

Comfort in One Part (RE)

Time required: 10 minutes.

Materials required: None.

Indications for use: Use when the primary need is to enhance physical coping skills in the Remembrance and Mourning stage of trauma recovery.

Counter-indications: None.

This exercise assists the individual to use bodily felt sensations to retrain the body to a new state of comfort or relaxation. Once they have achieved this state they are now able to retain calmness even if it is in only one small part, while facing difficult memories. In this way they are now able to reassure and soothe themselves through the maintenance of comfort in one part while bravely forging ahead in resolution of past experiences.

Delivery of Approach

This approach was initially introduced in Erickson's work (Erickson & Rossi, 1989) and later revisited by Dolan (1991, p. 26). The individual is taught to deeply and completely relax one part of their body (this can be a part of their choosing). The process can be achieved through inductions described earlier in this text (Anchoring, Deep Breathing or Safe Place imagery). Once the individual is deeply relaxed they are instructed to select a part of their body that is prepared to completely release all tension and relax. They are encouraged to let this part feel a complete sense of ease, calmness, a soft and deep contentment. Allow them time to fully feel that sense of comfort and to let it soak into that body part. Once they give you a cue (lifted finger) that they have fully enjoyed this experience ask them to return their attention slowly to the room in which they are seated.

In this way, they have now prepared themselves to retain comfort in one part while agreeing to proceed with traumatic memory processing. During the processing or telling of the story they are instructed to monitor the body part that retains comfort. Whenever it becomes aroused out of comfort it is the signal to take a break and find comfort again.

A Time-Line Approach (RE-CR)

(Gentry, personal communication, 2002)

Time required: 20–30 minutes.

Materials required: Paper and pencil.

Indications for use: Use when the primary need is to enhance physical, cognitive, and emotional coping skills in the Remembrance and Mourning stage of trauma recovery.

Counter-indications: Actively dissociating or dissociates during exercise.

What follows is an approach that incorporates much that is useful of the techniques for braking and acceleration, self-soothing, systematic desensitization, looped tape scripting (presented shortly), cognitive restructuring and reciprocal inhibition. Recall from a cognitive-behavioral perspective that reciprocal inhibition (relaxation with exposure to memories of a traumatic event) and cognitive restructuring helps mitigate the negative sequelae of traumatic stress. While there are a number of available techniques with more or less research to support them to address post-traumatic stress difficulties, the manner in which you accomplish reciprocal inhibition and cognitive restructuring is limited only by your creativity.

Delivery of Approach

This approach is grounded in the notion of reciprocal inhibition and cognitive restructuring with a self-controlled start-stop element. It may be done in a group setting or it may be done in individual therapy. This technique is, of course, done after safety and stabilization has been successfully attained and the client has adequate skills for self-soothing. Self-soothing skills should include the ability to relax using exercises, self talk, breathing, etc. In this exercise, the therapist will act as a witness and monitor of the distress level of the client. In a group setting, a partner can fill this role.

Steps:

1. Identify the specific traumatic event to be processed.
2. Have the client take an 8 ½ by 11 sheet of paper, turn it the long way and draw a time line in the middle like the following:

Beginning	End

3. Have the client relax completely and ask them to view the event from a distance. Without actually fully entering the memory, have them start at the beginning of the event and separate it into time seg-

ments. This is similar to the Trigger List exercise earlier. They may separate it into as many segments as they like.

4. Then have them draw a line up from the time line on their paper to indicate each segment in the order it occurs and label it with a word to help remind them of which segment it is.
5. Have them make the height of each line indicate the subjective unit of distress (SUDs from 1 to 10) associated with each segment.

Now have them relax. They have just created a symbolic representation of the traumatic event. They may begin to process this at any time they have relaxed and their SUD is at 0 or 1 or they may wish to leave it and come back later. When they choose to begin, proceed as follows:

Steps:

1. Starting at the beginning, have them narrate the events of the first segment of the time line.
2. Monitor their SUDs. If they begin to rise too quickly and the client feels overwhelmed, they may wish to break that segment into smaller segments. If SUDs rise and the client does not feel overwhelmed, have them continue to narrate that segment and that segment only.
3. STOP at the end of the segment.
4. Have them begin self-soothing exercises. As they relax, ask them to discuss whatever comes to mind with you.
5. When their SUD has reached 0 or 1, they may choose to continue, or may choose to wait. If they choose to wait, they may leave the representation of the event with you, explaining to them that you are capable of keeping it until they are ready to finish. They do not have to take the event home with them. If they choose to proceed, repeat steps 1 through 5 of the second set of steps for the next segment on the time line.

By the time they have finished, they will have worked their way completely through a traumatic memory, creating a narrative of the event that includes insights gained from the process. And they have done so without being overwhelmed by emotion. To further facilitate the processing of the event, it would be helpful for you to then re-tell the story back to them as accurately as possible. The client should continuously practice self-soothing exercises while this is being done. In a group setting this can be accomplished by having it read to the group by their partner.

Biofeedback (R-RE-CR)

Time required: Varies.

Materials required: Varies.

Indications for use: Use when the primary need is to enhance physical coping skills in the Remembrance and Mourning stage of trauma recovery.

Counter-indications: Actively dissociating or dissociates during exercise.

Delivery of Approach

Biofeedback is simply any technique that provides the client with regular and ongoing feedback on one or more of their physiological responses to imaginal and/or *in vivo* stimuli. This can be as simple as monitoring (or helping the client to self-monitor) respiration rate to as sophisticated as watching Positron Emission Tomography (PET) Scans. Most commonly used are computer-aided monitoring of blood pressure, respiration, heart rate, skin temperature and skin electrical conductivity (Electro-galvanic skin response or EGR). These monitoring techniques are used in conjunction with relaxation strategies to help the client “memorize” thoughts and behaviors that produce visible lowering of anxiety responses (e.g., elevation of skin temperature in the hands, lowered heart rate, lowered respiration, lowered EGR).

This technique has specific application in trauma treatment by allowing the client to have ongoing awareness of their arousal level while they are accessing and confronting trauma memories. This “feedback” stimulates the client to activate a relaxation response therefore invoking reciprocal inhibition while renegotiating and resolving trauma memories.

2. Cognition

The following section describes a number of techniques that address the cognitive coping skills of traumatized individuals. It is important to remember that trauma and particularly stress have a negative impact on one’s ability to think for reasons discussed earlier. Clients who are actively dissociating and/or are clearly experiencing ongoing, unmanaged stress in their lives may have difficulty performing these techniques because they will have difficulty thinking clearly. Stress issues and dissociation should be addressed first to achieve optimum outcome.