

Trauma Impact: Summary of the Research

Definitions & concepts
Short term and long term effects (the ACE study)
The "good" and "bad" news about trauma exposure
Limitations of the research

Assessment and Diagnosis of Trauma

Assessment of trauma in children, adolescents and adults
Trauma- & Stressor-Related Disorders in the DSM-5
What's still missing from the DSM-5?
Common pitfalls in diagnosis

My "favorite" diagnosis & why to use it frequently

Address Trauma's Impact on Neurobiology

Major areas of impact
The 3-part brain (or upstairs/downstairs brain)
Neurologically-related issues in trauma survivors
"Arrested Development"
"Hair Trigger" threat response
Cognitive, academic, & work-related problems

Relationship problems

The arousal continuum

Dissociation

Evidence-based Treatments vs. the "Real World"

What does "evidence-based" mean in trauma treatment?

Components of evidence-based treatments

The evidence-based components approach

Points of Intervention in Trauma Treatment

Main entry points: immediate support vs. trauma treatment

Psychological first aid

Stages of trauma-focused treatment

What can you do if your client isn't emotionally or physically safe?

Trauma-Focused Cognitive-Behavioral Therapy: The "Gold Standard"

Case examples

"Amanda": 7-year-old girl with sexual abuse and complex family issues

"Phil": mid-30s man whose son died while in his care

Address Critical Domains in Trauma Treatment

The Physiology Domain

Sleep

Nutrition and hydration
Sensory needs and interventions
Medications, supplements, & nontraditional interventions
Physical activity/exercise
"Amanda" and "Phil" and the physiology domain

The Relationship Domain

The Attachment, Regulation, & Competency (ARC) model (for youth)

Teaching caregiver emotional control (for caregivers of youth)

Build attunement (for caregivers of youth)

Positive discipline (for caregivers of youth)

Build the therapeutic alliance

Build a support network

Implement routines & rituals

"Amanda" and the relationship/attachment domain

"Phil" and the relationship domain

Target Audience

Counselors • Social Workers • Psychologists • Case Managers
Psychotherapists • Addiction Counselors • Physicians
Marriage and Family Therapists • Educators • Nurses
Other Mental Health Professionals

The Emotional Regulation Domain

Feelings identification and expression

Use SUDs scales

Grounding & self-soothing techniques

The "Comfort Kit"

Add attunement!

Apply Bruce Perry's Neurosequential Model of Therapeutics™

NMT assessments

NMT: Interventions by developmental age

"Amanda" and "Phil" and the emotional regulation domain

The Cognitive Domain

Teach and practice problem-solving

Teach and practice mindfulness

Address distorted cognitions: Most common targets of cognitive processing

Cognitive processing: how to modify problematic thoughts

Use the Franklin Method

"Amanda" and "Phil" and the Cognitive Domain

The Identity Domain

Focus on identity and sense of self

Build on existing strengths

The Life Book approach

Exercises to improve identity

"Amanda" and "Phil" and the identity domain

Additional Components for the 3 Stages of Trauma Recovery

Stage One: Safety & Stabilization:

Establish rapport

Education of the client about effects of trauma

Safety plans

Trauma-specific areas of focus

Sexual abuse for "Amanda"

Triggers for "Phil"

Stage Two: Process the Past Trauma

Preparation

Create the trauma narrative

Play and verbal-based methods of creating the trauma narrative

Process of constructing a trauma narrative

When is your client finished with Stage Two?

Process "Amanda's" trauma (play therapy "narrative")

Process "Phil's" trauma (verbal narrative)

Stage Three: Reconnection

Consolidate/internalize coping skills

Enhance positive emotions

Making meaning of the trauma

Facilitate reconnection to daily activities

Enhance current relationships

Prepare for future safety and triggers

Posttraumatic growth

Reconnection for "Amanda" and "Phil"

Resiliency and Protective Factors

Research on resiliency and protective factors

The top protective factors for trauma

Build resiliency

Live Webcast Schedule (both days) (Times listed in Eastern)

8:00 Program begins

11:50-1:00 Lunch Break

4:00 Program ends

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Like you, I've dealt with some major obstacles to providing effective trauma treatment during my career. How do I make the best use of the growing body of neuroscience research? How can I cut through the clutter of all the possible factors contributing to the trauma and get a clear picture of the issues to address in therapy? How can I tailor my approach to meet the unique needs of each survivor? I looked for a solution, and discovered it in an integration of neuroscience, physiology, the three stages of trauma recovery, smaller ingredients taken from larger evidence-based models, and customizable treatment strategies that addressed unique needs of trauma survivors and their families.

This 2-day certification course presents this integrated and customizable approach to trauma treatment in a manner that is easy to follow and readily adaptable to a variety of settings. You will discover how to use this integrated model as a foundation upon which you can then tailor and apply treatment approaches with which you are already familiar but until now seemed rigid and inflexible. You will be able to move beyond the standard script often given for when and how to apply various strategies, allowing you to focus much more intently on where the trouble spots are in each survivor's life and what actions to take to resolve them. You will get a road map that will help you to guide each survivor through all the stages in the trauma recovery process.

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In addition, completion of this two-day course meets the educational requirements when applying to become a Certified Clinical Trauma Professional (CCTP-Level I through Evergreen Certifications, www.evergreencertifications.com).

Speaker

ROBERT LUSK, PhD, has devoted his career to working with trauma survivors and their families, and providing training and consultation to parents, military families, and professionals on trauma-related issues, parenting special needs children, attachment disorders, psychotropic medications, reintegration after deployment, and psychiatric disorders. For the past 26 years, Dr. Lusk has served as clinical director at The Baby Fold. There, he designs and implements new programs, and provides clinical supervision, consultation and oversight to all the agency's treatment programs.

Dr. Lusk completed a full-time internship at the Brentwood Veterans Administration Medical Center in Los Angeles, where he focused on PTSD treatment for combat veterans. He has continued to provide supervision, training, and treatment for veterans and other adult trauma survivors for the past 30 years.

Dr. Lusk also instructs courses at Illinois Wesleyan University and has been actively involved in investigative research on trauma for over 30 years, including studies of treatment approach efficacy and cognitive and school-related effects of trauma. He has published several journal articles and book chapters on understanding and treating trauma.

Dr. Lusk earned his Master's and Doctoral degrees in clinical psychology from the University of California at Los Angeles and has trained in a variety of interventions including Trauma-Focused Cognitive Behavioral Therapy, the Attachment, Regulation, and Competency (ARC) model, Collaborative Problem-Solving, couples and family therapy, Trust-Based Relational Intervention, and Eye Movement Desensitization and Reprocessing (EMDR).

Speaker Disclosure:

Financial: Robert Lusk is an adjunct assistant professor at Illinois Wesleyan University. He has an employment relationship with The Baby Fold. Dr. Lusk receives a speaking honorarium from PESI, Inc.

Non-financial: Robert Lusk has no relevant non-financial relationship to disclose.

Learning Objectives can be viewed at pesi.com/webcast/83931



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