



INSITUTE OF PROFESSIONAL PSYCHOLOGISTS

Post Tsunami-The need for professional intervention thus the greater need for accredited training programmes.

Tsunami Disaster suddenly turned their world upside down; many survivors of trauma would never have imagined that they would ever have sought the help of a counsellor. When they do, it is often out of a sense of desperation, feeling out of control, and without hope. While they seek structure, containment, and direction, sadly all too often they find themselves flung into an open-ended abyss – almost as if their needs were less important than the counsellor's creed. The process is often mirrored in supervision with the counsellor feeling lost, and unguided, while the supervisor guiltily watches them wallow. It is a professional nightmare in which everyone seemingly colludes in a web of helplessness and blame.

We start with this rather dismal portrayal to highlight that counsellors may have to adapt their approach to meet the very specific and immediate needs of this client group. This is not to downplay the importance of the core conditions, an understanding of interpersonal dynamics, the principle of empowerment, and well-integrated and refined attending and responding skills. Indeed these, together with an ethical stance and good supervision are the prerequisites for any helping and effective counselling relationship. In this article, however, we would like to articulate our own ideas about how those prerequisite skills, insights and qualities can be channelled into an effective and empowering trauma-specific counselling relationship.

We have been able to refine our own ideas about good practice, and develop a coherent, integrated, yet adaptable trauma counselling model.

Before we begin to explore this model, perhaps we need to set it in the context of other post-trauma interventions. We are not of the school that would favour of hordes of counsellors touting their wares at the scene of every disaster and major incident. Immediately after a major incident people need time and space to regain some sense of equilibrium, to be with people that they know and trust, and to attend the immediate practical demands that follow from the incident. In the next week (but not first 24 hours) it may be helpful to attend a Critical Incident Stress Debriefing in order to tell their story, put the incident into perspective, and normalise their reactions. We should, however, throw in a note of caution against the blanket use of any post-trauma intervention, as several investigators have indicated that debriefing can have adverse effects and risk secondary traumatisation .

If the experience of the incident remains overwhelming, there are a number of brief trauma treatments (usually described as 'power therapies') that may be employed by a qualified practitioner to alleviate the distress emanating directly from the trauma. Trauma counselling becomes appropriate at any time after one month, as to introduce it earlier may interfere with the survivor's natural restorative processes. The aim is to facilitate integration of the survivor's pre-trauma, trauma, and post-trauma lives, and to empower them to take control in a rapidly changing world. It is highly client-centred, but also highly structured.

Some Key Principles of Trauma Counselling

Trauma, as described elsewhere can be considered as a 'rupture with the past' that challenges the survivor's beliefs and shatters their assumptions about who they are, and what kind of world they inhabit. Often, they will see their life in two separate parts; the first part, often as an idealised

version of their life before the trauma; the second as a life subsumed by danger, without moorings, or sense of future.

They may never have considered counselling in their pre-trauma life, and may even have been one its fiercest critics. By the time they enter into counselling, they will probably have tried many things to “pull themselves together.” Counselling can feel like their last hope in a world where they feel helpless and hopeless. Certainly they want to be listened to, for someone to understand and not judge, to be allowed to unpack the jumble in their head, to feel strong again, and to feel that life has meaning, purpose and direction. Counselling needs to be a means to an end, not the end itself.

Even very simple things that the survivor hears about counselling can be either hope-giving, or counter-therapeutic. One of the first questions many survivors ask relates to the duration of counselling. An open-ended counselling contract, rather than conveying a flexible person-centred approach, may be interpreted as indicating that the process of recovery may also be indeterminate. Instead, trauma counselling needs to be brief, and time-limited, as this conveys an expectation that change will occur and that hope exists. It also makes counselling less risky, because the survivor can try it without feeling that they have signed up as the ‘eternal client.’ Similarly, clear and well-negotiated boundaries are important to provide a sense of containment, and to provide a safe haven within which the survivor can risk exploring material that would feel too dangerous to visit elsewhere.

If such a brief and time-limited process is to be achieved, two important points will need to be addressed. Firstly, each phase of the counselling process has to be worked through meticulously before moving on to the next if the process is not to lose direction and momentum. This is particularly important, as each phase is dependent on the foundation laid by its predecessors. Secondly, the overall goal of counselling should not be to help the survivor resolve all their problems, only to help them mobilise, redirect and sustain their own resources sufficiently to begin the process of taking control of their lives again. This is not to say that further counselling would not be helpful, only that this should not require the specific skills of a trauma counsellor.

Many survivors inhabit a world out of control. Their internal world has not only lost meaning and direction, but is additionally disrupted by intrusive thoughts, images and sensations. At the same time events in the external world will continue to force changes over which the survivor may very well have very little influence. It is essential, therefore, that they are made to feel in-control within the counselling process. This means that it is essential that all aspects of the counselling process are transparent, and that the survivor is explicitly involved in all decisions. In ‘going public’ with their own struggles, the counsellor effectively allows the survivor to become a co-supervisor, as well as client. Indeed, one of the major tasks of formal supervision is to help release the blocks that the counsellor places on this natural and empowering process.

Above all other considerations, comes the survivor’s safety, and in particular concerns regarding elevated suicide risk - studies having consistently shown a strong link between attempted suicide and PTSD . Indeed, it may have been the intensity of the survivor’s suicidal feelings that prompted them to seek counselling in the first place. Both factors suggest that the trauma counsellor will have to be skilled in screening for imminent suicide risk, containing that risk, and activating other forms of support.

Feelings associated with closure have a very special significance in working with survivors, as these may re-stimulate the original feelings of loss experienced following the trauma. Thus, as the survivor begins to feel that they are regaining mastery over their world, fears of losing of the counselling relationship may grow and, if not carefully worked through, set back the process of recovery. Consequently, issues of closure have not just to be explored, but also modelled throughout the counselling relationship. The process of closure, indeed, has to start at the beginning.

The Trauma Counselling Model

There is a simple logic to the process of trauma counselling, and this we have attempted to illustrate. Thus far it has been implicit in our discussion that we are concentrating on Type 1 traumas – those sudden, unexpected, and overwhelming experiences such as a physical or sexual assault, a road traffic accident, witnessing horror, being taken hostage, and so on. Type 2 traumas, by contrast, tend to be ongoing and repeated such as domestic violence, victimisation, and child sexual abuse. We have shown in the diagram separate pathways for each type, although space demands that we focus on Type 1 traumas here.

First, counsellor and survivor must engage in a two way exploration to establish what each has as their objectives, to address concerns, to consider potential complications, and to agree, if counselling is to begin, the precise details of a working agreement. It is also the point where the counsellor collects critical information about the survivor, and the incident that brought them to counselling. It is an important principle, however, that the survivor is not asked to make an immediate decision, but is encouraged to go away to think it over. This helps to protect the survivor from feeling further out of control should they enter into counselling before having carefully considered the full implications. Because of the amount of information to be digested, we recommend that counsellors prepare a brochure covering the salient points, including a checklist of points that the survivor should ensure have been discussed and agreed. This can be helpful if sent to the survivor before they meet, or left with them to think about after the first contact.

Even if both decide against proceeding, it is possible that just on the basis of this contact, the counsellor has picked up that the survivor is actively suicidal. It would indeed be unethical not to act upon this concern simply because no agreement is yet in place. At this point risk containment is more important than counselling. This involves working actively, and explicitly with the survivor around their suicidal ideation, challenging cognitive distortions, problem-solving around the critical issues leading to the immediate crisis, broadening their perspective to include a sense of future, establishing a short term 'no-suicide agreement,' helping them to structure time over the next 24 hours, agreeing the involvement of others, providing of emergency contact numbers, and arranging follow-up contact. A tall order, indeed, for one session, but a challenge that trauma counsellors must be prepared for.

Once a counselling agreement is established, before anything else, the survivor will need to tell their story. However, it is important that this is done safely and effectively. This is not primarily a catharsis, but an opportunity to tell it in its full horror, but *from a safe distance, and whilst feeling in control*. Briefly, the survivor is coached to tell their story in the past tense, from a carefully elaborated 'anchor point' prior to the incident, in small chronologically ordered time chunks, each of which involve elicitation of immense sensory, cognitive, affective, and behavioural detail, through the incident, and past the point when the incident was considered over, up to the present. This process can assist in recalling 'unprocessed fragments' of the story that haunt the survivor, place the incident into a historical context, and provide a bridge between the survivor's pre-trauma, trauma, and post-trauma worlds. The reprocessing, together with procedures to ensure that the survivor remains safe, generally takes about three hours. Other sessions are generally kept to a fifty-minute or one hour standard.

The narrative reprocessing is normally audio-taped (one of the details that should have been negotiated in the First Contact session). There are many arguments in favour of, but importantly, the taping of the narrative reprocessing provides opportunities for the survivor to listen to themselves recalling their experience between sessions. This can help the survivor to practice stepping outside of the incident, as well as having desensitising, and distancing components.

Often by the next session, the survivor looks visibly less burdened. The counsellor begins by helping the survivor review how they felt after the reprocessing, how they experienced listening to the tape, and what has happened in the intervening period. Listening to this is the first part of the Mapping Process, which involves a detailed survey of the survivor's post-trauma world. This is more accurately described as a scanning process than an exploratory one, and can sometimes have the feel of an interview. If the Narrative Reprocessing is about what happened then, the

Mapping Process is about what is happening now. The important issue is not depth, however, but range – that is, it is important to cover all aspects of the survivor's life. Due to the sheer quantity of information to be elicited, there is often a need to capture this information through some visual pen & paper mechanism. There are numerous ways of doing this, but the counsellor needs to ensure that they have fully covered all corners of the survivor's work, social, family & sexual, and private life. No deeper exploration is done at this stage, indeed there is a very strong danger that the counsellor may end up down a 'blind alley' and waste a considerable amount of time if they were to try. Here it is important to remember the importance of completing each piece of work thoroughly before moving on. Interestingly, often survivors experience this process as being as powerful the narrative reprocessing. It is as if the 'matter of fact' direct line of inquiry has allowed them, in a safe way, to talk of issues that they may have otherwise skirted around to their detriment. Further 'between-session tasks' can be incorporated at this stage. Typically the survivor might be encouraged to take their 'map' home to review it, add to it, and revise it.

The next session usually begins with a review of the intervening period, followed by a re-examination of the survivor's refined map. This examination is important because it may highlight how each area of the map is systemically linked, and thus indicate where the smallest intervention would create the greatest ripples. By this stage the survivor, having already taken immense risks, generally feels safe enough to go deeper. The Exploration Phase includes uncovering pre- and post-trauma belief systems, discovery of life and current themes, cognitive restructuring and further development of their trauma map.

Inevitably, the Exploration Phase takes more than one session, and it is more difficult to see it as a discrete process. Rather it begins to integrate with the complementary processes of Facilitating Change, and Closure. Sessions tend to begin with a detailed review of any tasks that the survivor has attempted in the intervening period, and any other changes that have occurred in their life. This is explored so as to provide new evidence of, and new insights into the survivor's beliefs about themselves and the world. These new insights and hunches provide the basis for further 'between-session tasks'. Tasks need always to be owned by the survivor, and in the early stages will be of a self-monitoring nature (e.g. keeping a diary), while later they become 'personal experiments,' and finally strategic attempts to effect change.

As mentioned earlier, this is a brief, time-limited model. Indeed once counselling goes beyond twelve sessions, it is our experience that the process loses vitality and direction, and may become counter-therapeutic. It may well be time for the survivor and counsellor to acknowledge that something else, not more of the same, is required. Often trauma counselling need last only 4-6 sessions, after which the survivor may be better served by a counselling relationship that offers ongoing support and reflection, and opportunities to address some of their surfacing pre-trauma issues.

Whether the trauma counselling comes to end through referral or represents the close of one chapter in their life, and the opening of another, effective closure of this relationship is paramount. At one level, the survivor is prepared for this by the time-limited contract, while at another the preparation for self-reliance is facilitated by incrementally increasing the interval between sessions. Self-reliance is further promoted through the counselling process becoming increasingly survivor-led as it progresses through each stage. Closure is also modelled by the way the counsellor brings each session to an end safely, and on time. Other mechanisms include having the survivor provide the counsellor with written and oral feedback, and helping the survivor develop plans for the future beyond counselling. Additionally the affective part of the relationship will need to be closed, and this will inevitably involve the counsellor offering personal feedback regarding their experience of working with the survivor, as well as exploring the survivor's prior experiences of closure. Once the relationship is closed, many trauma counsellors find it helpful to arrange a follow-up session, usually about three months on, to help the survivor review their experience. Care, however, needs to be taken that this does not become a re-opening of the counselling relationship.

Integrating the Model in Practice

In our experience, most counsellors have found that the model provides a simple structure within which to work through immensely complex issues in a relatively uncluttered and effective way. Some have chosen it as their preferred way of working, while others have seen it as adding to their counselling 'tool kit.' Some counsellors take a while to feel comfortable with the detail, intensity, structure and direction of the early stages. Others struggle with using power to empower, offering direction to promote self-direction, or to see the difference between holding a person-centred ideology, and being person-centred. A few are surprised by the way the survivor is often used as a 'live co-supervisor,' and the demands this places on the counsellor to find empowering ways of 'going public' with their 'private' thoughts and struggles. Most, however, find this process liberating.

These struggles we believe are a natural process of learning something new. Once integrated into their way(s) of working, however, the overwhelming majority comment, not only how natural it feels, but also with some astonishment, of the rapid transformations that survivors achieve.

Conclusion

In this article we have attempted to outline a simple model for counselling survivors of trauma. We do not claim that it is a new or revolutionary way of working, and many of the ideas will already be familiar to the reader. The model's strength, however, is in the way it has evolved, drawing on the experience of the many trauma counsellors who have allowed us to examine their practice. Our hope is that the model will continue to evolve, and that it will be seen as complementing rather than competing with other post-trauma interventions and supports.