



Therapy and Consulting Pty. Ltd.

ABN 75 078 349 863

Deactivating the Buttons: Integrating a Trauma Lens into a Counselling Framework

A Two Day Workshop with Laurie MacKinnon Ph.D.

This workshop introduces clinicians to selected forms of interventions for Post-Traumatic Stress Disorder and demonstrates how these techniques can be used in counselling to quickly resolve memories of disturbing events that underpin and fuel PTSD, anxiety, fears, emotional reactivity and escalating patterns of conflict

ON DAY ONE trauma is discussed and defined. The lack of resolution of trauma, resulting in emotional reactivity and post traumatic stress disorder, is conceptualized in terms of the neurobiology of memory formation. Participants are introduced to evidence-based trauma processing models including CBT Trauma Focused therapy, Eye Movement Desensitization and Reprocessing and Emotional Freedom Technique. The approaches are compared and critiqued and their underlying principles and mechanisms of action are identified. Participants view videos of therapy sessions in which the therapist uses each of these approaches with clients.

Participants learn how and practice the skills involved in: screening for depression and PTSD; using relaxation techniques to de-arouse and contain affect; and obtaining a trauma list of events and scaling their impact.

DAY TWO introduces Radical Exposure Tapping, a model that integrates aspects of the other three models. Participants learn how to: elicit the cognitive, somatic and sensory components of a traumatic memory; create imaginal exposure to the traumatic memory; decrease arousal by sensory distraction through tapping while processing. Skills are demonstrated through videotapes of actual therapy sessions. Participants have opportunities to practice and obtain feedback on their skills.

Workshop Format

This skill based workshop alternates between lecture, group discussion, dyadic and small group practice and observing live demonstrations and videos of actual therapy sessions. Video tapes of actual client interviews are used (in all instances written consent was obtained for teaching professionals).

The basic premise is that adult learners learn best in acquiring new skills when they:

- are given a clear conceptual framework
- observe the skills being demonstrated by a skilled therapist (through video or live demonstration).
- have opportunities to both observe and to practice the skills.
- receive specific feedback on their practice.

Objectives

By the end of the workshop participants will be able to:

1. Understand the nature of traumatizing life experiences, how they are encoded in memories and reactivated in everyday life situations
2. Use a trauma lens and focused questioning to unpack memories that underpin unresolved issues
3. Demonstrate the following trauma counseling skills:
 - Identify core issues by obtaining a *trauma focused* genogram and history of disturbing events
 - Help clients identify and strengthen inner resources that will assist in working through the issues and in coping between sessions
 - Direct and focus the therapeutic conversation to reveal the core issues that need to be resolved
 - Identify the *negative cognitions* symptomatic of the core issues
 - Make use of scaling questions to track levels of distress prior, during, and after interventions
 - Use the *float back* and *affect bridge* to identify the earlier memories underpinning current symptoms or problems
 - Use tapping as a sensory motor technique to calm intense affect in the session and process memories of disturbing events
 - Conceptualize when and how these techniques can be integrated into their counseling practice

Who is this workshop for?

It is for clinicians -- counsellors, social workers, psychologists, psychiatrists -- currently providing therapy to individuals, couples or families who want to find faster more effective means of helping clients change.

What kinds of client problems or issues can be addressed with this approach?

1. Individual problems such as:
 - post traumatic stress disorder
 - protracted or unresolved grief or loss issues
 - negative body image
 - performance anxiety
 - anxiety, fears and phobias
 - depression precipitated by disturbing life experiences.

2. Relationship issues - interactional sequences charged with negative affect such as those that occur in:
 - Parent and adolescent conflict, where parents overreact when triggered by the adolescent's behaviour
 - Intimate couple conflict where partners are stuck in a "vicious cycle", triggered by unresolved issues from earlier in the relationship or from their families of origin
 - Post separation conflict, where partners are emotionally reactive
 - Workplace or school contexts where an individual is "inappropriately" emotionally reactive.

What previous knowledge or skills should clinicians have before attending?

The videos demonstrate real sessions with real clients, some of whom show extreme affect while working through the issues. The workshop presumes that participants will be willing and able to witness intense affect watching the videos and later with their own clients. It also presumes that they have the skills to engage and develop a warm supportive relationship with clients, which is a precondition to using the skills that are taught in this workshop.

How does this workshop relate to evidence-informed practice and theory?

The Cochrane meta analysis of research into PTSD concluded that:

1. Most people who undergo a traumatic event will recover if they receive good social support. A small percentage will go on to develop Posttraumatic Stress Disorder.
2. There is no evidence for preventing PTSD by psychological debriefing after a traumatic event.
3. For individuals seeking treatment who have chronic symptoms of posttraumatic stress disorder
 - Non-trauma focussed therapies are **not** effective.
 - Trauma Focused Therapy CBT and EMDR **are** effective treatments

Bisson J, Andrew M. Psychological treatment of post-traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews* 2007, Issue 3.

<http://www.thecochranellibrary.com/details/collection/1045825/Cochrane-Evidence-Aid-resources-for-post-traumatic-stress-disorder-following-nat.html>

<http://www.escriber.com/userfiles/ccoch/file/CD003388.pdf>

The EMDR website lists recent randomized controlled studies and meta-analysis:

<http://www.emdr-europe.org/Info.asp?CategoryID=27>

The commonality between Trauma Focused CBT and EMDR is imaginal exposure to the traumatic memory. An approach that was not included in the Cochrane review but

that also employs imaginal exposure to the traumatic memory is the Emotional Freedom Technique. The most significant research done in this area was conducted in South America in another language.

Over two dozen studies evaluated the Emotional Freedom Technique as it was used by therapists in 11 mental health clinics over 14 years in Argentina and Uruguay. Independent raters assessed over 29,000 clients. When used with anxiety disorders including PTSD, the Emotional Freedom Technique was found to be more effective and require fewer sessions than other modalities including CBT. It was not found to be effective in working with endogenous depression, bipolar disorder or psychosis. Despite the number of clients involved, this study was considered "pilot" as it was not sufficiently rigorous to meet peer review standards.

Andrade, J & Feinstein, D. (xxxx) Energy Psychology: Theory, Indications, Evidence, (Report on tapping used in 11 clinics over 14 years) <http://www.emotional-freedom.com/report.htm>

Recent research found that the Emotional Freedom Technique compared favorably to the effectiveness of EMDR (as already noted the effectiveness of EMDR is well-established).

Karatzias, T, Power, K, Brown, K, McGoldrick, T, Begum, M, Young, J, & Adams, S. (2011). A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: Eye movement desensitization and reprocessing vs. emotional freedom techniques. *Journal of Nervous and Mental Disease*, 199 (6), 372-378.

Further randomized controlled studies demonstrated the effectiveness of the Emotional Freedom Technique in resolving the symptoms PTSD of combat veterans.

Church, D. (2010). The treatment of combat trauma in veterans using EFT (Emotional Freedom Techniques): A pilot protocol. *Traumatology*, 16(1), 55-65.

Stein, P. K., & Brooks, A. J. (2011). Efficacy of EFT provided by coaches vs. licensed therapists in veterans with PTSD. *Energy Psychology: Theory, Research, and Treatment*, 3(1), 11-18.

While there is clear evidence for the effectiveness of trauma processing therapies using imaginal exposure, the mechanism of action underlying these approaches is still being debated, with some claims being made that are unscientific and disproven. This workshop overviews the debates, critically examines the theories and draws from neurobiological research on how memory works and how memories can be changed through a process of reconsolidation.

Gunter, R & Bodner, G. (2008) How eye movements affect unpleasant memories: support for a working memory account, *Behavior Research and Therapy*, 46, 913– 931.

Kristjánisdóttir, K & Lee, C (2011) A comparison of visual versus auditory concurrent tasks on reducing the distress and vividness of aversive autobiographical memories *Journal of EMDR Practice and Research*, 5 (2) 34 – 41.

Ruden, R (2007) A Model for Disrupting an Encoded Traumatic Memory
Traumatology, 1, 13(1):71-75.

Brunet, A, P. Orr, S Tremblay ,J, Robertson, K, Nader, K & Pitman,R. (2008) Effect of post-retrieval propranolol on psychophysiologic responding during subsequent script-driven traumatic imagery in post-traumatic stress disorder, *Journal of Psychiatric Research*, 42, 6, 503-506.

Outcome research on trauma processing interventions has been largely based on the definition of PTSD as a response to a *life threatening* event, often restricting the study to those who have experienced a *single event* trauma, such as a car accident. This excludes those who have experienced ongoing trauma (such as domestic violence) and those who have symptoms of PTSD, but did not experience an event considered life threatening. However, using a community rather than a clinical sample, other research has demonstrated that the *symptoms* of PTSD frequently result from disturbing events that are not life threatening. One of the most common events precipitating PTSD type symptoms is that of relationship dissolution and divorce.

Anders, S, Frazier, P, & Frankfurt, S. (2011) Variations in Criterion A and PTSD rates in a community sample of women, *Journal of Anxiety Disorders*, Vol 25, 2, Pages 176-184.

While not technically fulfilling the criteria for a diagnosis of PTSD, many clients have PTSD symptoms which they have suffered with for years and which impact on their functioning and sense of well being. By incorporating a trauma lens into the counselling process, clinicians can offer help in addressing these symptoms and in doing so significantly improve clients' lives and relationships.