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**Treating Trauma**

Surviving your trauma took an incredible amount of defense. Those defenses worked well for you then, but now you may feel stuck inside of them. These defenses can narrow your life and limit your ability to choose. The old ways of surviving can somehow keep you feeling vulnerable. Therapy can help to liberate these feelings and create a new more meaningful life.

In the treatment of trauma and PTSD, there are several guidelines in place for each person that starts down this road:

* **Safety:** Every therapeutic relationship should be based in feelings of safety. This means that you trust the therapist. It is important to build this relationship right from the beginning of treatment.
* **Accessing:** This means that you will have the ability to process and access traumatic memories without it causing dysfunction in your life. Pacing is key to this (see below).
* **Resolving:** Traumatic memories don’t necessarily go away. What hurts then will probably hurt now, but as you talk about the memories it may hurt less. Resolving traumatic thoughts means that you can think and talk about what you’ve been through without it causing as much distress.
* **Integrating:** The person you were when the trauma happened is likely different than who you may want to be. Trauma therapy is about integrating a new identity for who you are without the trauma ruling your life. This process includes building confidence in who you are and the ability to feel happy.

Early models of treating trauma, typically involved talking about the traumatic event as a central component of treatment. Retelling the trauma was viewed as curative and necessary. Often the goal was to retrieve traumatic memories and review them in counseling session. However, more recent research suggests that while some individuals do experience symptom relief after talking about trauma, others respond with an increase in symptoms. In fact, exploring traumatic memories can even be damaging to some people. “An individual is most at risk for becoming overwhelmed, possibly retraumatized, as a result of treatment when the therapy process accelerates faster than he or she can contain” (Rothschild, 2000, p. 78). As a result, therapists are responsible for managing the intensity of exposure to traumatic materials during the counseling.

The goal in treating complex trauma is to find a way to expose the traumatic memories in a way that the intensity remains within a therapeutic window that does not retraumatize. When individuals are retraumatized in the counseling session, they typically begin to revert back to their original state of fear and dysfunction when dealing with the original trauma. Some people dissociate, while others may regress or rely on unhealthy choices (addiction, self-harm, binge eating, etc.) to deal with the traumatic material.

The intensity of in-session trauma exposure can be measured at three different levels, with each one representing a different response:

1. In Level One, the individual demonstrates minimal emotional response. The emotion being displayed is rather flat. The individual appears somewhat numb with a calm voice tone and nonverbal behavior that do not match the content of the trauma being described.
2. In Level Two, the individual is demonstrating some emotional response, but is not overwhelmed or out of control. The nonverbal behavior appropriately matches the traumatic content, but not to the degree that the person appears to be re-experiencing the trauma.
3. In Level Three, the individual is extremely emotional with the intensity close to the original response to the trauma. It is as if he/she is actually reliving the trauma in the present, even crying uncontrollably, gasping for breath, or displaying younger or regressed behaviors such as rocking and thumb sucking. Other people may dissociate during the session or demonstrate an increase in self-destructive behaviors between sessions.

Using a process similar to systematic desensitization, the therapist will be responsible for managing the level of emotion in sessions. Without adequate emotional response (i.e., Level One), the individual remains within their comfort zone and avoids the steps necessary to develop an increased ability to process and discuss the traumatic material. However, individual’s symptoms typically worsen when they become too emotionally overwhelmed during the session (Level Three). As people gradually learn to think and talk about their trauma without becoming overwhelmed (Level Two), they remain in the therapeutic window. Time spent within the therapeutic window not only gradually increases the tolerance for exposure to the traumatic material, but also facilitates the positive integration of the traumatic memories within their personal history and identity. Such integration allows the replaying of the painful memories to begin to modify the emotional response to the trauma. Over time, this process begins to replace the persistent patterns of fear and avoidance with healing integration and acceptance of the traumatic experience.

Counselors must, and will, assume responsibility for protecting trauma clients from re-traumatization during treatment. In addition to watching for overstimulation, regression, and dissociation in the sessions, they should check for an increase in out-of-session symptoms or addictive responses.

The goals of trauma treatment include helping clients develop more adequate coping strategies (e.g., relaxation training, stress reduction exercises, cognitive modulation of affect through self-talk) prior to asking them to re-experience the trauma in sessions. Strategies such as problem-solving, behavior change, and emotional regulation can also be implemented to assist in controlling emotions and improving relationship skills.