

1.) DATE: 9/2/2021	2.) COMMUNITY COLLEGE: Maricopa Co. Comm. College District
3.) PROPOSED COURSE: Prefix: BHS Number: 175 Title: Introduction to Trauma-Informed Care and Trauma-Focused Caregiving Credits: 3 CROSS LISTED WITH: Prefix: Number: ; Prefix: Number: ; Prefix: Number: ; Prefix: Number: ; Prefix: Number: ; Prefix: Number: .	
4.) COMMUNITY COLLEGE INITIATOR: THOMAS E. ROJO AUBREY PHONE: 623-845-3064 EMAIL: thomas.aubrey@gccaz.edu	
ELIGIBILITY: Courses must have a current Course Equivalency Guide (CEG) evaluation. Courses evaluated as NT (non-transferable) are not eligible for the General Studies Program.	
MANDATORY REVIEW: <input type="checkbox"/> The above specified course is undergoing Mandatory Review for the following Core or Awareness Area (only one area is permitted; if a course meets more than one Core or Awareness Area, please submit a separate Mandatory Review Cover Form for each Area). POLICY: The General Studies Council (GSC) Policies and Procedures requires the review of previously approved community college courses every five years, to verify that they continue to meet the requirements of Core or Awareness Areas already assigned to these courses. This review is also necessary as the General Studies program evolves.	
AREA(S) PROPOSED COURSE WILL SERVE: A course may be proposed for more than one core or awareness area. Although a course may satisfy a core area requirement and an awareness area requirement concurrently, a course may not be used to satisfy requirements in two core or awareness areas simultaneously, even if approved for those areas. With departmental consent, an approved General Studies course may be counted toward both the General Studies requirements and the major program of study.	
5.) PLEASE SELECT EITHER A CORE AREA OR AN AWARENESS AREA: <u>Core Areas:</u> Social-Behavioral Sciences (SB) <u>Awareness Areas:</u> Select awareness area...	
6.) REQUIRED DOCUMENTATION <input checked="" type="checkbox"/> Cover Form <input checked="" type="checkbox"/> Course Syllabus <input checked="" type="checkbox"/> Course Description <input checked="" type="checkbox"/> Criteria Checklist for the area <input checked="" type="checkbox"/> Table of Contents from the textbook required and list of required readings/books	
7.) THIS COURSE CURRENTLY TRANSFERS TO ASU AS: <input checked="" type="checkbox"/> DECCAPprefix <input type="checkbox"/> Elective Current General Studies designation(s): Requested Effective date: 2021 Fall Course Equivalency Guide Is this a multi-section course? Yes Is it governed by a common syllabus? Yes	
Chair/Director: SHARON ZYGOWICZ, COUSELING IC CHAIR Chair/Director Signature: IC Response Received 9/10/2021	

AGSC Action: Date action taken:

Approved Disapproved

Effective Date: **2021 Fall**

Arizona State University Criteria Checklist for
SOCIAL-BEHAVIORAL SCIENCES [SB]

Rationale and Objectives

Social-behavioral sciences use distinctive scientific methods of inquiry and generate empirical knowledge about human behavior, within society and across cultural groups. Courses in this area address the challenge of understanding the diverse natures of individuals and cultural groups who live together in a complex and evolving world.

In both private and public sectors, people rely on social scientific findings to consider and assess the social consequences of both large-scale and group economic, technological, scientific, political, ecological and cultural change. Social scientists' observations about human interactions with the broader society and their unique perspectives on human events make an important contribution to civic dialogue.

Courses proposed for a General Studies designation in the Social-Behavioral Sciences area must demonstrate emphases on: (1) social scientific theories, perspectives and principles, (2) the use of social-behavioral methods to acquire knowledge about cultural or social events and processes, and (3) the impact of social scientific understanding on the world.

Revised April 2014

Proposer: Please complete the following section and attach appropriate documentation.

ASU--[SB] CRITERIA			
A SOCIAL-BEHAVIORAL SCIENCES [SB] course should meet all of the following criteria. If not, a rationale for exclusion should be provided.			
YES	NO		Identify Documentation Submitted
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Course is designed to advance basic understanding and knowledge about human interaction.	Official course competencies, Course syllabus with outline, Textbook: Rhoton, Aubrey, & Gentry (primary reading) table of content
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Course content emphasizes the study of social behavior such as that found in: <ul style="list-style-type: none"> • ANTHROPOLOGY • ECONOMICS • CULTURAL GEOGRAPHY • HISTORY 	History and Course competencies: 3, 4, 8, 11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Course emphasizes: a. the distinct knowledge base of the social and behavioral sciences (e.g., sociological anthropological). OR b. the distinct methods of inquiry of the social and behavioral sciences (e.g., ethnography, historical analysis).	A) Official course competencies (1-12), Course syllabus with outline, Textbook: Rhoton, Aubrey, & Gentry (primary reading) table of content B) 3, 4, 8, 11, 12
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Course illustrates use of social and behavioral science perspectives and data.	Official course competencies, Course syllabus with outline, Textbook: Rhoton, Aubrey, & Gentry (primary reading) table of content

ASU--[SB] CRITERIA

THE FOLLOWING TYPES OF COURSES ARE EXCLUDED FROM THE [SB] AREA EVEN THOUGH THEY MIGHT GIVE SOME CONSIDERATION TO SOCIAL AND BEHAVIORAL SCIENCE CONCERNS:

- Courses with primarily arts, humanities, literary or philosophical content.
- Courses with primarily natural or physical science content.
- Courses with predominantly applied orientation for professional skills or training purposes.
- Courses emphasizing primarily oral, quantitative, or written skills.

Course Prefix	Number	Title	General Studies Designation
BHS	175	Introduction to Trauma-Informed Care and Trauma-Focused Caregiving	

Explain in detail which student activities correspond to the **specific** designation criteria. Please use the following organizer to explain how the criteria are being met.

Criteria (from checklist)	How course meets spirit (contextualize specific examples in next column)	Please provide detailed evidence of how course meets criteria (i.e., where in syllabus)
Course is designed to advance basic understanding of knowledge and human interaction	<p>This course focuses on the knowledge and understanding of various types of traumatic stress and its interaction with human development (psychological, biological, cognitive, and social).</p> <p>It also explores current knowledge of mental health, trauma-related diagnosis, and evidence-based psychotherapeutic treatment.</p> <p>Based on research, the course also focuses on the knowledge, understanding, and application of best practices in the field of mental health and healthcare to interact with humans trauma survivors</p> <p>It also advances the understanding of ethical human interactions with survivors of trauma in the mental health and healthcare industry</p> <p>In addition, the course will examines emotional contagion experienced by mental health professionals who provide therapeutic treatment to survivors of trauma.</p>	<p>See official MCCCDC course competencies 1, 2, 3, 4, 5, 6, 7, 8, 11, 12</p> <p>See official MCCCDC course outline 1-C, II (A-E), III-A, III-(B-G), IV (A-G), V (A-H), VI (A-E), VII-A, VII-E, VIII (A-C), IX (A-F).</p> <p>See syllabus on weeks 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14</p> <p>See syllabus for video on weeks 3, 4, 5, 6, 7, 10, 12, 16</p> <p>Textbook: Rhoton, Aubrey, & Gentry (primary reading):</p> <p>Chapter Two: explores the very nature of trauma with the goal to unravel its mysteries. The chapter also reexamines how professionals define and view trauma. In essence, it provides a broader, more complex understanding of trauma and its complex categories.</p> <p>Chapter Three takes a comprehensive look at the neurobiological and social changes that occur when we are exposed to traumatic stress.</p> <p>Chapter Four discusses the concern with how mental health professionals view and define trauma and provide a broader, more complex understanding of the various categories of trauma. This chapter takes a comprehensive look at the historic philosophical ideas about trauma, the evolving perspective of DSM diagnostic classifications of trauma (DSM I to 5), to current day view of trauma as an injury registered in the nervous system, which impacts the mind, body, and spirit.</p> <p>Chapter Five outlines the stages of treatment</p>

		<p>found in all effective trauma-based treatments. It explores unique components supported by research for its effectiveness in the treatment of trauma.</p> <p>Chapter Six takes a historical look at the evolution of trauma-informed care and defines what it means to provide this type of therapeutic care. It introduces the core principles as dictated by the Substance Abuse and Mental Health Service Administration (SAMHSA) and the National Center for Trauma_informecd Care (NCTIC).</p> <p>Chapter Seven provides a guide for the application of trauma-informed principles. It helps mental health professionals become strategic and intentional in their trauma-focused treatment for survivors of trauma.</p> <p>Chapter Eight introduces the treatment of comorbid medical and behavioral health conditions when working with survivors of trauma. It considers the prevalence of comorbid medical and behavioral health conditions for those who have suffered traumatic experiences and how these conditions influence the treatment outcome of one another. It also explores the psychological mechanism of pain, its relation to traumatic stress, and tools to help survivors improve their quality of life.</p> <p>Chapter Nine: Ethical consideration uses the core principles, as defined by SAMHSA and the NCTIC, to ensure that the mental health provider provides quality of care in an ethical and legal manner.</p> <p>Chapter Ten provides a comprehensive understanding of compassion fatigue, including the history, etiology, and potential system and its effects. Based on current research, it defines compassion fatigue and its impact on the caregiver. It also provides help for the caregiver to build the resilience skills needed to lessen and prevent the effects of secondary traumatic stress and burnout.</p> <p>Appendix II outlines the skills needed to create safe to help stabilize a crisis situation, which is required when treating survivors of trauma. It also discusses the negative effects chronic stress has in creating a volatile environment, as well as how to de-escalate a crisis situation using the C-A-S-E-R Model.</p>
--	--	--

		<p>The course advances the knowledge of understanding in the field of mental health, specifically in the specialized area of traumatic stress. The final exam used for this course has been approved by standards accepted by the international trauma treatment community. Students who pass the final exam with 80% or more qualify to become a Certified Trauma Support Specialist (CTSS). See "BHS 175 FINAL CERTIFICATION EXAM" word document for an a list of all 100 questions used for the final exam.</p>
<p>Course content emphasizes the study of social behavior such as that found in: History</p>	<p>This course examines historical and contemporary views of trauma, its DSM diagnoses, and therapeutic treatment, including moral model, and medical and psychological models.</p>	<p>See official MCCCDC course competencies 8</p> <p>See official MCCCDC course outline III-G, V-A, V-G, VI,-A, & VIII-B</p> <p>See syllabus on weeks 2, 6, 8, 15</p> <p>See syllabus for video on weeks 2, 8, 9</p> <p>Textbook: Rhoton, Aubrey, & Gentry (primary reading):</p> <p>Chapter One tells the story of trauma since the early beginning of the human species. It also explores the history of scientific inquiry about traumatic stress and researchers lost and regained interest.</p> <p>Chapter Four This chapter takes a comprehensive look at the historic philosophical ideas about trauma, the evolving perspective of DSM diagnostic classifications of trauma (DSM I to 5), to current day view of trauma as an injury registered in the nervous system, which impacts the mind, body, and spirit.</p> <p>Chapter Five explores the roots of trauma care in the field of mental health and how it</p>

		<p>has evolved over the years. It discusses the key historical events that influenced innovative improvements in traumatic care while going over the various effective trauma-focused psychotherapeutic treatments for adults and children.</p> <p>Chapter Ten provides a comprehensive understanding of compassion fatigue, including the history, etiology, and potential system and its effects.</p>
<p>The course emphasizes the distinct knowledge base of the social and behavioral sciences</p>	<p>This course primarily emphasizes the distinct knowledge base of the social behavioral sciences as it integrates research theory in the field of traumatic stress., as well as cognitive, behavioral, psychological, biological, and neuroscientific domains.</p>	<p>See official MCCCD course competencies 3, 4, 5, 8, 11</p> <p>See official MCCCD course outline III-B, III-C, III (D-G), IV (A-G), VI (B-E), VII-E, VII-B (2 & 3),</p> <p>See syllabus on weeks 6, 7, 9, 13, 14, 14,</p> <p>See syllabus for video on weeks 6 (1st video), 7</p> <p>Textbook: Rhoton, Aubrey, & Gentry (primary reading):</p> <p>Chapter Four takes a comprehensive look at the historic philosophical ideas about trauma, the evolving perspective of DSM diagnostic classifications of trauma (DSM I to 5), to current day view of trauma as an injury registered in the nervous system, which impacts the mind, body, and spirit.</p> <p>Chapter Five explores unique components supported by research for its effectiveness in</p>

		<p>the treatment of trauma. It also outlines the stages of treatment found in all effective trauma-based treatments.</p> <p>Chapter Six introduces the core principles as dictated by the Substance Abuse and Mental Health Service Administration (SAMHSA) and the National Center for Trauma_informecd Care (NCTIC).</p> <p>Chapter Nine uses the core principles, as defined by SAMHSA and the NCTIC, to ensure that the mental health provider provides quality of care in an ethical and legal manner.</p> <p>Chapter Ten provides a comprehensive understanding of compassion fatigue, including etiology and its effects on the mind, body, and spirit. Based on current research, it defines compassion fatigue and burnout and its impact on the caregiver.</p> <p>Appendix II outlines the skills needed to create safe to help stabilize a crisis situation, which is required when treating survivors of trauma. It also discusses the negative effects chronic stress has in creating a volatile environment, as well as how to de-escalate a crisis situation using the C-A-S-E-R Model.</p>
<p>Course illustrates use of social and behavioral science perspectives</p>	<p>This course critically examines the empirical research on the cause and effects of traumatic stress. It also covers multiple research methods for studying and measuring (assessment tool) traumatic stress and its effects on human development. The course content also explores various empirically supported trauma-approach</p>	<p>See official MCCCCD course competencies 3, 4, 5, 8, 11</p> <p>See official MCCCCD course outline III-A (1-6), IV (A-G), VI-B, VI-C, VI-D, VIII-B, VIII-2</p>

<p>and data</p>	<p>treatments for adults and children.</p>	<p>See syllabus on weeks 6, 7,</p> <p>See syllabus for video on weeks 12</p> <p>Textbook: Rhoton, Aubrey, & Gentry (primary reading):</p> <p>Chapter Four takes a comprehensive look at the historic philosophical ideas about trauma, the evolving perspective of DSM diagnostic classifications of trauma (DSM I to 5), to current day view of trauma as an injury registered in the nervous system, which impacts the mind, body, and spirit. It also covers multiple research methods for studying and measuring (assessment tool) traumatic stress and its effects on human development.</p> <p>Chapter Five explores unique componets supported by research for its effectiveness in the treatment of trauma.</p> <p>Chapter Five discusses longitudinal research in the field of traumatic stress, such as Adverse Childhood Experiences (ACEs) research studies. The chapter also includes evidence-based measurements used in the primary care setting.</p> <p>Appendix I: discusses trauma screening and assessment tools used to measure the level of injury caused by traumatic stress.</p>
-----------------	--	---



MARICOPA

COMMUNITY COLLEGES

Introduction to Trauma-Informed Care and Trauma-Focused Caregiving

Course: BHS175	Lecture 3.0 Credit(s) 3.0 Period(s) 3.0 Load
First Term: 2019 Spring	Course Type: Occupational
Final Term: Current	Load Formula: S - Standard Load

Description: Comprehensive overview of various types of trauma, neurobiological effects of traumatic stress, and ethics associated in working with a trauma survivor. Concepts and skills needed to become a fully functioning trauma-informed caregiver professional in the mental health and primary care setting.

Requisites: Prerequisites: None.

MCCCD Official Course Competencies

1. Describe the role and function of a trauma-informed caregiver. (I)
2. Demonstrate self-application of professional resiliency skills to combat compassion fatigue, burnout, and secondary traumatic stress. (II)
3. Define simple trauma, complex trauma, systemic traumatization, secondary traumatic stress, and traumagenesis (III)
4. Identify the Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic characteristics for trauma-and stress-related disorders. (III)
5. Describe the effects of traumatic activators and traumatic stress on human neurobiology and lifespan development. (IV)
6. Define the principles of trauma-informed care. (V)
7. Demonstrate the ability to use the key principles of trauma-informed care in the caregiving role. (V)
8. Describe historical and current theoretical trends in trauma treatment. (VI)
9. Identify key therapeutic elements used in trauma-focused caregiving. (VII)
10. Describe integrated care for trauma services in the primary care setting. (VIII)
11. Explain the correlations between Adverse Childhood Experiences (ACE) and wellness. (VIII)
12. Explain ethical considerations pertaining to trauma treatment. (IX)

MCCCD Official Course Outline

- I. Trauma-informed caregiver
 - A. Role
 - B. Function

- C. Process: Method of delivery
- II. Professional caregiver resilience: Compassion fatigue, burnout, and secondary traumatic stress
 - A. Self-regulation
 - B. Intentionality
 - C. Perceptual maturation
 - D. Connection and support
 - E. Self-care and revitalization
- III. Definition of trauma
 - A. Diagnostic and Statistical manual of Mental Disorders (DSM)
 - 1. Reactive attachment disorder
 - 2. Disinhibited social engagement disorder
 - 3. Post-traumatic stress disorder
 - 4. Acute stress disorder
 - 5. Adjustment disorder
 - 6. Other specified trauma- and stress-related disorder
 - B. Dysregulation
 - 1. External event
 - 2. Situational
 - C. Simple and complex trauma
 - 1. Single experience
 - 2. Repeated traumatic experiences
 - D. Systemic traumatization
 - E. Adult and childhood trauma
 - F. Secondary traumatic stress
 - G. Traumagenesis
- IV. Effects of traumatic stress
 - A. Psychological
 - B. Emotional
 - C. Social
 - D. Physiological
 - E. Neurological
 - F. Hormonal
 - G. Behavior
- V. Key principles of trauma-informed care
 - A. Historical events
 - B. Safety
 - C. Trustworthiness and transparency
 - D. Peer support
 - E. Collaboration and mutuality
 - F. Empowerment, voice and choice
 - G. Cultural, historical, and gender issues
 - H. Implementing and maintaining trauma-informed care
 - 1. Personal biases
 - 2. Environmental challenges
 - 3. Attitude of the helper

- VI. Models used in trauma-based treatments
 - A. History of traumatic care
 - B. Psychopharmacology
 - C. Psychotherapy treatments
 - D. Evidenced-based trauma models
 - E. Crisis stabilization
- VII. Trauma-focused caregiving
 - A. Preparation and relationship building
 - B. Psychoeducation
 - C. Self-regulation
 - 1. Caregiver`s ability to self-regulate
 - 2. Environmental safety
 - 3. Client`s ability to self-regulate
 - D. Integration and desensitization
 - E. Post-traumatic growth and resilience
- VIII. Integrated care: Trauma services in the primary care setting
 - A. Comorbidity of medical and mental health conditions
 - B. Adverse Childhood Events (ACE) and wellness
 - 1. History
 - 2. Research and interpretation
 - 3. Utilization
 - C. Protective aspects of psychological and physical health
 - 1. Supports and resources
 - 2. Restoring normalcy
 - 3. Safety
 - 4. Stability
 - 5. Caregiver support
- IX. Ethics in trauma treatment
 - A. Assessment
 - B. Treatment
 - C. Re-traumatization
 - D. Training
 - E. Scope of practice for non-clinical professionals
 - F. Additional ethical considerations

MCCCD Governing Board Approval Date: **June 26, 2018**

All information published is subject to change without notice. Every effort has been made to ensure the accuracy of information presented, but based on the dynamic nature of the curricular process, course and program information is subject to change in order to reflect the most current information available.

¹**Glendale Community College (Online)**
BHS 175: Intro to Trauma Informed Care and Trauma Focused Care Giving
Course Syllabus: Fall 2021

²**Instructor Information:**

- **Instructor:** Dr. Thomas E. Rojo Aubrey
- **Office Location:** CCS Building, Room # 106 – Call 623-845-3064 for an apt.
- **Phone:** (623) 845-3212
- **Email:** thomas.aubrey@gccaz.edu

³**Course information:**

- **Course format:** Online or Live Online
- **Class number:** TBD
- **Classroom location:** Canvas
- **Class days and times:** N/A (Canvas participation required)
- **Course start date:** 08/23/2021
- **Course end date:** 12/17/2021
- **Exceptions:** Labor Day on 9/6, Veterans Day on 11/11, & Thanksgiving on 11/25-11/28
- **Final Exam:** 12/17/2021 11:59PM (Canvas)

BHS students will be withdrawn from the course upon their fifth absence (see the section “online classes below for details on what constitutes an absence). However, a student may be allowed up to six absences if at least one of their absences is due to a medical issue experienced by the student (an illness or injury to the student) and proper medical documentation (a dated official document from the doctor or hospital that treated the student) is presented before the next class week.

⁴**Course Description:**

Comprehensive overview of various types of trauma, neurobiological effects of traumatic stress, and ethics associated in working with a trauma survivor. Concepts and skills needed to become a fully functioning trauma-focused caregiver professional in the mental health and primary care setting.

Requisites: Prerequisites: None

⁵**Course Materials:**

Title: Transformative Care: A Trauma-Focused Approach to Caregiving (2nd Ed.).
Author(s): Robert Rhoton, Thomas Rojo Aubrey, & J. Eric Gentry
Publisher: Arizona Trauma Institute (2021)
ISBN: 978-0-9997150-0-0

APA Book Citation:

Aubrey, T. R., Gentry, J. E., & Rhoton, R. (2021). *Transformative Care: A Trauma-Focused Approach to Caregiving* (2nd Ed.). AZ: Arizona Trauma Institute.

Visit <https://www.gccaz.edu/bookstore> for GCC Campus Bookstore locations and hours, or to purchase or rent textbooks online.

6MCCCD Official Course Competencies:

1. Describe the role and function of a trauma-informed caregiver. (I)
2. Demonstrate self-application of professional resiliency skills to combat compassion fatigue, burnout, and secondary traumatic stress. (II)
3. Define simple trauma, complex trauma, systemic traumatization, secondary traumatic stress, and traumagenesis (III)
4. Identify the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) diagnostic characteristics for trauma-and stress-related disorders. (IV)
5. Describe the effects of traumatic activators and traumatic stress on human neurobiology and lifespan development. (V)
6. Define the principles of trauma-informed care. (VI)
7. Demonstrate the ability to use the key principles of trauma-informed care in the caregiving role. (VII)
8. Describe historical and current theoretical trends in trauma treatment. (VIII)
9. Identify key therapeutic elements used in trauma-focused caregiving. (IX)
10. Describe integrated care for trauma services in the primary care setting. (X)
11. Explain the correlations between Adverse Childhood Experiences (ACE) and wellness. (XI)
12. Explain ethical considerations pertaining to trauma treatment. (IX)

7Grading Standards and Practices

Your final grade will be based on the percentage of points you earn as follows:

Assignments/Quizzes/Exams	Points	Complete/Submission Type
Syllabus Quiz	5	Week One/Canvas
Discussion Boards (5 x 30pts)	150	Weeks One, Three, Six, Eleven, Fourteen,
Transformative Care Quizzes/Journals (10 x 40pts)	400	Weeks Two, Three, Five, Six, Seven, Nine, Eleven, Twelve, Fourteen, & Fifteen
Journal: Preferred Method of Treatment	45	Week Sixteen/Canvas
Final Exam	100	Week Seventeen/Canvas
Total:	700	

Enrollment: Graded

Letter Grade	Percent Range	Point Span
A	90-100%	630-700
B	80-89%	560-629
C	70-79%	490-559
D	60-69%	420-489
F	0-59%	0-419

You will receive a grade of F if you earn less than 420 points or fail to complete the course by the established date or without benefit of an official withdrawal.

8 Course Outline

Dates/Weeks Modules	Class Topics/Discussions	Reading Assignments	Graded Assignments	Due Date
<u>Week One</u> 8/21-8/29	<ul style="list-style-type: none"> - Intros and orientation - Syllabus review - Review trauma support specialist industry certification 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Get Started (Canvas) • Update Canvas Profile & Notifications (Canvas) • Certified Trauma Support Specialist (textbook) 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • Syllabus Quiz • Discussion Board: Introduce Yourself 	8/29 11:59pm
<u>Week Two</u> 8/30-9/5	<ul style="list-style-type: none"> - Human history of trauma - Perspectives about traumatization over the age - History of scientific inquiry about traumatic stress 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Chapter One: The Forgotten History of Trauma (textbook) <p><u>Videos:</u></p> <ul style="list-style-type: none"> • Brief history of traumatic stress w/ Dr. J. Eric Gentry 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • Journals/Quiz: The Forgotten History of Trauma 	9/05 11:59pm
<u>Week Three</u> 9/6-9/12 <u>9/6-Labor Day</u>	<ul style="list-style-type: none"> - Understanding the nature of trauma - Reexamine the definition of trauma - Types of traumatic stress 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Chapter Two: Decoding the Essence of Trauma (textbook) <p><u>Videos:</u></p> <ul style="list-style-type: none"> • What is trauma? 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • Journals/Quiz: Decoding the Essence of Trauma • Discussion Board: The Philosophical View of Psychological Trauma in Human History Down to Contemporary Times 	9/12 11:59pm
<u>Week Four</u> 9/13-9/19	<p>Understand how traumatic stress causes:</p> <ul style="list-style-type: none"> - Injury to the nervous system, including the brain 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Chapter Three Injury Caused by Traumatic Stress (textbook) <p><u>Videos:</u></p> <ul style="list-style-type: none"> • How a child's brain develops through early experiences 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • None 	9/19 11:59pm
<u>Week Five</u> 9/20-9/26	<p>Understand how traumatic stress causes:</p> <ul style="list-style-type: none"> - Injury to the body - Injury to our ability to socially connect 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • Chapter Three: Injury Caused by Traumatic Stress (textbook) <p><u>Videos:</u></p> <ul style="list-style-type: none"> • How trauma is stored in the body 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • Journals/Quiz: The Injury Caused by Traumatic Stress 	9/26 11:59pm

		<ul style="list-style-type: none"> How childhood trauma affects health across a lifetime 		
<u>Week Six</u> <u>9/27-10/3</u>	<ul style="list-style-type: none"> Historic philosophical ideas about trauma Evolving perspectives of DSM diagnostic classification of trauma Current day view of trauma Methods for the study and assessment of trauma 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> Chapter Four: Trauma and Stress-Related Disorders (textbook) Appendix I: Trauma Screening and Assessments <p><u>Videos:</u></p> <ul style="list-style-type: none"> Trauma and Stress Related Disorders How trauma is passed down through sperm 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> Journals/Quiz: Trauma and Stress-Related Disorders Discussion Board: Strengths and Weakness of the DSM diagnostic categories for trauma. 	<u>10/3</u> <u>11:59pm</u>
<u>Week Seven</u> <u>10/4-10/10</u>	<ul style="list-style-type: none"> Effective evidence-based treatments for traumatic stress Unique components supported by research for its effectiveness Resilience & empowerment treatment 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> Chapter Five: The Current Trends and Treatment of Traumatic Stress (textbook) <p><u>Videos:</u></p> <ul style="list-style-type: none"> Study find PTSD effect may linger in body chemistry of next generation Can trauma be inherited? 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> Journals/Quiz: The Current Trends and Treatment of Traumatic Stress 	<u>10/10</u> <u>11:59pm</u>
<u>Week Eight</u> <u>10/11-10/17</u>	<ul style="list-style-type: none"> Historical look at the evolution of trauma-informed care 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> Chapter Six: The Pillars of Trauma-Informed Care (textbook) <p><u>Videos:</u></p> <ul style="list-style-type: none"> Spirituality and trauma The Irish in America Part 4 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> None 	<u>10/17</u> <u>11:59pm</u>
<u>Week Nine</u> <u>10/18-10/24</u>	<ul style="list-style-type: none"> Core principles of trauma informed care supported by research in social behavioral sciences 	<p><u>Readings:</u></p> <ul style="list-style-type: none"> Chapter Six: The Pillars of Trauma-Informed Care (textbook) <p><u>Videos:</u></p> <ul style="list-style-type: none"> Indian women: Strength and resilience 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> Journals/Quiz: The Pillars of Trauma-Informed Care 	<u>10/24</u> <u>11:59pm</u>

<p><u>Week Ten</u> <u>10/25-10/31</u></p>	<p>- <i>Application of trauma-informed principles</i></p>	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • <i>Chapter Seven: Helping Trauma Survivors Recover (textbook)</i> <p><u>Videos:</u></p> <ul style="list-style-type: none"> • <i>How to lean in without burning out</i> • <i>The power of vulnerability</i> 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • None 	<p><u>10/31</u> <u>11:59pm</u></p>
<p><u>Week Eleven</u> <u>11/1-11/7</u></p>	<p>- <i>Improving interpersonal relationship to enhance treatment for survivors of trauma</i></p>	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • <i>Chapter Seven: Helping Trauma Survivors Recover (textbook)</i> <p><u>Videos:</u></p> <ul style="list-style-type: none"> • None 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • Journals/Quiz: Helping Trauma Survivors Recover • Discussion Board: Case Study of Isela 	<p><u>11/7</u> <u>11:59pm</u></p>
<p><u>Week Twelve</u> <u>11/8-11/14</u></p> <p><u>11/11-Veteran's Day</u></p>	<p>- <i>Working with trauma survivors in the primary care setting</i></p> <p>- <i>Longitudinal Research in the field of traumatic stress</i></p> <p>- <i>Psychological mechanism of pain</i></p>	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • <i>Chapter Eight: The Integrative Approach to the Treatment of Trauma (textbook)</i> <p><u>Videos:</u></p> <ul style="list-style-type: none"> • <i>How childhood trauma affects health across a lifetime</i> 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • Journals/Quiz: The Integrative Approach to the Treatment of Trauma 	<p><u>11/14</u> <u>11:59pm</u></p>
<p><u>Week Thirteen</u> <u>11/15-11/21</u></p>	<p>- <i>Ethical and legal practices when working with survivors of trauma</i></p>	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • <i>Chapter Nine: Ethical Consideration in Providing Treatment to Trauma Survivors (textbook)</i> <p><u>Videos:</u></p> <ul style="list-style-type: none"> • None 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • None 	<p><u>11/21</u> <u>11:59pm</u></p>
<p><u>Week Fourteen</u> <u>11/22-11/24</u></p> <p><u>11/25-11/28 Thanksgiving</u></p>	<p>- <i>Ethical and legal practices when working with survivors of trauma</i></p>	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • <i>Chapter Nine: Ethical Consideration in Providing Treatment to Trauma Survivors (textbook)</i> <p><u>Videos:</u></p> <ul style="list-style-type: none"> • None 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • Journals/Quiz: Ethical and Legal Considerations in Providing Treatment to Trauma Survivors • Discussion Board: Challenging Ethical Dilemma 	<p><u>11/24</u> <u>11:59pm</u></p>
<p><u>Week Fifteen</u> <u>11/29-12/5</u></p>	<p>- <i>Importance of Building Resilience and</i></p>	<p><u>Readings:</u></p> <ul style="list-style-type: none"> • <i>Chapter Ten: Practicing</i> 	<p><u>Assignments</u></p> <ul style="list-style-type: none"> • Journals/Quiz: Practicing Professional 	<p><u>12/5</u> <u>11:59pm</u></p>

	<ul style="list-style-type: none"> - <i>Well-Being History and etiology of burnout, traumatic stress, and compassion fatigue</i> - <i>Application of resilience and well-being to enhance quality of care</i> 	<i>Professional Resiliency and Well-Being to Enhance Quality of Care (textbook)</i> <u>Videos:</u> <ul style="list-style-type: none"> • <i>-In brief: What is resiliency?</i> • <i>How to stay calm when you know you'll be stressed</i> • 	Resiliency and Well-Being to Enhance Quality of Care		Late
<u><i>Week Sixteen</i></u> <u><i>12/6-12/12</i></u>	- <i>Review for Final Exam & Achievement of Course Competencies</i>	<u>Readings:</u> <ul style="list-style-type: none"> • <i>Certification Exam Review</i> • <i>Appendix II: C-A-S-E-R Model of Crisis Stabilization</i> <u>Videos:</u> <ul style="list-style-type: none"> • <i>Am I not human?</i> • <i>-How NJ helps offices build resiliency</i> • <i>10 mindful movements</i> • <i>Reduce Stress: 2-minute Technique</i> 	<u>Assignments</u> <ul style="list-style-type: none"> • <i>Journal: Preferred Method of Treatment</i> 	<u><i>12/12</i></u> <u><i>11:59pm</i></u>	
<u><i>Week Seventeen</i></u> <u><i>12/13-12/16</i></u>	<i>Finals Week</i>	<u>Readings:</u> <ul style="list-style-type: none"> • <i>Certification Exam Review</i> 	<u>Assignments</u> <ul style="list-style-type: none"> • <i>Final Exam</i> • <i>Student eCourse Instructor Evaluation</i> 	<u><i>12/16</i></u> <u><i>11:59pm</i></u>	

Work/Make-Up Exams

Late work: You must turn in all assignments **complete** and **on time**. *Complete* means you have done everything specified in the assignment instructions. *On time* means within 10 minutes of class start time on the due date. Incomplete assignments will not be graded. Assignments may be turned in early, but I do not accept them late without giving *prior approval* for work to be turned in late.

Make-Up Exams: You must take exams during their scheduled time. A missed exam will receive a grade of zero. If you *must* miss an exam, with *prior instructor approval* there is an exam make-up opportunity at the end of the semester. You may only make up **one** exam. However, you must contact your instructor within 24-hours of the due date or a zero (0) will be given as your grade.

Remember, even one missed assignment or exam may lower your grade. For best results, plan ahead, keep up with your coursework, attend class regularly and promptly communicate with your instructor about any issues impacting your academic performance.

⁹Attendance Requirements

It is expected that you will complete approximately 45 hours of online instruction per week, including, but not limited to, viewing course content, completing assignments, reviewing materials, reading textbook chapters and other associated coursework. Be sure to schedule regular hours for working on the course. You must log into the course on a weekly basis throughout the term and respond to messages sent by your instructor or you may be withdrawn from the course.

The only absences that are official absences are those that are: pre-approved student activities, religious holidays, subpoenas, death of an immediate family member. Unexcused absences may result in your withdrawal from the class or a failing grade for the semester (see Specific Attendance policy below).

BHS 175 students will be withdrawn from the course upon their fifth absence (see the section “online classes below for details on what constitutes an absence). However, a student may be allowed up to six absences if at least one of their absences is due to a medical issue experienced by the student (an illness or injury to the student) and proper medical documentation (a dated official document from the doctor or hospital that treated the student) is presented before the next class week.

The official attendance policy of the Maricopa Community College District can be found in the GCC General Catalog and Student Handbook at <http://www.gc.maricopa.edu/catalog/> and is reproduced below:

A. Official Absences

Official absences are those which occur when students are involved in an official activity of the college (e.g., field trips, tournaments, athletic events) and present an official absence excuse form. Absences for such events shall not count against the number of absences allowed by an instructor or department. Students who must miss a class for an official reason must obtain an official absence verification card from the appropriate dean or associate dean and present it to the appropriate instructor(s) before the absence. **Prior arrangements must be made with each instructor for make-up work. If prior arrangements have been made, the student will not be penalized.**

Other official absences include jury duty and subpoenas. Appropriate documentation will be required. Prior arrangements must be made with each instructor for makeup work. If prior arrangements have been made, the student will not be penalized.

In the event of the death of an immediate family member, absences for periods of up to one week will not be counted against the number of absences allowed by an instructor or department. Students should contact instructor(s) as soon as possible to arrange for make-up work. Appropriate documentation will be required (for example, a copy of the obituary or funeral program). In specialized programs that require clinical rotations, this regulation may not apply.

B. Religious Holidays

Students shall have the right to observe major religious holidays without penalty or reprisal by any administrator, faculty member or employee of the Maricopa Community Colleges. Absences for such holidays shall not count against the number of absences allowed by an instructor or department. At least one week before the holiday, students shall submit to their instructor(s) a written statement which includes both the date of the holiday and the reason why class attendance is impossible. **Prior arrangements must be made with each instructor for make-up work. If prior arrangements have been made, the student will not be penalized.**

Withdrawal: If you are unable to complete the course, it is your responsibility to officially withdraw from the course. The official withdrawal policy of the Maricopa Community College District can be found in the GCC General Catalog & Student Handbook, available from the Enrollment Center or online from the GCC website: <http://www.gccaz.edu/catalog>

Online classes:

Attendance is taken by your weekly participation in board discussions and completed assignments.

- You are expected to log in and participate in one board discussion per week (initial post and a response to at least one other student).
- You are required to log in and complete assignments on or before the due date in Canvas.
- One absence will be recorded for each board discussion and/or assignment that you fail to submit. Even though points are lost, you are allowed to miss four (4) combined board discussions and/or assignments throughout the semester. Keep in mind, however, that missing a single board discussion and/or assignment can lower your final grade.
- If you miss five (5) assignments you may be dropped from the course for excessive absences.
- If you encounter extenuating circumstances that cause you to be absent, please contact your instructor ahead of time.
- If you are dropped or fail the course this could affect your financial aid eligibility the following semester.

¹⁰Student Rights and Responsibilities

Every student is expected to know and comply with all current published policies, rules and regulations as printed in the college [Academic Catalog](#), syllabus, and/or [Student Handbook](#).

Academic Catalog: <http://www.gccaz.edu/gcc-catalog>

Student Handbook: <http://www.gccaz.edu/student-life/office-student-life/student-handbook>

The information in this syllabus is subject to change based on the discretion of the instructor. Students will be notified by the instructor of any changes in course requirements or policies.

¹¹Information for Students with Disabilities

If you have a documented disability, including a learning disability, and would like to discuss possible accommodations, please contact the GCC Disability Resources and Services office at 623 845-3080 or by email drsfrontdesk@gccaz.edu.

Key Expectations:

This class requires active involvement, attendance, acquisition of the text book by Week One,

completing assigned readings prior to class meeting. ¹²All students should allot 2-3 hours of study per credit hour of class (for a typical 3 credit class, this equals 6-9 hours of study per week outside of class time). Keep in mind that these 6-9 hours represent the average time that students spent on study, and the average grade students earn in college is a C. Therefore, to achieve high grades, you will need to dedicate better than average commitment and increased study time.

If you are taking an online class, in addition to the 6-9 hours of study per week, you will also need to dedicate approximately three (3) hours per week for online class activities.

Academic Integrity

Misconduct, cheating and plagiarism will not be tolerated and will result in disciplinary action as listed in the [student catalog and handbook](#). ¹³Instructors may use third party tools to detect plagiarism.

Instructor’s Commitment to Timely Student Feedback

Provide students with information on how and when you’ll respond. The following is a recommended timeframe:

I will respond to email within 2-4 business days.

I will complete grading within 5-10 days.

I will respond to Asynchronous Board Discussions within 5-7 days from the posted date.

Policy on Sexual Harassment

To view the full Sexual Harassment Policy, refer to the Student Handbook, Sexual Harassment Policy for Students (AR 2.4.4) (see also 5.1.8)

Students should report any discrimination and/or harassment they experience and/or observe to the GCC office of Student Life in the Student Union (phone: 623 845-3525).

NEED HELP

Problem à

Contact à

<ul style="list-style-type: none"> • Don’t know how to use Canvas 	See the Canvas Student Guide, Source: http://guides.instructure.com/m/4212
<ul style="list-style-type: none"> • Don’t know how to use Canvas • Can’t access student emails • Other problems related to campus computer 	GCC Helpdesk: 623.845.3555 or visit the desk in High Tech II, on GCC’s main campus
<ul style="list-style-type: none"> • Technical problem in canvas 	Speak with a live representative at: 1-888-994-4433, or see the Canvas Help Guides

<ul style="list-style-type: none"> • Assignment is not available on Canvas • Don't understand assignment • Question about grade • Other issues related directly to the course 	Contact your instructor. See first page of this Syllabus for contact info.
<ul style="list-style-type: none"> • BHS concerns • BHS class scheduling and/or enrollment • BHS student counseling 	Contact Dr. Thomas E. Rojo Aubrey by email: thomas.aubrey@gccaz.edu or schedule an appointment with Dr. Aubrey, 623-845-3064
<ul style="list-style-type: none"> • Academic Counseling • Career Counseling • Personal/Crisis Counseling Referrals 	GCC Counseling Center, 623-84-3064
<ul style="list-style-type: none"> • Personal counseling • Crisis counseling • In Crisis Text 	<p>GCC Counseling Center, 623-84-3064</p> <p>Crisis Line, 602-222-9444</p> <p>Suicide Hotline, 602-248-8336</p> <p>Military Veterans Suicide Hotline, 1-800-799-4889</p> <p>LGBT Suicide Hotline, 1-866-4UT-REVOR</p> <p>Emergency, 911</p> <p>In-Crisis Texting: 741741</p>

¹⁻¹¹Course syllabus standards as outlined by AR 3.6.

Internal Review: 1. _____ 2. _____ 3

Each chapter concludes with two journal entries before initiating the final exam. The interactive textbook will not allow you to proceed to the exam before complete both journals.

Instructions for the first chapter journal entry:

Think of your chapter journal as an analysis of your learning curve throughout the semester. Try to reflect on what you learned.

Describe what stands out the most for you in this chapter. Why do you think it stood out for you?
(Minimum 100 words)

Instructions for the second chapter journal entry:

Selected a topic of your choice related to traumatic stress, themes can include:

- Beliefs and philosophy of the trauma healer
- The philosophical view of trauma
- Types of injury caused by traumatic stress
- Therapeutic relationships
- Any of the Pillars of Trauma-informed care: Safety, Trustworthiness and transparency, Peer support and mutual self-help, Collaboration and mutuality and Culture, history, and gender issues
- Secondary traumatic stress
- Primary traumatic stress
- Systemic traumatization
- Empowerment and resiliency structure
- ACEs
- Ethics
- Confidentiality
- Duty to warn
- Mandated reporting
- Beneficence and non-maleficence
- Scope of practice
- Practicing with compassion
- Boundaries
- Post-traumatic stress disorder
- Burnout
- Stress management
- Mindfulness

Compose an essay with a topic of your choice. Describe the conceptual information from the readings or assigned videos. Reflect on how your knowledge is currently being expanded challenged, or re-organized:

BHS 175 FINAL EXAM

Question 1

The National Center for Trauma-Informed Care (NCTIC) had its beginning in 2005 as a result of an understanding of trauma's lifelong impact.

Question 2

Aversive Childhood Experiences Study which pioneered an understanding of trauma's lifelong influence on:

Question 3

_____ was the internist who developed the ACES questionnaire and pioneered research of the impact of childhood trauma on health issues.

Question 4

A person with an ACES score of 8 is more likely to have heart disease than a person with a score of 2.

Question 5

(Gilligan, 2011) suggested that educators must be aware of the prevalence of trauma in the lives of the children because it increases their difficulty in which of the following?

Question 6

There are six philosophic pillars to being trauma informed and trauma sensitive.

Question 7

Three of the six philosophic pillars of trauma informed care are below, which response isn't correct?

Question 8

Safety and stability require those who wish to support healing in the traumatized to adopt a vision of assuring safety from the perspective of the helped, not from the point of view of the helper.

Question 9

Safety begins with an evaluation of the experience from the point of view of the client, in other words what feels safe for the client according to Landes, Garovoy, & Burkman (2013). This would require the helper to: (*pick the correct answer/s*)

Question 10

The Gentry & Baranowsky Model of Compassion Fatigue asserts that Primary Traumatic Stress, Secondary Traumatic Stress, and Burnout interact to produce a synergistic effect leading to Compassion Fatigue?

Question 11

Compassion is more than fabricated pretending to feel accepting toward others; it is an essential quality of character for those who desire to be healers.

Question 12

Trust, consistency, predictability and deliberateness are not ever required for one to feel safe.

Question 13

Be reliable. Part of the process of healing and recovery for those who are seeking help is to be able to rely on the helper to do what they claim that they will do?

Question 14

The integration of the ACE Scale is a good way to introduce to clients/patients/ consumers to the principles of trauma informed care.

Question 15

Honesty is a vital aspect of healing, particularly from trauma which is highly dependent on relationship to create improvement.

Question 16

One aspect of deliberate practice, is where the healer is constantly refining the capacity they possess to help bring healing to others; is an essential character feature of those who want to work with trauma.

Question 17

One of the interesting findings with the ACES research has been that people with higher scores spend less on health care.

Question 18

There are many environmental trauma activators that are low intensity; however, the frequency at which they occur creates cumulative and harmful effects such as:

Question 19

Asking “may I approach you?” when a healthcare worker needs to enter the proximity of a patient is a good example of trauma informed care in practice.

Question 20

The Accelerated Recovery Program for Compassion Fatigue (ARP) is the first and only evidence-based treatment for the symptoms of compassion fatigue; and focuses on specific skills for resilience and optimization in the professional healthcare environment, including self-regulation, intentionality, perceptual maturation, connection, and self-care?

Question 21

Gratton & Erickson (2007) suggested that the greater the complexity of the task, the less collaborative people become. This interferes with collaboration and mutual goal pursuit for the client and helper.

Question 22

Which of the following is not a way to build improved empowerment and voice for the client?

Question 23

Nothing will ignite dissatisfaction more than having a choice taken away, or being ridiculed for the choices that are made.

Question 24

Suggesting or offering choice assumes that the individuals have capacity, have the ability to recognize what is correct for them.

Question 25

Those that practice kindness seem to be competent at expressing things in ways that encourage others, make them feel valued and possessed of worth.

Question 26

Personal growth and development is a transformational because it leads to consistent improvements in the multiple domains of one's life -- such as one's emotional, social, relational, physical, spiritual and intellectual life.

Question 27

Human beings are capable of creating and maintaining healthier lives, if they can achieve acceptance, possess faith and hope for the future, and have adequate attachment and support from others.

Question 28

The following seem fundamental to prepare for being able to create healing with another:

Question 29

What three ingredients are identified in the course and in the literature as necessary and primary ingredients for the resolution of symptoms of traumatic stress?

Question 30

The training introduced Rhoton & Gentry's *Resilience & Empowerment Treatment Structure* for what purpose?

Question 31

Viktor Frankl said “Between stimulus and response there is a space...” What component of trauma treatment helps the survivor to widen and utilize this space with intention?

Question 32

By self-regulating—intentionally relaxing one’s body in the context of a perceived threat—Dr. Gentry claims that anyone can realize three important benefits. They are:

Question 33

_____ has been well-documented in many meta-analytic studies as the **most** powerful predictor of positive outcomes (of those influenced by the practitioner) for our clients.

Question 34

_____ has been well-documented in many meta-analytic studies as the **second most** powerful predictor of positive outcomes (of those influenced by the practitioner) for our clients.

Question 35

In the US, our current generation is the safest generation at any time in our history. True or false?

Question 36

Sympathetic dominance has what physiological effects?

Question 37

The autonomic nervous system is comprised of the parasympathetic and _____ systems.

Question 38

Comfort, relaxation, satiety are best associated with which branch of the autonomic nervous system?

Question 39

Perceived threat activates which system?

Question 40

Remaining in the context of a perceived threat without intentionally relaxing one's body yields what consequences?

Question 41

The ability to become intentional—the opposite of posttraumatic reactivity—is predicated upon what important skill?

Question 42

“Trauma is an injury, not an illness.” What best defines why this may be true?

Question 43

A helpful way to explain trauma symptoms to patients might be:

Question 44

Safety/Stabilization, Remembrance & Mourning, Reconnection describe:

Question 45

Which best defines the primary focus of the Safety/Stabilization Phase of treatment?

Question 46

A(n) _____ is a sudden and overwhelming perception of threat.

Question 47

Which is closest to the lifetime epidemiology rate for PTSD in the US?

Question 48

Reciprocal inhibition, described by Joseph Wolpe in the 1950s, can be defined as:

Question 49

Patricia Resick is the developer of what SAMSHA-approved treatment?

Question 50

What do EMDR, PE, DTE, CPT, and Hypnotherapy all have in common?

Question 51

The research on ACES (Aversive Childhood Experiences) has generated what important finding(s)

Question 52

What is the BEST reason for administering the ACE to all clients?

Question 53

Attachment trauma can be caused by:

Question 54

Autogenesis, diaphragmatic breathing, meditation, and guided visualization are all examples of:

Question 55

Scott Miller has developed a SAMSHA-approved treatment that utilizes _____ to maximize outcomes.

Question 56

Unconscious _____ can significantly impede effective service delivery to survivors of trauma.

Question 57

All assistance to survivors of trauma MUST be performed by a licensed clinical professional.

Question 58

The diagnosis of PTSD first appeared in the DSM-III in what year?

Question 60

ACES is a measure of Aversive Childhood Experiences and was originally developed by Dr. Felitti in 1997 when he discovered a close relationship between ACES scores and _____

Question 61

_____ is the negative effects of caregiving and has combined symptoms of secondary traumatic stress and burnout.

Question 62

According to the material presented in this course, _____ is the primary cause of all distress.

Question 63

Which of the following is NOT a stage of the Empowerment & Resilience Treatment Structure?

Question 64

High ACES scores have been demonstrated to have a strong relationship with _____

Question 65

Which of the following “active ingredients” in the treatment of traumatic stress is the only task that requires licensure as a mental health professional?

Question 66

Criterion B symptoms in the DSM V diagnostic criterion for PTSD is focused on what kind of symptoms?

Question 67

_____ is an example of a Criterion E symptom?

Question 68

“May I approach you” is an example of _____

Question 69

Before there was the diagnosis of PTSD, traumatic stress was called

Question 70

Self-regulation provides the practitioner with what benefit(s)?

Question 71

Who said “Between stimulus and response there is a space...”

Question 72

Somatization (conversion of a mental state [i.e. depression or anxiety] into physical symptoms) is best explained as?

Question 73

Which of the following “active ingredients” is mostly likely employed to achieve the positive treatment effects of self-compassion; understanding trauma as an adaptation instead of pathology; and understanding the difference between real vs. perceived threat?

Question 74

Trauma is a body reaction to Sympathetic System Dominance that has occurred continuously, or repeatedly creating changes in the Central Nervous System?

Question 75

The wife of a combat veteran beginning to show symptoms of PTSD could be best attributed to what phenomena?

Question 76

What adjunct to treatment would likely have the MOST positive effect for a traumatized child?

Question 77

What would be the BEST reframe for client “resistance” in a trauma-informed approach?

Question 78

The Empowerment & Resiliency Treatment Structure could be defined as _____?

Question 79

The Social Dominance invitations consists of the following:

Question 80

When it is discovered that a survivor is frequently in REAL danger in their lives what adjustment should be made in treatment?

Question 81

When the danger is real we should make every effort to remove ourselves or avoid these situations. When the danger is perceived but not real, we should _____

Question 82

Reciprocal inhibition, a concept developed by Joseph Wolpe and central to all effective trauma therapies involves pairing what two things together?

Question 83

Posttraumatic Growth involves intentionally addressing five spheres of life—Spiritual Growth; New Relationships; Greater Strength; New Opportunities; and Greater Appreciation.

Question 84

“You are a normal person having a normal reaction to an abnormal event” is an example of _____?

Question 85

Interoception is best defined as:

Question 86

A flashback can be defined as?

Question 87

Which is the most valid reason for returning to and processing trauma memories with a client?

Question 88

Fear is _____

Question 89

Self-regulation is different from relaxation how?

Question 90

Self-regulation requires interoception

Question 91

Cultural humility is an important component to trauma-informed care

Question 92

Ongoing childhood trauma has been demonstrated to have a negative impact on physical health.

Question 93

Which of the following is an example of trauma informed care?

Question 94

Which is the best definition of trauma informed care?

Question 95

Why is hope/positive expectancy so important when working with trauma survivors?

Question 96

Which of the following is the best indicator of successful treatment?

Question 97

Which of the following could be seen as a benefit of treatment?

Question 98

Trauma survivors are resilient. What makes this statement true?

Question 99

Coaching clients to confront the perceived threats of their daily life with a relaxed body has what positive effect(s)?

Question 100

Why do human beings perceive threat where there is no danger?

Transformative Care: A Trauma-Focused Approach to Caregiving (2nd ed.).

Authors: Robert Rhoton, Thomas Rojo Aubrey, and J. Eric Gentry

Content

Certified Trauma Support Specialist (CTSS)

Preface

About the Book

Chapter One: The Forgotten History of Trauma

Chapter Two: Decoding the Essence of Trauma

Chapter Three: The Injury Caused by Traumatic Stress

Chapter Four: Trauma and Stress-Related Disorders

Chapter Five: The Current Trends and Treatment of Traumatic Stress

Chapter Six: The Pillars of Trauma-Informed Care

Chapter Seven: Helping Trauma Survivors Recover

Chapter Eight: The Integrative Approach to the Treatment of Traumatic Stress

Chapter Nine: Ethical Considerations in Providing Treatment to Trauma Survivors

Chapter Ten: Practicing Professional Resiliency and Well-Being to Enhance Quality of Care

Appendix I: Trauma Screening and Assessments

Appendix II: C-A-S-E-R Model of Crisis Stabilization