Trauma Therapy & Evidence Based Practice: The Basics

Trauma Recovery Center New Employee Orientation

SIU School of Medicine: Center for Family Medicine

Meghan Golden, DSW, LCSW

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Resilience and Posttraumatic Growth

Discussion: What Kind of Therapist Am I?

- My strengths?
- Areas for improvement?
- What makes me unique?
- What patients so I most enjoy working with?
- What patients are challenging for me to work with?
- What about therapy draws me? Why do I want to work with people in this way?

Discussion: Therapy as Art; Therapy as Science

- How is therapy an art?
- How is therapy a science?
- How do I balance these in my own practice?

MSW Level Therapy Training

- Foundational Theory
  - Person in environment
  - Race and Culture (HBSE)
  - Macro level/systemic viewpoints
- General skills
  - Interviewing and assessment
  - Diagnosing
  - Building rapport, engagement
- Specialty-specific content
  - Healthcare, child welfare, leadership/advocacy,/social change, schools
  - Mental Health/Clinical: Cognitive Behavioral Therapy, Trauma Basics/Overview, Group Therapy, Family/Couples Therapy, Substance Abuse/Motivational Interviewing

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Lifelong Learning

Continued Education Units/Trainings

Certifications

Advanced Degrees

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CEUs/Trainings

- Isolated trainings
- Clustering trainings around one area, or a few similar areas
- Levels of trainings (annual provision versus using grants to pay for trainings)
- Over time, creating a pathway for yourself as a provider
  - Ex: Integrated Healthcare
  - Ex: Child Welfare
  - Ex: Trauma Therapist

Certifications/Advanced Degrees

- Certifications
  - Concept of specializing
    - Age groups, populations, types of therapy interventions
- Advanced Degrees
  - Specific purpose
    - Learning
    - Career Opportunities
    - Financial considerations
      - NHSC

First, Second, and Third Waves: Cognitive Behavioral Therapy

- First Wave: Behavioral Therapy (Skinner)
- Second Wave: Cognitive Behavioral Therapy (Ellis And Beck)
- Third Wave: Spiritual Teachings And Mindfulness (Hayes, Linehan, Kabat-zinn)

Second Wave: Cognitive Behavioral Therapy

- Explores links between thoughts, emotions and behavior.
- Directive, time-limited, structured approach used to treat a variety of mental health disorders
- Goal to help alleviate distress by helping patients to develop more adaptive cognitions and behaviors
- Examples of interventions
  - Thought restructuring
  - Thought records
  - Maladaptive thinking patterns
  - Goal setting
  - Activity scheduling
  - Problem solving

Third Wave: Acceptance & Commitment Therapy/Dialectical Behavioral Therapy

- ACT-6 principles
  - Defusion.
  - Acceptance.
  - Contact with the present moment.
  - The Observing Self.
  - Values.
  - Committed action.
- DBT-4 modules
  - Mindfulness
  - Interpersonal effectiveness
  - Emotional regulation
  - Distress tolerance

Discussion: What are DBT, ACT, and CBT not First line Treatments for PTSD?

- Consider
  - Does a skills focused approach work for severe/complex trauma?
  - Attachment; how does this factor in?
  - Role of processing/mourning

Judith Herman, PhD 3 Phase Model

- Safety & Stabilization
  - Emotional regulation, distress tolerance, DBT, STAIR
- Remembrance & Mourning (Processing)
  - Desensitization, exposure
  - Schemas, belief systems
  - The narrative
- Reconnection
  - Empowerment, reconnection to community
  - Identity work, new sense of self

Safety & Stabilization

- STAIR
- Seeking Safety
- Beyond Trauma

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Remembrance & Mourning (Processing)

- Prolonged Exposure Therapy
- Eye Movement Desensitization & Reprocessing Therapy
- Cognitive Processing Therapy
- **Narrative Exposure Therapy

Reconnection

- Supportive Counseling
- Problem Solving
- Social Skills Training
- Bringing in Family/Friends/Supports
- Identity Work (narrative therapy, art therapy, groups)

Summary-EBPs for PTSD

Name of EBP	Etiology/Root of Problem	Solution
Prolonged Exposure	A stimulus, or trigger, leads to physical and emotional distress, which over time leads to a negative view/meaning attached to the self, others, and/or world; this is all labeled as “fear structures”	Modify the fear structure pattern through habituation, or ongoing exposure to the traumatic memory, until the associated distress gradually diminishes
Eye Movement Desensitization & Reprocessing Disorder	Some traumatic memories were never fully processed. People can become stuck in memories not fully remembered, with important perspectives and aspects of the memories not available to work with in therapy (Adaptive Information Processing Model)	Through bilateral stimulation, the memory moves from state specific form (heightened sensory memory, flashes and scenes out of order, in front of brain) to long term memory where it belongs and is less likely to trigger intrusive PTSD symptoms. The patient is able to create a story with healthy, positive, adaptive beliefs in place. (active brain’s natural healing systems).
Cognitive Processing Therapy	“stuck points” are core beliefs that are damaging, often very negative, and associated with perpetuating cycles, shame, despair, and other emotional and behavioral patterns	The trauma incident is viewed in a larger context, with the stuck points that were driving the symptoms addressed and restructured. Logic is used to identify maladaptive thinking patterns before they grow in strength

Prolonged Exposure Therapy (PE)

- Element of exposure
  - Imaginal exposure
    - The patient describes the event in detail in the present tense with guidance from the therapist. Together, patient and therapist discuss and process the emotion raised by the imaginal exposure in session. The patient is recorded while describing the event so that she or he can listen to the recording between sessions, further process the emotions and practice the breathing techniques
  - In vivo exposure
    - The therapist and patient together identify a range of possible stimuli and situations connected to the traumatic fear, such as specific places or people. They agree on which stimuli to confront as part of in vivo exposure and devise a plan to do so between sessions. The patient is encouraged to challenge him or herself but to do so in a graduated fashion so as to experience some success in confronting feared stimuli and coping with the associated emotion.

Eye Movement Desensitization & Reprocessing (EMDR)

- What contributes to the development and maintenance of PTSD from EMDR perspective?
  - Some traumatic memories were never fully processed. People can become stuck in memories not fully remembered, with important perspectives and aspects of the memories not available to work with in therapy.
  - Negative, unhealthy beliefs remain associated with traumatic memories. Negative schemas or narratives begin to take root (Ex: things are always my fault, I'm not worthy of love, I'm a screw up, people can't be trusted). Memories are viewed and analyzed through the lenses of these schemas.
- Element of exposure
- EMDR can be utilized with any age
  - 8 Phases, no set number of sessions, can be very brief or long term
    - 1: History and treatment planning
    - 2: Preparation
    - 3: Assessment
    - **4: Desensitization (phase in which exposure element comes into play)**
    - 5: Installation
    - 6: Body scan
    - 7: Closure
    - 8: Re-evaluation

EMDR

- Bi-lateral stimulation
  - Similar process to REM sleep, triggering right and left brain rapidly through eye movements (someone follows with their eyes a moving a light along a horizontal bar, or follows a therapist fingers moving back and forth. Alternatively, a patient can hold plastic hand pads, with the left and right pad vibrating in left/right patterns. (tapping)
  - During sets of these movements, imaginal exposure occurs as the person visualized the traumatic memory. Often they are able to make important connections, see things in a new light, and even recall forgotten aspects of the memory.
- The patient is helped to identify negative belief associated with the memory and, though the exposure and bilateral stimulation, replace it with a more positive and adaptive one
  - NOTE: The imaginal exposure aspects of EMDR is very similar to exposure provided in prolonged exposure
- Ultimate goals
  - The memory moves from state specific form (heightened sensory memory, flashes and scenes out of order, in front of brain) to long term memory where it belongs and is less likely to trigger PTSD symptoms like flashbacks and nightmares
  - The patient is able to create a story with healthy, positive, adaptive beliefs in place

Cognitive Processing Therapy (CPT)

- Element of exposure
  - Sessions are provided in a structured format averaging 12 sessions; homework is provided at end of each session.
  - CPT asks patients to write the story of the trauma as it occurred in an “impact statement.”
    - The narrative is then read aloud and utilized to unearth “stuck points.” Socratic questioning and other verbal methods are utilized to help people examine their beliefs and perspectives around the traumatic incidents.
    - Patients get “unstuck” and restructure these stuck points in a way that allows them to move on (ex: being able to accept that a sibling being abused was not the patient’s fault)
  - Throughout process, these explored (trust, safety, self esteem, power and control, intimacy/relationships)

Videos

https://deploymentpsych.org/content/cpt-session-notes-phase-5-trauma-themes

CPT

https://www.youtube.com/watch?v=Pkfln-ZtWeY

EMDR

https://www.youtube.com/watch?v=ORs3-tRokGU

Prolonged Exposure