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SEATTLE CAMPUS

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**Mission Statement: College of Psychology and Behavioral Sciences**

The mission of the Argosy University's College of Psychology and Behavioral Sciences is to prepare students to become skilled professional practitioners who can function ethically and effectively within multicultural settings and with diverse populations. The College demonstrates its commitment to academic excellence and integrity by providing high-quality instruction delivered in convenient formats by practitioner/scholar faculty, which leads to careers in a wide variety of practitioner and applied fields. Graduates of the College of Psychology and Behavioral Sciences possess the knowledge, skills, and attitudes essential for meeting the highest standards of professional service.

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**COURSE SYLLABUS**

**PP8810 Special Topics: Working with Trauma in Clinical Practice**

Spring 2010

Fridays 9–12 am

**Faculty Name:** Dana P. Waters, Psy.D., ABPP

**Campus:** Seattle

**Phone:** 206.393.3549

**Contact Information:** [dwaters@argosy.edu](mailto:dwaters@argosy.edu)

**Office Hours:** By appointment

**Faculty Bio:** Dana Waters is an associate professor in the Clinical Psychology program of Argosy University/Seattle, where she has been a member of the core faculty since 2003. She currently serves as the Director of Internship Training, and the Chair of the Clinical Competency Exam committee. Further, she serves as a member to the Curriculum, Diversity, and Comprehensive Exam committees. In 1989 Dr. Waters began working for REACH Foundation where she trained as a group facilitator of family reconstruction workshops using psychodrama, art therapy, expressive movement, and body-based therapeutic strategies. She received extensive training in working with survivors of sexual, emotional, physical, and satanic ritual abuse; and in working with individuals from dysfunctional/alcoholic and abusive family systems. She earned her Associate in Applied Sciences in biology and physiology from Parkland College in 1985 and her BA degree in psychology from Elmhurst College in 1994. In 2000, Dr. Waters earned a Master's in Counseling Psychology and Doctorate in Clinical Psychology from the Adler School of Professional Psychology in Chicago. During 3 years of her tenure at Adler, Dr. Waters served as a primary member of the Psychological Services Center Research committee. During her internship, she was fortunate to receive advanced training in the use of the Adlerian Lifestyle Inventory while studying with Dr. Harold Mosak. In 2008 her article entitled "Lifestyle among abuse reporting outpatients" was accepted and published in the Journal of Individual Psychology. She earned her diplomat in

clinical psychology (ABPP) from the American Board of Professional Psychology in 2008. In 2009 she co-authored an article published in *The Clinical Neuropsychologist* entitled “Relationship between TOMM performance and PAI validity scales in a mixed clinical sample.” Dr. Waters has maintained a private practice since 2002 where she practices with an emphasis on working with somatic and psychosomatic manifestations of illness, and in focusing on body and mind to afford congruent therapeutic change. She possesses expertise in psychophysiology, trauma related soliloquy, queer issues, and psychodynamic theory and therapy. She has also served as a supervisor to clinical psychology doctoral students at Argosy University and other community mental health agencies.

### **Course Description**

This course is an introduction to the psychological reaction and adjustment to various forms of trauma, including: physical, sexual, and emotional trauma, abuse, and/or neglect. It addresses historical, theoretical, and biopsychosocial underpinnings of trauma, PTSD, and complex trauma, as well as assessment issues, clinical diagnostic considerations, and treatment. Special focus is given to individual case formulation and treatment of adults with trauma histories presenting with PTSD, various forms of dissociation, and/or complex trauma. Topics include DSM historical context of trauma, defining trauma and its antecedents, diagnoses, assessment, case formulation, and treatment.

### **Course Prerequisites**

It is recommended student have taken Psychopathology I and II. Exceptions to these prerequisites are at the instructor’s discretion.

### **Required Textbooks**

Brown, L. S. (2009). *Cultural competence in trauma therapy: Beyond the flashback*. Washington, DC: American Psychological Association. (ISBN-10: 1433803372)

Van der Hart, O., Nijenhuis, R. S., & Steele, K. (2009). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. New York: W.W. Norton. (ISBN-10: 0393704017)

### **Recommended Readings/Textbooks**

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders DSM-IV-TR (4<sup>th</sup> ed., text rev.)*. Washington D.C.: American Psychiatric Association.

Bell, D., & Belicki, K. (1998). A community-based study of well being in adults reporting childhood abuse. *Child Abuse and Neglect*, 22, 681-685.

Brady, K. (1997). Posttraumatic stress disorder and co-morbidity: Recognizing many facets of PTSD. *Journal of Clinical Psychiatry*, 58, 12-15.

Briere, J. (1990). Differential adult symptomatologies associated with three types of child abuse histories. *Child Abuse and Neglect*, 14, 357-364.

Briere, J. (1992). *Child abuse and trauma*. Newbury Park, CA: Sage Publications.

Briere, J. (1997a). *Psychological assessment of adult posttraumatic states*. Washington, DC: American Psychological Association.

Briere, J. (1997b). *Psychological assessment of child abuse effects in adults*. In J.P. Wilson & T.J. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 43-68). New York, NY: The Guilford Press.

- Briere, J., Kaltman, S., & Green, B. L. (2008). Accumulated childhood trauma and symptom complexity. *Journal of Traumatic Stress, 21*, 223-226.
- Briere, J. & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage Publications.
- Briere, J., & Spinazzola, J. (2005). Phenomenology and psychological assessment of complex posttraumatic states. *Journal of Traumatic Stress, 18*, 401-412.
- Brown, L. S. (2004). Feminist paradigms of trauma treatment. *Psychotherapy: Theory, Research, Practice, and Training, 41*, 464-471.
- Brown, L. S. (2008). *Cultural competence in trauma therapy: Beyond the flashbacks*. Washington, DC: American Psychological Association.
- Courtois, C. A. (2008). Complex trauma, complex reactions: Assessment and treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 86-100.
- Courtois, C.A. (1988). *Healing the incest wound*. New York: Norton.
- Cross, H. (1990). *Social factors associated with post-traumatic stress disorder in Vietnam veterans*. In C.L. Meek (Ed.), *Posttraumatic stress disorder: Assessment differential diagnosis and forensic evaluation* (pp. 73-87). Sarasota, FL: Professional Resource Exchange.
- Cruz, F. & Essen, L. (1994). *Adult survivors of childhood emotional, physical, and sexual abuse: Dynamics and Treatment*. Scranton, PA: Haddon Craftsmen.
- Finkelhor, D. (1979). *Sexually victimized children*. New York, NY: The Free Press.
- Finkelhor, D. (1984). *Child sexual abuse new theory and research*. New York, NY: The Free Press.
- Finkelhor, D., Hotaling, G., Lewis, I.A., & Smith, C. (1989). Sexual abuse and its relationship to later sexual satisfaction, marital status, religion, and attitudes. *Journal of Interpersonal Violence, 4*, 379-399.
- Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Cambridge: Harvard University Press.
- Friedman, M. (1997). Posttraumatic stress disorder. *Journal of Clinical Psychiatry, 58*, 33-36.
- Freud, S. (1896). *The aetiology of hysteria*. In Strachey (Ed., and Trans.), *Standard edition of the complete psychological works of Sigmund Freud*, 3-17. London: Hogarth Press.
- Herman, J. (1992a). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*, 377-391.
- Herman, J. (1992b). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York, NY: Basic Books.
- Herman, J. (1998). Recovery from psychological trauma. *Psychiatry & Clinical Neurosciences, 52*, 145-150.
- International Society for the Study of Trauma and Dissociation. (2005) Guidelines for treating Dissociative Identity Disorder in adults. *Journal of Trauma & Dissociation, 6*, 69-149.
- Kardiner, A. (1941). *The traumatic neurosis of war*. New York, NY: Hoeber Press.
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., Nelson, C. B. et al. (1995). Posttraumatic stress disorder in the national co morbidity survey. *Archives of General Psychiatry, 52*, 1048-1060.
- Kolb, L. (1987). A neurological hypothesis explaining posttraumatic stress disorders. *American Journal of Psychiatry, 144*, 989-995.
- Meek, C. (1990). *Posttraumatic stress disorder: Assessment differential diagnosis and forensic evaluation*. Sarasota, FL: Professional Resource Exchange.
- Melchert, T.P., & Parker, R.L. (1997). Different forms of childhood abuse and memory. *Child Abuse and Neglect, 21*, 125-135.

- Miller, T., Kanenchenko, P., & Krasniasnski, A. (1992). Assessment of life stress events: The etiology and measurement of traumatic stress disorder. *International Journal of Social Psychiatry*, 38, 215-277.
- Miller-Perrin, C.L., & Wurtele, S.K. (1990). Reactions to childhood sexual abuse: Implications for post-traumatic stress disorder. In C.L. Meek (Ed.), *Posttraumatic stress disorder: Assessing differential diagnosis and forensic evaluation* (pp. 91-125). Sarasota, FL: Professional Resources Exchange.
- Moeller, T.P., Bachman, G.A., & Moeller, J.R., (1993). The combined effects of physical, sexual and emotional abuse during childhood: Long term health consequences for women. *Child Abuse and Neglect*, 17, 623-640.
- Mullen, P., Martin, J.L., Anderson, J., Romans, S., & Herbison, G. (1994). The effects of child sexual abuse on social, interpersonal and sexual dysfunction in adult life. *British Journal of Psychiatry*, 165, 35-47.
- Norris, F.H., & Riad, J.K. (1997). Standardization self-report measures of civilian trauma and post traumatic stress disorder. In J.P. Wilson & T.J. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 7-24). New York, NY: The Guilford Press.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensory motor approach to psychotherapy*. New York, NY: Norton & Company.
- Orr, S.P., & Kaloupek, D.G. (1997). Psychological assessment of posttraumatic stress disorder. In J.P. Wilson & Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 69-97). New York, NY: The Guilford Press.
- Ozturk, E., & Sar, V. (2005). The "apparently normal" family: A contemporary agent of transgenerational trauma and dissociation. *Journal of Trauma Practice*, 4, 287-303.
- Peebles, M. (1989). Posttraumatic stress disorder: A historical perspective on diagnosis and treatment. *Bulletin of the Menniger Clinic*, 53, 274-286.
- Pelcovitz, D., van der Kolk, B., Roth, S., Mandel, F., Kaplan, S., & Resick, P. (1997). Development of a criteria set and a structured interview for the disorders of extreme stress (SIDES). *Journal of Traumatic Stress*, 10, 3-16.
- Pope, H.G., Hudson, J.I., Bodkin, J.A., & Olivia, P. (1998). Questionable validity of "dissociative amnesia" in trauma victims: Evidence from prospective studies. *British Journal of Psychiatry*, 172, 210-215.
- Rosen, L., & Martin, L. (1996). Impact of childhood abuse history on psychological symptoms among male and female soldiers in the U.S. army. *Child Abuse and Neglect*, 20, 1149-1160.
- Rosen, L., & Martin, L. (1998). Long-term effects of childhood maltreatment history on gender-related personality characteristics. *Child Abuse and Neglect*, 22, 197-211.
- Runtz, M., & Shallow, J.R. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. *Child Abuse and Neglect*, 21, 211-226.
- Sansone, R., Wiederman, M., & Sansone, L. (1998). Borderline personality symptomatology, experience of multiple types of trauma, and health care utilization among women in a primary care setting. *Journal of Clinical Psychiatry*, 59, 108-111.
- Schore, A.N. (2003). *Affect regulation and disorders of the self*. New York: Norton.
- Stahl, S. (2008). *Essential Psychopharmacology: Neuroscientific basis and practical applications* (3<sup>rd</sup> ed.). New York: Cambridge University Press.
- van der Hart, O., Nijenhuis, R.S., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. New York: Norton.
- van der Kolk, B.A. (1988). The trauma spectrum: The interaction of biological and social events in the genesis of the trauma response. *Journal of Traumatic Stress*, 1, 273-290.

- van der Kolk, B.A. (1996a). The body keeps score: Approaches to the psychobiology of posttraumatic stress disorder. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth, (Eds.). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. (pp. 214-241). New York: Guilford Press.
- van der Kolk, B.A. (1996b). The complexity of adaptation to trauma: Self-regulation, stimulus discrimination, and characterological development. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth, (Eds.). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. (pp. 182-213). New York: Guilford Press.
- van der Kolk, B.A. (1996c). Trauma and memory. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth, (Eds.). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. (pp. 279-302). New York: Guilford Press.
- van der Kolk, B.A., Boyd, H., Krystal, J., & Greenburg, M. (1984). *Post-traumatic stress disorder as a biologically based disorder: Implications of the animal model of inescapable shock*. In B.A. van der Kolk (Ed.), *Post-traumatic stress disorder: Psychological and biological sequelae* (pp. 124-134). Washington, DC: American Psychiatric Press.
- van der Kolk, B.A., Brown, P., & Van, der Hart. (1989). Pierre Janet on post-traumatic stress. *Journal of Traumatic Stress, 2*, 365-378.
- van der Kolk, B.A., Herron, N., & Hostetler, A. (1994). The history of trauma in psychiatry. *Psychiatric Clinics of North America, 17*, 583-600.
- van der Kolk, B.A., McFarlane, A. C., & van der Hart. (1996). A general approach to treatment of posttraumatic stress disorder. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth, (Eds.). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. (pp. 417-440). New York: Guilford Press.
- van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.
- van der Kolk, B.A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress, 18*, 389-399.
- van der Kolk, B.A., Weisaeth, L., & van der Hart, O. (1996). History of trauma in psychiatry. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth, (Eds.). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. (pp. 47-74). New York: Guilford Press.
- Wood, D. (1996). Sexual abuse during childhood and adolescence and its effects on the physical and emotional quality of life of the survivor: A review of the literature. *Military Medicine, 161*, 582-587.

### **Technology**

Pentium III CPU/ Windows 98; 128MB RAM printer; Microsoft Office: Acrobat (full version); Microsoft Internet Explorer 5.5 (PC), 5.0 (MAC), or Netscape Navigator 4.08; Norton Antivirus.

**Course length:** 15 meeting times per semester

**Contact Hours:** 45 hours

**Credit Value:** 3

## **Demonstration and Assessment of Learning**

### **1. Midterm Exam:**

Take-home multiple choice/essay exam. Questions will cover material presented in class and readings up to point of exam. Questions will be drawn from all course materials to date, lectures, readings, and class activities/discussions.

Grading Criteria: demonstration of accurate, integrative understanding of course content (200 points maximum).

### **2. Final Exam:**

Take-home multiple choice/essay exam. Questions will cover material presented in class and readings up to point of exam. Questions will be drawn from all course materials to date, lectures, readings, and class activities/discussions.

Grading Criteria: demonstration of accurate, integrative understanding of course content (200 points maximum).

### **3. Group Discussion, Clinical Application, and Skills Writings:**

During each class, the instructor will invite active discussion and clinical application of course material. At the end of each class, each student will be given time to write a summary of their observations, thoughts, theories, clinical formulations, etc., that are linked to themes from the readings and class discussion. There will be a writing entry required for each class meeting and discussion. Each entry must be dated. Further, each student is to keep their writing in a spiral bound note-book (or 3 ring binders) to be handed in at the beginning of class on 4.23.10.

Grading criteria: Demonstration of accurate, integrative understanding of course content. (200 points maximum).

### **4. Group Presentation:**

Students are to form groups of 3. You will develop a presentation based on a major area of clinically relevant trauma research, treatment, or theory (\*\*topic to be approved, in advance, by instructor). This should NOT be a reiteration of material already presented in class. Your presentation should include the following:

- I. **Introduction to the topic:**
  - a. Introduce your topic in trauma.
  - b. Explain why you chose the topic.
  - c. Explanation of clinical applicability and relevance
- II. **Literature review:**
  - a. A review of the relevant literature using peer-reviewed/scholarly sources (i.e.: No Wikipedia).
  - b. Define and describe area presented.
  - c. Explain how the topic relates to the field of clinical psychology.
  - d. Explain how the topic relates to trauma practice/treatment.
- III. **Annotated Bibliography:**
  - a. Each group must develop an integrated, annotated, bibliography including all references used for presentation. Must be a single bibliography for the group (i.e.:

not separate for each member of the group). Points will be removed for non-integrated versions.

- b. Must be consistent with APA style 6th Ed. (citations, references, etc).
- c. \*Must provide copy of bibliography for each member of the class at the beginning of your presentation. Please plan ahead, as late copies will receive zero points.

IV. **Clinical implications/application of trauma topic:**

- a. Application of trauma literature by:
  - i. Relating to constructs from class.
  - ii. Relating to constructs from readings.
  - iii. Apply to clinical practice.
    - 1. Apply to at least one case example/vignette.

Everyone in the group will receive the same grade regardless of what each person contributes, so pick your colleagues wisely and take responsibility for insuring equal participation in the project. If you will be presenting overheads, or power point slides you must arrange to have the necessary equipment with the library AHEAD of time.

Grading Criteria: Quality of presentation, thoroughness of literature review, usefulness of annotations, ability to define, describe, and explain concepts being presented, demonstration of acquisition of material researched and learned in class, use of APA style (*400 points maximum*).

## Assignment Table

<b>Date</b>	<b>Topic</b>	<b>Readings/Assignments Due</b>
<b>1.15.10</b>	Introduction; Historical context of trauma in psychology	Van: Chs. 1, 2, 3 and introduction
<b>1.22.10</b>	DSM Trauma Disorders: PTSD, Complex Trauma, Acute Stress Disorder, BPD, Dissociative Disorders, DID, Anxiety Disorders,	Van: Chs 4, 5 B: Ch 1 and introduction
<b>1.29.10</b>	Statistics; Co-morbidity Risk factors for development of PTSD	Van: Ch 6, 7 B: Chs 2, 3
<b>2.5.10</b>	Forms of trauma; Clinical symptoms of trauma	Van: Chs. 8, 9, 10 B: Ch 4, 5
<b>2.12.10</b>	President's Day-Campus Closed: Time for group presentation preparation time	Group presentation preparation time
<b>2.19.10</b>	Viewing of "Fearless" and class discussion	B: Chs 6, 7
<b>2.26.10</b>	Formal assessment tools; Reaction to trauma: Theoretical conceptualization	Van: Ch 11 B: Chs 8, 9 Midterm Exam Handed Out
<b>3.5.10</b>	Treatment: Reaction to trauma and theoretical conceptualization	<b>Midterm Exam Due</b>
<b>3.12.10</b>	Treatment: Reaction to trauma and theoretical and clinical impact of dissociative symptoms on functioning	Van: Chs 12 B: Ch 10, 11
<b>3.19.10</b>	Treatment: Conceptual overview of personality and working with trauma	Van: Chs 13, 14
<b>3.26.10</b>	Treatment: Initial phases: Assessment, rapport, attachment, symptom reduction	Van: 15, 16 B: Chs 12, 13
<b>4.2.10</b>	Campus Closed for Good Friday	Group presentation preparation time
<b>4.9.10</b>	Treatment: Further exploration; Parts work	Van: Ch 17 Final Exam Handed Out
<b>4.16.10</b>	<b>Group Presentations</b>	<b>Final Exam Due</b>
<b>4.23.10</b>	<b>Group Presentations</b>	<b>Skills Writings Due</b>

Van = Van der Hart text

B = Brown text

\*\*Other readings will be distributed in class

### **Class Participation**

Everyone is expected to contribute to large group discussions, small group activities, and other class participatory projects. Each student should be expected to engage in consistent participation, demonstrate apparent extent of effort, show ability to participate in discussions with critical thinking and openness of mind, demonstrate willingness to take leadership role in presentations, and to be active engagement in class experiential exercises.

### **Modifications in Course Schedule/Assignments**

The course outline and the assignments are subject to change, based on the instructor's decision to alter the relevant material, but will always maintain the overall learning objectives of this course. The instructor will make any such announcements in class, prior to them taking effect, and it is the students' responsibility to know of such changes and to adhere to them.

### **Grades**

A	100 –93
A-	92 – 90
B+	89 – 88
B	87 – 83
B-	82 – 80
C+	79 – 78
C	77 - 73
C-	72 – 70
D+	69 – 68
D	67 – 63
D-	62 – 60
	59 and
F	below

<i>Midterm Exam (200 pts)</i>	<i>20%</i>
<i>Final Exam (200 pts)</i>	<i>20%</i>
<i>Discussion/Skills Writings (200)</i>	<i>20%</i>
<i>Presentation (400pts)</i>	<i>40%</i>
<i>Total (1000pts)</i>	<i>100%</i>

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## **ACADEMIC POLICIES**

### **Academic Dishonesty/Plagiarism**

In an effort to foster a spirit of honesty and integrity during the learning process, Argosy University requires that the submission of all course assignments represent the original work produced by that student. All sources must be documented through normal scholarly references/citations and all work must be submitted using the format of the 2009 *Publication Manual of the American Psychological Association* (6th ed.) Washington, DC: American Psychological Association (APA). Please refer to the *Publication Manual* for thesis and paper format. Students are encouraged to purchase this manual (required in some courses) and become familiar with its content as well as consult the Argosy University catalog for further information regarding academic dishonesty and plagiarism.

**Do not plagiarize.** Plagiarism is a violation of the *APA Ethical Principles for Psychologists and*

*Code of Conduct* (2002; [http://www.apa.org/ETHICS/code2002.html#8\\_11](http://www.apa.org/ETHICS/code2002.html#8_11)). If you plagiarize, we will probably find it, and you will automatically fail the assignment. In addition, you will be referred for disciplinary action to the Student Professional Development Committee. If quoting from a source, use quotation marks and cite your reference and the page number. If citing from a Web site, please provide the DOI or URL from the journal homepage. Your written work must be your words and ideas, not those of someone else. Paraphrasing another's words or ideas must be cited as well.

If you are unsure if what you are doing constitutes plagiarism, consult with your instructor. Do not turn in a paper or any part of a paper that you've written for any other class, whether at Argosy or another school. You will not acquire the skills necessary to function as a psychologist if you do this, and you will cheat your peers who are doing original work. If it is discovered that you have done this, you will fail the assignment and be referred to the Student Professional Development Committee.

### **Americans With Disabilities Act Policy**

It is the policy of Argosy University to make reasonable accommodations for qualified students with disabilities, in accordance with the Americans with Disabilities Act (ADA). If a student with disabilities needs accommodations, the student must notify the Director of Student Services. Procedures for documenting student disability and the development of reasonable accommodations will be provided to the student upon request.

Students will be notified by the Director of Student Services when each request for accommodation is approved or denied in writing via a designated form. To receive accommodation in class, it is the student's responsibility to present the form (at her or his discretion) to the instructor. In an effort to protect student privacy, the Department of Student Services will not discuss the accommodation needs of any student with instructors. Faculty may not make accommodations for individuals who have not been approved in this manner.

### **Argosy University Statement Regarding Diversity**

Argosy University prepares students to serve populations with diverse social, ethnic, economic, and educational experiences. Both the academic and training curricula are designed to provide an environment in which students can develop the skills and attitudes essential to working with people from a wide range of backgrounds.

### **Attendance Policies**

Students are expected to attend all class meetings and to be on time for class. Attendance is considered an important aspect of the learning experience. As part of class participation, consistent lateness and/or absences beyond one can affect the grade earned. In truly extenuating circumstances (illness, death in the family, etc.), the student is requested to inform the instructor at the earliest opportunity that s/he will not be present. The student is expected to take responsibility for remaining current with the class (making arrangements to obtain the class notes from another student, keeping up with assigned reading and assignments, etc.). Late assignments and incompletes will not be granted except under extreme emergencies and must be negotiated in advance.

### **Library**

*All resources in Argosy University's online collection are available through the Internet. The campus librarian will provide students with links, user IDs, and passwords.*

**Library Resources:** Argosy University's core online collection features nearly 21,000 full-text journals and 23,000 electronic books and other content covering all academic subject areas including Business & Economics, Career & General Education, Computers, Engineering & Applied Science, Humanities, Science, Medicine & Allied Health, and Social & Behavioral Sciences. Many titles are directly accessible through the Online Public Access Catalog at <http://library.argosyu.edu> Detailed descriptions of online resources are at <http://library.argosyu.edu/misc/onlinedblist.html>

In addition to online resources, Argosy University's onsite collections contain a wealth of subject-specific research materials searchable in the Online Public Access Catalog. Catalog searching is easily limited to individual campus collections. Alternatively, students can search combined collections of all Argosy University libraries. Students are encouraged to seek research and reference assistance from campus librarians.

**Information Literacy:** Argosy University's Information Literacy Tutorial was developed to teach students fundamental and transferable research skills. The tutorial consists of five modules where students learn to select sources appropriate for academic-level research, search periodical indexes and search engines, and evaluate and cite information. In the tutorial, students study concepts and practice them through interactions. At the conclusion of each module, they can test their comprehension and receive immediate feedback. Each module takes less than 20 minutes to complete. Please view the tutorial at <http://library.argosyu.edu/infolit/>

### **Program Goals and Objectives Defined**

**Goal One:** The preparation of professionals who understand the foundations of Clinical Psychology in the history, concepts, and scientific bases of the discipline of psychology (incorporates NCSPP competency of Research, APA academic requirements, and State academic requirements).

1.1 Objective 1: Students will acquire fundamental knowledge of the critical concepts in the development and current body of knowledge in biological, psychological, and social bases of human functioning.

*1.1a Competency A:* Students will demonstrate familiarity with and the ability to utilize concepts from the biological, psychological, and social bases of human functioning.

1.2 Objective 2: Students will acquire knowledge of the history of thought and development in the cognitive and affective bases of human function clinical problems.

*1.2a Competency A:* Students will demonstrate knowledge of core concepts in the cognitive and affective bases of human functioning and their applicability to clinical problems.

1.3 Objective 3: Students will acquire knowledge of the biological bases of human functioning.

*1.3a Competency A:* Students will demonstrate proficiency in the understanding of the major physiological bases for cognition, emotion, and behavior and their applicability to clinical problems.

1.4 Objective 4: Students will acquire knowledge of the history of thought and development in the social bases of individual and group behavior.

*1.4a Competency A:* Students will demonstrate proficiency in the understanding of the major social bases of behavior and their applicability to clinical problems.

1.5 Objective 5: Students will acquire knowledge of the nature and sequence of human development.

*1.5a Competency A:* Students will demonstrate proficiency in the knowledge of normal human development across the lifespan.

1.6 Objective 6: Students will acquire knowledge and demonstrate competence in the foundations of measurement theory and research methods.

*1.6a Competency A:* Students will demonstrate knowledge of core concepts in measurement theory and psychometric science, the history of thought and development in measurement theory, as well as the research methods relevant to clinical psychology.

*1.6b Competency B:* Students will demonstrate competence in the design of an original research project.

*1.6c Competency C:* Students will complete and successfully defend an original research project.

**Goal Two:** The preparation of professionals who possess a broad foundation of knowledge and skills in the practice of Clinical Psychology (incorporates NCSPP competencies of Assessment, Intervention, and Relationship).

2.1 Objective 1: Students will acquire the knowledge and demonstrate the ability to conduct psychological **assessments**.

*2.1a Competency A:* Students will demonstrate competence in diagnostic interviews of patients.

*2.1b Competency B:* Students will demonstrate competence in the selection, administration, scoring, and interpretation of cognitive and personality tests.

*2.1c Competency C:* Students will demonstrate competence in descriptively based DSM differential diagnoses.

2.2 Objective 2: Students will acquire the knowledge and demonstrate the ability to conduct competent psychological **interventions**.

*2.2a Competency A:* Students will demonstrate competence in utilization of theory and relevant skills in the treatment of patients.

*2.2b Competency B:* Students will demonstrate the ability to evaluate the efficacy of clinical interventions.

2.3 Objective 3: Students will acquire the knowledge and engage in self-development in order to establish and maintain effective and ethical collegial and patient **relationships** in professional settings.

*2.3a Competency A:* Students will demonstrate competence in utilization of theory and relevant skills in communication and relationship with clients and fellow professionals.

2.4 Objective 4: Students will communicate clinical and research information at a professional level.

*2.4a Competency A:* Students will demonstrate competence in communication of information verbally and in writing.

**Goal Three:** The preparation of professionals who demonstrate awareness, knowledge, and skills for competent practice and advocacy regarding diversity issues and commitment to relevant professional ethics and standards (incorporates NCSPP competencies of Diversity and of Management and Supervision).

3.1 Objective 1: Students will acquire personal and professional cultural awareness, knowledge, and skills that will enhance their competence in working effectively with diversity and cultural difference.

*3.1a Competency A:* Students will demonstrate proficiency in maintaining awareness of personal and professional attributes and challenges affecting therapeutic interventions, consultation, and assessment with culturally diverse clients.

*3.1b Competency B:* Students will demonstrate proficiency in maintaining culturally competent awareness, utilizing knowledge and resources, and applying relevant skills for assessment, case conceptualization, and design of appropriate treatments for culturally diverse clients.

*3.1c Competency C:* Students will demonstrate the understanding of and commitment to professional standards and tenets targeting effective practice with diversity issues, such as the APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations, Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients, and Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists.

3.2 Objective: Students will acquire knowledge of the ethical standards of the profession of psychology.

*3.2a Competency A:* Students will demonstrate the understanding of and ability to incorporate professional ethics and standards in their clinical activities and professional lives.

## **Learning Objectives**

As a result of successfully completing this course, the student will be able to:

1. Demonstrate understanding of the significant historical and theoretical underpinnings related to the development of psychological stress and stress disorders, including antecedence, soliloquy, and various clinical presentations;
2. Demonstrate understanding of the psychological reaction and adjustment to various forms of trauma, including physical, sexual, and emotional trauma and/or abuse or neglect;
3. Demonstrate understanding of posttraumatic stress states through a biopsychosocial framework;
4. Deepen understanding insofar as individual case formulation and treatment of adults with trauma histories;
5. Demonstrate understanding of various forms of stress reaction, including PTSD, various forms of dissociation, and/or complex trauma; and
6. Deepen understanding of the application therapeutic techniques in working with trauma and diverse populations.

**NOTE:** The class supports Goal One, Objective 1, 2, and 3, Competency A; Goal Two, Objective 2 and 3, Competency A; Goal Three, Objective 1, Competencies A, B and C of the doctoral clinical program's Goals and Objectives.

## **Program Goals Demonstrated**

**Program Goal One:** The preparation of professionals who understand the foundations of Clinical Psychology in the history, concepts, and scientific bases of the discipline of psychology (incorporates NCSPP competencies of Research, APA academic requirements, and State academic requirements). Classes include critical discussion, written essay exams in the area of working with clinical trauma, and debate and interpretation of published literature thereof. Students also write a literature review and engage in group-presentations grounded in trauma literature as it pertains to professional practice.

**Program Goal Two:** The preparation of professionals who possess a broad foundation of knowledge and skills in the practice of Clinical Psychology (incorporates NCSPP competencies of Assessment, Intervention, and Relationship). Students are expected to be individually responsible for ensuring open dialogue and the collective environment of the class. Class fosters and environment of the ability to be open to the thoughts and ideas of others including those from diverse groups, to listen into the material behind the comment or the question and reflect on the underlying patterns that inform the discussion, and to be fully present with clients. Students are expected to demonstrate competency in acquisition of new skills through exam, discussion of clinical issues, and group presentations grounded in trauma literature

**Program Goal Three:** The preparation of professionals who demonstrate awareness, knowledge, and skills for competent practice and advocacy regarding diversity issues and commitment to relevant professional ethics and standards (incorporates NCSPP competencies of Diversity and of Management and Supervision). Students are expected to exemplify professional behaviors in their acquisition of the course content and demonstration of learning. Such behaviors include: the ability to receive and integrate feedback, the ability to maintain appropriate boundaries, the ability to modulate affect (appropriate to the activities of the course), openness to different perspectives, and demonstration of collegial and respectful relationships with faculty and peers. When group work is required, students are

expected to work collaboratively, contributing effectively to the group and actively learning from others.

### **Scholarly Writing**

The faculty at Argosy University is dedicated to providing a learning environment that supports scholarly and ethical writing, free from academic dishonesty and plagiarism. This includes the proper and appropriate referencing of all sources. You may be asked to submit your course assignments through “Turnitin” ([www.turnitin.com](http://www.turnitin.com)), an online resource established to help educators develop writing/research skills and detect potential cases of academic dishonesty. Turnitin compares submitted papers to billions of pages of content and provides a comparison report to your instructor. This comparison detects papers that share common information and duplicative language.

### **Student Disclosure of Personal Information—Program Disclosure Statement**

Students in this class may be asked to share personal information, such as personal sexual history, personal history of abuse and neglect, personal experience with psychological treatment, and relationships with parents, peers, and spouses or significant others as a component of professional development. Such information may be asked for in the form of journal writing assignments or in-class experiential exercises. Each student is responsible for monitoring the boundaries of her or his own personal privacy and only disclosing that information the student feels comfortable sharing. Some degree of discomfort and anxiety is a normative component of graduate training in clinical psychology. Students are encouraged to discuss with faculty those assignments that are experienced as potentially overly intrusive and to develop appropriate alternatives in these instances.

### **Student Professional Behavior**

Students are expected to exemplify professional behaviors in their acquisition of the course content and demonstration of learning. Such behaviors include the ability to receive and integrate feedback, the ability to maintain appropriate boundaries, the ability to modulate affect (appropriate to the activities of the course), openness to different perspectives, and demonstration of collegial and respectful relationships with faculty and peers; as this is a professional environment, the utmost respect for others is expected in the classroom. As such, please do not write or pass notes, do not use your cell phone or PDA, and do not use the Internet during class time. You may be asked to leave the classroom if this behavior is observed. When group work is required, students are expected to work collaboratively, contributing effectively to the group, and actively learning from others. These activities are included in the calculation of each student’s participation grade. Students are expected to demonstrate professional and respectful demeanor with fellow students at all times; the classroom is to be a place of collegiality and respect of individual differences. If you have a conflict with a student or faculty member, please adhere to APA’s and/or Argosy University’s policies on resolving professional issues with colleagues.