



Professional Training Program | Level I

The Complexities of Complex Trauma Accelerated Curriculum for 2022

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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: Twelve, two and a half hour sessions of literature discussion, lecture, discussion of a “teaching case” and discussion of participant cases.

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 provided upon registration.

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 ISSTD News.

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 (Provided via Course Portal Upon Registration):

Alessi E.J., Martin J.I. (2017) Intersection of Trauma and Identity. In: Eckstrand K., Potter J. (eds) *Trauma, Resilience, and Health Promotion in LGBT Patients*. Springer, Cham. https://doi.org/10.1007/978-3-319-54509-7_1

Bryant-Davis, T. (2019). The cultural context of trauma recovery: Considering the posttraumatic stress disorder practice guideline and intersectionality. *Psychotherapy*, 56(3), 400–408.

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.

Gold, SN (2008) Benefits of a Contextual Approach to Understanding and Treating Complex Trauma, *Journal of Trauma & Dissociation*, 9:2, 269-292

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

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.

Giourou, E., Skokou, M., Andrew, S.P., Alexopoulou, K., Gourzis, P., and Jelastopulu, E. (2018) Complex posttraumatic stress disorder: The need to consolidate a distinct clinical syndrome or to reevaluate features of psychiatric disorders following interpersonal trauma? *World J Psychiatr* 2018 March 22; 8(1): 12-19 (open access)

Keating, L & Muller, R.T. (2020) LGBTQ+ based discrimination is associated with PTSD symptoms, dissociation, emotion dysregulation, and attachment insecurity among LGBTQ+ adults who have experienced Trauma, *Journal of Trauma & Dissociation*, 21:1, 124-141, DOI: [10.1080/15299732.2019.1675222](https://doi.org/10.1080/15299732.2019.1675222)

Nagar, M., Nakash, O., and Westen, D. (2021) Unpacking childhood experiences of abuse: Can clinicians identify their patients' History of Abuse? *Journal of Trauma & Dissociation*, 21:3, 396-408

O'Neill, L., Fraser, T., Kitchenham, A. et al.(2018) Hidden Burdens: a Review of Intergenerational, Historical and Complex Trauma, Implications for Indigenous Families. *Journ Child Adol Trauma* 11, 173–186.



Scheer, J.R & Antebi-Gruszka, N. (2019) A Psychosocial Risk Model of Potentially Traumatic Events And Sexual Risk Behavior Among LGBTQ Individuals, *Journal of Trauma & Dissociation*, 20:5, 603-618, DOI: [10.1080/15299732.2019.1597815](https://doi.org/10.1080/15299732.2019.1597815)

Williams, M.T., Osman, M., Gran-Ruaz, S. et al.(2021) Intersection of Racism and PTSD: Assessment and Treatment of Racial Stress and Trauma. *Current Treatment Options in Psychiatry* 8, 167-185 (2021). <https://doi.org/10.1007/s40501-021-00250-2>

Zyromski, B., Dollarhide, C.T., Aras, Y., Geiger, S, Oehrtman, J.P., and Halley Clarke, H. (2018) Beyond Complex Trauma: An Existential View of Adverse Childhood Experiences, *Journal of Humanistic Counselling*, Oct. 2018, Vol. 57,156-172.

Additional Materials (Provided via Course Portal Upon Registration):

- DSM5: Posttraumatic Stress Disorder and Acute Stress Disorder
- PCL-C Checklist and scoring
- Pages from Trauma-Informed PA Plan Presentation CTIPP 4-21-21, ACEs (used with permission)
- PowerPoint presentation – Turkus on ACE studies
- The Case of Erica – Parts 1-4

The Complexities of Complex Trauma Accelerated

Session One: Trauma and Its History

Content Level: Beginning

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”. Furthermore, how well do mental health professionals recognize a history of trauma, in its various forms, which might indicate complex trauma as a distinct clinical syndrome? Time will be given to discuss case material as it relates to the readings.

Objectives:

At the conclusion of this session, participants will be able to:

- Summarize the history of the understanding of trauma and the resistance to recognizing trauma in its many forms
- Define the differences between simple vs complex trauma
- Describe the antecedents of trauma – from simple to complex
- Discuss the recognition of a clinical syndrome resulting from childhood abuse

Readings:

1. 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.
2. 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.
3. Giourou, E., Skokou, M., Andrew, S.P., Alexopoulou, K., Gourzis, P., and Jelastopulu, E. (2018) Complex posttraumatic stress disorder: The need to consolidate a distinct clinical syndrome or to reevaluate features of psychiatric disorders following interpersonal trauma? *World J Psychiatr* 2018 March 22; 8(1): 12-19 (open access)

Timed Outline:

45 minutes: Discussion of Reading 1 - history of trauma

15 minutes: Discussion of Reading 2 - difference between simple and complex trauma

- 45 minutes: Discussion of Reading 2 - antecedents of simple to complex trauma
45 minutes: Discussion of Reading 3 - recognition of a clinical syndrome resulting from chronic childhood trauma
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Session Two: Developmental Implications of Childhood Abuse, Neglect, Betrayal

Content Level: Beginning and Intermediate

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 memory and dissociation will be discussed. Time will be given to discuss case material as it relates to the readings.

Objectives:

At the conclusion of this session, participants will be able to:

- Identify the outcomes of trauma at different developmental stages during childhood
- Describe the symptoms in adults that indicate a further exploration for childhood trauma
- Define and discuss the impact of betrayal trauma on children, and especially memory and the development of dissociative symptoms, including amnesia
- Discuss the role of betrayal trauma and victim-perpetrator dynamics within betrayal trauma theory

Readings:

1. 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.
2. 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.
3. Nagar, M., Nakash, O., and Westen, D. (2021) Unpacking childhood experiences of abuse: Can clinicians identify their patients' History of Abuse? *Journal of Trauma & Dissociation*, 21:3, 396-408
4. Freyd, JJ (1994) Betrayal Trauma: Traumatic Amnesia as an Adaptive Response to Childhood Abuse, *Ethics and Behavior*, 4(4), 307 – 329.

5. 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: Discussion of Reading 1 and 2 - outcomes of childhood trauma
30 minutes: Discussion of Reading 3 - indicators of childhood trauma in adult patients
45 minutes: Discussion of Reading 4 - impact of betrayal on memory and amnesia
45 minutes: Discussion of Reading 5 - how victim-perpetrator dynamics impact childhood psychological development.
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Session Three: Assessment for Trauma-based Disorders

Content Level: Beginning and Intermediate

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, including presenting symptoms often found in other diagnoses across the DSM-5. We will review various assessment tools and measures and discuss their uses. Discussion of the ACE Studies, which elucidates the impact of childhood adversity on the development of complex trauma symptoms, will include some updates and recommendations for use. Time will be given to discuss “The Case of Erica” and the development of an “index of suspicion.”

Objectives:

At the conclusion of this session, participants will be able to:

- Discuss the DSM-5 diagnosis of PTSD and the symptoms of trauma, including other disorders where trauma may be a major factor
- Discuss evidence-based measures of complex trauma and sequelae of childhood abuse
- Explain the ACE studies, and their implications in the understanding and treatment of complex trauma
- Define “index of suspicion” and how it can be applied to clinical work, using “The Case of Erica”

Readings:

1. 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.

2. Courtois, CA, and Ford, JD (2013) *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*. NY, NY: The Guilford Press. Chapter 2, pp. 28 – 42.
3. Spinazzola, J. and Briere, J. (2020) Evidence-based psychological Assessment of the Sequelae of Complex Trauma, in Courtois, CA, and Ford, JD, eds. (2020) *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press, pp. 125-148.
4. The ACE studies
5. Zyromski, B., Dollarhide, C.T., Aras, Y., Geiger, S, Oehrtman, J.P., and Halley Clarke, H. (2018) Beyond Complex Trauma: An Existential View of Adverse Childhood Experiences, *Journal of Humanistic Counselling*, Oct. 2018, Vol. 57,156-172.

Additional Materials

- PTSD checklist-civilian (PCL-C) – public domain
- PowerPoint presentation – Turkus on ACE studies
- Pages from Trauma-Informed PA Plan Presentation CTIPP 4-21-21, ACEs (used with permission)
- The Case of Erica: Part 1

Timed Outline:

45 minutes: Discussion of Readings 1, 2, 3 - complex trauma and the role of trauma in other disorders and symptoms

30 minutes: Discussion of Readings 4 and 5 - the ACE studies and their use in understanding and treating complex trauma

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

Session Four: Overview of Psychotherapy for Complex Trauma

Content Level: Beginning and Intermediate

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:

At the conclusion of this session, participants will be able to:

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

Readings:

1. 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.
2. 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.
3. 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.
4. 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.

Additional Materials:

The Case of Erica: Part 2

Timed Outline:

45 minutes: Discussion of Readings 1, 2, 3 - phase oriented therapy for trauma and its rationale

30 minutes: Discussion of Readings 1, 2, 3 - the early stage of phase one therapy

15 minutes: Discussion of Reading 4 - 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: The First Phase of Treatment of Complex Trauma

Content Level: Beginning and Intermediate

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:

At the conclusion of this session, participants will be able to:

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

Readings:

1. 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.
2. 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.
3. 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.

Additional Materials:

The Case of Erica: Part 3

Timed Outline:

45 minutes: Discussion of Readings 1 and 2 - competencies in phase one, including safety and stabilization

45 minutes: Discussion of Reading 3 - 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: The Second and Third Phases of Treatment of Complex Trauma

Content Level: Beginning and intermediate

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:

At the conclusion of this session, participants will be able to:

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

Readings:

1. 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.
2. 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.

Additional Materials:

The Case of Erica: Part 4

Timed Outline:

- 45 minutes: Discussion of Readings 1 (chapter 9) and 2 - second phase of therapy and working with traumatic memory
- 30 minutes: Discussion of Readings 1 (chapter 10) and 2 - third phase of therapy
- 15 minutes: Discussion of Readings 1 and 2 - 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: Best Practices and the Therapeutic Relationship: Transference, Countertransference and Enactments

Content Level: Beginning and Intermediate

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, including issues related to transference, countertransference and enactments, 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:

At the conclusion of this session, participants will be able to:

- Discuss the complexities of treatment of clients with complex trauma
- Discuss the principals of best practice with adult clients with complex trauma
- Describe and discuss the complications in the therapeutic relationship that are encountered when treating clients with complex trauma, including transference, countertransference and enactments

Readings

1. 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
2. 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)
3. 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:

- 20 minutes: Discussion of Reading 1 - complexities of trauma treatment for adults
- 20 minutes: Discussion of Reading 1 - principals of best practices for treatment of adults with complex trauma
- 30 minutes: Discussion of Reading 2 - therapeutic relationship complications with complex trauma clients
- 30 minutes: Discussion of Reading 3 - the impact of transference, countertransference and enactments on therapy with complex trauma clients
- 50 minutes: Discussion of case materials applying the above readings to disguised cases

Session Eight: Applications of Theoretical Models to the Treatment of Complex Trauma

Content Level: Beginning and Intermediate

Abstract: There are numerous 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), Emotion-focused Therapy, and Contextual Therapy. We will discuss the strengths and weaknesses of each of these four therapies. From these therapies, we will explore how these models can be used individually or together and drawn on in therapy. Time will be given to discuss case material as it relates to the readings.

Objectives:

At the conclusion of this session, participants will be able to:

- Describe various models of verbal therapy as related to the treatment of chronic trauma, including: Brief Eclectic Therapy; Eye Movement Desensitization and Reprocessing Therapy; Emotion-focused Therapy; and Contextual Therapy
- Discuss strengths and weaknesses of each of these theories
- Discuss utilization of combinations of these models in therapy with complex-trauma clients

Readings

1. 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.
2. 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.
3. 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.
4. Gold, SN (2008) Benefits of a Contextual Approach to Understanding and Treating Complex Trauma, *Journal of Trauma & Dissociation*, 9:2, 269-292.

Timed outline:

15 minutes: Discussion of Reading 1 - brief, eclectic therapy, strengths and weaknesses

15 minutes: Discussion of Reading 2 - EMDR, strengths and weaknesses

- 15 minutes: Discussion of Reading 3 - emotion-focused therapy, strengths and weaknesses
- 15 minutes: Discussion of Reading 4 - contextual therapy, strengths and weaknesses
- 30 minutes: Discussion of utilization of models, including in combination in the therapy of those with complex trauma.
- 60 minutes: Discussion of case materials applying the above readings to disguised cases

Session Nine: Non-Verbal Treatments of Trauma and Other Modalities of Treatment (Individual, Couple, Group, Family)

Content Level: Beginning and Intermediate

Abstract: For some clients, more traditional individual talk therapies are not sufficient. Given that trauma is also experienced in the body, non-verbal therapies have been developed over the past few decades. In this session, we will explore Sensorimotor Therapy, one of the more researched “body-based” therapies for clients with complex trauma. In addition, couple and family therapies and group treatments for those with complex trauma, including the benefits and possible contraindications will be discussed. Time will be given to discuss case material as it relates to the readings.

Objectives:

At the conclusion of this session, participants will be able to:

- Describe Sensorimotor therapy and its utilization
- Discuss the use of family and couple therapy with complex trauma clients
- Discuss the benefits of group treatment

Readings

1. 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.
2. 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)
3. 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)

Timed outline:

40 minutes: Discussion of Reading 1 - sensorimotor psychotherapy

- 30 minutes: Discussion of Reading 3 - couple and family therapy approaches
30 minutes: Discussion of Reading 2 and 3 - group treatment
50 minutes: Discussion of case materials applying the above readings to disguised cases
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Session Ten: Cultural Humility and the Impact of Racism and Colonization in Complex Trauma

Content Level: Beginning and Intermediate

Abstract: Complex trauma occurs within a context, including the family, the community and larger society and its impact is strongly influenced by inequalities, racism, bigotry, and other stigmatizing and dehumanizing influences. In this session, the impact of racism, including systemic racism, and colonialization will be discussed. The concept of “cultural humility” will be explored in general and how the therapist needs to take these into account both culturally and spiritually will be discussed. Specific areas such as the need to develop treatment guidelines which include the understanding the intersection of trauma and racism and the impact of colonization on indigenous peoples will be explored. Time will be given to discuss case material as it relates to the readings.

Objectives:

At the conclusion of this session, participants will be able to:

- Define and discuss cultural humility and spiritual awareness
- Explain the impact of the intersectionality of trauma and racism/colonial oppression
- Discuss the need to consider the impact of racism and colonial oppression when developing guidelines for trauma treatment

Readings

1. Brown, L.S. (2020) *Cultural Humility and Spiritual Awareness (pp. 168-188)* in CA Courtois and JD Ford, eds. *Treating Complex Traumatic Stress Disorders in Adults, second edition*. NY, NY: The Guilford Press.
2. Bryant-Davis, T. (2019). The cultural context of trauma recovery: Considering the posttraumatic stress disorder practice guideline and intersectionality. *Psychotherapy*, 56(3), 400–408.
3. Williams, M.T., Osman, M., Gran-Ruaz, S. et al. (2021) Intersection of Racism and PTSD: Assessment and Treatment of Racial Stress and Trauma. *Current Treatment Options in Psychiatry* 8, 167-185 (2021).
<https://doi.org/10.1007/s40501-021-00250-2>

4. O'Neill, L., Fraser, T., Kitchenham, A. et al. (2018) Hidden Burdens: a Review of Intergenerational, Historical and Complex Trauma, Implications for Indigenous Families. *Journ Child Adol Trauma* 11, 173–186.

Timed outline:

- 45 minutes: Discussion of Reading 1 - cultural humility and spiritual awareness
30 minutes: Discussion of Reading 2 and 3 - intersectionality of trauma practice guidelines and racism
30 minutes: Discussion of Reading 4 - trauma and indigenous peoples
45 minutes: Discussion of case materials applying the above readings to disguised cases
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Session Eleven: LGBTQ+ Issues in Complex Trauma

Content Level: Beginning and Intermediate

Abstract: Despite the growing acceptance of LGBTQ+ people and the societal demands for their rights, members of the LGBTQ+ community are especially likely to be targets of physical, emotional, sexual and psychological violence. This often starts in childhood, and includes, for many, an internalized self-hatred, that impacts their psychological development, making them even more likely to be impacted by trauma. In this class we will examine the intersectionality of identity and trauma and the impact of discrimination toward the LGBTQ+ community and its members, in developing post-traumatic problems. An exploration of a risk-model of possible traumatizing events based on discrimination, for sexual high-risk behaviours will be discussed. How discrimination against the LGBTQ+ community impacts trauma, dissociation and attachment will also be explored. Time will be given to discuss case material as it relates to the readings.

Objectives:

At the conclusion of this session, participants will be able to:

- Describe the intersection of trauma and identity
- Discuss a psycho-social risk-model of trauma and high risk sexual behavior among LGBTQ+ clients
- Explain the effects of discrimination against LGBTQ+ people on trauma, dissociation, affect regulation and attachment

Readings

1. Alessi, E. J., & Martin, J. I. (2017). Intersection of trauma and identity. In *Trauma, Resilience, and Health Promotion in LGBT Patients: What Every Healthcare Provider Should Know* (pp. 3-14). Springer International Publishing.
2. Scheer, J.R & Antebi-Gruszka, N. (2019) A Psychosocial Risk Model of Potentially Traumatic Events And Sexual Risk Behavior Among LGBTQ ., *Journal of Trauma & Dissociation*, 20:5, 603-618.
3. Keating, L & Muller, R.T. (2020) LGBTQ+ based discrimination is associated with ptsd symptoms, dissociation, emotion dysregulation, and attachment insecurity among LGBTQ+ adults who have experienced Trauma, *Journal of Trauma & Dissociation*, 21:1, 124-141.

Timed outline:

- 45 minutes: Discussion of Reading 1 - intersection of trauma and identity
- 30 minutes: Discussion of Reading 2 - a psycho-social risk model based on discrimination against LGBTQ+ people on potentially traumatizing and/or high-risk sexual behaviours,
- 30 minutes: Discussion of Reading 3 - anti-LGBTQ+ discrimination and trauma, dissociation and attachment
- 45 minutes: Discussion of case materials applying the above readings to disguised cases

Session Twelve: The Unconscious Impact of Trauma on the Therapist and How Trauma-Informed Therapy Makes a Difference

Content Level: Beginning and Intermediate

Abstract: Trauma therapy has an impact not only on survivors, but on their therapist as well. Within the therapeutic relationship, the therapist may unconsciously introject the emotional material of the trauma, from the client. 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:

At the conclusion of this session, participants will be able to:

- Discuss the unconscious impacts of trauma therapy within the therapeutic

- Discuss ways to work through the residual effects of client's trauma in the therapist
- Discuss the impact of understanding underlying complex trauma for therapeutic success with trauma survivors

Readings:

1. 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.
2. Herman, JL (2015) *Trauma and Recovery: The aftermath of violence – from domestic abuse to political terror*. NY, NY: Basic Books pp. 237 – 247 (Afterword)
3. 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:

- 45 minutes: Discussion of Reading 1 - how trauma is unconsciously communicated to therapists
- 45 minutes: Discussion of Reading 2 - understanding and ameliorating the unconscious impact of trauma within the therapeutic relationship
- 30 minutes: Discussion of Reading 3 - success of trauma-informed therapy
- 30 minutes: Discussion of Reading 2 - becoming a trauma-informed therapist and the next stages



Professional Training Program Leadership:

Professional Training Program Chair: Rebeca Gonzalez-Scherman, PsyD

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