P, Clark, C.S. & Stern, E.M. (2017) A naturalistic study of a brief treatment program for survivors of complex trauma, *Journal of Trauma & Dissociation*, 18:5, 720-734.

Gagnon, K.L., Lee, M.S. & DePrince, A.P. (2017) Victim–perpetrator dynamics through the lens of betrayal trauma theory, *Journal of Trauma & Dissociation*, 18:3, 373-382.

Krammer, S., Kleim, B., Simmen-Janevska, K. & Maercker, A. (2016) Childhood trauma and complex posttraumatic stress disorder symptoms in older adults: A study of direct effects and social-interpersonal factors as potential mediators, *Journal of Trauma & Dissociation*, 17:5, 593-607.

Muenzenmaier, K.H., Seixas, A.A., Schneeberger, A.R., Castille, D.M., Battaglia, J. & Link, B.G. (2015) Cumulative Effects of Stressful Childhood Experiences on Delusions and Hallucinations, *Journal of Trauma & Dissociation*, 16:4, 442-462.

van Dijke, A., Ford, J.D., Frank, L.E. & van der Hart, O. (2015) Association of Childhood Complex Trauma and Dissociation With Complex Posttraumatic Stress Disorder Symptoms in Adulthood, *Journal of Trauma & Dissociation*, 16:4, 428-441.

Additional Materials:

Freyd, J: What is Betrayal Trauma

DSM5: Posttraumatic Stress Disorder and Acute Stress Disorder

Aces Too High

PCL-C Checklist and scoring

PowerPoint presentation – Turkus on Ace studies

The Case of Erica – Parts 1-4

International Society for the Study of Trauma and Dissociation
Professional Training Program:
Level I
The Complexities of Complex Trauma: Part I

Session One – Content Level: Beginning

Trauma and its History from simple to complex trauma

Abstract::

Complex trauma, now more widely acknowledged, has a history of being “known and not known” over several centuries. This contributes to the difficulties that those suffering from complex trauma encounter when seeking to be understood and treated. What are the differences between “simple” and “complex” trauma and what are the antecedents of trauma from “simple to complex”. These issues, as well as the impact of adult onset trauma will be covered in this session. Time will be given to discuss case material as it relates to the readings.

Objectives: After the completion of this class, participants will be able to:

1. Summarize the history of the understanding of trauma and the resistance to recognizing trauma in its many forms
2. Define simple vs. complex trauma
3. Describe the antecedents of trauma – from simple to complex
4. Discuss the impact of various forms of adult-onset trauma

Readings

- A. Herman, JL (2015) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. NY, NY: Basic Books, Introduction and Chapters 1, 2, 3, 4, pp. 1 – 95.
- B. Courtois, CA, and Ford, JD (2020), *Defining and Understanding Complex Trauma and Complex Traumatic Stress Disorders*, (pp. 3 – 34) in CA Courtois and JD Ford, eds. *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press.
- C. van Dijke, A., Ford, J.D., Frank, L.E. & van der Hart, O. (2015) Association of Childhood Complex Trauma and Dissociation With Complex Posttraumatic Stress Disorder Symptoms in Adulthood, *Journal of Trauma & Dissociation*, 16:4, 428-441.

Timed Outline:

30 minutes: Introductions of instructors, students and discussion of class process
45 minutes: Discussion of Reading A – history of trauma
15 minutes: Discussion of Reading B - difference between simple and complex trauma

45 minutes: Discussion of Reading B - antecedents of simple to complex trauma

45 minutes: Discussion of Reading C - impact of trauma in adult life as compared to childhood trauma

Session Two – Content Level: Beginning and intermediate

How childhood abuse, trauma and neglect affect development

Abstract:

By definition, complex trauma begins in childhood and continues over time. In this session, we will explore the outcomes of trauma at different developmental stages of childhood. Often, adults seeking therapy will not volunteer that they had a history of childhood abuse, but there are a number of symptoms that indicate a history of childhood trauma, which will be explored. The theory of betrayal trauma, as defined by Freyd, and its implications on the experience of trauma in children will be discussed. Time will be given to discuss case material as it relates to the readings.

Objectives: After the completion of this class, participants will be able to:

1. Identify the outcomes of trauma at different developmental stages during childhood
2. Describe the symptoms in adults that indicate a further exploration for childhood trauma
3. Discuss the impact of betrayal trauma on children

Readings:

- A. Herman, JL (2015) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. NY, NY: Basic Books, Chapter 5, pp. 96 – 114.
- B. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press. Chapter 1, pp. 3 – 27.
- C. Freyd, J: What is Betrayal Trauma
- D. Gagnon, K.L., Lee, M.S. & DePrince, A.P. (2017) Victim–perpetrator dynamics through the lens of betrayal trauma theory, *Journal of Trauma & Dissociation*, 18:3, 373-382.
- E. Krammer, S., Kleim, B., Simmen-Janevska, K. & Maercker, A. (2016) Childhood trauma and complex posttraumatic stress disorder symptoms in older adults: A study of direct effects and social-interpersonal factors as potential mediators, *Journal of Trauma & Dissociation*, 17:5, 593-607.

Timed Outline:

30 minutes: Discussion of Reading A – outcomes of childhood trauma

30 minutes: Discussion of Reading B - outcomes of childhood trauma

45 minutes: Discussion of Reading C and D – impact of betrayal on children

45 minutes: Discussion of Reading E – symptoms in adults that point to childhood trauma

Session Three – Content Level: Beginning and intermediate
Assessment for trauma-based disorders (PTSD and beyond)

Abstract:

Complex trauma incorporates the symptoms of simple PTSD and additional symptomatology. In this session, we will review the complexities of the symptom profile of Complex PTSD and we will develop a conceptual understanding. We will find that presenting symptoms often include symptoms found across the DSM-5. The ACE Study elucidates the impact of childhood adversity on the development of complex trauma symptoms. Time will be given to discuss “The Case of Erica” and the development of an “index of suspicion.”

Objectives: After the completion of this class, participants will be able to:

1. Define the DSM-5 diagnosis of PTSD and the symptoms of trauma
2. Discuss other disorders where trauma may be a major factor
3. Review ACE studies
4. Define “index of suspicion” and how it can be applied to clinical work, using “The Case of Erica”

Readings:

- A. Herman, JL (2015) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. NY, NY: Basic Books, Chapter 6, pp. 115 – 129.
- B. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press. Chapter 2, pp. 28 – 50.
- C. ACEs Science 101
- D. Muenzenmaier, K.H., Seixas, A.A., Schneeberger, A.R., Castille, D.M., Battaglia, J. & Link, B.G. (2015) Cumulative Effects of Stressful Childhood Experiences on Delusions and Hallucinations, *Journal of Trauma & Dissociation*, 16:4, 442-462.

Additional Materials:

DSM-5 trauma disorders
PTSD checklist-civilian (PCL-C) – public domain
PowerPoint presentation – Turkus on Ace studies
The Case of Erica: Part 1

Timed Outline:

15 minutes: Discussion of DSM5 trauma disorders
45 minutes: Discussion of Readings A, B and D- complex trauma and the role of trauma in other disorders and symptoms
30 minutes: Discussion of Reading C – the ACE studies

60 minutes: Discussion of the Case of Erica, Part 1 and develop an “index of suspicion”

Session Four – Content Level: Beginning and intermediate
Overview of psychotherapy for complex trauma

Abstract:

A phase-oriented approach is the cornerstone of complex trauma treatment. In this session, we will review the three phases of the phase oriented approach including phase one - symptom management and safety/stabilization; phase two - trauma memory and processing; and phase three - consolidation/integration of therapeutic gains. We will develop an understanding for the use of this approach. We will discuss both the goals and the challenges that often occur during the early phase of treatment. Time will be given to discuss “The Case of Erica” and clinical interventions in the beginning stage of therapy for complex trauma.

Objectives: After the completion of this class, participants will be able to:

1. Outline phase-oriented (or sequenced) therapy
2. Discuss the rationale behind phase-oriented (or sequenced) therapy
3. Describe the early stage of the first phase of therapy
4. Discuss, using “The Case of Erica”, clinical interventions in the beginning stage of treatment of complex trauma

Readings:

- A. Herman, JL (2015) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. NY, NY: Basic Books, Chapter 7, pp. 133 – 154.
- B. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press. Chapter 3, pp. 53 – 87.
- C. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press. Chapter 4, pp. 88 – 119.
- D. Classen, C.C., Muller, R.T., Field, N.P, Clark, C.S. & Stern, E.M. (2017) A naturalistic study of a brief treatment program for survivors of complex trauma, *Journal of Trauma & Dissociation*, 18:5, 720-734.

Handouts:

The Case of Erica: Part 2

Timed Outline:

45 minutes: Discussion of Readings A, B and C – phase oriented therapy for trauma and its rationale

30 minutes: Discussion of Readings A, B and C - the early stage of phase one therapy

15 minutes: Discussion of Reading D – a specific treatment program

60 minutes: Discussion of the Case of Erica, Part 2 and clinical interventions in the beginning stage of treatment of complex trauma

Session Five – Content Level: Beginning and intermediate

The first phase of treatment of complex trauma

Abstract:

The first phase of treatment is essential in establishing safety, self-regulation, self-control and development of trust in the therapeutic relationship. This phase sets the stage for future processing of traumatic material giving the client the tools to cope with distressing traumatic material. The therapist is taxed with creating a stable and consistent environment for which the client can feel safe to learn self-regulating strategies. Common pitfalls of early stage treatment are identified and explored in this session. Time will be given to discuss “The Case of Erica” and clinical interventions and therapeutic modalities in phase one of therapy

Objectives: After the completion of this class, participants will be able to:

1. Define the competencies to be achieved in the first phase of therapy
2. Discuss the therapeutic alliance and frame in the first phase of therapy
3. Describe the common pitfalls of early stage therapy with complex trauma
4. Discuss, using “The Case of Erica”, clinical interventions in the phase one of treatment of complex trauma, utilizing various treatment modalities

Readings:

- A. Herman, JL (2015) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. NY, NY: Basic Books, Chapter 8, pp. 155 – 174.
- B. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press, Chapter 5, pp. 120 – 143.
- C. Courtois, CA (2020), *Therapeutic Alliance and Risk Management (pp. 99 – 124)* in CA Courtois and JD Ford, eds. *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press.

Handouts:

The Case of Erica: Part 3

Timed Outline:

45 minutes: Discussion of Readings A and B – competencies in phase one, including safety and stabilization

45 minutes: Discussion of Reading C - therapeutic relationship, and common pitfalls

60 minutes: Discussion of the Case of Erica, Part 3 and clinical interventions and therapeutic modalities in phase one

Session Six – Content Level: Beginning and intermediate
The second and third phases of treatment of complex trauma

Abstract:

Once a client is able to establish a reasonable pattern of safety and stabilization movement into the second phase treatment can begin. This phase focuses on processing the traumatic memories. There is often a need to return or remind the client of phase one coping strategies when processing traumatic material in phase two. Phase three of treatment focuses on the integration of material processed in phase two into present and future life. Time will be given to discuss “The Case of Erica” and clinical interventions in the second and third phases of therapy.

Objectives: After the completion of this class, participants will be able to:

1. Discuss the second phase of treatment including, criteria for moving from the first to second phase as well as working through traumatic memory
2. Discuss the third phase of therapy and the process of termination
3. Describe the complex nature of the phase-oriented therapy rather than a linear progressive treatment
4. Discuss the second and third phases of therapy, using the Case of Erica

Readings:

- A. Herman, JL (2015) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. NY, NY: Basic Books, Chapters 9 & 10, pp. 175 – 213.
- B. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press, Chapter 6, pp. 144 – 189.

Handouts:

The Case of Erica: Part 4

Timed Outline:

45 minutes: Discussion of Readings A (chapter 9) and B – second phase of therapy and working with traumatic memory

30 minutes: Discussion of Readings A (chapter 10) and B - third phase of therapy

15 minutes: Discussion of Readings A and B – the complex nature of phase-oriented therapy

75 minutes: Discussion of the Case of Erica, Part 4 and clinical interventions in the second and third phases of therapy

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