

## Introduction

# Trauma Practice: Tools for Stabilization and Recovery

### Purpose of this Book

This book is written for the trained clinician and the novice-in-training as a means of enhancing skilled application of CBT trauma therapy. The term “Trauma Practice” has been conceptualized after many years of reflection of the trauma work and training experiences that the authors have encountered. It has become clear to us that a practical approach is needed for practitioners who apply themselves in the field of trauma treatment. Recent books and current research on Cognitive Behavioral Therapy (CBT) for trauma stabilization and recovery are focused more on outcome rather than application and we believe a practical “how to” text is required. In addition, this text draws upon the development and implementation of many trauma-training programs that have been ongoing since the fall of 1997 through the Traumatology Institute. We have been training students in trauma recovery within this CBT framework and have found both a great need and a warm response to this very practical approach.

This book will provide both the novice and advanced trauma therapist with much of the knowledge and skills necessary to begin utilizing Cognitive Behavioral Therapy (CBT) in their treatment of trauma survivors. In addition to presenting a foundational understanding of the theoretical tenets of Cognitive Behavioral Therapy, this book will also provide step-by-step explanations in many of the most popular and effective techniques of CBT. Some of these techniques include: Stress Inoculation Training, Systematic Desensitization, Exposure Therapy, Cognitive Processing Therapy, Assertiveness Training, and Relaxation Training. Additional techniques we have found useful in treating our clients are also included.

The materials in this book are organized and presented from the perspective of the Tri-Phasic Model (Herman, 1992) for the treatment of trauma. In 2000, the International Society for Traumatic Stress Studies adopted Herman’s Tri-Phasic Model as the Standard of Care for clinicians working with clients diagnosed with Posttraumatic Stress Disorder (ISTSS, 2000).

These three phases of treatment: (1) Safety and Stabilization; (2) Remembrance and Mourning (trauma memory processing) and (3) Reconnection – are thoroughly explored and become the organizing structure for this text. Specific treatment goals and techniques are offered for each of these three phases of treatment making this text a “hands-on” reference and guidebook for clinicians as they navigate through the potentially difficult treatment trajectory with clients who have survived trauma.

The authors wish to make a clear statement that this book is only a guidebook and does not substitute for training and supervised practice necessary to integrate these principles and techniques into practice. The authors have presented the materials found in this book in a two-day training program followed by a 20-hour supervised practicum through the Traumatology Institute (Canada) and Compassion Unlimited. Please see Appendix A for more information on these training courses. We believe that proper training and supervision is required to safely and successfully integrate these powerful techniques into practice with trauma survivors. We offer these principles and techniques based upon the belief that the primary responsibility of the clinician is to “*above all else, do no harm.*” While persons suffering with posttraumatic stress have demonstrated their strength and resiliency by having survived some of the most painful and heinous experiences known to mankind, it is possible for the well-intended but untrained therapist to engage in treatment with survivors that can actually retraumatize their clients, thus resulting in failed treatment and rendering future treatment even more difficult and painful for the survivor.

### Self-of-the-Therapist

In Friedman’s (1996) landmark article entitled *PTSD Diagnosis and Treatment*, he argues strongly that the development and maintenance of the “Self-of-the-therapist” may be one of the *most* important aspects of treatment with traumatized individuals. We have

found, in our own practices and in our training programs, that the ability to develop and maintain a non-anxious presence while working with trauma survivors is a key ingredient to successful treatment outcomes and in maximizing the resiliency of the therapist.

Confronting traumatic material is painful and can be debilitating for the therapist. Many of the techniques presented in this text involve, in one way or another, the confrontation and narration of the traumatic experiences by the trauma survivor with support and guidance from the therapist. It is theorized that the ability of the trauma survivor to access, confront, and self-regulate while narrating traumatic experiences may be one of the active ingredients to the resolution of traumatic stress. The ability of the therapist to elicit, assist, and self-regulate while the survivor struggles through these narrations is, in our opinion, an *a priori* requirement for effective treatment. Indeed, we have all worked with posttraumatic clients who have “failed” in previous therapy attempts because they were unable to complete these narratives with their therapists. We believe that a courageous, optimistic, and non-anxious approach, tempered with safety and pacing, to be the keys to rapid amelioration of traumatic stress symptoms.

In our training programs, we work diligently toward helping therapists develop the capacity for self-regulation and the maintenance of a non-anxious presence. Recent research is beginning to demonstrate that high levels of anxiety can diminish cognitive and motor functioning (Sapolsky, 1997; Scaer, 2001). This diminished capacity may account for some of the symptoms associated with traumatic stress. It may also point toward some of the difficulties encountered by therapists who work with clients who suffer from traumatic stress. Compassion fatigue (Figley, 1995; 2002) has recently become an important focus for therapists working with traumatic stress. We have included, as part of this text, a chapter written to help the trauma therapist understand the potential effects of working with trauma survivors. This chapter includes strategies for developing resiliency toward and prevention of the possible deleterious effects of helping. Additionally, this chapter provides a model for the maturation of caregiving skills we believe to be important for the provision of consistently effective treatment to trauma survivors and the maintenance of quality of life for the trauma therapist.

## Core Objectives

Upon completion of this book readers will be:

- Aware of the underlying principles of Behavioral, Cognitive and Cognitive Behavioral Therapy that are reported to lead to the resolution of posttraumatic stress symptoms.
- Aware of the psychophysiology of posttraumatic stress.
- Aware of how to apply CBT toward the fulfillment of specific criteria in each of the three phases of the Tri-Phasic Model of treatment with trauma survivors.
- Able to apply effective trauma stabilization and resolution interventions that best fit the unique requirements of any survivor.
- Able to utilize many different CBT techniques to help trauma survivors resolve the effects of their trauma memories and posttraumatic symptoms.
- Able to utilize CBT techniques to assist trauma survivors in developing more satisfying lifestyles in the present.

## Book Description

Cognitive Behavioral Therapy is one of the most researched and most effective treatments for Post Traumatic Stress Disorder (PTSD) and we believe that all skilled Traumatologists should have at least rudimentary understanding and skills in this important area of treatment. This book will focus upon the utilization of the principle of *reciprocal inhibition* (exposure + relaxation) as a core knowledge and skill that we wish participants will acquire from the successful completion of this book. Nearly all of CBT is organized around this principle and we believe it can be found in most *effective* treatments of posttraumatic stress.

This book will begin with a brief outline of the history and the theoretical underpinnings of CBT. A brief discussion of possible physiological pathways to account for the identified behavioral phenomena will be included. This will be followed by an introduction to Herman’s (1992) Tri-Phasic Model for the treatment of posttraumatic conditions. A thorough exploration of the *Safety and Stabilization Phase* of treatment with an opportunity to practice and learn several skills for use in this aspect of treatment will follow. After the reader has learned these skills necessary for

the critical development of safety and stabilization with their clients, the book will focus on techniques useful for the successful resolution of traumatic memories in the *Remembrance and Mourning Phase* of treatment. Readers will learn several specific CBT techniques for assisting their clients with accessing, confronting, and resolving their traumatic memories. These techniques will be presented in a step-by-step process with the goal of skills development. We hope this text will provide readers with a comfort level that will allow readers to begin using them in their service to trauma survivors.

The final area of this book, *Reconnection*, will focus on developing skills to assist trauma survivors with resolving the residual sequelae from their traumas. Often times, even after a survivor has successfully resolved a trauma memory, symptoms such as survivor guilt, distorted and self-critical thinking styles, relational dysfunction, addiction, or painful affect remain unresolved. This last phase of treatment is focused on helping the trauma survivor reconnect with themselves, their families, and loved ones in the present and to their goals for the future. Several CBT techniques will be presented to the reader for their use in

helping their clients navigate successfully through this important phase of treatment.

With the completion of this book, the reader will have gained sufficient knowledge and skills to integrate the principles and techniques of Cognitive Behavioral Therapy into their practice with survivors of trauma.

## Supportive Texts and Other Recommended Readings

1. Herman, J. (1992). *Trauma and recovery*. New York: Basic Books.
2. Follette, V.M., Ruzek, J.I., & Abueg, F.R. (1998). *Cognitive-behavioral therapies for trauma*. New York: The Guilford Press.
3. Rothbaum, B.O., Meadows, E.A., Resick, P., & Foy, D. (2000). Cognitive-behavioral therapy. In E.B. Foa, T.M. Keene, and M.J. Friedman (Eds.), *Effective treatment for PTSD*. New York: Guilford Press.
4. Seligman, M. (2002). *Authentic Happiness*. New York: Free Press.