

Book review by Michel Lahaye

Trauma Practice. A Cognitive Behavioral Somatic Therapy

By: Anna B. Baranowsky J. Eric Gentry

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Reviewed by: Michel Lahaye

Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.
Viktor Frankl (1963).

A treasure trove of insights and techniques

Are you looking for a book with illustrated examples, worksheets, and audio/video clips? Are you a novice or experienced trauma therapist looking for a handy overview of various interventions at a somatic, cognitive, behavioral, emotional, and relational level?

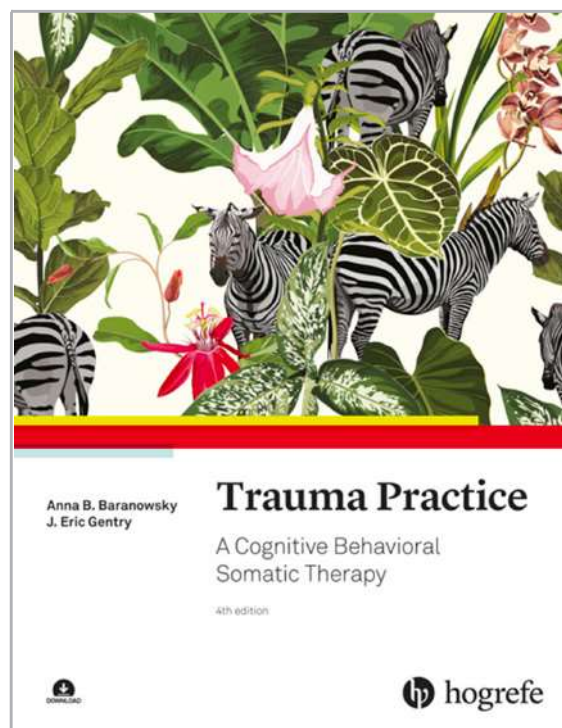
Then the book "Trauma Practice. A Cognitive Behavioral Somatic Therapy" (Baranowsky & Gentry, 2023) is definitely an exciting read for you!

About The Book

The book is compiled by two experienced authors in the field: Anna B. Baranowsky, PhD and J. Eric Gentry, PhD.

Anna B. Baranowsky, PhD, CPsych is a clinical psychologist and the director of the Traumatology Institute. She co-developed the Accelerated Recovery Program (ARP) for Compassion Fatigue and published many articles on PTSD, secondary traumatization, compassion fatigue, and therapeutic relationships.

J. Eric Gentry, PhD, LMHC is an internationally recognized leader in the study and treatment of traumatic stress and compassion fatigue. He



also published numerous papers, chapters, and peer-reviewed journal articles. Gentry also co-developed the AR Program (mentioned above) and has started numerous organizations in the field of trauma. Currently, he is vice president and co-owner of the Arizona Trauma Institute / Trauma Institute International. Finally, he developed Forward-Facing® Trauma Therapy with a book publication in 2016 (Gentry, 2016). The FFTT model is introduced at the end of this book and includes several ways to help clients struggling with traumatic stress in the here and now.

The book is now in its fourth edition and celebrated its 20-year anniversary edition in 2021. The first edition appeared in 2001 and has been refined on the basis of new research and feedback from both readers and patients. The authors start, as the title suggests, primarily from a cognitive behavioral approach but integrate many interventions from other therapeutic modalities. An important focus is placed on working with the body. To reinforce this, the authors chose to specifically add the word somatic to the book title: A Cognitive Behavioral

Somatic Therapy (CBST). Finally, emotional and relational aspects were also included in this comprehensive work.

What can you discover?

The book is divided into three major building blocks. First, the authors discuss the foundations of their Trauma Practice Model. In doing so, they touch on the main therapeutic methods in working with trauma survivors and give a brief overview of the main effective components in trauma treatment: the therapeutic relationship and positive expectancy, relaxation and self-regulation, exposure/ narrative and reciprocal inhibition, and cognitive restructuring and psychoeducation (Baranowsky & Gentry, p16).

While the focus of the book is primarily on behavioral, cognitive, and behavioral-cognitive therapy, attention is also given to the importance of other therapeutic modalities such as EMDR, Somatic Experiencing, Sensorimotor Psychotherapy, hypnosis, DBT, and various narrative approaches. A number of insights and techniques are integrated in the later chapters in a practical and demonstrative manner.

The second building block contains the actual core of the book. For this, the authors draw on Herman's (1992) Tri-phasic Model in which there is a focus on both safety and stabilization, trauma processing, and reconnection. Baranowsky and Gentry (2023) also add phase 0 to these three phases. In that phase, they underline the great importance of "how" therapists themselves step into treatment. Indeed, in addition to a thorough theoretical knowledge, it is of even greater importance in what way a therapist engages with the client and also deals with her or his own material during the course of treatment. The field of deliberate practice is strongly encouraged in this regard. By constantly observing one's own work and adjusting it through supervision, the outcome among clients can be greatly improved.

Specifically, Phase I of the model contains a valuable overview of numerous ways and techniques to work

on safety and stability. Examples are "Sensory Grounding And Breathing", "Visualization", "Positive Self-Talk", "Safety Net Plan", "Positive Hope Box" and "Making Peace With Your Sleep" among many others. All the techniques in this chapter are conveniently divided into four categories: somatic, cognitive, behavioral, and emotional/relational.

Phase 2 provides plenty of practical ideas and ways to work through traumatic experiences. Again, the authors have drawn inspiration from many therapeutic modalities. For example, the somatic section discusses a number of titration techniques. A specific example is teaching the client to notice and experience calmness somewhere in the body and then use it in difficult moments during the processing phase. Some other examples are "Paced Breathing" or "The Hands Over Heart Space" where the client can face painful feelings in a - literally - heartwarming way.

In addition to somatic techniques, the authors also provide the necessary cognitive techniques such as the well-known "Downward Arrow Technique" and ways to start cognitively restructuring perceived threat. Finally, some behavioral interventions are also illustrated and the authors discuss some strategies for working with feelings during the processing phase. Again, in this second phase, the reader can make extensive use of worksheets and audiovisual recordings.

Finally, the third phase focuses on recovery. Survivors of trauma often need to redefine themselves in the context of meaningful relationships and engagement in life activities (ibid, 147). At the somatic level, they may therefore need ways to deal with their own bodies in a different, healthier way. In the book one can also find a number of practical ideas and exercises that can be brought into clinical practice, such as mindfulness routines, dealing with "Stress Or Fear Caused By Bad Dreams" or shaking loose tension in the body ("Shake To Release"). More cognitive interventions include working around painful thoughts and persistent core beliefs ("Cognitive Map," "Self-

Compassion Reflection," "Letter to Self" or "Wellness Mind Map"). As part of a behavioral plan, exercises are proposed to develop healthier and more adaptive behaviors, and finally, readers can find inspirational worksheets that can help clients to more meaningfully connect with others.

The third building block is about one of the authors' (Gentry, 2016) response to the many challenges clinicians face in treating traumatized clients: Forward-Facing® Trauma Therapy or FFTT. According to Gentry, FFTT is an integrative treatment method that addresses the negative effects of traumatization without the intense (and often overwrought) focus on the painful past. It can thus potentially provide an (additional) answer to the high dropout rates in prolonged exposure treatment methods (Belleau et al, 2017; Lewis et al., 2020).

The proposed model places a strong emphasis on improving the client's life in the here and now. By providing relief from the present-day effects of trauma, the survivor could achieve greater and faster resilience and optimal functioning (Baranowsky & Gentry, p175). FFTT seeks to achieve this by combining the [...] features of evidence-based CBT - developing a good therapeutic relationship, psychoeducation, cognitive restructuring, self-regulation/relaxation, and in vivo exposure - with intentionality, personal integrity, and internalized locus of control" (Baranowsky & Gentry, 2023).

The FFTT model is also composed of three phases, although this time they do not refer to Herman's tri-phasic model. The first phase emphasizes psychoeducation and self-regulation through relaxation exercises. Phase two starts with a covenant and code of honor drawn up by the client. Here they reflect on their own moral compass and intentions. Then they consider in which situations their own integrity is compromised and what alternative behaviors they can adopt that are closer to themselves (instead of reactive or inappropriate actions). Further, triggers are identified that clients might face. Clients then learn to move from reactive behaviors to intentional ones

driven by their own values. The very last phase is about confronting triggers in present-day life in combination with relaxation and practicing increasing awareness and regulation of the body. For more information about the specific phases and their concrete implementation, I would like to refer the reader to the chapter on FFTT in the book (ibid, p174-195).

Constructive criticism

On a theoretical level, the book is quite comprehensive. The authors clearly have considerable knowledge of various therapeutic modalities and skillfully integrate this information into a holistic approach. However, the introductory, academic part of the book also makes the book overwhelming for the reader, risking dropping out. I would advise the reader not to put the book aside too quickly. After all, the strength of this work lies mainly in the elaborated interventions and the concluding chapter on FFTT (Gentry, 2016). Personally, I would have included additional references in this piece. A mention of Pierre Janet (and the original three stages) and also an explicit link to the Theory of Structural Dissociation (Steele, K., Van der Hart, O., & Nijenhuis, E. R. S., 2009) would be welcome.

The core of the actual book (three phases of the Trauma Practice Model) is nicely done and structured. Therapists can find numerous ways for each phase (stabilization, processing, reconnection) to help their clients on the path to healing. Each phase contains a clear division between somatic, cognitive, behavioral, emotional, and relational resources. Many interventions are accompanied by worksheets or audio and video clips which makes it an ideal resource for beginning trauma therapists. What is nice to read is that the authors do not see these interventions as protocol-based "techniques". On the contrary, all interventions should be tailored to the client. There is no such thing as a one size fits all formula. This view is clearly carried through the book and constantly intertwined with the main components of treatment (therapeutic relationship, positive expectancy, etc.).

Personally, I find the discussion of two different models in the book somewhat confusing. At the beginning of the book, it first discusses the Trauma Practice Model

which is based on Herman's tri-phasic model. At the end of the book, another model developed by one of the two authors is also introduced (Gentry, 2016): Forward-Facing® Trauma Therapy or FFTT. Both models contain three phases which can be somewhat confusing for the reader. From a reader's perspective, I would have only added an overarching conclusion of the first model and referred to the - nevertheless very interesting - FFTT.

For the latter model, by the way, not much empirical evidence has been collected yet, which the author also mentions very correctly and clearly. However, FFTT does contain a lot of active elements that are also used in other proven forms of therapy and forms a valuable and holistic approach to improve treatments. An exciting idea, in my opinion, is to offer elements of FFTT in a group setting. This could potentially improve motivation and reduce feelings such as loneliness and shame.

Conclusion

"Trauma Practice. A Cognitive Behavioral Somatic Therapy" (Baranowsky & Gentry, 2023) is, in summary, a very valuable work for both novice and

more experienced trauma therapists. It contains a powerful overview of the main active components in the treatment of trauma survivors and also nicely underscores the importance of how the therapist himself steps into therapy.

The book also contains a treasure trove of information and offers numerous worksheets that you are free to use as a therapist. The topics are clearly divided in terms of stages and types of intervention (somatic, cognitive, behavioral, emotional, relational, etc.). In this way, you can also use the work perfectly as a source of inspiration during treatment. Moreover, the many audio excerpts and video recordings also help novice clinicians to get a good idea of how to use these interventions concretely.

Although it may initially be a bit confusing, the last section on the FFTT model also contains a lot of valuable information on how to structure and enhance treatment. An interesting route could be to work out parts of the model in a group setting.

In short: definitely worth having on your bookshelf!

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