

# Techniques and Interventions for the Three Phases of Trauma Treatment

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## Objective 1

Identify the symptoms of trauma,  
and the phases of trauma treatment.

# **Symptoms of trauma, and the phases of trauma treatment**

## **Trauma**

- ▶ Exposure to traumatic events beyond the ability to cope
- ▶ Intrusive experiences
- ▶ Avoidance experiences
- ▶ Increased Nervous system arousal
- ▶ Dissociation

## **Psychological Trauma:**

An event or enduring conditions where:

- ▶ Individual is unable to make sense of feelings (over-whelmed)
- ▶ OR
- ▶ An experience of threat to life, body, or sanity.

# Psychological Trauma:

Events commonly include:

- ▶ Abuse of power
- ▶ Betrayal of trust
- ▶ Feelings of being trapped, helpless, pain, confusion, or loss

# Impact of Trauma

- ▶ Age at time of trauma
  - ▶ Children: children exposed to traumatic events each year = 5.5 million +
- ▶ Natural vs. Human-made
  - ▶ Prolonged stressors inflicted by people harder to bear than accidents or natural disasters.

# Impact of Trauma

- ▶ Especially difficult if caused by a trusted person
- ▶ Accidental vs. purposeful
  - ▶ Purposeful trauma more difficult than accidental
  - ▶ If one person inflicts pain on another, shame introduced

## **Psychological Trauma:**

Trauma is defined by  
the  
experience of the  
survivor!



# The Impact of Trauma--Feelings

Trauma interferes with the development of the following skills:

- ▶ Inner connection to positive others: ability to call to mind an image/awareness of someone that you know loves you

## The Impact of Trauma--Feelings

- ▶ Sense of self as deserving of life, love, happiness: deeper than self-esteem. Seeing self as having worth, value
- ▶ Ability to manage feelings: the skill of identifying, tolerating, controlling intensity, making sense of emotions

# The Impact of Trauma-Judgments

- ▶ Alters the ability to rely on...
- ▶ Personal intelligence
- ▶ Insight
- ▶ Sense of perspective
- ▶ Ability to foresee and weigh consequences.
- ▶ Feelings of desperation may cloud judgment for a time.

## The Impact of Trauma-Beliefs

- ▶ Beliefs and psychological needs regarding...
- ▶ Safety (of others, world)
- ▶ Trust/dependence (self & others)
- ▶ Esteem (self)
- ▶ Intimacy/connection (others)
- ▶ Control (self & others)

# The Impact of Trauma-Frame of Reference

- ▶ Can impact frame of reference by changes in
  - ▶ Identity
    - ▶ System of meaning of self, meaning of suffering
    - ▶ Purpose—seeing self as having value

# The Impact of Trauma-Frame of Reference

- ▶ **Worldview**
  - ▶ Impacts sense of safety
- ▶ **Spirituality**
  - ▶ Connection with Higher Power
  - ▶ Ability to trust Higher Power

## The Impact of Trauma-Memory & Perception

- ▶ Memory is profoundly impacted by trauma.
- ▶ Normal memory includes...
  - ▶ Narrative memory—verbal story of what happened
  - ▶ Visual memory—what you saw

# The Impact of Trauma-Memory & Perception

- ▶ Sensory memory—what you felt in your body/other senses
- ▶ Emotional memory—the emotional experience
- ▶ Behavioral memory—what you did



## The Impact of Trauma-Memory & Perception

- ▶ Perception may be impacted by trauma.
- ▶ May see, hear, smell or feel things others don't (flashbacks that seem real)
- ▶ May struggle with social perceptions.

# The Impact of Trauma-Memory & Perception

- ▶ Hard to read what is happening between you and others
- ▶ May mistake neutral interactions for dangerous/abusive ones
- ▶ May not recognize danger when it appears in social interaction

# The Impact of Trauma-Body and Brain

- ▶ Fight/Flight/Freeze Stress response keeps body/mind in state of hyperarousal & fear.
- ▶ May cause...gastrointestinal distress
- ▶ Headaches (migraines)
- ▶ Muscle tension

# The Impact of Trauma-Body and Brain

- ▶ Chronic pain
- ▶ Gynecological complaints
- ▶ Stress-related disorders like chronic fatigue or fibromyalgia

## Impact of Trauma: Type of Trauma

- ▶ Single-blow vs. Repeated Trauma
  - ▶ Single-blow not as impactful as repeated trauma

# Impact of Trauma: Type of Trauma

- ▶ Repeated trauma:
  - ▶ ongoing child abuse,
  - ▶ neglect,
  - ▶ combat,
  - ▶ urban violence,
  - ▶ battering relationships,
  - ▶ repeated losses,
  - ▶ enduring poverty

# Impact of Trauma

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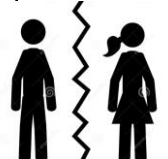
# Impact of Trauma: Bonding & Attachment

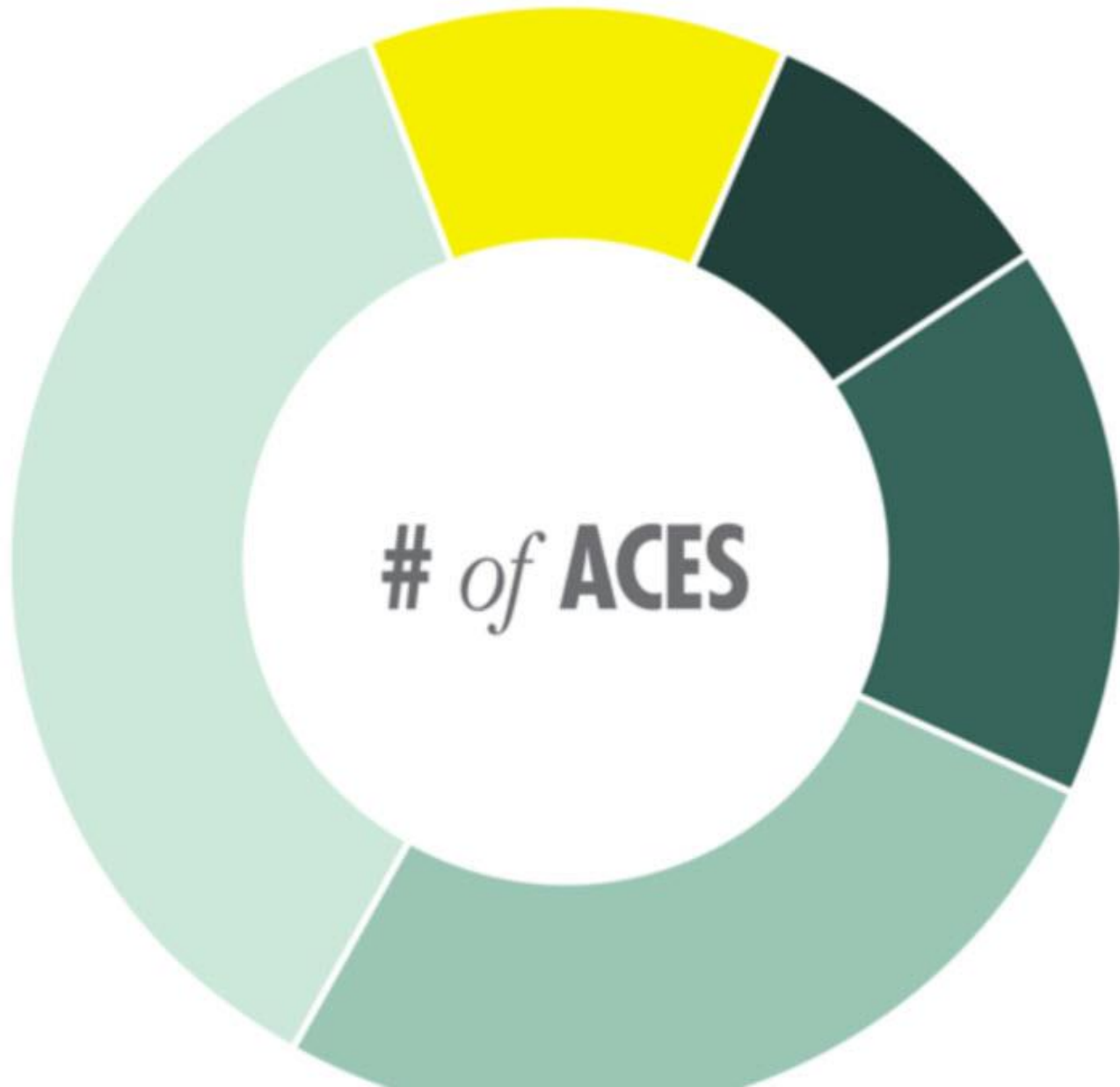
- ▶ Good parenting is ideal buffer against trauma—but doesn't stop the full impact
- ▶ Neglectful/abusive parenting causes most devastating traumas.
- ▶ Adverse Childhood experiences negatively affect individuals into adulthood.

# Adverse Childhood Experiences

A research study in Trauma and  
it's Impact

# Three Types of ACEs Include

Abuse	Neglect	Household Dysfunction	
Physical 	Physical 	Mental Illness 	Incarcerated Relative 
Emotional 	Emotional 	Mother Treated Violently 	Substance Abuse 
Sexual 		Divorce 	



# of ACEs



# PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:



**4** Times More Likely To **Become An Alcoholic**

ALCOHOLISM

**4** Times More Likely To Develop A **Sexually Transmitted Disease**

DEVELOP STD

**4** Times More Likely To **Inject Drugs**

INJECT DRUGS

**3** Times More Likely To Use **Antidepressant Medication**

USE ANTIDEPRESSANT

**3** Times More Likely To Be **Absent From Work**

MISSING WORK

DEPRESSION

**3** Times More Likely To Have **Serious Job Problems**

JOB PROBLEMS

**3** Times More Likely To **Experience Depression**

**15** Times More Likely To **Commit Suicide**

15x  
COMMIT  
SUICIDE

**2.5** Times More Likely To **Smoke Tobacco**

SMOKING

# The Trauma Response

More severe abuse associated with more psychological disturbance.

Severity may be based on:

- ▶ Whether violence is ongoing
- ▶ The degree of emotional closeness/trust in the relationship between abuser and victim

## The Trauma Response

- ▶ Whether support/punishments result from telling about it
- ▶ The victim's feelings of helplessness and fear of injury or death.



## Other Difficulties Associated with Trauma

- ▶ Dissociation
- ▶ Problems in Relationships
- ▶ Eating problems
- ▶ Physical Problems Drs. can't diagnose



## Other Difficulties Associated with Trauma

- ▶ Depression
- ▶ Anxiety/Panic
- ▶ Sexual Difficulties
- ▶ Personality disorders
- ▶ Self-harmful Behavior

## Objective 2: Phase 1

Explore and practice  
techniques  
and interventions  
for trauma treatment for  
Phase 1: Safety and Stability

# Phase 1. Safety and Stability

Prepare your client—“What to Expect”

**To feel worse before feeling better**

- Come into contact with feelings you have been avoiding or you shut away to protect yourself.
- ▶ Avoided feelings because they hurt.

# Phase 1. Safety and Stability

Prepare your client—”What to Expect”

**To feel worse before feeling better**

- ▶ Must experience feelings to heal them.
- ▶ Learn tools to help you manage the intensity of feelings and stress responses/adaptations they trigger.
- ▶ Must practice them.

# Phase 1. Safety and Stability

Prepare your client—“What to Expect”

**Internal resistance/roadblocks to change**

- ▶ Normal to resist change.
- ▶ Be patient/gentle with self

# Phase 1. Safety and Stability

Prepare your client—“What to Expect”

**Internal resistance/roadblocks to change**

- ▶ Be aware of own resistance.
- ▶ Understanding fear will help you overcome it.

# Phase 1. Safety and Stability

Prepare your client—“What to Expect”

## Learn self-regulation

- ▶ “Control is the antidote/cure for helplessness.”
- ▶ Asking for help from trusted others is part of gaining control.

# Phase 1. Safety and Stability

Prepare your client—“What to Expect”

## Learn self-regulation

- ▶ The most helpful type of control is self-regulation
- ▶ Difficult for people who cope primarily through avoidance.



# Phase 1. Safety and Stability

Prepare your client—“What to Expect”

**Learn self-regulation:** the process of consciously managing different internal states by

- ▶ Experiencing them as they come up
- ▶ Expressing what you are experiencing

# Phase 1. Safety and Stability

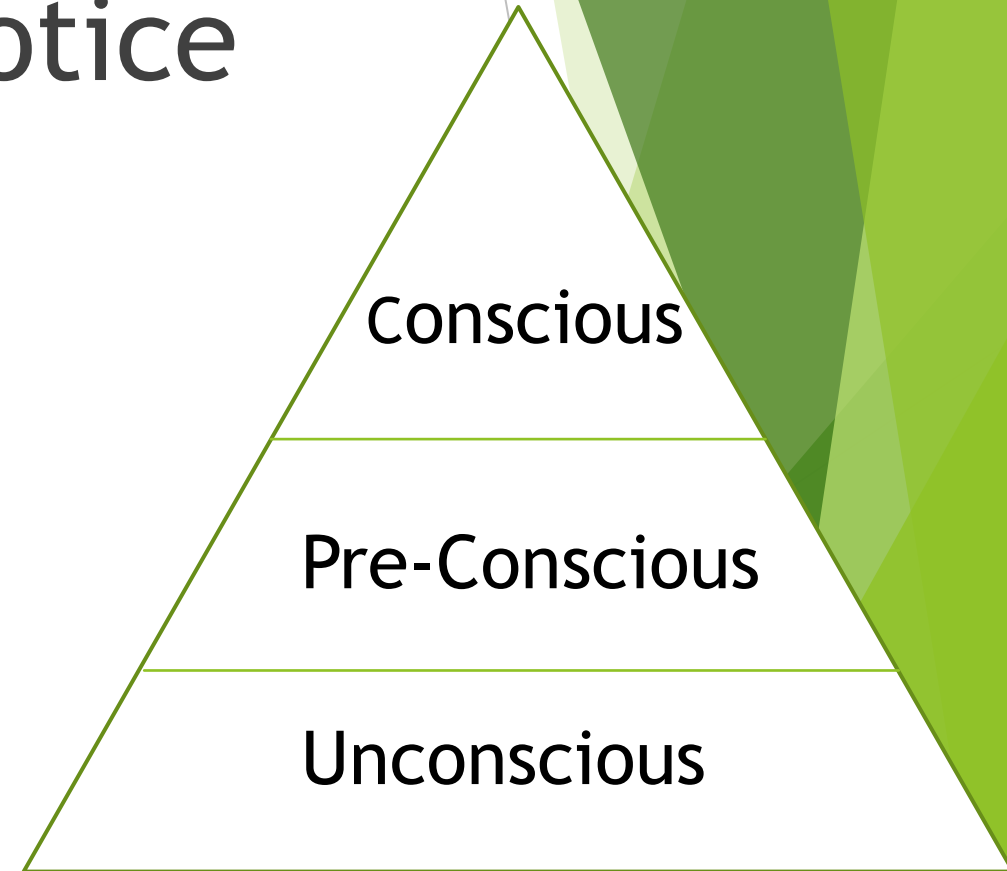
Prepare your client—“What to Expect”

**Learn self-regulation:** the process of consciously managing different internal states by

- ▶ Consciously postponing dealing with traumatic material or overwhelming aspects of feelings
- ▶ Retrieving part of what has been contained when you are better able to manage it.

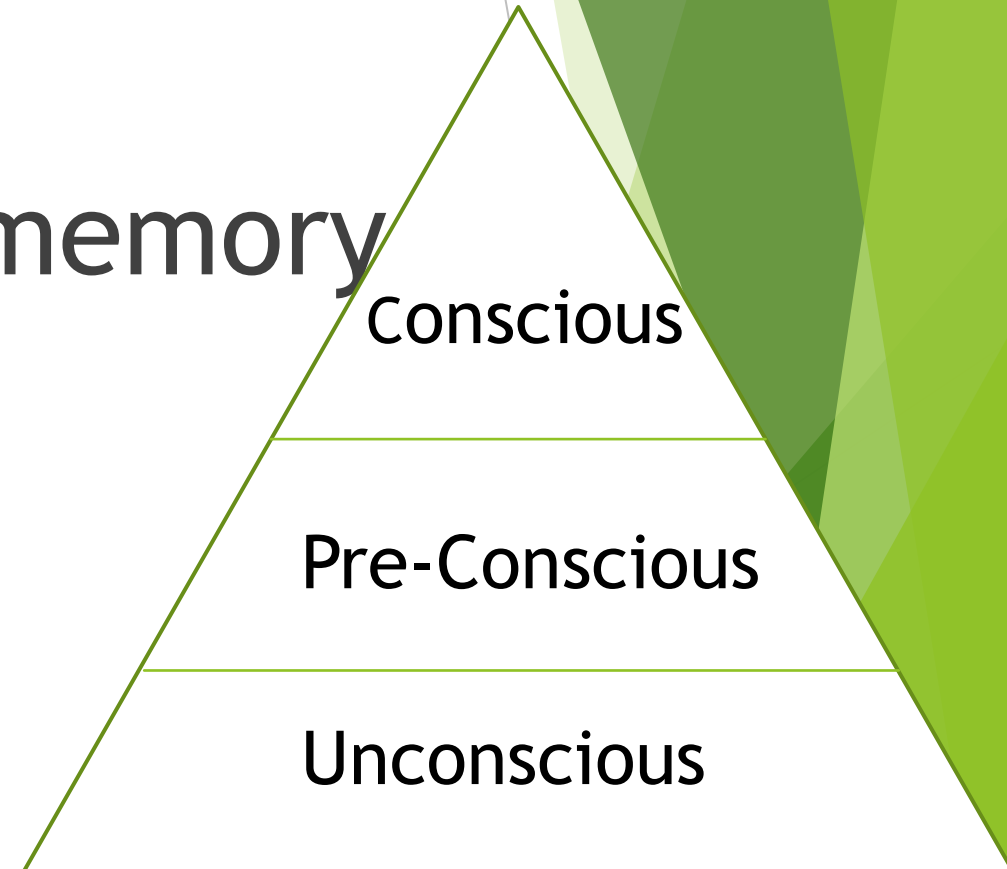
# Phase 1. Safety and Stability—Self Regulation

- ▶ Begins with noticing—can't regulate what you can't notice
- ▶ Model of Mind
- ▶ (only a model)



# Phase 1. Safety and Stability—Self Regulation

- ▶ Conscious = present awareness of self/others
- ▶ Pre-conscious=accessible memory
- ▶ Unconscious=inaccessible memory



# Phase 1. Safety and Stability—Self Regulation

- ▶ Memories, un-tolerated feelings, and motivations may exist in the unconscious.
- ▶ Inaccessible memories may come up with no warning (flashbacks).
- ▶ Problem: no memory/feeling (numbing) or too much memory/feeling (flooding)

# Phase 1. Safety and Stability—Self Regulation

- ▶ Coping through reduced awareness may be dissociation, numbing, or avoidance.
- ▶ May not be conscious
- ▶ May not be done on purpose

# Phase 1. Safety and Stability—Self Regulation

- ▶ Possible areas of separation in awareness:
  - ▶ Behavior
    - Affect (emotion)
  - ▶ Sensation (body)
    - Knowledge (thoughts)

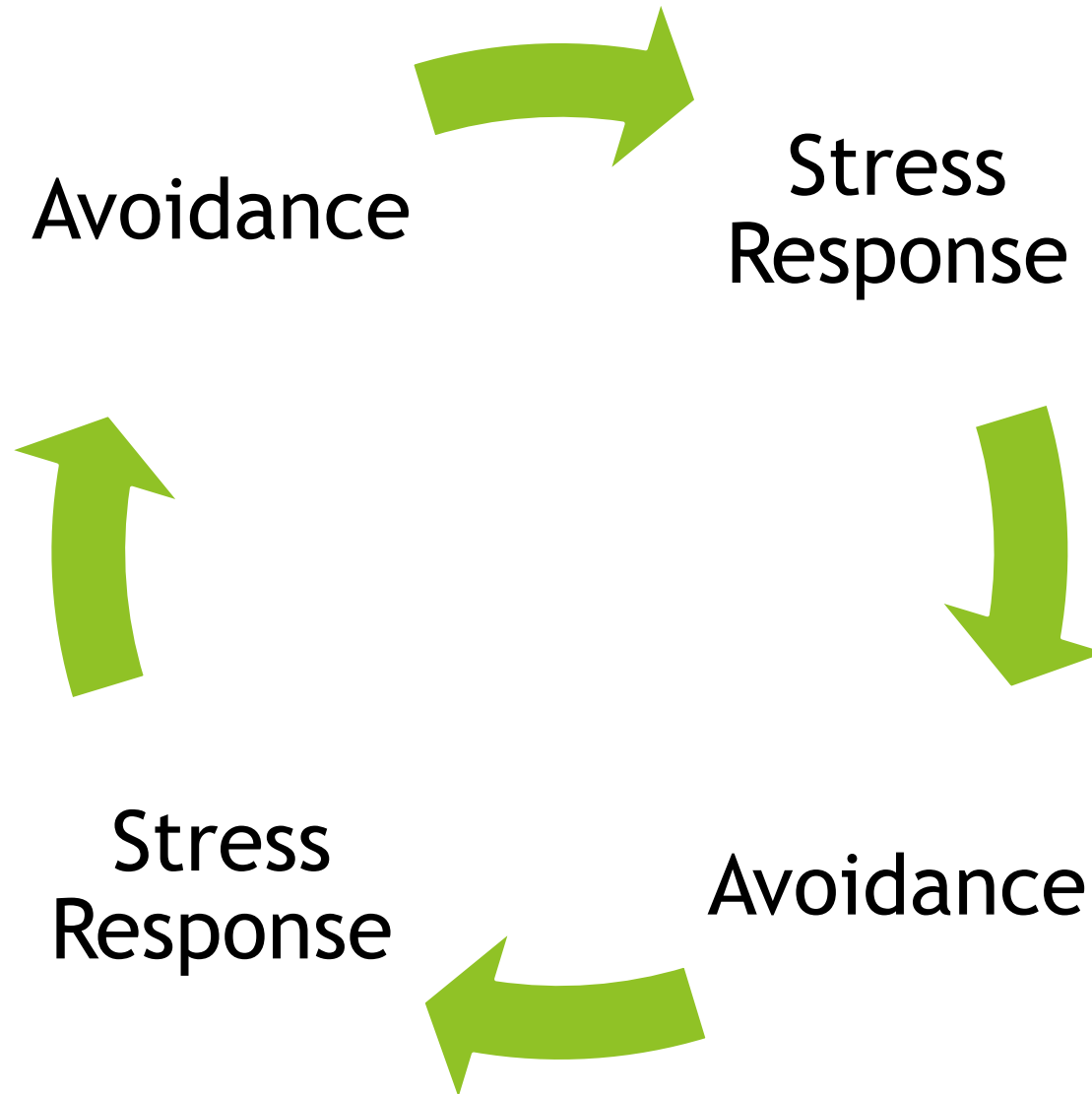
# Phase 1. Safety and Stability—Self Regulation

Separation of awareness results in...

- ▶ Behavior without knowledge (why did I do that?)
- ▶ Physical pains without understanding
- ▶ Emotional reactions without knowledge
- ▶ As we age, these memories eventually begin to “leak out.”

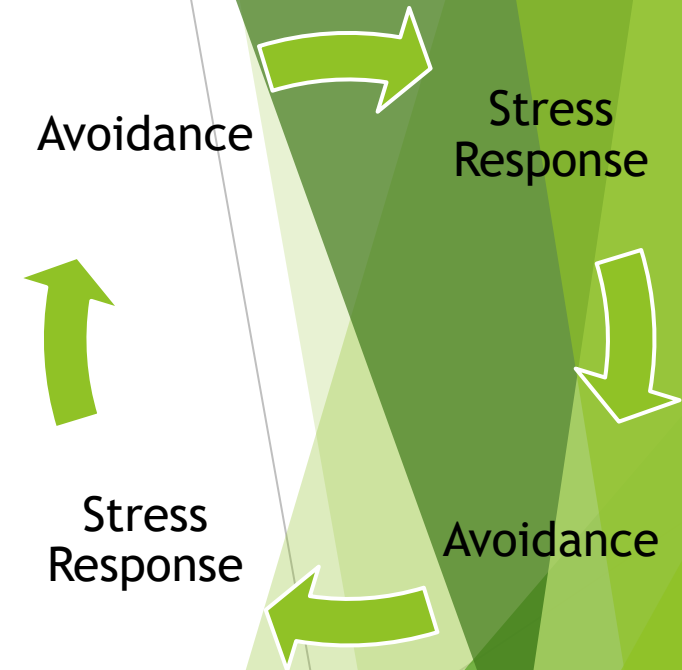


# Phase 1. Safety and Stability—Self Regulation



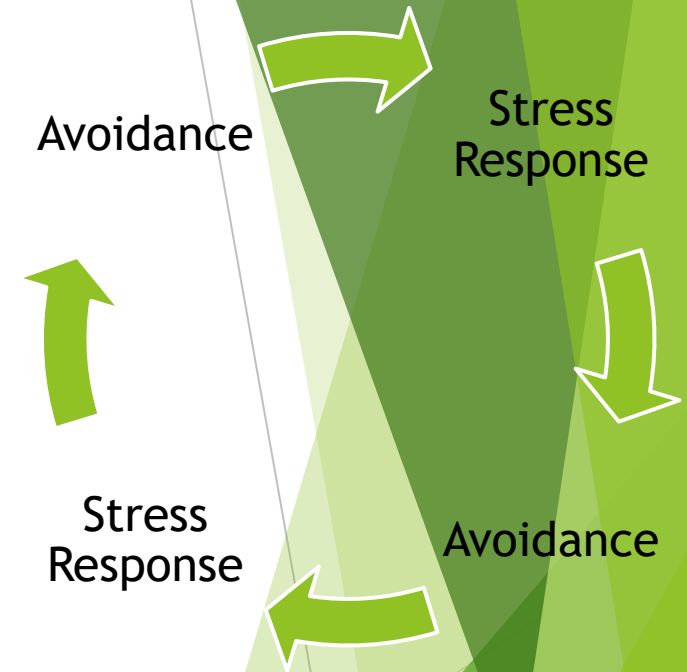
# Phase 1. Safety and Stability—Self Regulation

- Stress response triggers denial, dissociation, bingeing, substance abuse, self-harm, etc.
- Effort spent avoiding (response) leaves little energy to manage day to day life.



# Phase 1. Safety and Stability—Self Regulation

- Effort spent avoiding (response) leaves little energy to manage day to day life.
- Results in increased stress responses that increases impulse to avoid.



# Phase 1. Safety and Stability—Self Regulation

Self-Regulation Skills can help you...

- ▶ To tolerate (sit with) and control intense feelings
- ▶ Learn to feel and control the intensity of emotions
- ▶ Reduce frequency and intensity of traumatic stress symptoms and experiences.

# Phase 1. Safety and Stability—Self Regulation

Self-regulation recipe:

1. Experience—notice pleasurable feelings and uncomfortable feelings.
2. Express—say what you are noticing, write, draw your feelings, tell a supportive person

# Phase 1. Safety and Stability—Self Regulation

Self-regulation recipe:

3. Contain—consciously postpone dealing with the overwhelming part.

4. Retrieve—when in therapy, with a friend, a journal, bring back a small part of what was stored and process.

# Phase 1. Safety and Stability—Grounding

Goal:

- ▶ to increase awareness in the here and now
- ▶ to reduce PTSD experiences
- ▶ to reduce dissociative experiences (see handout Dissociative Adaptions)

# Phase 1. Safety and Stability—Grounding

Use Five Senses (5-4-3-2-1):

Sight—look around, name present-day sights (5 things)

Touch—things you can feel (name 4)

Sound—name sounds, talk to self out-loud, say comforting things, play music (name 3 things you hear)

Smell—carry something you can use that bring



# Phase 1. Safety and Stability—Grounding

Use Five Senses (5-4-3-2-1):

Smell—carry something you can use that bring pleasant memories (smell 2 things—including clothes, skin)

Taste—Suck on a peppermint, chew gum, drink coffee (taste one thing)

# Phase 1. Safety and Stability—Grounding

Create a Grounding Kit—gives ready access—use a small tin.

Therapist's business card

Tea bag

Piece of gum

Scented fabric

A smooth stone

# Phase 1. Safety and Stability—Grounding

## Awareness of Present

- ▶ Who are you? (an adult, 35 years of age)  
Notice your arm—not that of a child.
- ▶ Where are you? What is your current location? (not the location of your trauma)
- ▶ When is it? What is the present day and date?

# Phase 1. Safety and Stability—Grounding

## Explore your emotional reactivity

- ▶ Don't judge anything. Just notice...
- ▶ “I feel very reactive right now.”
- ▶ “I wonder why this is making me so upset?”

# Phase 1. Safety and Stability—Grounding

## Explore your emotional reactivity

- ▶ “I wonder if my reaction is about this situation, or something old?”
- ▶ “I know I’m feeling sensitive and reactive, but I’m not going to let that control me.”

# Phase 1. Safety and Stability—Reality Check

Tools to help you become aware and connected to the facts of what is really happening. Ask:

**What just happened?**

**Who was involved as a present-day person?**

# Phase 1. Safety and Stability—Reality Check

Tools to help you become aware and connected to the facts of what is really happening. Ask:

**Which stress response am I experiencing right now?**

**Where are my resources? (Internal -self talk, express feelings; External—friends, therapist, hotline, 911)**

**How can I get help right now if I need it?**

# Phase 1. Safety and Stability—Safe Place

1. Name or describe a situation, place, object, or color that makes you feel safer, more protected, soothed, calmer, or less tense (e.g. hiking, time with friends, the color blue).



# Phase 1. Safety and Stability—Safe Place

2. Draw, sketch, or cut and paste a picture of that situation, place, object, or color on a separate sheet of paper.

# Phase 1. Safety and Stability—Safe Place

3. Describe, in detail, all of the aspects of your picture that make the place safe for you (e.g. the privacy, the location, the protective devices, the feelings that go with the place).

\*See Handout “Grounding Worksheet”

# Phase 1. Safety and Stability—Dissociation

What if I don't want to be  
Grounded/More aware?

- ▶ Dissociation or avoidance was valuable earlier.
- ▶ It now is not valuable—it puts you at risk.

# Phase 1. Safety and Stability–Dissociation

What if I don't want to be  
Grounded/More aware?

- ▶ The goal is to exchange one from of coping for another.
- ▶ Dissociation/numbing give no control; self-regulation allows you to manage things.

**Dissociation: Help them see the need for better coping skills**

**Handouts:**

- ▶ **Dissociative Adaptions**
- ▶ **Grounding Worksheet: Evaluate Risks when Dissociative**

## Objective 2

Explore and practice techniques  
and interventions for trauma  
treatment for

Phase 2: Trauma Processing

## Phase 2: Trauma Processing

- ▶ Avoidance + Extreme Arousal States = Posttraumatic Emotional Dysregulation
- ▶ Fear—and anger—involves hyperarousal: when the person mobilizes to defend against attack or threat (fight or flight)
- ▶ Anxiety -involves hypo-arousal in form of anticipatory freezing or involuntary immobility.

## Phase 2: Trauma Processing

- ▶ Both hypo- and hyper-arousal = survival brain.
- ▶ No “braking functions” associated with areas in prefrontal cortex that serve as modulators.
- ▶ Some use the term “Therapeutic window” as the capacity for emotional tolerance or arousal.



## Phase 2: Trauma Processing

- ▶ When “window” is exceeded there is a return to unhealthy coping methods or shutdown.
- ▶ When “window” is understimulated, the client doesn’t change.

## Phase 2: Trauma Processing

- ▶ Numerous exposure-based approaches help support this process of expanding the “window of tolerance.”
- ▶ A delicate balance between disruption and stabilization must be maintained or the client will be overwhelmed or stalemated.

## Phase 2: Trauma Processing

“Therapeutic exposure and the processing of traumatic memories involve more than having a supportive discussion of troubling memories or current emotional difficulties. “

## Phase 2: Trauma Processing

“It involves a structured process (or protocol) designed to facilitate not only remembering but also the client’s vivid experiencing of trauma-related emotions and physical sensations (and associated thoughts, beliefs, appraisals, and intentions) in the immediate moment of the therapy session.”

## Phase 2: Trauma Processing

- ▶ Designed to prevent traumatic memories/feelings from emerging unbidden
- ▶ Safely experiencing emotions helps client learn how to gain control.
- ▶ Client makes informed choice to revisit/reexamine trauma memories instead of avoidance.

## Phase 2: Trauma Processing

### Eye Movement Desensitization Processing (EMDR) Shapiro

- ▶ Involves a vivid recall of a specific traumatic incident.
- ▶ Utilizes bilateral perceptual or motor task or stimulation.
- ▶ Quicker than PE or CPT.

# Phase 2: Trauma Processing

## Eye Movement Desensitization Processing (EMDR) Shapiro

- ▶ Has excellent research showing evidence-based results.
- ▶ Training: Standard 6 days (two weekends) + 10 hours of group consultation. Approved Basic Training from EMDRIA (Professional EMDR Organization).

# Phase 2: Trauma Processing

## Emotion-Focused Therapy for Complex Trauma (EFTT)

- ▶ Uses a therapeutic examination of emotions associated with past traumatic events to reduce the fear of painful feelings/memories.
- ▶ Uses experiential/humanistic techniques to help clients experience emotions and reduce experiential avoidance.



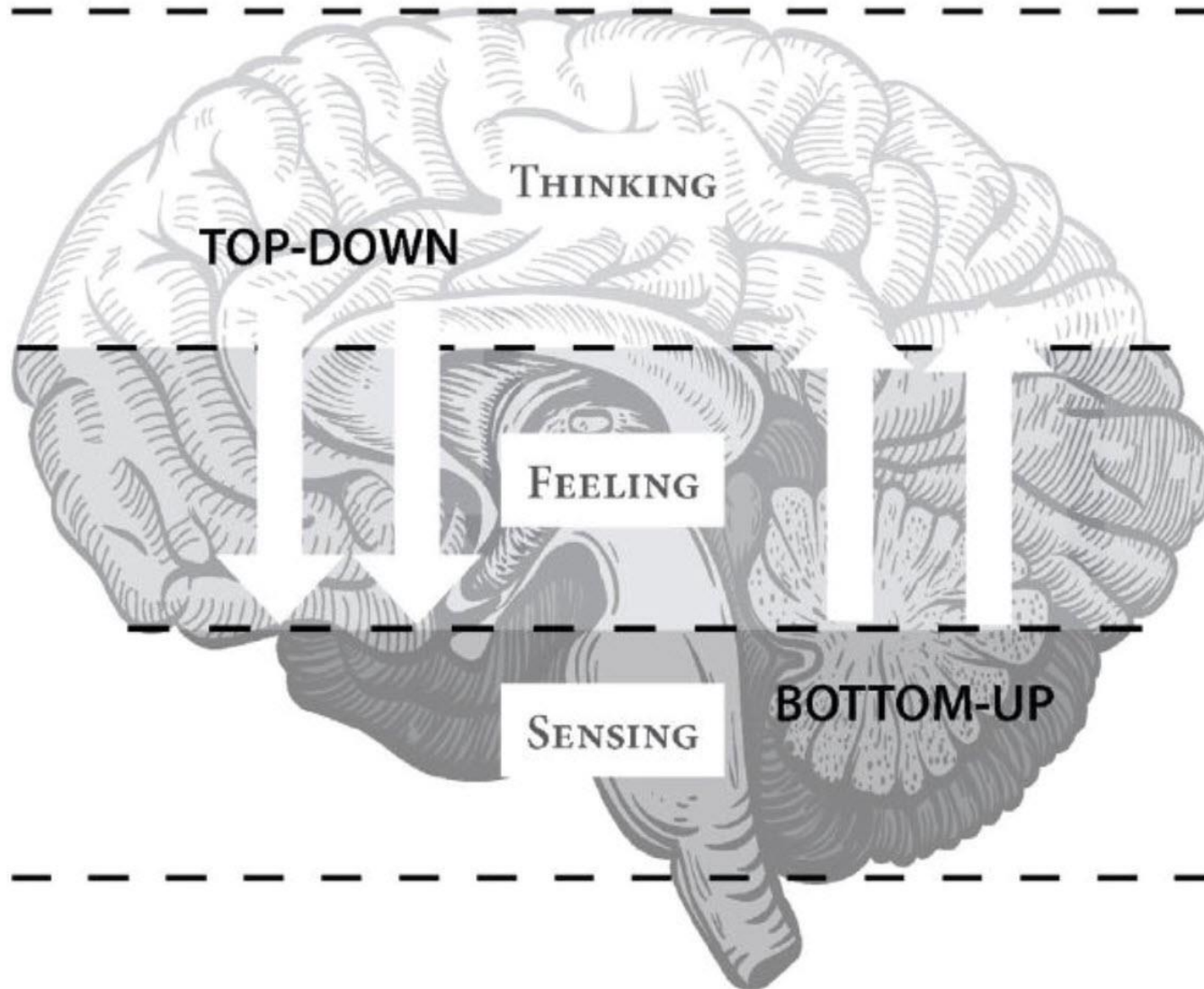
## Phase 2: Trauma Processing (EFTT)

- ▶ Uses imaginal confrontation to express thoughts/feelings to imagined perpetrators in an empty chair.
- ▶ These experiential exercises support changes in perspective, enhance self-empowerment and self-esteem, and reduce shame and self-blame.
- ▶ Emotion-Focused Therapy for Complex Trauma: An Integrative Approach 1st Edition by Sandra Paivio

# Top-Down/Bottom Up Strategies

## TOP-DOWN STRATEGIES

- Understanding feelings
- Mindfulness strategies
- Positive Cognition (based on new associations)
- Other cognitive
- Positive memories
- Safety
- Spiritual practices



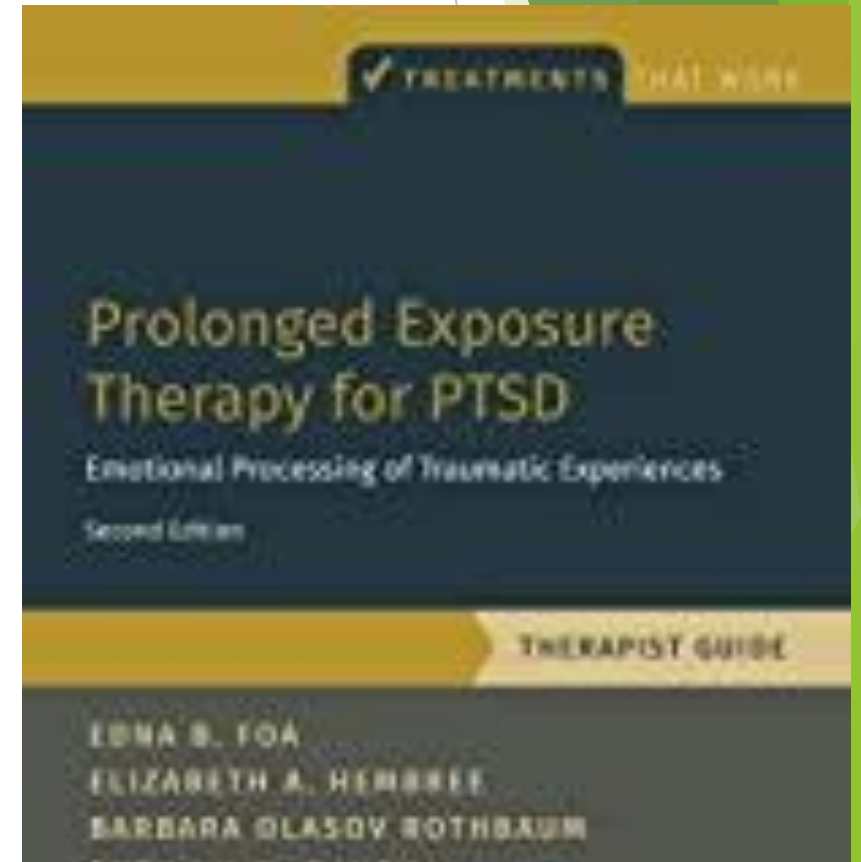
## BOTTOM-UP STRATEGIES

- Touch (massage, healing touch)
- BIs (auditory, tactile)
- Other sensory
- Sharing feelings
- Enjoyable activities
- Acting on Feelings
- Sleep
- Exercise

# Phase 2: Trauma Processing

## Prolonged Exposure (PE)

- ▶ Emotional Processing of Traumatic Experiences Therapist Guide
- ▶ Considered very intense for Survivors of trauma



# Phase 2: Trauma Processing

## Cognitive Processing Therapy

- ▶ Cognitive Processing Therapy for PTSD (Resick, Monson, & Chard)
- ▶ Client recalls and writes specific trauma memories.
- ▶ Narrative becomes “owned” by client, and can be “closed” like a book.
- ▶ Client is educated about distorted beliefs, assumptions, etc.

# Phase 2: Trauma Processing

## Narrative Exposure Therapy

- ▶ Brief (1-5 sessions) engages clients in imaginal exposure and assists them in reconstructing a personally meaningful narrative of traumatic events
- ▶ Children's version: KIDNET
- ▶ The Healing Power of Storytelling: Using Personal Narrative to Navigate Illness, Trauma, and Loss Kindle Edition by Annie Brewster

# Phase 2: Trauma Processing--New Hope

- ▶ New Hope is a 7-week study designed to help people find healing through God's word.
- ▶ As they find healing themselves, participants are equipped and empowered to share that same healing to those around them.

# Phase 2: Trauma Processing

## Seeking Safety

- ▶ Individual or group therapy for adults/teens with comorbid PTSD and substance abuse.
- ▶ Based on dialectical behavior therapy (DBT) CBT, and Motivational Enhancement Therapy.
- ▶ 25-30 sessions. Does not have a formal memory processing component.

# Phase 2: Trauma Processing

## When to move to Phase 2

- ▶ Client should have sufficient resources, life safety, and stability to move forward.
- ▶ Evaluate carefully any internal or external sources pressuring client to be less symptomatic or done with treatment.
- ▶ Uncover and understand client's beliefs and fears about facing the trauma.



## Phase 2: Trauma Processing

### When to move to Phase 2

- ▶ Clients should know the processing of traumatic events does not erase the memories.
- ▶ Does result in those memories not triggering unanticipated and upsetting reactions.
- ▶ Inform client they may feel worse in short term but better as time passes.

## Phase 2: Trauma Processing

### When to move to Phase 2

- ▶ Inform what therapist will do to ensure emotional safety and support.
- ▶ Inform what control client has to end protocol if it is overly aversive or over-whelming, or if they choose to do so.

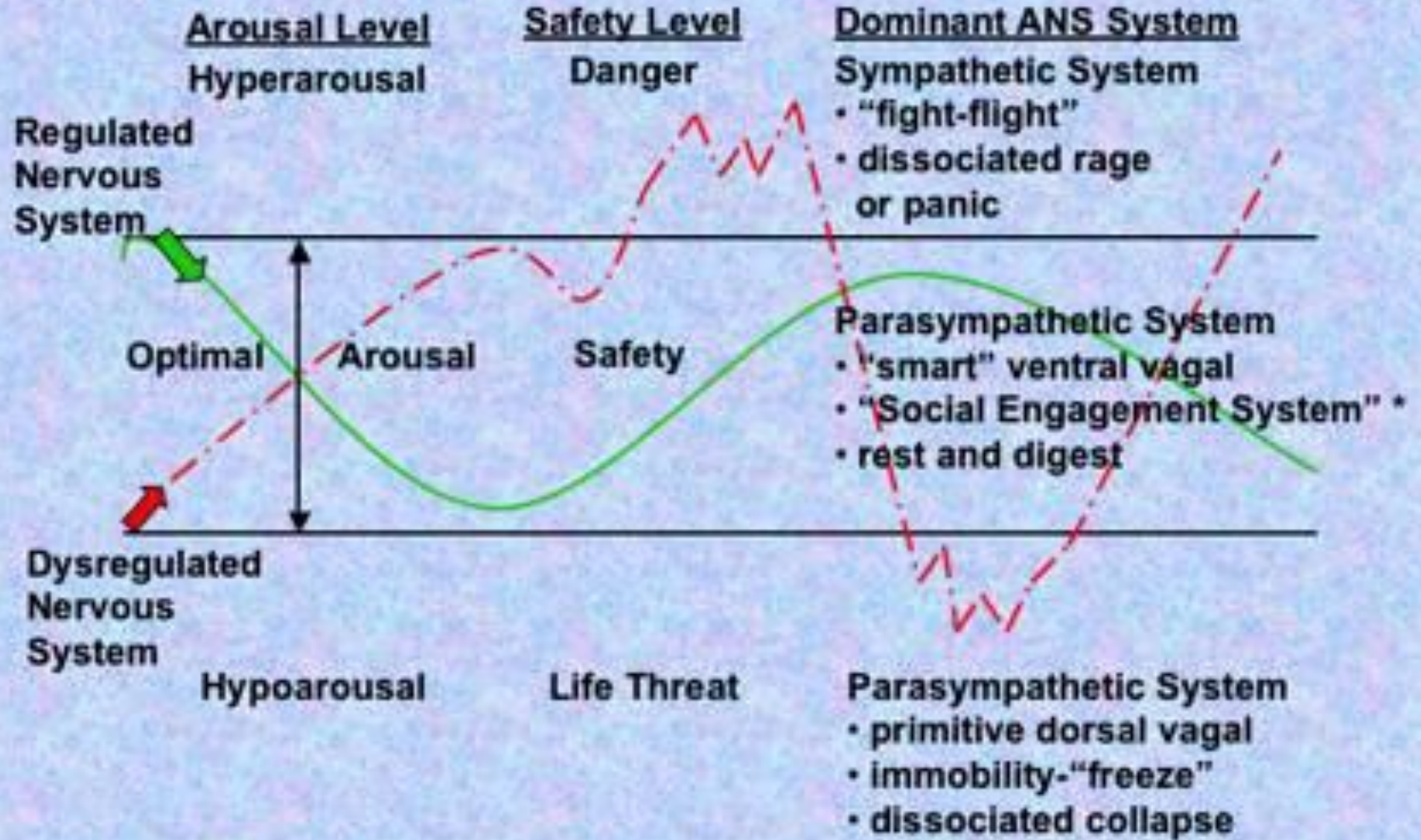
## Phase 2: Trauma Processing

If client has “window errors”...

- ▶ Help client immediately use self-calming or emotion regulation skills developed in phase 1
- ▶ Use intonation/chosen words to convey calm confidence that client has skills to move through the memory

# The Window of Arousal

## Autonomic Nervous System Arousal



## Phase 2: Trauma Processing

If client has “window errors”...

- ▶ Calmly remind client he/she is not alone and not in traumatic circumstances.
- ▶ Redirect client to a less distressing/dysregulating aspect of the event in order to titrate the arousal intensity without interrupting the processing and narrative building.



## Objective 3

Explore and practice techniques  
and interventions for Phase 3:

Daily Living

(Consolidating Therapeutic  
Gains)

## Phase 3: Daily Living

- ▶ Old maladaptive mechanisms, patterns, and symptoms that continue to have impact can be analyzed
- ▶ Can be replaced with ones that are more appropriate to the present day.

## Phase 3: Daily Living

- ▶ Those with secure attachment experiences may experience this as a return to “normal.”
- ▶ Those with poor attachment may find this phase lengthier and more complex.



# Phase 3: Daily Living

- ▶ May include:
- ▶ Separation, limiting or cutting off contact with those who do not support recovery and who persist in unhealthy/dysfunctional behaviors/interactions.

# Phase 3: Daily Living

- ▶ May include:
- ▶ Safety, stabilization, self-regulation skills used in Phase 1 are used to solidify/reinforce safety, self-care, and self-regulation.
- ▶ *Exercise: Impulsivity Worksheet*

# Phase 3: Daily Living

- ▶ May include...
- ▶ A new sense of self-knowledge & self-determination
- ▶ A sense of pride vs. shame/helplessness

# Phase 3: Daily Living

- ▶ May include...
- ▶ Hope and optimism vs. hopelessness
- ▶ Reworking skills, issues or challenges from past trauma they worked on.

# Phase 3: Daily Living

- ▶ May include...
- ▶ Focus on career and occupational/vocational development
- ▶ Development of trustworthy relationships
- ▶ Child-rearing and parenting issues training
- ▶ Development of healthy sexuality

# Phase 3: Daily Living

- ▶ May include...
- ▶ Decisions about disclosures to others
- ▶ Confrontations of abusers and/or nonprotective others
- ▶ Ethics, lawsuits, etc.
- ▶ All require extensive discussion of pros and cons; cost-benefits.

# Phase 3: Daily Living

- ▶ May include discussion of...
- ▶ Existential issues
- ▶ Spirituality
- ▶ Religious beliefs
- ▶ Personal meaning making

# Phase 3: Daily Living

Exercise: Spirituality:--Isolation from  
3 Damaging Core Beliefs”

## 1. I'm Shameful

Toxic shame drives us into hiding, because we believe we will never be loved or forgiven. Shame tells us we will be rejected if we are real and honest. Like Adam & Eve we withdraw and hide from God, others, and even ourselves.



# Phase 3: Daily Living

## ▶ 2. I'm Shattered

Children learn whether or not to trust others within first few years of life.

If a child's needs are responded to in loving and consistent ways, she internalizes + beliefs about self and her relationships: My parents love me, I'm good, people like me, people are good.

# Phase 3: Daily Living

- ▶ Neglect & abuse shatter these positive core beliefs, convincing the victim that the world is a dangerous place.
- ▶ If the abuse/neglect was perpetrated by someone the child trusted, the damage is even more severe, debilitating and paralyzing the child/adult and furthering their relational isolation.

# Phase 3: Daily Living

3. I can't trust and am untrustworthy

Relational distrust flows out of our assumptions about life and others. I'm safer not trusting others, we assure ourselves--abuse destroys trust. A boy who experiences the pain of emotional and verbal abuse from his mother learns not only to distrust her, but he probably distrusts all women.

## Phase 3: Daily Living

3. I can't trust and am untrustworthy  
His distrust manifests in different ways as he develops, When he was a child, he was compliant and pleasing, desiring to “stay under the radar” so as not to trigger her tirades He seemed the perfect child, But as he grew into puberty, he began to change. The once happy and obedient

## Phase 3: Daily Living

3. I can't trust and am untrustworthy child turned into a sullen and angry teenager—disappearing into himself he became quiet and emotionally numb. Over time, without nurture or parental protection and guidance, he was irresistibly drawn to pornography, powerfully attracted to the images of male domination and control and female desire. He felt safe and desired without having to

# Phase 3: Daily Living

3. I can't trust and am untrustworthy take a relational risk or responsibility. Pornography soon became the drug of his choice, zapping what was left of his interest or ability to enter into a real relationship with a girl. He's now trapped in a shamed, numb, isolated world. Each time he uses pornography he becomes more isolated.

See Handout: Isolation Results from 3 Damaging Core Beliefs