

SKILLS TRAINING IN AFFECTIVE AND INTERPERSONAL REGULATION (STAIR) NARRATIVE THERAPY (SNT)

DAY 2

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WELCOME BACK!

Day 2 Focus*

- Complete 10 Session STAIR Review
- How and with whom to use STAIR
- Delivery Options: Individual, group, brief and web-based STAIR
- Detailed Review of 8 Session Narrative Therapy
- Self-Care

* Sensitive material related to description of traumatic events is included in this training

Skills Practice with Feelings Monitoring Form

| Triggering Situation | Feeling | Intensity (0-10) | Thoughts | Behavior | Intensity After Strategy | Effective? |
|----------------------|---------|------------------|----------|----------|--------------------------|------------|
| | | | | | | |

Skills Practice with Relationship Patterns Worksheet-2

| Interpersonal Situation | What did I feel and think about myself? | | What were my expectations about the other person? | | My Resulting Behavior |
|---|---|-------------|---|----------------|---|
| | My Feelings | My Thoughts | Their Feelings | Their thoughts | |
| What happened? | | | | | What did I do? |
| Interpersonal Goals for Situation. What are my goals in this situation? | Alternative Beliefs and Feelings about Myself. What else could I feel and think about myself? | | Alternative Beliefs and Feelings about the Other Person. What else might I expect the other person to feel and think? | | Alternative Actions. What else could I do? What else might they do? |
| | My Feelings | My Thoughts | Their Feelings | Their Thoughts | |

Old Model

New Model



10 SESSION STAIR REVIEW CONTINUED

THE RESOURCE OF HOPE
 Session 1: Introduction to Treatment (motivation and engagement)

THE RESOURCE OF FEELINGS
 Session 2: Emotional Awareness
 Session 3: Emotion Regulation - Focus on Body
 Session 4: Emotion Regulation - Thoughts and Behaviors
 Session 5: Emotionally Engaged Living

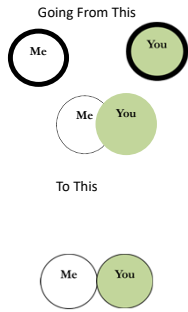
THE RESOURCE OF CONNECTION
 Session 6: Understanding Relationship Patterns
 Session 7: Changing Relationship Patterns - Increasing Assertiveness
 Session 8: Changing Relationship Patterns - Flexibility and Managing Power
 Session 9: Changing Relationship Patterns - Increasing Closeness
 Session 10: Successes, Challenges and Self-Compassion

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Session 9: Changing Relationship Patterns - Increasing Closeness

- Identify problems with closeness
- Select skill from Increasing Closeness Summary Sheets
- Complete Relationship Patterns Worksheet-2
- Generate alternatives and role play

Boundaries in Relationships – Problems with being Close



| |
|---|
| <p>DISTANT</p> <p><i>Pros</i></p> <ul style="list-style-type: none"> ▪ Low or no conflict ▪ Feel protected and safe <p><i>Cons</i></p> <ul style="list-style-type: none"> ▪ Lonely |
| <p>TOO CLOSE Being Co-Dependent</p> <p><i>Pros:</i></p> <ul style="list-style-type: none"> ▪ Feel connected and "in-syne" ▪ May feel support sometimes <p><i>Cons:</i></p> <ul style="list-style-type: none"> ▪ Lack of support around your priorities ▪ Lose sense of unique identity ▪ Not getting your needs/goals met ▪ Not enough self-reliance |
| <p>Healthy Boundaries (balanced agency)</p> <p><i>Pros</i></p> <ul style="list-style-type: none"> ▪ Feel connected ▪ Feel support, despite differences ▪ Feel safe |

What Creates Emotional Distance and Ruptures?



What leads people to create emotional distance in relationships?
 Fear of being overwhelmed or bullied by the other person.
 Shame that I will be seen as a worthless person or defective.
 You can't really trust other people.
 People are no good, a waste of time.

What specific behaviors create emotional distance?
 Not sending texts
 Not calling friends or loved ones
 Not showing up even when I said I would.
 Getting angry, yell at and insult others

How to Repair Relationships after a Fight or Conflict

- Ask if person is willing to talk about it
- Acknowledge last contact did not go well
- Convey our respect and caring for other person
- Acknowledge the mistakes that you think you cause
- Share your feelings in respectful way
- Ask how the other person felt about what happened
- Ask for clarifications
- Ask if you can make amends and ask other person to make amends
- Discuss how you can avoid similar situations

Relationship Pattern Worksheet- 2: Alternatives... Transgender example

| Interpersonal Situation | What did I feel and think about myself? | | What were my expectations about the other person? | | My Resulting Behavior |
|---|---|--|---|---------------------------------|--|
| What happened? My friend Bob left a message on voicemail inviting me to lunch. | My Feelings Scared Uneasy | My Thoughts I haven't seen him since coming out as transgender. My old friends will not want to have anything to do with me. | Their Feelings Disgust Pity Anger | Their Thoughts What a freak. | Didn't call him back. |
| Interpersonal Goals for Situation. What are my goals in this situation? | Alternative Beliefs and Feelings about myself. What else could I feel and think about myself? | | Alternative Beliefs and Feelings about the Other Person. What else might I expect the other person to feel and think? | | Alternative Actions What else could I do? What else might they do? |
| I want to be me and have relationships. I just want to be accepted for who I am. | Proud | I am who I am, and I do try to be a good person | Curious Empathetic Supportive | He may still want to be friends | Call him and meet him for lunch. Maybe he will still want to be my friend. |

Old: If I share my true self, I will be rejected.
Alternative Relationship Model: If I share my true self, someone might like me.

Role-Playing

- Role-playing allows clients to experiment with different ways of interacting in relationships
- Role-playing allows clients to practice difficult interactions with the therapist and receive immediate feedback in a safe environment
- Role-playing gives the therapist and client a shared sense of what a particular situation is actually like.

**Video
Role-Play Sequences**

**Breakout Room Practice:
Role-Playing Steps**

Begin by Identifying a Relevant Interpersonal Situation

1. First role-play sequence: Client plays self and clinician plays other person
2. Second role-play sequence: Client plays other person and clinician plays the client
3. Third role-play sequence: Client plays self and clinician plays the other person

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Session 10: Summary of Achievements and Self-Compassion

- Review ways client is experiencing and managing emotions differently (how did you manage emotions before STAIR – and now?)
- Review ways client is approaching relationships differently (how did you handle relationships before STAIR - and now?)
- Identify skills that client can make a commitment to continue practicing in each of the channels
- Practice compassion exercise together

Changes in Experience of Emotions

Before STAIR, I experienced my emotions:

We then explored ways that could change how you managed your emotions. :

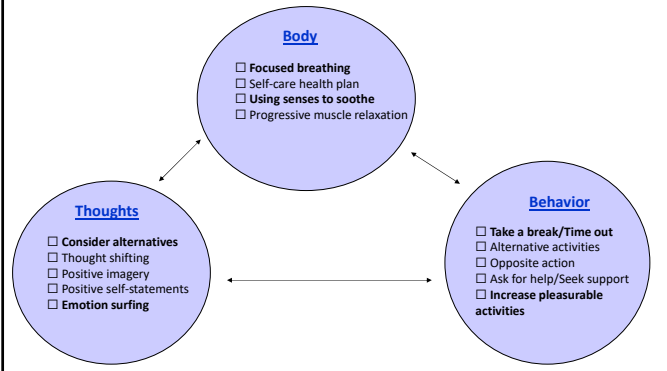
What are some ways you are experiencing your emotions differently?

Changes in Relationships and “lessons learned”

What are some ways you are approaching relationships differently in what you believe, feel, and do?

| | |
|--|--|
| What are the most important lessons you learned? | |
| What lessons felt most helpful? | |
| How have your thoughts, emotions, and behaviors changed? | |

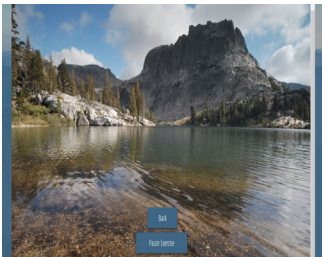
Select Skills for Long Term Use



Successes, Challenges and Self-Compassion

...Imagine yourself. See all the parts of yourself. View the parts that represent some of the positive aspects of yourself, such as Happiness, joy, pleasurable feelings, positive beliefs, loving memories. What do you notice? Now, take a moment to view the painful parts of yourself; those that represent your distressing emotions, your fears, negative beliefs, or painful life experiences. What do you notice? Now imagine that these different parts of yourself start to struggle with each other. It's a long struggle that has been going on for many years. The painful parts are trying to find an advantage over the positive parts, while the positive parts desperately respond with all of their might to avoid being taken over and ignored. What do you notice?

Now imagine that instead of allowing the positive and painful parts of yourself to fight against each other, you allow them to exist together without needing to struggle. Rather than allowing the painful pieces to win and viewing yourself as all bad, worthless, or unloveable, allow yourself to hold all of these parts together with compassion. Imagine seeing yourself as a person with strengths and weaknesses and at the same time seeing yourself as deserving love, respect and compassion. Focus on what this experience feels like. View all the parts of yourself as a whole, without judgment



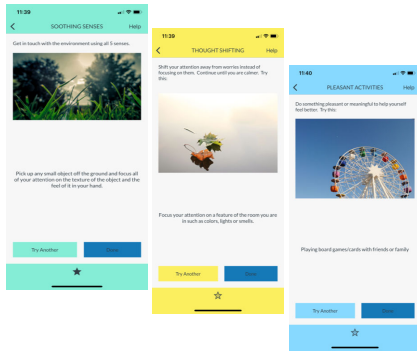
STAIR is well adapted to use via technology

STAIR Coach available now as a complement to your work in individual and group modalities

Available for mobile iOS devices (iPhone, iPod touch, and iPad) and Android phones and tablets.



STAIR Coach



SENSITIVITY AND FLEXIBILITY IN DELIVERY

Addressing Identity and Intersectionality

STAIR supports exploration of identify and intersectionality across the entire treatment

- Session 2: Explore feelings and identities that could or could be shared (or not) during childhood, with family and a with social community. How do they differ? How have things changed?
- Session 4: Create relevant self-statements: *“Go where you are celebrated not merely tolerated.”*
- Sessions 6+: Explore how interactions and relationship schemas are revolve around identify and others reactions. What are alternative schemas that can be aspired to?
- Session 5: Encourage engage in activities/behaviors that enhance support.

Addressing Systemic and Structural Racism

STAIR helps each individual become aware that they have a CHOICE about how they want to respond to what they experience around them.

- Identify ways to build emotional and physical health (focused breathing, running, dancing/singing, social support) to manage chronic stressors
- Help client consider each situation and what specific reaction is optimal: *Different actions and reactions for different situations*. Relationship pattern worksheets can be used to address specific people or systems.



Decisions about Treatment Assignment

Good Match to STAIR

- Trauma history
- PTSD symptoms, depression, dissociation, problems with emotion regulation, self-esteem, relationships
- Wants to focused on learning life skills
- Wants or accepts structured sessions
- Can commit to skills practice outside of session

Not a Good Match

- Uncontrolled bipolar disorder, psychotic symptoms
- Recent history of suicidal behavior or NSSI
- Wants a space to talk about whatever is on their mind
- Wants non-structured session
- Not interested in work outside of sessions

Choosing between STAIR and DBT

| Domain | DBT | STAIR |
|---|---|--|
| Focus of Treatment | Suicidal and NSSI Behaviors | Functional Impairment in home, school or work life |
| Trauma history | Emotional abuse and emotional neglect most strongly associated with BPD | Chronic physical/sexual abuse, witnessing DV predictive of PTSD/CPTSD |
| Complexity and duration of Treatment | Multiple modalities 16-52 weeks | Single modality 6-24 weeks |
| Digital intervention option? | No – Not successful | Yes – Demonstrated success |
| Emotion Dysregulation | Appropriate and effective | Appropriate and effective |
| Relationships | Fears of abandonment, volatile and intense relationships . rapid engagement and deterioration | Difficulty managing conflict, appropriate assertiveness and expression of needs; Dismissive of relationships |
| Sense of Self | Unstable: Expressed changes in appearance, values, social groups | Relatively stable but consistently negative |
| Nightmares/ flashbacks, avoidance, hypervigilance | Can be integrated with trauma-focused treatment in stepwise fashion | Appropriate and effective |

Group STAIR



Benefits of Group STAIR

- Richer schema formulation and alternatives
- Facilitates role play, shared learning
- Better skill generation (what to say, exactly)
- Members can call each other on avoidance
- Decreases isolation
- Increases self-compassion through compassion for others



Delivery of Group STAIR

- One therapist or facilitator
- 5-8 group members
- Use STAIR Coach to support work



Organization of 12-session Group STAIR: Stepwise work using 6-session cycles

Six Emotion Regulation Sessions

- Goals of Group STAIR
- Emotional Awareness
- Emotion Regulation – Focus on Body
- Emotion Regulation – Focus on Thoughts
- Emotion Regulation – Focus on Behavior
- Emotionally Engaged Living – Distress Tolerance



Organization of 12-session Group STAIR

Six Interpersonal Skills Sessions

- Understanding Relationship Patterns
- Changing Relationship Patterns
- Increasing Assertiveness
- Power dynamics and Respect for Self and Others
- Increasing Intimacy and Closeness
- Summary of Work and Self-Compassion



Overview of Group STAIR Studies

| Author Year | Study Design | Group Format | Sample | Measure | Effect Size PTSD | Completion Rate |
|-------------------------|--------------|-----------------------------------|---|----------|-------------------------------|-------------------------|
| Mackintosh 2016 | Open Trial | 10 weekly sessions | N = 109 CSA Survivors | ITQ-PTSD | d = 0.31 | 78% |
| Jackson 2019 | Open Trial | 10 weekly sessions | N = 39 male and female Veterans | PCL-IV | d = 0.91 | 59% |
| Trappier & Neville 2007 | RCT | 12 weekly sessions | N = 48 Inpatient PTSD & Schiz/Affective | IES | STAIR d NA TAU d NA | NA |
| Tripodi 2022 | RCT | 12 biweekly sessions over 6 weeks | N = 85 Incarcerated Women w PTSD | PCL-5 | STAIR d = 0.74 SS d = 0.86 | STAIR = 45% SS = 53% |

Implications

STAIR group outcomes are generally favorable. Commitment to work and attendance appears to influence outcome

Use of STAIR Coach likely to support good outcome



Q & A





Brief STAIR

- Session 1: Introduction and Goal Setting
 - Identify three goals
 - Focused breathing
- Session 2: Tools for the Body
 - Awareness of feelings
 - Soothing the senses
- Session 3: Tools for Thought
 - Positive imagery
 - Alternative thoughts
 - Emotion surfing
- Session 4: Tools for Behavior and Effective Communication
 - Pleasurable activities
 - Take a break
 - Use support
- Session 5: Improving Relationships and Compassion
 - Basic rights
 - I messages

Strategies for Delivery

- Committed Client
- Use of intervention matching strategy
- Use of STAIR Coach

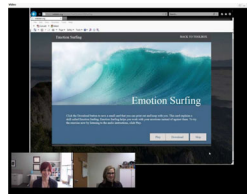
Overview of Brief STAIR Studies

| Author Year | Design | Sample | Measures | PTSD Effect Size | Completion Rates |
|-----------------|---|---|----------|---|---|
| Smith, 2020 | Open trial 5-Session Brief STAIR | N = 19 Men and Women screen+ PTSD | PCL-5 | Brief STAIR d = 1.01 | 94% |
| Jain, 2020 | RCT 5-Session Brief STAIR TAU | N = 26 STAIR-PC: n =13 TAU: n = 13 | PCL-5 | Brief STAIR d = 0.81 | Brief STAIR: 85% TAU: NA |
| Valentine, 2024 | RCT 5-Session Brief STAIR webSTAIR no support | N = 80 Brief STAIR: n = 40 webSTAIR: n = 40 | PCL-5 | Brief STAIR d = 1.33 webSTAIR d = 1.00 | Brief STAIR: 76% webSTAIR: 26% |

Q & A



10 MODULE WEBSTAIR



webSTAIR

webSTAIR Modules

0. Welcome
1. Emotional Awareness
2. Emotion Management - Body
3. Emotion Management - Thoughts
4. Emotion Management - Behavior
5. Tolerating Distress for Valued Goals
6. Understanding Relationship Patterns
7. Changing Patterns-Assertiveness
8. Changing Patterns-Power and Respect
9. Changing Patterns-Closeness
10. Achievements, Compassion & Next Steps

Individual Format – Six Coaching Sessions over 10-12 weeks

- Schedule **six** 45 - 60 minute biweekly appointment
- Can track client's use of program and symptom improvement over time
- As needed, provide reminder emails or motivational sessions

Six Coaching Sessions

- **Welcome Session:** Treatment goals, plan and navigation practice
- **Coaching Session 1:**
 - Emotional awareness
 - Focus on body
 - Prep for next modules
- **Coaching Session 2:**
 - Emotion regulation – Focus on thoughts
 - Emotional regulation – Focus on behaviors
 - Prep for next modules
- **Coaching Session 3:**
 - Goal setting and distress tolerance
 - Relationship patterns
 - Prep for next
- **Coaching Session 4:**
 - Assertiveness
 - Power dynamics and respect for self and others
 - Prep for next modules
- **Coaching Session 5:**
 - Closeness and intimacy
 - Progress and self-compassion

Look and Feel: Emotional Awareness

1. Emotional Awareness COURSE LIST

Emotions Wheel

Now that you know the basics about what an emotion actually is, it's time to get to know them in more detail. Here are some key emotional words to help you get started thinking and talking about your emotions. Click as many emotions as you want to learn more. When you're done reading the wheel, click "Next".

Click an emotion to read more about them.

What do you think about this?

Back Next

Emotional Regulation

1. Emotional Awareness COURSE LIST

Emotion Surfing

You're almost done! In this module, you learned about emotion words and how to identify the emotion you're feeling. You thought about the purpose of each emotion in your life, and what that emotion might be trying to tell you. You also took some time to notice that emotions can have different levels of intensity depending on the situation. You then set your Emotional Intensity Rating Scale.

Back

EXPERIENTIAL EXERCISE:
Flexibility – Audio & Visual

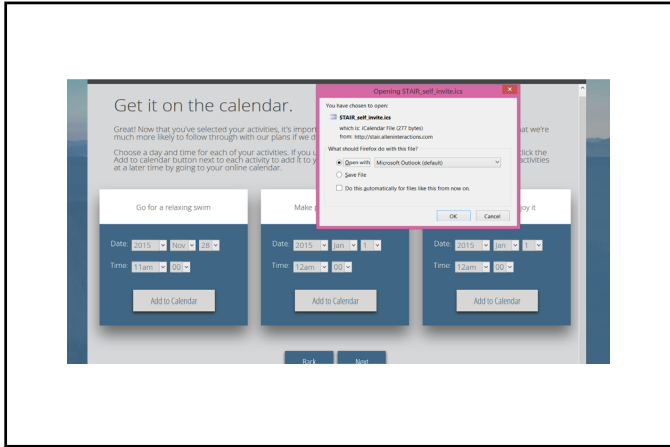
When and How to Say No

Being able to say no is an important part of maintaining healthy boundaries for yourself.

Choose up to 3 individuals you would like to focus on for practicing your flexibility with saying no.

Back Next





webSTAIR

- Schedule **six** 45 - 60 minute biweekly appointment
- Can track client's use of program and symptom improvement over time
- As needed, provide reminder emails or motivational sessions
- Engage a co-therapist (intern or person with lived experience) who can send weekly emails or MI phone calls
- Group process supports effective use of the modules interventions
- Effects equivalent to individual work

Clinician Dashboard - Overview of All Clients

| Patients | | | | | | | | | | | |
|------------|----------------|-----------------------------|-------------------|--------------------------|---------------------------|--------------------------------|---------------------------------|-----------------------|----------------------|-------------------|--|
| Patient ID | PTSD Pre Score | PTSD Most Recent PTSD Score | PTSD Change Score | Course Completion Status | Modules Completed To Date | Date Course Started | Most Recent Access (EST) | Date Course Completed | Total Time (minutes) | Patient Condition | |
| stair1 | 36 | 14 | -22 | In Process | 6 | April 19th 2024, 8:26:00 pm | May 19th 2024, 9:22:00 pm | -- | 121 | Therapist Guided | |
| stair2 | | | | Not Started | 0 | -- | -- | -- | 0 | Therapist Guided | |
| stair3 | | | | Not Started | 0 | -- | -- | -- | 0 | Therapist Guided | |
| stair4 | | | | Not Started | 0 | -- | -- | -- | 0 | Therapist Guided | |
| stair5 | | | | Not Started | 0 | -- | -- | -- | 0 | Therapist Guided | |
| clinic | | | | In Process | 0 | February 14th 2017, 8:18:00 pm | December 12th 2023, 11:20:00 pm | -- | 1049 | Therapist Guided | |

Clinician Dashboard – Module Completion Details

Patient View stair1 Logged in as: stairclinic [Log Out](#)

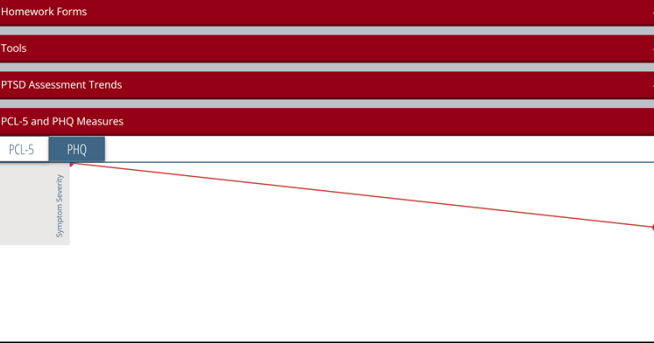
| Module | PTSD Assessment Status | Overall PTSD Score | Date Module Started (EST) | Most Recent Accessed (EST) | Date Module Completed (EST) | Total Time Minutes |
|--|------------------------|--------------------|-----------------------------|----------------------------|-----------------------------|--------------------|
| Welcome | complete | 36 | April 19th 2024, 8:26:00 pm | May 19th 2024, 11:34:00 am | May 19th 2024, 12:15:00 pm | 67 |
| 1. Emotional Awareness | complete | 24 | May 19th 2024, 11:51:00 am | May 19th 2024, 5:41:00 pm | May 19th 2024, 5:42:00 pm | 12 |
| 2. Managing Emotions – Focus on Body | complete | 18 | May 19th 2024, 12:16:00 pm | May 19th 2024, 5:42:00 pm | May 19th 2024, 5:48:00 pm | 15 |
| 3. Managing Emotions – Focus on Thoughts | complete | 36 | May 19th 2024, 12:37:00 pm | May 19th 2024, 5:43:00 pm | May 19th 2024, 12:49:00 pm | 16 |
| 4. Managing Emotions – Focus on Behaviors | complete | 14 | May 19th 2024, 9:09:00 pm | May 19th 2024, 9:09:00 pm | May 19th 2024, 9:13:00 pm | 3 |
| 5. Tolerating Distress to Reach Valued Goals | complete | 14 | May 19th 2024, 9:13:00 pm | May 19th 2024, 9:13:00 pm | May 19th 2024, 9:20:00 pm | 7 |
| 6. Understanding Relationship Patterns | | | May 19th 2024, 5:55:00 pm | May 19th 2024, 5:54:00 pm | | 1 |

Clinician Dashboard – Tools Used

Homework Forms

| Name | Last Accessed | Times Accessed | Median Time |
|-------------------------------|----------------------------|----------------|-------------|
| Body Channel | | | |
| Focused Breathing Exercise | May 19th 2024, 12:19:00 pm | 1 | 7 |
| Soothe the Senses | May 19th 2024, 12:21:00 pm | 1 | 1 |
| Progressive Muscle Relaxation | May 19th 2024, 12:23:00 pm | 1 | 1 |
| Thought Channel | | | |
| Feelings Wheel | May 19th 2024, 5:42:00 pm | 2 | 0 |
| Emotion Surfing | May 19th 2024, 12:03:00 pm | 1 | 0 |
| Intensity Scale | May 19th 2024, 11:56:00 am | 1 | 4 |
| Checking Your Beliefs | May 19th 2024, 12:38:00 pm | 1 | 12 |
| Thought Shifting | May 19th 2024, 5:45:00 pm | 2 | 2 |
| Positive Imagery | May 19th 2024, 5:44:00 pm | 2 | 2 |
| Positive Self Statements | May 19th 2024, 5:43:00 pm | 2 | 1 |
| Self Compassion Meditation | | | |

Clinician Dashboard – Symptom Improvement Details

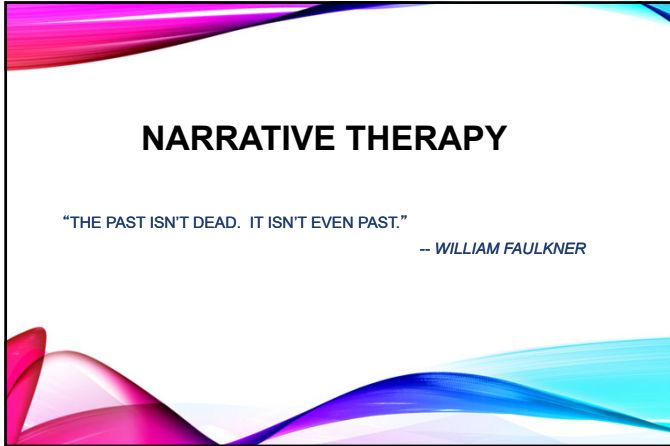


Overview of webSTAIR Studies

| Author, Year | Design | Sample | Measure | PTSD Effect Sizes | Completion Rates |
|----------------|---|---|---------|--|--------------------------------|
| Bauer 2021 | Open trial Coach10 | N = 80 Vets screen+ for PTSD or depression | PCL-5 | Coach10 d = 0.89 | Coach10: 78% |
| Fletcher 2022 | Open Trial Coach5 | N = 32 Vets screen+ for PTSD or depression | PCL-5 | Coach5 d = 0.81 | Coach5: 59% |
| Cloitre 2022 | Comparative Noninferiority Coach5 vs Coach10 | N = 202 Vets screen+ for PTSD or depression Coach5: n=101 Coach10: n=101 | PCL-5 | Coach5 d = 0.66 Coach10 d = 1.04 | Coach5: 59% Coach10: 52% |
| Kim 2024 | Open Trial Group Coach5 in PC | N = 39 Vets screen+ for PTSD or depression | PCL-5 | Group d = 0.87 | Group Coach5 71% |
| Ong 2024 | RCT Peer support | N = 178 Vets screen+ for PTSD or depression webSTAIR: n=117 Waitlist: n=61 | PCL-5 | Peer webSTAIR d = 0.48 interaction d = 0.43 | peer webSTAIR: 38% |
| Valentine 2024 | RCT Self-guided webSTAIR Peer supported STAIR | N = 80 Men & women in PC Screen+ PTSD webSTAIR: n=40 STAIR: n=40 | PCL-5 | webSTAIR: 1.00 Brief STAIR : 1.33 | webSTAIR: 30% STAIR-PC: 73% |

Q & A





What causes the onset and maintenance of PTSD symptoms following a traumatic event?

Two-Factor Theory of Avoidance Learning

- Consider an example in which a man is hit by an automobile. Being hit by a car (an unconditioned stimulus, UCS) produces fear (an unconditioned response, UCR).
- Sensory stimuli associated with the UCS including hearing(e.g., squealing of tires), or smell (e.g., burned rubber), may become the conditioned stimuli (CS) for fear as a conditioned response (CR).
- Now when the man smells burned rubber or hears squealing tires, he is afraid.
- This is called Classical Conditioning.

Two-Factor Theory (cont'd)

- Now, when the man is exposed to burning rubber or squealing tires, (Conditioned Stimuli, CS) in the future, fear (Conditioned Response, CR) is inappropriately experienced.
- The man learns that avoiding or escaping from these Conditioned Stimuli reduces fear (Conditioned Response), thus this behavior is reinforced.
- So now the man goes out of his way to avoid burning rubber or squealing tires.
- This is called Instrumental Conditioning.

- It is a combination of classical conditioning in which stimuli related to the trauma elicits fear, and instrumental conditioning, in which an individual escapes or avoids this feared stimuli, that maintains PTSD symptoms.

Problematic Fear/PTSD is...

- Learned via *classical conditioning*
- Maintained via *operant conditioning* (avoidance)
- Extinguished via *exposure*

- Psychotherapy for PTSD helps individuals face these fears in a safe, controlled manner.
- Effective PTSD treatment typically utilizes behavioral principles, such as habituation, to do this. Habituation is a decrease in response to a stimulus after repeated presentations.

Requirements of an Effective Treatment for PTSD

Recovery from trauma requires confronting the memory of and feelings about the event.

AND

Integrating this memory with the full store of memories.







NARRATIVE THERAPY OVERVIEW



Narrative Therapy: Two components

- **Repeated narration**
 - Organization of trauma memory
 - Fear reduction through habituation
- **Meaning analysis/contextualization**
 - Integration of trauma memory into a life history
 - Revision of beliefs about self and others (trauma schemas are part of past vs. present)
 - Exploration and resolution of feelings other than fear: shame, guilt, anger and loss/sadness

The goal is to help individuals with PTSD live full, meaningful lives in the present rather than being trapped in the past.

Sessions

- Session 1: Motivating and Planning for Memory Work
- Session 2: Introduction to Narrative
- Session 3: Continued Exploration of Memories and Contrasting with the Present
- Session 4-7: Exploration of Other Affective Themes (Anger, Shame, Loss)
- Session 8: Summary of work

Rationale for Exposure: Habituation and Mastery

- Results in habituation so that the trauma can be remembered without intense, disruptive anxiety
- Fosters realization that engaging in trauma memory is not dangerous, will not lead to loss of control or going crazy
- Enhances sense of self control and personal competence. "You own the memory; the memory does not own you."

Rationale for Life Narrative: Creating a historical sense of self

- The traumatic events belong to the past not the present. **Create DISTANCE**
- The resources individual has now are greater than those in the past. The environment is more benign than that in the past. **Create SAFETY**
- The traumatic experiences can be evaluated with the distance of time and new experiences: the events are only a few of the chapters in the autobiography of self. **Create CONTEXT/MEANING**
- The future need not be the same as the past. **Create HOPE**

NT SESSION 1

(Session 11 in book)



Session 1: Nuts and Bolts of Narrative Therapy – Creating a Memory Hierarchy

- Client generates or free associates discrete memories
 - “In a single sentence or in a few words refer to a traumatic event that causes you distress. Our goal now is not to get into a description of the trauma, but to identify a series of events we will talking about in our narrative work.”
- Assign each memory a Subjective Units of Distress (SUDS) level
- Create the hierarchy by rank-ordering the memories according to their SUDS ratings on Memory Hierarchy Sheet.
- Review plan: when/where client will listen, top 3 skills to use, no substances 2 hours before/after, test the technology, express optimism for the work

NT SESSION 2

(Session 12 in book)



Session 2: Narrative of First Memory - Choosing the first trauma memory

- Choose a memory in collaboration with the client. Does not have to be the most distressing one.
- Use the SUDS as your guide.
- Memories can be selected based on salience in day to day life
- Focus the work. You cannot and need not address every trauma the person has. Themes will emerge/generalizations occur.
- Consider environmental factors
 - Limitations on number of sessions
 - Current life events

Session 2: Narrative of First Memory

- Begin with a neutral memory (optional)
 - Practice making a story with a beginning, middle, and end (like in a movie)
 - Gives the client a sense of self-efficacy

NT Technique: Exposure

- Recall the memory as vividly as possible.
- Imagine that the memory is happening now.
- Stay in touch with the feelings that the memory elicits.
- Include details of the events (sensations, thoughts, emotions).
- The first time the client recalls a memory, do not interrupt.
- For all following memories, audiorecord and ask questions to elicit details and guide clients through difficult points.
- Repeat 1-2 times (either immediately or following debriefing/meaning analysis).

NT Technique: Emotional Grounding

- Check in on emotional stability, implement appropriate grounding and emotion regulation activities
 - “Look around the room. Breathe. It’s 2024 and you are in my office. See that you’re not alone and I’m here with you.”
- Check in with client several times throughout session if necessary, allowing for SUDS to decrease

**NT Technique:
Exploring Emotions in the Narrative**

- Identify and label feeling states
 - Visual analog scale (0-10) of anger, sadness, fear, and shame
- Function
 - Be aware, name, and accept the feelings
 - Emotions are the gateway to identifying the relationship patterns embedded in the narrative

Identification of Relationship Patterns

| Interpersonal Situation about Self | Feelings/Beliefs about Self | Other's Feelings/Beliefs Action | Resulting |
|------------------------------------|--|--|-----------------------|
| <i>What happened?</i> | <i>What did I feel and believe about myself?</i> | <i>What did I believe the other person felt and believed about me?</i> | <i>What did I do?</i> |

| Interpersonal Goals Beliefs about Self | Alternative Feelings/Beliefs about Self | Other's Alternative Action | Alternative |
|---|---|--|------------------------------|
| <i>What are my goals in this situation?</i> | <i>What else could I feel and believe about myself?</i> | <i>What else could the other person feel and believe about me?</i> | <i>What else could I do?</i> |

NT Technique: Meaning Analysis

- Identify interpersonal beliefs/patterns about self and other embedded in narrative
- Identify contrasting beliefs/patterns in the here-and-now
- Reinforce new patterns-plan “corrective emotional experiences” in daily life

The patient reproduces instead of remembering...This condition is shifted bit by bit within...the treatment...While the patient lives it through as something real and actual, we have to accomplish the therapeutic task, which consists chiefly in translating it back again into terms of the past.

*Sigmund Freud, 1914/1963
Recollection, Repetition and
Working Through*

**VIDEO:
Narrative Session with "Michael"**

NT SESSIONS 3-7

(Sessions 13-17 in book)



Working with Anger

- Validate the right to be angry
- Acknowledge the Pros and Cons of anger:
 - Keeps others at a “safe” distance
 - Reduces intimacy
 - Secondary emotion that helps to avoid “soft” emotions, such as sadness and fear
 - Exhausting and alienating to be angry all the time—severs friendships, etc.

Working with Shame: Why Tell?


Therapist's Role – Discussing Shame :

- Reduces feelings of alienation and sense of being apart from the mainstream
- Reduces strength of bond to the perpetrator/ trauma
- Enhances client' s compassion for self
- Reduces defensive attitude and allows greater self-exploration
- Improves relationships: compassion for self = compassion for others

Working with Grief – A Process of Transformation

- Therapist bearing witness: in recognizing loss something is found
- Creating narrative respects the past and the loss
- From loss (absence) something is created
- *Kintsugi*—Japanese art of repairing broken pottery by mending broken areas with lacquer mixed with powdered gold, silver, or platinum--finding beauty and strength in imperfection

NT SESSION 8 FINAL SESSION
 (Session 18 in book)



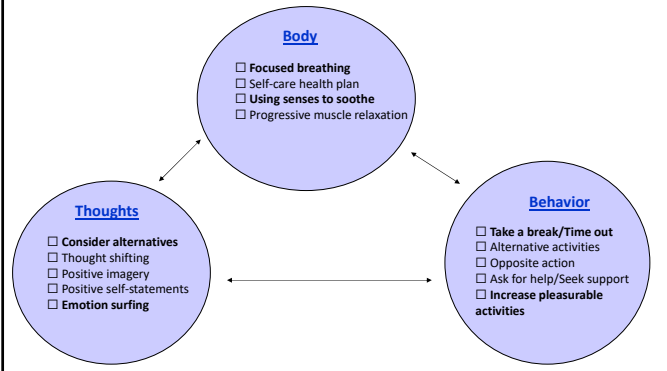
Session 18: Summary of Achievements and Self-Compassion

- Review ways client feels differently about themselves (how did you feel about your self before STAIR - and now?)
- Review and refresh commitment to skills
- Practice compassion exercise together

Perspectives on Trauma

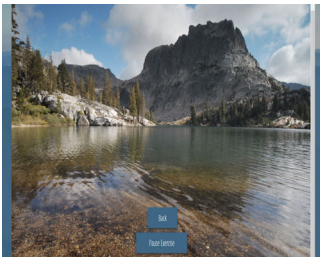
- The present is more important than the past. The present is a gift. The present is where hope is.
- The difference between the past and the present must be experientially explored.
- Relationship patterns are the interventions which are the basis for the understanding of old versus the new.
- The narrative places the trauma in the context of a life to be lived.

Select Skills for Long Term Use



Successes, Challenges and Self-Compassion

...imagine yourself. See all the parts of yourself. View the parts that represent some of the positive aspects of yourself, such as Happiness, joy, pleasurable feelings, positive beliefs, loving memories. What do you notice? Now, take a moment to view the painful parts of yourself; those that represent your distressing emotions, your fears, negative beliefs, or painful life experiences. What do you notice? Now imagine that these different parts of yourself start to struggle with each other. It's a long struggle that has been going on for many years. The painful parts are trying to find an advantage over the positive parts, while the positive parts desperately respond with all of their might to avoid being taken over and ignored. What do you notice?



Now imagine that instead of allowing the positive and painful parts of yourself to fight against each other, you allow them to exist together without needing to struggle. Rather than allowing the painful pieces to win and viewing yourself as all bad, worthless, or unloveable, allow yourself to hold all of these parts together with compassion. Imagine seeing yourself as a person with strengths and weaknesses and at the same time seeing yourself as deserving love, respect and compassion. Focus on what this experience feels like. View all the parts of yourself as a whole, without judgment

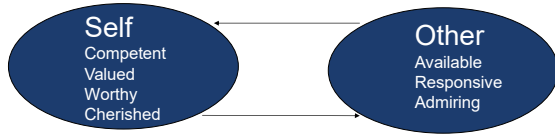
DEFINING CHARACTERISTICS OF THE TREATMENT



Defining Characteristics of the Treatment

- Equal focus on dual goals of enhancing strengths and resolving psychopathology
- Assumes that there are two key resources needed for effective living:
 - Emotions (awareness, management and expression)
 - Human connection
- Interpersonal Interventions for Interpersonal Injuries

Philosophy of Treatment: Therapist-Client "Working Model"



STAIR Institute

SELF-CARE



Self-Care for the Trauma Therapist

“In the course of providing psychosocial services to traumatized populations, service providers often must share the emotional burden of the trauma, bear witness to damaging and cruel past events and acknowledge the existence of terrible and traumatic events in the world.”

Bride, 2004

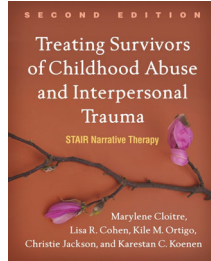
Self-Care for the Trauma Therapist

What are some of the ways you take care of yourself in doing this challenging work?

**ACCOMPLISHMENTS
AND GROWTH**

STAIR Narrative Therapy

- Resolves PTSD, depression, dissociation
- Improves emotion regulation
- Improves relationships
- Increases social support
- Improves functioning



What do clients say about STAIR?

- "Before STAIR, I experienced emotions as dangerous, as a weakness, and as unimportant. Now, I allow myself to feel my emotions and to learn from them."
- "Emotions can be uncomfortable, but now I can ride the waves."

What do clients say about STAIR?

"I'm starting to recognize my own needs have importance. I now know I'm worthy of having needs and expressing them."

What do therapists say about STAIR?

"I was stuck with my client and didn't know what to do. We were at a clinical impasse and thinking of termination. Before we implemented STAIR, the client didn't think anything could change, and she and I felt hopeless for her progress. Now we both feel so empowered, and I feel so fulfilled clinically."

What do therapists say about STAIR?

"It's very powerful as a therapist to learn tools to help a person build the framework for coping with life."