Instructor’s Manual

Trauma Counseling: Theories and Interventions

Lisa Lopez Levers
Contents

Acknowledgments iv
Introduction v
Syllabus vi

Chapter 1
An Introduction to Counseling Survivors of Trauma: Beginning to Understand the Context of Trauma 2

Chapter 2
Historical Contexts of Trauma 4

Chapter 3
Theoretical Contexts of Trauma Counseling 6

Chapter 4
Neurobiological Effects of Trauma and Psychopharmacology 7

Chapter 5
Issues of Loss and Grief 10

Chapter 6
Trauma Survivorship and Disability 12

Chapter 7
Sexual Trauma: An Ecological Approach to Conceptualization and Treatment 13

Chapter 8
Trauma Experienced in Early Childhood 15

Chapter 9
Trauma Experienced in Adolescence 20

Chapter 10
Treating Adult Trauma Survivors 25

Chapter 11
Intimate Partner Violence 27

Chapter 12
Elder Abuse 29

Chapter 13
Addictions and Psychological Trauma: Implications for Counseling Strategies 31

Chapter 14
Criminal Victimization 34

Chapter 15
Traumatic Aftermath of Homicide and Suicide 35

Chapter 16
Existential Perspectives on the Psychology of Evil 37

Chapter 17
Racial and Ethnic Intolerance: A Framework for Violence and Trauma 39

Chapter 18
Understanding and Responding to Sexual and Gender Prejudice and Victimization 41

Chapter 19
Contextual Issues of Community-Based Violence, Violence-Specific Crisis and Disaster, and Institutional Response 44

Chapter 20
School Violence and Trauma 46

Chapter 21
Workplace and Campus Violence 48

Chapter 22
Natural Disasters and First Responder Mental Health 50

Chapter 23
Genocide, Ethnic Conflict, and Political Violence 52

Chapter 24
The Impact of War on Civilians 54

Chapter 25
The Impact of War on Military Veterans 55

Chapter 26
Disaster Behavioral Health: Counselors Responding to Terrorism 57

Chapter 27
Assessment in Psychological Trauma: Methods and Intervention 59

Chapter 28
Models for Trauma Intervention: Integrative Approaches to Therapy 60

Chapter 29
Strategies and Techniques for Counseling Survivors of Trauma 62

Chapter 30
Ethical Perspectives on Trauma Work 64

Chapter 31
Vicarious Traumatization 67

Chapter 32
Therapist Self-Care: Being a Healing Counselor Rather Than a Wounded Healer 69

Chapter 33
Trauma and Supervision 71

Chapter 34
Conclusion: An Integrative Systemic Approach to Trauma 73

Appendix A
One-Week Workshop 74

Appendix B
15-Week, Semester-Long Seminar Course 79
Acknowledgments

I would like to thank the chapter authors for their contributions to this Instructors Manual. Most of the questions and activities were constructed by the various authors. The resources are the same as those that appear at the end of each chapter (I thought it would be helpful to have all of the chapter resources available in the manual as well).
Introduction

The purpose of this manual is to offer instructors potential ideas for use with the *Trauma Counseling: Theories and Interventions* textbook. A number of possible discussion questions and activities are provided for each chapter in the book. An example of a syllabus for a one-week workshop is included, along with an example of a more standard 15-week semester-long seminar course. Because each chapter has been written as a stand-alone unit, the sequence in which they are read or presented is easily adaptable to the needs of the instructor, class session, or student. I have tried to offer options that are fluid and chapters that are easily reordered.
Syllabus

For an example of a syllabus that was designed for a one-week workshop, see Appendix A. For an example of a syllabus that addresses the needs of a 15-week-semester seminar course, see Appendix B.
The purpose for this section is to offer discussion questions, in-class and out-of-class activities, and resources for each chapter in the text.
CHAPTER 1

An Introduction to Counseling Survivors of Trauma: Beginning to Understand the Context of Trauma

DISCUSSION QUESTIONS

1. What are the various ways that traumatic events can have an impact on a person’s life? Please think about this in terms of the whole person, and discuss the implications for counselors.
2. Identify some of the lifespan issues that might be arise when people experience trauma. Please discuss developmentally appropriate counseling responses.
3. How does the discussion regarding heredity versus environment, or nature versus nurture, relate to the psychosocial effects of trauma?
4. Consider the various definitions of trauma. How does this affect your understanding of the post-trauma experiences of survivors?
5. How do you think trauma is a systemic issue?

ACTIVITIES

1. Peruse your local newspaper for one week. Cut out all the articles that relate to any dimension of trauma. Write a short reaction paper to what you found.
2. In small groups, discuss the various findings from the newspaper articles, and discuss your reactions.
3. Watch the video Killing Us Softly (see details below). Discuss your initial reactions. What are some of the ways in which advertising may shape our thinking about violence against certain groups? What meaning does the analysis presented in the video carry for you?

RESOURCES

Internet


Videos
Insight Media (Producer). (1976). *Everybody rides the carousel*. [DVD, 72 minutes].
Walt Disney Productions (Producer). (1968). *Understanding stresses and strains*. [Video, 10 minutes].
CHAPTER 2

Historical Contexts of Trauma

DISCUSSION QUESTIONS

1. Psychological trauma most recently has been defined as a manifestation not of events, but of the meaning individuals make out of events. Discuss the veracity of this assertion, given your perception of global, national, or individual experiences.

2. The construct of psychological trauma has evolved over time. Based on your understanding of this evolution and the current state of trauma research, discuss how and in what areas you think the construct of trauma may continue to change in the near future.

3. Discuss your beliefs regarding the authenticity of Posttraumatic Growth. Specifically, do you believe posttraumatic growth to be a separate phenomenon or merely a coping mechanism for traumatic stressors?

4. Discuss ways in which you have seen, experienced, or heard of individuals experiencing posttraumatic growth.

ACTIVITIES

1. In a group format, have participants collaboratively list their ideas of what defines an event as traumatic. Process the constructs related to individual, group, generational, and societal perception. Explore with the group the notion that trauma is defined by the individual by whom it is experienced.

2. Have participants explore current global conditions or events that may have the potential to create generational trauma in the future. Have them support their thinking with examples from current literature.

3. Have the students watch Trail of Tears - A Native American Documentary Collection, The Holocaust Testaments, Slavery and the Making of America, or another film about the subjugation of a marginalized population. Have the students write a brief reflection paper regarding their own experience with the film and their perceptions of the generational trauma of that population.

4. Provide the students with case studies of individuals who suffer from traumatic exposure. Provide the students with the diagnostic criteria from the DSM I through the DSM IV, and have them evaluate how the view of the case changes with the shifting criteria of the DSM.

RESOURCES

Websites


**Videos**


**Films**

CHAPTER 3

Theoretical Contexts of Trauma Counseling

DISCUSSION QUESTIONS

1. Which of the three major theories – classical repression theory, contemporary dissociation theory, or self-determination theory – do you find to be closest to your own point of view? How might you make use of the other theories to inform your point of view?

2. What interventions for working with clients who have experienced trauma might you draw from classical repression theory? From contemporary dissociation theory? From self-determination theory?

The Sidebar that accompanies Chapter 3 included several possible directions for future research. They might also be used to stimulate class discussion:

1. What are your thoughts about the relationship between traumatic experience and self-concept? How might the experience of trauma affect one’s view of self – specifically, how one actually, typically sees oneself? How might it affect one’s ideal view of self – in other words, how one would ideally like to see oneself?

2. Self-determination theory suggests that people have a natural ability to integrate their experiences, and that this integrative ability ordinarily leads to the development of a coherent sense of self. Discuss how the experience of trauma might affect a person’s natural integrative ability. Does the age at which the trauma occurred make a difference?

ACTIVITIES

1. Think about your own experiences growing up, and write down two occasions when a caregiver provided you an opportunity to meet your need for autonomy. (Keep in mind the definition of ‘autonomy’ used within self-determination theory, which is different from ‘independence.’)

2. After completing (1) above, write about two occasions when you felt your ability to exercise autonomy was thwarted, blocked, or undermined.

3. Write a paragraph or two about how the experience of trauma compares to the experiences in (1) and (2), above.

RESOURCES

For more information on the self-determination theory approach to human motivation and development, readers are referred to the SDT website. This website contains helpful information for clinicians, researchers, and all who are interested in the theory and its many applications beyond counseling and psychotherapy.

SDT Website: http://www.psych.rochester.edu/SDT/
CHAPTER 4

Neurobiological Effects of Trauma and Psychopharmacology

DISCUSSION QUESTIONS

[The italicized text below is intended to guide the instructor.]

1. A client who was recently the victim of a violent attack outside of her home has been seen by a psychiatrist for PTSD symptoms. She has been started on sertraline 25mg daily and has been taking it for 1 week. On her visit with you, she complains about a constant dull headache since she has started this medication. She also tells you that this medication does not seem to be helping with her symptoms.

   a. What would you tell the client regarding the development of her headache?
   It is not uncommon for patients to develop a headache early in treatment. This side effect is self-limiting and will resolve once neurochemical balance between serotonin and norepinephrine begins to re-establish. The client should continue taking the medication, and, if necessary, the client should ask her doctor if she may treat the headache with over-the-counter analgesics.

   b. How would you reassure the client regarding her perception about the medication’s lack of effect?
   The use of an SSRI agent is common in PTSD as well as in depression and other anxiety disorders. As the brain (in the neural synapses) slowly re-establishes an increase in serotonin to balance the norepinephrine excess, symptoms begin to improve. The increase in serotonin takes some time, as the drug works to prevent serotonin reuptake, consequently allowing the body slowly to produce more serotonin for use in the synapse. Help with symptoms may take about a month to begin resolving; therefore, the client should continue to take the medication as prescribed.

   c. Discuss what the client should expect on subsequent visits with her psychiatrist.
   SSRI medication dosages must be slowly escalated in PTSD. Initial doses are usually lower than those used in depression. This is because the effect on serotonin reuptake causes a subsequent response from the locus coeruleus, leading to a rapid mild release of norepinephrine, which may worsen symptoms of anxiety. By starting at a low dose and slowly increasing the dose, the patient can avoid anxiety induction while slowly establishing a balance between serotonin and norepinephrine. Maintenance doses following this titration may be higher than in depression in order to allow sufficient serotonin concentrations to balance the periodic surges in norepinephrine, thus providing for a masking of anxiety and abating symptoms.

2. A client currently being treated for PTSD has been prescribed paroxetine and risperidone. On the last visit with the psychiatrist, the client had complained about severely disrupted sleep patterns resulting in frequent night time awakenings. The psychiatrist prescribed prazosin 2mg at bedtime. Your client says that she looked it up on the internet and states that “I don’t have high blood pressure.”

   a. Please explain the rationale of using prazosin.
   Since prazosin is an a1 antagonist at the post synaptic neuron surface, by blocking these sites, decreased norepinephrine transmission will occur. Drowsiness will ensue as well as decreased
anxiety symptoms. It is important that this drug is only used at bedtime, because the decrease in blood pressure may lead to dizziness, which is not as problematic during sleep periods.

b. Are there any other viable options?
Clonidine and guanfacine are also viable options. Their mechanism is slightly different by being pre-synaptic α2 antagonists. By providing negative feedback on the pre-synaptic surface, there is a decrease in release of norepinephrine. In essence, the net effect of prazosin versus clonidine or guanfacine is similar.

3. Benzodiazepines have been shown to be ineffective in the long term treatment of PTSD.
Based upon the drug mechanism, why would you think this would occur?
Benzodiazepines will increase the stimulation of GABA (gamma aminobutyric acid). Since this neurochemical produces an inhibitory effect on sympathetic transmitters (norepinephrine and serotonin), the net effect is a rapid decrease in these two neurotransmitters. Their effects on anxiety are rapid and pronounced. Essentially, it is like putting “brakes” on the systems. While this may seem beneficial, long-term use of these agents can worsen symptoms and induce depression by continuously suppressing release of sympathetic amines. In addition, benzodiazepines are addictive by stimulating mesolimbic dopamine, classifying them as potential drugs of abuse. Benzodiazepines may be used short term for anxiety on an “as needed” basis but should never be used as maintenance medications for PTSD or other anxiety disorders.

4. Explain what an “off label” use for a medication is.
In order for a medication to be marketed and promoted for a specific indication, the drug must be approved by the FDA for the indication. Drug manufacturers may promote the mentioned agents only for the indications studied in clinical trials which were subsequently submitted and approved by the FDA for that specific indication. For example, SSRI agents may be marketed for depression or certain other anxiety disorders, and atypical antipsychotics may be promoted only for schizophrenia. Many of the medications we use in diseases and disorders have a large body of clinical evidence supporting their use in conditions other than the ones that were submitted to the FDA. The manufacturers may not have petitioned the FDA with this data. Regardless, we know that the medication is effective in some of these conditions. Physicians may prescribe these medications and use them in “off label” conditions. Such is the case with many of the drugs used to treat PTSD.

ACTIVITIES

1. Devise a medication that would be an ideal agent for management of PTSD based upon the neurochemical and endocrine systems affected in the disorder.
In PTSD, there is diminished stress response from cortisol, producing decreased neuroprotective effect from norepinephrine in the amygdala and hippocampus. Students may propose some of the following actions: a drug that would increase production of corticotropin from the pituitary gland or a drug that would enhance natural cortisol release from the adrenals. These should be coupled with a drug that would decrease norepinephrine effect in these areas.

2. Why would you think antipsychotics are a choice as an add-on agent to SSRIs when patients have re-experiencing symptoms that are not managed by the antidepressant? Explain your answer in terms of behavioral and possible neurochemical aspects of the symptom. (Note: you may have to refer to other sources that discuss schizophrenia and antipsychotic drugs).
Students should discuss the re-experiencing symptoms as presenting similar to the positive symptoms of schizophrenia (delusion, hallucination, paranoia, agitation). Because these agents (antipsychotics) decrease dopamine response in the mesolimbic dopamine system, resolution of the re-experiencing symptoms as well as the possible agitated, paranoid, or aggressive responses from the patient can be managed.

The following may be beyond the scope of the students’ neurochemical understanding. The instructor may add depth and breadth to the discussion with these points:

The decrease in serotonin in the frontal cortex induced by the atypical agents (not the typical such as haloperidol) is a very complex set of responses induced by the atypical agents and are based upon blocking specific serotonin receptor subtypes. Blocking serotonin in the serotonin Type II receptors can decrease the delusion response, which is similar to the re-experiencing responses seen in PTSD. By leaving the serotonin type I receptors open or unblocked, depression and anxiety symptoms can still be affected by the SSRI agents.

RESOURCES

Internet


Video


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CHAPTER 5

Issues of Loss and Grief

DISCUSSION QUESTIONS

1. Consider a loss you have experienced that was traumatic in the customary sense of being threatening of one’s sense of safety. Without necessarily talking about the loss itself, discuss lessons learned about what aspects of self felt destabilized or threatened and what aspects of life perspective changed in the immediate aftermath of the loss.

2. Using the same loss above, identify the long-term lessons learned about resiliency, vulnerability, isolation vs. connection, and any other domains that were raised in processing the loss at least 6 months to one year afterward.

3. DSM V developers are considering the intersection of trauma and loss and the ways that DSM might categorize it. Craft an argument for each as a subcategory of the other. What are the pros and cons of the use of loss as a subcategory of trauma and of trauma as a subcategory of loss?

4. Discuss the implications of the current DSM guideline about loss becoming a diagnosable category after two months of symptomatology. What are the benefits of this framework? What are the challenges of this framework?

ACTIVITIES

1. Interview an acquaintance about a loss that they have experienced. Approach the interview as someone with caring curiosity (sort of like an anthropologist) but not as a clinician offering reassurance, education, or advice. Warn the interviewee that you will be asking questions and wanting to understand his or her experience, but not “doing counseling” of any sort. Explore the story of the loss from before it occurred through the aftermath of the loss. Ask the person to explain which parts of the grieving were hardest and which surprised him or her as easier than anticipated. Ask about what lessons were learned from the loss. In a paper, apply at least one traditional theory and one postmodern theory to aspects of the dialogue. Analyze how the theory fits and where it is less congruent with that person’s experience.

2. In a small group, consider a traumatic loss that you devise (e.g., the death of a parent in front of an adolescent via an accident or homicide). What would you define as some of the most important aspects of the early rapport-building stages of developing the therapeutic relationship? What work do you think would comprise the bulk of the middle or working aspect of the therapeutic relationship? What issues would arise in preparing for termination?

3. Using an example of a traumatic loss, discuss various symbolic rituals (at least three) that could be devised to assist with comforting the survivors. Be sure to develop rituals that are not bound by religious traditions in addition to those that may have religious roots.
4. Watch three TV shows: one sit-com, one drama, and one reality show. Identify losses (traditional as well as maturational or disenfranchised) that occur within each show. Analyze why and how some are portrayed as traumatic and others are minimized or made laughable. How do these kinds of examples frame people’s experiences of loss, traumatic and otherwise.

RESOURCES

Internet


Videos

Sesame Street. (2010). When families grieve. [includes manuals and DVD]. Materials are free and downloadable from http://www.sesameworkshop.org/grief
CHAPTER 6

Trauma Survivorship and Disability

DISCUSSION QUESTIONS

1. Discuss the contemporary approaches used to explain trauma survivorship, focusing on both the psychological and sociological perspectives.
2. What is courtesy trauma? What impact does this phenomenon have on the families of persons with acquired or congenital disabilities?
3. What trauma-focused or non-trauma focused counseling approaches might be beneficial to individuals with disabilities? How could trauma counseling strategies be modified to address the unique needs of people with disabilities?

ACTIVITIES

1. Conduct an internet search, using one of the psychological databases (i.e., PsycINFO), to research a current empirically validated treatment (EVT) for Post-Traumatic Stress Disorder in veterans. Describe the treatment intervention. What evidence supports the utility of this treatment intervention? Discuss.
2. Break into groups of 4 to 5 students. Discuss how trauma centrality is related to survivor identity and its impact on the treatment process for (a) clinicians and (b) trauma survivors.
3. Working with a partner, develop a list of questions that you would ask a trauma survivor to determine the impact of that traumatic event (i.e., war exposure) on his or her overall psychosocial adaptation to disability (i.e., limb loss).
4. Watch a movie or film depicting a traumatic event. Discuss the impact of this event on the lives of the characters.
5. Visit a local counseling center that focuses on disability issues; interview a professional about aspects of trauma prevalent in the community and about typical counseling approaches.
6. Facilitate a trauma counseling support group, and write a reflective journal on your experiences.

RESOURCES

CHAPTER 7

Sexual Trauma: An Ecological Approach to Conceptualization and Treatment

DISCUSSION QUESTIONS

1. Throughout the reading, what was most surprising to you?
2. How can you help a rape survivor who was under the influence of alcohol or other drugs at the time of the rape and does not remember what happened? What are ways that you can help him or her to recover from and to cope with the event that cannot be recalled?
3. What are the six systems affecting an individual’s adjustment to trauma? Discuss how these affect an individual’s adjustment and how they may be used to counsel a sexual assault survivor.
4. When hearing news reports of rape incidences, we often hear comments such as, “She should have been smart enough not to walk alone at 3 AM.” Sometimes we hear comments blaming the victim: “It’s her fault because she was so drunk.” What are some comments you have heard rationalizing the rape or defending the rapist? Why do you think others feel it is okay to blame a rape victim for a rape? How have your thoughts concerning blaming a victim changed since reading this chapter?

ACTIVITIES

1. Awareness of local resources for sexual assault survivors within the community is imperative. Research the local resources within your area and compile a list which may help your clients.
2. With a colleague, reflect upon potential scenarios of listening to the details of a client’s assault and of responding appropriately to him or her. Discuss what this would be like for you; try to focus on both thoughts and feelings.
3. Research your local university or community rape response protocol. What steps are to be taken, and what service providers are involved? What could be done to improve the protocol?
4. What kind of sexual assault prevention does your community conduct? What are some programs that might need to be added? What are some preventative measures that universities or communities can take when it comes to date rape and assault because of alcohol or other drugs?

RESOURCES

Internet

http://www.cdc.gov/ViolencePrevention/sexualviolence/index.html—The National Center for Injury Prevention and Control (NCIPC) site provides facts and statistics regarding sexual violence, provides links to relevant research, describes effective prevention and training programs for professionals, and lists links to resources for survivors.
http://www.malesurvivor.org/—This national organization against male sexual victimization is dedicated to prevention, treatment, and advocacy for all forms of sexual victimization in boys and men. It provides resources for both survivors and professionals.


http://www.ovw.usdoj.gov/—Department of Justice, Office on Violence Against Women administers financial and technical assistance to communities across the country that are developing programs, policies, and practices aimed at ending domestic violence, dating violence, sexual assault, and stalking.

http://www.rainn.org/—Rape, Abuse & Incest National Network (RAINN) is currently the nation’s largest anti-sexual assault organization. RAINN created and operates the National Sexual Assault Hotline and National Sexual Assault Online Hotline (800.656.HOPE and Rainn.org) in partnership with over 1,100 local rape crisis centers across the country. RAINN also carries out programs to prevent sexual assault, help victims, and ensure that rapists are brought to justice.

http://www.stopvaw.org/General_Resources_on_Sexual_Assault.html—Stop Violence Against Women Agency provides general information to allow users to increase their understanding of domestic violence, sexual assault, sexual harassment, and trafficking in women through an exploration of definitions, the prevalence of the problem, and factors that contribute to the specific type of violence and its effects on victims. This section also outlines law enforcement and other strategies to protect and support victims and to hold perpetrators accountable. The site also provides prevention and training materials to eliminate violence against women and gives information about international and domestic laws/policies related to this area.

http://www.vaw.umn.edu/—Violence Against Women Online Resources is a collaborative project between the Minnesota Center Against Violence and Abuse (MINCAVA), and the U.S. Department of Justice’s Office on Violence Against Women. The site provides resources regarding issues of violence against women, including sexual assault.

www.1in6.org—The 1 in 6 organization provides information and resources for male survivors of unwanted or abusive childhood sexual experiences. The site also provides resources for families and friends of survivors.

www.hotpeachpages.net—International Directory of Domestic Violence/Sexual Assault Agencies’ goal is to provide information on abuse in as many languages as possible, along with lists of abuse help agencies for every country in the world. The site currently offers abuse information in 83 languages and provides direct links to local agencies that provide services to survivors.

www.ncvc.org—The National Center for Victims of Crime, Violence Against Women site is dedicated to helping women who have been victimized by crime find appropriate resources. The site offers resources for practitioners and survivors regarding domestic violence, stalking, sexual assault, and legislation/policies regarding violence against women, including legal resources related to domestic violence, stalking, and sexual assault.

Print

CHAPTER 8

Trauma Experienced in Early Childhood

DISCUSSION QUESTIONS

1. Consider the impact of a traumatic event(s) on a two-year old. What developmental issues would you consider regarding the child’s experiences?
2. A caregiver hardly responds to a toddler’s cry. What are the developmental considerations for the toddler if such neglect continues and manifests in other ways?
3. Why is it important to establish a secure relationship pattern with a one-year-old?
4. What may happen when a kindergarten teacher criticizes a young child’s drawing, telling him or her that the work looks “ugly and awful”?
5. What are the symptoms and behaviors of a four-year-old that might suggest that the child might have experienced a traumatic event?

ACTIVITIES

1. Select one of the DVDs listed on page 141, and watch it. Write a reflection of your thoughts and feelings on the story/documentary.
2. You are an elementary school counselor. A parent tells you that his six-year-old son has been quiet in the house for two days and asks you to help his son. Describe the way you will work with this young child.
3. Select a journal article on childhood trauma, and read it. In a small group, discuss your understanding of the impact that such trauma can have on the psychosocial development of the victims.
4. In a small group, delineate a list of ethical counseling attributes pertinent to working with clients who have experienced childhood trauma.

RESOURCES

Resource List for Traumatized Children and Their Parents, Teachers, and Other Helping Professionals.

Children

Publications
Federico, Julie K. (2009). Some parts are NOT for sharing. Tate Publishing.

Parents

Websites
Child Trauma Academy: http://www.childtrauma.org/
Learning Center for Child and Adolescent Trauma: http://learn.nctsn.org/course/category.php?id=3
National Post Traumatic Stress Network: http://www ptsd.va.gov/
Parent’s Trauma Resource Center: http://www tlcinst.org/PTRCnottosay.html
Penn Center for Youth and Family Trauma Response and Recovery: http://www.med.upenn.edu/traumaresponse/information.shtml

Phone Numbers
Mental Health InfoSource: 1-800-447-4474
National Alliance on Mental Illness (NAMI): 1-800-950-NAMI (6264)
Parent Hotline: 1-800-840-6537

Publications

Early Childhood Educators/Teachers

Websites
The Language of Trauma and Loss. Retrieved from http://westernreservepublicmedia.org/trauma/
Substance Abuse and Mental Health Services Administration Childhood Trauma in Early Care and Education Settings. Retrieved from http://www.samhsa.gov/children/dropin_trauma_earlycare.asp

**Mental Health & Child Welfare Professionals**

**Professional & Best Practice Websites**
Psychological First Aid. Retrieved from http://www.nctsn.org/content/psychological-first-aid
Substance Abuse and Mental Health Services Administration Early Childhood Materials.

**Phone Numbers**
National Center for Trauma Informed Care: 866-254-4819
Publications


Journal of Child & Adolescent Trauma


Legal & Policy Professionals

Websites


Publications


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**Video Resources**

Insight Media (Producer). (2002). *What is childhood trauma?* [DVD, 29 minutes].
Insight Media (Producer). (2004). *Understanding the traumatized child.* [DVD, 44 minutes].
Insight Media (Producer). (2008). *Bullying and peer harassment: Why does it start, and who is affected?* [DVD, 45 minutes].
CHAPTER 9

Trauma Experienced in Adolescence

DISCUSSION QUESTIONS

1. Hardoff and Halevy (2006) suggest considering military service as an additional developmental stage. If you were to add this particular stage to Erikson’s Stages of the Life Cycle, what would you name this stage? What are the particular crises to be navigated? Describe aspects of this stage.
2. In thinking about the stage you addressed in question 1, describe potential intervention(s).
3. Think back to your own adolescence. What disasters, if any, occurred during this time? What personal traumas, if any, occurred? How have these experiences shaped your identity? (Only disclose details that you are comfortable discussing, and you are not obligated to disclose any personal details.)

ACTIVITIES

1. Look up the Sanctuary Model. One of the activities this model describes is the “community meeting,” whereby members “check in” at the beginning of their day or start of a group. In a classroom situation, or just prior to a staff meeting, try a “community meeting.” Solicit feedback from participants. Was anything different than when you normally meet?
2. Create a timeline of disasters in the United States since the early 1900s. Consider clients you know, or family and friends, and what their particular generation(s) experienced. What developmental stages were they in at the time of the disaster? How might a person at one stage of life experience a particular disaster differently than someone at another stage? Record your reflections in a short paper.
3. Compile an annotated list of trauma resources for adolescents in your community.

RESOURCES

Resource List for Traumatized Adolescents and Their Parents, Teachers, and Other Helping Professionals.

Youth

Websites

Phone Numbers
Adolescent Crisis Intervention & Counseling Nineline: 1-800-999-9999
Girls and Boys Town National Hotline: 1-800-448-3000
National Youth Crisis Hotline: 800-442-HOPE (4673)
Teen Helpline: 1-800-400-0900
Youth Crisis Hotline: 1-800-HIT-HOME (448-4663)

Publications

Parents
Websites
Penn Center for Youth and Family Trauma Response and Recovery. Retrieved from http://www.med.upenn.edu/traumaresponse/information.shtml

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Phone Numbers
Covenant House Hotline: 800-999-9999
Mental Health InfoSource: 1-800-447-4474
National Alliance on Mental Illness (NAMI): 1-800-950-NAMI (6264)
Parent Hotline: 1-800-840-6537

Publications

Teachers
Websites
The Language of Trauma and Loss. Retrieved from http://westernreserverespublicmedia.org/trauma/

Publications
Child Trauma Toolkit for Educators http://www.nctsnet.org/ncts_assets/pdfs/Child_Trauma_Toolkit_Final.pdf
Dealing with Tragedy and Trauma in the School Community by Robert Pynooss http://www.nctsnet.org/ncts_assets/pdfs/Overview_of_Trauma_in_School_Communities.pdf
Seven Schools for Troubled Teens From Trauma to Recovery: http://www.greatschools.org/parenting/behavior-discipline/slideshows/troubled-teens.gs?content=2745
Mental Health & Child Welfare Professionals

Professional & Best Practice Websites

Phone Numbers
National Center for Trauma Informed Care: 866-254-4819

Publications
Journal of Child & Adolescent Trauma

Legal & Policy Professionals

Websites
Phone Numbers
National Center for Juvenile Justice & Mental Health: 1-866-9NCMHJJ

Publications

Video Resources
Insight Media (Producer). Violence prevention strategies. [DVD, 30 minutes].
Insight Media (Producer). (2008). Bullying and peer harassment: Why does it start, and who is affected? [DVD, 45 minutes].
Insight Media (Producer). (2008). Generation cyberbully: Bullying without borders. [DVD, 41 minutes].
Insight Media (Producer). (2011). Bullying can be addressed through IEP. [DVD, 30 minutes].
CHAPTER 10

Treating Adult Trauma Survivors

DISCUSSION QUESTIONS

1. When you are working with trauma survivors, what interventions or techniques might you include in each of the three phases of trauma therapy: (a) safety and stabilization? (b) trauma processing? and, (c) reconnection and integration? Explain your reasoning and the purpose for implementing them.

2. In working with complex trauma disorders, the clinical literature suggests considering the following seven symptom clusters: (a) affect and impulse dysregulation; (b) biological self-regulation/somatization such as a physical symptom, like pain, that is not entirely medically explained; (c) alterations in consciousness, that is, pathological dissociation; (d) perception of the perpetrator, for example, an intense focus on revenge; (e) self-perception that includes shame or guilt; (f) relationships that lack trust or include revictimization; and (g) systems of meaning marked by hopelessness. Give examples of how each symptom cluster could be exhibited by adult survivors. Please use examples that you have observed or experienced in working with this population, and include your internal reactions to what you observed.

3. It is essential that trauma therapists keep in mind that trauma therapy requires a multidimensional approach. In addition to talking with your client, what additional options would you offer and encourage your clients to explore, both in session and out of session, as a way to enhance therapy and healing? As you list these options, offer an explanation as to how a particular activity or intervention might assist the client’s recovery.

4. Affect regulation can be a challenge in working with adult survivors. It is important for therapists to process their own reactions to the highly charged emotional affect expressed by clients. Discuss potential resources and how therapists can use available resources. Be sure to identify specific organizations with which you can consult when addressing volatile client reactions.

ACTIVITIES

1. Initially, many adult trauma survivors are needy and do not have the skills to regulate affect. Create a one-page instructional handout, which you can provide to clients, detailing information about how you manage your sessions, suggestions for managing issues that may occur in between sessions, and options that clients may have if there is a crisis, including phone numbers and a generic safety plan that can be tailored to meet the needs of individual clients.

2. Construct a time-line form that you can use with adult survivors. Create a tracking mechanism for clients to recall specific ages before and after the trauma and to note where there are time blocks of no recall; provide enough space so that entries can be dated. Over time, as you work with your client, fill in areas of the blanks that clients begin to recall, and date them.
3. Separating past from present, create an envelope or folder of photographs or words that reflect a sense of serenity. For one week, notice what occurs when you are feeling overwhelmed, take the time to look at the content of your folder, and be mindful of your response. Write a reflective statement about what you noticed each time you looked at the contents of the folder.

4. In the recovery and integration phases of treatment, doing something of meaning can be a significant part of a survivor’s recovery. Explore what programs are available in your community such as Take Back the Night, usually held in April, or programs for domestic violence. Write a brief paper about the meaning-making process that such programs might offer for adult survivors. Discuss the various findings in small groups.

5. Participate in some sort of service program designed to honor or support victims. Keep a journal of your reflections about the participation, including thoughts, feelings, reflections, and observations.

RESOURCES

Self-help Books

Internet
Trauma Central. Retrieved from http://www.traumacentral.net/
DISCUSSION QUESTIONS

1. Identify and discuss the sociocultural factors that contribute to the prevalence of IPV in the United States. How might IPV in other cultures be similar or different?
2. Describe the elements of Stockholm syndrome and how they relate to childhood development and childhood abuse. Discuss the counseling implications.
3. Compare and contrast the feminist model with the medical model of mental health. How might these two models differ in their understanding and treatment of victims of Intimate Partner Violence?
4. List some of the gender stereotypes concerning women and men, and the common catch-phrases in the English language that represent them (example: “Boys will be boys”). How might these stereotypes affect society’s views on IPV?

ACTIVITIES

1. Out of class research – in-class presentation.
   Research and present to the class a prominent case of abduction or hostage-taking in the news (Patricia Hearst, for example) and identify the elements of the Stockholm Syndrome in the case. Be prepared to discuss how a counselor might approach a client who has been victimized in this way.
2. Out of class research – in-class presentation.
   Identify and illuminate the parallels and differences between Intimate Partner Violence, which usually occurs behind closed doors, and violence that tends to occur more openly in the culture. Give examples.
3. In class.
   Using the case study sidebar in the text, divide the class into dyads, with one student playing the role of counselor, the other the role of a client victim of IPV. The students in the client role will talk about some aspect of the sidebar case as though it was “their” trauma. The students in the counselor role decide how to respond empathically to the client and intervene. Bring dyads back into the large group, and have them share the experience from the client and counselor perspective. (Important Cautionary Note: Instructor should assume that there may be students in the class who have experienced some variety of IPV and should, therefore, suggest this exercise with care, and only after basic course information is covered.)

RESOURCES

Websites

www.giftfromwithin.org—Contains resources relating to PTSD, trauma, IPV, for survivors and caregivers.

Films

*Beauty and the Beast* (Disney animated version). Classic tale of a woman who is held captive by a beast and eventually cures him of his cruel ways through her love. This film can be used to illustrate the dangerous message to girls and women that abusive men can be changed by women’s actions.


*The Color Purple.* (1985). Stars Whoopi Goldberg as a woman of color living in the South who is transformed by her friendship with two women, despite the presence of her abusive husband.

*Fried Green Tomatoes.* (1991). Several subplots, one of which involves a battering husband who mysteriously disappears.

*Gaslight.* (1940). Portrays the mental abuse and crazy-making behavior by a husband toward his wife where no actual physical abuse occurs.

Videos


Books

Buzawa, E. S., & Buzawa, C. G. *Domestic violence: The criminal justice response.*


Sokoloff, N. (Ed.). *Domestic violence at the margins: Readings on race, class, gender and culture.*

Walker, L. E. A. *The battered woman syndrome* (3rd ed.)
CHAPTER 12

Elder Abuse

DISCUSSION QUESTIONS

1. What might be some of the relational dynamics in a counseling relationship between and older victim of abuse and a younger counselor?
2. What is the interplay between dementia and elder abuse?
3. What sorts of assessment and intervention activities might you consider if an older adult were living with, and dependent upon, a financially and psychologically abusive adult child who had substance abuse and mental health issues?

ACTIVITIES

1. Contact your local Area Agency on Aging or Adult Protective Services to determine the following: (a) Who, if anyone, is a mandated reporter of elder and/or dependent adult abuse in your state? (b) What are the requirements for an abuse situation to be considered as an appropriate report for Adult Protective Services in your area? (c) What are the requirements for a report of abuse to be made in your jurisdiction?
2. Research the resources in your area for providing counseling to elder victims of abuse. What accommodations are possible for a person with mobility problems? Are home visits available? What other service features exist that might accommodate or make services more accessible to older victims of abuse? What else might be needed?
3. Conduct an internet search of local news reports about elder abuse for the past year. How does reporting on the extent and nature of abuse compare with what you have learned in the chapter?

RESOURCES

Eldercare Locator: To report suspected abuse, call the national Eldercare Locator, a public service of the U.S. Administration on Aging. Tel: 1-800-677-1116

National Center on Elder Abuse: The National Center on Elder Abuse (NCEA) serves as a national resource center dedicated to the prevention of elder mistreatment through on-line educational resources and operation of a popular listserv forum for professionals. Retrieved from www.ncea.aoa.gov/

National Clearinghouse on Abuse in Later Life (NCALL): NCALL provides information about programming, outreach, collaboration, and policy development related to abuse in later life and elder abuse. Many resources are available to download at no cost on NCALL’s website. Retrieved from www.ncall.us
University of California Irvine Center of Excellence on Elder Abuse and Neglect: The Center of Excellence serves as a central source of technical assistance, best practice information, multidisciplinary training, useful research, and relevant policy issues. Retrieved from www.centeronelderabuse.org
CHAPTER 13

Addictions and Psychological Trauma: Implications for Counseling Strategies

DISCUSSION QUESTIONS

1. Najavits (2006) suggests that the abuse of substances in people with trauma histories “is often construed as a reenactment of trauma. Substance use may represent harm to the body that symbolizes familiar traumatic experiences; living the role of the marginalized; or not caring about oneself after violation by others” (p. 229). In this regard, substance abuse can be viewed as a type of self-harming behavior that is often associated with people who suffer from trauma. This self-harming behavior can become a kind of addiction which exhibits the components of obsession, compulsion, and loss of control. The paradox of self-harming behaviors is that people with histories of trauma often initiate this behavior in order to gain a sense of control, while eventually losing control over the self-harming behavior.

What are the pros and cons of conceptualizing self-harming behavior as an addiction?

2. Clinicians with more training and experience might be considered trauma and addiction informed. Clinicians who are trauma and addiction informed should be capable of providing some integrated treatment under clinical supervision. Trauma and addiction informed clinicians should also be able to coordinate parallel treatment when integrated treatment is not possible. They should be able to develop an effective treatment protocol and plan that recognizes the client’s unique needs and goals and considers the range of recovery resources that are available. In particular, they should be capable of recognizing and addressing initial resistance of the client to engaging in treatment. For instance, it is not uncommon for many trauma survivors who have a strong undercurrent of shame to resist addiction recovery efforts that involve sharing and emotional vulnerability. Informed clinicians should have the skills to help the client recognize and transcend this resistance and engage in beneficial treatment. At the same time, a clinician needs to recognize when a particular treatment is either too stressful or is simply inappropriate for a specific client. In effect, the trauma and addiction informed clinician should be able to individualize treatment and not simply apply ‘cookie cutter’ approaches to care.

How does the initial “resistance” of trauma survivors to engaging in treatment for a Substance Use Disorder complicate the continuum of care and integration of treatment services for clinicians working with a person with co-occurring trauma complications and addictive disorders?

3. Engaging in a search for meaning can help trauma survivors place their traumatic experience into the larger context of their lived experience and lessen its negative impact on their lives. In addition, spirituality can enhance a person’s vitality and sense of interconnectedness with all existence (Carroll, 1998); thus combating the pervasive sense of disconnection that traumatized people experience (Herman, 1992). Recent research has demonstrated that alcohol/drug use is also associated with lack of meaning in life and that active spiritual involvement
can reduce the risk of substance abuse, contribute to the formation of a resilient world view, enhance long-term recovery, increase coping skills and resilience to stress, enhance hope, and act as a protective factor in preventing alcohol and drug abuse (Burke, 2006).

The research demonstrates that spirituality can be a recovery resource for trauma survivors with co-occurring Substance Use Disorders, but discussing spirituality and religion with clients is still controversial in many clinical settings. What are the benefits and risks of engaging clients in clinical conversations about their spirituality?

ACTIVITIES

1. Attend an open (public) meeting of Alcoholics Anonymous. Write a reflective essay on your experience from the point of view of the trauma survivor. What might be the potential benefits and risks to clients who are trauma survivors of attending a twelve step recovery support group such as AA?

2. In class, divide into small groups. Pretend you are a multi-disciplinary treatment team. Create a comprehensive treatment plan for Lois (as described in this chapter) which includes integrated services for both her trauma and substance abuse issues.

3. In class, do a 5-10 minute “free write” on your own story of spirituality. (A “free write” is a writing meditation. Write down your thoughts without editing or judging.) Divide into small groups and discuss how your own experience of spirituality has been a resource in your life to overcome adversity or provide you a bigger perspective on meaning and purpose.

RESOURCES

Internet

Seeking safety. Retrieved from http://www.seekingsafety.org/. Seeking Safety is a present-focused therapy developed by Lisa Najavits to help people attain safety from trauma/PTSD and substance abuse. This website includes articles and training materials on the Seeking Safety model.

PILOTS (Published International Literature on Traumatic Stress) database. Retrieved from http://www.ptsd.va.gov/professional/pilots-database/pilots-db.asp. The PILOTS (Published International Literature on Traumatic Stress) database is an electronic index to the worldwide literature on posttraumatic stress disorder (PTSD) and other mental-health consequences of exposure to trauma. It is free and available to the public.

National Center for PTSD. Retrieved from http://www.ptsd.va.gov/index.asp. The Center, funded by the US Department of Veteran’s Affairs is dedicated to research and education on the prevention, understanding, and treatment of PTSD.

National Center for Trauma Informed Care. Retrieved from http://www.samhsa.gov/nctic/. SAMHSA’s National Center for Trauma-Informed Care (NCTIC) is a technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services.
National Trauma Consortium. Retrieved from http://www.nationaltraumaconsortium.org/. The mission of NTC is to raise public awareness about trauma and its wide-ranging impact on people’s lives. The website includes articles on substance abuse and trauma recovery and links to other resources.

Substance Abuse and Mental Health Services Administration (SAMSHA). Retrieved from http://www.samhsa.gov. SAMHSA’s goal is to improve the quality and availability of substance abuse prevention, alcohol and drug addiction treatment, and mental health services. This website includes links to support groups, information resources, events and articles.

**Videos**


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CHAPTER 14

Criminal Victimization

DISCUSSION QUESTIONS

1. How might you suspend moral judgment when working with clients who are perpetrators of sexual assault?
2. How are you going to express empathy toward a client while observing the ethical boundaries? Discuss this both in terms of a victim and a perpetrator.
3. Why is it important for the counselor to be careful about touching crime victims, especially those who have experienced some type of interpersonal violence?
4. In what way does “mean world syndrome” affect a person’s psychological behavior?

ACTIVITIES

1. Take turns playing the roles of client and counselor with a classmate. Explore some of the ways in which you can effectively incorporate humor into your work with a crime victim.
2. Find a newspaper clipping that reports a criminal case. Get into groups of three, and discuss the victims’ possible feelings about and reactions to what happened. Also discuss potential defenses of the case and the impact that these might have on the client.
3. Get into groups of three or four. Identify and discuss the potential psychological defense mechanisms that may serve as temporary supports to trauma clients who have been victimized by crime.
4. In small groups, take turns practicing how you might give instructions to trauma victims regarding relaxation techniques.

RESOURCES

CHAPTER 15

Traumatic Aftermath of Homicide and Suicide

DISCUSSION QUESTIONS

1. Violence affects individuals, families, communities, and countries both in the short and in the long run. Discuss the effects experienced by each group.
2. What are the differences between grieving a violent death and “normal” mourning behavior?
3. Distinguish between the lived experiences of survivors who experienced death through suicide and homicide.
4. Risk factors associated with suicidal behavior include: age, sex, environment, and individual life history. Discuss.
5. Discuss the ways in which age can have an impact on the severity of trauma experienced by survivors.

ACTIVITIES

1. Survivors (especially family members) are severely affected by the death of a loved one. In small groups, present a role play showing how you would counsel a family member who has lost a loved one.
2. In small groups, develop a scenario that shows how a counselor could communicate with an 11-year-old boy about the death of a parent or guardian.
3. In small groups, discuss potential scenarios for the following:
   a. in which a counselor is dealing with a survivor who sees the death of a loved one (through suicide or homicide) as a relief.
   b. in which the counselor is dealing with a survivor who is blamed by the deceased family for contributing to one committing suicide.

RESOURCES

Internet


Parents Trauma Resource Center. *Talking to children after a loved one has died by suicide.* Retrieved from http://www.tlcinst.org/PTRCtalking.html


**Videos**


**CHAPTER 16**

**Existential Perspectives on the Psychology of Evil**

**DISCUSSION QUESTIONS**

1. Introspection is a critical tool that counselors must employ to be effective. In what ways have you participated in “othering”? Have you ever been segregated from a group due to age, gender, sexual orientation, or religion? Discuss.

2. What role do systems play in the perpetuation of discriminatory acts?

3. Please explain how increased self-awareness is directly tied to an increase in moral decision-making.

4. Please state two different types of rationalizations individuals employ to justify discriminatory actions. Provide two examples from your own experience to illustrate these rationalizations.

5. Describe the process of depersonalization. What steps would you take to restore your client’s autonomy?

**ACTIVITIES**

1. This chapter discusses two views of evil: essentialized (or innate) and dispositional (related to environment). Write a two-page paper describing your perspective of evil. Do individuals have control over their actions? Discuss your views about this.

2. What are two lessons gleaned from the Stanford Prison Experiment? Research two other experiments that examined willful discrimination toward others and describe. How can information gathered from these experiments be applied to best practices in counseling clients with trauma histories? Discuss this in small groups.

3. Throughout the chapter, several philosophical viewpoints were discussed regarding the impact of language in the perpetuation of discriminatory acts. Choose at least one viewpoint that aligns most closely with your own views and defend that position in a class presentation.

**RESOURCES**

**Internet**


**Videos**


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Films

CHAPTER 17

Racial and Ethnic Intolerance: A Framework for Violence and Trauma

DISCUSSION QUESTIONS

1. What does “melting pot” mean in the context of this chapter? In what way does the melting pot mentality influence the way of living of individuals who are not of a European descent?
2. Reflect on a personal experience or observation of racial discrimination. What about this experience might inform a more culturally sensitive counseling approach to a survivor of trauma?
3. After reading this chapter, what have you learned or unlearned about oppression?
4. Refer to Appendix 17.1. What would be your opinion regarding Dr. Proctor’s experience?
5. In what way does this chapter inspire you to adopt a different approach to your multicultural counseling work?

ACTIVITIES

1. Prepare a list of culturally competent qualities in working with clients who have suffered from racial discrimination. Get into dyads or small groups, and discuss the items on the lists that you have prepared.
2. Get into groups of three or four. Select and watch one of the films from the Film and Video section. Discuss with group members your thoughts and feelings about the film. How did the film influence your views on the oppressed?
3. Go to a place where you will find people from a race/ethnicity that is different from your own. Observe their interactions. Write a reflection paper that highlights your observations that are characterized by cultural nuances.
4. Get into groups of three or four. Prepare a list of potential challenges and difficulties new immigrants to the United States might encounter. Discuss how, as a counselor, you would provide support to these new immigrant clients.

RESOURCES

Websites


Randall, V. R. University of Dayton School of Law. Retrieved from http://academic.udayton.edu/race
CHAPTER 18

Understanding and Responding to Sexual and Gender Prejudice and Victimization

DISCUSSION QUESTIONS

1. In what ways do you notice that context can perpetuate attitudes and behaviors of hate and bias towards LGBT persons within your own community and for the people receiving counseling within your schools, colleges, and agencies? What impact do you think contextual influences have on individuals who perpetrate and are victimized by hate- and bias-motivated behaviors? What policies do you notice in place that support or hinder hate-motivated behavior? In what ways could counselors help to advocate for raised awareness of contextual influences and to change policy? What policies would you recommend changing?

2. What elements do you see in common with the expressions of bias and hate discussed in each chapter of this book? How do you see those common elements supported within our cultural systems? What clues do you find in these common elements that can inform counselors in providing competent healing services to individuals and groups?

3. Imagine that you are denigrated by the majority of society because of the person you love, how you express your gender, or because of how others perceive your sexual orientation or gender expression. Imagine internalizing others’ attitudes and systemic expressions of hate, rejection, condemnation, and prejudice towards you. What toll might this take on you – your sense of self, self-worth, safety, emotional and mental health, and how you moved through life? What might you need to help heal these wounds? How could a counselor be helpful to you?

4. In what ways within your local community and with which service providers, agencies, and schools could you collaborate to attend to people who are victimized by and who perpetrate hate crimes? What advocacy initiatives would be helpful for youth and adults within your community? In what ways could counselors and counselor educators partner with local resource providers to interrupt the cycle of hate and bias within your own community?

ACTIVITIES

1. In a group activity, watch Boys Don’t Cry (http://www.foxsearchlight.com/boysdontcry/). Reflect on your own feelings and thoughts watching the film. With whom would you have the most and least difficulty working as a counselor? Consider each of the characters in the film and conceptualize how they might present for counseling with you. How would you have worked with Brandon Teena?

2. Read Eight Bullets by Claudia Brenner, and visit Frank Meeink’s web page at http://frankmeeink.com/. What do their stories teach you about wounding and healing? How can these lessons help you work with people who are victimized and people who perpetrate hate crimes?
3. Read the most recent National Coalition of Antiviolence Program’s Hate Violence Report, published by the Anti-Violence Project and found at http://www.avp.org/publications/reports/reports.htm. Identify a service provider in your region. Conduct an in-person or telephone information interview to ask about the prevalence and experiences of hate crimes within your region. Investigate the supports and barriers to providing culturally responsive counseling services to LGBT persons in your region who are victimized by hate crimes.

4. In a small group project, propose an advocacy initiative specific to the population with whom you intend to work. The purpose of this initiative is to address the expressions of bias and hate, toward LGBT persons, which may exist within your own community. Identify local agencies or schools with whom you could partner. Initiatives may be focused on raising awareness, increasing understanding, addressing specific incidences of bullying or suicide prevention, or identifying local policies and systemic structures that perpetuate bias against LGBT persons. Consider how the various specialization programs within your academic department could collaborate on this initiative.

RESOURCES

Internet


Print


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**Video**

CHAPTER 19

Contextual Issues of Community-Based Violence, Violence-Specific Crisis and Disaster, and Institutional Response

DISCUSSION QUESTIONS

1. What is chronic community violence? Identify local instances that you have read about in the newspaper, that have been reported on local news channels, or that you otherwise know about. Discuss the impact that such events have had—or potentially could have—on the communities or neighborhoods in which they occurred.

2. Identify an instance of a local crisis that affected a number of people. Discuss how it affected individuals, families, communities, and institutions at various levels. Discuss the importance of effective crisis management, and how this particular crisis was managed.

3. What are some of the major symptoms or reactions that can be expected from someone who has experienced violence? Discuss how these might manifest and identify effective counseling responses.

4. Discuss the ways that institutional responses to violence, crisis, or disaster might differ from a single counselor responding to an individual victim/survivor.

ACTIVITIES

1. Using print or electronic media, find four reports of incidents of chronic community violence in the newspaper. After reading the accounts, write about your responses to what occurred. In small groups, share the nature of the incidents and your reflections. Discuss the counseling implications and how you would address community impact concerns.

2. In small groups, identify several specific crisis situations. Using one of the models for crisis intervention from the chapter, along with the basic counseling skills that you have learned so far, take turns role playing the person in crisis and the responder.

3. Identify a crisis or disaster response protocol, on the Internet, for a specific institution such as a school, university, hospital, or agency. Analyze the plan for its degree of preparedness in addressing the psychosocial concerns of potential victims in that particular setting. In small groups, share your findings, and discuss how context related to the specifics of the protocol.

RESOURCES

Websites

American Red Cross Disaster Services. Retrieved from http://www.redcross.org/services/disaster
biogeorgeeverly.htm
Ohio Department of Mental Health. Retrieved from http://www.MH.state.oh.us

Electronic Training Manuals

Films
Boyz N the Hood
Tsotsi
CHAPTER 20

School Violence and Trauma

DISCUSSION QUESTIONS

1. How do the authors define school violence? Do you agree with this definition? Discuss why or why not?
2. Describe the interplay of risk and protective factors in children’s/adolescents’ reactions to school-based trauma. Identify specific examples, and discuss the implications.
3. Compare and contrast the TF-CBT and CBITS therapies for traumatized children. How might these therapies be adapted for students who are traumatized by school violence?

ACTIVITIES

1. Observe children of various ages (preschool, elementary school, and adolescents), paying special attention to how they express their feelings. Write down differences due to the developmental levels of children/youth. Discuss how these differences might relate to potential responses to school violence.
2. Schedule a meeting with a school employee (e.g., a principal, counselor, or teacher) and discuss the types of trauma that their students have experienced. How is the reaction to the trauma commonly expressed by the students? How does this person or the school work to help these students? What crisis-response plans are in place?
3. Design the mental health component of a school disaster plan. How will traumatized students/staff as well as those not in need of services be identified? What types of immediate and long-term interventions will be included? Who is qualified to provide these services?

RESOURCES

Video
Insight Media (Producer). (2008). Boys will be boys, but what about girls? Childhood aggression and gender. [DVD, 50 minutes].
Insight Media (Producer). (2010). Bullying in schools: Six methods of intervention. [DVD, 30 minutes].
Internet


CHAPTER 21

Workplace and Campus Violence

DISCUSSION QUESTIONS

1. Consider the distinctions made in the chapter between aggression and violence. How are the two terms related and how are they different? Can you brainstorm several examples of each?

2. As you consider issues related to workplace violence, develop a list of examples of workplace aggression/violence that you have witnessed (i.e., similar to or parallel with the 10 examples of workplace aggression provided in the chapter). Consider the underlying causes of the behavior, as well as the effects on the victim, the perpetrator, and the workplace as a system.

3. In small groups, brainstorm various factors that may lead college students to act aggressively, or in turn, become victims of campus violence and aggression. Specifically, consider the following: predisposing factors, enabling factors, reinforcing factors, environmental factors, and developmental issues. Develop examples of the various factors at work, both for perpetrators of aggression as well as for victims.

4. What role do you think alcohol and other drugs play in workplace and campus violence? How can we, as helpers, work to stem the influence of drug/alcohol-related violence in the workplace and on campus?

ACTIVITIES

1. Interview the director of a college counseling center and ask her/him to describe the trends on her/his campus related to aggression and violence. Think beyond the presenting diagnoses to the etiology of the presenting issue. For example, is this counseling center experiencing increases/decreases of students presenting after being victimized by perpetrators of aggression? Consider all three categories of violence discussed in the chapter: physical, verbal, and psychological.

2. Ask someone who holds responsibility over a college community to describe the direct and indirect costs of aggression and violence. For example, consider the following as potential sources of such costs: acts of vandalism, lost enrollment following acts of violence, student attrition, and so forth.

3. Conversely, discuss the previous question with a manager of a business or other place of employment. What are the direct and indirect costs of aggression and violence in a specific workplace (e.g., theft, decreased productivity, employee attrition, hiring and retraining, litigation, etc.)? If possible, compare and contrast a campus perspective on these costs with that of the private sector.

4. Survey managers in various settings (businesses, directors and deans on college campuses, etc.) regarding the proactive steps they are taking to stem the culture of aggression and violence that is becoming increasingly prevalent in these environments.

5. Develop a strategy for addressing aggression and violence in either setting discussed in the chapter (e.g., workplaces or college campuses). Will your strategy be proactive or reactive?
What factors should be considered in developing this strategy? Who should be involved in implementing this strategy? How will you assess its effectiveness, and how will changes be made to this strategy in the future?

RESOURCES

Books/Articles/Papers

Websites
www.stophazing.org – A website providing information and resources regarding hazing.
CHAPTER 22

Natural Disasters and First Responder Mental Health

DISCUSSION QUESTIONS

1. Natural disasters are common, and will affect almost all people at some point over their lifetime. Discuss the personal experiences you have had with natural disasters. Did the event involve weather or earth movement or was it biological-environmental? Can you recall the range of feelings, thoughts, and actions triggered by the event? How might you use this lived experience in your work with future disaster victims?

2. Compare and contrast natural and human-made disasters. Discuss the different emotions that victims of human-made disasters may experience. How would this change a counselor’s therapeutic approach to disaster mental health services? Why might human-made disasters have a longer psychological impact on clients? Finally, describe secondary disasters that result from the relationship between natural and human-made disasters. Use the Gulf of Mexico oil spill and the Japanese earthquake as examples.

3. Discuss ways that counselors can support emergency service personnel who are working in a disaster area. How might the needs of the rescue workers differ in response as opposed to recovery operations? Why might long-term mental health follow-up services be indicated for EMR personnel?

4. Discuss ways that counselors can support the general population during the recovery phase of a disaster. How might the needs of the population change over time?

ACTIVITIES

1. Visit your local Emergency Management Agency. Read the emergency service plans for natural disasters. Note what types of disasters are predicted for your area. Does the plan detail the role of mental health professionals in the response? Make a copy of these protocols and familiarize yourself with your expected role.

2. Prepare a counselor’s disaster jump bag. The bag should include clothing and personal items that would last for three days. Share a list of the contents of your bag with your classmates to get some additional ideas.

3. Write a scenario for a client in each of the psychological stages of a disaster. In dyads, practice interventions for each client. Video tape the “mock sessions” for analysis in group.

4. Interview a group of emergency service workers. Ask for advice on how to best meet their needs during a disaster rescue or recovery operation.

RESOURCES


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CHAPTER 23

Genocide, Ethnic Conflict, and Political Violence

DISCUSSION QUESTIONS

1. What are the strengths and hazards of using PTSD as a diagnostic label? Discuss the implications.
2. What can psychology learn from a human rights approach and vice versa? Discuss.
3. What are the challenges faced with working with survivors of mass violence, in-country, and with those seeking asylum? What are the additional safeguards that you may need to take?
4. What are the different factors which influence survivors’ conceptualization of trauma?
5. How might you adapt your practice when working with someone from a different cultural background? Discuss the parameters.

ACTIVITIES

1. Practice forming and documenting your own family tree. Reflect on the implications related to this chapter.
2. Practice forming and developing your own cultural genogram. What did you learn that may relate to the content of this chapter? How might genograms be useful in working with survivors?
3. Break into three small groups (six or nine, etc., in larger classes). As assigned by your instructor, plan a session for a survivor of genocide, armed conflict, or political violence—design a format by which you would integrate creative mediums with talking therapies. Discuss how the session might play out.

RESOURCES

Internet


Videos and Films

Aghion, A. (Director). (2005). In Rwanda we say ... The family that does not speak dies. [DVD, 57 minutes].
Aghion, A. (Director). (2009). My neighbor, my killer. [DVD, 80 minutes].
CHAPTER 24

The Impact of War on Civilians

DISCUSSION QUESTIONS

After studying this chapter, reflect on how the learning experience about the impact of war on civilians has changed or enhanced your understanding of and assumptions about the impact of armed conflict. Discuss how do your reflections relate to the need for relevant research in post war regions?

1. In a group format, discuss the plight of child soldiers across the globe. Be sure to address why the incidence of child soldiers being conscripted into armed conflicts is increasing, at the same time that the rights of children are being addressed in various global settings. Discuss the implications.

2. Delineate the effects of war on individuals, families and communities. How are they independent as well as interconnected?

3. After reading this chapter and other chapters in this book, how does the trauma of war differ from the trauma that results from child abuse, natural disasters, and crime?

ACTIVITIES

1. Interview a survivor of an armed conflict (a veteran of former conflict or civilian survivor) or war in your community. Ask them about their experience, past and present, and how it may have changed their outlook in life.

2. Interview a treatment provider who works with trauma survivors and ask him or her whether, in his or her opinion, there is a difference between working with those who have been victims of domestic violence and victims of political violence.

3. Research services available for resettling refugees in your community. What services are available, and what do they provide to refugees? Discuss.

4. Identify and research an existing refugee camp of your choice in a post conflict region. What treatment services are available to either adults or children who are residents of the community? Discuss.

RESOURCES


CHAPTER 25

The Impact of War on Military Veterans

DISCUSSION QUESTIONS

1. What is meant by “mythic reality”? What is “sensory reality”? How do these two “realities” interface in the lives and minds of the combat/military soldiers/veterans and their psychological adjustment to danger and violence?
2. According to Webb, 1991 three major components determine the complex array of human responses to traumatic events and they encompass the body, mind and soul. Identify the three components and discuss their relevance.
3. There are five primary areas of trauma research listed in this chapter: What are they and why are they important? Can you think of any additional areas of needed trauma research?
4. Human responses to traumatic events, especially chronic trauma, have an impact on the whole person: What are the five different areas of symptom formation? (Hint: P.C.E.B.S.). How are these relevant to the biopsychosocial model?
5. Under the treatment modalities section of this chapter there are several suggestions for professionals to consider. What do you believe is the most important task of the professional counselor before beginning a treatment regimen for any trauma victim? Discuss how you reached this conclusion and why.

ACTIVITIES

1. LeShan lists three perceptions as essential for a group or nation to subscribe to in order to see war and violence as viable options. As a group, discuss the following questions: A. What are those three perceptions and their significance? B. Are there other perceptions that you can think of that would make violence and warfare viable options? C. Are these perceptions sufficient to justify violence and warfare?
2. Lt. Col. Dave Grossman provides an insightful review of psychological factors that have an impact on human responses to killing another human being in combat. A. Debate and discuss your views about these various psychological factors and their viability. B. Discuss and debate the behavioral modification training methods used by our military trainers. C. Do you believe behavior modification training methods ensure a higher rate of killing enemy soldiers?
3. Download and review the Iraq War Clinician Guide (NCPTSD & WRAMC, 2004, June): find and list the significant differences in social supports that regular military units and Reserve/National Guard units experience as they return from their war experiences. How will this impact their adjustment to post-trauma civilian life?
4. It is important that you understand the holistic nature of trauma’s impact on the individual. Review the Four Central Dimensions of Recovery and discuss both the internal and external factors that will determine an individual’s level of success in their recovery process.
5. Using the lists in the book as a guide, create your own listing of all the variables you can think of that will determine an individual’s rate of recovery, resiliency, and reintegration following his or her traumatic experiences.

RESOURCES

An essential resource for students who want to study and explore psychological concerns and traumatic brain injury, in a more comprehensive manner, is the “Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury” at www.dcoe.health.mil

Other essential resources for students interested in the impact that warfare has on the psychological health of combatants are the continuous investigations being conducted by the RAND Center for Military Health Policy and Research at http://www.rand.org/multi/military.html

The National Center for Posttraumatic Stress Disorder (NCPTSD) at www.ncptsd.va.gov

The National Center for Trauma Informed Care (NCTIC) at www.mentalhealth.samhsa.gov/nctic/

The National Child Traumatic Stress Network (NCTSN) at www.nctsn.org

*Iraq war clinician guide* (June 2004) was written and compiled by the National Center for Post-Traumatic Stress Disorder and Walter Reed Army Medical Center. The guide provides an extensive overview of the issues and struggles faced by veterans in adapting successfully to the stressors of being in a war zone. Retrieved from http://www.ptsd.va.gov/professional/manuals/iraq-war-clinician-guide.asp
DISCUSSION QUESTIONS

1. How is the anxiety that may be developed from the fear of a terrorist attack different from the emotions experienced when faced with danger from other known threats? Please explain.

2. It is assumed that individuals who survive an act of terrorism may experience psychological distress. What may counselors do to help minimize the collective impact of a terrorist attack on the populace?

3. From what you read in this chapter, what are the key concepts related to Disaster Mental Health? Explain

4. After reading this chapter how is an act of Terrorism different from a Natural Disaster? Please explain.

5. What is the difference between “Individual Trauma” and “Collective Trauma,” as these concepts are explained in this chapter?

ACTIVITIES

1. Divide into small groups of three individuals, and share an experience which you have had and that you considered traumatic. What emotions did you have difficulty handling? What skills did you draw upon that helped you to cope?

2. Make a list of six (6) physical needs that an individual may have after he or she has encountered a natural disaster. Make a list of four (4) emotional or psychological needs that an individual may have after experiencing an act of terrorism. Please discuss the impact of these on the individual.

3. In a small group of your peers, brainstorm what steps families and communities may take to prepare for a natural disaster, for example, a hurricane or storm, an earthquake, a tsunami. Please identify the role(s) that a counselor may take in assisting, and discuss the implications.

4. Develop a protocol that you would recommend, based on reading this chapter, for emergency response to a natural disaster.

5. In a small group, write a paragraph that you would send to a local paper, for the purpose of public awareness, that explains “Disaster Mental Health Counseling.”

RESOURCES

Additional resources are available for those interested in becoming disaster behavioral health responders. Below is a list of applicable websites.
http://www.redcross.org – the American Red Cross official site
http://www.ready.gov – a website to assist anyone to get prepared, plan, and stay informed
http://www.disastercenter.com/agency.htm – website that includes a list of disaster relief agencies
http://www.trynova.org – website of the National Organization for Victims Assistance
http://www.icisf.org – website of the International Critical Incident Stress Foundation
http://www.disasterassistance.gov – website that provides information about disaster preparedness
http://www.disastercenter.com – all-inclusive website regarding national security threats, information about preparedness, etc.
CHAPTER 27

Assessment in Psychological Trauma: Methods and Intervention

DISCUSSION QUESTIONS

1. What are the advantages to using psychological assessment in understanding individuals suffering from psychological trauma?
2. How can psychological assessment be helpful in psychotherapy with individuals suffering from psychological trauma?
3. Is one graduate course in Appraisal sufficient for counselors to competently and ethically practice psychological assessment? If not, what else do you need?
4. Does psychological assessment overly objectify the client? If so, why? If not, why not? Does therapeutic assessment make a difference in answering these questions?

ACTIVITIES

1. Using the Professional Section link, do a Search for psychological assessment instruments on the National Center for PTSD website: www.ptsd.va.gov/professional/pages/assessments/assessment.asp
2. Take the Assessment of PTSD 101 course on the above website for their good basic introduction to use of assessment with PTSD.
3. With the permission and supervision of your professor/supervisor, obtain and administer the appropriate PTSD Checklist (PCL) to a client. Discuss the results in supervision and see if and how the PCL improves your understanding of your client beyond what you got in your interview sessions.
4. Invite an assessment psychologist to your class to discuss psychological assessment.

RESOURCES

The following resources may be helpful to students, clinicians, and instructors:

For an extensive list of relevant publications, see www.johnbriere.com/tsi.htm
National Center for PTSD. Retrieved from http://www.ptsd.va.gov/
The assessment link of the National Center for PTSD is an indispensable resource for anyone interested in psychological trauma. Some instruments can be obtained for free from http://www.ptsd.va.gov/professional/pages/assessments/list-adult-self-reports.asp
More information about training in Therapeutic Assessment can be found at http://www.therapeuticassessment.com
CHAPTER 28

Models for Trauma Intervention: Integrative Approaches to Therapy

DISCUSSION QUESTIONS

1. What makes integrative approaches to trauma treatment the “gold standard?”
2. Which trauma treatment approach would you prefer? Provide a rationale to support your preference.
3. In what ways does CBT help trauma victims in dealing with their PTSD?
4. List the pros and cons of DBT in working with a rape victim.

ACTIVITIES

1. Get into groups of three. Each of you will take turns playing the roles of client, counselor, and observer. Each counseling session will take approximately 10 minutes. Use CBT as your intervention approach. After each session, the observer and client will provide feedback to the counselor.
2. Find a journal article that discusses one of the therapies highlighted in this chapter. Get into groups of three or four. Discuss your perspectives on this therapy.
3. Find a You Tube clip that underscores one of the therapies discussed in this chapter. Share this clip with the class and lead a discussion on this therapy.
4. Share with the class your experience(s) working with trauma victims. Invite your classmates to offer you insights into your work. If you have no such experience, think of a session where you will help a trauma victim deal with his/her pressing issue. Describe that session to the class and invite them to provide you with insights. (This exercise also can be done in small groups.)

RESOURCES


CHAPTER 29

Strategies and Techniques for Counseling Survivors of Trauma

DISCUSSION QUESTIONS

1. When working with a trauma victim, why is it particularly important to establish a client-counselor relationship?
2. What are the perceived therapeutic benefits of present-focused approaches?
3. Among the four primary treatment approaches discussed in the chapter, which approach would you select as your counseling tool? Give reasons to support your choice.
4. Why is it important for counselors to be mindful of their own limitations when working with trauma victims?

ACTIVITIES

1. Select and watch a trauma counseling video clip. Lead a class discussion on the counselor’s effort in helping a client to confront his/her traumatic experience.
2. Select a trauma counseling approach mentioned in the chapter. Get into groups of three. Each person will take turns to play the roles of client, counselor, and observer using the selected counseling approach. Each counseling session will take approximately 10 minutes. After each session, the observer provides feedback to the client and counselor, and the client and counselor share their responses to the observations.
3. Get into groups of three or four. Select and discuss three or four of the counseling approaches mentioned in the chapter.
4. Sit in on an Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meeting. Write a reflection journal of your experience as you refer to the chapter’s discussion on trauma victims and substance abuse.

RESOURCES

Web-Based Materials


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Books and Articles


CHAPTER 30

Ethical Perspectives on Trauma Work

DISCUSSION QUESTIONS

1. What is mandatory ethics? Illustrate how you would practice mandatory ethics in your work with a client who recently experienced trauma.
2. What is aspirational ethics? Describe a situation in which you integrate aspirational ethics into helping a teenaged client who is baffled by low self-esteem issue as a result of his siblings’ verbally disparaging abusive behaviors.
3. Why is it important for counselors to avoid overpathologizing trauma victims’ reactions?
4. What are the means of self-care you would adopt as a trauma counselor? Provide the rationale for your selected means.

ACTIVITIES

1. Get into groups of three or four. Discuss the five ethical principles. Why is it important to practice these principles when working with trauma victims?
2. Find a YouTube clip that illustrates trauma-counseling work. Show this clip to the class and use the clip to lead a class discussion on one of the five ethical principles.
3. Get into groups of three to five. Imagine each one of you is going to help a client who recently experienced a trauma. This client is from a certain population/culture (e.g., LGBT, elderly individual, person with disability, or racial or ethnic minority). Discuss with the group the way in which you would demonstrate your ethical competence by way of your cultural sensitivity when working with your client.
4. Get into dyads. Take turns role playing the client and counselor. Incorporate your practice of mandatory and aspirational ethics into your work with the client to deal with his/her traumatic sufferings.

RESOURCES

Ethical Codes and Relevant Resources

Because the field of trauma and disaster counseling is undergoing a significant period of development and refinement, counselors will need to maintain a watchful eye on resources to help them develop a better knowledge base to bring to their work. While it is not possible to be exhaustive in discussing resources to ethical trauma practice, several useful resources are highlighted below.

American Red Cross. (2005). The American Red Cross requires licensure as a mental health professional to participate in Disaster Mental Health Services training and work. Among other things, their intent was to ensure these professionals are therefore bound to follow the ethical
standards of their professions and possess at least a basic knowledge of professional requirements to report abuse and intent to harm self or others. Beyond this basic requirement, all volunteers and employees of the American Red Cross are required to follow the Red Cross Code of Conduct (2005) while delivering services for that organization. However, the Code of Conduct is not a professional code of ethics and primarily prohibits volunteers and employees from using their positions with the American Red Cross to their financial or person benefit or advantage, and not misusing the organization’s information, or otherwise creating a conflict with the interests of the ARC.

**ACA Code of Ethics.** Counselors must be familiar with and understand ACA’s Code of Ethics to make sound ethical judgments. In addition, ACA’s conferences, journals and articles, and online resources discuss ethics and include increasing attention trauma-related content. In trauma work with people with diverse cultural backgrounds, counselors can refer to the ethics code on multicultural aspects. Various sections of the 2005 ACA Code of Ethics underscore relevant guidelines for coping with ethically challenging situations. For instance, Standard A.11.b. (“Inability to Assist Clients”) suggests counselors “avoid entering or continuing counseling relationships” should they find themselves lacking the knowledge or competence to work with the client. Standard A.1.a. (“Primary Responsibility”) states that “the primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.” Another standard pertinent to trauma work is Standard A.4.a. (“Avoiding Harm”), states that, “Counselors act to avoid harming their clients, trainees and research participants and to minimize or to remedy unavoidable or unanticipated harm. Standard C.2.a. (“Boundaries of Competence”) which requires that “counselors practice only within the boundaries of their competence...” In a related rule, Standard C.2.b. (“New Specialty Areas of Practice”) states that, “Counselors practice in specialty areas new to them only after appropriate education, training and supervised experience...” With regard to treatments that are categorized as “pseudoscience” or “inappropriate,” counselors must adhere to Standard C.6.e. (“Scientific Bases for Treatment Modalities”). This code demands counselors to provide to clients an explanation of the “potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm.”

**CACREP 2009 Standards.** In recognizing that trauma counseling is a growing specialty, CACREP Standards (2009) establish educational requirements that are relevant to counselors’ preparation to do ethical practice related to trauma work. Sommers (2008) argued that counselor educators are ethically obligated to educate counselors regarding the potential risk of trauma-related work. Ethical practice is one of the eight core curricular areas of a CACREP accredited program. One of the items in the Standards relates to counselors’ roles and responsibilities as “members of an interdisciplinary emergency management response during a local, regional, or national crisis, disaster or other trauma-causing event” (CACREP, 2009, p. 10). Following this section is a standard that places emphasis on counseling students’ understanding of the impact of crisis, disasters, and other trauma-causing events as they are into different areas of specialties. Doctoral programs must meet the Standards of providing training in theories pertaining to the principles and practice of counseling as it relates to trauma-causing events. Students in these programs will develop understanding of the effectiveness of models and treatment strategies, leadership roles, and strategies for responding to local, national, and international crises and disasters.
CRCC Code of Professional Ethics for Rehabilitation Counselors (www.crccertification.com/pages/crc_crcrc_code_of_ethics/10.php). The 2010 Code of Professional Ethics of the Commission on Rehabilitation Counselor Certification is the first code of ethics for counselors that made a concerted effort to include some more specific standards relevant to counseling practice in cases of disaster to supplement the guidance contained in the more general ethical standards of the code. One standards (B.6.f) directs counselors to take precautions to protect confidentiality of clients in the event of disaster. In another more far reaching rule (D.3.b), counselors are directed to make “reasonable efforts to plan for facilitating continued services for clients in the event that .. services are interrupted by disaster” (CRCC, 2010).

Standards of Self Care Guidelines (www.greencross.org). Green Cross Academy is a non-profit organization that attends to traumatology. Founded by Charles Figley in 1987, the Academy published its first Standards of Self Care in 2005. The Standards maintain that only those who first take care of themselves are eligible to offer traumatology services to people in need. The Standards state that it is the helper’s respect, responsibility, and duty to perform that prompts their self-care needs.
CHAPTER 31

Vicarious Traumatization

DISCUSSION QUESTIONS

1. What are the signs and symptoms of vicarious traumatization? As a prompt, consider physical, spiritual, behavioral, and world view changes.
2. Based on what you have read, what are the five aspects of Vicarious Trauma? Describe each and discuss their implications for counselors.
3. How do you practice “mindfulness?” Please discuss.
4. Why is it important for us as counselors to understand the concept of Vicarious Trauma?
5. In what way does your agency or internship address Vicarious Traumatization?

ACTIVITIES

1. Ask each student to create and facilitate self-care training, related to Vicarious Traumatization, at his or her agency or internship. As a final learning piece, ask each student to write a 2-3 page reaction paper.
2. Ask each student to develop a “personal action plan” to prevent or mitigate Vicarious Traumatization.
3. Ask the students to pair off, encouraging them to work with someone with whom they are less familiar. Once everyone is paired off, ask each dyad to address the following questions: (1) How will you know that you are being affected by your job? (2) What are the first steps that you need to take in order to begin addressing the situation? (3) How would you begin to construct a longer-term plan?
4. In small groups, have the students discuss the following question: In what way does their agency (or other work setting) add to their level of or potential for vicarious traumatization?
5. Have the students reflect on the reading. Encourage each student to write a 2-3 page reflection. Ask each student to reflect upon and write about his or her individual coping strategies.

RESOURCES

Books

Websites

http://www.atss.info—Association of Traumatic Stress Specialist
http://www.figleyinstitute.com/—Charles Figley Institute
http://www.greencross.org/—Green Cross Foundation
http://www.icisf.org/—International Critical Incident Stress Foundation
CHAPTER 32

Therapist Self-Care: Being a Healing Counselor Rather Than a Wounded Healer

DISCUSSION QUESTIONS
1. As a counseling professional, how do I attend to my own self-care? Discuss the relevance of self-care. How is self-care associated with potential burn out?
2. What is the role of the counseling professional in the healing process?
3. What is my view of human nature? How does this relate to the trauma recovery process?
4. What are the dimensions of my personal wheel of wellness? How does my own sense of wellness connect with assisting clients in the healing process?
5. Discuss the risks of parallel pain and one-way caring. What are the implications for trauma counseling, and why is this important?

ACTIVITIES
1. In small groups, discuss the following case and develop a treatment plan.
   Paul, a 60-year-old male, works part-time as a drug and alcohol counselor. He abused alcohol and drugs for more than 30 years before going into recovery, 10 years ago, following a transformative spiritual experience. Once abstinent, Paul had symptoms of depression, chronic fatigue, and binge eating. He is divorced. He is estranged from his children, two sons, ages 25 and 30. He is presently 100 pounds overweight.
   Develop a treatment plan. Decide upon a course-of-action and what interventions to use. What would be the therapeutic goals? What theory of psychotherapy would best suit this client? Would you be able to work with this client? Why or why not? Would therapy be long- or short-term?
2. Interview professionals who work in each dimension of wellness: medical doctor, priest/rabbi, personal trainer, yoga instructor, acupuncture doctor, counselor. Explore how each of them defines health and wholeness.
3. In a small group draw your wheel of wellness. Discuss the rooms/dimensions that each of you designate. Discuss the rooms you visit and the rooms you avoid.
4. In dyads, present an aspect of wellness that you usually avoid. Trade with your partner, and role play the avoided aspect, pretending that it is your avoided area. Switch and take back your own resistance.
5. In a journal, have a dialogue with your resistance to an aspect of your own wellness. Give yourself permission to write in an unedited, unexpurgated fashion. Try to identify the emotional language behind the behavior of avoidance; reflect, in writing, upon the meaning of this.
6. In a journal, discuss your relationship(s) with your physical, mental, emotional, and philosophical rooms. When was the last time you visited each of these rooms? When did you put energy into each of these rooms? What meaning do you derive from this exploration?
7. Each day, for the next few days, chose an aspect of wellness, and agree to visit that room to do something constructive. See if you can keep your agreement with yourself. If not, discuss in your journal. When you can visit that room, chose a different aspect and do the same until you have visited all the rooms. How long does it take you to visit all the rooms?

RESOURCES

Books

Websites
CHAPTER 33

Trauma and Supervision

DISCUSSION QUESTIONS

1. What is trauma-sensitive supervision? Give an example to illustrate your understanding.
2. In what way could clinical supervision facilitate counselors in dealing with vicarious trauma or secondary traumatic stress?
3. Define “wounded healer.” How does the impact of the wounded healer play a part in supervision?
4. Identify some of the important issues that trauma counselors might deal with when engaging in clinical supervision. Describe some of the dynamics in counseling sessions that could lead to potential problems if left unaddressed in supervision.

ACTIVITIES

1. Find an article that discusses vicarious trauma. After reading this article, identify the possible impact of vicarious trauma on the counselor’s well-being.
2. In groups of two, take turns playing the roles of supervisor and supervisee. The supervisee presents an issue of either vicarious trauma or secondary traumatic stress. The supervisor works with the supervisee to deal with the identified issue.
3. Reflect on your personal trauma history. Write about how this history would or would not affect your work with supervisees, and discuss how you would assist them in exploring their challenges in providing trauma counseling.
4. In groups of three or four, discuss ways to confront one’s unresolved traumatic experience, expressly for the purpose of being more mindful of the impact of trauma when providing counseling and supervisory services.

RESOURCES

Web-based Materials


Books and Articles


CHAPTER 34

Conclusion: An Integrative Systemic Approach to Trauma

DISCUSSION QUESTIONS

1. How are the various aspects of the Integrative Systemic Approach to Trauma supportive of the victim or survivor of trauma?
2. Why is an ecological approach to trauma treatment an important consideration?
3. Why is an interdisciplinary approach to trauma treatment an important consideration?

ACTIVITIES

1. As a class, discuss the ecological perspective of counseling survivors of trauma and the various systems that have a potential impact on survivors. Identify ways that the various systems can help or hinder survivors’ chances of obtaining effective counseling services.
2. Discuss ways that the Integrative Systemic Approach to Trauma might ensure more positive results.
3. In small groups, discuss the importance of pre-service training in trauma-related issues. Identify some of the ways that trauma training might be incorporated into some of the courses that you already have taken. Identify and discuss some of the ways that you believe you may apply the knowledge that you have gained in this course.
Appendix A

One-Week Workshop
SCHOOL OR DEPARTMENT

### – Counseling Survivors of Trauma, Crisis, and Disaster: Theories and Interventions

Xxx Term 20xx – (Section xx) – 3 Credit Hours
Start time – End time, Day(s), Date range of course, Location

Professor: Name:
Office: 
Telephone: 
Cell: 
Fax: 
E-mail:

Office Hours: Days and hours
   Appointments during Other Hours Can Be Scheduled

PREREQUISITES

The following courses are prerequisites for this course:

Mission and Scope of the Course

This course, offered in a one-week workshop format, explores the nature and experience of trauma and related crises and natural disasters. Multiple theories are explored regarding the effects of traumatic impact on the individual psyche. Theoretical constructs are analyzed, from a bioecological perspective, for their potential application in the area of trauma, crisis, and disaster; various examples of interventions and therapeutic techniques are examined for their usefulness in working with survivors of trauma. Although the workshop highlights the issues of adult survivors of early childhood trauma, especially sexual abuse and other maltreatment, issues relevant to other post-traumatic stress-related disorders with adults and children, as well as situations of crisis and disaster, are included. This workshop is aimed at the interests of advanced graduate students in the social and behavioral sciences, as well as at the interests of clinicians who are already working in the field. The workshop is designed to provide students with an opportunity for incorporating theoretical and philosophical counseling positions and for beginning to practice the techniques of counseling individuals who have been traumatized as well as to intervene appropriately in crisis and disaster situations.
Course Objectives
1. To acquaint students with important issues in counseling survivors of trauma;
2. To expand students’ knowledge bases of current theories regarding the impact of crisis, trauma, and disaster on the individual psyche;
3. To increase students’ understandings of attachment theory and the developmental implications when early attachment is interrupted by maltreatment;
4. To enable students to identify relevant diagnostic and treatment issues, as these pertain to survivors of trauma;
5. To acquaint students with multiple theories of crisis intervention, disaster response, and trauma recovery;
6. To introduce students to basic theoretical constructs that can be applied to crisis intervention, disaster response, and trauma recovery work; and,
7. To increase students’ understandings of counseling techniques used in the current treatment of Post-traumatic Stress Disorder and other trauma- and stress-related disorders.

Course Structure and Methods of Instruction
This course is designed primarily as a professional workshop experience and uses multiple methods of instruction. The course content is delivered via traditional lectures, group discussions, professional presentation, various technologies, interactive modules, experiential learning, and in-depth discussions of practical applications.

REQUIRED TEXT

COURSE REQUIREMENTS
In order to obtain a grade of ‘B’ in the course, the following requirements must be met:

1. Attendance. Class attendance, completion of all assigned reading, and productive participation are expected of all students enrolled in the course. You are required to participate in informed discussion during class sessions. This requires that you read assigned texts. It is assumed that the quality of your participation will match the rigorous level of graduate work expected at this university.
2. Intellectual Journal. You are required to keep an intellectual journal* that documents your responses to the content of the classes. Please capture at least one entry per day. The key to writing an intellectual journal for a counseling course is Schoen’s notion of the “reflective practitioner.” What are you learning about yourself as well as about the content of the course? Your intellectual journal can be submitted electronically or as a hard copy, placed in my mailbox any time the week after the course, no later than 5:00 p.m. on specified date. If you need to send it by post, please make sure that it is postmarked by Friday, 24 June.

Due specified date

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3. **Position/Reaction Paper.** You are required either to take a position on a course-related issue or to react to any issue of your choice that arises in class, and then write a one-to-two page paper* about the issue. You may choose to expand on something from the intellectual journal, if you wish. Please limit your position or reaction paper to two typed pages, double spaced. Please support your position or reaction with citations from the literature. The paper can be submitted electronically or as a hard copy and placed in my Canevin Hall mailbox any time the week after the course, no later than 5:00 p.m. on 24 June. If you need to send it by post, please make sure that it is postmarked by specified date.

*Due specified date

In order to obtain a grade of ‘A’ in the course, all of the above requirements must be fulfilled *in addition to* the following requirement:

4. **Final Paper.** You may elect to write a research paper* of at least 8 pages (no more than 12 pages) on a topic that I have approved. Feel free to discuss an idea with me during a break or via e-mail. Please submit a hard copy of your paper. You may place it in my Canevin Hall mailbox. If you need to send it by post, please make sure that it is postmarked by specified date.

*Due specified date

**GRADING**

- Attendance & Participation .......................................................... 30 points
- Position/Reaction Paper ............................................................... 20 points
- Intellectual Journal ................................................................. 25 points
- Final Paper ............................................................................. 25 points
- **TOTAL** .................................................................................. 100 points

76–100 pts = A; 61–75 pts = B; 51–60 pts = C; 50 pts and below = failure of the course

**Information for Students with Disabilities**

[Include any university policy concerning how students should notify the faculty member, prior to or at the beginning of the term, if any *reasonable accommodations* are needed.]

**Course Ground Rules**

1. Please inform the professor of any necessary absences.
2. Classes will begin promptly at the designated time.
3. Please turn off or silence cell and digital telephones before class begins.

* Please submit typewritten assignments, conforming to APA Style Manual (6th ed.).
# COURSE SCHEDULE (SUBJECT TO MINOR CHANGES)

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<th>Date</th>
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<td>Date</td>
<td>Introduction to Course</td>
<td>Forward, Preface</td>
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<tr>
<td>Monday</td>
<td>Context for Understanding Trauma, Crisis, &amp; Disaster</td>
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<td>Class #1</td>
<td>Loss and Grief</td>
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<td>Trauma Survivorship &amp; Disability</td>
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<td>Date</td>
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<td>Tuesday</td>
<td>Traumatic Experiences of Children and Adolescents</td>
<td>Chap 8 &amp; 9</td>
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<td>Addictions (Crisis &amp; Trauma)</td>
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<td>Class #3</td>
<td>Criminal Victimization (Crisis &amp; Trauma)</td>
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<td>Homicide &amp; Suicide</td>
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<td>Community Violence</td>
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<td>Psychology of Evil</td>
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<td>Racial Intolerance</td>
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<td>Sexual/Gender Intolerance</td>
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<td>Natural Disaster</td>
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<tr>
<td>Friday</td>
<td>Terrorism</td>
<td>Chap 26</td>
</tr>
<tr>
<td>Class #5</td>
<td>Assessment</td>
<td>Chap 27</td>
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<tr>
<td></td>
<td>Interventions</td>
<td>Chap 28 &amp; 29</td>
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<td>Ethics</td>
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<td>Supervision</td>
<td>Chap 33</td>
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<td></td>
<td>ISAT Model</td>
<td>Chap 34</td>
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Appendix B

15-Week, Semester-Long Seminar Course
### – Counseling Survivors of Trauma, Crisis, and Disaster: Theories and Interventions

**Xxx Term 20xx – (Section xx) – 3 Credit Hours**

Start time – End time, Day(s), Date range of course, Location

**Professor:** Name:
Office:
Telephone:
Cell:
Fax:
E-mail:

**Office Hours:** Days and hours

*Appointments during Other Hours Can Be Scheduled*

## PREREQUISITES

The following courses are prerequisites for this course:

## Mission and Scope of the Course

This course, offered in a 15-week seminar format, explores the nature and experience of trauma and related crises and natural disasters. Multiple theories are explored regarding the effects of traumatic impact on the individual psyche. Theoretical constructs are analyzed, from a bioecological perspective, for their potential application in the area of trauma, crisis, and disaster; various examples of interventions and therapeutic techniques are examined for their usefulness in working with survivors of trauma. Although the seminar highlights the issues of adult survivors of early childhood trauma, especially sexual abuse and other maltreatment, issues relevant to other post-traumatic stress-related disorders with adults and children, as well as situations of crisis and disaster, are included. This course is aimed at the interests of advanced graduate students in the social and behavioral sciences, as well as at the interests of clinicians who are already working in the field. The seminar is designed to provide students with an opportunity for incorporating theoretical and philosophical counseling positions and for beginning to practice the techniques of counseling individuals who have been traumatized as well as to intervene appropriately in crisis and disaster situations.
Course Objectives

1. To acquaint students with important issues in counseling survivors of trauma;
2. To expand students’ knowledge bases of current theories regarding the impact of crisis, trauma, and disaster on the individual psyche;
3. To increase students’ understandings of attachment theory and the developmental implications when early attachment is interrupted by maltreatment;
4. To enable students to identify relevant diagnostic and treatment issues, as these pertain to survivors of trauma;
5. To acquaint students with multiple theories of crisis intervention, disaster response, and trauma recovery;
6. To introduce students to basic theoretical constructs that can be applied to crisis intervention, disaster response, and trauma recovery work; and,
7. To increase students’ understandings of counseling techniques used in the current treatment of Post-traumatic Stress Disorder and other trauma- and stress-related disorders.

Course Structure and Methods of Instruction

This course is designed primarily as a professional workshop experience and uses multiple methods of instruction. The course content is delivered via traditional lectures, group discussions, professional presentation, various technologies, interactive modules, experiential learning, and in-depth discussions of practical applications.

REQUIRED TEXT


COURSE REQUIREMENTS

In order to obtain a grade of ‘B’ in the course, the following requirements must be met:

1. **Attendance.** Class attendance, completion of all assigned reading, and productive participation are expected of all students enrolled in the course. You are required to participate in informed discussion during class sessions. This requires that you read assigned texts. It is assumed that the quality of your participation will match the rigorous level of graduate work expected at this university.
2. **Intellectual Journal.** You are required to keep an intellectual journal* that documents your responses to the content of the classes. Please capture at least one entry per day. The key to writing an intellectual journal for a counseling course is Schoen’s notion of the “reflective practitioner.” What are you learning about yourself as well as about the content of the course? Your intellectual journal can be submitted electronically or as a hard copy, placed in my mailbox any time the week after the course, no later than 5:00 p.m. on specified date. If you need to send it by post, please make sure that it is postmarked by Friday, 24 June.

*Due specified date

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3. **Position/Reaction Paper.** You are required either to take a position on a course-related issue or to react to any issue of your choice that arises in class, and then write a one-to-two page paper* about the issue. You may choose to expand on something from the intellectual journal, if you wish. Please limit your position or reaction paper to two typed pages, double spaced. Please support your position or reaction with citations from the literature. The paper can be submitted electronically or as a hard copy and placed in my Canevin Hall mailbox any time the week after the course, no later than 5:00 p.m. on 24 June. If you need to send it by post, please make sure that it is postmarked by specified date.

**Due specified date**

In order to obtain a grade of ‘A’ in the course, all of the above requirements must be fulfilled in addition to the following requirement:

4. **Final Paper.** You may elect to write a research paper* of at least 8 pages (no more than 12 pages) on a topic that I have approved. Feel free to discuss an idea with me during a break or via e-mail. Please submit a hard copy of your paper. You may place it in my Canevin Hall mailbox. If you need to send it by post, please make sure that it is postmarked by specified date.

**Due specified date**

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**GRADING**

- Attendance & Participation.......................................................... 30 points
- Position/Reaction Paper.............................................................. 20 points
- Intellectual Journal................................................................. 25 points
- Final Paper............................................................................. 25 points
- **TOTAL...................................................................................... 100 points**

76–100 pts = A; 61–75 pts = B; 51–60 pts = C; 50 pts and below = failure of the course

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**Information for Students with Disabilities**

[Include any university policy concerning how students should notify the faculty member, prior to or at the beginning of the term, if any reasonable accommodations are needed.]

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**Course Ground Rules**

1. Please inform the professor of any necessary absences.
2. Classes will begin promptly at the designated time.
3. Please turn off or silence cell and digital telephones before class begins.

* Please submit typewritten assignments, conforming to APA Style Manual (6th ed.).

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<th>Date</th>
<th>Content</th>
<th>Assignments</th>
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<tbody>
<tr>
<td></td>
<td>Introduction to Course</td>
<td>Forward, Preface</td>
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<tr>
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<td><strong>Class #1</strong> Context for Understanding Trauma, Crisis, &amp; Disaster</td>
<td>Chap 1</td>
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<tr>
<td>Date</td>
<td>Historical Context of Trauma</td>
<td>Chap 2</td>
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<td><strong>Class #2</strong> Theoretical Context</td>
<td>Chap 3</td>
</tr>
<tr>
<td>Date</td>
<td>Neurobiological Effects</td>
<td>Chap 4</td>
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<td><strong>Class #3</strong> Impact of Physiological Stress</td>
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<tr>
<td>Date</td>
<td>Loss and Grief</td>
<td>Chap 5</td>
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<tr>
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<td><strong>Class #4</strong> Assessment</td>
<td>Chap 27</td>
</tr>
<tr>
<td>Date</td>
<td>Interventions</td>
<td>Chap 28 &amp; 29</td>
</tr>
<tr>
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<td><strong>Class #5</strong> Intimate Partner Violence</td>
<td>Chap 11</td>
</tr>
<tr>
<td>Date</td>
<td>Sexual Trauma</td>
<td>Chap 7</td>
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<tr>
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<td><strong>Class #6</strong> Traumatic Experiences of Children</td>
<td>Chap 8</td>
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<tr>
<td></td>
<td>Traumatic Experiences of Adolescents</td>
<td>Chap 9</td>
</tr>
<tr>
<td>Date</td>
<td>Adult Survivors of Trauma</td>
<td>Chap 10</td>
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<td><strong>Class #7</strong> Elder Abuse (Crisis &amp; Trauma)</td>
<td>Chap 12</td>
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<td>Vicarious Trauma</td>
<td>Chap 31</td>
</tr>
<tr>
<td>Date</td>
<td>Trauma Survivorship &amp; Disability</td>
<td>Chap 6</td>
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<td><strong>Class #8</strong> Community Agency Resources</td>
<td>Speaker</td>
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<tr>
<td>Date</td>
<td>Addictions (Crisis &amp; Trauma)</td>
<td>Chap 13</td>
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<td><strong>Class #9</strong> Self-Help</td>
<td>Chap 32</td>
</tr>
<tr>
<td>Date</td>
<td>Criminal Victimization (Crisis &amp; Trauma)</td>
<td>Chap 14</td>
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<td><strong>Class #10</strong> Homicide &amp; Suicide</td>
<td>Chap 15</td>
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<td>Community Violence and Crisis</td>
<td>Chap 19</td>
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<td>Chap 20 &amp; 21</td>
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<td>Chap 16</td>
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<td><strong>Class #12</strong> Racial Intolerance</td>
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<td>Sexual/Gender Intolerance</td>
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<td>Natural Disaster</td>
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<td>Chap 34</td>
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<td>Integration &amp; Synthesis of Course</td>
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