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United Nations Institute for Training and Research

Confronting stress and trauma

A RESOURCE KIT FOR PERSONNEL DEALING WITH VIOLENT CONFLICTS AND NATURAL DISASTERS

CONFRONTING STRESS AND TRAUMA

A RESOURCE KIT FOR PERSONNEL DEALING WITH VIOLENT CONFLICTS AND NATURAL DISASTERS

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CBT-TF: selected techniques for self-care

4.4 Application of CBT-TF techniques for self-care

So far in this module some of the core principles involved in CBT-TF have been outlined, including exposure treatments and cognitive restructuring. The next sections consider four specific CBT-TF techniques that can be used for the purpose of self-care. A fifth technique, peer-to-peer support, will be discussed in the following lesson.

The following four techniques are very effective in reducing the impact of traumatic stress:

- Psycho-education
- Traumatic stress case formulation
- Challenging unhelpful thoughts
- Reducing avoidance behaviour

Notice about Dissociation

An important caution is offered here for people who may experience signs or symptoms of dissociation. Please note that TRiM and SUD measurement do not give an accurate reading of your state of mind and mental health if you experience dissociation!

If at any time while practicing the following techniques offered in this resource kit, you begin to experience the symptoms associated with dissociation as described in Module 2, (Lesson 2.4, section 2.4.4), please stop and use your safe/calm place (see section 5.3.1) and breathing exercises until you come back to neutral. If this happens repeatedly, it is advisable to seek professional help rather than continue.

As you go through this exercise, please continue to monitor your SUD level. If your SUD level increases or continues to stay above a 7, it is important to close the exercise down and use the five elements technique (see section 5.4.2) to come back to neutral. Again, it is advised that you see a professional therapist.

Trauma, burnout, and stress can all impact our capacity to feel a sense of hope. If you notice your thoughts are along the lines of 'It's no use', or 'This won't help' you may be caught in a place of despair. The risk becomes much greater when thoughts of self-harm or harming others are present. It is important to not engage in these exercises alone or with a trusted colleague if these thoughts are present.

Reminder

At this point it is recommended to do the TRiM Risk Assessment in Lesson 3.2.

If the TRiM Risk Assessment identifies an individual as 'at risk', and at one-month follow-up the same individual still scores +15 on the Risk Assessment scale, then this person should not continue with self-care since he/she is probably in need of professionally-guided CBT-TF or EMDR clinican

4.4.1 Psycho-education

This refers to the education offered to an individual to explain his/her distress and to empower the individual to deal with his/her condition more effectively.

Psychological recovery in the aftermath of a traumatic experience requires for the individual:

- Patience
- Time
- Permission to grieve and mourn for losses experienced
- Compassion in judgment, view of self, others and worldview
- Openness
- Removal of inappropriate guilt and over-responsibility

Table 2 lists helpful and unhelpful behaviours that impact upon recovery. This could be used as a psycho-educational tool to promote insight, challenge unhelpful thoughts, and modify behaviour.

Helpful behaviours	Unhelpful behaviours
• Express emotions • Accept opportunities to share experiences with others • Make time for self-reflection • Make time to be with friends and family • Let people know how you are feeling • Take care whilst driving, as concentration may be impaired • Be more careful generally • Stop drinking excessive amounts of alcohol • Start an exercise programme • Get plenty of sleep • Engage actively in physical, psychological, emotional and spiritual self-care	• Bottle up feelings • Avoid talking about what has happened • Expect memories to go away immediately • Be self-critical • Isolate oneself socially • Engage in excessive alcohol consumption • Neglect self-care • Self-medicate

Table 2: Helpful and unhelpful behaviours with regard to self-care following trauma

Many of the helpful behaviours appear to be common sense. Someone looking at the list of unhelpful behaviours may consider, 'I would never do those things'. However, the actions on the unhelpful list can be very easy and understandable traps to fall into.

A simple 'self-care' activity that many people find useful is to make a copy of Table 2 above (Helpful and Unhelpful Behaviours in Promoting Recovery from Psychological Trauma) and pin it up in a place that is frequently seen by the individual – for example, where his/her clothes are kept. The list then becomes a constant reminder to try and engage in 'helpful' activities rather than the unhelpful ones.

Another helpful activity is for the individual to use the SUD scale (see Module 3, Lesson 3.3). As we have seen, this is a simple subjective measure about how much an issue or event is currently causing disturbance to the individual. When using the SUD scale, an individual rates their own level of 'here and now' disturbance, rather than somebody else doing this externally.

How to deal with helpful and unhelpful behaviours

In relation to a difficult experience you have encountered, consider the 'helpful and unhelpful' list above. Which of these behaviours may apply to you? What have you done in the past to improve your self-care? Can you do something different in the future?

4.4.2 Traumatic stress case formulation

Self-care is about developing a better understanding of psycho-education and being clear about the relationship between the experience, cognitions (thinking), physiology (physical symptoms), emotions and behaviours. The reason for this is that when a person has an acceptable explanation for his/her distress it potentially makes it easy to then problem-solve and seek a means of moving forward. This is known as case formulation. Returning to the earlier Scenario C of Franco, the UN peacekeeper who rescued a terrified teenage girl from a burning building, the relationship between the trigger event, cognitions, behaviour, emotions and physiology is expanded in Figure 4.

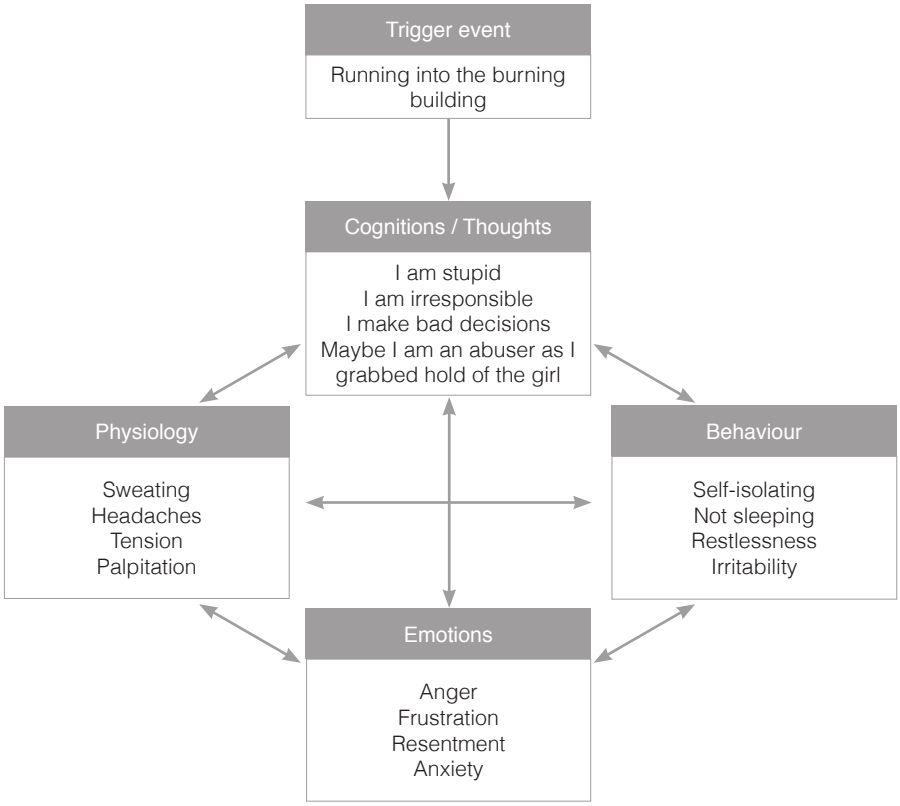

Figure 4: Understanding the problem

4.4.3 Challenging unhelpful thoughts

> It is enormously difficult to organize one's traumatic experiences into a coherent account - a narrative with a beginning, a middle, and an end.[17]

The way in which an individual thinks about an event has an impact upon his or her mood. Many of these thoughts are automatic and remain outside conscious control until they become conscious. These thoughts can often be very self-critical, negative and generally unhelpful. An important point to emphasize is that thoughts that have no real basis are not the same as verifiable facts. Even so, these unhelpful thoughts often seem very plausible and believable. However, even though exposure to a traumatic experience can make a person feel vulnerable,

[17] Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Penguin, p. 43.

it is still important to challenge and question these thoughts as they are often based upon incorrect assumptions. Identifying unhelpful thoughts can often be difficult; however, learning to recognize them is an important first step.

Often there are patterns of unhelpful thinking. Questions can be used to challenge unhelpful thoughts, such as:

- Is there any evidence that contradicts this thought?
- Can you identify any patterns of unhelpful thinking?
- What would you say to a colleague or friend who had this thought in a similar situation?
- What are the costs and benefits of thinking these particular thoughts?
- How do you think you might feel about it six months from now?
- Is there another way of looking at this situation?

Whenever unhelpful thoughts emerge for a person, it is often better for the individual to write them down, including noting when the thoughts occurred, what he/she felt at the time, and what event may have triggered these responses. By doing this exercise over time it is possible to determine if there are particular thought patterns that are influencing a person's mood and behaviour. This activity can either be done individually or with a trusted colleague.

Challenging unhelpful thoughts

Think about an event that you experienced in the last 2 months and that has continued to bother you. This should be an event that is equivalent to about 3-4 on the SUD scale. As you think about this incident, ask yourself the six questions listed above.

4.4.4 Reducing avoidance behaviour

As mentioned earlier in this module, a common symptom of traumatic stress is avoidance behaviour. Avoidance often occurs as a result of someone trying to limit contact with triggers for anxiety, fear, or memories and thoughts about a traumatic event. This is understandable as these emotions and thoughts can be incredibly distressing. Table 3 describes four steps to tackle avoidance:

Table 3: Four steps to challenging avoidance behaviour

Step 1: Monitoring your behaviour - spend a week monitoring your behavior, paying particular attention to aspects that trigger your trauma symptoms – for example situations, people, place, etc. Write down as much information as you can remember. Sometimes you may need to take some time to reflect upon what it was that may have triggered your avoidance and the lengths to which you went to avoid a situation.

Step 2: At the end of this one-week period, take a piece of paper and create three columns. In the 1st column the 0-10 scale is going to be used for the purpose of this exercise. This scale is useful to determine your level of 'FEAR' or 'DISTRESS' associated with certain situations where 0 = No FEAR and 10 = HIGHEST FEAR.

Step 3: Then in the 2nd column organize all the situations, people or places that you tried to avoid in this last week and rate each of these using the 0-10 scale. The reason for doing this is to create a 'Fear Hierarchy'.

Step 4: In the 3rd column write down specific behaviours you can engage in to start approaching the situations that cause 'Fear' or 'Distress'.

Example: Imagine that you feel anxious going into the main canteen area during dinner time as you don't want to meet up with certain people. It is important to try and 'grade' your level of exposure to what it is that makes you anxious. Do not say 'I'm going to go into the canteen during its busiest period'. Instead, say 'I'm going to go into the canteen at a quiet time and just sit and practice my breathing exercises for just 5 minutes'. When this becomes manageable then the time can be extended. The important aspect is to break down all of your avoidance behaviours into concrete well-defined steps.

Once you have your list completed, start at the bottom of the list (with situations listed as causing zero 'Fear' or 'Distress') and begin tackling those situations. Take your time. There is no rush. Once you feel as though you have accomplished a situation, move on to the next one. With each step, you will slowly build up your confidence and the easier it will become.

In many ways avoidance is effective in that it prevents the victim/survivor being reminded of the traumatic incident by any activities or places closely related to the event. However, the disadvantage with avoidance is its tendency to make problems worse. The longer something is avoided, the more intimidating it potentially becomes. Getting into the habit of escaping situations can reinforce avoidance, whereas repeated and sustained exposure can defuse anxiety towards a situation over a period of time. The more frequently and intensely an anxiety is confronted, the more the fear will reduce, as was shown in Figure 2, The Effects of Exposure, earlier (in section 4.2.1).

Reflect on your avoidance / safety behaviours

Take a moment to consider your own avoidance / safety behaviours:

- What might you be doing to maintain these types of behaviour?
- What goals would you like to achieve by being able to challenge the avoidance / safety behaviour in relation to your own self-care?
- Develop a step-by-step plan as to how you might achieve these goals, using a gradual process of incremental exposure.
- Who might you want to recruit to assist you in challenging your avoidance / safety behaviour?

4.5 Peer-to-peer support using CBT-TF techniques for psychological self-care

Another helpful intervention that can be used is peer-to-peer support in promoting more effective self-care.[18]

Peer-to-peer support is used within several contexts:

- Military and police – peer-to-peer support system
- Mental health and recovery – peer support workers
- Psychology/Psychotherapy/Counselling – peer supervision
- Nursing – mentorship programmes
- Education – peer educators
- Addictions/Substance misuse – sponsor (someone who is willing to share his/her own experiences and journey out of addiction)

To date there are seven randomised control studies which empirically support such an approach. According to Mead and MacNeil[19] peer-to-peer support assumes that people who have similar experiences can better relate and can offer authentic empathy and validation. Peer support systems have been in operation within mental health systems for the last 40 years.[20] MacNeil and Mead developed a Trauma Informed Model of Peer Support that identifies seven requirements ('standards') within the peer-to-peer relationship.

The seven standards of peer support promote:

- Critical learning and the renaming of experiences
- Sense of community
- Flexible support systems
- Instructive activities, meetings and conversations
- Mutual responsibility across relationships
- Clarity about setting limits

[18] http://self-help.tools/trauma-ptsd.html

[19] Mead, S., and MacNeil, C. (2006). Peer Support: What Makes it Unique. *International Journal of Psychosocial Rehabilitation*, 10(2), pp. 29-37.

[20] MacNeil, C. and Mead, S. (2005). A Narrative Approach to Developing Standards for Trauma-Informed Peer Support. *American Journal of Evaluation*, 26(2), pp. 231-244.

- Addressing safety and risk assessment

A peer-to-peer support system is where two people or 'buddies' come together to assist and help one another in providing psychological support. Such a system has been widely used within the United States military for decades (and is known in that context as the Buddy System). The suitability of this approach is backed by research that indicates that individuals prefer to seek support from either a colleague who has experienced similar events or from their spouse/partner.

A peer-to-peer support system could be effectively used to support crisis personnel with regard to their psychological trauma experiences and symptoms. It can be used in a 'one-way' or 'two-way' format. 'One-way' is where the system is purely for one person's support; 'two-way' is where both peers support each other psychologically.

A peer-to-peer support system involves the following steps:

Step 1: Choosing a peer
Step 2: Making a commitment
Step 3: Peer-to-peer support meetings
Step 4: Checking the meetings are working
Step 5: Moving on

Each of the steps will be explored in more detail by using the following case scenario, using a one-way format.

Scenario E

Kolo was deployed as part of a UN mission to Africa in the aftermath of a natural disaster. Whilst working on front-line activities Kolo noticed that he was having the following experiences: not sleeping; becoming increasingly irritable; isolating himself; and feeling constantly on alert.

In his mind Kolo kept re-living an event from an earlier mission where he had tried to rescue a young boy who was trapped in floodwaters. Kolo had no means to help the young boy and he went to seek assistance. When he returned the boy was nowhere to be seen. The memory of staring at the place where the boy had been left was imprinted into his brain. A question was repeatedly going around Kolo's head, 'Could I have done more?'

What Kolo is experiencing is an example of psychological trauma. How might a peer-to-peer support system help him?

Step 1: Choosing a peer

For the peer-to-peer support systems that are used in the corporate world, the first contact is made by a person who (i) is already working for a company, (ii) has more experience, and (iii) maybe is more senior. However, in Kolo's case first contact needs to be made the other way around. Kolo needs to identify a person who he feels he can trust, a person who he considers he could talk to, and someone who will respect confidentiality; this is the one-way peer-to-peer support system. In addition, this person needs to be someone that Kolo feels will be able to listen, incorporating many of the skills covered in Module 7 relating to psychological first aid. This person needs to be an individual who might be able to offer guidance, support and understanding. Ideally, finding a suitable peer is something to be done before the mission/operational tour begins as part of predeployment. In many ways this step may sound straightforward, as Kolo may already have a person in mind. For Kolo to give some thought about who might be a suitable person to be his peer, is an important first step.

Step 2: Making a commitment

A peer-to-peer support system requires a commitment by both parties to make time to get together. There needs to be a suitable place to meet. At the start of the meeting a helpful suggestion is for each of the buddies to be clear about what they may want from one another. For Kolo and his peer it is about two things - a peer that he can use as a means of support, and a place where he can talk about his experiences without being judged or blamed. The main agenda from Step 2 is to find a place, space and time for both to meet.

Step 3: Peer-to-peer support meeting

This time, space and opportunity is about Kolo. A time for the peer-to-peer support meeting to both start and finish needs to be set. The first task is for both parties to introduce themselves and establish some basic ground rules about how Kolo would like to use this meeting.

The following are some useful strategies that may be used as part of the peer-to-peer support system process:

- Accept that your reactions are 'just reactions' and that your reactions don't define you as a person
- Try to keep yourself occupied with activities
- Try to communicate your experiences to a trusted other
- Be willing to accept any help and support that may be offered
- Balance time for self-reflection with time in the company of others

The second task is to use the TRiM ten questions listed in Table 2 in Module 3, Lesson 3.2 to find out if Kolo can identify with any of them. Ideally the peer would be familiar with the use of TRiM (preferably having received the two-day special training[21]). These questions can provide a structure for the first peer-to-peer support meeting. Kolo needs to be clear that he can say as much or as little as he likes. There are no expectations for Kolo to fully disclose anything about his experiences.

The TRiM Risk Assessment tool can be used and scored appropriately. If Kolo scores high on any of the TRiM questions, then the meeting needs to identify goals/targets that Kolo needs to

[21] March on Stress.com. (2016). TRiM training. [online] Available at: www.marchonstress.com/index.php/page/p/trim_training [Accessed 2 Dec. 2016].

address either by himself, or with help and support of others.

Another self-care approach that can be used in the peer-to-peer support meeting involves Problem Solving[22]. This approach uses structured steps to identify what the problem is, and then explore various options 'for' and 'against' potential solutions. Although this is not a distinct CBT-TF technique, its principles can nonetheless be very helpful. Figure 5 shows the sequence of steps involved (Appendix 7 offers an application of this chart).

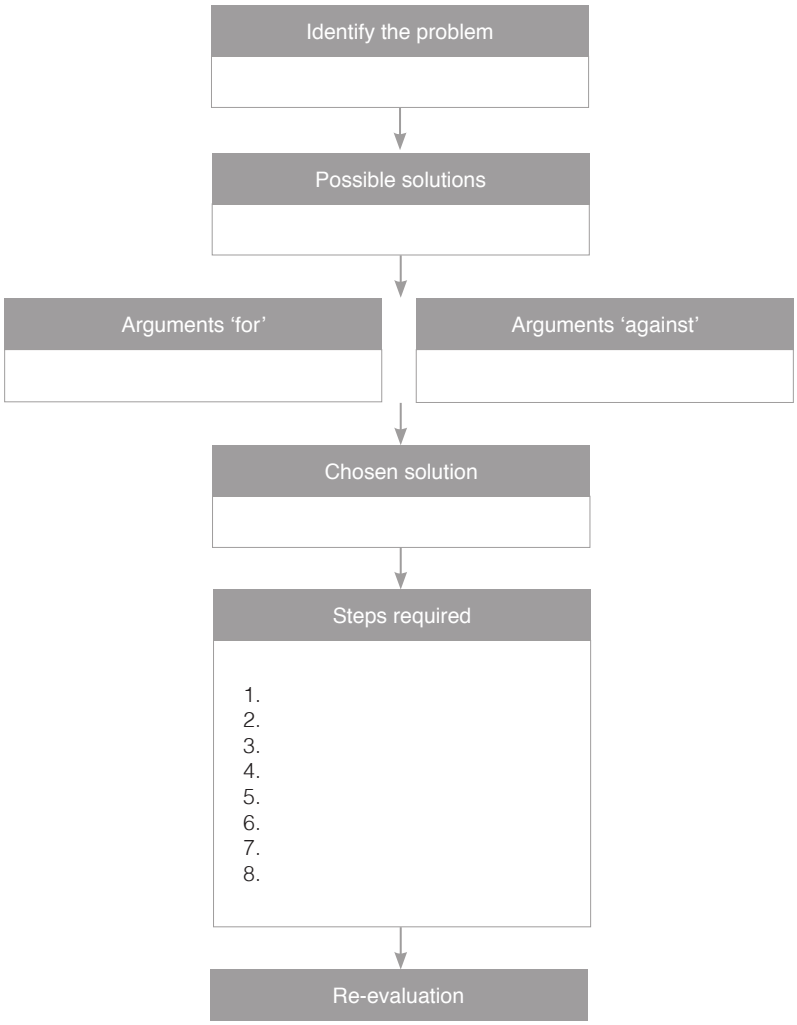

Figure 5: Example of problem solving flow chart

Using the Problem Solving Flow Chart may prove a useful and helpful strategy to determine how best to proceed. This technique involves first identifying the particular problem/concern which is causing disturbance. The second stage considers a whole range of possible solutions to be

[22] D'Zurilla, T.J. and Nezu, A.M. (2010). Problem-solving therapy. In: K.S. Dobson (Ed.), *The handbook of cognitive-behavioural therapies*. (3rd ed.). New York: Guilford Press, pp. 197-225.

considered for addressing the 'problem': several arguments both for and against possible solutions are considered, in order to identify the best option in proceeding. The final step involves mapping out the steps needed in order to address the problem identified at the start of the process.

If any specific risk factors have been identified, a goal/solution can be identified that addresses this risk. When setting any goal, the mnemonic SMART is useful.
SMART goals are:

- Specific
- Measurable
- Attainable
- Relevant
- Time-sensitive

A SMART goal provides an individual with more direction and a better ability to achieve the goal by the targeted completion date. For further information about SMART, please refer to Appendix 8.

Step 4: Checking the meetings are working
Regular and scheduled meetings are important to a peer-to-peer support system to check that needs are being met, and goals are being identified, agreed, and achieved. Established goals could be either one, or several, however they need to be regularly checked for progress.

Time needs to be given for checking that the meetings are working and meeting individual needs - 'How are we doing?' is more effective than 'How am I doing?', since for a peer-to-peer support system to work effectively there needs to be honesty and commitment from both parties. During these peer-to-peer support meetings it is also important to make time for sharing positives, sharing good news, achievements, etc.

If Kolo considers that 'telling the story' is important and that he is ready to do so, then his peer should invite him to do so. Kolo should be allowed to tell his story in his own way - his peer should not ask questions, probe, inquire, challenge, judge, or be critical. The peer should try and do the simple things well - listen and listen attentively, not just with the ears.

Key Point: Remember these are peer-to-peer support 'meetings' and therefore it is best that any social aspect of the meeting, as for example, having something to eat together, should be saved until the end.

Step 5: Moving on
There is no set time frame for a peer-to-peer support system to last - this is something to be negotiated with all the parties involved. If the system is working well, it is possible to widen it to include others who may also be in need.

Part of the 'moving on' process may involve 'referral on'. There may be occasions when, in order to achieve the goal, a second opinion is required. Where this opinion could come from is something the peer-to-peer support meeting needs to discuss openly. It might be that a mental health expert may need to become involved – again, it is important to be open and explicit about this within the context of the peer-to-peer support meeting. When to (self-) refer was covered in Module 3 and will again be highlighted in Module 6.

The peer-to-peer support system may last only for the duration of the mission together; however it can also go beyond this. There are lots of creative means of keeping in touch - Skype, Facetime, etc.
Like most things in life, endings are inevitable; the peer-to-peer support process will come to an end. Some individuals may find this difficult to manage and deal with. Despite the potential difficulties it is better to address this issue directly and openly.

> It is always important to know when something has reached its end. Closing circles, shutting doors, finishing chapters, it doesn't matter what we call it; what matters is to leave in the past those moments in life that are over.[23]

Applying CBT-TF

- With your trusted colleague, complete the TRiM Risk Assessment and discuss the findings
- What is your understanding as to the importance of confidentiality when working with vulnerable populations?
- During conversations with colleagues listen out for evidence of cognitive distortions in what people may be saying. Consider how you may use cognitive restructuring to challenge these 'unhelpful thoughts'
- In scenario D, what CBT-TF strategies might you consider to be useful for Franco?
- What might be some of your concerns/ anxieties about using the peer-to-peer support system in promoting self-care?
- How would you know if a peer-to-peer support system is working or not?

[23] Coelho, P. (2012). *El zahir*. Grijalbo: Planeta.

Summary of key messages

- CBT is a psychotherapy to treat a wide range of conditions of mental and physical ill health by exploring, guided by a licensed practitioner, the interactions between cognitions (thoughts), behaviour, emotions, and physical symptoms.
- CBT-TF is CBT's model that focuses on traumatic events and trauma.
- Exposure Therapy and Cognitive Restructuring are two of the main CBT approaches.
- Exposure Therapy comes in two varieties, graded and prolonged exposure, both aiming to habituate the client to the feared object or situation; to extinguish the fear altogether; to increase a client's confidence; and to emotionally process the fear and become more realistic.
- Cognitive Restructuring confronts, and aims to correct, the distortions in thinking that often follow a stressful or traumatic event.
- The four areas of cognitive distortions are: view of individual self, of others, of the world, and of the future.
- Psycho-education, traumatic stress case formulation, challenging unhelpful thoughts, and reducing avoidance behaviour are four core approaches of CBT-TF.
- Understanding each of these approaches makes it clear how they can be used for self-care.
- Some CBT-TF interventions can be used within the context of a Peer-to-Peer Support System, which can be undertaken in the field.
- The Peer-to-Peer Support System provides a proactive strategy for directly addressing trauma within a supportive, non-judgmental setting.
- Problem-solving processes can best be employed to break down problems into smaller elements.

Additional resources

Websites

British Association for Behavioural and Cognitive Psychotherapies (BABCP). (2016). *Home*. [online] Available at: babcp.com/Default.aspx.

British Association for Behavioural and Cognitive Psychotherapies (BABCP). (2016). *Home*. [online] Available at: babcp.com/Default.aspx.

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Psychology Tools. (2016). *Post-traumatic stress disorder (PTSD), trauma and dissociative disorders*. [online] Available at: psychology.tools/ptsd.html.
Also see: Psychology Tools. (2016). *Avoidance Hierarchy Worksheet*. [pdf] Available at: media.psychology.tools/worksheets/english_us/avoidance_hierarchy_en-us.pdf.
Also see: Psychology Tools. (2016). *Grounding Technique Worksheet*. [pdf] Available at: media.psychology.tools/worksheets/english_us/grounding_techniques_en-us.pdf.

Further reading

Bisson, J.I., Roberts, N.P., Andrew, M., et al. (2013). Psychological Therapies for Chronic Post-Traumatic Stress Disorder (PTSD) in Adults. *Cochrane Database System Review* 13(12).

Cohen, J.A. and Mannarino, A.P. (2011). Trauma-focused CBT for traumatic grief in military children. *Journal of Contemporary Psychotherapy*, 41(4), pp. 219-227.

Ehlers, A. (2013). Trauma-focused cognitive behaviour therapy for post-traumatic stress disorder and acute stress disorder. In: Simos, G. and Hoffman, S.G. *CBT for anxiety disorders: A practitioner book*. Oxford: Wiley-Blackwell, pp. 161-189.

Jeffries, F.W. and Davis, P. (2013). What is the Role of Eye Movements in Eye Movement Desensitization and Reprocessing (EMDR) for Post-Traumatic Stress Disorder (PTSD)? A Review. *Behavioural and Cognitive Psychotherapy*, 41(03), pp. 290-300.

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National Child Traumatic Stress network (NCTSN). (2008). *How to implement trauma-focused cognitive behavioural therapy (TF-CBT)*. [pdf] Los Angeles: NCTSN. Available at: www.nctsnet.org/nctsn_assets/pdfs/TF-CBT_Implementation_Manual.pdf [Accessed 2 Dec. 2015].

The global burden of trauma is enormous and has dramatic consequences for human productivity, peace and development. It is made up of the individual trauma burdens carried, day-in, day-out, by millions of women, men and children, causing disorders, diseases and disabilities. Much of trauma remains hidden, especially in the developing world: unrecognized, undiagnosed, and therefore untreated.

The Resource Kit forms the basis for versatile e-learning and face-to-face courses aimed at people who deal, directly or indirectly, with those affected by violent conflicts and natural disasters. That includes humanitarian aid workers and peace operations personnel, but also physicians, journalists, volunteers, and students planning to work in crisis settings.

This Resource Kit offers up-to-date psycho-education on trauma causes, symptoms and treatments and on self-care, peer-to-peer and group approaches. It also gives the outlines of a world plan for trauma treatment.

Please contact the Global Initiative for Stress and Trauma Treatment (GIST-T) for more information about courses, and the use of this Resource Kit: info@gist-t.org.

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"The course exceeded my expectations. It provided me with information and tools I can use myself and share with others."

"Excellent balance between presentation/exercises/time for discussion and sharing of experiences. Thank you so much for this initiative and positive learning experience."

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