Tri-Phasic Model (J. Herman, 1992)

- **Safety** and Stabilization
- **Remembrance & Mourning** (Trauma Memory Processing)
  - Trauma Resolution
  - Desensitization & reprocessing
  - Metabolization of trauma
- **Reconnection**
  - Present & future
Necessary Ingredients for trauma processing

Three active & necessary ingredients
Relaxation, Self-Soothing (R)
Relaxation & Exposure (RE)
Cognitive Restructuring (CR)

“Trauma Practice, Tools for Stabilization and Recovery” by A. Baranowsky, E. Gentry and F. Schultz
Each exercise in the book addresses at least 1
Each is offered at a specific phase
Necessary Ingredients for trauma processing

- Cognition
- Emotion/Feeling
- Body
- Behavior
Phase 1: Safety

• Central task of recovery is safety (external and internal)
• Clinician’s goal – help clients regain external and internal control
• Through Dx, education and skills development
• To increase emotional and behavioral stabilization
• Shift from unpredictable danger to reliable safety (in the environment and within)
• May require days, weeks, months
Safety/Stabilization Interventions

**Suggested**

• 3-2-1 Sensory grounding  
• Diaphragmatic breathing  
• Safe-place visualization  
• Flashback Journal  
• Trigger List  
• Emotional Containment Exercise

**Additional**

• Progressive Relaxation  
• Anchoring  
• Transitional Object  
• Postural grounding  
• Timed/metered expression  
• Other ...  
• MINDFULNESS!
Safety/Stabilization Interventions

• **Trigger List** of disturbing life experiences that continue to feel unresolved, upsetting and traumatic

1. Time-out (Braking explained)
2. Break-Down (age related)
3. Use Brakes when needed
4. Create Guardrails (limit discussion)
5. SUD’S Rating
6. Add till complete
7. Identify Themes
Safety/Stabilization Interventions
(TI-204 Trauma Practice Coverage)

• **Trigger List & Titration**

1. Age 10, teased in school overweight 8
2. Age 12, cornered, molested 3 boys 10
3. Age 12, police leave, parents silent 10
4. Age 27, not lose weight, shamed by doc 7

• **THEMES** – What is similar in memories?
  • Not acceptable as I am
  • Unlovable
  • Rejected when people get to know me
  • People are cruel
Safety/Stabilization Interventions

- Flashback Journal

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Trigger</th>
<th>Memory</th>
<th>SUDs</th>
<th>Self-soothing skill(s) used</th>
<th>SUDs</th>
</tr>
</thead>
</table>
Safety/Stabilization Interventions
(TI-204 Trauma Practice Coverage)

• Emotional Containment
Safety/Stabilization

WHEN ARE WE SAFE & STABLE ENOUGH FOR PHASE 2?

1. Resolution of impending environmental & physical danger
2. **Ability to distinguish “Am safe” vs. “Feel safe”**
3. Development of battery of self-soothing strategies (grounding, containment, expression)
4. Ability to demonstrate self-rescue
5. Positive prognosis and contract with client to address traumatic material.
Phase 2: Trauma Memory Processing

- Goal: process trauma history, bringing memories to greater resolution
  - Reconstructing the story (from implicit memory to explicit)
  - Transform traumatic memory
  - Mourn traumatic losses
- Process is not linear
- Create safe space and bear witness
“survivor is not responsible for the injury that was done to her, she is responsible for her recovery”

Herman, Judith L.. Trauma and Recovery: The Aftermath of Violence
Phase 2: Trauma Processing Approaches

• Trauma Cognitive-Behavioural Therapy
• Eye Movement Desensitization & Reprocessing (EMDR)
• Thought Field Therapy
• Traumatic Incident Reduction
• Time-Limited Trauma Therapy (T-LTT)/Trauma Recovery Institute Method (TRI-Method)
• Neuro-Linguistic Processing (NLP)
When we pair relaxation with exposure to c.f./ trauma eventually we extinguish the trigger and get bored ...

Reciprocal Inhibition
we extinguish events through exposure with relaxation ...
Phase 2: Trauma Memory Processing Exercises

- Body
  Trigger List and SUDs
  **Layering (RE-CR)**
  Comfort in One Part (RE)
  **Time-Line Approach (RE-CR)**
  Biofeedback (R-RE-CR)
Phase 2: Trauma Memory Processing

*Time-Line Approach*

- Decide on Self-Soothe / Relax approach to use…

1. ID traumatic memory to process
2. Draw line lengthwise on a sheet of paper. Write “Beginning” on end of line & “End” on the other
3. Relax now. Ask “client” to view the event from a distance (observer position) and separate event into as many segments as needed
4. Draw line up and label each segment
5. Height of each line should indicate SUDS level

- **NEXT SLIDE IS A SYMBOLIC REP OF EVENT …**
Phase 2: Trauma Memory Processing

**Body – Time-Line Approach**

**EVENT: Mugging after theatre**

*This is the SYMBOLIC REP OF EVENT …*
Phase 2: Trauma Memory Processing

- Cognition
  - Downward Arrow Technique
  - Cognitive Continuum
  - Calculating True Danger
  - Looped Tape Scripting
  - Cognitive Processing Therapy
  - Story-Book Approach
  - Written Narrative
  - Imagery Re-scripting
Phase 2: Trauma Memory Processing

‘Reliving’ the memory and Imagery Re-scripting

• IMAGERY RESCRIPTING THERAPY and Protocol

• Mervin R. SMUCKER. Department of Psychiatry, Medical College of Wisconsin, Milwaukee, Wisconsin, USA

• Definition: Helping clients to relive and then transform recurring, distressing images (e.g. flashbacks, nightmares) into mastery and self-soothing imagery.
Phase 2: Trauma Memory Processing

- Emotions/Feelings
  Emotional Processing through Imagery
  Acknowledgement Exercise
  Learning to Be Sad
  Assertiveness Training
Phase 2: Trauma Memory Processing

Returning a gift

• Often we suffer from anger or attacks toward us. But only until we continue to accept those “gifts”.

• When we react to anger with hurt it “sticks” to us and we continue to carry and feed it with our energy.
Phase 2: Trauma Memory Processing Exercise

• Imagine those “gifts” and to return it to the original owner because you are not responsible for it.

• Instructions: Find anger/hurt/pain in your body. Imagine it in front of you (symbolic representation). Return it to your offender.
Phase 3: Reconnection

- Redefine oneself in the context of meaningful relationships
- Engage in life activities
- “Trauma does not determine who I am”
- “I always have myself”
- Mission / purpose / helping others
- Post-traumatic growth