

**Traumatic Stress Studies Certificate Program
Course Modules + Learning Objectives**

Module Title + Presenter	Learning Objectives
Understanding Trauma: Foundations Bessel van der Kolk	<ol style="list-style-type: none"> 1. Evaluate the impact of trauma on neurological structures and related behavioral disruptions 2. Relate classic conceptualizations of trauma to current formulations and research findings 3. Select trauma treatment approaches that best match symptom presentation and client characteristics
The Complexity of Adaptation to Trauma Jana Pressley	<ol style="list-style-type: none"> 1. The learner will demonstrate mastery of the 7 domains of complex trauma impact. 2. The learner will differentiate a normative human stress response from the developmental impact of chronic childhood relational trauma exposure. 3. The learner will evaluate the proposed criteria of Developmental Trauma Disorder (DTD) and Complex PTSD, applying to case material.
The Nature of Trauma: Developmental Neurobiology, Neuroimaging Research and Effective Intervention Bessel van der Kolk	<ol style="list-style-type: none"> 1. Explore the history of trauma theory and development of treatment interventions 2. Evaluate the impact of trauma on neurological structures and subsequent impairments in brain development 3. Critique and contrast current approaches to trauma psychotherapy informed by brain imaging research 4. Explain the role of varied brain structures in symptomatic expression of trauma and response to psychotherapeutic interventions
Neurobiology of Trauma Treatment: EMDR and New Research Directions Bessel van der Kolk	<ol style="list-style-type: none"> 1. Evaluate the impact of trauma on neurological structures for self-regulation and interpersonal engagement 2. Identify and implement treatment interventions informed by current trauma research findings 3. Articulate three areas for future research and the limitations of current evidence based treatments
Adult Attachment Relationships Jana Pressley	<ol style="list-style-type: none"> 1. The learner will be able to demonstrate knowledge of the attachment styles and how each applies to lifelong development. 2. The learner will apply knowledge of adult attachment patterns to various domains of adult functioning, including romantic relationships, therapeutic relationship, and parenting dynamics. 3. The learner will consider client attachment dynamics in clinical implications on the therapeutic relationship.

<p>The Roles Intersectionality & Cultural Humility Play When Working with Diverse Client Populations</p> <p>Gary Bailey</p>	<ol style="list-style-type: none"> 1. Participants will have the opportunity for an interpersonal dialogue process where they will discuss the impact of racism and oppression in their practice; 2. Participants will develop increased understanding of racism and discrimination, and the impact that racialized violence has as a form of primary and secondary trauma; 3. Participants will examine the role that an understanding of the concepts of intersectionality, race, gender identity and sexual identity can have in the delivery of effective trauma informed care.
<p>The Field Guide for Barefoot Psychology: Making Psychoeducation and Healing Relevant and Scalable across Cultures</p> <p>Michael Niconchuk + Vivian Khedari DePierro</p>	<ol style="list-style-type: none"> 1. Participants will be able to critically evaluate how existing mental health and psychoeducation approaches align with established practices in humanitarian emergencies 2. Participants will be able to identify the types of interventions clients from conflict settings may have been exposed to in the past 3. Participants will be better able to appraise and defend contributions of Islamic and Southwest Asian thought to trauma recovery practice and assess how historical legacies might inform practice with clients 4. Participants will be able to justify and explain the use of narrative and storytelling for the purposes of client psychoeducation 5. Participants will be able to appraise and evaluate the effort made to quantify the impact of the pilot of The Field Guide for Barefoot Psychology in Za'atri Refugee Camp in Jordan
<p>Trauma Through the Lens of Polyvagal Theory</p> <p>Stephen Porges</p>	<ol style="list-style-type: none"> 1. Assess observable deficits in social engagement and communicate cues of safety via neuroception. 2. Apply three neural platforms that provide the neurophysiological bases for social engagement, fight/flight, and shutdown behaviors. 3. Integrate fight/flight and immobilization defense strategies education with individual and group therapy treatment into practice.
<p>Trauma Assessment of Children and Adults</p> <p>Alexandra Cook</p>	<ol style="list-style-type: none"> 1. Participants will learn what information needs to be gathered, as well as how to gather that data when doing a trauma evaluation. 2. Participants will learn how to formulate a case and practice presenting a case using that formulation. 3. Participants will be able to identify the differences between a clinical evaluation and a forensic evaluation.
<p>Childhood Trauma: Impact and Long-Term Consequences</p>	<ol style="list-style-type: none"> 1. Evaluate the impact of trauma on behavior and processing of attachment experiences

Bessel van der Kolk	<ol style="list-style-type: none"> 2. Characterize nonverbal interventions that reduce the severity of symptom experience and expression in traumatized children 3. Critique and contrast current DSM-5 criteria for trauma disorders with current developmental trauma research findings
The Scope of Trauma Treatment: From Acute Interventions to Restoration of Self-Experience Bessel van der Kolk	<ol style="list-style-type: none"> 1. Evaluate current approaches to trauma treatment and select interventions that most effectively address specific symptom presentations 2. Identify and minimize treatment factors that can produce symptom exacerbation in post trauma clients 3. Integrate findings from brain imaging research to inform clinical treatment interventions
Introduction to ARC: The Attachment, Regulation, and Competency Model Margaret Blaustein	<ol style="list-style-type: none"> 1. Analyze the role of routines in the caregiving system to enhance a child's felt safety and stability, and specify why this is important in treatment 2. Characterize how the core attachment targets of ARC apply to the participant and/or providers within the participant's system 3. Determine how caregiver's ability to identify their own responses to trauma reactions is critical to the recovery process in children who have experienced trauma
ARC & Supporting Regulation in Childhood Margaret Blaustein	<ol style="list-style-type: none"> 1. Characterize at least two patterns of youth dysregulation, including function of the adaptation. 2. Establish how strategies for teaching children to identify physiological responses to stress can help them understand and regulate the arousal response. 3. Employ exercises to help traumatized children identify arousal states and develop effective communication skills. 4. Articulate at least one aspect of self and identity that may be impacted in trauma-exposed youth.
We Do Not Work Alone: Implementing and Sustaining Trauma-informed Systems Patricia Wilcox	<ol style="list-style-type: none"> 1. Participants will identify the importance of trauma-informed systems for effective treatment interventions. 2. Participants will be able to apply the basic assumptions of trauma-informed care 3. Using a basic understanding of polyvagal theory, participants will analyze how it applies to the work force and determine how it could be useful in their settings. 4. Participants will construct three key strategies for implementation of trauma-informed care in a treatment program 5. Participants will develop awareness of a variety of multidisciplinary community examples. for successful trauma-informed systems
SMART: Sensory Motor Arousal Regulation Treatment	<ol style="list-style-type: none"> 1. Participants will learn the 3 fundamental bases of SMART treatment- Somatic Regulation, Trauma Processing, and Attachment-Building.

<p>Alexandra Cook and Elizabeth Warner</p>	<ol style="list-style-type: none"> 2. Participants will learn how to assess arousal using the SMART Regulation Map 3. Participants will be able to name the 7 Tools of Regulation
<p>Sensorimotor Psychotherapy: Theory and Practice</p> <p>Pat Ogden</p>	<ol style="list-style-type: none"> 1. Distinguish how Sensorimotor therapy can inform the clinician's choice of treatment interventions. 2. Catalogue the five fundamental movements of Sensorimotor therapy that can instill hope in clients and can stretch the boundaries of their Window of Tolerance. 3. Catalogue the principles that create the context needed to maximize growth and healing in Sensorimotor Therapy. 4. Demonstrate how a client's somatic narrative can influence his/her Window of Tolerance.
<p>Trauma, PTSD, and the Mind-Body Relationship</p> <p>Matthew Sanford</p>	<ol style="list-style-type: none"> 1. Develop an intuitive understanding of the effect that trauma has on the mind-body relationship. 2. Practice exercises to facilitate reconnecting the mind and body for trauma survivors. 3. Characterize three ways in which trauma memories manifest in the body and actions of clients. 4. Individualize movement and yoga exercises for specific expressions of trauma symptoms in post-trauma individuals. 5. Modify body-based interventions for individuals who have sensitivities associated with traumatic experiences.
<p>Embodied Awareness</p> <p>Licia Sky</p>	<ol style="list-style-type: none"> 1. Practice body-centered approaches drawn from theater, music, yoga, and play for building attunement, restoring agency, and dealing with trauma. 2. Appraise how non-verbal awareness affects physical and emotional states 3. Role-play techniques to explore non-verbal awareness in movement
<p>Use of Play and Activity to Support Trauma-informed Treatment</p> <p>Steven Gross</p>	<ol style="list-style-type: none"> 1. Demonstrate how play can be used to support trauma therapy in children to improve functioning, mental health, and coping. 2. Analyze the four domains of structure and demonstrate via case examples and video how implementation of the domains provides the foundation upon which healing can occur. 3. Evaluate the use of play and the efficacy of the 4 Domains of Structure across various cultures and in response to various types of trauma exposure.
<p>Trauma Processing with Children</p>	<ol style="list-style-type: none"> 1. Apply EMDR, play therapy and attachment interventions to effectively treat varied child trauma presentations.

<p>Michele Henderson</p>	<ol style="list-style-type: none"> 2. Adapt standard EMDR protocols to address the specialized needs of traumatized child clients. 3. Analyze and respond to common disruptions to the trauma therapy intervention.
<p>Making Connections: The Neuropsychology of Sandplay Therapy in the Treatment of Trauma</p> <p>Lorraine Freedle</p>	<ol style="list-style-type: none"> 1. Define trauma and its effects on the brain, body, psyche/soul. 2. Identify the key tenets and “three roots” of sandplay therapy (SPT). 3. Describe four essential components of SPT that promote neural integration and healing of trauma. 4. Apply concepts to case studies in sandplay therapy.
<p>The Importance of Play in the Treatment of Trauma</p> <p>Dafna Lender</p>	<ol style="list-style-type: none"> 1. Assess when play techniques should be used in the treatment of attachment trauma 2. Describe 3 play techniques for increasing energy and connection between therapist and client 3. Identify 3 play techniques for practicing self-regulation
<p>Eye Movement Desensitization and Reprocessing (EMDR) Therapy: A Model for Accelerated Change</p> <p>Deborah Korn</p>	<p>After completing this course, participants will be able to:</p> <ol style="list-style-type: none"> 1. Describe EMDR therapy, review its empirical base of support in the treatment of PTSD and other psychiatric conditions, and introduce the Adaptive Information Processing (AIP) model used to guide treatment. 2. Explain the role of eye movements and some of the leading hypotheses about mechanisms of action in EMDR therapy. 3. Discuss several case studies and review the eight phases of EMDR therapy as well as the three-pronged protocol for addressing 1) past traumatic experiences, 2) current triggers and symptoms, and 3) goals for future adaptive behavior.
<p>The DE-CRUIT Monologue Method: Treating Trauma Through Narrative Embodiment</p> <p>Stephan Wolfort + Dawn Stern</p>	<ol style="list-style-type: none"> 1. Practice the application of stage skills in shifting traumatic responses to put to practical use in-session for symptom management. 2. Demonstrate how to use Shakespeare’s dramatic verse to help trauma survivors provide language to articulate their traumatic events. 3. Investigate techniques from classical actor training that assist in mitigating the effects of dysregulation and increasing self-efficacy
<p>Working with Problematic Sexual Behavior in Children & Youth</p> <p>Jon Ebert + Tarah Kuhn</p>	<ol style="list-style-type: none"> 1. Analyze child and adolescent sexual behavior and important developmental milestones, and demonstrate how sexual development changes across the lifespan. 2. Differentiate normal developmental sexual behaviors from problematic sexual behaviors. 3. Determine the appropriate and most effective responses to problematic sexual behavior, including identifying the 3 Effective

	Response Goals, when to report abuse, and how to create safety and support plans.
Trauma & Altered States of Consciousness Ruth Lanius	<ol style="list-style-type: none"> 1. Articulate the effects of trauma on psychopathology 2. Apply therapeutic trauma interventions to the four consciousness dimensions of symptom presentation 3. Propose alterations in dimensions of consciousness that differentiate between dissociative and non-dissociative trauma psychopathology.
Internal Family Systems Richard Schwartz	<ol style="list-style-type: none"> 1. Utilize IFS conceptualizations to develop and implement interventions that reduce post trauma symptoms 2. Analyze the relationship between varied personality parts and facilitate effective integration of disconnected aspects of personality 3. Structure and sequence IFS interventions in response to specific client presentations and therapeutic engagement
The Use of Internal Family Systems Model in Trauma Treatment Frank Anderson	<ol style="list-style-type: none"> 1. Present the IFS Model and design ways to integrate IFS into your clinical practice. 2. Specify and work with your client's parts as defined by developer Richard Schwartz, PhD. 3. Model how to work with clinician's own parts. 4. Critique an alternate view of symptoms and psychopathology, reasoning that these are ways your clients are trying to protect themselves from emotional pain and psychological wounding. 5. Communicate how IFS increases the therapist's curious and compassionate self when working with difficult and challenging clients. 6. Evaluate the neuroscience behind the healing process in IFS therapy
Implementing Trauma-Informed Therapies in Community Janina Fisher	<ol style="list-style-type: none"> 1. Identify animal defense survival responses as manifested in the symptoms of traumatized clients 2. Apply the language of parts to describe internal conflicts and self-destructive impulses 3. Implement 3 interventions for increasing client acceptance and management of their trauma-related parts
Trauma-informed, Spiritually aware: Considering spirituality in holistic self and client care Jana Pressley	<ol style="list-style-type: none"> 1. The learner will be able to distinguish between the positive and negative intersections of trauma and spirituality in diverse clients' experiences. 2. The learner will apply the core domains of complex trauma impact to the domain of spirituality in client's experience. 3. The learner will appraise their own biases around religion and spirituality in light of best therapeutic practice in integration of spirituality as holistic trauma care.

<p>Caring for the Caregiver: Vicarious Trauma</p> <p>Jana Pressley</p>	<ol style="list-style-type: none"> 1. The learner will be able to demonstrate knowledge of the terms and concepts related to secondary and vicarious trauma and their impact in the life of the professional. 2. The learner will be able to apply self-reflective and self-regulation tools to their own professional context. 3. The learner will consider trauma-informed care in both individual and collective intervention settings, and the clinical implications of self-reflective practice on clinician personal and professional wellness.
<p>Alternative Non-pharmaceutical Treatment Techniques for Development Trauma: Neurofeedback and Biofeedback</p> <p>Ainat Rogel + Diana Martinez</p>	<ol style="list-style-type: none"> 1. By the end of this presentation, the participant will be able to define neurofeedback, how it works, and how it can help individuals with developmental trauma 2. By the end of this presentation, the participant will be able to evaluate the efficacy of neurofeedback as a treatment modality for individuals with developmental trauma 3. By the end of this presentation, the participant will be able to describe the ways and benefits of incorporating neurofeedback and into a clinical practice
<p>The Future of Trauma Interventions</p> <p>Bessel van der Kolk</p>	<ol style="list-style-type: none"> 1. Reviews the history of trauma in the creation of the PTSD diagnosis; highlights how the memory-focused treatment of trauma fails to take into account the processing of trauma in the present and the present impact of how one organizes what is seen, how one organizes their actions, how one organizes interactions with others, and one's present experience of trauma. 2. Explains how chronic stress changes the brain and identifies the impact of stress and trauma on specific brain structures. 3. Identifies non-traditional, non-memory focused treatment options that have been shown to be effective for treating trauma, including: yoga, music, exercise, theater, mindfulness, and MDMA.