

**The  
Art  
and  
Science  
of  
Trauma  
Counseling**



**CORE WELLNESS**



**© Joseph Tropper, MS, LCPC, CCTP**



**Welcome!**



**CORE WELLNESS**

## About Core Wellness

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Core Wellness is a dynamic training group offering evidence-based, practical workshops via live, webinar and home study delivery. Our passionate and knowledgeable trainers bring engaging and inspiring CE trainings that stimulate the heart and mind for client care and effective clinical skills.

Core Wellness LLC is authorized by the Board of Social Work Examiners in **MARYLAND** to sponsor social work CE programs (for LMSW, LCSW, LCSW-Cs) and maintains full responsibility for all content. The trainings qualify for Category 1 continuing education units (whether taken in person or via live interactive webinar). Our credits are also accepted by the Board of Professional Counselors of Maryland (LGPC, LCPC and MFTs) and Board of Psychologists of Maryland. Additionally, Core Wellness, LLC is recognized by the **NEW YORK** State Education Department's State Board for Social Workers #SW-0569 and the **NEW YORK** State Board for Mental Health Practitioners, #MHC-0167. For **other states**, contact your board & let us know if we can help!

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## About the Presenter

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**Joseph Tropper, MS, LCPC** holds a Master's degree in mental health counseling and is a highly sought-after trauma therapist, trainer & business consultant. As a Certified EMDR Therapist and Certified Clinical Trauma Professional (IATP) Joseph brings the art ad skills of trauma counseling and client motivation to life in his unique upbeat, hands-on approach that will engage, inspire and empower you as a therapist. Joseph is a full-time clinical supervisor and director and sees clients part time.



# Today's Agenda



# Course Schedule

The Art and Science of Trauma Counseling: 3 Hour CE

**Part 1: Understanding Trauma**

**Part 2: Treating Trauma**

# The Art and Science of Trauma Counseling

## Part One: Understanding Trauma

# Agenda

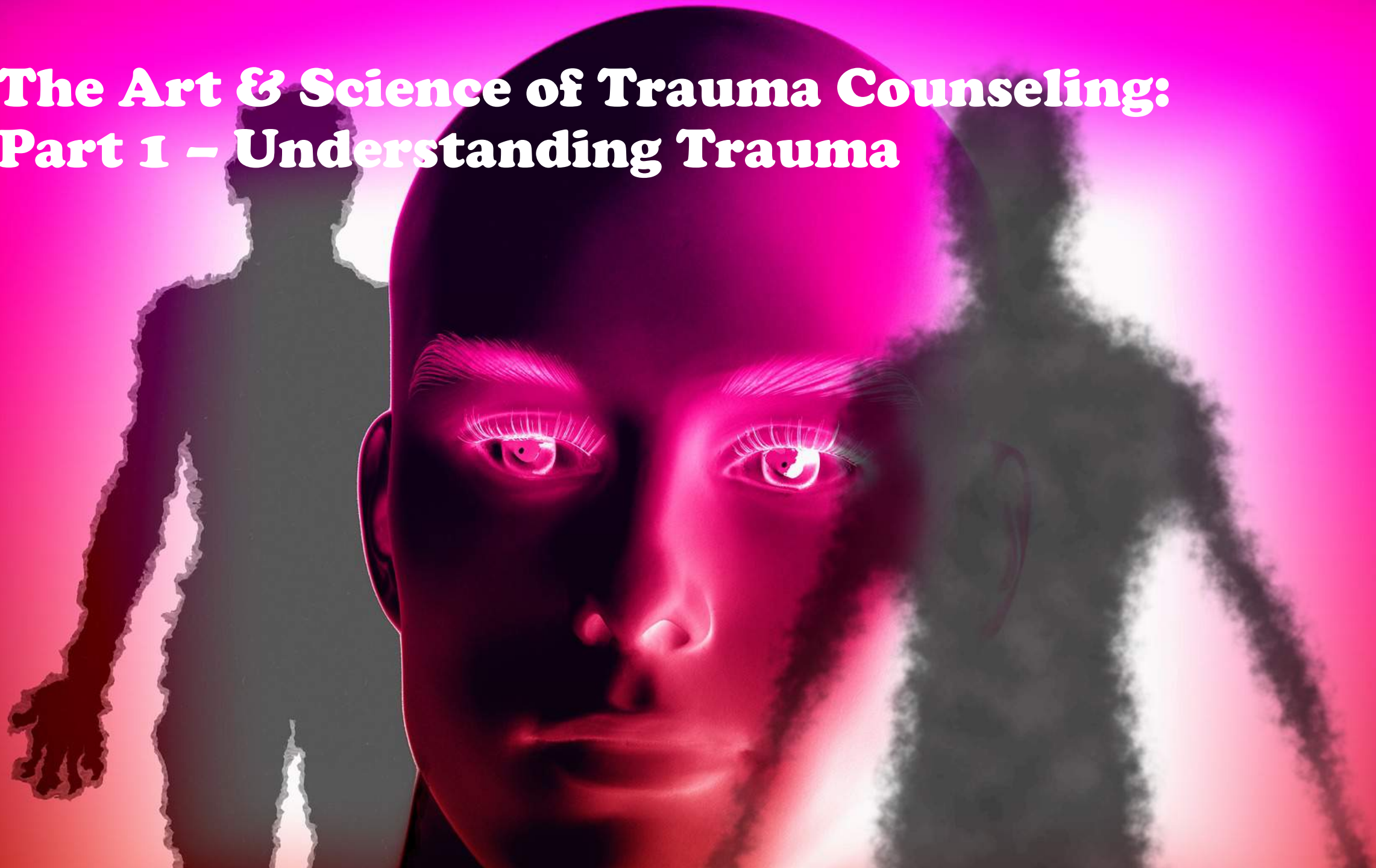
**Ice Breaker, Trauma Background**

**The Definition and History of Trauma**

**Assessment of Trauma and Challenges  
in Treatment**

**Practice and Q&A**

# **The Art & Science of Trauma Counseling: Part 1 – Understanding Trauma**



Think and Share Exercise: What Has It Been Like For You To Work With Trauma Clients?





## Part One: Understanding Trauma



### **Think and Share**

Take a moment to consider your experiences and kindly share them with us.

## Part One: Understanding Trauma



**Ice Breaker, Trauma Background**

# Part One: Understanding Trauma

## Ice Breaker, Trauma Background



Can you please introduce yourself:

- Name, credentials and licensure
- What brings you here today?

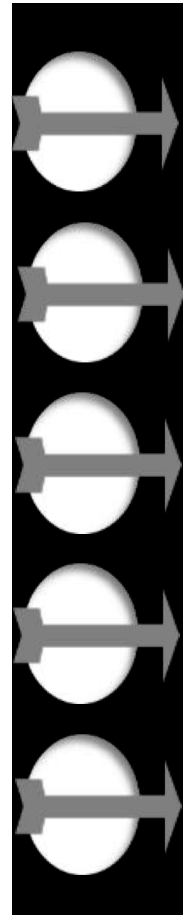
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### ***Joseph Tropper, MS, LCPC, CCTP***

- *Master's degree in mental health counseling*
- *LCPC Clinician and Supervisor*
- *Director of Operations of RCC and Core Wellness*
- *Sought-after trauma therapist and trainer*
- *Certified EMDR Therapist (EMDRIA)*
- *Certified Clinical Trauma Professional (IATP)*
- *Certified Hypnotherapist and Professional Coach*
- *Training in Somatic Experiencing, Sensorimotor Psychotherapy*
- *Training in Gottman, EFT, Imago and IFS modalities*



# 5 Goals for Today



Teach neurobiology and trauma

Techniques for diagnosing and discussing trauma

Modalities of treating Trauma

Core competencies in trauma treatment

Navigating complex clients

## Important Note



Many items may be triggering today, let's go over our own grounding plan

Bring yourself into the present moment

## Your Role As Therapist

- Grounding
- Resources
- Education
- Validation
- Support

## Your Role As Therapist

How Do  
YOU  
Do THAT?



## Your Role As Therapist

**Be:**

**PRESENT**

**POSITIVE**

**&**

**PROACTIVE**



### **Think and Share Exercise**

What has it been like for you to work with Trauma Clients?

## Part 1, Act 2: Definition and History of Trauma

# What is Trauma?

---

What do we mean by trauma?

How does trauma effect people?

What do you learn from speaking with those who have experienced trauma?

# What is Trauma?

---

It is estimated that between 46 to 97% of all people experience trauma in their lifetime.

It really comes down to how trauma is defined.

# What Is Trauma?

What do you think?



# What Is Trauma?

Peter Levine- all trauma has two ingredients:

- 1- Extreme overwhelm
- 2- Paralysis/ helplessness

# **What Is Trauma?**

An event that transpires in which the victim does not have the external or internal resources to be able to deal with the event.



# What Is Trauma?

Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.

These experience may occur at any time in a person' life. They may involve a single traumatic event or may be repeated over many years.

These trauma experiences often overwhelm the persons coping resources. This often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run.

# What Is Trauma?

## Aspects of Trauma

- Helplessness
- Powerlessness
- Overwhelm
- Guilt
- Anger
- Sadness

# What Is Trauma?

Physical, emotional and/or sexual abuse in childhood or adulthood

## In Childhood

neglect or abandonment (food insufficiency, lack of money to meet basic needs, homelessness)

death of a parent

divorce

family life that includes drug addiction, alcoholism, parental incarceration, violence

## Rape

Serious medical illness or disease (disabling conditions, loss of function, invasive and distressing procedures)

War, combat and civil unrest conditions including torture affecting soldiers and refugee civilians

# What Is Trauma?

Catastrophic losses of one's home, livelihood, people, pets due to flood, tornado, hurricane or other disasters of nature

Involved in or witnessing horrific events involving violence, gruesome accidents or death/serious injury

# **What Is Trauma?**

Please give examples of how it manifests

# Trauma Effects

## The Impact of Trauma on Children

### Short Term Effects:

### Acute Disruptions in Self Regulation

- Eating
- Sleeping
- Toileting
- Attention & Concentration
- Withdrawal
- Avoidance
- Fearfulness
- Re-experiencing /Flashbacks
- Aggression; Turning passive into active
- Relationships
- Partial memory loss

# What Is Trauma?

Trauma is something that overwhelms our coping capacity

Affects the whole self

Physical

Emotional

Intellectual

Spiritual

# **What Is Trauma?**

**Findings from the Adverse Childhood Experiences (ACE) Study**



# What Is Trauma?

Center for Disease Control and Kaiser Permanente (an HMO) Collaboration

Over a ten year study involving 17,000 people

Looked at effects of adverse childhood experiences (trauma) over the lifespan

Largest study ever done on this subject

# What is Trauma?

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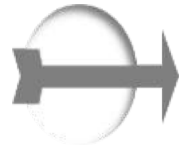
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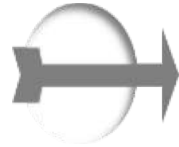
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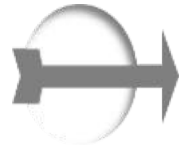
**Aspects  
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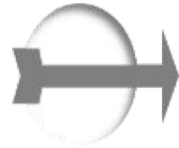
Helplessness



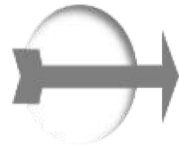
Powerlessness



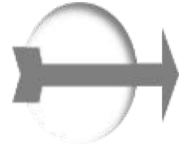
Overwhelm



Guilt



Anger



Sadness

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Adverse Childhood Experience (ACE) Questionnaire  
Finding your ACE Score ra hbr 10 24 06

# What Is Trauma?

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often** ...  
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**Ever** hit you so hard that you had marks or were injured?  
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3. Did an adult or person at least 5 years older than you **ever** ...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Try to or actually have oral, anal, or vaginal sex with you?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did you **often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Did you **often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
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7. Was your mother or stepmother:  
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8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
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9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
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10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score

# What Is Trauma?

Physical, emotional and/or sexual abuse

Neglect or abandonment

Divorce

Alcoholism or drug addiction in the family

Family violence

Poverty, homelessness, lack of food and basic needs

Family member in prison

Family member with mental illness

# What Is Trauma?

The 17,000 people who answered these questions were....

- 80% White, including Hispanic
  - > About 50% men, 50% women
- 10% Black
  - > 74% had attended college
- 10% Asian
  - > 62% age 50 or older



# What Is Trauma?

**Of the 17,000 respondents**

**1 in 4** exposed to **2** categories of ACEs

**1 in 16** was exposed to **4** categories.

**22%** were sexually abused as children.

**66%** of the women experienced abuse, violence or family strife in childhood.

Women were **50%** more likely than men to have experienced 5 or more ACEs

# What Is Trauma?

Are neurological, biological, psychological and social in nature. They include:

Changes in brain neurobiology;

Social, emotional & cognitive impairment;

Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence); and

Severe and persistent behavioral health, health and social problems, early death.

*(Felitti et al, 1998)*

# What Is Trauma?

Anxiety problems and fears

>Avoiding people, places and things that are similar to or reminders of the traumatic event(s)

Physical health problems

Sleep problems

Emotional problems such as feeling numb

and/or disconnected from oneself or environment

Memory problems

Flashbacks

# What Is Trauma?

Alcoholism and alcohol abuse, substance use/abuse

Obesity

Respiratory difficulties

Heart disease

Multiple sexual partners

Poor relationships with others

Smoking

Suicide attempts

Unintended pregnancies

# What Is Trauma?

## HERITABILITY

<b>Schizophrenia</b>	<b>85%</b>
<b>Bipolar</b>	<b>80%</b>
<b>ADHD</b>	<b>75%</b>
<b>BPD</b>	<b>52-68%</b>
<b>MDD</b>	<b>45%</b>
<b>Panic Disorder</b>	<b>40%</b>
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# Neurobiology

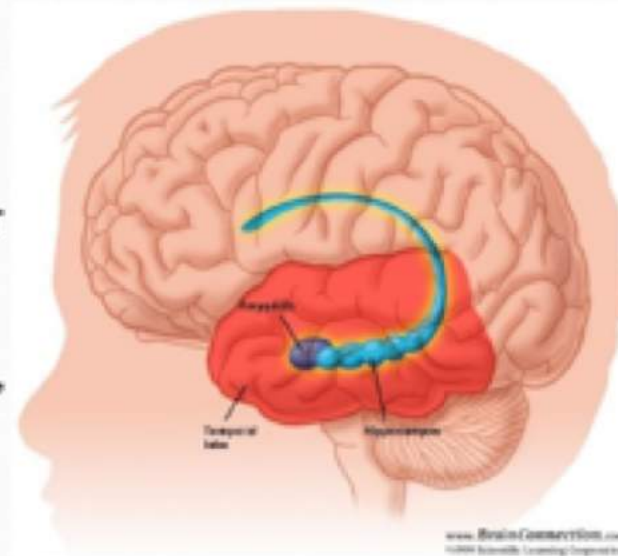
## Trauma and the Brain

**Amygdala** - The brains emotional computer and alarm system

**Hippocampus** - Brains storage for our most recent conscious memories

**Thalamus** - Translates sights, sounds, smells into the language of the brain

**Prefrontal cortex**- Where information is used to make decisions about cognitive and emotional responses



# **Neurobiology Video**

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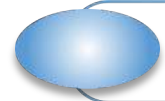
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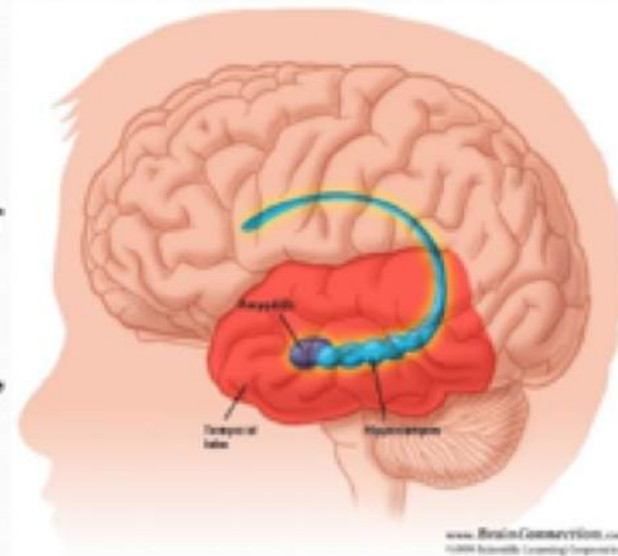
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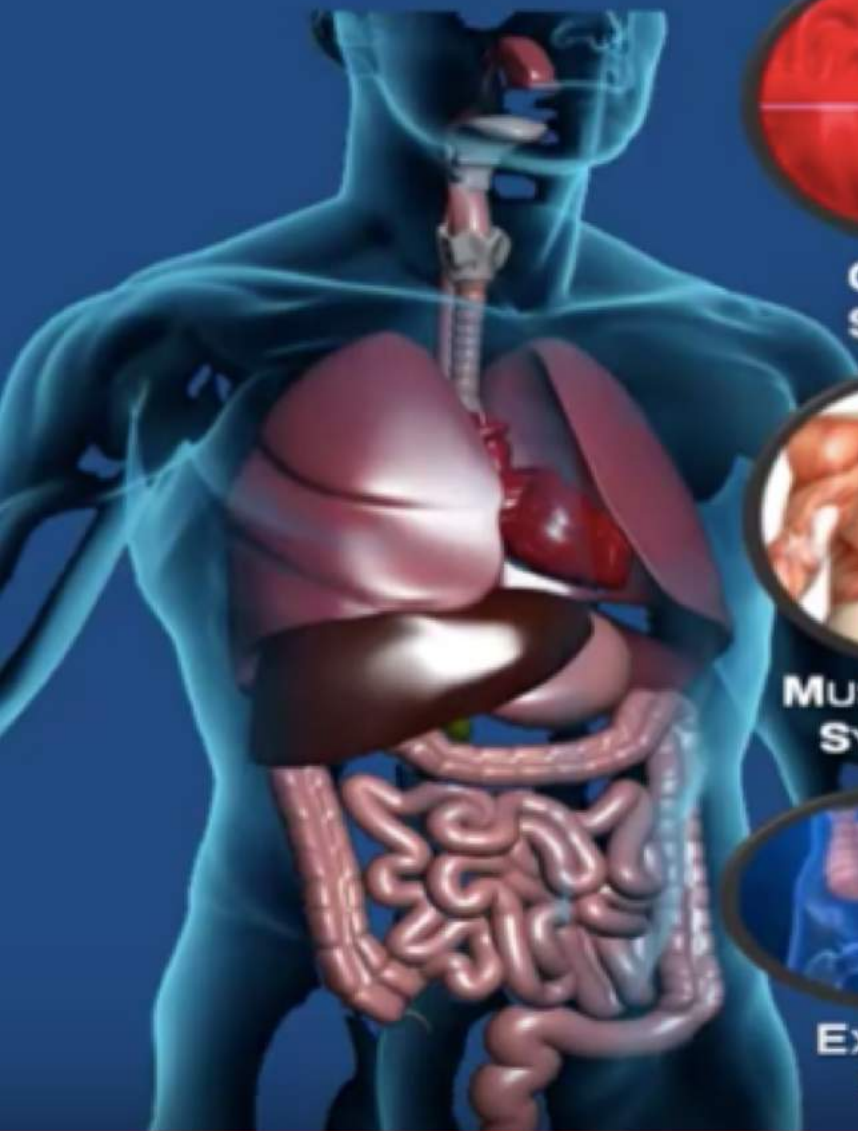
# **Neurobiology Video**



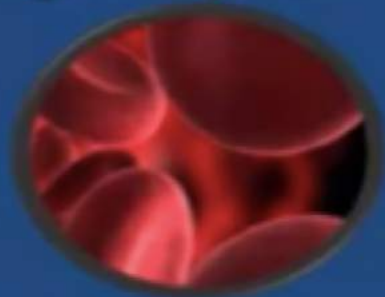
[www.imlearning.com](http://www.imlearning.com)

& Performance

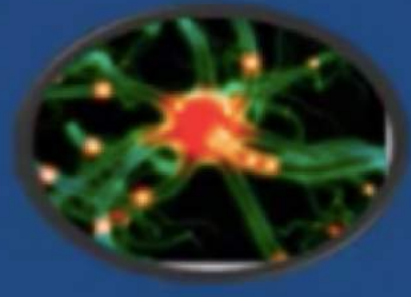
# ...Also Controls Every System in Your Body!



**CARDIAC SYSTEM**



**CIRCULATORY SYSTEM**



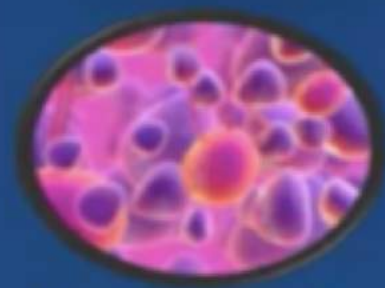
**NERVOUS SYSTEM**



**RESPIRATORY SYSTEM**



**MUSCULAR SYSTEM**



**REPRODUCTIVE SYSTEM**



**SKELETAL SYSTEM**



**DIGESTIVE SYSTEM**



**EXCRETORY SYSTEM**



**ENDOCRINE SYSTEM (HORMONES)**

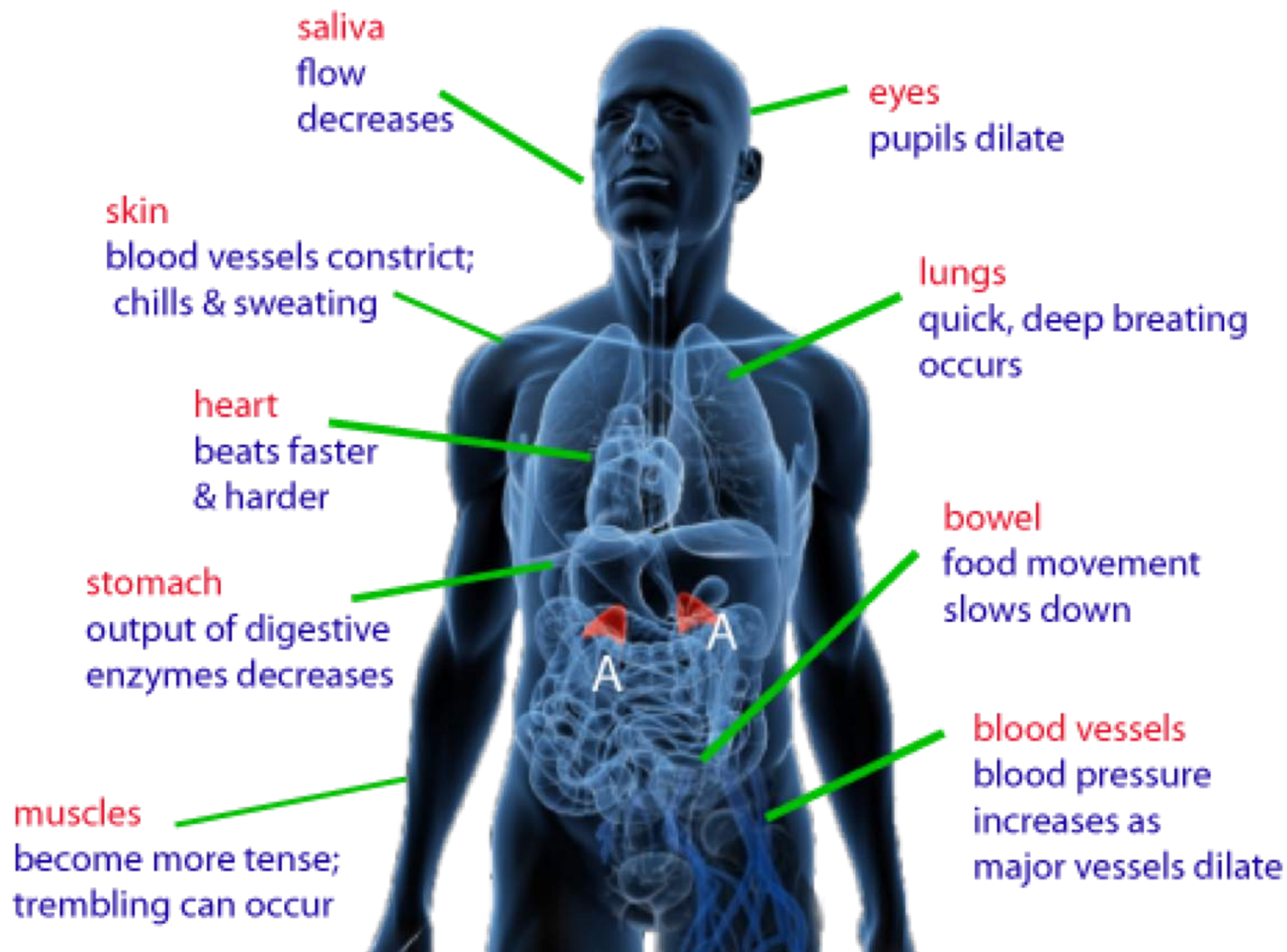


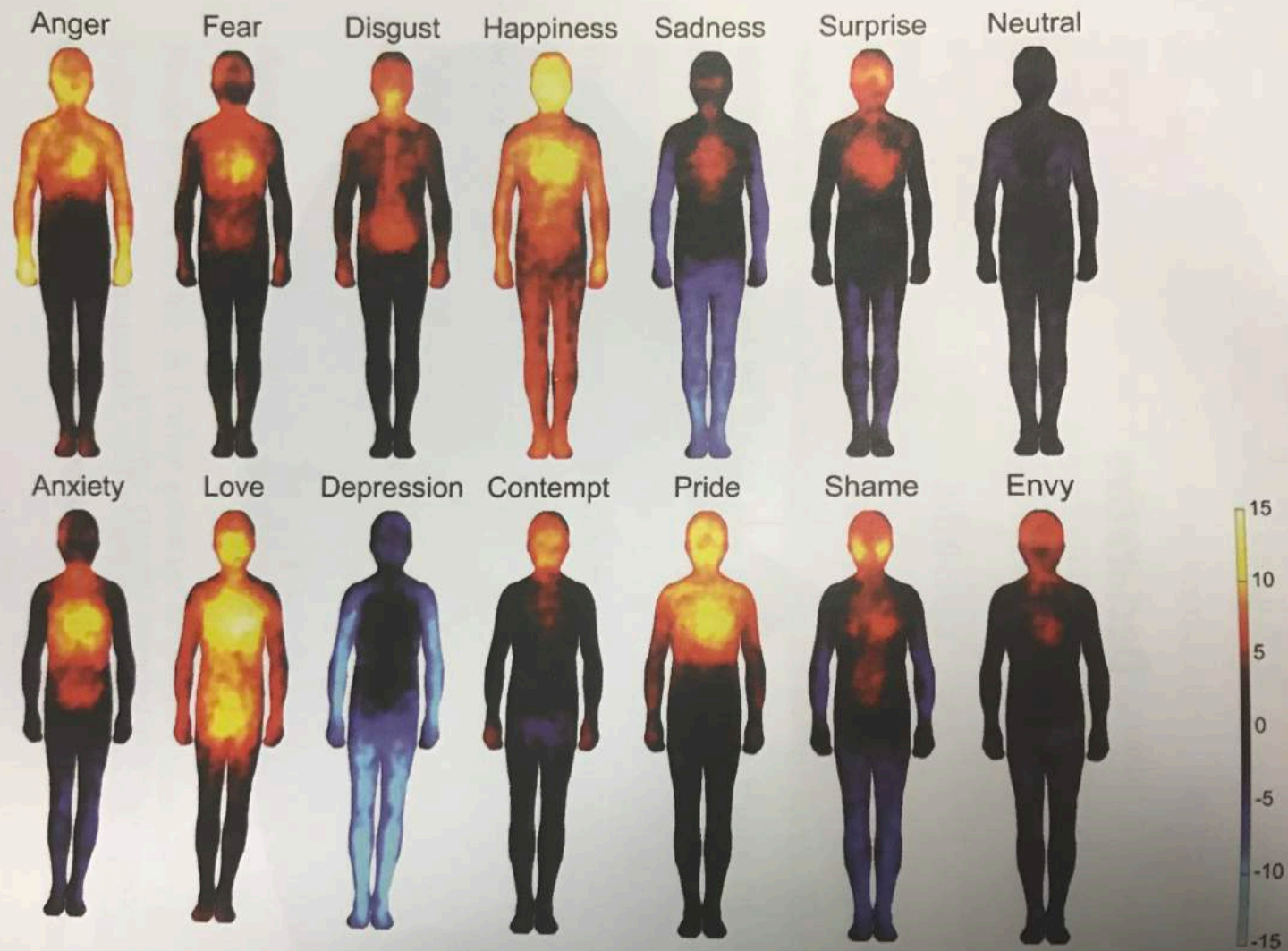
**IMMUNE SYSTEM**



**INTEGUMENTARY SYSTEM (SKIN)**

## Fight or Flight Response





**Figure 2.3** Emotional Bodily Signatures (Source: Lauri Nummenmaa, Enrico Glerean, Riitta Hari, and Jari. K. Hietanen, "Bodily Maps of Emotions," *Proceedings of the National Academy of Sciences* 111, no. 2 (January 2014): 646–651, <http://www.pnas.org/cgi/doi/10.1073/pnas.1321664111>.)

**FIGHT**

**or**

***Flight***



Uncertainty, Paralysis,  
Powerlessness, Avoidance



azi / Barcroft Animals





azi / Barcroft Animals



**FREEZE**





1. Play dead to be left alone
2. Rest to regain escape strength
3. Zone out of pain

This is disassociation and paralysis

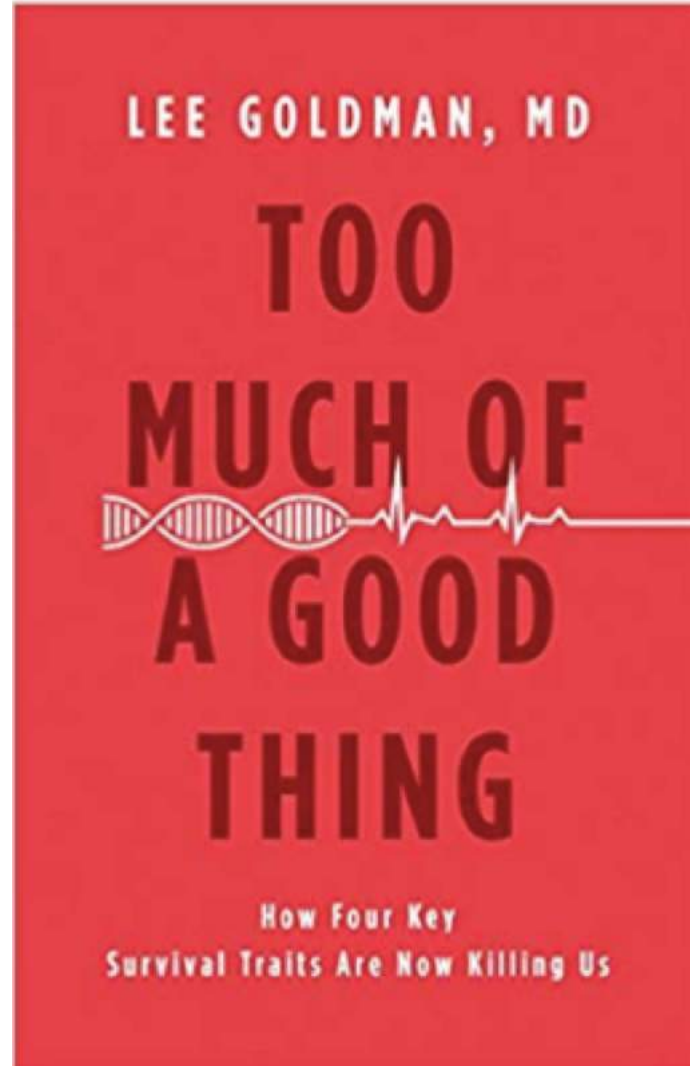
# **The Adaptive System**

# The Adaptive System



# The Adaptive System

Too Much of a Good Thing  
Lee Goldman, MD



# The Adaptive System

Milk's sugar called lactose is indigestible until broken down. Lactase is an enzyme that breaks it down, all mammals lose this after infancy. To preserve milk for babies and eliminate competition. As people moved away they gained tolerance and the lactase continued. Africans did not move and thus have higher intolerance.

Hunger food versus obesity and diabetes

Water salt and high blood pressure

Danger, memory, fear and anxiety and depression

Bleeding, clotting and heart disease and stroke.

# **The Adaptive System**

Trauma is an adaptive response on steroids set up to protect while often working on overkill. Most maladaptive feelings, emotions and behaviors are simply a misplaced defense mechanism gone awry. It is an attempt to control, maintain or improve, with an inappropriate usage and application.

## **Top 10 Worst Items Said to Person Who Experienced Trauma**

- 1 – You're a liar!
- 2 – It's your fault!
- 3 – You wanted it!
- 4 – Why did you go there?
- 5 – Why didn't you tell me earlier?
- 6 – You poor victim
- 7 – What's wrong with you?
- 8 – Happened to me, just get over it
- 9 – That's not a big deal
- 10 – Tell me all the details

# **ACE Video**



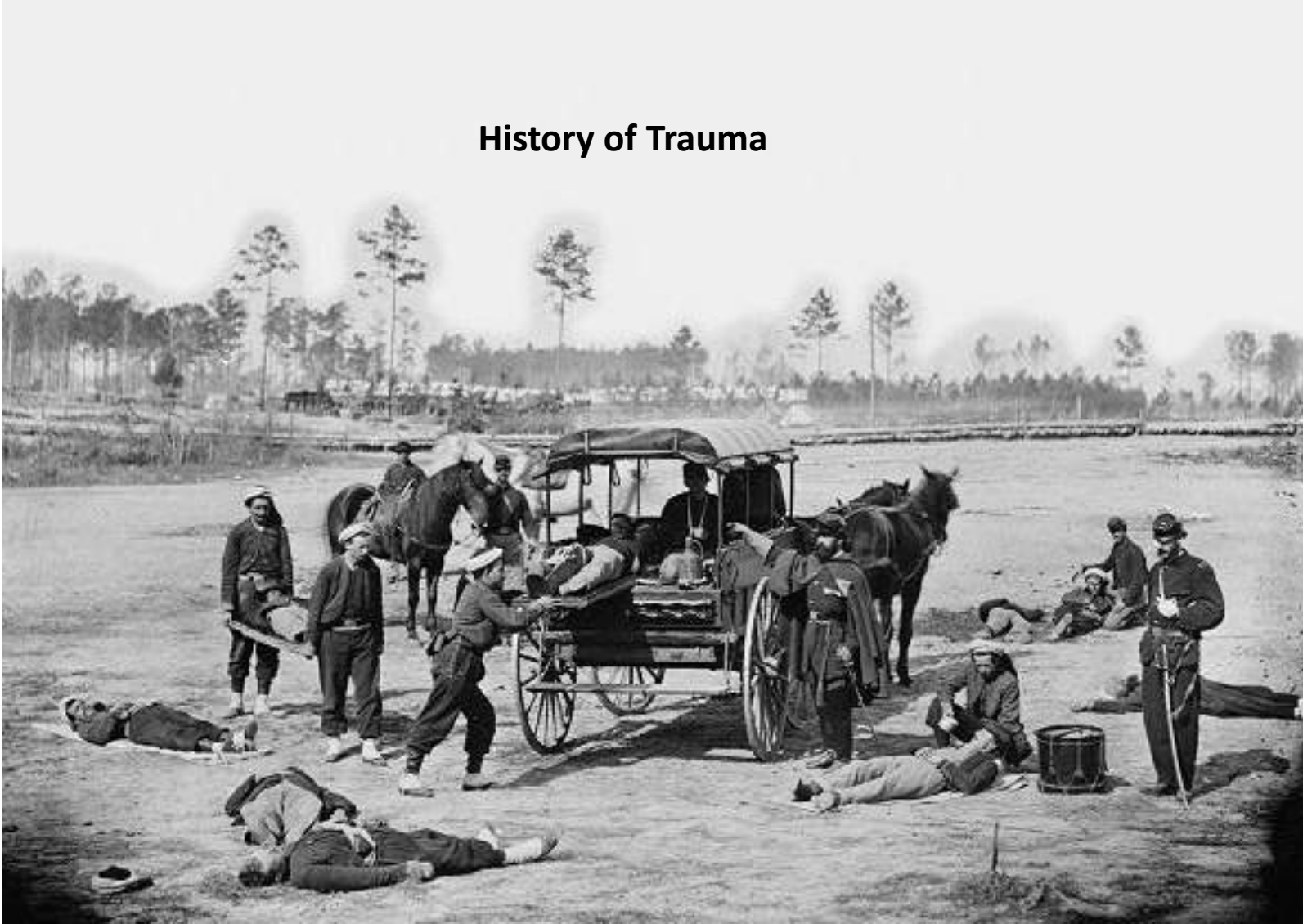


# The Art and Science of Trauma Counseling

## Relationship Repair



## History of Trauma



**During the Civil War, President Abraham Lincoln drove creation of the first trauma manual, which was the first time processes to care for injured patients were formally documented.**

HISTORY, EPIDEMIOLOGY, TREATMENT

## Psychological trauma: a historical perspective

Edgar Jones

Simon Wessely

novel diagnosis reflected a general cultural shift from the group towards the subject. Psychological casualties in both World Wars were, in part, considered a failure of group cohesiveness and morale. The vulnerable, it was argued, could be protected by training, comradeship and unity of purpose. Breakdown ultimately reflected on organization and leadership. The acceptance of PTSD by the American Psychiatric Association was in part a response to the anti-Vietnam War movement, which portrayed the veteran as a victim of an 'insane' and unpopular war, but

## War syndromes characterized by unexplained medical symptoms

### **Pre-1914**

Soldier's heart, irritable heart, palpitation, Da Costa's syndrome, disordered action of the heart, nostalgia, wind contusion

### **First World War (1914–18)**

Shell shock, effort syndrome, neurocirculatory asthenia, war neurosis, gas hysteria, neurasthenia

### **Second World War (1939–45)**

Effort syndrome, non-ulcer dyspepsia, psychoneurosis, battle exhaustion

### **Vietnam War (1965–74)**

Effects of Agent Orange

### **Gulf War (1991)**

Desert Storm syndrome, Gulf War syndrome, Gulf-related illness

## Immediate and delayed disorders of trauma

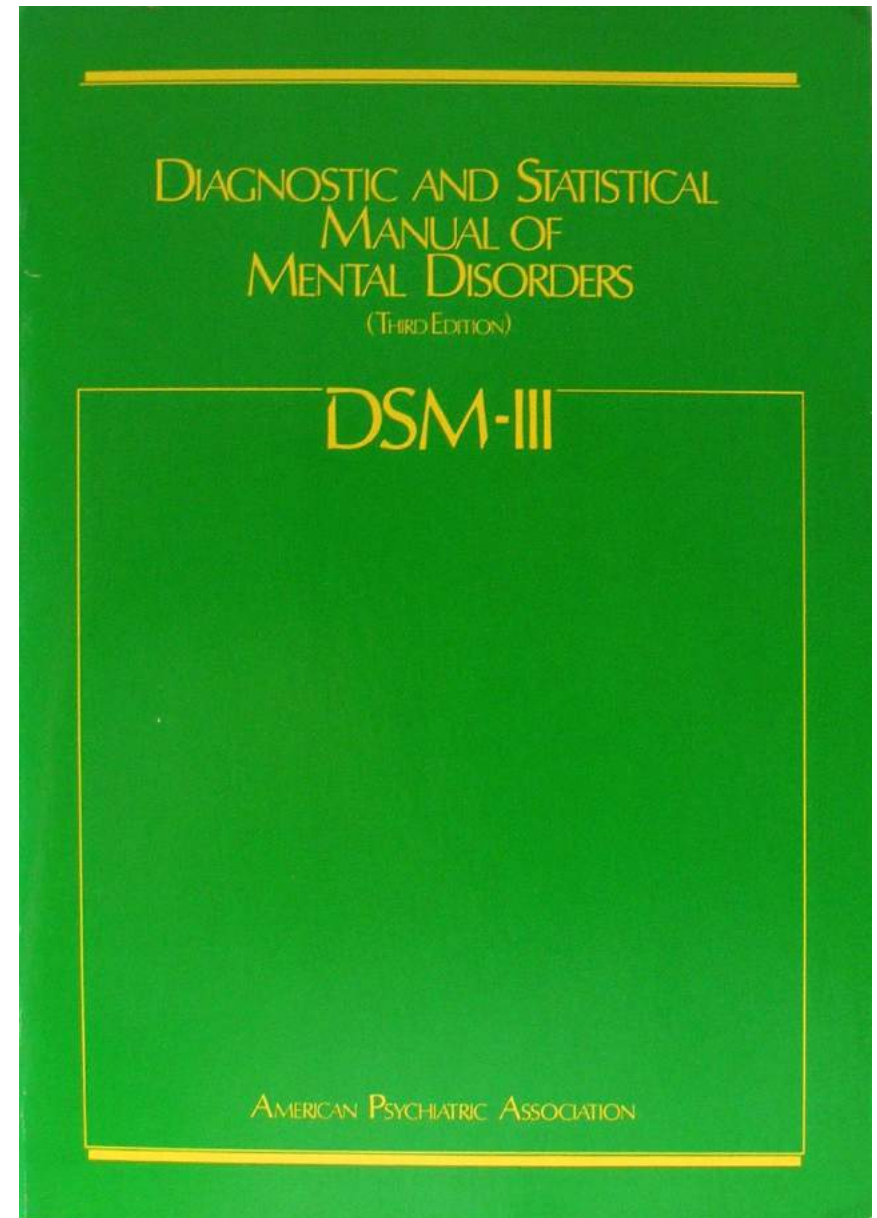
### Immediate

- Shell shock
- Battleshock
- Battle exhaustion
- Combat fatigue
- Combat stress reaction
- Acute stress reaction (ICD-10)
- Acute stress disorder (DSM-IV)

### Delayed or chronic

- Neurasthenia
- War neuroses
- PTSD

In **1980**, the American Psychiatric Association (APA) added PTSD to the third edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-III) nosologic classification scheme (2). Although controversial when first introduced, the PTSD diagnosis has filled an important gap in psychiatric theory and practice.



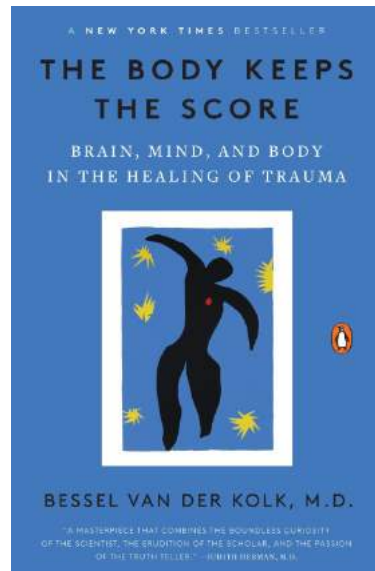


**Complex** post-traumatic stress disorder (**C-PTSD**; also known as **complex** trauma disorder) is a psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma in a context in which the individual has little or no chance of escape.

**Dr. Bessel Van Der Kolk, MD**

**Has eloquently argued to include  
Developmental Trauma Disorder (DTD) into the DSM 5**

**He is a work famous Trauma Expert and runs the Trauma  
Center in Boston.**



**Complex** post-traumatic stress disorder (**C-PTSD**; also known as **complex** trauma disorder) is a psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma in a context in which the individual has little or no chance of escape.

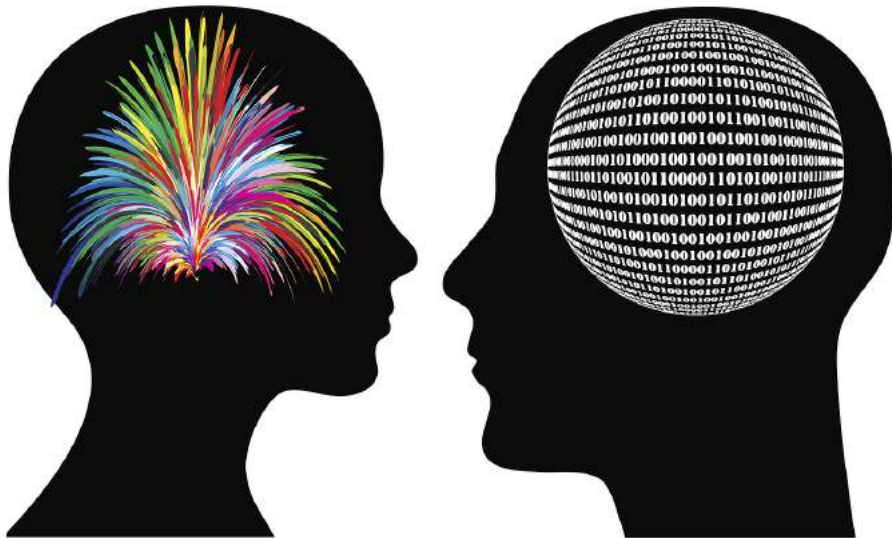


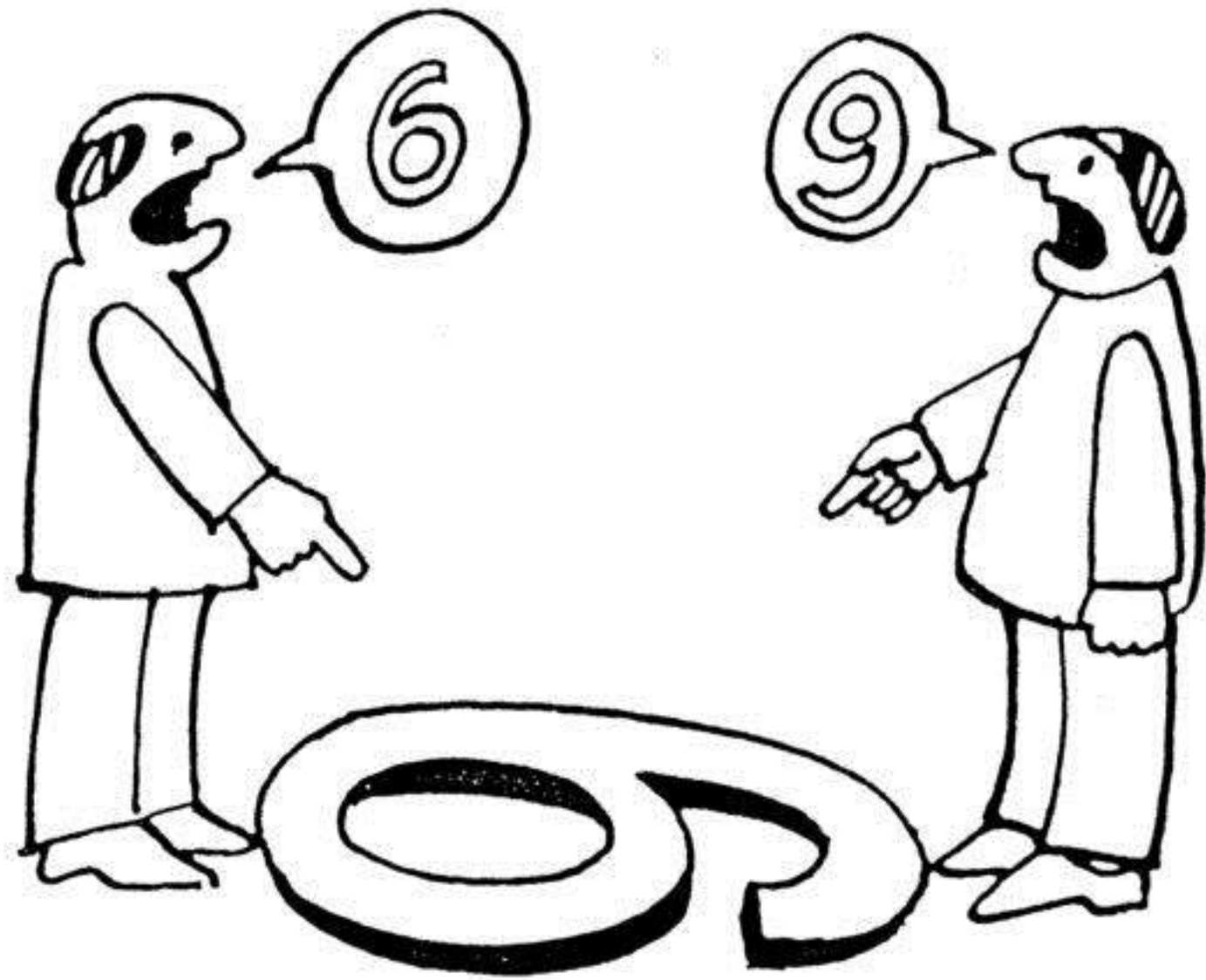
**Part 1, Act 3: Assessment of Trauma and Treatment Challenges**

## Part One: Understanding Trauma:

What is Reality?

# Perceptions: Inner World of Thoughts, Feelings and Words







**Now you try it,  
what do you see?**











## Part One: Understanding Trauma:



What is Reality?

## Assessment and Challenges of Trauma Treatment

Take a look at the next 12 items and write down your response:

What emotions come up for you: Positive, Negative, Neutral, Both  
Happy, sad, fear, anger, disgust, etc. Notice your body and your feelings.

1.



2.







3.

4



5





7



8

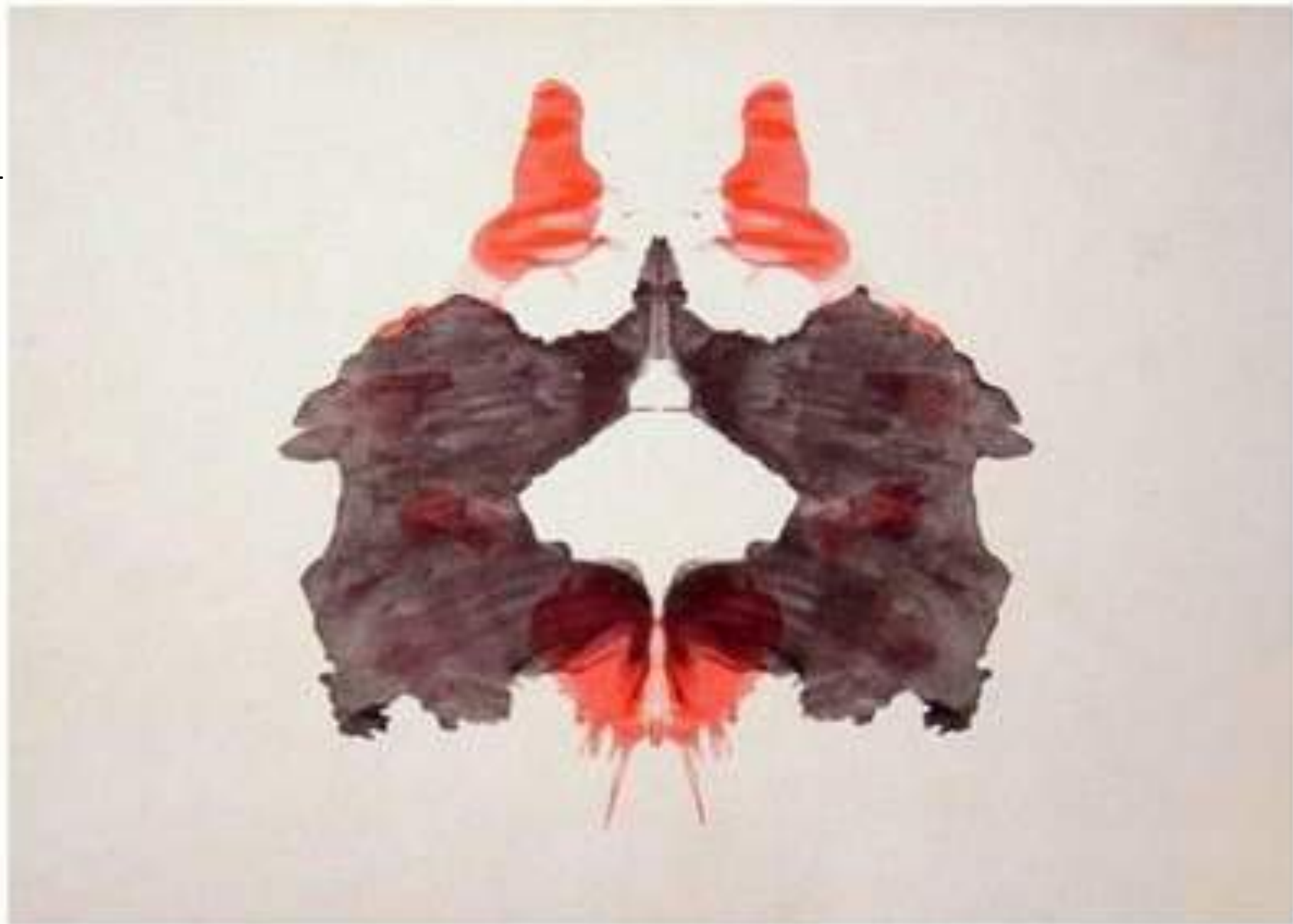




10









## Part One: Understanding Trauma:

### PTSD

The following symptoms are clear indications that the person has been overwhelmed by trauma and experiencing serious mental health consequences:

***Reliving the experience***

***Avoidance and emotional numbing***

***Over sensitivity and irritability***

## Part One: Understanding Trauma:

### PTSD

#### ***Reliving the experience***

Intrusive memories images, or perceptions;

Recurring nightmares;

Intrusive daydreams or flashbacks;

Exaggerated emotional and physical reactions;

Dissociative experiences (feeling disconnected from one's body and environment)

## Part One: Understanding Trauma:

PTSD

### *Avoidance and Numbing*

The avoidance and numbing set of symptoms includes

Efforts to avoid thoughts, feelings, activities, or situations associated with the trauma;

Feelings of detachment from people, places and things;

Inability to have positive and loving feelings;

Limited emotions, loss of interest; and avoidance of activity.

## Part One: Understanding Trauma:

PTSD

### ***Hypersensitivity***

Exaggerated startle response  
Being on guard much of the time  
Insomnia and other sleep disturbances,  
Difficulties in concentrating, and  
Outbursts of anger.

# Diagnosis

## PTSD Diagnosis (DSM-5)

- Direct exposure to traumatic event
- Intrusion symptoms:
  - Flashbacks
  - Intense distress at cues that symbolize/resemble traumatic event
- Avoidance:
  - Of distressing memories, thoughts and feelings about the event
  - External reminders of the event
- Negative alterations in cognitions and mood:
  - Inability to remember important aspects of the traumatic event
  - Persistent negative expectations and beliefs about herself and others
  - Persistent negative emotional state
  - Feelings of detachment or estrangement from others
  - Persistent inability to feel positive emotions
- Alterations to arousal and reactivity:
  - Irritable behavior and angry outbursts
  - Hypervigilance
  - Sleep disturbance
- Duration more than 1 month
- Significant distress and impairment in social and occupational functioning
- Not attributable to physiological effects of a substance

# Diagnosis

## Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score ra hbr 10 24 06

### While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often** ...  
Push, grab, slap, or throw something at you?  
**or**  
**Ever** hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Try to or actually have oral, anal, or vaginal sex with you?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did you **often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Did you **often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
**Often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score



# Diagnosis

The Trauma Screening Questionnaire<sup>1</sup> (TSQ) is a brief 10-item self-report measure designed to screen for posttraumatic stress disorder (PTSD). Each item is derived from the DSM-IV<sup>2</sup> criteria and describes either a reexperiencing symptom of PTSD (items 1 through 5) or an arousal symptom of PTSD (items 6 through 10). Avoidance and numbing symptoms, though also listed in the DSM-IV criteria, were not included in the TSQ in keeping with the authors' goal of creating a useful screening instrument that was "short and contain[ed] the minimum number of items necessary for accurate case identification."<sup>1</sup> The lead author states that "what the TSQ gains in simplicity and clarity more than compensates for the absence of symptoms that may be difficult to understand and judgements that may be difficult to make."<sup>3</sup> Preliminary psychometric data<sup>4</sup> from 2 samples (rail crash survivors and crime victims) indicate that, for PTSD screening purposes, the TSQ enables excellent levels of prediction (see Scoring and Interpretation, below).

### Trauma Screening Questionnaire

#### Your Own Reactions Now to the Traumatic Event

Please consider the following reactions which sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to the traumatic event which happened a few weeks ago. Please indicate whether or not you have experienced any of the following AT LEAST TWICE IN THE PAST WEEK:

	YES, AT LEAST TWICE IN THE PAST WEEK	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the event		
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event		
6. Difficulty falling or staying asleep		
7. Irritability or outbursts of anger		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Being jumpy or being startled at something unexpected		

Part One: Understanding Trauma:

**Part 1, Act 4 Practice and Q & A**

Part One: Understanding Trauma:

**Part 1, Act 4 Practice and Q & A**

**Perform an intake with client who experienced trauma(s)**

## The Art and Science of Trauma Counseling

**Enjoy your lunch! We'll see you back at....**



# **The Art & Science of Trauma Counseling: Part 2: Treatment**



# The Art and Science of Trauma Counseling

## **Part Two: Treating Trauma**

Act 1: 5 Core Competencies

Act 2: 5 Modalities

Act 3: Complex Trauma Interventions

Act 4: Lesson Discussion

Act 5: Wrap Up and Q & A

# The Art and Science of Trauma Counseling

## **Part Two: Treating Trauma**

### Act 1: 5 Core Competencies

# The Art and Science of Trauma Counseling

## Part Two: Treating Trauma

# Agenda

**Act 1: 5 Core Competencies**

**Act 2: 5 Modalities**

**Act 3: Complex Trauma Interventions**

**Act 4: Lesson Discussion**

**Act 5: Wrap-Up and Q & A**



## **Part Two: Treating Trauma**

**5 Core Competencies**

# The Art and Science of Trauma Counseling



## **5 Core Competencies**

What do you think they are and why?

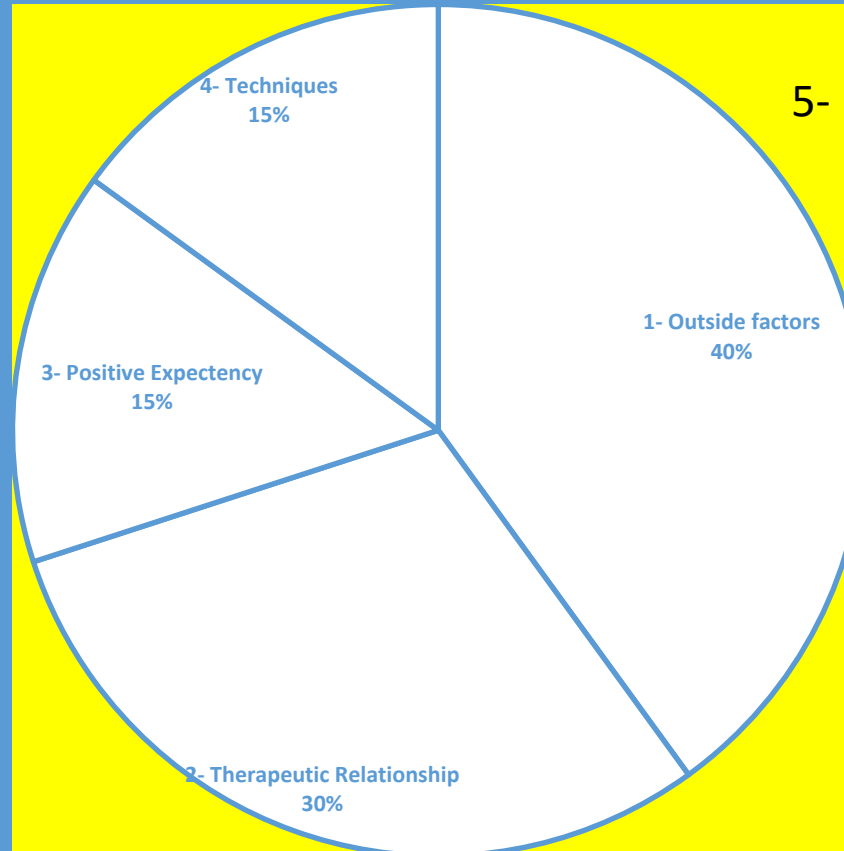
## The Art and Science of Trauma Counseling

**“All great truth passes through three stages. First it is ridiculed, then violently attacked, and finally accepted as self-evident”**

Arthur Schopenhauer Chemurgic digest 1951

# The Art and Science of Trauma Counseling

## 5 INGREDIENTS



5- Mindfulness

Trauma Competency:  
An Active Ingredients Approach to Treating PTSD  
(Gentry, Baranowsky & Rhoton, 2016)

**Forward-Facing Trauma Therapy: Healing the Moral Wound** Paperback – September 20, 2016  
by [J. Eric Gentry PhD](#) (Author)

# The Art and Science of Trauma Counseling

Positive expectancy: 15%

**Forward-Facing Trauma Therapy: Healing the Moral Wound** Paperback – September 20, 2016  
by [J. Eric Gentry PhD](#) (Author)

# The Art and Science of Trauma Counseling

techniques: 15%

**Forward-Facing Trauma Therapy: Healing the Moral Wound** Paperback – September 20, 2016  
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# The Art and Science of Trauma Counseling

Therapeutic relationship: 30%

**Forward-Facing Trauma Therapy: Healing the Moral Wound** Paperback – September 20, 2016  
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Other factors: 40%

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# The Art and Science of Trauma Counseling

Mindfulness – Being In The Present

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# The Art and Science of Trauma Counseling

## 5 INGREDIENTS



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# The Art and Science of Trauma Counseling

## **Part Two: Treating Trauma**

**Act 2:**

**Five Modalities**

Rob Greenfield



A man with a beard and short hair is standing in a shallow stream, completely covered in bright green moss. He is wearing dark shorts. The background is a dense forest with many green leaves. The water in the stream is clear and reflects the surrounding greenery. The overall scene is a natural, outdoor setting.

**Lessons Learned...**

**From a year  
without  
showering**













# Modalities – 1 - CBT

## TRAUMA TREATMENT

### Trauma-Focused Cognitive Behavior Therapy

- Child trauma treatment with largest body of evidence for its effectiveness
- Developed by Cohen, Mannarino, Deblinger, and tested with various populations (child sexual abuse victims, children exposed to domestic violence, child traumatic grief, etc)
- Targets trauma-related symptoms, not PTSD alone
- Includes parent/caregiver throughout treatment, both together with and separately from the child

# Modalities – 1 - CBT

## Cognitive behavioral therapy

### Positive

- ✗ Brief treatment (usually 8-12 sessions)
- ✗ Easily measured and researched
- ✗ Clear and concise
- ✗ Many books and manuals for clients to read/homework
- ✗ Easy to find therapists
- ✗ Moderate training to gain mastery

### Negative

- Clients sometimes experience CBT and practitioners as “overly technical”
- Can minimize affective/emotional experiences
- Therapist-driven

# Modalities – 1 - CBT

Cognitive Based

## Cognitive Processing Therapy

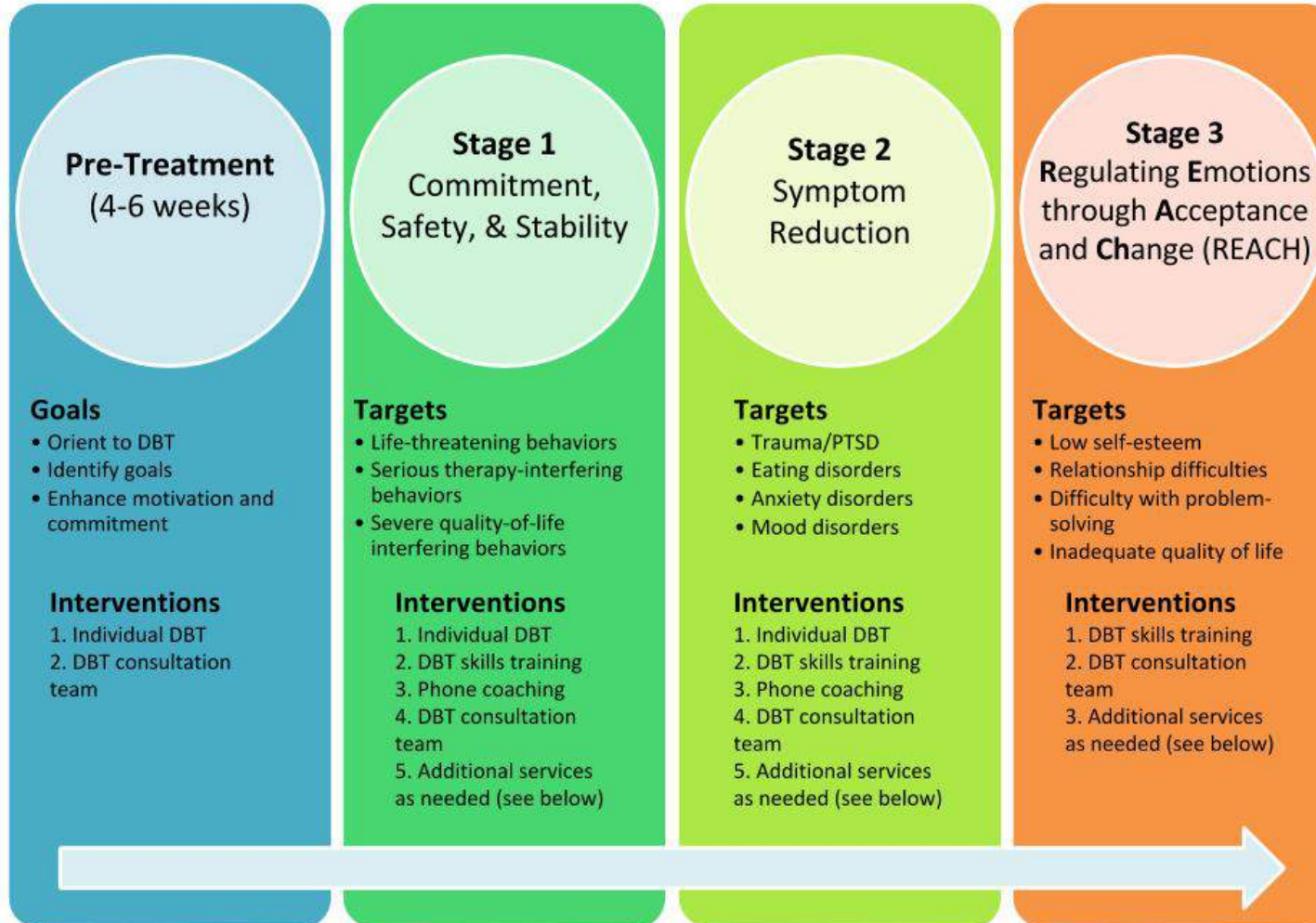
- Developer: Patricia Resick
- The four main parts of CPT
  - Learning About Your PTSD Symptoms.
  - Becoming Aware of Thoughts and Feelings.
  - Learning Skills.
  - Understanding Changes in Beliefs.
- 12-13 Sessions (depending upon bereavement)
- Manualized & Scripted Sessions
- Can be abreactive

# Modalities – 1 - CBT

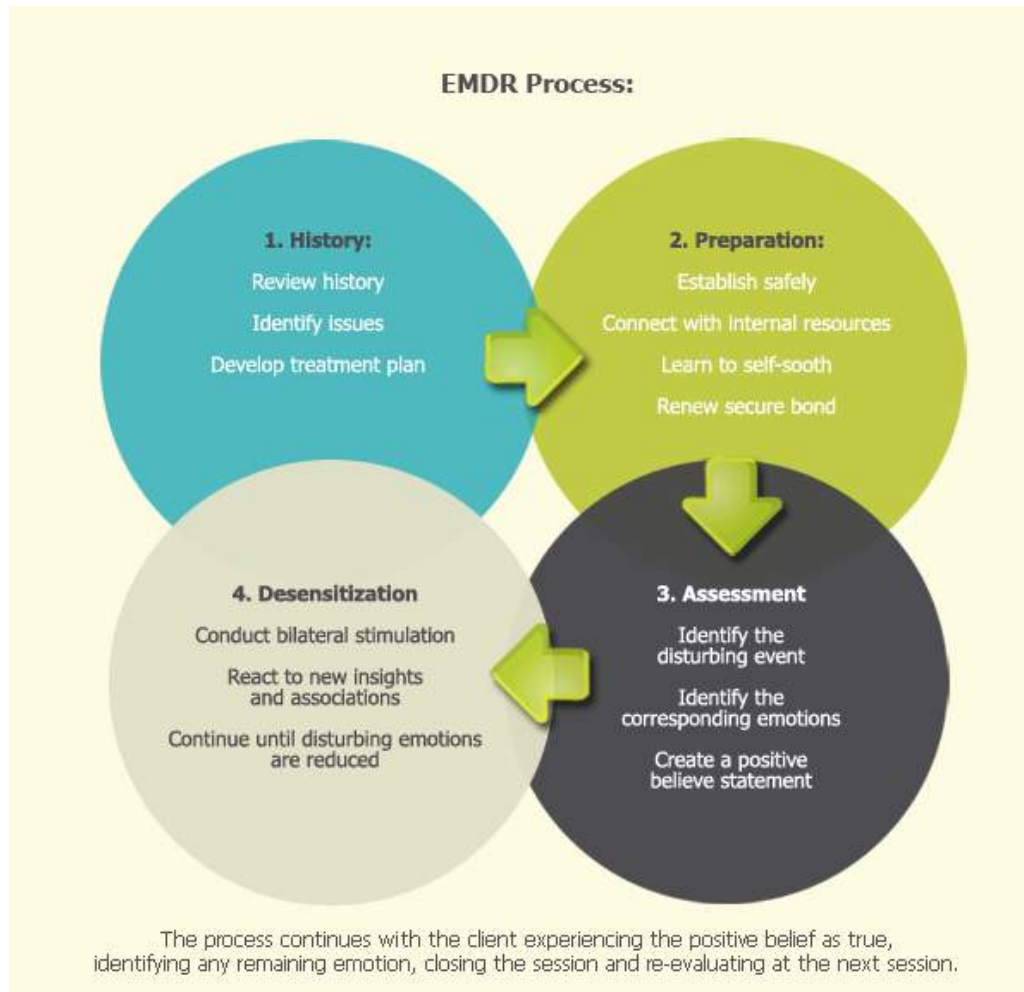
## CPT Sessions

- **Session 1 - Introduction and Education**
- **Session 2 - The Meaning of the Event\***
- **Session 3 - Identification of Thoughts and Feelings**
- **Session 4 - Remembering Traumatic Events**
- **Session 5 - Identification of Stuck Points**
- **Session 6: Challenging Questions**
- **Session 7 - Patterns of Problematic Thinking**
- **Session 8 - Safety Issues**
- **Session 9 - Trust Issues**
- **Session 10 - Power/Control Issues**
- **Session 11 - Esteem Issues**
- **Session 12 - Intimacy Issues and Meaning of the Event:**

# Modalities -2 - DBT



# Modalities 3- EMDR





# Modalities 3- EMDR

## Eye Movement Desensitization & Reprocessing (EMDR)



- Francine Shapiro (1987)
- over 60,000 licensed mental health therapists in 52 countries

- ✗ An integrated model that draws from behavioral, cognitive, psychodynamic, body-based, and systems therapies, EMDR provides profound and stable treatment effects in a short period of time.
- ✗ an eight-phase treatment that includes the use of eye movements or other bi-lateral (i.e., left-right) stimulation
- ✗ There are more controlled studies to date on EMDR than on any other method used in the treatment of trauma.
- ✗ EMDR is the only well-researched treatment model capable of addressing multiple incidents of trauma simultaneously

# Modalities 3- EMDR

## EMDR

### 8 Phases – 11 Steps

EMDR's effectiveness, like all psychotherapies, is contingent upon the development and maintenance of a good therapeutic relationship

EMDR Institute, Inc.  
PO Box 51010  
Pacific Grove  
CA 93950-6010 USA  
Tel: 831-372-3900  
Fax: 831-647-9881  
<http://www.emdr.com>  
email: [inst@emdr](mailto:inst@emdr)

## Eight Phases

Treatment using EMDR is a highly structured form of psychotherapy organized into eight (8) discreet phases. The EMDR protocol utilizes 11 steps.

- +1. Client History/Treatment Plan
- +2. Preparation
- +3. Assessment
- +4. Desensitization
- +5. Installation
- +6. Body Scan
- +7. Closure
- +8. Reevaluation

# Modalities 3- EMDR

## CORE BELIEF CLUSTERS: Developmental Plateaus

### NEGATIVE

*I am abandoned.  
I am alone.  
It's not safe to feel.  
I am unimportant.  
I am invisible.*

### SURVIVAL

*I can survive / exist / get my needs met.  
I can survive / exist / get my needs met.  
I can begin to learn when and how to...  
I have value regardless.  
I can get my needs met.*

### ADAPTIVE

## RESPONSIBILITY

### Control

*I am powerless / helpless / trapped.  
I have to be in control.  
I am responsible.  
I should have done something.*

*I can control what I can in ...  
I can safely let go of some control.  
I can recognize appropriate responsibility.  
I did what I could.*

### Shame

#### **I am... (core sense of self)**

*I am unlovable / undeserving.  
I am worthless / defective.  
I am bad / selfish.  
I am not good enough.  
I am inadequate.  
I am responsible.*

*I am okay as I am.  
I am okay as I am.  
I can accept myself.  
I am good enough.  
I can accept myself.  
I can recognize appropriate responsibility.*

### Guilt

#### **I did... (self-evaluation of behaviors)**

*I am bad.  
I am a failure.  
I am responsible.  
I have to be in control.*

*I can learn from my mistakes.  
I did the best I could.  
I can recognize appropriate responsibility.  
I can recognize what I can and cannot control.*

*I am powerless / helpless / trapped.  
I should have done something.*

*I can control what I can.  
I did what I could.*

## VULNERABILITY

*I am vulnerable.  
I am powerless.  
I am helpless.  
I am trapped.*

*I can protect myself.  
I can control what I can.  
I can control what I can.  
I can control what I can.*

## JUDGMENT

*I can't trust my judgment.*

*I can learn how to trust my judgment.*

## PTSD ("T" trauma—child or adult onset)

*I am going to die.  
I am in danger.  
I am overwhelmed.*

*I survived.  
I can survive.  
I can get through it.*

# Modalities 3- EMDR

Timeline Usage

Negative Belief:

Subjective Units of Distress: 0-9

Adaptive Belief: 1-7

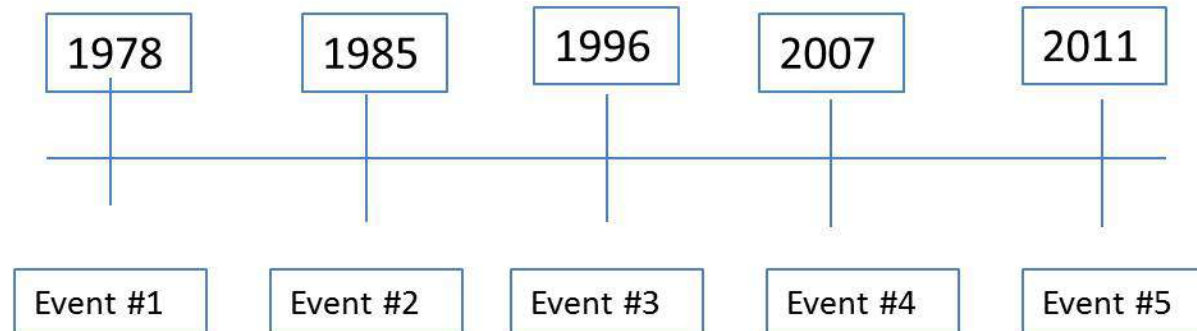
# Modalities 3- EMDR

Time Line Usage

Draw timeline of life events

Client can use space-filler if they don't want to elaborate

Age 12 (1992): Undisclosed event





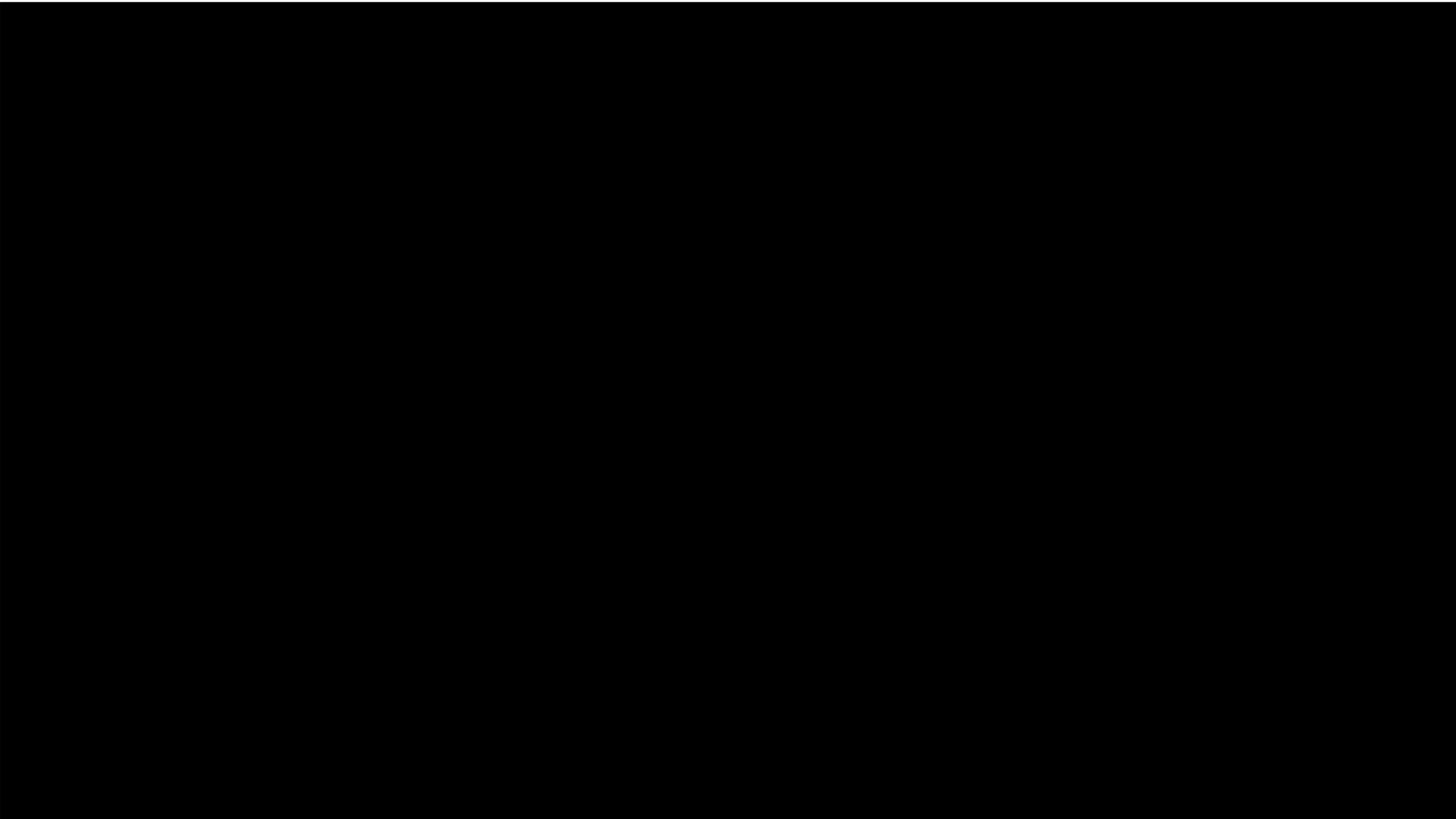


# Modalities – 4 - SE

## Somatic Experiencing

- Ron Kurtz
- Pat Ogden
- Babette Rothschild
- Peter Levine
- Bob Scaer
- Dave Bercelli
- Helps the survivor access, regulate and express the physiological effects of trauma.
- Body-centered
- Regulation and expression first, cognitive second
- Trauma Releasing Exercises (non-verbal)





# **Modalities – 4 - SE**

What the mind has forgotten, the body has not... thankfully.  
Sigmund Freud

# Modalities – 4 - SE

Neurobiological Foundations for EMDR Practice by:  
Uri Bergmann

Panksepp (1998) posits that man has 4 main neural systems.

The seeking system looks for exploring environment to find food, shelter, sex. This is simply called curiosity

Fear system- flight or freeze

Rage system- fight

Panic system- distress vocalization and social attachment

# Modalities – 4 - SE

The pneumo-gastric nerve of Darwin is the vagus nerve that connects brain with most internal organs, the enteric gutt brain actually does 9:1 compared to brain.

# Modalities – 4 - SE

Pavlov's dogs stuck in flood and were traumatized in October 1916. He wrote about 3 stages: equivalent stage- they responded to innocent stimuli with traumatic response as if danger. Paradoxical phase- responded to weak more than to strong! Ultra-paradoial or transmarginal- shutdown. Neural overload.

# **Modalities – 4 - SE**

What lies behind us and what lies before us are tiny matters compared to what lies within us. Ralph Waldo Emerson

# Modalities 5 – Sensorimotor

## Sensorimotor Psychotherapy

“Trauma treatment must restore a sense of safety in the body and complete the unfinished past.” – van der Kolk

Model specifically designed to treat effects of PTSD and complex trauma, as well as associated attachment and developmental disturbances via somatic and cognitive interventions.

Therapist carefully attends to client’s narrative, empathically interrupting tendencies toward hyper- or hypo-arousal before either causes dysregulation, and encouraging alternative physical actions that challenge habitual, trauma-related reactions.

Over time, the trauma-related feelings and cognitions begin to reorganize as clients experience new physical responses and the sense of mastery in physical control.

# Modalities 5 – Sensorimotor

Trauma and Memory – Dr. Pat Ogdan

“The priming function becomes maladaptive for traumatized individuals who repeatedly notice and take in sensory cues that are reminiscent of past trauma, often failing to notice... that current reality is not dangerous.” Thus they become self-perpetuating falsehoods. (p. 18)

Infants playfully experiences pee a boo and learns to have positive affect regulation, to be curious and to explore. Expanding their window of tolerance. (p. 46)

The attachment system is the foundation of all other systems because of its role in detecting safety. Thus, it controls: defense, attachment, exploration, energy regulation, caregiving, sociability, play and sexuality. (P. 111)

Like the caregiver, the therapist must provide ability to weather the storm and bring interactive repair when the inevitable empathic failures occur. P. 117

One’s self-state remains fixated on defense against threat. P. 135



# The Art and Science of Trauma Counseling

## **Part Two: Treating Trauma**

### Act 3: Complex Trauma Interventions

## The Art and Science of Trauma Counseling

**Personality Disorders, Severe Depression, Anxiety, OCD, hoarding, Bipolar, Auto immune disorders, multiple personality disorder.**

## The Art and Science of Trauma Counseling



# The Art and Science of Trauma Counseling

## Core Self in the Aftermath of Trauma

### **Feelings as all-or-nothing - Discontinuity and fragmentation**

- Extreme primary emotions: fear and rage
- Extreme secondary emotions and feelings: shame, guilt, sadness, etc.
- "Never knowing just what might happen or how it will feel"

### **Emotions without feelings - Attenuation and obliteration**

- Numbing and alexithymia
- Bodily reactions and behaviors without feeling, knowledge or agency
- "Little or no feeling of what happens"

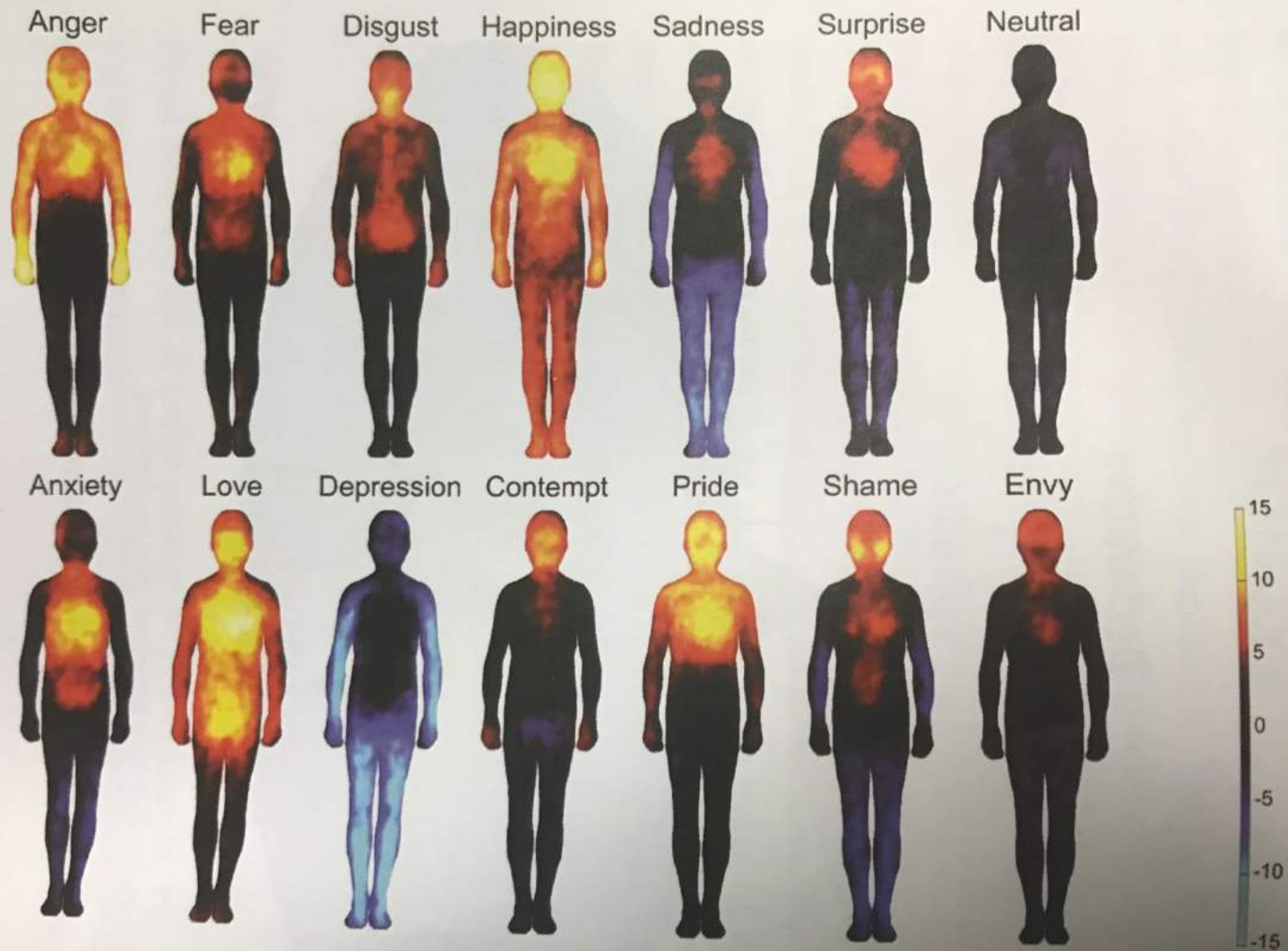
### **Tortured embodiment and core self**

- Constantly confronted with the inescapable "enemy within"
- Feelings are not information to be used; lack of agency
- "The feeling of what happens is often horrible and overwhelming"

## The Art and Science of Trauma Counseling

PTSD treatments can be identified:

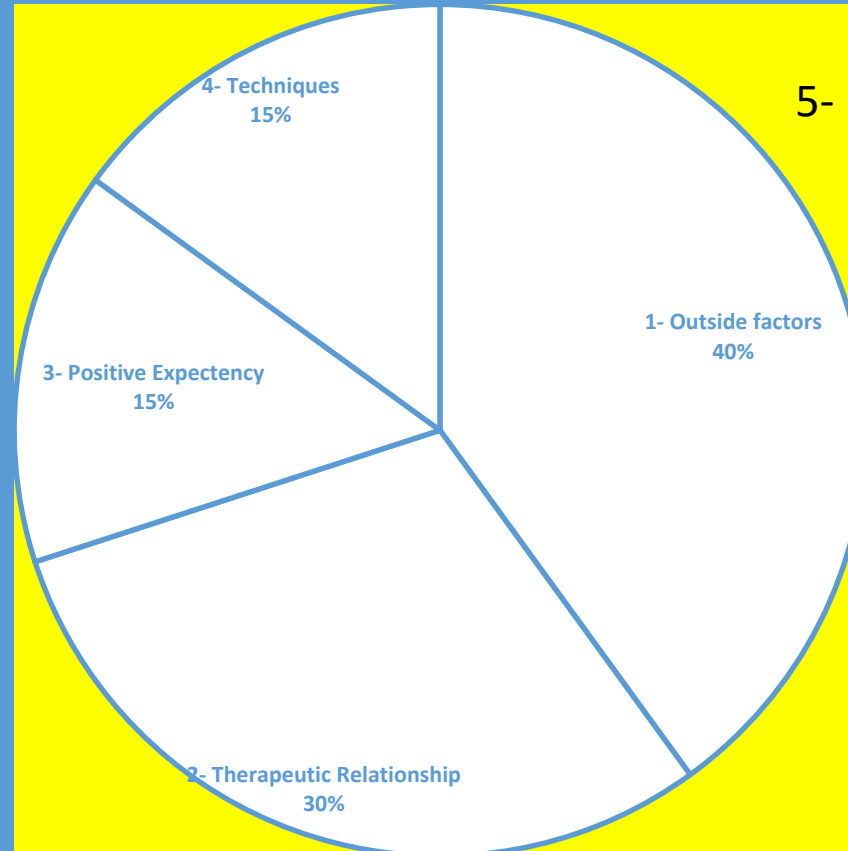
- **Cognitive Restructuring** - restructuring cognition with a focus on psychoeducation about the neurological, physical, and psychological effects of trauma;
- **Therapeutic Relationship** - establishing, maintaining, and enhancing an excellent therapeutic relationship through the use of feedback-informed treatment (FIT; Duncan & Miller, 2000; Miller et al., 2013; Seidel, 2012);
- **Relaxation/Self-Regulation** - teaching survivors to monitor and autonomously regulate autonomic arousal through ongoing relaxation;
- **Exposure/Narrative** - using exposure and/or narrative approaches to integrate and desensitize repressed, suppressed, and dissociated traumatic memories and memory fragments.



**Figure 2.3** Emotional Bodily Signatures (Source: Lauri Nummenmaa, Enrico Glerean, Riitta Hari, and Jari. K. Hietanen, "Bodily Maps of Emotions," *Proceedings of the National Academy of Sciences* 111, no. 2 (January 2014): 646–651, <http://www.pnas.org/cgi/doi/10.1073/pnas.1321664111>.)

# The Art and Science of Trauma Counseling

## 5 INGREDIENTS



5- Mindfulness

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by [J. Eric Gentry PhD](#) (Author)

Titration

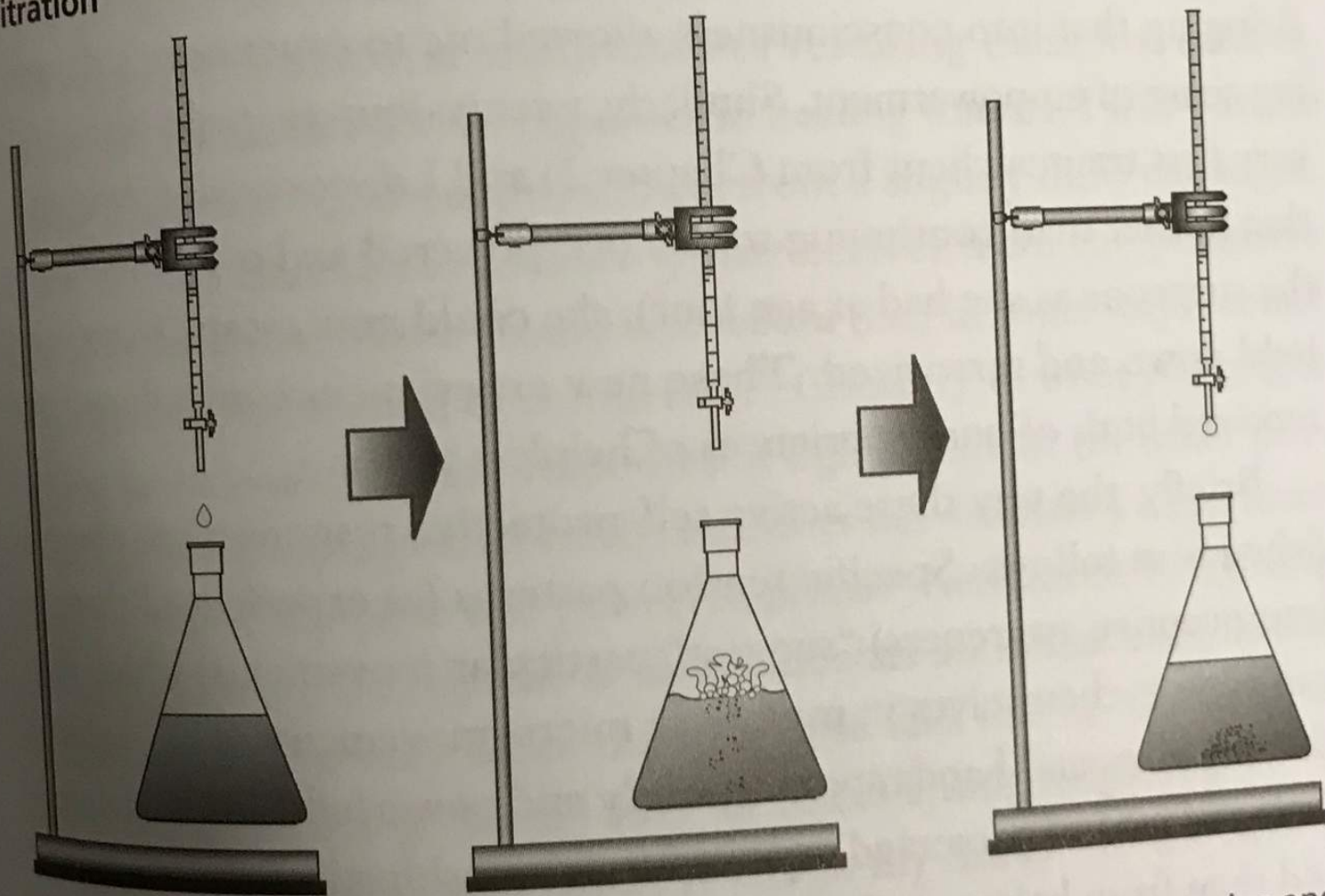


Figure 5.3 Titration in the chemistry lab is a way of combining two corrosive and potentially explosive substances in a controlled mixing that transforms the reactants gradually.

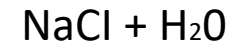


Hydrochloric Acid (HCl) mixed with lye (NaOH) causes severe burning



However....

Hydrochloric Acid (HCl) slowly mixed with lye (NaOH) creates:





PLAIN  
OPEN HERE



**MORTON**  
SALT

THIS SALT DOES NOT SUPPLY IODIDE, A NECESSARY NUTRIENT.  
NET WT. 26 OZ. (1 LB., 10 OZ.) 737 g

Titration

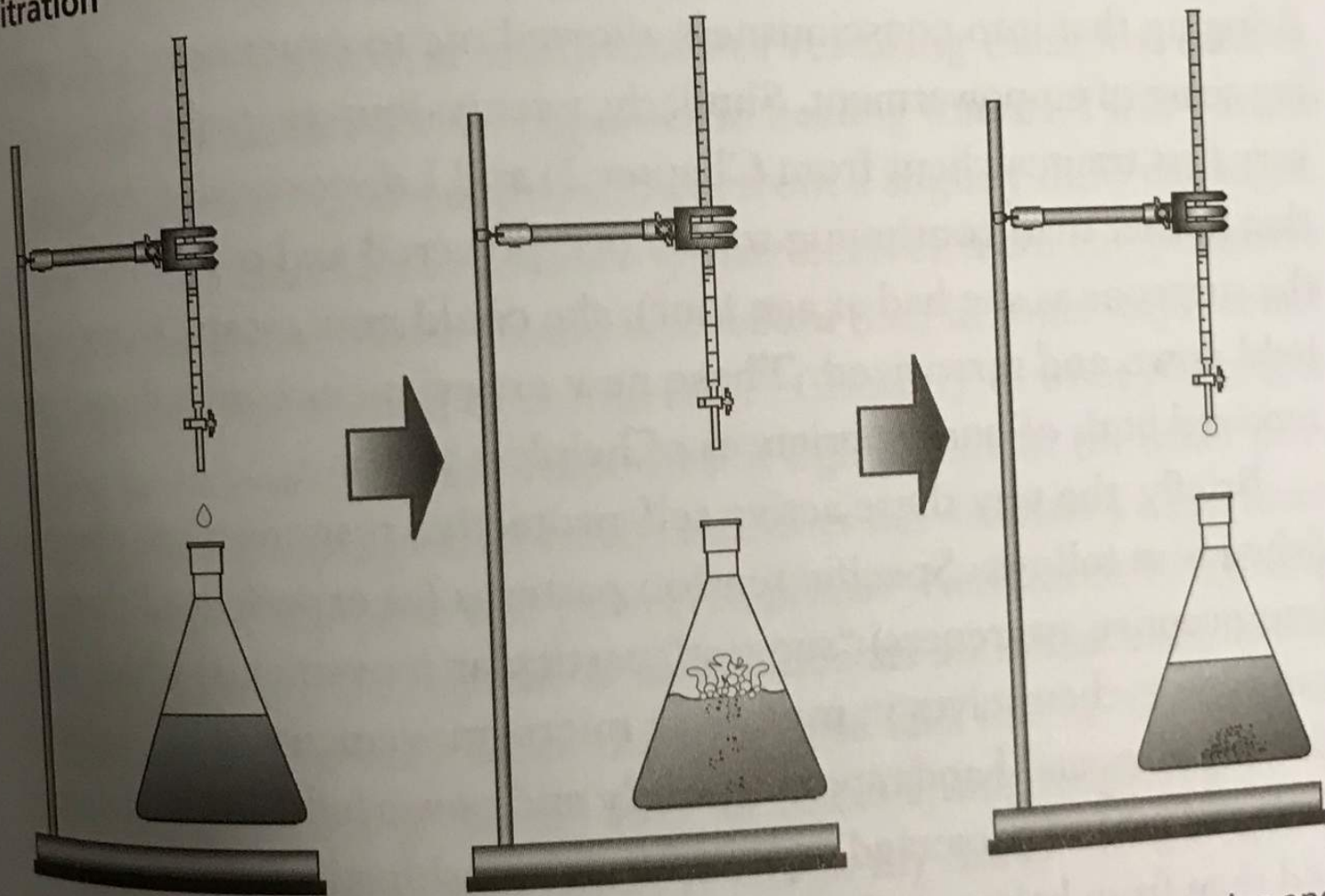


Figure 5.3 Titration in the chemistry lab is a way of combining two corrosive and potentially explosive substances in a controlled mixing that transforms the reactants gradually.

# Interventions

## Grounding

## Anxiety Grounding

Stop anxiety and panic from hi-jacking your mind

Grounding is a very simple and powerful tool to help you:

- Break recursive cycle of anxious thoughts
- Return to present
- Reset your mind

### The 5-4-3-2-1 Technique

Focus on **5** things you can see and label them in your mind.

Focus on **4** things you can touch, touch them and label them in your mind.

Focus on **3** things you can hear and label them in your mind.

Focus on **2** things you can smell and label them in your mind.

Focus on **1** thing you can taste or remember tasting and label it in your mind.



GREEN FLOWER  
BOTANICALS

# Interventions

Safe Haven

**DOs AND DON'Ts OF A TRAUMA-INFORMED COMPASSIONATE CLASSROOM**

**1 CREATE A SAFE SPACE**  
Consider not only physical safety but the children's emotional safety as well.

**2 ESTABLISH PREDICTABILITY**  
Write out a schedule and prepare children for transitions. It helps create a sense of security and safety.

**3 BUILD A SENSE OF TRUST**  
Follow through with your promises and in situations where changes are unavoidable be transparent with your explanations.

**4 OFFER CHOICES**  
Empower students and offer "power with" rather than "power over" strategies.

**5 STAY REGULATED**  
Help your students (and yourself) stay in the "Resiliency Zone" to promote optimum learning. Have regulation tools ready to help students bumped out of the zone into either hyperarousal (angry, nervous, panicky) or hypoarousal (numb, depressed, fatigued).

**There's really only one DON'T**  
Let's not punish kids for behaviors that are trauma symptoms.

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# Interventions

## Mindfulness

### Mindful Breathing

- 1 Choose a "down time" location, like the subway, in the shower, or making a meal.
- 2 Shift your focus to your breathing, and pick a single aspect to focus on.
- 3 Spend at least 5 minutes in this state of awareness.



**Health Benefits:**

- Reduced stress
- Increased relaxation
- Reduced blood pressure

**Why it works to reduce stress:**  
Focusing on a single sensation can help to still a racing mind.

# Interventions

Leaning In – Healthy Attachment





# Interventions

Group Setting





# The Art and Science of Trauma Counseling

## Part Two: Treating Trauma

### Lesson Discussion

# **Q & A – Wrap Up**

Questions/Comments and Wrap up session

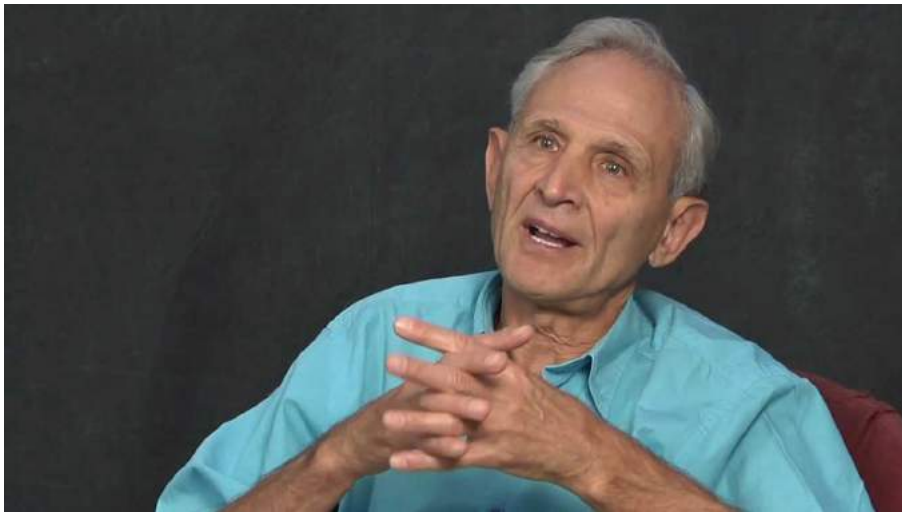
**Act 4:**

**Wrap-Up and Q & A**

# Q & A – Wrap Up



Dr. Peter Levine





**Art & Science of Trauma Counseling**  
**© Joseph Tropper, MS, LCPC**



**Congratulations, you are now  
a trauma informed therapist!**

## Your Role As Therapist

- Grounding
- Resources
- Education
- Validation
- Support

Be:



**PRESENT**



**POSITIVE**



**PROACTIVE**



# **Q & A – Wrap Up**

We will give out Completion Certificates. If any issues we will fix them either now, or we can email it to you. Thank you!

**Peter Levine Trauma Treatment.** (n.d.). Retrieved from <https://www.youtube.com/watch?v=nmJDkzDMllc>

**The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma**  
[Bessel van der Kolk M.D.](#) *Classic book on general topic of trauma and its treatment*

**Waking the Tiger: Healing Trauma (1997)**  
[Peter A. Levine](#) *Amazing book, layman style about treating trauma*

**In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness (2010)**  
[Peter A. Levine](#) *Advanced more elaborate intermediate level book building on Waking The Tiger*

**Trauma and Recovery: The Aftermath of Violence--From Domestic Abuse to Political Terror**  
[Judith L. Herman](#) *Groundbreaking first book to eloquently define developmental trauma*

**Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy (2013)** [Francine Shapiro](#) *Powerful layman book introducing how EMDR works*

**The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe**  
[Stephen W. Porges](#) *Masterpiece introducing how we learn and connect with others*

**Trauma and the Body: A Sensorimotor Approach to Psychotherapy**  
[Pat Ogden](#) *Scholarly book about releasing trauma from body and spirit*

**The Complex PTSD Workbook: Mind-Body Approach to Regaining Emt. Control & Becoming Whole (2017)** [Arielle Schwartz](#) *Powerful workbook dedicated to breaking down the recovery process*

**The PTSD Relationship: How to Support Your Partner & Keep Your Relationship Healthy (2009)** [Diane England](#) *Very useful information about PTSD and relationship tips*

**Affect Dysregulation and Disorders of the Self Hardcover (2003)**  
[Allan N. Schore Ph.D.](#) *Highly scholarly work on affect and attachment*

### **Developmental Trauma**

**The Drama of the Gifted Child: The Search for the True Self (1996)** [Alice Miller](#)  
*Understanding how childhood influences our self-concept and how to heal*

**It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are, How to End Cycle** [Mark Wolynn](#)

**The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook--What Traumatized Children Can Teach Us About Loss, Love, and Healing** [Bruce D. Perry](#)

**Running on Empty: Overcome Your Childhood Emotional Neglect (2012)** [Jonice Webb](#)

# The Art and Science of Trauma Counseling

Thank you for attending and contributing!  
For questions or consultation, please feel free to  
contact me.

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