Traumainformed individual and group interventions

Aim of the course

The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery. Additionally, it has become evident that addressing trauma requires a multi-pronged, multi-agency public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment. In order to maximize the impact of these efforts, they need to be provided in an organizational or community context that is trauma-informed, that is, based on the knowledge and understanding of trauma and its far-reaching implications.

Learning outcome, competences

Knowledge
- Students understands the purpose and approach: developing a framework for trauma and a trauma-informed approach
- Students learn and understand the key principles of a trauma-informed approach
- Students understand what is the suggested guidance for implementing a trauma-informed approach
- Students understand trauma in the conext of community
- Students know the basic concepts about trauma
- Students know the key assumptions in a trauma-informed approach, the four R's: realization, recognize, respond, resist re-traumatization
- Students know the six key principles of a trauma-informed appraoch:
    - 1. Safety
    - 2. Trustwirthiness and transparency
    - 3. Peer Support
    - 4. Collaboration and Mutuality
    - 5. Empowerment, Voice and Choice
    - 6. Cultural, Historical, and Gender Issues
    -

- Students understand the implementation of trauma-informed approach

attitude:
- they consider the objectives of trauma-informed approach
- seeks to use the professional terms learned during the course in his or her professional communication
- understands the importance and actively seeking to deepen and consolidate his or her special professional interest, thus improving his or her professional competencies
- takes into consideration the symptoms on base of historical, cultural and social aspects

skills:
- able to decide about trauma-informed approach as a possible way of helping
- able to set up the framework of trauma-informed approach intervention
- able to formulate questions relevant and required within the trauma-informed approach

Topics of the course

Theoretical section - 25% of the course

- The place of trauma-informed approach
- The system of skills
- The frames of the trauma-informed approach. The contract. Ethical standards.

Practical section - 75% of the course
- The frames of trauma-informed approach
- The individual and the group intervention
- Improving the skills in intervention
- Counselor's case review, supervision
- Discussing ethical questions through case examples

Evaluation of outcomes

Learning requirements, mode of evaluation, criteria of evaluation:

requirements
- Theoretical section is closed with a classroom test. Subject of the test is the course material and literature items given below
- Practical section is evaluated by the students attitude of active presence, continuous processing of literature items give, delivering the first counselling interview in written form.

mode of evaluation: ....
- Classroom test after the theoretical section is evaluated to 5 levels (insufficient - excellent). In case of insufficient result the student need to repeat the exam after the course. If the theoretical part is evaluated to insufficient then
- the course is not fulfilled without regard of the result of the practical section.
- To accomplish the course a plan of trauma-informed intervention in written form should be delivered. All this is evaluated to 5 levels. In case of insufficient mark the course is not accomplished.
- The course final evaluation is a mean of the marks above. In case of uncertain mark the student may get the better one if an additional work , agreed with the course leader is delivered.

criteria of evaluation:
- During the theoretical part an integrating knowledge must be used, based on the literature items given.
- During the practical part the first counselling interview delivered must follow the concepts and aspects, professional concepts and theoretical models learned in the course, formulating question that are required and relevant to the case.

Reading list

Compulsory reading list

Anda, R.F., Brown, D.W., Dube, S.R., Bremner, J.D., Felitti, V.J, and Giles, W.H. (2008). Adverse childhood experiences and chronic obstructive pulmonary disease in adults. American Journal of Preventive Medicine, 34(5), 396-403.

Anda, R.F., Brown, D.W., Dube, S.R., Bremner, J.D., Felitti, V.J., and Giles, W.G. (2008). Adverse childhood experiences and chronic obstructive pulmonary disease in adults. American Journal of Preventive Medicine, 34(5), 396-403.

Bonomi, A.E., Anderson, M.L., Rivara, F.P., Thompson, R.S. (2007). Health outcomes in women with physical and sexual intimate partner violence exposure. Journal of Women's Health, 16(7), 987-997.

Campbell, R., Greeson, M.R., Bybee, D., and Raja, S. (2008). The co-occurrence of childhood sexual abuse, adult sexual assault, intimate partner violence, and sexual harassment: A mediational model of posttraumatic stress disorder and physical health outcomes. Journal of Consulting and Clinical Psychology, 76(2), 194-207.

Covington, S. (2008) "Women and Addiction: A Trauma-Informed Approach." Journal of Psychoactive Drugs, SARC Supplement 5, November 2008, 377-385.

Dube, S.R., Felitti, V.J., Dong, M., Chapman, D.P., Giles, W.H., and Anda, R.F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The Adverse Childhood Experiences Study. Pediatrics, 111(3), 564-572.

Dutton, M.A., Bonnie, L.G., Kaltman, S.I., Roesch, D.M., and Zeffiro, T.A., et al. (2006). Intimate partner violence, PTSD, and adverse health outcomes. Journal of Interpersonal Violence, 21(7), 955-968.

Felitti, G., Anda, R., Nordenberg, D., et al., (1998). Relationship of child abuse and household dysfunction to many of the leading cause of death in adults: The Adverse Childhood Experiences Study. American Journal of Preventive Medicine, 14, 245-258.a

Ford, J. and Wilson, C. (2012). SAMHSA's Trauma and Trauma-Informed Care Experts Meeting. 13 Ford, J.D. (2013). Treatment of complex trauma: A sequenced, relationship-based approach. New York, NY, US: Guilford Press.

Herman, J. (1992). Trauma and recovery: The aftermath of violence – from domestic abuse to political terror. New York: Basic Books.

Najavits, L.M. (2002). Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford Press.

Norris, F.H. (1990). Screening for traumatic stress: A scale for use in the general population. Journal of Applied Social Psychology, 20, 1704-1718.

Perry, B., (2004). Understanding traumatized and maltreated children: The core concepts – Living and working with traumatized children. The Child Trauma Academy, www.ChildTrauma.org.

SAMHSA's National Center for Trauma-Informed Care (2012), Report of Project Activities Over the Past 18 Months, History, and Selected Products. Available from: http://www.nasmhpd.org/docs/NCTIC/NCTIC_Final_Report_3-26-12.pdf

Shonkoff, J.P., Garner, A.S., Siegel, B.S., Dobbins, M.I., Earls, M.F., McGuinn, L., ..., Wood, D.L. (2012). The lifelong effects of early childhood adversity and toxic stress. Pediatrics, 129(1), 232-246.

Van der Kolk, B. (2003): The neurobiology of childhood trauma and abuse. Laor, N. and Wolmer, L. (guest editors): Child and Adolescent Psychiatric Clinics of North America: Posttraumatic Stress Disorder, 12 (2). Philadelphia: W.B. Saunders, 293-317.

Wilson, C. and Conradi, L. (2010). Managing traumatized children: A trauma systems perspective. Psychiatry. doi: 10.1097/MOP.0b013e32833e0766