

Lisa M. Najavits, PhD

➤ Title of program (choose one):

- Trauma Informed Treatment
- Listening to Themes: Trauma-Informed Treatment

➤ Intended audience: A broad range of staff from substance abuse, mental health, medical, and other programs, including those who directly treat clients, but also other staff (e.g., administrators, mental health aides, counselors, nurses). No prior training nor any particular professional degree is required.

➤ Summary of program content

This presentation will provide an opportunity to explore general principles of treating traumatized clients in a variety of contexts (e.g., substance abuse, mental health). Basic information on trauma, posttraumatic stress disorder (PTSD) and co-occurring disorders will be provided, such as definitions, rates, and clinical presentation. In addition, key themes relevant for this population will be discussed, including dissociation, self-injury, reenactments, stage-based models of treatment, transference/countertransference, vicarious traumatization, behavioral contracts, and cognitive strategies. Trauma-informed versus trauma-competent treatment will also be highlighted, with the notion that all staff can become more trauma-informed, and a smaller number may choose to specialize in actual trauma therapy. The workshop will be highly clinically-oriented and offer opportunity to role-play client scenarios. Assessment and community resources will also be provided.

➤ Educational objectives/outcomes:

--To learn basic information on trauma and PTSD (definitions, rates, and clinical presentation)

--To develop increased empathy for how trauma may affect a client's recovery

--To discuss typical dilemmas that may arise in various treatment settings (e.g., limit-setting, vicarious traumatization, triggering of other clients, self-injury)

--To learn specific strategies for responding to challenges with this population, ranging from formal therapy to interventions that any staff can do (even if not doing formal therapy)

➤ Size of training: no limit

➤ Length of training: 1 day



➤ Audiovisual:

LCD projector

VCR and monitor (to show video segments)

Microphone (lapel preferred, but any type is fine); also, if a large group or room, please keep in mind that the presenter will need to repeat questions asked by audience unless a separate handheld mike is provided that can be passed around to audience members. (They typically prefer the latter, as they can hear others' comments directly.)

Please just let me know if any of the above are not available, or not needed (e.g., if a very small room, you may not need a microphone).

➤ Typical training schedule

Please feel free to suggest any schedule you would like (e.g., longer, shorter, different breaks). A typical format is 9-4, with a one-hour lunch break and two fifteen-minute breaks (one mid-morning and one mid-afternoon). The schedule below assumes this typical format, but you can change it based on your scheduling.

➤ Course outline

I. . **Background** (9am to 10:30am)

- A. Definitions and rates of trauma and PTSD
- B. Clinical presentation (dissociation, self-injury, impulsive behavior, reenactments, substance abuse)
- C. Clinical dilemmas

II. **Treatment** (10:30 am to noon)

- A. Stages of treatment
- B. Specific interventions
- C. Trauma informed versus trauma competent treatment
- D. Countertransference and clinician self-care

III. **Video** (on trauma-related symptoms) (1-1:45, with discussion)

IV. **Resources** (2pm to 3pm)

- A. Community and national resources
- B. Assessment

VI. **Experiential exercise and rehearsal** (2pm to 4pm)

Role-plays and/or small groups, such as how to respond to clients empathically when they become angry or difficult in a session; how to explore difficult behavior in light of trauma, and trauma-informed service assessment. Also, participants will have the opportunity to raise questions, provide in-depth case scenarios and examples, and obtain feedback about ways to manage dilemmas.



➤ Teaching methods

1. Lecture
2. Video segments
3. Experiential exercises (e.g., role-play)
4. Question/answer discussion with participants

➤ References

Herman JL. Trauma and Recovery. New York, Basic Books, 1992.

Fallot, R.D. & Harris, M. (2001). Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services. San Francisco: Jossey-Bass.

Najavits, LM. Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford, 2002.

Ouimette, P. & Brown, P. (2002) Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders. Washington, DC: American Psychological Association Press.

Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors. New York: WW Norton.

Schiraldi, G. R. (2000). The Post-Traumatic Stress Disorder Sourcebook. Los Angeles: Lowell House.

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