

Non-manualized Relational Trauma-informed Cognitive Behavioral Therapy

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Why?

The torture rehabilitation field needs to develop a language that effectively conceptualizes the treatment practices utilized by therapists at torture treatment centers.

Why Non-manualized?

Stressors in the daily lives of torture survivors resettled as refugees:

- Expectations and limitations

Stressors in the daily lives of political asylum seekers:

- Sudden departures and those left behind
- Burden of proof
- No benefits

Why Relational?

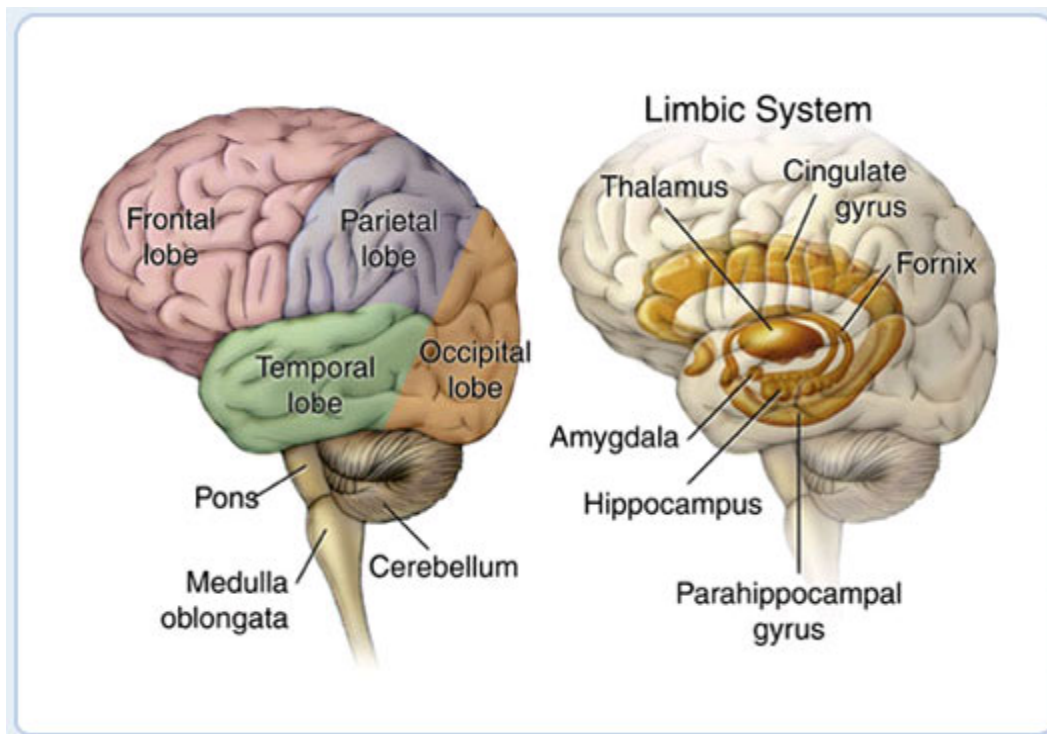
- Safety needs
- Trust
- Developing new connections utilizing:
- Warmth
- Genuineness
- Acceptance
- Empathy
- Reflective listening skills
- Nonjudgmental

Why Trauma-informed?

- Understanding of the impact of suffering
- Current neurobiological studies that explain dysregulation
- Culture and trauma expression

Why Cognitive-behavioral?

- Neuroanatomic structures and neurobiologic systems are altered as a result of trauma and contribute to the symptoms of PTSD.



Neuroimaging shows changes in three important brain regions in PTSD:

- Amygdala
- Medial prefrontal cortex
- Hippocampus

All part of the **Limbic system** – a group of interconnected structures that mediate emotions, learning and memory.

- Insufficient mediation by the medial pre-frontal cortex and the hippocampus may contribute to re-experiencing symptoms, especially flashbacks, with the stimulation of fear-related memories.

Nutt & Malizia, 2004

- PTSD results in the over - activation of emotionally charged traumatic memories and associated beliefs.
- This process involves the circuitry of mediating brain structures (amygdala, hippocampus, medial frontal cortex).
- Psychological treatment should include work on de-conditioning emotional reactions and altering meaning (Cognitive Behavioral strategies.)

Cognitive Behavioral Strategies

- Psychoeducation
- Relaxation and stress management techniques
- Identifying beliefs
- Healthy & Adaptive vs. Unhealthy & Unhelpful
- Distortions – seeing the world through the lenses of torture
- Affect modulation
- Cognitive processing
- Being able to talk about what happened

Cultural Adaptations & Modifications

- Different effects of trauma
- Alternative ways of healing
- Culturally shaped beliefs
- Family and community considerations

Core Values

- Empowerment of the survivor
- Respectful of culture
- Being adaptable and flexible
- Strong therapeutic alliance
- Consideration of family and community factors

Recommended readings

- Treating Trauma and Traumatic Grief in Children and Adolescents by Judith Cohen, Anthony Mannarino, and Esther Debliner. The Guilford Press, 2006.
- The Survivors' Perspective: Voices from the Center by Sister Dianna Ortiz. Chapter 2 (pp. 13-34) in The Mental Health Consequences of Torture, edited by Ellen Gerrity, Terence Keene, and Farris Tuma. Plenum Publishers, 2001
- A Healing Relationship. Chapter 7 (pp. 133-154) in Trauma and Recovery by Judith Herman. Basic Books, 1992.

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- Neuner, F., Schauer, M., Klaschik, C., Karunakara, U. and Elbert, T. (2004). A Comparison of Narrative Exposure Therapy, Supportive Counseling, and Psychoeducation for Treating Posttraumatic Stress Disorder in an African Refugee Settlement. *Journal of Consulting and Clinical Psychology*. 72(4), 579-587
- Regel, S. and Berliner, P. (2007). Current perspectives on assessment and therapy with survivors of torture: the use of a cognitive behavioural approach. *European Journal of Psychotherapy and Counselling*. 9(3), 289-299.