



## Stimulus discrimination, Psychoeducation-Metaphors, Nightmares exposure and rescripting, and other stabilization techniques

### 1. Stimulus discrimination:

Ehlers & Clark (2000) hypothesized that stimuli that were temporally associated with the traumatic event can act as triggers for involuntary recall of the trauma memory.

- By simple exercises clients are guided to deliberately discriminate between then (danger in the time of trauma) and now (safety in the present),
  - Increasing the feeling of control and safety.
1. **Description of the situation** when trauma memories occur (What was happening? What was a trigger?),
  2. **Comparison** – similarity between stimuli here-and-now and stimuli at the time of the trauma (what is the difference between now and then?),
  3. **Deliberately look for differences between trauma time and present moment** (differences in sights, sounds, touches, smells, tastes, and knowledge),
  4. After noticing differences that lead to the conclusion that now is not the trauma time, **encourage the client to reassure themselves that they are safe now and trauma is in the past.**

Ehlers, A., Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345.

## 2. Psychoeducation through metaphors:

Psychoeducation about PTSD, post-trauma symptoms, and PTSD treatment.

- Leads to better understanding of what happened,
- Increases the feeling of control,
- Helps to distance from trauma,
- Helps to separate the present (safety) from trauma.

Example of metaphors:

<https://www.psychologytools.com/resource/ptsd-film-projection-metaphor/>

<https://www.psychologytools.com/resource/intrusive-thoughts-brain-metaphor/>

<https://www.psychologytools.com/resource/ptsd-linen-cupboard-metaphor/>

<https://www.getselfhelp.co.uk/docs/PTSDmetaphor.pdf>

### 3. Nightmare Exposure and Rescripting:

By confronting our fear, we can make situations less fearful.

- Technique comes from Cognitive Behavioral Therapy.

#### **A) Confronting the nightmares:**

1. What was the worst part of your nightmare? (Write it down and say it out loud);
2. Focus on experience (emotional, physical). (Write it down and say it out loud);
3. Differ the reality from the dream. (Consider how a nightmare differs from the here and now);

#### **B) Take control:**

4. What would be a better feeling in a nightmare? (Write the willing experiences, sensations, and emotions);
5. Change the story (rescript the story, recreate what you want to dream);
6. Visualize the new story (try to image the new and improved dream as vividly as possible).

Be patient and repeat it again and again.

[Liya Panayotova](#) (Feb 3, 2016). Nightmare Exposure. Retrieved May 28, 2021 from Explorable.com: <https://explorable.com/e/nightmare-exposure>

#### 4. Other trauma healing techniques

##### a) Emotional/Therapeutic letters

In this technique a four types of letters are written and “addressed”:

1. Letter to a significant person (mother, father, etc.)
  - “Dirty letter” (without censure)
  - “Full emotions letter”
2. Letter from “the other side” (Letter to own “hurt child”)
3. Letter to the child of the significant person from the role of “healthy adult”
4. Letter “visit-card”

This technique has three main aims:

1. To activate the emotions through experiential or emotion-focused exercises;
2. To induce emotional states connected with early experiences;
3. To teach the client to cope with strong emotions in a safe atmosphere.

Writing and working with emotional letters leads to:

1. ~~give an~~ experience of “different end”,
2. cognitive reconstruction that helps to understand processes of attribution,
3. cognitive and emotional avoidance that allow avoiding strong emotions – maintenance factor,
4. exposure to strong emotions – step by step training to cope with them,
5. contact with basic emotional states connected with cognitive schemas.

For more details and example of letters see: <http://rediviva.sav.sk/51i34/163.pdf>

##### b) Tapping method

This method is part of Clinical EFT (Emotional Freedom Techniques) and combine cognitive and exposure elements with stimulation of a pre-established set of eight acupuncture points (acupoints) by tapping on them with the fingertips, a form of acupressure.

You can find guidelines for Tapping ~~you can find there~~ here:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6316206/>

Video example of Tapping ~~you can see there~~ can be found here:

<https://www.youtube.com/watch?v=mFW6ToQB-00>