1

AN OVERVIEW OF TRAUMATIC INCIDENT REDUCTION AS A BRIEF THERAPY APPROACH FOR POST-TRAUMATIC STRESS DISORDER

Traumatic Incident Reduction (TIR) was developed by an American psychiatrist, Frank Gerbode, in 1986. In this chapter we provide an overview of some aspects of the theory and an in-depth discussion of other aspects of the theory can be found later in the book. TIR is a directive, person-focused method of examining trauma. We are using the term *person-focused* instead of person-centred in order to distinguish our orientation from the school of person-centred counselling developed by Carl Rogers. To us, person-focused means that we consider any individual to be the expert on his own experience. He is the only one who can fully understand his experience – decide what it means, how it fits in the context of his own life and how it translates into his relationship with others. This is a central principle in TIR. We respect the client's own expertise and this informs our practice. We gain our information from our clients to help us guide them in examining their worlds in manageable pieces so that they can make sense of the whole.

The central concepts of TIR include: exposing the client to the trauma repeatedly, structuring the session closely, proceeding with work on a trauma or a group of related traumas in (preferably) one session until resolution (an end point) is reached. All related techniques in this model follow the same basic principles (which we examine in depth later in the book):

- Repetition as a way of facilitating the discharge of negative emotion and arriving at a cognitive shift – or insight.
- A non-judgemental and non-interpretive stance on the part of the counsellor (person focused).
- Structured techniques that are made up of questions and instructions.
- Use of a defined end point (e.g. with specific criteria that depend on the process of the session rather than the content) to determine when to end the session. (An unfixed session time rather than a 50-minute or 90-minute session.)
- Use of specific communication skills.

THE STRUCTURE OF THIS BOOK

When we work with a client using these methods, we move through a variety of stages of treatment. This chapter provides an overview of each stage and illustrates the main technical skills involved in each stage of treatment. Chapter 2 provides an overview of the nature of Post-Traumatic Stress Disorder so that the reader has a framework in which to place the use of TIR as a brief therapy method. Chapter 3 provides an in-depth treatment of those clients who are suitable to benefit from TIR and related techniques as a brief therapy method for PTSD and discusses integrating TIR into longer term therapy in cases in which it would not be appropriate to use the model as a stand-alone method.

Chapter 4 provides an in-depth treatment of the first stage in brief therapy using TIR: the assessment and history-taking stage. This also includes further information about educating the client about the method. The second stage is the actual TIR work and is discussed in depth in Chapters 5, 6, 7 and 8. In the final stage, Chapter 9 provides a discussion of what to do when a TIR session does not go as planned, ending the counselling is discussed in Chapter 10. The appendices cover The Counselling Assessment Form (our history form), an Expanded Unblocking List and a graphical model of reaction to trauma. There are a variety of advanced techniques that we might use in more complex cases or situations, and these will form the subject of a separate book on Advanced Traumatic Incident Reduction.

RESEARCH ON TIR

There has been some controlled research on TIR as well as considerable anecdotal research that illustrates its efficacy as a treatment for PTSD (Bisbey, 1995; Coughlin, 1995; Figley, in press; Figley & Carbonell, 1995;

Gerbode, French & Van Aggelen, 1990; Gerbode, French & Bisbey, 1993). Treatment using TIR is usually short to medium term (under six months' treatment and often eight weeks' treatment) and intensive when possible. Controlled research results indicate that it is more effective than Direct Therapeutic Exposure, which is the most well-researched treatment of traditional methods (Bisbey, 1995) and that these results are maintained on follow up at six months, one year and two years (Bisbey, 1996a). In addition, anecdotal information sees treatment gains being maintained at five and eight years follow-up (Bisbey, 1996b).

LONG-TERM VERSUS SHORT-TERM WORK IN THE TREATMENT OF PTSD

There is considerable debate in the field of traumatic stress on the issues surrounding symptom resolution versus symptom management – sometimes described as remission versus cure. There are those who are convinced that symptoms can only be managed or that PTSD, once resolved, can become active in the face of other life circumstances. These clinicians and researchers subscribe to a disease model of PTSD similar to the models used in the substance abuse field. In our opinion, the largest problem with this model is that it cannot be either proved or disproved. When is PTSD seen as no longer 'in remission' but actually 'cured'? Is this after two years with no symptoms, four years, ten years?

Charles Figley, one of the most well-known experts in the field of traumatic stress, is one of the group who believes that it is possible to 'cure' or resolve* PTSD and that short-term treatment has proved to be quite successful in many cases (Figley, in press; Figley & Carbonell, 1995). We too believe, based on our experience and the research evidence, that it is possible to resolve PTSD. In this case, resolution is defined as the person no longer qualifying for a diagnosis of Post-Traumatic Stress Disorder. Depending on the circumstances, we feel that this is best done with short-term intensive treatment, particularly using TIR. We use a variety of cases to illustrate this throughout this book.

A variety of considerations have arisen regarding the benefits of long- versus short-term work. In Chapter 3, we discuss who is suitable for work with TIR (which is traditionally short to medium term). In brief, in situations in which a client has a limited ability to trust other human beings

* 'Cure' in this context means that the person no longer qualifies for a diagnosis of PTSD (or any other disorder that was caused by the trauma in question).

and a limited ability to communicate in relation to his thoughts and feelings, longer term treatment is usually necessary. In some cases, TIR is employed as part of a long-term treatment plan to address specific traumatic incidents and thematic material. In other cases, long-term treatment is done using related techniques and the same general theoretical constructs. In either of these situations, advanced techniques are necessary to enable the client to make use of the method. These are not covered in this book, but form the subject of a future book.

We recommend taking a holistic approach to the client, which is the reason we engage in such an in-depth history and assessment stage in our treatment. Some clients need additional treatment to learn new social skills, develop an identity that is not focused around the trauma, and learn to manage their intimate relationships – many of which have been impacted by the trauma. This is particularly true in cases of chronic Post-Traumatic Stress Disorder. In these cases, TIR can be integrated into a longer term treatment plan and, in addition, more advanced techniques can be applied which address these issues. Though we examine this briefly in Chapter 3, much of this is the subject of our book on Advanced Traumatic Incident Reduction.

In order for TIR to be successful, a client has to be able to tell the counsellor whatever might enter his mind, without censoring. This requires that the client must be able to trust the counsellor on quite a deep level. In addition, it requires the client to be able to communicate readily about thoughts and feelings. Some clients are unable to do this because they are not cognitively literate – e.g. they do not have the skill of introspection, and are often unable to verbalize thoughts and feelings except on a basic level. An example is one client who was asked what he was feeling at that moment and replied 'Nothing' while he was clenching his fists. When the counsellor probed this area, the client said, 'The only thing I feel is anger. I don't have words for feelings. I don't know how to describe these things.' Another example is of a client who, during a session, sat silently for a while and was asked by the counsellor what he was thinking at that moment. He replied, 'I don't know.' He then went on to tell the counsellor that he did not tend to think much and so was unable to tell the counsellor about his thoughts. With clients in this situation, the initial therapy focuses on developing trust in the therapeutic relationship and teaching the client how to identify and verbalize thoughts and feelings. Often the therapeutic relationship becomes the focus of the therapy as this relationship is different from previous relationships in the client's life.

When we teach workshops and give lectures on TIR, one of the areas frequently raised as a concern is whether or not the relationship between

therapist and client is deep enough to do the work necessary. Trauma specialists frequently bring up the intensity of the material and the extreme importance of safety and trust in the therapeutic relationship. Many practitioners feel that short-term intensive work might not allow for a deep enough bond. Generally, this has not been our experience.

Because of the simplicity of TIR, the contact between therapist and client in a session can be extremely intense. As the practitioner places her full attention on her client, and she is not engaging in a discussion, making interpretations or judgements, there is no barrier between her client and herself during the session. When the emotion in the session becomes intense, she is right there in contact with the client and therefore in contact with the emotion and its intensity. This intensity can last quite a long time and therefore unfixed session times are essential to enable the client to get through it. As long as the counsellor consistently uses the specific communication skills and specific rules covered in this method of working, the client will feel safe in the session.

Because many sessions end on a positive note (as an end point has been reached), there is sometimes a feeling of elation for both the client and the therapist. For us, this type of session can best be described as a peak experience (using Maslow's definition). It is a time of great intimacy. Despite the shorter term nature of the work, in our experience, the intimacy is as deep as when working with clients on a long-term basis.

THE IMPORTANCE OF EXPOSURE IN WORKING WITH TRAUMA

In the field of trauma work, it is generally agreed that the methods that best enable a client to resolve traumatic experiences usually involve some form of exposure to the traumatic memories and the emotions, thoughts and sensations associated with these memories. By exposure, we usually mean that the client is asked to review the traumatic memory and talk about it, write about it, act it out or use art work to express the memory. Most forms of exposure-based work involve the client examining the memory in depth. In TIR, this exposure is accomplished through having the client review the trauma silently from beginning to end, and then tell the counsellor what happened. The client is asked to do this repeatedly until an end point is reached.

Gerbode calls the client, in TIR and related methods, a 'viewer' because he reviews the material contained in his mental environment (images, sounds, smells, tastes, sensations, feelings, thoughts). Gerbode calls the process 'viewing', which makes sense in this context. The viewing of the

material provides the intensive exposure necessary for the client fully to process and make sense of the traumatic material that has not been integrated. Further theory on the nature of trauma is discussed in the next chapter.

In TIR, the use of repeated reviewing of the trauma allows the client to control his level of exposure to the trauma. He can control the intensity to some degree by contacting the traumatic material (including the often intense emotions) in stages. On each repetition, new details of the trauma may emerge, often the level of emotion (and the types of emotion) experienced changes, different aspects of the trauma are examined until insight is achieved and resolution occurs. At this point, the session ends. Integration of the trauma often happens during the session but can also happen in the days or weeks following the session.

Length of Exposure

As the client is exposed to the traumatic material, the emotions he experienced at the time of the trauma can be re-experienced in the session. Short exposure sessions usually only allow enough time for the emotion to reach its peak intensity. There is some evidence that ending a session when the emotion is at peak intensity only serves to retraumatize the client (Black & Bruce, 1989; Rothbaum & Foa, 1992). Part of the reason traumas are unresolved in the first place is that clients often feel that if they recontact those emotions, the negative emotions will overwhelm them and they will feel that way forever. They cannot conceive of experiencing the emotions and coming out of the session feeling better – and the emotions not recurring in the future. Consequently, exposure lengths must be long enough to allow the trauma to lose some of its emotional intensity. Ideally, they should be long enough for the trauma to lose *all* of its emotional intensity.

Many forms of exposure-based treatment use 90-minute session lengths instead of the classic 50-minute period. Ninety minutes was chosen because research on imaginal flooding (a behavioural exposure-based treatment) indicated that 90 minutes usually allows enough time for the emotion to reach its peak and then begin to drop significantly so that, at the end of the session, the level of negative emotion is less than it was at the beginning of the session, thus not retraumatizing the client (Rothbaum & Foa, 1992). Unlike TIR, this choice of length of session is still counsellor-focused rather than person-focused (e.g. it is chosen to fit into the counsellor's schedule rather than based on the client's process in the session).

End Points or Points of Closure in a TIR Session

In TIR sessions, the length of exposure is determined by the client's process and therefore the sessions are unfixed in length. This is a person-focused method of determining the length of session. Ideally, sessions are over when an end point is reached. Sometimes this is not possible, in which case the session is ended when a level place is reached.

An end point is the point at which the trauma (or group of traumas) being examined is considered to be resolved. There are specific factors that the counsellor must observe in the session before he considers the session to be at an end point. Most of these factors are process determined as opposed to content determined. Process factors look at the pattern of the session whereas content factors look at the details of what is said and expressed, or the presumed meaning or significance of what is said and expressed, during the session. The counsellor ends the session ideally when all three of the main criteria are met. The counsellor would not consider that an end point has been observed based on just one criterion.

The criteria for an end point in a session include:

Change in the client's emotional state in a strongly positive direction. This includes:

- A return of normal colour to the face.
- The client is laughing, smiling or demonstrating that he is feeling better.
- The client makes statements illustrating he is feeling better or feeling positive emotions such as feeling peaceful, feeling happy, the trauma has lost its intensity, the trauma no longer feels important.
- The client's body position indicates a more relaxed internal state.
- The client reports that negative physical sensations have disappeared.

The client's attention shifts from concentrating on his mental environment to an awareness of the external environment.

- The client makes sustained eye contact with the counsellor.
- The client notices things in the room.
- The client's attention turns to things in the physical environment (including feeling hungry, noticing the time, noticing external noises).
- The client comments on activities he will be involved in after the session (e.g., he is going to the gym after session, must make a call, has a meeting)
- The client comments on the counsellor or something about the counsellor.

There is evidence of a cognitive shift – the client's thinking about the meaning of the traumatic experience has changed.

- The client states that she has achieved insight into the experience.
- The client reframes the trauma in terms of a learning experience.
- The client makes connections between the trauma and other experiences in her life.
- The client reports that the trauma feels finished and is no longer as significant.
- The client reports that the experience now makes sense and talks about its meaning to her.
- The client loses interest in the trauma and in talking about the trauma.

A number of these signs must be present to consider that an end point has been reached. At this point, the counsellor ends the session. In some cases, these signs are not present but the client reports being tired, being hungry or being unable to go on – or the session has stagnated (the traumatic material and the client's view of this material is no longer changing). In these cases, the counsellor might end the session knowing that a full end point was not reached. Issues surrounding ending the session when there has not been a full end point are covered in Chapter 9.

We want to underline that these decisions are related to the process the client is involved in – working through the trauma – not specific content that the client expresses. We are not looking for *our* idea of an adaptive or significant resolution, we are looking for the *client's own* significant resolution. This is an important distinction as many counsellors, particularly those coming from a psychoanalytic background, are used to interpreting or reframing the client's statements of meaning relating to the trauma. In TIR work, we never do this; the client does it.

A Word about 'Negative' End Points

The causation of incidents comes in four directions which Gerbode refers to as 'flows'. These are:

1. *Victim*: Someone does something to traumatize the client. For example, a client is assaulted.
2. *Perpetrator*: The client does something that causes pain or trauma to someone else. For example, a soldier in war time kills a civilian.
3. *Witness*: The client witnesses a traumatic event. For example, the client sees a road fatality or witnesses physical violence between his parents.

4. *Reflexive*: The client causes something traumatic to happen to himself. For example, the client attempts suicide or drinks heavily and drives his car into a tree.

Most clients initially come in with traumas that are of the victim or witness type – things have happened to them or they have witnessed horrible things. Some clients are very traumatized by things they have done to others and they tend to examine perpetrator type traumas as well. (This is particularly true when the client has served in the military or in the police force.)

Because we do not interpret the client's experience, some counsellors have been concerned about clients coming to 'negative' or 'maladaptive' end points. For example, one counsellor who worked with perpetrators, was concerned that someone who had raped a person could use TIR to justify this action. Her concern was that in the process of examining the perpetration incidents, the client would come to the conclusion that his actions were justifiable or acceptable, and that because this was a cognitive shift, it would be accepted by the counsellor as part of an end point. She felt that if the session were ended at this point it would be validating the client's perception – that his actions were justifiable. In our experience, this type of situation does not arise because a client only tends to examine incidents that are personally traumatic to him – if the incident is not upsetting to him, he usually will not examine it. As a rule, TIR will not work with an incident that has no emotional or cognitive charge attached to it. So someone who had raped someone would only be willing to examine that incident if he had negative feelings about the incident, not just negative feelings about the consequences of the incident (e.g. arrest and jail time). For this reason, the insight at the end of a session is usually an objectively more adaptive one (e.g. the person who raped someone gains understanding as to why he did this and no longer feels a need to repeat this action or forgives himself for his action and now wants to do something to help the victim).

COMMUNICATION SKILLS AND RULES SPECIFIC TO TIR SESSIONS

Content of the insight (or cognitive shift) can be a controversial issue that is difficult for a counsellor and leads us into a discussion of what we mean by non-judgemental and non-interpretive – *person-focused* – work. In TIR and related work, we follow specific rules in addition to observing the regular ethical rules that most counsellors follow in their work. We

also rely on high-quality communication skills during the session. These two factors (the rules we follow and the communication style we employ) are essential to creating a safe space for the client, one in which he will feel free to tell the counsellor whatever should cross his mind during the session.

During a TIR session as in other counselling sessions, the counsellor gains his information on the process of the session by noting the client's body language, noting the client's expression of emotion, and by what the client says. One difference between a TIR session and some other counselling sessions is that the counsellor is not making decisions based on the significance or meaning of the client's communication but rather on the type of communication. For example, if a client says that he is bored with the incident in a regular counselling session, this might be interpreted by the counsellor as avoidance of the emotion contained in the incident and usually the counsellor would express this to the client by saying something such as, 'Is it possible you are not bored but rather are finding this emotional material difficult to look at?' In a TIR session, the counsellor would not interpret but find out and consider the following possibilities if the client says he is bored with the incident:

1. There was no real interest in the incident to begin with – e.g. it was already resolved.
2. The counsellor has missed the end point which occurred earlier in the session.
3. There is no further charge in this incident, but other aspects of the incident need to be examined (such as cognitive content or an earlier connected incident).
4. The client is finding it difficult to look at the emotional material.

Note that these possibilities all relate to the process of the session. In a TIR session, the counsellor would have to find out from the client which of these possibilities is the most likely so that he could decide what to do to get the session moving towards a point of closure again. In order to find out, he would ask the client a variety of questions, such as, 'When did you start feeling bored with the incident?' The answer to that question helps the counsellor to rule out at least one of the four possibilities – that the material was not of interest in the first place. In addition, it could help the counsellor to determine if he had missed the end point earlier in the session. Based on the client's answer, the counsellor determines what to do next in the session. In order to make an accurate decision, the counsellor relies on the client being honest, and mentioning anything that comes to mind even if it does not seem related to the incident. As we said above, the client will not be willing to do this if he does not feel completely safe.

Aspects of Communication Necessary to Create Safety in a Session

One of the most important elements of communication necessary to create safety in a session is the counsellor's ability to remain non-judgemental and interested in the client regardless of what the client says or does. This does not mean the counsellor does not have her own normal human response to traumatic material. It means it is imperative that the counsellor keeps her attention firmly on the client and does not become distracted and move her attention to her own mental environment (such as thoughts, images, or feelings about what the client is saying). This seems an obvious concept but, in our experience, counsellors frequently spend considerable time during a session thinking about what they should do next, or reacting to what the client is saying rather than keeping in contact with the client.

Maintaining emotional contact with the client requires that the counsellor maintains interest in the client and what he is saying or doing. French and Gerbode (1995) define interest as directed attention. French points out that it is the client focusing his attention on an object that generates interest. It is not something inherent in the object that is interesting. Anything can be interesting if a person intentionally directs his attention towards it. Therefore interest is in the control of the person and can shift (e.g. something can be interesting at one point and not at another) rather than being an attribute of the object.

For example, suppose a counsellor goes to a wine-tasting party with a wine specialist. Both enjoy the party and discuss it afterwards. The wine specialist talks about how interesting the different types of wine were and talks with enthusiasm about their bouquets, flavours, body and smoothness. The counsellor talks about the interactions between the people at the party, their body language, conversation, displays of emotion and connection to others. The wine specialist is surprised as he did not notice the people at the gathering particularly – he was not interested in that aspect of the party. He did not pay attention to the interactions between the people. The counsellor enjoyed the wine but did not notice any of the fine distinctions between the different wines. His rating of the wines was based on much broader impressions – he either liked them or did not like them. His attention was focused on the people, finding them much more interesting.

This concept is important for two reasons. If the counsellor is not interested in the client, the client will not feel safe or inclined to fully engage in the session. If the counsellor becomes interest*ing* to the client (e.g. the counsellor says or does something that draws the client's attention to the

counsellor and away from the client's own material) then the client is not concentrating on his own material – which is his job in the session. When the counsellor is able to focus his full attention on the client, he is then able to stay in emotional contact with the client (because he is not distracted by his own mental environment). The counsellor then will not react *automatically* to the client's material and is less likely to distract the client with his own emotional reactions.

It is easier to be non-judgemental if the counsellor is not analysing the material the client is presenting. In analysing material, we relate it to our own feelings, thoughts, experiences, biases and attitudes and this makes it much harder to remain in emotional contact with the client. Analysis, if it occurs, should happen after the session, when the counsellor is free to shift her attention to her own mental environment. Systems of counselling which require the counsellor to pay attention to her own reaction to the client in the session (such as psychoanalysis) of necessity require less contact with the client during the session as one cannot give full attention to two things at once. This can result in the client feeling unsafe because he feels the counsellor is not sufficiently interested in him or because he feels the counsellor is making emotional judgements about him as a person or about the material he is presenting.

During the TIR workshop, we spend some time doing exercises to help counsellors reinforce their skills in making and maintaining contact with clients in this non-judgemental way. In addition, the exercises help counsellors to hone their skills in asking non-interpretive questions.

In a TIR session, the counsellor does not make comments, suggestions or interpretations of the client's material. Instead, the counsellor uses good contact (e.g. maintaining full attention on the client), good acknowledgements and informed questions to establish safety, communicate empathy to the client, and guide the client in her own process (as opposed to being interesting and leading the client). French and Gerbode prefer the term 'facilitator' to the term counsellor for these reasons as they see a counselling role as implying the possibility of advice, suggestion and interpretation. They refer to the counsellor as a facilitator because that is what the counsellor does – he facilitates the client's process.

Acknowledgements are of two types: partial acknowledgements, which encourage the client to keep talking and let the client know the counsellor is listening and comprehending what he is saying; and full acknowledgements, which let the client know that the counsellor has heard and comprehended or understood what the client communicated. Because these acknowledgements are often short and to the point, session transcripts of a TIR session can seem quite sparse. Transcripts reproduced in this book

will include asides that describe the emotional expressions and non-verbal communication from the counsellor and the client. However, the reader should remember that true contact with a client can be very emotionally intense and very difficult to describe in words. The actual feeling contained in the session is quite difficult to describe in a written format. Wherever possible, we will use quotes from clients and counsellors to illustrate this feeling and intensity.

All of the rules we use are designed to allow us to facilitate the process of the session rather than interrupt the process of the session. In order to demonstrate this, we ask that you try this exercise:

The next time someone wants to talk with you about something that is emotionally charged, see what happens if you listen to the person with your full attention (e.g. not thinking about what the person is saying and deciding what you will say next but rather continually redirecting your attention to the person and what he or she is saying) without interrupting, and when the person finishes, and before you answer acknowledge what the person has said by a short statement indicating that you have heard and understood (for example: 'fine' or 'OK'). Then compare this to what happens if you interrupt the person, make judgemental comments (such as 'I disagree' or 'I agree'), interpret the meaning of what the person says, or relate what he or she is saying to your own experience.

The primary rules we follow in TIR and related work are as follows. We have adapted these from Gerbode's (1990) Rules of Facilitation.* Some of them are obviously standard ethical principles followed by most counsellors. Others are specific to using TIR.

1. **The counsellor must not interpret for the client.**
   He must not tell the client what she is viewing or what it means. The client must be regarded as an authority on her own experience. It is understood from the outset, in the viewing process, that all statements made by the client are assumed to be prefixed by 'It is my opinion (or observation) that . . .'. Therefore the counsellor need not agree with the content of what is said; he simply agrees to accept the communication as a communication about the client's world.
2. **The counsellor must not evaluate for the client.**
   He must not attack, punish or invalidate the client or his ideas, perceptions or actions, *nor must he praise or validate them.* By 'evaluate' is

* We have replaced the terms 'facilitator' and 'viewer' with 'counsellor' and 'client' throughout.

meant suggesting in any way that the client is right or wrong for something she has said or done. This may require some skill on the part of the counsellor, since even a minor comment, grunt, gesture or change of facial expression can be interpreted as a sign of approval or disapproval. If the client feels threatened or made to feel wrong, her attention will be distracted to the counsellor, and she will no longer feel safe in the counselling session. Even if she is praised, the client may take this as an indication that the counsellor is judging her performance, and that the next judgement might not be so favourable.

3. **The counsellor must agree not to reveal or use anything the client says in a session for any purpose except with express permission of the client or for the purpose of supervision.**
4. **The counsellor must control the session and take complete responsibility for it without dominating or overwhelming the client.**
   This makes it unnecessary for the client to worry about controlling the session and allows him to put all of his attention on viewing. If he is concerned about what the agenda should be for the session, his attention will be distracted from its proper object: the material he is viewing. Conceptually, the counsellor is like a personal secretary or office manager who handles and screens all phone calls, keeps the files and reminds the executive of his appointments, so that the executive (in this case, the client) can do his job smoothly. Like a secretary, the counsellor keeps records of the session, keeps the agenda straight and reminds the client when he needs to take the next action. But it is the client who takes the action.
5. **The counsellor makes sure that he comprehends what the client is saying.**
   A client knows right away when she is not being comprehended. When that happens, she feels alone and unsupported. If the counsellor does not comprehend, she must seek clarification by admitting her lack of comprehension as something having to do with **her**, not the client. So she would say, 'I'm sorry – I did not understand what you said. Could you tell me again?' She would not say: 'You are being unclear', or 'That sounds like nonsense' or even 'Please clarify what you mean.'
6. **The counsellor must be interest*ed* in the client and what he is saying, instead of being interest*ing* to the client.**
   If the counsellor becomes interest*ing*, he will act as a distraction, pulling the client's attention to the counsellor instead of allowing the client to place her attention on the material she is examining. The counsellor's interest reinforces the client's willingness to view and report on the material she is examining. A client

generally knows immediately whether or not the counsellor is really interested.

7. **The counsellor must ensure that the session is being given in a suitable space and at a suitable time.**
   He or she ensures that the counselling environment is safe, private, quiet, a comfortable temperature and comfortably lighted. The counsellor also ensures that the **time** is safe. He makes sure that the client is not pressed for time and that suitable precautions have been taken against any need to interrupt the session for any reason.
8. **The counsellor should act in a predictable way so as not to surprise the client.**
   If the counsellor engages in unpredictable actions, the client can become distracted by wondering what is going to happen next. This includes educating the client as to the way the counselling will proceed, what the counsellor will do in a session and what are his expectations of the client.
9. **The counsellor should not try to work with someone against that person's will or in the presence of any protest.**
   Sometimes a relative or friend can persuade a person to attend counselling even when he does not really want to, or other pressures can be brought to bear on a person to attend counselling against his wishes. In such circumstances, trauma counselling does not work well, or at all. This includes insisting that the client examine a particular issue even when he has stated that it is not a problem for him or he has no interest in examining it.
10. **The counsellor must not do anything in a session that is not directly conducive to the counselling process.**
    A counsellor who, during a counselling session, engages in social chit-chat, talks about himself, makes random comments, gives lectures or advice, laughs excessively or inappropriately, or indulges in emotional reactions towards the client, such as anger or expressions of anxiety, is distracting the client and often damaging the safe space. In this type of work, it has not proved effective for the counsellor to be 'honest' about his feelings to the client.
11. **The counsellor must finish what he starts and help the client to successfully conclude any step of the counselling programme.**
    This includes having an open-ended session time so that sessions can continue to an end point for the client as well as returning to any areas that have not been completely resolved in a particular session in subsequent sessions.

Examples of violating these rules (and those specific communication rules used in this method) are given in Chapters 6 and 7.

OVERVIEW OF TIR PRACTICE

So far we have covered a brief description of the method of TIR, including the features common to all techniques based on this theory, a description of the research relating to TIR, a discussion of exposure and a discussion of the importance of the safe session space in TIR work. In this section, we will give an overview of the mechanics of an Unblocking session and a TIR session and a description of the types of additional questions a counsellor might use during the TIR session.

Unblocking

Unblocking is a technique that employs repetition to help a client fully examine a subject area or relationship until he gains some clarity and new insight. For some clients, it is an easier method than TIR because it does not require the client to contact a traumatic incident in its entirety and in all of its intensity. The technique consists of a list of questions, each of which is asked repeatedly until the client has no more answers to the question or until a point of closure is reached. The questions are built out of concepts that, in our opinion, constitute the types of intellectual defences a client employs which prevents him from having clarity about a given relationship or subject area.

Each time a question is asked, the client is encouraged to examine the area anew – looking at it from a different angle. It gives the client the opportunity to contact and express any emotion surrounding the area or relationship and to move past his own defences until he feels greater insight or the area is resolved. There are two lists of concepts – a short one and a long one. The longer one is usually used to examine more complex subject areas or relationships, such as a relationship with a parent. Counsellors are encouraged to develop their own questions from these lists – questions that will make sense to the client population with whom they are working. Sample questions and these lists are contained in Chapter 6 and Appendix 2.

Unblocking is used in a variety of situations. It is used when dealing with relationships in which there are so many potentially upsetting or traumatic incidents that would make it difficult to use TIR as a first step. TIR is more of a time-based linear technique – e.g., we examine groups of connected incidents in time moving from the most recent to those in the more distant past, whereas Unblocking is a more holistic technique addressing the thoughts and feelings of a subject regardless of the location in time of any events. Unblocking can be used when incidents of specific length (e.g.

with a beginning, a middle and an end) cannot be identified but a subject area or relationship is causing distress. For example, the client's job is causing a problem but he cannot identify specific incidents on the job that cause the problem.

Unblocking can be used before TIR to look at a specific trauma because the client can more easily manage the less intense contact with the incident. Unblocking is also used for incidents that lasted over a very long time period (such as a divorce process that lasted two years) where the client does not feel he can break the incident down into more manageable chunks. In these cases, separate incidents are often identified during the Unblocking and the counsellor switches to TIR during the same session. Unblocking can also be used after TIR on the same incident when an end point was reached but there are ramifications of the incident that have not been examined. For example, if a client was permanently injured in a car accident, this has current life consequences. The counsellor might choose to use TIR with the accident and any hospital treatment and then Unblock the accident to help the client examine the ramifications in his current life. An in-depth treatment of Unblocking (including specific instructions and examples) is found in Chapter 6.

Traumatic Incident Reduction

Traumatic Incident Reduction (TIR) comes in two forms: presenting incident and thematic. In presenting incident or basic TIR, we start with a defined known incident (such as a car accident, a miscarriage or an attack). In thematic TIR, we start with a feeling, a physical sensation or an attitude (such as a feeling of guilt, a pain in the neck or discomfort with men) that might be a part of many incidents. All incidents have themes going through them and themes that connect them to other incidents. Incidents can be associated because of similarities in content (such as two car accidents), environmental cues (such as a thunderstorm in two different incidents) and thematic connections (such as the same emotion in a number of incidents, or the same conclusion drawn from a number of incidents). What makes a session 'Basic' or 'Thematic' is where the client starts - from a specific incident or from a theme.

The basics of a TIR session involve having the client choose an incident to work on; identify and tell the counsellor when the incident happened and where it happened; identify and tell the counsellor how long the incident lasted; identify and tell the counsellor where he was at the time of the incident; find the beginning of the incident, review the incident from the beginning to the end in his mind, and then tell the counsellor what

happened (which includes the story of the incident, the thoughts, feelings, sensations during the incident and the thoughts, feelings, sensations during the reviewing of the incident, and any associations or conclusions the client draws from this experience). The client is asked to review the incident repeatedly and tell the counsellor what happened until an end point is reached, his attention is drawn to an earlier incident or no further change (in content of the story, affect or thoughts about the story) occurs in the session. If an end point is reached, the counsellor ends the session. If the client's attention is drawn to an earlier incident, the counsellor directs the client to that incident and the process resumes with that incident. If there is no further change, the counsellor intervenes (usually in the form of asking a question, or asking the client to direct his attention to a specific aspect of the trauma on the next review such as thoughts or feelings). The purpose of all interventions is to start the session moving again so that progress towards an end point can be continued.

In some cases, the client may examine a group (e.g. four or five) of connected incidents in the same session. In other cases, the client examines only one incident in the session. Connections between incidents are not necessarily readily apparent to the client or to the counsellor. It is important that the counsellor and the client accept whatever incident the client's attention is drawn to during the session – irrespective of whether the connection makes immediate sense. In our experience, by the time the client reaches an end point, the connection between the various incidents is obvious to him. It may still not be obvious to the counsellor, but this is not important as long as the criteria for an end point are fulfilled.

The specific instructions for basic and thematic TIR sessions are found in Chapter 7. The instructions for creating additional questions for use during the TIR session are found in Chapter 8.