The ABCs of Trauma
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Webinar Overview

1. Establish context through some quick facts about trauma in the US
2. Describe some sources of trauma & types of responding
3. Explore ideas about etiology
4. Identify some assessment approaches
5. Elaborate on contemporary treatments
6. Conclude with some perspectives about evidence and evidence-supported treatments
Establishing Context

- Everyone has trauma
- 90% of US adults report being exposed to something notably traumatic
- Unresolved trauma reactions may be at the core of many developmental, relational, or clinical impairments
- To increase intrapersonal well-being and interpersonal functioning, meaningful and efficacious treatment is an imperative

Sources of Trauma

- Many possibilities, but also some distinct categories
- Threats to our body
- Environmental and disaster-related events
- Relational trauma
Types of Response

- Traumatic Experience
- Natural Recovery Response
- Persistence of Trauma Symptoms
- Recovery through treatment
- Compounding of symptoms through non-treatment

Maps to Trauma Response

- Biological dysregulation
- Behavioral explanations of trauma-focused interventions
  - Behavioral theory
  - Cognitive-emotional processing theory
- Cognitive explanations of trauma-focused interventions
  - Social cognitive theory of PTSD
Biological Dysregulation

- Neurocircuitry models make reference to some important brain areas
- Amygdala, medial prefrontal cortex and anterior cingulate, and hippocampus
- Activity in these areas is markedly different in those with PTSD than without

Behavioral Conceptualizations

Classical Conditioning explains on onset/acquisition of fear response

Operant Conditioning maintains response through avoidance of fear provoking stimuli

Mowrer provided a framework for development and maintenance of fear responses
Emotional Processing Theory

- Foa’s practice-based theory integrated meaning into the learned response
- In response to traumatic experience, we develop meaning structures with stimulus and physiological responses
- Maintenance and recovery moderated by three factors:
  - Degree of emotional engagement
  - Quality of trauma-related cognitions
  - Degree of narrative articulation

Social Cognitive Theory of PTSD

- Resick and colleagues depicted this model in the treatment of individuals with PTSD.
- Avoidance of thinking about the event and problematic appraisals of event contribute to non-recovery.
- Largely moderated through cognitive assimilation

Assimilation
- Just-world thinking
- Hindsight bias
- Happily ever after thinking

Over-accommodation
- Use traumatic event as proof of negative belief
- Related to safety, trust, power/control, esteem, and intimacy

Keys to Recovery
- Experience natural emotions
- Correct misappraisals associated with manufactured emotions
Assessment of PTSD

- Efficacious treatments is supported through judicious and thorough assessment

**Formal Assessment**
- CAPS
- PCL
- PSS
- TRGI
- SPSS-A

Contemporary Treatments

- Neuro-based Approaches
- Trauma-Focused Cognitive-Behavioral Therapies
  - Prolonged Exposure
  - Cognitive Processing Therapy
  - Trauma-Focused CBT for Children and Adolescents
Perspectives about Evidence and Evidence-Supported Treatments

- All evidence is not created equal
- All treatments and their applications are not equally efficacious
- Best thing is to be a consumer of these treatments
- Preference for estimates of practical and clinical significance
- It’s always up to us to match our clients presenting needs to the best available treatment that addresses those needs.

References

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- Children and Trauma
- Dissociation and Trauma Spectrum
- Counseling Refugees
- Human Trafficking
- School and College Students
- Stress and Marginalized Groups