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Trauma Responsive Therapy: A shift in Perspective

Christine A. Courtois, Ph.D

Jeffrey Jay, Ph.D

Trauma has long been an underrecognized and misunderstood human experience. Its impact has often been minimized and its victims maligned. Traumatized individuals have been blamed for their reactions and expected to “just get over it” (a viewpoint many have internalized). Over the course of the last two decades, starting with the study of Vietnam veterans and adult rape victims, a new perspective has emerged about traumatic events and their impact. Trauma is now viewed as an event or experience (directly experienced or witnessed) that is of sufficient intensity that it overwhelms the individual’s capacity to cope, resulting in feelings of horror, helplessness, and shock. All individuals who are traumatized have posttraumatic responses. Some percentage go on to develop Acute Stress Disorder in the immediate aftermath (within a month), while others (about 25%) develop Posttraumatic Stress Disorder (PTSD) in the longer term aftermath. PTSD may become chronic and may also develop in delayed fashion after a period of dormancy. Individuals who have posttraumatic responses in the immediate aftermath may be assisted by debriefing and support early after the traumatic experience. Those who have longer-term and/or delayed PTSD are likely to have posttraumatic symptoms and associated reactions of sufficient intensity and discomfort to require mental health treatment. Many do not associate their symptoms with their traumatic experience and feel like they are going crazy. Until quite recently, mental health services followed society’s lead in misunderstanding and underrecognizing

trauma, leaving those who sought help feeling blamed and additionally confused. Fortunately, this circumstance has changed with the newly emerging information about trauma and its effects. Treatment is now available that is trauma responsive, that is, it takes the trauma into account and seeks to assess its impact on the individual and his/her difficulties. This treatment does not blame the victim for his/her symptoms and does not view them as pathological. It takes the perspective of “What happened to you and how did you cope?” versus “What is wrong with you?” (Bloom, 1994). It also emphasizes that the normal response to abnormal events is normal, although the response may be quite distressing and debilitating. This seemingly small shift in perspective and approach can have a profound and immediate effect on the individual by assisting him/her to feel normalized, less stigmatized, and not crazy.

Psychiatrist Frank Ochberg, in his book on trauma responsive treatment, describes it this way: “The advantages ... are its assumption of psychological health, its fundamental assumption that the victim is not to blame, its ability to facilitate a working relationship between victim and therapist through partnership and parity in respect and power” (Ochberg, 1998, p. 10). In later writing, he identified three principles of this treatment approach:

(1) **the normalization principle:** “There is a general pattern of posttraumatic adjustment and the thoughts and feelings that comprise this pattern are normal, although they may be painful and perplexing, and perhaps not well understood by individuals and professionals not familiar with such expectable reactions” (p. 773);

(2) **the collaborative and empowering principle:** “The therapeutic relationship must be collaborative, leading to empowerment of one who has been diminished in dignity and security. This principle is particularly important in work with victims of violent crime. The exposure to human cruelty, the feeling of dehumanization, and the experience of powerlessness create a diminished sense of self” (p. 774); and

(3) **the individuality principle:** “Every individual has a unique pathway to recovery after traumatic stress... This principle suggests that a unique pathway of posttraumatic adjustment is to be anticipated and valued, and not to be feared or disparaged. Therapist and client will walk the path together, aware of a general direction, of predictable pitfalls, but ready to discover new truths at every turn” (p. 774). To these three principles we would add a fourth: general safety and safety in relationship. Traumatized individuals cannot heal if they are still being victimized and if they cannot trust that significant others will not hurt or exploit them.

Trauma responsive treatment relies on several main techniques: education and teaching about the human response to trauma; holistic health techniques for physical and emotional healing; cognitive approaches to challenge and correct some of the cognitive errors and beliefs about self and others that are often the result of victimization; techniques for enhanced social support and integration into the community; and clinical techniques to work through some of the major aftereffects associated with victimization, such as grief, betrayal, fear and anxiety, depression, physical hyperarousal, and relationship and intimacy disturbances.

