



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

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: 12, 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. **Please note that time spent completing required readings is not eligible for continuing education credit.** 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.

Butler, L.D., Maguin, E. & Carello, J. (2018) Retraumatization Mediates the Effect of Adverse Childhood Experiences on Clinical Training-Related Secondary Traumatic Stress Symptoms, *Journal of Trauma & Dissociation*, 19:1, 25-38

Hyland, P., Shevlin, M., Fyvie, C., Cloitre, M. & Karatzias, T. (2020): The relationship between ICD-11 PTSD, complex PTSD and dissociative experiences, *Journal of Trauma & Dissociation*, 21:1, 62-72

Pradhan, B., D’Amico, J.K., Makani, R. & Parikh, T. (2016) Nonconventional interventions for chronic post-traumatic stress disorder: Ketamine, repetitive transcranial magnetic stimulation (rTMS), and alternative approaches, *Journal of Trauma & Dissociation*, 17:1, 35-54

Freyd, JJ (1994) Betrayal Trauma: Traumatic Amnesia as an Adaptive Response to Childhood Abuse, *Ethics and Behavior*, 4(4), 307 – 329.

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
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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

Session Seven – Content Level: Beginning and intermediate

From trauma to dissociation: Betrayal and memory

Abstract:

Clients with complex trauma have a high level of dissociation that interferes in present day life due to the past repetitive need to escape overwhelming situations in which there is no escape. One defense, Jennifer Freyd's theory of Betrayal Trauma, wherein the child is abused by a trusted caregiver, will be likely to forget (develop amnesia for) abuse, in order to maintain the attachment to the needed caregiver, will be explored in this session. Further victim-perpetrator dynamics will also be discussed in this session. Time will be given to discuss case material as it relates to the readings.

Objectives:

1. Define dissociation and discuss its role as a defense in overwhelming situations
2. Explore the relationship between complex trauma and dissociative experiences
3. Define "betrayal trauma" and discuss its role in the development of amnesia for complex trauma
4. Discuss the role of betrayal trauma and victim-perpetrator dynamics within betrayal trauma theory
5. Apply the above theories to cases in treatment

Readings:

- A. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press. pp. 235 – 268 (Chapter 8).
- B. Freyd, JJ (1994) Betrayal Trauma: Traumatic Amnesia as an Adaptive Response to Childhood Abuse, *Ethics and Behavior*, 4(4), 307 – 329.
- C. Hyland, P., Shevlin, M., Fyvie, C., Cloitre, M. & Karatzias, T. (2020): The relationship between ICD-11 PTSD, complex PTSD and dissociative experiences, *Journal of Trauma & Dissociation*, 21:1, 62-72
- 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

Timed outline:

- 30 minutes: Introductions of instructors, students and discussion of class process
- 20 minutes: Discussion of Reading A – dissociation as a defense
- 20 minutes: Discussion of Reading C - relationship between complex trauma and dissociative experiences
- 20 minutes: Discussion of Reading B – adaptive response of traumatic amnesia in betrayal trauma
- 15 minutes: Discussion of Reading D – victim-perpetrator dynamics and betrayal trauma
- 75 minutes: Discussion of case materials applying the above readings to disguised cases

Session Eight – Content Level: Beginning and intermediate

Best practices in the psychotherapy for adults with complex trauma and the therapeutic relationship

Abstract:

Due to the complexities of complex trauma, treatment needs to be carefully planned and trauma informed. This session discusses the best practices with complex trauma and dissociative clients including assessment, evidence-based practice and guidelines of 30 best practice principles will be outlined and explored. The complexities and possible pitfalls within the therapeutic relationship with complex trauma and dissociative clients will be discussed in relation to attunement, reenactment and attachment. Time will be given to discuss case material as it relates to the readings.

Objectives:

1. Discuss the complexities of treatment of clients with complex trauma
2. Discuss the principals of best practice with adult clients with complex trauma
3. Describe and discuss the complications in the therapeutic relationship that are encountered when treating clients with complex trauma
4. Apply the above to cases in treatment

Readings

- A. Courtois, CA, Ford, JD, Cloitre, M, Schnyder, U (2020) *Best Practices in Psychotherapy for Adults*, (pp. 62-98) in CA Courtois and JD Ford, eds. *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press
- B. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press. pp. 269 – 297 (Chapter 9)

Timed outline:

- 30 minutes: Discussion of Reading A – complexities of trauma treatment for adults



30 minutes: Discussion of Reading A – principals of best practices for treatment of adults with complex trauma

30 minutes: Discussion of Reading B – therapeutic relationship complications with complex trauma clients

60 minutes: Discussion of case materials applying the above readings to disguised cases

Session Nine – Content Level: Beginning and intermediate

Applications of theoretical models to the treatment of complex trauma

Abstract:

There is a plethora of therapies geared to the treatment of complex trauma. In this session we will examine a variety of theories including: Brief Eclectic Therapy, Eye Movement Desensitizing and Reprocessing (EMDR), Narrative Exposure Therapy, Emotion-focused Therapy, and Brief Trauma-focused Therapy. We will discuss their strengths and weaknesses. From these therapies, we will explore the development of eclectic models that reflect the individual therapist's working styles. Time will be given to discuss case material as it relates to the readings.

Objectives:

1. Describe various models of verbal therapy as related to the treatment of chronic trauma, including:
 - a. Brief Eclectic Therapy
 - b. Eye Movement Desensitization and Reprocessing Therapy
 - c. Narrative Exposure Therapy
 - d. Emotion-focused Therapy
 - e. Brief Trauma-focused Therapy
2. Discuss strengths and weaknesses of these theories
3. Formulate eclectic models that reflect the individual therapist's working styles
4. Apply the above to cases in treatment.

Readings

- A. Gersons, B, Nijdam, MJ, Smit, GE, and Schnyder, U (2020) *Brief Eclectic Therapy*, (pp. 267-285) in CA Courtois and JD Ford, eds. *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press.
- B. Korn, DL and Shapiro, F (2020) *Eye Movement Desensitization and Reprocessing*, (pp. 286-308) in CA Courtois and JD Ford, eds. *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press.
- C. Schauer, M, Robjant, K, Ebert, T and Neuner, F (2020) *Narrative Exposure Therapy* (pp. 309-331) in CA Courtois and JD Ford, eds. *Treating Complex*



Traumatic Stress Disorders in Adults, second edition. NY, NY: The Guilford Press.

- D. Paivio, SC and Angus, LE (2020) *Emotion-focused Therapy*, (pp. 332-349) in CA Courtois and JD Ford, eds. *Treating Complex Traumatic Stress Disorders in Adults, second edition.* NY, NY: The Guilford Press.
- E. Classen, C.C., Muller, R.T., Field, N.P., Carrie S. Clark, C.S., and Eva-Marie 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

Timed outline:

- 15 minutes: Discussion of Reading A – brief, eclectic therapy, strengths and weaknesses
- 15 minutes: Discussion of Reading B – EMDR, strengths and weaknesses
- 15 minutes: Discussion of Reading C – narrative exposure therapy, strengths and weaknesses
- 15 minutes: Discussion of Reading D –emotion-focused therapy, strengths and weaknesses
- 15 minutes: Discussion of Reading E – brief therapy, strengths and weaknesses
- 30 minutes: Discussion of eclectic models of participants
- 75 minutes: Discussion of case materials applying the above readings to disguised cases

Session Ten – Content Level: Beginning and intermediate
Non-verbal treatments of trauma and other modalities of treatment (individual, couple, group, family)

Abstract:

For some clients, more traditional individual talk therapies are not sufficient. In this session, we will explore Sensorimotor Therapy as well as new non-conventional or alternative approaches to treatment of complex trauma. In addition, we will discuss systemic approaches (couples and families) and group treatments. Time will be given to discuss case material as it relates to the readings

Objectives:

1. Describe sensory-motor therapy and its utilization
2. Discuss systemic treatment approaches
3. Discuss the healing aspects of group treatment
4. Discuss some non-conventional treatments of complex trauma
5. Apply the above to cases in treatment

Readings

- A. Ogden, P (2020) *Sensorimotor Psychotherapy* (pp. 509-532) in CA Courtois and JD Ford, eds. *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press.
- B. Herman, JL (2015) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. NY, NY: Basic Books pp. 214 – 236 (Chapter 11)
- C. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press. pp. 190 – 231 (Chapter 7)
- D. Pradhan, B., D’Amico, J.K., Makani, R. & Parikh, T. (2016) Nonconventional interventions for chronic post-traumatic stress disorder: Ketamine, repetitive trans-cranial magnetic stimulation (rTMS), and alternative approaches, *Journal of Trauma & Dissociation*, 17:1, 35-54

Timed outline:

- 30 minutes: Discussion of Reading A – sensorimotor psychotherapy
- 30 minutes: Discussion of Reading C – systemic approaches (couple, family)
- 30 minutes: Discussion of Reading B and C – group treatment
- 20 minutes: Discussion of Reading D – non-conventional and alternate approaches
- 40 minutes: Discussion of case materials applying the above readings to disguised cases

Session Eleven – Content Level: Beginning and intermediate *Transference, countertransference and enactments*

Abstract:

The interpersonal field is intense and filled with re-enactments of childhood abuse in the treatment of complex trauma. The clinician must be aware of the potential dynamics that may emerge during the treatment in order to manage the treatment course effectively. We will define and explore transference, countertransference, and enactments that are areas of growth potential but can also be pitfalls in this work. Time will be given to discuss case material as it relates to the readings.

Objectives:

1. Define transference, countertransference and enactments
2. Discuss various issues in transference and countertransference that are complicated by trauma
3. Discuss the use of enactments to further the therapy
4. Apply the above to cases in treatment

Readings

- A. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press.. pp. 298 – 327 (Chapter 10)

Timed outline:

45 minutes: Discussion of Reading A – transference and countertransference – complications due to trauma

45 minutes: Discussion of Reading A – enactments and their use in therapy

75 minutes: Discussion of case materials applying the above reading and discussion to disguised cases

Session Twelve – Content Level: Beginning and intermediate

Secondary trauma, or how to take care of the therapist and how trauma-informed therapy makes a difference

Abstract:

Trauma therapy has an impact not only on survivors, but on their therapist as well. Therapists may experience secondary traumatization. We will explore this area by reading the research and considering the impact from a clinical perspective. In true fashion to trauma treatment, we will also discuss ways to work through the residual effects of client's trauma in the therapist. We will conclude with a comprehensive and cohesive understanding of the development and trauma-focused, phase-oriented treatment of complex trauma and some future directions in research and treatment. Time will be given to discuss case material as it relates to the readings.

Objectives:

1. Discuss the effects of trauma therapy on the therapist
2. Discuss the research on secondary traumatization on graduate students studying trauma in clinical practice
3. Discuss ways to work through residual effects of client's trauma in the therapist
4. Discuss the impact of understanding underlying complex trauma for therapeutic success with trauma survivors

Readings:

- A. Pearlman, LA, Caringi, J, and Trautman, AR (2020) *New Perspectives on Vicarious Traumatization and Complex Trauma*, (pp. 189-204) in CA Courtois and JD Ford, eds. *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press.
- B. Butler, L.D., Maguin, E. & Carello, J. (2018) Retraumatization Mediates the Effect of Adverse Childhood Experiences on Clinical Training-Related Secondary Traumatic Stress Symptoms, *Journal of Trauma & Dissociation*, 19:1, 25-38.
- C. Herman, JL (2015) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. NY, NY: Basic Books pp. 237 – 247 (Afterword)



D. Ford, JD and Courtois, CA (2020) *Overview and Future Directions in Treatment for Complex Traumatic Stress Disorders*, (pp. 591-602) in CA Courtois and JD Ford, eds. *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press.

Timed outline:

- 30 minutes: Discussion of Reading A – effects of trauma therapy on therapists
- 30 minutes: Discussion of Reading B – secondary traumatization in graduate students
- 30 minutes: Discussion of Reading C – self-care for therapists working with trauma survivors
- 30 minutes: Discussion of Reading C – success of trauma-informed therapy
- 30 minutes: Discussion of becoming a trauma-informed therapist and the next stages



Professional Training Program Management

Professional Training Program Chair: Sandra Bouabjian, MA

Email: sbouabjian@hotmail.com

Professional Training Program Past Chair: Su Baker, MEd

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Professional Training Program Chair-elect: Rebeca Gonzalez-Scherman, PsyD

Email : rebeca.scherman.psyd@gmail.com

Level I: Complexities of Complex Trauma

Course Director: Su Baker, Med

Curriculum Review: Rebeca Gonzalez-Scherman, PsyD

Holly Maddy, LCSW

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Level II: From Complex Trauma to Dissociative Disorders

Course Directors: Su Baker, MEd

Joan A. Turkus, MD

Emails: subaker@videotron.ca and joan.turkus@verizon.net

Level III: Advanced Topics in Complex Trauma and Dissociative Disorders directors:

Course Directors: Su Baker, MEd

Joan A. Turkus, MD

Emails: subaker@videotron.ca and joan.turkus@verizon.net

Level IV: Master Seminar

Course Director: Joan A. Turkus, MD

Email: joan.turkus@verizon.net

Spanish Language Courses

Course Director: Sandra Baita, MS

Email: sbaita@fibertel.com

Child & Adolescent

Course Director: Frances S. Waters, DCSW, LMSW, LMFT

Email: fswaters@aol.com