USING TRAUMA TREATMENT INTERVENTIONS: S.E.L.F. FRAMEWORK

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I. **Trauma Treatment Framework**- The key to good trauma treatment is having a conceptual framework. This would be true for any good therapeutic approach. There are different conceptual understandings for why experiencing trauma causes dysfunction in a person's life. There is also the challenge of a person having more than one problem e.g. trauma and panic disorder or a mood disorder or trauma and substance abuse.
The Sanctuary Model- S.E.L.F. construct is a great conceptual framework and therapeutic tool because it allows for the mixing and matching of different therapeutic approaches.

It is a nonlinear model with safety being the core base for all treatment.

II. **S.E.L.F. for organizing and choosing trauma interventions-**

Safety is the basis for being able to do good therapeutic and transformative work. Successful and effective trauma treatment includes being able to have the person learn how to make themselves safe. This is true for kids and adults. In the case of kids, it is also important to realize that there must be responsible adults who do make sure things are safe for the kid even when they have a hard time doing so. Sometimes doing safety work in therapy takes a while. It is about a person learning how to use the concepts of "yes", "no", "ouch", "uh-oh" and "oops".

One of the most important differences for using the Sanctuary model is the requirement for the clinician/therapist to also be safe. So there must be parallel practice of mastering the S.E.L.F. framework by the clinician as well in order to have the best outcome. In work with kids, the parents/caregivers must be able to follow these principles too.

The approach to Safety work can be the use of didactic, psychoeducational, cognitive-behavioral, biological and experiential interventions. This is so that the person can achieve biological, psychological, social and moral safety. From a learning standpoint, it should be all of the above.

When there is active safety work, the client should not be doing Trauma treatment techniques or interventions unless they are all about soothing and grounding.

It is also important to note that good trauma treatment, actually good therapy in general, includes taking a look at the "big picture" i.e. what is the real goal of this work? What does the **Future** hold?

Emotion Management is therapy and treatment work which is geared towards the person being able to make connections between their affect and cognition. This gets complicated in the case of trauma because of unresolved traumatic memories. Most of the cognitive connections are either not present or significantly disconnected for trauma which is why it is so difficult for a person to respond to treatment. This gets even more complicated when you include other problems like a mood disorder or a psychotic disorder if they are truly separate from the trauma.

In **E-work,** when there are trauma-based symptoms like flashbacks, nightmares, body memories, traumatic dissociation, trauma-based behaviors, trauma-based avoidance and numbing, and trauma-based anxiety/depression then there should be consideration for a trauma-based intervention or gadget. This is where it starts to get a little tricky, because we still do not know everything we need to know about which intervention or gadget is best. We know that there are recommendations and an evidence base for some trauma treatment interventions and there is more work to be done for others. For instance, Trauma Focused-CBT has an evidence base. Using exposure and desensitization techniques and CBT in general has an evidence base in trauma treatment. There is a large body of literature including case reports which support the use of many other modalities. In the case of trauma, perhaps more than other areas of mental health treatment, there is a need for having the ability to use more than one intervention or gadget.

When a client is struggling with symptoms and behaviors which are due to unmetabolized traumatic affect then a clinician should make an informed decision about using a trauma treatment intervention.

It is always good to use psychoeducation and make sure that the client and caregivers have as much information as possible to understand the impact of trauma and how it can manifest in a person's life. This can be a very powerful treatment intervention in itself.

Since much of the problem with traumatic experiences is due to the presence of disconnected nonverbal material, it is important to realize that there should be use of a nonverbal or experiential intervention. Trauma-based psychoeducation can be efficiently delivered in group therapy too.

No matter how the client presents or what he/she tells a clinician, if there are trauma-based symptoms then there will be nonverbal material which needs to be reconnected to the verbal or cognitive mind to reduce dysfunction. There are some techniques and interventions which do address both cognitive and nonverbal aspects of a particular problem. These include EMDR, Trauma Focused CBT, Trauma Art Narrative Therapy, and Somatic Experiencing Therapy to name a few. Some patients can benefit from hypnosis but this would need to be in the hands of a very skilled clinician.

Besides psychoeducation and the use of CBT interventions, consider using experiential and nonverbal techniques and therapies. Examples are as follows: Creative therapies like art, music, movement, psychodrama; body oriented psychotherapy; EMDR; TANT; play therapy; somatic experiencing; thought field therapy; the tapping method; and yoga.

For both the client and the clinician understanding that once you start working on specific traumatic material or an event then the process must continue. The therapist must be prepared to support and guide the client to be able to work through the event and the emotion even if it seems overwhelming. The pacing of the therapy has a lot to do with how he/she will tolerate this work. But in general, it is a good idea for the clinician to give good informed consent regarding the likelihood that they will have more symptoms and will feel more (sometimes this is very uncomfortable) . It is a mistake in trauma work to "stop in the middle" and to foster avoidance which is already a very significant symptom for the client.

Once the client has completed use of a specific trauma treatment technique or intervention, then there should be symptom relief. The clinician should be paying attention to whether or not things do get better. Does this client resume normal development? Do clients have a reduction in symptoms and are then able to move on with his/her life? If the answer is "no", then the clinician needs to take a look at what detail may be missing or whether use of another technique or intervention would be helpful.

LOSS work in therapy is about a particular affect i.e. grief. Grief or Loss work in treatment is very important. It may be the most emotionally painful work for many clients. It is overlooked many times in therapy by both clients and therapists because it can be so painful. Traumatic grief work sometimes holds the key to a person being able to truly transform their traumatic experience and move on with their life.

It is useful to remember classic grief work principles and even the stages of grief. Remember that grief work often involves a ritual process or passage. The clinician can really help with supporting very concrete ways for the client to move through this very difficult affective material. This is the phase of trauma work which is most likely to bring up issues of safety again. The client who has appeared to work through very difficult traumatic material and really be close to recovery may suddenly regress. Clinicians should pay close attention to regression and client's who have a significant delay in development. The therapeutic issue or task is often about accepting Loss and doing real grief work. Remember in the world of trauma-based clinical work there are roles which get played out over and over again. These are the role of the victim, the rescuer, perpetrator, and the bystander. For some clients, giving up the role of the victim is really hard and sometimes appears as resistance to moving on in treatment. It could also be viewed as the client not knowing how to be in any other role and being afraid to make a change.
For Loss/Grief work, specific trauma treatment interventions are also effective. This part of

emotion management work often brings up more anger. Some clients will need to learn self-soothing techniques which can incorporate containment. Using CBT, grounding, guided imagery, and breathing/relaxation techniques may be very important for clients in this particular area of emotional processing. The clinician will need to be able to understand very specifically what symptoms and/or thoughts are interfering with the client being able to integrate the affect of loss and grief.

FUTURE work is all about transformation. It is about the client being able to see that they can move on with life. They are able to have their past and learn from it but not have to live by it. For kids, they are able to move on developmentally. The goal of good treatment is to support and guide the person so that he/she may get back on their developmental track. It is about transforming the traumatic experience into something that the person was able to survive and learn from. Future work involves meaning making skills.