COUNSELLING TRAUMATIZED PATIENTS AND THEIR FAMILIES

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I. THE NATURE OF TRAUMA AND CHANGE
II. STEPS AND SKILLS IN COUNSELLING
III. SPECIFIC GOALS AND TECHNIQUES FOR TRAUMA
IV. STRENGTHENING THE FAMILY UNIT
V. THE EFFECTIVE COUNSELLOR
I. NATURE OF TRAUMA
DIAGNOSES
OF TRAUMA REACTIONS

- ACUTE STRESS DISORDER (ASD) (up to 4 weeks)
- PTSD (4 weeks +):
DEFINITIVE ASPECTS OF TRAUMA (IN PTSD/ASD)

- UNUSUAL EVENT
- POSING SEVERE THREAT TO LIFE OR WELLBEING OF SELF/OTHERS
- INESCAPABLE
- APPROPRIATE SENSE OF HELPlessness AND HORROR
- CRITICAL ROLE OF VULNERABILITY OR RESilIENCE
TRAUMA AND THE FAMILY

AFFECTS THE WHOLE FAMILY
- STRUCTURE
- TEAMWORK

RESOLUTION NEEDS THE WHOLE FAMILY
- STRUCTURE
- TEAMWORK
LOOK OUT FOR TRAUMA EVENTS

A. INTERPERSONAL
- ABUSE WITHIN RELATIONSHIPS
- STRANGER ASSAULT/THEFT/KIDNAPPING
- INTER-GANG/COMMUNITY VIOLENCE
- MASS CONFLICTS

B. SITUATIONAL
- ACCIDENTS
- DISASTERS
- CATASTROPHIC ILLNESS
- TRAGIC RELATIONSHIPS/ LOSSES
- FINANCIAL/EMPLOYMENT LOSSES
SOURCES OF TRAUMA AFFECTING THE FAMILY

1. EXOGENOUS
   - Involving Members
   - Involving Whole Family

2. FAMILY SYSTEM - GENERATED
   - Relationship Abuse
   - Affairs
   - Divorce
   - Severe Acting Out
PRESENTING FEATURES OF TRAUMA

- AVOIDANCE
- REEXPERIENCING
- AROUSAL
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<th>Kubler-Ross</th>
<th>Bowlby</th>
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<tr>
<td><strong>1. DENIAL</strong></td>
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<td><strong>3. BARGAINING</strong></td>
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<td><strong>4. DEPRESSION</strong></td>
<td>3. DISORGANIZATION OR DESPAIR</td>
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<td><strong>5. ACCEPTANCE</strong></td>
<td>4. REORGANIZATION</td>
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WAYS OF RESPONSE TO TRAUMATIC EVENTS

HOROWITZ’S \(^1\) THEORY OF CHANGE IN TRAUMA

1. HOW DO I FEEL AND BEHAVE?:
   STATES OF MIND

2. HOW ARE MY LIFE SUPPOSITIONS AFFECTED?
   PERSONAL SCHEMAS

3. HOW DO I HANDLE THE INCONGRUENCE?
   CONTROL PROCESS

A CHANGE IN THESE RESPONSES THIS AFFECTS OUTCOME

\(^1\) Mardi Horowitz, Centre of the Study of Neuroses, University of California, San Francisco
I. States of Mind

How do I feel and behave?

1. **Undermodulation**
   - Denial, avoidance, numbing

2. **Overmodulation**
   - Intrusive repetitive thoughts (Re-experiencing) and Arousal

3. **Oscillation**

Stress response syndrome is phase oriented.
UNDERMODULATION:

PERSISTENCE **AVOIDANCE** OF ASSOCIATED STIMULI

**COGNITIVE**
- AVOIDANCE OF *THOUGHTS, CONVERSATIONS*
- INABILITY TO *RECALL IMPORTANT ASPECTS*

**BEHAVIOURAL**
- AVOIDANCE: OF *ACTIVITIES, PLACES, PEOPLE*

**AFFECTIVE**
- RESTRICTED RANGE OF AFFECT
- AVOIDANCE OF FEELINGS (NUMBING)
- DIMINISHED INTEREST AND PARTICIPATION
- DETACHMENT AND ESTRANGEMENT
- SENSE OF FORSHORTENED FUTURE
OVERMODULATION: REEXPERIENCING OF TRAUMA

- INTRUSIVE RECOLLECTIONS
- RECURRING DREAMS
- ACTING/FEELING AS IF EVENT IS RECURRING
  (ILLUSIONS, HALLUCINATIONS, DISSOCIATIVE FLASHBACKS etc.)
- PSYCHOLOGICAL/PsyCHOLOGICAL
  DISTRESS WITH SYMBOLIC CUES
OVERMODULATION:
PERSISTENT SYMPTOMS OF INCREASED AROUSAL

- INSOMNIA,
- IRRITABILITY/ANGER,
- HYPERVIGILANCE,
- ↑STARTLE RESPONSE
- ↓CONCENTRATION,
I. STATES OF MIND
HOW DO I FEEL AND BEHAVE?

1. UNDERMODULATION
   Denial, avoidance, numbing

2. OVERMODULATION
   Intrusive repetitive thoughts (Re-experiencing) and Arousal

3. OSCILLATION

STRESS RESPONSE SYNDROME IS PHASE ORIENTED
II. PERSONAL SCHEMAS

HOW ARE MY LIFE SUPPOSITIONS AFFECTED?

SCHEMAS RELATE TO: SELF, OTHERS, THE WORLD

THE MEANING OF TRAUMA EVENT:
1. Can redefine schemas
2. Not initially integrated “suppositions in flux”
3. Needs to be positively integrated with one’s schemas for opportunity in crisis:
   - schema strengthening/transformation
   - growth vs. victim role
III. CONTROL PROCESS
(for incongruity avoidance)

HOW DO I HANDLE THE INCONGRUENCE?

- **CONFLICTS** (or incongruence) develop between:
  1. **NEW SITUATION** and
  2. **PREVIOUS SCHEMAS** (e.g. of safety and predictability)

- **CONSEQUENCES** of distraught *feelings* (anxiety etc) & undesirable negative *thoughts*,

- Persons use **CONTROLS** for **avoidance** of handling these Conflicts
Goal of treatment = reduce needs for controls

Negative conflictual *thoughts* and *feelings* re incongruity can be:
- recognized - communicated
- processed - integrated
II. STEPS AND SKILLS IN THE COUNSELLING PROCESS
# Steps in the Counselling Process (for Individuals and Family)

1. **Entry and Clarification** (history)
2. **Exploration and Processing Feelings**
3. **Summarizing and Interpreting** (issues)
4. **Educating**
5. **Planning and Action** for
   - Referral out
   - Counselling goals and techniques
   + Adjunctive referrals
1. **(HISTORY)**

- **Sources** of Trauma
- Effects on **presenting patient**
- Effects on **other family members**
- Effects of **family** as a whole
- Adaptation of family so far
LISTENING AND EMPATHY SKILLS

- ATTENDING
- LEADING
- ELICITING FEELINGS
- REFLECTING (facts and feelings)
EDUCATE THE PATIENT AND FAMILY

- STRESS DISORDERS & GRIEF

- POSSIBLE DELAY OF SYMPTOMS AND RECOVERY TAKING TIME

- CAUTION RE USE OF ALCOHOL/DRUGS
REFERAL OUT TO MENTAL HEALTH PROFESSIONAL VS. COUNSELLING

CRITERIA:

1. **SEVERITY**
   SEVERE STRESS SYNDROMES

2. **VULNERABILITY**
   PERSONALITY DISORDERS
   HISTORY OF CHILDHOOD ABUSE
   CHRONIC TRAUMATIC/ABUSIVE LIFE SITUATIONS
   REFER DYSFUNCTIONAL FAMILY (ALSO AS “SOURCE OF TRAUMA”)

3. **COMORBIDITY**
   Major depression, psychosis, other anxiety disorders

NB Continue to Support!
SPECIAL ADJUNCT

REFERRALS

- SUPPORT GROUPS
  - GRIEF, TRAUMA, VICTIM SUPPORT

- WOMEN’S CRISIS CENTRE

- POLICE RAPE UNIT

- CHILD DEVELOPMENT AGENCY

- MEDIATION

- BEREAVEMENT COUNSELLING

- COUPLES OR FAMILY COUNSELLING

- CLERGY
III. SPECIFIC GOALS AND TECHNIQUES IN TRAUMA COUNSELLING
INVOLVING THE FAMILY IN GOALS

1. INTEGRATE THE FAMILY INTO INDIVIDUAL COUNSELLING

- As assistant in goals for individual change:
  ADJUSTMENT, EMOTIONAL MANAGEMENT, RESILIENCE BUILDING

2. COUNSEL THE “FAMILY AS PATIENT”

i) Use similar steps and goals as for individual:
  ADJUSTMENT, EMOTIONAL MANAGEMENT, RESILIENCE BUILDING

ii) Help strengthen the family unit
  - Promote – a healthy family structure
  - Promote - healthy teamwork functioning
GOALS OF TRAUMA COUNSELLING

# COGNITIVE BEHAVIOUR THERAPY, # SUPPORTIVE THERAPY
(Thoughts, feelings) (relationships, wholistic lifestyle)

A. ADJUSTMENT (For positive" SCHEMA")

B. EMOTION MANAGEMENT (For handling "STATES OF MIND" and "CONTROL PROCESS")

C. RESILIENCE BUILDING

NB. APPLY GOALS SIMULTANEOUSLY AND AS NECESSARY
QUESTIONS IN ADJUSTMENT

GOALS (FOR SCHEMA)

- Is it normal to be this way?
- Can I/we get back on top of things?
- How will this affect my/our suppositions?
- How can I/we choose to grow?
A. **ADJUSTMENT GOALS OF TRAUMA COUNSELLING**
(for schema)

Is it normal to be this way?

1. **ACKNOWLEDGING AND ACCEPTING** THE TRAUMATIZED SELF

Can I/we get back on top of things?

2. **REGAINING MASTERY**

How will this affect my/our suppositions?

3. **INTEGRATION** OF THE TRAUMATIC INFORMATION INTO ONE’S SCHEMA

How can I/we choose to grow?

4. **VIEWING TRAUMA AS A CHALLENGE**
TECHNIQUES FOR IMPLEMENTING
ADJUSTMENT GOALS (FOR SCHEMA)

Is it normal to be this way?
HELP THE PATIENT/FAMILY
ACKNOWLEDGE AND ACCEPT
HIS/HER/THEIR TRAUMATIZED SELF

- Facilitate working through: a) fear of loss of control, b) perceived ‘weakness’ (shame over helplessness)
- Help patient/family normalize reactions (e.g. crying, complaining, self pity)
Can I/we get back on top of things?

HELP THE PATIENT/FAMILY REGAIN MASTERY (of external and internal worlds)

- Assist confronting of mistrust of self and world
- Aid strategies to counter helplessness:
  - re-entering life,
  - making decisions,
  - seeking support,
  - limiting demands,
  - controlling transitions between intrusions and denial states
How will this affect my/our suppositions?

HELP PATIENT/FAMILY INTEGRATE THE TRAUMATIC INFORMATION INTO HIS/HER/THEIR “SCHEMA”:

- Explore the “pains of incongruence”
- Help restore a ‘safe’ sense of self, others and the world
- AIDS: Facilitate a “transcending world view”
- Explore practical adjustments
- Facilitate new coping and resilience skills (whole person lifestyles !)
How can I/we choose to grow?

4. HELP THE PATIENT/FAMILY VIEW TRAUMA AS A CHALLENGE

- Encourage embracing opportunities for growth vs. victim role
- Explore embracing possibilities for ‘good out of evil’
- Enable experiencing life fully with its vulnerability and finality
B. EMOTIONAL MANAGEMENT GOAL OF TRAUMA COUNSELLING

MANAGING INTRUSION - DENIAL PHASES

or

“STATES OF MIND”
EMOTIONAL MANAGEMENT

ASPECTS OF MANAGING INTRUSION-DENIAL PHASES

HELP REDUCE THEIR INTENSITY AND FREQUENCY
EMOTIONAL MANAGEMENT

TECHNIQUES FOR MANAGING THE DENIAL PHASE (UNDERMODULATION)

- ENCOURAGE FEELINGS:
  - Abreaction and encouraging Ventilation
  - Exploration of emotional aspects
  - Encourage grieving
  - Encouraging emotionally supportive relationships

NB Avoid collusion with denial
Rather: Empathize, Interpret
EMOTIONAL MANAGEMENT

TECHNIQUES FOR MANAGING THE INTRUSION PHASE (OVERMODULATION)

1. FACILITATE EMOTIONAL RELIEF AND CONTROL

2. ENABLE PROTECTIVE DISTANCING

3. ADDRESS NEGATIVE COGNITIONS
EMOTIONAL MANAGEMENT

TECHNIQUES FOR MANAGING THE INTRUSION PHASE

1. FACILITATE EMOTIONAL RELIEF AND CONTROL
   - Provide support
   - **Relaxation** methods
   - Evoke other emotions (e.g. hope)
   - Desensitization for phobic responses (**Exposure** Therapy)
EMOTIONAL MANAGEMENT

TECHNIQUES FOR MANAGING THE INTRUSION PHASE CONT’D

2. ENABLE PROTECTIVE DISTANCING

Explore accepting *external relief interventions* for overwhelmed patients:
- ‘*taking over*, -‘*structuring*’ of life,
- *reducing external stimuli* - rest
- *removing reminders* – “*taking a break*”
EMOTIONAL MANAGEMENT

TECHNIQUES FOR MANAGING THE INTRUSION PHASE

3. ADDRESS NEGATIVE COGNITIONS
   (producing anxiety and depression)

A. BLAME
   TO SELF &/or OTHERS

B. GUILT/SHAME
   -SURVIVOR GUILT
   -GUILT/SHAME OVER RAGE AT THE SOURCE (including “God”)

C. FUTURE PREDICTIONS
   4. ATTRIBUTING REPETITION TO THE FUTURE
   5. ATTRIBUTING IDENTIFICATION OR MERGER WITH VICTIMS TO FUTURE
      (“It will happen to me too”)

HELP QUESTION AUTOMATIC THOUGHTS
ENCOURAGE RATIONAL SELF-TALK
C. RESILIENCE GOALS*

- **BE OPTIMISTIC**
- **DEVELOP COGNITIVE FLEXIBILITY**
  - Restructure knowledge in adaptive ways
- **HOLD SHATTERPROOF BELIEFS**
  - Religion or Spirituality
- **BE ALTRUISTIC**
  - The belief in a survivor mission
- **RESILIENT ROLE MODEL**
- **BE ADEPT AT FACING FEARS**
- **DEVELOP ACTIVE COPING SKILLS**
- **SUPPORTIVE SOCIAL NETWORK**
- **KEEP FIT**
- **SENSE OF HUMOUR**
  
*Charney Dennis. (2007).*

Also: **FORGIVENESS**!
IV. STRENGTHENING THE FAMILY UNIT
PROMOTE HEALTHY TEAMWORK FUNCTIONING

- COMMUNICATION
- SHARING ACTIVITIES AND RITUALS
- POSITIVE EMOTIONAL RELATING
  (Affection, Affirmation, Respect etc)
- EFFECTIVE CONFLICT MANAGEMENT
- PROBLEM SOLVING
PROMOTE A HEALTHY FAMILY STRUCTURE

- PARENTAL COALITION
- INTERGENERATIONAL LINES
- ROLE MANAGEMENT
- FLEXIBLE BOUNDARIES
  - Parental
  - Intergenerational
  - External
V. THE EFFECTIVE COUNSELLOR
QUALITIES OF THE EFFECTIVE COUNSELLOR

- EMPATHY
- WARMTH
- NON-JUDGEMENTAL RESPECT
- CONCRETENESS
- GENUINNESS
- CONFRONTATION
- CONFIDENTIALITY
PITFALLS

- MONITOR TRANSFERRENCE AND COUNTERTRANSFERRENCE
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II. STEPS AND SKILLS IN THE COUNSELLING PROCESS
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ASPECTS OF TRAUMA

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- **INESCAPABLE**
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## STEPS IN THE COUNSELLING PROCESS (INDIVIDUALS AND FAMILIES)

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(Use **LISTENING** and **EMPATHY** skills)
GOALS AND TECHNIQUES OF TRAUMA COUNSELLING

A. ADJUSTMENT (For promoting positive “SCHEMA”)
1. accepting, 2. mastery, 3. integrating, 4. challenge

B. EMOTION MANAGEMENT (For handling “STATES OF MIND” and “CONTROL PROCESS”)
1. HELP MANAGE DENIAL & NUMBING: Encouraging feelings
2. HELP MANAGE INTRUSIONS: Promote
   i) relief, ii) protective distancing, iii) addressing negative cognitions

C. RESILIENCE BUILDING
INVOLVING THE FAMILY IN GOALS

1. INTEGRATE THE FAMILY INTO INDIVIDUAL COUNSELLING

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CONCLUSION

TO BE WITH PERSONS IN MOMENTS OF CRISIS,

TO LISTEN AND EMPATHIZE,

IS TO BE DESTINY’S TOOL OF OPPORTUNITY!


Thank you