Group Cognitive-Behavioral Conjoint Therapy for Traumatic Stress-related Problems©

THERAPIST'S MANUAL

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We have also drawn on Drs. Steven Hayes and Kelly Wilson's innovative work on the phenomenon of experiential avoidance. We have used this framework to develop treatment interventions that allow traumatized individuals to have exposure and habituation to affective states associated with their traumas within a conjoint context.

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Treatment Protocol Overview

Group Cognitive-Behavioral Conjoint Therapy for Traumatic Stress-related Problems (i.e. PTSD and co-occurring disorders such post-concussion/mild traumatic brain injury (mTBI), depression, and anxiety), or G-CBCT for TSP is a time-limited intervention consisting of 8 treatment sessions scheduled for 2 hours each. This manual is divided into sections that provide instruction about how to conduct each session and how to present the material to a group comprised of dyads. Each section begins with an outline of what is to be accomplished, the information that you will convey to your clients, the techniques you will use and how to use them, and the handouts and out-of-session assignments (OOSAs) to give to your clients. We recommend giving each dyad a notebook that contains all handouts and out-of-session forms. This organizes the dyads and provides material that they can reference into the future.

In our research protocols, each session is videotaped for supervision and treatment fidelity monitoring. In clinical practice, it is helpful to audio- or videotape sessions to facilitate supervision and consultation.

In developing this treatment, there were several key assumptions:

- Trauma exposure and traumatic stress-related problems (TSP) such as PTSD, mTBI sequelae, depression, and anxiety exist in an **interpersonal context**. This context influences and is influenced by the mental health and cognitive impairments related to traumatic stress. Thus, the cognitive-behavioral conceptualization is inherently systemic and interactional, with parallel goals to improve relationship functioning and TSP.

- **Avoidance**, in its various manifestations, is a hallmark of TSP and a major impediment to successful intimate relationships. Behavioral skills development and interventions aim to overcome avoidance and improve relationship adjustment.

Treatment Goals

The treatment goals for G-CBCT for TSP are narrowly focused:

1. Decrease traumatic-stress related problems (e.g., PTSD, mTBI and frequently co-occurring symptoms).

2. Improve the dyad's relationship functioning and extend these gains to other interpersonal relationships, where possible

All interventions should be clearly related to these goals. As a therapist, you should continually ask yourself if the discussion in a session is relevant to the treatment goals.

Stages of G-CBCT FOR TSP

There are 2 stages in G-CBCT for TSP that build upon one another to simultaneously improve TSP and enhance the dyad's relationship.

Stage 1: Rationale for Treatment and Education about TSP and Relationships (Sessions 1 - 2)

Session 1 begins with an overview of the treatment model, including a description of TSP, and mTBI problems, and a discussion of the ways that TSP and mTBI problems are impacted by and impact relationships. The importance of out-of-session assignments and an interactional conjoint group therapy frame are also emphasized. Treatment goals are developed, and the value of increasing positive dyad behavior is emphasized. Session 2 focuses on building safety within the dyad's relationship. Very negative behaviors and barriers to satisfying relationships are addressed. Conflict management skills are modeled and practiced in session.

Stage 2: Satisfaction Enhancement and Undermining Avoidance (Sessions 3-8)

Session 3 is devoted to providing a rationale for addressing various manifestations of avoidance. Communication skills training is presented as an antidote to avoidance and a way of increasing relationship satisfaction through enhanced intimacy. Listening and paraphrasing are highlighted as the building blocks of good communication. Session 4 of the treatment includes the concept of communication channel checking and instruction in identifying and sharing feelings, whereas Session 5 is focused on identifying and sharing thoughts. Session 6 is focused on problem-solving/decision-making skills to facilitate behavior change following changes in thoughts and feelings. Session 7 is a review of skills learned thus far, as well as a discussion of how to generalize the skills beyond the dyad (e.g., extended family members, co-workers). Session 8 is spent discussing gains made in therapy and challenges expected in the future.

Group Cognitive-Behavioral Conjoint Therapy for Traumatic Stress-related Problems (G-CBCT for TSP)

Session Overview

Stage 1: Rationale for Treatment and Education about TSP and Relationships

Session 1 Introduction to Treatment

Session 2 Safety Building

Stage 2: Satisfaction Enhancement and Undermining Avoidance

Session 3 Listening and Approaching

Session 4 Sharing Thoughts and Feelings – Emphasis on Feelings

Session 5 Sharing Thoughts and Feelings – Emphasis on Thoughts

Session 6 Problem-Solving/Decision-Making

Session 7 Reviewing and Applying Skills to Other Relationships

Session 8 Reinforcing Treatment Gains and Planning for the Future

Theoretical Underpinnings of Group Cognitive-Behavioral Conjoint Therapy for Traumatic Stress-related Problems

Group Cognitive-Behavioral Conjoint Therapy for Traumatic Stress-related problems (G-CBCT for TSP) is a disorder-specific intervention that targets the behavioral and, to a lesser extent, cognitive mechanisms posited to underlie both posttraumatic stress symptoms and relationship difficulties. We briefly describe these mechanisms, as well as the interventions of G-CBCT for TSP designed to address them. Several publications (e.g., Monson, Fredman, & Adair, 2008; Monson, Stevens, & Schnurr, 2006) provide a fuller description of the theory underlying G-CBCT for TSP and a description of the delivery of the trauma-focused conjoint therapy upon which G-CBCT for TSP is based (i.e., Cognitive-Behavioral Conjoint Therapy for PTSD; Monson & Fredman, *in press*).

G-CBCT for TSP is based on a recovery model of TSP. TSP are not considered to "develop" over time like many other mental health conditions that have early warning signs or a prodromal phase (e.g., depression, schizophrenia). In the acute aftermath of exposure to a traumatic event, most or all individuals will have an assortment of posttraumatic symptoms, especially as the severity of the event increases. With time, the majority of people will experience abatement in their symptoms and they will "recover" from that exposure. In a relative minority of cases, symptoms will not abate and TSP can manifest. In G-CBCT for TSP, we consider TSP to result primarily from behavioral impediments to recovery, which are reviewed below. These impediments get in the way of a self-limiting course of distress following a traumatic event. Similarly, symptoms that follow traumatic brain injuries that can occur during a traumatic event causing TSP, or result from another trauma exposure, are most severe in the acute aftermath of exposure and improve with time.

Behavioral Mechanisms

In behavioral conceptualizations of TSP, classical conditioning processes account for why certain stimuli associated with trauma later provoke the anxiety response; operant conditioning, and specifically the negative reinforcing value of avoidance, accounts for the maintenance of the anxiety response (Mowrer, 1960). At the dyadic level, significant others' well-intended caretaking or accommodative behaviors (e.g., running interference with family members) can also serve to promote or maintain avoidant behavior. Other manifestations of accommodation to the disorder manifest in the dyad's avoidance of activities associated with discomfort for the traumatized significant other. For example, combat veterans and their significant others may avoid dining out or going to movies because restaurants, theaters, and other crowded venues serve as TSP-related triggers. Over time, this can also lead to the unfortunate consequence of diminished relationship satisfaction due to less engagement in shared rewarding activities.

From a behavioral perspective, poor communication and conflict management skills, fueled by hyperarousal symptoms, can contribute to a negative interpersonal milieu characterized by verbal and/or physical aggression. Deficits in communication skills, coupled with avoidance and emotional numbing, can also lead to problems with emotional connectedness and relationship satisfaction.

Research has shown that the emotional disturbances associated with traumatization often extend beyond anxiety. For instance, there is strong evidence that individuals with TSP experience disruption in a range of emotions in addition to fear, such as guilt, shame, anger, grief, and sadness (e.g., Kubany & Watson, 2002; Novaco & Chemtob, 2002). Moreover, avoidance can generalize to the experience and expression of emotions more generally (Boeschen, Koss, Figueredo, & Coan, 2001). Emotional process disturbances such as alexithymia and difficulties with identifying and expressing emotions have also been associated with TSP (Price, Monson, Callahan, & Rodriguez, 2006). These emotional content and process disturbances are suspected to contribute to emotional communication deficits and their related relationship impairments.

Translation of Mechanisms to G-CBCT for TSP Interventions

To address both the behavioral processes thought to underlie TSP and associated relationship problems, G-CBCT for TSP consists of 8 sessions organized into two stages. The **first stage** serves as a foundation for the treatment as a whole. In this phase, dyads are provided with psychoeducation about the reciprocal influences of TSP and relationship adjustment, engage in exercises to promote positivity and decrease selective attention to negative relationship behaviors, and learn strategies to facilitate a shared sense of safety, such as recognizing early warning signs of anger and time out conflict management strategies.

In the **second stage**, dyads learn about the insidious role of avoidance in maintaining both TSP and relationship distress and are taught communication skills to address both. In tandem with idiographically-programmed trauma-relevant *in vivo* approach assignments, enhanced dyadic communication is used as an antidote to TSP-related emotional numbing and avoidance, and a means of increasing connection with each other and other important significant others. Communication skills presented and practiced in each session build on each other over several sessions to help the dyad identify and share their feelings and notice the way that their thoughts influence their feelings and behaviors. The dyad then uses these communication skills to discuss TSP-related content and to problem-solve how they will "shrink" the role of TSP in their relationship by collaboratively addressing TSP-related behavioral and experiential avoidance. Treatment ends with a review of skills and how to apply the skills to other, non-intimate relationships, gains made in therapy, and challenges expected into the future.

Traumatic Brain Injuries and TSP

Individuals with TSP may also have a history of traumatic brain injuries (TBI) that may have occurred during their traumatic experience(s) or at any other point in their life. The Management of Concussion/mTBI Working Group, funded by the Department of Defense and the Veterans Administration (2009) stated that TBIs are head injuries that can affect the structure or functioning of the brain and result in an altered state of

consciousness or mental awareness, memory around the time of the injury (post-traumatic amnesia), neurological deficits (e.g., loss of balance, sensory loss, inability to speak), or brain damage evident on scans. TBIs are classified as mild, moderate or severe based on the level and length of impairment at the time of injury. Mild TBI (mTBI) is diagnosed if there is: a) a loss of consciousness for less than 30 minutes; b) an altered mental state of less than 24 hours, c) or post-traumatic amnesia for less than one full day. There can be some problems associated with a mTBI, including physical, cognitive, and behavioral symptoms immediately following the injury, though most of these symptoms remit within the first few days or weeks. Similar to TSP, for a minority of people, symptoms associated with mTBI may persist beyond the period of injury-recovery.

mTBI is commonly reported among military personnel returning from the combat arena and there is a large overlap between symptoms associated with mTBI and TSP, including disordered memory, poor attention, difficulty regulating emotions, and problems inhibiting behavior (Vasterling, Verfaellie, & Sullivan, in press). There is some suggestion that individuals with a history of mTBI may have higher rates of TSP than those without a history of mTBI. Given the similarity between TSP and symptoms associated with mTBI, some have suggested that having a mTBI at the time of a traumatic experience may increase the likelihood of developing TSP, or having a mTBI may cause problems that reduce your ability to cope with difficult emotional situations, such as TSP. Alternatively, others have suggested that TSP interfere with recovery from problems associated with mTBI. Regardless of their cause-and-effect relationship, problems associated with mTBI and TSP can both affect relationship satisfaction and are addressed in this treatment model. Throughout the manual, we present ways in which problems associated with mTBI may affect the intervention and how to incorporate techniques to specifically address these problems.

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Assessment

Individual-level Assessment. Routine pre- and post-treatment assessments are highly encouraged, regardless of whether the treatment is delivered in a research protocol or in clinical practice. We use both self-report (Posttraumatic Stress Disorder Checklist; Weathers, Litz, Herman, Huska, & Keane, 1993) and interview (Clinician Administered PTSD Scale for DSM-IV; Blake et al., 1990) methods for assessing TSP. In addition, we often find it useful to have significant others complete a significant other version of the PCL for them to report their perspectives on symptom levels in the identified patient. A thorough individual assessment of Criterion A events is highly encouraged.

Depression (Beck Depression Inventory-II; Beck, Steer, & Brown, 1996) and general anxiety (State-Trait Anxiety Inventory; Spielberger & Lushene, 1989) are associated features that should be assessed as relevant to a given individual in the dyad.

Relationship-level Assessment. Examples of self-report relationship variables that might be assessed include relationship adjustment (Dyadic Adjustment Scale; Spanier, 1976) and intimate aggression (Conflict Tactics Scale-Second Edition; Straus, Hamby, McCoy, & Sugarman, 1996). In our clinical and research practice, each dyad is also videotaped communicating for 15 minutes about a moderately distressing topic. This is used for behavioral interaction coding in the research but also serves an important clinical purpose of the treating clinician's having a window into the dyad's communication patterns.

In addition to the pre- and post-treatment assessments described above, we suggest that relationship satisfaction and self-reported TSP symptom severity assessments be completed several times over the course of treatment to monitor symptom response to the intervention (e.g., every second or third session). We recommend using the PCL and a single item regarding happiness for across-session monitoring because they are low burden on the clients (<5 minutes to complete) and provide important information for clinicians regarding response to the therapy.

TBI Assessment. Screening for a history of a TBI involves asking about the characteristics of the incident during which their head was injured. If either member of the dyad were deployed to a combat zone, we suggest using the 3 Question Defense and Veterans Brain Injury Center (DVBIC) TBI Screening Tool (Schwab, et al., 2006), which is a brief, self-report screening tool used in Veterans Administration hospitals to identify military-specific post-concussion/TBI. HELPS brain injury screening tool (Picard, Scarisbrick, & Paluck, 1991) is a four-question clinician-administered interview used to identify situations which may have lead to a post-concussion/TBI and possible residual consequences related to the head injury. This assessment occurs at the beginning of therapy and can be useful in identifying patients who have a history of mTBI. It is important to remember, though, that the presence of a mTBI, in and of itself, is not prognostic of cognitive impairment beyond that which is present in TSP, nor is it predictive of problems in

administering the therapy or the likelihood of therapy success. **This therapy would not be the recommended therapy for moderate or severe TBI.**

Prior to initiating treatment, clients are provided feedback about their TSP, relationship functioning, mTBI, and associated psychological issues. This feedback is used as an aid to psychoeducation and in treatment goal setting and supports the goal-oriented focus of treatment. In our experience, dyads have been eager to receive feedback about their assessment results, and these results have enhanced treatment delivery.

Inclusion/Exclusion Criteria

The following are *inclusion* criteria for G-CBCT for TSP:

- Person identified to have TSP (TSP-identified Significant Other).
- A significant other willing to participate in treatment.
- A minimum level of commitment to maintain their relationship. This therapy is not designed for dyads who are in the process of dissolving their relationship (this is especially relevant to romantic dyads). We require that the dyads commit to be together at least through the course of therapy.

The following are *exclusion* criteria for G-CBCT for TSP (for both significant others):

- Any current **severe** physical or sexual intimate aggression. Low levels of current physical or sexual aggression or a history of severe physical or sexual aggression are not exclusionary criteria. Emotional, physical and sexual intimate aggression are directly addressed in the second session of therapy related to safety building. Dyads with any aggression in their relationship should commit to not using this form of conflict management because of its deleterious effects on their relationship.
- Any imminent suicidality or homicidality in either member of the dyad.
- Substance dependence that has not been in remission for at least three months.
- Any current uncontrolled Psychotic or Bipolar Disorder.
- Any severe cognitive impairment that precludes either member of the dyad from retaining session content across sessions. This therapy is not recommended for individuals with moderate to severe TBI or a severe cognitive disorder.

SESSION 1: Introduction to Treatment

Summary of Session Content

1. Treatment Overview: *Group Cognitive-Behavioral Conjoint Therapy for TSP Session Overview*
2. Psychoeducation about TSP: A Disorder of Impeded Recovery
3. Psychoeducation about comorbid mTBI
4. Goal Setting/Treatment Contract
5. Out-of-Session Assignments: *You've Been Caught Doing Something Nice, Common Reactions To Trauma, Trauma Impact Questions*
6. Check out

The primary goals of this session are to present an overview of the therapy, to provide a rationale for the group conjoint format of treating posttraumatic stress symptoms and co-occurring relationship difficulties, and to develop idiographic goals with each dyad with respect to improving both the traumatized significant other's TSP and their relationship.

Prior to delivering the specific interventions of this session, the therapists should welcome the dyads to the group, and express their interest in working with the dyads and their hope for betterment for them. In addition, each member of the group should share briefly their first name and the nature of their dyadic relationship (e.g., spouses, friends, mother-son) in the group. We encourage these introductions to be very brief because of the amount of content to be delivered in this session. There will also be opportunities later in the session for group sharing.

1. Treatment Overview

Distribute a copy of the *Group Cognitive-Behavioral Conjoint Therapy for TSP Session Overview* for the dyads to review as you provide an overview of the treatment.

- **Time-limited Intervention and Therapy Stages**

G-CBCT for TSP is designed to consist of 8 sessions that are 2 hours long. It may be tempting to treat the protocol as a "guide" for doing treatment with dyads in which at least one significant other has been traumatized, picking and choosing interventions or allowing the treatment to expand to an undetermined number of sessions. We caution against the use

of the protocol in this way. First, the interventions have been developed to be delivered sequentially. Even in dyads in which there is not significant relationship distress (likely the exception, rather than the rule, given the research on relationship distress and TSP), the interventions designed to enhance relationship functioning can improve the dyadic milieu in which the individuals exist. Perhaps more importantly, distressed and non-distressed dyads alike can interact in ways that advertently and inadvertently contribute to TSP-related avoidance. Second, because of the anxiety and related avoidance hallmark to TSP, most people who have it will procrastinate to change. Thus, we believe that an active ingredient of the therapy is the time-limited and structured nature of it. We support contracting to do the therapy as designed, evaluating the progress of the individuals and dyads throughout and especially at the end, and then re-contracting for an episode of goal-driven therapy at the conclusion of the therapy, as necessary.

The simultaneous goals of the therapy are to 1) improve the dyad's relationship functioning and 2) decrease TSP and mTBI symptoms in one or both members of the dyad. The therapy begins with a focus on making sure that both members of the dyad have a good working understanding of why we think that people do not recover from traumatic events and consequently have TSP and other comorbid conditions such as depression, general anxiety, and substance use disorders. The psychoeducation also has a focus on the ways in which the dyad's interactions and dyadic structure can inadvertently contribute to the non-recovery of the traumatized person(s), and consequently why the dyad's relationship holds such promise in ameliorating TSP. Additionally, the psychoeducation includes an introduction to the topic of mTBI and how it relates to TSP and dyadic interactions. This stage of therapy includes a focus on immediately increasing positive affect and behavior in the dyad through specific behavioral exercises and better managing conflict in the relationship in order to decrease the deleterious effects of these behaviors.

The second stage of therapy is focused on improving the dyad's relationship functioning and modifying dyadic behaviors that maintain and contribute to emotional and behavioral avoidance on the part of the person with TSP and potentially his/her significant other.

Below is an example of the explanation of the therapy structure and stages:

Today is our first session of the therapy, and I will be spending more time explaining the goals of the therapy and what we will be doing together as a group.

The therapy consists of 8 sessions that are 2 hours each. In this therapy, there are two parallel treatment goals: 1) to improve your relationship and 2) decrease TSP, and possibly mTBI symptoms, in one or both of you.

There are two stages of the therapy we will be doing together.

***1) <u>Stage 1: Rationale for Treatment and Education.</u>** The initial portion of therapy will involve discussion about the symptoms of TSP, why we think that people*

do not recover from traumatic events and how trauma has impacted each of you and your relationship. In addition, we will discuss mild traumatic brain injury, or mTBI, can affect recovery from TSP and affect relationships. We will also talk about the healing power of your relationships in helping you recover. In this stage of therapy, we will also explore how ***avoidance*** *of all kinds of different emotions, situations, relationships, memories, and thoughts poorly impacts relationships. It is quite common for people to want to escape or avoid memories, situations, thoughts, and feelings that are painful and distressing to them. However, while the strategy of avoiding painful experiences works in the short-run, it actually maintains or worsens TSP and relationship problems in the long-run.*

2) ***Stage 2: Satisfaction Enhancement and Undermining Avoidance.*** *The next stage in building a solid foundation will be to* ***increase the satisfaction*** *in your relationship and improve the ways that you deal with conflict in your relationship and with others. Communication problems are THE most often cited problems for dyads. We will work on specific skills that you can use to improve the way that you talk with each other. In this stage of therapy we will also actively search for ways in which your relationship contributes to avoidance or ways in which your relationship can help* ***undermine avoidance*** *that maintains your TSP and relationship problems. Toward the end of this stage, we will discuss how you can expand your skills to a range of relationships, including your children, co-workers, acquaintances, extended family and the like. We will also discuss your long-term plan to work on yourselves and your relationship*

IMPORTANT: An additional important point to describing what comprises the therapy is a discussion about what it *does not* involve, and that is disclosure of specific details about traumatic events. It is important to discuss that this treatment DOES NOT involve disclosure about specific traumatic events in the group. Should group members begin to discuss traumatic events, the therapists should redirect the group away from the disclosure, reminding them of this group rule. In general, we encourage those who have been traumatized to share about their experiences with trusted others, but to avoid gratuitous or graphic sharing about them. We believe that disclosure can be a powerful part of healing, and is included in our full 15-session protocol. However, because of the shortened protocol and dyadic group nature of the treatment, trauma disclosure will not be included, and this rule should be reinforced in this session.

- **Out-of-session Assignments and Increasing Positivity**

After each session, you will have an out-of-session assignment to help you practice the skills you have learned in our sessions. This is designed to get the therapy out of this group therapy room and into your life. Like everything, the more that you practice these skills in your everyday life, the more you will gain from the therapy.

One of the first assignments will be to increase the positive interactions between the two of you and others who may be important to you, such as your children or other family members. We also have every reason to believe that many of the skills you learn to improve your relationships with your loved ones will be helpful in interactions with other people, such as your co-workers. We know that, to improve relationships it is not enough to just get rid of the bad; we must also add in good. Throughout the therapy, we ask that you put your best foot forward – pull out all the stops to try and improve yourself and your relationship – so that you can know that you did the best that you could.

Does that make sense to you?

- **Conjoint Therapy Format**

G-CBCT for TSP is inherently systemic in its conceptualization of individual and dyad functioning. We conceptualize individuals with TSP and mTBI sequelae to exist in a dynamic and interactional dyadic system that reinforces or diminishes individual psychopathology. Each member of the dyad is conceptualized to co-create their relationship successes and problems and mutually influence their individual functioning.

For both theoretical and pragmatic reasons, it is important that the dyads at least understand, and hopefully endorse, the conjoint and group model. The conjoint frame is important to avoiding the potential that one member of the dyad is identified as the "problem significant other" or "identified patient." In fact, the dyad, and, more specifically, their communication and interacting belief systems, is the patient. G-CBCT for TSP is NOT a significant other-coaching model. Pragmatically, adhering to the conjoint therapy frame is important to avoiding any potential triangulation or compromising confidentiality issues as well as decreasing the risk of pathologizing the traumatized individuals in the group.

In this therapy, we consider the "patient" to be in your interactions. More specifically, your ways of communicating with each other, and the ways that your individual thoughts and beliefs interact with one another, are the focus of this therapy. Although one or both of you have TSP, neither of you is the patient identified to be fixed. Rather, we consider your individual problems to exist in relationships that have the potential to improve each of you as individuals. In other words, each of you impacts the other in your interactions, and those interactions have the potential for individual improvements. All of you are responsible for improving your relationships, with the group's help and feedback, which will improve each of you.

An important thing for all of us to agree upon is that the information that we discuss within the group will be kept within our group. There are a few situations in which I am required by law to break confidentiality (i.e., child abuse/neglect; elder abuse/neglect; subpoena; imminent danger to self or other). Otherwise, what we talk

about here is confidential. Just as we will respect your confidentiality, it is important that you respect the confidentiality of other members of the group. That means not discussing other group members' situations to people outside of this group room. By respecting each other, we can create a safe place to discuss difficult topics.

Our work will be intensive and you may find that you are experiencing discomfort as we discuss certain topics, feelings, situations, etc. We want you to know that we are happy to talk with you as a dyad between sessions if you feel that you cannot cope with your feelings alone. However, without both of you present, we will avoid talking about issues related to your therapy. This is to avoid any miscommunications and to make sure no one feels as though he or she has been left out of important discussions and decisions.

What concerns do you have about the group's rules and expectations?

2. Psychoeducation about TSP: A Disorder of Impeded Recovery

It is important for both members of the dyad to have an understanding of the nature of TSP, its symptom clusters, and how these clusters are dynamically connected to each other. It is helpful to begin with the re-experiencing cluster of symptoms and discuss how the reexperiencing of traumatic events leads to hyperarousal symptoms. When faced with traumatic reminders of events and the hyperarousal and distress related to reminders, people often want to avoid those reminders (i.e., memories, people, places, things). People may also avoid their feelings by emotionally numbing them. Stress the negative feedback loop that exists among the symptoms and that the goal of the therapy is to stop that loop as much as possible.

Relative to psychoeducation about TSP that might be delivered in an individually-oriented therapy format, it is important to discuss behavioral avoidance symptoms separate from emotional numbing symptoms. Taxometric research supports this differentiation, and because emotional numbing is particularly detrimental for dyadic functioning, we identify these two different types of symptoms. The other important potential difference is the need to place TSP in a dyadic context. How do these symptoms manifest in the dyad's relationship or with the traumatized individual's children, friends, or co-workers? How do these symptoms affect the dyad? Walk the dyads through the symptom clusters illustrated on the handout.

It is important that you have a good understanding of TSP so that the treatment interventions that we recommend for you to do make sense. TSP consists of four different types of symptoms: Reexperiencing, Behavioral Avoidance, Emotional Numbing, and Hyperarousal symptoms.

Reexperiencing: The common factor in reexperiencing symptoms is that the person with TSP routinely "reexperiences" the traumatic event(s) in some way. This can be

through unwanted thoughts or images, nightmares, flashbacks, psychological distress when reminded of traumatic events, or physiological distress when reminded of traumatic events.

Can you tell me what types of reexperiencing symptoms that you experience? ***NOT THE SPECIFIC CONTENT OF THEM, BUT RATHER THE TYPES OF SYMPTOMS THAT YOU HAVE FROM THIS CLUSTER.*** *How have they affected your relationship (e.g., sleeping in separate beds because of nightmares; significant other intervention during a flashback; significant other interrupting traumatic memory with grounding)?*

Hyperarousal: As a result of chronically reexperiencing the traumatic event(s), the body is in a chronic state of hyperarousal. It is very adaptive for survival to have the "fight or flight" response whenever there is danger. This very automatic response prepares the body to fight or flee when in danger. However, chronically having the body in the state of fighting or fleeing is very taxing on the mind and body. This hyperarousal state is seen in sleep disturbance, irritability/anger, concentration problems, hypervigilance, and exaggerated startle.

Which hyperarousal symptoms do you experience? How have they affected your relationship or XX's relationship with other people more generally (e.g., verbal or physical aggression, hostility, difficulty communicating because of concentration problems, sleeping in separate beds because of sleep disturbance, controlling behaviors because of hypervigilance)?

Avoidance: Individuals with TSP seek to avoid reminders of traumatic events in order to avoid the unpleasant feelings associated with it (e.g., anxiety, guilt, shame, anger). These triggers may be people, places, or things. There also tends to be avoidance of thoughts and feelings, as well. Individuals with TSP can avoid through many means, such as alcohol/drugs, sex, work-aholism, gambling, hurting themselves.

What things do you avoid? How do you avoid? How has avoidance played out in your relationship with each other or XX's relationships with other people (e.g., sex; substance use; not going out to busy places; avoiding family gatherings)?

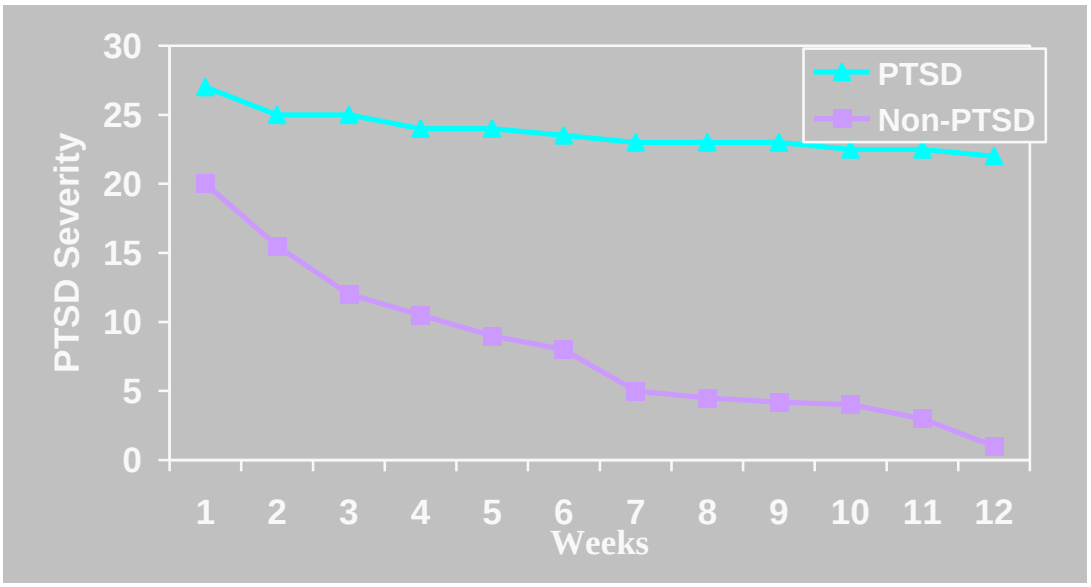
Emotional Numbing: When people have been exposed to a traumatic event, they may feel extremely afraid, helpless, or horrified. Sometimes these feelings are overwhelming and to cope, a person may disconnect from them to temporarily decrease their intensity. In cases when people are faced with a very dangerous or intensely frightening situation, emotional numbing can serve as a very adaptive response. The "freezing" response is adaptive when a situation is inescapable and out of the person's control. The body protectively becomes still and "hunkers down" for anticipated injury. Over time, emotional numbing can become a learned response

to cope with a variety of stressful or uncomfortable situations because the individual feels less anxious or distressed in the moment. However, long-term, as a result of this way of coping with stress, individuals with TSP do not get to learn that they are actually safe in the here-and-now and can tolerate their own anxiety or discomfort. Emotional numbing consists of the difficulty in feeling a range of emotions, both positive and negative. An unintended consequence of emotional numbing is that it makes it difficult to feel positive, as well as negative emotions.

In response to what circumstances or situations do you tend to feel "numbed out?" What are signs that you or your significant other might use to recognize that you are feeling emotionally numb? In what ways has this affected your relationship with each other or XX's relationship with other people, such as children, relatives, and friends? (e.g., difficulties with communication and feeling emotionally and physically connected).

These symptoms "feed on" one another, creating a loop that maintains and can even worsen symptoms. A primary goal of our group and your relationships is to stop that loop.

Research on TSP suggests that, compared with other mental health disorders, TSP does not *develop* per se. Rather, in the immediate aftermath of a traumatic event, most people will have the symptoms of TSP. With time, however, those symptoms subside in the majority of people. They have a *natural recovery* from a traumatic event. For some, TSP do not subside, and they are diagnosed with some TSP, such as PTSD. It is more appropriate to think of TSP as symptoms involving impeded recovery after exposure to a traumatic event and to conceptualize patients as having barriers or impediments to recovery. What got in the way of this patient recovering from the traumatic event? The therapist should convey to the group of dyads this understanding of TSP and refer to the handout that depicts this idea:



Introduce to the dyad that there are a variety of reasons why some people do not recover from a traumatic event. In G-CBCT for TSP, we target one major impediment to recovery: avoidance of trauma-related reminders, memories, and emotions.

3. ***Psychoeducation about mTBI***

It is also important to provide psychoeducation about mTBI sequelae, its impact on relationships, and the connection between TSP and mTBI sequelae. The handout *What is a Concussion/Mild Traumatic Brain Injury (mTBI)* should be referenced in this presentation. Discuss how close others may help compensate for mTBI-related deficits in a constructive way. Also discuss how relieving the cognitive burden of TSP should also lessen the impact of mTBI sequelae on the dyad. It is very important to communicate that the research does not suggest that a mTBI is a prognosis for poor treatment outcome. In fact, some have suggested that using structured treatment protocols, such as G-CBCT, may provide the patient with necessary structure to focus them and assist with executive functioning deficits (Soo & Tate, 2007).

When people have had a head injury that results in a concussion or a mild traumatic brain injury (mTBI), they can sometimes have lingering difficulties with concentration, managing their emotions, and memory problems. Your mTBI symptoms may also have affected your relationships, creating situations in which people close to you have stepped in to help. This can be a welcome support, or it can be a source of conflict in your relationship. You may notice that these post-concussion problems are similar to some of the TSP we discussed earlier, and there is a great deal of overlap between post-concussion problems and TSP. Sometimes it may be that your mTBI problems can make the TSP worse by making it harder to manage some of your feelings, like anger or irritability, which can cause conflict in your relationships. On the other hand, your TSP may make it more difficult for you to concentrate or pay attention, making your post-concussion problems worse. All of these things may make you want to avoid difficult situations, such as those that remind you of the trauma, which in turn, makes your TSP problems worse.

What are some ways that mTBI problems, if they exist, have affected your life and your relationships? How have you coped as a dyad?

The good news is that by improving your TSP, you won't have as many cognitive difficulties and you will be better able to cope with mTBI problems. Many people have found that reducing the TSP alone improves mTBI problems.

As we go through the therapy, if you have mTBI problems, some of those problems may try to interfere with the therapy – sometimes people find it difficult to concentrate during the group, or have a hard time remembering assignments. You

*may want to avoid working on them because they can be frustrating. DON'T AVOID – enlist the support of your loved one, the group, and other people who are close to you. Discuss the session content after the group and make sure you both understand the material. Problem-solve ways that you can complete the assignments or remember appointments. Enlist each other in this process. But remember, post-concussion problems **can** be managed and **can improve** as you reduce your TSP.*

4. Goal Setting/Treatment Contract

Keep in mind the parallel and overarching goals of this therapy to decrease TSP (and mTBI, if applicable) symptoms and improve relationship functioning. Together with the dyad, develop specific goals for treatment. At least one goal should focus on TSP-related symptomatology (e.g., better anger management, less guilt, less re-experiencing, less numbing), and one goal should focus on relationship functioning (e.g., specific areas of better communication and intimacy, less fighting). These goals are likely to be inter-connected.

The dyads should be instructed in the group about the below issues in completing the treatment contract prior to breaking out into their respective dyads to complete the goal setting/treatment contracting. Instruct them to await signing the contract until they come back together as a group to share one of their TSP and relationship-related goals. During the breakout "dyad time," the therapists will walk around to provide guidance and suggestions to the dyads in creating achievable and behaviorally-anchored goals.

When the dyads separate from the group to develop their treatment goals, encourage them to be as specific as possible when setting their goals. This is especially important when urging them to articulate what they might notice if there are improvements (i.e., "specific behaviors observed" in the section of the *Treatment Contract*). For example, ask the dyad, "How will you know that you are more intimate with each other?" Specific behaviors might include holding hands more often, saying "I love you" more often, hugging more often, increased sexual experiences, or sharing their feelings with each other more frequently. Similarly, if the goal is to be more affectionate with one's children, the goal might be hugging and kissing and their children more or spending additional time with them.

Make sure that the dyad's goals are realistic. In this vein, it is important to steer the dyad toward developing goals that mark **improvement, not perfection**. It is important to convey to the dyad that relationship perfection is impossible to attain. Like all dyads, they will still have relationship problems and issues that arise even after completing the treatment. The idea is that they will be able to problem-solve those issues more efficiently and effectively. Similarly, you should highlight the notion that individual stress and problems wax and wane over time. The goal is to find *improvements* in both TSP and relationship functioning and a greater capacity to deal with problems as they arise in the future.

Request that the dyads come back together after the "dyad time" for each dyad to share at least one relationship goal and one TSP goal with the group. Solicit other dyads in the group to provide any constructive feedback on a given dyad's goals (e.g., "Does anyone have a suggestion about how Dave and Jennifer can take their great goal to 'get along better' and make it very practical, so that they can see how they are getting along better?") Encourage the dyads to shape their goals into achievable ones that have observable outcomes. At the conclusion of the review, ask everyone in the group to sign their (possibly revised) dyadic contract in the presence of one another.

5. Out-of-Session Assignments

Orient the participants to the OOSA summary sheet for this session and point out the following assignments:

- Remind them that to increase relationship satisfaction, they must not only decrease the negative aspects of their relationship, but they must also increase the positive aspects of their relationship. The out-of-session assignment, *You've Been Caught Doing Something Nice,* is designed to address this.

  On a daily basis, each significant other is asked to notice when their significant other does something nice for him or her. This can be a big or a small act. They should comment on this noticed behavior to their significant other and record the specific behavior on the form *each day.* Preemptively note that they might be tempted to complete the assignment the night before or day of the next group session. Point out the advantages of positive exchanges more consistently over the time between sessions. Also, encourage participants to put the form in a place where both members of the dyad can see it (**Note:** if the dyads are not co-habitating, it is recommended that they make a copy of the form for both parties to have a copy of it and then review their responses prior to the next group. The dyads should bring all of the forms to the next group).

  Also point out that this is a potentially very useful exercise to do with children and co-workers. For instance, they can say to their child, "Johnny, I really like that you cleaned up your toys after playing with them this afternoon" or to a supervisee at work, "Thanks so much for picking up that extra shift so that (other employee) could take her sick child to the doctor. It's great to have such a team player on board." Ask them to notice the effect of using this strategy in other relationships should they experiment with it beyond their dyadic relationship.

- Ask the dyad to read *Common Reactions To Trauma* **together** prior to the next session.

- As the dyad to read *What is a Concussion/Mild Traumatic Brain Injury (mTBI)* **together** prior to the next session.

- Ask the dyad to review together the *Natural Recovery/Cycle of Trauma Symptoms* handout **together** prior to the next session.

- Request that **each significant other** complete the *Trauma Impact Questions*. Inform them that this will be important information to use in the next session as they understand TSP and its connection to relationship functioning. The **dyad should share their answers with one another before the next group.** It is important to stress that this is NOT a trauma account. Rather, the assignment is designed to help the clients and therapist to better understand their symptoms in an interpersonal context.

6. Check Out

Leave several minutes at the end of the session to ask the group how the session was for them. Also, inquire about some examples of things that they would like to make sure and remember to take with them from the session. Remind them that there are hand-outs that review much of the important material presented in the session for review as a dyad after the session. The check-out and summaries of the important material presented in session facilitates consolidation for those with TSP-related cognitive problems, as well as for those who might also have a mTBI history.

Group Cognitive-Behavioral Conjoint Therapy for Traumatic Stress-related Problems
Session Overview

Stage 1: Rationale for Treatment and Education about TSP and Relationships

Session 1 Introduction to Treatment

Session 2 Safety Building

Stage 2: Satisfaction Enhancement and Undermining Avoidance

Session 3 Listening and Approaching

Session 4 Sharing Thoughts and Feelings – Emphasis on Feelings

Session 5 Sharing Thoughts and Feelings – Emphasis on Thoughts

Session 6 Problem-Solving/Decision-Making

Session 7 Reviewing and Applying to Other Relationships

Session 8 Reinforcing Treatment Gains and Planning for the Future

TREATMENT CONTRACT

Treatment Components – Two Stages

Rationale for Treatment

Education about TSP and Relationships

} **STAGE 1**

Satisfaction Enhancement

Undermining Avoidance

} **STAGE 2**

Treatment Expectations

1. Come to sessions as a dyad
2. Information is kept within group sessions
3. Time-limited
4. Out-of-session assignments to apply skills
5. Best foot forward
6. No in-session trauma disclosure
7. Focused on improving BOTH your relationships and TSP (and mTBI symptoms if applicable)

Our goals:

1. Improve our relationship	**What we will observe (behavioral):**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Improve Traumatic Stress-related Symptoms

_____

_____

_____

_____

_____

_____

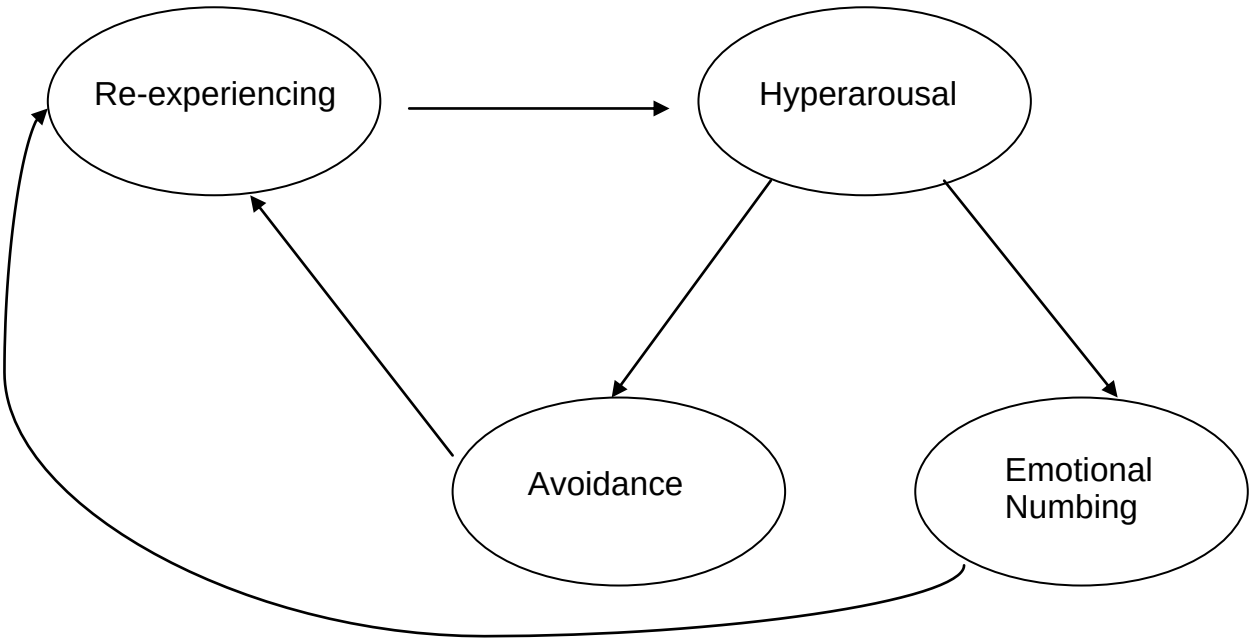
_____

I have read and received information regarding the therapy we are endeavoring together, and commit optimistically to myself and my significant other to this endeavor and our goals listed above.

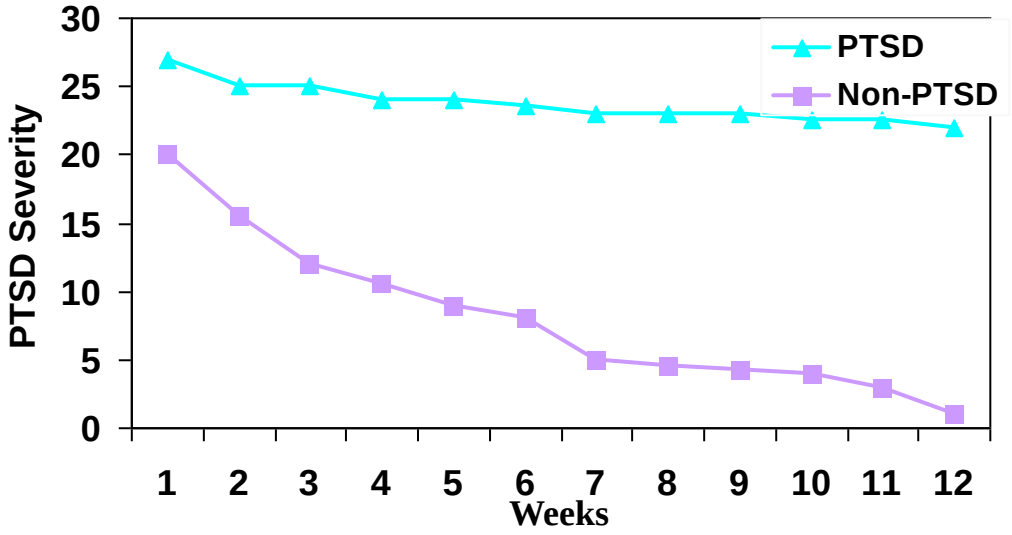
_____ _____
Significant other Date

_____ _____
Significant other Date

Cycle of Traumatic Stress-related Symptoms



Natural Recovery versus Traumatic Stress-related Symptoms/Posttraumatic Stress Disorder (PTSD)



Out-of-session Assignment

Introduction to Treatment

Session #1

1. Each day catch your significant other doing something nice (big or small), and let him or her know that you have noticed this positive attitude and/or behavior. Place this form in an obvious place for the two of you and record on the form what you have noticed **each day**. Bring this form with you to the next session.

2. Read the *Common Reactions to Trauma* handout together at least once prior to the next session.

3. Review the *Natural Recovery/Cycle of Trauma Symptoms* handout together prior to the next session.

4. Read the *What is a Concussion/Mild Traumatic Brain Injury* handout together at least once prior to the next session. (Keep in mind that this may be informational only and not personally relevant.)

5. Each of you should complete the *Trauma Impact Questions* **and** share with each other your answers prior to the next group session.

Next appointment: _____ @ _____.

You've Been Caught Doing Something Nice

Week of _____

	Person Caught: _____	***Person Caught:*** _____
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Common Reactions to Trauma Handout

A traumatic experience produces emotional shock and may cause many individual and relationship problems. This handout describes some of the common reactions people have after a trauma. Because everyone responds differently to traumas, you or your significant other may have some of these reactions more than others. Please read it carefully and think about any changes in you or your significant other's feelings, thoughts, and behaviors since the trauma.

1. **Fear and anxiety**. Anxiety is a common and natural response to a dangerous situation. For many, it lasts long after the trauma ended. This happens when views of the world and a sense of safety have changed. Individuals with TSP may become anxious when they remember their trauma, but sometimes anxiety may come from out of the blue. **Triggers or cues** that can cause anxiety may include places, times of day, certain smells or noises, or any situation that reminds them of the trauma. Significant others can serve as triggers, particularly if the traumatic event was interpersonal in nature (e.g., rape, robbery, combat). As trauma survivors begin to pay more attention to the times they feel afraid, they can discover the triggers for their anxiety. In this way, they learn that some of the out-of-the-blue anxiety is really triggered by things that remind them of their trauma.

   Re-experiencing the trauma. People who have been traumatized often re-experience the traumatic event. For example, they may have **unwanted thoughts** of the trauma and find themselves unable to get rid of them. This is associated with attention and concentration problems; significant others may sometimes think that the traumatized individual is not interested in or paying attention to what he/she is saying, when in fact the person is distracted by trauma memories. These problems can be made worse if the person has a history of a concussion/TBI – it can make it more difficult to shift attention away from the trauma memories and to a task or a conversation.

2. Some people have **flashbacks**, or very vivid images as if the trauma is occurring again. **Nightmares** are also common. Dyads may find it hard to sleep in the same bed due to the traumatized individual's disturbed sleep and restlessness. These symptoms occur because a traumatic experience is so shocking and so different from everyday experiences that they can't fit it into what they know about the world. So, in order to understand what happened, their mind keeps bringing the memory back, as if to better digest it and fit it in.

3. **Increased arousal** is also a common response to trauma. This includes feeling jumpy, jittery, shaky, being easily startled, and having trouble concentrating or sleeping. Continuous arousal can lead to **impatience** and **irritability**, especially if the individual is not getting enough sleep. These feelings of impatience and irritability may be further heightened in persons with a history of concussion/mTBI problems. The arousal reactions are due to the fight or flight response being activated in their body. The fight or flight response is the way we protect ourselves against danger, and it also occurs in animals. When we protect ourselves from danger by fighting or running away, we need a lot more energy than usual, so

our bodies pump out extra adrenaline to help us get the extra energy we need to survive. This extra adrenaline can contribute to irritability and anger. High levels of irritability and impatience can erode the happiness in intimate relationships.

People who have been traumatized often see the world as filled with danger, so their bodies are on constant alert, always ready to respond immediately to any attack. The problem is that, although increased arousal is useful in truly dangerous situations such as if we find ourselves facing a tiger, alertness becomes very uncomfortable when it continues for a long time in safe situations. Another reaction to danger is to **freeze**, like the deer in the headlights, and this reaction can also occur during a trauma.

4. **Avoidance** is a common way of managing trauma-related pain. The most common is avoiding situations that remind survivors of the trauma, such as the place where it happened. Often situations that are less directly related to the trauma are also avoided, such as avoiding going out in the evening if the trauma occurred at night. In an effort to be supportive, significant others may try to protect or buffer traumatized individuals from situations that make them feel anxious, and couples or families may adapt their relationship to minimize the traumatized individual's discomfort. For example, as a family, they may not do activities that involve being around groups of people or in open spaces because the traumatized individual feels exposed and vulnerable.

5. Another way to reduce discomfort is trying to push away painful thoughts and feelings. This can lead to feelings of emotional **numbness**, in which it is difficult to have both fearful and pleasant or loving feelings. Sometimes the painful thoughts or feelings may be so intense that their mind just blocks them out altogether, and they may not remember parts of the trauma. Emotional numbness is particularly hard on intimate relationships, because emotions serve as the "glue" for intimate relationships. Emotions help people feel close and connected to one another.

6. Many people who have been traumatized feel **angry** and **irritable**. If they are not used to feeling angry, this may seem scary as well. It may be especially confusing to feel angry at those who are closest to them. Sometimes people feel angry because of feeling irritable so often. Anger can also arise from a feeling that the world is not fair. Significant others may sometimes feel as though they are "walking on eggshells" to avoid the traumatized individual's becoming agitated. As a result, people in relationships may find it hard to communicate, particularly when there are differences of opinions or preferences. Verbal and physical aggression has also been associated with these trauma symptoms.

7. Trauma often leads to feelings of **guilt** and **shame**. Many people blame themselves for things they did or didn't do to survive. For example, some survivors believe that they should have done something different to avoid a bad outcome. They may feel ashamed because during the trauma they acted in ways that they would not otherwise have done. Sometimes, other people may blame them for the trauma. Significant others may find it difficult to understand why the traumatized individual blames him/herself and may find it confusing

that, despite their best efforts to make the traumatized significant other feel better, he or she continues to feel guilt and shame.

Feeling guilty about the trauma means that they are taking responsibility for what occurred. Although this may make them feel somewhat more in control, it can also lead to feelings of helplessness and depression.

8. **Depression** is also a common reaction to trauma and concussion/TBI. It can include feeling down, sad, hopeless or despairing. Trauma survivors may cry more often. They may lose interest in people and activities they used to enjoy. They may also feel that plans they had for the future don't seem to matter anymore or that life isn't worth living. These feelings can lead to thoughts of wishing they were dead or doing something to hurt or kill themselves. At times, the relationship may feel "depressed" as well because the traumatized individual has withdrawn and is not very interested in doing things as a couple or family. Because the trauma has changed so much of how they see the world and themselves, it makes sense to feel sad and to grieve for what they have lost because of the trauma.

9. **Self-image** and **views of the world** often become more negative after a trauma. They may tell themselves, "If I hadn't been so weak or stupid this wouldn't have happened to me." Many people see themselves as more negative overall after the trauma (e.g., "I am a bad person and deserved this.").

   It is also very common to see others more negatively and to feel that others cannot be trusted. If they used to think about the world as a safe place, the trauma suddenly makes them think that the world is dangerous. If they had previous bad experiences, the trauma convinces them that the world is dangerous and others aren't to be trusted. These negative thoughts often make people feel they have been changed completely by the trauma. Relationships with others can become tense, and it is difficult to become intimate with people as their trust decreases.

10. **Physical contact in relationships** may also suffer after a traumatic experience. Many people find it difficult to be physically close to others after a traumatic experience. These difficulties may include non-romantic touching, such as showing affection through hugging or patting, and/or sexual relations. Sexual relations can be particularly difficult for those who have been sexually assaulted, because in addition to the lack of trust, sex itself is a reminder of the assault. Physical intimacy (sexual intimacy and physical affection more generally) is one way that people in relationships feel close to one another. When physical contact is uncomfortable or distressing for at least one person, people may feel distant or cut-off from one another.

    Many people think that their common reactions to the trauma mean that they are "going crazy" or "losing it." These thoughts can make them even more distressed. Again, as they become aware of the changes they have gone through since the trauma, and as they process

the thoughts, feelings, behaviors, and/or memories associated with these experiences during treatment, the symptoms should become less distressing.

Trauma Impact Questions

1. How has trauma or traumatic stress-related problems (TSP) and mild traumatic brain injury (mTBI, if applicable) affected our relationship to date? How has it impacted my thoughts, feelings, and behaviors about our relationship?

_____

_____

_____

_____

_____

_____

_____

_____

_____

2. How has trauma or traumatic stress-related problems (TSP) and mild traumatic brain injury (mTBI, if applicable) affected other important relationships for me or my loved one?

_____

_____

_____

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_____

_____

_____

What is a Concussion/Mild Traumatic Brain Injury (mTBI)?

Definition[1]**:** A person with mild traumatic brain injury (mTBI) is a person who has had a disruption of their brain function as a result of a traumatic injury. mTBI involves at least one of the following:

1. any period of loss of consciousness;
2. any loss of memory for events immediately before or after the accident;
3. any changes in mental state at the time of the accident (e.g., feeling dazed, disoriented, or confused);
4. specific neurological problems(s) that may or may not be long-lasting, but where the severity of the injury does not exceed the following:
    a. loss of consciousness of approximately 30 minutes or less;
    b. after 30 minutes, an initial low rating of coma severity
    c. lack of a memory for the injury not greater than 24 hours.

Possible Symptoms[2]**:**

1. ***Physical:*** headache, nausea, vomiting, dizziness, fatigues, blurred vision, sleep disturbance, sensitivity to light/noise, balance problems, transient neurological abnormalities
2. ***Cognitive:*** attention, concentration, memory, speed of processing, judgment, executive functioning/decision making
3. ***Behavioral/emotional:*** depression, anxiety, agitation, irritability, impulsivity, aggression

Typically, these symptoms go away within the first few days or weeks of the injury. In some cases, these symptoms may persist, especially when mental health symptoms are also being experienced.

[1]Mild Traumatic Brain Injury Committee of the Head Injury Interdisciplinary Special Interest Group of the American Congress of Rehabilitation Medicine (1993). Definition of mild traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 8(3), 86-87.

[2]Management of Concussion/mTBI Working Group. (2009). VA/DOD clinical practice guideline for management of concussion/mild traumatic brain injury. Washington, DC: Department of Veterans Affairs.

SESSION 2: Safety Building

Summary of Session Content

1. Review Out-of-Session Assignments: *You've Been Caught Doing Something Nice, Commons Reactions to Trauma, Natural Recovery/Cycle of PTSS Symptoms, What is a Concussion/Mild Traumatic Brain Injury?* and *Trauma Impact Questions.*
2. Address Negative Behaviors as Barriers to Safety
3. Individual Prevention Strategies: *Learning About My Anger*
4. Dyadic Intervention Strategy: *Time-Out*
5. Out-of-Session Assignments: *You've Been Caught Doing Something Nice, Learning About My Anger, Steps to an Effective Time-Out*
6. Check-out

The primary goal of this session is to increase emotional and physical (in some cases) safety in the relationship. It is very important to decrease negative, hostile, and critical behavior in the relationship as quickly as possible in order to decrease the ambient negative stress surrounding both significant others (i.e., negative behaviors have greater impact on satisfaction than do positive behaviors), increase dyadic adjustment, and increase the likelihood that the dyad can approach difficult avoided situations in a manner that facilitates recovery.

1. Review Out-of-Session Assignments

One small, but powerful tip in managing and pacing sessions in G-CBCT for TSP is to begin each group session subsequent to the first session with the question, "How did the out-of-session practice go?" Social convention and some therapy models would lead you as a therapist to ask a more open-ended question such, "How are things going?" For many dyads, this will open up the dialogue to discuss a myriad of topics, and before you know it, you are engaged in problem-solving or crisis management and 20 minutes of the session has passed. Current issues should optimally be woven into the material being presented at a given session (e.g., used as material for practicing communication skills).

Review that each dyad completed *You've Been Caught Doing Something Nice.* Dyads will often comment on the amount of positive behaviors in their relationship previously overlooked (i.e., selective attention). If they don't, orient them to this. Reinforce the importance

of staying aware of positive behaviors in their relationship as negative aspects are being addressed in the course of therapy. This strategy can also be used with other people, such as the dyad's children, extended family members, or coworkers, to increase positivity, enhance emotional engagement, and decrease avoidance.

Next, ask the participants what they took away from their reading *the Common Reactions to Trauma* and *What is a Concussion/Mild Traumatic Brain Injury?*, as well as reviewing the *Natural Recovery/Cycle of Traumatic Stress-related Symptoms* handouts. Ask what questions they might have about these handouts.

Finally, ask each member of the group to share one idea that they wrote about from each of the two questions that comprises the *Trauma Impact Questions (TIQ)*. In reviewing the answers in the group, it is important to keep the following principles in mind:

- Note first the similarities in responses to the questions to reinforce shared understanding within the dyad and across the group. This helps to build greater consensus within the couple and facilitates group cohesion.

- **Gently** point out the differences in each member's responses. Here you are planting seeds for the work to follow and reinforcing the tolerance of individual differences in the dyads and in the group.

Individual responses to the TIQ should be used to formulate (a) the ways that TSP has impacted and is maintained in the dyad's relationship and (b) the ways that TSP has impacted and is maintained in other significant relationships. It is important to note that, although G-CBCT for TSP is a manualized therapy, like other such therapies, the therapist must use his/her clinical skills to conceptualize the factors maintaining TSP and relationship problems. The TIQ is designed to heighten motivation by increasing each person's awareness of how TSP is impacting on each of them as individuals, as well as on their relationship. It is also designed to give the therapist a head start in understanding the role of TSP in the specific dyad's relationship.

After each member has shared from his/her TIQ, these papers should be collected for the therapists' review outside of session in order to be better acquainted with each dyad. In addition, the dyads should be told that these materials will be returned at the final session for them to compare their answers from the beginning to the end of the therapy.

IMPORTANT NOTE: **If one or both members of the dyad did not complete the assignments, it is crucial that this be addressed immediately. It is helpful to explore the role of avoidance in completing assignments, methods to overcoming other barriers to completing the assignments (e.g., scheduling times to complete the assignments, alternating responsibility between the two of them for making sure assignment is completed), and revisiting the rationale for out-of-session assignments. Moreover, any assignment not completed outside of session should be added to the next out-of-session assignment. It is**

especially important in these early sessions to establish the importance of out-of-session assignments. In our experience, clinicians can sometimes be reluctant to address OOSA adherence directly, reporting that they believe that they are shaming or chastising the dyad. It is important to keep in mind that, without this outside work, dyads will not be receiving an adequate dose of therapy. For the dyad's benefit, the group's benefit, and the person suffering from TSP or mTBI symptoms and his/her loved one, we strongly recommend that you intervene as non-judgmentally and matter-of-fact as possible, stressing the important benefits of the OOSAs. It will be helpful to discuss barriers that interfered with OOSA completion in the past week and then have them generate ways to overcome those barriers in the upcoming week.

We recommend that you revisit the treatment contract and their commitment to the therapy if two session's worth of OOSAs have not been completed (i.e., you reach Session #3 and they have not completed an adequate amount of OOSAs). In proceeding further without some level of OOSA adherence, you are offering a treatment experience that may have compromised effectiveness or even be ineffective, leading to perceived inadequate treatment (or worse yet, a treatment failure). This might be briefly addressed in the group context, however, it may require you to spend a few minutes after the group session meeting with the dyad to review the treatment contract and their motivation for treatment.

2. Address Negative Behaviors as Barriers to Safety

Interpersonal research is clear that negative behaviors have a relatively greater effect on relationship satisfaction than do positive behaviors. Thus, an early emphasis is placed on decreasing very negative behaviors in the relationship.

There are six key concepts in providing psychoeducation to the dyad about why these negative behaviors are addressed early on and directly in the therapy.

1. First, **conflict is inevitable in ALL relationships**. The goal of this therapy is not to have them stop fighting. The goal is to help them fight *better (i.e., kinder and more effectively).*

2. The second important concept to convey is that there are **negative behaviors that have particularly potent negative effects** on relationships and that these behaviors need to be decreased to improve the safety in their relationship. It is crucial that hostility and contempt be decreased for significant others to feel safe with one another. You can differentiate non-hostile criticism that focuses on a particular behavior (e.g., "I don't like when you leave your socks on the floor") from hostility or contempt that serves as a global rejection of the person ("You're a jerk!" "You're a lazy, good-for-nothing."). This concept applies to romantic relationships, as well as to parent-child relationships.

3. Specific to TSP, and to a lesser extent mTBI problems, a third important concept is that **increased irritability and anger** are part and parcel of the hyperarousal symptoms of TSP. Persons with TSP consistently perceive more **threat** in their social environment. Persons with mTBI problems may have additional problems interpreting social information and inhibiting their emotional responses. This psychoeducation is not to condone anger expression in the dyad's relationship. Rather, it is designed to point out the role that the symptoms have in generating conflict and how they handle that conflict. Remind the dyad of the "fight or flight" physiological reaction, and how it continues to linger and "misfire" in the case of TSP. Note that this session is designed to help **manage the "fight" part of that reaction**.

4. Related to the third principle, a fourth disorder-specific concept to convey is that relationships in which someone has TSP and/or mTBI, due to diminished inhibition, are at risk for a **range of aggressive behaviors**.

5. A fifth disorder-specific concept to convey is that individuals with TSP are at risk for substance abuse, and **substance use synergistically increases the risk for relationship conflict and aggression in those with TSP, and especially those with comorbid mTBI.**

6. Finally, those who have been traumatized were not safe at the time of the event. Our goal is to **increase the amount of safety** that they and their loved one can experience in their intimate relationship in order to facilitate recovery.

Be very direct, yet compassionate, in educating them of the deleterious effects of **very negative** relationship behaviors, such as verbal, physical, or sexual abuse; threats to leave the relationship; and ongoing extramarital affairs. All dyads should be screened for a wide spectrum of violent behaviors of which they may have perpetrated or been the victim of over the course of their relationship. Dyads in which severe abuse is currently of issue should be excluded from the treatment, and treatment specific to this behavior should be the first priority. If more severe levels of aggression are shared in the therapy, safety planning and direct targeting of this behavior should be the focus of therapy before proceeding with a course of G-CBCT for TSP.

The dyad should be educated about other **negative communication behaviors** that are particularly corrosive to relationships. High levels of expressed criticism, hostility, and insults erode the dyad's satisfaction within their relationship and the feelings of safety in interacting with one another.

3. Individual Prevention Strategies: Learning About My Anger

The primary prevention strategies against negative behavior at this stage of G-CBCT for TSP to be taught to the dyads are self-awareness of their own anger and distressing feelings and slowed breathing. Many people, and especially those with TSP (and mTBI problems), do not recognize early signs of anger or the cognitions that they are having that fuel their anger. To facilitate this self-awareness, engage the dyads in a discussion about **the bodily sensations, cognitions, and behaviors** that accompany their feelings of anger. Have them observe in themselves and their significant others what they experience when they are angry.

- **Identifying Anger**

Specifically discuss the **earliest signs of anger** that they notice. This is an important goal of this prevention strategy. By increasing their awareness of the earliest stages of their anger, they can then make choices about how to keep their anger at an optimal level to facilitate their own personal health and the health of their relationship. The goal is not to eliminate anger, but to keep it at a level that they can behave most effectively. Emphasize that anger is an important emotion. It alerts us to when we MIGHT have been wronged (emphasis added to convey the possibility that our perceptions of wrongdoing on the part of another may be incorrect if more information is gathered).

One disorder-specific point of psychoeducation about anger to impart is the distinction between emotions that emanate from **perceived threat versus wrongdoing**. This is a subtle but important distinction that may be helpful for dyads, and particularly TSP+ significant others, in further discriminating emotion states. Remind the dyads that TSP causes people to walk around on high alert, scanning for possible threat in the environment. One option for reacting to threat perceived in the environment is to **fight.** The other option is to avoid (flight). Avoidance is usually more readily associated with fear. It is tempting to confuse the fight instinct and associated behavior with feelings of anger, when it is really fueled by fear of something perceived to be hurtful in the environment.

Bear in mind that some dyads with a TSP+ significant other manage conflict through **reactive or chronic avoidance**. In other words, they avoid immediately in reaction to negative affect experienced in the relationship or they have developed a pattern of chronic disengagement from one another to avoid the possibility of experiencing more negative emotions or behaviors in their relationship. The overarching goal in these dyads is to encourage re-engagement with one another about their conflict (i.e., to "time in" rather than "time out"), exploring their fears about what would happen if there was greater sharing about their areas of conflict. There are often fears that someone might "blow up," say things that he/she might regret, or cause the destruction of the relationship. It is also important in motivating them for re-engagement to inquire what they are missing out on in their chronic disengagement.

- **Slowed Breathing and Other Individual Strategies for Anger/Affect Management**

The one intervention that seems to have nearly universal helpfulness in managing distressing emotions in general is slowed breathing. The rationale to be provided for this intervention is that increased respiration is one of the cardinal signs of engagement of the fight-or-flight system and general arousal. Slowed respiration can soothe or back off that system when it misfires or when one is distressed.

Participants should walk through an exercise of slowed breathing in session in group to illustrate how to do it and to demonstrate its effects. Specifically, ask each member of the group to place their hands comfortably on the arms of the chair or on their lap and then practice inhaling for 2 counts and exhaling for 4 counts. We recommend that you ask that they do **at least** three rounds of inhaling-exhaling and more if needed to alleviate distress.

> *One strategy for managing anger and other distressing emotions that is generally helpful to almost everyone is slowing one's breathing down. When one is upset or the fight-or-flight system has been activated, your respiration increases to pump blood throughout your system and mobilize you for action. You can counteract and soothe that system by slowing your breathing down. The exhalation of breath, in particular, slows the system down. So, we recommend that you inhale for 2 counts, and then exhale for 4 counts. Let me illustrate (therapist breathes in for 2 seconds and out for 4 seconds).*
>
> *Let's practice the breathing together. Can you place your hands comfortably on the arms of the chair or in your lap and then (therapist patters) Inhale for 1, 2. Exhale for 1, 2, 3, 4. Inhale for 1,2. Exhale for 1, 2, 3, 4….*
>
> *How does the breathing make you feel? Do you feel calmer?*
>
> *You can even close your eyes if you are comfortable and that further calms you down. It is helpful to do AT LEAST 3 cycles of the inhale and exhale, although many people find more cycles helpful.*

In a minority of cases, slowed breathing may increase distress, especially in those with a history of panic disorder. In those cases, inquire if there are other strategies that have helped manage distress. It is not imperative that slowed breathing be used, but each member needs to identify at least one strategy that they can use to individually manage their distress.

4. Dyadic Intervention Strategy: Time-out

Provide the dyads with the handout *Steps to an Effective Time-Out*. Review each of the steps (STOP) carefully, highlighting several notions:

- **S = SELF.** Time-out is <u>not a punitive measure</u> to use against your significant other. Time-out is an early intervention technique. It is a mutually agreed upon technique for the dyad to

use to de-escalate angry situations and to prevent saying or doing things that they might later regret. They are not timing *each other* out. Rather, time-outs are for them as individuals. They are to be used to become more aware of distress levels and to maintain enough emotional control to communicate effectively. A good analogy to use is that of a sports team calling a time-out to regroup and determine what plays they are going to execute when the clock resumes.

Encourage clients to notice varying levels of anger or upset. As mentioned previously, clients are likely to tell you that they go from 0 to 10 (10 = rage) in their anger in seconds. Clients should consider how angry they generally are and how far (or not so far) they have to go before they become enraged.

- **T = TIME-OUT.** Some dyads have named the technique something other than time-out (e.g., "calm down," "break time," "down time") to avoid any connotations of punishment. It is best to describe it as similar to a sporting event in which time outs are called to re-group and develop a strategy to more effectively play as a team. Encourage the dyads to use a mutually agreed upon label that works for them. The dyads should agree on both a nonverbal and verbal indication of the time-out period. At the point of calling a time-out, the dyad commits to stopping their communication immediately (no taunting or continued discussion). They also agree on an amount of time and circumstance for resuming their communication. In this vein, encourage dyads to go no longer than 30 minutes before checking back in with one another at the predetermined meeting place, if only to request more time for the time-out. Multiple 30-minute check-ins may be necessary before communication can resume.

- **O = OUTLET.** While the dyad is taking a time-out, they are encouraged to use their outlet as a time to soothe themselves. Therefore, we encourage slowed breathing and avoiding activities that might fuel their negative emotions (e.g., punching on a punching bag, ruminating on their significant other's wrongdoing). During the outlet time, the dyad is encouraged to clarify for themselves what one or two things are most upsetting and to identify one thing that they might do to facilitate the communication.

- **P = PROCESS.** The final step is for the dyad to return to the agreed upon place to resume the process of discussing the topic that resulted in a time-out. Upon returning to the communication, the dyad is urged to focus on what they can do to improve their communication.

There are several key notions in making time-outs effective:

1. It is KEY that the dyad returns to the situation. Dyads with a TSP+ significant other might tell you that they use time-outs all of the time. In fact, they AVOID, never

returning to the previously conflictual situation to find further resolution. This tends to be a very typical characteristic of dyads in which one or more significant others have TSP. Watch out for this tendency. **Stress that the value of time-out is only as good as there is time-in.**

2. Remind the dyad that they may not have full resolution of the issue that necessitated a time-out. Rather, the goal is to get MORE resolution and to use better skills that lead to less relationship damage. It is helpful to remind them that the goal is not to get rid of disagreements – this is an inevitable part of interpersonal relationships. Rather, the goal is to improve how they handle those disagreements.

3. It is important to point out that time-outs work best in a feedback loop fashion. If a time-out is called and they return to the situation only to escalate again, another time-out can be called. In turn, they can return to the situation for another time-out, etc.

After you have gone over the steps to an effective time-out, the therapists should model a time-out in front of the group. In modeling the time-out, neither the therapists nor the dyads should role play the escalation of a fight leading to a time-out. Instead, the exercise should begin with the dyad indicating, "We are fighting about _____, and I notice that my distress is not in the optimal zone for effective communication. Therefore, I decide that I need to call a time out for myself. I [start the process of the verbal and non-verbal indications of time-out]."

After the therapist demonstration, the dyads should break out for "dyad time," in which each member calls a mock time-out. Urge the dyad to role-play situations that are as close as possible to situations that they might call a time-out about in their relationship. This is the first of many opportunities for the dyad to practice the skills in session while you observe and coach. It is important that each of them have this initial experience of calling a time-out to increase the likelihood that they will do it out of session.

At the end of the "dyad time," ask all of the dyads to return to the group and to share with each other what they learned from the experience of practicing the skill. Remind them that the goal is not to share the content of their argument but rather what they learned from the *process of using the skill* – in this case, calling a time out. It will be especially beneficial to inquire about any **anticipated barriers to challenges** in using the time-out in their daily life. Also, it is important to explore with the group how the time-out skill could be used with others who might not be trained in the technique (e.g., giving some verbal indication that you need to stop communicating at that point and that you will return to discuss the topic at a later point).

5. Out-of-Session Assignments

Orient the participants to the OOSA summary sheet for this session and point out the following assignments:

- Ask the dyads to daily monitor for positive behaviors that they catch each other, OR other family members, or co-workers doing between now and the next session. Fine tune any use of this intervention to maximize its effects. For example, did they actually do it on a daily basis? Did they point it out verbally to their significant other when they caught the positive behavior? Is the form in place obvious to the two of them?

- Request that each member of the dyad self-monitor on at least one episode of anger prior the next session. The anger does not need to be in response to the significant other. Go over the worksheet and make sure that they understand what they are being asked to do.

- Request that each member of the dyad call at least one time-out over the course of the week and complete the section of *Steps to an Effective Time-out* related to their calling a time-out. Inform them that a major fight should NOT be initiated in order to practice the technique. In fact, a more minor argument is more effective for learning the technique because they are less distressed. If they absolutely no conflict, then they should each practice another "mock" time-out outside of session.

6. Check-out

Leave several minutes at the end of the session to ask the group how the session was for them. Also, inquire about some examples of things that they would like to make sure and remember to take with them from the session. Remind them that there are hand-outs that review much of the important material presented in the session for review in their dyad after the session. The check-out and summaries of the important material presented in session facilitates consolidation for those with TSP-related cognitive problems, as well as for those who might also have a mTBI history.

Out-of-session Assignment

Safety Building

Session #2

1. Continue noticing the positive aspects of your relationship with each other by completing the *You've Been Caught Doing Something Nice* form below. Place it somewhere noticeable for the two of you to complete on a daily basis.

2. Each of you should complete the worksheet *Learning About My Anger* about at least one time that you were angry prior to the next session. Feel free to use it for more than one occasion of anger. **Your significant other does not need to be the focus of your anger.**

3. Before our next session, each of you should practice calling a time-out. Do NOT provoke a major argument to practice the time-out technique. In fact, smaller disagreements are better for developing the skill to use in larger disagreements. If you do not have a disagreement before the next session, each of you should practice walking through the steps together outside of session.

   Write about each of the time-outs on the *Steps to an Effective Time-out* handout. Report who called the time-out, the circumstances under which the time-out was called, what was good about the time-out, and what could be improved for future time-outs.

Next appointment: _____ @ _____.

You've Been Caught Doing Something Nice

Week of _____

	Person Caught: _____	***Person Caught:*** _____
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

LEARNING ABOUT ANGER

_____ (Name)

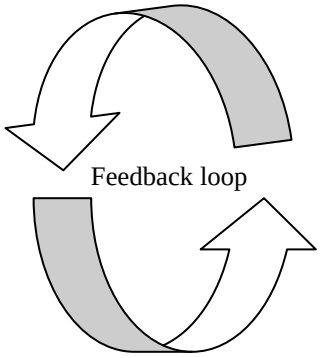
Situation: _____

What were the earliest signs that I was angry? _____
_____
_____
_____
_____
_____

What did I do to increase or decrease my anger (e.g., breathing)? _____
_____
_____
_____
_____
_____
_____

What are the earliest signs that my significant other is angry?
_____
_____
_____
_____
_____
_____
_____

STEPS TO S.T.O.P: Calling An Effective Time-out



S = Self

1. **What is the level of your own distress?**
   (0 = none → 10 = as intense as you can imagine)
   5-6 = yellow light
   7-8 = red light
2. **Time-outs are for your sake.**

T = Time-out

1. **Nonverbal and verbal indication**
2. **Immediate stop in communication**
3. **Agree on an amount of time and circumstance for returning**

O = Outlet

1. **BREATHE.**
2. **Avoid activities that fuel your negative emotions.**
3. **Clarify what one or two things are most upsetting.**
4. **Consider what one thing you can do to improve communication.**

P = Process

1. **Return at agreed upon time and circumstance.**
2. **Resume communication, with focus on your goal for improvement.**
   REMEMBER: TIME-OUT IS ONLY AS GOOD AS TIME-IN.
3. **Self-monitor.**

Time-out Caller	Circumstances	What Worked	Areas To Improve
Sherry	*We were fighting over how we spend our money. I did not want Tom to buy more clothes.*	-stopped fighting when time-out was called -we came back at the time we agreed upon -we called a second time-out	-we developed "ammunition" while we were apart -we didn't focus on improving our own communication

SESSION 3: Listening and Approaching

Summary of Session Content

1. Review Out-of-Session Assignments: *You've Been Caught Doing Something Nice, Learning About My Anger, Steps to an Effective Time-Out*
2. Psychoeducation about PTSS, Avoidance, and Intimate Relationship Functioning
3. Introduce Communication Skills Training
4. Effective Listening Skills
5. Out-of-Session Assignments: *PTSS and Avoidance (including Approach List)*
6. Check-out

There are two primary goals of this session: 1) provide a strong understanding of the role of avoidance in TSP and relationship problems; and 2) introduce communication skills building as a method of decreasing conflict and increasing positive exchanges between the dyad. A bedrock communication skill to be taught in this session is **paraphrasing.**

1. Review Out-of-Session Assignments

You've Been Caught Doing Something Nice. Review this worksheet emphasizing the positivity that is occurring between the dyad and with others. Solicit their own reactions about this positivity, noting the tendency for negativity to override attention to the positivity in relationships. Point out that, though you will not be asking them to continue to monitor for positive behavior on a daily basis, you will be inquiring about examples of positive behavior that they have caught their significant others doing in subsequent sessions, as well as positive behavior that they have noticed and reinforced in other important people in their lives.

Learning About My Anger. Have each dyad review their responses to the worksheet at a level that allows each dyad to share something in session (important for reinforcing OOSA completion and for healthy group functioning). While they are reviewing their responses, listen for themes in a given significant other's behavioral responses. Also, emphasize early recognition of anger signs and any strategies that were helpful or not helpful in managing anger at an optimal level (e.g., slowed breathing). Use the group to brainstorm possible other strategies that may be helpful in managing anger at that optimal level. Encourage each member of the dyad and the group to reflect on what new information they learned about their significant other.

Steps to an Effective Time-out. Many dyads will indicate that the time-out steps felt stilted, awkward, unnatural, etc. Validate this experience: of course it felt awkward, because it is a completely new way of interacting with one another. Confirm that each member of the dyad used ALL four steps to an effective time-out (STOP). Watch for the possibility that the dyad did not return to the topic for further resolution (i.e., time-in). Remember that time-out can be used as a method of avoidance. Thus, check carefully that the dyad returned to the topic around which one of them called a time-out.

If they did not successfully use the time-out steps, brainstorm and troubleshoot how they might use the time-out procedures more effectively in the future. We have found that a number of dyads come to this session indicating that they had nothing about which to call a time-out. This is especially true for dyads experiencing early improvements in the therapy and for those who are highly avoidant. We remind them that even minor episodes of irritation (expected in any relationship) can be used for time-outs. We reiterate that these minor topics and levels of distress are great training ground for the time-out procedures. If the dyad did not complete the assignment, review the steps in session and ask them to demonstrate the technique or ask them to identify barriers to implementing this last week and generate ways to overcome barriers in the next week. If the dyad is unable to generate barriers of methods to overcome them, open to group discussion some barriers they have encountered and how they overcame them. Re-assign the assignment for completion by next session.

2. Psychoeducation about TSP, Avoidance, and Intimate Relationship Functioning

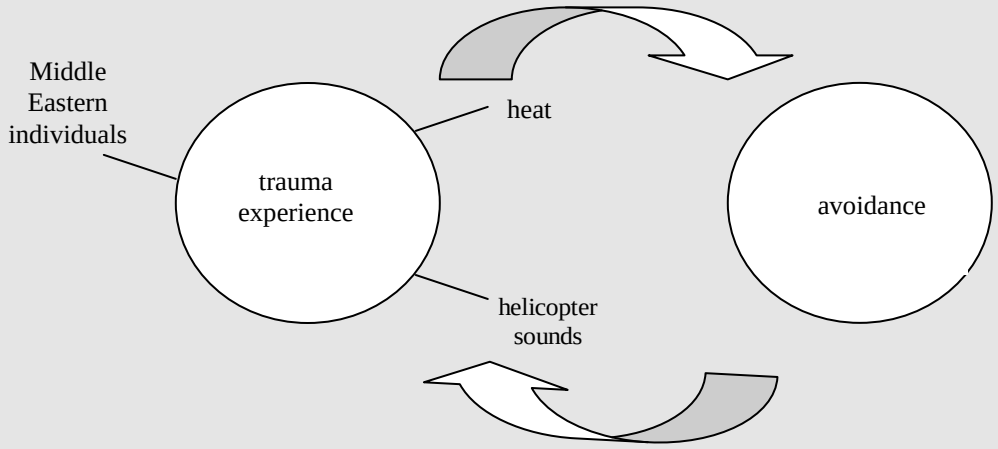
You can segue from review of the time-out out-of-session assignment to psychoeducation about TSP, avoidance, and intimate relationship functioning through discussion of the importance of coming back to difficult conversations as a way of combating *avoidance.* Point out to the group members that they have successfully completed the first stage of the therapy focused on understanding TSP and developing more safety in their relationship.

Remind the group that avoidance is a key barrier to trauma recovery, both in terms of TSP and mTBI (if applicable). Remind them of the psychoeducation that one of the predominant emotions involved in TSP is anxiety. At a simplistic level, individuals with TSP have become "phobic" or afraid of the memories and emotions associated with their traumatic experiences, as well as reminders that are associated with the traumatic experiences. In addition, traumatic experiences also involve other unpleasant emotions that people can choose to avoid. These emotions include, but are not limited to, guilt, shame, horror, disgust, anger, helplessness, sadness, and grief. Fear of the memory and trauma-related reminders is likely to be obvious to the client and his/her significant other. However, they may be less familiar with 1) the generalization of this fear to include the experience of emotions themselves and 2) the role of avoidance in maintaining TSP and relationship problems.

> *Anxiety is a key problem in those with TSP. Anxiety in the case of TSP involves fear of one's memory of the traumatic event(s) and reminders of the traumatic situation. In a sense, people with TSP develop a phobia of their traumatic experiences. Other phobias, like fears of spiders, heights, or closed spaces involve fear of situations or objects. In the case of TSP, one's memory and reminders of the traumatic situation become feared.*
>
> *In order to escape the painful emotions associated with those memories, traumatized individuals are likely to engage in a variety of methods of avoidance. This might mean avoidance of situations, places, people, smells, sights, temperatures, etc. that remind them of the traumatic situation.*

- ***Operant Conditioning and Avoidance***

> *The upside of avoidance for all of us is that it relieves our anxiety or fear in the <u>SHORT</u> run. For example, if your trauma memory relates to experiences in the military, you might feel anxiety or fear when you're around Middle Eastern individuals, hear explosive sounds, or find yourself in hotter climates. Staying away from these trauma memory reminders alleviates your anxiety in the SHORT run. However, avoidance catches up to us in the LONG run. Although it is a quick fix to our anxiety, it serves to actually increase our fears in the long run by reinforcing to us that we can't handle those situations. The longer and more times we avoid, the more we strengthen our fears.*



The diagram above shows how avoidance and fear can spiral by feeding on each other. What situations, people, or feelings do either of you avoid (or encourage avoidance of), which end up making the situation even worse [very helpful to draw this cycle on a whiteboard or paper on an easel]?

As group members share, point out the similarities in the tendency to avoid and feel relief in the short run but more distress in the long run.

- ***Beyond Behavioral Avoidance***

It is important to emphasize to dyads that avoidance can rear its ugly head in many forms beyond behavioral avoidance of trauma-related reminders. In addition to the above range of other behavioral avoidance, individuals with TSP and the persons with whom they have relationships can also become avoidant of emotional experiences more generally. A basic understanding of experiential avoidance, or the avoidance of private experiences such as feelings, memories, behavioral predispositions, or thoughts (Hayes & Gifford, 1997 for review) is presented to the dyad. Unless the dyads are reasonably sophisticated, the term "experiential avoidance" should not be used. Rather, we describe it as a generalized and subtler form of avoidance - "fear of feeling."

Classic examples of avoidance beyond behavioral avoidance of trauma-related reminders outlined in the DSM nomenclature include the spectrum of compulsive behaviors (e.g., drugs, alcohol, smoking, sex, gambling, work), self-injury, anger and aggression toward others, and dissociation. Suicidal ideation often serves as a form of emotional avoidance or escape from unpleasant circumstances and feelings. As a clinician you want to be keenly observant of the various ways in which avoidance manifests in a given dyad and the ways in which the dyad is accommodating such avoidance. The dyad should also become sensitized to the ways in which they are colluding to avoid. These dyadic patterns will be specifically targeted beginning in this session.

Avoidance is a slippery culprit. It can present itself in a variety of ways beyond just avoiding trauma-related situations, people, or things. Often, individuals with TSP come to avoid their own internal experiences such as their thoughts, feelings, memories, and physical sensations. This tendency might be described as a "fear of feeling." Some common ways in which people avoid include substance abuse, obsessive thinking, emotional numbing, self-injury, fighting with others, eating, smoking, suicidal thoughts (e.g., escape) or injuring oneself.

How might you avoid in these ways?

Again, highlight similarities in members' responses to normalize these behaviors in the context of TSP.

- ***Experiential Avoidance and Interpersonal Relationship Functioning***

Expand on experiential avoidance as it relates to dyads in particular, with a focus on emotions.

*We know from research that emotions are the glue that holds relationships together. Dyads who stay together and report the most satisfaction tell us that they share emotions with one another. A really important thing to know is that these emotions DON'T have to be only positive. It seems that the **SHARING** of emotions is more important than the **TYPE** of emotions.*

*Can you think of a time that, after your significant other shared something with you, it made you feel closer to him or her? [If it was a negative experience or emotion, make sure to highlight that the **sharing** was more important than the fact that it may have been negative content or affect.]*

Traumatized individuals and their loved ones often become emotionally avoidant or "emotionally phobic." They avoid emotional experiences and sharing their emotions with each other in their relationships. This is part of that more subtle avoidance that we discussed earlier. It is as though you have come to fear what might happen if you experience emotions in their relationship. This is a dyadic or family issue, not an individual issue, because it is rarely one person alone who avoids emotions, but also his/her significant other and the family. You might even fear the experience of positive emotions.

3. Introduce Communication Skills Training

To transition to communication skills training, you should note that improved communication in their relationship serves: 1) as an antidote to avoidance (i.e., approaching

difficult and important conversations and feelings); and 2) to increase their relationship satisfaction.

The following other points should be made in introducing communication skills training:

1. Communication problems are the single most often reported problem in couples and families, and improving communication is the single best prescription for improving relationship satisfaction.

2. Explain the importance of communication within relationships by describing how dyads who are unable to express their ideas and feelings to each other are often excluded from the important experiences and decisions of one's significant other. They are left feeling disconnected from each other, and their connection suffers.

3. Communication difficulties make serious conflict more likely when individuals find that they are unable to get needs met and resolve difficulties through communicating with their loved ones.

4. These communication skills can be used across topics and relationships. If they develop good skills, then they increase their likelihood of being able to discuss all kinds of issues with a range of different people. The content is less relevant as their skills are honed.

Specific to dyads in which one or more members has TSP:

1. Trauma-related symptoms may infringe on communication (e.g., dissociation, attention/concentration problems, irritability); this may be exacerbated by post-concussion/mTBI problems**.**

2. Behavioral and experiential avoidance can decrease likelihood of communication with one another

- ***Communication Skills Areas***

Describe to the group the three communication skill areas that will be developed in this stage of the therapy to help overcome their avoidance and increase their satisfaction. These three areas include:

1. Listening/Paraphrasing
2. Sharing Thoughts and Feelings
3. Problem-solving/decision-making

In this stage of the therapy, we will be working on specific skills that will improve your communication with each other and others in your lives and help you overcome the

*avoidance that exists in your relationship. Today we will introduce **listening skills.** These skills are the bedrock or foundation of good communication because it is difficult to respond effectively to someone if you haven't heard his/her message correctly. In other words, our first step is to make sure that a message sent was a message heard.*

Next, we will work on one channel of communication: sharing feelings and thoughts. We will work on this channel first because identifying how you think and feel and figuring out how you express those thoughts and feelings to someone is very important to effective communication. Next session we'll focus on the feelings part of sharing thoughts and feelings, and then the following session we will focus on the thoughts part. We will end the therapy by focusing on how you can better solve problems and by discussing how these skills can be applied to different kinds of relationships in your lives.

Improving these different skills will improve your communication, which will improve your relationship with each other and other important people in your lives, such as children and other family members. These skills will also help defeat avoidance, and consequently improve your TSP.

What questions do you have about the communication skills?

4. Effective Listening Skills

You should stress to clients that listening is the foundation of all good communication. Thus, we begin with those skills. In introducing these skills, begin with a discussion of instances in which they responded to their significant other or someone else and were responding to a misheard message. The point to be made is that it is very difficult to respond effectively if you are responding to inaccurate (a.k.a. misperceived) information. It is also helpful to discuss instances in which they were preparing their next statement (i.e., rebuttal) versus listening to what another was saying.

An additional important concept to convey to the group members is the difference between **listening** and **hearing**. Hearing is the sensory act of receiving information auditorally (i.e., one has a hearing test, not a listening test). Listening encompasses much more information than just the words spoken by another. It includes paying attention to the "process" aspects of someone's message - their voice tone and inflection, feelings, non-verbals, etc.

- ***Paraphrasing***

The rationale when introducing the technique of paraphrasing is that paraphrasing is the best way to ensure that you <u>listened correctly</u> and has the benefit of containing affect around distressing topics by <u>slowing down communication</u>. This can also help with post-concussion/TBI problems, giving them an opportunity to test whether they have understood their loved one, and to add another opportunity to encode the information.

In this technique, dyads are asked to take turns making statements and paraphrasing those statements.

- One member of the dyad makes a statement(s) (**sending significant other/speaker**)
- His/her significant other paraphrases the statement (**receiving significant other/listener**)
- Confirmation from the sending significant other is given that the communication was received accurately (paraphrase correct)
- The receiving significant other becomes the sending significant other

Before asking participants to break out into dyads to practice this skill, the group leaders should model effective paraphrasing in front of the group of dyads. It is helpful to include a "mis-paraphrase" in the modeling to point out the consequences to communication when a message sent is not a message heard. An example follows:

W: When we go for a walk together, I feel we are sharing something special.

H: Our taking walks is a special time just for us.

W: Yes.

H: I don't enjoy walking as much as riding bikes together.

W: You don't enjoy spending time with me.

H: No. I enjoy spending time together, but I enjoy riding bikes together more.

W: Oh. You like to ride bikes together versus walking together.

H: That's right.

Stress to the participants that:

1. Understanding <u>does not</u> equal agreement. Paraphrasing what someone says does not mean that you agree with it; just that you heard and understood the message.

2. Paraphrasing can help you to identify what you do agree with and specifically those areas of disagreement.

3. An incorrect paraphrase can be useful because it gives you an opportunity to restate yourself until your significant other understands.

4. There is no single correct way to paraphrase; the important element is to communicate that you listened and understood.

5. It is often useful to shorten communication turns, using more turns, to improve listening. This is often referred to as "speaking in paragraphs" (i.e., 2-3 bullet points that are easy for the listener to summarize, as opposed to "essays"). This is especially true when discussing distressing topics. Taking on smaller "chunks" of shared information is more beneficial than large chunks of unheard information.

- ***In-session Practice***

After the demonstration, ask group members to break out into "dyad time" to practice this skill while the therapists rotate through and provide coaching. Have the dyad turn their chairs to face each other to practice using the listening and paraphrasing skills. You will be using the skills to discuss content relevant to the psychoeducation on avoidance and intimate relationship functioning presented above. Ask them to first practice their skills by discussing the following issue. Spend about 5 minutes on this issue prior to transitioning the dyads to the second question.

What have TSP made us avoid?

Talk about the people, places, things, or feelings that It makes you avoid.

The second question to be addressed using their listening/paraphrasing skills is:

What would we do if we avoided less?

These questions are designed to externalize the TSP so that the dyad can join around it to combat avoidance, diminish the likelihood of blaming behavior, and encourage approach behavior. We recommend that you have the TSP-identified individual begin the practice, with the significant other paraphrasing. Allow each dyad to discuss the first topic for about 5 minutes, and the balance of the time available should be spent on envisioning a life without trauma-related avoidance.

While the dyads are discussing, you should walk around and actively coach them in the paraphrasing skills. It is important to note that you **will likely need to be assertive in having each member of the dyad paraphrase before making a statement**.

Be aware of the possibility of dissociation or attentional difficulties (in the case of mTBI or more severe TSP) or more general methods of avoidance as you observe the dyads' communications. Methods to overcome these challenges to communication include asking the dyad to take shorter turns before paraphrasing, using each other's names more frequently (our focus in a conversation increases with the mention of our name), and prompting them to ask each other what the other heard them say if there are signs that the other may have "checked out." It is helpful for you to role model how to cooperatively (versus patronizingly) ask the other what they heard them say (e.g., "It seems like you might have left me for a second. Can you tell me what you heard?").

Before the end of the session, ask the dyads to return to the group to share what they learned from the process of paraphrasing and how good paraphrasing raised their awareness of what they avoid currently, as well as what they would like to do differently as avoidance decreases. Highlight similarities in avoidance patterns across dyads to normalize these behaviors in the context of TSP but also to motivate for change for the future.

Also encourage participants to briefly think about how they can apply this skill to situations involving others, such as children and co-workers. A mainstay intervention in many parent-child therapies is the use of paraphrasing or mirroring of the child's communication. As humans, it is very reinforcing to feel listened to, and we can know this better when someone paraphrases. In turn, relationships become more positive and gratifying.

5. Out-of-Session Assignments

Orient members to the OOSA summary sheet for this session and point out the following assignments:

- Continue to monitor positive behaviors in each other and close others, even though they will not be asked to record these behaviors on a daily basis.

- Read over the *TSP and Avoidance* handout together prior to the next session.

- Together, identify people, places, things, and feelings that the TSP+ significant other and the dyad avoid. This *approach list* will be used throughout the rest of the therapy to develop *in vivo* approach assignments for the dyad. *Point out that they discussed a number of these things that they can put on their list during their in-session communication practice.*

- On a daily basis, have each significant other catch the other significant other paraphrasing. The dyad should record either the content of the paraphrase or the presence of paraphrasing each day.

6. Check-out

Ask the group members how the session was for each of them. Are there any lingering concerns or questions? What do they want to take with them from the session? Infuse hopefulness and predict success in completing the OOSAs as the leave the session. Remind them that there are hand-outs that review much of the important material presented in the session for review in their dyad after the session. The check-out and summaries of the important material presented in session facilitates consolidation for those with TSP-related cognitive problems, as well as for those who might also have a mTBI history.

Out-of-session Assignment

Listening and Approaching

Session #3

1. Continue to watch for, and point out, **positive** behaviors in each other and other important people in your lives.

2. Read over the *TSP and Avoidance* handout together prior to your next session.

3. Together, write down things on the list of avoided people, places, things, and feelings that we discussed in today's session that you seem to **avoid** in your day-to-day life. This list will be used in the rest of the therapy

4. Each day prior to the next session, spend 5 minutes communicating with one another using your best paraphrasing skills. Each of you should notice if the other **paraphrased** in your communication. If so, place a checkmark in that person's column.

   Put this sheet somewhere obvious for the two of you as a reminder to practice the skill in your day-to-day life.

Next appointment: _____ @ _____.

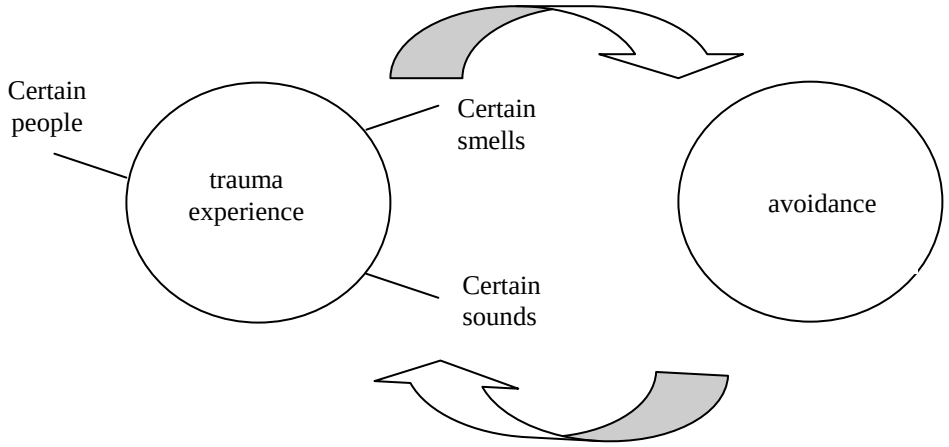
Catch Each Other Paraphrasing

Week of _____

	Person: _____	***Person:*** _____
e.g.	✓	✓
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Traumatic Stress-related Symptoms and Avoidance

As we discussed in the session, many people who have experienced trauma try to avoid thoughts and feelings associated with that event. Similarly, many people also avoid situations, places, and activities that remind them of the trauma or because they just feel scary. People with TSP can also become frightened of the thoughts, feelings, and physical sensations associated with anxiety itself. This tendency has been described as a "fear of fear." However, although avoiding can make you feel more comfortable in the short run, it actually can make the problem worse in the long run, because it prevents you from overcoming your fears.



Like avoiding situations, places, and activities that remind them of traumas, people with TSP come to avoid their own internal experience, such as their thoughts, feelings, and physical sensations. We sometimes describe this as a fear of feeling. Techniques to avoid your inner experience might include obsessive thinking, emotional numbing, over-controlling your emotions for fear of being out of control, or injuring yourself to distract from painful emotions.

When you confront feared conversations, memories, situations, or feelings several things begin to happen.

- Facing these situations helps you make sense of them (e.g., Why am I afraid to talk to my spouse about our children? → She might figure out that I don't feel like I'm an adequate parent.).
- You learn that thinking about these experiences is not dangerous and that being upset or anxious is not dangerous (e.g., I won't go crazy if I'm sad after talking about these situations. In fact, my significant other and I feel closer.).
- You become less fearful of other situations that remind you of these situations (e.g., Now that I've faced this and had a positive experience, why wouldn't that be the case in the future?).
- You learn that you can handle your fear and anxiety and, therefore, you feel better about yourself (e.g., I'm strong enough to handle being sad or angry without acting on these feelings. I don't have to feel *good* all of the time, but rather be *good* at feeling.).
- You learn that when you repeatedly confront memories or situations you have avoided, the fear and distress gradually decrease. In other words, you again become relatively comfortable in these situations (e.g., I don't get nearly as upset as I used to discussing these things with my significant other).

Choosing to more directly address difficult issues for yourself and your relationship is hard work, but will lead to long-term payoff.

List below as many things as possible that, as a dyad, you "help" avoid.

Places	**Situations**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

People	**Feelings**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SESSION 4: Sharing Thoughts and Feelings: Emphasis on Feelings

Summary of Session Content

1. Review of Out-of-Session Assignments: (a) watch for and point out positive behaviors in each other and important others; (b) read over *PTSS and Avoidance* and create the *approach list*; and (c) on a daily basis, catch each other paraphrasing.
2. Introduce *Channel Checking*
3. Introduce Channel of Sharing Thoughts and Feelings (Focus on Feelings)
4. Identifying feelings: *Identifying Feelings*
5. Expressing feelings
6. Reflecting feelings
7. In-session Practice
8. Shrinking PTSS Through Approach
9. Out-of-Session Assignments: Positive behaviors, *Channel Checking*; Catch Your Significant other's Feelings; Shrinking PTSS Through Approach
10. Check-out

The primary goal of this session is to improve the identification, experience, and expression of feelings in the dyadic context. Because of the importance of emotions in dyads' and families closeness and satisfaction, a complete session is devoted to this issue.

1. Review Out-of-Session Assignments

Positive Behaviors. Inquire about positive behaviors that they have noticed in themselves and their significant others.

TSP and Avoidance. Review the items that the dyads put on their list of trauma-related places, people, things, and feelings that tend to be avoided. Reinforce their hard work in identifying these areas and note that you will be using this list to help them shrink the role of TSP in their lives throughout the rest of the therapy.

Catch Each Other Paraphrasing. Review the dyads' success with catching each other paraphrasing in their out-of-session communication. Inquire if there were instances that the technique prevented misunderstanding. Inquire if they enjoy having the other person "tuned into" what they are saying. Inquire if they used it with others.

2. Communication Channels

In this section, you will be helping the dyads "get on the right channel" with each other. The following key points should be covered in this section while presenting the figure included in *Communication Channels*:

- Solicit personal examples in which they found themselves discussing something with a significant other and thinking their significant other did not seem to be responsive to what they were saying.

> *Think of a time when you wanted to let your significant other know how you felt about something. They, on the other hand, were telling you how you could solve or improve the situation.*
>
> *You were in the **sharing** mode, while your significant other was in the **solving** mode. You probably both got frustrated because you did not feel understood, and your significant other might have felt rejected because you did not pursue his/her suggestions.*

- Verbal interactions have many purposes – to exchange information, pass the time of day, figure out your position, convey feelings, etc.

- A primary task in any interaction is to identify the goal of the interaction. In other words, to get on the same channel.

- There are two primary channels: *sharing thoughts and feelings* and *problem-solving/decision-making* (draw attention to handout).

- The sharing channel usually "trumps" the problem-solving channel. It is difficult for problem-solving to occur until the person on the sharing channel feels heard. Sometimes it is necessary to switch to the problem-solving channel to address something in a timely manner (e.g., making decisions related to funeral arrangements). Nevertheless, dyads will likely need to return to the sharing channel following the necessitated switch to the problem-solving channel. Expect to switch back and forth at times – the important thing is working to be on the same channel during communication.

The therapists should illustrate the skill of channel checking:

There are some very simple phrases that you might use to check the channel. For example, if a wife said:

W: What an awful day! I can't see how I can stand another day!

Her husband might say:

H: Do you want me to listen or do you want some advice?

OR

H: Which channel are you on?

OR

H: It sounds like you just want to express your feelings about this right now.

OR

H: It might be better for us to express our feelings about this before we try to come up with a solution.

OR

H: Are we problem-solving, or would you like to talk about what you're upset about?

Similarly, if a child or friend "I had such a horrible day," you could ask, "Do you want to talk about how you feel, or do you want some suggestions for how to feel better?" If a co-worker says, "I'm so frustrated with our boss," you could ask "Do you want me to listen, or would it be helpful to try to think of solutions?"

3. Introduce Channel of Sharing Thoughts and Feelings (Focus on Feelings)

Building on the skill of determining the communication channel that the dyad is on, this session focuses on identifying, sharing, and reflecting feelings when the dyad is on the sharing thoughts and feelings channel. TSP can have corrosive effective on intimate relationships because of the TSP-affected individual's fear of feeling and tendency to avoid emotions. mTBI can also result in emotional flatness or dysregulation that can negatively affect relationships. Emotional numbing and distraction may be avoidant coping strategies that individuals with TSP and mTBI may use to cope with their fear of feelings. As a result of emotional numbing, there may be individual difficulties in identifying and expressing both positive and negative emotions,

as well as relationship-level difficulties with intimacy. Shared emotional expression is one way that dyads feel connected and close to each other. To combat this fear of feeling, secondary emotional numbing, and the resulting relationship problems, the dyad will have the opportunity to go through a set of dyadically-oriented exercises designed to increase attention on the experience, expression, and reflection of feelings.

4. Identifying Feelings

Research literature suggests that trauma survivors, in particular, can have difficulty with identifying, let alone expressing, their emotions to others (e.g., alexithymia). Thus, the *Identifying Feelings* handout should be presented to the clients to help in expanding their repertoire of emotional language. Discuss the "primary colors" of feelings: mad, sad, glad, scared, and disgusted. These primary emotions are then blended to provide a variety of emotion "colors" and may be more or less intense in color.

> *There are some basic feelings that we know that people experience. Those emotions might be considered the "primary colors" of feelings. Like colors of the rainbow, these feelings can be mixed to develop other emotion colors. For example, a combination of mad and sad might yield disappointment. A combination of mad and scared might yield jealousy.*
>
> *There are various intensities to these colors, too. For example, there is a continuum of mad:*
>
> ***irritated → annoyed → angry → hostile → rageful***
>
> *And, a continuum of scared:*
>
> *cautious ➔ apprehensive ➔ anxious ➔ terrified*

5. Expressing Feelings

The general principles about sharing feelings that should be discussed include:

1. The goal is not to get rid of negative emotions but rather to learn to tolerate, manage and use them better.

2. Negative feelings can be as much of a "glue" in relationships as positive feelings. With exception of hostility, the expression of feelings seems to be what is most important.

3. There are no right or wrong feelings.

4. An easy opening statement for sharing of feelings is "I feel [feeling word here]."

5. To promote our loved ones telling us how they feel, it is important to provide a non-judgmental environment for their expression.

6. Reflecting Feelings

Reflection of feelings goes a step beyond paraphrasing because, in addition to communicating to one's significant other that they understand what he or she is saying, the "feeling" is important here. The reflection of feelings is important to truly *sharing* feelings. It is in the reflection that feelings become shared and foster empathy. Reflections *mirror* the feelings the speaker seems to be expressing. Most people find it satisfying to have their significant others paraphrase and/or reflect their emotions because both of these techniques communicate understanding and support. It's nice to know that someone in the world is listening to us.

Examples of reflection of feelings include:

"You sound really upset."

"That must have been exciting for you."

"You must be feeling frustrated by this."

"You're angry at Jim for his remarks to you."

Remind group members that reflecting feelings is a skill they can practice with others besides the significant other present at the group with them (e.g., children, friends, co-workers) and solicit examples of how they might practice with such people.

7. In-session Practice of Sharing, with Emphasis on Feelings

Prior to discussing the following two topics using listening/paraphrasing and emotion skills, ask each member of the dyads to rate their sense of connectedness with one another on a 0-10 scale (0 = not close at all; 10 = as close as I can imagine) by inquiring, "How close do you feel to each other right now?" Have each partner of the dyad write this on a piece of paper.

Have the group break out into "dyad time" and ask each dyad to turn their chairs to face one another to practice their paraphrasing and emotion skills. Like last session, have them spend about 5 minutes on the first question before using the balance of the available time to pose the second question. It may be very helpful to write these questions on a board in front of the room to help address the attentional problems found in TSP and mTBI.

1. What do each of you feel about the presence of TSP in your relationship?

2. When you imagine shrinking TSP in your relationship, how does that make you feel?

To facilitate dyads using feeling words in the discussion, encourage them to refer to the identifying emotions handout. It is important to note that many patients with TSP will have ambivalent feelings about shrinking the role of TSP in their relationship (e.g., happy and scared). It is helpful to normalize this for dyads, especially for significant others who will tend to have only positive emotions in response to imagining TSP shrinking. This is also helpful for group members who have comorbid mTBI and may have difficulty with attention and concentration.

To enhance the probability of increasing closeness, walk around and monitor the dyads to intervene swiftly at the onset of any hostile, critical or blaming exchanges between the dyad and to join the dyad together against TSP versus one another. Slow the communication down with deliberate paraphrasing and elicit softer, more vulnerable emotions.

Post-discussions, ask the dyads to rate their sense of closeness with one another on the same 0-10 scale.

Ask the dyads to return to the group to share what they learned from the process of sharing and reflecting feelings, even if the feelings were negative. Also ask them to describe what they learned about how they and their significant other feel about the role of TSP in their relationship, as well as how they feel when they imagine shrinking the role of TSP in their relationship. Highlight similarities in the types of feelings expressed and shared across dyads to normalize these feelings in the context of TSP but also to motivate for change for the future.

Inquire about their closeness ratings. It is expected that closeness will have increased as a result of the emotional communication. Point out to the dyads that negative emotions arose in their discussion, yet their closeness increased. Use this to reinforce the point that the process of sharing is more important than the content shared. If some dyads report a maintenance or even decline in their sense of connectedness, emphasize that these are new skills for communicating, and like any new skill, it takes practice. Validate the dyad for taking risks and then problem-solve within the group about what might have gotten in the way of the paraphrasing and emotional expression skills and make suggestions about better use of these skills outside of session. Also, make sure to point out that this particular communication practice does not foretell the outcomes of future efforts, and especially if they use their newly developing communication skills

8. Shrinking TSP Through Approach

Remind the dyads that an important element to shrinking the role of TSP is approaching currently avoided people, places, etc. Using the *approach list* that the dyads created as part of their OOSA, have each dyad select at least one place, situation, or thing (not necessarily feelings, because of the daily feeling "catch") that will be approached prior to the next session. Have them record the item on the OOSA summary and ask that the dyad write about how it went. If the group members have difficulty picking from the list, encourage them to start off with a moderately anxiety provoking situation, with the idea that they'll pick increasingly difficult items over subsequent sessions. It is important for the therapists to assist in the approach activities, thus it is recommended that each dyad read their selected approach task out loud.

It is important to have success with this first assignment of *in vivo* approach behavior. Therefore, make sure that the dyads select an activity/situation that is challenging, but reasonable to accomplish, prior to the next session and to the extent possible, anticipate, with them, barriers to the success of carrying out the approach behavior. For example, inform the dyads that you anticipate that the TSP-identified person is not going to want to do the task – that is the TSP "talking." If it was easy, they would already be doing it. Ask questions such as, "What will you do at the moment that Jill does not want to approach the place that you've agreed to approach in this session? Are there things that we can think of now that we should put in place to help Jill approach despite feeling anxious in the moment?"

9. Out-of-Session Assignments

Orient the dyads to the OOSA summary sheet for this session and point out the following assignments:

- Continue to monitor positive behaviors in each other and others, even though they will not be asked to record these behaviors on a daily basis.
- Each member should practice a channel check at least once prior to the next session.
- Complete at least one *in vivo* approach behavior off of the *approach list* to shrink TSP.
- On a daily basis, have each significant other catch the other significant other expressing a feeling, and write the feeling "caught" on the form.

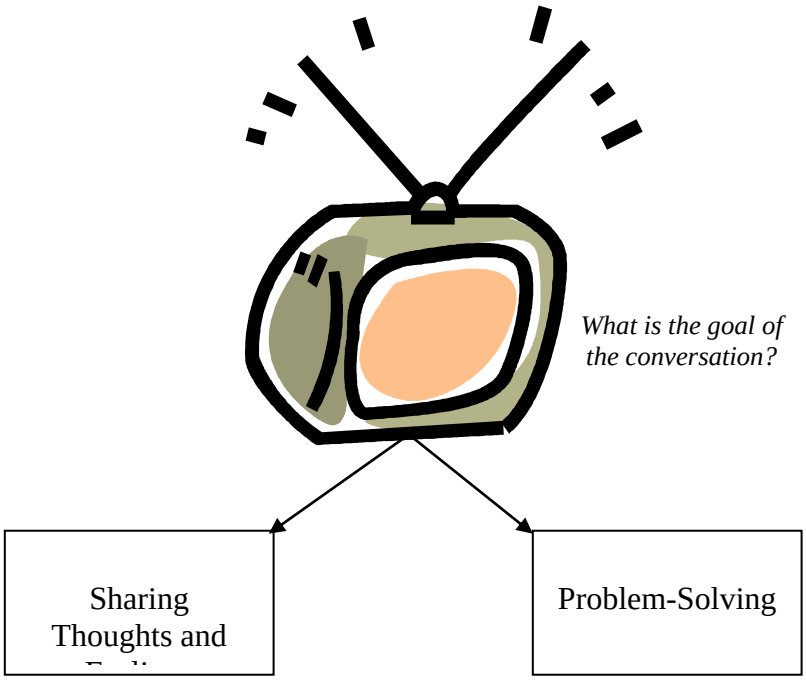
10. Check-out

Ask the group members how the session was for each of them. Are there any lingering concerns or questions? What do they want to take with them from the session? Infuse hopefulness and predict success in completing the OOSAs as the leave the session. Remind them that there are hand-outs that review much of the important material presented in the session for review in their dyad after the session. The check-out and summaries of the important material

presented in session facilitates consolidation for those with TSP-related cognitive problems, as well as for those who might also have a mTBI history.

Communication Channels

Channel Check



The first step in effective communication is to check your channels. Knowing about the different channels of communication can help you determine the *goal* of the conversation. What channel are you on? Do you want to solve a problem, or do you want to share about it? What channel is your significant other on? Are you on the same channel? As significant others, you will have greater understanding of one another and more satisfaction in your communication if you become aware of what the difference is between the channels and notice the channels each of you are on. For instance, maybe one significant other is on the sharing channel and wants to be understood rather than to work out the details of problem-solving. Or, maybe one significant other is on the problem-solving channel and is eager to resolve a particular issue. When dyads are on different channels – when one person is on the problem-solving channel and the other is on the emotional channel – conflict, confusion, and miscommunication can result. Checking in to see which channels you are on can open the door to understanding, closeness, empathy, and improved conflict resolution.

Identifying Feelings Handout

	Feelings (intensity)	**Thought**
	0 50 100	
Mad	*Irritated ➔ annoyed ➔ angry ➔ hostile ➔ rageful*	Unfairness
Sad	*Down ➔ glum ➔ depressed ➔ miserable ➔ despondent*	Loss
Scared	*Cautious ➔ apprehensive ➔ anxious ➔ terrified*	Danger
Disgusted	*A little turned off ➔ appalled ➔ revolted*	Contamination/Violation
Glad	*Contented ➔ pleased ➔ happy ➔ delighted ➔ ecstatic*	Positivity
Horrified	*Scared + Disgusted*	Danger + Contamination
Jealous	*Mad + Scared*	Unfairness + Danger
Disappointed	*Mad + Sad*	Unfairness + Loss

Out-of-session Assignment

*Sharing Thoughts and **Feelings***

Session #4

1. Continue to watch for, and point out, positive behaviors in each other and other important people in your lives.

2. **Each of you** practice a channel check at least once prior to the next session.

3. At least one time per day, catch your significant other sharing a feeling. Record the feeling "caught" below. You may need to ask how s/he is feeling in order to catch a feeling.

4. Shrinking TSP Through Approach:

_____

(people, place, situation, feeling)

Place this form somewhere that is convenient and visible to the two of you.

Next appointment: _____ @ _____.

Catch Your Significant Other's Feeling

Week of _____

	Significant other: _____	***Significant other:*** _____
Ex, Tuesday	***Annoyed***	***Happy***
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

SESSION 5: Sharing Thoughts and Feelings: Emphasis on <u>Thoughts</u>

Summary of Session Content

1. Review Out-of-Session Assignments: Positive behaviors, *Channel Checking*; Catch Your Significant Other's Feelings; Shrinking PTSS Through Approach

2. Identifying Thoughts on the Sharing Channel: *Sharing Thoughts and Feelings to Shrink PTSS*

3. In-session Practice

4. Shrinking PTSS Through Approach

5. Out-of-Session Assignments: Positive behaviors, *Sharing Thoughts and Feelings to Shrink PTSS, Catch Your Significant Other's Thoughts and Feelings,* Shrinking PTSS Through Approach

6. Check out

The primary goal of this session is to introduce the role of thoughts in emotions and behaviors to plant the seed that thoughts are malleable and can be changed to improve TSP and relationship satisfaction.

1. Review Out-of-Session Assignments

Positive Behaviors. Inquire about positive behaviors that they have noticed in themselves and their significant other, as well as important others in their lives.

Channel Checking. Inquire if both members of the dyad did a channel check in their communication. If so, how was it helpful? If not, what got in the way?

Catch Your Significant Other's Feelings. In reviewing the responses to this OOSA in the group, consider the following:

1. Was there was a range of emotions, both negative and positive, expressed within the dyad's relationship?

2. Was there a tendency to express certain types of emotions over others (e.g., anger versus more vulnerable emotions)?

3. How rich and precise are the words that they used to describe their emotions expressed?

4. What was the effect of sharing more emotions in their relationship?

The goal of the therapy is to expand the valence, range, and repertoire of emotion words that the dyad uses in their relationship. If you notice that there is any improvement that could be made in those different aspects of emotion expression, encourage them to put the emotions handout near the next assignment that includes monitoring of the association between thoughts and feelings.

Shrinking TSP Through Approach. Review how the *in vivo* assignment went and reinforce any approach behavior and dyadic-level facilitation of such. Troubleshoot ways in which the dyad may have accommodated avoidance. If the dyad was successful in approaching an item off of the approach list, in some way note this on their list (e.g., cross it out if no longer avoided, check mark if previously assigned but still working on it more).

2. Identifying Thoughts on the Sharing Channel

To help reinforce the different types of communication that the dyad may have, remind them that this session is still related to the channel regarding **sharing versus problem solving**. It may be helpful to orient them to the *Channel Checking* handout from their binder, highlighting the two types of communication. This session focused on sharing thoughts, as well as their relationship to feelings. Point out that this session builds upon the prior session focused on feelings by focusing on the thoughts that precede feeling states.

Many people are not aware of the ongoing thoughts that they have throughout their daily waking life, let alone share those thoughts with their intimate significant others. Your goal is to increase awareness of thoughts and encourage the expression of them.

> *Thus far in the therapy, we have been working on your behavior and emotions. All of us having ongoing commentary in our minds about events, people, and places that we encounter, even if you aren't aware of those thoughts. It is one way that we are essentially human.*
>
> *Sharing our thoughts about ourselves, others, and things that are happening in the world help us to know other people better. It lets us into another person's "head" to know more about them. In order to share one's thoughts, we have to become more aware of the thoughts that one is even having.*
>
> *What we feel and how we act are highly dependent on what we are thinking. I'm sure you've been in a situation wherein two or more people experienced the exact same situation, and had very different interpretations of that situation. [A good example to use*

about different feelings that might result from different interpretations is a therapist not coming to get a dyad from the waiting room for a scheduled appointment (e.g., "He stood us up versus Maybe there is an emergency versus Did we get the appointment time wrong?.] This points to the power of perception, or how we think about situations, others, and ourselves in influencing our feelings.

Even though we are usually first aware of our feelings and actions, thoughts about a situation, ourselves, or our loved ones actually come before feelings and actions. These feelings and actions have positive and/or negative consequences for ourselves and our relationships. In this way, thoughts LEAD to feelings and actions.

Event → Thoughts → Emotions → Behaviors → Consequences (+/-)

One thing that significant others do for us in healthy relationships is to help test out our thoughts (i.e., reality testing). Sharing thoughts helps them to understand us better and helps us to understand ourselves better. By sharing, rather than mindreading, we are in a better position to know each other better.

Point out how TSP can contribute to people thinking that they're under threat. Solicit examples from the dyad about how threat-related cognitions due to TSP have played out in their relationship with each other or with other people (e.g., children, co-workers). For example, if a significant other makes a suggestion, the TSP+ individual may think that the other person is trying to control him or her and respond with anger/irritability. Highlight that these threat-related cognitions are more likely to contribute to relationship distress when the significant other isn't aware of what the traumatized person is thinking. Thus, one of the goals of this session is to help significant others become aware of each other's thoughts and associated feelings.

3. In-session Practice

Like last session, prior to discussing the following two topics using their developing communication skills, ask each member of the dyad to rate their sense of emotional intimacy with one another on a 0-10 scale (0 = not close at all; 10 = as close as I can imagine) by inquiring, "How close do you feel to each other right now?" and having each partner of the dyad write the rating on a piece of paper.

Have the group break in "dyad time" and turn their chairs to face one another to practice their paraphrasing and thought identification skills. Like last session, have them spend about 5 minutes on the first question before using the balance of the available time to pose the second question. It may be very helpful to write these questions on a board in front of the room to address the attentional problems found in TSP and mTBI.

What kinds of thoughts and related feelings does TSP make you have?

What specific thoughts and related feelings could you imagine having about yourself, each other, and the world in general if TSP took up little or no space in your relationship?

Examples of the kinds of thoughts that you hope are elicited, include:

1. My family and I are unsafe. (TSP+ significant other)
2. I can't handle crowds. (TSP+ significant other)
3. I have to be in control. (TSP+ significant other)
4. I have to walk on eggshells, or I'll provoke him. (significant other)
5. I can't trust her emotions. (significant other)
6. We can't be close. (significant other)

Post-discussions, ask the dyads to rate their sense of closeness with one another on the same 0-10 scale.

Ask the dyads to return to the group to share what they learned from the process of sharing and reflecting thoughts and related feelings, even if the thoughts and feelings were negative. Also ask them to describe what they learned about how they and their significant other think about the role of TSP in their relationship, as well as how they feel when they imagine shrinking TSP-related thinking in their relationship. Highlight similarities in thinking patterns across dyads to normalize these behaviors in the context of TSP but also to motivate for change for the future.

Use the suggestions offered in the last session to promote success with the communication practice and to troubleshoot if closeness does not increase.

4. Shrinking TSP Through Approach

From the *approach list*, determine the next place, situation, thing, or feeling that will be approached prior to the next session. It may be that the next approach behaviors will build on prior approach behavior to successively approximate the fully desired approach behavior (e.g., session 4: go to a restaurant during a busy time but sit in the corner or vice versa; session 5: go during busy time and sit in the middle).

Ask dyads to record their idiographically chosen item on the OOSA summary and then to write about how it went.

Like in the last session, anticipate with the dyads barriers to the success of carrying out the approach behavior and preemptively troubleshoot how those behaviors might be overcome within the group setting.

5. Out-of-Session Assignments

Orient the dyads to the OOSA summary sheet for this session and point out the following assignments:

- Continue to monitor positive behaviors in each other and other people, even though they will not be asked to record these behaviors on a daily basis.

- Read together the *Sharing Thoughts and Feelings to Shrink TSP* handout.

- Save some time in this session to sufficiently explain to the dyad the *Catch Your Significant other's Thoughts and Feelings* form. If at all possible, use a thought and feeling that is volunteered from one of the dyads or was a theme of thoughts and feelings expressed within the group. Have the dyads record the example on their form to have directly experienced using this form.

- Remind the dyad of the item chosen from the *approach list* to be approached prior to the next session and ask that they record about how it went.

6. Check-out

Ask the group members how the session was for each of them. Are there any lingering concerns or questions? What do they want to take with them from the session? Infuse hopefulness and predict success in completing the OOSAs as the leave the session. Remind them that there are hand-outs that review much of the important material presented in the session for review in their dyad after the session. The check-out and summaries of the important material presented in session facilitates consolidation for those with TSP-related cognitive problems, as well as for those who might also have a mTBI history.

Out-of-session Assignment

*Sharing **Thoughts** and Feelings: Emphasis on Thoughts*

Session #5

1. Continue to watch for, and point out, positive behaviors in each other and other people in their lives.

2. Read together the *Sharing Thoughts and Feelings to Shrink TSP* handout.

3. At least one time per day, catch a thought and feeling that your significant other has in reaction to a situation. Record these on the *Catch Your Significant Other's Thoughts and Feelings* form. At least one of the thoughts should be TSP-related. Notice the effects of sharing your thoughts and feelings with each other.

4. Shrinking TSP Through Approach:

_____

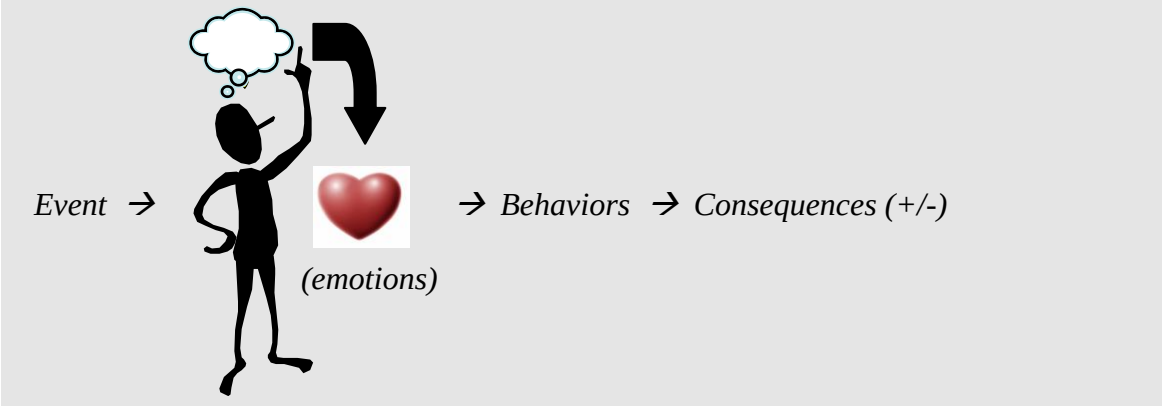
(people, place, situation, feeling)

Place this form somewhere that is convenient and visible to the two of you.

Next appointment: _____ @ _____.

Sharing Thoughts and Feelings to Shrink Traumatic Stress-related Symptoms

As we discussed in today's session, what we feel and how we act are highly dependent on what we think. **Our perceptions** are everything. This is true for everyone, whether traumatized or not. You have probably had the experience of being in the same situation with other people only to find that they have a completely different story about the situation than you do. This happens because each person *perceives* differently. People organize what they see and hear into their own understanding of the situation.



When an event occurs, there are thoughts or interpretations about that event. The way that you perceive or think about a situation influences feelings and behaviors. In this way thoughts *lead* to feelings and actions. Sometimes, though, our thoughts are SO **automatic** that we don't even realize that a thought came before our feeling or our action. Even though you may not be aware of what you are thinking or saying to yourself, your thoughts and self-talk affect your mood and your behavior. The goal of this therapy is to begin to recognize those automatic thoughts, to share them with your significant other, and to notice how they make you feel and act.

Let's take an example. If someone with TSP does not want to go somewhere (e.g., the movies) because he has the thought, "It's an open, dangerous place," he would likely have the feeling of fear and the urge to avoid. If he does not share this thought with his significant other, the significant other might have the thought, "We don't go places together because he doesn't care about me or want to spend time together," and feel hurt and angry. The significant other may initiate an argument or withdraw. If the dyad is able to talk about the thoughts and feelings that they are each having, there's greater understanding (and decreased miscommunication) and greater opportunity to consider shrinking TSP by approaching the event rather than avoiding. An added benefit is that they will also feel closer as a dyad.

Catch Your Significant Other's Thoughts and Feelings

	Significant other: _____			**Significant other: _____**		
	Event	***Thought***	***Feeling***	***Event***	***Thought***	***Feeling***
Example	*Hear a noise outside*	*"Someone is trying to break in."*	*Afraid*	*Significant other brings breakfast in bed.*	*"My significant other cares about me."*	*Content*
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

SESSION 6: Problem-Solving

Summary of Session Content

1. Review of Out-of-Session Assignments: Positive behaviors, *Catch Your Significant Other's Thoughts and Feelings*, Shrinking PTSS Through Approach

2. Introduction of Problem-Solving/Decision-Making: *Problem-solving/decision making guidelines*

3. In-session Practice/Shrinking PTSS Through Approach

4. Out-of-Session Assignments: *Problem-solving/decision making guidelines*, practice making a decision together using the guidelines, Shrinking PTSS Through Approach, complete *What Have We Learned* worksheet

5. Check out

The primary goal of this session is to teach the dyads problem-solving/decision-making skills. These skills are recommended to be used after something is accurately determined to be a problem or when a decision needs to be made. This session focuses on the final communication skill that is taught in the therapy.

1. Review Out-of-Session Assignments

Positive Behaviors. Inquire about positive behaviors that they have noticed in themselves and their significant other, as well as others in their lives.

Catch Your Significant Other's Thoughts and Feelings. In reviewing the responses to this OOSA, consider the following things when the dyads share their work with the group:

1. Are thoughts identified as thoughts and feelings identified as feelings (i.e., are they reported in the correct column)?

2. Is there a tendency for a theme of thoughts and feelings?

3. What was it like sharing those thoughts with their significant other? Were they surprised to learn what their partner was thinking about a certain event or topic, especially if it was different from their own thoughts?

4. What kinds of emotions did they observe in response to their thoughts?

Your goal is to highlight two points: (1) thoughts influence emotions and that different thoughts can lead to different emotions; (2) partners' thoughts can differ from each other even though they've experienced the same event.

Shrinking TSP Through Approach. Review how the *in vivo* assignment went and reinforce any approach behavior and dyad-level facilitation of such. Troubleshoot ways in which the dyads may have accommodated avoidance. Actively engage group members in troubleshooting and suggesting ways to overcome barriers to OOSA. If a dyad was successful in approaching an item off of the approach list, in some way note this on their list (e.g., cross it out if no longer avoided, check mark if previously assigned but still working on it more).

2. Introduction of Problem-Solving/Decision-making

To help reinforce the different types of communication that the dyads may have, remind them that there are two channels for communication and that we have previously been focused on the channel regarding sharing. In this session, we will be focusing on the channel of problem-solving/decision-making. It may be helpful to orient them to the *Channel Checking* handout from their binder, highlighting the two types of communication.

The last two sessions have been spent on the sharing thoughts and feelings channel to help the dyads identify their thoughts and emotions and to share them with each other as one way of shrinking the role of TSP in their relationship. This type of communication serves as an antidote to emotional/experiential avoidance and fosters emotional closeness. The current session focuses on the other channel, problem-solving/decision-making. The goal of this session is to help the dyads learn a process whereby they can make decisions about how they, as a dyad, can work together to shrink the role of TSP in their relationship by (a) improving communication and, thereby, decreasing conflict; and (b) decreasing behavioral avoidance of places or situations that they have continued to avoid. This can be especially helpful when significant others disagree about whether and how to approach feared situations. It can also help decrease conflict and hyperarousal by helping them strategize how to get both of their needs met when they disagree about something.

Here are some guidelines that can help people make good decisions together as a dyad. Emphasize that these are not **rules** but rather **principles** to optimize the chances that they can both get their needs met.

1. Use your listening and paraphrasing skills to clearly and specifically ***pinpoint*** the problem.
2. Use sharing thoughts and feelings to ***clarify why the issue is important and what your needs are***.
3. ***Brainstorm*** possible solutions or decisions without judgment
4. Decide on a ***solution that is agreeable*** to both of you.
5. Decide on a ***trial period*** to implement the solution.

Give the *Problem-Solving/Decision-Making Guidelines* handout to the dyads while you are explaining the principles.

For dyads in which one partner has mTBI problems, these steps will need to be as concrete as possible. It may be helpful for the dyad to write down each step of this process and immediately identify the end of the trial period, such as marking a calendar, in order to evaluate its success. Significant others in this situation are a significant resource to, and can be of great assistance in, helping the person with mTBI problems learn to problem solve effectively.

3. In Session Practice/Shrinking TSP Through Approach

Have the dyads break out into "dyad time," and turn their chairs to face each other to practice using problem-solving/decision-making skills to decide on their next *in vivo* approach assignment. The *in vivo* approach assignment should involve something more difficult than the previous weeks.

It may be tempting to choose a more difficult topic to practice the problem-solving/decision-making skills. We recommend against this, at least as the initial topic. You want the dyads to have the opportunity to practice the entire set of principles in session with a decision that can be made. If time allows, by all means start the dyads on another chosen problem or decision. Even if they do not complete the process in session, they can continue the process outside of session, armed with at least one successful trial of the skills in session.

Before the end of the session, ask the dyads to return to the group to share what they learned from the process of problem-solving to shrink the role of avoidance in their relationship. Also solicit their thoughts on how they can use this skill with other family members (e.g., older children) to do fun things together as a family that they may have been avoiding due to TSP (e.g., water park, concert, picnic, movies, arcade, etc.). If there is time, you can also solicit thoughts on how to use this skill with co-workers.

4. Out-of-Session Assignments

Orient the dyads to the OOSA summary sheet for this session and point out the following assignments:

- Continue to monitor positive behaviors in each other and other significant others, even though they will not be asked to record these behaviors on a daily basis.

- Remind the dyad of the item chosen from the *approach list* to be approached prior to the next session and ask that they record how it went.

- Practice problem-solving/decision-making on at least two different problems/decisions prior to the next session.

- Complete the *What Have We Learned* worksheet – what skills have they learned and what has the process been like in implementing these skills. Remind them that they have been presented all of the skills in the therapy. The next sessions will be about reinforcing those skills and expanding their use in other relationships.

5. Check-out

Ask the group members how the session was for each of them. Are there any lingering concerns or questions? What do they want to take with them from the session? Infuse hopefulness and predict success in completing the OOSAs as the leave the session. Remind them that there are hand-outs that review much of the important material presented in the session for review in their dyad after the session. The check-out and summaries of the important material presented in session facilitates consolidation for those with TSP-related cognitive problems, as well as for those who might also have a mTBI history.

Out-of-session Assignment

Problem-Solving

Session #6

1. Continue to watch for, and point out, positive behaviors in each other and other significant others in your lives.

2. Read over *problem-solving/decision-making guidelines handout* together and practice problem-solving/decision-making at least twice prior to next session.

   What were the topics? _____

3. Shrinking TSP Through Approach:

   _____

   (people, place, situation, feeling)

4. Complete together the *What Have We Learned* handout?

Place this form somewhere that is convenient and visible to the two of you.

Next appointment: _____ @ _____.

Problem-Solving/Decision-Making Guidelines

1. Use your listening and paraphrasing skills to clearly and specifically ***pinpoint*** the problem.

2. Use sharing thoughts and feelings to ***clarify why the issue is important and what your needs are***.

3. ***Brainstorm*** possible solutions or decisions without judgment.

4. Decide on a ***solution that is agreeable*** to both of you.

5. Decide on a ***trial period*** to implement the solution.

What Have We Learned?

What specific ideas or skills have we learned through therapy that we want to remember and keep doing? Put a star next to your favorite skill that you use.

When we recognize that we are getting away from practicing these skills, we will:

SESSION 7: Reviewing and Applying to Other Relationships

Summary of Session Content

1. Review Out-of-Session Assignments: Positive Behaviors, Problem-solving/decision-making practice, and Shrinking PTSS Through Approach
2. Review of *What Have We Learned*
3. Applying the Skills to Other Relationships
4. In-session Practice
5. Out-of-Session Assignments: *Catch Someone Else Being Nice, Applying the Skills to Other Relationships*, Shrinking PTSS Through Approach, each complete the *Trauma Impact Questions* worksheet
6. Check out

Administer the Patient and Significant Other versions of *PCL/Relationship Happiness

The goal of this session is to review the interpersonal skills the dyads have learned, and identify ways for them to translate and generalize these skills to their relationships with other people.

1. Review Out-of-Session Assignments

Positive Behaviors. Inquire about positive behaviors that they have noticed in themselves their significant other, and other important people in their lives.

Problem-solving/Decision-making. Ask the dyad to review within the group their use of the problem-solving/decision-making principles. Inquire about what worked or didn't seem to work and fine tune use of the skill.

Shrinking TSP Through Approach. Review how the *in vivo* assignment went and reinforce any approach behavior and dyad-level facilitation of such. Troubleshoot ways in which the dyad may have accommodated avoidance. If the dyad was successful in approaching an item off of the approach list, in some way note this on their list (e.g., cross it out if no longer avoided, check mark if previously assigned but still working on it more).

2. Review of What Have We Learned

What Have We Learned? should be used as a starting point for discussing the dyads' gains in therapy. Have the group generate as many skills or new learnings that they can. A white board or paper on an easel is very helpful to maintaining concentration and organizing these skills for the group. Since this is the second to last session, you will have an opportunity to point out things that have been left off this list and review these topics. It is important to go through each topic and have dyads discuss examples of each skill they have used, or share about a time when they overcame avoidance, or how positive activities have increased. Below are topics/skills that should be suggested by the group; if they are not, then list them after they are finished giving their suggestions:

- Understanding of TSP and mTBI
    - can increases your feelings of anger, fear, sadness
    - avoidance as central to TSP – overcoming avoidance is necessary for recovery
    - impact on thoughts and beliefs
    - impact on relationships

- Increasing positivity
    - noticing positive significant other behavior
    - it is important to increase positive behaviors and to decrease negative ones

- Safety building
    - recognizing early warning signs of anger (have dyads describe a few warning signs)
    - time-out/time-in

- Communication
    - listening/paraphrasing
    - communication channels
    - identifying, expressing, and reflecting feelings
    - identifying and expressing thoughts
    - problem-solving/decision-making

3. Application of the Skills to Other Relationships

By now, the dyads should have developed some confidence in their ability to communicate with each other, recognize their own and their loved one's anger warning-signs, and provided recognition for positive behaviors. This session is focused on the translation of these skills to other relationships and interpersonal situations in their lives. It is important to remind them, though, that they have gone through this therapy and have learned these skills – the other people in their lives may not have ever learned them. Thus, it is important to prepare them for the fact that it may be more challenging than with the loved one with whom they have done

this therapy, but the focus is on identifying what they can do THEMSELVES to help them navigate interpersonal conflicts in other situations.

This may be harder for dyads to imagine doing outside of their own relationship, so providing a few examples may be helpful, but then ask them to generate examples of situations in their life in which they could have used one of these skills to prevent a miscommunication with someone else, perhaps an extended family member, co-worker or supervisor.

Thus far in the therapy, we have been primarily working on improving the relationship between the two of you, though we've mentioned throughout how these skills can be used in all kinds of relationships. You both have been given important information about TSP and mTBI problems, and you have both have learned communication skills. The next step is for you is to take what you have learned together and to use these skills with other important people in your lives, some of whom may have difficulty communicating or may not understand your lingering TSP (and possibly mTBI problems).

Let's imagine the application of our most fundamental communication skill, paraphrasing, and imagine applying it to a situation with another person in your life, such as a boss.

Boss: I need you to re-shelve that display so that there are only two stacks

P: So, you were unhappy with the way I did that (PARAPHRASING)

Boss: No, I think it looks good, but we have more stock coming in.

P: So, you would like me to make room for more stock. I can do that.

What might have happened if you as the employee hadn't reflected back your boss' thoughts?

Which relationships in your own lives would you like most to expand the use of the skills that you've been practicing?

4. In-Session Practice

Segue from discussion about the relationships to which they would most like to expand the skills to introduce in-session role play practice of the skills in these relationships. Ask the dyads to break out into "dyad time" and turn their chairs to face each other for a role-play practicing using these skills with someone else in their life, such as an extended family member, a coworker, or a friend. They should focus on at least two of the communication skills (listening/paraphrasing, communication channel-checking, identifying/expressing/reflecting

feelings, identifying/expressing thoughts, or problem-solving/decision-making) to practice, and then demonstrate them in the role play.

If a given dyad has a hard time selecting a current situation that is difficult, have them think of situations or conversations that are coming up in the near future (e.g., talking to a cousin about an argument you had at the last family reunion, before you go to the next family function). If they still have difficulty, identify situations in the past that may have caused tensions in their relationships with other people in their lives. Time should be allotted to have both significant others practice their skills during this exercise.

> *For this exercise, I'd like you to role-play with one another. Select a person in your life, other than your significant other here with you today, with whom you might be having conflict, struggling to talk about something with them (i.e., approaching), or would just like to improve your communication. This could be a friend, a coworker, or an extended family member. Role-play with your significant other how you might use the skills that you've learned through this therapy to approach this relationship in a better way. You can use any of the skills that we have reviewed today, such as reflective listening, paraphrasing, channel-checking, etc.*
>
> *Your goals for this role-play are just to communicate with each other about your thoughts and feelings first. You may get to a place where you decide to use problem-solving/decision-making, but the goal is to listen well first, and then communicate thoughts and feelings. Problem-solving/decision-making may apply afterward.*
>
> *Significant others, try to make your "performance" as realistic as possible, given that you are likely to know of the person and situation involved. However, don't go overboard, it is tempting to make role plays harder than the situation is in real-life.*
>
> *We will allot enough time for both of you to practice your skills in the role play.*

After the role-play, have the dyads come back to the group and discuss which skills they practiced. What were some of the things that went well in the role-play and what didn't? Did each person feel heard? Have each member of the dyad say one thing that the other one did well (e.g., "You reflected back my feeling angry at my sister well."). Discuss some possible barriers to using these skills outside of the dyad and ways to overcome them.

5. Out-of-Session Assignments

Orient the dyads to the OOSA summary sheet for this session and point out the following assignments:

- Continue to watch for, and point out, positive behaviors in each other.

- In addition, they should watch for, and point out, positive behaviors in other people on a daily basis. Record the person who you noticed, and the specific positive behavior that you noticed on the relevant form.

- Practice using at least one communication skill with at least one person other than their significant other one person each day over the next week. Write down the skill that you used and with whom on the relevant form.

- Remind the dyad of the item chosen from the *approach list* to be approached prior to the next session and ask that they record how it went.

- Each member of the dyad should complete the *Trauma Impact Questions* **and** share them with each other prior to the next group session.

6. Check-out

Ask the dyads how the session was for each of them. Are there any lingering concerns or questions? What do they want to take with them from the session to improve their relationship and TSP? Infuse hopefulness and predict success in completing the OOSAs as the leave the session. For group members with identified mTBI history, it may be useful to have them write down the "key points" of the session to serve as a reminder over the coming week.

Out-of-session Assignment

Reviewing and Applying to Other Relationships

Session #7

1. Continue to watch for, and point out, positive behaviors in each other.

2. Watch for and point out positive behaviors in other people on a daily basis. Record the person who you noticed, and the specific positive behavior that you noticed on the form on a daily basis.

3. Practice using a communication skill with at least one person other than your significant other each day over the next week. Write down the skill that you used and with whom on the form on a daily basis.

4. Shrinking TSP Through Approach (other person):

_____

(people, place, situation, feeling)

5. Each of you should complete the *Trauma Impact Questions* **and** share them with each other prior to the next group session.

Place this form somewhere that is convenient and visible to the two of you.

Next appointment: _____ @ _____.

Someone ELSE has Been Caught Doing Something Nice

Week of _____

	Person Caught:	***Thing they Did:***
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Applying the Skills to Other Relationships

Week of _____

	Significant Other 1 ***Skill used, person used with***	***Significant Other 2*** ***Skill used, person used with***
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Trauma Impact Questions

1. How have my or my significant other's TSP and/or mTBI symptoms improved as a result of this group?

2. How has my relationship with my loved one and others improved as a result of this group?

SESSION 8: Reinforcing Treatment Gains and Planning for Future

Summary of Session Content

1. Review Out-of-Session Assignments: *Catch Someone Else Being Nice, Applying the Skills to Other Relationships,* Shrinking PTSS Through Approach, each complete the *Trauma Impact Questions* worksheet

2. Review Treatment Goals and *Trauma Impact Questions (TIQs; Pre- and Post-treatment)*

3. Lapse Planning

4. Saying Good-bye: *Certificate of Completion*

The goal of this session is to identify and reinforce the dyad for the gains that they have made in therapy and to strategize with them how they will address challenges expected in the future.

1. Review Out-of-Session Assignments

Positive Behaviors. Have each member of the group share about at least one positive behavior that they noticed in someone beyond their significant other participating in the therapy. Similar to prior processing of this treatment intervention, have the group reflect on the effect of this intervention on these other relationships.

Applying the Skills to Other Relationships. Have the group members share at least one example of the use of the relationship skills with someone beyond their significant other participating in the therapy. What worked well? Any areas of further development?

Shrinking TSP Through Approach. Review how the *in vivo* assignment went and reinforce any approach behavior and dyad-level facilitation of such. Troubleshoot ways in which the dyad may have accommodated avoidance. If the dyad was successful in approaching an item off of the approach list, in some way note this on their list (e.g., cross it out if no longer avoided, check mark if previously assigned but still working on it more). In this last session, stress to the dyad the ongoing need to approach trauma-related situations that they may fear or have accommodated to. Specifically inquire if there are items remaining on their *Approach List* that need to be targeted for more resolution of TSP after today's final session.

2. Review Treatment Goals and TIQs

Make sure to bring the first *TIQs* written by each member of the dyad to this session to allow for comparison with their *TIQs* generated at the end of treatment.

Orient the group to a primary goal of this session, which is to identify the gains that they have made through the therapy. Ask the dyads to break out into "dyad time" to review the treatment goals that they identified in their *Treatment Contract*, and to compare their responses to the post-treatment TIQs, as well as the pre-treatment TIQs, that will be brought to the session by the therapists.

Ask the couple to use their best communication skills that they have learned throughout the therapy when reviewing these three documents. Also, ask them to do the following, to make the group discussion of the dyads' discovery in this area most beneficial:

1. Place a check mark next to any goals that they have at least partially met (i.e., they notice any **improvement.** The goal does NOT need to be achieved.).

2. Based on their review of their answers to the TIQs, write down and place a check mark next to any areas in which **they noticed improvements that might not have been identified on their original treatment contract.**

3. Circle goals that they have seen **minimal if no improvement in**. These will be identified as goals for their future. These may be goals for which they may need additional therapy.

4. Write down any **new goals** that they would like to make with regard to **TSP or mTBI** for the future.

5. Write down any **new goals** that they would like to make with regard to their **relationship** with one another or others.

Bring the dyads back together as a group to share what they have noticed as improvements and what they would like to work on into the future. When conducting this review in the group, it is important to stress to the dyads that the communication that they have developed will be further developed with practice in their relationship, but also with practice in other relationships. This therapy experience should be presented as a kick-start to a new *method* of communicating and approaching avoided issues. It will be a process that they can use into the future for meeting their individual and relationship-oriented challenges.

3. ***Lapse Planning***

Encourage the dyads to plan for future challenges and lapses (We use "lapses" versus "relapses" to indicate that the individuals and dyad is never back where they started and to convey that they may have future challenges or periods in which they are called upon to refine and/or use their developed skills.)

Within the group, ask the dyads to reflect on the question, "What will you do if two months from now you notice that you are experiencing more conflict or TSP?" It is important to convey your confidence that they can meet increases in relationship conflict or TSP, or other stressful events, with the skills acquired in treatment. These times should be seen as signals to use the skills they have acquired. Ask them which specific skills they would like to continue to practice. Orient the dyads to the *What Have We Learned?* question #2, which is directly relevant to this topic. Save a bit of time to have the dyad write down any additional ideas that they may want to implement based on the groups' discussion, therapist suggestions, or other dyads' plans. An item that we find is often added is more approach of feared places, things, people, and feelings.

4. Saying Good-bye

Save time for the group members to say goodbye to another and reflect on their experiences in the group. Also, find a positive note upon which to end. This note may include their perseverance in completing the therapy, making some or many gains, and/or indicating that you enjoyed working with them. If there are sentiments that not as much was achieved as hoped, encourage them to consider that they will continue to make gains as they digest what has happened in the treatment and practice the skills. Focus on the gains that were made, irrespective of their size.

Give the dyads any remaining out-of-session assignments that are in your possession. This will provide them with something to document their hard work and to refer to after treatment. Also, give each dyad their certificate of completion for the therapy. In addition, remind the dyads that they will have individual one-on-one meetings with the group leaders to complete post-treatment assessments and to identify individualized next steps in their treatment.

Certificate of Completion

Hereby awarded to

_____ and _____

for the successful completion of

Cognitive-Behavioral Conjoint Therapy for

Traumatic Stress-related Symptoms

Conferred by: _____ on _____, 20_____.

Literature Relevant to G-CBCT for TSP

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