Cognitive Processing Therapy Iraq Version:

THERAPIST'S MANUAL

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

Cognitive Processing Therapy (CPT) is a 12-session therapy that has been found effective for mental health problems following traumatic events and other mental health problems. We have used CPT successfully with a range of traumatic events, including rape, domestic violence, military combat, and torture. This manual reflects changes in the therapy over time and also includes suggestions from almost two decades of clinical experience with the therapy. Most importantly, this manual reflects feedback from our wonderful therapists and clinical supervisors from Southern Iraq and Iraqi Kurdistan.

Theory Behind CPT

CPT focuses on how a person who has experienced a traumatic event, like torture but also other traumatic events (rape, motor vehicle accidents, combat, domestic abuse, child abuse), thinks about what happened and how that person tries to cope with what happened. Long after the traumatic events have occurred, any reminders of those events continue to make the person fearful. This fear causes them to try to avoid these reminders. These avoidance behaviors affect the person's life and become problems in themselves. For example, a person might avoid other people in order to not think about the trauma. By doing so, that person becomes socially isolated, which is also a problem. In other words, reminders of the trauma can make people fearful. So people try to avoid those reminders. This leads to the avoidance symptoms of PTSD and can lead to depression. According to the theory behind CPT, if people think about the traumatic event (the torture) in an environment that is safe and if they do so repeatedly (many times), they will be less fearful. As they become less fearful, clients will not avoid so much. In addition, CPT helps clients to develop more accurate, balanced beliefs about the trauma and about their present and future. Having more balanced beliefs also improves PTSD symptoms.

- Theory of PTSD and depression

Pre-Therapy Issues

1. Who Is Appropriate for CPT?

CPT was developed and tested with people with a wide range of comorbid disorders and extensive trauma histories. It is appropriate for torture survivors and survivors of other types of traumatic events (e.g., gender-based violence, war, motor vehicle accidents, childhood abuse). In research settings, CPT has been used with people who had traumas occur as recently as three months go and as long as 60 year ago. However, if the person does not have any trauma symptoms at all, one should not use CPT. If someone is a danger to self or others, treatment of trauma symptoms is not the most immediate treatment goal. Likewise, if

- Who is appropriate for CPT?

someone is in imminent danger, such as someone in a severely abusive relationship, then the first step is safety planning. However, just because a client might experience another traumatic event does not mean that you cannot use CPT for that client. The potential for trauma in the future is something we all live with, so the possibility of future violence or trauma should not stop you from using CPT. In fact, successful treatment of trauma symptoms may actually reduce risk for future trauma symptoms.

If someone cannot engage in treatment for his symptoms because he is so dissociative or has such severe panic attacks that he cannot discuss the trauma at all, then other therapy may need to precede CPT. We have used CPT with people who are using substances, but not if they are substance dependent.

2. Treatment Contracting for CPT

Before starting CPT, the therapist should explain what is expected of both client and therapist. This therapy protocol is typically conducted in 12 sessions, once a week. The therapy will focus on the worst traumatic event. The client will be expected to attend all sessions regularly (once or twice a month is not enough) and to complete the homework. It is helpful for the therapist to explain that her job will also be to notice and discourage the client's avoidance behaviors that keep symptoms going and increase the likelihood of the later occurrence of trauma symptoms.

3. The Way to Deliver CPT

When using CPT, it is critically important that the therapist use good clinical skills throughout EVERY session. This means that the therapist needs to be warm, be understanding, and be on the client's side. Non-verbal communication like culturally appropriate eye contact, tone of voice, and body posture are as important as the words the therapist uses in communicating with a client. The therapist needs to be empathic to the struggles the client is dealing with while still encouraging the client to change. The therapist will need to communicate hope that things can get better. The therapist will act like a teacher in terms of teaching new skills but will not act like a punishing or authoritarian teacher. In addition, it is important in CPT that the therapist be able to think flexibly when they are working with the client's beliefs. Finally, it is almost always better (about 99.99% of the time!) to ask clients' questions in CPT (using good open-ended questions and/or a Socratic style) than to tell a client what to do!

Overview of CPT Sessions

- Overview of CPT sessions

The contents of each session are described in Part 2 along with issues that therapists are likely to encounter. The therapy begins with education about trauma symptoms and information about what therapy will involve. The client is asked to write an Impact of Trauma Statement in order for the client and therapist to begin to identify problem areas in thinking about the event (i.e., "stuck points"). The client is then taught to identify and label thoughts and feelings and to recognize

the relationship between them. The next two sessions focus on generating a written account of the memory of the worst traumatic event, which is read to the therapist in session. During early sessions, the therapist uses Socratic questioning to begin to change unhelpful thoughts, particularly those associated with self-blame, backward bias, and guilt. Later sessions focus on teaching the client 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 sessions

CPT should be used in the order presented here. The skills and exercises are designed to build on one another. The usual format for each session is to begin with checking symptoms, and then a review the homework from the previous week. For sessions with clients who are illiterate, the therapist may help the client with more of the previous week's homework during the session. During the last 10 minutes of the session, the homework for the next week is introduced.

One of the most difficult skills for the therapist to master is how to be kind but firm in keeping focused on CPT. If the therapist allows the client to direct the therapy away from CPT, it will encourage avoidance and ultimately, can keep the client from getting better and improving his or her symptoms. For those reasons, it is **not** recommended that the therapist start a general discussion at the beginning of the session – in other words, it is better not to start a session by asking questions like, "How was your week? How are you? How is your family?" Instead, the session should begin immediately with the symptoms and homework that was assigned. If the client wishes to speak about other topics, it is recommended to write down that topic and either (1) use the topic to teach the new skills we are introducing (e.g., have the client do an A-B-C Worksheet about the topic) or (2) save a few minutes at the end of the session for these other topics. Similarly, if a client does not bring in his homework one session, it does not mean that the therapy is delayed for a week. The therapist has the client do the assignment at the beginning of the session (e.g., complete the trauma account verbally or a worksheet together) and reassigns the uncompleted homework along with the next homework.

PTSD and problems from torture as disorders of non-recovery

- PTSD symptoms

PTSD symptoms are nearly universal immediately following very serious traumatic events, and recovery takes a few months under normal circumstances. This is also true for problems related to torture. We think it may be best to think about PTSD and problems related to torture as recovery that has been stopped or interrupted. The therapist needs to determine what has stopped or interrupted normal recovery. For example, a client may have refused to talk about what happened with anyone because she blames herself for "letting" the event happen. She may feel so ashamed and humiliated that she is convinced that others will blame her too. In another case, a client may have seen something so horrifying that every time he falls asleep and dreams about it, he wakes up in a cold sweat. He avoids going to sleep because he worries he will have another nightmare.

As a result, he is always sleep-deprived and become irritable and frequently fights with his family. In a third case, the client is so convinced that she will be victimized again that she refuses to go out any more and has greatly restricted her activities and relationships. In still another case, in which other people were killed, a client feels guilty about surviving and obsesses over why he was spared when others were killed. He feels unworthy and experiences guilt whenever he laughs or finds himself enjoying something. In all of these cases, thoughts or avoidance behaviors are preventing clients from feeling their feelings (like the coca-cola can!) and from developing more balanced, flexible, and accurate beliefs about the trauma. It is important to understand that there are as many individual examples of things that can stop recovery as there are individuals with problems from torture.

Some emotions such as fear, anger, or sadness may result directly from the trauma because the event was dangerous, abusive, and/or resulted in losses. Other emotions result from how the client thinks about (or makes interpretations about) the trauma. For example, if someone is attacked by another person the danger of the situation might make that person run away (a common biological response that can occur when someone is in danger), and that person might feel anger or fear. However, if after the trauma, the person blamed himself[1] for the attack ("It was my fault the attack happened."), the person might experience shame. This kind of emotion would result from thoughts and interpretations about the event rather than the actual event. As long as the individual keeps saying that the event was his fault, he will keep feeling shame.

- Cognitive Processing Therapy Theory

In order to make sense of the traumatic event, people tend to do one of three things. (1) A person can change how he thinks about the traumatic event to match his beliefs from before the trauma. For example, if a person used to think that bad things happen to bad people (a prior belief) and then something bad happens (the traumatic event), the person might think, "*I must be a bad person. I must be being punished for something I did*." (2) Because of a trauma, a person can change his beliefs about himself and the world in an extreme way in order to feel safer and more in control ("*I can't **EVER** trust my judgment again*"). As therapists, we want to help our clients think in more balanced ways. We try to help our clients to change their thoughts to reflect the reality of the traumatic event without going too far. (3) Because of a trauma, a person can also change her beliefs enough to make sense of the events 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 -- one that is more accurate, flexible, and realistic -- is the goal of CPT.

In addition to helping our clients change their thoughts, we also help our clients feel their feelings about the trauma. Clients who have problems from traumatic events work very hard not to feel their feelings so those feelings get stored up.

[1] Throughout this manual, we will refer to a single client using the pronouns "he" and "she" alternately, rather than saying "she/he" or "him/her."

Like shaking up a can of Coca-cola, when the client feels her feelings, the feelings will be strong. BUT, once the client feels her feelings, the feelings will go away relatively quickly. Also, once the client has felt her feeling about the trauma, we can then start helping her change her thoughts or beliefs about the trauma. Once extreme beliefs about the event, oneself, and the world (e.g., safety, trust, control, respect, caring) are changed and made more realistic and flexible, then strong, negative emotions that come from inaccurate interpretations about the trauma will also decrease. Problems with trauma memories (e.g., intrusive thoughts or images of the trauma, nightmares, flashbacks) will also decrease. The explanation that CPT therapists give to clients about this process is described in Session 1.

Good Questioning Within CPT

- Questioning in CPT

CPT is designed to make clients aware of and change the extreme or inaccurate thoughts that maintain their symptoms. The primary thing we do to help clients change their thoughts is to ask them good questions. In the West, we refer to these questions as "Socratic" questions. Throughout the course of treatment, therapists should be consistently using good, gentle, respectful, curious, open-ended questions with the goal of teaching clients to question their own thoughts and beliefs. Because the method is so important for CPT, we have included more general information here about what Socratic questioning is, and types and examples of questions that can be used.

The idea behind Socratic questioning is that one person can learn to think differently when another person asks specific questions. People who learn in this way (by asking and answering questions), versus being told, are more likely to remember the information and believe it. That's why in CPT, you will ask your client questions and, ultimately, teach your client to ask himself questions rather than to tell your clients what or how to think.

Over the 12 CPT sessions, the client is taught how to use good questioning on himself. Therapists may find it confusing or difficult at first to ask questions rather than telling the client what to do, giving advice, or telling the client what to think. Through good questioning, the client 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 therapist to "win" an argument or to convince the client to take the therapist's point of view.** Good questioning will help clients examine, and eventually change, their problematic thinking from the trauma they experienced.

Below are examples of Socratic questions. They can be used in sessions to help clients 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 conclusion?*
- *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 assumption?*
- *What would happen if…?*
- *Do you agree or disagree with…?*
- *If this happened to a friend/sibling, would you have the same thoughts about them?*
- *How do you know this?*
- *Show me…?*
- *What is an an example of that?*
- *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?*
- *What does it do for you to continue to think this way?*
- *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…affect…?*
- *How does…fit with what we learned in session 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?*
- *Are you concerned that I don't understand? Please tell me what you think I am missing. I would like to understand what the experience was like for you.*

Issues in Conducting CPT

Basic Structure of Sessions
Except for the first session, all sessions have a similar structure. They begin with an assessment of the client's problems. The middle part of the session is used to review the client's homework (that should take about 20 minutes). The last part of the session is used to teach the client a new skill or lesson and to practice it with the therapist. During the last part of the session, the therapist also tells the client what her homework is for the next session (e.g., assign homework).

Bereavement
Grief is a normal reaction to loss (e.g., a death) and is not a mental illness. Bereavement 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 distorted thinking, assumptions, expectations that are interfering with normal bereavement. For example, some clients feel that they cannot move on from the death of a family member and feel that if they do, it would be a betrayal. When you work on other stuck points about the trauma, make sure you also ask about ideas about grief. If a client has stuck points about grief and death, the therapist may need to focus on in this area, too.

Family
CPT is a therapy that is provided to individuals not to a family (i.e., the therapist will meet with the client each week but not with his family). Nonetheless, family members can play extremely important roles in CPT. Family members can provide important support for clients. For example, they might provide emotional support by encouraging the client to get help and to attend weekly CPT sessions. They might encourage the client for working hard in therapy. They might also provide structural support by helping the client with her homework (for example, if she is illiterate and a trusted family member serves as a scribe for her) and/or by driving a client to the session and/or by waiting for her in the waiting room. Whatever the kind of support, it is important to remember that it should be the client's choice of how much and/or in what way to involve family members in treatment.

In addition to providing support, sometimes the therapist might have a single meeting with the family and client. That meeting would occur very early in treatment (for example, after session 1 or 2) and the goals would be to (1) provide general education about PTSD and problems from torture and (2) describe how CPT helps those problems and CPT works (12 weekly sessions, homework assignments, etc.). The therapist can also talk about how the family can be helpful to the client and answer questions. A family meeting like this should be done only with client's permission and the client and therapist should discussion in advance what the therapist can and cannot talk about with the family members (so that the therapist maintains confidentiality).

Finally, although family members often are extremely helpful and supportive of client's receiving treatment, sometimes they are not supportive. They may be

fearful of therapy, be afraid that other people finding out that the client is having problems, and/or believe that is inappropriate to discuss private issues and/or problems with an outsider (i.e., the therapist). We do not recommend that client's lie to their families about receiving treatment. That could result in harm to the client and/or the therapist. If the client's family does not approve, a family meeting might be helpful. We also strongly recommend that therapists discuss any concerns about family support with clinical supervisors.

Religion

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 points because of a conflict between the trauma and religious beliefs. For example, if a person formerly thought that the world was fair – i.e., good things happen to good people and bad things happen to bad people (note: this belief is called the "just world" belief and is directly taught in some religions) -- the person might think, "*Why me?" "Why not me?" "Why did my friend/family die."* A stuck point could also develop from violating one's moral or ethical code (*"I murdered people").* They could also involve other people trying to get the patient to (a) forgive himself or forgive a perpetrator or (b) not forgive himself or the perpetrator.

It is important not to talk about these topics with your client because they be very important for understanding your her symptoms. Even if you have a different set of 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 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 decreases 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 make the conclusion 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 bears responsibility too.

The concept of forgiveness is sometimes brought up in therapy. A client will typically mention this idea if she is having trouble forgiving herself and/or another person. It is very important for you to first challenge the specifics of the event to see if your patient has anything to forgive herself for. Just because there was a traumatic event, it does not mean that a client **intended** the outcome. In that case, blame and guilt may be misplaced. If someone is the victim of a crime, she is just that, a victim. There is nothing she could have done that would justify what happened to her. A woman feels dirty or violated after an assault, but that does not mean that she did anything wrong that needs forgiveness. This would be an example of using emotions rather than facts.

- Self- or other-forgiveness

This issue can also come up in regard to perpetration – i.e., when a client has done something that has hurt another person. Killing someone in war is not the same as murdering someone. The person may have had no other options than what occurred at the time. One should only discuss self-forgiveness only (a) when it has been established that the patient had intended harm against an innocent person, (b) that he had other available options at the time and willfully chose this course of action, **AND** (c) that he has accepted responsibility for what he was 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 client may well need to accept what he has done, be repentant, and then seek out self-forgiveness, or if religious, forgiveness within a place of worship.

Issues related to religious can be difficult to talk about for client and therapists, and occasionally, they can be very complex and require some creative solutions. We strongly recommend that you discuss any and all issues related to religious with your supervisors.

Sexual Trauma

Sexual trauma, like rape, often can raise special issues for clients and therapists. 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 client though she could trust. Victims may have stuck points that the sexual assault was consensual (e.g., that the client thinks she somehow agreed to have sexual intercourse, even though she truly did not). The stigma associated with sexual trauma may mean that you encounter a great number of stuck points related to self-blame and esteem. Men who have been raped may have concerns about their sexuality or masculinity. Individuals who have been sexually traumatized are at high risk of experiencing later sexual trauma. When this happens, victims may find themselves having many "stuck points" about power and control and self-worth.

- 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 very important to know that some victims of sexual assault may

- Sexual arousal during sexual trauma

have experienced sexual arousal or even an orgasm during the assault. Victims may assume that, because they may have experienced arousal or an orgasm during the assault, that they must have enjoyed the experience, that they are perverted, or that their bodies betrayed them. All these conclusions are incorrect. It is quite possible to be sexually stimulated and experience fear, horror, or anger instead of pleasure. Patients are often reluctant 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 therapist can help reduce a client's guilt and shame through education and should bring up the topic in a gentle way if the patient does not talk about the topic. One of the simplest ways to help the patient to think differently about it is to remind the patient that sexual arousal is not a voluntary response any more than being tickled is. In fact, tickling is a good analogy or example to use. Someone can be tickled against his 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 patient 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: Session by Session

The next pages have summaries, explanations of the whole therapy session, and all handouts that the therapist might need.

The individual sessions are:

Session 1: Introduction
Session 2: Psychoeducation
Session 3: The Meaning of the Torture
Session 4: Finding Thoughts and Emotions
Session 5: Remembering the Torture
Session 6: Finding Stuck Points
Session 7: Using Thinking Questions
Session 8: Safety Problems
Session 9: Trust Problems
Session 10: Power/Control Problems
Session 11: Respect Problems
Session 12: Caring Problems and Meaning of the Torture

Please note: Throughout this manual, we typically use the word "torture" when referring to traumas. We do so because the research study is focusing specifically on trauma that comes from being tortured. CPT can be used for PTSD and depression that comes from exposure to all kinds of traumatic events (sexual assault, combat exposure, physical assault, car accident, etc.). If you are using CPT for a different kind of trauma, simply substitute the word "trauma" for the word "torture" when using this manual.

Session 1:

Tasks for Session 1 – Introduction and Psychoeducation

1. **Greet the client, welcome them and thank them** (5 minutes)
2. **Check their symptoms** (10 minutes)
3. **Psychoeducation about torture problems** (20 minutes)
   - Problems from trauma
     - Memories: thoughts, dreams, flashbacks
     - Anxiety: nervous, sleep, irritability/anger, concentration, jumpy
     - Avoidance: trying not 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, drugs, alcohol, eating too much), not coming to CPT sessions or not doing CPT homework assignments.

     -Depression: sadness, withdrawal, guilt, longing for people you have lost, thinking about death.
   - Trauma Recovery and Fight-Flight Response
     - Fight/flight, freeze
     - Paired with cues: sight, sound, smell, etc.
   - Even though you were very scared during the trauma, that doesn't mean that the memory can hurt you now. Part of this therapy will be teaching you that the memory is only a memory. It isn't happening now.
3. **Finding barriers to CPT participation, talking about avoidance and CPT, and letting clients choose.** (10 minutes)
4. **Give a brief overview of treatment** (5 minutes)
   - 12 Sessions, 50 – 60 minutes each session:
     1- We will teach you about the problems torture victims may have
     2- We will help with the memories and emotions about the torture. We will talk about it together.
     3- Third part is about working on your beliefs about the torture
     4- Fourth part is about working on your beliefs about your life now and about your future

   Talk about importance of practicing new lessons from therapy to learn new skills and importance of coming every week. Work together to make an agreement about how many sessions.
5. **Assign homework and think together about barriers.** (5 minutes)
   - Observe symptoms
     - Written for clients who are literate
     - For clients who are illiterate, they should make a mental note or use a cue (picture or diagram) to remember. They could also record their notes using a tape recorder or their cell phone.
6. **Check about client reactions to session** (5 minutes)

Session 1: Introduction and Education Phase

REMEMBER: The first thing you do is to check your client's symptoms using the CPT client form. Then you do the following:

The goals of Session 1 are:

- Session 1 goals

1. To build trust and respect with the client.
2. To educate the client about the problems torture victims have
3. To explain what CPT is, how it works, and find out if it is something they wish to try.

It is necessary to address treatment compliance (coming to treatment every week and completing homework every week) early in CPT because avoidance can interfere with successful outcomes. It is strongly recommended that clients attend all sessions and complete all assignments in order to benefit fully from therapy. We set the expectation that therapy benefit is dependent on the amount of effort clients invest through homework completion and practice with new skills. It may be helpful to remind the client that what he has 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. Sometimes it may be helpful to use a metaphor about how learning a new skill requires regular, consistent practice (e.g., playing soccer well requires practice, learning to cook requires cooking regularly to perfect a dish, and CPT requires homework to learn the new skills).

In this session, clients are also given the opportunity to ask any questions they may have about CPT or about talk therapy in general. Sometimes some of clients' stuck points become clear from their questions and worries during this first session. Finally, building a good relationship between the client and therapist is crucial for effective CPT. The client needs to feel understood and listened to, otherwise she may not return.

- Trauma disclosure

Clients sometimes arrive with a pressing need to speak about their trauma. However, the therapist should prevent the client from talking in detail about the trauma at the first session. Intense emotions and graphic details of an event, disclosed before any trust has been established, may well lead to the client not coming back or quitting therapy. The client is likely to assume that the therapist holds the same opinions about his guilt, shame, or worthlessness that he, the client, holds, and may be afraid to return to therapy after such a disclosure.

Other clients will be reluctant to discuss the traumatic event and will be relieved that they do not have to describe it in detail during the first session. In these cases, the therapist may have to draw out even a brief description of the event. In this

first session, it is important that the therapist remind the client that CPT is a very structured form of therapy and that the first session is a bit different from the others because the therapist will do more talking. In the sessions that follow, the client will do more and more of the talking, with the ultimate goal that, by the 12th session, the client will do the majority of the talking. The therapist begins with a description of symptoms common to people who have experienced trauma.

Therapist Explanations to Patient

1. Greet the client, welcome them, and thank them
Remember, this item should be brief and we recommend not asking general questions (how are you, how was your week). If you do ask those questions, you (a) may be allowing your client to avoid and (b) will be losing valuable time (this session has a lot of material).

2. Check the client's symptoms using the checklist.

> *"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."* [Get the form, explain how it works, and ask client all of the questions on the form.]

3. Torture and problems [the suggested text assumes that client came to a previous intake session, whether done by the therapist or by an intake person, that focused on problem/symptom assessment]

> *"Thank you so much for coming in and for answering all of those questions last session. I appreciate how difficult this may have been. In looking through your answers, we found that you have a number of mental health problems that are common for people who have experienced torture. These symptoms or problems fall into four areas. The first area is your memories of the torture. These are problems like nightmares or other scary dreams about the torture; feeling like the torture 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 torture. How much have you had problems with memories about the torture this week?*
>
> *"A second set of problems concern anxiety. When something reminds you of the torture 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 avoidance of the torture memories and emotions. A natural reaction to torture memories and emotions is to want to push these thoughts and feelings away. You might avoid places or people who remind you of the torture. You might avoid remembering the torture or letting yourself feel your feelings about the torture. There might be certain sights, sounds, or smells that you find yourself avoiding or escaping from because they remind you of the torture. Sometimes people feel numb and withdraw from people around them. Some people might use food or substances like drugs or alcohol to keep themselves from thinking about torture. This is also avoidance. Which memories or emotions do you avoid or run away from? Have 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. Are you having these types of problems?

Natural recovery and getting stuck

- Trauma recovery

"Many people are exposed to trauma. In the time immediately following a terrifying event, most people will have these problems that we just talked about. 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. 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.'

- Fight-flight-freeze reactions

"There are some different reasons why you may be having trouble recovering. First, there is biological response during the event. When people face serious, possibly life-threatening events, they are likely to experience a very strong physical reaction called the ***fight-flight reaction****. More recently we have learned that there is a third possibility, the* ***freeze response****. In the fight-flight reaction, your body is trying to get you ready to fight or flee danger. The goal here is to get all the blood and oxygen out to your hands, feet, and big muscle groups like your thighs and forearms so that you can run or fight. In order to do that quickly, the blood leaves your stomach or your head. You might feel like you have been kicked in the gut or are going to faint. The same thing happens with the freeze response, but in this case your body is trying to reduce both physical and*

emotional pain. You may have stopped feeling pain or had the sense that the event was happening to someone else as if it were a movie. You might have been completely shut down emotionally or felt like you were outside your body or that time has slowed down."

"If you have been thinking now of other things that you could have done or should have done during the trauma, 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?"

- Classical conditioning processes

"Second, the fight-flight response that you were experiencing during the traumatic event can get matched with other things that were happening during the trauma. Then later, when you encounter those same things, you are likely to have another fight-flight reaction. This could be a sight, a sound, smell, or even a time, and then your body reacts as though you are in danger again. These reactions will fade over time if you don't avoid those reminders. However, if you avoid reminders, your body won't learn that these are not, in fact, dangerous. After a while you won't trust your own senses or judgment about what is and isn't dangerous, and too many situations seem dangerous that are not."

"You may start to have thoughts about the dangerousness of the world, particular places, or situations that are based on your reactions rather than the actual realistic danger of those situations. This leads us to examine how your thoughts may affect your reactions. Besides thoughts about dangerousness, many different types of beliefs about ourselves and the world can be affected by traumatic events. In CPT we will talk a lot about these kinds of beliefs"

3. Introduction to Talk Therapy and Building Commitment

- Education about talk therapy and increasing motivation

Most clients have never been to see a therapist and do not know what to expect or if it will be helpful. Many people have a doctor they see on a regular basis and are used to expecting medication to help fix problems. On the one hand this may be good, since these problems might otherwise have gone untreated. On the other hand, mediations do not resolve the underlying trauma symptoms. If someone has a more severe disorder like psychosis or bipolar illness they should take medications but most people with trauma symptoms benefit as much or more from CPT. And, unlike medications, CPT has no side effects. Ask the client about the symptoms that are most concerning and what they have tried so far. Tell the client that these types of problems often get much better with therapy like CPT Tell the client that for problems like these talk therapies like CPT have been as effective or more effective than medications

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?

What symptoms are affecting your family the most? What are they most worried about?

Tell me what you've tried so far to fix these problems?

What's worked? What has been helpful? In what ways?

What hasn't worked? What are the downsides of what you've tried so far?

What would you most want to have be different in your symptoms when you finish CPT?

Some people have an inaccurate view of what talk therapy, like CPT is. CPT teaches clients specific skills. CPT is focuses on the ways that a person's thoughts, feelings, and behaviors are connected and affect one another.

* The therapist and client work will together with a mutual understanding that the therapist has expertise in treating trauma symptoms, but the client is the expert on herself and her life.
* The therapist seeks to help the client discover that he is capable of changing his thoughts and behaviors.
* Clients actively participate in treatment in and out of session. Homework assignments are part of therapy because the skills that taught in CPT require practice.
* Help patient understand that this is a team effort
* State that you will help the client & that he/she can do this!

Anticipating Avoidance and Increasing Therapy Participation

- Increasing participation and reducing avoidance

The client has been avoiding thinking about the trauma to escape and avoid strong and unpleasant emotions. The therapist must explain the reason for CPT in a way that the client will understand and in a way that seems helpful or the client will not be willing to try it. It is very important that the client understand what they will be doing in CPT and why it will work. She should have many opportunities to ask questions and express concerns. The therapist 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 torture 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 torture. This will be your biggest (and probably scariest) challenge. I cannot help you feel your feelings, or change your thoughts if you don't come to therapy or if you avoid doing your homework. If you find yourself wanting to avoid, remind yourself that you are still having problems from the torture because you have been avoiding the memories and emotions."*

In the first session, it is important that the therapist remind the client that CPT is a very structured form of therapy and that the first session is a bit different from the others because the therapist will do more talking. CPT is structured, like school or a class. In CPT usually both of us will be talking. Each session will have a lesson or a skill to learn. Each session there is homework to learn to practice the skills. It may be helpful to talk about how one learns a skill in general (how to cook, how to play soccer, how to fix 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 client has been having, the client will need to learn new skills and to practice them.

It is necessary to talk about coming to therapy sessions and about practice and the importance of doing homework early in the therapy because avoidance can keep people from improving. We would like patients to attend all sessions and complete all homework to improve the most. It may be helpful to remind the client that what he has been doing has not been working and so it will be important to try something new. If the client cannot commit to 12 sessions of CPT, the therapist may have to work with the client to commit to fewer sessions and then agree to reevaluate how the therapy is working and if the client will continue. In other words, the client might agree to come to 6 sessions and then at the 6th session, you will look at the client's symptoms together to see how CPT is working for the client. **Of course, it is MUCH better if the client can agree to complete the entire therapy.**

Clients are also given a chance to ask any questions they may have about the therapy. The patient needs to feel understood and listened to, otherwise she may not return.

4. Overview of Treatment

The therapist should describe what therapy will be like and the importance of doing homework.

> *"We will meet for 12 sessions, each one will last for 50-60 minutes. First, we will teach you about the kinds of problem torture victims may have (that's part of what we're doing today). Then we will focus on your*

memories and emotions about the torture. We will talk about that together. Third, we will work on your beliefs about the torture. Finally, we will work on your beliefs about your life now and about your future."

"Each week, you will learn a new skill and I will ask you to do homework to practice that skill. There are 168 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 the other 167 hours a week. It will be important for you to take what you are learning and try it to your everyday life. That is why I will ask you practice what you learn at home. Your therapy needs to be where your life and problems are, not just in this little room."

5. Homework: Observe symptoms and effects from trauma

Every day the client should notice what symptoms they have experienced relating to the torture.

They can use the list from session as a reminder

- **Assign Session 1 practice assignment**

Literate clients can make a check by each symptom if they experienced it that day

Illiterate clients should make a mental note or use a cue (picture or diagram) to remember. They could also use a tape recorder or their cell phone to record their observations.

6. Ask About Client's Reactions to Session

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

Session 2:
Tasks for Session 2 – Symptoms and Thoughts

1. Check client's symptoms and review homework (10 minutes)
- What symptoms did they notice the most?
- Which do they most want to change?
- What symptoms are causing the most problems in their life?
- In what ways do they tend to avoid the trauma?

2. Brief review of the worst torture (5 minutes)

3. Therapist explanations to client (15 minutes)
- Cognitive Theory
  - Belief structure: categories—just world, good things to good people, etc.
  - Change memories to fit beliefs
  - Change beliefs about the world
- Types of Emotions
  - Emotions follow trauma. Some occur at the time & others come from our thoughts about the trauma or things related to the trauma.

4. How CPT works—stuck points (10 minutes)
- Even though you were very scared during the torture, that doesn't mean that the memory can hurt you now. Part of this therapy will be teaching you that the memory is only a memory. It isn't happening now.
- Thoughts and Torture
  - In this therapy we will look at how the torture has changed how you think about yourself and the world.
- Goals
  - To feel your emotions about the torture
  - To find and change thoughts and emotions that may be unhelpful

5. Assign homework and think together about barriers. (5 minutes)
- First Impact Statement
  - Written for clients who are literate
  - For clients who are illiterate they can come early to Session 3 (or stay late after Session 2) and use a tape recorder, record it on their mobile phone, have someone they trust write it for them, or draw pictures and/or diagrams.

6. Check about client reactions to session (5 minutes)

Session 2: –Symptoms and Thoughts

REMEMBER: After you briefly greet and welcome the client, the first thing you do is to check your client's symptoms using the CPT client form. Then you review the homework:

The goals of Session 2 are:

- Session 2 goals

1. To build trust and respect with the client.
2. To identify the symptoms and problems that are affecting the client the most and that the client most wants to change.
3. To identify typical avoidance behaviors used by the client.
4. To select the worst trauma to focus on for treatment
5. To educate the client about thoughts and feelings and how these can be affected by torture
6. To explain what CPT is and how it works.

Homework review

Ask clients about what they noticed in completing their monitoring of symptoms homework. This is an opportunity to help clients see how much their symptoms are bothering them and for you to learn the specific problems that seem to be most distressing to the client. It is important while reviewing this to continue to affirm that there is hope that these symptoms will get better with CPT and that CPT has been an effective treatment for many clients.

What symptoms bothered you the most?

Were there any patterns you noticed in terms of when these symptoms were better or worse during the week?

Which symptoms are causing you the most difficulty in your day-to-day life?

Which symptoms help you avoid thinking about the trauma?

Any surprises in terms of symptoms that you are experiencing?

Which symptoms do you most want to have change as a result of CPT?

If the client did not do the homework, this is an important opportunity to talk about the importance of homework completion in CPT. Ask the client about what kept them from completing the homework and work together to problem solve around any barriers (lack of privacy, embarrassment, it didn't seem important, didn't have time, didn't want to think about it…). Also review the role of avoidance in keeping trauma symptoms going. Then, (1) ask the client about what he remembers about his symptoms over the last week and (2) reassign this homework for next week. Remember, if the client didn't do the homework, you

will be asking her to redo the assignment for next week as well as to complete the typical homework that is assigned at the end of session 2.

Brief Review of Most Traumatic Event

- Trauma disclosure

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

Explanation: We begin with the worst part because if the client 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 client believes she cannot handle the worst part of the trauma, she will still believe that after working on a less distressing part of the trauma and may not have her problems improve as much. If the patient is worried about writing (or telling) an account about the worst traumatic event, the therapist can ask good open-ended questions to see whether the worries are accurate and helpful or might be stuck thoughts. If the client says they will not talk about the torture at all and it will keep them from doing CPT, ask them if you can start CPT and ask them to think about this and you will check again with them in 2 sessions to see if they have changed their mind.

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

Other clients 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 session. In these cases, the therapist 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

- If the patient has had multiple traumatic events making it difficult or impossible to choose the "most" traumatic event:
    - Focus on asking about which event is causing the most problems with memories (like nightmares or unwanted memories).

      What do you think about or have flashbacks about the most?

      What event comes up in nightmares the most?

      What event do you think about the most?

    - Also ask about which traumatic event leads to the most problems from avoidance.

      Which event do you try the most not to think about?

      Which event are you most hoping you never have to talk about?

Therapist Explanations to Patient

1. The meaning behind traumatic events

- Cognitive theory

"Last session 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 torture. 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.' It makes sense 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 torture may not fit with our old rules.

Some people's beliefs get stuck when they try to keep their old rule. For example, if they think bad thing 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 you were tortured you thought people were bad and that the world was dangerous, the torture 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.

2. Types of Emotions

- Two types of emotions: (1) emotions directly from the trauma & (2) emotions from interpretations (thoughts) about the trauma

"CPT works on thoughts and it also works on your emotions. There are two kinds of emotions that come from traumatic events. The first type is the 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 torture so they can get smaller and not bother you so much."

"The second type of emotions come from your beliefs about the torture – how you think about and/or interpret what 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 torture. The more that you have those thoughts, the more and more of those feelings you will have. In other words, those emotions don't get better or smaller by feeling them. 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 beliefs 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 emotions and change the thoughts that lead to manufactured emotions. Even though you might have been terrified during the torture, that doesn't mean that that the memory of the torture can hurt you know. Part of this therapy will be teaching you that the memory is only a memory – it isn't happening now."

Therapy Rationale—Stuck Points

After the client gives you some information about the most traumatic event, you talk about stuck points.

- Introducing stuck points

"So, 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 torture. These thoughts may occur so fast that you don't notice you have them. Even if you don't notice them, they will still affect your emotions and what you do. For example, on the way here today, you were probably wondering what today's session would be like. Do you remember what you were thinking about before you came here?

"I will be helping you notice these thought and emotions. I will also teach you ways to change what you are saying to yourself and the thoughts about yourself and the torture. Remember that we talked at the beginning of this session how some people get stuck in 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 points.' We will keep a list of stuck points together so that as we identify these thoughts, we can write them down so we remember to work on them together."

First Impact Statement of Trauma

- Writing the Impact Statement

"For the next session, I want you to start working on how you think about the traumatic event. I also want you to pay attention to the effects of the traumatic event on your beliefs about yourself, other people, and the world. I ***do not*** *want you to write about the specific things that happened during the event itself. Instead, I want you to write about your thoughts and explanations about why it happened and how it's affected your life. I want you to write at least one page on 1) why you think this trauma happened to you, and 2) how has changed your views about yourself, other people, and the world in general?*

"You will get the most benefit from this homework if you start it soon. Pick a time and place where you have privacy, so you can feel your emotions as you complete the assignment."

If the client cannot read or write or has physical disabilities that make it difficult or impossible to write, the therapist might suggest that he record his thoughts on a tape recorder or cell phone or that the client pick a family member or friend to write for them. They should pick someone they trust very much with very personal information, someone who will write down whatever they say and who will not judge them. If neither of these options will work, then the client could

draw pictures to remind herself of the thoughts she has about why the trauma happened and about how the trauma changed her thoughts.

Homework

- **Assign Session 2 practice assignment**

> *"Please write at least one page on why you think this traumatic event occurred.*
>
> *Do **not** write specifics about the traumatic event.*
>
> *Write about your thoughts about the cause of the worst trauma (why do you think it happened).*
>
> *Also write about how the traumatic event has affected your beliefs about yourself, others, and the world in these areas: safety, trust, power/control, respect, and caring."*

[See above for specific suggestions for adapting the assignment for clients who cannot read or write.]

If the client did not complete the homework for today's session (observe symptoms and avoidance behaviors), reassign that homework for next week. The client will be doing both that assignment and the new assignment for the next session.

Ask About Client's Reactions to Session

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

Summary of Session 3: The Meaning of the Event

1. **Check client's symptoms.** (5 minutes)
2. **Have client read Impact of Trauma Statement—begin to look for stuck points** (5 minutes)
   - If homework not written and the client was literate, have client describe meaning of event orally and assign it again
   - If the client was not literate, have them play the audiotape, have the therapist read the impact of trauma statement aloud if it was written by someone else, or ask them to tell it orally.
3. **Discuss meaning of Impact of Trauma Statement with client** (10 minutes)
   - Begin to identify stuck points about why the trauma happened (self-blame or backward bias) and about the present and future
4. **Review concepts** (5 minutes)
   - Trauma symptoms, stopping avoidance, feeling emotions, stuck points
5. **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
   - Client 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.
6. **Introduce A-B-C Form and fill one out together** (5 minutes)
7. **Assign homework and talk about any barriers to finishing it** (5 minutes)
   - A-B-C Forms to become aware of connection among events, beliefs, and feelings
   - At least one A-B-C Form each day (as soon after an event as possible)
   - At least one form directly about the worst traumatic event
8. **Ask about client's reactions to session** (5 minutes)

Session 3: The Meaning of the Event

The goals of Session 3 are:

- Session 3 goals

1. To begin to identify the client's stuck points and understand what beliefs are preventing the client from recovering naturally from the event (Impact Statement).
2. To begin helping the client to identify and see the connection among events, thoughts, and emotions. The Impact of Torture Statement will be helpful in finding the client's beliefs about the trauma and the effect it has had on their life. Review of the effects of the trauma on one's life can also be used to increase the client's motivation to come to and be engaged in therapy and to complete the homework for CPT.

Client Reading of the Impact of Torture Statement

- Reviewing the Impact Statement

After checking symptoms using the form, the therapist should begin the session by asking how the homework went and asking the client to read it to the therapist. If the client is literate, the client should read this and all other homework out loud. If the therapist reads it, the client could stop listening.

If the assignment was audiotaped, play the audiotape in session. If the client had someone else write down the homework and cannot read it, the therapist should read it. If the client used pictures or diagrams, the client should use the picture or diagrams and mental cues and tell the therapist about how his beliefs were affected by the trauma.

When listening to the Impact of Trauma Statement, the therapist should be listening for stuck points 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….").

If the client did not do her homework assignment, the therapist should ask about barriers and problem solve, discuss the importance of completing homework assignments, review the problem of avoidance and symptoms, and then ask the client if she thought about the meaning of the event. **Never reinforce avoidance.** If a client does not do her homework assignment or "forgets to bring it in," complete the homework orally during the session. The homework to write the Impact Statement of Trauma should be reassigned if it was not completed out of session, but the therapist should add the next homework as well.

The purpose of the Impact of Trauma Statement is to have the client examine the effect that the event has had on his life in five different areas (safety, power/control, trust, respect, caring). When reading the statements, it will be important for the therapist to notice whether the client has written about all of these areas. If the client hasn't, you will want to ask about them (safety, power/control, trust, respect, caring).

After listening to the Impact of Trauma Statement, the therapist should praise the client and review with the client the major topics (safety, power/control, trust, respect, caring) that will be talked about during treatment. The therapist should reassure the client that other people also have similar thoughts and symptoms from such an event but should also begin to talk about the idea that there may be other ways to think about the event.

Meaning of the Impact Statement

- Using the Impact Statement

The therapist should use the Impact Statement to help the client begin to notice which statements are interfering with acceptance of the event and which may be extreme beliefs. In response to a client's statement on thinking of ways she could have handled the trauma differently, the therapist 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 hindsight bias (looking back now and seeing all the things that one could have done differently) or self-blame are examples of trying to alter 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 therapist can gently point out those extreme statements, while intended to make the client feel safer and more in control, ultimately do not work.

The initial Impact of Torture Statement can also be used to help increase the client's interest in changing. It may be possible for the therapist to help the client see that the cost of avoiding is very high (i.e., they are having lots of problems) and that it is worth it to risk remembering the trauma and feeling the painful emotions. After the therapist and client have discussed the Impact Statement, the therapist begins to help the client to identify and label thoughts and emotions; to learn to see the connection among events, thoughts, and feelings; and to be introduced to the idea that changing thoughts can change the amount and type of emotion experienced.

- Teaching about emotions

> "*Today we are going to work on identifying what different feelings are, and we will be looking at the connection between your thoughts and feelings. Let's start with some basic emotions (feelings)—anger, disgust, feeling ashamed, sad, scared, or happy. These emotions can also range from being very strong to very small (for example, being irritated, to being angry, or to being enraged). Can you give me an example of something that makes you mad? When do you feel sad? How about happy? What frightens you? How do you feel physically when you are feeling angry? How do you feel physically when you are feeling scared? How are angry and scared different for you? What does shame or embarrassment feel like?"*

THE THERAPIST KEEPS THE INITIAL IMPACT STATEMENT

Connections Among Events, Thoughts, and Feelings

- Interpretation of events

The therapist then describes how thoughts can change feelings. The therapist can use as an example the situation of someone the client knows walking down the street and not saying hello to the client. The client is then asked what she would feel and next what she just said to herself (e.g., "*I'm hurt. She must not like me*" or "*I wonder if someone else might have different thoughts about her behavior?")*. If the client cannot name other thoughts, the therapist should present several other possible thoughts (*"She must not have her glasses on," "I wonder if she is ill?" "She didn't see me,"* or *"What a rude person!"*). Then the therapist can ask the client what she would feel if she 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 Torture Statement you wrote. What kinds of things did you think about when you wrote what it means to you that the trauma happened to you? What feelings did you have as you wrote it?"*

- Connection of thoughts, feelings, and behavior

If the client does not notice his feelings, help the client connect his thoughts to his feelings and behavior.

"*When you have these thoughts, what feelings do you have? What do you do when you have these thoughts and feelings?*"

The therapist should make sure the client sees the connection among his thoughts, feelings, and behaviors. Sometimes a simple "why" question can help elicit the client's thinking.

> Therapist (T): *Why were you angry?*
> Client (C): *Because I should have known better.*
> T: *So your thought was, "I should have known that this was going to happen"?*
> C: *Yes.*
> T: *And you felt angry at yourself?*

This exchange also allows the therapist to begin some gentle open questions to assess how flexible the client's thinking is, and whether the client has made assumptions ("*I just should have known"*).

> T: *I don't understand; how could you have known that this was going to happen?*
> C: *I had a strange feeling that morning, like something was going to happen.*

T: *Have you ever had those kinds of feelings when nothing happened?*
C: *Yes, but it was very strong. I should have done something.*
T: *Did your feeling tell you what was going to happen or when it was going to happen?*
C: *No.*
T: *Then what could you have done?*
C: *I don't know. I just should have done something.*
T: *Were you certain about your feeling? You said that sometimes you have had feelings and then nothing happened.*
C: *No, I wasn't positive.*
T: *So, you didn't quite trust those feelings and wouldn't have known what to do even if you were sure?*
C: *No, but I still feel guilty that I should have done something.*
T: *Yes, it's upsetting not being able to do anything to stop an event that is out of your control, isn't it?*
C: *Yes, I hate it.*
T: *It is very difficult to accept that some events can be out of our control. But is it really your fault that it happened?*
C: *No, I suppose not.*

If the client begins to argue with the therapist about her beliefs, the therapist should stop questioning and just say something like, *"Well, I can see that this is an important topic that we will need to work on later in therapy,"* or just *"We'll get back to this topic later."* Then, the therapist should move on to talk about something different (rather than begin to argue back!).

Sometimes a therapist will find almost no answers in response to open questions. For example, in response to questioning the statement *"I let it happen"* with *"How did you let it happen?"* the client may just say, *"I don't know; I didn't prevent it."* The therapist then would ask, *"How could you have prevented it?"* and the client may respond, *"I don't know, I just should have."* If the client becomes uncomfortable because he doesn't have answers to the questions, the therapist can gently reassure him that they will work on this later in therapy.

Introduction to A-B-C Forms

- **Give client blank and example A-B-C Forms**

Several A-B-C Forms are given to the client (enough for one each day until the next session). The therapist points out the different columns and how to fill them in.. The client and therapist should fill out one form together during the session. An event the client has already brought into therapy or some event that occurred within the past few days should be used.

For clients who are illiterate the therapist should still show them the form and explain the pictoral cues. The clients can use cues to make a mental note of their thoughts and feelings at a set time of day (using the call to prayer or a cell phone

alarm). They can use pictures to illustrate their emotions and the event. The therapist can help identify the thought in session.

More than one event can be written on each form. However, if more than one event is written on the form (to save paper, protect client's privacy, etc.), it is important to clearly identify the specific thought and feeling that go with each event. One strategy for doing so would be to draw a line under each event, thought and feeling that go together (to keep them separate from the next event, thought, and feeling.

- Introducing A-B-C Forms

"These homework forms will help you to see how your thoughts and feelings follow events. You may be more aware of your feelings than your thoughts at first. If that is the case, go ahead and fill out Column C first. Then go back and decide what the event was (Column A). Then try to recognize what you were saying to yourself (Column B). Try to fill out these forms as soon after the events as possible. If you wait until the end of the day (or week) you may not remember what you were saying to yourself. The events you record don't have to be negative events. You also have thoughts and feelings about pleasant events. However, I want you to do at least one A-B-C Form about the trauma (torture). If you have experienced the loss of loved ones, do at least one A-B-C form about the loss"

Homework Assignment for session 3

- **Assign Session 3 homework assignment**

"Please complete the A-B-C Forms to become aware of the connection between events, your thoughts, feelings, and behavior. Complete at least one form each day. Remember to fill out the form as soon after an event as possible. Complete at least one form about the worst traumatic event."

A-B-C Form

Date: _____ Client: _____

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

Summary of Session 4: Identification of Thoughts and Feelings

1. Check client's symptoms. (5 minutes) (5 minutes)

2. Review A-B-C Forms helping to identify and separate thoughts and feelings (15 minutes)

- Label thoughts vs. emotions
- Recognize that changing thoughts can change the intensity and type of feelings
  - Begin working on feelings of self-blame and guilt
- Look for stuck points and use good, open questions to help client test new thoughts

3. Discuss the A-B-C Form related to trauma (10 minutes)

- Review orally if client did not complete or was illiterate
- Work on the stuck point of self-blame using good, open questions

4. Introduce the Trauma Memory (10 minutes)

- Describe how to write the Trauma Memory
- Use good, open questions for any concerns the clients might have about the Trauma Memory

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

- For literate clients: Write a full Trauma Memory with sensory details
- For clients who can't write: Use a cell phone or tape recorder or draw pictures or diagrams
- Daily reading of the full Trauma Memory
- Continue practicing the A-B-C Forms
- Talking about barriers to homework completion is very important. If necessary, talk about avoidance and reason for CPT.

6. Ask about client's reactions to session (5 minutes)

Session 4: Identification of Thoughts and Feelings

After checking symptoms/problems using the form, you will do the following.

The goals of Session 4 are:

1. To assist the client 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 client's self-blame and guilt with regard to the traumatic event through good, open questions.
4. To assign the client to write a detailed account of the traumatic incident (trauma memory).

- Session 3 goals

Review of A-B-C Forms

For someone who did not complete their homework (either written for literate patients or with the modifications for illiteracy).—If the client did not write the initial Impact of Statement for the last session, this session should begin with having the client read the Impact Statement and noticing any changes or additions since the last session.

If the client fails to bring in the Impact of Statement again or the A-B-C Forms, the therapist should have a serious discussion about the client's motivation for treatment and ability to complete treatment at this time. If the client continues to not complete homework assignments, therapy should not continue without a commitment from the client. It is preferable to ask the client to return to treatment when he can devote himself to the work rather than to have him fail to recover because he wasn't practicing because it will be more difficult to try the therapy at a later time (*"That therapy didn't work; I'm a failure"*). Remind the client that avoidance is a symptom, not an effective method of coping. If the client agrees to treatment, have him bring in both the Impact of Torture Statement and A-B-C-Forms for next week, but hold off on the trauma Memory assignment to see if he is going to finish the other homework.

After checking symptoms, the therapist begins by going over the A-B-C Forms completed for homework. In looking over the forms that the client has completed the therapist should look for several patterns first. Is there an emotion that occurs multiple times? Is there a specific thought that occurs across situations? Do the emotions follow logically from the thoughts? Is there a match between the thoughts and the size of the emotions (match = small event, small feelings or big event, big feelings; mismatch = small event, big feelings or big event, small feelings)?

After briefly looking over all of the ABC forms, the therapist should spend time on the forms that were most difficult for the client (the client may say that they were difficult and/or the therapist might notice errors on the form). Typical errors

- Mismatch between thoughts and emotions

include a mismatch between the size of thoughts and feelings; confusing thoughts and feelings, and/or listing more than one thought for each situation. Thoughts and either the type or size of emotion may not match because the thought that was listed was not actually the last thought. The therapist can gently point out that the thought and feeling do not seem to match and ask what thought goes with the amount or type of emotion. Seeing how one thought can lead to a more extreme thought can be helpful for clients to see how extreme statements result in very strong emotions.

- Thoughts vs. feelings

Often clients label thoughts as feelings. For example, one client brought in an A-B-C Form that said *"Get yelled at before I even have my coffee"* for the event *"I try so hard but never get rewarded"* for the thought and *"I feel like I'm fighting an unsuccessful battle"* for the emotion. The therapist again labeled the basic emotions for the client (angry, sad, ashamed, happy, disgust) and asked her which of the feelings fit the statement best. She said, *"sad and angry."* The therapist pointed out that what she had listed for an emotion was actually another thought. When she did, the client was able to understand the difference between thoughts and feelings. The therapist also pointed out that just using the words *"I feel..."* in front of a thought does not make that thought a feeling. Clients are encouraged to use the words *"I think that ..."* or *"I believe…"* for thoughts and use *"I feel…"* for emotions. (**NOTE:** This misuse of the word "feel" is so common that the therapist may also catch himself. It is good for the therapist to correct himself during the session if it occurs and normalize how our language can be misapplied.)

Clients may also identify multiple thoughts that go with each situation. If they do so, it's important to make sure that the client identifies the specific emotions (and the size of the emotions) that go with each thought.

It is important for the therapist to praise the efforts of the client and help in a gentle, respectful way (*"We can move this thought over to the "Thoughts" column. Now what feeling goes with that thought? Just one word"*).

Review of A-B-C Form Related to Trauma

When going over the form about the trauma, the therapist can ask open questions to understand the thoughts and how flexible they are. Consider the following example in a which a client (C) discusses with her therapist (T) her thoughts and feelings because she didn't think about her husband (Jack) who had died:

- Example of using good, open questions

C: *In the "A" column, I wrote "I didn't think about Jack all day when I was at work." My thoughts were "How could I betray him like this? I am worthless." In the "C" column I wrote "shame, angry, and I cancelled my plans for the evening."*
T: *Who were you angry at?*
C: *Myself.*
T: *I'm not sure I understand. How is that a betrayal of Jack?*

C: *I don't know - it just is.*
T: (Therapist waits silently)
C: *Well, it just doesn't seem fair for me to go on with my life, when he can't go on with his.*
T: *But how is that a betrayal? The word "betrayal" makes it sound like you are saying that you were being disloyal or treacherous. Is that what you mean?*
C: *Well, not treacherous, but yes, disloyal.*
T: *Before he died, did you ever have a workday when you didn't think about him all day?*
C: *Sure. Lots of times.*
T: *Were you being disloyal then? Were you betraying him by being busy at work and concentrating on what you were being paid to do?*
C: *Well, no, but that was different. He was alive then. I assumed that I would see him again at the end of the day.*
T: *You said that it wasn't fair for you to go on when he couldn't. If you go on with your work and life and don't think about him all the time, how will you have been disloyal? Why is it different now?*
C: (Tearfully) *I'm afraid that if I am not thinking about him, that it means that I am forgetting him.*
T: (After a long pause to allow the client to cry) *When he was alive and you didn't think about him all day, did you forget him? Could you have thought about him if you wanted to?*
C: *Of course.*
T: *And even though you know you are not going to see him at the end of the day, you could decide to think about him? You can remember him if you want to?*
C: *I suppose so. I'm just afraid to let go. It's almost like if I don't think about him all the time, he really is gone.*
T: *So, you are saying that it is still very difficult to accept that he has died.*
C: *Yes.*

Introduction to the Trauma Memory

- Writing the Trauma Memory

The homework for the next week is to write a detailed account of the worst trauma event. The client is asked to write down exactly what happened with as many details as possible. He should be encouraged to include sensory information (sights, sounds, smells, etc.) from the trauma and his thoughts and feelings during the trauma. If the client is unable to complete the homework, he should be encouraged to write as much of it as he can. He may need to write a little bit over several days to complete the homework. If he is unable to complete the homework at one time or becomes emotional and needs to stop for a few minutes, he should draw a line at the place in the memory where he stopped. The therapist may be able to find some of the stuck points by asking about the places at which

he stopped writing. The client should be instructed to read the memory to himself every day until the next session. (Once the memory is written, reading the memory should only take a few minutes a day.) Ask the client to pick a time when he has privacy and can cry and feel other emotions without being interrupted or embarrassed. Tell the client not to completing homework assignments at work, during lunch, or in a public place. For those with substance abuse issues, tell them they should not write the memory while using drugs or alcohol. Identify this as avoidance.

If the client cannot read or write, the therapist might suggest that he record his thoughts on a tape recorder, either after session 4 or before session 5. The client could draw pictures to remind himself of the event and his reactions and then discuss the memory in more detail orally in session 5. We do not recommend that the client have a trusted family member or friend write down the memory for the client because the memory may be too distressing for that person and/or because the client may not want that person to know all of the details of the trauma.

The therapist should add,
"Don't be surprised if you feel your reactions almost as strongly as you did at the time of the trauma. However, you need to remind yourself that this is a memory and that you are not actually in danger as you remember the event. If you have not dealt with this memory, your feelings and the details of the event are very vivid and may be very strong when you finally think about the entire memory. People tend to remember traumatic events in much greater detail than everyday events. Over time, if you continue to allow yourself to feel your emotions about the event, your feelings will become less strong and less overwhelming."

There are two reasons for writing about the trauma memory. First, writing about the memory in great detail helps in remembering the complete memory of the event, including the natural emotions. Remembering the natural emotions allows them to be fully expressed and then get smaller. The memory then will not have such strong emotions attached to it. The second reason is for the therapist and client together to begin to look for stuck points.

- Purposes of writing the full Trauma Memory

Homework Assignment

- **Assign Session 4 homework assignment**

"Begin this homework as soon as possible.

Write a full description of the traumatic event and include as many sensory details (sights, sounds, smells, etc.) as possible. Also, include as many of your thoughts and feelings that you remember having during the event. Pick a time and place to write so you have privacy and enough time. Do not stop yourself from feeling your emotions. If you need to stop writing at some point, please draw a line on the paper where you stop. Begin writing again when you can, and continue to write the memory even if it takes several times to finish.

"Read the whole memory to yourself every day until the next session. Allow yourself to feel your feelings. Bring your written memory to the next session.

"Also, continue to work with the A-B-C Forms every day."

You may choose to ask your clients to complete 2 or 3 A-B-C forms so that they can still practice identifying thoughts and feelings and complete the trauma memory.

See the previous section for adaptations for clients who can't write.

Summary of Session 5: Remembering the Traumatic Event

1. Check client's symptoms. (5 minutes)

2. Have client read full Trauma Memory out loud (10 minutes)

- Goals of Written Trauma Memory:
  - Feel Natural emotions—Holding back feelings? Why? (coca cola example)
  - Identify Stuck Points—
  - Work on stuck points about self-blame and undoing
- Remain quiet during reading
- Ask about client's feelings during writing and reading
- Ask about areas where it seemed something was avoided or left out
- If Trauma Memory was not written, discuss reasons and then have client tell the memory of the trauma during the session and reassign the writing

3. Identify stuck points (10 minutes)

- Use client's expression of emotion or lack of expression of emotion to identify stuck points
- Ask to read again if initially read without emotions or if clarification is needed
- Listen for stuck points in the content
- Note the places the client had to stop writing and ask about emotions, look for stuck points

4. Gently challenge client's stuck points related to self-blame and undoing ("should's") using open questions (10 minutes)

- e.g., What else might you have done? And what might have happened then?
- Discuss hindsight bias – this is the idea that people often see past events as more predictable than the events actually were at the time they occurred

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

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

- Rewriting of the full Trauma Memory
- Daily reading of the full Trauma Memory
- Daily completion of the A-B-C Worksheets
- Talking about barriers to homework completion is very important. Talk about avoidance and reason for CPT if needed. (this is extremely important if homework not completed this session)

7. Check client's reaction to session (5 minutes)

Session 5: Remembering the Traumatic Event

The goals of Session 5 are:

1. To have the client read his account, with emotional expression.
2. To identify the client's stuck points for the event.
3. To begin examining self-blame with open questions.
4. To add more details to the memory and anything that was left out.

- Session 5 goals

Client Reading of Full Trauma Memory With Emotions

After checking symptoms using the form, the therapist should begin the session by having the client read the trauma memory. If the client did **not** do the homework, the therapist should first ask her why she did not complete it. Discuss avoidance and how it prevents recovery. Then ask the client to describe the trauma as if she had written it. Be sure to help the client to identify her thoughts and feelings after she talks about the event, but do not have the client write down the memory during the session.

- Client reading of full trauma account

If the client is illiterate, have her play the audiotape or ask the client to describe the trauma as if she had written it. Be sure to help the client to identify her thoughts and feelings after she talks about the event

If the client has written the trauma memory then have the client, rather than the therapist, read the account. If the client expresses emotions, the therapist should remain still and not interfere. Trying to comfort the client can interfere with the expression of emotions because the client is brought back to the present. Clients are usually trying so hard not to experience their emotions that just about anything the therapist does can disrupt this. Therapists who are new to trauma therapy are often concerned that clients will experience overwhelming emotions. Clients are also frequently concerned about of the strength of the emotions they have been avoiding. However, we have found that the vast majority of the time that the amount of emotion the client experiences is not a problem or too much. In those **very rare** cases in which the therapist is concerned about the amount of emotion that the client is expressing, the therapist can talk to the client, say the client's name, hand her a tissue, ask questions—to reduce the emotions.

- Therapist behavior during reading

It is important that the therapist encourages the client to express his emotions about the trauma memory and help him to identify both his thoughts and feelings. The client should be encouraged to discuss his feelings and thoughts while doing the homework and during the actual torture. *"What was the most frightening part for you?" "Is there some part of the event that you try not to remember?"* The therapist should notice the places in the memory where the client stopped writing and ask if these were very difficult parts of the memory, and why. *"What were you feeling at the time that you stopped writing?"* Often these points are particularly difficult because they were the most life-threatening or the moment at which he had a loss of control over the situation.

- Therapist guidance during reading

Some clients will write a lot about irrelevant details and then skip the most important and upsetting parts. The therapist needs to listen carefully, not just to what the client reads but also to what he leaves out. If the therapist thinks an important part of the memory has been avoided, the client should be asked for more detail about that part of the trauma after he has finished reading the whole memory.

- Content of Trauma Memory

If the client reads or tells the memory without any emotion, the therapist should stop the client early in the telling and ask him if he is holding back his feelings, and ask why. The therapist may need to discuss thoughts about the loss of control and the client's fear of being overwhelmed by his emotions (*"I will go crazy, forever"*). This is place where it might be helpful to talk about the coca cola example: It is like a bottle of coca cola that has been shaken. When the cap comes off, soda foams up, but it is temporary and eventually the soda flattens. If the client were to quickly put the top back on, the soda would retain its fizz. The soda, under pressure, had energy to it but can't keep producing that energy when the top is left off. Emotions about the trauma are the same way. The client feels the strength of the emotions but keeps the top on them, thinking that they will continue forever. At this point, the therapist can ask the client to remember times when he has had feelings such as sadness or anger and what happened after he allowed himself to feel the emotions. It can be helpful for the therapist to remind him that the actual trauma is over and that he is no longer in immediate danger. The strong feelings are of a memory. After talking about emotions, the therapist should ask the client to keep reading the memory and ask the client what he was feeling at the time. Again, when a client begins to have emotions, it is important that the therapist sits quietly and does not interfere.

- Coca cola analogy of emotions
- Let the client feel full emotions

Sometimes, the client is not avoiding emotions but is having the emotions like they were experienced at the time. If the client dissociated, she may dissociate again as she remembers the event. If clients felt sick, they may feel the same way as she remembers the event. Typically, the emotions change after they talk about the memory, and the client begins to experience more current emotions

Finding Stuck Points

After talking about the emotions, the therapist should ask the client about stuck points that may not be in her trauma memory (for example, what she thought she should have done instead). Often, clients have regrets because they think they should have prevented the event, did not fight hard enough, or did or didn't do something that affected others. The therapist may have to discuss hindsight bias (looking back at the event and thinking you should have done something differently) and how easy it is to say how you should have behaved after something happens. No one knows how she will respond in a particular situation. Sometimes clients think that if they had acted differently in some way, the event would have had a better outcome. Clients often don't consider more negative outcomes – i.e., the fact that if they had done something differently, something

- Stuck points from Trauma Memory

even worse could have happened. Asking open questions about all types of possible outcomes -- including whether something worse could have happened -- is very helpful in those situations.

Stuck Points About Self-Blame Using Open Questions

- Self-blame

Self-blame happens because the client is looking for ways in which he 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 undo the event in retrospect. It doesn't occur to the client that the "if only" might not have worked. Some people make assumptions about how one should react or how long it should take to recover, 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.

- Context of the trauma

It is important for the therapist to help the client think about the context of the traumatic event. Going through the account will help the client see the whole situation and that he may have had no other good option at the time (or perhaps had only worse options). Part of the context is the age of the person at the time of the trauma. He may also have been sleep-deprived or hungry or terrorized. It includes the political situation and what the other realistic options were at the time. It is important for the client to understand that actions she thinks of later, but not at the time of the event, were not options. The therapist's job is to guide the client, through the use of open questions, to realize that terrible events can occur in spite of one's best efforts. The best plans do not always lead to positive outcomes.

- Rape

Because rape is a very personal event, clients who have experienced it may also believe that it means something about them as people. The therapist will need to guide the client to see that she might have been at risk for the assault (she was pretty or because she was female) but not the *cause* of the event. The perpetrator is entirely responsible and to blame for the event, and no risk factor can force someone to commit a rape. Blame and fault are words that should only be used when intent was present (for example, when the client says she is to blame for the event, the therapist can ask if the client intended for the event to happen. When she says no, the therapist can explain that blame and fault only apply to intentional acts.)

C: *It is my fault that the torturer raped me. I should have been able to stop it.*
T: *When did you recognize that you were in danger?*
C: *When he took me in a room and held me down and raped me.*
T: *So did you know what was going on and was there anything you could do?*

C: *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."*
T: *Was he bigger than you? Stronger than you?*
C: *Yes. And when he was on top of me, I couldn't move. I couldn't breathe.*
T: *So how could you have stopped it?*
C: *I guess I couldn't have. But, I just keep thinking I should have.*
T: *But that thought doesn't get you anywhere does it? He had surprise on his side, was bigger, stronger, and you were a prisoner. You know, I wonder if you are confusing "I should have" with "I wish I could have."*
C: *I do wish I could have stopped it.*
T: *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. How does it feel to say "I wish I could have stopped it" instead of "I should have stopped it"?*
C: *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.*

Difference Between Responsibility and Blame

- Responsibility vs. blame

In this stage of CPT, it is important for the therapist to teach the client about the difference between blame and responsibility. Responsibility means one's action in a situation contributes to the outcome. Responsibility and intention determine blame. If the person did not intend to do harm, then blame is not appropriate. People can make distinctions in levels of blame and responsibility. People can distinguish between an accident (no responsibility, no intent), manslaughter (death caused by carelessness) (responsibility, but no intention), and murder (responsibility and intention to kill).

The following is an example of open questions about intent and responsibility.

T: *Let's talk about differences between blame and responsibility. From your trauma memory, it sounds like you were responsible for the shooting. It sounds like there were other people who may have been responsible, too, given that you were not the only person who was shooting at that time. Responsibility is about your behavior causing the outcome. Blame has to do with your intention. Did you go into the situation intending to kill someone?*
C: *No, but they were murdered.*
T: *Some died. From what you've told me, if you think about the situation at the time, you didn't want them to die. You were trying to get the people out of the area. Your intention at the time*

did not seem to be to kill people. In fact, weren't you trying to do the opposite?

C: *Yes.* (Begins to cry)

T: (Pause until his crying subsides somewhat) *The word blame doesn't fit. Your intention was not at all to have to shoot them.*

C: *But why do I feel like I am to blame?*

T: *That's a good question. What's your best guess about why that is?*

C: (Still crying) *If someone dies, someone should take responsibility.*

T: *Do you think it is possible to take responsibility without being to blame? What would be a better word for a situation that you were involved in but didn't intend to have happen? If someone shot someone but didn't intend to do it, what would we call that?*

C: *An accident.*

T: *That's right. Thinking about facts of what happened and what you knew at the time, how do you feel?*

C: *When I think through it, I do feel less guilty.*

T: *There may be points when you start feeling more guilty again. It will be important for you to remember the facts of what happened, rather than the stuck points you've had for a while.*

A Comment on Perpetration

- Perpetration

Aside from acts of war, it is possible that a client will describe an event in which she did commit what might be considered murder (the intentional killing of an unarmed and nonthreatening person), rape, or family violence. The therapist first needs to ask questions to understand the client's self-blame in context. If it was intended and unprovoked harm against an innocent person, the therapist should see if this is behavior that is also happening now. If so, the therapy needs to shift to assess whether someone is currently in danger and to stop the behavior. In this case, you may need to stop CPT to focus on the safety of others. If the behavior occurred in the past and not since, the therapist may need to help the client understand how the situation is different now and that she is not the same person now as she was then. Too often, people do not understand that a situation can determine behavior. They decide whether or not they are a good person only because of their past behavior.

- Safety of others

Ultimately, the therapist must make a clear statement that the client was not to blame for things he had no control over and did not cause, but does have responsibility for intended acts. In other words, **CPT does not ask or suggest that therapists should excuse or justify intended acts of harm that client might have committed**. **But neither is it therapist's job to blame or vilify the client.** The therapist and client can discuss what values the client has now and strive for self-forgiveness in those situations for which he has responsibility. He may also want to do something good for society or for the community if it is not possible to do something for the victim.

Homework Assignment

- Second Trauma Memory

For the homework, the therapist asks the client to write the whole memory again at least one more time. If the client was not able to complete the assignment the first time, he should be encouraged to write more than last time. Often, the first version has nothing but the facts. The client should be encouraged to add more sensory details and more of his thoughts and feelings during the trauma. The therapist ask the client to write his current thoughts and feelings, what he is thinking and feeling as he is writing the memory (e.g., *"I'm feeling very angry"*). Also, the trauma may include more than just the event. Police or military procedures, funerals, or rejection from loved ones may make the trauma worse and therefore should be considered part of the memory. Memories of these events and their stuck points should be included in the writing assignments and discussions. If the client is experiencing different thoughts and feelings from those in the first account, then he can write his current thoughts or feelings also (for example, "*At that moment I was absolutely terrified (now I am feeling angry)."*

The client should be reminded to read over the new memory every day until the next session.

- **Assign Session 5 homework assignment**

> *"Write the whole trauma again as soon as possible. If you couldn't complete the assignment the first time, please write more than last time. Add more sensory details, as well as your thoughts and feelings during the trauma. Also, write your current thoughts and feelings. Remember to read over the new memory every day before the next session.*
>
> *"Also, continue to work with the A-B-C Forms every day."*

If the client cannot write, she should continue to use other methods to think about the trauma memory – using a recording device (tape recorder, cell phone), drawing pictures or diagrams, etc. She should review the recording or pictures/diagrams daily.

Summary of Session 6: Second Trauma Memory

1. **Check their symptoms.** (5 minutes)

2. **Read second Trauma Memory out loud; help identify differences between the first and second memories** (15 minutes)
   - Goals: Things added or left out?
     - Emotions about the trauma and self-blame/guilt?
     - Continue questions about stuck points
     - Introduce Thinking Questions
   - Discuss: Feelings of when event happened versus now
     - Differences and similarities: at time of event, now
     - Feelings after writing it the second time versus the first time—less intense?

3. **Let the client feel their emotions that come directly from the trauma. Talk to the client about their assumptions and conclusions with particular focus on self-blame** (10 minutes)
   - Use some of the thinking questions to help introduce the next form, The Thinking Questions Form. Doing so will help the client work on stuck points regarding the worst traumatic event.
   - Help client reduce use of word **blame**, which implies intent

4. **Introduce Thinking Questions Form to help client challenge stuck points** (10 minutes)
   - Show client the blank question form
   - Go through example forms
   - Choose a stuck point of the client's to begin using these questions (choose a stuck point on self-blame or hindsight bias (beliefs that the client somehow could have or should have done things differently)

5. **Assign homework and discuss barriers to completion** (5 minutes)
   - One stuck point a day, using the Thinking Questions form (for clients who can't read or write, identify the two questions from the form that are most useful and use them to work one stuck points)
   - Continue to work on trauma memory if not finished, and read over daily

6. **Check client's reactions to session** (5 minutes)

Session 6: Identification of Stuck Points

The goals of Session 6 are:

- Session 6 goals

1. To have the client read and discuss the newest version of the Trauma Memory.
2. To discuss the any additions (or deletions) to the Trauma Memory.
3. To check the progress of affective expression (i.e., is the client feeling the emotions directly from the trauma and are they getting smaller over time?) and self-blame/guilt and "if only's…" (i.e., is the client starting to change some of her thoughts about what happened, whether it was her fault, and to what extent she could have prevented it?).
4. To continue using good, open questions to challenge (**gently)** stuck points for the event.
5. To introduce the Thinking Questions Forms so that the client will begin to use good, open questions himself.
6. To assign Thinking Questions Forms and (if necessary) an account for another memory of the trauma.

Client Reading of the Second Trauma Memory with a Focus on the Differences Between the First and Second Times

- Reading of the second Trauma Account

After checking symptoms using the form, the therapist should begin the session by going over the new version of the memory. The client is helped to notice her feelings then and now. The client should discuss the differences and similarities between how she felt at the time of the event and how she felt as she wrote about it. The client should be asked how she felt after writing and reading about the event a second time as compared to the first time. It is likely that the emotions will be less intense the second time if she allowed herself to feel her emotions the first time. The therapist should point out the difference as an example of how the feelings will become less strong over time (or that the feelings will temporarily increase if she avoided her feelings during the first writing assignment).

- Changing assumptions

Changing Assumptions and Conclusions with a Focus on Self-Blame

The therapist should continue to use gentle, open questions, particularly the questions listed on the Thinking Questions Form in order to help the client examine stuck points about self-blame and hindsight bias (beliefs that the client somehow could have or should have done things differently). By the time the client has talked about the memory twice and has put the event back into context, self-blame will usually be less. As with Sessions 3 and 4, it is important for the therapist to remember that often self-blame occurs because the client is not remembering how he was thinking, feeling, or coping during the trauma. The client may assume that he had or should have had skills or knowledge that he did not have and then judge himself harshly for not behaving differently. When the therapist can help the client think about the full situation at the

time of the trauma, the client can then see that the event (or his part of the event) was not preventable and he is not to blame.

The therapist can help the client reduce her use of the words "blame" or "fault" by noticing when the client uses the words. Once the therapist and client have established that the client did not intend the outcome and could not prevent the event from occurring, then it is important to change the language that is used to describe the event. As discussed in Session 5, "blame" implies intention. If the client agrees that she did not intend the outcome, then the words "blame" or "fault" are not accurate and different, more accurate words should be used.

Introduction to the Thinking Questions Form

The list of thinking questions is introduced this session. The list can be used to question extreme thoughts and stuck points. In order to help clients understand the questions, we have a handout with an example that shows the client how to use with questions with a stuck point. The therapist should remind the client that stuck points 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. The therapist can choose a stuck point the client has mentioned during this session or previous sessions and use the questions to begin looking at the belief. At this part of therapy, it is important to focus on stuck points about self-blame and hindsight bias. Until the client has more balanced beliefs about her role and what happened, it will be difficult to work on other issues. The client and therapist should complete one example together. Remember to tell the client that not all questions will fit for every thought.

- **Give client Thinking Questions Form**

It is helpful to choose some stuck points in advance that the client can work on over the week using the Thinking Questions Forms. Ideally, the client should choose the stuck points that he will work on, but you can and should help the client identify important stuck points to work on.

For clients who are not literate, it is important to take a few minutes during the session to identify two of the thinking questions that are most helpful in working on the client's stuck points. You and the client will work together to identify those questions and determine ways for the client to remember those questions and use them on her stuck points.

Homework Assignment

"Please choose one stuck point each day and answer the questions on the Thinking Questions Form for each stuck point.

"If you have not finished writing your memory of the traumatic event, please keep working on it. Read it over before the next session and bring all of your forms and the trauma memory to the next session."

- **Assign Session 6 homework**

Homework Assignment (for clients who are not literate)

"Please choose one stuck point each day and answer two questions from the Thinking Questions Form for each stuck point. Pick the two questions you find the most useful with your therapist before you leave.

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 belief you are working on.

Belief: _____

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

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

3. Are you looking at the whole of the situation (the context) or are you focusing on one aspect of the event?

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

5. Are your judgments based on feelings rather than facts?

Thinking Questions Form (example)

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 belief you are working on.

Belief: *I am responsible for my mother's death. [This is an example of client whose mother committed suicide.]*

1. Is your belief a habit or based on facts?

   It has become a habit.

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

   I am saying "I am responsible. It's all my fault. I should have behaved differently." These are extreme words.

3. Are you looking at the whole of the situation (the context) or are you focusing on one aspect of the event?

   The whole of the situation is that my mother died from her actions.

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

   It is not likely that I caused my mother's death because my mother was not emotionally stable and that is what caused her death.

5. Are your judgments based on feelings rather than facts?
   Feelings.

Summary of Session 7: Thinking Questions

1. Check their symptoms. (5 minutes)

2. Review Thinking Questions Form (10 minutes)

- Help client in answering any questions that were difficult for them
- Help client examine stuck points, especially around self-blame and hindsight bias
- As the beliefs about the trauma itself improve (i.e., clients blame themselves less and/or begin to see the trauma more realistically), start working on extreme beliefs focused on present and future,
- If the person did not do their trauma memory and is still have problems with memories have them re-read the Trauma Memory

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

3. Introduce Changing Beliefs and Feelings Form with a trauma example (15 minutes)

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

4. Introduce first of five problem areas: Safety issues related to <u>self</u> and <u>others</u> (10 minutes)

- Five themes: safety, trust, power/control, respect, caring
- Prior/after: How did trauma affect beliefs about safety for self? For others?
- If there are safety stuck points, use form to work on them
- Need to notice how beliefs change behavior (can lead people to avoid)
- Help the client begin to introduce less extreme thoughts
- Homework Changing Beliefs and Feelings Form by introducing one on a safety stuck point (which may be completed for homework)

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

- Each day work on a new stuck point using the Changing Beliefs and Feelings Form. Make sure to work on at least one about safety. Try to use this for recent upsetting events, too.
- Have the client continue reading Trauma Memory if he still has strong emotions about them.

6. Check client's reactions to session (5 minutes)

Session 7: Challenging Questions

The goals of Session 7 are:

- Session 7 goals

1. To review the Thinking Questions Forms.
2. Help the client in answering questions that were difficult.
3. To use open questions for stuck points the client is trying to examine.
4. Introduce the Changing Beliefs and Feelings Form that will be used for the rest of therapy.
5. To introduce the Safety Topic.

Unless the client is still having many memory symptoms or says it is very important for the therapist to hear a new Trauma Memory, the writing and reading of other trauma memories can be done outside the session. In other words, the client can work on these on his own. However, the therapist will want to check on progress and ask the client to report on new stuck points that need to be worked on.

- Review of PTSD symptom outcomes

As always, the session begins by checking the client's symptoms using the form. If the client'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 event has still not been resolved. The therapist should continue to spend most of the session working on the most severe trauma with the Thinking Questions Forms and gentle open questioning. At this point, the therapist should go over the symptom scale to see which symptoms are still the biggest problems. If the client is still avoiding thinking about or feeling emotions about a part of the event, then have him write a more detailed memory of that part or confirm that he is reading the memory outside of the sessions on a regular basis. If the client reports continued nightmares or flashbacks, the therapist should check on the content of the memory. The content might give clues about what part of the event still has the client stuck. On the other hand, if there has been a big drop in symptoms, then the therapist may turn attention to extreme beliefs about the present and future.

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

Review of the Thinking Questions Form

- Using Thinking Questions to evaluate stuck points

Next, the client's homework on the Thinking Questions Form is reviewed. The therapist helps the client to understand and work on her stuck points. For the most part, clients do an excellent job answering the questions. The most common problem we encounter is that clients will try to use another stuck point as to support their problematic belief. For example, in examining the stuck point *"I should have behaved differently during the event,"* a client says the evidence is *"I should have prevented the event."* The second statement is not evidence for the first and just another stuck point! 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., clients 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 clients tell themselves over and over again – but not facts.

Sometimes, a client will forget that he is trying to answer one stuck point at a time and will use the Thinking Questions to work on several different stuck points instead of just one thought. Other times a client may pick a stuck point that is too vague and not be able to answer the questions. These problems can be often be avoided during session 6 if the therapist gives the client an example form, works on an example together, and if the therapist and client pick out several very clear stuck points to work on during the week. At this stage of therapy, the most likely stuck points will be about self-blame and hindsight bias (how the event could have been handled differently). In the case of traumas including deaths of others around the client, survivor guilt (feeling guilty that you survived and others did not) is also likely. The therapist should make sure that ideas about the underlying causes, expectations, and other conflicting thoughts have been identified.

- Focusing on one stuck point

For clients who are not literate, it is important to take the time in session to go through one or two stuck points using all of the Thinking Questions from the form. Those clients had been asked to remember and practice using only 2 of them and it is important to see if the other questions can also help challenge and change their stuck points.

<u>Change in Therapists' Behavior</u>

At this point in therapy, there should also be a change in the therapist's behavior. Up until now, the therapist has been asking the open questions to guide the client to question her thoughts. With the introduction of the Thinking Questions, clients begin to ask and answer those questions for themselves. The therapist begins to take on a more consultant and supportive role. The discussion can be more interactive and the therapist may be able to suggest other possible answers to the questions. The therapist will need to return to more directive, open questions when the client is having trouble.

The first five or six sessions of therapy focus on encouraging emotions that come directly from the trauma to run their course and to change negative or unrealistic thinking about the trauma through the therapist'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 in after the trauma. If a client decides he had poor judgment that allowed the trauma to happen, he won't trust his judgment in other situations. If someone decides that authorities were responsible for the torture, he will distrust

- Addressing thoughts about the present and future.

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.

Introduction to the Changing Beliefs and Feelings Form with a Trauma Example

At this point, the therapist should teach the Changing Beliefs and Feelings Form. The form brings together all the skills taught in the forms used in the therapy and introduces the idea of new thoughts and feelings. The Changing Beliefs and Feelings Form will be used for the rest of the sessions. The A-B-C Form makes up the first two items on the form (belief and feelings). The Thinking Questions make up the third item on the form ("questions"). The thinking questions are used to test the belief. Then, the client is asked to think of another statement that is more balanced and realistic. Finally, the client is asked to examine how they feel when they think the new thought.

- Developing balanced beliefs

The goal of therapy is not always to return people to their beliefs from before the trauma. Instead, the goal is to help clients develop beliefs that are more balanced, flexible, and ultimately, more realistic. For example, if someone used to believe that she could trust everyone, it would not be very realistic and might be harmful to return to that belief. Similarly, if someone believed that it is always important to control one's emotions, we would not want to return him to that belief.

The homework will be to work on stuck points or other trauma reactions and to change patterns of thinking that are causing problems with the Changing Beliefs and Feelings Form. As an example, a stuck point that was identified from the initial Impact Statement assignment or from other sessions should be used. The therapist and client should fill out one form together during the session. The therapist should help the client choose at least one stuck point to work on every day over the next week, but should also encourage him to use the forms for homework as events occur during the week.

Introduction to Safety Issues About Self and Others

- Introducing safety

The therapist should then introduce the first of five specific topics that will be discussed over the next five sessions.

> *"For the next five sessions we will talk about types of beliefs in your life that may have been affected by the trauma. At each session I will ask you to think about what your beliefs were before the event and how the <u>trauma</u> affected them. If we decide together that any of these topics are stuck points for you, I will ask you to complete forms on to begin changing what you are saying to yourself. The five general areas are beliefs about safety, trust, power and control, respect, and caring. Each of these topics can be considered from two directions: how you think about yourself and how you think about others.*

To talk about safety, use the 2-page form that follows the description of the homework for this session. It provides information about safety, including the ways that thoughts can change, symptoms and problems that can result from changes in safety beliefs, and possible new safety beliefs.

> *"The first topic we will talk about is safety. Before the torture did you think you were quite safe (that others were not dangerous)? Did you think you could protect yourself? [If yes]These beliefs are likely to have been changed by the trauma. Did you believe other people were dangerous or likely to harm you? Did you believe that you wouldn't be able to protect yourself? [If yes]Then the event would probably confirm and strengthen those beliefs. When you were growing up did you have any experiences that left you believing you were unsafe or at risk? Were you protected from bad things? Did you believe would never happen to you?"*

- Over-generalized fear & safety

After the client describes her beliefs prior to the torture…

- The therapist should help her to decide whether her prior beliefs were either changed or confirmed by the traumatic event.
- The therapist and client should determine whether she continues to have negative beliefs about the safety of others or her ability to protect herself 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 client will need to recognize how these beliefs and emotions affect her behavior (avoidance).

Differentiating realistic safety practices from fear-based avoidance

The therapist may need to help the client to differentiate realistic safety practices from fear-based avoidance either at the end of this session or during the next session. The client can reduce the likelihood of being a victim through safety practices (e.g., locking doors, but not repeatedly checking them) 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., the gas attacks at Halabja; chemical weapons attacks in Southern Iraq). Generalized fear and extreme safety practices (e.g., feeling afraid all the time, being on guard all time, checking the door locks 50 times) will not to prevent traumatic events and will prevent recovery. Some clients have focused so much attention on one factor associated with the trauma that they focus all their safety planning on that factor to the exclusion of other higher-risk sources of danger.

- Removing generalized fear

The therapist should help the client recognize his self-statements 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 clients believe that if the event happens once, it will happen

again. The therapist may need to remind him that this event was not a daily, weekly, or even yearly event for him. It is, in fact, a low-probability event. Although the therapist cannot promise that it will not occur again, she can help the client to see that he doesn't have to behave as if it was 100% certain that it will happen again.

Homework Assignment

The client should complete at least one form on safety before the next session. Otherwise, the client should be encouraged to complete forms on other identified stuck points and recent trauma-related events that have been distressing.

- **Session 7 homework assignment**

> *"Use the Changing Beliefs and Feelings Forms to understand and confront at least one of your stuck points each day. Please think about how your prior beliefs about safety were affected by the trauma. If you have safety issues related to yourself or others, complete at least one form to confront those beliefs. Use the remaining sheets for other stuck points or for upsetting events that have occurred recently."*

This form can be used by clients who are not literate, too. It is important to show them how the pictures reflect how to work on the stuck points and the order in which to do so. Although non-literate clients will not be able to write out their responses, they can use the form as a reminder of the process by which to change or challenge their beliefs.

Safety Issues Topic

(To be used with clients at the end of Session 7 and the beginning of Session 8)

Beliefs Related to SELF: The belief that you can protect yourself from harm and have some control over events.

Were Your Prior Experiences…

Negative?	Positive?
If you are repeatedly exposed to dangerous and uncontrollable life situations, you may develop negative beliefs about your ability to protect yourself from harm. The traumatic event confirms those beliefs.	If you have positive prior experiences, you may develop the belief that you have control over most events and can protect yourself from harm. The traumatic event can shatter this belief.

Symptoms Associated With Believing That You Cannot Protect Yourself from Harm
➢ Chronic and persistent anxiety ➢ Intrusive thoughts about being in danger ➢ Irritability ➢ Startled responses or physical arousal ➢ Intense fears about being victimized again in the future

To resolve issues related to believing that you cannot protect yourself, what can you say to yourself instead?

If you previously believed that…	Possible self-statements may be…
"It can't happen to me," you will need to resolve the conflict between this belief and the victimization experience.	"It is unlikely to happen again, but the possibility exists."
"I can control what happens to me and can protect myself from any harm," you will need to resolve the conflict between this belief and the victimization experience.	"I do not have control over everything that happens to me, but I can take precautions to reduce the possibility of future traumatic events."
You had no control over events and could not protect yourself, the traumatic event confirmed these beliefs. New beliefs must be developed that are realistic and increase your beliefs about	"I do have some control over events and I can take steps to protect myself from harm. I cannot control the behavior of other people, but I can take steps to reduce the possibility that I will be in a situation where my control

your control and ability to protect yourself.	is taken from me."

Beliefs Related to OTHERS: The belief about the dangerousness of other people and expectancies about the intent of others to cause harm, injury, or loss.

Were Your Prior Experiences…

Negative	Positive
If you experienced people as dangerous in early life or you were taught to believe that in your culture or religion, the traumatic event will seem to confirm these beliefs.	If you experienced people as safe in early life, you may expect others to keep you safe and not cause harm, injury, or loss. The traumatic event can shatter this belief.

Symptoms Associated With Negative Others-Safety Beliefs
➢ Avoidant or phobic responses ➢ Social withdrawal

To resolve issues related to believing that all people are dangerous and out to hurt you, what can you say to yourself instead?

If you previously believed that…	Possible self-statements may be…
"Others are out to harm me and can be expected to cause harm, injury, or loss," you will need to adopt new flexible and balanced beliefs in order to be able to feel comfortable with people you know and to be able to enter into new relationships with others.	"There are some people out there who are dangerous, but not everyone is out to harm me in some way."
"I will not be hurt by others," you will need to resolve the conflict between this belief and the victimization. New beliefs need to reflect the possibility that you can be hurt by other but that not all people will try or want to hurt you.	"There may be some people who will harm others, but it is unrealistic to expect that everyone I meet will want to harm me."

Changing Beliefs and Feelings Form

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 

Summary of Session 8: Safety Issues

1. **Check client's symptoms.** (5 minutes)

2. **Review the Changing Beliefs and Feelings Form to address safety stuck points** (10 minutes)
   - Help the client to complete form, if necessary
   - Review forms that client worked on (if non-literate, review stuck points client worked on)
   - Discuss success or problems in changing thoughts
   - Help the client with stuck points that he was unable to modify by himself

3. **Help client work on safety-related stuck points and generate alternative beliefs using the Changing Beliefs and Feelings Form** (15 minutes)
   - Review Safety Topic (the form is at the end of the Session 7 information); focus on client's self- or other- safety issues
   - Probability: Low vs. high = reality vs. fear
   - Calculate %'s

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 or rely on one's own perceptions and judgment
   - After trauma, many begin to second-guess own judgment about the 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 disrupted after a trauma
     - Betrayal if perpetrator was trusted
     - Betrayal if others don't believe or support client
     - Rejection if others can't tolerate what happened and withdraw
   - Compare trust in self/others before/after the trauma
   - Review trust form with client during the session

5. **Assign homework** (5 minutes)
   - Each day work on a new stuck point using the Changing Beliefs and Feelings Form. Make sure to work on at least one about trust. Use this form to work on recent upsetting events and current non-trauma related problems.
   - Have the client continue reading Trauma Memory if he still has strong emotions about them.

6. **Check client's reactions to session** (5 minutes)

Session 8: Safety Issues

The goals of Session 8 are:

1. To review the Changing Beliefs and Feelings Forms.
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.

- Session 8 goals

Review of the Changing Beliefs and Feelings Form to Address Safety Stuck Points

After checking symptoms using the form, therapist should begin the session by going over the Changing Beliefs and Feelings Forms and discussing the client's success or problems in changing thoughts (and subsequent emotions). The therapist and client should use the Thinking Questions to help the client confront stuck points that he was unable to modify himself. As an example, one client was in car accident where he narrowly avoided a serious collision. Aside from having nightmares and flashbacks, he 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."* On the form, the client 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 exaggerating or thinking in all or nothing terms, nor did he report engaging in emotional reasoning. At the end of the form, his feelings and thoughts didn't change.

- Review Changing Beliefs and Feelings Form

Throughout the above section and the next section, you may wish to refer to the Safety Issues Topic Form (it is located at the end of Session 7). It may be helpful to review it very quickly to see whether (a) the client has noticed anything different about her beliefs about safety and/or (b) the client's views about the how the trauma affected her beliefs about safety have changed. Changes could come both from using the Changing Beliefs and Feelings Form and/or from simply noticing that her thoughts were different than she remembered (e.g., a client might have reported last session that she had NO problems with safety beliefs about other people and then realized over the time in between sessions that she actually had a number of stuck points).

Working on Stuck Points and Generating New, More Balanced Beliefs Using the Changing Beliefs and Feelings Form

Sometimes clients are so stuck and entrenched in their beliefs that they can't look at them any other way. For the client (and for many with safety issues) who had concerns about being in a car accident again, it can be helpful if the therapist talks about the probability or likelihood of being in a car crash again. The therapist needs to remind the client 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 very low probability. Even

- Probability estimates

in war or violent conflicts, these events rarely occur to people on a daily basis. Yet, often times our clients continue to behave as if the probability were extremely high when that is not actually true. For example, in the case above, the therapist asked the client how often he rode in cars before. The client informed the therapist that his apartment 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 therapist asked him if he had been in a serious car crash before and when the client 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 therapist then did some math (he calculated that the client was in a car at least 2 times a day x 5 days a week x 4 weeks per month x 12 months per year x 20 years (that's 9,600 car rides!). When told the client that number (9,600), the client looked really surprised. The therapist asked him what he was thinking, and the client said, "Wow! I didn't realize I was in a car that often. I guess car crashes happen less often than I was thinking." The therapist then asked how the client how he felt when he said that thought ["Wow! I didn't realize. I guess car crashes happen less often than I was thinking."] The client said he felt less scared and more hopeful.

Immediately after that, the client and therapist completed the Changing Beliefs and Feelings Form a second time based on their discussion about the stuck point. Once a client has a form that successfully changes a stuck point, the client should be encouraged to re-read the form regularly (or for non-literate clients, to practice changing the old belief and thinking the new thought) so that the reasoning becomes comfortable and more automatic.

Another client who struggled with his first Changing Beliefs and Feelings Form, believed that, even though he was not currently in a place where there was combat or insurgent attacks that he was at the same level of danger that he had been in Baghdad. He insisted that because there might be some people in his city who could plan an attack that he was in just as much danger as if he were in a city with regular, ongoing fighting and attacks. He could not see the difference between the ideas *"something could happen"* and *"something will happen."* His high level of fear led him to emotional reasoning and to the assumption that he was in danger. The therapist asked him how many times he was shot at in Baghdad, and he said "*many."* Then the therapist asked him how many times he had been shot at before being there or since returning to his city (*"none"*). When the therapist asked him how he concluded he was in equal danger, his response was *"but it could happen."* The therapist agreed with that statement but not the assumption that it *will* happen and had him notice how he felt when he said it *could* happen versus that it *will* happen. The client was able to acknowledge that the two statements felt somewhat different and that *could* was different from *will* in terms of probability (100% for the latter and something less for the former). The therapist assigned him to work on this with more Changing Beliefs and Feelings Forms.

Introduction to Trust Issues Related to Self and Others

During the remainder of the session the therapist should introduce and discuss the theme of trust (self-trust and trust of others). **To talk about trust with your client, use the form that follows the description of the homework for this session. It provides information about trust, including the ways that thoughts can change, symptoms and problems that can result from to changes in trust beliefs, and possible new beliefs about trust.**

- Introducing Trust

"Trust in one's self is the belief that one can trust or rely on our own perceptions or judgments. After traumatic events, 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 also frequently disrupted following traumatic events. In addition to the sense of betrayal that occurs when a trauma is caused intentionally by someone, clients can feel betrayed by the people they turned to for help or support during or after the event. For example, if a client thought that a neighbor reported him to the regime, he might decide right then and there not to trust anybody. Sometimes clients carry that belief for decades without actually knowing whether the other person or group in fact betrayed them or whether there might be an alternative explanation for their behavior.

"Sometimes people cannot cope with the clients' emotions and they withdraw or try to minimize the event or the impact. Such a withdrawal may be viewed as a rejection by clients, and they come to 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 traumatic 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 she has had all of the emotions that she could handle for a while. Without clear communication, the cycling of grief and withdrawal can be misunderstood as lack of support and can result in problematic interpretations of the situation.

"Prior to the event, how did you feel about your own judgment? Did you trust other people? In what ways? How did your prior life experiences affect your feelings of trust? How did the torture affect your feelings of trust in yourself or others?"

Homework Assignment

- **Assign Session 8 homework assignment**

"Use the Changing Beliefs and Feelings Forms to understand and confront at least one of your stuck points each day. Please think about how your prior beliefs about trust were affected by the trauma. If you have trust issues related to yourself or others, complete at least one form to work on those beliefs. Use the remaining sheets for other stuck points or for upsetting events that have occurred recently, as well as safety stuck point, if these remain important stuck points for you."

For clients who are not literate: You will ask clients to continue to use the Changing Beliefs and Feelings Form as a reminder of the process by which to change their beliefs about trust, as well as any remaining safety concerns, and other upsetting events in their lives. It is important to problem-solve with your client to see what is working well and not well with use the form in this way. It is also important o bring up questions or concerns related to literacy and using this form in supervision.

Trust Issues Topic

Beliefs Related to SELF: The belief that one can trust or rely on one's own perceptions or judgments. This belief serves an important self-protection function.

Were Your Prior Experiences…

Negative?	Positive?
If you had prior experiences where you were blamed for negative events, you may develop negative beliefs about your ability to make decisions or judgments about situations or people. The traumatic event confirms these beliefs.	If you had prior experiences that led you to believe that you had great judgment, the traumatic event may disrupt this belief.

Symptoms Associated With Believing That You Cannot Trust Yourself
➢ Feelings of self-betrayal ➢ Anxiety ➢ Confusion ➢ Being overly cautious ➢ Inability to make decisions ➢ Self-doubt and excessive self-criticism

To resolve issues related to trusting yourself, what can you say to yourself instead?

If you previously believed that…	A possible self-statement may be…
You could not rely on your own perceptions or judgments, the traumatic event may have strengthened your belief that "I cannot trust my judgment" or "I have bad judgment." In order to understand that the traumatic event was not your fault and that your judgments did not cause the traumatic event, you need to make your beliefs more flexible and balanced.	"I can still trust my good judgment even though it's not perfect." "Even if I misjudged this person or situation, I realize that I cannot always realistically predict what others will do. I cannot always realistically predict whether a situation will turn out as I expect it to."
… you had perfect judgment, the traumatic event may change this belief.	"No one has perfect judgment. I did the best I could in an unpredictable situation. I can still trust my ability to

New beliefs need to reflect the possibility that you can make mistakes but still have good judgment.	make decisions even though it's not perfect."

Beliefs Related to OTHERS: Trust is the belief that the promises of other people or groups can be relied on with regard to future behavior. One of the earliest tasks of childhood is learning who and when one should trust or not trust other people. A person needs to learn a healthy balance of trust and mistrust – whether to trust or mistrust and how much one should trust or mistrust depends on the situation.

Were Your Prior Experiences…

Negative?	Positive?
If you were betrayed in early life, you may have developed the belief that "no one can be trusted." The traumatic event confirms this belief, especially if you were hurt by someone you knew.	If you had particularly good experiences growing up, you may have developed the belief that "All people can be trusted." The traumatic event changes this belief.

After the trauma…

If the people you knew and trusted were blaming, distant, or unsupportive after the traumatic event, your belief in their trustworthiness may have been changed.

Symptoms Associated With Believing That You Cannot Trust Others
➢ A deep, overwhelming sense of disillusionment and disappointment in others ➢ Fear of betrayal or abandonment ➢ Anger and rage at people who betrayed you ➢ If repeatedly betrayed, negative beliefs may become so rigid that even people who are trustworthy may be viewed with suspicion ➢ Fear of close relationships, particularly when trust is beginning to develop, strong anxiety and fear of being betrayed ➢ Fleeing from relationships

What can you say to yourself instead to resolve issues related to trusting other people?

If you previously believed that…	Possible self-statements may be…
If you grew up believing that "no one can be trusted," which was confirmed by the traumatic event, you need to adopt new beliefs that will allow you to enter into new relationships with others instead of withdrawing because you believe others to be untrustworthy.	"Although I may find some people to be untrustworthy, I cannot assume that everyone is that way." "Trust is not an all-or-none concept. Some people may be more trustworthy than others." "Trusting another person involves some risk, but I can I can protect myself by developing trust slowly.
"Everyone can be trusted," the traumatic event will change this belief. In order to avoid becoming suspicious of the trustworthiness of others, including those you used to trust, you will need to understand trust is not all or nothing.	"I may not be able to trust everyone, but that doesn't mean I have to stop trusting the people I used to trust."
If your beliefs about the trustworthiness of your family and/or friends were changed, it is important to address that issue. Of central importance is to consider their reaction and the reasons why they may have reacted in an unsupportive fashion. Many people simply do not know how to respond when a loved one or family member is hurt or traumatized and may be reacting out of ignorance. Some respond out of fear or denial because what happened to you makes them feel vulnerable and may change their own beliefs. Practicing how to ask for what you need from them may be a step in assessing their trustworthiness.	
If your attempts to discuss the traumatic event with family members and friends leaves you feeling unsupported, you may use self-statements such as "There may be some people I cannot trust talking with about the traumatic event, but they can be trusted to support me in other areas." If	

that person continues to blame you and make negative judgments about you, you may decide that this person is no longer trustworthy. It's unfortunate, but sometimes you find out that some people you thought of as friends do not turn out to be true friends after a trauma. However, you may also be pleasantly surprised to find that some people have better reactions than you expected.	

Summary of Session 9: Trust Issues

1. Check client's symptoms. (5 minutes)

2. Review Changing Beliefs and Feelings Form to work on stuck points about trust (10 minutes)

- Help the client to complete form, if necessary
- Review forms that client worked on (if non-literate, review stuck points client worked on)
- Discuss success or problems in changing thoughts
- Help the client with stuck points that he was unable to modify by himself

3. Discuss issues that may arise from stuck points related to trust (15 minutes)

- Review Trust Topic (the form is at the end of the Session 8 information); focus on client's self- or other- trust issues
- Trust falls on a continuum, not "all or none"
- Different kinds of trust: might trust some people with money but not a secret and vice-versa
- "Star" diagram
- Discuss people client may have turned to for help or support: may be protecting themselves from emotions/helplessness/vulnerability, inadequacy/ignorance—not intending to be rejecting client

4. Introduce third of five topics: Power/control issues related to <u>self</u> and <u>others</u> (10 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 (self-efficacy)
- People's expectations that they can solve problems and meet new challenges
- Traumatized people often try to control everything–to stay safe
- Lack of TOTAL CONTROL may feel like NO CONTROL
- Power over others:
  - Need to control may spill into relationships, ruining old ones and preventing new ones
- Compare beliefs about power related to self/others before/after the trauma
- Review power/control form with client during the session

5. Assign homework (5 minutes)

- Each day work on a new stuck point using the Changing Beliefs and Feelings Form. Make sure to work on at least one about trust. Use this form to work on recent upsetting events and current non-trauma related problems.
- Have the client continue reading Trauma Accounts if he still has strong emotions about them.

6. Check client's reactions to session (5 minutes)

Session 9: Trust Issues

The goals of Session 9 are:

- Session 9 goals

1. To review the Changing Beliefs and Feelings Forms.
2. To review the Trust Topic and work on issues related to trusting one's self and trusting others.
3. To introduce the module and concepts about power and control.

Review of Changing Beliefs and Feelings Form to Challenge Trauma-Related Trust Stuck Points and Generate Alternative Beliefs

After checking symptoms using the form, therapist should begin the session by going over the Changing Beliefs and Feelings Forms and discussing the client's success or problems in changing thoughts (and subsequent emotions). The therapist and client should use the Thinking Questions to help the client confront stuck points that he was unable to modify himself.

Although trust is often an issue for clients with PTSD generally, it is particularly an issue for those who were victimized by acquaintances (for example, being assaulted by a family member, being turned into the government by a neighbor). Clients 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 in whom they can or cannot trust. Looking back at the event, many people look for clues that may have indicated that this event was going to happen. They judge themselves as having failed at preventing what they determined to be a preventable event. **Throughout the above section and the next section, you may wish to refer to the Trust Issues Topic Form (located at the end of Session 8).**

Discussion of Problems Arising From Stuck Points Related to Trust

- Explaining trust

Distrusting one's self may generalize to other areas of a client's life, and the client may have difficulty making everyday decisions. Rather than falling on a continuum, trust becomes an either/or concept – i.e., either you trust someone completely or you don't trust someone at all – in which people tend not to be trusted at all unless there is overwhelming evidence that they are trustworthy. As a result, clients tend to avoid involvement in or withdraw from relationships.

The therapist needs to present the idea that trust falls on a continuum and is multi-dimensional. 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.

T: *Along with different levels of trust, there are also different kinds of trust. Have you ever met anyone that you would trust with 500,000 dinar but wouldn't want to trust with a secret?*
C: *Yes.*

T: *I can imagine someone that I would trust with my life, but I wouldn't expect him to remember to return 500,000 dinar.*

C: *I know someone like that.*

T: *I know someone else that I would not trust with my opinion about the weather. He'd figure out some way to insult me. However, it takes time to determine in which ways you can and cannot trust someone.*

C: *That's why I think it is safer not to trust anyone to begin with.*

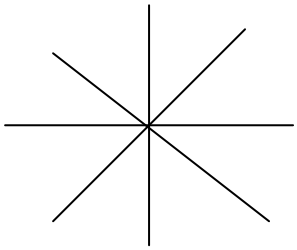
T: *The problem with that is that people are always trying to dig out of a deep hole with you then. When is it enough? And weren't you saying that you were feeling very alone and wish you had more friends?*

C: *Yeah, but if I started out by trusting everyone, then I might get hurt.*

T: *True. I agree that starting out by assuming that everyone is trustworthy would be risky. How about starting out somewhere other than the two extremes?*

C: *What do you mean?*

T: *Well, what if we called the middle point between total trust and total distrust "0", meaning no information? And rather than a single line with a middle point like a seesaw, we could think of it as having lines coming out in many directions.* (Therapist draws lines on paper for the client to see.)



So you could have a line for trusting with a secret, and another line for trusting with money, and still another line for not using your weaknesses to hurt you, and so forth. Then as you get information about the person, they could move further out on the lines. If they all head in the positive direction then this is someone you can trust more in many ways. If some lines are going one way and others are going the other, 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 3000 dinar and still have them in your life. You would just know what the person's limitations are. Someone who always scores on the negative side is someone you want to stay away from.

C: *That makes sense. But, it's scary to think that I would be giving someone a chance to hurt me.*

T: *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.

- Trust & others' reactions

With trusting family and friends, it may be helpful for the therapist to explain why other people sometimes react negatively - as a defense against their own feelings of helplessness and vulnerability, or other people's own need to retain 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 negatively or withdraw because they just don't know how to react or what to say, and the client interprets their reactions as rejection. Sometimes the client cannot even recognize that family members are also hurting and upset because of what happened to him. It is not unusual for a client to say, *"But why would they be upset? It happened to me."* The therapist can discuss with the client how to ask for the support he needs from others (e.g., *"I don't need advice; I just need you to listen and understand what I am going through"*). **As always in CPT,** it is important to help the client have balanced and realistic beliefs. If some or many of the client's family members truly were rejecting (perhaps due to religious or cultural beliefs), the goal is not to have the client believe that this wasn't the case – that belief isn't any more accurate – but rather to see if the client's extreme belief is accurate and whether there are exceptions to this experience (there may or may not be).

- Self-trust

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

Introduction to Power/Control Issues Related to Self and Others

The theme of power and control is introduced as the topic for the next session. You will review the Power/Control Form with the client. Power and control over one's self refers to a person's expectations that he can solve problems and meet new challenges. Because the event was out of their control, traumatized people often attempt complete control over other situations and their emotions. These people may adopt the unrealistic belief that either they *must* control everything or they will be completely out of control. Again, there is a tendency to engage in either/or thinking. Conversely, if someone believes she has no control over anything, she may refuse to make any decisions because she believes that nothing will work out anyway. Like trust, power/control is also multidimensional. Even people who (realistically) have very little control are likely to have some control (for example, choosing what clothes they put on, whether or not to put sugar in

- **Review the Power/ Control Form with the client**

their tea) so it is important for therapists to help clients identify even the small places in which they have some control. Also it is common for clients who have experienced trauma to believe that if they do not shut down their emotions that they will go to the other extreme and lose control completely.

Power with regard to others involves the belief that one can or cannot control future outcomes in relationships. People who have been the victim of violence, particularly by acquaintances, often attempt to have complete control in new relationships and have difficulty allowing the other person to have any control. This issue is usually closely tied to trust of others and should be explored for stuck points.

Using the form, the therapist should describe how prior experience affects these beliefs and how traumatic events can confirm negative or disrupt positive beliefs. For homework, the client should continue using forms to analyze and confront these beliefs.

Homework Assignment

- **Assign Session 9 practice assignment**

> *"Use the Changing Beliefs and Feelings Forms to understand and confront at least one of your stuck points each day. Please think about how your prior beliefs about power and control were affected by the trauma. If you have power and control issues related to yourself or others, complete at least one form to work on those beliefs. Use the remaining sheets for other stuck points or for upsetting events that have occurred recently."*

For clients who are not literate: You will ask clients to continue to use the Changing Beliefs and Feelings Form as a reminder of the process by which to change their beliefs about power and control, as well as other stuck points and other upsetting events in their lives. It is important to problem-solve with your client to see what is working well and not well with use the form in this way. It is also important to bring up questions or concerns related to literacy and using this form in supervision.

Power/Control Issues Topic

Beliefs Related to SELF: The belief/expectation that you can solve problems and meet challenges.

Were Your Prior Experiences…

Negative?	Positive?
If you grew up experiencing inescapable, negative events, you may develop the belief that you cannot control events or solve problems even if they are controllable/solvable. Later traumatic events confirm prior beliefs about you are helpless.	If you grew up believing that you had control over events and could solve problems (possibly unrealistically positive beliefs), the traumatic event may disrupt those beliefs.

Symptoms Associated With Believing that You Cannot Solve Any Problems or Meet Any Challenges
➢ Numbing of feelings ➢ Avoidance of emotions ➢ Chronic passivity ➢ Hopelessness and depression ➢ Being self-destructive ➢ Outrage when faced with events that are out of your control or people who do not behave as you would like

To resolve issues related to having power/control over one's self what can you say to yourself instead?

If you previously believed that…	A possible self-statement may be…
You had no power or control.—In order to regain a sense of control and decrease the accompanying symptoms of depression and loss of self-esteem that often go along with believing you are helpless, you will need to reconsider whether you truly have absolutely no control. It is unlikely that you truly have no control over anything.	"I cannot control all events outside of myself, but I do have some control over what happens to me and my reactions to events."

Beliefs Related to OTHERS: The belief that you can control future outcomes in relationships or that you have some power, even in relation to powerful others.

Were Your Prior Experiences…

Negative?	Positive?
If you had prior experiences with others that led you to believe that you had no control in your relationships with others, or that you had no power in relation to powerful others, the traumatic event confirms those beliefs.	If you had prior positive experiences in your relationships with others and in relation to powerful others, you may have come to believe that you could influence others. The traumatic event may change this belief because you were unable to exert enough control, despite your best efforts, to prevent the trauma.

Symptoms Associated With Believing that You Have No Control Over Others or that You Must Have Total Control Over Others
➢ Passivity ➢ Submissiveness ➢ Lack of assertiveness that can generalize to all relationships ➢ Inability to maintain relationships because you do not allow the person to exert any control in the relationships (including becoming enraged if the other person tries to exert even a minimal amount of control)

To resolve issues related to having power/control over others what can you say to yourself instead?

If you previously believed that…	Possible self-statements may be…
You have no power over others—In order for you to avoid being abused in relationships because you do not exert any control, you will need to learn new balanced beliefs about your influence on other people.	"Even though I cannot always get everything I want in a relationship, I do have the ability to influence others by standing up for my rights to ask for what I want."
You have to control others totally—It is important to realize that healthy	"Even though I may not get everything I want or need out of a relationship, I

relationships involve sharing power and control. Relationships in which one person has all the power tend to be abusive (even if you are the one with all the power).	can assert myself and ask for it. A good relationship is one in which power is balanced between both people. If I am not allowed any control, I can exert my control in this relationship by ending it, if necessary."

Summary of Session 10: Power/Control Issues

1. Check client's symptoms. (5 minutes)

2. Review the Changing Beliefs and Feelings Form to address power/control stuck points (20 minutes)

- Review forms that client worked on (if non-literate, review stuck points client worked on)
- Discuss success or problems in changing thoughts
- Help the client with stuck points that he was unable to modify by himself

- Help client gain a *balanced* view of power/control
  - No such thing as total control, but not completely helpless either
- 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"
  - Innocence/responsibility/intentionality

3. Introduce fourth of five problem areas: Respect issues related to <u>self</u> and <u>others</u> (15 minutes)

- Review Respect Topic using form at the end of this session
- Explore client's beliefs about respecting and valuing one's self and others before and after the trauma

4. Assign homework (5 minutes)

- Each day work on a new stuck point using the Changing Beliefs and Feelings Form. Make sure to work on at least one about respect. Use this form to work on recent upsetting events or current non-trauma related problems, too.
- Have the client continue reading Trauma Memory if he still has strong emotions about them.

6. Check client's reactions to session (5 minutes)

Session 10: Power/Control Issues

The goals of Session 10 are:

- Session 10 goals

1. To review the client's Changing Beliefs and Feelings Forms.
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.
2. To introduce the Respect Topic.

The Connection Between Power/Control and Self-Blame

- Helping the client gain a balanced view

After checking symptoms using the form, therapist should begin the session by going over the Changing Beliefs and Feelings Forms and discussing the client's success or problems in changing thoughts (and emotions). The therapist and client should use the Thinking Questions to help the client confront stuck points that he was unable to modify himself.

Throughout this section, you may wish to refer to the Safety Topic Form (it is located at the end of Session 9). The therapist needs to help the client regain 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 the course of events, and they can control their own reactions to some events. If a client believes that he has no control over his life, the therapist may ask the client about his day focusing on all the decisions he made, or assign him to monitor decisions he makes for an entire day. Usually, by the time the client completes the assignment, he realizes 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. Clients very often blame some small everyday decision for putting them in the location and circumstances of the traumatic event. The therapist can remind the client that if the traumatic event had not happened, he never would have remembered the decisions that he made that day. Only because the outcome was so catastrophic do people go back and try to question all the decisions they made that day.

For example, one client 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 opportunity. She believed that such efforts would be futile. She was stuck in a job that she didn't like and felt helpless to influence her employer's unreasonable demands. When the therapist began to help her look at her options, she began to see she wasn't totally helpless. As she began to apply and get interviews for other jobs, she felt more comfortable asserting herself with her boss. Although she eventually left that job for a better one, her last months on the first job were more satisfying, and she was able to see that she could influence other's behavior to some extent.

Another client believed that he was completely in 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 his emotions and attempts to control everything and everyone else, he would occasionally lose control completely by getting drunk or taking drugs to the point of unconsciousness. In this case, it was necessary for the therapist to help the client view control as falling on a continuum. The client's new thought was *"I don't have to have total control over everything in order to have control over most of my decisions."*

- Addressing control issues

The topic of anger also comes up a lot for people who have experience trauma. Some anger is related to the hyperarousal symptoms of PTSD such as irritability from physiological arousal, lack of sleep, and frequent startle reactions.

- Addressing anger issues

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. It is often helpful to talk with clients about tolerating negative feelings like anger without acting aggressively. For example, one client who was occasionally aggressive with his family was asked to think whether or not he ever was irritated by his boss. The client replied that this did occur -- sometimes multiple times per day. Using additional good, open-ended questions, the therapist had the client think about how often he acted aggressively with his boss – in this case, the client said that he wasn't aggressive with his boss – and the therapist helped the client see that he was able to separate angry feelings (and control them) without necessarily becoming aggressive. The therapist and client went on to talk about how the client could apply that to his family relationships.

- Anger vs. aggression

Anger directed at self often emerges, as traumatized people dwell on all the things they "should" have done to prevent the event or defend themselves. Many people entering therapy are angry at themselves for this reason. 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 event in some way. As in the case of guilt, it may be necessary for the therapist to help the client differentiate between innocence, responsibility, and intentionality. Only the intentional perpetrator of events 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 client, but they should not have an equal share of the blame and anger.

One client in therapy expressed anger at himself because he felt he was not competent to deal with the event. In this case, his stuck point was that he *should* have been able to recover from this event quickly and by himself. He began to question his competence in many areas of his life. In this case, the therapist needed to remind the client that most people have difficulties following severe traumas and that some events in life are too big to be handled all alone.

Introduction to the Respect Topic

- Introducing Respect

The remainder of the session should focus on the theme of respect. The therapist briefly goes over the Respect Topic with the client and describes how respect and valuing one's self and others can be disrupted by traumatic events. The client's beliefs before and after the event should be explored. The Respect Form (which follows the homework assignment for this session) should be used to discuss these issues with the client.

Homework Assignment

> *"Use the Changing Beliefs and Feelings Forms to understand and confront at least one of your stuck points each day. Please think about how your prior beliefs about respect were affected by the trauma. If you have issues related to respecting and valuing yourself or others, complete at least one form to work on those beliefs. Use the remaining sheets for other stuck points or for upsetting events that have occurred recently, as well as safety, trust, or power/control stuck points, if these remain important stuck points for you."*

For clients who are not literate: You will ask clients to continue to use the Changing Beliefs and Feelings Form as a reminder of the process by which to change their beliefs about respect as well as other upsetting events in their lives. It is important to problem-solve with your client to see what is working well and not well with use the form in this way. It is also important to bring up questions or concerns related to literacy and using this form in supervision.

Respect Issues Topic

Beliefs Related to SELF: Respect for one's self is the belief in one's own worth, which is a basic human need.

Were Your Prior Experiences…

Negative?	Positive?
If you had prior experiences that made you feel unworthy or bad, you are likely to develop negative beliefs about your worth or value as a person. The traumatic event confirms these beliefs.	If you had prior experiences that enhanced your beliefs about your worth and value as a person, then the traumatic event may disrupt those beliefs.

Examples of Negative Beliefs About One's Worth or Value
➢ I am bad, destructive, or evil ➢ I am responsible for bad, destructive, or evil acts ➢ I am damaged or flawed ➢ I am worthless and deserving of unhappiness and suffering

Symptoms Associated With Believing that You Are Unworthy of Respect
➢ Depression ➢ Guilt ➢ Shame ➢ Possible self-destructive behavior

To resolve issues related to respecting and valuing yourself, what can you say to yourself instead?

If you previously believed that…	A possible self-statement may be…
You were worthless (or any of the beliefs listed above). You will need to reevaluate your beliefs about your worth as a person and replace your current (less helpful) beliefs with more realistic, balanced ones.	"Sometimes bad things happen to good people. Just because someone says something bad about me, that does not make it true. No one deserves this, and that includes me. Even if I have made mistakes in the past, that does not make me a bad person deserving of unhappiness or suffering (including the traumatic event)."
"Nothing bad will happen to me because I am a good person." The trauma may disrupt such beliefs, and you may think you are a bad person because this event happened, or look for reasons why it happened or what	"Sometimes bad things happen to good people. If something bad happens to me, it is not necessarily because I did something to cause it or because I deserved it. Sometimes there is not a

you did to deserve it (i.e., "Maybe I was being punished for something I had done or because I am a bad person.") You will need to make some adjustments so that your sense of worth is not disrupted every time something unexpected and bad happens to you. When you can accept that bad things might happen to you (as they happen to everybody from time to time), you stop blaming yourself for events that you did not cause.	good explanation for why bad things happen."

Beliefs Related to OTHERS: These are beliefs about how much you respect and value other people.

Were Your Prior Experiences…

Negative?	Positive?
If you had many bad experiences with people in the past, you may have found yourself surprised, hurt, and betrayed. You may have concluded that other people are not good or not to be respected. You may have generalized this belief to everyone (even those who are basically good and to be respected). The traumatic event confirms these beliefs about people.	If your prior experiences with people had been positive, and if negative events in the world did not seem to apply to your life, the event was probably a belief-shattering event. Prior beliefs in the basic goodness of other people may be particularly disrupted if people, who were assumed to be supportive, were not supportive of or helpful to you after the trauma.

Examples of Negative Beliefs About Others' Worth or Value
➢ People are basically uncaring, indifferent, and only out for themselves ➢ People are bad, evil, or malicious

Symptoms Associated With Believing that Others Are Unworthy of Respect
➢ Chronic anger ➢ Contempt ➢ Bitterness ➢ Cynicism ➢ Disbelief when treated with genuine caring compassion by others (thinking: "What do they *really* want?") ➢ Isolation or withdrawal from others ➢ Antisocial behavior justified by the belief that people are only out for themselves

To resolve issues related to respecting and valuing others, what can you say to yourself instead?

If you previously believed that…	Possible self-statements may be…
All people are bad. It will be important to reconsider that assumption and consider how that belief has affected your behavior and social life in general.	"Although some people may be bad or do bad things, not all people are that way. In addition, people who do bad things do not do bad things all the time."
Others would support you and they didn't support you after the trauma. If those you expected support from let you down, don't end your relationships with these people altogether at first. Talk to them about how you feel and what you want from them. Use their reactions to your request as a way of evaluating where you want these relationships to go.	"People sometimes make mistakes. I will try to find out whether they understand it was a mistake or whether it reflects a negative characteristic of that person, which may end the relationship for me if it is something I cannot accept."

Summary of Session 11: Respect Issues

1. Check client's symptoms. (5 minutes)

2. Review the Changing Beliefs and Feelings Form to address stuck points about respecting and valuing one's self and others (20 minutes)

- Does client believe she is *permanently* damaged as a result of the trauma?
- Perfectionist? Does client believe she made a mistake?
- Respect for others—over-generalize disregard to whole groups?

3. 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?

4. Assign homework (10 minutes)

- Each day work on a new stuck point using the Changing Beliefs and Feelings Form. Make sure to work on at least one about caring. Use this form to work on recent upsetting events or current non-trauma related problems, too.
- Write Trauma Impact Statement (discuss the purpose of this)
- Have the client continue reading Trauma Accounts if he still has strong emotions about them.

6. Check client's reactions to session (5 minutes)

Session 11: Respect Issues

The goals of Session 11 are:

- Session 11 goals

1. To review the client's Changing Beliefs and Feelings Forms.
2. To review the Respect Topic and work on issues related to belief's about one's ability to respect and value one's self and others.
3. To introduce the concepts of caring for one's self and others.
4. To assign Changing Beliefs and Feelings Forms on caring.
5. To assign a new Impact of Trauma Statement.

Identifying Respect Issues and Assumptions

After checking symptoms, therapist should begin the session by going over the Changing Beliefs and Feelings Forms and discussing the client's success or problems in changing thoughts (and emotions). The therapist and client should use the Thinking Questions to help the client confront stuck points that he was unable to modify himself.

- Identifying stuck points about respect for one's self

Throughout this section, you may wish to refer to the Respect Issues Topic Form (it is located at the end of Session 10). The client and therapist then discuss the Changing Beliefs and Feelings Forms on respect. A very common stuck point on the topic of respecting and valuing one's self is that the client is now damaged in some way because of the event. Because he has been suffering from flashbacks, nightmares, startle reactions, etc., the client may have concluded that he is crazy or is permanently damaged. Perceiving oneself as damaged, believing that one has poor judgment, or believing that others blame him for things he did or did not do about the event all diminish and negatively affect one's sense of self-respect. In the case of interpersonal crimes (such as rape) the victim may also conclude that there must have been something wrong with him that caused him to be victimized. If the client makes overly general negative comments about himself, the therapist can begin by helping the client become more specific about what the client is being self-critical about.

- Addressing perfectionism

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

T: *What would you think of a teacher who said, "If you don't get 100% correct, you will fail the course?"*
C: *I would say that is unfair.*
T: *Right. That way there would be two grades, 100% (excellent) for perfect, failure for everything else. Normally, an outstanding*

grade goes to those people who score 90% or better. People can make up to 10% mistakes and still be outstanding. 80% would be above average and 70% would be average. So let's grade yesterday. You say it was a bad day and that you really screwed up when you didn't handle that phone call at work as well as you would have liked. It sounds like you gave yourself a failing grade.

C: *I did.*

T: *So how many things did you do yesterday? How many decisions did you make? What percentage correct did you have for the day?*

C: *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 work.*

T: *Sure. Not everything has equal importance. At school, some of your projects earned more points than others, too. Was it the most important activity of the day?*

C: *Yes, I think so.*

T: *Was it the most important event or activity of the week?*

C: *No. Two days before, I turned in a big report to my boss that I had worked on for weeks. She was very pleased with what I had done.*

C: *So, if you give yourself a grade only for the day, it would carry more points, but if you gave yourself a grade for the entire week, it would not be very important?*

C: *No, I would give myself an A for the week.*

T: *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?*

C: (Laughs) *Yeah. It is such a bad habit to make those extreme statements.*

T: *And to believe them when you say them.*

C: *Yes, at the time, it feels right and true.*

T: *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 respect for others, it is not uncommon for clients to generalize their disregard for the perpetrator of a traumatic event to an entire group (e.g., all men, all members of the government). If this occurs, it is important for the therapist to help her move off of the extreme and down the continuum. The client will need to look for and acknowledge the exceptions —are all men really bad? are there some good men? do "bad" men do bad things 100% of the time – in order to develop more flexible, realistic beliefs.

Another way in which beliefs about the "goodness/badness" of humans are affected following traumatic events has to do with the kinds of information

- Addressing attention problems

people notice. For example, before being the victim of a crime, many people pay little attention to reports about crime on TV or in the news. After being victimized, they begin to notice how often the topic is on the news or on TV shows and magazines. 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. Like crime, other devastating events such as natural disasters, wars, plane crashes, and bombings may not elicit much attention until they strike near home. Then these events suddenly become very real and very personal. And the victims often over-generalize blame of others (as well as themselves) in order to regain a sense of control. It is not at all unusual for clients with PTSD to over-generalize to the entire population of the country that was at war (for example, to over-generalize about people living in Southern Iraq or people living in Iraqi Kurdistan) and assume that everyone in the South has identical attitudes (or everyone in Kurdistan has similar attitudes). The client may express great disdain for everyone from the South (or Kurdistan).

- Addressing an overly general viewpoint of the government

Another topic that emerges frequently is an overly general view of the "government." Just like the words "trust" or "control," "government" is a VERY general term. In fact, some clients with PTSD use their outrage at the government as an avoidance strategy. Instead of focusing on specific traumatic events, some clients with PTSD 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 therapist early in therapy to bring the focus of the discussion back to the trauma and not allow the client to dominate the session with ranting. And just as the therapist 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? Parliament? Do you mean the KRG or local government? 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? Does that extend to therapists like me who are paid by the government? 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 client to develop less extreme thoughts and see the different types and categories, some of which that he might in fact judge in a less extreme or even positive fashion.

Caring Issues Related to Self and Others

- Introducing Caring

The topic of caring is introduced toward the end of the session, and the therapist and client briefly discuss how relationships may have been affected by the event. **The Caring Form (which follows the homework assignment for this session) should be used to discuss these issues with the client**.

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 the ability to soothe and calm oneself and to be alone without feeling lonely or empty. Caring for one's self

includes a strong sense of comfort with one's own company. The client is encouraged to recognize what caring for one's self and others was like before the trauma and how it was affected by the trauma. The therapist and client should discuss any behaviors that the client may use to soothe themselves (e.g., drugs, food, spending, alcohol, gambling, etc.) that are too extreme. For example, one client might occasionally have a special meal when she has a bad day – that's reasonable. But another client might go too far – i.e., eat too often and/or too much -- as a way to cope with her negative emotions about the trauma. These kinds of problems can also occur with spending money, drugs, alcohol, etc. It is likely these kinds of problems were discussed earlier in the therapy, but they should be discussed again here. Again, the client should use the Changing Beliefs and Feelings Forms to confront stuck points about caring for one's self or others and to generate more comforting and realistic statements.

Homework Assignment

Finally, in order to assess how the client's beliefs have changed since the start of CPT, the client is asked to write a new Impact of Trauma Statement reflecting what it *now* means to her that the trauma (torture) happened, and what her current beliefs are in relation to the five topics of safety, trust, power/control, respect, and caring. It is important to stress that the client should write about her current thoughts and not how she may have thought in the past. **It is also important that the client not rewrite the Trauma Memory, but instead write about their beliefs (impact).**

- **Assign Session 11 homework assignment**

> *"Use the Caring Topic and Changing Beliefs and Feelings Forms to confront stuck points regarding self- and other-caring. Continue completing worksheets on previous topics that are still problematic.*
>
> *"Please write at least one page 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/control, respect, and caring."*

For clients who are not literate: You will ask clients to continue to use the Changing Beliefs and Feelings Form as a reminder of the process by which to change their beliefs about caring as well as other upsetting events in their lives. You will also ask the client to work on an Impact of Trauma Statement – the client can do that the same way she did the first statement (record it with a tape player, ask a trusted friend or family member to write it, make pictures to remind herself about important ideas, etc.).

Caring Issues Topic

Beliefs Related to SELF: An important quality in coping with adversity is the ability to soothe and calm oneself. Being able to care for one's self is reflected in the ability to be alone without feeling lonely or empty. When a trauma occurs, people react differently depending on their expectancy of how well they will cope.

Were Your Prior Experiences…

Negative?	Positive?
If you had prior experiences that led you to believe that you are unable to cope with negative things that happen, you may have reacted to the traumatic event with negative beliefs that you were could not to soothe, comfort, or nurture yourself.	A person with stable and positive self-caring may experience the traumatic event as less traumatic because he or she believes and has experiences in caring for herself and coping with problems. However, the trauma may be so extreme that the person may feel overwhelmed or flooded by anxiety.

Symptoms Associated With Believing that You Cannot Care For or About Yourself
➢ Inability to comfort and soothe self ➢ Fear of being alone ➢ Experience of inner emptiness or deadness ➢ Periods of great anxiety or panic if reminded of trauma when alone ➢ May look to outside sources of comfort—food, drugs, alcohol, medications, spending money, or sex ➢ Needy or demanding relationships

To resolve issues related to caring for and about yourself, what can you say to yourself instead?

New beliefs	A possible self-statement may be…
Understanding the typical reactions to trauma may help you feel less panicky about what you are experiencing. Most people cannot recover from such a major traumatic event without the support of others. Outside sources of comfort, such as spending money, using drugs, drinking alcohol or eating too uch, are just crutches that, instead of helping you to recover, may in fact	"I will not suffer forever. I can soothe myself and use the skills I have learned to cope with these negative feelings. I may need help in dealing with my reactions, but that is normal. Even though my feelings are strong and unpleasant, I know they are temporary and will fade over time. The skills and abilities I am developing now will help me to cope better with other stressful

prolong or worsen your problems. They may comfort you in the short run because you use them to avoid and minimize your feelings. The feelings do not go away, however, and you then ALSO have to deal with the consequences of the eating too much, spending too much money, using drugs, drinking too much alcohol, etc., which make the problem worse.	situations in the future."

Beliefs Related to OTHERS: The longing for caring, connection, and closeness is one of the most basic human needs. The capacity to be connected with other people in a very close way is fragile. It can easily be damaged or destroyed through insensitive, hurtful, or judgmental responses from others.

Were Your Prior Experiences…

Negative?	Positive?
Negative beliefs may result from traumatic loss of intimate (close) relationships. The event confirms your belief that you cannot be close to another person.	If you previously had satisfying intimate (close) relationships with others, you may find that the event (especially if committed by an acquaintance) may leave you believing that you can never be close to anyone again.

Posttraumatic Experience
You may also experience a disruption in your belief about caring for others if you were blamed or rejected by those who you thought would be supportive of or helpful to you.

Symptoms Associated with Believing You Cannot Care for or about Others
➢ An overwhelming feeling of loneliness ➢ Emptiness or isolation ➢ Not feeling connected or close to others even in relationships that are genuinely loving and caring

To resolve issues related to caring for and about yourself, what can you say to yourself instead?

New beliefs	Possible self-statements about [ ] may be…
To have caring, close relationships with	[New relationships] "Even though a

others again, you will need to adopt new, more adaptive beliefs. Relationships take time to develop and involve effort from both people. You are not solely responsible for the failure of prior relationships. The development of relationships involves risk taking, and it is possible that you may be hurt again. Staying away from relationships for this reason alone, however, is likely to leave you feeling empty and alone.	former relationship did not work out, it does not mean that I cannot have satisfying relationships in the future. I cannot continue to believe and behave as though everyone will betray me. I will need to take risks in developing relationships in the future, but if I take it slow, I will have a better chance of telling whether this person can be trusted."
Attempt to resolve your issues with the people who let you down and hurt you by asking them for what you need and letting them know how you feel about what they said or did. If they are unable to give you what you need, you may decide that you can no longer be close to those people. You may find that they responded as they did out of ignorance or fear. As a result of your efforts, communication may improve and you may end up feeling closer to them than you did before the trauma.	[Existing relationships] "I can still be close to people, but I may not be able (or want) to be close with everyone I meet. I may lose prior or future intimate relationships with others who cannot meet me half-way, but this is not my fault or because I did not try."

Summary of Session 12: Caring Issues and Meaning of the Event

1. Check client's symptoms. (5 minutes)

2. Review the Changing Beliefs and Feelings Form to address stuck points about caring for and about one's self and others (15 minutes)

- Focus on development and maintenance of *relationships*
- Look for possible problems in soothing one's self (problems with eating too much? Drugs? Alcohol? Spending money?)
- Caring
  - Caring about others—withdrawal from others
  - Sex

3. Client to read Impact of Trauma Statement(s) (15 minutes)

- Client reads final Impact of Trauma Statement and go over its meaning
- Therapist reads original Impact of Trauma Statement
- Compare the two
- Note how beliefs have changed by work in therapy in only a short period
- Reinforce client's progress as a result of the work done
- Any remaining stuck points?

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

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

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

- Remind client that he is taking over as therapist now and should continue to use the skills that he has learned

Session 12: Caring Issues and Meaning of the Event

The goals of Session 12 are:

- Session 12 goals

1. To review Changing Beliefs and Feelings Forms on caring and work on any stuck points that might interfere with the development or maintenance of relationships with self and others.
2. To have the client read the final Impact of Trauma Statement.
3. To read the first Impact Statement and compare the two statements.
4. To review the course of treatment.
5. To identify goals for the future.
6. To remind clients that they are taking over as the therapist now and should continue to practice the skills they have learned during treatment.

Identifying Caring Issues and Assumptions

After checking symptoms using the form, the final session begins with a review of Changing Beliefs and Feelings Forms on caring. The purpose of the session is to help the client to identify the client's stuck points for caring. The goal for the client is to work on these stuck points over time with the new skills she has learned in therapy.

- Caring for
- Identifying stuck points about respect for one's self

Throughout this section, you may wish to refer to the Caring Issues Topic Form (it is located at the end of Session 11). Caring for one's self is the ability of someone to cope and soothe their own distress without relying heavily on external methods (e.g., taking drugs, drinking, eating, and spending money). Problems in this area are evident if the client has been abusing substances, eating too much, spending too much, gambling, or is so dependent on others that she does not believe that she can take care of herself. When given the assignment to write about the traumatic events, one client announced that she would have to eat a gallon of ice cream and smoke two packs of cigarettes in order to do so. This was a good clue to the therapist that the client had problems in caring for one's self! 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 clients to use a Changing Belief and Feeling Form rather than using food, cigarettes, drugs, or alcohol, to think through what they were saying to themselves; and to calm themselves with new thoughts and other, healthier behaviors.

However, if the client has **serious** problems with substances, those problems should be treated before or simultaneously with CPT. Normally we do not start CPT unless the clients promises to stop or significantly reduce using those substances while they are doing CPT.

- Non-sexual relationships

With regard to caring toward others, two types of caring are often issues: closeness with family/friends and sex. Many people with PTSD 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 dissolve and traumatized clients avoid developing new relationships. As a result, many of these people feel isolated and alone during their recovery from the traumatic event.

- Sex

Sex can be a particular problem with rape victims, although sexual functioning can be interrupted as well, in response to other kinds of trauma. Symptoms of PTSD and depression can interfere with normal sexual functioning, particularly sexual desire. However, to rape victims, sexual behavior becomes particularly threatening because the act of being sexual is now associated with the trauma. In addition, the client may not believe he can tolerate or want to tolerate the level of trust and vulnerability that is necessary for sex. The clients' withdrawal from others, however, is in direct conflict with their need for comfort and support from others. These issues are often interwoven with trust issues that may still be unresolved and deserve continued attention from the client. Although CPT is not intended as a sex therapy, this cognitive therapy can be useful in identifying and correcting thoughts and beliefs that may interfere with sexual functioning. However, more serious sexual problems should be treated with other therapies designed specifically for sexual problems.

Client Reading of the New Impact of Trauma Statement

- New Impact Statement

The therapist and client should go over the new Impact of Trauma Statement about the meaning of the event. The client should first read his new Impact Statement to the therapist. Below is an example of a new Impact Statement written by a rape victim.

> *"What it means to me that I was raped is that a guard 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's time for me to get my life back together. I foresee 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. There wasn't any love-it was all violently taken. Coming to that realization has brought about a lot of peace of mind and also the way to heal. I'll 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…in time."*

The therapist subsequently reads to the client his original Impact of Trauma Statement that the therapist kept from the second session (or subsequent session if not brought to the second session) so that the client could see how much change has taken place in a rather short period. Usually, there is a BIG change in the

second Impact of Trauma Statement from the first, and a typical client remark is *"Did I really think that?"* The client should be encouraged to examine how his beliefs have changed as a result of the work he has done in CPT. The therapist should also look for any remaining stuck points that may need further intervention.

Review of the Course of Treatment and Client Progress

- Reviewing concepts with client

The rest of the session is saved for review of all the concepts and skills that have been taught in CPT. The client is reminded that her success in recovering will depend on her persistence to practice her new skills (like feeling her feelings and questioning her thoughts) and resistance to returning to old avoidance patterns and ways of thinking. Any remaining stuck points should be identified and strategies for working on them should be reiterated. Clients 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 and traumatic event.

Client Goals for the Future

- Goals for the future

Goals for the future are discussed. Clients with traumatic bereavement issues are not 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. Clients should be reminded that if they encounter a reminder and have a flashback, nightmare, or sudden memory, it doesn't mean that they are relapsing or going to get worse or going to fall apart. If something like this occurs, the client should be encouraged to write about the memory if needed or to use a Changing Beliefs and Feelings Form. He should be encouraged to experience his emotions and to check his thoughts to make sure they are not extreme.

A topic that sometimes emerges among people who have had PTSD for decades is a question about who they are or will be without their PTSD. If someone has carried a diagnosis for many years and has organized his life around avoidance and managing flashbacks and other symptoms, he may wonder who he is now. In the US, for some older clients, we have introduced the concept of "PTSD Retirement." We remind clients that people change their roles, and to some extent their identity, at different points in their lives, including retirement, and many people there are asking themselves the same questions, because of retirement from work. "What will I do when I retire? How will I spend my time? Who will be in my life?" The therapist should help the client to see that these are normal questions, and instead of fearing the future, he now has the opportunity to explore and decide how he wants to spend his time.

- PTSD in younger clients

Younger clients are also going through important developmental milestones in terms of jobs and careers, as well as relationships and family. The reduction of PTSD symptoms can help these clients get back to more typical developmental tasks.