

Group Manual for Trauma in War Survivors with Trauma in , Africa
An Interpersonal Group Approach Utilizing Acceptance and Commitment Therapy

When elephants fight the grass gets hurt

-African Proverb

Post-traumatic Stress Disorder and War Trauma

A significant and chronic problem for those who have survived war and combat situations is coping with the psychological aftermath of war trauma. War trauma is an experience that satisfies criteria met for Post-Traumatic Stress Disorder (PTSD), provided in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV; American Psychiatric Association, 1994).

According to Hanscom (2001), survivors of war trauma and torture may experience a strong sense of vulnerability to their surroundings. They perceive their environment, and even the world, as an unsafe place. These individuals face relational complications in their daily functioning because they do not feel as though they can trust others.

Interpersonal Effects of PTSD/War Trauma

There are many interpersonal outcomes that can result from experiencing a traumatic stressor. Among those that are seen in war trauma survivors include mistrust, anger and aggression, domestic violence, social withdrawal, feelings of alienation, need for control, guilt, and paranoia (Glover, 1987). Roberts, Penk, Robinowitz, Dolan, Gearing, and Patterson (1982) found that combat veterans with PTSD had strikingly higher rates of problems with intimacy and socialability than veterans without PTSD. McFall, Wright, Donovan, and Raskind (1999) conducted a study of war veterans with a multidimensional assessment of anger. They report findings that suggest those with PTSD scored higher in dimensions relating to arousal of anger, hostile attitudes and perspectives, a wider range of situations that elicit anger, and tendency to withhold anger emotions.

Glover's (1987), stated that veterans with survival guilt will not seek to develop new relationships for fear others will only die or abandon them. Those who experience combat fear will be more likely to isolate and withdraw from relationships and interpersonal interactions. Furthermore, those who had participated in violence may become hostile and aggressive.

Families of war trauma survivors often face special concerns. The family dynamic may be upset by the trauma one family member has experienced, particularly if the family member is a parent. Weine, et al. (2004) studied unique issues for families with a parent who had been a victim of war trauma. Amongst these displaced refugee families, common problems included disruption of family order and dominance hierarchies as well as impaired communications. The authors emphasized the need for an interpersonal family focus in treatments for survivors of trauma.

Post Traumatic Stress as an Interpersonal Domain.

Although maladaptive cognitions are most commonly the focus of treatment in PTSD, certain interpersonal factors have been consistently associated with better adjustment following a human-caused

traumatic stressor such as terrorism or war-related violence. The interpersonal consequences of trauma are typically overlooked in pure CBT.

In a review of related literature, Cohen and Wills (1985) examined the association between social support and well-being. The authors suggested that social support provides a two-fold benefit to psychological well-being: it acts as a buffer, effectively protecting persons from potentially adverse effects of stressful events, and it provides the sustenance of social resources in the absence of stress. In a study of traumatic stress responses in the wake of 9/11, Woodward, Murrell, and Bettler (2005) found that interpersonal style functioned both as a trait-predictor and state-mediator for psychological adjustment following a traumatic stressor, but that relational attributes most likely preceded and dictated how a person copes with traumatic life events. Developing social networks and relational skills may well be the first step to reintegrating former war victims back into the fabric of the community.

Interpersonally Based Therapies for PTSD.

There is growing evidence to support the notion that patients suffering from anxiety disorders may have problematic interpersonal relationships and that these relational conflicts can decrease treatment efficacy by contributing to the development of and/or maintaining the disorder (Carter, Turovsky, & Barlow, 1994). In response to a more relational approach to the anxiety disorders, many therapists have begun integrating relational approaches into the traditional cognitive-behavioral paradigm (De Voge, Minor, and Karoly, 1981).

One of the strengths of Yalom's (1995) group psychotherapy approach is that there is significant focus on interpersonal factors within the group dynamic. Thus, the interpersonal group process would inherently address many of the interpersonal complications of war trauma survivors exhibited signs and symptoms of anxiety or PTSD. One of the goals of Yalom's group model is interpersonal learning. He states that group counseling provides a unique experience to help promote the development of interpersonal areas and address interpersonal concerns. This group process stresses the importance of interpersonal relationships, helps the client experience emotional situations with the support and safety of a group atmosphere, and it will develop a "group microcosm," or a way of experiencing the world in a smaller setting and group members will begin to display maladaptive patterns of behavior over time to reflect their roles in their daily lives. The goal of the group would be to recognize those behavioral patterns within the social microcosm so that adjustment can begin. Thus interpersonal learning experiences will act as a mediator to change.

Hanscom (2001) suggests that in treating war trauma survivors, a sense of safety and trust must be once again established. She also states that it is important for the individuals to feel as though that they have an

impact on the world through their actions and their existence. The therapeutic alliance must be strong and nurturing.

Therapists.

Therapists will be selected for superior language skills (reading and writing) as well as a basic therapeutic disposition, including elements of empathy and interpersonal regard. Further, therapists must have a good command of their mother tongue in which they will work, in addition to fluency in standard English (the language used in training, record keeping, and supervision). Counselors will be regularly assessed for competency and adherence to the treatment manual using an evaluation checklist and will receive feedback on their performance at two-week intervals during the course of group supervision.

Treatment Protocol

The interpersonal treatment paradigm in the proposed study will adhere to the theory and structure outlined in Yalom and Leszcz (2005) in their interpersonal process group therapy protocol. Specific therapist interventions will be drawn from Rationale for an “Interactionist” Interpersonal Psychotherapy written by Murrell (1999). Therapy will follow a six-step procedure with roughly two sessions dedicated to addressing each step. Ultimately, however, therapist responsiveness will determine the stage at which the group should be during each session.

Step 1: Identify and reflect on unexplained primary emotional reactions

Step 2: Encourage the patient to recall and envision the scene in which the reaction occurred, including cues and triggering stimuli.

Step 3: Elicit detailed descriptions of the quality of the internal emotional reaction and the nature of the eliciting stimuli.

Step 4: Identify idiosyncratic meanings of the stimuli and qualities of the familiarity and repetitiveness of the response

Step 5: Explore the generalizability of the cyclic maladaptive pattern and consider its importance in interpersonal contexts.

Step 6: Explore strategies for managing the emotional response.

Group Rules

- 1.) What is said in the group session is to be kept confidential by all group members and group facilitators.
- 2.) Only one member should speak at a time.
- 3.) Group members and facilitator(s) will be prompt and arrive on time.
- 4.) Regular attendance is expected.
- 5.) Please be respectful of others. Listen mindfully.
- 6.) Limit interactions with other group members outside of group.

Other group rules to be determined at the formation of the group, or during the introduction session.

Group Overview

The goal of the group that this manual outlines is to provide a therapeutic setting for adult individuals in , Africa, who have experienced trauma relating to war and need assistance in coping with the resulting after-effects of those experiences. It is the goal of the group to establish methods of dealing with thoughts or memories of the trauma, identifying emotions, relational problems, identifying cyclic maladaptive patterns, and coping with emotional concerns. The group is designed to work from an interpersonal perspective and using acceptance and commitment therapeutic techniques. A brief outline of the group follows:

.Session 1: Group introduction. Identification of group purpose, common goals, rules, and establishing group cohesion

.Session 2: Group members begin to identify affects/emotions and how emotion-language has helped or hindered their understanding of the underlying factors relating to those emotions.

.Session 3: Group members will begin their descriptions of the traumatic experience(s) and relate their experiences to their described emotions.

.Session 4: Group members will continue with their descriptions of the traumatic experience(s) and work together to relate their experiences to their described emotions.

.Session 5: If needed, group members will continue with their descriptions of the traumatic experience(s), relate their experiences to their described emotions, and describe what commonalities they might have with other group members. They will also take inventory of their progress within the group by self-analyzing and providing feedback for their peers.

.Session 6: Group members will explore the relational impact of their trauma. They will evaluate how their current and past behaviors relating to memories and emotions to the trauma(s) have influenced their relationships with others. Also discussed will be how group members have used blame, including self-blame and blame of others.

.Session 7: Group members will continue their exploration of the relational impact of their trauma. They will discuss how they have judged their own experiences and take an inventory of their pain diary in the context of their relationships.

.Session 8: Group members will identify their cyclic maladaptive patterns. They will discuss how their cyclic maladaptive pattern may cause further emotional and relational concerns. Client will be encouraged to confront those close to them to provide feedback regarding how they have changed in regards to interpersonal interaction since the trauma has occurred.

.Session 9: Group members will report how they found they have changed behaviorally, emotionally, and interpersonally since the trauma. They will also explore what areas in their lives they can and cannot control.

.Session 10: Group members will identify relational values and steps to achieve their interpersonal goals. Termination issues will be explored, and group members will be encouraged to find resources to help prevent future relapse.

On the following pages, a more detailed outline of the group sessions will be provided.

Session 1: Group Formation

- Prayer: “We greet you in the name of the ancestors; we greet you in the name of those of us who now walk upon the earth; we greet you in the names of those who are not yet born. “
- Introduction of Group: Group facilitator will begin group by providing an explanation of the group purpose, group structure, rules, and safety.
- Introduction of Members: Group facilitator will begin group introduction and clients will describe who they are, a very brief description of why they are in group, and what they hope to get out of the group experience. A handout may be provided as a guideline to follow.
- Collaboration on Goals: A handout will be provided regarding the acceptance and commitment therapy model of recovery- Figure 2 of Conclusion (Hayes, S., & Smith, S., 2005 p 196-7). Group members will be encouraged to discuss their personal goals, what they hope to achieve, and provide feedback and suggestions.
- Collaboration on Rules: Group members will be encouraged to suggest their thoughts on the group rules provided by the group facilitator, including additions to the rules and their thoughts on maintaining a safe atmosphere in which to speak of their circumstances.
- Group Cohesion Activity: Group members will reflect on their introductions and identify any commonalities they may have with their peers.
- Homework: Homework procedures will be described in depth to group members. A sense of atmospheric safety should be encouraged for members to find as they complete their assignments. This session’s homework assignment will be to start a journal which will enable clients to write a narrative of the traumatic experience(s).
- Daily Pain Diary: A daily pain diary will be kept by group members throughout the group. Group members will be given the Daily Pain Diary (Hayes, S., & Smith, S., 2005, p.62) to complete every day to better track their status in regards to emotion, behavior, coping, and relational issues.
- Closing Activity: Group facilitators will conduct a deep breathing exercise. Group members will be instructed to find a comfortable position with good posture. They will be instructed to relax their bodies as much as possible. They will then be instructed inhale deeply while counting silently with the facilitator, and then hold their breath while group facilitators keep count. After 3-5 seconds, group

There is a crucial fork in the road. You must choose which path to take. The less traveled path to the left is the path of acceptance, mindfulness, defusion, and valuing that you really care about. Down that road is vulnerability and risk, but it is about something.

These two roads lead to very different places. It's not that one leads to problems and one doesn't. It is not that one leads to pain and one doesn't. They both lead to problems. And they both lead to pain. To the right the problems are old and familiar; to the left they are new and even more challenging. To the right the pain is deadening and suffocating; to the left the pain is bittersweet and intensely human.

Imagine you are looking down at that fork in the road. From above, you can see that this choice before you is part of a larger system of choices. Imagine that you start right in the center with your problems. You hit the fork in the road and if you go left, you go into the acceptance and commitment cycle. If you go right, you go into the control and avoidance cycle. Both of these cycles are illustrated below.

In the control and avoidance cycle, life is all about what your mind tells you. You become entangled with verbal predictions and evaluations. You start telling what your mind says to do, even if you've tried these things before and found they didn't work. Your "life bus" is turned over to your mental passengers, and they drive right off into control and avoidance. For a little while it even feels better. At least it is predictable. You feel relieved.

You've been down this road before and at least you've always survived before. But, sooner or later, you are right back where you started, except now you are weakened. Life is a little bit smaller. More time has gone by, and somehow it's as if your life hasn't started. You not only have problems to deal with, they are the same familiar, deadening problems.

How long will this cycle go on? Think of the problems you have been struggling with. When did they start? What if the next five years are like the last five years were in this regard? The next ten years?

In the acceptance and commitment cycle, the sequence is different. You notice the chatter all right, but you don't become entangled in it. You see that there is a distinction between you, the conscious driver of the bus, and the passengers you carry. You have room on the bus for them. You accept them. You defuse from them. But then you turn your eyes back to the road and connect with that which you really value. You drive in that direction. As a result, your life grows a little, and it becomes a little more vital and flexible.

Values

(The Life direction I choose; what I want)

Commitment and Flexibility

(Choosing to take action consistent with my values, carrying my passengers with me; taking heed of them when it works to do so; thinking and living more flexibly)

Growth and Contacted Barriers (When I step forward in the direction of my values, especially into new or previously avoided territory, my life grows, and I also often again encounter new forms of...)

Life Restriction and Loss

(My life shrinks; I lose vitality and contact with my values and become more preoccupied with...)

Relief and Struggle

(Temporary relief and the illusion that control and avoidance may work soon gives way to “this isn’t working” and struggle)

Acceptance and Being Present

(embracing my experiences in the here and now fully and without resistance)

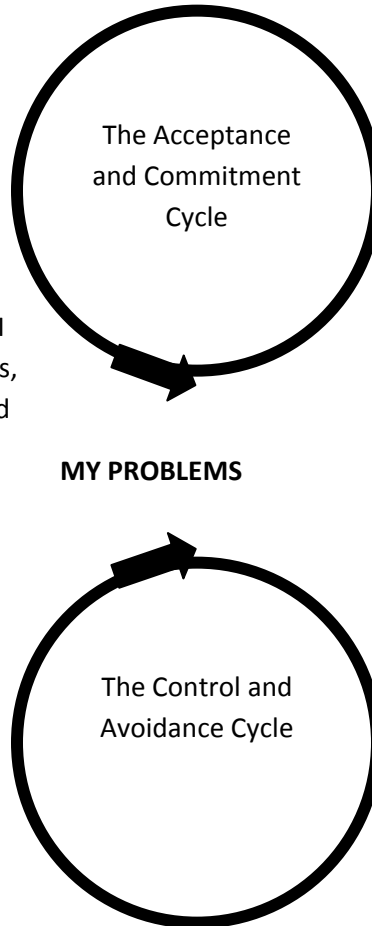
Mindfulness and Defusion (non-judgmentally observing my private experiences; seeing my thoughts as thoughts, my feelings as feelings, untangling “me” from them)

Words, Words, Words

(Endless predictions and evaluations about my problems; I lose contact with the present moment and start living in my head)

Entanglement

(Buying into my thoughts; losing in the process)



Control and Avoidance

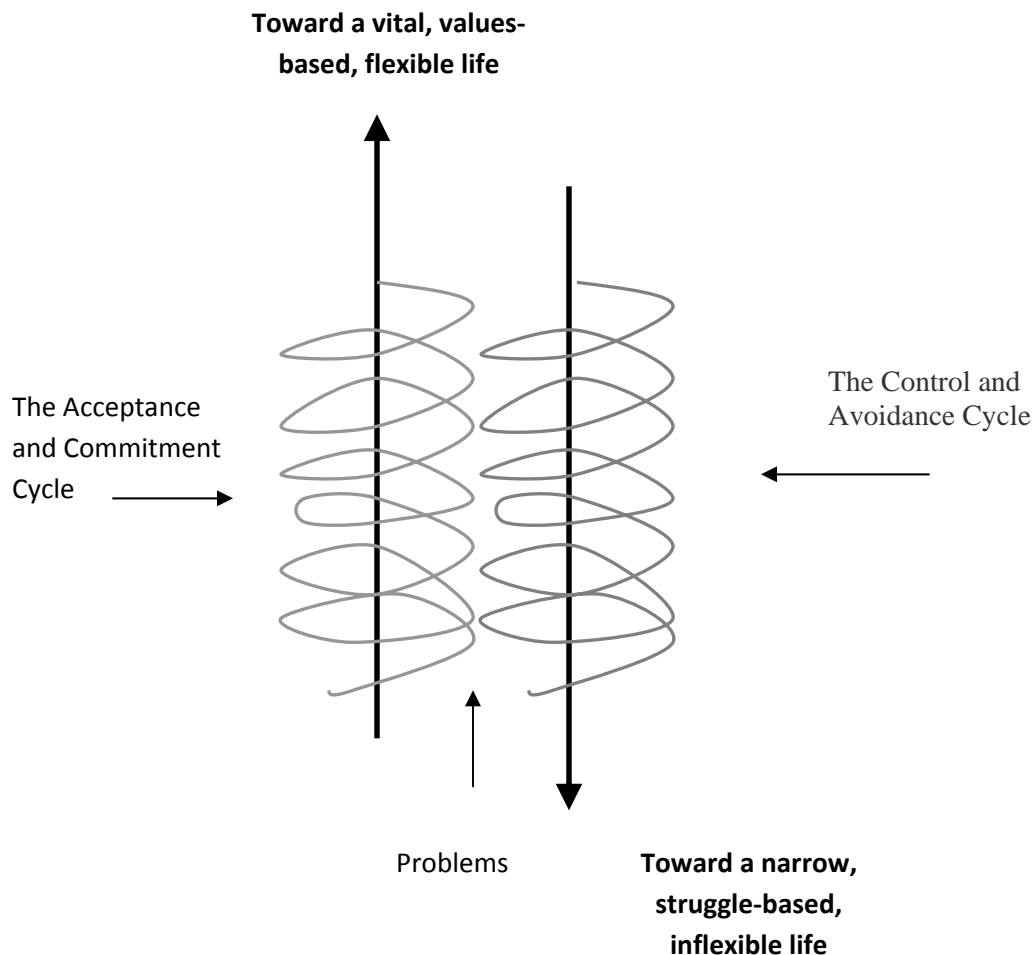
(Acting on “solutions” proposed by my mind, often with the agenda of controlling or avoiding my distressing thoughts, feelings, and sensations; making deals with my passengers)

Conclusion. Figure 2: The Acceptance Cycle and Avoidance Cycle

As you grow, however, you are likely to contact problems again. Often these are not quite the same old problems, they are subtly different. They are new, and perhaps even more challenging. For example, if you move in the direction of loving relationships, you now have problems of vulnerability whereas previously you may have had problems of alienation. If you move in the direction of making a contribution you now face problems of fear of inadequacy of inability, whereas previously you faced problems of fear that you did not belong or were invalid. Sometimes, these new problems present themselves as even more fearsome than your old ones. Especially if they feel new or more intense, your mind often will scream out in fear that you've made a terrible mistake, and you are moving backwards.

And there you are. Back at the fork in the road. The whole choice gets to be repeated.

If you consistently choose to go left, life will not become any easier, it will only become more vital. Progress is being made. It is like figure 3. As you keep taking that bus of life off into the acceptance and commitment cycle, you move up in a new direction. What looked like a circle in the figure above is, in fact, a spiral. You still have problems, even big ones. They occur regularly. But progress is being created. You are living a more vital flexible and values-based life. When the other path is taken, you are also in a spiral, but very likely it is one that is spiraling down in a narrower, more struggle-based and less flexible life.



Note that the presence of problems, and perhaps even their frequency or their intensity, could be the same or even greater if you take the acceptance and commitment cycle. What is different is that on the left-hand spiral you get out of your mind and into your life. Your hurt, AND you are living. On the right-hand spiral you sink into the mental war of human suffering.

You've often taken the right-hand path. Haven't you had enough? By now its results are extremely predictable. Predictability makes this choice curiously "safe" but doesn't remove its deadening qualities. Acceptance and commitment offers a path with unknown ends. Its newness makes it a more frightening path but it also makes it a more vital one. To illustrate this point, we rather like the following quote:

Until one is committed, there is hesitancy, the chance to draw back, always ineffectiveness. Concerning all acts of initiative there is one elementary truth the ignorance of which kills countless ideas and endless plans: That the moment one definitely commits oneself then providence moves, too. All sorts of things occur to help one that would never have otherwise occurred. A whole stream of events issues from the decision, raising in one's favor all manner of unforeseen incidents and meetings and material assistance which no man could have dreamed would come his way. Whatever you can do or dream you can, begin it! Boldness has genius, power, and magic in it. (Murray, partially quoting Johann Wolfgang von Goethe, 1951).

Life is a choice. The choice here is not about whether or not to have pain. It is whether or not to live a valued, meaningful life. You've had enough suffering. Get out of your mind and into your life. (We are rooting for you).

Breathing Exercise:

"We will now be doing a relaxation exercise focused on our breathing. Find a comfortable position either sitting upright or lying with your back against the floor. Lay your hands against your stomach and take a deep breath. You should feel your hands rise and fall as you breath in deeply and then exhale completely. When you are ready, we will begin by breathing in deeply- as deep as you can. Follow me as I count out loud to 10 and then backwards back to one. Each time I instruct you to take a breath, count silently to yourself and as you exhale think to yourself 'Relax.'

- Now, take a deep breath and repeat silently 'One' [hold in for about 5 seconds]. Now exhale as deeply and thoroughly as you can and repeat the word 'Relax.' Let all of the air out, and out with it will go the negativity in our bodies.
- Now breathe in again and count 'Two.' Fill your lungs and hold for five seconds. Exhale and 'Relax.' Let it all out.
- Now breathe in again and count 'Three.' Fill your lungs and hold for five seconds. Exhale and 'Relax.'
- Breathe in again and count 'Four.' Fill your lungs and hold for five seconds. Exhale and 'Relax.'
- Breathe in again and count 'Five.' Fill your lungs and hold for five seconds. Exhale and 'Relax.'
- Breathe in again and count 'Six.' Fill your lungs and hold for five seconds. Exhale and 'Relax.'
- Breathe in again and count 'Seven.' Fill your lungs and hold for five seconds. Exhale and 'Relax.'
- Breathe in again and count 'Eight.' Fill your lungs and hold for five seconds. Exhale and 'Relax.'
- Breathe in again and count 'Nine.' Fill your lungs and hold for five seconds. Exhale and 'Relax.'
- Breathe in again and count 'Ten.' Fill your lungs and hold for five seconds. Exhale and 'Relax.'

Repeat above instructions counting back down again from ten.

Session 2: Affect/Emotion Identification

- Prayer:** “We greet you in the name of the ancestors; we greet you in the name of those of us who now walk upon the earth; we greet you in the names of those who are not yet born. “
- Check-In:** Group facilitator will allow a check-in from group members regarding their previous week. If any emergency or urgent situations arise, brief discussion and processing by the group and facilitator will be permitted. Any incident will be tied into the current session’s main theme or will be reflected upon in the context of materials covered in the previous session.
- Discussion of language and feelings:** Discussion of the allowances and limitations language can have on how feelings are expressed will be conducted. Questions to keep in mind will include themes regarding ability to communicate feelings and whether language is adequate in describing how members truly feel (i.e. Does language fall short in expressing deep rooted emotions?). A diagram (Hayes, S., & Smith, S., 2005, p. 31) will help facilitate this section.
- Feelings Exercise:** This exercise will include a short worksheet about feelings (Eifert, G., McKay, M., & Forsyth, J., 2006, p. 32). This worksheet will be given to help group members recognize what they do when they are experiencing a certain emotion. The emotions, how the client responds to the emotion, and the general outcome of the emotion will be discussed.
- Exercise Discussion and Feedback:** To further create a sense of group cohesion, group members will be encouraged to discuss their answers from the assignment. Group members will also be encouraged to identify similarities and commonalities between themselves and other group members. Impact of feelings on behaviors should be analyzed. Integration with member’s pain diaries up to this point can be pulled into the discussion.
- Homework:** This session’s homework will be to have group members bring in a representation of their trauma. This could be a photo, an item, or it could be something they create if they do not have anything. Any item can work, as long as it has significance related to the trauma. Group members will be encouraged to look at their journals/narratives from the previous assignment for ideas.

WHAT YOU'VE BEEN DOING

It's likely you've been using a verbally guided "fix-it" mentality to find a solution for the causes of your suffering. If you've opened this book, it's also likely that your attempts haven't been entirely successful. (Otherwise, why did you open it?) The coping techniques you've developed to fix or counteract the pain you struggle with belong to the same class of language-based, problem solving behaviors described in the exercises above.

Let's look at this a little more carefully. What kinds of actions do you take to suppress or otherwise reduce, diminish, control, or counteract your painful thoughts, feelings, and bodily sensations? Consider all the rituals you engage in as a means to keep yourself from feeling pain. These might be as extreme as incessant hand washing if you are suffering from obsessive/compulsive disorder, or as simple as grabbing a drink at night to numb yourself from the aftereffects of the irritation you felt on your way home from work. Your coping behaviors might include purely psychological behaviors like thought-suppression or rationalization. Or perhaps you engage in physical activities like obsessive exercise, habitual smoking, or even intentional self-harm, like cutting, to stop your pain. Whatever you do (and we all do some of these things to a greater or lesser degree), you can explore them in the exercise below.

EXERCISE: The Coping Strategies Worksheet

Please glance at the Coping Strategies Worksheet below, and then return here for directions on how to work with it. In the column on the left, first write down a painful thought or feeling. (This can be taken from the Suffering Inventory you generated in chapter 1 if you wish). It can also be something entirely different if you have a more pressing thought or feeling that you would like to address right now.)

Then, in the second column, write down one strategy you've used to cope with this painful thought or feeling. Once you've done this, please rank your coping strategy for two sets of outcomes. The first asks you to rate how effective your coping strategy has been in the short-term. That is, how much immediate relief do you get from the behavior? For the second ranking, rate your strategy for how effective it's been in the long-term.

Think about how much of your total pain is caused by your painful thought or feeling. Has your coping behavior reduced your pain over time? Rate each short- and long-term strategy on a scale from 1 to 5 where 1 is not effective at all and 5 is incredibly effective. For the time being, simply note your rankings. We will look at what they mean in greater detail later in this chapter.

For example, suppose someone writes a thought like this: "I'm not sure life is worth living" in the "Painful thought or feeling" column. The coping technique the persona uses may be to have a beer, watch sports, and try not to think about it. While drinking alcohol, the short-term effectiveness of the strategy may be ranked a 4; but later, the thoughts may be stronger than ever and the long-term effectiveness may be ranked a 1.

Rankings for the Coping Strategies Worksheet

In your review of your worksheet, you may have found that your scores in the “Short-term effectiveness” column are relatively high, while your scores in the “Long-term effectiveness” column are relatively low. This is a dangerous trap because short-term effects are far more reinforcing than long-term effects and these problem-solving strategies do work in most areas of life for a short time. The coping techniques you’ve developed to combat your anger, anxiety, or depression probably do cause these feelings to go away for a short while; otherwise, you wouldn’t engage in them. But how powerful is the long-term effect? How much do your coping strategies really change your condition in the long run?

We’re guessing that the long-term impact your strategies have had on your suffering is fairly minimal or even negative. What you are left with are behaviors that have become deeply embedded in your day-to-day life due to their short-term effectiveness; but for long-term relief they are sadly lacking.

It’s like the diagram show in figure 2.4. Human beings have a core of pain because life inherently contains difficulties, such as disease, want, and loss, but language keeps us amplifying these difficulties into larger patterns of human suffering. Like the rings around the black center in below, we build out that core of pain by our patterns of cognitive entanglement and avoidance.

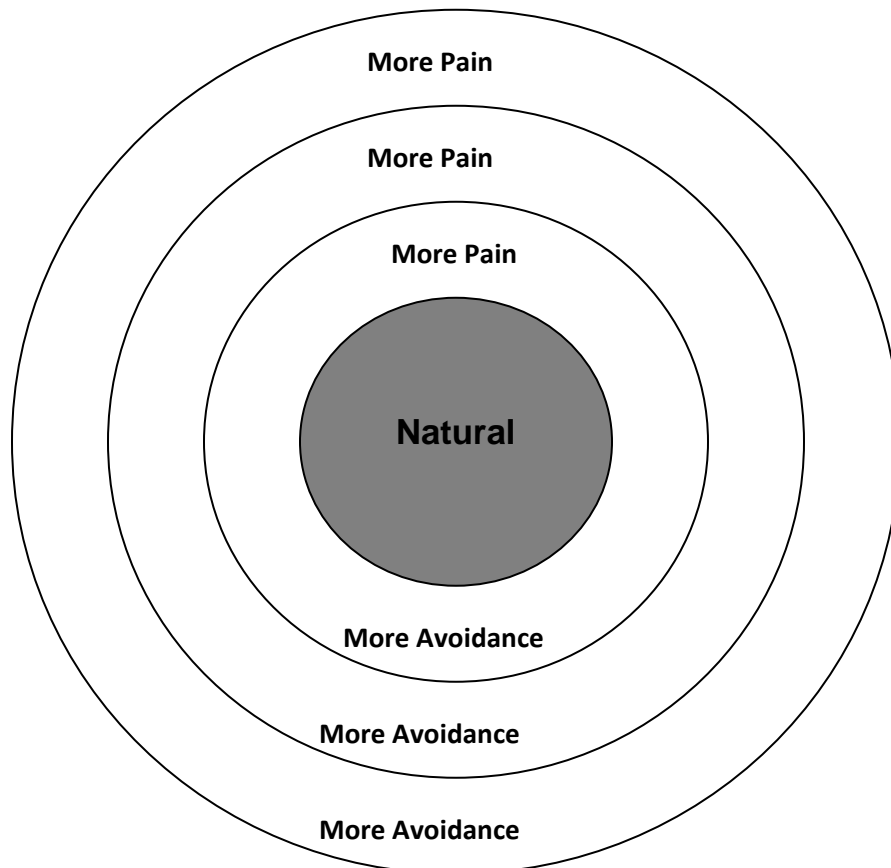


Figure 2.4: More avoidance, more pain.

Body Scanning Relaxation Exercise

“We will now begin a relaxation exercise. This will focus on truly relaxing our muscles. Like we did with the breathing exercise, we will lay with our backs flat on the floor. Close your eyes.

Now, concentrate on your face. Think about your cheeks, your forehead. As you do, tighten the muscles in your face. When you have done that, relax your muscles. Feel how your face is less tense. Feel how it is relaxed.

Now, concentrate on your eyes. Like you did with your face, squint your eyes, and then relax them. Let the tension move out of your body.

Now, concentrate on your jaw. Clench your jaw. Now unclench your jaw. Notice how different it feels. Let your jaw relax.

Concentrate on your neck muscles. Tighten them, but don't strain yourself. Now relax them. Feel the tension moving out of your muscles.

Now move on to your shoulders. Pull them up from the ground. Now let them fall back down. Feel your muscles relax.

Now, move down to your upper arms. Flex them. Feel their weight. Now relax them. Feel the tension leave your muscles.

Move down to your hands. Clench your fists. Now unclench them. Feel how relaxed they are now that they are no longer clenched.

Now concentrate on your abdomen. Tighten your muscles. Now let them relax. Feel how relaxed they are.

Concentrate on your buttocks. Tighten those muscles. Now, allow them to relax. Notice the difference.

Concentrate on your thighs. Tighten those muscles, and then, when you are ready, relax them. Feel the weight of your worries lessen.

Now feel your feet. Curl your toes. Now relax them.

Now think about your whole body. Scan it. If there is any part of your body that is still tense, relax them in the same manner we have been.

Feel your body. Feel what it was like to be relaxed. Concentrate on how it feels, and how that is different from earlier.

Now slowly open your eyes. Allow yourself time to adjust to the world again. Now you may return to your seat.”

Session 3 : Describing the Trauma Part 1: Narratives

- Prayer:** “We greet you in the name of the ancestors; we greet you in the name of those of us who now walk upon the earth; we greet you in the names of those who are not yet born. “
- Check-In:** Group facilitator will allow a check-in from group members regarding their previous week. If any emergency or urgent situations arise, brief discussion and processing by the group and facilitator will be permitted. Any incident will be tied into the current session’s main theme or will be reflected upon in the context of materials covered in the previous session.
- Presentation of Item:** Group members will be encouraged to present the items they were assigned to find from the previous homework assignment. Group members will present the items and discuss how their chosen item relates to their experience. Group members will then describe their experience, focusing specifically on the elements of emotions related, perceived control, relational effects, and the aftereffects (dreams, mood, thoughts, etc.). Cues and triggers will be identified. Group members will be permitted to read from their journals/narratives if they desire or prefer. The concept of safety must be emphasized. If at any time a client does not feel safe or too scared to continue, they can say so. Peers will be encouraged to give supportive feedback.
- Homework:** Group members will be reminded to complete their Daily Pain Diaries and those who did not get to present their item and experience will be reminded to bring the item back for the following session. Clients should also journal about one thing they will do for Self-Care, or any activity they enjoy that they do for themselves.
- Closing:** If time permits, group members should discuss one thing they look forward to this week.
- Serenity Prayer “Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

Session 4 : Describing the Trauma Part 2--Narratives

- Prayer:** “We greet you in the name of the ancestors; we greet you in the name of those of us who now walk upon the earth; we greet you in the names of those who are not yet born. “
- Check-In:** Group facilitator will allow a check-in from group members regarding their previous week. If any emergency or urgent situations arise, brief discussion and processing by the group and facilitator will be permitted. Any incident will be tied into the current session’s main theme or will be reflected upon in the context of materials covered in the previous session.
- Presentation of Item :** Group members will be encouraged to present the items they were assigned to find from the previous homework assignment. A caution should be given regarding sharing of graphic details of the trauma. Focus instead on the emotions and symptoms association with the trauma.
Group members will present the items and discuss how their chosen item relates to their experience. Group members will then describe their experience, focusing specifically on the elements of emotions related, perceived control, relational effects, and the aftereffects (dreams, mood, thoughts, etc.). Cues and triggers will be identified.
Group members will be permitted to read from their journals/narratives if they desire or prefer. The concept of safety must be emphasized. If at any time a client does not feel safe or too scared to continue, they can say so.
Peers will be encouraged to give supportive feedback.
- Feelings discussion:** Note: If time is limited, this section can be postponed to the next session.
Group members will be encouraged to tie the discussion of feelings from Session 2 (Affect and Emotion Identification) when discussing their objects. Group facilitator will ask group members to find commonalities in their stories, and provide empathic counseling.
- Homework:** Group members will be reminded to complete their Daily Pain Diaries and those who did not get to present their item and experience will be reminded to bring the item back for the following session.
Group members should journal to reflect their thoughts on group up to this point, with emphasis on their experience of hearing others’ stories and sharing their own.

Session 5 : Describing the Trauma Part 2--Narratives

- Prayer:** “We greet you in the name of the ancestors; we greet you in the name of those of us who now walk upon the earth; we greet you in the names of those who are not yet born. “
- Check-In:** Group facilitator will allow a check-in from group members regarding their previous week. If any emergency or urgent situations arise, brief discussion and processing by the group and facilitator will be permitted. Any incident will be tied into the current session’s main theme or will be reflected upon in the context of materials covered in the previous session.
- Presentation of Item:** *If this section is still necessary, continue with previous format.
Group members will be encouraged to present the items they were assigned to find from the previous homework assignment. Group members will present the items and discuss how their chosen item relates to their experience. Group members will then describe their experience, focusing specifically on the elements of emotions related, perceived control, relational effects, and the aftereffects (dreams, mood, thoughts, etc.). Cues and triggers will be identified.
Group members will be permitted to read from their journals/narratives if they desire or prefer. The concept of safety must be emphasized. If at any time a client does not feel safe or too scared to continue, they can say so.
Peers will be encouraged to give supportive feedback.
- Feelings discussion:** Note: If this section was conducted during Session 4, then this area can be expanded more in-depth.
Group members will be encouraged to tie the discussion of feelings from Session 2 (Affect and Emotion Identification) when discussing their objects. Group facilitator will ask group members to find commonalities in their stories, and provide empathic counseling.
- Discussion of Homework:** Group members will discuss their reflections from their journals. Group members should also discuss their progress and their views on group so far.
- Homework:** Group members should identify in their journals ways in which they could reach out to individuals they see on a regular basis and who may be a source of social or emotional support. This may mean asking for help or simply taking the time to discuss emotional experiences as they occur in day-to-day life.

Session 6: Relational Impact of the Trauma Part I

- Prayer:** “We greet you in the name of the ancestors; we greet you in the name of those of us who now walk upon the earth; we greet you in the names of those who are not yet born. “
- Check-In:** Group facilitator will allow a check-in from group members regarding their previous week. If any emergency or urgent situations arise, brief discussion and processing by the group and facilitator will be permitted. Any incident will be tied into the current session’s main theme or will be reflected upon in the context of materials covered in the previous session.
Special consideration should be given for the nature of the previous three sessions. Opportunities to discuss/process concerns should be made available by the facilitator.
- The Blame Game:** The group members will complete this assignment (Hayes, S., & Smith, S., 2005, p.38). The assignment is focused on examples of how blame is placed on the self and others, and how identifying blame can act as a motivator for change. Group members should identify and discuss the people whom they blame for their pain (both past and current).
- Homework:** Group members should keep a daily journal that documents the following:
1. How much psychological pain have I experienced today?
 2. In what ways have I attempted to cope with or control the pain?
 3. How tolerable was today? Or, how much overall vitality and aliveness did I experience today?
- Closing:** Group members should discuss one thing they look forward to this week.
Serenity Prayer “Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

How many times did you score high in terms of feeling vital and empowered when you were blaming yourself or someone else for negative events in your life? We are betting you didn't feel particularly empowered when playing the blame game. If you scored low consistently, it could mean blaming isn't working for you. If blame isn't working, clearly, you need something else.

As an alternative, accepting response-ability means acknowledge the possibility that you are able to respond. This ability has nothing to do with blame. For the most part, your pain isn't anyone's fault; pain automatically accompanies the verbal system all normal humans acquire. Even in extreme situations (like rape or incest) when another person is actually at fault for perpetrating an even act on you in a purposeful and deliberate manner, you still have the ability to respond to the pain it causes you.

It is as if there are two radio dials that control your suffering. One is labeled Pain. You've been trying very hard to turn that dial down to a lower level, but it doesn't seem to be working. The other dial is in the back of the radio and you didn't know it was there. Its settings control how much you struggle with pain and how much effort you expend trying to control your pain. We are guessing that you thought you needed to learn to control the Discomfort dial when you began reading this book. But what does your actual experience tell you about who sets that dial? Do you set the dial? Can you just "dial down" the level of pain you experience to a level you would prefer?

If your answer is no, perhaps you are not response-able for that dial. But now ask yourself this: Who sets the dial in the back of the radio? Who determines what you do with pain when it shows up? Being response-able means acknowledging that there is, in fact, some response you can make—you are able to respond.

Session 7: Relational Impact of the Trauma Part 2

- Prayer:** “We greet you in the name of the ancestors; we greet you in the name of those of us who now walk upon the earth; we greet you in the names of those who are not yet born. “
- Check-In:** Group facilitator will allow a check-in from group members regarding their previous week. If any emergency or urgent situations arise, brief discussion and processing by the group and facilitator will be permitted. Any incident will be tied into the current session’s main theme or will be reflected upon in the context of materials covered in the previous session.
- Review of Homework:** Group members will review their findings from their journals. Focus will be on finding solutions that have worked and solutions that were ineffective. Relational aspects should be the focus.
- Role-play:** Identify a situation where there is a painful conflict between a group member and another individual in their life; a role-play with another group member can be conducted. The role-play can be a re-enactment of a described confrontation, or it can be a hypothetical confrontation. Peers can be neutral observers, describing what they see in the situation. Multiple role-plays can be conducted.
- Homework:** Group members will review their Daily Pain Diaries. Group members will journal about how their traumatic experiences have impacted their personal relationships. For example, is it harder to trust others? Is anger a problem? Do others avoid group members?
- Closing:** Group members should discuss one thing they look forward to do this week.
Serenity Prayer “Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

Session 8: Identifying the Cyclic Maladaptive Pattern

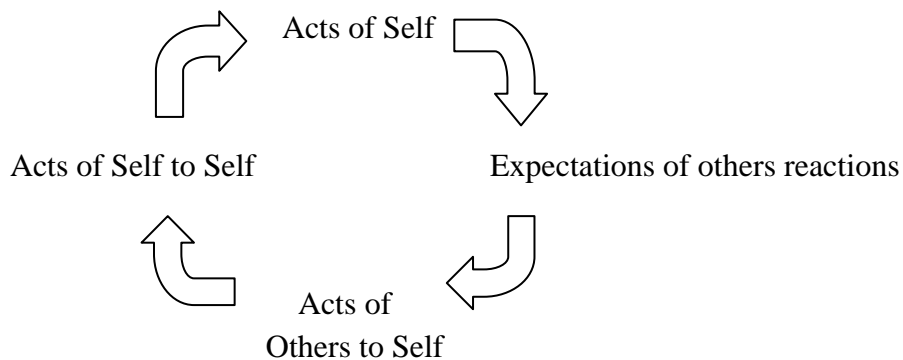
Prayer: “We greet you in the name of the ancestors; we greet you in the name of those of us who now walk upon the earth; we greet you in the names of those who are not yet born. “

Check-In: Group facilitator will allow a check-in from group members regarding their previous week. If any emergency or urgent situations arise, brief discussion and processing by the group and facilitator will be permitted. Any incident will be tied into the current session’s main theme or will be reflected upon in the context of materials covered in the previous session.

Focus on brief check-in regarding what group members identified was something to look forward to (from previous session).

Draw Your Relationship to Your Trauma:

Group members will artistically represent their relationship to their trauma, based on the cyclic maladaptive pattern:



Group members will process the content of their drawings with the group and use information and experiences they have obtained from the group.

Questions to consider for this exercise include:

“How have you related to other people differently because of the trauma?” “How have people related to you differently?” “Do you notice a pattern?”

Homework:

Group members will develop a journal entry that reflects how their interpersonal interactions with other group members differ from their interactions with people outside the group. In what ways are the Acts of Self and Expectations

The CMP outlines the idiosyncratic “vicious cycle” a particular person gets into in related to others. These cycles or patterns involve inflexible, self-perpetuating behaviors, self-defeating expectations, and negative self-appraisals, which lead to dysfunctional and maladaptive interactions with others. The CMP is composed of four categories that are used to organize the interpersonal information about the patient:

Acts of the self. These include the patient’s thoughts, feelings, wishes, and behaviors of an interpersonal nature. For example, “When I meet strangers, I can’t help thinking they wouldn’t want to have anything to do with me” (thought). “I am afraid to take the promotion” (feeling). “I wish I were the life of the party” (wish). “I yell and scream at my kids when they get in my way” (behavior). Sometimes these acts are conscious, like those just mentioned, and sometimes they are outside awareness, as in the case of the woman who does not realize how jealous she is of her sister’s accomplishments.

- 1) *Expectations of others’ reactions.* This category pertains to all the statements having to do with how the patient imagines others will react to him or her in response to some interpersonal behavior (act of the self). “My boss will fire me if I make a mistake.” “If I go to the dance, no one will ask me to dance.”
- 2) *Acts of others toward the self.* This third grouping consists of the actual behaviors of other people, as observed (or assumed) and interpreted by the patient. “When I made a mistake at work, my boss shunned me for the rest of the day.” “When I went to the dance, guys asked me to dance, but only because they felt sorry for me.”
- 3) *Acts of the self toward the self (introject).* In this section belong all of the patient’s behaviors or attitudes toward herself or himself—when the self is the object of the interpersonal dynamic. How does the patient treat himself or herself? “When I made the mistake, I berated myself so much I had difficulty sleeping that night.” “When no one asked me to dance, I told myself it’s because I’m fat, ugly, and unlovable.”

By putting the data from these four categories together, one can usually grasp a particular individual’s idiosyncratic interpersonal story or scenario. While people might have several role-relationship patterns (depending on their mood, setting, other people, and so on), the CMP centers around the person’s major, pervasive, preemptive interpersonal pattern. This pattern describes the predominant dysfunctional style that gets the patient into difficulties and/or leaves him or her feeling anxious, depressed, or unfulfilled.

The CMP information is framed in a narrative fashion: People are described as feeling, thinking, wishing, and acting in such-and-such ways; observing that other people do react to them in such-and-such ways; all of which relates to how they treat themselves. For example, “I distrust other people (acts of the self) and stay away from them (acts of the self), because I have come to expect that other people are cold and thoughtless (expectations of others); others ignore me (acts of others), which leaves me having to protect and isolate myself (acts of self toward the self) since I can rely on no one (expectations of others).”

The therapist can start with any of the four categories and build a similar scenario, since they all interlock to form one dynamic framework. For example, one could begin describing the patients’ introject, or how they treat themselves, and how relate this to how they act toward others and how others react back, which is reflected in what they feel they can expect from their interpersonal world. “I have to protect myself; since I cannot get my needs met by others, I isolate myself; other people respond by ignoring me; and therefore, I have come to expect the world to be a cold and thoughtless place.

These categories serve two purposes: (1) to provide an organizational framework—to make comprehensible a large mass of data; and (2) to provide a heuristic system that could lead to fruitful hypotheses and other useful models. A CMP should not be seen as an encapsulated version of Truth, but rather as a plausible narrative that incorporates major components of a person's interactional world.

Form for the cyclical maladaptive pattern (CMP)

Name:	
1. Acts of the Self	
2. Patients' Expectations of Others' Reactions	
3. Acts of Others Toward the Self	
4. Acts of Self Toward the Self	

Session 9: Identifying the Cyclic Maladaptive Pattern

- Prayer:** “We greet you in the name of the ancestors; we greet you in the name of those of us who now walk upon the earth; we greet you in the names of those who are not yet born. “
- Check-In:** Group facilitator will allow a check-in from group members regarding their previous week. If any emergency or urgent situations arise, brief discussion and processing by the group and facilitator will be permitted. Any incident will be tied into the current session’s main theme or will be reflected upon in the context of materials covered in the previous session.
Focus on brief check-in regarding what group members identified was something to look forward to (from previous session).
- Review of Homework:** Group members will discuss the content of their journals and will be encouraged to provide feedback on their interpersonal experiences of each other. Ways of breaking the C.M.P. will be discussed, and if any members have demonstrated that they have already begun this process in some situations, they can provide examples. Members who have not yet done this can brainstorm (visually, on a chalkboard, white-board, or poster-board) ways of disrupting the C.M.P.
- Interpersonal Choices:** Discriminating What I Can and Cannot Control (Eifert, G., McKay, M., & Forsyth, J., 2006, p. 70). The facilitator will read statements about various situations and the group members will immediately write Y or N on a sheet of paper if they think they can or cannot control the situation. Answers will be processed by the group, and members will determine why or why not each situation can or can’t be controlled.
- Homework:** Group members will journal on the following topic: In what ways have I needlessly tried to apply control in my significant relationships?
What have my attempts at control cost me?
Am I willing to give up trying to control what I cannot control so I can move forward with my life?
- Closing:** Group members should discuss one thing they look forward to do this week.
Serenity Prayer “Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

CHOICES AND ACTIONS—MY LIFE AND MY DESTINY

Imagine you are driving through life on a long road toward a mountain. Let's call this mountain your "Value Mountain." It represents everything you care about in your life, and what you want to be about as a person. This is the place you want to go. You are driving happily along the road toward your Value Mountain, and suddenly anger jumps out and blocks the road. You slow down and try to avoid hitting anger. You quickly turn right, and find yourself on "the control and emotional avoidance" detour. But this detour simply goes round and round in a circle. You stay there because the anger, pain, hurt, and shame are still blocking the road. So you go round and round, waiting, hoping, but getting nowhere. You feel bad about getting nowhere. You feel mad at the anger and shame for blocking the road. You watch as your life seems to be ticking by.

This is what happens when people engage in a struggle with their unpleasant thoughts and feelings. They feel stuck, going round and round in circles and getting nowhere. Nobody wants their life to be about driving on the control-and-avoidance detour. And yet it's so easy to get caught in this detour when anger and pain show up.

But there's an alternative. You can take the anger, pain, unpleasant thoughts, and physical sensations with you on your ride through life without acting on them. You can choose to drive forward with them—in part because choosing the alternative costs you. The first and most important task here is to make a choice to do something fundamentally different about your hurt, pain, and anger. The second part requires that you be willing to take what you're thinking and feeling with you as you engage in actions that move you forward. Unless you do, you'll continue to feel stuck and trapped by your anger.

Recognizing the Struggle for Control and Letting it Go

Letting go of the struggle for control is not as hard as it may seem. It begins with you making a decision to do so. The hardest part is putting your decision into action. One of the chief barriers to action is failing to recognize the difference between what you can control and what you cannot control. Falling back into the old control agenda where control is not possible is a surefire way to stay stuck and allow anger to sidetrack you from what you want your life to be about. To get unstuck and stay that way, you'll need to develop greater ease in the early detection of situations where control is possible in your life; those are the places where you need to spend your time and effort working. The exercise below is designed to help you to do just that. You can think of it as a sort of review and preparation for the hard work to come.

DISCRIMINATING BETWEEN WHAT I CAN AND CANNOT CONTROL

Read each statement and then, without much thought, circle the number next to each situation you believe can be controlled by you. Don't circle the numbers where you think the situation is outside your control.

1. What someone else is thinking
2. The choices I make
3. Others being on time
4. How to respond to other people
5. What other people value and care about
6. What I say in a situation
7. The thoughts I may have from time to time
8. The direction I want my life to take
9. How others respond to me (my choices, actions, and expressed thoughts and feelings)
10. How I behave with respect to other people
11. The choices others make
12. How I speak with other people
13. The behavior of pets (mine and others')
14. How I respond to my thoughts and feelings (positive, negative, neutral)
15. Whether other people follow rules or standards
16. Whether I am on time and follow through with commitments
17. What others do
18. Whether I follow certain rules or standards
19. Whether other people like me
20. Whether I prepare for tasks and do my best
21. What I feel at any point
22. What I do with my precious time on this earth
23. Experiences in life that do not involve me directly (weather, equipment failures, political decisions)
24. My values and what I care about

Now go back and look at the numbers you circled. All the odd-numbered statements represent situations where you have absolutely no control. You may imagine otherwise; but if you go back and think carefully, you will see that you truly do not have control in any of these scenarios.

Your mind may also say you do or "should have" control of some of these odd-numbered situations. This is part of the problem. Remember, when you struggle to control what you cannot control, you will only end up feeling hurt, angry, and disappointed. Anger needs this struggle to grow. When these situations show up, you need to recognize them for what they are, stop, and then look for places where you can exert control over your choices and actions with an eye on what you want your life to be about.

The even-numbered situations represent a sampling of life circumstances where you do have control. They share one thing in common: they represent your actions, what you say or do.

Session 10: Exploring Relational Values

- Prayer:** “We greet you in the name of the ancestors; we greet you in the name of those of us who now walk upon the earth; we greet you in the names of those who are not yet born. “
- Check-In:** Group facilitator will allow a check-in from group members regarding their previous week. If any emergency or urgent situations arise, brief discussion and processing by the group and facilitator will be permitted. Any incident will be tied into the current session’s main theme or will be reflected upon in the context of materials covered in the previous session.
Focus on brief check-in regarding what group members identified was something to look forward to (from previous session).
- Review of Homework:** Group members will review the issue of control and discuss their emotional responses to giving up the idea of control. Facilitators should focus on implications for interpersonal interactions when discussing this topic. For example, how might an individual’s relationships change if he/she stops attempting to control others?
- Constructing Meaning:** Values and Goals Worksheet (Eifert, McKay, & Forsyth, 2006, p. 160)
Goals and values will be discussed and related to relevance to interpersonal relationships. For example, if an individual’s goal is to get along better with family, in what ways will he/she have to manage his/her behaviors in order to achieve this goal?
Questions for group discussion:
Is the goal concrete, practical, and realistic? Is it obtainable (something I have control over)? Does it work with my current life situation? Does this goal lead me in the direction of my values? What are the steps to achieving my goals?
- Closing:** The group facilitator will provide extra time for closing in order to process termination, summary of the group goals and status of achievement, and provide group members with resources.
Group members will have time to say anything they feel they want share with the group.
Serenity Prayer “Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

Notes:

Now is the time to choose relational values that are important to you and represent an area of your life that you have been putting on hold until now. Once you've chosen a value, write it down on the top line of the worksheet below. Under this value, generate some clearly defined goals to help you fulfill your values. Identify the behavioral steps necessary to achieve the goal. Arrange the steps in a logical order. Make a commitment to each step. Take each step, no matter how you feel. Pat yourself on the back after you complete each step.

Values and Goals Worksheet				
My value: _____				
The goal I want to achieve	Steps towards achieving my goal	Barriers	Strategies	Date achieved
Goal 1:				
Goal 2::				
Goal 3:				

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