Cognitive Processing Therapy
Cognitive Only Group
Version: Democratic Republic of Congo

GROUP LEADER'S MANUAL

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| Part 1: | Introduction to Cognitive Processing Therapy (CPT)

Cognitive Processing Therapy (CPT) is a 12-visit therapy that has been found effective for mental health problems following traumatic events. We have used CPT successfully with a range of traumatic events, including rape, domestic violence, combat, torture, and child sexual abuse. CPT has been used for both individual treatment and treatment in group settings. This manual reflects changes in the therapy over time and also includes suggestions from almost two decades of clinical experience with the therapy.

Pre-Therapy Issues

1. Learning CPT

When using CPT, be prepared for every visit. Read through this introduction and the individual visit material. Know what you are supposed to teach for that visit. Know what the main goals are for that visit. Practice using the group leader skills. It is OK not to know everything. It is OK not to be perfect. It is OK to make mistakes while you are learning. What is important is that you tell your supervisor or team leader about mistakes that you notice that you made and that you ask yourself "What can I learn from this?"

2. Who Is Appropriate for CPT?

CPT should be used with:

- CPT was developed and tested with people with a wide range of mental health disorders. It is appropriate for people who have had just one traumatic event or many. It is appropriate to treat **rape survivors and survivors of other types of traumatic events** (e.g. war, gender-based violence, motor vehicle accidents, childhood abuse, torture).
- CPT has been used with people anywhere from 3 months to 60 years after their traumatic event. It does not seem to matter for CPT if the **trauma was very recent or long ago**.

CPT should not be used:

- If the person **does not have any trauma symptoms at all,** one should not use CPT. Trauma symptoms are symptoms like having nightmares about the trauma, having thoughts and memories about it that are unwanted, and becoming very upset at reminders of the trauma. People may be sad or depressed, irritable, anxious, or watchful. Some of those trauma symptoms include avoidance or trying to avoid thinking about or remembering the trauma, or having feelings about the trauma. This can cause people to isolate and to be less interested in things they used to enjoy.
- CPT should not be used with **someone who is in immediate danger to themselves or another person (suicidal or homicidal).** Group leaders should also be careful using CPT when a person is in a dangerous situation (e.g., an abusive relationship). The group leader should consult with supervisors prior to beginning treatment with a group member who may be in danger. However, just because someone might experience another traumatic event does not mean that they could not be treated successfully. The potential for trauma in the future is something we all live with, so the possibility of

future violence or trauma should not stop treatment now. In fact, successful treatment of trauma symptoms may actually reduce risk of future trauma symptoms.

- CPT should not be used with **people who are having psychotic symptoms.** This includes people who are hearing voices that are not really there and people who are seeing visions or images that are not real. It is important to distinguish between flashbacks (intense images of the trauma) and hallucinations (visions that are not real and are not of the trauma).

Questions to use to figure out if a group member is not appropriate for CPT Group:
Below are questions to ask to evaluate whether someone may be inappropriate for CPT group. **These questions should be assessed before visit 1 of CPT.**

1. Questions for **suicide (or self-harm) risk** assessment
    a. Ideation [thinking about it, wishing they were dead]. How often? [Ideation only is OK for CPT]
    b. Plan. Do they have one? How detailed? How possible? Have they taken any steps? Are they being secretive? How lethal is the means? [Having a suicide plan is a reason not to do CPT, unless the plan is one that is completely unrealistic. Check with your supervisor before you go forward with CPT if there is any suicide plan. If a group member has any suicidal thinking or plans in this visit, you should spend the visit safety planning and check with your supervisor before resuming CPT. Do not finish the CPT visit 1 steps.]
2. Are they using **alcohol or drugs**?
    a. How much? How often? [occasional, light use of alcohol or drugs is acceptable for CPT. Group members who are drinking very heavily and often should not do group CPT unless they agree to stop or reduce their drinking.]
    b. If they are drinking or using drugs heavily ask, will they agree to not drink alcohol or not use drugs during the 12 weeks of CPT? If they will agree to stop or reduce their drinking, work with your supervisor to develop a plan. What will they do instead of using drugs or alcohol? How will they cope with strong emotions? What will they do if/when others around them are using or drinking? You should spend time planning and check with your supervisor before resuming CPT. Do not finish the CPT visit 1 steps.
3. Questions for **homicide risk** assessment
    a. Ideation. How often? [Ideation only is OK for CPT]
    b. Is there a clear victim?
    c. Plan. Do they have one? How detailed? How accessible? Have they taken any steps? Are they being secretive? How lethal is the means? [A plan to hurt someone identifiable is a reason not to do CPT unless the plan is one that is completely unrealistic. Check with your supervisor before you go forward with CPT if there is any plan. If there is any question in this visit you should spend the visit safety planning and check with your supervisor before resuming CPT. Do not finish the CPT visit 1 steps.]
4. Questions for **psychosis**
    a. Is the group member hearing voices no one else can hear? How long has this been going on? Are the voices outside of their head (like someone talking)?
    b. Is the group member seeing visions no one else can see? How real do they seem? How long has this been going on?
    c. Do either of these things happen only when the person is falling asleep or waking up or do these things happen during the day?

d. [Yes to either of the first two questions (questions "a." or "b.") AND these experiences occur during the daytime, then do not do group CPT]

5. Are there **other reasons** it would be impossible or unsafe for the group member to attend weekly visits?
    a. If so, check with your supervisor. Do not finish the CPT visit 1steps.

3. Treatment Contracting for CPT

Before starting CPT, the group leader should explain what is expected of the group member, group leader(s), and the group. This therapy is typically done in 12 visits, once a week. The therapy can be done twice a week over 6 weeks, if the group member and group leader are able to come twice weekly, and if the visits can be spaced apart for enough practice of CPT skills (i.e., at least 2 days between visits). The therapy will focus on the traumatic event the group member identifies as the worst event for them. The group leader will meet with group members individually to identify what event is bothering them most and to explain the therapy to them. The therapy will be done in group after the first visit (which only includes the group leader and one group member). Group members should not share the details of their worst event in the group because hearing these details may upset other group members.

- **Group Attendance**

The group members need to attend all visits regularly (once or twice a month is not enough) and complete the homework. Once a group has started, no new members may join the group. This is necessary because in CPT, skills are taught in a particular order. To learn the skills later in CPT you need to have learned the earlier skills. Group visits are 90 minutes to allow the members enough time to practice the skills, share what they have learned, and ask questions. Ideally, groups should have between 5 and 9 members with 1 group leader. If there are two group leaders a group can be as large as 12 members. We have found that 5 members is the smallest because if 1 or 2 people miss a visit, then the group ceases to be a group. With more than 8 or 9, the group may feel too large for one group leader. While it is very important the group members attend regularly, there are sometimes things that can keep a group member from coming to a group visit (illness, lack of transportation, etc.). **If possible, it is best for a group member who has missed a group to meet individually with the group leader before the next group meeting to go over any new material and to begin working on the skill that was missed.** If that is not possible, the group members can give a brief summary of what was covered in the group the prior week when the member next attends. We usually suggest that if someone misses more than two groups (especially before visit 8), that they wait until the next group starts to continue their treatment or be seen individually.

- **Completing Homework**

Completing the homework is important because the more group members practice CPT skills outside of the visits the better they will feel. Also, if group members have not practiced the skill, they will not be able to share their thoughts and feelings about the homework with other group members or be able to support other group members' practice.

Even though group members agree to complete homework assignments, the urge to avoid often arises and can keep group members from doing their homework. It can be difficult to make sure everyone completes homework in a group setting. **Therefore, it is**

important that the group leader asks all of the group members about homework completion at every visit.

Here are some things group leaders can do during visit when one or more group members did not do their homework:

1. The group leader can lead a short discussion with the group about avoidance and how not doing homework can be a form of avoidance.
2. Group members who did not complete the assignments can talk with the group about what their thoughts and feelings are about completing the assignment. The group can work on a CPT skill together as a way to guide the discussion and help the group member with avoidance behaviors.
3. Group members who DID complete the homework can talk about their experience with the assignment. Specifically, group members who completed the assignment can talk about their feelings before completing the assignment and can discuss what they learned from completing it.
4. The group leader can also have the group member who did not complete the homework use a CPT skill like using the ABC skill to notice the thoughts that kept them from completing the homework and their feelings or use the thinking questions skill to see if their thoughts about doing the homework were accurate and balanced.

- **Group Interaction**

The group leader's job is to notice and discourage avoidance behaviors that keep trauma symptoms going. The group leader will also be responsible for guiding the group visits. This includes monitoring symptoms, making sure that check-ins are brief, making sure that one or two group members are not doing all of the talking, and noticing if some group members are not talking at all. One of the most important jobs of the group leader is to encourage group members to interact with each other. These interactions help group members see that they are not the only person who has problems after a traumatic event. Also, group members can learn to ask each other gentle questions and can support each other in learning new ways of thinking. One of the best ways for the group leader to encourage group members to share with each other is by asking questions or making statements that point out common problems or stuck thoughts.

Here are some questions group leaders can ask group members to encourage them to interact with each other:

"What do others think about this?"
"How do others feel?"
"Does anyone else share this stuck thought?"
"Does this sound like anyone else?"
"How many people have thought . . .?"
"What was it like for each of you to do the homework?"
"How does this stuck thought affect how you act in group?"
"*What does that word mean to you?"*
"How did you come to that understanding?"
"What do the rest of you think?"
"Can we hear from those who haven't spoken yet?"

4. Important skills for being a CPT group leader

CPT groups can be lead by 1 or 2 group leaders. If you are working with a co-leader it is important that you share the responsibility of leading the group. It is helpful to take turns

teaching sections of the group. If you are not the leader actively teaching, you should be noticing how group members are reacting to the information, if they seem confused or have questions, so you can help those group members. You should also be listening to the other group leader to see if you have something important to add in. If you are the group leader teaching you should be watching your co-leader to see if they have something they want to add in.

When using CPT, it is critically important that the group leader use good clinical skills throughout EVERY visit. This means that the group leader needs to be compassionate, be understanding, and be on the group member's side. Non-verbal communication like culturally appropriate eye contact, tone of voice, and body posture are as important as the words the group leader uses when communicating with a group member. The group leader needs to be understanding about the struggles the group member is dealing with while still encouraging the group member to change. The group leader will need to communicate hope that things can get better. The group leader will act like a teacher at times. For example, the group leader will be teaching new skills to group members, but it will be important not to act like a punishing or strict teacher. In addition, it is important in CPT that the group leader be able to think of multiple points of view when working with the group member's beliefs.

Ground Rules for the CPT group

One job of the group leader is to let people know what they can expect to happen AND what is expected of them. Rules give guidance. Some basic rules include:

- Listen to and respect each other
- ***Be honest***
- Disagree without attacking
- Respect people's privacy
- Make no assumptions about others
- Participate

What Group Leaders Can Do To Improve Groups
Below are some things that group leader can do to help groups run smoothly:

- Be prepared.
- Be on time.
- Encourage group members to give each other support and encouragement -- both when things are going well and when they are not going well.
- Let group members know that they do not have to agree with you or with each other. You are trying to get group members to think about the topic; not necessarily to agree with you.
- Let group members know that they are more likely to get better if they participate.
- Hearing a group leader acknowledge a comment or respond with encouragement to something a group member says can be very helpful for group members.
- Be aware of your own stuck thoughts. Are there certain ideas or beliefs that you agree with? Be ready to use the CPT skills to work on your own stuck thoughts, so you can be a better group leader.
- Sometimes silence in a group is a good thing. It can encourage group members to take time to think. It also gives quieter group members time to participate.

- Specific feedback is more effective for people than general feedback: "You did a very good job noticing your thoughts and feelings." rather than "You did a good job."
- If you use humor, make sure it is not directed at someone else. The best approach to humor as a group leader is to not be afraid to laugh at yourself.
- Groups communicate with group leaders in many ways. Sometimes the communication is what group members TELL us. Other times, a group will communicate nonverbally. These are important things to notice about whether the group is understanding the material, whether they are uncomfortable, or whether they are avoiding. Some clues include:
  - ✓ restlessness
  - ✓ silence
  - ✓ people looking at you as you talk
  - ✓ people looking at each other
  - ✓ people talking with each other as you talk

To keep the group on track, the group leader should provide structure for each visit by setting an agenda at each visit and letting the group members know what will be covered during that visit (the steps of CPT). The agenda should include checking symptoms, a brief check-in to see how everyone is doing and to establish if anyone has a pressing issue that needs to be discussed in group that day. This should be followed by a review of the homework from the prior visit, and then followed by teaching the next skill, and an introduction to the practice assignment for the following week. The group leader will go over the assignment and create example(s) with the group.

If the group loses focus during the visit, one strategy to get the group back on track is to ask the group member to make the connection between what he or she is saying and the topic that the group was originally discussing. If the group member appears to be avoiding the topic at hand, the group leader may want to state that the topic seems emotionally difficult for the group member. The group leader can then ask if others ever wanted to avoid a topic or stop feeling their feelings in group. This will build a bond among the group members and will allow the group leader to address the fears that are causing the group member to avoid.

Managing Individual Personalities and Group Conflict

- **Strong feelings in group**

One common worry that new CPT group leaders have is about managing strong feelings in a group. It is not uncommon for group members who are discussing their traumas for the first time to have strong feelings and to become very upset during group visit. Sometimes group members worry that their emotions will be too big to handle or that other group members will be angry or upset if they express their feelings. Group leaders should encourage group members to feel their automatic feelings (natural) and can use the CPT skill to help guide group members through examining the feelings that come from their thoughts (manufactured). Strong feelings are OK to express in the group and leaders can make sure that group members learn that their emotions are acceptable and will not overwhelm them. This, as well as receiving support from other group members, usually helps group members express their emotions appropriately.

- **Group members who talk a lot**

Sometimes groups have members who talk a great deal or hardly at all. Let the group know that you want to give time for each person to speak and to be the focus of attention. Members who talk too much may make it difficult for other group members to speak during visits. These members may answer questions before anyone else gets a chance to respond, may make extreme statements (*"nobody should feel that way . . ."*), or sometimes can challenge a group leader's role (*"you don't know what you are talking about"*). One way to handle this is to ask group members who are quick to answer a question or make a comment to count to 10 before they talk so other members can voice their thoughts. If necessary, group leaders can ask that once a group member has participated three times they wait until other group members speak before they add to the discussion. These suggestions should be made to the whole group so that one member is not singled out or embarrassed.

- **Group members who are very quiet**

Often there are one or two very quiet group members in a group. In CPT group it is important that all members participate in the group. This ensures that group members are not avoiding talking about their thoughts and feelings about the trauma. In order to make sure that everyone is participating, it is appropriate to ask an individual group member to add to the group discussion. It is also OK to ask the whole group for their reactions to a topic and then call on everyone before talking about something new. If a very talkative group member continues to make it difficult for others to participate or if a very quiet member does not participate, it is important to talk to the group member individually about the impact of their behavior on others.

- **Conflicts or misunderstandings**

There are times when people in the group do not agree or get along. This can happen because of trauma related problems or may be the result of a misunderstanding. There is a difference between disagreeing and fighting. Sometimes helping someone may mean disagreeing with them. Disagreement does not mean the group is falling apart. It means that people are involved enough and feel safe enough to express genuine points of view. Strong disagreements can usually be handled well by using CPT skills to discuss the disagreement. For example, if one group member believes that someone else insulted them, the group leader can assist the group member and the other group members, to notice their thoughts and feelings about the incident using the ABC skill, or can look at the thoughts group members report by using the Thinking Questions skill. This often helps group members resolve their difficulties and also helps teach the group how to use the CPT skills.

Overview of CPT Visits

- **Overview of CPT visits**

The contents of each visit are described in Part 2 along with issues that group leaders are likely to encounter. The therapy begins with education about trauma symptoms and what therapy will involve. The group member is asked to think about the Impact of Trauma (a specific CPT exercise) in order for the group member and group leader to begin to identify problem areas in thinking about the event (i.e., "stuck thoughts"). The group member is then taught to notice and label thoughts and feelings and to recognize the relationship between them. During early visits, the group leader uses curious open questions to begin to change unhelpful thoughts, particularly those connected with self-blame, backward bias, and guilt. Later visits focus on teaching group members skills to

change their own thinking and finally focus on specific topics that are likely to have been affected by the traumatic event: safety, trust, power/control, respect, and caring.

- **Order of visits**

CPT should be used in the order presented here. The skills and exercises are designed to build on one another. The format for each visit begins with checking symptoms, and then reviewing the homework from the previous week. It is not recommended that the group leader start a general discussion at the beginning of the visit ("how was your week?") but should begin immediately with the homework that was assigned. If a group member wishes to speak about other topics during the group, use the topic to teach the new skills we are introducing (e.g., put the content on an A-B-C Worksheet) or save time at the end of the visit for these other topics. If the group leader lets a group member direct the therapy away from CPT it will encourage avoidance and will also prevent other group members from learning the CPT skills. One of the most difficult skills for the group leader to master is how to be kind but firm in keeping focused on CPT. During the last 20-30 minutes of the group, the homework for the next week is introduced. If group members do not bring in homework one visit, it does not mean that the new skills are delayed for a week. The group leader has the group member participate as the group works together on the assigned skill in the visit. The group member is then asked to do uncompleted homework in addition to the next homework assigned.

Theory behind CPT

- **Theory of Trauma Effects**

CPT focuses on how a person who has experienced one or more traumatic events (e.g., rape, combat, childhood abuse), thinks about the traumatic event and how that person tries to cope with what happened. Long after the traumatic events have occurred, reminders of those events can continue to bring up strong emotions (e.g., fear, disgust, sadness). The strong emotions cause them to try to avoid reminders of the traumatic events. These avoidance behaviors affect the person's life and can become problems themselves. For example, a person might avoid other people to avoid thinking about the traumatic event. By doing so, that person becomes socially isolated, which increases PTSD and depression symptoms.

How does CPT help? CPT focuses on people's thoughts about the trauma. CPT makes symptoms better by helping people identify their thoughts about the trauma that are unhelpful and helps them develop skills to change their thinking. When people's unhelpful thoughts change, their emotions also change and their behaviors (actions) start to change, too.

CPT also focuses on emotions. When group members talk about or do homework assignments about the trauma, they may feel sad, anxious, or disgust about the traumatic event. In CPT, we want group members to approach – not avoid – those feelings. With time, those feelings will get less strong.

Problems from Trauma as Disorders of Non-recovery

- **Trauma symptoms**

Almost everyone has trauma symptoms immediately following very serious traumatic events, and recovery takes a few months under normal circumstances. Some people have symptoms following traumatic events that do not get better (or only get a little better) after a few months. When symptoms continue for more than a few months, we think about these symptoms as recovery that has been stopped or interrupted.

For example, some people may have refused to talk about what happened with anyone because they blame themselves for "letting" the trauma happen. They feel so ashamed and humiliated that they are convinced that others will blame them too. Another person may have seen something so horrifying that every time he or she falls asleep and dreams about the traumatic event, he or she wake up in a cold sweat. The person avoids going to sleep because of worry about having another nightmare. Other times, group members may be convinced that they will be victimized again that they refuse to go out any more and have greatly restricted their activities and relationships. Other examples include situations in in which other people were killed and individuals feel guilty about surviving and obsess over why they were spared when others were killed. They think they are unworthy and feel guilt whenever they laugh or find themselves enjoying something.

In all these examples, thoughts or avoidance behaviors are getting in the way of feeling their feelings and changing their thoughts. It is important to understand that there are many ways that can stop recovery and these can be different for every individual. The group leader's job is to help group members stop avoiding so they can go back to recovering.

Some emotions such as fear, anger, disgust, or sadness may happen automatically during the trauma (natural feelings) because the event was dangerous, abusive, and/or resulted in losses. Other emotions happen because of how the group member thinks about the trauma (manufactured feelings). For example, if someone is attacked, the danger of the situation might make that person run away (a biological response when someone is in danger), and they might feel anger or fear (natural feeling). However, if the person blamed themselves for the attack ("It was my fault the attack happened."), the person might experience shame. As long as the individual keeps saying that the attack was their fault, they will keep feeling shame. That emotion is caused by their thoughts (manufactured feeling).

- **Cognitive Processing Therapy Theory**

To make sense of the traumatic event, people tend to do one of three things.

1. A person can have inaccurate or extreme beliefs about the trauma itself and why it happened. "*I must be a bad person. I am being punished for something I did*."
2. A person can have inaccurate or extreme beliefs about the present or future. ("*I can't **EVER** trust my judgment again*").
3. A person can have beliefs about the trauma itself and about the present and future to make sense of the trauma in a way that is more accurate or realistic. For example, a person could think, *"Although I didn't use good judgment in that situation, most of the time I make good decisions."* This kind of belief is the goal of CPT. We want to help our group members think in more balanced ways. We try to help our group members to change their thoughts to reflect the reality of the traumatic event without going too far.

In CPT, when emotions such as fear, anger, disgust, or sadness about what happened *during* the traumatic event occur, we want the group member to feel their feelings. Those feelings will get less strong if group members approach and don't avoid their feelings when they occur. Group members who have problems from traumatic events work very hard not to feel their feelings (avoidance) so those feelings get stored up. Like shaking up a can of Coca-cola, when the group member feels their feelings, the feelings will be strong. BUT, once the group member feels their feelings, the feelings will go away relatively quickly. Just like the coca-cola will initially foam up but will eventually run

out of energy. Also, once the group member has felt their feelings about the trauma, we can then start helping them change their thoughts or beliefs about the trauma. Once extreme or inaccurate beliefs about the event, oneself, and the world (e.g., safety, trust, control, esteem, caring) are changed and made more realistic and flexible, and then the manufactured feelings will also decrease. Problems with the trauma memories (e.g., intrusive thoughts or images of the trauma, nightmares, and flashbacks) will also decrease. The explanation that CPT group leaders give to group members about this process is described in the first group visit.

Good Questioning in CPT

CPT helps make group members aware of and change the extreme or inaccurate thoughts that maintain their symptoms. The primary thing we do to help group members change their thoughts is to ask them open questions. Throughout treatment, group leaders should always use good, gentle, respectful, curious questions to teach group members to question their own thoughts and beliefs. Because this is so important for CPT, we have included more general information here about open questions, and types and examples of questions that can be used.

The idea behind open questions is that one person can learn to think differently when another person asks specific questions. People who learn this way (by asking and answering questions), instead of being told what to think, are more likely to remember the information and believe it. **That's why in CPT you will ask your group member questions and, ultimately, teach your group member to ask him/herself questions.**

Over the 12 CPT visits, group members are taught how to ask themselves good questions. Group leaders may find it confusing or difficult at first to ask questions rather than telling group members what to do, giving advice, or telling group members what to think. Through good questioning, the group member figures out more realistic ways of thinking and believes the new thought more. **It's extremely important to realize that in CPT, the goal of questioning is never for the group leader to "win" an argument or to convince group members to take the group leader's point of view.** Even though it is often tempting to tell group members what to think (e.g., "It is not your fault.") this is rarely successful. Good questioning will help group members examine, and eventually change, their problematic thinking from the trauma they experienced.

Below are examples of good open questions. They can be used in group visits to help the group members examine their thoughts and beliefs.

- *What do you mean when you say…?*
- *How do you understand this?*
- *Why do you say that?*
- *What exactly does this mean?*
- *What do we already know about this?*
- *Can you give me an example?*
- *Are you saying…or…?*
- *Can you say that another way?*
- *How did you come to this idea?*
- *What else could we assume?*
- *Is this thought based on certain assumptions?*
- *How did you come up with these assumptions that…?*

- *How can you prove or disprove that idea?*
- *What would happen if…?*
- *Do you agree or disagree with…?*
- *If this happened to a friend or your child, would you have the same thoughts about them?*
- *How do you know this?*
- *Show me…?*
- *Can you give me an example of that?*
- *Is this always true?*
- *What do you think causes…?*
- *Are these the only explanations?*
- *Are these reasons good enough? Why?*
- *What evidence is there to support what you are saying?*
- *Has anyone in your life expressed a different opinion?*
- *What other ways of looking at this are there?*
- *How does it help you to continue to think this way? What are the costs?*
- *Who benefits from this?*
- *What is the difference between…and…?*
- *Why is it better than…?*
- *What are the strengths and weaknesses of…?*
- *How are…and…similar?*
- *What would…say about it?*
- *What if you compared…and…?*
- *How could you look at this another way?*
- *Then what would happen?*
- *How could…be used to…?*
- *How does…effect…?*
- *How does…fit with what we learned in visit before?*
- *Why is…important?*
- *What can we assume will happen?*
- *What would it mean if you gave up that belief?*
- *What is the point of asking that question?*
- *Why do you think you asked this question?*
- *What does that mean?*
- *What would getting an answer either way mean to you?*
- *What am I not understanding?*

Issues in Conducting CPT

- **Overall group visit structure / Basic Structure of Visits**

Except for the first individual visit, all group visits have a similar structure. They begin with checking symptoms. The middle part of the visit is used to review the homework from the week before. The last part of the visit is used to teach the group a new skill or topic and to practice it with the group leader. During the last part of the visit, the group leader also tells the group what to practice until they meet again (e.g., assign homework). CPT should be used in the order presented here. The skills and exercises are designed to build on one another. It is not recommended that the group leader start a general discussion at the beginning of the visit ("how was your week?") but should begin immediately with the homework that was assigned. If group members would like to speak about other topics, use the topic to teach the new skills we are introducing (e.g., use the ABC skill to talk about thoughts and feelings about the new topic) or save time at

the end of the visit for these other topics. If the group leader lets group members in the group direct the therapy away from CPT it will encourage avoidance. It will also prevent other group members from learning the CPT skills. One of the most difficult skills for the group leader to master is how to be kind but firm in keeping focused on CPT. If group members do not bring in homework one visit, it does not mean that the therapy is delayed for a week. The group leader has the group member participate as the group works together on the assigned skill in the visit. The group member is then asked to do uncompleted homework along with the next homework.

It can make it easier for group members to attend group if the group is scheduled during a time they are more available. It may be helpful to talk to potential group members of which time of the day or day of the week would be easiest for them to attend every week without being late. Group leaders have been very successful timing CPT groups around market day, for example.

- **Group membership**

CPT works well for both men and for women. However, it is recommended that men and women be in separate CPT groups.

- **Grief / Bereavement**

Grief is a normal reaction to loss (e.g., a death) and is not a mental illness. Mourning may take a long time and it can affect people in many ways. The goal of dealing with grief issues within CPT is to help with extreme or inaccurate thinking that is interfering with normal grief. For example, some group members feel that they cannot move on from the deaths of a family member and feel that if they do, it would be a betrayal. When you work on other stuck thoughts about the trauma, make sure you also ask about ideas about grief. If a group member has stuck thoughts about grief and death, the group leader may need to focus on this area, too and encourage the group member to use the CPT skills to work on these stuck thoughts.

- **Working with families**

CPT is a therapy that is provided to individuals not to a family (i.e., the group leader will meet with the group member each week but not with their family). Family members can still play extremely important roles in CPT. Family members can provide important support for group members. For example, they might provide emotional support by encouraging the group member to get help and to attend weekly CPT visits. They might encourage and reward the group member for working hard in therapy. They might also provide structural support by helping the group member with their homework, providing child care so they can come to visits, bringing a group member to the visit, or waiting for them in the waiting room. Whatever the kind of support, it is important to remember that it should be the group member's choice for how much and/or in what way to involve family members in treatment.

In addition to providing support, sometimes the group leader might have a single individual meeting with the family and group member. That meeting would occur very early in treatment (for example, after visit 1 or 2) and the goals would be to (1) provide general education about common mental health problems from trauma and (2) describe how CPT helps those problems and how CPT works (12 weekly visits, homework assignments, etc.). The group leader can also talk about how the family can be helpful to the group member and answer questions. A family meeting like this should be done only with group member's permission and the group member and group leader should discuss

in advance what the group leader can and cannot talk about with the family members (so that the group leader maintains confidentiality). Family members should not attend CPT group.

Finally, although family members often are extremely helpful and supportive of group member's receiving treatment, sometimes they are not supportive. They may be fearful of therapy, afraid of other people finding out that the group member is having problems, and/or believe that it is inappropriate to discuss private issues and/or problems with an outsider (i.e., the group leader). We do not recommend that group members lie to their families about receiving treatment. That could result in harm to the group member and/or the group leader. If the group member's family does not approve, a family meeting might be helpful. We also strongly recommend that group leaders discuss any concerns about family support with clinical supervisors.

- **Religious beliefs**

There are several ways in which religion and morality affect trauma symptoms. It is not uncommon for trauma to change or confirm religious beliefs (*"How could God let this happen?" "Is God punishing me?"*). There could also be stuck thoughts because of a conflict between the trauma and religious beliefs. For example, if a person used to believe that the world was fair – i.e., good things happen to good people and bad things happen to bad people, the person might think, "*Why me?" "Why not me?" "Why did my friend/family member die?"* A stuck point could also develop from violating one's moral or ethical code (*"I murdered people." "I had sex with someone who was not my husband.").* Some religions teach that the group member has to (a) forgive her/himself or forgive a perpetrator or (b) not forgive her/himself or the perpetrator which can lead to stuck thoughts.

It is important not to avoid these topics in CPT group, because they can be very important for understanding your group member's symptoms. Even if you or other group members have different religious beliefs, it is not a good reason to avoid these topics. The belief that the world is fair is probably the most common belief that is taught, not just by religions but also by parents and teachers. People like to believe that if they follow the rules that good things will happen and that if someone breaks the rules that they will be punished – that belief can give us a sense of control and/or help us believe that the world is predictable. People often do not learn that the belief is really about what is more or less likely to happen (*"If I follow the rules, then it lowers my risk of something bad happening"*), which would be more realistic. If people believe the idea that the world is fair very strongly, then they may think that if something bad happened to them, they are being punished. However, if they can't figure out what they did wrong (and they may have done nothing wrong), they will end up thinking about the unfairness of the situation or of God. **No religion guarantees that on earth (a) good behavior will *always* be rewarded and (b) bad behavior will *always* be punished**.

When someone doesn't understand how God could let an event happen that involves another person (rape, assault, combat), the concept of *free will* may be very helpful. Many religions have the idea of free will, of choice to behave or misbehave, or at least the idea that God allows an individual to make **some** of his or her own choices/decisions. If God gives an individual free will to make choices then it means that the perpetrator had a choice and also bears responsibility.

- **Forgiveness of the Self or Other**

The concept of forgiveness is sometimes brought up in therapy. A group member will typically mention this idea if they are having trouble forgiving themselves and/or other people. It is very important for you to first ask questions about the specifics of the traumatic event to see if the group member has anything to forgive him/herself for. Just because there was a traumatic event, it does not mean that a group member **intended** the outcome. In that case, blame and guilt may be misplaced. If someone is the victim of a crime, they are just that, a victim. There is nothing they could have done that would justify what happened to them. Because a person feels dirty or violated does not mean that they did anything wrong that needs forgiveness. This would be an example of using feelings rather than facts.

One should discuss self-forgiveness only (a) when it has been established that the patient had intended harm against an innocent person, (b) that they have other available options at the time and willfully chose this course of action, **AND** (c) that they have accepted responsibility for what they had done. Committing an atrocity (raping women or children, torturing people) is clearly intended harm. Guilt is an appropriate response to committing an atrocity or a crime. A group member may well need to accept what he or she has done, be repentant, and then seek out self-forgiveness, or if religious, forgiveness within a place of worship.

- **Perpetration**

During war, killing of other combatants is part of a soldier's job. Outside from acts of war and killing in that context, a group member may describe an event in which the person did hurt others such as murder (in war, the intentional killing of an unarmed and nonthreatening person) or a sexual assault. The group leader will ask questions as part of CPT to help the group member identify if the event was intended and unprovoked harm against an innocent person. If it was, the group leader, will then ask questions about whether the person has continued hurting others since becoming a noncombatant or if it only occurred in the context of conflict. If the group member is still hurting others then the group member may need to be removed from the CPT group and referred to a clinician with more mental health training to assess whether someone is currently in danger and more generally to help them stop the behavior. If hurting others (murdering, assaulting, raping) occurred during the combat and not since, the group leader may need to help the group member think about the situation they were in at that time, and think about who they were then and who they are now. The group member is not to blame for things they had no control over and did not cause, but does have responsibility harm they intended to do to others. They group member may also want to engage in some type of remediation to society if it is not possible to do something for the victim.

- **Sexual Trauma**

Sexual trauma, like rape, often can raise special issues for group members and group leaders. First, trust (both of oneself and others) may be an important issue when perpetrators are someone the victim knows or when the perpetrator is from a group the group member thought they could trust. Victims may have stuck thoughts that the trauma was consensual (that she or he agreed to have sexual intercourse, even though he or she did not). The shame associated with sexual trauma may mean that you encounter a great number of stuck thoughts related to self-blame and esteem. Men who have been raped may have concerns about their sexuality or masculinity. Individuals may be raped more than once. When this happens, victims may find themselves stuck on issues of power and control and self-worth.

- **Sexual arousal during sexual trauma**

Another issue to consider is sexual arousal. Most people assume that sexual arousal (e.g., a person's genitals becoming aroused or erect) means sexual enjoyment. It's important to know that some victims of rape may have experienced sexual arousal during the assault. Victims may assume that, because they may have experienced arousal or even orgasm during the assault, that they must have enjoyed the experience, that they are perverted, or that their bodies betrayed them. All these thoughts are incorrect. It is quite possible to be sexually stimulated and experience fear, horror, or anger instead of pleasure. Group members often don't want to bring up this topic in therapy. They may feel deep shame that they experienced sexual arousal in a situation in which they believe it to be inappropriate.

The group leader can help reduce a group member's guilt and shame through education and should bring up the topic in a gentle way if the group member does not talk about the topic. One of the simplest ways to help the group member to think differently about it is to remind the group that rape is not a voluntary response any more than being tickled is. Tickling is a good example to use. Someone can be tickled against his or her will, be laughing, and hate it at the same time. When nerve endings are stimulated, there is no conscious choice about whether or how those nerve endings should react. If the group member is helped to see that his or her reactions were the normal outcome of stimulation and not some moral choice, he or she should experience relief and the lessening of guilt or shame.

| Part 2: | CPT: Visit by Visit

The next pages have summaries, explanations of each therapy visit, and forms that the group leader might need.

The visits are:

Individual Visit
Visit 1: Observe Symptoms

Group Visits:
Visit 2: Trauma Symptoms
Visit 3: The Meaning of the Event
Visit 4: Finding Thoughts and Feelings
Visit 5: Finding Stuck Thoughts
Visit 6: Using Thinking Questions
Visit 7: Changing Thoughts and Feelings
Visit 8: Safety Problems
Visit 9: Trust Problems
Visit 10: Power/Control Problems
Visit 11: Esteem/Respect Problems
Visit 12: Caring Problems and Final Impact

Visit 1 (Individual Visit): – Identifying the Worst Trauma

Tasks Visit 1

1. Greet the group member and welcome him or her (5 minutes)

2. Check-in (5 minutes)

3. Ask about group member's symptoms: (10 minutes)

- Review first part of CPT form with group member
- Normalize the symptoms he or she is having
- Assure the group member he or she is not crazy
- Educate them about how symptoms get better with treatment

4. Teach about common trauma problems in the DRC (15 minutes)

- Problems with memories
- Problems with thoughts
- Problems with feelings

5. Ask about which trauma bothers him or her the most (10 minutes)

- CPT focuses on the worst trauma
    - When you learn new ways to think about the worst trauma, you think differently about other traumas
- Which trauma pops into your head the most?
- What trauma do you not want to talk about?
- Ask the group member to tell you a little about the traumatic event
- Inform group member he or she will not be sharing the details of their trauma with the group

6. Talk about what group will be like and how it will help (10 minutes)

- Group members will support each other
- Group members will learn others have similar problems
- Group members will learn to think about the trauma in new ways
- Group members will get better together

6. Assign homework (10 minutes)

- Observe symptoms
    - Every day notice the problems or symptoms that are related to the trauma
    - Can be written if group members are literate

Visit 1 –Identifying the Worst Trauma

The goals of Visit 1 are:

1. To build trust and respect with the group member.
2. Provide information about trauma problems, group member's symptoms
3. Decide which trauma group member will focus on in the CPT group
4. Provide information about the group and how it will help

Ask about the group member's trauma symptoms

First welcome your group member, thank them for coming, and introduce yourself. When asking about the group member's trauma symptoms, use the CPT symptom form. Assure the group member that the problems they are having are normal, they are not crazy and treatment can help make these symptoms better. This will be the group member's first introduction into the problems that are common following a traumatic event. These will also be reviewed during the first CPT group.

> *"Every time we meet, I will use this form to ask you about the problems you've been having. This form is a way for me to see whether those problems are getting worse, getting better, or staying the same. It's a way for me to learn a lot of information very quickly and for us to track improvement in your problems over the time we meet together. We will do this together in group as well."* [Get the form, explain how it works, and ask group member all of the questions on the form.]

Teach about common trauma problems in the DRC

- Trauma symptoms in DRC

"In hearing your answers about those symptoms it sounds like you have a number of the kinds of symptoms that are common for people who have experienced a traumatic event. These symptoms or problems are problems that CPT group is designed to treat. We will be talking about these a lot more in your next CPT visit. We will be working on problems with memories and thoughts about the trauma, anxiety and worries, sadness, and avoiding anything that might make you think about or remember the trauma.

What other types of problems have you been having because of the traumatic event?"

- Trauma recovery

Natural recovery and getting stuck

"Many people are exposed to traumatic events. In the time immediately following a terrifying event, most people will have these problems that we just talked about. These problems do not mean that you are crazy. Over time, for many people, those problems naturally go away. They get better from the problems from the trauma. There are some people who do not recover. Something got in the way of them getting better – they got stuck like a truck stuck in the mud. It sounds like this has happened to you, and our work together is to change it so that you can recover from what happened. We will be working to get you 'unstuck.'

Decide on the trauma that bothers the group member the most

- In this visit, the group leader and group member work together to pick the most traumatic event that they will work on first in CPT.
- The group member then provides a brief description (no more than 5 minutes) of the traumatic event.
    - It is important the group leader keep the group member from going into too much detail about the trauma during this visit. Most people have a version of the trauma that they can talk about briefly because it is not too upsetting. However, if the group member starts to become distressed, the group leader can stop the group member describing the trauma.

Explanation: We focus on the worst traumatic event because if the group member learns more new balanced thinking about the worst event, they will be more likely to use the new balanced thoughts for less severe events. Also, if the group member believes they cannot handle the worst trauma, they will still believe that after working on a less distressing trauma and may not have their problems improve as much.

Group members sometimes come to this visit wanting very much to speak about their trauma. However, the group leader should keep the group member from going into too much detail about the trauma during this visit. Intense emotions and graphic details of an event, before any trust has been established, may lead the group member to leave or to stop coming to therapy. The group member might think that the group leader holds the same opinions about their guilt, shame, or worthlessness that they, the group member, hold, and may be afraid to return to therapy after talking too much about the trauma in the first visit.

Other group members will not want to talk about the traumatic event and will be relieved that they do not have to describe it in detail during the first visit. In these cases, the group leader may have to work hard to get them to say anything about the trauma.

> "*In order for me to have a clearer picture of what we will be working on first, could you please give me a brief description, about five minutes, of the worst traumatic event…"*

- Dealing with multiple traumatic events

Group members may have experienced many bad or traumatic events. The CPT groups will focus on the trauma that is worst for the group member. CPT will work for group members who remember a little or a lot about the traumatic event. It will be important during this visit for group leader and the group member to decide which trauma is bothering the group member the most. In deciding this it may be helpful to focus on the avoidance and intrusive symptoms the group member has. Below are some questions you can ask.

> *"What do you think about the most?"*
> *"What images or memories are most upsetting?"*
> *"What do you have the most nightmares about?"*
> *"What do you try to forget the most?"*
> *"What event do you never want to talk about?"*

The group leader should tell the group member they will not be sharing the details of the traumatic event with the other members of the group, nor will the other members be sharing the details of their trauma.

Introduction to Talk Therapy and Building Commitment

Most group members have never been to see a group leader and do not know what to expect or if it will be helpful. These are examples of the types of questions that may be helpful in preparing the group member to begin CPT. It can be helpful to find out more about the person's symptoms, what they have tried in the past to fix the symptoms, and whether that has worked. It is important to finish by reminding them that CPT is a new approach that they have not tried previously.

> *We've talked a lot about symptoms, what kinds of problems have you been having recently from the trauma?*
>
> *What symptoms are interfering with your life the most?*
>
> *Which of your symptoms are affecting your family the most?*
>
> *Tell me what you've tried so far to fix these problems?*
>
> *What has worked? What has been helpful? In what ways?*
>
> *What hasn't worked? What are the disadvantages of what you've tried so far?*
>
> *What would you most want to have be different in your symptoms when you finish CPT?*

Many people have no knowledge of what talk therapy, like CPT, is. CPT teaches group members specific skills. CPT focuses on the ways that a person's thoughts, feelings, and behaviors are connected and affect one another.

* The group leader and group members will work together.
* The group leader helps the group member discover they can change their thoughts and behaviors.
* Group members actively participate in treatment in and out of visit. Homework assignments are part of therapy because the skills taught in CPT require practice.
* Help group member understand that this is a team effort
* State that you will help the group member & that he/she can do this!

CPT group and how it will help

- Education about group

Many people who experienced trauma feel alone and isolated and a group can help members see that other people have similar problems and experiences and that they are not alone. The goals of CPT are for group members to feel supported by the other members of their group and to learn that other group members experience similar problems. CPT will also teach the group members different ways of thinking about the trauma. Group members will get better and will see other group members who are getting better as well.

"In the group everyone will have a chance to talk and to listen. Group members are expected to be respectful of each other and to respect every individual's privacy. Group members will learn that other members have similar problems from trauma and will be able to support each other. Together the members of the group will learn new skills that will help them think about the trauma in a more balanced way. Group members will get better together.

Each group will start with checking symptoms. Then we will check homework together. Then in each group I will teach a new skill or idea. At the end I will give you the homework to practice for the next week."

The group leader should explain that learning new ways to think about the trauma will take practice and group members will be expected to practice outside of group time. It may be helpful to talk about how one learns a skill in general (how to cook, how to sew or embroider, how to drive a car, how to write or read) – namely, that one must practice that skill A LOT – and that CPT works exactly the same way. In order to decrease the problems the group member has been having, the group member will need to learn new skills and to practice them.

Anticipating Avoidance and Increasing Therapy Participation

- Increasing participation and reducing avoidance

The group member has been avoiding thinking about the trauma to escape and avoid strong and unpleasant emotions. The group leader must explain the reason for CPT in a way that the group member will understand and in a way that seems helpful or the group member will not be willing to try it. It is very important that the group member understand what they will be doing in CPT and why it will work. They should have many opportunities to ask questions and express concerns. The group leader needs to express confidence, warmth, and support.

"You have already told me about the problems you have been having in your life because of the traumatic memories and emotions. It is very important we try something new so you can get better. I cannot tell you enough how important it is that you not avoid, which is what you have been doing to try to cope since the trauma. This will be your biggest (and probably scariest) challenge. I cannot help you with your symptoms, help you feel your feelings, or change your thoughts if you don't come to the groups every week or if you avoid doing your homework. If you find yourself wanting to avoid, remind yourself that you are still having problems from the trauma because you have been avoiding the memories and emotions."

In the first visit, it is important that the group leader remind the group member that CPT is a very structured form of therapy and that the next visit is different from the others because the group leader will do more talking. CPT is structured, like school or a class. In CPT usually everyone gets a turn to talk. Each visit will have a lesson or a skill to learn. Each visit there is homework to learn to practice the skills.

It is necessary to talk about coming to therapy visits and about the importance of doing homework early in the therapy because avoidance can keep people from improving. We would like group members to attend all visits and complete all homework to improve the

most. It will be helpful to talk about how learning new skills can be helpful. It may be helpful to remind the group member that what they have been doing has not been working and so it will be important to try something new. This is also a good time to problem solve around attending visits every week. Ask the group member how they will come and what problems they anticipate. Remind them that, although they may have many burdens, the trauma symptoms make those burdens more difficult to bear. CPT may help to reduce those symptoms.

Group members are also given a chance to ask any questions they may have about the therapy. The group member needs to feel understood and listened to, otherwise they may not return.

Assign Homework

- Visit 1 homework

Explain to the group member that you would like him or her to pay attention to the symptoms they have during the week. Make a mental note or use a cue to remember how big a problem the symptoms have been each week and which symptoms occur the most often.

Homework

Every day you should notice what symptoms you have experienced relating to the trauma. You might notice some of the symptoms I asked you about today at the beginning of our visit. You might also notice other problems related to the trauma that we did not talk about. Any and all of them are important to notice.

Ask About Reactions to Visit

Ask group member about reactions to visit or if he or she has questions. Reassure group members that it is natural and normal to have concerns, fears, or worries, about starting this therapy. Remind group member that they are making an important step towards recovery.

Symptom Checklist

Problem Review - How much was this a problem for you over the last week?

	Not a problem 0	A little problem 1	A medium problem 2	A very big problem 3
Feeling sad *In Swahili* *In Mashi* *In Kihavu*				
Feeling lonely *In Swahili* *In Mashi* *In Kihavu*				
Thoughts of ending your life *In Swahili* *In Mashi* *In Kihavu*				
Worrying too much or feeling fearful *In Swahili* *In Mashi* *In Kihavu*				
Spells of terror or panic *In Swahili* *In Mashi* *In Kihavu*				
Recurrent thoughts/memories of the worst trauma *In Swahili* *In Mashi* *In Kihavu*				
Feeling on guard *In Swahili* *In Mashi*				

In Kihavu				
Avoiding activities that remind you of the traumatic or hurtful event In Swahili In Mashi In Kihavu				
Nightmares about the worst trauma In Swahili In Mashi In Kihavu				
Avoiding thoughts or memories about the traumatic or hurtful event In Swahili In Mashi In Kihavu				
Feeling guilty or ashamed In Swahili In Mashi In Kihavu				

Visit 2: Trauma Symptoms

Tasks for Visit 2

1. Greet the group members, welcome them and thank them for coming (5 minutes)

2. Introductions – group leader should start (10 minutes)

3. Talk about Group Rules (10 minutes)

4. Benefits of Group (10 minutes)

5. Review their problems (10 minutes)

- Ask members to share their problems since the trauma
- Assess symptoms
- Point out common problems – normalize.

6. Psychoeducation about problems from traumatic events (25 minutes)

- Problems from trauma
  - Memories: thoughts, dreams, flashbacks
  - Anxiety: nervous, sleep, irritability/anger, concentration, jumpy
  - Avoidance: trying not to think certain thoughts, staying away from certain places/activities/people, withdrawal

  Many other forms of avoidance: staying very busy, having physical symptoms, using other substances (prescription medications, alcohol, eating too much), not coming to CPT visits or not doing CPT homework assignments.

  -Depression: sadness, withdrawal, guilt, longing for people you have lost, thinking about death.
- Natural recovery and getting stuck
- CPT and thoughts
- Working on feelings

4. Give a brief overview of treatment (15 minutes)

- 11 Visits, 90 minutes each visit:
  1- We will teach you about the problems from traumatic events
  2- We will help with the memories and emotions about the trauma. We will talk about it together.
  3- Third part is about working on your beliefs about the trauma
  4- Fourth part is about working on your beliefs about your life now and about your future.

5. Assign homework and think together about barriers. (10 minutes)

- Assign Impact Statement
- Avoidance symptoms and how that can interfere with doing homework

6. Ask about group members reactions to visit (5 minutes)

Visit 2: Trauma Symptoms

The goals of Visit 2 are:

1. To build trust and respect between the group leader and the group members.
2. To build trust and respect among the group members
3. To educate the group member about the problems trauma victims have
4. To explain what CPT is and how it works

Welcome the group and praise them for coming. Group leaders should briefly introduce themselves. Group members should introduce themselves next. The purpose of this is to begin to help members feel more comfortable with each other. Have them say their name and where they are from. You may also choose to have them say what they are hoping to improve by coming to the group. Explain how check-in will work for the rest of the groups. The check-in will be brief, typically a few sentences. It will focus on symptoms group members experienced during the week and how the homework went for group members. If something happened during the week a group member would like to talk about in the group, they may request time at the end of the group to discuss this.

At this point in visit 1 you will assess symptoms for the group. During all other group visits you will do this first, after greeting group members.

REMEMBER: The first thing you do is a very brief check-in and ask if anyone needs time at the end of the group for discussion of a crisis or event during the week. Then you do the following:

Check-In

- Check symptoms

Group leader should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having a little problem in that area. Then the group leader should record the group member number in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers. Then the group leader should ask if group members are having great problems in that area and record the group member number. Repeat this for every symptom. The group leader should check in with any group members who are suicidal at the end of the group.

- Establishing group rules

Once introductions are finished you should talk about group rules. You can add to the following list as appropriate, but rules should include:

1. Keep everything private.
   Group members should not talk about other group members or anything they say outside of group.
2. No details of trauma stories.
   We will talk about group members' thoughts and feelings about their trauma, but not about the details of what happened to individual people. We do not want individuals comparing events and we do not want group members upsetting each other. In addition, when group members talk about the details

of their trauma this takes the focus off the goals of the group. In this group we are focusing on thoughts and feelings about the trauma, not the details of the trauma.

3. Treat each other with care and respect.
   In order to make sure that everyone is heard, only one person should be talking at a time. No interrupting and no side conversations while another group member is talking.
4. While it is OK to feel angry with other group members, it is not OK to yell or to become aggressive or threatening with each other.
5. Come to group on time.
6. Come to group every week! *"If you miss groups or come late it will make it harder to get better"*
7. Complete homework.

- Talking about avoidance

It is necessary to address participating in treatment early in CPT because avoidance can keep people from having successful outcomes. We are concerned with two forms of participating: attendance and completion of out-of-visit homework. It is strongly recommended that group members attend all groups and complete all assignments in order to benefit fully from therapy. People benefit from CPT based on the amount of effort they put in through attending and practicing the new skills. In addition, if people do not attend groups regularly, they will disappoint other group members who are coming to the groups. It may be helpful to remind the group member that what they have been doing has not been working and that it will be important to work on the trauma directly rather than continue to avoid. Avoidance of emotions should also be addressed.

> *It is very important to benefit the most from CPT that you attend visits every week and practice the CPT skills between visits. It is also important that you work hard on thoughts and feelings about the trauma. If you do not come regularly to visits you will not learn all of the skills in CPT that will help with your symptoms. You will also disappoint the other group members who are coming to group. In CPT we can all help and support each other in recovering.*
>
> *How do you think being in CPT group will be helpful?*

It is important to have the group members talk about what they think the benefits of being in a group will be. If they are uncertain, group leaders should lead a discussion and help members identify some of the positive things about being in a group. These may include 1) receiving support from others; 2) learning that others have the same problems and they are not crazy or alone; 3) learning new ways of thinking about what happened to them; 4) beginning to recover and seeing others recover.

- Reviewing visit 1 homework

Ask about observations from homework

As part of helping the group begins to receive support from others and see that they are not alone, we want to ask group members to share what some of their problems have been since the trauma.

Questions to get this conversation started include:
What did you notice when you did the homework?

What problems have you had over the week because of the trauma?
What about problems with your mood or feelings?
How do you avoid thinking about the trauma?
What about avoiding things that remind you of the trauma?
What problems are the most difficult for you?
Any problems that surprised you?
Have you been having problems with your relationships?

The group leaders should point out what problems the group members have in common and ask group members how it feels to know others are having the same problems. Reassure group members that these problems are normal. It is also a good idea to ask group members to share with each other what they have tried to do to fix their problems and to see if any of these things have worked.

> *What have you all tried to fix these problems?*
> *Have any of these things worked for anyone?*
> *Have these things worked all of the time?*
> *What do you all they think will fix these problems?*

Discuss ideas they have in common

In the next part of the treatment the group leader will do most of the talking. At this point we want to teach the group about common trauma problems.

Problems from Trauma: Group leader Explanations to Group

> *"Now that we have talked about the problems everyone is having, it sounds like many of you have a number of problems that are common for people who have experienced trauma. These symptoms or problems fall into four areas. The first area is your memories of the trauma. These are problems like nightmares or other scary dreams about the trauma; feeling like the trauma is happening again; and memories that won't go away and make you feel very upset. These problems with memories are all normal following something like trauma. How many of you have had problems with memories about the trauma this week?"*

> *"A second set of problems are fear and anxiety. When something reminds you of the trauma you may have strong emotions and even physical symptoms like breathing quickly or having your heart pound. Anxiety problems can cause trouble falling or staying asleep, anger, jumping at noises or if someone walks up behind you, or always feeling on guard. Which of these problems have you had?"*

> *"The third set of problems is avoiding memories of the trauma and emotions about the trauma. A natural reaction to trauma memories and emotions is to want to push these thoughts and feelings away. You might avoid places or people who remind you of the trauma. You might avoid remembering the trauma or letting yourself feel your feelings about the trauma. There might be certain sights, sounds, or smells that you find yourself avoiding or escaping from because they remind you of the trauma. Sometimes people feel numb and withdraw from people around them. This*

is also avoidance. How do you avoid reminders of the trauma? Have you avoided or run away from memories or emotions? When memories of the trauma come up, what do you do? What do you do to try not to have feelings about the trauma? Have any of you felt numb or withdrawn from other people?"

"The fourth set of problems is depression. These are problems like a sad mood, crying all the time, feeling guilty, sleep troubles, feeling like you want to die, and withdrawing from activities. Is anyone having these types of problems?"

Natural recovery and getting stuck: Group leader Explanations to Group member

"When you met with me earlier, we talked about how people react to trauma. As we talked about, most people will have these problems after a trauma. For some people those problems naturally go away. There are some people who do not get better. Something gets in the way of them getting better – they get stuck. Our work in this group is to change it so that you can recover from what happened. We will be working to get you 'unstuck.'"

CPT and Thoughts

- CPT and thoughts

We will also talk to the group about what CPT will teach them.

"CPT is a therapy that works on thoughts and feelings. Traumatic experiences can change a person's thoughts about themselves, other people and the world. Sometimes the thoughts a person has are not actually true. CPT helps group members' develop more accurate and balanced beliefs. When group members have more balanced beliefs, it can change how they feel."

"Last visit we talked about people recovering from experiencing trauma and that some people get better naturally, like someone healing from a cut, and that other people get stuck and keep having symptoms, like someone getting an infection after a cut and not getting better.

One thing that can get you stuck is your thinking about the trauma. Why it happened? What could have happened differently? When bad things happen we try to explain to ourselves why it happened. Often our parents, our teachers, people around us teach us rules for making sense of things that happen. When bad things happen, we try to fit them in with those rules. One common rule that many people learn while growing up is that 'good things happen to good people and bad things happen to bad people.' This rule makes sense to learn when you are young. For example, parents wouldn't want to say, 'If you do something naughty, you may or may not get in trouble.' When we grow up, we learn that the world is more complicated and something like trauma may not fit with our old rules.

Ask group members to share their "just world" beliefs and point out common thoughts. Are there other rules they learned that affected how they made sense of the trauma?

Some people's beliefs get stuck when they try to keep their old rule. For example, if they think bad things happen to bad people and they then have something bad happened to themselves, they may think that they were to blame (they may start thinking that they, somehow, were a bad person). They blame themselves for not preventing the trauma (or for not protecting loved ones); they try to 'forget' that it happened; or they spend a lot of time thinking about what they should have done differently.

Some people go too far and change their beliefs too much, like thinking that no one can be trusted or that the world is completely dangerous. For some people who have already had bad experiences in their life, traumatic events can make those beliefs stronger. For example, if before the traumatic event you thought people were bad and that the world was dangerous, the trauma might make those beliefs stronger. Our goal in CPT is to have rules that help you have thoughts that are realistic and helpful about what happened and about your future."

Explanation of Feelings

- Working on feelings

"CPT works on thoughts and it also works on feelings. There are two kinds of emotions that come from traumatic events. The first type are feelings that happen naturally from a terrible event. For example, nearly everyone would feel fear if they were being chased by a lion. Those kinds of emotions will get better if you let yourself have or experience those feelings. Like a coca cola, if you shake it up, it will spill up and burst out, but it will not keep going forever. In CPT, we will help you feel those emotions about the trauma so they can get smaller and not bother you so much."

"The second type of feelings come from your thoughts or what you tell yourself about what has happened. If you have thoughts like, 'I should have rescued other people' you might feel angry at yourself or ashamed. These kinds of emotions come from how you made sense of what happened during the traumatic event. The more that you have those thoughts, the more and more of those feelings you will have. These feelings are more like putting wood on a fire. The more wood that is placed in the fire, the longer the fire will burn. To make those feelings get better, you need to change the thoughts that make the feelings happen. If you change the thoughts, the feelings will get better. We will work together to help you develop new thoughts that are more balanced, flexible, and realistic – those new beliefs will help you get better."

"In CPT in order for you to recover from the traumatic event(s), we will be working together for you to feel your natural feelings and change the thoughts that lead to manufactured feelings. Even though you might have been terrified during the trauma, that doesn't mean that the memory of the

trauma can hurt you now. Part of this therapy will be teaching you that the memory is only a memory – it isn't happening now."

Ask group members about their thoughts on doing therapy in this way. Do they think it will help them? Group leaders should anticipate some group members might doubt that CPT may help them or group members may believe their problems are worse than other peoples. Group leaders should help build in hope about CPT helping group members feel better about their trauma.

Ways to do this are asking:
What would it be like to have things get better?
Have you tried something like this group before?
How do you know it won't work?

In this visit, group members are also given the opportunity to ask any additional questions they may have about CPT group or about talk therapy in general. Sometimes group members' stuck thoughts become clear from their questions and worries during this first visit. And finally relationship building is crucial for effective CPT. The group member needs to feel understood and listened to, otherwise they may not return.

Next you talk about stuck thoughts and trauma symptoms.

- Introducing stuck thoughts

"One goal of therapy will be to help you notice and change what you are saying to yourself—in other words, your thoughts and how you think about the trauma. These thoughts may happen so fast that you don't notice you have them. Even if you don't notice them, they will still change your feelings and what you do. For example, on the way here today, you were probably wondering what today's group would be like. Do you remember what you were thinking about before you came here?

"I will be helping you notice these thoughts and feelings. I will also teach you ways to change what you are saying to yourself and the thoughts about yourself and the trauma. Remember that we talked at the beginning of this visit about how some people get stuck and it stops them from getting better. We will be focusing on changing the thoughts that are keeping you stuck. We call these thoughts 'stuck thoughts.' We will work on these stuck thoughts together."

Overview of treatment

Briefly review for the group what visits will be like.

We will meet for 11 visits (including this one) for 90 minutes during each visit. You've had these problems for a long time and it can take a while to fix these types of problems. There are many hours in a week. We cannot expect you to change your problems in one hour of therapy a week if you are continuing to practice your old ways of thinking all the rest of the time during the week. It will be important for you to take what you are learning and try it during your everyday life. That is why I will ask you to practice what you learn every day. Your therapy needs to be where your life and problems are, not just in this room."

We will ask everyone to help during groups by participating, listening, and showing support for each other. Some times this will be a little like school. Each visit will have a lesson and the group will practice the lesson together. You will also practice between visits. Group members who work hard in the group and between groups tend to have the best improvement. That is because they practice the skills the most.

1- *We will teach about the problems trauma victims have*
2- *We will help with the memories and emotions about the traumatic event. We will talk about it together.*
3- *We will work on beliefs about the traumatic event*
4- *We will work on beliefs about life now and about the future*

In CPT group we will help you not avoid thoughts and feelings about the traumatic event, teach you how your thoughts and feelings were changed by the trauma, and teach you to find the thoughts that lead to negative feelings. We will also teach you skills you will use to create thoughts that are more balanced.

Anticipating Avoidance and Increasing Therapy Participation

Group members have been avoiding thinking about the trauma to escape and avoid strong and unpleasant emotions. The group leader must explain the reason for CPT to the group in a way that the group members will understand and in a way that seems helpful or the group members will not be willing to try it. It is very important that the group members understand what they will be doing in CPT and why it will work. The group leader should help the group think of what might make it hard to participate in CPT. The group leader can then have the group members think about ways to solve the possible difficulties. Tell group members that thinking you want to avoid trauma problems, including coming to group or practicing skills is common. The avoidance of trauma problems is what is keeping the problems going. The group leader should help the group members understand why it is important to do something new or different for the trauma problems. It is understandable that the group members may not want to come to group or do the work, but it is important they do it anyway. The group leader needs to express confidence in the treatment, and warmth and support of the group member.

When you were noticing your trauma problems this week, how did you try to avoid thinking about the trauma?
What do you do when feelings about the trauma come up?
What reminds you about the trauma?

In CPT group we are going to help you think about the trauma in a way where it is less scary and less upsetting over time. Thinking "I don't want to come to CPT group" or "I don't want to do my homework" is very common when people first try CPT. But trying not to remember, trying not to have these feelings has not been working for you. Instead you need to come to group, on time, and practice the skills. Even when you do not want to."

What might make it hard to be in group?
What would make it hard to come to visits?
What would make it hard to come on time?
What would make it hard to do homework?

What would make it hard to talk in group?

Avoiding CPT group is just like putting the top back on the soda pop. It is important we try something new so you can get better. There will be times you do not want to do the work or do not want to come in. It is very important you do it anyway.

Impact of Trauma

- Assigning Visit 2 homework

The impact of trauma exercise is designed to help the group member and the group leader identify stuck thoughts. It can also help with the group member's willingness to do something different. The group member is able to see the different ways the trauma has changed the way they see things and identify ways they would like to change the trauma problems. It is not meant to be a detailed description of the trauma, but how the trauma has changed thoughts and feelings.

When assigning the homework, the group leader should explain to the group that they should think about why the trauma happened, whose fault is the trauma, why did it happen to them or their family, but it is **not** a detailed story about what happened during the trauma.

The group member should set a time aside to think carefully about each of these questions. They can draw pictures to help remind them of why they think the trauma happened and their change in thoughts if that is helpful. The group member should start the assignment soon. They should pick a time and place where they can have privacy to feel their feelings.

Homework

Please notice your thoughts on why you think your traumatic event occurred.

Notice what you have been telling yourself (what your thoughts are) about the cause of the worst trauma. What caused it? Whose fault was it? Why did it happen to you or your family?

Ask About Reactions to Visit

Finish the visit by asking about the group's reactions to the group and the homework. Ask whether they have any questions. Remember to normalize any emotions they are feeling and to praise the group for taking this important step toward recovery.

Symptom Checklist

Problem Review - How much was this a problem for each group member over the last week? Please put group member number in each box.

	Not a problem 0	A little problem 1	A medium problem 2	A very big problem 3
Feeling sad *In Swahili* *In Mashi* *In Kihavu*				
Feeling lonely *In Swahili* *In Mashi* *In Kihavu*				
Thoughts of ending your life *In Swahili* *In Mashi* *In Kihavu*				
Worrying too much or feeling fearful *In Swahili* *In Mashi* *In Kihavu*				
Spells of terror or panic *In Swahili* *In Mashi* *In Kihavu*				
Recurrent thoughts/memories of the worst trauma *In Swahili* *In Mashi* *In Kihavu*				
Feeling on guard *In Swahili* *In Mashi*				

In Kihavu				
Avoiding activities that remind you of the traumatic or hurtful event In Swahili In Mashi In Kihavu				
Nightmares about the worst trauma In Swahili In Mashi In Kihavu				
Avoiding thoughts or memories about the traumatic or hurtful event In Swahili In Mashi In Kihavu				
Feeling guilty or ashamed In Swahili In Mashi In Kihavu				

Visit 3 – Meaning of the Event

Tasks for Visit 3:

1. Greet the group members and welcome them back (5 minutes)

2. Check-in (10 minutes)

3. Review homework: (25 minutes)

- Begin to identify stuck thoughts about why the trauma happened (self-blame or backward bias) and about the present and future
- If anyone didn't do the homework, talk about avoidance

4. Teach about connection between events, beliefs, and feelings (10 minutes)

- Name basic emotions: anger, disgust, shame, sadness, fear, happiness, guilt
- Vary from very strong to not strong at all: irritated/angry/enraged
- Group member gives examples of own feelings
- Give example of how thoughts about events change feelings
    - "You see a friend on the street and he/she walks by you without saying hello. What might you say to yourself about why they did that? How would you feel? And if you later found out that the person did not see you, how would you feel?"
    - Choose a stuck point from the Impact of Trauma Statement to show the relationship between thoughts and feelings.

5. Teach A-B-C Skill (15 minutes)

- Helps to identify thoughts and feelings

6. Assign homework and talk about any barriers to finishing it (10 minutes)

- A-B-C Skill to become aware of connection among events, beliefs, and feelings
- At least one A-B-C each day (as soon after an event as possible)
- At least two skills on stuck thoughts about the trauma

7. Check about group member reactions to visit (5 minutes)

Visit 3: Meaning of the Event

The goals of Visit 3 are:

1. To begin to identify the group member's stuck thoughts and understand why they have not recovered naturally from the event (Impact of Trauma).
2. To begin helping the group members to identify and see the connection among events, thoughts, and emotions. The Impact of Trauma will be helpful in finding the group member's beliefs about the trauma and the effect it has had on their lives. Reviewing the effects of the trauma can also be used to improve motivation for change.

REMEMBER: The first thing you do is a very brief check-in and ask if anyone needs time at the end of the group for discussion of a crisis or event during the week. Then you do the following:

Check-In

- Check symptoms

First welcome the group members and thank them for coming to the group. Group leaders should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having no problems in that area. Then the group leader should record the group member number or initials in the correct box. Then ask group members to raise their hand if they are having a little problem in that area and record those group member numbers or initials in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers or initials. Then the group leader should ask if group members are having great problems in that area and record the group member number or initials. Repeat this for every symptom. The group leader should check in with any group members who are suicidal at the end of the group.

Homework review

- Reviewing impact of trauma

The group leader should ask the group members to talk about what it was like to do the homework. The group leader should ask about thoughts and feelings that came up while the group member was completing the assignment.

If group members did not complete the homework, the group leader should talk about the importance of not avoiding. The group leader should ask about why the member didn't complete the homework. Ask other group members who did complete the assignment to talk about why they did complete the assignment and provide support to the other members. Reassign the homework to those members that didn't complete it. This will be in addition to the homework assigned during this group visit.

Ask group members to work in pairs. Each pair should talk about three topics:

- **What each member said to themselves about why the trauma happened**
- **What feelings came up while they were doing the homework**
- **What they learned from doing the homework**

For members that did not complete the homework, they should also talk in the small groups about why they think the trauma happened and their feelings now about the trauma.

After this is completed, the group leader should ask what the pairs noticed about what they are saying to themselves about why the trauma happened.

Were there thoughts that more than one person had?
What feelings did people have while working on the homework?
What did people learn about themselves doing this homework?

Point out common thoughts and feelings across group members.

Now have the pairs work together to discuss how their thoughts have changed since the trauma, in the areas of safety, trust, power/control, esteem, and caring. They should discuss how these thoughts may have changed about themselves and other people. Have them talk about each topic one by one.

After this is completed, the larger group should discuss what the pairs noticed about the themes.

Were there thoughts that more than one person had?

The group leader should repeat the stuck thoughts mentioned out loud for the larger group. The group leader should also ask the larger group if there were any themes they felt were left out. The group leader can gently begin to introduce the idea that there might be another way to interpret the event or move beyond it. The focus should be more on the thoughts of self-blame or what they "should have done." If members begin to argue with the group leader, the group leader is pushing the group too hard. The group leader should move onto another stuck thought. The group leader's goal is not to convince group members they are wrong, only to ask gentle, open questions about their conclusions or thoughts.

As group members are discussing the thoughts have had about the trauma, the group leader should listen for stuck thoughts that are about self-blame and undoing ("If only…" "I should have…" "Why didn't I…") and listening for extreme beliefs ("All men are bad…" "All women are evil…." "I have no control…." "I will never be safe….").

The group leader should use the discussion of the stuck thoughts from the Impact of Trauma assignment to help the group members begin to notice which statements are interfering with acceptance of the trauma and which may be extreme beliefs. In response to a group member's statement on thinking of ways they could have handled the trauma differently, the group leader might say, *"It sounds like you wish that you could have had more options at the time. It's hard to accept the outcome, isn't it?"* Engaging in backward bias (looking back now and seeing all the things that one could have done differently) or self-blame are examples of trying to change the way the group member remembers or thinks about the event to fit prior beliefs. Examples of extreme beliefs would be *"We are in grave danger all the time,"* and *"I can't trust my own judgment"*. The group leader can gently point out those extreme statements, while intended to make the group member feel safer and more in control, over time do not work.

Introduction to ABC skill

The group leader should use the stuck thoughts already mentioned in the group to teach group members how to label events, thoughts and feelings. People are often not aware of what they are thinking or how their beliefs can change their feelings. However, to be able to change your thoughts you have to be able to 1) notice what you are thinking and 2) notice how it fits with your feelings. This skill will help group members examine their thoughts about the trauma.

The group leader then describes how thoughts can change feelings. The group leader should use an example the situation of someone the group members know walking down the street and not saying hello to the group members. The group members are then asked how they would feel and what they might say to themselves about their friend (e.g., "*I am sad. They must not like me*" or *"I am guilty. I must have done something wrong to make them angry with me."*

- Connection of thoughts, feelings, and behavior

The group leader should then ask whether anyone in the group has different thoughts about the friend's behavior. If the group cannot name other thoughts, the group leader should present several other possible thoughts (*""She must not have their glasses on," "I wonder if he is ill?" "She didn't see me,"* or *"What a rude person!"*). Then the group leader can ask the group what they would feel if they said any of the other statements. It can then be pointed out how different thoughts lead to different emotions – even when we're thinking about the exact same situation!

> *"Now, let's go back to the Impact of Trauma. What kinds of things did you think about when you talked about what it means to you that the trauma happened to you? What feelings did you have when you were thinking about it or talking about it as a group?"*
>
> "*When you have these thoughts, what feelings do you have? What do you do when you have these thoughts and feelings?*"

The group leader should make sure group members see the connection among thoughts, feelings, and behaviors. Sometimes a simple "why" question can help elicit the group member's thinking.

> Group leader (GL): *Why were you angry?*
> Group member 1 (GM1): *Because I should have known better.*
> GL: *So your thought was, "I should have known that this was going to happen"?*
> GM1: *Yes.*
> GL: *And you felt angry at yourself?*

The group leader should hand out the A-B-C Skill to the group to demonstrate the steps of ABC. The group leader points out the different pictures and what each stands for (events/thoughts/feelings). The group leader should go through an example generated by the group from the discussion of the impact of trauma to discuss what the event, thought, and feeling would be. The group leader can touch their head to demonstrate thoughts (thoughts come from the head) and their heart (feelings come from the heart) to

demonstrate feelings and to help the group member remember the steps. Have the group member recite the steps (event/thought/feeling). The group members can use cues to make a mental note of their thoughts and feelings at a set time of day (when they wake up in the morning, after sweeping the house, on their walk to the field, after the children have gone to sleep). They can take that time to think about a time they had strong emotions, what the event was before the strong emotions, what the thought was, and what the feelings were. The group leader can also help identify the thought in the group visit if they are having difficulty.

Assign Visit 3 Homework

Members should practice the ABC skill every day. They should make a mental note of the event, thought, and feeling. If they need a reminder, they can draw a picture representing the event. The members need to practice on at least two days practicing the ABC skill noticing their thoughts and feelings about the trauma. This will help them notice stuck thoughts about the trauma. The group leader can also ask them to notice during the week specific stuck thoughts that were mentioned earlier in the group using the ABC skill. Ask the group members to share their thoughts and feelings about this assignment.

Homework

Do ABC's to notice how events, thoughts and feelings go together.

Do at least one ABC each day. Remember to think about the event, thoughts and feelings as soon after the event as you can. Choose events that lead to strong (big) feelings.

Do at least two ABC's on stuck thoughts about the trauma. You can use the rest of the ABC's on any other events that lead to strong feelings.

Ask About the group's Reactions to Visit

Finish the visit by asking about the group's reactions to the visit and whether they have any questions. Remember to normalize any emotions they are feeling and to praise the group for taking this important step toward recovery.

A-B-C Form

EVENT **A** "Something happens" 	**Thought** **B** "I tell myself something" 	**Feeling** **C** "I feel something" 

Visit 4: Events, Thoughts and Feelings

Tasks for Visit 4:

1. Greet the group members and welcome them back (5 minutes)

2. Check-in (10 minutes)

3. Review A-B-C Skill, helping to separate between thoughts and feelings (55 minutes)

- Discuss ABC skill about the trauma, as well as other ones
- Label thoughts vs. feelings
- Recognize changing thoughts can change how strong the feelings are or the type of feelings
  - Begin questioning self-blame and guilt
- Point out places where the feelings and thoughts do not match.
  - Do those emotions fit from the thought?
  - Do the thoughts and strength of the emotions match?
- Look for stuck thoughts and use good open questions to help group members identify new ideas/new thoughts

4. Teach new skills (10 minutes)

- Beliefs about trauma
  - Fight, flight or freeze
  - Backward bias
  - Self-blame

5. Assign homework (5 minutes)

- One ABC skill practiced every day
  - At least 2 ABC's done on stuck thoughts about the trauma

6. Check about group member reactions to visit (5 minutes)

Visit 4: Events, Thoughts and Feelings

The goals of Visit 4 are:

1. To assist the group member in labeling thoughts and emotions in response to events.
2. To introduce the idea that changing thoughts can change the intensity or type of emotions that are experienced.
3. To begin examining the group member's self-blame and guilt through good, open questions.

Check-In

- Check symptoms

First welcome the group members and thank them for coming to the group. Group leader should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having no problems in that area. Then the group leader should record the group member number or initials in the correct box. Then ask group members to raise their hand if they are having a little problem in that area and record those group member numbers or initials in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers or initials. Then the group leader should ask if group members are having great problems in that area and record the group member number or initials. Repeat this for every symptom. The group leader should check in with any group members who are suicidal at the end of the group.

Review Homework

Ask what the group members noticed as they worked on the ABC skill. What types of thoughts and feelings did group members experience? It may be helpful to ask for a non-trauma example from the group to review first. Ask if members noticed themes across the week. The group leader should point out common thoughts and similarities in feelings across group members. Then ask about what did they notice about the trauma in particular? It is also important for the group leader to help group members separate thoughts from feelings. Group members frequently label thoughts as feelings. Here are some examples:

"I feel like you are mean." This is a thought.
"I feel I should have done something different." This is a thought.

The group leader then lists emotions for the group members (sadness, anger, disgust, fear, happiness, shame, embarrassment) and asked them which of the feelings fit the statement best. For example if someone thinks "You are mean" he or she might feel sad or angry. If someone thinks "I should have said something different" he or she may feel ashamed or embarrassed or angry at themselves. Group members are encouraged to use the words ―*I think that …*‖ or ―*I believe…*‖ for thoughts and to reserve ―*I feel…*‖ for emotions.

Other possible questions to be used when discussing A-B-C skill:
- *What did you learn from doing this?*
- *What feelings were most common?*
- *What patterns did you recognize?*

- What kinds of thoughts/feelings cause you to isolate from others?
- What thoughts help you feel closer to others?
- What was easiest to identify, thoughts or feelings?

It is important for the group leader to praise the efforts of the group members and help with corrections in a kind way. Encourage group members to help each other begin to practice this skill. Praise the efforts the group members are making working on the skill and helping each other. The group leader should begin to create a list of shared stuck thoughts to serve as a working list for the group. The group leader will keep this list. This list can be added to over the course of the group, but it acts like a list of things for the group leader to help them work on.

Here is what to do if a group member still did not complete the impact statement and did not work on ABC skills:

In group: Discuss again with the group about avoidance. The group leader should point out that avoidance is a symptom of trauma and has not worked to help them recover. It should also be discussed that homework completion is an important part of the group. Encourage group members to discuss their experience in working on the ABC skill.

Individually: The group leader should have a serious discussion about why the group member is not practicing skills with the group member after the visit. The group leader can ask about motivation to be in the group or for change in trauma problems. The group leader can also ask about what is keeping the person from completing the practice skills. It could be the group member is not able to complete treatment at this time.

Fight, Flight or Freeze Response

- Talking about fight, flight, freeze responses

Next the group leader will provide some information about kinds of reactions people have during traumatic events that can lead to stuck thoughts. The purpose of this is to help people have information they can use to work on their stuck thoughts about how they responded during the traumatic event.

When people are in danger they have a strong physical response. This physical response is automatic. The person does not have to think about it or decide to do it. Some of these responses are physical like having your heart race or your breathing speed up. You may feel faint and you cannot think as clearly. These reactions happen when you are in danger you cannot control. This response prepares the person to run away from the danger or fight back against the danger. A person may also have a ***freeze response****. This can be a person's body trying to protect them from feeling pain. A group member may have noticed they did not have strong feelings during the trauma or stopped feeling pain. The trauma may have seemed like it was happening to someone else. It is possible for a group member to have stuck thoughts around what they should or could have done during the trauma. It will be important for them to learn that this is a natural response to danger.*

Have any of you had stuck thoughts about what you did or did not do during the trauma?

If you have been thinking now of other things that you could have done then, you might need to consider what your state of mind was during the event.

Did you have all possible options available to you?
Did you know then what you know now?
Do you have different skills now than you did then?

The group leader should ask group members if they have stuck thoughts about what they did and why during the trauma. Also ask if members have stuck thoughts about what they think they should have done differently during the trauma. The group leader should continue to gently question statements that sound like a stuck thought. Again, if a member starts to argue about why their stuck thought is correct, move on. Tell them you will come back to the thought at a later time. The group leader should encourage group members to begin gently ask questions about each other's stuck thoughts.

Assign Homework

- Assign visit 4 homework

Group members should continue to use ABC skills to notice the connection between events, thoughts and feelings. They will need to practice ABC's once daily and at least two on stuck thoughts related to the trauma.

> *Do ABC's to notice how events, thoughts and feelings go together. You can draw a picture, a symbol, or just notice the event, thought and feeling.*
>
> *Do at least one ABC each day. Remember to think about the event, thought and feelings as soon after the event as you can.*
>
> *Do at least two ABC's on stuck thoughts about the trauma.*

Ask About the group's Reactions to Visit

Finish the visit by asking about the group's reactions to the visit and whether they have any questions. Remember to normalize any emotions they are feeling and to praise the group for taking this important step toward recovery.

Visit 5: Stuck Thoughts

Tasks for Visit 5:

1. Greet the group members and welcome them back (5 minutes)

2. Check-in (5 minutes)

3. Review ABC homework further working on differences between thoughts and feelings (25 minutes)

- Identify thoughts and feelings using ABC skill
- Recognize changing thoughts can change feelings (intensity and type)
- Look for stuck thoughts and use open, gentle questions to help group members see other possible ways of looking at the situation

4. Work on group member's stuck thoughts about self-blame using questions (10 minutes)

- e.g., What else might you have done? And what might have happened then?
- Discuss backward bias

5. Explain difference between responsibility and blame (10 minutes)

6. Introduce Thinking Questions skill to help group member challenge stuck thoughts (20 minutes)

- Show group member the blank question form
- Go through examples
- Choose a stuck point of the group to begin using these questions (choose a stuck point on self-blame or backward bias (beliefs that the group member somehow could have or should have done things differently)

7. Assign homework and discuss barriers to completion (5 minutes)

- One stuck point a day, using the Thinking Questions skill (for group members who can't read or write, pick the two questions from the form that are most useful and use them to work on stuck thoughts)

6. Check group member's reactions to visit (5 minutes)

Visit 5: Stuck Thoughts

The goals of Visit 5 are:

1. To continue to see the connection between thoughts and feelings
2. To identify the group member's stuck thoughts for the trauma
3. To examine self-blame with open questions
4. To introduce the thinking questions so that group members will begin to examine their own thoughts

Check-In

- Check symptoms

First welcome the group members and thank them for coming to the group. Group leaders should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having no problems in that area. Then the group leader should record the group member number or initials in the correct box. Then ask group members to raise their hand if they are having a little problem in that area and record those group member numbers or initials in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers or initials. Then the group leader should ask if group members are having great problems in that area and record the group member number or initials. Repeat this for every symptom. The group leader should check in with any group members who are suicidal at the end of the group.

Review Homework

- Reviewing ABC skill

Ask the group members what thoughts they noticed over the week. Continue to help members separate thoughts from feelings. If group members have had a thought change, ask them how this changed their feelings. **Work through at least 2 examples with the group.**

Possible questions the group leader can use when discussing A-B-C skill:
- *What did you learn from practicing this skill?*
- *What feelings were most common?*
- *What patterns did you notice? Are there thoughts or feelings that happened often during the week?*

Encourage the group members to work together at this skill. Gently ask open questions about stuck thoughts related to self-blame or backward bias. Be curious about how the group member came to their ideas or conclusions about the trauma.

With thoughts of self-blame or backward bias, the group leader can ask questions like:
-*How did you come to that idea?*
-*What options did you have at the time?*
-*What else could you have done?*
-*Did you know what was going to happen?*
-*Did you intend_____to happen?*

-What would you tell someone else? Your daughter/son? Your sister/brother?
-What else could have happened?
-How did you know what was going to happen?
-Had you ever done that before? Did trauma happen that time?

How to help group members work on thoughts about self- blame

Self-blame happens because the group member is looking for ways in which they could have prevented or stopped the trauma. People imagine ways they could have changed the outcome; they have regrets about not saving others; they feel guilty about things they did or did not do, and about feelings they did or did not feel during or after the trauma. This "if only" type thinking is an attempt to make it as if the trauma did not happen. It does not occur to the group member that the "if only" might not have worked. The same outcome could have happened or something else. Some people make assumptions about how one should react or how long it should take to recover ("I should be better.", "I should not have been so upset."), and then feel guilty that they are not doing it right. Some people even feel guilty because they are coping well when others around them are not.

It is important for the group leader to help the group members think about the <u>whole</u> situation of the trauma (what else was going on at that time). Gently asking opening questions about stuck thoughts will help the group member see the whole situation and that they may have had no other good option at the time (or perhaps a worse option). Part of the situation is the age of the person at the time of the trauma. They may also have been sleep-deprived or hungry or terrorized. They may have only had seconds to make a decision about what to do. There may have been multiple perpetrators. There may have been perpetrators who had weapons. The situation also includes the political situation and what the other realistic options the person had at the time. It also includes their own automatic reactions. It is important for the group member to understand that actions they think of later, but not at the time of the trauma, were not options. The group leader's job is to guide the group member, through the use of open questions, to realize that events can occur in spite of one's best efforts. The best plans do not always lead to positive outcomes.

Backward Bias

The group leader should continue to use gentle open-ended questions to help group members questioning their stuck thoughts. Many people believe thoughts are facts and may not realize thoughts can be changed. You are helping group members look at their thinking and logic. The group leader should be curious about the stuck thoughts. The goal is not to "win" or "out think" the group member, but assist them in looking at their interpretations and thoughts about the trauma. It is important to listen to the choice of language used by group members in their stuck thoughts. Asking what is meant by certain words like murder, betray or abuse. Common stuck thoughts focus on self-blame or backward bias. Backward bias is the idea that the individual judges actions or decisions from the trauma as if they had all of the information they do now about what happened. Here are some examples:

"If only I would have done _____, then the event wouldn't have happened."
"I should have known _____would have happened."

Outcome-Based Reasoning

Another very common way stuck thoughts can develop is by outcome-based reasoning. This is the idea that nothing is random and everything happens for a reason. As a result, people can believe that bad outcomes must be a punishment or a consequence (this is also the Just World Belief). A group member may also use the bad outcome as evidence for this "punishment." People can conclude that because they had a bad outcome, it must have been a bad decision.

Failure to Separate Guilt, Responsibility and the Foreseeable

Because trauma is a very personal event, group members who have experienced it may also believe that it means something about them as a person. The group leader will need to guide group members to see that they may have been at risk for the trauma (e.g. they were attractive, because they were out alone or out at night, because they were working as a prostitute) but that was not the *cause* of the event. For traumatic events caused by someone else, like interpersonal violence or rape, the perpetrator is entirely responsible and to blame for the event. No risk factor can force someone to commit a violent act. A combination of responsibility and intent (meaning to do harm) is what determines blame. If there is no intention to do harm, then blame is not appropriate. Blame and fault are words that should only be used when intent was present (for example, when group members says they are to blame for the event, the group leader can ask if the group members intended for this to happen. If they say no, the group leader can explain that blame and fault only apply to intentional acts). The group leader can help the group members to ask themselves when they entered the situation if they intended the outcome. It will also be important for group members to consider if they took part in the traumatic event in some way. Group members should also consider what steps they may have taken to prevent harm or avoid the trauma. Was there anyway the group member could have known the trauma would happen?

Below is an example of what this discussion could look like from a group.

GM1: *It is my fault that he raped me. I should have been able to stop it.*
GL: *When did you recognize that you were in danger?*
GM1: *When he took me in a room and held me down.*
GL: *So did you know what was going on and was there anything you could do?*
GM1: *I just froze for a minute. I said "no" several times but he didn't stop. I remember pushing at him but I remember thinking, "If I fight him, he could kill me."*
GL: *Was he bigger than you? Stronger than you?*
GM1: *Yes. And when he was on top of me, I couldn't move. I couldn't breathe.*
GL: *So how could you have stopped it?*
GM1: *I guess I couldn't have. But, I just keep thinking I should have.*
GL: *But does that thought help you? He had surprise on his side, was bigger, stronger, and you were a prisoner. How could you have stopped it?*
GM1: *I do wish I could have stopped it.*
GL: *I wish it hadn't happened either. You didn't deserve to have it happen. And from everything you have told me, I am not hearing any way you*

could have stopped it. Does it feel different to say "I wish I could have stopped it" instead of "I should have stopped it"?

GM1: *You know, it does feel different. When I say "I should have," I feel guilty. When I say, "I wish," I just feel a little sad.*

- Strong emotions in group

At times, by this point in therapy, members are starting to feel strong emotions directed toward the group leader or other members. Tell group members that all emotions are allowed in this group. This includes feeling irritated at group members, at group leaders, feeling scared, sad, or disappointed. Encourage them to share any and all emotions within the group. In CPT, we want to approach not avoid emotions. Avoidance, after all, is one of the reasons why group member got stuck in the first place.

Teach Thinking Questions Skill

- Thinking questions

The goal of this form is to teach group members to begin to question their own thinking. Use a common stuck thought from the group to show how to use the skill. The list can be used to question extreme thoughts and stuck thoughts. Unless the group member develops more balanced views about what happened and their role in the traumatic event, it will be difficult to make progress in other areas. The group leader should remind group members that stuck thoughts are conflicts between old beliefs and what happened during the trauma, or negative beliefs that were made stronger by the event. The beliefs don't work because (a) they lead to self-blame, guilt, anger at self and others and (b) they don't reflect the reality or complexity of the trauma. Remember to tell the group member that not all questions will fit for every thought.

Continue to focus on backward bias and self blame stuck thoughts.
Choose a common stuck thought in the group to demonstrate all of the thinking questions with the group. Use ALL of the thinking questions to go through the stuck point. Explain each of the questions as you go. If you have time go through a second example with the group. **Make sure to work through at least 1 stuck thought of one of the group members as an example. Try to pick a stuck thought about self-blame or backward bias that is common across multiple group members.**

The thinking questions are tools for checking the thought you have to see if it is accurate and balanced. For each of these make sure to go back to the stuck thought for every question.

Thinking Question 1: Is the thought is based on a ***habit or a fact****? A fact is something that can be tested and proved true. A habit is something that is not necessarily true but we think it is true because we have been saying it for so long it has become a habit. Like advertising may make you think that something that is for sale is "The Best!" but that is not necessarily true, it is just that we have heard it so many times. A fact is something that is true all of the time.*

Thinking Question 2: Does the thought have ***extreme words****? Extreme words are words like always, never, should, must, forever, need, must and every time. These words are rarely true.*

Thinking Question 3: Does the thought look at the ***whole situation or just a piece of it?****. Are you ignoring important parts of the situation? Sometimes we are focusing on just one part of the story*

and are ignoring all of the rest of the story. Like someone may be focusing on not fighting but ignoring that there were 5 soldiers there.

*Thinking Question 4: Does the thought confuse something that is **possible with something that is certain**? What are the real chances that this will happen? Are you reacting like it is certain? How likely is it that the stuck thought is true? Like someone may say "if I had fought back the trauma would not have happened, they are saying it is certain that if they had fought the trauma would not have happened, when that is possible but not certain."*

*Thinking Question 5: Is the thought coming from **feelings or facts**? Just because the thought feels like a fact does not make it true. Are you assuming that because you feel guilty you must be to blame or because you are scared you are in danger? Can you be scared and not be in danger?*

Have each group member in the group pick two of the thinking questions that they think will be most helpful for working on their own stuck thoughts. Work together as a group to identify which two questions each group member is going to focus on remembering and practicing ways for the group member to remember those questions.

Assign Homework

The group members should practice using the thinking questions to examine a stuck thought each day. Have them choose two of the thinking questions they think will be most helpful for them. Have each group member say out loud which two thinking questions they will practice.

Homework

- Assign visit 5 homework

Please choose one stuck point each day and answer two questions from the Thinking Questions Form for each stuck point. Pick which two you find the most useful with your group leader before you leave. Notice your answers to the thinking questions.

Ask About the group's Reactions to Visit

Finish the visit by asking about the group's reactions to the visit and whether they have any questions. Remember to normalize any emotions they are feeling and to praise the group for taking this important step toward recovery.

Thinking Questions Form

Here are questions you can use to look at your thoughts to see if they are accurate and useful. Not every question will fit for every stuck point. Answer as many questions as you can for the thought you are working on.

Thought: _____

1. Is your thought a habit or based on facts (is this something that is "true" or something you've been saying to yourself for a long time")? [habit or fact]

2. Are you using extreme words or phrases (for example - always, forever, never, need, should, must, can't, and every time)? [are the words too extreme?]

3. Are you looking at the whole of the situation (the context) or are you focusing on one part of the situation? [whole or just 1 part]

4. Are you confusing something that is unlikely to happen (possible) with something that is very likely to happen (certain)? [possible or certain]

5. Is the thought based on feelings rather than facts? [feeling or fact]

Visit 6: Thinking Questions

Tasks for Visit 6:

1. Check their symptoms. (5 minutes)

2. Review Thinking Questions Skill (40 minutes)

- Help group members in answering any questions that were difficult for them
- Help group members examine stuck thoughts, especially around self-blame and backward bias
- As the beliefs about the trauma itself improve (i.e., group members blame themselves less and/or begin to see the trauma more realistically), start working on extreme beliefs focused on present and future

3. Continue open questions for stuck thoughts (10 minutes)

4. Introduce Changing Beliefs and Feelings Skill with a trauma example (25 minutes)

- Point out that much of this is repeated from previous Skills
    - It uses the ABC skill
    - Uses Thinking Questions skill
    - Create a new, balanced, flexible thought

5. Assign homework and discuss barriers to completion (5 minutes)

- Each day work on a new stuck point using the Changing Thinking and Feelings Skill.
    - Use this for remaining self-blame or backward bias thoughts. Also use this for recent upsetting events.

6. Check group member's reactions to visit (5 minutes)

Visit 6: Thinking Questions

The goals of Visit 6 are:

1. To review the Thinking Questions Skills.
2. Help the group member in answering questions that were difficult.
3. To use open questions for stuck thoughts the group member is trying to examine.
4. Introduce the Changing Beliefs and Feelings Form that will be used for the rest of therapy.

Check-In

- Check symptoms

First welcome the group members and thank them for coming to the group. The group leader should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having no problems in that area. Then the group leader should record the group member number or initials in the correct box. Then ask group members to raise their hand if they are having a little problem in that area and record those group member numbers or initials in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers or initials. Then the group leader should ask if group members are having great problems in that area and record the group member number or initials. Repeat this for every symptom. The group leader should check in with any group members who are suicidal at the end of the group.

- Review of symptom outcomes

If a group member's scores on the symptom scale have not become lower by this point in treatment, this may mean that the most important conflict about the trauma has still not been resolved. If group members are still avoiding thinking about or feeling emotions about the trauma, then have them focus their changing questions skills on the worst part of the trauma and have them feel their feelings about it without avoiding. If they still believe it is their fault, have them focus their work using the changing questions skill on their reasons why. On the other hand, if there has been a big drop in symptoms, then the group leader may turn attention to extreme beliefs about the present and future.

NOTE: If a group member's symptoms are not improving, it is very important to discuss this with your supervisor and during supervision.

- Review of homework

Next, the group member's homework on the Thinking Questions is reviewed. The group leader helps the group understand and work on their stuck thoughts. For the most part, group members do an excellent job answering the questions.

- **Common problem #1: Using one stuck point as evidence for another stuck point**

The most common problem we encounter is that group members will try to use another stuck point to support their original stuck thought. For example, in examining the stuck point *"I should have behaved differently during the trauma,"* a group member says the evidence is *"I*

should have prevented the trauma." The second statement is not evidence for the first and just another stuck thought! The way we handle a situation like this one is to talk about what we mean by a fact -- facts are things that can be tested and proved to be true. In this case, the only proof that could support the statement (*"I should have behaved differently")* would have to be proof that the person didn't behave differently because they were careless or intended the outcome. Most of the time, this is NOT true (i.e., group members were trying to do their best in a very difficult situation and did not intend for a bad outcome to occur) – those thoughts are habits – things group members tell themselves over and over again – but not facts.

- **Common problem #2: Working on more than 1 stuck point at a time**

Sometimes, a group member will forget that they are trying to answer one stuck point at a time and will use the Thinking Questions to work on several different stuck thoughts instead of just one thought. Other times a group member may pick a stuck thought that is too vague and is not able to answer the questions. At this stage of therapy, the most likely stuck thoughts will be about self-blame and backward bias (how the event could have been handled differently). In the case of traumas including deaths of others around the group member, survivor guilt (feeling guilty that you survived and others did not) is also likely. The group leader should make sure that ideas about the underlying causes, expectations, and other conflicting thoughts have been identified.

Take the time in group to go through one or two stuck thoughts common among multiple group members by using all of the Thinking Questions from the form for the stuckpoint(s). Group members had been asked to remember and practice using only 2 of the questions, so it is important to see if the other questions can also help examine and change their stuck thoughts.

Change in Group leaders' Behavior

At this point in therapy there should also be a change in the group leader's behavior. Up until now, the group leader has been asking the open questions to guide the group member to question their thoughts. With the introduction of the Thinking Questions, group members begin to ask and answer those questions for themselves. The group leader begins to take slightly less of a teacher role and instead works hard to help the group members ask each other questions. The discussion can be more interactive and the group leader may be able to suggest other possible answers to the questions. The group leader will need to return to more directive, open questions when the group member is having trouble.

Change in the type of stuck points we focus on

The first five or six visits of therapy focus on encouraging natural emotions to run their course and to change negative or unrealistic thinking about the trauma through the group leader's open questions. Once the unrealistic thoughts about the trauma memory itself have been addressed, attention turns to thoughts about the present and future. For example, people who have been assaulted by someone they know are likely to have problems with trusting others. They may also develop problems with trust if their loved ones let them down after the trauma. If a group member decides they had poor judgment that allowed the trauma to happen, they won't trust their judgment in other situations. If someone decides that authorities were responsible for the sexual assault, they will distrust all authorities. These extreme beliefs are an attempt to feel safer but result in disrupted relationships, fearful behavior, poor respect for self, or suspicion of others. These kinds of beliefs are what you will focus on for the rest of CPT.

Teach New Skill: Using the Changing Thoughts and Feelings Skill to Develop More Balanced Beliefs

Changing Thoughts and Feelings Skill is going to include skills the group member has already learned from the ABC's and the Thinking Questions. The group member's will also learn some new questions. Take each part of the Changing Thoughts and Skill step by step. Remember the goal is to assist group members in having new, more balanced thinking. The new thoughts should be accurate and NOT just "positive thinking". The goal of therapy is not always to return people to their beliefs from before the trauma. Instead, the goal is to help group members develop beliefs that are more balanced, flexible, and ultimately, more realistic. For example, if group members used to believe that they could trust everyone, it would not be very realistic and might be harmful to return to that belief. Similarly, if group members believed that it is always important to control their emotions, we would not want to return them to that belief. This is the skill group members will be using for the remaining visits. Use a common stuck thought as an example for the Changing Thoughts and Feelings Skill.

Continue using thinking questions and other open, curious questions to gently test conclusions group members have made about the trauma, especially focusing on thoughts of self-blame. Assist group members in reducing self-blame, which implies intention, if the blame is inappropriate. When group member's thoughts do change, ask about any changes in feelings. A reduction in one feeling may result in an increase in another emotion. For example, a group member who may be feeling guilt and shame may change to feeling more grief.

Assign Homework

Group members should use the Changing Thoughts and Feelings skill to work on at least one stuck point everyday. Group members should remember how they used the skill each day, like what thought did they identify? What feelings did they have with that thought? What were their answers to the thinking questions? What was the new thought? What were the new feelings. The form may help them remember the steps. Group members should work on at least one stuck thought about the trauma. The skill can be used to work on other stuck thoughts or recent distressing events as well.

Homework

- Assign visit 6 homework

"Use the Changing Thoughts and Feelings Skill to work on at least one stuck thought each day. Group members should practice each day using the steps of the skill – identify thought, identify feeling, ask questions, create new thought, notice change in feelings. Complete at least one on beliefs about the trauma. Work on other stuck thoughts or recent distressing events. Use the form as a reminder of each of the skills if that is helpful.

Here are the steps:
Step 1: Notice the thought
Step 2: Notice the feeling when you have that thought.
Step 3: Ask yourself at least 2 of the thinking questions.
Step 4: Develop a new thought that better fits the facts and is more balanced and flexible.
Step 5: Notice your feelings. What are you feeling now? How is that different than what you felt when you started?

If you are having trouble remembering you can use the paper form to remind yourself of the steps. You can also draw a picture if you need help remembering your answers.

Ask About the group's Reactions to Visit

Finish the visit by asking about the group's reactions to the visit and whether they have any questions. Remember to normalize any emotions they are feeling and to praise the group for taking this important step toward recovery.

Changing Beliefs and Feelings Skill

1. Stuck point 

2. Feelings 

3. Questions 

A habit or a fact?

Extreme words or phrases?

The whole of the situation just 1 part?

Confusing a possibility with a certainty?

Feelings rather than facts?

4. New thought 

5. Change in Feelings 

Visit 7: Changing Thoughts and Feelings

Tasks for Visit 7:

1. Check their symptoms. (5 minutes)

2. Review Changing Beliefs and Feelings Skill (50 minutes)

- Help group members in answering any questions that were difficult for them
- Talk about success or problems in changing beliefs
- Help group members with working on any stuck thoughts that they were unable to change themselves
- Focus on stuck thoughts that multiple group members had trouble changing

3. Introduce first of five problem areas: Safety issues about self and others
(20 minutes)

- How did trauma affect beliefs about safety for self? For others?
- If a stuck point is identified → use the changing thinking skill
- Notice how beliefs influence actions, feelings, and symptoms
- Help the group members begin to introduce more balanced thoughts
- Practice Changing Thinking Skill by working through one example in the group on a safety-related stuck thought

4. Assign homework and discuss barriers to completion (10 minutes)

- Each day work on a new stuck point using the Changing Beliefs and Feelings Skill.
  - Use this skill for remaining self-blame or backward bias thoughts. Also use this for recent upsetting events.
  - Work on at least one stuck thought about safety using the Changing Beliefs and Feelings Skill.

5. Check group member's reactions to visit (5 minutes)

Visit 7: Changing Thoughts and Feelings

The goals of Visit 7 are:

1. Help group members learn to use the Changing Thinking and Feelings skill
2. To use curious questions for stuck thoughts group member is trying to examine
3. Review Changing Thoughts and Feelings skill for Safety Stuck Thoughts

Check-In

- Check symptoms

First welcome the group members and thank them for coming to the group. Group leader should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having no problems in that area. Then the group leader should record the group member number or initials in the correct box. Then ask group members to raise their hand if they are having a little problem in that area and record those group member numbers or initials in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers or initials. Then the group leader should ask if group members are having great problems in that area and record the group member number or initials. Repeat this for every symptom. The group leader should check in with any group members who are suicidal at the end of the group.

Review Homework

- Review Changing Beliefs and Feelings Form

After checking symptoms, group leader should begin the visit by going over the Changing Beliefs and Feelings homework and discussing the group members' success and problems in changing thoughts and emotions. Have members share any stuck thoughts that were difficult to test using the skill. The group leader and group members should use the Thinking Questions to help the group members test stuck thoughts that they could not change themselves.

Open Questions With a Focus on Self-Blame

The group leader should continue to use gentle, open questions, particularly the questions listed on the Thinking Questions form in order to help the group examine stuck thoughts about self-blame and backward bias (beliefs that the group member somehow could have or should have done things differently). It is very important to have the group members helping each other gently question their stuck thoughts. The group leader should help **only** if the group is having trouble helping each other with changing the stuck thought.

Teach New Skill

- Introducing safety

The group leader should introduce the topic of safety issues. These are beliefs about being able to protect yourself (and others) from harm.

> *"For the next five visits we will talk about types of beliefs in your life that may have been affected by the trauma. At each visit I will ask you how the trauma changed*

these beliefs. If we decide together that any of these topics are stuck thoughts for you, I will ask you to use the Changing Thinking and Feelings skill to begin changing what you are saying to yourself. The five areas are beliefs about safety, trust, power and control, esteem, and caring. Each of these topics can be considered from two directions: how you think about yourself and how you think about others.

"The first topic we will talk about is safety. Before the trauma, did any of you think you were very safe (that others were not dangerous)? Did you think you could always protect yourself? [If yes]. These beliefs are likely to have been changed by the trauma. Did anyone believe other people were dangerous or likely to harm you? Did you believe that you would never be able to protect yourself? [If yes]Then the event would probably make those beliefs stronger. When you were growing up did you believe you were unsafe or at risk? Were you protected from bad things? Did you believe bad things would never happen to you?"

After the group members share their beliefs prior to the trauma…

- The group leader should help group members decide whether their prior beliefs were either changed or made stronger by the traumatic event.
- The group leader should help group members determine whether any of them continues to have stuck thoughts (rigid or extreme) about the safety of others or their own ability to protect themselves from harm.
- They should discuss how negative beliefs can cause anxiety (for example, *"Something bad will happen to me if I go out alone"*).
- The group members should share how these thoughts and feelings change their current behavior (avoidance).
    - People can experience problems if they have stuck thoughts about keeping themselves safe. These include: anxiety, being irritable, being jumpy or easily startled, and having strong fears about future dangers.
    - If group members have stuck thoughts about how dangerous other people are, they may experience the following: problems with avoiding other people, problems with fearfulness about leaving their homes, fearfulness about places, and problems being too scared to do activities.

- Fear & avoidance

Differentiating realistic safety practices from fear-based avoidance

The group leader may need to help group members differentiate realistic safety practices from fear-based avoidance either at the end of this visit or during the next visit. Group members can reduce the chance of being a victim through safety practices (e.g., locking doors, but not repeatedly checking them, travelling at night with other people rather than alone) without feeling fearful and panicky or engaging in excessive avoidance behavior. However, some events are so unpredictable and unavoidable that there is no way to decrease risk (e.g., an earthquake). Feeling fearful all the time and extreme safety practices (e.g., being on guard all the time, checking the door 50 times, refusing to sleep, refusing to go to the fields) will not prevent traumatic events and will prevent recovery.

- Removing unrealistic fear

The group leader should help group members recognize their stuck thoughts related to safety and begin to introduce alternative, more moderate, less fear-producing thoughts (e.g., replace *"I'm*

sure it's going to happen again" with *"It's unlikely to happen again"*). Sometimes group members believe that if the event happens once, it will happen again. The group leader may need to ask the group whether this event was a daily, weekly, or even yearly event. Most likely, it is something that happens very rarely and is unlikely to happen again. Although the group leader cannot promise that it will not occur again, they can help group members see that they don't have to behave as if it was completely certain that it will happen again.

Assign Homework

- Visit 7 homework assignment

Group members should use the Changing Thoughts and Feelings skill to work on at least one stuck thought everyday. Group members should use the written form if they need a reminder of the skills they are using each day, like identifying thoughts, feelings, challenging conclusions and thinking in new ways. Otherwise group members should memorize the steps (5 steps). Group members should work on at least one stuck thought about safety. Other days they can work on other stuck thoughts or recent distressing events.

Homework

Please choose one stuck point each day and use the Changing Thoughts and Feelings Skill for each stuck point. Complete at least one on beliefs about safety. Work on other stuck thoughts or recent distressing events.

Here are the steps for the skill:
Step 1: Notice the thought
Step 2: Notice the feeling when you have that thought.
Step 3: Ask yourself at least 2 of the thinking questions.
Step 4: Develop a new thought that better fits the facts and is more balanced and flexible.
Step 5: Notice your feelings. What are you feeling now? How is that different than what you felt when you started?

If you are having trouble remembering you can use the paper form to remind yourself of the steps.

Ask About the Group's Reactions to Visit

Finish the visit by asking about the group's reactions to the visit and whether they have any questions. Remember to normalize any emotions they are feeling and to praise the group for taking this important step toward recovery.

Visit 8: Safety

Tasks for Visit 8:

1. **Check in.** (5 minutes)

2. **Review the Changing Beliefs and Feelings homework to address safety stuck thoughts** (40 minutes)
   - Help the group member to complete homework, if necessary
   - Review stuck thoughts that group member worked on
   - Discuss success or problems in changing thoughts
   - Help the group member with stuck thoughts that they were unable to change by themself

3. **Help group member work on safety-related stuck thoughts and create more balanced beliefs using the Changing Beliefs and Feelings Skill** (20 minutes)
   - Review Safety Topic (the form is at the end of the Visit 7 information); focus on group member's self- or other- safety issues
   - Possible or certain: Low vs. high = reality vs. fear

4. **Introduce second of five problem areas: Trust issues related to <u>self</u> and <u>others</u>** (10 minutes)
   - Trusting one's self = belief one can trust yourself or rely on your own judgment
   - After trauma, many begin to doubt their own judgment about the traumatic event, including:
     - Being there in the first place: *"Did I do something to 'ask for it'?"*
     - Own behavior during event: *"Why didn't I ____ when it was happening?"*
     - Ability to judge character: *"I should have known _____ about him."*
   - Trust in others is also frequently changed after a trauma
     - Betrayal if perpetrator was trusted
     - Betrayal if others don't believe or support group member
     - Rejection if others can't tolerate what happened and withdraw
   - Compare trust in self/others before/after the trauma
   - Review problems people have when they have stuck thoughts about trust with group member during the visit

5. **Assign homework** (5 minutes)
   - Each day work on a new stuck thought using the Changing Beliefs and Feelings Form. Make sure to work on at least one about trust. Use this skill to work on recent upsetting events and current non-trauma related problems.

6. Check group member's reactions to visit (5 minutes)

Visit 8: Safety

The goals of Visit 8 are:
1. To review the Changing Beliefs and Feelings Skill.
2. To review the Safety Topic and work on issues related to beliefs about one's own safety and beliefs about whether other people intend harm.
3. To introduce the Trust Topic.

Check-In

- Check symptoms

First welcome the group members and thank them for coming to the group. Group leader should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having no problems in that area. Then the group leader should record the group member number or initials in the correct box. Then ask group members to raise their hand if they are having a little problem in that area and record those group member numbers or initials in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers or initials. Then the group leader should ask if group members are having great problems in that area and record the group member number or initials. Repeat this for every symptom. The group leader should check in with any group members who are suicidal.

Review Homework

- Review Changing Beliefs and Feelings Skill

Review Changing Beliefs and Feelings homework completed by group members. Have members share any examples they had difficulty with in coming up with a more balanced belief. Choose a common stuck thought for the group and review using the Changing Beliefs and Feelings Skill and complete **all** of the questions.

Continue to focus on stuck thoughts about safety. The group leader and the rest of the group should use the Thinking Questions to help the group member examine stuck thoughts that he or she was unable to change by him/herself. As an example, one group member was in a car accident where he was almost hit by a car. He had nightmares and flashbacks but also found himself unable to get back into a car again. His thought was *"Cars are unsafe"* and *"The next time I am going to die."* The group member stated that it was a fact that (all) cars were unsafe and that he knew he would die the next time because he survived this time. He did not see that he was using extreme works and were was something that could happen with something that is very likely to happen. At the end of working on the skill, his feelings and thoughts didn't change.

In a situation like this the group leader and group members can ask gentle, curious questions to help look at the stuck thought. For example, group members may ask whether bad things happen EVERY time you get into a car. Have they ever been in a car when nothing happened? The group leader should encourage group members to help each other with using the changing beliefs and thinking skill. You can use these same kinds of questions for other stuck thoughts about safety.

Working on Stuck Thoughts and Generating New, More Balanced Beliefs Using the Changing Beliefs and Feelings Skill

- Certain or possible?

Unfortunately, the above example is typical of how group members use the Changing Thinking and Feelings skill the first few times. The group members are sometimes so stuck in their beliefs that they can't look at them any other way. For this group member (and for many with safety issues) the group leader began to talk about how likely it is that the person will be in a car crash again. The group leader needs to remind the group member that, although most people experience a serious traumatic event during their life, in day-to-day living (assuming that there is not a war or violent conflict occurring), traumatic events are less likely to happen. Even in war or violent conflicts, these events rarely occur to people on a daily basis. Yet, often times our group members continue to behave as if the event is likely to happen every day when that is not actually true. For example, in the case above, the group leader asked the group member how often he rode in cars before. The group member told the group leader that his home and work are far away, and he estimated that he had ridden in cars more than twice a day for the past 20 years. The group leader asked them if he had been in a serious car crash before and when the group member said *"no"*, he was asked if he knew anyone who had ever been in a serious crash (he also said "no" to that question).

The focus should be on noticing the difference between possibilities and certainties. The group leader can guide the conversation by asking about how often traumas happen. Even in dangerous places there are times when bad things are not happening. It is also possible the group member is leaving out neutral or good events and is only focusing on the bad things. The group leader should encourage group members to help each other complete the skills.
Possible questions to ask:

How realistic is it for you to avoid _____?
Does it actually keep you safer to avoid _____?
Do you know anyone who has done _____ and who has not had something bad happen?
Were you frightened of _____ before the trauma?
What are the costs of avoiding _____?
Are there ever times when _____ doesn't happen?

The group member and group leader completed the Changing Beliefs and Feelings Form a second time based on their discussion about the stuck point. Once a group member has successfully changed a stuck thought, the group member should be encouraged to practice changing the old belief and thinking the new thought so that the reasoning becomes comfortable and more automatic.

Another group member who struggled with their first Changing Beliefs and Feelings Skill, believed that, even though she were not currently in a place where there was combat or attacks that she were at the same level of danger that she had been when they lived inside a war zone. She insisted that because there might be some people who could plan another attack, she was in just as much danger. She could not see the difference between the ideas *"something could happen"* and *"something **will** happen."* Her high level of fear led her to reason from her emotions ("because I'm in danger, something will happen") and to the assumption that she is in danger. The group leader asked them how many times she was shot at before she moved, and she said

"*many."* Then the group leader asked them how many times she had been shot at since moving to a new region (*"none"*). When the group leader asked them how she concluded she was in equal danger, her response was *"but it could happen."* The group leader agreed with that statement but not the assumption that it *will* happen and had her notice how she felt when she said it *could* happen versus that it *will* happen. The group member was able to acknowledge that the two statements felt different and that *could* was different from *will* in terms of possibility. The group leader assigned her to work on this with more Changing Beliefs and Feelings Skills. The next week she reported that she had gone to the market and was not as frightened. The idea that the next time would result in death was also tested and changed successfully. Once a group member has practiced the skill and successfully changed a stuck thought, the group member should be encouraged to practice the questions, answers, and new more balanced thought regularly so that the reasoning becomes comfortable.

Teach New Skill
Introduction to Trust Issues Related to Self and Others

- Introducing Trust

During the rest of the visit the group leader should introduce and discuss the theme of trust (self-trust and trust of others).

> *"Trust in one's self is the belief that we can trust our own judgments. After a trauma, many people begin to doubt themselves and to question their own judgment about being in the situation that led to the event, their behaviors during the event, or about their ability to judge character. Trust in others is often changed by an event like a rape or assault. In addition to the sense of betrayal that occurs when harm is caused intentionally by someone, you can also feel betrayed by the people you turned to for help or support during or after the trauma. For example, if you thought that a neighbor reported you to the soldiers who assaulted you, you might decide never to trust anybody. Sometimes group members carry that belief for decades without actually knowing whether the other person or group in fact betrayed them or whether there might be different explanations for their behavior or for why the assault happened.*
>
> *"Sometimes people around us cannot cope with our emotions after a trauma and they withdraw or treat the trauma like it is a small thing. If people withdraw this can be seen as rejection and you may believe that the other person cannot be trusted to be supportive. Sometimes when more than one member of a family is affected by a traumatic event, such as the death of a loved one, family members need different things. One person might want to talk and needs comfort just as another person stops talking and withdraws because they have had all of the emotions that they could handle for a while. Without clear communication, grief and withdrawal can be misunderstood as lack of support and can result in stuck thoughts.*
>
> *"Before the trauma, how did you feel about your own judgment?*
> *Did you trust other people? In what ways?*
> *How did your life experiences before the trauma change your thoughts about trust?*
> *How did the trauma change your trust in yourself?*
> *What were your beliefs about whether you could trust other people?*

How did the trauma change your beliefs about whether you could trust other people? When you started in this group what were your beliefs about trusting the people in this group? Have those beliefs changed?"

After the group members share their beliefs prior to the trauma…

- The group leader should help group members decide whether any of them continues to have stuck thoughts about trust in their own judgment and about their trust of others.
- They should discuss how negative beliefs about trust in your own judgment can cause anxiety and problems making decisions.
- The group members should share how these thoughts and feelings change their current behavior (avoidance).
    - People can experience problems if they have stuck thoughts about trust in their own decisions. These include: anxiety, confusion, being too cautious, not being able to make decisions, and doubting yourself.
    - If group members have stuck thoughts about whether they can trust other people they may experience the following: being disappointed in others, being frightened of being betrayed, being angry at other people, being suspicious, being frightened of closeness, and avoiding relationships.

Assign Homework

Group members should use the Changing Thoughts and Feelings skill to work on at least one stuck thought everyday. Group members should memorize the steps (5 steps). Group members should work on at least one stuck thought about trust. On other days they can work on remaining stuck thoughts on self-blame, safety or recent distressing events.

Homework

Please choose one stuck point each day and use the Changing Thoughts and Feelings Skill for each stuck point. Complete at least one on beliefs about trust. Work on other stuck thoughts about self-blame, safety, or recent distressing events.

Here are the steps for the skill:
Step 1: Notice the thought
Step 2: Notice the feeling when you have that thought.
Step 3: Ask yourself at least 2 of the thinking questions.
Step 4: Develop a new thought that better fits the facts and is more balanced and flexible.
Step 5: Notice your feelings. What are you feeling now? How is that different than what you felt when you started?

If you are having trouble remembering you can use the paper form to remind yourself of the steps.

Ask About the Group's Reactions to Visit

Finish the visit by asking about the group's reactions to the visit and whether they have any questions. Remember to normalize any emotions they are feeling and to praise the group for taking this important step toward recovery.

Visit 9: Trust

Tasks for Visit 9

1. Check group member's symptoms. (5 minutes)

2. Review Changing Beliefs and Feelings Skill to work on stuck thoughts about trust
(35 minutes)

- Review stuck thoughts that group members worked on
- Help the group member to complete steps
- Discuss success or problems in changing thoughts
- Help the group member with stuck thoughts that they were unable to change by themself

3. Discuss issues from stuck thoughts about trust (20 minutes)

- Review Trust Topic; focus on group member's self- or other- trust issues
- Trust ranges from a little to a lot, not always "all or none"
- Different kinds of trust: might trust some people with money but not a secret and vice-versa
- Discuss people group member may have turned to for help or support
    - may be protecting themselves from their own feelings or sense of helplessness
    - may have responded out of lack of knowledge or bias
    - may not have intended to reject group member

4. Introduce third of five topics: Power/control issues related to <u>self</u> and <u>others</u>
(20 minutes)

- Believing that one has some power and control over one's self/body, that one is capable of solving of one's own problems
- People's ideas that they can solve problems and handle challenges
- Traumatized people often try to control everything–to stay safe
- Lack of TOTAL CONTROL may feel like NO CONTROL
- Compare beliefs about power related to self/others before/after the trauma

5. Assign homework (5 minutes)

- Each day work on a new stuck point using the Changing Beliefs and Feelings skill. Make sure to work at least one day on a stuck thought about power/control. Use this skill to work on recent upsetting events and current non-trauma related problems.

6. Check group member's reactions to visit (5 minutes)

Visit 9: Trust

The goals of Visit 9 are:
1. To review the Changing Beliefs and Feelings Skill.
2. To review the Trust Topic and work on issues related to trusting one's self and trusting others.
3. To introduce the topic of power and control.

Check-In

- Check symptoms

First welcome the group members and thank them for coming to the group. Group leader should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having no problems in that area. Then the group leader should record the group member number or initials in the correct box. Then ask group members to raise their hand if they are having a little problem in that area and record those group member numbers or initials in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers or initials. Then the group leader should ask if group members are having great problems in that area and record the group member number or initials. Repeat this for every symptom. The group leader should check in with any group members who are suicidal at the end of the group.

Review Homework

Briefly review Changing Beliefs and Feelings Skill practiced by group members. Have members share any examples they had difficulty with in practicing the skills. Choose a common stuck thought for the group and review using the Changing Beliefs and Feelings Skill and complete **all** of the thinking questions. Continue to focus on stuck thoughts about trust. The group leader should encourage group members to help each other.

When working on stuck thoughts on trust and others, the group leader can begin to introduce the idea there are many different types of trust. You can suggest that there can be trust about lending money, trusting someone with a secret, trusting someone to be supportive, or trusting someone with the care of their children. Trust can also range from trust a little in an area to a lot in that area. Group members may trust someone a little bit in one area, and more in another area.

Although trust is often an issue for people who have experienced trauma, it is particularly an issue for those who were hurt by someone they knew. Group members often think that they should have been able to tell that this person might harm them and, as a result, they begin to question their judgment about who they can trust. Looking back at the trauma, many people look for clues that may have indicated that this was going to happen. They judge themselves as having failed at preventing the trauma.

Discussion of Problems Arising From Stuck Thoughts Related to Trust

- Explaining trust

The group member may start having trouble trusting themselves in any way. This can lead to trouble making everyday decisions. Trust becomes an all or nothing idea - either you trust

someone completely or you don't trust someone at all – in which people tend not to be trusted at all. Because of this group members tend to avoid or withdraw from relationships.

The group leader needs to present the idea that trust can range from a little bit to a lot and that there are many areas of trust. Sometimes people decide that because someone can't be trusted in one way, they can't be trusted in any other way, which is often not realistic or accurate.

GL: *Along with different levels of trust, there are also different kinds of trust. Have you ever met anyone that you would trust with 100,000 Congolese Franc but wouldn't want to trust with a secret?*
GM1: *Yes.*
GL: *I can imagine someone that I would trust with my life, but I wouldn't expect him to remember to return 1,000 francs.*
GM1: *I know someone like that.*
GM2: *I do too.*
GL: *What about someone you would trust to watch your children, is that always someone you would trust with a secret?*
C3: *No, my neighbor is a gossip. I cannot trust her with a secret but she watches my children so I can come to group.*
GL: *I know someone else that I would not trust with my opinion about anything. She would figure out some way to insult me. However, it takes time to know in what ways you can and cannot trust someone.*
GM2: *That's why I think it is safer not to trust anyone to begin with.*
GL: *The problem with that is that people are always trying to dig out of a deep hole with you then. When is it enough? And weren't you saying that you were feeling very alone and wish you had more friends?*
GM1: *Yeah, but if I started out by trusting everyone, then I might get hurt.*
GL: *True. I agree that starting out thinking that everyone is trustworthy would be risky. How about starting out somewhere other than the two extremes?*
GM1: *What do you mean?*
GL: *Well, what if we called the middle point between total trust and total distrust a place where you have no information? And you can think about different kinds of trust, trust with a secret, trust with money, trust with not using your weaknesses to hurt you. Then as you get information about the person, they are more positive or negative. If they are responsible with your trust in many areas then this is someone you can trust more in many ways. If they are sometimes responsible with your trust in some areas and are not in other areas, then perhaps you just wouldn't tell them your deepest secrets or loan them your life savings, but you might be able to loan them 1000 francs and still have them in your life. You would just know what the person's limitations are. Someone who usually is irresponsible with your trust is someone you would want to stay away from.*
GM1: *That makes sense. But, it's scary to think that I would be giving someone a chance to hurt me.*
GL: *Well, you don't start with the big stuff. You start with small things and see how they handle them. You also listen to what other people say about the person and what their experiences are. They can provide information too.*
GL: *What about in here? How much did you trust each other on the first day of group? How much do you trust each other now?*

- Trust & others' reactions

With trusting family and friends, it may be helpful for the group leader to explain why other people sometimes react badly – to protect themselves from their own feelings of helplessness and being vulnerable, or so other people can keep the belief that the world is fair (i.e., that bad things happen to bad people & good things happen to good people). Sometimes other people react badly or withdraw because they just don't know how to react or what to say, and the group member sees this as rejection. Sometimes the group member cannot see that family members are also hurting and upset because of what happened to them. It is not unusual for a group member to say, *"But why would they be upset? It happened to me."* The group leader can discuss with the group member how to ask for the support they need from others (e.g., *"I don't need you to tell me what to do; I just need you to listen."*). **As always in CPT,** it is important to help the group member have balanced and realistic beliefs. If some or many of the group member's family members or community truly were rejecting (perhaps due to religious or cultural beliefs), the goal is not to have the group member believe that this wasn't the case – that belief isn't any more accurate – but rather to see if the extreme belief is accurate and whether there are exceptions to this experience (there may or may not be).

Good group leader questions about trust and others are:

- *What are the costs of not trusting people at all?*
- *If you were hurt by someone you trusted, have all people you trust hurt you? Are there any people who have kept your trust?*
- *Do you trust the other people in the group? In what ways?*

- Self-trust

With regard to trusting one's self, it is important for the group leader to point out that it is likely other people would not have picked up on signs that the trauma was going to occur either (e.g., "It's unlikely that anyone who went to the market would have known that the soldiers were going to drive by that day…"), and that no one can know for certain what the outcome would have been if they had done something else (i.e., the outcome could have been better but also could have been ***worse*** had the group member done something else). No one has perfect judgment about how other people are going to behave. However, by being overly suspicious of everyone, the group member may lose many people who are, in fact, trustworthy. In the end, they will end up feeling isolated from people who could provide genuine support and caring.

Teach New Skill
Introduction to Power/Control Issues Related to Self and Others

- Introduce Power/Control

Introduce the topic of power/control beliefs. These are beliefs about a person's abilities to solve problems, meet new challenges and have some control in situations. Because the trauma was out of their control, individuals who have been traumatized often attempt complete control over other situations and their emotions. They may have the unrealistic belief that they *must* control everything or they will be completely out of control. Again, there is a tendency to engage in either/or thinking. On the other hand, if someone believes they have no control over anything, they may refuse to make any decisions because they believe that nothing will work out anyway. Like trust, there are many areas of power/control. Even people who (realistically) have very little control are likely to have some control (for example, choosing what clothes they put on, deciding what to cook, deciding to come to group) so it is important for group leaders to help group

members notice even the small places in which they have some control. Also it is common for group members who have experienced trauma to believe that if they have any feelings that they will go to the other extreme and lose control completely.

Power and others are beliefs that one can or cannot control what happens in relationships. People who have been the victim of violence often try to have complete control in new relationships and have trouble allowing the other person to have any control. This issue is usually closely tied to trust of others and should be explored for stuck thoughts.

The group leader can ask the following questions:

"What beliefs did you have about control before the trauma?"
"Did those beliefs change?" "How?"
"What were your beliefs about having control over situations?"
"What were your beliefs about your control over yourself?"
"What were your beliefs about other people having control over you?"

If group members have power/control stuck thoughts about themselves they may experience:

- Numbing of feelings
- Avoidance of emotions
- Hopelessness and depression
- Outrage when events are out of your control
- Anger when people have not behaved as you would want

If group members have power/control stuck thoughts about others, they may experience:

- Being passive
- Doing exactly what people want
- Not being able to tell people "no"
- Trouble with relationships because you do not allow the other person to have any control

The group leader should help the group members begin to think about their own stuck thoughts for the topic of power/control. The group leader could ask:

"How have power and control beliefs affected their relationships in the group with each other?"
"How have power and control beliefs affected their relationships outside of the group?"
"Encourage members to give each other praise about positive ways they have had control in the group.

Assign Homework

Group members should use the Changing Thoughts and Feelings skill to work on at least one stuck thought everyday. Group members should memorize the steps (5 steps) or use the form if they need a reminder. Group members should work on at least one stuck thought about power or control. On other days they can work on remaining stuck thoughts about self-blame, trust, safety or recent distressing events.

Homework

Please choose one stuck point each day and use the Changing Thoughts and Feelings Skill for each stuck point. Complete at least one on beliefs about power or control. Work on other stuck thoughts about self-blame, safety, trust, or recent distressing events.

Here are the steps for the skill:
Step 1: Notice the thought
Step 2: Notice the feeling when you have that thought.
Step 3: Ask yourself at least 2 of the thinking questions.
Step 4: Develop a new thought that better fits the facts and is more balanced and flexible.
Step 5: Notice your feelings. What are you feeling now? How is that different than what you felt when you started?

If you are having trouble remembering you can use the paper form to remind yourself of the steps.

Ask About the Group's Reactions to Visit

Finish the visit by asking about the group's reactions to the visit and whether they have any questions. Remember to normalize any emotions they are feeling and to praise the group for taking this important step toward recovery.

Visit 10: Power/Control

Tasks for Visit 10

Summary of Visit 10: Power/Control Issues

1. Check group member's symptoms. (5 minutes)

2. Review the Changing Beliefs and Feelings Skill to address power/control stuck thoughts (35 minutes)

- Review stuck thoughts group members worked on
- Discuss success or problems in changing thoughts
- Help the group members with stuck thoughts that they were unable to modify by themselves
- Help group members gain a *balanced* view of power/control
  - No such thing as total control, but not completely helpless either

3. Discuss issues from stuck thoughts about power/control (20 minutes)

- Discuss power/control in the group. What are ways they have control in the group?
- Address anger issues:
  - Over-arousal, lack of sleep, increased startled reactions
  - Anger vs. aggression (not the same thing)—can affect family
  - Anger at self for "should have dones"
  - Look at innocence versus being responsible versus intended

4. Introduce fourth of five problem areas: Esteem issues related to <u>self</u> and <u>others</u> (20 minutes)

- Review Esteem Topic using form at the end of this visit
- Explore group member's beliefs about respecting and valuing one's self and others before and after the trauma

5. Assign homework (5 minutes)

- Each day work on a new stuck point using the Changing Beliefs and Feelings Skill. Make sure to work on at least one about esteem. Use this skill to work on recent upsetting events or current non-trauma related problems, too.

6. Check group member's reactions to visit (5 minutes)

Visit 10: Power/Control

- Visit 10 goals

The goals of Visit 10 are:

1. To review the group member's Changing Beliefs and Feelings Skill.
2. To review the Power/Control Topic and work on issues related to belief's about one's ability to have control and power over one's self and over others.
3. To introduce the Esteem Topic.

Check-In

- Check symptoms

First welcome the group members and thank them for coming to the group. Group leader should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having no problems in that area. Then the group leader should record the group member number or initials in the correct box. Then ask group members to raise their hand if they are having a little problem in that area and record those group member numbers or initials in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers or initials. Then the group leader should ask if group members are having great problems in that area and record the group member number or initials. Repeat this for every symptom. The group leader should check in with any group members who are suicidal at the end of the group.

Review Homework

- Helping the group member gain a balanced view

Briefly review Changing Beliefs and Feelings Skills completed by group members. Have members share any examples they had difficulty with. Choose a common stuck thought for the group and review using the Changing Beliefs and Feelings Skill and complete **all** of the thinking questions. Continue to focus on stuck thoughts about power/control. The group leader should encourage group members to help each other.

The group leader needs to help the group member have a balanced view of power and control. Realistically, no one has complete control over all events that occur to them, or the behavior of other people. On the other hand, people are not completely helpless. They can influence events, and they can control their own reactions to some events. If a group member believes that he has no control over his life, the group leader may ask the group member about his day focusing on all the decisions he made, or assign him to notice decisions they make for an entire day. Usually, by the time the group member completes the assignment, he realize how many hundreds of decisions are made in a day, from what time to get up, to what to wear and to eat, to what route to take to work, etc. Group members very often blame some small everyday decision for putting them in the place and situation where the trauma occurred. The group leader can ask the group members whether if the traumatic event had not happened, they would have remembered the decisions that they made that day. Only because the outcome was so terrible do people go back and try to question all the decisions they made that day. The group leader can also ask whether group members had ever made that decision before and not been traumatized.

- Addressing control issues

For example, one group member believed that she was helpless and incompetent in many areas of her life because of her helplessness during the trauma. As a result, she did not assert herself when she had the chance. She believed that such efforts would make no difference. She had a friendship where she felt helpless to influence their friend's unreasonable demands and was scared to say "no". When the group leader began to help her look at her beliefs, she began to see she wasn't totally helpless. As she began to say "no" to some of her friend's demands, she found that she did not lose the friendship. She was able to see that she could influence other's people's behavior to some extent.

Another group member believed that he was either completely in control or completely out of control. His thought was *"If I'm not in control, who is? I can't decide anything if I'm not in control, and I don't have a choice in the matter if someone else is controlling the situation."* In reaction to the tight control over their emotions and attempts to control everything and everyone else, he would become overwhelmed and be unable to get out of bed. In this case, it was necessary for the group leader to help the group member view control as ranging from just a little to a lot. The group member's new thought was *"I don't have to have total control over everything in order to have control over most of my decisions."*

Questions the group leader can ask for stuck thoughts about total control are:

- *Control over what?*
- *Control of emotions?*
- *Control over other people's actions?*
- *Control over future events?*
- *Is total control possible?"*

- Addressing anger issues

The topic of anger also comes up a lot for people who have experienced trauma. Some anger is related to symptoms of trauma such as irritability, lack of sleep, and frequent startle reactions.

- Anger vs. aggression

While many people who experienced trauma report that they did not experience anger during the event, many people find feelings of anger emerge afterwards. However, because the person or persons who harmed them may not be available for them to express their anger (or are too dangerous or powerful to express anger toward), the anger is sometimes left without a target and people can feel helpless about the anger they feel. Some victims turn their anger on those who are close by, family and friends. Many people have never been taught to discriminate between anger (anger is a feeling) and aggression (aggression is a behavior) and believe that aggression is the appropriate outlet for anger.

Anger directed at self often emerges, as traumatized people dwell on all the things they "should" have done to prevent the trauma or defend themselves. Many people entering therapy are angry at themselves for this reason. Traumas sometimes follow choices and decisions but that doesn't mean that the choice was a bad decision (outcome based reasoning). Good questions to ask are:

"Have you ever made a good decision and had a bad outcome?"
"Can you make a bad decision and have a good outcome?"
"Tell me about why you made the decision you made."
"What else might have happened?"
"Why did you make the decision you did? Why did you choose that action?"

"If the trauma had not happened, would you have remembered the decisions that you made that day?"
"Had you ever made that decision before and not been traumatized?"

Once they are able to see that a change in their behavior may not have prevented the event, they may direct their anger at anyone they perceive to have taken away their control. Anger may also be directed at society, at government, or at other individuals who may be held responsible for not preventing the trauma in some way. As in the case of guilt, the group leader may need to help the group members see the difference between innocence, responsibility, and intending to do harm. Only the person who intends to do harm should be blamed. Others may be responsible for a small action that played a role in the trauma occurring or inadvertently increased the risk to the group member, but they should not have an equal share of the blame and anger.

One group member in therapy expressed anger at herself because she thought she was not in control of her reactions after the rape. In this case, her stuck thought was that she *should* have been able to recover from this event quickly and by herself. She began to question her competence in many areas of her life (Am I good mother? Am I a good wife?). In this case, the group leader needed to remind the group member that most people have difficulties following severe traumas and that some events in life are too big to be handled all alone.

Group members may also have stuck thoughts about other people like "other people are trying to control me" or "it is always bad when people tell me what to do." Some good group leader questions to ask are:

Are there ever any times where it is OK that someone tells you what to do?
What about parents? Is that ever OK that parents tell someone what to do?
What about in the group? Does the group leader ever tell you what to do? Is it always bad?

Teach New Skill
Introduction to Esteem Issues Related to Self and Others

- Introducing Esteem

Introduce stuck thoughts about Esteem. These are beliefs about a person's own worth. After trauma, people can develop negative beliefs about themself. This can lead to thoughts about the person being bad, evil, or destructive. They may feel responsible for bad, destructive or evil acts. Many people have beliefs about being damaged or flawed. They may also believe they deserve unhappiness and suffering. These beliefs can become stronger based on how other people reacted following the trauma. The group leader should have the group members discuss their beliefs about self-esteem. Have group members point out positive things about each other. The group leader can ask the following questions to get the group started:

"What beliefs did you have about your self before the trauma?"
"Did those beliefs change?" "How?"
"What do the rest of you think?"

The group leader should now introduce Esteem beliefs about others. These are beliefs about how much you value other people. If group members are struggling with other Esteem beliefs, they could believe other people are uncaring or are selfish. These beliefs can generalize to groups of people or to the whole human race.

Have the group discuss their beliefs about the value of other people. The group should discuss their thoughts about respecting other group members and the group leader. The group should notice if these beliefs have changed over time.

"What were your beliefs about other people after the trauma?"
"What were your beliefs about the people in this group before you started?"

If group members have Esteem stuck thoughts about themselves they may experience:

- Depression
- Guilt
- Shame
- Hurting themself
- Suicidal thoughts

If group members have Esteem stuck thoughts about others, they may experience:

- Chronic anger
- Contempt
- Bitterness
- Suspicion
- Isolation from others
- Mistreatment of others

Assign Homework

Group members should use the Changing Thoughts and Feelings skill to work on at least one stuck thought everyday. Group members should use the written form if they need a reminder of the skills they are using each day, like identifying thoughts, feelings, challenging conclusions and thinking in new ways. Otherwise group members should memorize the steps (5 steps). Group members should work on at least one stuck thought about esteem. On other days they can work on remaining stuck thoughts on self-blame, power or control, trust, safety or recent distressing events.

Homework

Please choose one stuck point each day and use the Changing Thoughts and Feelings Skill for each stuck point. Complete at least one on beliefs about esteem. Work on other stuck thoughts about self-blame, safety, trust, power or control, or recent distressing events.

Here are the steps for the skill:
Step 1: Notice the thought
Step 2: Notice the feeling when you have that thought.
Step 3: Ask yourself at least 2 of the thinking questions.
Step 4: Develop a new thought that better fits the facts and is more balanced and flexible.
Step 5: Notice your feelings. What are you feeling now? How is that different than what you felt when you started?

If you are having trouble remembering you can use the paper form to remind yourself of the steps.

Ask About the Group's Reactions to Visit

Finish the visit by asking about the group's reactions to the visit and whether they have any questions. Remember to normalize any emotions they are feeling and to praise the group for taking this important step toward recovery.

Visit 11: Esteem

Tasks for Visit 11:

1. Check group member's symptoms. (5 minutes)

2. Review the Changing Beliefs and Feelings Skill to address stuck thoughts about respecting and valuing one's self and others (35 minutes)

- Does group member believe they are *permanently* damaged as a result of the trauma?
- Perfectionist? Does group member believe they made a mistake?
- Esteem for others—do some bad people mean a whole group is bad?

3. Discuss issues from stuck thoughts about Esteem (20 minutes)

4. Introduce fifth of five problem areas: Caring issues related to self and others (15 minutes)

- Caring for one's self—ability to calm and soothe oneself?
- Caring for others --How have relationships been affected by the trauma?
- How were these both *before* and *after*?
- Any problems: e.g., food? alcohol? spending?

5. Assign homework (10 minutes)

- Each day work on a new stuck point using the Changing Beliefs and Feelings Skill. Make sure to work on at least one about caring. Use this skill to work on recent upsetting events or current non-trauma related problems, too.
- Second Trauma Impact Statement (discuss the purpose of this)
    - Now what do you think about why the trauma happened. Now what do you believe about why the trauma happened? Now what do you believe about safety, trust, power/control, esteem, and caring?

6. Check group member's reactions to visit (5 minutes)

Visit 11: Esteem

The goals of Visit 11 are:

1. To review the group member's Changing Beliefs and Feelings Skills.
2. To review the Esteem Topic and work on issues about Esteem and value for yourself and others.
3. To introduce the concepts of caring for yourself and others.
4. To assign Changing Beliefs and Feelings Skills on caring.
5. To assign a new Impact of Trauma Statement.

Check-In

- Check symptoms

First welcome the group members and thank them for coming to the group. Group leader should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having no problems in that area. Then the group leader should record the group member number or initials in the correct box. Then ask group members to raise their hand if they are having a little problem in that area and record those group member numbers or initials in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers or initials. Then the group leader should ask if group members are having great problems in that area and record the group member number or initials. Repeat this for every symptom. The group leader should check in with any group members who are suicidal at the end of the group.

Review Homework

- Identifying stuck thoughts about respect

Briefly review Changing Beliefs and Feelings Skills completed by group members. Have members share any stuck thoughts they had trouble changing. Choose a stuck thought common across multiple group members and review using the Changing Beliefs and Feelings Skill and complete **all** of the thinking questions. Continue to focus on stuck thoughts about esteem. The group leader should encourage group members to help each other answering the questions.

A very common stuck point on the topic of respecting and valuing one's self is that the group member is now damaged in some way because of the event. Because they have been traumatized or because they are suffering from flashbacks, nightmares, startle reactions, etc., the group member may have concluded that they are crazy or are permanently damaged. Seeing themselves as damaged, believing that they have poor judgment, or believing that others blame them for things they did or did not do about the trauma all reduce one's sense of self-esteem. In the case of interpersonal crimes (such as rape) the victim may also think that there must have been something wrong with them that caused them to be victimized. If group members make overly general negative comments about themselves (*"I am a bad person." "I am worthless."),* the group leader can begin by helping the group members become more specific about what the group members are being self-critical about (*"In what ways are you a bad person? Is there anything you do alright? What things do you do well? In what ways are you kind?")*.

- Addressing perfectionism

It is sometimes helpful to address issues about perfectionism (having to be perfect all the time) here. Group members often have poor opinions of themselves because they so harshly judge themselves whenever they make a mistake. While this is understandable given a group member's belief that he or she made mistakes before, during, or after the traumatic event, it may be helpful for the group leader to remind the group member about how unfair or extreme those beliefs are to the group member.

GL: *What would you think of a friend who said, "If I make any mistakes I am a failure?"*
GM1: *I would say that is unfair.*
GL: *Right. That way there are only two options - excellent for perfect, failure for everything else. But that's what your friend is saying about herself. So let's look at your day yesterday. You say it was a bad day and that you really made a horrible mistake when you didn't fix dinner as well as you would have liked. It sounds like you said you failed.*
GM1: *I did.*
GL: *So how many things did you do yesterday? How many decisions did you make?*
GM1: *Well, when you put it that way… I guess I did fine. But lots of the things I did yesterday don't matter as much as the mistake I made at dinner.*
GL: *Sure. Not everything is the same. Was it the most important activity of the day?*
GM1: *Yes, I think so.*
GL: *Was it the most important event or activity of the week?*
GM1: *No. I do a good job with my children. I take good care of them.*
GL: *So, if you give yourself credit only for the day, it would be more important, but if you gave yourself credit for the entire week, it would not be very important? What do the rest of you think, is taking care of your children an important job?*
GM2: *Taking care of children is a very important job!*
GM1: *No, I would say I did a good job for the week.*
GL: *Thinking of it that way, do your emotions feel a bit less than when you first said that you were a failure and couldn't do anything right?*
GM1: (Laughs) *Yeah. It is such a bad habit to make those extreme statements.*
GL: *And to believe them when you say them.*
GM1: *Yes, at the time, it feels right and true.*
GL: *Sure. It feels right because it is what you have been practicing for a long time. It is a habit rather than a fact. Just because it feels right doesn't make it true.*

With regard to esteem for others, it is not uncommon for group members to generalize their disregard for the perpetrator of a traumatic event to an entire group (e.g., all people, all members of the government). If this happens, it is important for the group leader to help them move from a more extreme belief to one that is more balanced. The group member will need to look for the

exceptions —are all people really bad? Are there some good people? Do "bad" people do bad things ALL of the time – in order to develop more flexible, realistic beliefs.

- Addressing attention problems

Another way in which beliefs about the "goodness/badness" of humans are changed following traumatic events has to do with the kinds of information people notice. For example, before being the victim of a crime, many people pay little attention to reports about crime. After being victimized, they begin to notice crimes more often. Because they are now focused on crime, it seems like crime is everywhere and that all people are bad! They forget that these events are being reported because they are "news" and that most people are not victimizing or being victimized daily. They do not notice the times or places where nothing bad happens. Like crime, other devastating events such as natural disasters, wars, plane crashes, and bombings may not cause much attention until they happen near home. Then these events suddenly become very real and very personal.

Victims often blame others (as well as themselves) in order to regain a sense of control. It is not at all unusual for people who have experienced trauma to apply stuck thoughts to the entire population of the country that was at war and assume that everyone in that group is bad or evil (*"All soldiers are bad.")*. The group member may express great dislike for everyone from a certain group ("*All Hutus are terrible."* "*All Tutsis hurt women."*), even for those people who have never hurt anyone.

- Addressing an overly general viewpoint of the government

Another topic that is brought up often is an overly general view of the "government." Just like the words "trust" or "control," "government" is a VERY general term. In fact, some group members use their outrage at the government to avoid. Instead of focusing on their specific traumatic events (the assault, the loss of their child), some group members will immediately try to move the focus to politics and the government (they avoid by making long, angry and emotional speeches about the government). It is important for the group leader early in therapy to bring the focus of the discussion back to the trauma and not allow the group member to dominate the visit with ranting. And just as the group leader may ask, *"trust with regard to what?"* he or she can also ask, *"What do you mean by government? Do you mean the central government? Which part of the government? Do you mean the courts? The ministers? The UN? Are they all the same? When you say that the government is no good, does that extend to the doctors and nurses who are government employees? What about treatment programs like this one that is paid for by the government? Members of your family that work for the government?"* As with other overly broad terms, it is important for the group member to develop less extreme thoughts and see the different types and categories, some of which that they might in fact judge in a less extreme or even positive fashion.

Teach New Skill
Introduction to Caring Issues Related to Self and Others

- Introducing caring

Caring about others (or lack of caring) is often easier to talk about than caring for one's self. We use the term, "self-caring" to mean being able to sooth and calm yourself and to be alone without feeling lonely and being able to take care of your physical needs (cleanliness, exercise, good food). The group member is encouraged to notice what caring for one's self and others was like before the trauma and how it was affected by the trauma. The group leader and group member

should discuss any ways that group members care for themselves (e.g., alcohol, food, spending, etc.) that are too extreme or are unhealthy. For example, one group member might occasionally have a special meal when they have a bad day – that's reasonable. But another group member might go too far – i.e., eat too often and/or too much -- as a way to cope with their negative emotions about the trauma. These kinds of problems can also occur with alcohol, other drugs, sexual activity, spending money, etc. It is likely these kinds of problems were discussed earlier in the therapy but should be discussed again here. Again, the group member should use the Changing Beliefs and Feelings Skills to examine stuck thoughts about caring for one's self or others and to create more comforting and realistic statements. In terms of caring and closeness for others, the need for intimacy, connection, and closeness is a basic human need. This can be damaged through insensitive or hurtful responses from others.
This is a good time for the group leader to ask the group if they have any remaining stuck thoughts that have not been adequately addressed. These stuck thoughts should be assigned as the final visit is coming up.

If group members have caring stuck thoughts about themselves they may experience:

- Inability to comfort self when upset
- Fear of being alone
- Experience of inner emptiness or deadness
- Anxiety or panic if reminded of trauma when alone
- External sources of comfort—food, drugs, alcohol, medications, gambling, spending money, or sex

If group members have caring stuck thoughts about caring for others, they may experience:

- Loneliness
- Isolation
- Feeling disconnected from other people

Assign Homework

Group members should use the Changing Thoughts and Feelings skill to work on at least one stuck thought everyday. Group members should use the written form if they need a reminder of the skills they are using each day, like identifying thoughts, feelings, challenging conclusions and thinking in new ways. Otherwise group members should memorize the steps (5 steps). Group members should work on at least one stuck thought about caring. On other days they can work on remaining stuck thoughts on self-blame, esteem, power or control, trust, safety or recent distressing events.

Ask the group member to work on an Impact of Trauma Statement reflecting what it *now* means to them that the trauma(s) happened, and what their current beliefs are in relation to the five topics of safety, trust, power/control, esteem, and caring. The group member can do that the same way they did the first statement (record it with a tape player, ask a trusted friend or family member to write it, make pictures to remind themself about important ideas, etc.).

Homework

Please choose one stuck point each day and use the Changing Thoughts and Feelings Skill for each stuck point. Complete at least one on beliefs about caring. Work on other stuck thoughts about self-blame, safety, trust, power or control, esteem, or recent distressing events.

Here are the steps for the skill:
Step 1: Notice the thought
Step 2: Notice the feeling when you have that thought.
Step 3: Ask yourself at least 2 of the thinking questions.
Step 4: Develop a new thought that better fits the facts and is more balanced and flexible.
Step 5: Notice your feelings. What are you feeling now? How is that different than what you felt when you started?

If you are having trouble remembering you can use the paper form to remind yourself of the steps.

*Please also notice your thoughts on what you think **now** about why this traumatic event(s) occurred. Also, consider what you believe now about yourself, others, and the world in the following areas: safety, trust, power, esteem, and caring.*

Ask About the Group's Reactions to Visit

Finish the visit by asking about the group's reactions to the visit and whether they have any questions.

Visit 12: Caring Issues and Meaning of the Event

Tasks for Visit 12:

1. Check group member's symptoms. (5 minutes)

2. Review the Changing Beliefs and Feelings Skill to address stuck thoughts about caring for and about one's self and others (20 minutes)

- Focus on creating and keeping *relationships*
- Look for possible problems in caring for one's self (problems with eating too much? Alcohol? Spending?)
- Caring
  - Caring about others—withdrawal from others
  - Sexual intimacy

3. Group member discusses Impact of Trauma (40 minutes)

- Group discusses new beliefs about the impact of trauma
- Group leader discusses original stuck thoughts from the impact of trauma visit
- Compare the two
- Note how beliefs have changed by work in therapy in only a short period
- Reinforce groups progress as a result of the work done
- Any remaining stuck thoughts?

4. With group member taking a large role, review what was taught and learned in CPT and group's progress
(15 minutes)

- Review concepts and skills
- Ask group members to think about own good work, progress, and changes made
- Let group members take credit for facing and dealing with difficult and traumatic event
- State that continued success depends on their continuing practice of skills learned

5. Help group members identify goals for the future and talk about possible strategies for meeting them
(5 minutes)

- Remind group member that they are taking over as group leader now and should continue to use the skills that they have learned

Visit 12: Caring and Final Impact

The goals of Visit 12 are:

1. To review Changing Beliefs and Feelings Skills on caring and work on any stuck thoughts that might interfere with self-care or with creating and keeping relationships with others.
2. To have the group member discuss Impact of Trauma Statement.
3. To notice any changes in thoughts, feelings and beliefs during the course of the group.
4. To review the course of treatment.
5. To identify goals for the future.
6. To remind group members that they are taking over as the group leader now and should continue to practice the skills they have learned during treatment.

Check-In

- Check symptoms

First welcome the group members and thank them for coming to the group. Group leader should go through the symptom list with the group. The group leader should ask for the first symptom and for group members to raise their hand if they are having no problems in that area. Then the group leader should record the group member number or initials in the correct box. Then ask group members to raise their hand if they are having a little problem in that area and record those group member numbers or initials in the correct box. The group leader should then ask group members to raise their hand if they are having medium problems for that symptom and record the group member numbers or initials. Then the group leader should ask if group members are having great problems in that area and record the group member number or initials. Repeat this for every symptom. The group leader should check in with any group members who are suicidal.

Identifying Caring Issues and Assumptions

After checking symptoms, the final visit begins with a review of Changing Beliefs and Feelings Skills on caring. The purpose of the visit is to help the group member to identify the group member's stuck thoughts about caring. The goal for the group member is to work on these stuck thoughts over time with the new skills they have learned in therapy.

- Caring for and about one's self

Caring for one's self includes the ability of someone to cope with being upset using things outside of themselves (e.g., drinking, eating, spending money, sexual activity). Group members who have been doing this a great deal or who depend on others so much that they do not believe that they can take care of themselves often have stuck thoughts in this area. When given the assignment to write about the traumatic events, one group member announced that he would have to smoke 20 cigarettes in order to do so. This was a good clue to the group leader that the group member had problems in caring for himself! These kinds of problems are often related to control issues, so the issue of substance abuse is frequently addressed earlier in treatment as well. We encourage group members to use a Changing Belief and Feeling Skill rather than using food, cigarettes, or alcohol, to think through what they were saying to themselves; and to calm themselves with new thoughts and other, healthier behaviors. Some group members also have problems taking care of their own bodies and health because of stuck thoughts in this area. They may not bathe, exercise, or dress well. These kinds of problems can also be addressed during the safety or esteem topics, so the issue of self-care is addressed earlier in treatment as well.

- Non-sexual relationships

With regard to caring toward others, two types of caring are often issues: closeness with family and friends and sexual activity. Many people who have experienced trauma withdraw from people who could be supportive and avoid being close to others, as a way of protecting themselves from possible rejection, blame, or further harm. Frequently, relationships end and group members who have experienced trauma avoid creating new relationships. As a result, many of these people feel isolated and alone during their recovery from the traumatic event. Closeness to other people and to one's community is an important human need and stuck thoughts in this area should be discussed.

- Sexual activity

Sexual activity can be a particular problem with rape victims, although sexual functioning can be interrupted as well, in response to other kinds of trauma. Some women have pain after a rape but for other men and women the psychological symptoms are interfering with sexual activity. Trauma symptoms can interfere with normal sexual functioning, particularly interest in sexual behavior. However, to rape victims, sexual behavior becomes particularly threatening because the act of being sexual is now associated with the trauma. In addition, individuals may not believe they can tolerate or want to tolerate the level of trust and vulnerability that is necessary for sex. They may withdraw from others, however, is in direct conflict with their need for comfort and support from others. These issues are often interwoven with trust stuck thoughts and deserve continued attention from the group member. CPT can be useful in identifying and correcting thoughts that may interfere with sexual functioning.

Group member Reading of the New Impact of Trauma Statement

- New Impact Statement

The group leader and group members should go over the new Impact of Trauma homework about the meaning of the event. Have each group member discuss what they believe now about the cause of the trauma, and about each of the 5 topics. Group members should be encouraged to share their statements with the group. Below is an example of an Impact of Trauma homework by a rape victim.

> *"What it means to me that I was raped is that the soldier took from me something I would not have ever freely given. Not only did he take sex but he took my trust in myself, he took my feeling of control, and he shattered my self-respect. I will always hate him for that. But one thing I won't allow him to take is my determination to get them back. It is time for me to get my life back together. I see a long road but I'm ready now to travel down it.*
>
> *I believed for a long time that the rape was my fault. I don't believe that anymore and that is a great relief. I know I was frightened and I did what I felt I had to do to survive. I wouldn't freely do those things normally. I had no choice. It was all violently taken. Coming to that realization has brought me peace. I can see now that I am a good mother and a good wife. I may never be the person I was before and part of me is sad for that, but part of me knows, in time, I'll be stronger because of the rape."*

The group leader shares with the group comments from the original discussion about the impact of trauma from the group leader notes from visit 3 so that group members can hear how much

change has taken place in a short time. Usually, there is a BIG change in the second Impact of Trauma from the first, and a typical group member remark is *"Did I really think that?"* Group members should be encouraged to examine how their beliefs have changed as a result of the work they have done in CPT. The group leader should also point out any remaining stuck thoughts that may need further practice.

Review of the Course of Treatment and Group member Progress

- Reviewing concepts with group member

The rest of the visit is saved for review of all the concepts and skills that have been taught in CPT. Group members are reminded that their success in recovering will depend on practicing these new skills and not returning to old avoidance patterns or thinking patterns. Any remaining stuck thoughts should be identified and strategies for working on them should be repeated (keep practicing the Changing Thinking and Feeling Skill). Group members are asked to talk about the progress and changes they have made during CPT and are encouraged to take credit for facing and dealing with a very difficult traumatic event.

Group member Goals for the Future

- Goals for the future

The group leader should ask group members about their goals for the future. Group members who have experienced traumatic deaths are not to be expected to be over their grief but should be encouraged to allow themselves to continue with the process as they work to rebuild their lives. Group members should be reminded that if they encounter a reminder and have a flashback, nightmare, or sudden memory, this does not mean that they are relapsing or are going to get worse. If something like this occurs, the group member should be encouraged to think about the trauma memory if needed and feel their emotions or to use the Changing Beliefs and Feelings Skill. They should be encouraged to not avoid, experience their natural emotions, and to check their thoughts to make sure they are not extreme.

A topic that sometimes emerges among people who have had trauma symptoms for many years is a question about who they are or will be without their symptoms. If someone has organized their life around avoidance and managing symptoms, they may wonder who they are now. We remind group members that people change their roles, and to some extent their identity, at different points in their lives, like changing from a child to a married person to a spouse, and many people ask themselves the same questions, because of changes in their lives. The group leader should help the group member to see that these are normal questions, and instead of fearing the future, they now have the opportunity to explore and decide how they want to spend their time.

- Trauma in younger group members

Younger group members are also going through important life changes in terms of roles, relationships, and family. Reducing trauma symptoms can help these group members get back to more typical life tasks.

Group Process

The group members should talk about their thoughts and feelings about the group ending. The members may share their appreciation of the other members. They may also have thoughts about staying connected with each other after the group ends.