

Brief Recovery Program (BRP) For Trauma Survivors

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Authors Note: This manual was adapted from a Brief Prevention Program Training Manual authored by Edna B. Foa, Diana E. Hearst and Constance V. Dancu. All appendices were included in the original training manual as presented here.

FactsforHealth Website Note: In this time of recent trauma, we appreciate the willingness of Dr. Foa and Dr. Riggs to provide access to this manual. We believe this manual will support those working with trauma victims and help prevent the development of posttraumatic stress disorder.

Proper use of this manual requires experience with cognitive behavior therapy (CBT), knowledge of anxiety disorders (e.g., posttraumatic stress disorder, obsessive compulsive disorder, and panic disorder), and a familiarity with trauma victims. Arranging for training in the specific methods described within the manual will allow for its best use.

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Introduction

I. Overview of The Manual

This manual is designed for mental health professionals who have been trained to deliver the specific procedures included in the Program. It presents a brief (4 session) psychological intervention to be delivered 2-12 weeks after an exposure to a trauma with the goal of facilitating recovery and preventing chronic post-trauma reactions such as posttraumatic stress disorder (PTSD).

IMPORTANT NOTE: DO NOT USE THIS PROGRAM WITHIN THE FIRST TWO WEEKS OF A TRAUMA OR ATTEMPT TO PRESENT IT IN A SINGLE-SESSION FORMAT. ALWAYS BUILD IN AT LEAST ONE FOLLOW-UP CONTACT TO EVALUATE THE SURVIVOR'S STATUS ABOUT ONE MONTH AFTER THE END OF THE PROGRAM.

The manual is organized into 4 sections.

Section 1: The first meeting

Section 2: The second meeting

Section 3: The third and fourth meetings

Section 4: Review of the survivor's progress at the end of the fourth meeting

Each section begins with a list of goals for the corresponding meeting. The remaining of the section describes the procedures to be implemented and provides suggestions for how to present the information and techniques to the survivor.

Throughout the manual we will use the following icons to highlight important information.



A **CHECKMARK** is used to identify goals for a meeting. These are the important concepts or skills that need to be conveyed to the survivor.



A **POINTING FINGER** is used to identify ways to present information to the survivor. Remember that you can modify the wording if necessary, but at the same time you need to clearly convey the gist of the information.



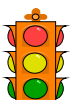
A **STOPLIGHT** is used to alert you to important information regarding the program or specific skills training.



A **LIGHTBULB** is used to identify helpful hints or suggestions for how to present program procedure to the survivor.



A **REMINDER FINGER** is used to indicate points at which handouts or other materials should be given to the survivor.



THIS MANUAL PROVIDES INSTRUCTIONS ON SPECIFIC TECHNIQUES AND SKILLS TO HELP FACILITATE RECOVERY FROM A TRAUMATIC EXPERIENCE. WHEN APPLYING THE PROGRAM, IT IS IMPORTANT TO BE FLEXIBLE AND TO TAILOR THE PROGRAM TO THE NEEDS OF EACH SURVIVOR. MENTAL HEALTH PROFESSIONALS SHOULD USE THEIR CLINICAL SKILLS AND

EXPERIENCE TO MODIFY THE MANUAL. HOWEVER, WHEN MAKING MODIFICATIONS ONE SHOULD BE SURE THAT THE SUGGESTED SKILLS ARE TAUGHT AND TECHNIQUES ARE IMPLEMENTED.

II. Overview of The Brief Recovery Program (BRP)

There are two goals to the Brief Recovery Program (BRP). First, to evaluate the survivor's trauma-related psychological difficulties. Second, to acquaint survivors with skills to help them cope with their post-trauma reactions including fear, guilt, sense of self-inadequacy, general distress and depression.

The program includes 4 weekly two-hour sessions in which the following procedures are used:

1. Education about common post-trauma reactions to normalize the survivor's symptoms
2. Calm Breathing Training to teach the survivor how to calm down when tense or stressed
3. Recounting the trauma memories to help the survivor put the traumatic experience into perspective
4. Approaching safe situations that have been avoided because they are reminiscent of the trauma
5. Cognitive Restructuring to help survivors identify and evaluate their perceptions about the trauma, about how dangerous the world is, and about their ability to cope with stress.

These procedures were selected because there is empirical evidence for their efficacy in reducing general anxiety and stress, specific phobic reactions and other post-trauma symptoms (For review see Foa & Rothbaum, 1998). Research has also demonstrated that The Brief Recovery Program outlined in this manual facilitates post-trauma recovery.



IMPORTANT NOTE: THIS PROGRAM IS **NOT** INTENDED TO PROVIDE GENERAL PSYCHOLOGICAL TREATMENT. RATHER, IT IS INTENDED TO ASSESS POST-TRAUMA REACTIONS, AND PROVIDE COPING SKILLS TO HELP THE SURVIVOR MANAGE TRAUMA-RELATED DIFFICULTIES AND FACILITATE POST-TRAUMA RECOVERY.



Shortly after the trauma, most trauma survivors do not need or want to enter into a therapeutic contract. Therefore, it is important to convey to the survivor that the BRP focuses on assessment of the survivor's post trauma reactions and on providing coping skills to facilitate recovery.

III. The BRP Procedures

The active components of BRP are: Recounting the Traumatic Memories, Approaching Safe Situations that have been avoided since the trauma, Calm Breathing Training, and Cognitive Restructuring.

Recounting the Trauma (also called Trauma Reliving or Imaginal Exposure). BRP encourages the survivor to repeatedly recount the trauma to enhance processing of the memory. Recounting the traumatic memory in detail and at length has been found very effective in reducing chronic PTSD symptoms, including intrusive thoughts about the trauma, flashbacks, nightmares, hypervigilance, and irritability.

Approaching Safe Situations (also called *In Vivo* Exposure). To overcome specific trauma related fears, BRP encourages survivors to approach safe situations that they have been avoiding because these situations remind them -- directly or indirectly -- of the trauma. Approaching and confronting fearful, yet safe, situations has been found very effective in reducing excessive fears and phobic avoidance.

Calm Breathing Training (also called breathing retraining). Calm Breathing Training is designed to enhance the survivor's ability to cope with stressful situations and to reduce their anxiety in these situations. Calm Breathing has been used successfully in treatment of chronic PTSD.

Cognitive Restructuring (also called Cognitive Therapy). Cognitive Restructuring helps survivors evaluate the accuracy and helpfulness of negative thoughts and beliefs they maintain about how dangerous the world is and how competence or vulnerable they are. Cognitive Restructuring has been found effective for chronic PTSD when used in combination with Recounting the Trauma and Approaching Safe Situations.

IV. The Format of BRP: MEETINGS 1-4

Meeting 1

During this meeting you will explain the program goals and describe the procedures that we will use.

Next, you will collect information about the trauma and about post trauma reactions. You will discuss the typical reactions following trauma and note situations that the survivor is avoiding. Finally, you will instruct the survivor in Calm Breathing.

The **Trauma Interview** (Appendix A) will guide you in collecting information that will help in evaluating the survivor's trauma –related difficulties. You will also administer the **PTSD Symptom Scale-Interview Version** (Appendix B) to evaluate the survivor's potentially problematic post-trauma reactions.

Next, present the **Common Reactions to Trauma Handout** (Appendix C) to the survivor and explain these reactions to the survivor. Instruct the survivor to read the handout before the next meeting and to discuss her/his post trauma reactions with supportive friends, family members, and co-workers they trust.

Finally, you will instruct the survivor in **Calm Breathing** (Appendix E), that is slow, steady breathing. Audiotape these instructions and ask the survivor to practice calm breathing at home.

Note: If the survivor describes or exhibits severe physiological arousal such as fast heart beat, sweating, difficulty breathing, or panic attacks, you should teach the survivor Deep Muscle Relaxation (Appendix F) in addition to Calm Breathing.

Meeting 2

Meeting 2 begins with a discussion of the survivor's post-trauma reactions and any problems encountered during the past week. You will also inquire as to whether the survivor discussed post-trauma reactions with others, and if so, what was the outcome of these discussions.

Next, you will present the **rationale for Recounting the Trauma** and for **Approaching Safe Situations** that the survivor has avoided since the trauma.

Explain the use of the Subjective Units of Discomfort Scale (SUDS). Construct a list of situations, places, and people that the survivor has avoided since the trauma, using the **Approaching Safe Situation Hierarchy Form** (Appendix G). In constructing this list, use your notes from Meeting 1.

You will ask the survivor to **Recount the Trauma**, that is describe the trauma in as much detail **as is comfortable** including related feelings and emotions. During the recounting make notes whenever you detect negative dysfunctional thoughts and beliefs.

After the survivor has completed recounting the trauma, you will conduct **Cognitive Restructuring**, with the goal of helping the survivor identify and correct negative thoughts and beliefs.

You will audiotape the recounting and ask the survivor to listen to the tape several times during the coming week. Also, encourage the survivor to discuss the traumatic experience with supportive friends and family members and to write down the details of the trauma. Instruct the survivor to identify negative, dysfunctional thoughts during the week, write them down and evaluate their validity.

Meetings 3 and 4

These meetings follow the same general format as meeting 1, except that at the end of meeting 4, you will evaluate the survivor's progress and discuss further help if necessary. Even if the survivor appears to be recovering well from the trauma, you should arrange for an additional contact (at least a telephone call) to evaluate the survivor's status about one month after meeting 4.

Overall Structure of Meetings 2, 3, and 4

Begin each meeting with a discussion of the survivor's post-trauma reactions. Be sure to inquire as to the use of techniques taught in earlier sessions. In particular, ask whether the survivor practiced Calm Breathing, listened to the recounting tape, discussed the trauma with trusted others, and/or approached situations that he/she had been avoiding.

The remaining of each meeting is divided into three sections each lasting about 20 to 30 minutes. First, you will ask the survivor to recount the trauma in detail and audiotape the recounting. Then, you will spend time discussing how the survivor felt when approaching safe situations. Finally, you will spend time examining, challenging, and modifying negative dysfunctional thought and beliefs. In the final few minutes of the meeting, you will remind the survivor to practice at home the skills learned in the meeting.

V. Special Considerations Working With Trauma Survivors



When working with survivors you need to be constantly aware that they have experienced a major trauma. It is not surprising that they are likely to experience extreme fear, and that their view of the world is dominated by pessimism.

Your role as a mental health provider is to offer survivors guidance about how to manage traumatic memories and their reactions to them. It is also important for you to offer the survivor general support and encouragement. In fact, one of the primary goals of the first session is to help the survivor to feel comfortable with your counseling. One way of instilling confidence about the program is to inform the survivors about the benefits that other trauma survivors achieved with this program.

VI. Developing a Constructive Working Relationship With Survivors



- Adopt a nonjudgmental attitude
- Display caring when the survivor describes her/his traumatic experience
- Demonstrate knowledge and expertise about post-trauma reactions
- Express confidence in the efficacy of the program
- Highlight the survivor's personal resources
- Praise survivors for having the courage to work on their problems

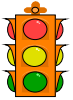
- Normalize the survivor's psychological and physical response to the trauma
- Be available to the survivor between meetings by giving her/his your office phone number.



VII. Additional Tips for Implementing the BRP

- Be active and directive.
- Encourage the survivor to attend the meetings and to follow assignments.
- Reinforce the survivor for carrying out the assignments and problem-solve difficulties. Do not display a critical attitude if the survivor failed to follow assignments.
- Remember that this program is time limited. It is important that you help the survivor to find appropriate resources if additional support and guidance is needed.

VIII. Potential Difficulties Resulting from Fear and Avoidance



Individuals may engage in extensive affective, behavioral and cognitive avoidance when they are reminded of the trauma. These reactions may interfere with the program in several ways:

1. The survivor may be reluctant to attend meetings that focus on the discussion of distressing images, thoughts, and situations associated with the trauma.

You may address this avoidance by saying something such as the following:

"I understand your reluctance to face the pain associated with the trauma. However, this reluctance is probably avoidance, a common post-trauma reaction, that we will work on in the program."

All said and done, you may have to allow a great deal of latitude in rescheduling meetings and calling the survivor if appointments are missed.

2. Individuals with anxiety disorders usually express concerns that are largely unrealistic and irrational. In contrast, the fears of trauma survivors are strongly rooted in reality. Therefore, it is important to carefully assess the degree to which the survivor's fears are realistic when constructing the hierarchy of avoided situations and when suggesting safe situations to be confronted.
3. Similarly, because post-trauma reactions are connected to an event that actually occurred, it can be difficult to use cognitive therapy to change survivors' perceptions of danger associated with events that are reminiscent of the trauma. While some situations are clearly safe and may allow for the correction of beliefs, other situations are more ambiguous. When the safety of the situation is uncertain, you should introduce rules for deciding what situations and behaviors are safe.

MEETING 1

Overview



THESE ARE THE GOALS FOR THE FIRST MEETING

- Present an overview of the program
- Describe and discuss the procedures that will be used
- Explain that the program will assess trauma reactions and teach skills that facilitate recovery
- Collect information relevant to the trauma using the Trauma Interview (Appendix A)
- Collect information about post-trauma reactions using the PTSD Symptom Scale-Interview Version (Appendix B)
- Discuss the common reactions to trauma using the Common Reactions to Trauma Handout (Appendices C, D)
- Teach Calm Breathing (Appendix E)
- Give the survivor instructions of how to cope with difficulties between meetings:
 - Read the Common Reactions to Trauma Handout again
 - Discuss the trauma and post-trauma reactions with supportive family, friends, and co-workers
 - Practice Calm Breathing
- Ask the survivor to complete PTSD Symptom Self Report Version (PDS: Appendix O) and Beck Depression Inventory (Appendix P)

A. Overview and Rationale for the BRP



THE FOLLOWING IS AN INTRODUCTION YOU MAY PROVIDE TO THE SURVIVOR. REMEMBER TO TAILOR THE INTRODUCTION TO THE NEEDS OF EACH SURVIVOR.



"We are going to meet each of the next 4 weeks to talk about your reactions to the trauma and to discuss ways that you can cope with your reactions to the trauma and speed your recovery.

After a trauma, most people experience psychological difficulties such as extreme fear, sleep difficulties, tension, sadness, and irritability. With time many of these difficulties will subside, but people vary with respect to how long they last. The goal of this program is to suggest some activities that will help you get over these difficulties more quickly. During these 4 meetings, I will teach you some strategies for how to process your traumatic experiences and how to handle stress and tension.

There are several ways we can help you cope with distress related to the trauma. First, we have found that repeatedly recounting the trauma, that is talking about the trauma in detail, helps to reduce the anxiety and distress that these memories generate. Survivors who have not shared their stories with other people are usually more distressed, and recover more slowly. Therefore, I will encourage you to describe to me and to people you are close to what happened to you during the trauma, how you feel about it and what thoughts you have about what happened. I will also ask you to describe how the trauma affected your thinking about the world and about your ability to cope with the stress of daily life. After a trauma, many people become extra cautious and start avoiding many situations that are not dangerous. Consequently they become less functional and stop participating in activities that they once enjoyed. In the next month we will evaluate if you are avoiding safe situations. We have found that deliberately confronting such situations is helpful in promoting recovery.

A traumatic event can also change a person's view and perspective about oneself, about other people, and about the world in general. Sometimes these changes are helpful. For example, before the trauma you may not have carefully evaluated the danger of certain situations that were

actually unsafe and so now you are more cautious. On the other hand, after a trauma it is common to have extreme thoughts and attitudes that are inaccurate and not helpful. For example, you may now view the world as entirely dangerous and you may feel helpless and inadequate to cope with stress. However, the reality is that although the world is sometimes dangerous it is often safe. Similarly, while you may sometimes feel overwhelmed, in many situations you cope well.

During the next 4 meetings we will discuss whether your views about yourself and about the world in general have changed, and if these changes are helpful or unhelpful for your recovery. This strategy, called cognitive restructuring, has helped many trauma survivors to evaluate and change their extreme, negative, distressing thoughts.

After a traumatic event many people find themselves anxious and distressed. Sometimes people can feel overwhelmed by these emotions. I will teach you ways to use calm breathing to help you cope with this anxiety and distress.

We have found that 4 sessions can provide a great deal of help in speeding the recovery process, but some people may need more help. Therefore, at the end of the fourth meeting, we will decide together if you need more assistance at that time. If so, we will help you to find additional care.

DO YOU HAVE ANY QUESTIONS ABOUT THE PROGRAM?

For the rest of this meeting, I'd like you to tell me about some of your experiences before the trauma and your reactions to it. I'll also discuss with you the typical reactions people have to a trauma.

First, I am going to get some information from you using two standard interviews. You may feel some discomfort during the interviews because I am going to ask questions about the trauma. If you feel too uncomfortable we can take a break, so please tell me if you need to stop for a bit.

DO YOU HAVE ANY QUESTIONS BEFORE WE BEGIN?"

B. Information Gathering



USE **THE TRAUMA INTERVIEW** (Appendix A) to collect information about the trauma.



Asking specific and direct questions about the trauma may elicit emotional responses from the survivor. If a question provokes great discomfort, you may wish to pause and help the survivor to regain composure. However, it is important to remember that the survivor is having an acute emotional reaction because of the recent trauma and therefore is expected to experience distress while discussing the trauma. It is important that you stay calm and offer support. During the discussion, help to normalize emotional responses and tell the survivor that you will talk further about coping with these reactions in later meetings.



USE **THE PTSD SYMPTOM SCALE-INTERVIEW VERSION** (Appendix B) to collect information about the severity of the survivor's post trauma reactions.

C. Discussion of Common Reactions to Trauma



This part of the meeting is devoted to educating the survivor about the common reactions to trauma. This is intended to be an interactive dialogue. Avoid lecturing and encourage survivors to discuss their feelings, thoughts and reactions to the trauma. Prior to the meeting please read **PRESENTING COMMON REACTIONS TO TRAUMA: CASE EXAMPLE** (Appendix D) to become familiar with the interactive approach we use to describe reactions to survivors.

During this discussion, take notes about the phobic avoidance that the survivor reports for later use in the construction of the safe situations hierarchy during Meeting 2.



Give the survivor a copy of the **COMMON REACTIONS TO TRAUMA HANDOUT** (Appendix C) and use it to guide the discussion.



Generally, we have found that survivors best understand the common reactions when we group them as follows.

1. Explain the relationship between the trauma, distressing feelings, physiological reactions, negative thoughts and avoidance responses
2. Discuss common trauma reactions of re-experiencing, fear, arousal, affective numbing, and avoidance.
3. Discuss the complex reactions of guilt and shame, low self-esteem, loss of control, anger, negative thoughts, loss of interest in physical intimacy and reactivation of past traumatic memories.



NOTE: USE PROBE QUESTIONS DURING THE DISCUSSION OF TRAUMA REACTIONS TO STIMULATE DISCUSSION OF THE SURVIVOR'S SPECIFIC REACTIONS.

Common Reactions To Trauma

Below are some guidelines for initiating discussions about each of the common reactions to trauma. Generally, we provide brief descriptions about the reaction followed by one or more prompt questions (indicated by bullets in the text) to encourage survivors to describe their own experiences.

The wording below can be modified to address the specific needs of the survivor, but should be consistent with the handout included in Appendix C.

If it becomes clear that a survivor is not experiencing a particular reaction that discussion can be de-emphasized, but it should still be discussed.

Before beginning the discussion, we provide the survivor with a context for their reactions such as this:



“A trauma is an emotional shock. We have already discussed some of your reactions to the trauma. Now I want to discuss with you the normal reactions of people who have undergone a severe trauma. These are reactions that are reported by people who have survived many different kinds of traumatic experiences. Although everyone responds in her/his own unique way, you may find that you have experienced some or even many of these reactions. “

1. **Fear and anxiety** are the primary reactions people have after a trauma.

- Are you feeling fearful, tense or anxious?

Sometimes your feeling of anxiety may be a result of being reminded of the trauma. At other times the anxiety may feel to you as if it comes from nowhere and for no reason.

- Do you notice that you are more fearful at certain times than others?

These feelings of anxiety and fear can be understood as reactions to a dangerous and life-threatening situation. You may experience changes in your body, your feelings and your thoughts because your views of the world and your own safety have changed as a result of the trauma.

Certain **triggers** and **cues** may remind you of the trauma and activate your fears. Triggers may be certain times of the day, certain places, people approaching you, a certain smell or a noise.

- Have you noticed specific triggers that remind you of the trauma?

After a trauma, fear and anxiety are experienced in two primary ways: (1) Re-experiencing of trauma memories and (2) Hyperarousal, or the experience of being easily startled and jumpy

Another way in which fear and anxiety can impact someone after a trauma is to cause people to try to avoid places, people, or other reminders of the trauma or to distract themselves to reduce the fear. In the next few minutes, we will discuss each of these post-trauma reactions.

2. As I said, people who have been traumatized often **re-experience** the trauma. You may find that you are having flashbacks where pictures of all or part of the trauma suddenly pop into your mind.
 - Are you having flashbacks?
 - What is this experiences like?

Sometimes the flashback may be so vivid that you might feel as if the trauma is actually occurring again. These experiences are intrusive and you probably feel that you don't have any control over what you are feeling, thinking, and experiencing during the day or at night. Sometimes these flashbacks are triggered by external events and often times appear to come out of nowhere.

You may also find that you are re-experiencing the trauma through **nightmares**.

- Have you been having nightmares?
- What changes do you notice in your body when you suddenly wake up from a nightmare?

You may also re-experience the trauma emotionally or cognitively without having a flashback or nightmare.

- Have you been having distressing thoughts and feelings about what happened to you?

3. Having **trouble concentrating** is another common reaction following trauma.
 - Are you having any trouble reading, following a conversation, or remembering something that someone told you?
 - What is this experience like?

It is frustrating and upsetting to be unable to concentrate, remember and pay attention to what is going on around you. This experience may also lead to a feeling that you are **not in control** of your mind or a feeling that you are **going crazy**. It is important to remember that these reactions are temporary. Difficulties concentrating are a result of intrusive and distressing feelings and memories about the trauma. In an attempt to understand and digest what happened to you, your mind is constantly reviewing this material, bringing it back up, chewing on it and trying to digest it.

4. Other common reactions to trauma are **arousal**, agitation, feeling jittery, feeling **overly alert**, trembling, being **easily startled**, and having trouble sleeping.
 - Have you noticed that your body is experiencing any of these changes since the trauma?
 - Are there times when you feel panic? What happens to your body? Sweating? Heart Racing?
 - Are you especially watchful and easily startled?

Feeling tense and jumpy all the time may also lead to feelings of **irritability**, especially if you are not getting enough sleep.

- Have you been feeling irritable or angry?
- Do you find that you are having angry outbursts or that you are more snappy than usual with your friends, family or coworkers?

These changes in your body are the result of fear. Animals and people have several potential reactions to being traumatized, or threatened. One reaction to danger is to **freeze**, a second reaction is to **run away** or **flee**, and a third is to **fight**.

The **flee** or **fight** responses require a burst of adrenaline to mobilize the body and help it respond adequately to a dangerous situation. As a result of the trauma, you have realized that there is danger in the world and you want to be ready for it. Your body is in a constant state of preparedness and arousal, so you can feel pumped and ready to respond immediately to a dangerous situation.

5. You may find that you are physically, emotionally, or mentally **avoiding** people, places, or things that remind you of the trauma. This is a strategy to protect yourself from situations that you may feel are dangerous, and thoughts and feelings that are overwhelming or distressing.
- Are you unable to go certain places or do certain things as a result of the trauma?
 - Have you been making efforts to avoid thoughts or feelings associated with the trauma?
 - How do you do that?
 - What kinds of things do you find yourself doing to try to forget what happened to you?

Sometimes the desire to avoid memories and feelings about the trauma may be so intense that you might find that you have forgotten important aspects of what happened during the trauma.

- Are there any memories that you cannot remember or time gaps that you cannot account for?

Another experience you may have from avoiding painful feelings and thoughts about the trauma is **emotional numbness**.

- Do you have this experience of feeling numb, empty, or detached from your environment?
- Have you found that you have lost interest in things that once were pleasurable to you?
- Do you feel detached and cut off from other people since the trauma?

6. Other common reactions to trauma are **sadness** and **a sense of feeling down** or **depressed**. You may have feelings of hopelessness and despair. You may find that you are crying frequently. Sometimes you may have thoughts of hurting yourself and suicide.

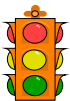
A **loss of interest** in the people and activities that you once found pleasurable is often associated with a trauma. Nothing may seem fun to you any more. You may also feel that life isn't worth living and plans you had made for the future do not seem important any longer.

- Have you been feeling sad or depressed? Are you tearful? Are you feeling hopeless?
- Are you had feelings or ideas that life is not worth living or that you would be better off dead?

SUICIDE ASSESSMENT

If the survivor expresses suicidal ideation or plans or extreme hopelessness, discontinue the discussion of the common reactions and conduct a formal and detailed suicide assessment.

7. During the trauma, you may have felt as if you had **no control** over your feelings, your body, and your life. Sometimes these feelings may be so intense that you feel as if you are **"going crazy"** or **"losing it"**.
- Have you had this experience since the trauma? What is that like for you?



- Is there anything that you have found helpful to cope with these feelings and thoughts?

8. Feelings of **guilt** and **shame** are also common and may be related to something you did or did not do to survive the trauma. It is common to second guess your reactions and blame yourself for things that happened.

- Are you blaming yourself for the trauma?
- Do you feel that you should have done something differently at the time of the trauma?
- Are there any people that you are avoiding talking to or things that you are avoiding doing because you feel guilty or ashamed?

Feeling guilty about what happened to you means that you are holding yourself responsible for your assailant's actions or things that were out of your control. These feelings of guilt can lead to feelings of helplessness, depression and negative thoughts about yourself.

Blame can also come from society, friends, family, and acquaintances because many times people place responsibility on the person who has been hurt and survived.

- Has anyone blamed you for something you did during the trauma? How did that feel?

It is important for you to remember that you are not responsible for what happened to you (at this point, you can include details from the traumatic situation). You did not ask to be harmed.

9. A feeling of **anger** is also a common reaction to trauma. The anger may be directed at the assailant and may be stirred up in the presence of people who remind you of the assailant.

- Are you feeling particularly angry or aggressive? Is this changed since the trauma?
- How do these feelings affect you or other people?

You may also discover that you are so **angry** that you want to hit someone or swear. If you are not used to feeling angry or expressing your anger, you may not know how to handle these feelings.

Many people also direct the anger towards themselves, which may lead to feelings of blame, guilt, helplessness and depression.

Many people also find that they are experiencing anger and irritability towards those people that they love the most: family, friends, their partners and their children.

- Has this been happening to you?

10. **Self-image** can also suffer as a result of a trauma. You may tell yourself "I am a bad person and bad things happen to me" or "I should be tougher and not let it effect me."

- Are you having any negative thoughts about yourself since the trauma?
- What kind of things do you find yourself saying or thinking about the way you are coping?

11. People who are traumatized can develop **negative thoughts** about other people and life events. For many people the safe world that they were used to suddenly becomes very dangerous. They feel that they **cannot trust anyone**. You may feel this way also.

- What kinds of thoughts are you having about other people or the world now?
- Have you noticed a change in your thinking since the trauma?

We often hear people say that the trauma has changed them completely. They tell us "before the trauma I was not afraid of anything. I could cope with any kind of stress no matter how difficult the situation. Now, I am afraid of my shadow and I cannot cope even with minor problems."

- Do you have similar thoughts about yourself?
- Do you feel that the trauma has changed you in a profound way?
- How did you cope before the trauma? How are you coping now?

Some people tell us "The trauma was the last straw. I knew I always felt that I could not trust myself, I am the kind of person that cannot handle even slight difficulties."

- Do you have similar thoughts about yourself?
- How well do you feel that you cope with difficult situations?
- Did the trauma or your reactions to it confirm something bad that you thought about yourself?

12. It is not unusual to have **disruptions in relationships** with other people after a trauma. Some of this disruption is a result of feeling sad, frightened and angry. In order to cope with these negative feelings, you may withdraw from others or not participate in the activities that you once did.

- Has this been a problem for you?
- Have you noticed that you are having difficulties getting along with other people?

It is common for people to experience anger, anguish, and guilt when someone that they love is hurt. You may find that your friends and family, especially your partner, may have difficulty hearing about the trauma. It is important that you realize that the people around you might be going through a crisis too.

At the same time, the support of your family and friends plays an important role in your recovery. It is important to talk to people who you feel can support you and understand your feelings.

13. After a trauma, it is not unusual to experience a **loss of interest in physical affection and sexual relations**. There are various reasons for this. For example, it is very common for people who are depressed and have not been traumatized to experience a loss of interest in their sexual drive.

- Are you experiencing any loss of interest in sexual relations?
- Have you experienced frightening feelings, thoughts or flashbacks when being physically affectionate?

14. Finally, as a result of this recent trauma you may be reminded of **past experiences**. These past memories may be as disturbing to you as the memories of the recent trauma. Once a negative memory pops into your mind, it tends to provoke memories of other negative experiences. This is the normal way that memory works. For this reason, after the trauma, you may recall many negative memories about a past trauma that you had forgotten. In fact, it may become difficult for you to think of any other situations or experiences that are not negative. As you recover, you will start to remember more positive memories. These positive memories will trigger more positive recollections and eventually you will gain a more balanced view of your life.

- Have you suddenly remembered upsetting experiences that you had before the trauma?

GIVE THE SURVIVOR THE COMMON REACTIONS TO TRAUMA HANDOUT (APPENDIX C) AND INSTRUCT THEM TO READ IT ONCE BEFORE NEXT SESSION AND ENCOURAGE THEM TO SHARE IT WITH SUPPORTIVE FRIENDS AND RELATIVES.

D. Teaching The Survivor How to Breath In a Calm Way



INTRODUCE THE SURVIVOR TO CALM BREATHING AS A METHOD OF ALLEVIATING ANXIETY AND DISTRESS. THE RATIONALE FOR THIS TECHNIQUE FOLLOWS:



"Most of us realize that our breathing effects the way that we feel. For example, when we are upset, people may tell us to take a deep breath and calm down. However, taking a deep breath often does not help. Instead, to calm down one should take normal breaths but do so slowly. Very often, when people become frightened or upset, they feel like they need more air and may hyperventilate. However, hyperventilation generates anxious feelings. What we really need to do is to slow down our breathing and take in less air."

INSTRUCT THE SURVIVOR IN CONTROLLED BREATHING. ONE POSSIBLE TECHNIQUE IS PRESENTE BELOW, BUT THE CLINICIAN MAY SELECT ANOTHER IF THEY PREFER.

Instruct survivors to take normal breaths with their mouth closed, and exhale very slowly through the mouth. While the survivor exhales, have them say the word **CALM** or **RELAX** very slowly by drawing out the final syllable of the word. Like this, c-a-a-a-a-a-l-m. Once the survivor learns to slow their exhalation, have them pause and count to 4 after exhaling and before inhaling. Repeat the entire sequence of inhaling and exhaling through the nose, 10 to 15 times.



GIVE THE SURVIVOR **THE CALM BREATHING HANDOUT** (APPENDIX E) AND SUGGEST TO THE SURVIVOR TO USE THE CALM BREATHING WHEN SHE FEELS TENSE OR DISTRESSED.



If survivor display or describe extreme physiological reactions in general or when confronting trauma reminder, such as sweating, difficulty breathing, Deep Muscle Relaxation Training (see Appendix F) can be introduced here.

E. Assignments for the Coming Week



- Give the survivor the Common Reactions to Trauma and Calm Breathing handouts.
- Instruct the survivor to read the handouts more before the next meeting.
- Suggest the survivor share his/her reaction with supportive friends, family, and co-workers.
- Instruct the survivor to practice Calm Breathing during the week to manage anxiety and distress.

MEETING 2

Overview



THESE ARE THE GOALS FOR THE SECOND MEETING

- Present agenda for the meeting.
- Construct a list of safe situations that survivor has been avoiding that are feared and avoided because they are related to the trauma.
- Present the rationale for Approaching Safe Situations (*in vivo* exposure).
- Present rationale for recounting the Trauma.
- Guide the survivor in Recounting the Trauma, including details of trauma and related feelings and thoughts.
- Present Assignment for the Coming Week:
 - Listen to breathing tape once a day
 - Confront safe situations
 - Recount the Trauma
 - Use breathing to reduce tension and anxiety
- Ask survivor to complete PTSD Symptom Scale-Self Report Version (PDS) and Beck Depression Inventory (BDI)



BEGIN THE MEETING BY INQUIRING HOW THE SURVIVOR HAS BEEN DOING IN THE PAST WEEK AND WHAT REACTIONS OCCURRED TO THE FIRST MEETING.

A. Present Agenda For Meeting



TELL THE SURVIVOR THAT YOU ARE GOING TO EXPLAIN THE RATIONALE FOR RECOUNTING THE TRAUMA AND CONFRONTING SAFE SITUATIONS, PLACES AND PEOPLE THAT HAVE BEEN AVOIDED. AN EXAMPLE OF THIS INTRODUCTION IS PRESENTED BELOW.



"Let me outline the plan for today. First we'll make a list of safe situations that you have been avoiding, and then we will discuss what happened during the trauma. I'm also going to write down some of the negative thoughts that you have as a result of the trauma. Together we will evaluate whether they are accurate and helpful for you. Whenever we get to one of these steps I'll explain why it is important to include these approaches in this program. That way, nothing will come as a surprise to you and you will understand why we are doing these things."

B. Rationale for Approaching Safe Situations (*In Vivo* Exposure)



INTRODUCE THE SURVIVOR TO THE RATIONALE FOR APPROACHING SAFE SITUATIONS (*IN VIVO* EXPOSURE).



"Last week we talked about your feelings, thoughts and memories of the trauma when we discussed the reactions that you were having. We also talked about some situations and people that you have been avoiding, because they remind you of the trauma. But as we also discussed in the last meeting, avoiding the painful memories and safe situations that remind you of the trauma actually prolong your post-trauma reactions.

As a first step in helping you to stop avoiding situations, I would like us to make a list of the situations that you have been avoiding. Let me give you an example to illustrate this point."



THE FOLLOWING EXAMPLES MAY BE HELPFUL TO ILLUSTRATE THE RATIONALE BEHIND TALKING ABOUT THE TRAUMA AND CONFRONTING REMINDERS OF THE TRAUMA:

Case Example #1 : Approaching Safe Situations that Elicit Fear

"A little boy was sitting on the beach with his mother when an unexpected, forceful wave from the ocean washed over them. The child got extremely upset and cried that he wanted to go home. The next day when it was time to go to the beach, the little boy began crying and refused to go. In order to help him overcome his fear of the water, his mother took him for walks on the beach over the next few days. She would hold his hand and gradually helped him walk closer to the water's edge. By the end of the week the boy was able to walk into the water alone."

Case Example #2 : Approaching Safe Situations that Elicit Fear

"A taxi cab driver who lived in New York City developed a fear of driving across bridges. This fear created serious problems with his work since he was unable to drive customers across bridges. Each time he approached a bridge he pretended that something was mechanically wrong with the taxi and called another cab to take his customers to their destination. The taxi cab driver, with the support of a therapist, practiced driving over bridges daily. Within a week's time he was able to go across the bridge with the therapist following him in another car. With repeated practice, he was able to drive over small bridges by himself."



AFTER YOU HAVE INTRODUCED THE RATIONALE FOR EXPOSURE PROCEDURES, ELICIT SPECIFIC EXAMPLES FROM THE SURVIVOR ABOUT SITUATIONS, AND PEOPLE AND PLACES THAT HAVE BEEN AVOIDED SINCE THE TRAUMA. IF THE SURVIVOR IS HAVING TROUBLE COMING UP WITH SITUATIONS THAT SHE/HE IS AVOIDING, YOU MAY SUGGEST A FEW SITUATIONS THAT MIGHT BE REMINISCENT OF THE TRAUMATIC SITUATION.



CONSTRUCT THE LIST OF AVOIDED SITUATIONS. REVIEW THE LIST TO ENSURE THAT UNSAFE SITUATIONS ARE NOT INCLUDED (E.G., WALKING IN AN UNSAFE NEIGHBORHOOD AT NIGHT). THE GOAL IS TO DEVELOP A LIST OF **SAFE** SITUATIONS THAT ARE AVOIDED.

C. Introduction to SUDS:



"Now that we have identified some situations that you are avoiding, I'll ask you how much distress or discomfort you would feel if you entered them. To do that we'll use a scale called the SUDS."

USE THE FOLLOWING EXPLANATION OF THE SUDS SCALE.



"In order to evaluate your discomfort about talking about the trauma and approaching the safe situations we just listed, we're going to use the SUDS scale which stands for Subjective Units of Discomfort. It's a 0 to 100 scale where a rating of 100 indicates that you are extremely upset, the most upset you have ever been in your life. A rating of 0 indicates no discomfort at all, like when you are completely relaxed. Just to get started, can you tell me what your SUDS rating is right now?"

D. Constructing the Hierarchy for Approaching Safe Situations



USE THE **APPROACHING SAFE SITUATIONS** HIERARCHY FORM (APPENDIX G) TO DEVELOP A LIST OF SITUATIONS THAT THE SURVIVOR HAS AVOIDED. USING THE SUDS SCALE, RATE THE INTENSITY OF ANXIETY AND FEAR THAT IS EXPERIENCED WHEN THE SURVIVOR IMAGINES CONFRONTING THESE SITUATIONS. IDEALLY YOU WILL DEVELOP A LIST THAT CONTAINS 5-10 ITEMS.

Suggestions for Approaching Safe Situations (*in vivo* Exposure)



SUGGEST THAT THE SURVIVOR TRY TO CONFRONT AT LEAST ONE SAFE SITUATION DURING THE WEEK BETWEEN MEETINGS.



Give the survivor the Model for Gradually Approaching Safe Situations (*in vivo* exposure) handout (appendix H). Suggest that the survivor select a situation that generates moderate anxiety (e.g., SUDS = 50) for the first practice.

Instructing the Survivor About Approaching Safe Situations

Encourage the survivor to initially confront safe situations that evoke moderate levels of discomfort and progress to more fearful situations. The survivor should be encouraged to remain in the situation until the anxiety decreases. Emphasize the helpfulness of remaining in the situation for 30 minutes or until her/his SUDS decreases by at least 50%.

Sometimes the survivor needs to confront the same situation under different circumstances in order to conquer the fear. For example, for a survivor who was attacked in a parking lot, going to the mall with her mother evoked SUDS of 60 while going alone evoked a SUDS of 85. Similarly, a doctor who was raped experienced SUDS of 100 while conducting physical exams of her male patients, but her SUDS ratings decreased to 60 when a nurse was present during the exams. The lesser feared circumstances as well as the most feared should be included on the list of situations to be approached.

APPROACH (EXPOSURE) PROCEDURES CAN BE EXPLAINED TO THE SURVIVOR USING LANGUAGE SUCH AS THE FOLLOWING:



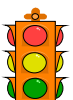
"When you are practicing in the mall, for example, you may initially experience anxiety symptoms, such as your heart beating rapidly, your palms sweating and feeling faint. These reactions may make you want to leave immediately. But in order to get over the fear it is important that you remain in the situation until your anxiety decreases. Once your anxiety has decreased 50% you can stop the exposure and resume other activities.

If you leave the mall while you are very anxious, you will confirm your belief that the situation is very dangerous and that something terrible is going to happen to you. You will also strengthen your habit to avoid situations that cause you discomfort in order to manage your distress. However, if you remain in the situation, with time and the use of your coping strategies, your anxiety will decrease. Eventually you will be able to enter the mall situation without fear. The more frequently you practice each situation on your list, the less anxiety you will experience."



GIVE THE SURVIVOR THE LIST OF AVOIDED SITUATIONS AND DEMONSTRATE HOW TO RECORD SUDS LEVELS DURING APPROACH PRACTICES ON THE **APPROACHING SAFE SITUATIONS RECORDING SUDS FORM** (APPENDIX I).

E. Safety Assessment During APPROACHING Safe Situations Assignment



DISCUSS THE SAFETY OF SITUATIONS WITH THE SURVIVOR. HELP TO DECIDE WHICH SITUATIONS ARE SAFE FOR CONFRONTATION AND WHICH SHOULD BE AVOIDED. THE FOLLOWING TWO EXAMPLES ILLUSTRATE THIS PROCESS.

Case Example #1

Betty lives in a dangerous inner-city neighborhood. When she leaves her apartment in the evening she needs to be accompanied by someone. Because of the potential danger involved, the therapist, together with Betty, developed a list of supportive individuals who could accompany her on her in vivo exposure homework. These people accompanied Betty during her exposures.

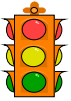
Case Example #2

Veronica was raped in a public parking garage close to her place of employment. Consequently, she avoided going to work because she was afraid of using the only parking garage available to her. In order to help her return to work and use this parking garage, the in vivo exposure assignment included visits to the garage accompanied by her friends during the day, and eventually at night. Because the garage was located in a high crime area, it was deemed unsafe to have her walk through the garage alone at night. Therefore, the therapist suggested that she arrange to be escorted to and from her car by the garage security guards.

F. Recounting The Trauma



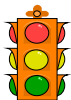
In this program, the survivor will be instructed to recount memories, feelings and thoughts of the trauma and its aftermath. During this recounting, it is important that the survivor feels in control of the process and is given permission to approach these memories at her/his own pace.



Please review the case examples illustrating how to encourage survivors to talk about the trauma presented in Appendix J: **Recounting The Trauma: Two Case Examples.**



Trauma survivors are often reluctant to discuss their feelings and thoughts about the trauma. Such reluctance can be overcome by telling the survivor that talking about what happened will help to manage these bad memories. During the first recounting, the survivor should be allowed to determine the level of detail with which the narrative of the trauma will be recounted. In subsequent recounting, encourage the survivor to describe the event in more detail. You may also ask specific questions about the emotional and physiological reactions that accompanied the trauma.



IT IS IMPORTANT FOR YOU TO BE AVAILABLE TO TALK TO THE SURVIVOR BY TELEPHONE BETWEEN MEETINGS IF THE MEMORIES OF THE TRAUMA CAUSE EXTREME DISTRESS.

Give the survivor your office telephone number and explain that you may not be able to return a call immediately, but that you will return a call as soon as you are able. Explain what hours you will be available and suggest and agree on alternate arrangements when you are not available.

Rationale for Recounting the Trauma

THE FOLLOWING IS THE RATIONALE FOR RECOUNTING MEMORIES OF THE TRAUMA:



"It is quite natural to want to avoid painful experiences and memories. However, by avoiding thoughts of the trauma and not talking about it with people that you trust, you are preventing yourself from coming to terms with the experience. As you have already discovered, no matter how hard you try to push away thoughts or memories of the experience, it comes back to haunt you through nightmares, flashbacks, fears and distressing thoughts and feelings. These problems are indicators that the trauma still needs to be processed. I'd like to help you to process your traumatic memories and put them into perspective by talking about them with you, and finding out how the trauma has influenced your life."



THE FOLLOWING EXAMPLES ILLUSTRATE HOW RECOUNTING THE TRAUMA CAN HELP:

1. "Imagine that your memory is like a complicated file cabinet. Past experiences are each filed into a proper drawer. In this way you can organize your experiences and make sense of them. For example, you have a drawer for **restaurant experiences**. Every time you go to eat in a restaurant you file the memory in this drawer in your mind so that it will be available in the future. But when something overwhelming and traumatic happens, we often struggle to figure out what drawer it should be put in. Part of recovering from a traumatic experience is being able to organize these distressing memories and find a drawer for them. To do that, however, we must take the memories and examine them so that we can organize them. Talking about the trauma allows that kind of examination. Once this is done, you can move on with the business of your life."
2. "If you have ever had a loved one die, then you may remember that immediately after the loss you felt numb, sad, upset, angry and many other emotions. After someone dies, we often talk to people around us in order to share our sense of loss and other emotions as well as our memories of the person we have lost. By talking to friends and family, we begin to organize our memories and feelings, to file them away and move on. The same sort of thing happens after a traumatic event. It is important to experience all emotions that are connected to a trauma in order to process them and get to a point at which the memories are not so devastating. Unfortunately, as we talked about last time, people often try to avoid talking about traumatic events. What we'll do today is to begin talking about the trauma to help you process the memories and feelings. Remember, the goal of talking about the trauma is to help put it into perspective so you can move forward."

CONTINUE WITH THE FOLLOWING DIRECTIONS:



"I would like you to share with me your memories of the trauma in as much detail as you remember. Go at your own pace and just tell me what happened. You may find it helpful to close your eyes so you won't be distracted. However, if this is difficult or uncomfortable, you can keep your eyes open. From time to time, while you are recounting the trauma, I will ask you for your anxiety level on the 0 to 100 SUDS scale. I may also ask you some questions to clarify what you were experiencing, thinking and feeling at the time."

WRITE DOWN ANY COGNITIVE DISTORTIONS OR NEGATIVE THOUGHTS THAT THE SURVIVOR EXPRESSES DURING THE RECOUNTING OF THE TRAUMA SO THAT YOU CAN HELP EVALUATE THE ACCURACY AND HELPFULNESS OF THESE THOUGHTS LATER.

RECORD THE SURVIVOR'S SUDS RATINGS ON **Recounting The Trauma: SUDS Recording Form (Appendix K)**: (a) before talking about the trauma; (b) at the peak of the trauma; and (c) after the recounting.



The following probe questions may be used to obtain thoughts, feelings and experiences during the recounting of the trauma.

1. What thoughts were going through your head at the time of the trauma?
2. What kinds of feelings did you have during the trauma?
3. What are you feeling now as you talk about this?
4. What thoughts are you having now about the trauma?
5. What physical reactions are you having now as you talk about the trauma?
6. What was your body feeling during the trauma?
7. What were the reactions of other people to you after the trauma?



Encouraging and empathic comments such as the following should be used to help comfort the survivor during discussion of the trauma:

1. I know this is very painful for you to talk about, but you are doing really well.
2. I know the trauma was a very upsetting.
3. You have shown a lot of courage. It isn't easy to talk about these events and feelings, but you have just taken an important first step.
4. I know this was a difficult conversation for you and I want you to know that your courage will help you over this hump.
5. Feel free to let your feelings go in here and to express whatever you are feeling.
6. See, you are talking about the trauma, and nothing bad has happened to you.
7. I want you to notice that your anxiety has decreased as a result of talking about the trauma. (SHOW SURVIVOR HER/HIS SUDS RATINGS)

G. Cognitive Restructuring



Please review Appendix L: **Cognitive Restructuring: A Case Example**. Also review Appendix M: Examples of Cognitive Distortions

Cognitive Restructuring is a method by which dysfunctional negative thoughts and beliefs are identified. After identifying a number of negative thoughts related to the trauma, they are challenged and their accuracy is evaluated through a series of questions. In addition to challenging the negative thought, these questions can facilitate the generation of rational, more functional, alternative responses. Survivor's rational responses to these questions will often serve as alternative thoughts.

Rationale for Cognitive Restructuring



EXPLAIN THE RATIONALE TO COGNITIVE RESTRUCTURING AS FOLLOWS:

“After a traumatic experience, thoughts and beliefs about ourselves and the world can go through a drastic change. Trauma survivors often perceive the world as dangerous, other people as untrustworthy, and themselves as incapable of coping with their reactions and daily stress. Survivors may also believe that they are in some way at fault for the event and that they deserved to be traumatized.

“In fact, during our discussion of the common reactions to trauma, we talked about some negative thoughts that you have about how dangerous the world is and about your difficulties coping with stress. I've also written down a few more thoughts that you expressed while you were recounting the trauma. These negative thoughts and beliefs promote post-trauma symptoms as well as underlie their persistence. Therefore it is important to address them systematically.

“I'd like to talk about these with you now with the goal of evaluating how helpful they are and what feelings they may lead to. I will use a method that we call Cognitive Restructuring that provides a way of correcting unhelpful, dysfunctional thoughts and beliefs. In this way we will also address the meaning you attach to situations that cause you fear and anxiety. The goal is to help you develop more realistic functional appraisals of the world and yourself that will help you cope and recover.”



DISCUSS ONE OR MORE NEGATIVE THOUGHTS. HELP THE SURVIVOR TO EVALUATE THE ACCURACY AND HELPFULNESS OF THESE THOUGHTS. REFER TO THE SURVIVOR'S NEGATIVE THOUGHTS RECORDED DURING PRIOR MEETINGS TO IDENTIFY POTENTIALLY NEGATIVE THOUGHTS.



Examples of typical Negative Thoughts of Survivors:

The following list provides some examples of negative thoughts that survivors often have about their vulnerability, inability to cope with stress, and the dangerousness of the world after a trauma.

1. After what happened, I can't trust anyone.
2. The world is a dangerous place.
3. I can't cope.
4. I must have done something to deserve this.
5. No one can understand what I have been through.
6. I feel so guilty that I have escaped and others died.
7. I am never going to be the same again.
8. My life is ruined.
9. If I were a strong person I would be over it by now.
10. I think I am going crazy because I have symptoms.



If no examples of negative thoughts or beliefs have been identified in earlier discussions, the following questions may be helpful in eliciting such thoughts.

1. What thoughts come to your mind and seem to be troublesome for you about the trauma?
2. Was there a thought that you had recently that caused you distress?
3. What thoughts go through your mind when you remember the trauma?
4. What do you say to yourself when you have to deal with a difficult situation?

Challenging Negative Thoughts



ASSIST THE SURVIVOR IN ASSESSING THE ACCURACY AND RATIONALITY OF BELIEFS BY CHALLENGING THEM, AND HELP TO REPLACE THEM WITH MORE RATIONAL STATEMENTS.



It is important to point out to the survivor that this process is not the same as "the power of positive thinking." The purpose is not to trade negative thoughts for positive ones. Rather, the goal is to recognize the errors in one's logic and thinking that cause distress. These errors can be corrected or exchanged for thoughts that are objective, reasonable, and more accurately reflect reality.

THE FOLLOWING QUESTIONS ARE MOST USEFUL IN CONDUCTING COGNITIVE RESTRUCTURING WITH TRAUMA SURVIVORS.



IF THE SURVIVOR HAS A DIFFICULT TIME LEARNING THIS PROCESS, YOU CAN MODEL IT BY ASKING YOURSELF THE QUESTIONS ABOUT AN ASPECT OF THE SURVIVOR'S THINKING:

1. What evidence do you (I) have for this thought?
2. Is there an alternative explanation?
3. How would someone else think about the situation?
4. Are your (my) judgments based on how you (I) felt rather than what you (I) did?
5. Are you (am I) setting for yourself (myself) an unrealistic and unobtainable standard?
6. Are you (am I) forgetting relevant facts or focusing too much on irrelevant facts?
7. Is this an example of all-or-nothing or black-and-white thinking?
8. Are you overestimating how much control and responsibility you have in this situation?


9. What would be the worst thing that could happen?
10. What are the real and probable consequences of the situation?
11. Are you underestimating what you can do to deal with the problem or situation?
12. Where is the logic in this thought?

H. Assignments for the Coming Week

- Instruct the survivor to continue practice Calm Breathing during the week and to use it to manage anxiety and distress.
- Instruct the survivor to listen to the audiotape of recounting the trauma, talk about the trauma with trusted people, and/or write it down.
- Discuss what situations the survivor will approach during the week.
- Encourage the survivor to detect negative thoughts and beliefs and challenge them.

MEETINGS 3 AND 4

Overview

 **NOTE:** Meetings 3 and 4 follow the same basic format. There is an additional review of progress to be completed at the end of meeting 4 that will be described in the next section of the manual.

- Present agenda for the meeting.
- Continue to recount the trauma.
- Continue to discuss situations that the survivor has avoided and instruct on approach practices.
- Continue to identify and evaluate the accuracy of the survivor's negative thoughts associated with the trauma or with her/his post-trauma reactions.
- Present Assignment for the Coming Week:
 - Practice Calm Breathing
 - Confront safe situations
 - Recount the Trauma or talk about it
 - Write down negative thoughts to be reviewed in the next meeting
- Ask the survivor to complete PTSD Scale-Self Report Version and Beck Depression Inventory.

AT THE BEGINNING OF THE MEETING, INQUIRE HOW THE SURVIVOR HAS BEEN DOING IN THE PAST WEEK AND WHAT WERE HER/HIS REACTIONS TO THE SECOND MEETING.

A. Present Agenda For Meeting

 PRESENT THE AGENDA FOR THE MEETING, TELLING THE SURVIVOR THAT YOU ARE GOING TO CONTINUE RECOUNTING THE TRAUMA AS WELL AS DISCUSSING NEGATIVE THOUGHTS.

AN EXAMPLE OF HOW TO WORD THIS INTRODUCTION IS PRESENTED BELOW.



"Today we are going to continue recounting the trauma. We will also continue to discuss and evaluate the negative thoughts that you are having about yourself and the world as a result of the trauma.



B. Recounting the Trauma

CONTINUE TO HELP THE SURVIVOR RECOUNT THE DETAILS OF THE TRAUMATIC EXPERIENCE, AND THE ASSOCIATED THOUGHTS AND FEELINGS. ASK FOR SUDS RATINGS BEFORE AND PERIODICALLY DURING THE RECOUNTING. ALSO, ASK THE SURVIVOR IF ANY ADDITIONAL THOUGHTS OR FEELINGS HAVE SURFACED SINCE THE LAST DISCUSSION.

Highlight and challenge negative thoughts expressed during the recounting of the trauma. Pay particular attention to persistent beliefs about safety of the world and the survivor's ability to cope.

C. Reviewing Approaching Safe Situations Practices (*in vivo* Exposures)



REVIEW THE SURVIVOR'S ATTEMPTS TO PRACTICE APPROACHING SAFE SITUATIONS. ENCOURAGE ALL ATTEMPTS TO CONFRONT SITUATIONS ON THE LIST. REMIND THE SURVIVOR OF THE IMPORTANCE OF REMAINING IN THE SITUATION FOR AT LEAST 30 MINUTES OR UNTIL THEIR DISTRESS HAS BEEN REDUCED BY 50% FROM ITS PEAK LEVEL.



THE FOLLOWING COMMENTS ARE HELPFUL AFTER REVIEWING THE SITUATIONS THAT THE SURVIVOR CONFRONTED DURING THE WEEK:



If the survivor's anxiety does decrease while confronting the feared situation:

1. You see, your anxiety decreases if you just continue to stay in the fearful situation.
2. I want you to notice that you were much less anxious when you left the situation than when you anticipated approaching it.
3. I can see that you are more relaxed today even though you have confronted many distressing memories and situations that remind you of the trauma. As you can see, the more you confront this situation, the less it is associated with anxiety. Does it seem as bad a situation as it used to seem?
4. You see, you exposed yourself to your fears and nothing terrible has happened. Does this situation seem as dangerous or as unpleasant as it used to seem?



If the survivor's anxiety has not decreased while confronting the feared situation:

1. You continued to be anxious when you confronted _____. This can happen. It is an indication that there is still some unfinished business surrounding the trauma. It will be helpful if you continue to confront that situation, perhaps staying with it a bit longer. While you do, you might find it helpful to monitor your negative automatic thoughts while you are in the situation and evaluate the accuracy and helpfulness of these thoughts.
2. You were feeling very anxious when you were _____, but you stuck with it. You showed courage facing the situation, and you have taken an important step toward recovery.



D. Cognitive Restructuring

CONTINUE TO USE COGNITIVE RESTRUCTURING TO HELP THE SURVIVOR EVALUATE AND MODIFY NEGATIVE THOUGHTS. USE NEGATIVE THOUGHTS THAT THE SURVIVOR IDENTIFIED DURING THE PAST WEEK, OR THOUGHTS EXPRESSED DURING THE RECOUNTING OF THE TRAUMA. USE THE METHODS DESCRIBED IN APPENDICES L AND M.



E. Assignments for the Coming Week

- Instruct the survivor to continue practicing Calm Breathing during the week and to use it to manage anxiety and distress.
- Instruct the survivor to listen to the audiotape of recounting the trauma, talk about the trauma with trusted people, and/or write it down.
- Discuss what situations the survivor will approach.
- Encourage the survivor to detect negative thoughts and beliefs and challenge them.

PROGRAM REVIEW AND EVALUATION

Review Program and Survivor's Progress



AT THE END OF MEETING 4, PRESENT THE FOLLOWING REVIEW OF COPING SKILLS AND ELICIT FEEDBACK REGARDING PROGRESS IN THE PROGRAM.

This part of Meeting 4 allows for an evaluation of the survivor's progress, a review of the skills taught in the program, providing positive feedback to the survivor for having completed the program, and soliciting feedback from the survivor about the program and her/his progress in the program.

This conversation should be interactive and solicit the survivor's perceptions of progress. In particular, ask which skills the survivor plans to continue using and help to set a schedule to practice the skills.

In general, this portion of the meeting includes 4 components:

1. Evaluation of survivor's progress.
2. Soliciting feedback from the survivor on the program.
3. Offer encouragement and praise.
4. Discussion of a follow-up evaluation.

Please review the case example presented in Appendix O (**Talking About the Survivor's Progress in the Program and What She Accomplished: Case Example**).

Review of the Brief Program Procedures



Use the following sample as the basis for providing the survivor with feedback regarding what has been accomplished in the program.

"We have worked together for 4 weeks and this is our final meeting. I'd like to talk with you about your progress in the program and discuss the coping skills that you have learned.

You've worked hard to put the trauma into perspective by talking about it. We've also talked about how you reacted to the trauma and the impact it has had on your life. During these discussions we explored some negative thoughts that developed as a result of the trauma, and looked at their accuracy.

You've spent quite a lot of time (give examples of what participant did during the program).

You've also learned some coping skills to help decrease your anxiety in stressful or challenging situations. You learned to breathe in a calm way and to relax your muscles.



I'd like to know how you are feeling now, what you found helpful or not helpful during the program, what additional skills you need to learn, and what your plans are for the near future."

BEGIN THE CONVERSATION WITH THE FOLLOWING DIALOGUE, ENCOURAGING THE SURVIVOR TO RESPOND TO EACH QUESTION:



"First let's start with how far you have come. I think you have made some really nice progress in the program. "How are you feeling now compared to when you began the program? "



You may wish to provide the survivor with specific feedback on progress by sharing the weekly scores on the PTSD symptom scale and the BDI.

The following questions may be used to guide the discussion:

"What have you learned during the last 4 weeks?"

"What were the most helpful things that we did?"

"Was there anything that you didn't find very helpful?"

"Are there any skills that you think you need to continue to practice?"

IF SO, HELP THE SURVIVOR MAKE PLANS TO ACHIEVE HER/HIS GOALS.

"Are there any problems that you are still concerned about? "

IF SO, DISCUSS PROFESSIONAL RECOMMENDATION WITH THE SURVIVOR.

Discussing Follow-Up Meetings



"You have now completed this program and you are ready to move on. I know that it does not necessarily feel as though you have finished dealing with the trauma, so I hope that you will continue to use the skills that you have learned during the past 4 weeks. If you do, I am sure that you will continue to feel better with time. However, it is important not to let any difficulties you are having create more problems for you, so I would like to see how you are doing in about a month. This will allow us to review your progress, and it will give us an opportunity to troubleshoot issues about the trauma that continue to be difficult for you."

It is helpful to say something positive and encouraging to the survivor as part of the ending of the program. Encourage the survivor to continue to use the skills that learned in the program. You should also work with the survivor to plan what to do should he or she need assistance prior to the follow-up meeting. This may include contacting you by telephone or providing other emergency contact information.



The following are a list of statements that might be helpful:

1. It's evident that you are feeling much better and although you weren't too sure at the beginning, your hard work paid off.
2. You had some difficult times there, but you pushed yourself to these meetings. It is obvious that your courage and patience paid off.
3. You mentioned that you were disappointed that you had not made more progress in the program. I'd like to tell you that it is not unusual for survivors to express the same feelings, and then discover that they feel much better as time goes on.
4. It takes time to process what happened during a trauma. You may continue to feel better as time goes on, especially if you continue to use the skills and techniques you've learned.

5. When we first started working together you were having difficulties with _____ . Since that time I've noticed that you are feeling much better. For example.... (list examples for the survivor and elicit her/his feedback about these changes).

YOU CAN OFFER EXAMPLES HERE OF HOW THE SURVIVOR'S SYMPTOM PATTERN AND BEHAVIORS CHANGED.

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Appendix A

Trauma Interview (adapted for WTC Disaster)

Participant _____ Date: ___ / ___ / ___ Date of Trauma: ___ / ___ / ___

Therapist _____

The purpose of this interview is to ask you about the trauma and about how you have been feeling since that time. I understand that much of what we will discuss may be quite difficult for you to talk about. One of the reasons we have structured this as an interview is to make it a bit easier for you, but if there is anything I can do to make our conversation less difficult for you, please let me know. We can take a break whenever you feel like it. Do you have any questions before we begin?

IF NO, PROCEED WITH INTERVIEW.

Let me begin with some basic questions about you.

NOTE: Any questions in this first section that can be answered by the clinician or by referencing material that is already available can be skipped. However, some background questions may be a helpful lead-in for later, more sensitive questions.

_____ 1. How old are you?

_____ 2. What is your racial background?

- | | |
|---------------------|--------------------|
| 1- Caucasian | 4- Asian-American |
| 2- Hispanic | 5- Native American |
| 3- African-American | 6- Other |

_____ 3. What is your marital status **NOTE: If you are aware that the survivor lost a spouse or partner as a result of the trauma, you may want to skip this question.**

- | | |
|-----------------|---------------------------|
| 1 - single | 4 - divorced or separated |
| 2 - married | 5 - widowed |
| 3 - co-habiting | 6 - other (specify) _____ |

_____ 4. Number of Children **NOTE: If you are aware that the survivor lost one or more children as a result of the trauma, you may want to skip this question**

_____ 5. What is your current religious identification?

- 1 - Catholic
- 2 - Protestant (which sect? _____)
- 3 - Jewish
- 4 - Other (which one? _____)
- 5 - None

_____ 6. What is your employment status now? **NOTE: Remember that some survivors may have lost their jobs as a result of the trauma.**

- 0 - Not working

- 1 - Working part-time
- 2 - Working full-time (more than 30 hours per week)
- 3 - On disability

_____ 7. What was your employment status at the time of the trauma?

- 0 - Not working
- 1 - Working part-time
- 2 - Working full-time (more than 30 hours per week)
- 3 - On disability

_____ 8. What is your job? (If unemployed, what was last job?) Specify:

- 1 - Professional (i.e., doctor, lawyer, social worker, nurse, accountant, engineer, teacher)
- 2 - White Collar (i.e., clerk, secretary, salesperson, bookkeeper, middle manager)
- 3 - Blue Collar (i.e., technician, laborer, mechanic, food service worker, child care worker)
- 4 - Student
- 5 - Homemaker (and/or full-time child caretaker)
- 6 - Unemployed and without previous occupation

_____ 9. What was the last grade you completed in school?

- | | |
|--------------------------------|---|
| 1 - Ph.D., M.D., or equivalent | 5 - A.A. or some college |
| 2 - M.A./M.S. or equivalent | 6 - High school graduate |
| 3 - Some graduate school | 7 - Some high school |
| 4 - B.A./B.S. or equivalent | 8 - Grammar school
(8th grade or less) |

TRAUMA INFORMATION

READ TO SURVIVOR: Could you tell me briefly what happened the night (day) that you were traumatized?

Possible probe questions: What were you doing just before the trauma? What happened during the trauma?
Who was around you when the trauma happened?
Where were you when the trauma happened?

_____ 10. At the time of the incident, did you think you would be killed or seriously injured?

- 1 - Yes
- 2 - No

_____ 11. How long did your experience of the trauma last (record in minutes)?

_____ 12. Were other people present during the incident?

- 1 - Yes
- 2 - No

_____ 13. What time of day did the trauma occur?

- 1- Day
- 2- Night

- _____ 14. Were you injured during the trauma?
1- Yes 2- No
- _____ 15. Did your injuries require medical attention?
1- No
2- Yes, treated at the site of the trauma
3- Yes, treated in hospital or emergency room
- _____ 16. Did you escape the situation on your own or did someone come to your assistance?
1 - On my own
2 - With assistance
3 - Rescued while unconscious
4 - unsure
- _____ 17. How much do you think your actions contributed to the events?
0 I don't think my actions made any difference
1 I think my actions made things a little better
2 I think my actions made things a lot better
3 I think my actions made things a little worse
4 I think my actions made things a lot worse

I'd like you to try to recall as best as you can how you felt and what you experienced at the time of the trauma, including the few minutes just before. I'm going to ask you some specific questions about how you felt at that time (Read the questions to the survivor and indicate how much of the time they had the experience).

- 18.____ Did you have moments of losing track of what was going on, that is, did you "blank out", or in some other way not feel that you were a part of the experience? 1- Yes 2- No
- 19.____ Did you find yourself going on "automatic pilot", that is, doing something that you later realized you had done but hadn't actively decided to do? ? 1- Yes 2- No
- 20.____ Did your sense of time change during the event, that is, did things seem unusually speeded up or slowed down? 1- Yes 2- No
- 21.____ Did what was happening seem unreal to you, as though you were in a dream or watching a movie or a play? 1- Yes 2- No
- 22.____ Were there moments when your sense of your own body seemed distorted or changed, that is, did you feel yourself to be unusually large or small, or did you feel disconnected from your body?
1- Yes 2- No
- 23.____ Were you surprised to find out after the event that a lot of things had happened at the time that you were not aware of, especially things you felt you ordinarily would have noticed? 1- Yes 2- No
- 24.____ If you were injured, did you find that you felt surprisingly little pain at the time of the injury? (-99 if not applicable) 1- Yes 2- No
- 25.____ Overall, how were you treated by the medical personnel? Were they (skip if not applicable)
1- Supportive and concerned
2- Neutral or matter-of-fact

- 3- Awkward or uncomfortable
- 4- Rude
- 5- Disbelieving
- 6- Blaming
- 7- Mixed

26. ___ How did their treatment affect you?
(skip if not applicable)

- 1- Extremely helpful
- 2- Somewhat helpful
- 3- No effect/didn't matter
- 4- Somewhat harmful
- 5- Extremely harmful

27. ___ Overall, how did the police officer(s) treat you? Were they
(skip if not applicable)

- 1- Supportive and concerned
- 2- Neutral or matter-of-fact
- 3- Awkward or uncomfortable
- 4- Rude
- 5- Disbelieving
- 6- Blaming
- 7- Mixed

28. ___ How did their treatment affect you?
(skip if not applicable)

- 1- Extremely helpful
- 2- Somewhat helpful
- 3- No effect/didn't matter
- 4- Somewhat harmful
- 5- Extremely harmful

29. ___ What was the major initial reaction of the person(s) who are most important to you when you told them
about the trauma? (skip if not applicable)

- 1- Didn't tell them
- 2- Negative
- 3- Neutral or matter-of-fact
- 4- Positive and supportive

30. ___ How are the person(s) who are most important to you reacting now? (skip if not applicable)

- 1- Didn't tell them
- 2- Negative
- 3- Neutral or matter-of-fact
- 4- Positive and supportive

31. ___ Overall, how would you rate the quality of social support that you received after the trauma?

- 1- Could not have been worse
- 2- Rather poor
- 3- Mixed, some good, some poor
- 4- O.K.
- 5- Good
- 6- Very good
- 7- Could not have been better

NOTE: FROM THIS POINT ON ASK SURVIVORS ABOUT "SINCE THE TRAUMA"

PHYSICAL AND MENTAL HEALTH SINCE TRAUMA

32. ___ How has your physical health been since the trauma?

- 1- Good
- 2- Fair
- 3- Poor

33. ___ How has your emotional health been since the trauma?

- 1- Good
- 2- Fair
- 3- Poor

34. ___ Do you feel you are experiencing any unusual fears or phobias as a direct result of the incident?
(Example: fear of darkness, being alone, certain houses or buildings, etc.)

- 1 – Yes
- 2 - No

35. ___ Do you feel guilty about the trauma or about the way you behaved during it?

- 0- No
- 1- Yes, somewhat, occasional guilt feelings
- 2 - Yes, much guilt, frequent guilt feelings

36. ___ Do you feel ashamed about the trauma or about the way you behaved during it?

- 0- No
- 1- Yes, somewhat, occasional feelings of shame
- 2- Yes, much guilt, frequent feelings of shame

Appendix B

PTSD Symptom Scale: Interview Version (Foa et al., 1993)

Participant _____ Date _____
Therapist _____

Instructions for Interviewer: Based on your interview, describe briefly below the stressful event reported by the individual.

How long before the interview did the event occur?

- ___ < one month
- ___ 1 - 6 months
- ___ 6 - 12 months
- ___ > 12 months

For each item listed below, ascertain whether the individual experienced the symptoms during the past two weeks. Probe all positive responses in order to determine the severity of the symptom (e.g., in the past two weeks, how often have you had bad dreams or nightmares), then rate the severity on the scale presented below.

Rating Scale (ratings made over last two weeks)

- 0 = Not at all
- 1 = Once per week or less/a little bit/once in a while
- 2 = 2 - 4 times per week/somewhat/half the time
- 3 = 5 or more times per week/very much/almost always

Re-experiencing Symptoms (need one)

- ___ 1. Have you had recurrent or intrusive distressing thoughts or recollections about the trauma?
- ___ 2. Have you been having recurrent bad dreams about the trauma?
- ___ 3. Have you had the experience of suddenly reliving the trauma, flashbacks of in, acting or feeling as if it were re-occurring?
- ___ 4. Have you been intensely emotionally upset when reminded of the trauma (includes anniversary reactions)?

Avoidance Symptoms (need three)

- ___ 5. Have you persistently been making efforts to avoid thoughts or feelings associated with the trauma?
- ___ 6. Have you persistently been making efforts to avoid activities, situations, or places that remind you of the trauma?
- ___ 7. Are there any important aspects of the trauma that you still cannot remember?
- ___ 8. Have you markedly lost interest in free time activities since the trauma?
- ___ 9. Have you felt detached or cut off from others around you since the trauma?
- ___ 10. Have you felt that your ability to experience emotions is less?
- ___ 11. Have you felt that any future plans or hopes have changed because of the trauma?

Arousal Symptoms (need two)

- 12. Have you been having persistent difficulty falling or staying asleep?
- 13. Have you been continuously irritable or having outbursts of anger?
- 14. Have you been having persistent difficulty concentrating?
- 15. Are you overly alert since the trauma?
- 16. Have you been jumpier, more easily startled, since the trauma?
- 17. Have you been having intense physical reactions when reminded of the trauma?

Appendix C **Common Reactions to Trauma Handout**

A trauma is an emotional shock. I know that you are feeling very distressed right now and I want to go over with you the reactions that you are having because of the trauma. There are common reactions to traumatic experiences, although each person responds in her/his own unique way. You may find that you have experienced many of these reactions. You are also likely to find out that you have experienced or are experiencing some of these reactions more intensely than others.

1. The primary reactions people experience after a trauma are fear and anxiety. Sometimes your feelings of anxiety may be a result of being reminded of the trauma, at other times they may feel to you as if they come out of the blue. The feelings of anxiety and fear that you are experiencing can be understood as reactions to a dangerous and life-threatening situation. You may experience changes in your body, your feelings, and your thoughts because your view of the world and your perception about your safety have changed as a result of the trauma.

Certain **triggers** and **cues** may remind you of the trauma and activate your fears. These triggers may be certain times of the day, certain places, men approaching you, an argument with someone you care about, a certain smell, or a noise. Typically, after a trauma, fear and anxiety are experienced in two primary ways:

- 1) continuing to re-experience memories of the trauma
- 2) feeling aroused and jumpy

A common strategy people use to alleviate the anxiety and distress associated with a trauma is to try to avoid places, people, or other reminders of the trauma or to try to distract themselves. I want you to pay attention to the changes that you are experiencing in your body, your feelings and thoughts that have resulted from the trauma.

2. People who have been traumatized often **re-experience** the trauma. You may find that you are having flashbacks when visual pictures of the assailant's face or some other aspect of the trauma suddenly pops into your mind. Sometimes the flashback may be so vivid that you might feel as if the trauma is actually occurring again. These experiences are intrusive and you probably feel that you don't have any control over what you are feeling, thinking, and experiencing during the day or at night.

You may also find that you are re-experiencing the trauma through **nightmares**. You may also re-experience the trauma emotionally or cognitively without having a flashback or nightmare.

3. You may also find that you are having **trouble concentrating**. This is another common experience that results from a trauma. It is frustrating and upsetting to be unable to concentrate, remember, and pay attention to what is going on around you. This experience also leads to a **feeling that you are not in control of your mind or a feeling that you are going crazy**. It is important to remember that these reactions are temporary. Difficulties concentrating are due to intrusive and distressing feelings and memories about the trauma. In an attempt to understand and digest what happened to you, your mind is constantly going over this material, bringing it back up, chewing on it, and trying to digest it.

4. Another common reaction to trauma is **arousal**, agitation, feeling jittery, feeling **overly alert**, trembling, being **easily startled**, and having trouble sleeping.

Feeling tense and jumpy all the time may also lead to feelings of **irritability**, especially if you are not getting enough sleep. These changes in your body are the result of fear. Animals and people have several potential reactions to being startled, traumatized, or threatened. One reaction to danger is to **freeze**. You may have seen a cat that is being approached by a dog crouch down and be very still when it is afraid. A second possible reaction to being threatened is to **run away** or **flee**. A third reaction is to **fight**. The fleeing or fighting responses require a burst of adrenaline to mobilize your body and help it respond adequately to a dangerous situation.

As a result of the trauma, you have realized that there is danger in the world and you want to be ready for it. Your body is in a constant state of preparedness and arousal, so you can feel pumped and ready to respond immediately to a dangerous situation.

5. You may find that you are physically or emotionally, **avoiding** people, places, or things that remind you of the trauma. This avoidance is a strategy to protect yourself from situations that you may feel have become dangerous, and thoughts and feelings that are overwhelming and distressing.

Sometimes the desire to avoid memories and feelings about the trauma may be so intense that you might find that you have forgotten important aspects of what happened during the trauma. Another common strategy to avoid painful feelings and thoughts about the trauma is **emotional numbness**.

6. Another common reaction to trauma is **sadness** and **a sense of feeling down** or **depressed**. You may have feelings of hopelessness and despair, frequent crying spells, and sometimes even thoughts of hurting yourself and suicide. A **loss of interest** in the people and activities that you once found pleasurable is often associated with a trauma. Nothing may seem fun to you anymore. You may also feel that life isn't worth living and that plans you had made for the future do not seem important any longer.

7. During a trauma, you may have been threatened and forced to participate in acts against their will. You were violated. During the trauma, you may have felt as if you had **no control** over your feelings, your body, and your life. Sometimes the feelings of loss of control may be so intense that you may feel as if you are **"going crazy"** or **"losing it"**.

8. Feelings of **guilt** and **shame** may be present. Guilt and shame may be related to something you did or did not do to survive the trauma. It is common to second guess your reactions and blame yourself for what you did or did not do.

Many people feel ashamed after a trauma if they have been forced to do something they would not do under other circumstances. Sometimes people believe that if they had fought off their assailant, or had been more passive, that their trauma would not have been so bad. Feeling guilty about what happened to you means that you are holding yourself responsible for your assailant's reactions. These feelings of guilt can lead to feelings of helplessness, depression, and negative thoughts about yourself.

Blame can also come from society, friends, family, and acquaintances because many times people place responsibility on the person who has been hurt.

9. A feeling of **anger** is also a common reaction to trauma. The anger is mostly directed at the assailant for causing you physical injury, for violating you, for abusing you, or for stealing something of yours. But, feelings of anger may be also stirred up in the presence of people who remind you of the assailant or even strangers.

Sometimes you may find that you are so **angry** that you want to hit someone or swear; and if you are not used to feeling angry you may not recognize or know how to handle these angry feelings.

Many people also direct the anger towards themselves for something that they did or did not do during the trauma. These feelings of anger directed at the self may lead to feelings of blame, guilt, helplessness, and depression.

Many people also find that they are experiencing anger and irritability towards those people that they love the most: family, friends, their partners, and their children.

Sometimes you might **lose your temper** with the people who are most dear to you. This may be confusing since you may not understand why you are most angry and irritable with those you care about most. While closeness with others may feel good, it also increases the opportunity for feelings of intimacy, dependency, and vulnerability and helplessness. Having those feelings may make you feel angry and irritable because they remind you of the trauma.

10. **Self-image** can also suffer as a result of a trauma. You may tell yourself, "I am a bad person and bad things happen to me," or "If I had not been so weak or stupid, this would not have happened to me, or I should have been tougher".

11. People who are traumatized can develop **negative thoughts** about other people and life events. For many

people the safe and rewarding world that they have been familiar with suddenly becomes a very dangerous place. They may feel that they **cannot trust anyone**. You may feel this way yourself. Or, if you have had previous negative experiences and thoughts about the world, the trauma may confirm your notion that the "world is a dangerous place" and "no one can be trusted".

We often hear people who tell us that the trauma has changed them completely. They say "before the trauma I was not afraid of anything. I could cope with any kind of stress no matter how difficult the situation was, and get along with others. And now I am afraid of my shadow and I cannot cope even with minor problems".

Some people tell us "the trauma was the last straw"; "I knew I always felt that I could not trust myself" or "I am the kind of person that cannot handle even slight difficulties"

12. Finally, as a result of this recent trauma, you may be reminded of your **past experiences**. These negative memories may be stirred up as a result of a recent trauma and it may be difficult for you to think of any other situations or experiences that are not negative. In fact, it may be very difficult to believe that you will ever feel happy again or have pleasant experiences, but you will. It is important for you to know that our memories are associated because of the way our minds organize information.

You may also suddenly recall memories that you had forgotten. These new memories may be as disturbing to you as the memory of your recent trauma. But it is possible to put these negative experiences behind you.

Some of these common reactions to a trauma are connected with each other. For some people, having a flashback may increase their concern about losing control of their lives and may even intensify their fears. In other words, the responses of being traumatized often interact with one another and cause the overall response to be more intense. Of all these normal reactions to trauma, fear is probably the most common and appears to be the most debilitating. In this program, we are going to focus on the fears and negative thoughts that you are having and that are directly related to your trauma.

Appendix D

Presenting Common Reactions to Trauma: Case Example

Mary is a 40-year old woman who works as an administrative assistant in a private corporation. Mary lives with her husband and two children in the suburbs. She went to the grocery store at 6:00 A.M. and was forced into her car by a young white male at knifepoint. He raped her in her car that was parked in the lot of the grocery store. The therapist interviewed her 10 days after she had been raped.

During the initial interview, Mary reported nausea, anxiety, sleeping difficulties, flashbacks, nervousness, and loss of appetite. Mary also was unable to get into her car or go to work and reported extreme irritability towards her children.

Therapist: I know that you are feeling very uncomfortable and upset right now, but I want you to know that the symptoms you are experiencing are normal reactions to a traumatic event. In fact, if I had experienced a traumatic event similar to yours, I would also be experiencing similar symptoms. I know it does not decrease your discomfort level, but I want you to know that these are normal reactions and over time little by little you will feel better.

Survivor: I feel like my life is turned upside down and I will never be the same. I can't concentrate on anything and I am afraid that I am going to lose my job because I am afraid that I am going to lose control at work.

Therapist: That is really a frightening feeling, isn't it? Why don't we talk a little bit more about reactions to trauma. What I would like us to do, as we review each type of reaction, is to discuss what you are experiencing.

Survivor: I don't think I am going to be able to sit here and be able to concentrate.

Therapist: Well, if you get to the point that you are uncomfortable, we can take a little break whenever you feel the need. Have you noticed that you are having difficulties concentrating since the trauma?

Survivor: Yeah... I feel very spaced and like I can't pay attention to anything.

Therapist: When you can't concentrate, what is happening?

Survivor: I just keep having pictures of the rape go through my mind over and over. I can't get rid of them.

Therapist: It is frustrating and upsetting to be unable to concentrate, remember, and pay attention to what is going on around you. The images that pop into your head are called flashbacks and usually interrupt your ability and concentrate. They may make you feel extremely anxious. Can you give examples of specific situations when you have flashbacks?

Survivor: Yes. Every time I look at that car I see his face and the knife in his hand. I will never be able to drive that car again. Yesterday my husband drove me to the grocery store and I couldn't get out of his car. He says I am overreacting.

Therapist: Sometimes it seems that flashbacks come out of nowhere, but often they are triggered by external events or objects, such as your car, parking lots, the grocery store, and seeing someone who resembles the assailant. Another way that you can re-experience the trauma is through nightmares. Have you been having any nightmares?

Survivor: Most nights I can't even get to sleep. My husband thinks I am crazy because I want to sleep with the light on. I fall asleep towards morning and usually only sleep an hour or two before I wake up again and I can't get back to sleep.

Therapist: Many people tell us that after a trauma they need to sleep with the light on to help them feel safer. One of the things that you may wish to discuss are these reactions with your husband or give him

this handout to read so that he has a better understanding that what you are going through is a normal reaction to trauma. Are you experiencing any bad dreams once you fall asleep?

Survivor: Yeah, but they are not about the trauma. They are just violent and upsetting dreams.

Therapist: Many people report similar experiences after they have been traumatized. You may have nightmares about the trauma that are violent in nature, but not specific to the trauma. This is all a part of the re-experiencing that people who are survivors of a traumatic event go through. Have you noticed when you wake up suddenly that you are experiencing any physical problems?

Survivor: Yeah, I sit up in bed and I look all around the room.

Therapist: Have you noticed that your body is experiencing any changes?

Survivor: Do you mean like when my heart starts beating rapidly?

Therapist: Exactly. Are there any other sensations that you experience?

Survivor: I feel very jittery and it is a feeling of panic. It is very difficult for me to describe. It is like I am super-alert.

Therapist: You described that very well. In fact, these are the types of symptoms that people often report after a trauma. These are the body's reactions to feeling very anxious and fearful. Have you noticed that you are having chills, trembling, and that you sweat?

Survivor: No, that's not what it's like.

Therapist: You may recall that in the beginning of this discussion about the normal reactions to trauma, I mentioned that although there are common reactions to traumatic experiences, each person has a unique set of responses. These changes in your body are the result of fear. Animals and people have several potential reactions to fear. One reaction is to freeze. You may have seen a cat that is being approached by a dog crouch down and be very still because it is afraid. A second possible reaction to being threatened is to run away. A third reaction is to fight. All these reactions involve a burst of adrenaline to mobilize your body and help it respond adequately to a dangerous situation. Do you have any questions that you would like to ask about anything we have just discussed?

Survivor: I can understand my feeling that way during the trauma but why do I keep feeling that way over and over again?

Therapist: As a result of the trauma, you have realized that there is danger in the world and you want to be prepared for it. Your body is in a constant state of preparedness and arousal so you can feel pumped and ready to respond at any moment. Another reason that you are feeling aroused or jumpy all of the time is because there are triggers or reminders of the trauma. We have already talked about a few... your car, parking lots, grocery stores, someone who looks like the assailant... but there are probably other triggers that are more subtle, such as someone coming up behind you, when your husband puts his arm around you, when you see a car that looks like yours, or strangers. Triggers or reminders do not have to be just external events or objects. You may experience feeling cold and chilly and that may remind you of the way you felt during the trauma. So feeling cold and chilly becomes a trigger for reactions of fear and anxiety. Are there any other experiences that you have had that reminded you of the trauma?

Survivor: Yes, my husband started kissing me and putting his arms around me. I froze. I saw the face of the man who raped me. I freaked out. My husband was very hurt. He didn't understand why I was afraid of him. I didn't understand why I couldn't feel comfortable with him.

Therapist: What you are describing is a very typical reaction to any sexual or physical interaction with males after a trauma. It sounds as if you have an intrusive image or flashback about part of the trauma. Having a flashback is frightening, but so is feeling afraid of being uncomfortable with someone

that you usually feel comfortable with and close to. Many people feel very confused and upset because they know that their spouse or significant other is not going to hurt them, but nonetheless, sexual or physical contact is a reminder of the trauma that elicits distressing feelings, re-experiencing, and physical reactions. A natural response to these experiences is to avoid physical contact, especially with males. You may find that you are physically, emotionally, or cognitively avoidant of people, places or anything that reminds you of the trauma. This avoidance is a strategy to protect yourself from situations that you may feel have become or could become dangerous and thoughts and feelings that are overwhelming and distressing to you. This is why you had those reactions when your husband was kissing and hugging you. You mentioned earlier that you are unable to go grocery shopping or even sit in your car. Are there any other places, people, or situations that you are avoiding because they remind you of the trauma?

Survivor: No, not really.

Therapist: Have you been able to go to work since the trauma?

Survivor: Well, no. But I don't think anybody would be able to go to work a week after something like this.

Therapist: You are probably right and I think it is good that you have taken a few days off to rest and recuperate. Right now our jobs are to be detectives and find out how the trauma is impacting you so we can use this information in your treatment. So let's look at different situations and see if some of them are more difficult than others for you at this time. For example, have you been able to go shopping at malls or go to a restaurant to eat since the trauma?

Survivor: No! Because I get very upset at the thought of having to park the car and being in a crowd of people.

Therapist: Does it make sense to you that these situations, being in your car, being in parking lots or with a crowd of people, are triggers that bring back memories of the trauma?

Survivor: I don't know if this has anything to do with the trauma. I really never liked going out in crowds or shopping anyway.

Therapist: Well, it may not have been one of your favorite things to do, but before the trauma, did you avoid going to these places because they made you anxious or upset?

Survivor: No, I've always done my own shopping. I am a very independent person. Well... I guess I am avoiding doing some of these things.

Therapist: As I mentioned earlier, avoiding people, places, and situations that remind you of the trauma is very common. One of the things that we are going to be working on during this program is helping you to confront upsetting memories and reminders of the trauma so you will be able to feel more comfortable doing the things that you did before the trauma. Another strategy that people commonly use to avoid remembering or experiencing distressing feelings associated with the trauma is to feel numb, empty, or cutoff from their feelings. Do you ever have this experience?

Survivor: Yeah, I feel distant sometimes and kind of out of it. I feel like I'm not really feeling anything.

Therapist: This is a very common reaction to experiencing reminders of a trauma. It is one of the ways that your mind is trying to avoid or turn off very distressing and disturbing feelings.

Survivor: I feel that I am never going to be the same again. I look at my kids and I can feel loving feelings for awhile but then it just fades. I seem to spend a lot of time just staring off into space and feeling like a zombie.

Therapist: Another common reaction to a trauma is just what you have described as "feeling like a zombie" -

having difficulty feeling interested in people and things around you, alternating from feeling very distressed and upset to having no feelings at all. This program will help you develop some skills to help you manage the anxiety and fear that you are currently experiencing as well as help you start to make sense of the trauma and your reactions to it. These strategies will help you to feel more comfortable again and for you to be able to feel that you don't have to protect yourself from others or from these bad memories. Many people experience strong feelings of sadness and depression after they have been traumatized. Are you having any of these feelings?

Survivor: Well, I cry a lot and I feel that I am never going to be the same again. The man who raped me robbed me of my life and my happiness.

Therapist: Feelings of grief about losing aspects of yourself and your life, loss of pleasure, low energy, sadness and tears are common reactions to a trauma. I know it feels bad to you and it sounds like you haven't been feeling like your usual self. You will find that as you start feeling less anxious and fearful that you will also feel less depressed about what has happened to you. We also see that many people experience changes in the way they view themselves after they have been traumatized. In addition to all these uncomfortable emotional and physical reactions that you are having to the trauma, are you aware of changes in your thinking and perception about yourself?

Survivor: Yeah, I feel dirty and ugly and vulnerable. And I feel like I'm never going to get through this in one piece.

Therapist: Many people feel this way. They feel differently about themselves and the world after they have been traumatized. You may be thinking things about yourself that lead you to feel depressed and upset. For example, "I'm never going to get through this in one piece" or "I can't cope" or "What's wrong with me that I feel this way". One reason that I wanted to talk with you about the usual reactions to trauma is to help you understand that these reactions, although upsetting, are to be expected when someone has feared for their life and their safety and has been violated and hurt. As a result of the trauma, you may now feel that the world is dangerous and that you are vulnerable as well as feeling that you will be unable to handle what you are now feeling. The reactions to trauma are experienced in three ways that are interactive --emotionally, cognitively, and physically or behaviorally. We have talked about some triggers that bring back memories of the rape. When this happens, you said that you are fearful, you have intrusive flashbacks, you become jumpy, tense, your hands sweat, you feel chilled, and your heart beats quickly. We have also talked about some physical or behavioral avoidance strategies that you use, like not leaving the house, not going to work, being unable to drive your car, to alleviate the anxiety that you feel. We haven't talked much about the cognitive channel except to discuss the flashbacks and nightmares that you are having. Are there any thoughts that you noticed that you are having as a result of the trauma?

Survivor: Like what?

Therapist: Well, you have already mentioned a few thoughts you are now having about yourself, such as "I am afraid that I can't cope" and "what is the matter with me". These are negative statements that you are saying about yourself. We also see that people who go through traumas also develop negative or distressing thoughts about other people or about how safe they think the world is.

Survivor: Oh, I see... well, I guess I feel like I'm going to be raped again if I go back to that grocery store parking lot.

Therapist: Yes, any others?

Survivor: No, just that I feel like I should be able to bounce back from this. And I'm upset with myself that I can't go to work. I can't be close to my husband. I can't even cook dinner for my children. I feel really bad about myself.

Therapist: I hear you saying a lot of negative things about yourself. "Believing" statements like those can lead to negative changes in your self-image and feelings of depression. You also mentioned that

you believe that you will be raped again if you return to that parking lot. Notions that the world is no longer safe, that other people can't be trusted, and that you are vulnerable are very common in people who have experienced a trauma. Your thoughts about the safety of the world and yourself in it, as well as thoughts about yourself, are some things we are going to work on here.

Survivor: That's good because I feel so scared and I feel that I'm supposed to be able to handle this. My husband expects that of me; and my children depend on me to feed them and be there for them every day. I can't even get dressed and take a shower without spending the whole day thinking about it.

Therapist: You have just had a very frightening experience and it sounds like you are being pretty hard on yourself right now. Maybe you feel a lot of guilt?

Survivor: Guilt? I have plenty of that to go around. I feel guilty because I've been a bad mother and wife lately. I can't go to work and things are going to be tight financially if this keeps up. I told my mother what happened and do you know what she said to me?

Therapist: What did she say?

Survivor: She told me that I should have been more careful and basically made me feel that it was my fault that I was raped... because I went shopping early in the morning and couldn't fight off the rapist... and I feel bad enough about how I am doing now without all that extra responsibility and criticism. I've decided I'm never going to tell anyone again about the rape.

Therapist: That is very upsetting. It sounds like a lot of people are having trouble being supportive of your feelings at this time. I've talked with a lot of people that express the feelings of responsibility for what happened and feelings of guilt that they should have done this or should not have done that. It is painful to disclose uncomfortable feelings to other people and feel that they are blaming you or that they can't be understanding. It is important for you to get support from others because this is a very difficult time. Sometimes people just need to be educated about what trauma survivors experience to be more empathic. But sometimes, for whatever reasons, the survivor is blamed. You might want to show your mother the Natural Reactions Handout, or if you don't feel she can support you right now, maybe you can talk about this with her when you are feeling more comfortable yourself. However, it is important for you to know that many people have the same experiences, feeling guilty or being blamed by others, for what happened to them. I'd like to teach you a relaxation skill today to help you manage the tension and anxiety that you are now feeling and introduce you to a strategy to identify and challenge your negative thoughts. Before we move on to those skills, do you have any questions or comments about the reactions to trauma that we have just discussed?

Survivor: Not really. I just don't want to talk to my mother about the rape anymore.

Therapist: That is your decision and I think it is important that you protect yourself now from additional stressors. Maybe once you have completed this program and are feeling better, you will want to talk with your mother about her reactions to you. For now, it sounds like talking with her is not helpful. It is important to find a balance between trying not to avoid talking with people because you are afraid of their reactions, because you need support right now, and confiding in people who cannot support you.

Appendix E

Calm Breathing Handout

Purpose of Exercises:

Slow down breathing

Decrease amount of oxygen in blood

With practice, decrease anxiety

Breathing Instructions:

1. Take a normal breath in through your nose with your mouth closed.
2. Exhale slowly with your mouth closed.
3. On exhaling, say the word **CALM** or **RELAX** very slowly, for example: c-a-a-a-a-a-l-m or r-e-e-e-e-e-l-a-x
4. Count slowly to 4 and then take the next inhalation.
5. Practice this exercise several times a day, taking 10 to 15 breaths at each practice.

Appendix F

Deep Muscle Relaxation Training

For many survivors, Calm Breathing Training is sufficient for helping them decrease fear and anxiety in stressful situations in general and in trauma-related situations in particular. However, some survivors suffer from extreme physiological symptoms such as racing heart rate, swathing, faintness, when they are reminded of the trauma. Those survivors are likely to benefit from Deep Muscle Relaxation Training, which is described in this Appendix.

Deep Muscle Relaxation

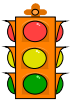


INTRODUCE THE SURVIVOR TO RELAXATION TO ALLEVIATE HER ANXIETY. THE RATIONALE FOR THIS TECHNIQUE FOLLOWS:



“When people feel anxious or frightened, they also become very physically aroused. For example, they may begin to sweat or their heart might race or as we just discussed their breathing might become faster. People may also experience a lot of muscle tension. This tension will, in turn, lead them to become more anxious. The goal of relaxation is to increase your awareness of this tension and provide you with a skill to reduce it. As with any skill, it is important to practice it to learn it well, so in addition to the exercises we do here, you will have to practice on your own.”

We have found that trauma survivors respond well to a relaxation training regimen that begins with progressive muscle relaxation (Bernstein & Borkovec, 1973) and then, introduces pleasant imagery and calm breathing to deepen the state of relaxation.



There are some potential difficulties related to relaxation training with trauma survivors that should be addressed prior to beginning the training.

- During relaxation, it is normal to experience unusual changes in the body and the mind. For some survivors this may be experienced a loss of control. Suggest to the survivor that these feelings are normal and, in fact, relaxation is a way of regaining control over one's body.
- Intrusive memories about the trauma or other experiences may occur during relaxation. Encourage the survivor to let these thoughts drift away and refocus on the particular muscle group that is being relaxed.
- Relaxation can be more easily achieved with closed eyes. However, some survivors will find it extremely difficult to close their eyes. In these cases, it is possible to teach relaxation with the survivor's eyes open. Alternatively, suggest that the survivor may occasionally open his or her eyes to orient to the surroundings during relaxation, and then close them again when able.
- If the survivor has any injuries that might be exacerbated by muscle tension, you can instruct the survivor to relax the effected muscles without doing any tensing.



MAKE AN AUDIOTAPE OF THE RELAXATION PROCEDURE AND GIVE IT TO THE SURVIVOR. ENCOURAGE THE SURVIVOR TO PRACTICE RELAXATION BETWEEN MEETINGS.

To begin teaching deep muscle relaxation tell the survivor that he or she will be relaxing a number of muscle groups including the face, neck, shoulders, arms, hands, legs and toes. Ask if the survivor has certain muscles that feel particularly tense. Direct extra attention to these muscle groups. Tell the survivor that it is important not to strain the muscles during the exercise. Muscles should be tensed to about 50%, so that the survivor feels the

tension, but does not strain the muscle.

Each muscle group will be tensed and relaxed twice. Allow about 10 seconds for the tension phase and 30 seconds for the relaxation phase. After each muscle group has been completed instruct the survivor to use calm breathing exercises to deepen the state of relaxation. It is helpful to make statements during the relaxation phase to encourage the survivor to relax, such as:

"Allow your muscles to relax, further and further."

"Let go of the tension further and further."

"Notice the difference between tension and relaxation."

In preparation for relaxation training, check on the physical setting of the therapy room:

- The noise level in the room should be low.
- The illumination in the room should be dim although not dark.
- A comfortable chair should be available in which the survivor may recline.

Rationale For Relaxation Training

GIVE THE SURVIVOR THE FOLLOWING INSTRUCTIONS:

"Now I am going to teach you how to manage your anxiety and tension using deep muscle relaxation. I'll ask you to tense and relax various muscles in your body and to notice the feelings associated with tension and relaxation. By tensing your muscles and relaxing them you will begin to notice the contrast between these two states. I'll make an audiotape of this procedure so you can listen to it at home."

DEMONSTRATE THE MUSCLES TO BE RELAXED, AND IN WHAT ORDER BY EXPLAINING VERBALLY THE MOVEMENT AND DEMONSTRATING WITH YOUR BODY.

BELOW ARE SIX MUSCLE GROUPS WITH RECOMMENDED TENSION EXERCISES. CONDUCT EACH TENSION EXERCISE (e.g., CLENCH FISTS) FOR 10 SECONDS AND THEN ALLOW 30 SECONDS OF RELAXATION. PROCEED THROUGH EACH MUSCLE GROUP INDIVIDUALLY REPEATING EACH EXERCISE 2 TIMES.

I. HANDS AND ARMS

1. Clench fists
2. Bend hands backward at wrists
3. Flex biceps muscles

II. SHOULDERS

4. Push shoulders back into chair
5. Hunch shoulders up towards ears

III. NECK

6. Tilt head to left shoulder
7. Tilt head to right shoulder
8. With head down, tuck chin towards chest
9. Press head back against the chair

IV. FACE

10. Raise eyebrows toward hairline and open eyes wide
11. Close eyes tightly
12. Open mouth wide by making an "O"
13. Purse lips together

V. CHEST AND ABDOMEN

14. Inhale deeply, filling lungs with oxygen
15. Tense stomach muscles

VI. BUTTOCKS, LEGS AND FEET

16. Squeeze buttock muscles together
17. Raise legs and bend toes towards body
18. Raise legs and point toes away from body
19. Curl up toes in shoes

THE FOLLOWING INSTRUCTIONS CAN BE USED FOR EACH RELAXATION EXERCISE:



"Now focus your attention on your right fist. Clench your right fist to about 50% tension, don't strain, **HOLD IT** (use a firm and moderately loud voice) and now **LET GO** (use a soothing voice). Let go further and further, notice the difference between tensing and relaxing.

AFTER COMPLETING EACH MAJOR MUSCLE GROUP, ASK THE SURVIVOR TO TAKE SOME CALMING BREATHS. PROCEED IN THIS MANNER THROUGH ALL OF THE MUSCLE GROUPS.

Deepening The Relaxation State With Pleasant Imagery

AFTER COMPLETING ALL OF THE MUSCLE GROUPS, ASK THE SURVIVOR TO IMAGINE A SCENE THAT SHE FINDS VERY PLEASANT USING THE FOLLOWING DIALOGUE:



"Now that your body is relaxed, I would like you to keep your eyes closed and imagine a scene that makes you feel relaxed and peaceful. I want you to imagine this place as vividly as possible bringing in the smells, sounds, colors, and textures that are around you. I want you to stay with that image. You can use it as your private sanctuary where you can relax. Allow your muscles to go limp and completely relaxed. Breathe slowly and keep the image in your mind until I speak to you again. PAUSE FOR 2-3 MINUTES.

AFTER 2 – 3 MINUTES, ASK THE SURVIVOR HOW HE OR SHE FEELS AND OFFER ENCOURAGEMENT FOR COMPLETING THE EXERCISE. SUGGEST THAT THE SURVIVOR USE THE RELAXATION PROCEDURE DAILY TO RELIEVE ANXIETY AND MUSCLE TENSION.

Appendix G

Approaching Safe Situation Hierarchy Form

Participant # _____

Date _____

<u>Situation To Be Confronted</u>	<u>SUDS</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Appendix H

Model for Gradual Approaching Safe Situations (*In Vivo* Exposure)

Directions:

Use this example to help you design your in vivo exposure assignments. Remember that it is important for you to remain in the situation for 30 minutes or until there is a 50% decrease in your SUDS. Record your SUDS before and after the exposure using the homework sheet.

Example: Going to shopping mall

1. Coach accompanies you to shopping mall and you walk around the mall together.
2. Coach accompanies you to shopping mall and stays in a specific area of the mall while you walk around alone.
3. Coach accompanies you to shopping mall and stays in specific area while you walk into some stores alone.
4. Coach drives you to shopping mall and stays in parking lot while you walk around mall alone.
5. Coach drives you to shopping mall and leaves parking lot for 30 minutes while you walk around mall alone.
6. You go to shopping mall alone and coach waits by a telephone in their home.
7. You go to shopping mall alone and don't tell coach.

Appendix I

Approaching Safe Situations Recording SUDS Form

Survivor _____

Date _____

Exposure # _____

Safe situation that you approached _____

Instructions: Before confronting the situation, please answer the following questions in the spaces provided.

1. What is the worst that could happen in this situation?

2. What is the likelihood that this event will happen?

3. Evaluate the evidence for or against the likelihood that this event will happen.

Ratings During In Vivo Exposure

Time SUDS

Pre
Post

Appendix J

Recounting the Trauma: Two Case Examples

Case Example 1:

Delores was an 18-year-old college student who presented with post-traumatic stress disorder symptoms after she was raped in her dorm room by a male acquaintance. Delores complained of sleeping and concentration difficulties, vivid flashbacks of her assailant's face, she felt dirty and contaminated and showered frequently, and she began to avoid her friends and attending classes. Delores came to the clinic and reported that after the rape she felt that she had no control over her life.

Therapist: We've already discussed how trauma survivors are often reluctant to discuss their feelings and thoughts about their rape. Although taking a break from your painful memories of the experience may seem helpful in the short term, we know that survivors who do not discuss their trauma tend to have more enduring problems. You have already told me that you have difficulty remembering what happened that night after you got back to your room. It will be helpful to you if you can put the events of that night into a coherent and ordered story.

I'm going to ask you to tell me about the details of the trauma, and your reactions, your feelings and your thoughts during the trauma. I also would like you to tell me what happened to you after the trauma. I want you to express your feelings when you tell me about the trauma. You may feel sad or angry or you may cry. I may ask you some questions as you talk about the trauma to help you recall what happened and what you were thinking and feeling. I'm also going to take some notes about the thoughts and feeling that come up as you talk about the trauma so we can talk about these later during our meeting today.

Survivor: I haven't told very many people about the trauma, and every time I do I begin to cry and have terrible flashbacks. I am a nervous wreck.

Therapist: I know that you are feeling frightened and I want you to know that many trauma survivors have the same fears when they talk about what happened for the first few times. I want you to know that I am here to support you 100%.

Survivor: (sniffing) Okay, how should I start?

Therapist: Why don't you tell me what happened after you left the party. But before you start, could you tell me how much discomfort you are feeling on the SUDS.

Survivor: 90. Well.... Dillon had been flirting with me at the party. I had been out with him before... we went to a movie once. (Starts to cry)... I can't stop thinking that I am to blame for this. I was so stupid to leave the party with him. It was my fault that he raped me. I should have known that he was dangerous.

Therapist: (Writes down the negative thought "It is my fault that he raped me."). Do any particular feelings come to mind for you as you tell yourself that the trauma was your fault?

Survivor: (crying) I feel guilty and dirty. My mother and my older sister warned me about this when I left for college. I feel like I was stupid not to have listened to them.

Therapist: Sounds to me like you are saying a lot of negative things to yourself about your behavior on the night that you were traumatized. I'd like to talk more about those thoughts in detail. Before we do, do you think you'd be able to continue with the story?

Survivor: He asked me if I wanted to go for a walk and go somewhere quiet to talk. We left the party and he put his arm around me.

- Therapist: How were you feeling at that time?
- Survivor: Good, I guess, I mean.... I really thought he was cute and nice. I guess I was attracted to him (pauses).
- Therapist: What happened next?
- Survivor: Well... he asked me if I knew anywhere we could go to talk (starts crying)... and I suggested my room.... we were walking by the dorm. God.... I was so stupid, how could I have invited him in? I barely knew him?
- Therapist: I know this is difficult for you to talk about, you are being very brave.
- Survivor: Anyway he walked in the room and sat down on the couch. I asked him if he wanted to listen to some music and turned on the CD player.... (crying)... and the next thing I remember was that I was lying on the couch... he was on top of me... and then I don't remember anymore except that my shirt is ripped and he is leaving my room.
- Therapist: I can see that this was a terrifying and upsetting experience for you. How were you feeling as you were lying on the couch and you watched him leave?
- Survivor: (sobbing) I was feeling confused. I think I was in shock. I wasn't really certain what happened. In fact, I still don't know if he raped me or not.
- Therapist: (pauses) What did you do next?
- Survivor: I pulled off my clothes and made sure the door to my room was locked. I was shaking and I was very scared. I remember taking a shower.
- Therapist: (pauses) What was going through your mind as you locked the door?
- Survivor: I was thinking that he might come back.... I was also thinking that I should call someone, but I felt too ashamed.
- Therapist: Did you contact anyone afterwards?
- Survivor: No. I didn't know what to tell them... I mean I didn't know what happened. Besides there isn't anyone here at school that I know well enough to talk to. I felt contaminated and dirty, like I didn't want anyone around me.
- Therapist: You had a very upsetting experience and it sounds like you felt very alone. You mentioned that you didn't call any friends, how about the police or a physician?
- Survivor: No. I know I should have though. I feel so guilty about the whole thing. I was stupid to invite him up to come up to my room... and I was stupid not to tell the resident advisor at the dorm or call the police.
- Therapist: There are many negative thoughts that you are having about your behavior the night you were traumatized that lead to upsetting feelings. For example you just said "I was stupid to invite him up to my room." How do you feel when you say to yourself "I was stupid to invite him up to my room?"
- Survivor: I feel like my self-esteem is in the gutter. I guess it makes me feel depressed and frustrated.
- Therapist: We find it helpful to identify and evaluate the accuracy and helpfulness of your negative thoughts. This is a process that we will work together on during the next few weeks to help you develop new beliefs that are more accurate and don't lead to such negative feelings. But for now, let's go over what happened during the rape. Let's see if you can remember more of what you were

feeling and thinking at the time. Perhaps if you closed your eyes and imagined that it is all happening right now, it will be easier to remember."

NOTE: THIS CASE PRESENTS A GOOD EXAMPLE OF WHEN THE SURVIVOR AVOIDS TELLING THE STORY OF HER TRAUMA. IT IS IMPORTANT TO REMEMBER THAT RECOLLECTIONS THAT ARE BRIEF NEED TO BE REPEATED FOR 30-40 MINUTES BEFORE YOU BEGIN COGNITIVE RESTRUCTURING. IN THESE INSTANCES, YOU MAY WISH TO INSTRUCT THE SURVIVOR TO RELIVE THE TRAUMA WITH HER/HIS EYES CLOSED.

Case Example 2:

Linda was a 42-year-old nurse who had been raped and beaten by a stranger who broke into her apartment at night two weeks before coming to the clinic. She had not been able to visit or stay in her apartment since the rape. Linda was also unable to return to work on a full-time basis. Occasionally she could go to work, but after a few hours she would become nauseous and unable to eat, she would feel panic and have flashbacks of her assailant's face when she interacted with male peers.

Therapist: We've already discussed how rape survivors are often reluctant to discuss their feelings and thoughts about their rape. Although taking a break from your painful memories of the experience may seem helpful in the short term, we know that survivors who do not discuss their trauma tend to have more enduring problems. You have already told me that you have difficulty remembering what happened that night after you got back to your room. It will be helpful to you if you can put the events of that night into a coherent and ordered story.

I'm going to ask you to tell me about the details of the trauma, what you did, what you thoughts, and how you felt during the trauma, and what happened afterwards. I want you to express your feelings when you tell me about the trauma. You may feel sad or angry or you may cry. I may ask you some questions as you talk about the trauma to help you recall what happened and what you were thinking and feeling. I'm also going to take some notes about the thoughts and feeling that come up as you talk about the trauma so we can talk about these later during our meeting today.

Survivor: (in a monotone voice and talking very quickly) I was sleeping in my bed and when I woke up I heard a noise. Suddenly there was a figure in the door of my bedroom, but I couldn't really tell for sure. I called out and said "Who's there?" but there was no answer. I couldn't see very well and thought I might have been imagining something. Then I heard his footsteps.... he was coming towards the bed and his hand was out towards me....then I felt something cold and slippery on my throat and his hands were on my mouth. I wanted to scream or faint but I froze.

Therapist: I know this is difficult for you to talk about this Linda but you are doing a good job of describing the events. It will be helpful if you are able to include your thoughts and feelings as you talk about the trauma.

Survivor: I didn't have any feelings, I was numb...

Therapist: You mentioned that you wanted to scream. What made you want to scream.

Survivor: I could feel the gun at my throat.

Therapist: Do you remember what you were feeling as the gun was pressed against your throat?

Survivor: I....I... wanted to scream... I was scared. Oh my god, I thought he was going to kill me (sobbing). I see him everywhere now. I'm afraid to leave my house, I almost didn't come here today. I am afraid that he's going to kill me. Sometimes I think he's following me.

- Therapist: Just let the tears come Linda. You are safe here. No one can hurt you. What happened after he held the gun to your throat and put his hands over your mouth?
- Survivor: He told me that the gun was loaded and that if I screamed, he would kill me.
- Therapist: What were you feeling in your body at that moment?
- Survivor: Nothing really, numb I guess, and scared. I almost felt like I was in a movie, like it wasn't really happening to me, it was happening to someone else. I kept hoping I was going to wake up and it would be a dream.
- Therapist: But it wasn't a dream.
- Survivor: No....(crying).... I am afraid to talk about this. I'm afraid that he is going to kill me.
- Therapist: Linda, that's certainly a very frightening thought. Do you have any reason to believe that this man is looking for you?
- Survivor: Well... I know that he wasn't arrested. The police can't find him.
- Therapist: You are working with the police?
- Survivor: Yeah... but they aren't any help... I mean how do I know that he isn't going to come and find me?
- Therapist: People who have been raped often tell us that they are afraid that their assailant is going to return. Based on the number of rapes in the U.S. this is an extremely rare occurrence. In fact, I can recall only one case over the years in which this happened. We need to evaluate the possibility that this man is looking for you and that he knows where to find you. If you have evidence that he is looking for you or you have seen him since the rape, we'll need to make some plans. But first I'd like to have you finish telling me the story of the rape. Do you think you could do that?
- Survivor: Okay (sniffles and blows her nose on a Kleenex)...where was I?
- Therapist: You said that he had a gun pressed to your throat, his hands over your mouth, and he told you he would kill you if you screamed. Do you remember now?
- Survivor: Yeah... I don't know what exactly happened next...He was lying on top of me and I felt a sharp pain between my legs...I think he was pushing his penis into me (crying).... it hurt so much and I just kept hoping that he would stop and go away. Then I didn't feel the pain anymore but I felt the gun against my cheek. (Crying) He asked me if I liked it and wanted him to do it again? I started crying and asked him not to kill me. I told him I had money and he laughed at me. Then I felt this sharp pain in my head and I think I might have passed out because when I woke up, it was light outside. I looked at the clock and it was 5:43. I was sort of in a daze.... and didn't know what happened. Then I looked at my nightgown which was ripped and there was blood all over my sheets. I started screaming and dialed 911. Then the police and the paramedics came.....
- Therapist: How are you doing right now?
- Survivor: Okay. Actually I feel a little lighter now that I talked about what happened.
- Therapist: What were you feeling as you were waiting for the police?
- Survivor: I thought I was going to die... there was blood everywhere and I didn't know if he had shot me. I felt totally alone and I thought about my nephew. He's 4 years old and I thought how horrible it would be for him to find out that I died this way (crying).
- Therapist: Linda, you are being very brave. I know this is difficult for you to talk about what happened during

the rape. What are you feeling now as you talk about the rape?

Survivor: I feel cold all over my body and my heart is racing, I feel sick to my stomach, and my mouth is dry.

Therapist: Is this how you felt at the time of the trauma?

Survivor: Yes. I'm afraid he is going to break into this room and shoot us both.

Therapist: This is a frightening feeling, can you stay with it?

Survivor: I guess so... (crying)...

Therapist: What is your SUDS right now? What happened when the police and paramedics arrived?

Survivor: There were a lot of voices, I couldn't see much and when I tried to lift my head, I felt dizzy. My eyes were closed and I remember they were taking my vital signs, wiping the blood off my face, someone asked me my name, how old I was and where I was... I can't really remember much else... oh yeah.... I remember riding in the ambulance and there was a lady cop holding my hand, telling me that I was going to be fine. I couldn't really hear her because I was fading in and out of consciousness. Basically they did a CAT scan and said that I had a concussion. My eyebrow was stitched up and I was given some pain medication. Oh yeah... I remember that a doctor asked me if I was raped and I said I thought so, so they called in a female gynecologist and a nurse to examine me. Oh god that was so awful, I felt like I was being raped all over again and I started screaming and panicking. They must have thought I was crazy.

Therapist: How did the police and the medical personnel respond to you Linda?

Survivor: Actually they were all real nice, I was going berserk and they handled it really well. The gynecologist asked the police officer and the nurse to leave the room. Then she told me to sit up and have a glass of water.... she talked to me to get me to calm down and explained that it was important for me to have a pelvic exam as soon as possible, but that perhaps I needed a few moments to collect myself...Oh god it was awful... one minute I was asleep in my bed and the next there's this guy on top of me, hurting me, and then I'm at the hospital. I feel like my life is a nightmare. Nothing has been the same since that night. I wish the rape had never happened (sobbing).

Appendix K

Recounting The Trauma: SUDS Recording Form

SUDS:

Pre recollection SUDS _____

Peak recollection SUDS _____

Post recollection SUDS _____

Negative Thoughts:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

Therapist Notes:

Appendix L

Cognitive Restructuring: A Case Example

Delores reported the following **negative automatic thoughts** during her recounting of the rape:

1. I shouldn't have invited him up to my room.
2. It's my fault that I was raped.

and the following **underlying assumption**:

1. I'm a bad person

and the evidence that she used to support this **negative thought** was:

1. Good girls don't invite men up to their rooms unless they want to have sex.

Using the cognitive restructuring, the therapist will find out the negative feelings associated with these thoughts and help the survivor to evaluate their accuracy and helpfulness. If these negative thoughts are accurate, the therapist will provide Delores with safety information to help her evaluate the potential dangerousness of situations in the future. If Delores and the therapist determine that these thoughts are not accurate and helpful, new and modified beliefs will be expressed that more accurately reflect reality.

Therapist: We've discussed how your negative automatic thoughts/beliefs may influence your feelings and behaviors. I wrote down some of the negative thoughts that you expressed during our first meeting and while you were talking about the trauma. I would like to work with you to examine the accuracy and helpfulness of these thoughts. As we discussed before, not all negative thoughts are inaccurate or unhelpful, but there are many that are inaccurate and would be important for you to evaluate. For example, while you were talking about the rape, you mentioned that you felt that it was your fault that you were raped?

Survivor: Yeah, who else is to blame? I invited him in for a drink. My mother told me that it was a woman's fault if she was raped.

Therapist: How much do you believe that?

Survivor: Totally.

Therapist: Okay, let me find out if I understand you accurately. You are saying that you feel 100% responsible for the rape and that the man who raped you had no responsibility for his actions.

Survivor: Yeah.... I mean.. intellectually I know that rape is against the law, but after all, if I didn't want it, why did I invite him in. Well, I'm not even sure if he did rape me, that bothers me too.

Therapist: I can see that you have a lot of worries about what happened. Let's just focus on one for the time being, and we can address the other negative thoughts that you are having later, okay?

Survivor: Okay, I guess I'm making this pretty confusing for you huh?

Therapist: Are you feeling confused by these thoughts?

Survivor: Yeah, they race through my head so fast and then I start second-guessing myself.

Therapist: Exactly. That's the way that negative automatic thoughts work. They fly through our heads very quickly and before we have time to stop and evaluate how accurate or helpful they are, how they make us feel, or what they really mean about you. How does it make you feel to believe that you are responsible for the rape?

Survivor: Oh... I feel horrible and guilty. I feel like I can't trust myself and that depresses me.

Therapist: So you see, these negative thoughts lead to many negative feelings. Okay let me ask you what does it say about you, or mean that you think you are 100% responsible for the trauma?

Survivor: That I am stupid and I feel like I can't trust myself.

Therapist: I've heard many people who have been traumatized say that they feel responsible for what happened. But I would like to explore the evidence with you that you were actually responsible for the trauma. Okay?

Survivor: Okay. I don't think I'm going to change my mind about this though.

Therapist: Alright, why don't you tell me what evidence you have to support the thought that you can't trust yourself?

Survivor: Evidence?

Therapist: Yes. We are trying to evaluate the accuracy of the thought "I can't trust myself" because that thought causes you a lot of distress and makes you think badly about yourself. I'd imagine that if you believed that thought 100% of the time that you would also soon start feeling depressed. The way that we evaluate the accuracy or helpfulness of our negative thoughts is to ask ourselves some of the following questions... What evidence do I have to support this thought?

Survivor: Well it happened didn't it?

Therapist: Is there an alternative way of looking at the situation? For example, if a friend of yours was raped and she said that the rape must have been her fault, what would you tell her?

Survivor: Well... I'd tell her that she shouldn't have asked the guy up to her room.

Therapist: Okay, but just because she invited a man to her room, does that mean that she wanted to be raped?

Survivor: No, of course not. Maybe she just wanted to talk to him because she thought he was an interesting person and she wanted to get to know him better.

Therapist: So because you invite a man to your room, does that mean that you want to be raped?

Survivor: No.

Therapist: Does this new evidence make you feel any less guilty for what happened that night?

Survivor: Well, maybe I am not 100% responsible for the rape, but I still feel guilty about it.

Therapist: Okay, what percent do you still feel responsible for what happened?

Survivor: 30%.

- Therapist: So you feel 30% responsible for what happened instead of 100%. That's a noticeable change in the way you are thinking about the situation. Do you think the young man who raped you has any responsibility for raping you?
- Survivor: Yeah, of course.
- Therapist: How much responsibility does he have.
- Survivor: Well... he is 100% responsible for what he did... I mean it's wrong to rape someone, he was wrong to do that... but maybe I gave him the idea that I wanted to have sex with him?
- Therapist: Let's explore this a little further, do you think that would be helpful?
- Survivor: Sure.
- Therapist: How might you have given him the idea that you wanted to have sex with him?
- Survivor: Well I invited him to my room... and I put on some soft, relaxing music.
- Therapist: Did those gestures mean that you wanted to have sex with him?
- Survivor: No....
- Therapist: What else might you have done to give him the idea that you wanted to have sex with him?
- Survivor: Well... my mother said that "good girls shouldn't invite men to their rooms unless they want to have sex and that if they get raped that they deserve it."
- Therapist: That sounds pretty harsh to me. And what does that mean about you?
- Survivor: It means that I am a bad person.
- Therapist: What evidence do you have that you are a bad person?
- Survivor: Because I invited him up to my room.
- Therapist: It sounds pretty harsh to me. Frequently people who are survivors of rape undergo a change in their beliefs about themselves and the world. These beliefs usually are negative and illogical and result in feeling depressed and anxious. It would be helpful if we could systematically examine the accuracy of the statement that you are a bad person. Is there any other way that you can look at this situation?
- Survivor: Well I guess my mother is pretty old-fashioned about sex and how people are supposed to behave. Most of my friends ask men up to their rooms and don't get raped.
- Therapist: Do you think most of your friends are bad people because they invite men up to their rooms?
- Survivor: No that sounds pretty ridiculous.
- Therapist: Okay so you are collecting evidence to refute the assumption that if a young woman asks a man up to her room that she is interested in having sex with him, or that she is a bad person. As a result of closely examining these negative beliefs and assumptions, how much do you still believe that you are a bad person?
- Survivor: Well.... I still think that I shouldn't have invited him up to my room.

Therapist: Have you invited men up to your room before?

Survivor: Yeah.

Therapist: And how many times did a man try to trauma you?

Survivor: Well this was the first time.

Therapist: So inviting men to your room is a common thing to do and many of your friends have done it without any problems. You had gone out on a couple of dates with the assailant and he never engaged in any behavior that suggested that he would trauma you.

Survivor: But I just feel that I should have known better.

Therapist: It seems like it is difficult for you to let go of this belief. Often survivors of rape have difficulty dealing with feelings of guilt and responsibility for the trauma. Do you have any evidence that would substantiate the need to continue with this belief?

Survivor: Yes. If I was raped because I invited him to my room then I can prevent being traumatized again if I don't invite men to my room, or be alone with them. I guess it makes me feel more in control and safer.

Therapist: Are you saying that you need to spend the rest of your life being afraid of being alone with a male and that you are going to hold yourself as responsible for bad things that happen to you and that may not really be in your control?

Survivor: I guess that doesn't make much sense does it? But... how can I make sure that I don't get raped in the future?

Therapist: That's another belief that would be important for us to work on so I'll write that down so we can evaluate it later. But now let's focus on the belief that you are a bad person. How much do you still believe that?

Survivor: I guess I don't believe it as much.

Therapist: Could you come up with a new belief based on an examining the evidence that you are a bad person?

Survivor: Well....Just because I invited him up to my room doesn't mean that I am a bad person. But it probably wasn't a good idea.

Therapist: How do you feel when you state this new belief?

Survivor: Oh a little better. I guess I don't feel so guilty.

Therapist: Okay, so how much do you still believe this new thought? What's the percentage?

Survivor: Oh... maybe 50%.

Therapist: Okay, so you can see that when you examine your negative thoughts about yourself or others that you can develop more accurate beliefs and change your feelings. Would you like to work now on the belief that you will be raped again and the fears associated with that thought?

Appendix M

Examples of Cognitive Distortions

(adapted from Burns, 1980)

Several techniques have been used to identify underlying assumptions. You may do this using the Socratic method by observing the underlying assumptions as you challenge negative thoughts or cognitive distortions. Underlying assumptions may also be identified from recurrent themes that emerge during previous dialogues about the trauma. The **downward error** technique (Burns, 1980) identifies underlying assumptions by asking the following question in a repetitive fashion: "If this were true what would it mean to me?". As with the Socratic method, this technique allows one to identify the underlying assumption by drilling down from the originally identified automatic negative thought. One final technique that has been used to identify underlying assumptions is to ask the following questions until the underlying assumption becomes clear (adapted from Clark, 1989):

1. If that thought were true, what would that mean to me?
2. What does that say about me?
3. What would happen then?
4. What would be so bad about that?

Regardless of which technique (or techniques) you choose to use, the goal of this exercise is to identify and evaluate or challenge the survivor's underlying assumptions.

The following list represents common underlying assumptions as expressed by trauma survivors.

1. I must be a bad person or this wouldn't have happened to me.
2. I can't trust anybody.
3. The world is dangerous.
4. I am vulnerable.
5. I am helpless.
6. I have to be in control at all times.
7. No one is trustworthy.
8. I must have done something to deserve this.

Common Cognitive Distortions

1. **ALL OR NOTHING THINKING:** You tend to see the world as black or white, and you try to fit information into all or nothing categories. For example, if your performance falls short of perfect, you see yourself as a failure. Similarly, the world is seen as either completely safe or totally dangerous.
2. **OVERGENERALIZATION:** You tend to see a single negative event as a never-ending pattern that will happen again and again. Examples include the thought "I am going to be raped again." or "Bad things keep happening to me so I must be a bad person."
3. **MUST, SHOULD OR NEVER STATEMENTS:** These are expectations for your behavior that are based on myths or rules rather than facts. They are inflexible rules for behavior or expectations that you must live up to. These distortions can create feelings of discomfort, anxiety, fear, sadness, or anger. Some examples are "I should be able to handle this" or "I never should have fought back" or "I should have fought off my assailant."
4. **CATASTROPHIZING:** This distortion happens when you focus on the most negative consequences to a

situation. You may expect disaster to happen. Most catastrophizing thoughts are triggered by "**what if**" thoughts such as "What if I were attacked?" and they lead to heightened fear and anxiety. Examples of this include: "If I get scared I'll go crazy and lose control." or "If I let my guard down someone will attack me."

5. **EMOTIONAL REASONING:** This type of distortion arises when, what you feel, determines what you think. While it is important to pay attention to how you feel, your feelings can lie to you. In fact, if you are anxious most of the time your feelings are almost certainly lying to you. An example of emotional reasoning would be one of the following: "I am very nervous around men, therefore they must want to hurt me." or "I feel scared, the world must be dangerous."

Appendix N

Discussing The Survivor's Progress in The Program: Case Example

- Therapist: Today is Meeting 4 and as you may recall, we will continue to meet periodically over the next year. Our fifth meeting will be next month but I want you to feel free to call me in the mean time if you are having any difficulties. Do you have any questions about this schedule of meetings?
- Survivor: No... but I am really glad that I can contact you if I need to.
- Therapist: Let's talk about the agenda for today's meeting. First I'd like to have you recount the trauma as we have done in previous meetings. Then we'll discuss any negative beliefs about yourself or others that continue to be a problem. I'd also like to review your progress in this program and discuss situations in the future that may be difficult for you. For example I know that you are worried about seeing the assailant when classes begin next semester. Also it would be helpful to us if you could provide us with feedback about the program, what you liked and found helpful or areas in which we could improve. Is there anything that you would like to add to this agenda?
- Survivor: You mean I have to recount this AGAIN? I am so sick of talking about the rape.
- Therapist: I know this is difficult but I have also seen positive changes in you since you have been able to talk about what happened during the trauma and your associated feelings and thoughts. Do you remember the first time you told me what happened during the rape?
- Survivor: Yeah I was nervous and scared.
- Therapist: Do you feel as nervous and scared now as you think or talk about it?
- Survivor: No. I guess it has helped me to talk it.
- Therapist: Okay, so did you have any questions for me before you start your recounting?
- Survivor: No.
- Therapist: Alright so let's get started. Can you tell me what your SUDS is before you begin?
- Survivor: 20. Well Dillon and I left the party and went back to my room. I put some music on and the next thing I remember was that we were dancing and he started kissing me. Things started to get a little hot and I asked him to slow down because I was feeling uncomfortable. But he started kissing me harder and pushed me towards the couch. I started to get frightened and tried to push him off of me and told him to stop and leave me alone. But he wasn't listening to me and he pushed my shirt up and started touching my breasts. I felt like there was nothing I could do to stop him and I froze. The look in his eyes scared me, he changed. I was afraid that he was going to hurt me if I didn't go along with him. He ripped my shirt off and pulled up my skirt. The next thing I remember is that he was penetrating me and it hurt.
- Therapist: Delores, what is your SUDS?
- Survivor: 35.
- Therapist: You have remembered so much more of the trauma since the first time we talked about it. How are you feeling as you recount it?
- Survivor: A little nervous but glad that I can talk about it without crying and getting really upset. In a way I feel like I am telling a story now instead of reliving it.

- Therapist: What happened next?
- Survivor: Well it was over pretty quickly. He got up, zipped up his pants and started to walk out of the room. Before leaving he said "I'll call you next weekend and maybe we can get together again." I told him that he had raped me and that I never wanted to see him again. I lay there awhile kind of in shock and then I got into the shower. I felt so dirty I just wanted to wash him off me. I felt alone.
- Therapist: What is your SUDS now?
- Survivor: I feel sad mostly, not anxious. I guess.... a 30.
- Therapist: You really did a good job and as you can see your SUDS ratings have decreased consistently since the first time you talked about the rape. We've talked about some of the negative thoughts you had about your role in the trauma. You were feeling a lot of guilt about what happened and thought that you were a bad person because you had invited him to your room. Is this thought still troubling you?
- Survivor: Well I still think I used poor judgement... I mean I didn't really know him well and next time I get to know a guy, I'll think twice before inviting him to my room. But I don't feel that it was my fault that I was raped. I told him to stop and he didn't listen. I know now that he didn't care about my feelings and what he did to me was completely wrong.
- Therapist: How are you feeling about going back to school?
- Survivor: I'm afraid of what I will do when I see him.
- Therapist: What are you afraid will happen?
- Survivor: I'm afraid that I will lose it.
- Therapist: You saw the assailant on campus after the trauma. Do you recall how you acted or what you did at that time?
- Survivor: Yeah I freaked out. I started crying and my heart started beating and I ran back to the dorm. I thought he was going to rape me again.
- Therapist: Is that what you meant by losing it?
- Survivor: Yeah.
- Therapist: It certainly sounds like you were very upset but you were able to get out of the situation immediately and as I recall you talked with your best friend about it afterwards and felt a little less distressed. Maybe this is an example of feeling like you are losing control, but actually you handled a difficult situation quite well. Can you come up with a more accurate or helpful belief about how you handled the situation than "I lost it."
- Survivor: Ummm ... ah... I guess I handled it okay. But I still felt out of control and I'm scared that I'll see him in a class and have to leave suddenly.
- Therapist: Anyone would be frightened facing their assailant. You have learned some new coping skills during the past 4 weeks. If you see him, what might you do to manage your anxiety and fear?
- Survivor: I guess I could do the breathing.... and focus on my new belief that just because I feel anxious doesn't mean I'm going to lose it.
- Therapist: Good, that sounds like a helpful plan. It is important for you to know that there will be situations and people that will remind you about the trauma. When you see the assailant on campus you

may have reactions and symptoms similar to those that you experienced after the trauma. You may feel anxious and want to avoid, you may even have a flashback. These are certainly upsetting experiences but they are not uncommon and do not mean that you are having a relapse or that you are never going to recover. It takes time to digest these experiences and seeing the assailant can be a trigger for the negative memories. What I recommend is that you use the strategies that you have learned in the program. Besides breathing in a calm way, what else do you think you could do to manage these feelings?

- Survivor: Well maybe I could look at what I am saying to myself and evaluate how accurate my thoughts are.
- Therapist: Good. Is there anything else that you think could be helpful to you when you are having upsetting feelings and memories?
- Survivor: I could talk with my girlfriend about my feelings and thoughts. She's a really good listener and I know now that it helps to talk about these things.
- Therapist: Okay. There are some more strategies that we have worked on together in the last 4 weeks that you may want to consider using to help you manage your anxiety and fear. How about relaxation, do you think that it would help to use those exercises to reduce your muscle tension and your stress?
- Survivor: I didn't really like the relaxation. I preferred just to use the breathing exercises, that made me feel much calmer. It takes too long to listen to the tape. I won't have time when I am back at school to listen to it.
- Therapist: Okay whatever is helpful to you is fine. You may wish to keep in mind that if you are going through a stressful time that you might want to try using the tape and give it another chance. The other strategy that we have focused on during the program is approaching and remaining in safe situations that cause you distress. Are there any particular situations or places that you are still avoiding?
- Survivor: I haven't had a date since the trauma and I am concerned about being near guys, like sitting in class or going to parties.
- Therapist: Do you have friends that you could walk to classes with or sit near during the first few weeks back to school?
- Survivor: Well I have friends that I am the same classes with but I don't really want to tell them why I am feeling afraid and anxious.
- Therapist: Are there a couple of friends that you feel especially close with?
- Survivor: Yeah.... but still I'm not sure if I want them to know about the rape.
- Therapist: Maybe you need some more time to make a decision about who you want to tell about the rape. I'd encourage you to confide in a couple of your close friends, as much as you are comfortable telling them. You don't have to tell them everything, in fact you could just say that you had been traumatized or mugged and you would feel safer walking to class with them during the first few weeks of the semester. Does this seem reasonable to you?
- Survivor: Yeah. I know it would be helpful to tell people, I'm just putting it off.
- Therapist: I want you to know that if you are feeling stuck at any time, please feel free to call me or you might want to talk to someone in the student counseling or health center.
- Survivor: That sounds like a good idea, hopefully I'll be okay.

- Therapist: Keep in mind that it is very normal during the first year after a trauma to feel anxious and experience other symptoms from time to time. You also might want to re-read the Normal Reactions to Trauma Handout periodically just to remind you about the typical reactions experienced after a trauma. During the last part of this meeting I'd like to review with you, your progress in the program. How do you think you are doing?
- Survivor: Better...I've come a long way but I am still feeling pretty shaken and scared about returning to school. This program has helped me to understand that I am not going crazy and that other people who are traumatized feel the way I do. I guess I feel a lot more normal than I did 4 weeks ago.
- Therapist: You have been very courageous and worked hard in this program. I've noticed changes in you since we have been working together. When we first met you were unable to remember the details of the trauma, you were having trouble sleeping and concentrating, you had several flashbacks each day, and were afraid to leave your room.
- Survivor: Wow I guess I have improved now that I look back at how I felt after the trauma. I forgot that I wasn't eating and I couldn't sleep and was crying when I was reminded of the rape. Now I can talk about it without crying and feel more in control of my feelings and thoughts.
- Therapist: You also mentioned earlier during this meeting that you were feeling much less guilt for the trauma. That certainly is a big change isn't it?
- Survivor: Yeah that was causing me a lot of pain and making me feel terrible about myself. I was worried that I couldn't trust my judgement about men.
- Therapist: I would recommend that you continue to examine the accuracy of your negative thoughts so they don't cause so much emotional distress or lead to avoidance. Any other changes that you have noticed in yourself in the last 4 weeks?
- Survivor: No I think we have covered everything and I appreciate your help.
- Therapist: Well I enjoyed working with you, I am sorry that we had to meet under such sad circumstances. You have worked very hard and your efforts have paid off. Please remember that you can call me if you need to talk, otherwise I'll see you next month.

Appendix O

PTSD Symptom Scale: Self-Report Version (PDS; Foa et al., 1997)

Participant _____ Date _____

Therapist _____

Directions: Below is a list of the problems that people sometimes have after experiencing a traumatic event. Read each one carefully and fill in the number (0-3) that best describes how often that problem has bothered you in the past 2 weeks. Rate each problem with respect to the traumatic event that brought you into treatment.

- 0 = Not at all or only one time
- 1 = Once per week or less/once in a while
- 2 = 2 to 4 times per week/half the time
- 3 = 5 or more times per week/almost always

- ___ 1. Having upsetting thoughts or images about the traumatic event that came into your head when you didn't want them to?
- ___ 2. Having bad dreams or nightmares about the traumatic event?
- ___ 3. Reliving the traumatic event, acting or feeling as if it were happening again?
- ___ 4. Feeling EMOTIONALLY upset when you were reminded of the traumatic event (for example feeling scared, angry, sad, guilty, etc.)?
- ___ 5. Experiencing PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when you were reminded of the traumatic event?
- ___ 6. Trying not to think about, talk about, or have feelings about the traumatic event?
- ___ 7. Trying to avoid activities, people, or places that remind you of the traumatic event?
- ___ 8. Not being able to remember an important part of the traumatic event?
- ___ 9. Having much less interest or participating much less often in important activities?
- ___ 10. Feeling distant or cut off from people around you?
- ___ 11. Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings)
- ___ 12. Feeling as if your future plans or hopes will not come true (for example, you will not have a career, marriage, children, or a long life)?
- ___ 13. Having trouble falling or staying asleep?
- ___ 14. Feeling irritable or having fits of anger?
- ___ 15. Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read)?
- ___ 16. Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to the door, etc.)?
- ___ 17. Being jumpy or easily startled (for example, when someone walks up behind you)?

Appendix P

Beck Depression Inventory

Participant _____

Program _____

Date _____

Therapist _____

Assessment _____

Directions: On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK INCLUDING TODAY. Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

1. 0 - I do not feel sad
1 - I feel sad
2 - I am sad all the time and I can't snap out of it
3 - I am so sad or unhappy that I can't stand it
2. 0 - I am not particularly discouraged about the future
1 - I feel discouraged about the future
2 - I feel I have nothing to look forward to
3 - I feel that the future is hopeless and that things cannot improve
3. 0 - I do not feel like a failure
1 - I feel I have failed more than the average person
2 - As I look back on my life, all I can see is a lot of failures
3 - I feel I am a complete failure as a person
4. 0 - I get as much satisfaction out of things as I used to
1 - I don't enjoy things the way I used to
2 - I don't get real satisfaction out of anything anymore
3 - I am dissatisfied or bored with everything
5. 0 - I don't feel particularly guilty
1 - I feel guilty a good part of the time
2 - I feel quite guilty most of the time
3 - I feel guilty all of the time
6. 0 - I don't feel I am being punished
1 - I feel I may be punished
2 - I expect to be punished
3 - I feel I am being punished
7. 0 - I don't feel disappointed in myself
1 - I am disappointed in myself
2 - I am disgusted with myself
3 - I hate myself
8. 0 - I don't feel I am any worse than anybody else
1 - I am critical of myself for my weaknesses or mistakes
2 - I blame myself all the time for my faults
3 - I blame myself for everything

9. 0 - I don't have any thoughts of killing myself
1 - I have thoughts of killing myself, but I would not carry them out
2 - I would like to kill myself
3 - I would kill myself if I had the chance
10. 0 - I don't cry anymore than usual
1 - I cry now more than I used to
2 - I cry all the time now
3 - I used to be able to cry, but now I can't cry even though I want to
11. 0 - I am no more irritated now than I ever am
1 - I get annoyed or irritated more easily than I used to
2 - I feel irritated all the time now
3 - I don't get irritated at all by the things that used to irritate me
12. 0 - I have not lost interest in other people
1 - I am less interested in other people than I used to be
2 - I have lost most of my interest in other people
3 - I have lost all of my interest in other people
13. 0 - I make decisions about as well as I ever could
1 - I put off making decisions more than I used to
2 - I have greater difficulty in making decisions than before
3 - I can't make decisions at all anymore
14. 0 - I don't feel I look any worse that I used to
1 - I am worried that I am looking old or unattractive
2 - I feel that there are permanent changes in my appearance that make me look unattractive
3 - I believe I look ugly
15. 0 - I can work about as well as before
1 - It takes an extra effort to get started at doing something
2 - I have to push myself very hard to do anything
3 - I can't do any work at all
16. 0 - I can sleep as well as usual
1 - I don't sleep as well as I used to
2 - I wake up one to two hours earlier than usual and find it hard to get back to sleep
3 - I wake up several hours earlier than I used to and cannot get back to sleep
17. 0 - I don't get more tired than usual
1 - I get tired more easily than I used to
2 - I get tired from doing almost anything
3 - I am too tired to do anything
18. 0 - My appetite is no worse than usual
1 - My appetite is not as good as it used to be
2 - My appetite is much worse now
3 - I have no appetite at all anymore
19. 0 - I haven't lost much weight, if any, lately
1 - I have lost more than 5 pounds
2 - I have lost more than 10 pounds
3 - I have lost more than 15 pounds

20. 0 - I am no more worried about my health than usual
1 - I am worried about physical problems such as aches and pains; or upset stomach; or constipation
2 - I am very worried about physical problems and it's hard to think of much else
3 - I am so worried about my physical problems that I cannot think about anything else
21. 0 - I have not noticed any recent change in my interest in sex
1 - I am less interested in sex than I used to be
2 - I am much less interested in sex now
3 - I have lost interest in sex completely

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1978, by Aaron T. Beck, M.D.