The aim of this study is threefold. First, the current evidence-based treatments for posttraumatic stress disorder (PTSD) are reviewed. Treatments reviewed for efficacy include prolonged exposure therapy, cognitive processing therapy, and eye movement desensitization and reprocessing. Next, concepts identified as protective measures against chronic PTSD are explored, with particular emphasis on resiliency and posttraumatic growth (PTG). Third, based on the above-mentioned systematic review, a new treatment model for trauma-related behavioral health conditions, the posttraumatic growth path (PTGP), is proposed. This research will demonstrate how this new model integrates a variety of therapeutic approaches and protective measures to treat and mitigate the development of chronic PTSD and other concomitant mental health concerns. Implications for practice are discussed.

Keywords: PTSD, trauma, posttraumatic growth, resiliency, integrative therapy

Posttraumatic stress disorder (PTSD) is estimated to affect approximately 7.8% of individuals in their lifetime (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Barker (1999) defines PTSD as “a psychological reaction to experiencing an event that is outside the range of normal human experience.” These traumatic events include war, natural disasters, man-made disasters, motor vehicle accidents, rape, sexual assault, child abuse, kidnapping, and other violent crimes. Common symptoms of PTSD include intrusion (nightmares, flashbacks, intrusive thoughts), constriction

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(numbing, disassociation, avoidance), and hyperarousal (increased vigilance, overly jumpy, insomnia; Herman, 1997).

Various risk factors have been proposed to explain why some people are more likely to develop PTSD than others. Peritraumatic dissociation (dissociation that occurs at the time of trauma) is one of the most consistent predictors of the development of PTSD across traumatic experiences (Brewin, Andrews, & Valentine, 2000; Fullerton et al., 2001; Ozer, Best, Lipsey, & Weiss, 2003). The frequency and intensity of exposure to traumatic experiences also is a contributing factor. Kaylor, King, and King (1987) and Hoge et al. (2004) found that greater combat exposure was strongly associated with a greater risk of soldiers developing chronic PTSD. In Vietnam veterans, lower prewar intelligence (Macklin et al., 1998), killing another person (Maguen et al., 2009), and experiencing traumatic events prior to the military, particularly childhood abuse, were found to be associated with higher rates of PTSD (Bremner, Southwick, Johnson, Yehuda, & Charney, 1993). Other risk factors include younger age, depression, guilt, lower meaning in life (Owens, Steger, Whitesell, & Herrera, 2009), and decreased social support (Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009).

CURRENT TREATMENTS FOR PTSD

There are three main treatments for trauma-related behavioral health conditions that have been shown to be effective: Prolonged exposure (PE) therapy, cognitive processing therapy (CPT), and eye movement desensitization and reprocessing (EMDR). All of these treatments fall under the cognitive–behavioral therapy model. The underlying behavioral assumption for the endorsement of CBT is the belief that trauma is caused by high anxiety related to behaviorally conditioned fear responses. In addition to the behavioral response, the cognitive theory states that the erroneous perception of the world as a highly dangerous place combined with the belief that oneself was and continues to be incompetent in handling this danger contributes to the development and perpetuation of PTSD (Hembree & Foa, 2003). PE therapy uses repeated imaginal and in vivo exposure techniques to help patients process the emotional and cognitive aspects of their traumatic memories in a safe environment. Depending on the level of anxiety present in the patient during the trauma reliving exercises, various relaxation techniques can be used to augment treatment (Hembree, Rauch, & Foa, 2003). While research has shown that PE can be an effective therapy for trauma-related mental illnesses (Foa, Rothbaum, Riggs, & Murdock, 1991;
Foa et al., 1999; Keane, Fairbank, Caddell, & Zimerling, 1989), concerns have also been raised about patient drop-out rates and reluctance of clinicians to use this evidence-based treatment (Pitman et al., 1991; Tarrier et al., 1999). In a study of PE efficacy in a real world clinical practice setting, Zayfert et al. (2005) found a treatment completion rate of only 28%, either from patients not starting the therapy or dropping out prematurely. Reasons for patient drop-out and clinician reluctance to utilize this model appear to lie in the perceived distress for the patient that both parties associate with using PE (Devilly & Huther, 2008).

CPT has been perceived to be less distressing for patients to undergo than PE. In CPT, patients are taught to identify faulty or irrational thinking patterns that have developed as a result of trauma and challenge these irrational schemas. They are also exposed to their traumatic experience through writing a detailed recollection of the trauma and repeatedly reading this account. Concepts such as safety, intimacy, esteem, and trust are discussed with the therapist in relation to the trauma. Research has demonstrated that this model is also helpful when treating PTSD (Chard, 2005; Resick & Schnicke, 1992), albeit outcome measures were equal to PE when a comparison study was done (Resick, Nishith, Weaver, Astin, & Feuer, 2002). CPT limitations include drop-out rates, lots of homework that some clients may find cumbersome, and a heavy reliance on good reasoning and logic skills, which may be difficult for patients that lack abstract reasoning ability to comprehend.

EMDR asks patients to think about the distressing thoughts, feelings, and images of their traumatic experience while also focusing on tracking a therapist’s finger moving back and forth to elicit saccadic eye movements in the patient. As the patient processes their traumatic experience, alternative, more adaptive cognitions are brought into the session. The theory behind EMDR is that trauma causes a neural obstruction and that inducing rapid eye movements while exposing a patient to their trauma can help release this blockage (Shapiro, 1995). Various studies have demonstrated the efficacy of EMDR for the treatment of trauma-related conditions. (Davidson & Parker, 2001; Rothbaum, 1997; Wilson, Becker, & Tinker, 1995). Other studies, however, have shown that the role of rapid eye movements is not a central feature in the effectiveness of this treatment (Lohr, Tolin, & Lilienfeld, 1998; Pitman et al., 1996; Renfry & Spates, 1994; Tallis & Smith, 1994). In other words, EMDR’s effectiveness appears to be due to the exposure and processing element of the therapy, not in the inducement of saccadic eye movements.

The cardinal feature that all three CBT therapy modalities have in common is exposure to the traumatic event and subsequent processing of this event. This appears to be the main ingredient necessary for treating
PTSD, regardless of the model used. The questions then becomes, is this ingredient enough?

Several studies have raised concerns that while initially effective in treating PTSD, the long-term efficacy of CBT treatments has yet to be demonstrated in populations where PTSD has a tendency to be chronic in course and resistant to treatment, such as with veterans (Schnurr et al., 2003). Kluznik et al. (1986) found that 75% of veterans who had PTSD still showed signs of mild to moderate symptoms of the disorder 40 years after exposure to combat trauma. This research is consistent with others studies that have found PTSD tends to be chronic and fluctuating in course, persisting for more than 50 years (Lee, Vaillant, Torrey, & Elder, 1995; Op den Velde et al., 1993; Spiro, Schnurr, & Aldwin, 1994). Evidence suggests that once a veteran’s course of PTSD becomes chronic in nature (3 months or longer), functional impairments that accompany PTSD remain problematic across his or her lifetime (Prigerson, Maciejewski, & Rosenheck, 2001). These impairments include unemployment/financial difficulties (Savoca & Rosenheck, 2000), poor problem solving skills and aggressive behavior (McFall, Fontana, Raskind, & Rosenheck, 1999), relationship problems (Riggs, Byrne, Weathers, & Litz, 1998), poor self-care, and a low quality of life (Buckley, Mozley, Bedard, Dewulf, & Grief, 2004).

Adding to the problem of chronic PTSD is concomitant conditions such as depression, anxiety, and substance abuse (Kessler et al., 1995). McDonagh et al. (2005) found that while CBT was an effective treatment for PTSD, it did nothing to improve a patient’s depression, anger/hostility, and quality of life measures. Shalev, Bonne, and Eth (1996) hypothesize that the reason PTSD treatment has met with limited long-term success and rare complete remission rates is because of this comorbidity. In addition to the concomitant behavioral health conditions, veterans with PTSD are also more likely to have a greater number of chronic and acute physical health problems (McFarlane, Atchison, Rafalowicz, & Papay, 1994; Solomon, 1988; Spiro, Hankin, Mansell, & Kazis, 2006).

Another concern is drop-out rates for treatment and use of these models in clinical practice. Compared to non-CBT interventions, dropout rates for all forms of CBT (PE, CPT, EMDR, etc.) are higher, suggesting that these treatments, while successful, are not always well-tolerated among patients (Hembree et al., 2003). Therapists also appear to be reluctant to use exposure-based modalities. Out of a sample of 207 psychologists, only 17% stated they used exposure treatment for PTSD (Becker, Zayfert, & Anderson, 2004). With this in mind, it becomes important to explore other factors which may contribute to the prevention and treatment of PTSD.
POSTTRAUMATIC GROWTH AND RESILIENCY

Posttraumatic Growth (PTG) has gained more popularity in recent years as an important concept to consider when studying trauma. PTG is defined as positive changes stemming from being victimized or encountering adversity. Growth is further understood to be the ability to create meaning from the traumatic event (Tedeschi & Calhoun, 1996, 2004). PTG holds that while trauma can be painful and have negative effects, there is also an opportunity for trauma to be a catalyst toward positive growth in one’s life. There are five dimensions of PTG, as defined by the 21-scale Posttraumatic Growth Inventory (PTGI): Appreciation of life, relating to others, new possibilities, personal strength, and spiritual change (Tedeschi & Calhoun, 1996). PTG may be able to help in areas of trauma therapy that other treatment methods have yet to show efficacy in, such as improvement in functional impairments, quality of life, and other concomitant behavioral health conditions that may have trauma at their root (e.g., depression, anxiety disorders, substance abuse).

Research on PTG has covered a wide variety of traumatic experiences, cultures, and ages. PTG has been seen in interpersonal violence (domestic violence, sexual assault, child abuse), health crises (HIV/AIDS, heart attacks, cancer, autoimmune conditions), war (refugees, POWs, combat), terrorism (9/11, Madrid train bombings), natural and environmental disasters (plane crashes, tornadoes, floods, fires), and after loss (death of loved one and divorce). It has also been researched in multiple cultures, including Israeli, British, American, Australian, Latina, German, and refugee populations, as well as across the life span (Sheikh, 2008).

PTG is not a new phenomenon. Various religions have espoused the belief that suffering makes one stronger and can lead to some form of spiritual enlightenment. Recently, PTG has been examined within the context of religion and spirituality. In a systematic review of the literature that examined the connection between these topics, Shaw, Joseph, and Linley (2005) found that positive religious coping, religious openness, readiness to face existential questions, religious participation, and intrinsic religiousness were associated with PTG. This is consistent with Prati and Pietrantoni’s (2009) meta-analytic study on coping factors that contribute to PTG, which demonstrated that religious coping and positive reappraisal coping are significantly related to PTG. Mythologies also commonly have transformative suffering as a theme (e.g., the young hero braves the dark forest and slays the dragon to become king). Researchers such as Carl Jung and Joseph Campbell touch on these points in more detail (Campbell, 1949; Jung, 1955). According to Victor Frankl’s logotherapy, this quest for meaning is an intrinsic human need, essential to our growth and develop-
ment (Frankl, 1959). While the concept of growth through trauma has been around since ancient times, there has been little formal research, with the exception of the salutogenic approach (Antonovsky & Bernstein, 1986), on this idea until PTG was introduced into the scientific literature.

There have been several studies that explore PTG within the context of mass traumas, such as wars and terrorism. Ai, Cascio, Santangelo, and Evans-Campbell (2005) studied the impact that the 9/11 terrorist attacks had on an individual’s personal growth and mental health. While some negative changes did occur (e.g., loss of hope, increased sense of danger, a feeling of greater vulnerability, etc.), the potential for a national crisis to provide an opportunity for positive growth was demonstrated. Many of the participants reported they felt a closer relationship to others post-9/11, increased empathy and compassion, a deeper appreciation for life, and an enhanced interest in world politics. Another study on terrorism looked at stress and growth following 9/11 and the Madrid train bombings, finding that meaning in life was associated with more growth in both populations (Steger, Frazier, & Zacchanini, 2008). Laufer and Solomon’s (2006) study on Israeli youth exposed to terrorism found that religiosity was the strongest factor that was associated with growth.

Participation in the military can be an important developmental milestone that leads to growth (Elder, Gimbel, & Ivie, 1991). In Maguen, Vogt, King, King, and Litz’s (2006) research on Gulf War I veterans, perceived threat to life predicted a greater appreciation for life. WWII and Korean veterans believed their war experiences helped them cope with adversity better, increase self-discipline, and have a broader life perspective, with greater combat exposure associated with greater growth (Aldwin, Levenson, & Spiro, 1994). One surprising study found that over 90% of Vietnam ex-POWs viewed their changes posttrauma as favorable, with an emphasis on greater understanding of self/others and a clearer concept of life’s priorities (Sledge, Boydstun, & Rabe, 1980). Another Vietnam ex-POW study showed that PTG, particularly appreciation of life and personal strength, were positively correlated with duration of captivity and optimism (Feder et al., 2008). In a brief report for the Journal of Traumatic Stress, Owens et al. (2009) concludes that “meaning in life may be an important treatment concern for veterans with PTSD symptoms.”

Research has been done to explore how PTG is related to posttraumatic stress. Both linear and curvilinear relationships have been found between PTG and PTSD symptoms. A linear relationship showed that higher PTGI scores were associated with greater PTSD (Solomon & Dekel, 2007). This supports Janoff-Bulman’s (1992) “shattering assumptions” hypothesis on trauma, which holds that for change to happen after an experience, the person has to feel distressed enough by the incident that it shatters their current assumptions about life. If no significant distress exists,
there is no impetus for growth. The association between PTG and PTSD may be more complex than a linear relationship, instead having an inverted U-shaped curvilinear relationship. Solomon and Dekel (2007) also found a curvilinear relationship, with participants who had moderate PTSD symptoms measuring the most PTG. In this “Goldilocks” hypothesis, too little distress doesn’t create enough cognitive dissonance for growth, but too much distress overwhelms the client to the point that they can’t yet engage in the growth process (Butler et al., 2005). There could be an optimal “just right” level of distress necessary for PTG. An important caveat here is that traumatic stress is in the eye of the beholder. One person’s deep laceration is another person’s paper cut. What may at first feel overwhelming and nonsensical might dissipate with time and become perceived as a more manageable level of trauma where meaning and growth can be discovered.

Kleim and Ehler’s (2009) research with assault survivors found a slightly different relationship between PTSD, depression, and PTG, where low or high PTG levels had fewer PTSD and depressive symptoms than those with moderate growth. It may be that for some individuals with high PTG, the growth acts as a protective factor from developing PTSD while in others the experience of PTSD might be the distress level necessary to create an impetus for growth. Thus, PTG can be seen as both a treatment and protective factor in relation to trauma-related behavioral health conditions such as PTSD and depression. Those low in PTG and PTSD after trauma could be categorized as resilient (Westphal & Bonanno, 2007).

Resiliency is a concept closely associated to PTG and also has been studied in its relationship to trauma. Several ideas exist about how resiliency and PTG are related. The terms are sometimes used interchangeably to mean adapting or coping well after a distressful experience; however, it is important to distinguish these terms because while related, they have distinct meanings and significance in the trauma process (Tedeschi, Calhoun, & Cann, 2007). Resilience is generally defined as one’s ability to bounce back after a traumatic experience, returning to one’s pretrauma status quo state. It is also a protective factor against developing PTSD (Pietrzak et al., 2009). PTG, on the other hand, goes beyond adaptation. It is a paradigm shift in one’s view of the trauma in order to make meaning out of it, creating significant growth in one’s life. Lechner, Antoni, and Carver (2006) proposes that resilient individuals may fail to regard their traumatic experience as a crisis, hence there is no need for meaning-making because no assumptions have been shattered. This viewpoint is supported through research, with an inverse relationship found between resiliency and PTG. The more resilient a person is, the less likely they will exhibit PTG (Levin, Laufer, Stein, Hamama-Raz, & Solomon, 2009). This bolsters the idea that perceived distress is a necessary precursor to PTG and that resiliency and PTG are two distinct concepts.
Critiques of PTG have been raised by several researchers. Wortman (2004) discusses concerns about PTG being a defensive illusion used to avoid facing the reality of the traumatic experiencing, placing “rose-colored glasses” on the trauma instead of stoically facing the unpleasant occurrence and processing the feelings that go along with this reality. She also noted that pressuring clients to find a positive before they have finished grieving can lead to more resentment and that PTG is harder to find in clients facing an unjust loss, such as the death of a loved one. In studying PTG following an unjust loss, Davis, Whol, and Verberg (2007) found that PTG did occur but mainly in those individuals who interpreted their loss as a threat to self. This is in line with Davis and McKearney’s (2003) conclusion that “in the context of loss, people may actively seek positives or gains to defend against mortality threats engendered by the experience, and, if found, serve to promote the belief that life is meaningful.” Hobfoll et al.’s (2007) critique states that it is not enough for PTG to engender meaningful cognitions of change. One must carry these cognitions into meaningful actions; only then will their PTG transformation be complete. To quote Victor Frankl (1959, p. 85), “Our answer must consist, not in talk and meditation, but in right action and in right conduct.”

THE POSTTRAUMATIC GROWTH PATH AND IMPLICATIONS FOR TREATMENT

The Posttraumatic Growth Path (PTGP) is a synthesis of trauma therapy techniques to help address the areas of trauma recovery that remain problematic. These include chronic, treatment-resistant PTSD, concomitant trauma-related behavioral health conditions (depression, anxiety, substance abuse, etc.), quality of life measures, functional impairments, and difficulty in the clinical use of current evidence-based treatments. PTGP integrates concepts from divergent psychotherapies, including psychoanalysis, narrative therapy, CBT, Jungian analytic psychotherapy, existential/logotherapy, and solution-focused therapy, to offer a comprehensive, easy to follow treatment approach for trauma-related behavioral health conditions.

PTGP is broken down into four sequential steps that clients can follow in their path toward healing: Deal, Feel, Heal, and Seal. It is designed to be a brief therapy model for treating trauma, using approximately five sessions over a 1-month period. A suggested clinician guide for what to do in each PTGP session can be found in Appendix A. The first session involves an intake with a biopsychosocial/spiritual assessment that includes taking a
trauma history. Each subsequent session follows the order of the PTGP. Clients are screened during intake to ensure they are suitable candidates for PTGP therapy. Clients appropriate for PTGP treatment should have a positive trauma history and not currently be in an active state of psychosis. Some dissociative tendencies, such as clients who have occasional dissociative flashbacks as part of their PTSD symptomology, are fine, as long as the majority of the time the client is functioning in reality. Clients must have enough ego strength to be able to benefit from PTGP therapy.

In the first step, Deal, a short handbook (see Appendix B) is provided to clients. The therapist walks their clients through the handbook, giving a brief overview and explaining the rationale of each step. The goal of Deal is to have clients develop insight into the fact that trauma is underlying their psychological problems. As the therapist walks their clients through the PTGP Handbook, he or she discusses with clients concepts of psychoanalytic defense mechanisms such as avoidance, repression, suppression, and denial, helping clients to get past these mental blocks and develop insight. The therapist then has clients list their traumatic memories. After reviewing the trauma list, the therapist asks the clients to choose their most distressing traumatic experience from the list to become their index trauma, the one that will be the focus of processing during the Feel step. The therapist next directs clients to go home and write a trauma narrative to bring back to the next session. The trauma narrative exercise incorporates components of both narrative and cognitive processing therapy.

Once clients deal with their traumatic experience, they are ready to be exposed to the experience in the Feel step. The clients read over their trauma narrative, which begins opening clients up to the cathartic experience of processing through their trauma. The therapist then uses a modified form of imaginal exposure therapy to further access the catharsis, focusing on marrying the fragmented cognitive and emotional aspects of the traumatic memory. After the processing experience, the therapist explores with clients their primary emotional responses and themes identified during the processing. For example, “I noticed that during the exposure, anger toward your mother for leaving you was a common feeling that surfaced.” The clients and therapist discuss primary feelings such as anger, fear, shame, guilt, and grief that may surface in connection with the traumatic experience and which feelings appear to be the primary ones for clients. The therapist then instructs clients to spend time each day at home processing through their traumatic experience, with a focus on purging the emotional aspects of that experience. The therapist describes healthy emotional processing as catharsis which occurs when emotions are tied back into the traumatic experience and processed where they belong instead of displaced in an unhealthy manner onto oneself or others.
The third step, Heal, combines concepts from PTG research, existential therapies, narrative therapy, Jungian analytic psychotherapy, and solution-focused therapy. The therapist first reviews with clients how their at-home processing has been going. Then the therapist explains to clients three key concepts in order to help empower them over trauma: Freedom of choice, finding meaning to bring out of the experience, and the Hero archetype. The therapist explains the concept of choice to their clients, namely, that they did not choose their traumatic experience to happen but they can choose how they are going to respond and interpret that experience now and in the future. This choice empowers the client over their trauma, helping the client regain control of their experience. The metaphor from narrative therapy of “rewriting the ending” is discussed. The therapist explores different ways that clients can find meaning and positively grow from their experience, being sensitive to their clients’ particular experiences. Stories that represent the transformative journey of the Hero archetype are told by the therapist, using their clients’ spiritual and cultural beliefs to enhance the storytelling experience. The classic prototype of the Hero’s journey involves encountering trials and tribulations in the dark forest that eventually leads to the discovery of the Holy Grail. There are many excellent examples of Hero archetypes that go through transformative suffering/posttraumatic growth experiences and the therapist has creative leeway in which stories they decide to tell. After addressing the three main concepts, the therapist teaches clients PTG channeling, using components from solution-focused therapy to help clients channel their emotional energy from trauma into productive goal-setting, finding meaning in the positive goals they set for themselves. It is important that the therapist does not lead their clients to adopt a particular growth concept or goal to their experience. In the Heal step, the therapist encourages clients to find their own answers and create their own meaning from the experience. The therapist then challenges their clients to go home and do one action that illustrates their paradigm shift toward posttraumatic growth.

The final step, Seal, incorporates cognitive techniques from narrative therapy. In this stage, the therapist and clients review the PTGP and discuss the concept of the mind as a filing cabinet. The therapist explains that at the beginning of treatment, their clients’ fragmented memory was like unorganized scattered pieces of paper all over the filing cabinet. Through the PTGP, the clients have collected and organized all of these papers into one folder and created new pages in the folder based on the growth they brought out of the experience. Now that their folder is organized, it can be filed away into the mind’s cabinet. The experience will always be a part of the clients’ filing cabinet and can be pulled out and referenced as needed, but it is one file in a cabinet full of files. The therapist explains to their clients that they are ready to move on to another file,
either another file in the past that may still need to be organized or a blank folder of new possibilities yet to be written in. The therapist commends their clients for all of their hard work over the last few weeks and encourages them to continue to incorporate the PTGP into their life, emphasizing that through PTG, they now has the techniques to process their experiences on their own. The therapist should leave their clients feeling empowered over their trauma and ready to move forward.

**DISCUSSION**

The integrative nature of the PTGP is the core component behind its efficacy. By combining psychoanalytic catharsis, Jungian archetypes, cognitive–behavioral processing, existential growth, and solution-focused brief therapy, the PTGP helps individuals comprehensively heal from trauma at the collective unconscious, personal unconscious, and conscious levels. There are several other integrative models that have been used to assist in trauma recovery that use facets of the different psychotherapies that the PTGP accesses. These include control-mastery theory, constructivist psychotherapy, and positive psychotherapy. Control-mastery theory is an integrative cognitive-psychodynamic-relational model that states clients come to therapy with an unconscious plan to solve their problem and master past traumatic experiences. Often these traumatic experiences are from childhood and lead to the clients forming pathogenic beliefs (schemas) that are not rational in an attempt to adapt to the environment around them. The therapist helps the client gain mastery over their traumas through new knowledge (insight), the therapeutic relationship, and/or by testing pathogenic beliefs (Silberschatz, 2010). PTGP also works to help clients gain insight into their index trauma, which many times is related back to early childhood trauma. Control-mastery therapy primarily addresses the Feel step. Clients process through their traumas using the therapeutic relationship to challenge their pathogenic beliefs about the trauma. The pathogenic schemas are equivalent to the PTGP’s Drowner (see Appendix B), with mastery over the schema similar to CPT’s challenging beliefs protocol. PTGP differs from Control-mastery theory because it emphasizes PTG and finding meaning to bring out of the traumatic experience as the primary means of mastering trauma. This goes beyond developing cognitive insight as to why pathogenic beliefs formed. One of the key aspects of the Heal step is that clients start doing actions that demonstrate PTG and use meaning making to pull themselves out of their trauma rut. PTGP also accesses Jungian archetypes in the collective unconscious to enhance the healing process, tapping into a layer underneath the psychodynamic personal unconscious.
Another integrative approach, constructivist psychotherapy, incorporates meaning-making into its methodology. Constructivist psychotherapy theorizes that the majority of psychological problems stem from failed attempts to construct meaning after life events. According to this model, all psychological experiences are based on personal and social constructs. The therapist works with their clients using relational-countertransference, challenging of irrational beliefs, and self-monitoring techniques (Raskin, 2007). The cognitive processing component overlaps with both PTGP and control-mastery theory, but constructivists’ place an added emphasis on finding meaning from the experience, tying into portions of PTGP’s Heal step. PTGP differs in its use of psychoanalytic catharsis in the Feel step, which must occur before meaning can be constructed in Heal. Elements of the emotional energy produced during catharsis are used to assist with the paradigm shift toward PTG, which is why Feel must be completed before Heal. PTGP is also unique in its use of stories related to the transformative suffering journey undertaken by the Hero archetype. These stories are used to assist clients in constructing a new meaning behind their traumatic experience.

Positive psychotherapy (PPT) is an integrative model designed by Dr. Nossrat Peseschkian in 1968. There are three main principles, hope, balance, and consultation. The principle of hope lies in the recognition that human beings have the potential to overcome mental illness. PTGP also starts with the premise that humans can have a truly transformative healing from trauma. PTGP differs in its emphasis of trauma as the main underlying component behind the majority of mental illnesses. Balance is about being able to recognize varying capacities that humans have and the conflict that can arise between these capacities. Pesechkian discusses coping strategies people use to balance conflict, many of which can be unhealthy. This is similar to Drowners in the Feel step who use unhealthy means of coping with their traumatic experiences. The consultation principle contains the five stages of therapy: Observation and distancing, making an inventory, situational encouragement, verbalization, and broadening goals (Cope, 2010). The first step involves writing down the present conflict in an attempt to more objectively define one’s problem. PTGP makes use of narrative therapy techniques as well; however, the goal in writing down the traumatic experience is not to objectify the problem but to begin unzipping the trauma memory, setting the stage for catharsis during the Feel step. The other steps make use of conflict resolution strategies by helping the client learn to identify the difference between basic and actual capacities, learning to use their primary capacities to find healthier means of coping, eventually setting broader life goals that extend beyond the initial conflict presented at intake. PTT makes use of solution-focused therapy, which is also one of the focuses in PTGP’s Heal step when
the client does goal-setting during PTG channeling. PTT, like PTGP, emphasizes the inclusion of cultural stories and spiritual beliefs to enhance the therapeutic process. PTGP differs in its strong emphasis on using stories specific to the Hero archetype to teach the principle of transformative suffering. PTGP also has a heavy influence from existential theory, underscoring freedom of choice and empowerment over the trauma by choosing the ending as one that involves growth. The necessity of having the traumatic experience to obtain this growth is a unique component of PTGP that differs from PTT’s use of psychoeducational tools to learn more appropriate ways of applying capacities to one’s life.

The PTGP treatment model has been used successfully in clinical practice to treat trauma-related behavioral health conditions in children and adults. Most clients who actively participate in treatment for five sessions no longer meet diagnostic criteria for PTSD after one month of treatment, as measured by pre- and post-Test PCLs (PTSD Checklist; see Appendix C for archival clinical data). While the steps remain the same, using this model with children does take a bit more creativity than the basic session guide included in Appendix A, which is mainly for adults and older adolescents. Specific exercises that incorporate components of play and art therapy have been designed to help children go through PTGP therapy and will be explored in more detail in case studies included in future research.

The limitations of PTGP are that the evidence for its success is currently restricted to case studies within a clinical practice setting. Future research on PTGP should focus on quantitative analysis in larger sample sizes, as well as comparison studies to other established treatments. Like any form of therapy, PTGP is limited by a client’s readiness to engage in the therapy process. PTGP can only work if the client is ready to deal with their traumatic experience. PTGP also incorporates exposure therapy techniques into the Feel step, which can be distressing to clients and practitioners.

In addition to PTGP being helpful in treating individuals already diagnosed with trauma-related behavioral health conditions, there is research that demonstrates PTG can be used as a protective factor alongside resiliency training to prevent a person from developing PTSD and other trauma-related behavioral health conditions (Krause, 2007; Steger, Frazier, & Zacchanini, 2008). PTGP is easy to train individuals to use on their own and could be incorporated into resiliency training to help prepare individuals to process anticipated traumatic incidents, such as military personnel who are set to deploy.

PTGP has been built on the “shoulders of giants,” drawing from psychoanalysis, CBT, PTG research, logotherapy, existential psychology, Jungian analytic therapy, solution-focused therapy, and narrative therapy. It also emphasizes the importance of including a client’s core cultural and
spiritual belief systems into the healing process. PTGP contains facets of multiple therapy techniques that have been shown to be effective in treating trauma-related behavioral health conditions. The novelty of PTGP is that it organizes and synthesizes the best components of these techniques into an easy to understand brief therapy model for clients that works, helping move the field of psychotherapy integration toward models that can efficiently and holistically address trauma-related behavioral health conditions. In this way, PTGP also draws from Gestalt ideas, creating a unique whole from the sum of its parts.

REFERENCES


Appendix A

The Posttraumatic Growth Path Session Guide

S. D. Nelson

Introduction

This session guide for clinicians is designed to help you learn how to implement the Posttraumatic Growth Path (PTGP) in your clinical practice. The guide should be catered to fit the individual client and work environment this model is implemented in. It is important that before the first PTGP session, you do a thorough biopsychosocial-spiritual assessment of your client to determine whether trauma is a factor underlying their current symptoms. It is helpful to include questions in your intake form that are designed to identify traumatic incidents. The PTSD Checklist (PCL) can be a helpful tool to screen for trauma-related behavioral health symptoms. Once you have identified that trauma may be an underlying factor behind your client’s symptoms, you can begin discussing trauma treatment using the PTGP.

(Appendices continue)
Session I: Introduction to PTGP and Deal

1. Walk Clients Through the PTGP Handbook and Provide a Brief Overview of Each Step

It is important that clients have a good understanding of the PTGP prior to beginning treatment. There is a simple way of describing the PTGP to clients that makes it easy for them to understand and helps you get buy-in for beginning treatment. Hand clients a copy of the PTGP Handbook and tell them that you are going to walk them through the handbook in session today so that they can understand how treatment progression looks. Below is a sample script of what to tell clients as you walk them through the PTGP Handbook:

The PTGP Handbook is designed to be a brief, easy-to-follow guide that helps you understand how we will progress through trauma treatment. There are 4 steps, Deal, Feel, Heal, and Seal. The first step, Deal, is about dealing with the fact that trauma has happened to you and continues to impact your life in ways that you do not like. Our mind oftentimes has a hard time processing trauma because it is outside the realm of normal human experience. Instead, we try to avoid the painful memories associated with trauma. The problem is that when we avoid dealing with trauma, it continues to pop up in ways we don’t want it to. For example, if I say, “Don’t think of the color red,” what comes up [most clients will say “red”]? Trauma works the same way. The more you avoid trying to think of it, the more it pops up in ways you don’t want it to, such as with some of the symptoms you are having [discuss presenting symptoms]. By dealing, we make the choice to acknowledge that trauma happened to us and hurt us. You are already dealing by choosing to come into therapy to address your trauma.

(Appendices continue)
The next step, Feel, is about taking time to process through the traumatic memory. This step takes a lot of courage because it involves going into the darkness of your trauma. Think of the mind as a large filing cabinet filled with folders, each folder containing a memory. Most memories are easy for us to organize and can be filed neatly away in our cabinet. For example, what you ate for dinner last night. Traumatic memories, on the other hand, are not as organized. Instead of the memory being contained in one folder, bits of loose paper are scattered chaotically throughout your mind’s cabinet [it helps to illustrate this as you’re talking using a folder and several sheets of paper scattered outside the folder]. The goal in trauma therapy is to help you organize and gain control of this memory. In order to do this, we need to process through the trauma and file it back into its trauma memory folder. There are specific ways we process through trauma that I will discuss with you later. Feeling is like physical training for your mind. PT can be difficult and painful but if done correctly helps our bodies become stronger. It is the same with processing through trauma. It will be painful to process the memory but by doing this you are taking control of the memory instead of it controlling you, building mental toughness. You gather all of the pieces (emotions, images, thoughts) together and put it back into one trauma memory folder that you have control over so that it is no longer chaotically scattered through your mind.

After you have processed through your trauma memory in Feel, we are ready to progress to Heal. Healing is about incorporating the traumatic memory into your life in a meaningful way. You may not have chosen the trauma to occur but you can control how you interpret the trauma in your life now and for the future. For example, a tree in order to grow taller and stronger needs the sunlight but it also needs the storms. The storms may be painful, break branches, tear off leaves, etc. but these storms don’t have to keep blowing you over. You can also use the storms to nourish your soil, growing taller and stronger. Posttraumatic growth is about becoming stronger as a result of going through your trauma and finding a meaning/purpose from the experience that makes sense to you.

(Appendices continue)
So you have dealt with the trauma, done the hard work necessary to process through the trauma, and brought a positive growth out of the trauma. Now you are ready to Seal and have closure. You have organized your trauma memory back into its folder and added additional pages to the folder with posttraumatic growth. Now you can file it away with all of your other memories. This is not forgetting your memory. This memory will always be a part of you but it doesn’t have to haunt you anymore; it is just another memory in a large filing cabinet full of memories. You can now control when you want to pull up the file. There may be times when you want to open the file, such as if you are talking to someone who has been through a similar experience. You can always jot down additional notes as needed and then file it back away. Now you have time to spend on blank folders that you have not yet filled with memories. After walking clients down the PTGP, ask if these steps make sense to them and if they have any questions.

2. Make a List of Traumatic Experiences and Have Clients Choose Their Most Distressing Experience From the List

Work with clients to come up with a comprehensive list of various traumatic experiences in their life. It is important to tell your clients to include traumatic memories from childhood through to present on their list. Clients do not need to go into detail about each trauma, just give a general identifier to it. Explain to your clients that this list will help you see how many different traumas may be impacting their symptoms. After making the trauma list, go over it with clients to ensure you recorded each trauma accurately. Then ask your clients which trauma is the one that is the most distressing to them or haunts them slightly more than the others. It is important to be empathetic here and acknowledge that each trauma has its own distress. The majority of clients will be able to identify the one that is the most distressing but some may have a hard time choosing between traumas. If clients have difficulty, work on narrowing down the list to their top two and explore in more detail which one has slightly more distress associated with it. Explain to the client that picking the most distressing trauma to process will lead to the best reduction in symptoms and that other traumas on the list could be processed at a later time if needed.

(Appendices continue)
3. Ask Clients to Write a Trauma Narrative to Bring to the Next Session

Once the trauma has been chosen, instruct your clients to go home and write a trauma narrative about the experience. This trauma narrative should be a vivid, detailed 1st person account of the event. Instruct clients to incorporate their 5 senses, feelings, and thoughts into the narrative. It is better for clients to handwrite their narrative instead of using a computer. Explain to your clients that this narrative will help to prepare them for the more in-depth processing that will happen in Feel during the next session. You can compare the trauma narrative exercise with stretching before working out. It will start to unzip the trauma to get your client ready to process.

Session II: Feel

1. Have Clients Read Their Trauma Narrative and Discuss
   In-Depth Processing

When clients come back for the Feel session, ask if they completed their trauma narrative and have them read it to you. Explore with your client how the experience of writing the trauma narrative was for them and any issues that this brings up.

There may be some clients who do not complete their trauma narrative or forget to bring it in. Take a few minutes to explore why but do not spend a lot of time dwelling on this. Explain to your clients that they can still proceed forward with the in-depth processing without the written trauma narrative but encourage them to still write it and bring it to the next session.

Now discuss with your clients starting in-depth processing. Draw a picture of a downward spiral, creating three loops in the spiral. Mark an X at the top of the spiral and explain how the trauma narrative starts the client along the spiral. Using in-depth processing, the client will spiral down deeper into the memory, cycling approximately three times through the memory.

The in-depth processing in Feel uses a modified version of imaginal exposure (it doesn’t assess SUDS, just focuses on the processing). Here is an example of how to explain Feel to clients:

(Appendices continue)
Imaginal exposure involves you closing your eyes and jumping back into your traumatic memory. We do this by keeping one foot in the present within the room and another in the past within the memory. We have you close your eyes so you can get your mind back into the memory and not be distracted by what is in the present room. Once we jump you back into the memory, I will have you describe what you see around you and give some context to the experience. Then you will start journeying through the memory. Try to be as vivid and detailed as possible. This is very different from talk therapy. I will act as a guide through the process but it is your trauma to journey through so you will do most of the talking. If I feel I want you to look at any part of the memory in more detail or that you may be getting stuck at some point in the memory, I may ask a question or make a statement to help guide you along. We will be going through the memory several times, each time spiraling down deeper into the trauma. You may notice that with each repetition, new information and details will present themselves that you didn’t process during the previous round. It takes a lot of courage to process through your trauma and I will be with you along this journey. It is normal to get emotional during this process and I ask you to stay with the memory as these emotions come out. Keep your eyes closed until I instruct you to open them. After the imaginal exposure, I will tell you to open your eyes and we will talk about the experience.

2. Work With Clients to Process Traumatic Memories Using Imaginal Exposure

This is the most challenging part of the PTGP and requires a good deal of ego strength on the clinician’s part. It is important to allow clients to take center stage as they process through their trauma. You should do very little talking as a therapist during the processing. Only speak if you feel your clients need some guidance through the memory but make sure that your questions/comments do not take clients out of their experience. You don’t want to get into a conversation with your clients during their processing. That will happen in the next step once processing is done. If your clients abreact or ask to stop, try to encourage them to persevere through but use your clinical judgment. This part should take the majority of your session to accomplish.

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3. Discuss the Processing Experience With Clients, Encourage Clients to Spend Time Each Day Processing Through Their Trauma and Discuss Healthy Ways to Process Emotions Associated With Trauma (Does Not Hurt Self or Others)

Once processing has finished, take a little time to explore how the experience was for your clients. Don’t be surprised if clients describe the experience as horrible. It can be helpful to describe the idea of catharsis to clients. When you have a sick stomach, it doesn’t feel good in the moment to throw up but after it’s out you start feeling better. Identify any themes that came out during processing and the primary emotions associated with the memory. Common emotions are fear, anger, guilt, helplessness, and senselessness. Common themes are safety, intimacy, esteem, and trust.

It is vital that you instruct your clients to continue their processing at home, taking time each day (approximately 30–60 minutes) processing through the memory. Tell your clients it is important now that the memory has been unzipped to continue to go through it and organize it. Highlight the necessity of allowing all emotions to come out as they process through the memory and discuss the primary emotions identified during your session. Remind your clients that healthy ways of processing emotions do not hurt themselves or others and discuss with clients strategies for healthy emotional processing. If your client has done their trauma narrative, this can be helpful for them to read at the beginning of their at-home processing to get them back into the processing spiral.

(Appendices continue)
Session III: Heal

1. Review How Processing Is Going and Have Clients Discuss Emotions They Experienced During At-Home Processing

Discuss with clients how their at-home processing has been going. If new emotions or themes have surfaced, take a little time to explore this. If clients have not done their at-home processing or been inconsistent, explore reasons for this avoidance but do not spend a great deal of time on this. The majority of this session should be devoted to teaching your client how to channel their emotions towards PTG.

The Feel step differs from other trauma therapy treatments at this point. The goal of Feel is not necessarily to decrease clients’ subjective level of emotional distress in connection to the trauma, which is one of the reasons that assessing SUDs (subjective units of distress) is not vital during processing. Some clients are going to remain guilty, angry, scared, etc. about their experience and that is okay. Feel is not about relieving clients of their emotions, only about allowing them an opportunity to process through these emotions in the context of their traumatic experience. What happens in Heal is a channeling of the remaining emotions into a more positive direction, towards posttraumatic growth. This channeling of emotions allows feelings to naturally dissipate or be sublimated over time.

2. Discuss Freedom of Choice (Clients Do Not Choose Trauma but Are Free to Choose How They Wish to Interpret Trauma), Bringing Meaning Out of Their Experience, and the Hero Archetype

This is the key transition point in therapy. It is important to explain to clients concepts related to posttraumatic growth (PTG). There are three main concepts to explain: (1) freedom of choice, (2) quest for meaning, and (3) the Hero archetype.

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The tree metaphor can be helpful when explaining freedom of choice. A tree needs both sunlight and storms to grow taller. The tree did not choose the storms to happen, but it can choose how to use the storms. It can either continue to be blown over or choose to use the storms to nourish its soil, growing taller and stronger. Clients did not choose their trauma but they can choose how to interpret trauma in their life now and for their future. In choosing to interpret the traumatic experience in the context of PTG, clients are creating their own unique meaning that can be brought out of the experience, writing their own ending to the trauma narrative.

A lack of meaning/purpose behind the traumatic experience often perpetuates symptoms of anxiety, depression, etc. and the accompanying negative emotions (guilt, fear, anger, etc.). Most people have an inherent need to understand why things happen. Trauma continues to haunt people when they cannot make sense of the experience in their lives. By finding a meaning behind the experience, clients can channel the remaining negative emotional energy and senselessness that trauma sometimes creates into a positive direction of PTG. All emotions are energy and through freedom of choice, a client can choose how to channel their emotional energy into something meaningful to them. By doing this, your client is taking control of their traumatic experience instead of it controlling them.

The idea of PTG, also known as transformative suffering, resonates so well with us because it is a very ancient concept. The brave young hero goes into the dark forest, fights the dragons, finds the Holy Grail, and then becomes ruler of the kingdom, gaining wisdom and strength along the journey. This basic story makes up what C.G. Jung, a famous psychologist, calls the Hero archetype. Archetypes are symbols that live in the collective unconscious, the deepest layer of our mind which stores ancient concepts shared by humans collectively. These symbols are universally recognized, for example the Great Mother, Trickster or Villain, Wise Sage or Prophet, Child, Shadow, Mandela, and Hero archetypes. Sometimes archetypes interact with one another. Heroes typically encounter villainous Trickster or Shadow characters on their quests. What makes our characters heroic is their perseverance through the trickery and shadows, finding or creating light to guide them through

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the darkness instead of getting lost in it. Heroes are formed through transformative suffering and immortalized in legends throughout time. Spend several minutes discussing with clients examples of heroes, using famous stories, myths, or real-life heroes to illustrate the idea of the Hero archetype, emphasizing the hero’s journey through the “shadowlands” in order to find the light.

3. Teach Your Client PTG Channeling [It’s Helpful to Draw This Out for Clients]. A Sample Narrative Is Included Below

Imagine yourself inside a box. Everything you can control is inside this box. Outside the box is everything you cannot control. Let’s start inside the box. What do you have complete control over? [Allow clients to provide a few answers] Then go outside the box. What is out of your control in life? [Again, allow clients to provide a few answers] There are a variety of things that are out of your control. Most people spend a good deal of time and emotional energy being angry, anxious, stressed, depressed, and/or frustrated with what is out of their control. This includes the past, for it is gone and cannot be altered as well as the future, for it is uncertain. Yes, your destiny is created by you but there are outside factors that also influence the future such as other people and chance. Other people have their own minds, thoughts, and actions. We may be able to influence them but ultimately they make their own choices. Chance occurs because we live in a world that allows for uncertainty. That uncertainty gives us a lot of freedom to maneuver inside and expand our box. So the four main things that are out of your control are the past, future, other people (which includes the large systems that are composed of other people, like corporations, government, etc.), and chance. Trauma often combines these 4 factors. For example, a friend who died in a car accident combines the past, other people, chance, and possible fear of driving in the future factors. So what can you control? You control your mind in the present. That’s it, but the mind is a very powerful thing. The mind controls your thoughts and actions. You control your mind, hence, your actions and thoughts are your choice. What about emotions? Emotions are just energy, created by events that are mostly out of your control. That energy gets channeled through your mind by the thoughts and actions it chooses. So outside events create emotional energy that your mind channels through thoughts and actions in the present.

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Let’s go inside your box of control. A traumatic event happened that has caused a strong emotional reaction and you have already done steps Deal and Feel. You are now ready to Heal. The first question to ask yourself about this trauma is, “Is this event in or out of my control?” Remember the past, future, chance, and other people are not in your complete control. Even if you feel guilt for the event that occurred, it is now in the past, you cannot change it. Then ask yourself, “How can I change the present and gain control of this energy?” The answer is to channel the “dark emotional energy” into PTG. You can use your mind to decide how to channel. There are two ways to channel your energy, productively or destructively. Destructive energy channeling keeps you stuck in the Feel step because it uses unhealthy coping mechanisms that hurt self or others. Examples of hurting others include verbal, physical, and sexual abuse, as well as neglect. Examples of hurting yourself are the same. Physical self-abuse, through ingesting harmful substances into your body, psychosomatic reactions (i.e. physical health problems caused by emotional turmoil), and other self-injurious behaviors (high risk-taking behavior, cutting and/or burning self, etc.); sexual self-abuse, by engaging in sexual acts that could cause serious diseases/injury or staying involved in an unhealthy relationship pattern; verbal self-abuse, by saying mean things to yourself that lowers your self-worth (e.g. “I’m worthless, stupid, etc.”) and continuing to beat yourself up for events that have passed, taking on unnecessary guilt; and self-neglect, when you allow yourself to stop caring about life and losing motivation to get better.

It takes energy to hurt yourself or others. Even those who have lost motivation to get out of bed in the morning use up their energy in self-neglect and verbal self-abuse by repeatedly telling themselves they have nothing to contribute to the world and that life is too hard to live. Why not take all of that energy and channel it in a productive way? There is nothing to lose and everything to gain. It is a mental switch that you have to make to change the flow of energy into positive energy channeling, otherwise known as transformative suffering or PTG.

Sigmund Freud, a famous psychoanalyst, called positive energy channeling sublimation and cited creativity as an example to illustrate this concept. Emotional energy, especially from the powerful “dark” emotions (anger, fear, sadness, etc.), gives rise to some of the most spectacular works

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of art. Beethoven, in fits of blind mania, wrote his symphonies, and in anguish over unrequited love, wrote arguably one of his most hauntingly beautiful pieces, Moonlight Sonata. Van Gogh, troubled by his thoughts, brought light into the darkness in one of his most famous paintings, Starry Night. Unfortunately, Van Gogh lost his ability to positively channel his energy into creativity, committing suicide behind a haystack. In the end, he chose the path of destruction. Music, poetry, art, dance, writing, etc. all can be productive ways to channel energy. The best works of art are those that come from deep inside the soul. Art without emotional energy does not move us.

There are many other ways to productively channel energy to help yourself and others. One useful way that we are going to talk about today is goal setting. Where do you want to go in life? Where would you like to be several years from now and what steps can you start to take to move yourself towards this destination? Start with short-term achievable goals that can help you baby step to the larger goal. By achieving these short-term goals, you will be building confidence in your ability to succeed. An athlete that wants to be in the Olympics doesn’t start out as a Gold medalist. He or she must diligently train for years, becoming stronger and more skilled with the passage of time. Athletes are another good example of productive energy channelers by putting their emotional energy into kinetic channeling. Going on a long run or lifting weights at the gym when angry or stressed out are examples of kinetic energy channeling. Write down goals you wish to work on for your future and when your dark emotions (anger, fear, sadness, shame, etc.) start to swell, visualize yourself taking that ball of energy and channeling it towards productive growth. You are in control of all this energy. You didn’t choose the stressful event but you can control the channeling of the energy that the event produced. You can even use this technique for minor aggravations although the energy won’t be as powerful as it is with traumatic events. Energy channeling towards PTG tends to work better than relaxation techniques that are designed to neutralize the energy (e.g. counting backwards from 10, going to a “happy place,” taking a bubble bath, etc.). Neutralizing will only contain the energy for a short time. Energy can neither be created nor destroyed, it must be channeled.

Instruct your client to spend time each day thinking about their future goals they wish to achieve and how they can channel their emotional energy from trauma into PTG. Challenge them to do one action that makes a step towards their goal. For example, if the goal is to get a college education, a person could spend some time researching different colleges he or she is interested in.
Session IV: Seal

1. Discuss How PTG Channeling Is Going

Explore with clients how their at-home channeling is going in connection with PTG. Ask them if they completed a task that takes them in the direction of their future goal and discuss this further.

2. Revisit the Filing Cabinet Metaphor and Explore Progress Clients Have Made in Treatment

Go over the filing cabinet metaphor again that you explained at the beginning of treatment. This is a good time to review and commend your clients on the hard work they have done to process and heal from their trauma. Now that they have gone down the PTGP, they can file the memory away. This does not mean that they are forgetting the memory. It will be a part of their filing cabinet of memories but it is only one file in a very large cabinet. Your clients can decide if they want to pull out the file or not. They may wish to reference it or jot down additional notes throughout their life. Now they have time to concentrate on blank folders that have not yet been filled with life experiences. The Open Door metaphor can also be helpful during Seal.

3. Empower Clients to Continue to Use the PTGP as Needed, Explaining to Them That They Now Have the Tools to Guide Themselves Down This Path

Encourage your clients to continue to use the PTGP in their life and discuss specific actions they can take to demonstrate PTG. This involves turning the cognitive elements of PTG into meaningful actions. For example, if clients have decided that they are stronger for going through their crises, encourage them to find ways to demonstrate that strength in their life. By turning meaningful cognitions of change into meaningful actions, clients are ingraining the idea of PTG into their lives. Now that your clients understand the steps towards processing through trauma, they can use the

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Path to process other unresolved past traumas or for traumas that may present themselves in the future. You are teaching clients self-aid. End treatment by giving your clients some powerful quotes on transformative suffering. There are lots of wonderful quotes out there, for example, Viktor Frankl once said, “What is to give light must endure burning.”

The Posttraumatic Growth Path (PTGP) Session Checklist

S. D. Nelson

Session I: Introduction to PTGP and Deal

- Walk clients through the PTGP Handbook and provide a brief overview of each step
- Make a list of traumatic experiences and have clients choose their most distressing experience from the list
- Ask clients to write a trauma narrative to bring to the next session

Session II: Feel

- Have clients read their trauma narrative and discuss in-depth processing
- Work with clients to process traumatic memories using imaginal exposure
- Discuss the processing experience with clients, encourage clients to spend time each day processing through their trauma and discuss healthy ways to process emotions associated with trauma (does not hurt self or others)

Session III: Heal

- Review how processing is going and have clients discuss emotions they experienced during at-home processing

(Appendices continue)
• Discuss freedom of choice (clients do not choose trauma but are free to choose how they wish to interpret trauma), bringing meaning out of their experience, and the Hero archetype
• Teach your client PTG channeling

Session V: Seal

• Discuss how PTG channeling is going
• Revisit the filing cabinet metaphor and explore progress clients have made in treatment
• Empower clients to continue to use the PTGP as needed, explaining to them that they now have the tools to guide themselves down this path

Appendix B

The Posttraumatic Growth Path Handbook

S. D. Nelson

Introduction

Why do bad things happen to us? This is a question that we have all asked ourselves. Trauma is a part of life, but why does it happen, and what can we do about it? This short handbook is designed to help you with these questions. While trauma affects us all in some form or fashion, each individual interprets experiences in their own way. One person’s deep laceration can be another person’s paper cut. Whether trauma occurs from war, interpersonal violence, health problems, terrorism, natural and environmental disasters, death of a loved one, family divorce/separation, etc., the common denominator is that trauma happens to us and trauma changes us.

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Trauma may be the root cause behind your psychological problems. Do you ever wonder why you behave in certain ways? Sometimes past events in our lives influence how we currently act. If this past event was significant and/or traumatic, it could be having a huge influence on your current thoughts and behaviors. Part of your task on the posttraumatic growth path (PTGP) will be to embark on an exploration of your past, to see if there are still memories that need to be processed. This is a journey that requires courage and perseverance on your part, because we all have events in our past that are painful and difficult to face.

Trauma can provide us with a sense of meaning and purpose in life. It helps us connect with others on a deeper level. Our scars give us more power than we think. Scars help us forge interconnections. Which is the more powerful connection, two friends who share football in common or two friends who share Vietnam in common? In a world of increasing alienation, scars bind us together with humanity at its best and worst... its most vulnerable and its most powerful. Scars can drive us toward noble pursuits or to our own destruction, and the choice for which path we take is entirely up to us. This is both frightening and liberating. It means that life is what we make of it, but the responsibility that this puts on us to shape our own destinies can also make us feel afraid, fearing that we cannot measure up to life’s challenges. This fear can keep us trapped by our scars instead of freeing us to develop into our full potential. If you can conquer your fear and the emotions that accompany it (anger, shame, guilt, sadness, etc.), you can conquer your scars. Trauma creates wounds, but wounds can heal. Scars may remain, but they no longer have to hurt. You may not have had a choice about your trauma, but you do have a choice in how you respond to your trauma. Both the sun and rain are necessary for a tree to grow; while we may not like storms, we need them to mature. The Posttraumatic Growth Path handbook is intended to help you use the storms in your life to nourish your soil, deepen your roots, and grow stronger.

PTGP incorporates a variety of evidence-based trauma therapy models to provide a comprehensive, easy to follow treatment approach to help you heal from trauma. PTGP holds that while trauma is painful, it can also be a helpful tool for facilitating purpose/meaning and personal growth. PTGP can work for any type of trauma. The steps are presented as follows: Deal, Feel, Heal, and Seal. The steps are sequential, meaning that it is best to go through them in order. It is now time to embark on this path.

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Deal

Many people who experience trauma have difficulty facing it. Dealing is about facing trauma rather than denying, repressing, and/or rationalizing the pain. Facing trauma begins with exploring one’s past. What are some of your most lucid past memories? Are there any that disturb you? If you do not remember parts of your past very well, your mind may have blocked out a traumatic experience from memory. This happens because at the time, you were not ready to face the trauma, so your mind tried to shield your conscious memory from it. You may have no trouble remembering the traumatic event, but the feelings associated with it have been separated from the memory or you may just be avoiding thinking about the memory. Take time to make a list of your traumatic experiences and choose one to deal with.

There are three types of people who have problems with dealing:

The Blocker

The Blocker does not wish to deal with trauma because it is too disturbing. The Blocker may have repressed the memory to the point where he/she has no recollection of the trauma or may just continue to push the memory back down when it tries to surface. If you are a Blocker, your task will be to let those disturbing memories surface. You will need to spend time exploring your past and searching for painful memories. Blockers often try to attempt the last step, Sealing, before adequately Dealing, Feeling, or Healing. Sealing cannot happen before the other steps are completed. The memories will continue to affect you negatively if you try to Seal too quickly.

The Separator

The Separator has no problems remembering the traumatic experience, but he/she has separated the hurtful feelings from the experience. A common sign of a Separator is someone who denies that their experience hurt them or tries to rationalize and justify the actions of those who hurt

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them. By doing this, Separators avoid the negative feelings. They also may try to find the good that resulted from the traumatic experience, which will come in the later step of Healing. However, trying to Heal before accurately Dealing and Feeling will only make problems worse. The feelings, no longer connected to the memory, are still present within that person and may be released in inappropriate ways (hurting oneself and/or others). Trauma memories are incomplete without the feelings. As you explore your past memories, pay attention to the ones that appear numb and calculated, but do not produce any emotional response. All memories of significance should produce some type of emotional response—Red flag the ones that do not, as those are the ones you will need to Deal with.

The Avoider

Unlike the Blocker, the Avoider can say the trauma happened. Unlike the Separator, the Avoider can say the trauma hurt. The Avoider has problems Dealing because of fear. Avoiders withdraw from situations that have the potential to remind them of their traumatic experiences. The Avoider’s task is to stop running and face their traumatic experience.

It takes courage to hunt for traumas, but if you are strong enough to survive trauma, you are strong enough to take this journey into your darker past. Deal means that you (a) Recognize this is a trauma which has negatively affected you (it happened and it hurt) and (b) have the courage to face this trauma head on. If you have done this, you are now ready to Feel.

Feel

Feeling is a difficult step and one that people tend to get stuck in. To properly Feel, you have to place yourself back into the traumatic memory and allow all of the feelings to come forth. This is known as exposure therapy and catharsis. Negative feelings (e.g. anger/fear) are like garbage that piles up over the years. You can try to shove the garbage in the closet and not Deal with it, but the smell can only be covered up for so long. Feeling is about taking out the garbage, purging out the toxic, putrid yuck that has built up in your life throughout the years.

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Different people have different techniques for taking out the trash. Let’s first talk about the techniques not to use. It is not appropriate to dump your garbage in someone else’s yard. This is displacement (e.g. the boss yells at the dad, the dad yells at the mom, the mom yells at the kids, the kids kick the dog, and the dog bites the neighbor). Revenge is another way people deal with negative feelings. Revenge often ends up hurting you and then you’ll have to pay the consequences for the hurt that another person initially caused you. An eye for an eye can turn both people blind. Those who cause you to lose control of your anger conquer you. The goal in the Feeling stage is to move from having the anger possess you to you possessing the anger. You are in control of how you choose to express your anger. Some people injure themselves instead of others. Examples of self-destructive behavior include cutting, substance abuse, suicidal attempts, participating in abusive relationships, and eating disorders. People engage in these behaviors for two reasons: (1) to punish themselves for the shame/guilt (anger/fear turned inward) trauma has created (“It was my fault”), and (2) to release negative feelings. When people try to release negative feelings by harming themselves, they are not getting negative feelings out but instead are entrapping them within their own body. Self-blamers believe they must have done something to deserve the trauma or it was their fault because they did not stop the trauma from occurring. Hindsight is 20/20, but during the midst of trauma, your normal coping mechanisms break down. Trauma is paralyzing, severing our trust in the world. Trauma is violating, severing our thoughts from our emotions. We are not superheroes or fortunetellers. We did not intend for the bad event to happen. Don’t look back and blame yourself for not being able to predict or stop the trauma. It is not your fault!

In Feeling you allow yourself to relive the traumatic memory (exposure) and feel all the emotions associated with the memory (catharsis), no matter how painful. You have to mourn your loss and purge the negative emotions in a healthy way (doesn’t hurt yourself or others). Trauma takes something from us all, and you need to properly grieve this loss. It may prevent us from trusting others or believing in ourselves. Whatever trauma took from you, allow yourself to feel this loss and get angry at the person or event that caused this loss. You need to make yourself open enough to feel all your negative emotions, including your fear and shame.

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There is one type of person who may get stuck in this stage:

*The Drowner*

The Drowner becomes so overwhelmed with negative feelings that he/she cannot move on. Drowners use inappropriate ways of releasing feelings, hurting themselves and others. These methods create more waves and cause the Drowner to feel even more overwhelmed by their negative emotions. The goal of a Drowner is to gain control over their methods of feeling, developing healthier coping strategies that work for them.

*Heal*

When a person Heals, they make a conscious choice to learn and grow from their suffering instead of being conquered by it. The best way to Heal is through growth. There is always something we can learn from every experience, no matter how bad that experience is. The key word to remember about Healing is empowerment. Healing is when the tree uses the storm to grow stronger and taller. To heal, ask yourself, “What meaning can I assign to this circumstance? What is something positive or useful that can come out of this all?” The most dangerous thing that can happen in this stage is when a person begins to believe that their suffering was meaningless. If you begin to think that, Healing cannot occur. You must find a meaning to give the trauma. It may be that you will go on to help others that have been through similar traumas, or you may have learned better coping skills for the future. You can assign growth as a meaning to your trauma. The storm has made you stronger and wiser.

Finding your unique positive strengths which can be brought out of traumatic experiences never means that the traumatic experience was justified. It means that you are not going to let it get the best of you! This is the stage where your battle scars no longer cause you agony and pain, but triumph and glory. It is your choice to view your scars as torture or triumph. You are free to choose how you perceive reality even in the most adverse of circumstances. Once you become aware of this freedom and use it, you can Heal.

(Appendices continue)
There is one type of person who tends to get stuck in this stage:

*The Nihilist*

The Nihilist is unable to find meaning out of his/her suffering. To the Nihilist, suffering makes no sense and life has no purpose. People who find a positive purpose in trauma are able to Heal. The Nihilist spends his/her life complaining about the scars but never gives them meaning.

Those who assign a purpose to suffering live richer, healthier lives. No one can find this meaning for us; we need to create our own answers. By creating this answer, we rewrite our life narratives. You may ask, “But how do I know that I am assigning the right meaning behind my suffering? What if there really is no meaning to it all?” The truth is we might never know 100% the answer to the question, “Why do bad things happen to us?” Philosophers have pondered this question for thousands of years and we are not any closer to the truth than the ancient Greeks were. All we can do is find our own answers along the path and use those answers to direct our future path.

Healing finds a meaningful order to the nonsensical chaos of trauma. If this meaning helps you grow in a positive direction and helps the world around you grow, then I would conclude that you have found a great answer to Why. By creating meaning, you are changing your destiny and shaping the paths of others around you. Ghandi once said, “Become the change you wish to see in the world.” If your answer to Why is leading you down this path, you have found a very good thing indeed. Once you have assigned a positive meaning to your suffering, you are ready to move into the final stage of Sealing.

*Seal*

There comes a time in your life when you have to move forward, always knowing where you’ve been, but looking ahead now to where you are going. For a time, dwelling on the past is necessary for the healing process, but eventually one has to stop dwelling and seal things up. If you spend too much time looking in the rearview mirror, you will crash.
Sealing does not mean that one seals the memory up and never thinks about it again. Many of our memories, especially hurtful ones, penetrate too deep to just forget them nor should we forget these memories. All memories can be instructive. They shape who we are. It is important to remember where we came from so that we can know where we’re going. If we forget the past, we are condemned to repeat it. Sealing is never “forgiving and forgetting” what happened. Rather, it is remembering what happened but not becoming haunted by it. Forgiveness is not an eraser nor is it reconciliation. Many people think the focus of forgiveness is on the perpetrator, but that is an incorrect understanding of forgiveness. Forgiveness is about you letting go of the pain once you have Healed. Forgiveness is something you do for yourself so that you don’t become a bitter person, consumed by negative emotions. The traumatic memories are still there, but now that you processed and organized the pieces of these memories, you can place this file back in your cabinet. When needed, you can always pull the file out again at different points in your life. Throughout life there will be incidents that remind you of your pain and you will have your old files you can reference; however, you control when you want to take the files out to jot down additional notes or to help someone else who may be struggling. You have organized your file by processing all of its components and rewriting the trauma narrative to bring positive growth out of the experience. There is no longer a reason to keep this file out. It is time to open another file.

There is one type of person who may struggle with this step:

The Clinger

Clingers become attached to their pain because it’s all they have known. A Clinger may have formed his or her entire life around their traumatic experiences. For individuals who have experienced a considerable amount of trauma in their lives, their entire identities may revolve around these traumas. A Clinger’s task is to realize that their trauma is a part of them, but it is not who they are. It is one file in their cabinet of life experiences. There are many other files, some already filled and some yet to be filled.

(Appendices continue)
People have a tendency to hold on to hurts. Sometimes it takes more strength to let go than to hold on. You will not lose yourself in the process, not if you have completed the other steps. The caterpillar and the butterfly are still One, but changed by growth. Sealing is the final step of your metamorphosis. You can always pull the file back up if you need it, but your life should not revolve around just one file. By Sealing, you can make room to add new and exciting memories to your life narrative.

Life is a fluid continuum of storm and sun. You are always growing and changing. The PTG Path is about continuing to find positive, meaningful ways of integrating trauma into your life’s story. Trauma is the nightmare that jolts us out of sleep. It compels us to question our basic assumptions about life and continue to search for our own answers to Why.

The Posttraumatic Growth Path (PTGP)

S. D. Nelson

PTGP incorporates a variety of evidence-based trauma therapy models to provide a comprehensive, easy to follow treatment approach to help you heal from trauma. PTGP holds that while trauma is painful, it can also be a helpful tool for facilitating purpose/meaning and personal growth.

The PTG Path

Deal

• Face the reality of trauma, no denial (“It happened”)
• Acknowledge the pain associated with trauma (“It hurt”)
• Have the courage to face trauma head on
• There are three types of people who have problems dealing:
  • The Blocker: Blocks out memory to the point where they do not remember parts of it
  • The Separator: Remembers event but is numb to their feelings associated with the event
  • The Avoider: Remembers and experiences feelings associated with the event but avoids situations that remind them of the event

(Appendices continue)
Feel

- Purge all the negative emotions associated with the trauma (anger, fear, shame, etc.) while remembering the event (marrying emotions and thoughts)
- Find a healthy way to purge the negative emotions (i.e. does not hurt yourself or others)
- There is one type of person who has problems feeling:
  - The Drowner: Becomes overwhelmed by feelings and uses inappropriate ways of handling these feelings (alcohol/drugs, self-harm, anger management problems, etc.)

Heal

- Channel negative energy into positive
- Find a positive meaning that can be brought out of suffering (PTG)
- There is one type of person who has problems healing:
  - The Nihilist: Unable to assign meaning/purpose and grow from their experience

Seal

- Move on; don’t dwell on the past
- But do not forget your scars; they are now your triumph, not your tragedy
- There is one type of person who has problems sealing:
  - The Clinger: Becomes attached to their pain; their trauma defines them and they do not know who they are without that trauma

(Appendices continue)
Table 1. PCL

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