



EDUCATIONAL TRAINING COURSES AND PROGRAMS

“Trauma Past, Trauma Present: Understanding and Applying Important Skills in Trauma Informed Phase Oriented Treatment”

Taught By: Allison Sampson, PhD, LCSW,
LICSW, CSOTP

Dates/Times:

Course Level: Entry Level/Intermediate

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www.integrationsolutions.org

Purpose:

A key issue in trauma informed practice is supporting individuals in separating past experiences from present experiences so that their intrapersonal and interpersonal functioning can be enhanced. For many clinicians, finding an effective model for supporting children and adults with chronic forms of trauma that preclude healthy relationships, self-care, and day to day living, is a challenge. Yet, current trauma-informed practices offer a solution to this challenge. Based on current literature, phase oriented treatment is the “gold standard” in trauma informed care and services. This course will briefly review connections between trauma, attachment and the brain. Trauma Informed Assessment tools will be used with simulated clients (via role play practice in small break out groups and larger demonstrations) to begin a systematic phased intervention designed to address self-regulation and coping skills, trauma resolution and finally reorganization of client’s memory networks so that they are able to separate past experiences in relation-ships from current experiences in relationships. The course will be inter-active and apply treatment planning and intervention skills to direct practice that participants engage in during the seminar.

Instructor:

Allison Sampson-Jackson, PhD, LCSW, LICSW, CSOTP and Certified Facilitator of Dr. Brené Brown’s Daring Way™ curriculums (CDWF) focuses on advancing effective trauma informed clinical and organizational practices. Specialties include using attachment, mindfulness, and neuroscience interventions to enhance clinical and organizational practices. She is a person of lived experience and a professional having provided services via Behavioral Health, Education, Child Welfare and Criminal Justice systems for over 20 years. For 13 years, she served within an international healthcare organization first as mentor and finally as their VP of Clinical Operations and National Trauma Informed Service Line Leader. Partnering with the National Council of Behavioral HealthCare, she co-led 17 National Teams through the Council’s Trauma Informed Learning Collaborative. Today, Dr. Jackson is the CEO of Integration Solutions, providing trauma informed care consultation to human service and healthcare organizations furthering their integration of resilience practices to consumers via TIC organizational culture principles. <http://integrationsolutions.org>

Learning Objectives –

Participants will be able to:

- Verbalize impact of past trauma’s intrusion on present thoughts, feelings and behaviors
- Explain trauma’s impact on present behavior to child and adult client using trauma informed model via workshop practice sessions
- Verbalize how trauma impacts brain’s ability to problem solve and use cognitive skills in treatment sessions
- Verbalize 3 phases of trauma informed treatment as defined by the current literature
- Verbalize how to organize treatment plans focusing in on trauma symptoms and resilience based replacement coping skills
- Explain trauma’s impact on the brain directly to child and/or adult clients and raise client’s awareness of “fight/flight/or freeze behaviors” impact on present challenges in living
- Verbalize and utilize self and co-regulation techniques that can be used in Phase One of Treatment
- Verbalize trauma resolution methods available to be used in Phase Two of Treatment
- Verbalize key areas of concern that frequently occur during Phase Three of Treatment and how clinicians can respond

Course Agenda:

<p>Overview and Review of Key Trauma Impact Areas (Attachment, Brain, Body, Self-Regulation, Self-Identity, and Co-Regulation)</p>	<p>Review of Adverse Childhood Experiences What does this mean for adults and practitioners? What does it mean for children of caregivers who have high ACE scores?</p> <p>Overview of Trauma the Brain</p> <p>Overview of Phase Oriented Treatment</p> <p>Trauma Screening Tools and Potential Assessment Tools</p>
<p>Beginning the Work and Setting Expectations for</p>	<p>Fictional Case Study (Child and Caregiver)</p> <p>Reviewing Assessment with Client</p>

<p>Treatment using a Phase Oriented Model</p>	<p>Explaining Model of Care to Client</p> <p>Creating Targets for Change with Client in a Treatment Plan (ROLE PLAY/PRACTICE)</p>
<p>Phase One of the Work</p>	<p>PHASE ONE TREATMENT</p> <p>Safety and Stabilization Safety Planning, Lowering Arousal, Self-Regulation, Self-Awareness, Education, Skill Development and Selection, Building Social Supports and Enhancing Coping</p> <p>ROLE PLAY/PRACTICE – Incorporate in Treatment Plan and Outcome Monitoring (scales/feedback)</p>
<p>Phase Two and Three</p>	<p>REVIEW OF PHASE ONE- Questions</p> <p>PHASE 2 – Specialized Skills in Memory Reprocessing</p> <p>PHASE 3 – Integrating Skills into Daily Life Engaging Self-Reflection and the “Learning Brain” (PRACTICE with Daily Awareness and Monitoring)</p>