

# Post-Traumatic Growth

## Applying Solution-Focused, Narrative and Meaning Centered Interventions

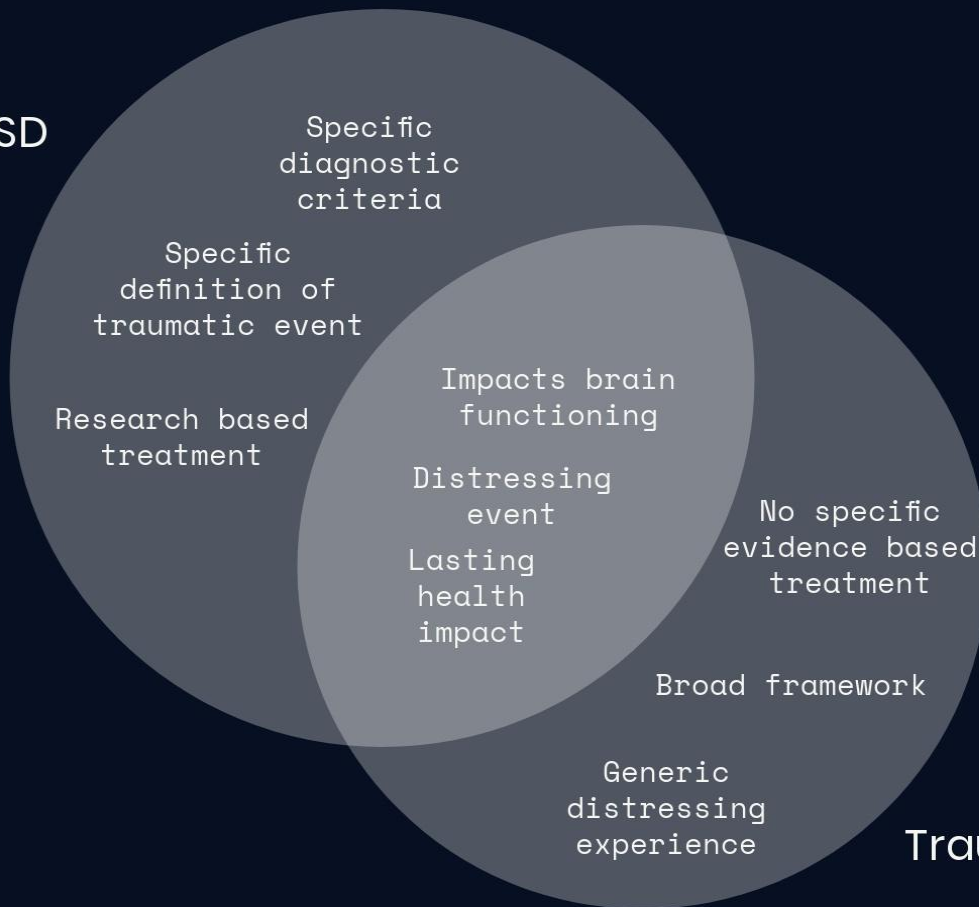
Dr. Carissa Muth, Psy.D.

April 15, 2025

# T(t)rauma

Trauma - exposure to a distressing or stressful event resulting in physiological, emotional and/or psychological changes

PTSD



Trauma

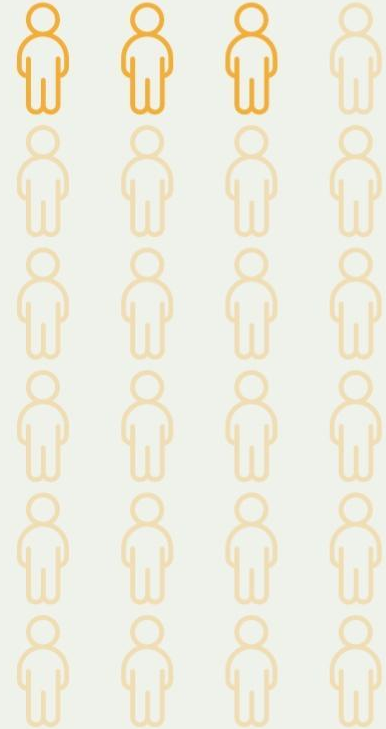
# How prevalent is PTSD?

76%



76% of Canadians  
experience trauma in  
their lifetime

9%



9.2% of Canadians  
experience PTSD in  
their lifetime

# Trauma and Stress-Related Disorders in DSM-5



## Post-Traumatic Stress Disorder (PTSD)

Exposure to actual or threatened death, serious injury, or sexual violence, leading to intrusive symptoms, avoidance, negative alterations in cognition and mood, and heightened arousal.



## Acute Stress Disorder

Temporary but severe anxiety, dissociative, and other symptoms occurring within one month after a traumatic event.



## Adjustment Disorders

Emotional or behavioral symptoms in response to an identifiable stressor, occurring within three months of the stressor.



## Reactive Attachment Disorder

Failure to form healthy attachments with caregivers in early childhood due to neglect or abuse.



## Other Specified Trauma- and Stressor- related disorder

Symptoms do not meet criteria for other diagnosis in category but are due to a stressor. Provide specifics such as PTSD like symptoms



## Unspecified trauma-and stressor-related disorder

Typically used in an emergency room when a proper diagnosis cannot be obtained

# Core Symptoms - PTSD

- Re-experiencing in the present
- Avoidance of traumatic reminders
- Sense of current threat

## Exhibit 1.3-4 DSM-5 Diagnostic Criteria for PTSD

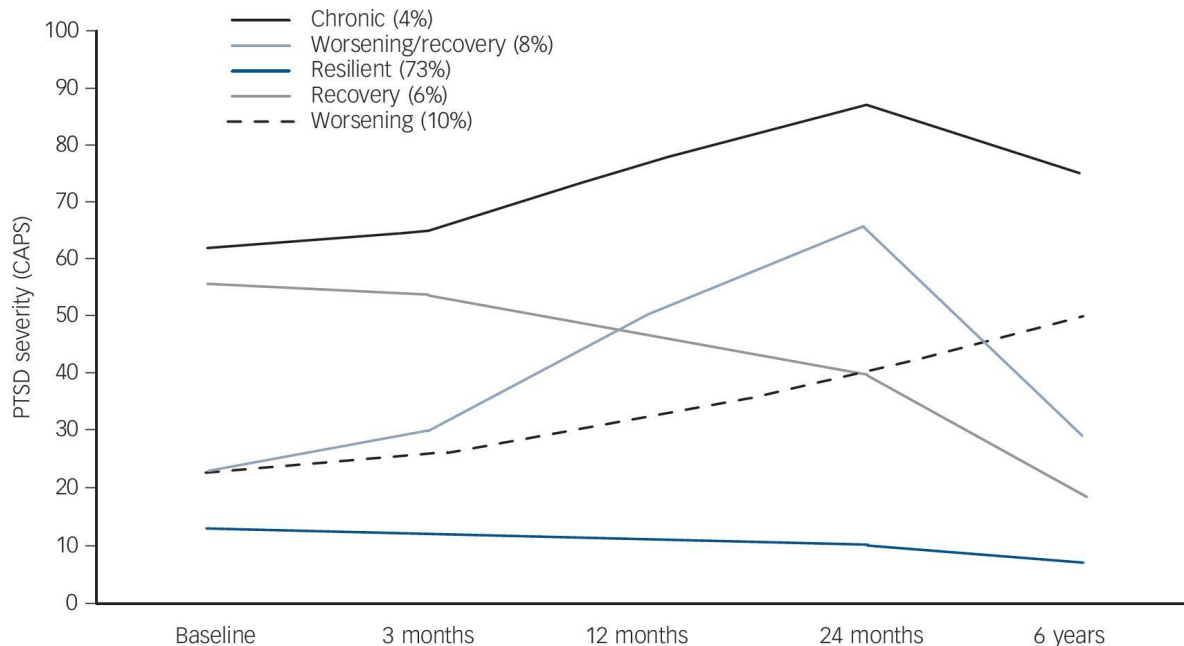
**Note:** The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see the DSM-5 section titled “Posttraumatic Stress Disorder for Children 6 Years and Younger” ([APA, 2013a](#)).

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
1. Directly experiencing the traumatic event(s).
  2. Witnessing, in person, the event(s) as it occurred to others.
  3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
  4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

# Distinct Nature of PTSD

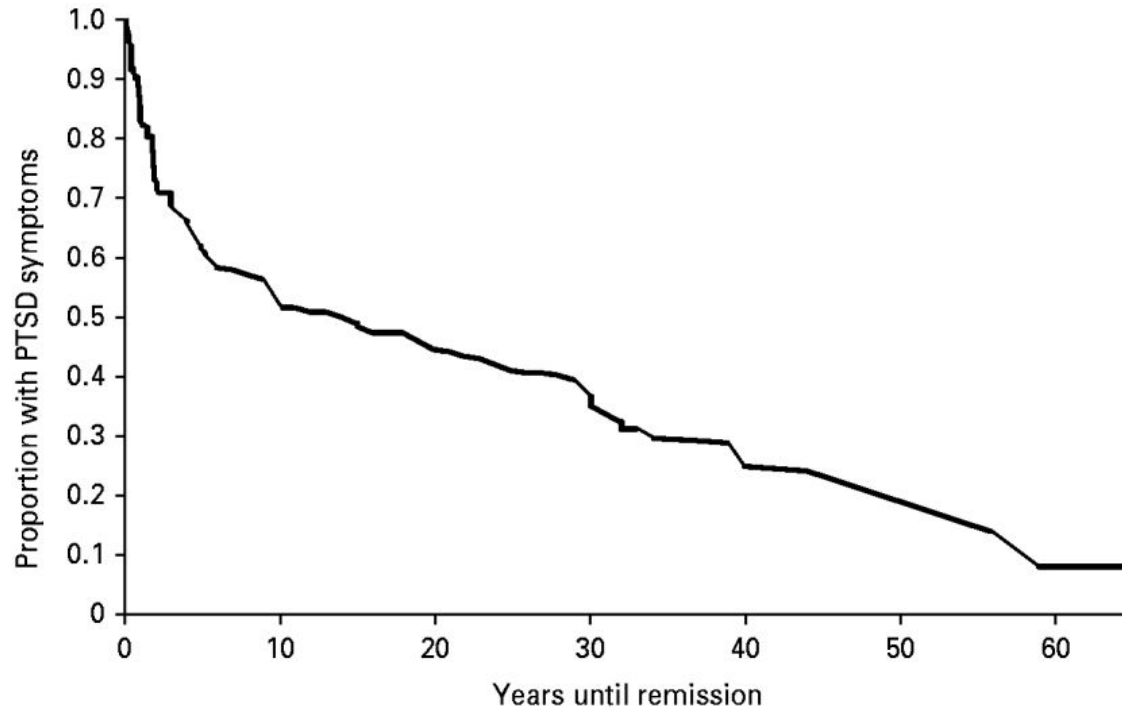
- Involuntary re-experiencing of traumatic event as unique characteristic<sup>[6]</sup>
- Re-experiencing of traumatic event often accompanied with painful emotions
- Abnormal memory phenomenon
- No consensus as to cause

# Treatment Resistance



Chapman, C., Mills, K., Slade, T., McFarlane, A. C., Bryant, R. A., Creamer, M., ... Teesson, M. (2012). Remission from post-traumatic stress disorder in the general population. *Psychological Medicine*, 42(8), 1695-1703. doi:10.1017/S0033291711002856





# What Creates Problems?



# Theories of PTSD

- Two-factor learning theory<sup>[6]</sup>
  - Fear conditioning
  - Flashbacks don't extinguish due to avoidance behaviours
  - Treated with imaginal exposure (non-avoidance)
- Stress response theory<sup>[6]</sup>
  - Cognitive models are incompatible with traumatic experience
  - Triggers psychological defence mechanisms
  - Flashbacks are information overload
  - Treatment includes establishing a new cognitive model

# Theories of PTSD

- Cognitive model<sup>[6]</sup>
  - Negative appraisal of traumatic event and self-protective strategies
  - Strong perceptual priming leads to flashbacks
  - Treatment includes addressing maladaptive narratives and providing narrative to traumatic memories to reduce priming strength

# Memory Wars

- Repressed trauma memories - mixed to limited evidence
  - 24.1% of Clinical Psychologists [in USA] agree in repressed memories and 8.6% of Cognitive Psychologists<sup>[5]</sup>
- Children coping through dissociative avoidance coding style - mixed to limited evidence
- Fragmented memories – scarce peer reviewed evidence of fragmented or dissociated memories<sup>[1][2][4]</sup>

# Childhood Development and Trauma



## Early childhood experiences shape development

Traumatic events during formative years can have profound and lasting impacts on mental health and well-being.



## schema development

Early experiences shape how children form mental representations and conceptual frameworks.

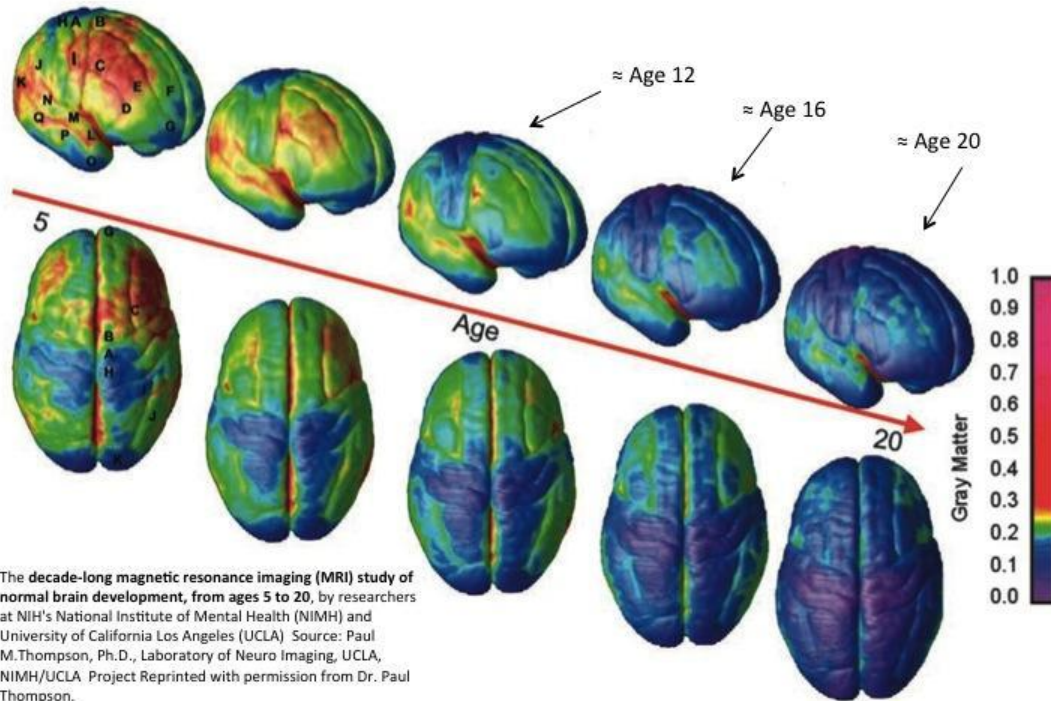


## low-grade inflammation

Childhood abuse was associated with low-grade inflammation. Chronic inflammation has been established as the overlying mechanism demonstrating how the immune system contributes to disease development.

Understanding the implications of stress on childhood development is crucial for providing appropriate support and interventions.

# Brain Development



# Attachment

- Developed in early childhood
- Influences a child's capacity to form mature intimate relationships in adulthood
- Influence cognitive schemas

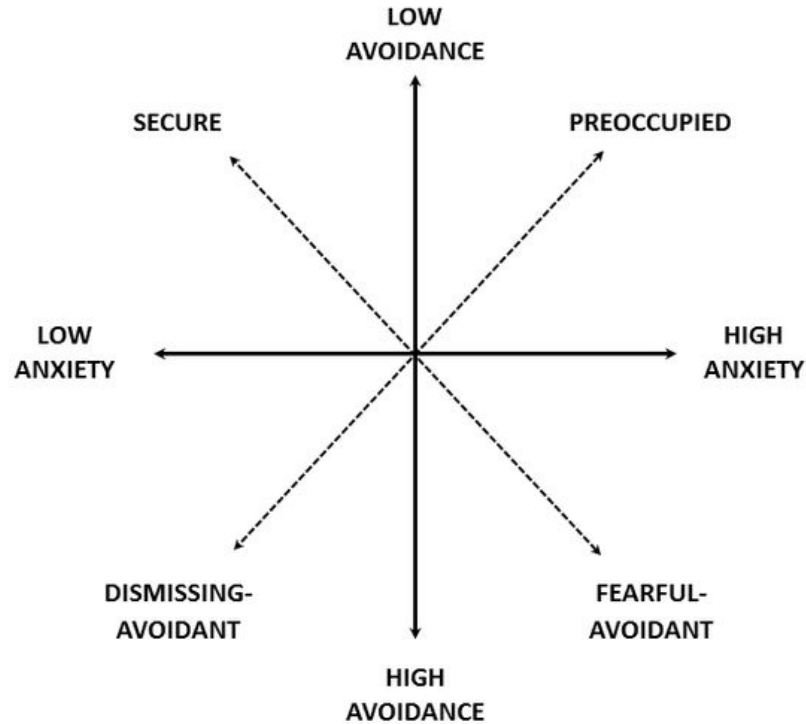
“Patterning and organization of attachment relationships during infancy is associated with characteristic processes of emotional regulation, social relatedness, access to autobiographical memory, and the development of self-reflection and narrative”

(Siegel, 1999, p.67)



### Secure Attachment

Have adaptive emotional regulation abilities through sustained problem-solving efforts



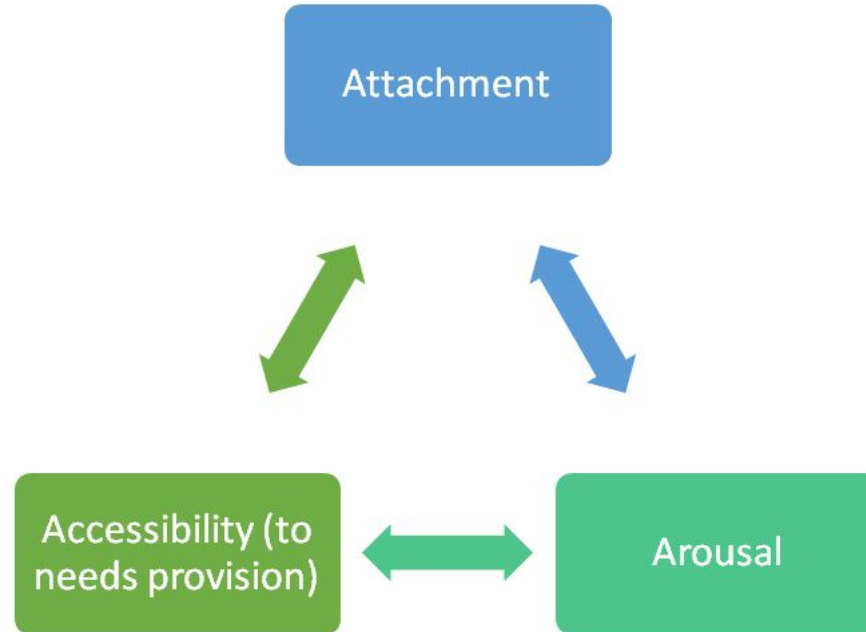
### Anxious Attachment

- Crave close relationships
- Engage in strategies that sustain or even exacerbate their distress

### Avoidant Attachment

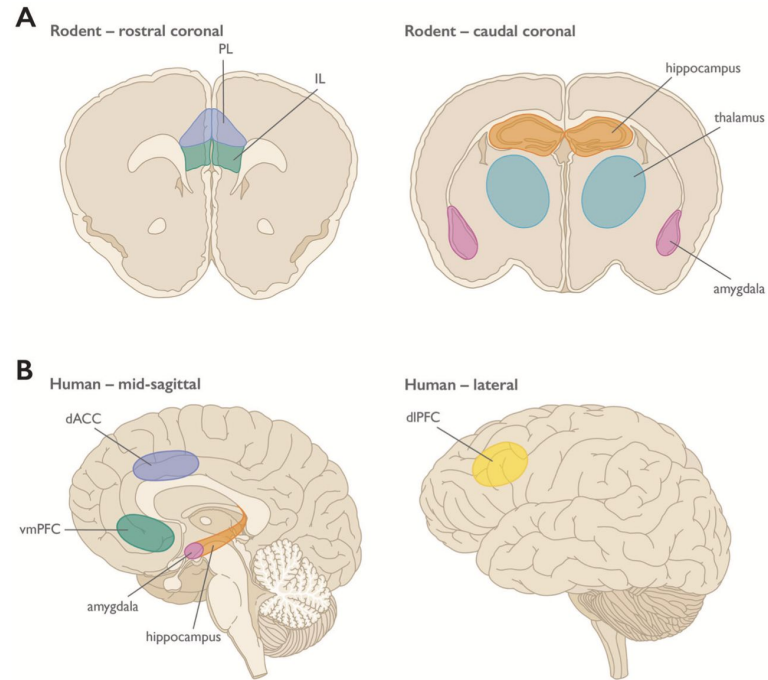
- Suppress or deactivate emotional reactions
- Fearful of vulnerability and emotions

# Lost Attachment



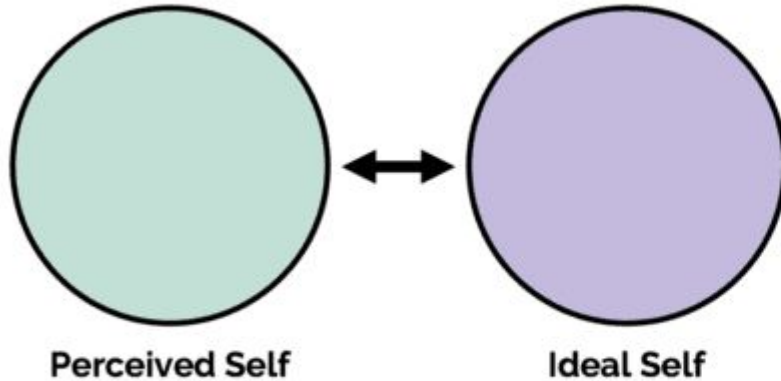
# Emotional Regulation

- “Survival brain”
  - Distinct neural profiles of CPTSD and PTSD during threat response<sup>[9]</sup>
- Humans have a unique ability to use cognition to alter fear responses<sup>[10]</sup>
- Stress impacts the ability of the PFC and subcortical regions implicit in threat control
- Evidence that a history of childhood abuse reduces grey matter in the PFC
- fMRI studies indicate that ongoing PTSD symptoms are contributed by impairment with the PFC
- TMS may help
- Emotional awareness



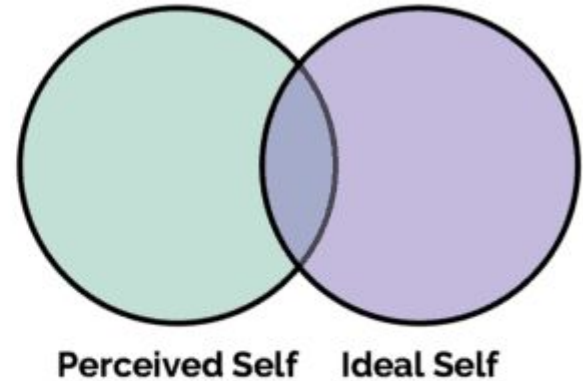
**Fig. 1 Threat regulatory neurocircuitry across species.** **a** Rodent anatomy highlighting regions involved in threat learning, extinction, avoidance, and the contextual modulation of threat expression; **b** Human anatomy highlighting regions involved in threat learning, extinction, avoidance, cognitive regulation, and the contextual modulation of threat expression. PL = prelimbic cortex, IL = infralimbic cortex; dACC = dorsal anterior cingulate cortex, vmPFC = ventromedial prefrontal cortex, dlPFC = dorsolateral prefrontal cortex.

## INCONGRUENCE

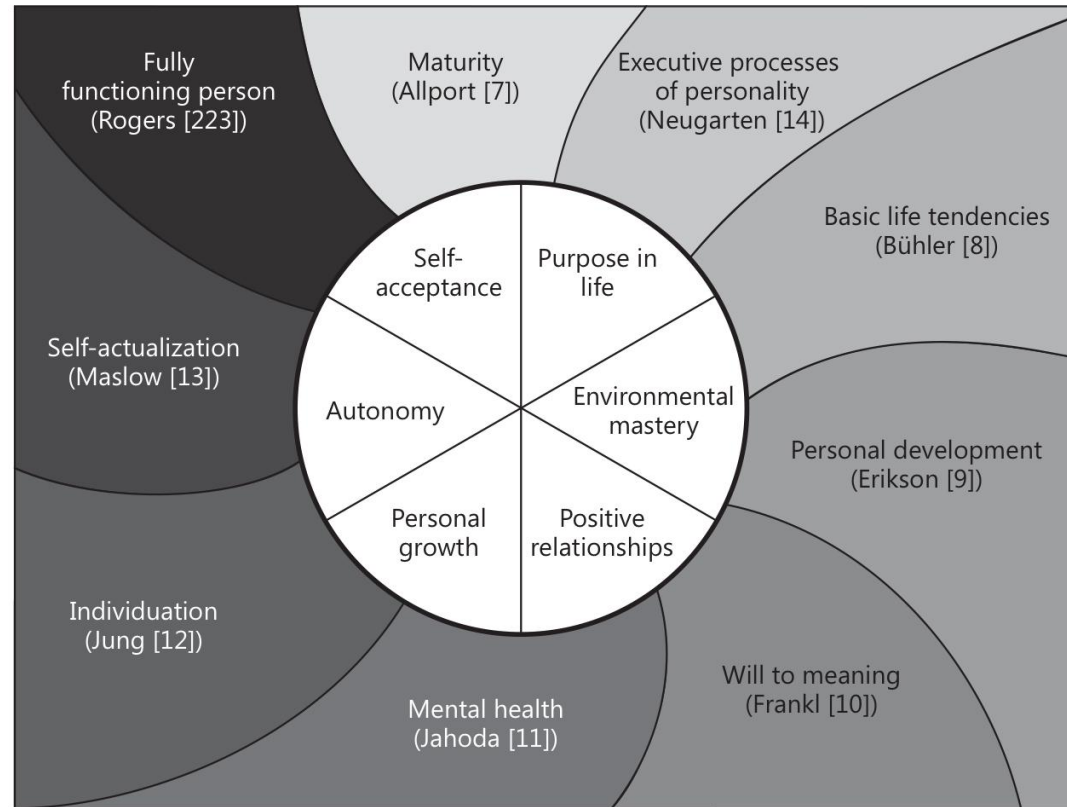


The perceived self and ideal self are different. There is little to no overlap.


## CONGRUENCE



The perceived self is similar to the ideal self. There is overlap.



Ryff, C.D (2014). Psychological well-being revisited: Advances in the science and practice of Eudaimonia



Such widespread phenomena as  
depression, aggression and addiction are  
not understandable unless we recognize  
the existential vacuum underlying them.

Viktor E. Frankl

# Healing



# Mechanisms of Change

- Improvements in maladaptive trauma- related beliefs and appraisals appear to be the core mechanism of change in PTSD specific treatments<sup>[3]</sup>
- Some suggestions of increased hope
- Common factors
- Therapeutic alliance (client buy in)
- Emotional regulation/inhibitory learning
- There is little to no evidence that indicate that contextualization of trauma memories or sensory (somatic) based memories into verbally accessible ones is a mechanism of change<sup>[3]</sup>

## THE THERAPEUTIC FACTORS

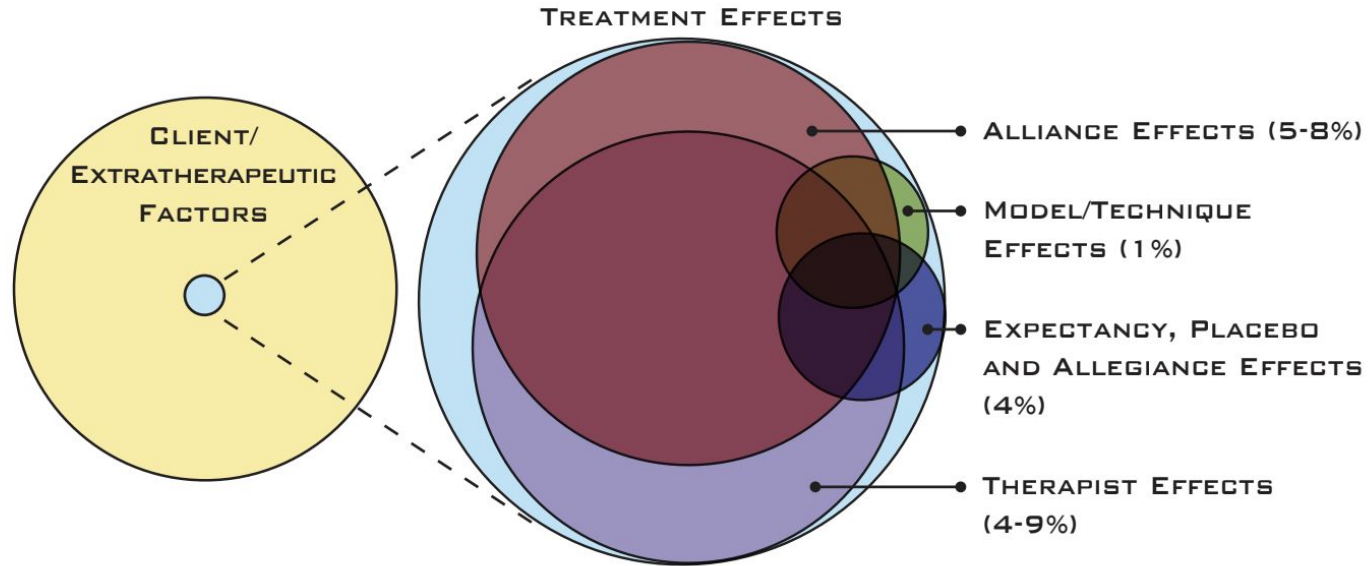
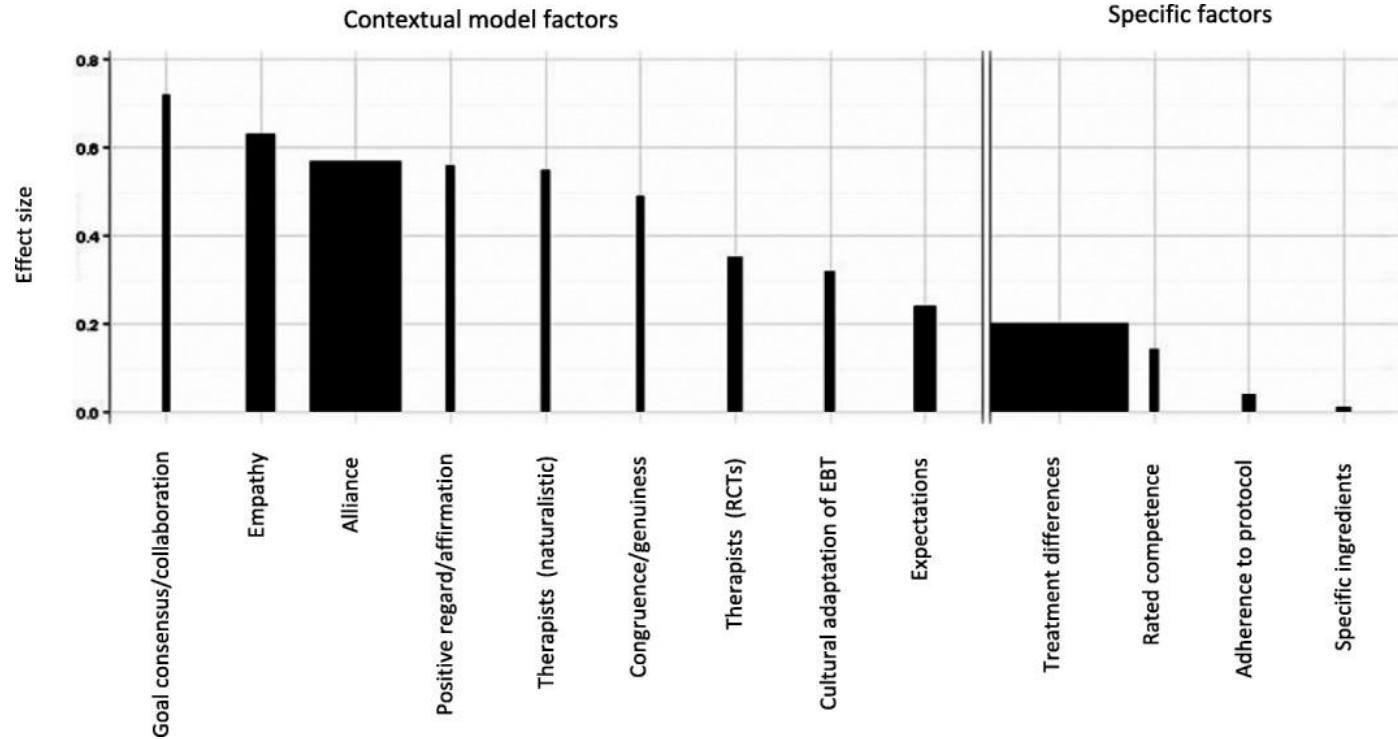


FIGURE 1

# Effective Psychotherapy



**Medical Model** - characterized by insistence on the correct explanation of a disorder and adoption of the concomitant therapeutic actions that are responsible for the patient benefits

**Common factors** - aspects of therapy that are common to most psychotherapies, such as hope, expectation, relationship with the therapist, belief and corrective experience

Common factors model understands the therapist as an agent of change and that outcomes are linked to the therapist's characteristics and relationship with the client

# Therapist Effects

- Preponderance of evidence indicates that there are important therapist effects (3-7% of variability)
- Therapist effects general exceed treatment effects
- What are the characteristics and actions of effective therapists?
  - Empathy
  - Authenticity (real relationship)
  - Ability to form strong alliances across the range of clients
  - Interpersonal skills (Higher linked to better client outcomes)
    - Verbal fluency
    - Interpersonal perception
    - Affective modulation and expressiveness
    - Warmth and Acceptance
    - Empathy
    - Focus on other
  - Reflective about practice

# General Effects

- Working alliance
  - Healthy, affectionate, and trusting feelings toward the therapist without transference
  - Agreement about the goals of therapy
  - Agreement about the tasks of therapy
  - Bond
  - Early symptom change may increase rates of alliance
- Placebo/ Expectation (Hope)
  - Desire to feel relief
  - Induction of an expectation that treatment can accomplish goal
  - Presence of emotional arousal
- Attribution
  - Client attributes changes to their own efforts (Self-efficacy increase)
  - Acquisition of the belief that one's efforts are responsible for improvement

# Emotion Processing Theory

- Fear Structure - Mental framework for reacting to a fear stimulus
- Can become Distorted – individuals do not reflect sufficiently upon the initial event and associated emotions so harmless stimulus are interpreted as dangers
- Treatment based on this theory (such as Prolonged Exposure) involves the repetitive exposure to the event memory in a safe (therapeutic) environment
  - Recoding of the fear response
- Proposed by psychologist Edna Foa and Michael J. Kozak

# Necessity of Exposure?

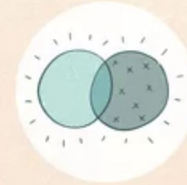
- Exposure- systematic confrontation of a feared stimuli
- Habituation – reductions of fear over time and exposure
  - Often measures through Subjective Units of Distress (SUDS)
- Little research supporting the belief that in session decrease in distress (a.k.a. evidence of habituation) is linked to treatment success
- New evidence is indicating that exposure is not needed and is actually less about reducing fear than helping people adapt to their experience of fear[7]
- "Therapeutic efforts are better directed towards toleration of distress within a structure that enhances the consolidation and retrievability of exposure-based inhibitory learning over context and time." [7]



# What Are the Key Principles of Narrative Therapy?



Interpretation of experiences is done through language



Individuals can have different realities of the same experience



Narrative can help us make sense of our experiences



Interactions with others impacts how we experience reality



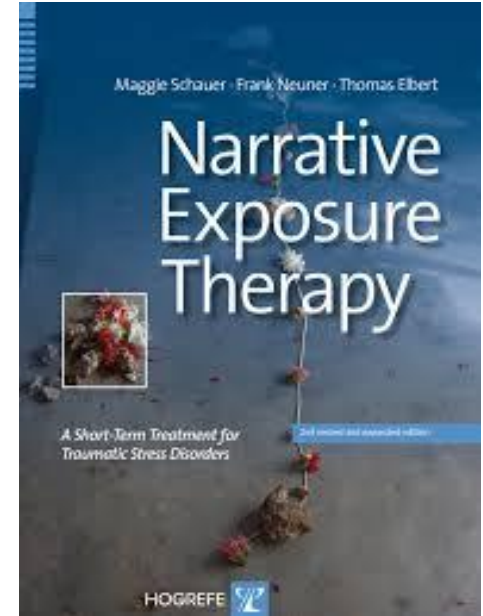
verywell

# Narrative Therapy

- Understanding yourself and becoming an expert
- Externalization of the problem
- Utilize stories linked by a theme
- Emphasize that we are the stories we tell ourselves
- Therapists engage with narrative ideas and work with clients on resisting the influence of problem stories and deficit descriptions
- Re-authoring stories of their lives

# Narrative Exposure Therapy

- Small group or individual
- Establish a chronological narrative of life
- Contextualizes experiences
- Redefine traumatic stories
- Client describes emotions, thoughts sensory information
- Engages their entire life story



# Solution Focused Therapy

- Goal oriented
- Incorporates positive psychology principles
- Client change is created by constructing solutions rather than focusing on problems
  - Generate a detailed description of how the client's life would be different when the problem is gone
  - Discover necessary resources needed to co-construct practical and sustainable solution

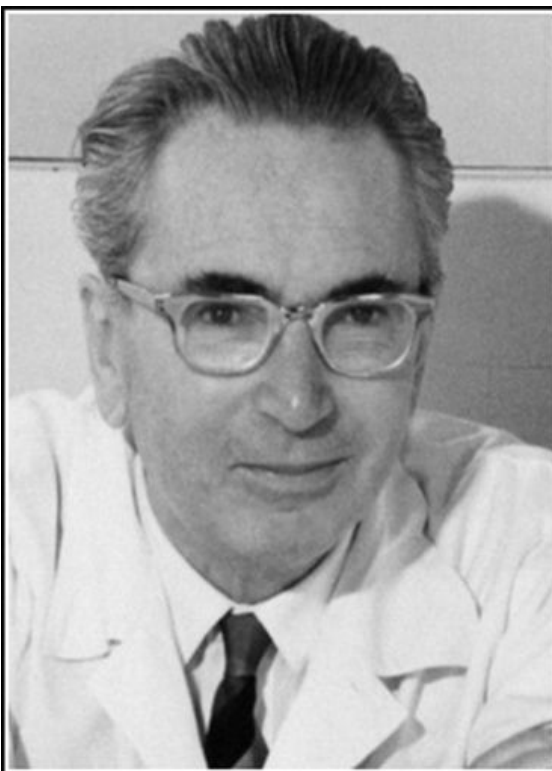
Pre-session change	<p>What has already changed since . . . ?</p> <p>What is better since . . . ?</p>
Goal seeking	<p>What do you do instead (of the problem)?</p> <p>What are you hoping for? What difference would that make? What else?</p>
Exceptions	<p>When is/was it less serious? When is it<sup>a</sup>/was it<sup>a</sup> better? What do/did you do differently?</p> <p>What did you try? What was helpful? What else?</p>
Scaling	<p>When 10 is . . . <sup>b</sup>, When 1 is . . . <sup>b</sup>,</p> <p>Where are you now? How did you do that? What is your next step? What is your next sign of progress? How can you get there?</p>
Competences	<p>How do/did you do that? How did you succeed? How do/did you manage? How are/were you able to . . . ?</p>

<sup>a</sup> It is the problem as described by the client.

<sup>b</sup> Preferably: one word.

# Purpose in Life

- Has goals in life and a sense of direction; feels there is meaning to present and past life; holds beliefs that give life and purpose; has aims and objectives to living
- *"A human being, by the very attitude he chooses, is capable of finding and fulfilling meaning in even a hopeless situation." (Frankl)*
- Principal ways to find meaning (Frankl)
  - What they gives to the world in terms of creations
  - What they take from the world in terms of encounters and experiences
  - The stand they take to their predicament in case they must face a fate which they cannot change



Only to the extent that someone is living out this self transcendence of human existence, is he truly human or does he become his true self. He becomes so, not by concerning himself with his self's actualization, but by forgetting himself and giving himself, overlooking himself and focusing outward.

— Viktor E. Frankl —

AZ QUOTES

# The Positive Suffering Mindset (PSM)

How to achieve sustainable flourishing



♦ Dr. Paul T. P. Wong

One needs to go beyond PERMA and cultivate PSM in order to achieve sustainable flourishing because suffering is an inevitable part of human existence.

**Mindful Mindset**

Focusing on the present moment.

**Meaning Mindset**

Discovering the hidden meaning and goodness in every situation.

**Resilient Mindset**

Cultivating mental toughness through endurance and overcoming.



**Dialectic Mindset**

Finding the optimal balance through Yin-Yang dialectics.

PSM evolved from Viktor Frankl's original conception about the meaning of suffering.

**Growth Mindset**

Growing taller and bearing fruit though sinking one's roots deeper into the soil of suffering and transcendental values.



**Sunshine Coast Health Centre**

A Non-12 Step Mental Health Program

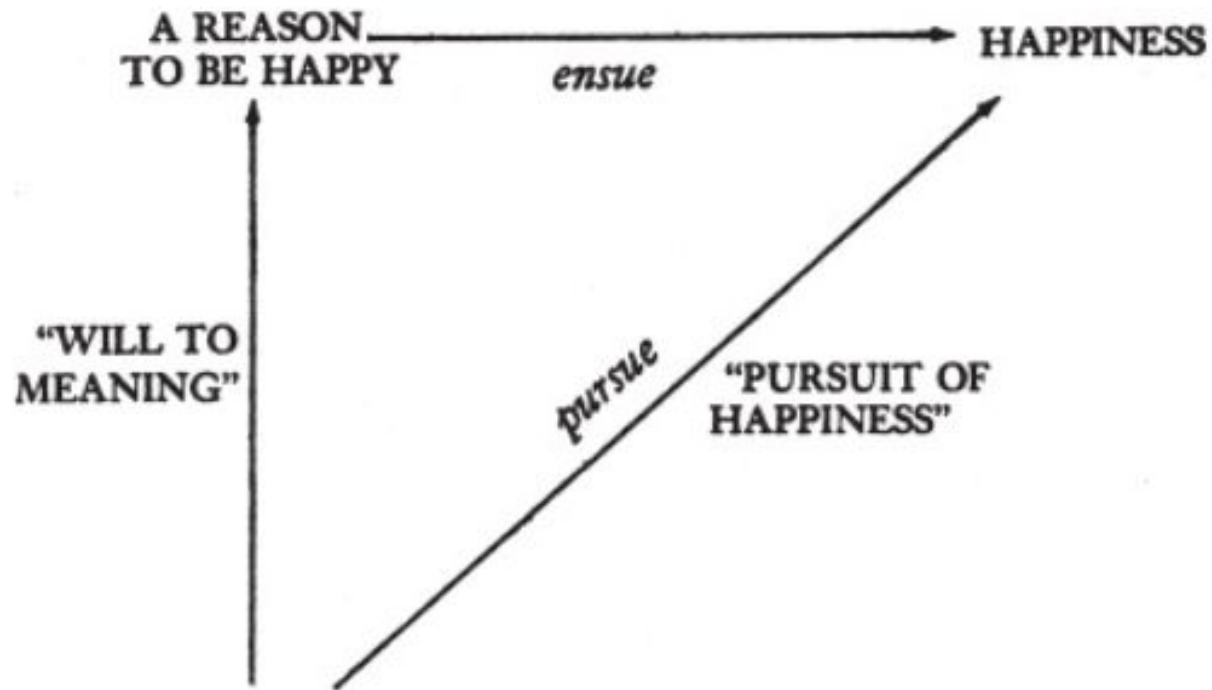
**Georgia Strait**

WOMEN'S  
CLINIC



# Pain and Suffering

*"As soon as a painful fate cannot be changed, it not only must be accepted but may be transmuted into something meaningful, into an achievement"*  
(Frankl)

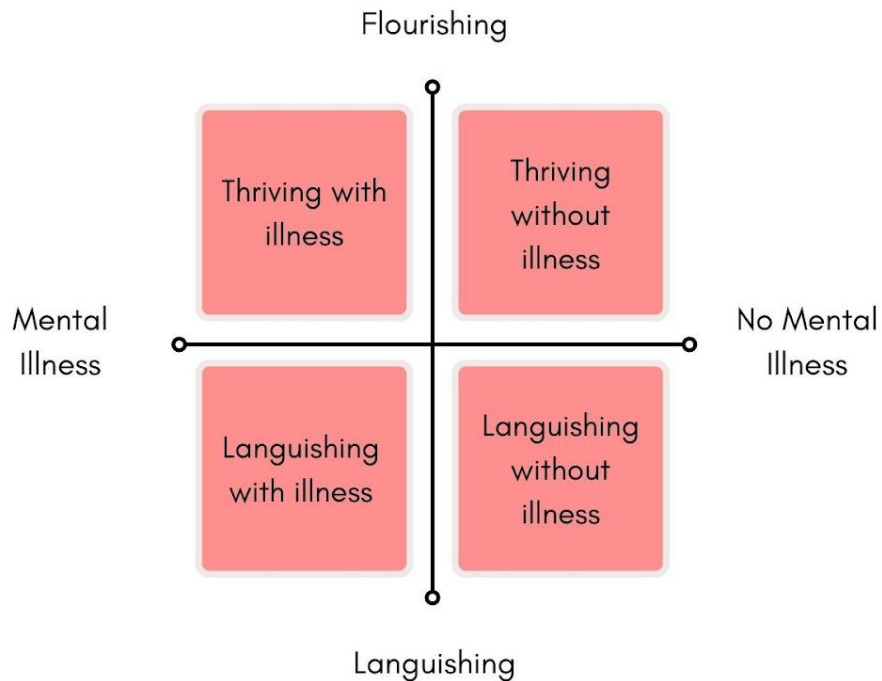


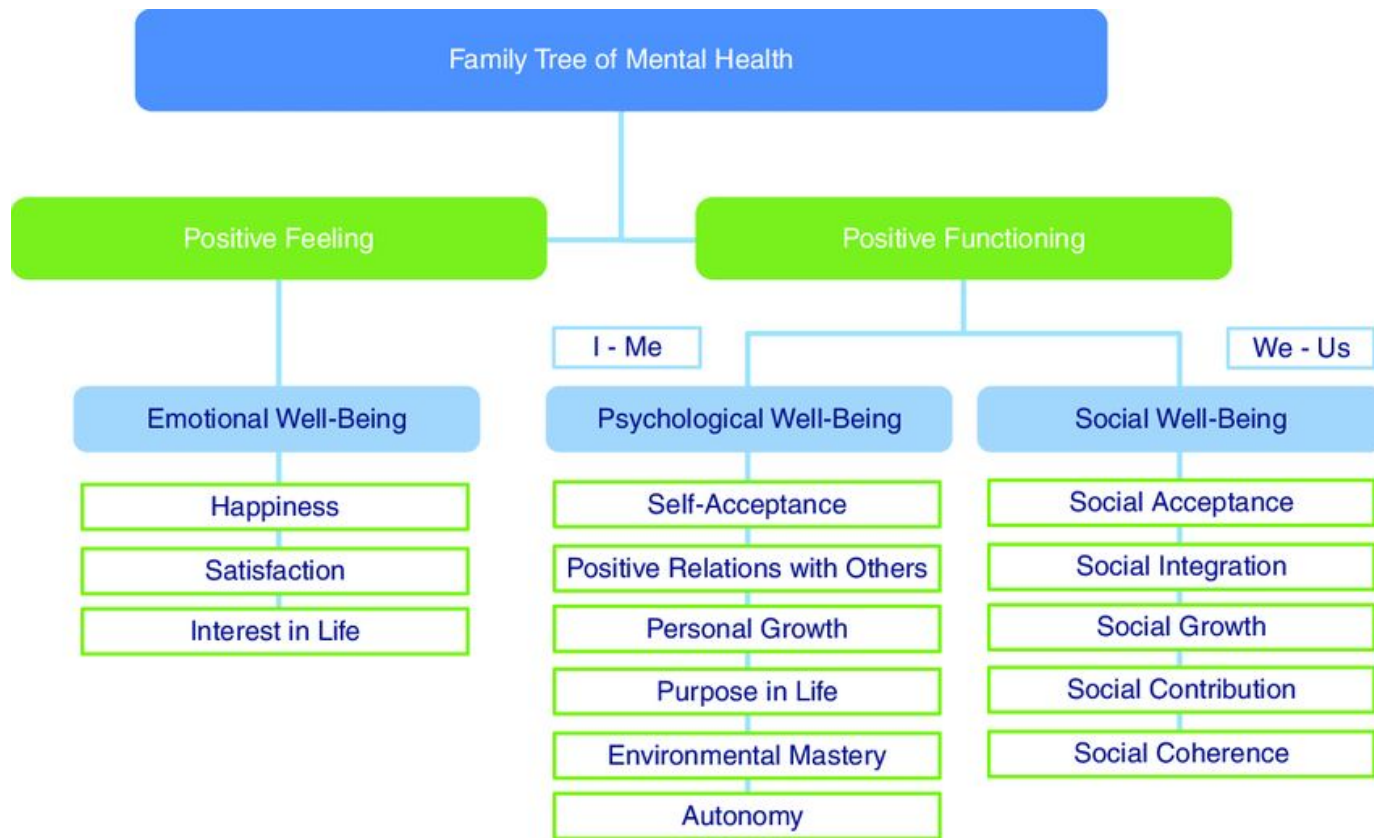
**Sunshine Coast  
Health Centre**

A Non-12 Step Mental Health Program

**Georgia Strait** | WOMENS  
CLINIC

# Corey Keyes' Dual Continuum Model





# ABCDE Intervention

**A**ccept and confront reality – *the reality principle*

**B**elieve that life is worth living – *the faith principle*

**C**ommit to goals and actions – *the action principle*

**D**iscover the meaning and significance of self and situations – *the Aha! Principle*

**E**valuate the above – *the self-regulation principle*

Dr. Paul T. Wong

# MT Goals

Develop a deeper understanding of cause- Not just symptoms

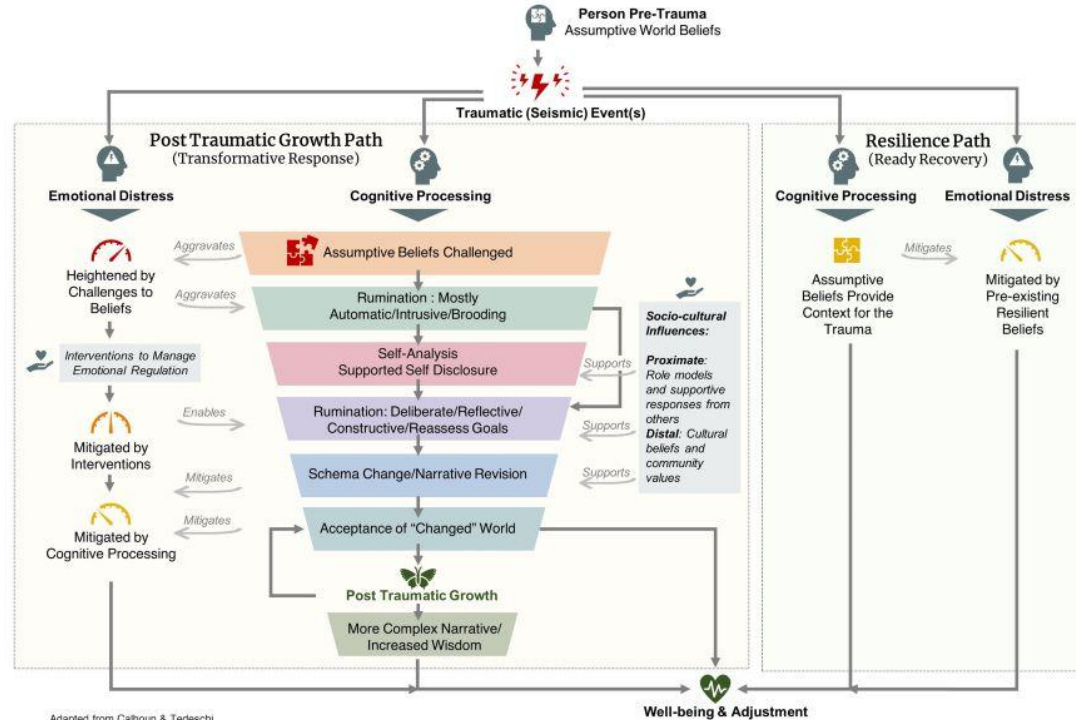
Develop a set of positive meanings as foundation upon which to build a fulfilling and productive life

Learn how to overcome internal and external obstacles to attain meaningful life goals

Learn to live productively in spite of certain unchangeable realities of life, such as suffering, aloneness, and anxiety

Improve relationship skills and connection with others

# Theoretical Model of Post Traumatic Growth



[E ThrivologyDesigns.etsy.com](https://www.etsy.com/shop/ThrivologyDesigns) [@ComplexTraumaHealing](https://www.instagram.com/ComplexTraumaHealing)

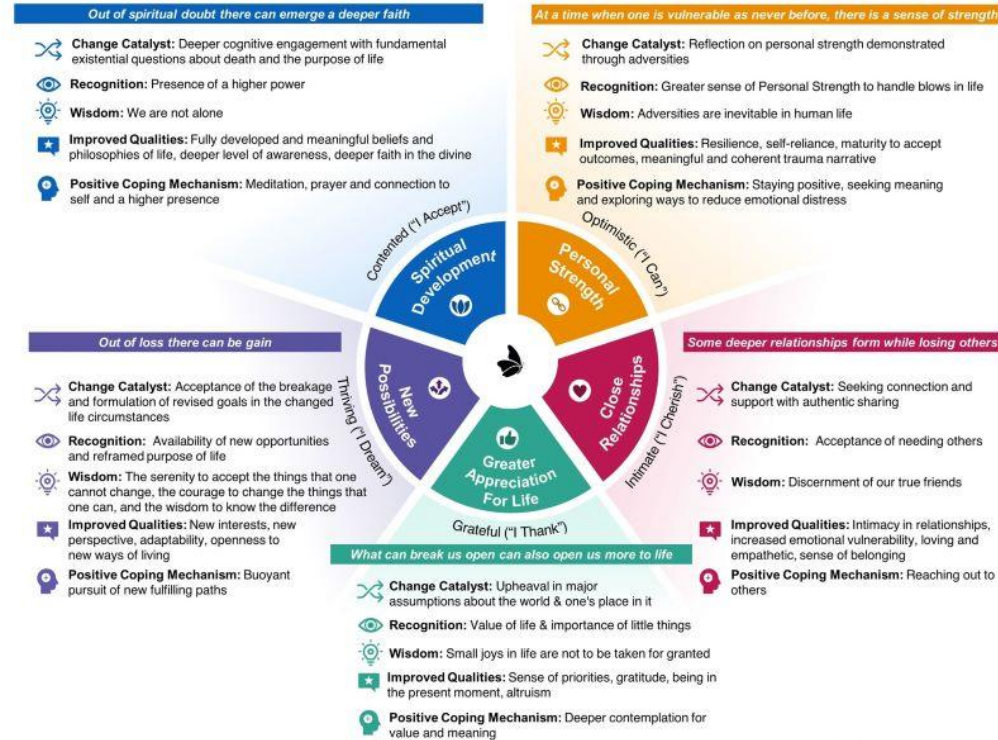
# Post Traumatic Growth

What It is and What It Isn't





# 5 Domains of Post Traumatic Growth



[ThrivologyDesigns.etsy.com](https://thrivologydesigns.etsy.com) [@ComplexTraumaHealing](https://www.instagram.com/ComplexTraumaHealing)

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