Treating Trauma: Minimizing Its Impact In One’s Life
By Rebecca K. Schulman, PsyD, BCBA and Debra G. Salzman, PhD

Traumatic experiences affect adults and children on many different levels, including their physical, emotional, cognitive, behavioral, and social functioning. These events may include physical, sexual, or emotional abuse, natural disasters, severe car accidents, involvement in war, etc. Treatment is particularly necessary when individuals suffer from posttraumatic stress disorder (PTSD).

What is PTSD?
Individuals’ response to a traumatic event may involve intense fear, helplessness, and/or agitated behavior. A primary feature of posttraumatic stress is that the traumatic event is persistently "re-experienced" by the victim in the form of recurrent, intrusive, and frightening thoughts or dreams. As a result, individuals with PTSD generally avoid objects, people, or places associated with the trauma.

What effects can PTSD have on a person’s life?
- Avoidance can be extremely disruptive to individuals’ lives. For example, imagine a mother who was in a severe car accident and is now afraid to drive. She is unable to drive to work, has to ask friends to pick up her kids from school, and can no longer complete her daily errands. She also begins to feel lonely and guilty that she is not there for her family the way she used to be.
- Additional impact: severe loss of interest in activities, feelings of detachment, and/or restriction of feelings, difficulty sleeping, irritability, difficulty concentrating, being overly vigilant, and/or exaggerated startle responses

Goal of treatment
- Trauma often leads to a loss of control, predictability, and safety for individuals. Therefore, treatment is a process that aims to increase individuals’ sense of control and predictability through building individuals’ resources and skills, as well as helping them
to emotionally process the traumatic events in the context of a safe and supportive environment.

- The goal of treatment is to help individuals live life to the fullest so they are not limited by the effects of the trauma.

**What can I expect during treatment and how will it help me?**

Many individuals may be reluctant to begin treatment, fearing that it may bring up painful memories that they prefer not to talk about. Although it may be difficult to discuss the traumatic events in the beginning of treatment, it gets easier over time.

- During trauma treatment, adults or children are not asked to discuss their trauma immediately.
- The timeline and aspects of treatment vary based on individuals’ needs.
- Some individuals feel that talking about the trauma won’t help since they are already able to talk about it. Trauma work is different from just talking about the trauma. Individuals learn how to process the trauma so it no longer creates interference in one’s life.

**What type of therapy is recommended for adults?**

- **Main components of treatment**
  - There are different components that make up evidence-based treatments for trauma, which are used at various times throughout treatment and often in conjunction.
  - The main components include skills training, cognitive processing, and prolonged exposure.

- **Structure of treatment**
  - Many times treatment initially targets emotion identification and learning ways to manage negative emotions. In addition treatment addresses social skills development, improving self-esteem, and goal setting and achievement.
    - *How will this help me?* These help individuals to improve their day to day functioning, as well as prepare them for the emotional processing of the traumatic events later in treatment.
  - Prolonged exposure then involves the gradual confrontation of the traumatic memory, including thoughts, objects, environments, and situations that remind the client of the trauma.
    - *How will this help me?* Although many people might express that they have talked about their traumatic experiences in the past, prolonged exposure activates the emotional aspects of their experiences, allowing individuals to fully process the traumatic event (which is different from just talking about it), and teaching them that 1) memories/reminders of the trauma are not in themselves dangerous, and are not the same as
experiencing the trauma again, 2) anxiety can be controlled without escaping or avoiding the feared stimuli, and 3) anxiety and PTSD symptoms can be experienced without the loss of control.

- Throughout the treatment process, strategies are also used to challenge and change distorted beliefs
  - *How will this help me?* This allows individuals to develop realistic beliefs about the meaning and implications of the traumatic event and self-blame related to the trauma.
- Lastly, treatment often occurs in the context of developing a positive life narrative and future plan to help individuals reach their goals, which might have been derailed or delayed due to their traumatic experiences.

**What type of therapy is recommended for children?**

Evidence-based treatment for children who have experienced trauma also involves multiple components. The most common treatment, which has the strongest research support for children is *Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)*. TF-CBT is a treatment developed by Drs. Anthony Mannarino, Judith Cohen, and Esther Deblinger for children and adolescents impacted by trauma and their parents or caregivers.

- **Main components of treatment**
  - Treatment involves two phases in which children and caregivers 1) learn new skills and 2) engage in gradual exposures.
    - *How will this help my child?* Children and parents are taught skills to help process thoughts and feelings related to traumatic life events, manage and resolve distressing thoughts, feelings, and behaviors, and enhance safety, growth, parenting skills, and family communication. Skills can be taught through various activities, including developmentally appropriate games. Gradual exposures provide children with corrective experiences and information and increased feelings of competence (Cohen, Mannarino, & Deblinger, 2006).
    - With treatment children are able to minimize any interference the trauma has created and help prevent any long term repercussions in their future lives.
  - **Why TF-CBT?**
    - TF-CBT has proven to be successful with children aged three to 18 who have a broad array of emotional and behavioral difficulties associated with single, multiple, and complex trauma experiences.
  - **Why should caregivers be involved in treatment?**
    - TF-CBT has also been shown to improve the participating parent’s or caregiver’s personal distress and potential self-blame about the child’s traumatic experience, effective parenting skills, and supportive interactions with the child.
Greater caretaker involvement in treatment is associated with better outcomes for children and families (Corcoran & Pillai, 2008; Cohen et al., 2006).

It is important for individuals who have experienced trauma to recognize there is help available. Individuals have the ability to control the pace of the treatment to match their comfort level. The goal of treatment is for the trauma to no longer cause interference in one’s life. Treatment leads to symptom reduction, reduced anxiety and depressive symptoms, reduced avoidance, improved self-esteem, and improved feelings of self-worth and confidence.

**Debra G. Salzman, PhD,** is a clinical psychologist and is licensed in New Jersey. She has been employed at Behavior Therapy Associates, P.A. since 1992. Dr. Salzman received her PhD in clinical psychology from the State University of New York at Albany. She completed her doctoral internship at the Medical College of Pennsylvania—Eastern Pennsylvania Psychiatric Institute. Dr. Salzman has extensive experience in the assessment and treatment of children, adolescents and adults. She has a special interest in the assessment and treatment of children, adolescents and adults with anxiety disorders, social skills deficits, past and present childhood sexual abuse, disruptive behavior disorders, depression, coping with trauma, Obsessive Compulsive Disorder, selective mutism, social phobia and training parents on behavior management strategies to improve child behavior. Dr. Salzman is a field supervisor for the Graduate School of Applied and Professional Psychology and Yeshiva University. Dr. Salzman has conducted numerous workshops on the topics of behavior therapy with children, adolescents and families.

**Rebecca K. Schulman, PsyD, BCBA,** is a postdoctoral fellow at Behavior Therapy Associates. Dr. Schulman received her doctoral degree in clinical psychology from the Graduate School of Applied and Professional Psychology at Rutgers University and is a Board Certified Behavior Analyst. She completed her pre-doctoral internship at Westchester Jewish Community Services. Dr. Schulman has extensive experience providing individual, family, and group therapy to children, adolescents and adults. She specializes in cognitive behavioral therapy and applied behavior analysis for children through adults presenting with developmental disabilities, disruptive behaviors, sleep problems, social skills deficits, anxiety disorders, past and present childhood sexual abuse, complex trauma histories, issues related to domestic violence, and sexual problem behaviors. She also has expertise in using evidence-based treatments to work collaboratively with parents to teach them behavior management strategies and with schools to address challenging behaviors. Dr. Schulman is also skilled in conducting diagnostic evaluations, specifically of autism spectrum disorder, psychological and psychoeducational evaluations, and functional behavior assessments (FBAs).
Resources
