

Centering

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Stage-Oriented Treatment of Trauma Survivors

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Over the past decade, a consensus has developed in the field of traumatology regarding the sequencing of the treatment of trauma survivors. Stage-oriented treatment is currently considered the most effective, state-of-the-art treatment approach for working with posttraumatic and dissociative disorders. Staging emphasizes ego-strengthening and skill-building, facilitates the maintenance of function throughout treatment, and makes the best use of health care resources. Stage-oriented treatment is rapidly becoming the national standard of care and should be core knowledge for therapists treating posttraumatic conditions. In this era of controversy and increased liability concerns, staying current with regard to knowledge and standards of practice is essential.

The stages of treatment for trauma include (1) pre-treatment assessment, (2) early stage of safety and stabilization, (3) middle stage of trauma metabolism, and (4) late stage of self and relational development. There is, of course, overlapping therapeutic work throughout the stages and often a need to rework a stabilization skill to pace and contain the work. But as each stage builds on the previous work, the trauma survivor acquires growing control and mastery, which directly counteract the powerlessness of victimization and its continuing aftereffects.

The pre-treatment assessment should be comprehensive, with attention to diagnosis within the posttraumatic/dissociative spectrum, symptomatology, safety, and comorbidity (particularly substance abuse, medical illness, eating disorders, and affective disorders). It is useful to complete all five axes of the DSM-IV, with emphasis on current

stressors and available resources for use in the development of a treatment plan. Resources are critical to a therapeutic response to the inevitable crises in the early and mid-phases of treatment. This is the time to take a broad look at needs and resources, including available health care resources, which can so easily be limited by a client's disability or by managed care insurance coverage.

Our regular feature article highlights state-of-the-art perspectives in the field of traumatology.

The early stage of treatment focuses on safety, stabilization, and establishing the treatment frame and therapeutic alliance. This stage is measured by mastery of the necessary skills, not time, and may represent the most important stage of treatment since it is directly related to the client's capacity to function. These skills include healthy boundaries, safety planning, contracts regarding termination and disclosure/confrontation, self-nurturing and self-soothing techniques to modulate affect, strategies to contain spontaneous abreactions, flashbacks, and dissociative episodes, and understanding the human response to trauma.

Psychopharmacologic interventions are often needed to target symptoms of depression, anxiety, and sleep disorders. As we grow in knowledge of the psychobiology of trauma, we can be more sophisticated in these interventions.

However, we always tell our clients that psychotherapy is the heart of the work and that medication is adjunctive. The diagnosis of Dissociative Identity Disorder requires that the client master specific techniques to facilitate internal communication and cooperation, and develop co-consciousness to "gather up

ego strength" and grow in responsibility for behavior.

The middle stage of treatment begins only after stabilization skills have been internalized and are utilized as needed. This stage involves revisiting and reworking the trauma with careful processing to integrate traumatic material and intense affect. This includes the expression of pain and profound grief. The metabolism of trauma is always destabilizing, so the skills learned in the early stage of treatment provide the frame and support for this phase of therapy. In addition to internal ego-strengthening, the client must exercise the ability to ask for help from a support network. A word of warning from our experience: avoid being the client's only support network and be prepared to utilize your own sources of support during the arduous phase of the work.

The late phase of treatment is that of self and relational development, covering the important issues of intimacy, sexuality, and current life choices. Clients at this stage often encounter an existential crisis of connection to a new sense of self and must wrestle with the meaning of the now integrated trauma memories. For many, this meaning-making may involve a commitment to make a difference in the world, particularly with respect to decreasing violence. Survivors at this stage embrace life with renewed energy and hope for the future. It is also a time of great reward for the individual therapist who has facilitated this stage-oriented journey into new life.

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