

# **THERAPY METHODS**

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Especially for Post-Accident Trauma Experienced by PTS Clients

Bracketed statement by Merle Meyers

## **Cognitive Processing Therapy**

[Cognitive processing therapy](#) is cognitive behavioral therapy typically delivered over 12 sessions to help people with PTSD modify beliefs that keep them from recovering from trauma.

During cognitive processing therapy, patients develop a new understanding of the event. They also receive education about how thoughts and emotions are interconnected. You may receive an assignment to write an impact statement of how you are affected by the accident.

When you are ready, you may be asked to write a detailed account of the accident and read it to your therapist, who will use strategic questions to help you discover new modes of thinking. This process can help you develop skills that you can use outside of therapy. It is strongly recommended for patients with PTSD.

## **Eye Movement Desensitization and Reprocessing Therapy**

Eye Movement Desensitization and Reprocessing Therapy, or [EMDR](#), is another therapy that has shown excellent results for those with post-traumatic stress disorder. During therapy, a patient talks about the memory of the incident while visually tracking the therapist's finger as it moves back and forth. This allows patients to recall traumatic memories in a controlled environment while focusing on another task.

**[With EMDR, the brain begins to distinguish between *the present* (the eye movement) from the story of *the past* traumatizing event(s). The brain can refile this event from the traumatic “current- state” (Survival Brain), to an event from history with other memories (Pre-frontal Cortex)].**

Less commonly, alternative tasks to eye movement may be used, such as listening to alternating tones or finger tapping. Regardless of the method used, this process can help restructure the memory by activating different parts of the brain during recall.

Some studies have found that as many as 77 to 90 percent of PTSD patients no longer meet the criteria for PTSD after treatment. EMDR is superior to cognitive behavioral therapy in some cases.

## ***Exposure Therapy***

Exposure therapy involves exposing patients to triggers they previously avoided. This often starts through imagining the event and talking through it in the safe setting of a therapist's office. Over time, the patient is assigned homework to increase the level of exposure.

For patients triggered by seeing a motor vehicle, this could include approaching a vehicle in a slow, controlled manner until the patient can do so without apprehension. Eventually, a patient who experiences anxiety while driving or riding in a car may be assigned to sit in the driver's seat or drive around the block, slowly increasing the exposure as the anxiety decreases.

This form of therapy is designed to help patients successfully process the emotions surrounding the accident at each step before progressing to the next step. Successfully processing emotions through incremental increases in exposure levels can lead to a full return to the previous activity, such as driving, without fear.

## ***Supportive Therapy***

Supportive therapy is effective in more mild cases of post-accident trauma. During supportive therapy, patients receive reassurance, education, advice, and encouragement to help them overcome distress.