



BRIEF THERAPY ON STUCK POINTS WITH SOCRATIC DIALOGUE

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DUKE HEALTH

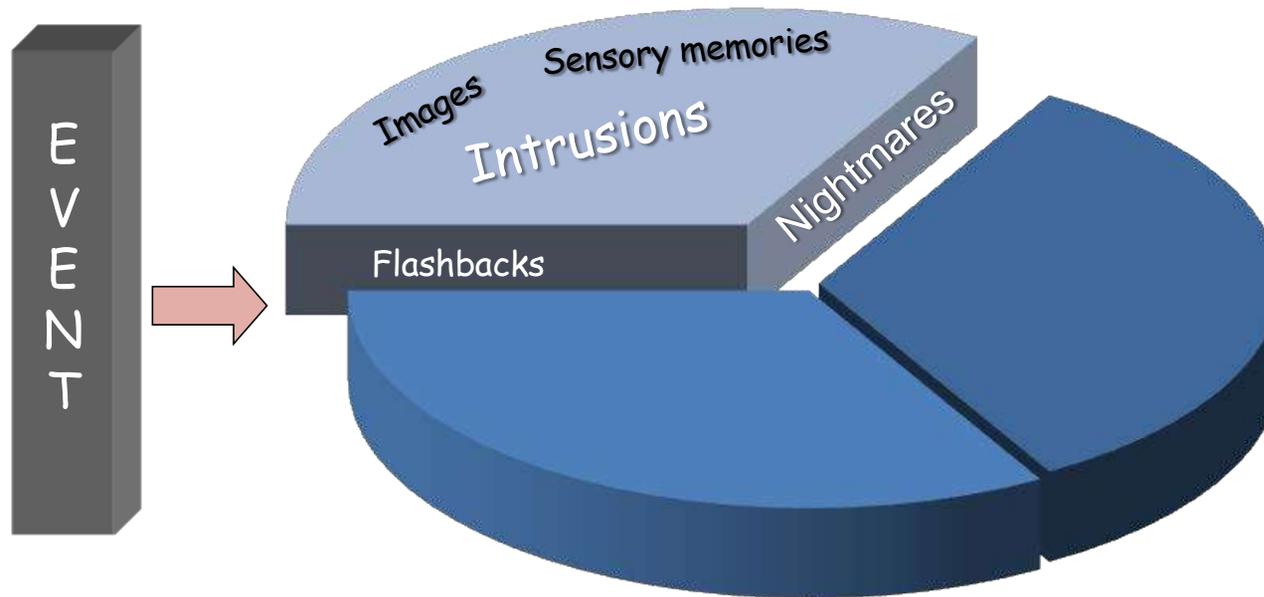
DURHAM, NORTH CAROLINA, USA



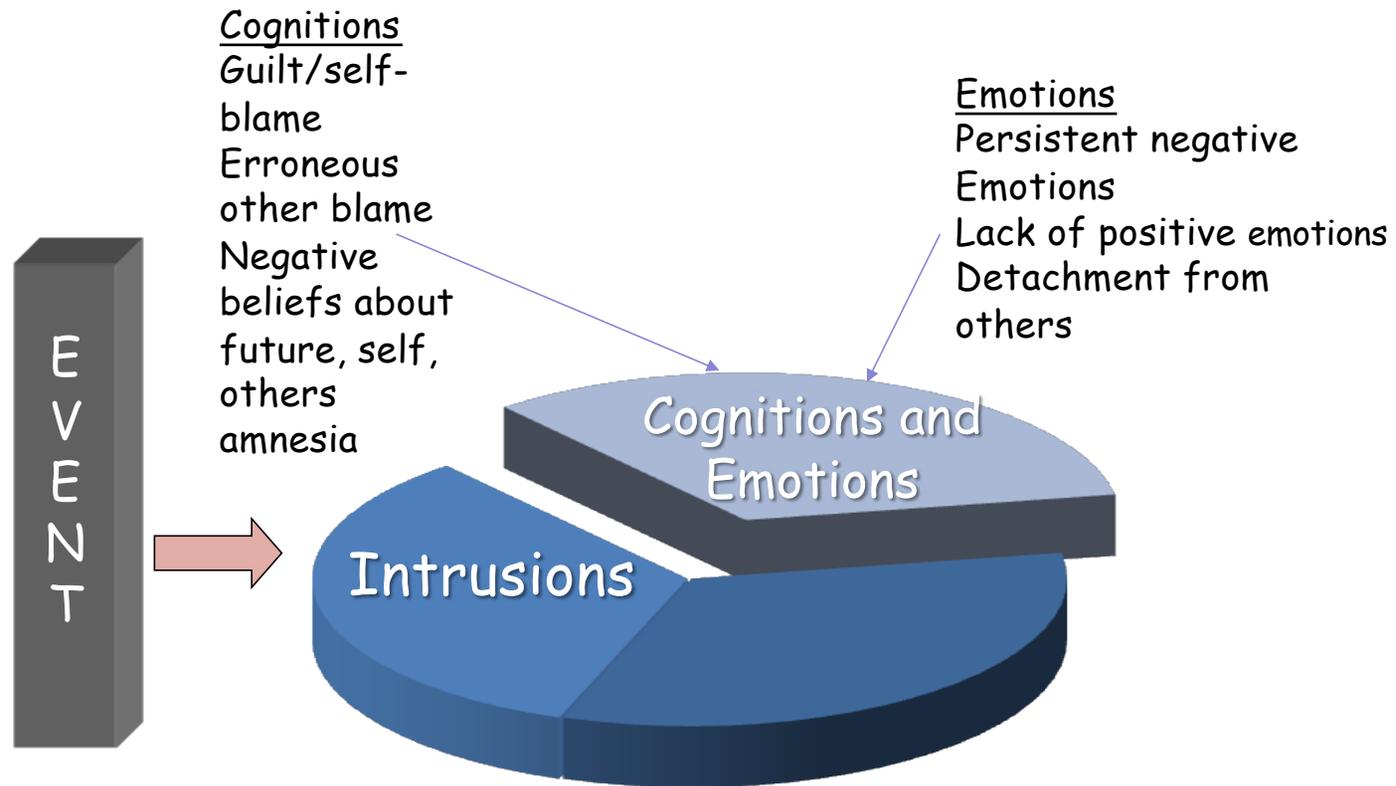
**SYMPTOMS
OF PTSD.**

- Functional description of PTSD
 - Intrusions
 - Cognitions and Emotions
 - Arousal and Reactivity
 - Avoidance

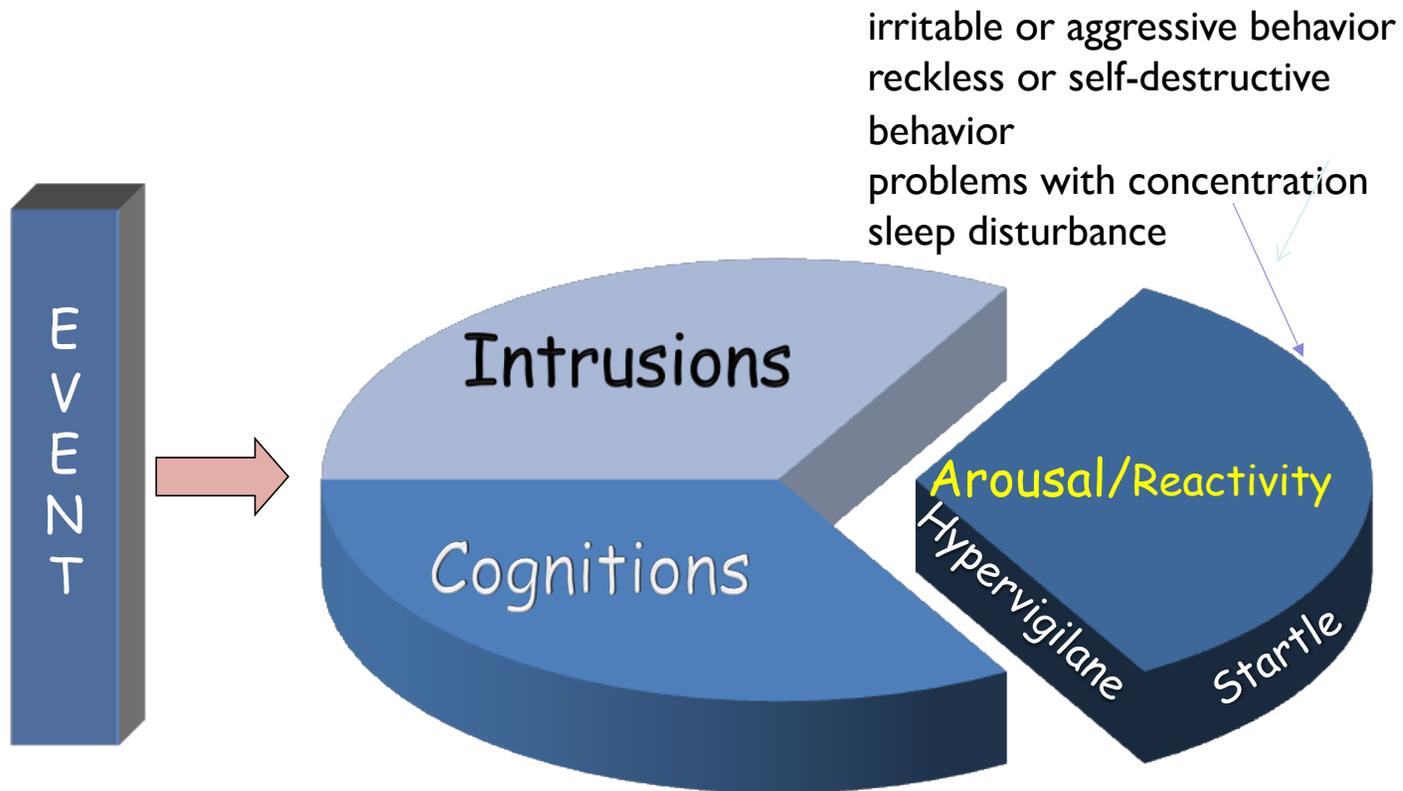
1. INTRUSIVE IMAGES AND SENSATIONS



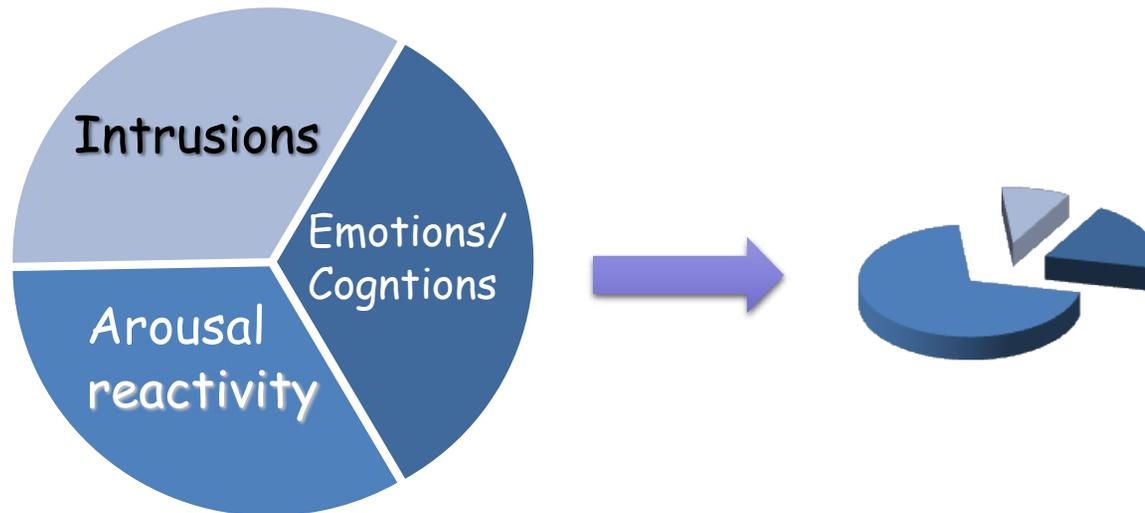
2. COGNITIONS AND EMOTIONS



3. ALTERATIONS IN AROUSAL AND REACTIVITY

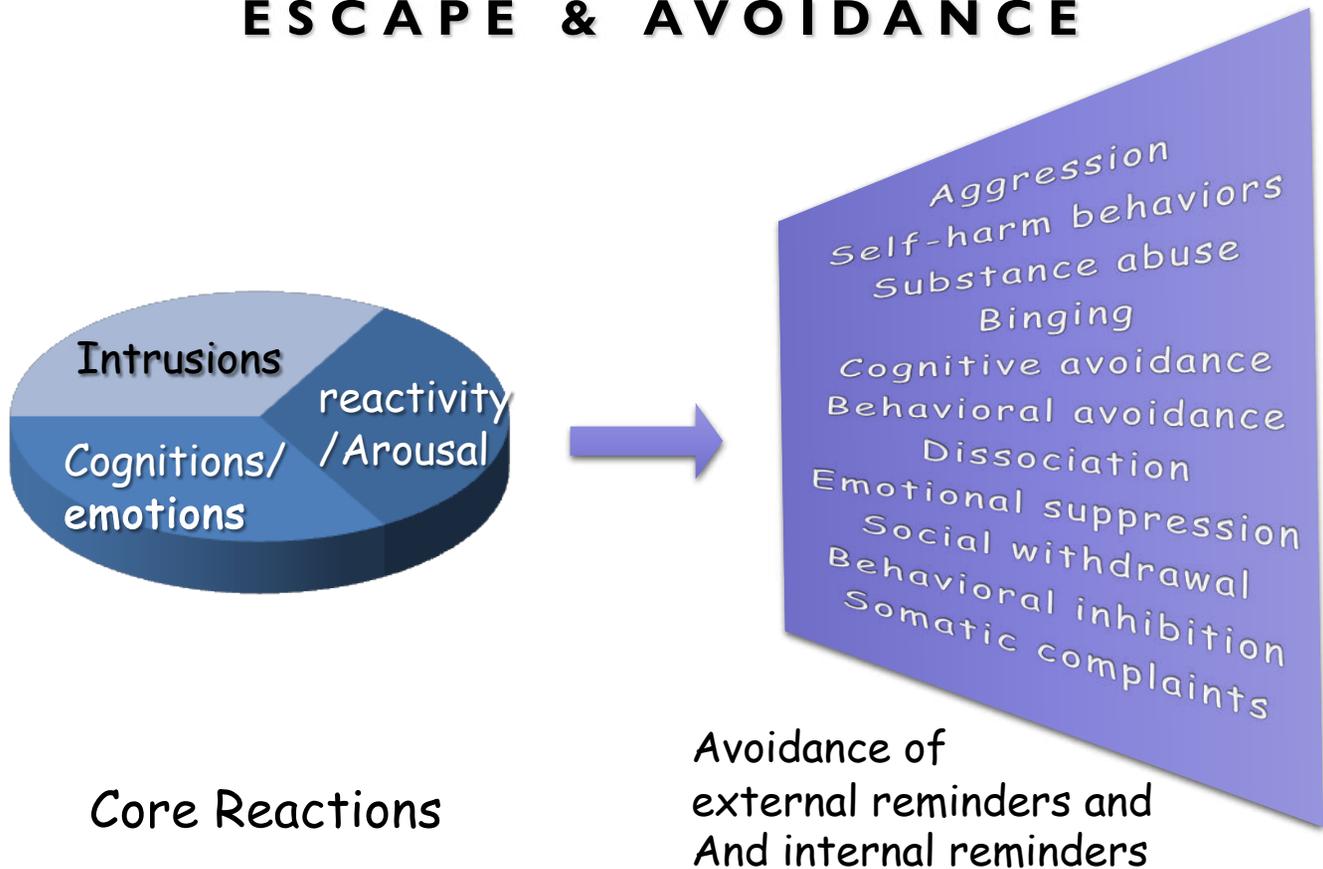


IN NORMAL RECOVERY, INTRUSIONS AND EMOTIONS DECREASE OVER TIME AND NO LONGER TRIGGER EACH OTHER



When intrusions occur, natural emotions and arousal run their course and thoughts have a chance to be examined and corrected. It is an active “approach” process of dealing with the event.

4. HOWEVER, IN THOSE WHO DON'T RECOVER, STRONG NEGATIVE AFFECT LEADS TO ESCAPE & AVOIDANCE

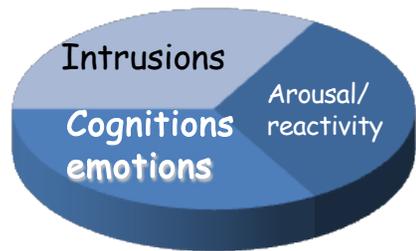


AVOIDANCE CRITERION



- This list is not exhaustive
- Any behavior that serves to escape/avoid reminders, negative trauma-related emotions, images or thoughts is functioning as avoidance

SUCCESSFUL AVOIDANCE = CHRONIC PTSD

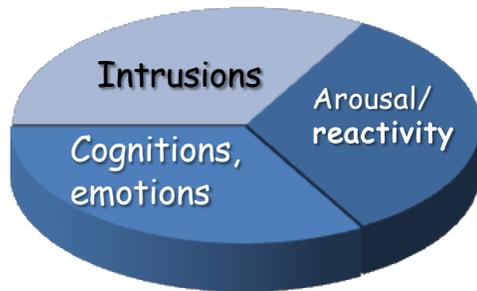


Core Reactions



Escape/Avoidance

**VERY SUCCESSFUL
AVOIDANCE =
CHRONIC
SUBTHRESHOLD PTSD**



Core Reactions



Escape/Avoidance

NORMAL RECOVERY

- While it is normal to have symptoms of PTSD in the immediate aftermath of a traumatic event, most people recover over time and do not end up with long term PTSD.
- Research has shown that while many people recover (stop having nightmares, flashbacks, self-blame etc.) over the first month or so, people continue to recover over many months.
- Intervening early may speed up the recovery so that people do not get stuck in their PTSD.
- A complicating factor in this situation is grief, which is normal but can impede recovery from PTSD symptoms (and vice versa).
- Another complicating factor is that both mental health providers and the people they are trying to help have all experienced a national trauma. You will need to make sure that you get whatever help you need to recover (airplane- put your oxygen mask on first).



DOING BRIEF CPT TREATMENT (3 - 5 SESSIONS)

- What is the worst event, or the worst part of an ongoing event (index event)? What is the most prominent intrusive image or nightmare? Can't just say something global like October 7.
- Why do they think the traumatic event happened? (not what, but why?)
- What is the thought that keeps coming back the most (lynchpin stuck point) (e.g., Why me? Why not me?)



SESSION 2-5



Differentiating events, thoughts and emotions (ABC worksheet)



Two types of emotions

Natural emotions are hard wired and don't need thought (e.g., fear, anger, grief)

Other emotions are based on thoughts (self-blame, blaming people who didn't intend the event)= guilt, misplaced anger



Socratic dialogue to examine Stuck Points.

WHAT IS A STUCK POINT AND WHAT IS BALANCED THINKING?

- If someone started out with a belief in a just world, they may attempt to alter the event to keep that belief (assimilation), “If only I had done x, my daughter wouldn’t have been killed”)
- Could also have erroneous other-blame.
- If someone started out with negative beliefs about self or others, this new event fits right into old world view and strengthens that view (also assimilation).
- If someone goes overboard about this belief and assumes that this event will always happen (safety, trust, power/control, esteem, intimacy) then over-accommodation
- If someone has balanced beliefs and takes in the new event with all the facts, that is called accommodation.

Simplified Alternative Thoughts Worksheet

Date: _____

<p>A Activating Event "Something happens"</p>	<p>D Challenging Questions</p> <p>Evidence against the stuck point?</p> <p>Is the stuck point out of context?</p> <p>Is the stuck point extreme or exaggerated?</p> <p>Is the stuck point based on feelings rather than all the facts?</p>	<p>E New Belief What can I tell myself in the future?</p>
<p>B Belief/Stuck point "I tell myself something"</p>		<p>F New Consequence How does the new belief make me feel?</p>
<p>C Consequence How does the stuck point make me feel?</p>		

WHAT IS A “STUCK POINT”?

- It is a thought (not an event, emotion or behavior).
- Usually a statement that is factually incorrect but the person believes for some reason (habit, just world beliefs, attempt to undo the event).
- Thought leads to negative emotions like guilt, rage, fear etc.
- Changing the thought changes the emotions (except natural emotions like grief that need to run their course).
- CPT helps people to examine their thoughts, look for the facts, adjust as needed.

IDENTIFYING STUCK POINTS

- Stuck Points are thoughts (not emotions or behaviors) that keep someone stuck in their PTSD. What thought do they think over and over about the cause of what happened.
 - Think of a dog chasing it's tail over and over, or a record getting stuck and repeating over and over.
 - If someone thought that they were safe and then something horrible happens, people tend to look to themselves first ("I should have known", it is my fault that...")
 - They may tend to blame other people who didn't intend or directly cause the harm.
 - Take the thoughts about the event and then overgeneralize into the present and future. ("Because this happened, it *will* happen again", I can't trust my judgement").
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WHAT IS SOCRATIC DIALOGUE?

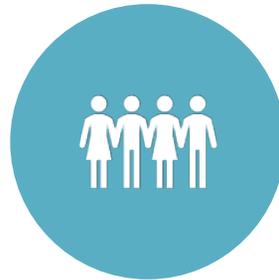
Therapist asks questions to assist in challenging the accuracy of thought processes and rectifying those that have kept the patient from recovering

Cornerstone of CPT practice

ABC PRINCIPLES TO THE SOCRATIC DIALOGUE



ASK



**BE ON THEIR
TEAM**



THINK
**(NOT ACT) CRITICALLY ABOUT
THEIR LOGIC**

ABC'S OF SOCRATIC DIALOGUE

ASK

- Question everything!
- Don't assume
- You can ask anything if you ask right

BE on their team

- Helps to externalize thoughts
- Decreases defensiveness

Think (NOT act) **CRITICALLY** about their logic

- Get non-judgmentally into their head
- Be curious, not confrontational or argumentative

HIERARCHY OF DIALOGUE

C = Clarify

A = Assumptions

R = Real evidence

D = Deeper beliefs

HIERARCHY OF DIALOGUE

C = Clarifying questions

- Assimilation (for Stuck Points that change the event to fit preexisting beliefs in a just world like “It is my fault...”)
 - “When you realized you were in danger, what options did you really have?”
 - “What did you know about that road? Was there any reason to think that your friend was in more danger than usual?”
- Over-accommodation
 - “Your thought is that *no* people can be trusted?”
 - “When you say that you have poor judgment what do you mean?”

HIERARCHY OF DIALOGUE

A = Assumptions

- **Assimilation** (hindsight, happily ever after, and just world biases)
 - “At that time, did you consider that the event would happen? Why not?”
 - “If you had fought harder, what would have happened?”
 - “Why do you assume you could have saved him?”

HIERARCHY OF DIALOGUE

A = Assumptions (continued)

- **Over-accommodation**
 - “Have you been out in the evening and nothing bad happened?”
 - “Have you (or someone else) had alcohol without being attacked?”
 - “What do you think would have happened if you ran back inside the building?”

HIERARCHY OF DIALOGUE

R = Real evidence

- **Assimilation**
 - “What is the evidence that you would have saved your friend?”
 - “Given what you have told me about how you tried to stop it, why do you think you could have prevented it?”
 - “Did the driver intend for your friend to be killed? Did he know that his brakes would fail?”
 - “Who actually has the fault, who intended the harm?”

HIERARCHY OF DIALOGUE

R = Real evidence (continued)

- **Over-accommodation**
 - “Looking at the other people in your life, why would this person’s actions mean that other people are less trustworthy?”
 - In what ways can you trust the other people in your life?
 - “When you say “I have bad judgment, are you talking about in every aspect? What about as a parent/spouse, etc?”

HIERARCHY OF DIALOGUE

D = Deeper Beliefs (meaning making)

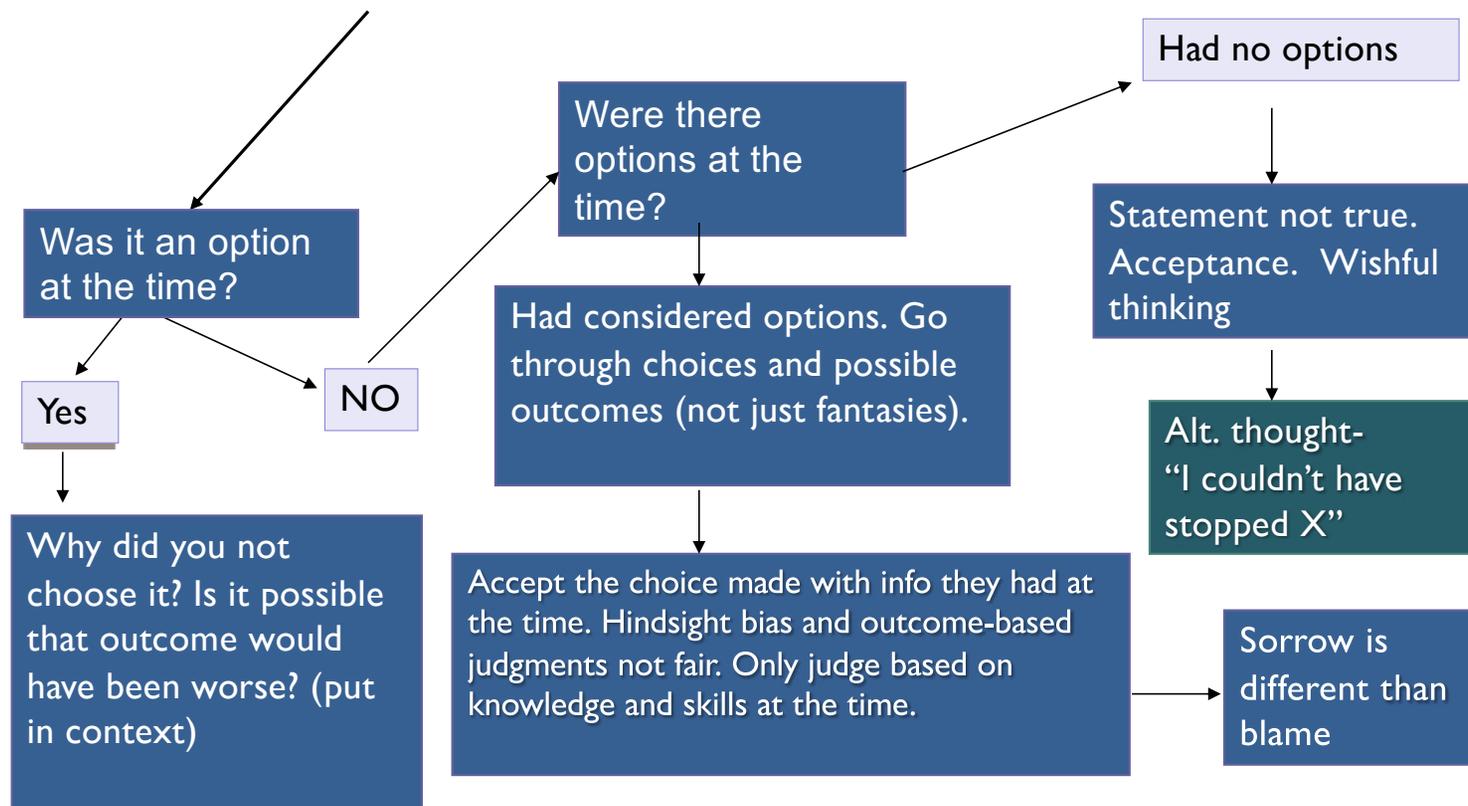
- **Assimilation**

- “What does it mean about you that this event happened to you?”
- “What does it mean about other people?”

- **Over-accommodation**

- “What would that mean if you didn’t have complete control?”
- “What if you got close to someone and they died?”

“IF ONLY I HAD DONE X, I COULD HAVE SAVED ____”



How does this feel? Different?

COMMON MISTAKES

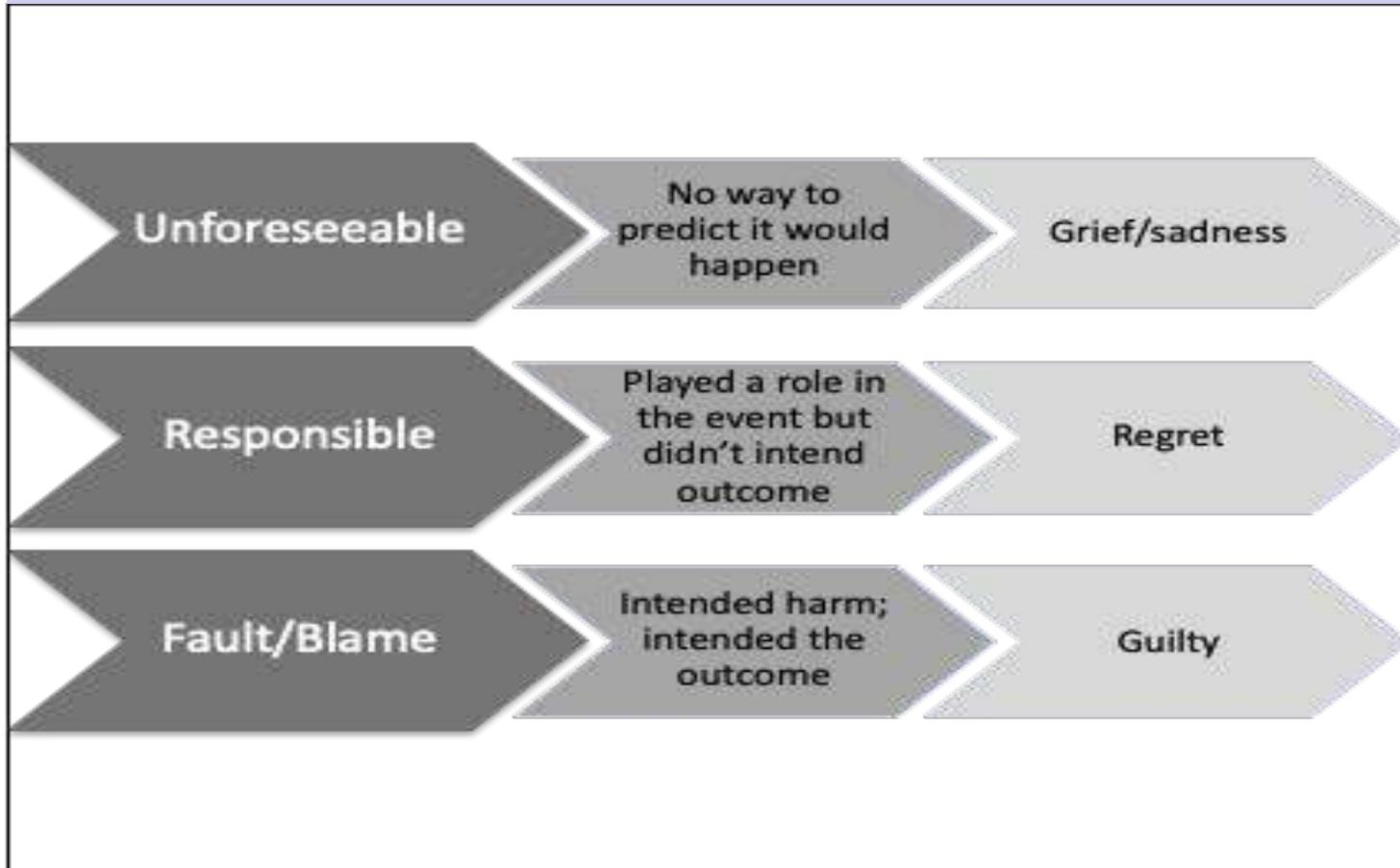
Content

- Make assumptions
- Go after over-accommodation before assimilation

Process

- Rhetorical questions
- Need to have a cogent line of questioning
- Too convincing
- Impatience
- Inadvertently validate stuck point
- Create power struggle
- Not maintained balance between validation and challenge

LEVELS OF RESPONSIBILITY



SPECIAL WARNING ABOUT THERAPIST STUCK POINTS

- When working with Ukrainian therapists we found that many of them had trouble treating others because they were/are also traumatized.
- May not recognize a shared Stuck Point as problematic thinking. Therapist may just agree with patient.
- May have trouble with emotions that the patient is feeling.
- Shared avoidance.
- **Suggestion- Set up support groups for therapists, especially in these early stages before people are asking for therapy.**