

## CCTP Comprehensive Exam Study Guide

Therapeutic Relationship, Relaxation/Self-regulation, Exposure/Narrative & Cognitive Restructuring are identified in the literature as necessary and primary ingredients for the resolution of symptoms of traumatic stress

Viktor Frankl said “*Between stimulus and response there is a space...*” Relaxation & self-regulation are the components of trauma treatment that helps the survivor to widen and utilize this space to begin to build an internal locus of control?

The diagnosis of PTSD first appeared in 1980 in the DSM III

Hubble, Duncan & Miller wrote the landmark text *The Heart and Soul of Change* that reported meta-analytic data on the integral ingredients of effective treatment.

The Session Rating Scale (SRS) was developed by Scott Miller in 2002 and is used to regularly collect empirical data from our clients on their experience in treatment?

Extratherapeutic Factors, Therapeutic Relationship, Positive Expectancy and Treatment Model/Interventions are the four primary determinants of effective treatment according to the three authors in the Heart & Soul of Change.

Scott Miller has found the completion of three activities with our clients is the most potent thing we can do to assure positive outcomes for our clients. These three things are: (1) collect empirical data of our clients’ experience in treatment; (2) generate honest feedback about this data; and (3) Be willing to change our relational style to better fit with the client

*The primary analysis revealed that effect sizes were homogenously distributed around zero for measures of PTSD symptomology, and for all measures of psychological functioning, indicating that there were **no** differences between psychotherapies.*

The following generalizations can be formulated from the Benish, et al., study?

- Treatment models are not the reason survivors get better
- The common characteristic among effective treatments likely account for more positive change in survivors’ treatment than the particular model of treatment
- Psychotherapy is effective for traumatic stress

After integrating trauma and healing its effects, most survivors find that they are able to articulate the positive effects from the trauma. Even though this is true Addressed too early can be seen as insensitive and damage the therapeutic relationship

According to the material presented in the course, the Anterior Cingulate Cortex seems to play the most significant role in our perception of threat when there is no “real” danger.

Assessing the volume and activity of the Anterior Cingulate Cortex has been emerging as an important indicator of successful treatment outcomes?

By self-regulating—intentionally relaxing one’s body in the context of a perceived threat—it has been demonstrated that an individual can realize three important benefits. These are:

- Comfort in one’s body
- Restoration of maximal neo-cortical functioning
- Intentional instead of reactive behavior

The relational aspects of treatment have been well-documented in many meta-analytic studies as the *most* powerful predictor of positive outcomes (of those influenced by the practitioner) for our clients.

Positive expectance/Placebo/Hope has been well documented in many meta-analytic studies as the *second most* powerful predictor of positive outcomes (of those influenced by the practitioner) for our clients.

Sympathetic dominance has the following physiological effects:

- Muscle tension
- Elevated heart rate
- Elevated respiration rate

The autonomic nervous system is comprised of the parasympathetic and sympathetic systems

Comfort, relaxation, satiety are best associated with the **parasympathetic** branch of the autonomic nervous system?

Perceived threat activates the **SNS**.

Remaining in the context of a perceived threat without intentionally relaxing one’s body yields:

- Sympathetic dominance
- Anxiety symptoms
- Compulsive behavior

The ability to become intentional—which could be defined as the opposite of posttraumatic reactivity—is predicated upon the person’s ability to relax/self-regulate their ANS.

Relaxation requires dissociation from the activities of daily living while self-regulation is employed “in the moment” This best defines the difference between “relaxation” and “self-regulation”

“Trauma is an injury, not an illness.” Trauma damages the brain of the survivor—it never again follows the same neural firing patterns that it did before the trauma

A helpful way to explain trauma symptoms to patients might be:

- Over-adaptation in the present to painful past events of the past
- Evidence of a self-healing system at work
- As a normal person have a normal response to abnormal events in one’s life

When a clinician can assist a survivor in completing a trauma narrative that includes all the microevents of that trauma and then helps them to share this narrative with a relaxed body then they gain Resolution of re-experiencing symptoms (nightmares and flashbacks) associated with that trauma

Peri-traumatic dissociation has been identified by Charles Marmar as the most powerful predictor of future PTSD symptoms?

The Clinician Administered PTSD Scale (CAPS), developed by the National Center for PTSD, can be utilized for:

- Conferring the diagnosis of PTSD
- Psychoeducation about trauma with our clients
- Determining the acuity of PTSD symptoms

The CAPS *primarily* evaluates the frequency, intensity and severity of the 20 symptoms of PTSD in Criteria B, C, D & E

Sleep problems, irritability, difficulty concentrating are examples of symptoms in Criterion E – Arousal & Reactivity.

Symptoms in Criterion B (Intrusion) would be best illustrated by nightmares, flashbacks and psychological/physiological distress when remembering the trauma.

1. In the DSM V, there are only three types of events that meet diagnostic threshold in Criterion A. These are: Death, Serious Injury, and Sexual Violence

How many symptoms need to be endorsed by our patients in Criterion B, C, D & E, respectively, to confer the diagnosis of PTSD? 1-1-2-2

On the CAPS, a severity score of 2 or higher is endorsement of that particular symptom by the survivor.

Stigmatizing the survivor is NOT an important function of the CAPS.

On the PCL-5, two items between #8 – 14 must the client score a two or higher to meet diagnostic threshold for Criterion D of PTSD.

The Trauma Recovery Scale (TRS) performs the following important function(s):

- Solution focused assessment of trauma symptoms
- Inventory of traumatic experiences throughout lifespan
- Treatment planning aid

The TRS is BEST used for ongoing measurement of treatment effectiveness.

A total score of 95 on the TRS would best describe mild to nonexistent PTSD symptoms

Safety/Stabilization, Remembrance & Mourning, Reconnection describe the Tri-Phasic Model for PTSD treatment.

Judith Herman (1992) made the following contribution to the treatment of trauma survivors

- Wrote *Trauma and Recovery*
- Promulgated the Tri-Phasic Model for Treatment
- Was primary impetus for the birth of the field of traumatology

Providing client with skills necessary to stabilize and navigate successfully through trauma treatment best defines the primary focus of the Safety/Stabilization Phase of treatment.

Grieving losses is NOT a task associated with the Safety/Stabilization Phase of treatment?

The following are good argument for the importance of teaching clients and then having them demonstrate self-rescue from abreactions in the Safety Phase of treatment:

- So that they can extricate themselves from overwhelming memories and emotions when they are on their own
- So that the client, and not the therapist, is responsible to for rescuing themselves when/if they get overwhelmed during trauma work
- To help the client feel more prepared and competent when addressing traumatic material

A startle is a sudden and overwhelming perception of threat.

Startle; Thwarted Intention (fight or flight); Freeze; Altered State/Peri-traumatic Dissociation; Body Memory; and Resolution are the phases of The Instinctual Trauma Response (Tinnin, 1994; 2013).

About 10% of American develop PTSD sometime during the course of their lifetime.

Pierre Janet, a neurologist/psychiatrist in Paris discovered an effective treatment for PTSD (hysteria) in the late 1800s.

Cognitive-Behavioral Therapy (CBT) incorporates homework, Stoic philosophy, inductive reasoning, psychoeducation, relaxation training, exposure, self-assessment, and therapeutic alliance to help clients heal from trauma.

Medication is NOT a component of EMDR?

Reciprocal inhibition, described by Joseph Wolpe in the 1950s, can be defined as

- The integral component of ALL effective trauma therapy
- The pairing of exposure and relaxation
- The idea that anxiety and relaxation cannot coexist in the same time/place

Patricia Resick is the developer of Cognitive Processing Therapy (CPT); a SAMSHA-approved evidence-based treatment for traumatic stress.

Thought Field Therapy, one of the first treatment approaches to capitalize on the concept of emergency manipulation, was developed by Roger Callahan.

EMDR, PE, DTE, CPT, TIR and Hypnotherapy have all demonstrated evidence-based effectiveness with PTSD

The Graphic Time Line, Written Narrative, Pictorial Narrative, Verbal Narrative and Recursive Narrative are components of the IATP 5-Narrative Model; a CBT approach to treating trauma?

The Recursive Narrative, in which the therapist tells back the client's narrative to them as a story, is hypothesized to serve the following purposes:

- Help clients to shift from first-person "field memories" to third-person "observer memories" of their trauma
- To further desensitize their negative arousal
- To demonstrate to them that they are no longer carrying this memory by themselves—that is now a shared narrative

Attachment trauma can be caused by:

- An anxious caregiver
- Over-indulgence

- Pre-verbal trauma

Autogenesis, diaphragmatic breathing, meditation, and guided visualization are all examples of relaxation strategies.

According to Worden, grieving in the first year should be supported.

Adverse childhood experiences can lead to:

- Early death
- Cognitive impairment
- Social impairment

Psychotherapy involves

- neural plasticity
- a therapeutic relationship
- positive expectancy

Frankl praised mankind's ability to make choices

Prevalence rates of PTSD from the research of OEF/OIF veterans are estimated to be 20%.

Daniell has written about intergenerational transmission of the symptoms of PTSD.

According to Benish, Imel and Wampold most bona fide therapy models work equally well in treating trauma

Bisson & Andrew believe and demonstrated x trauma focused therapy are more effective in the treatment of trauma than non-trauma focused treatment

In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.

Research shows approximately 1 out of 10 clients on the average clinician's caseload is not making any progress

According to Lambert 15% of improvement in psychotherapy patients as a function of the therapeutic model and techniques.

According to Lambert 75% of the therapist's influence on treatment outcomes lies in relational factors.

Self-mutilation is not an active ingredient for positive outcomes?

The following are an evidence-based way to improve outcomes in therapy:

- Collect empirical data evaluating the quality of the therapeutic relationship
- Generate honest feedback from client on methods to improve therapy (i.e. relational)
- Be willing to change toward what works best for client—demonstrate that change

Individuals with traumatic stress issues often have difficulty distinguishing between “being safe” and “feeling safe”.

Reciprocal inhibition is a term first introduced by Joseph Wolpe.

Sympathetic dominance is associated with the fight-or-flight reflex.

The amygdala permanently encodes fear & triggers affective memories

Glutamate is the most excitatory neurotransmitter.

A traumatic response involves a shut down of the neo-cortex

Most posttraumatic responses make good sense when viewed in the context of the survivor’s life.

Bilateral stimulation is helpful in regulating affect

PIDIB is helpful in developing a rapid case conceptualization

Herman’s model clarifies:

- Safety and stabilization
- Remembrance and Mourning
- Reconnection

Restructuring all cognitive distortions is not one of Gentry’s six empirical markers?

The following are basics of trauma treatment

- Reciprocal Inhibition
- Bilateral Stimulation
- Non Anxious Presence

Trauma treatment is mainly exposure and cognitive therapy

EMDR is one of the most researched trauma sensitive clinical interventions