

# **COUNSELLING TRAUMATIZED PATIENTS AND THEIR FAMILIES**

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# OUTLINE

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



# I. NATURE OF TRAUMA

# DIAGNOSES OF TRAUMA REACTIONS

- **ACUTE STRESS DISORDER (ASD)** (up to 4 weeks)
- **PTSD** (4 weeks +) :

# ASPECTS OF TRAUMA

- UNUSUAL EVENT
- POSING SEVERE THREAT TO LIFE OR WELLBEING OF SELF/OTHERS
- INESCAPABLE
- APPROPRIATE SENSE OF HELPLESSNESS AND HORROR
- CRITICAL ROLE OF VULNERABILITY OR RESILIENCE

# ASPECTS OF TRAUMA AND THE FAMILY

## AFFECTS THE WHOLE FAMILY

- STRUCTURE
- TEAMWORK

## RESOLUTION NEEDS THE WHOLE FAMILY

- STRUCTURE
- TEAMWORK

# LOOK OUT FOR TRAUMA EVENTS

## A. INTERPERSONAL

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

## B. SITUATIONAL

- ACCIDENTS
- DISASTERS
- CATASTROPHIC ILLNESS
- TRAGIC RELATIONSHIPS/ LOSSES
- FINANCIAL/EMPLOYMENT LOSSES

# SOURCES OF TRAUMA AFFECTING THE FAMILY

## 1. EXOGENOUS

- Involving Members
- Involving Whole Family

## 2. FAMILY SYSTEM - GENERATED

- Relationship Abuse
- Affairs
- Divorce
- Severe Acting Out



# PRESENTING FEATURES OF TRAUMA

- REEXPERIENCING
- AVOIDANCE
- AROUSAL

# TRAUMA, LOSS AND BEREAVEMENT STAGES\*

- 1. NUMBING OR PROTEST
- 2. YEARNING
- 3. DISORGANIZATION OR DESPAIR  
(depressing features)
- 4. REORGANIZATION  
(N/P, Y, D,R)

# WAYS OF RESPONSE TO TRAUMATIC EVENTS

*HOROWITZ'S<sup>1</sup> THEORY OF CHANGE IN  
TRAUMA*

**1. HOW DO I FEEL AND BEHAVE?:**

**STATES OF MIND**

**2. HOW ARE MY LIFE SUPPOSITIONS**

**AFFECTED?**

**PERSONAL SCHEMAS**

**3. HOW DO I HANDLE THE INCONGRUENCE?**

**CONTROL PROCESS**

**A CHANGE IN THESE RESPONSES THIS AFFECTS OUTCOME**

# I. STATES OF MIND

## HOW DO I FEEL AND BEHAVE?

### 1. ***UNDERMODULATION***

Denial, avoidance, numbing

### 2. ***OVERMODULATION***

Intrusive repetitive thoughts (Re-experiencing)  
and Arousal

### 3. ***OSCILLATION***

STRESS RESPONSE SYNDROME IS  
PHASE ORIENTED

# UNDERMODULATION:

## PERSISTENCE AVOIDANCE OF ASSOCIATED STIMULI

### COGNITIVE

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

### BEHAVIOURAL

- AVOIDANCE: OF ACTIVITIES, PLACES, PEOPLE

### AFFECTIVE

- RESTRICTED RANGE OF AFFECT
- AVOIDANCE OF FEELINGS (NUMBING)
- DIMINISHED INTEREST AND PARTICIPATION
- DETACHMENT AND ESTRANGEMENT
- SENSE OF FORSHORTENED FUTURE

# **OVERMODULATION: REEXPERIENCING OF TRAUMA**

- INTRUSIVE RECOLLECTIONS**
- RECURRING DREAMS**
- ACTING/FEELING AS IF EVENT IS RECURRING**

(ILLUSIONS, HALLUCINATIONS, DISSOCIATIVE FLASHBACKS etc.)

- PSYCHOLOGICAL/PHYSIOLOGICAL DISTRESS WITH SYMBOLIC CUES**

# **OVERMODULATION:**

**PERSISTENT SYMPTOMS OF INCREASED AROUSAL**

- **INSOMNIA,**
- **IRRITABILITY/ANGER,**
- **HYPERVIGILLANCE,**
- **↑STARTLE RESPONSE**
- **↓CONCENTRATION,**

# I. STATES OF MIND

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# II. PERSONAL SCHEMAS

## HOW ARE MY LIFE SUPPOSITIONS AFFECTED?

SCHEMAS RELATE TO: SELF, OTHERS,  
THE WORLD

THE MEANING OF TRAUMA EVENT:

1. Can redefine schemas
2. Not initially integrated → “suppositions  
in flux”
3. Needs to be positively integrated with  
one’s schemas for **opportunity in crisis**
  - schema strengthening/transformation
  - growth vs. victim role

# III. CONTROL PROCESS

*(for incongruity avoidance)*

HOW DO I HANDLE THE  
INCONGRUENCE?


- **CONFLICTS** (or incongruence) develop BETWEEN:
  - (a). *NEW SITUATION* and
  - (b). *PREVIOUS SCHEMAS* (e.g. of safety and predictability)
- Contribute to distraught feelings (*anxiety etc*) & undesirable negative thoughts,
- Persons use CONTROLS for *avoidance* of handling *these Conflicts*

# CONTROL PROCESS CONT'D

- Goal of treatment = reduce needs for controls

Negative conflictual thoughts and feelings re incongruity can be:

- recognized - communicated
- processed - integrated



## II. STEPS AND SKILLS IN THE COUNSELLING PROCESS

# **STEPS IN THE COUNSELLING PROCESS (FOR INDIVIDUALS AND FAMILY)**

1. **ENTRY AND CLARIFICATION (history)**
2. **EXPLORATION AND PROCESSING  
FEELINGS**
3. **SUMMARIZING AND INTERPRETING (issues)**
4. **EDUCATING**
5. **PLANNING AND ACTION for**
  - Referral out
  - Counselling goals and techniques
  - + Adjunctive referrals

# *CLARIFICATION WITH THE FAMILY*

## 1. *(HISTORY)*

- Sources of Trauma
- Effects on presenting patients
- Effects on other family members
- Effects of family as a whole
- Adaptation of family so far

# LISTENING AND EMPATHY SKILLS

- **ATTENDING**
- **LEADING**
- **ELICITING FEELINGS**
- **REFLECTING (facts and feelings)**

# EDUCATE THE PATIENT AND FAMILY

- STRESS DISORDERS & GRIEF

- POSSIBLE DELAY OF SYMPTOMS AND RECOVERY TAKING TIME

- CAUTION RE USE OF ALCOHOL/DRUGS



# REFERAL OUT TO MENTAL HEALTH PROFESSIONAL VS. COUNSELLING CRITERIA:

## 1. SEVERITY

SEVERE STRESS SYNDROMES

## 2. VULNERABILITY

PERSONALITY DISORDERS

HISTORY OF CHILDHOOD ABUSE

CHRONIC TRAUMATIC/ABUSIVE LIFE SITUATIONS

REFER DYSFUNCTIONAL FAMILY (ALSO AS “SOURCE OF TRAUMA”)

## 3. COMORBIDITY

Major depression, psychosis, other anxiety disorders

**NB Continue to Support!**

# **SPECIAL ADJUNCT REFERRALS**

- **SUPPORT GROUPS**  
-GRIEF,TRAUMA, VICTIM SUPPORT
- **WOMEN'S CRISIS CENTRE**
- **POLICE RAPE UNIT**
- **CHILD DEVELOPMENT AGENCY**
- **MEDIATION**
- **BEREAVEMENT COUNSELLING**
- **COUPLES OR FAMILY COUNSELLING**
- **CLERGY**



# III. SPECIFIC GOALS AND TECHNIQUES IN TRAUMA COUNSELLING

# INVOLVING THE FAMILY IN GOALS

## 1. INTEGRATE THE FAMILY INTO INDIVIDUAL COUNSELLING

- **As assistant in goals for individual change:**

ADJUSTMENT, EMOTIONAL MANAGEMENT, RESILIENCE BUILDING

## 2. COUNSEL THE “FAMILY AS PATIENT”

**i) Use similar steps and goals as for individual:**

ADJUSTMENT, EMOTIONAL MANAGEMENT, RESILIENCE BUILDING

**ii) Help strengthen the family unit**

- Promote – a healthy family structure

- Promote - healthy teamwork functioning

# GOALS OF TRAUMA COUNSELLING

**A. ADJUSTMENT (For positive" SCHEMA")**

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

**C. RESILIENCE BUILDING**

**NB. APPLY GOALS SIMULTANEOUSLY AND AS NECESSARY**

# A. ADJUSTMENT GOALS OF TRAUMA COUNSELLING (for schema)

Is it normal to be this way?

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

Can I/we get back on top of things?

- 2. REGAINING **MASTERY**

How will this affect my/our suppositions?

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

How can I/we choose to grow?

- 4. VIEWING TRAUMA AS A **CHALLENGE**

## TECHNIQUES FOR IMPLEMENTING ADJUSTMENT GOALS (FOR SCHEMA)

*Is it normal to be this way?*

HELP THE PATIENT/FAMILY  
ACKNOWLEDGE AND ACCEPT  
HIS/HER/THEIR TRAUMATIZED SELF

- Facilitate working through: a) fear of loss of control, b) perceived 'weakness' (shame over helplessness)
- Help patient/family **normalize reactions**  
(e.g. crying, complaining, self pity)

# TECHNIQUES FOR IMPLEMENTING ADJUSTMENT GOALS CONT'D (FOR SCHEMA)

*Can I/we get back on top of things?*

HELP THE PATIENT/FAMILY REGAIN

MASTERY (of external and internal worlds)

- Assist confronting of mistrust of self and world
- Aid strategies to counter helplessness:
  - re-entering life,
  - making decisions,
  - seeking support,
  - limiting demands,
  - controlling transitions between intrusions and denial states



# TECHNIQUES FOR IMPLEMENTING ADJUSTMENT GOALS CONT'D (FOR SCHEMA)

*How will this affect my/our  
suppositions?*

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

- *Explore the "pains of incongruence"*
- Help *restore a 'safe' sense of self, others and the world*
  - AIDS: Facilitate a "transcending world view"
  - Explore practical adjustments
  - Facilitate new coping and resilience skills (*whole person lifestyles !*)

# TECHNIQUES FOR IMPLEMENTING ADJUSTMENT GOALS CONT'D (FOR SCHEMA)

## *How can I/we choose to grow?*

4. HELP THE PATIENT/FAMILY VIEW TRAUMA AS  
A CHALLENGE
  - Encourage embracing opportunities for growth  
vs. victim role
  - Explore embracing possibilities for 'good out of  
evil'
  - Enable experiencing life fully with its  
vulnerability and finality

**B. EMOTIONAL MANAGEMENT GOAL  
OF TRAUMA COUNSELLING**

**MANAGING INTRUSION - DENIAL  
PHASES**

**or**

**“STATES OF MIND”**

EMOTIONAL MANAGEMENT

**ASPECTS OF MANAGING INTRUSION-**  
**DENIAL PHASES**

---

**HELP REDUCE THEIR INTENSITY AND**  
**FREQUENCY**

# EMOTIONAL MANAGEMENT

## TECHNIQUES FOR MANAGING THE DENIAL PHASE (UNDERMODULATION)

### - ENCOURAGE FEELINGS:

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

NB Avoid collusion with denial

Rather: Empathize, Interpret

EMOTIONAL MANAGEMENT  
**TECHNIQUES FOR MANAGING THE  
INTRUSION PHASE (OVERMODULATION)**

1. **FACILITATE EMOTIONAL RELIEF  
AND CONTROL**
2. **ENABLE PROTECTIVE  
DISTANCING**
3. **ADDRESS NEGATIVE COGNITIONS**

# EMOTIONAL MANAGEMENT

## TECHNIQUES FOR MANAGING THE INTRUSION PHASE

### 1. FACILITATE EMOTIONAL RELIEF AND CONTROL

- Provide support
  - Relaxation methods
  - Evoke other emotions (e.g. hope)
  - Desensitization for phobic responses (Exposure)

EMOTIONAL MANAGEMENT  
TECHNIQUES FOR MANAGING THE  
INTRUSION PHASE CONT'D

## 2.ENABLE PROTECTIVE DISTANCING

Explore accepting external 'relief interventions' :for overwhelmed patients:

- *'taking over'*, -*'structuring'* of life,
- *reducing external stimuli* - rest
- *removing reminders* – “taking a break”



# EMOTIONAL MANAGEMENT

## TECHNIQUES FOR MANAGING THE INTRUSION PHASE

### 3. ADDRESS NEGATIVE COGNITIONS

(producing anxiety and depression)

#### A. *BLAME*

TO SELF &/or OTHERS

#### B. *GUILT/SHAME*

-SURVIVOR GUILT

-*GUILT/SHAME* OVER RAGE AT THE SOURCE (including “God”)

#### C. FUTURE PREDICTIONS

4. ATTRIBUTING REPETITION TO THE FUTURE

5. ATTRIBUTING *IDENTIFICATION* OR MERGER WITH VICTIMS TO FUTURE

(“It will happen to me too”)

# C. RESILIENCE GOALS

*Dennis Charney 2007 \**

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

*\*Charney Dennis. (2007) .People can learn markers on road to resilience. Psychiatry News, volume 42, (5)*

Also: **FORGIVENESS !**



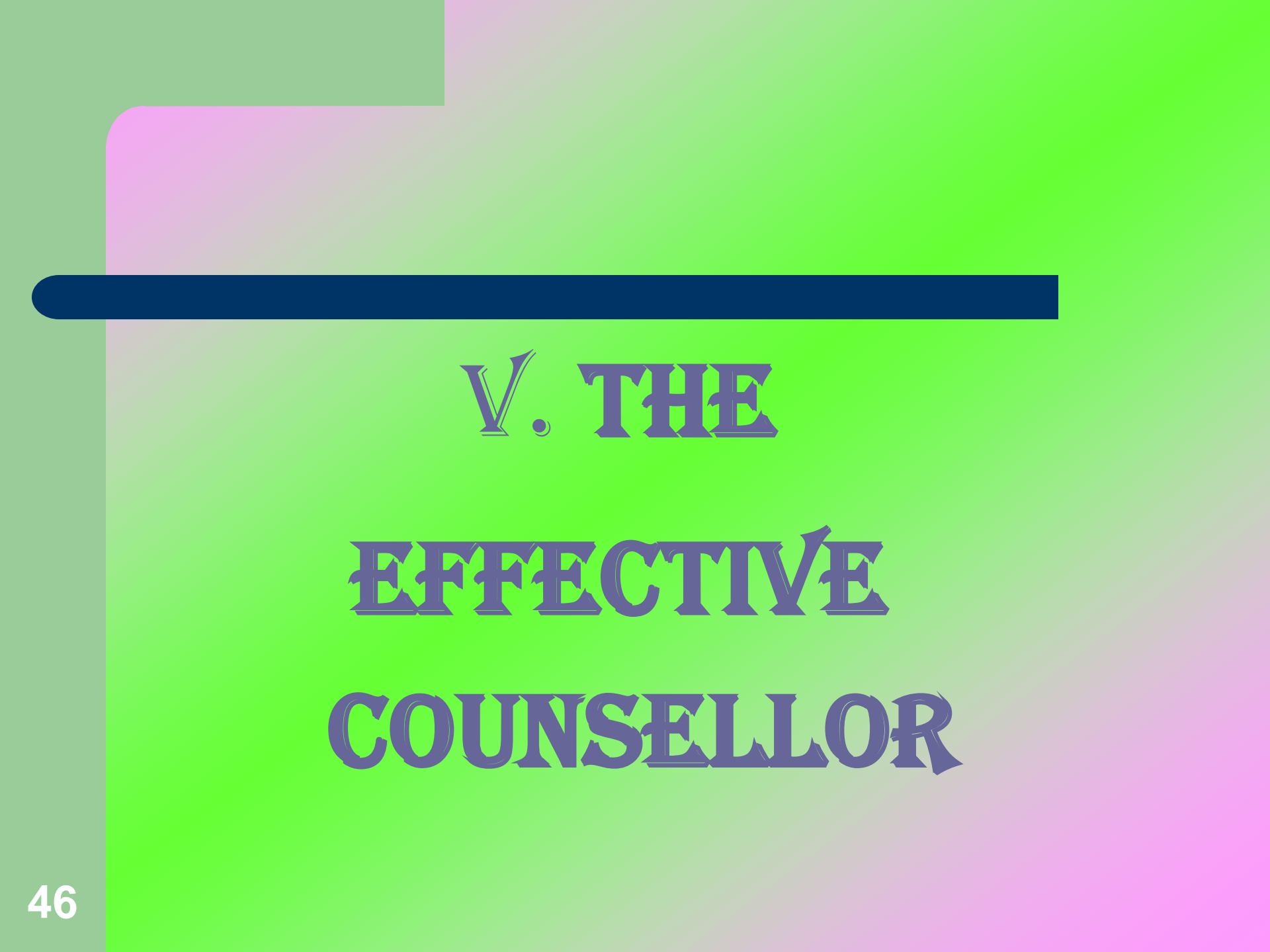
# IV. STRENGTHENING THE FAMILY UNIT

# **PROMOTE HEALTHY TEAMWORK** **FUNCTIONING**

- **COMMUNICATION**
- **SHARING ACTIVITIES AND RITUALS**
- **POSITIVE EMOTIONAL RELATING**  
(Affection, Affirmation, Respect etc)
- **EFFECTIVE CONFLICT MANAGEMENT**
- **PROBLEM SOLVING**

# **PROMOTE A HEALTHY FAMILY STRUCTURE**

- **PARENTAL COALITION**
- **INTERGENERATIONAL LINES**
- **ROLE MANAGEMENT**
- **FLEXIBLE BOUNDARIES**
  - Parental
  - Intergenerational
  - External



# V. THE EFFECTIVE COUNSELLOR

# QUALITIES OF THE EFFECTIVE COUNSELLOR

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

# PITFALLS

**- MONITOR TRANSFERENCE AND  
COUNTERTRANSFERENCE**



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# SUMMARY

# ASPECTS OF TRAUMA

- UNUSUAL EVENT
- POSING SEVERE THREAT TO LIFE OR WELLBEING OF SELF/OTHERS
- INESCAPABLE
- APPROPRIATE SENSE OF HELPLESSNESS AND HORROR
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# STEPS IN THE COUNSELLING PROCESS (INDIVIDUALS AND FAMILIES)

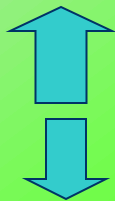
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FEELINGS
3. SUMMARIZING AND INTERPRETING (*issues*)
4. EDUCATING
5. PLANNING AND ACTION for
  - Referral out
  - Counselling goals and techniques
  - + Adjunctive referrals

# GOALS AND TECHNIQUES OF TRAUMA COUNSELLING

## A. ADJUSTMENT (For promoting positive " **SCHEMA** ")

1, accepting, 2. mastery, 3. integrating, 4. challenge

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



1. HELP MANAGE DENIAL & NUMBING: Encouraging feelings

2. HELP MANAGE INTRUSIONS : Promote

i) relief, ii) protective distancing, iii) addressing negative cognitions

## c. RESILIENCE BUILDING

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# CONCLUSION

**TO BE WITH PERSONS IN MOMENTS**

**OF CRISIS,**

**TO LISTEN AND EMPATHIZE,**

**IS TO BE DESTINY'S TOOL OF**

**OPPORTUNITY!**

# REFERENCES

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Thank you