

Trauma-Focused Treatments Versus Trauma-Informed Resiliency

Reactions to mass violence are wide ranging in both symptoms and severity. Almost all survivors will experience distress in the immediate aftermath of a mass violence incident (MVI).

Some survivors may return to day-to-day life in a few weeks or months, but may have lingering depression, anxiety, and/or a sense that life has forever changed. Other survivors will develop long-standing symptoms of intrusive memories, almost paralyzing fear, prolonged grief, other emotional distress and/or an inability to resume normal activities. These symptoms of post-traumatic stress disorder (PTSD) and/or prolonged grief may not lessen with time without receipt of treatment.

It is important that each survivor has access to the best interventions that will support their unique, individual journey to recovery in a manner that is culturally- and age-appropriate. For some, that may mean a specialized evidence-based mental health treatment program; for others, supportive interventions, focused on personal wellness, resiliency and social support, may be the help they need.

Trauma-Focused Treatments

Trauma-focused treatments include specific strategies and skills to manage the most common symptoms experienced by trauma survivors, such as intrusive memories, hyperarousal, avoidance, and unhelpful thinking patterns. These treatments are relatively brief, typically lasting six-to-20 sessions, and are primarily based on cognitive-behavioral therapy principles to address trauma-related symptoms.

However, not all trauma-focused treatments are the same. Finding a therapist who provides *evidence-based treatments* is recommended for those suffering from PTSD, depression, prolonged grief or another trauma-related mental health problem. For more detailed information, see the [How to Identify an Experienced Trauma-Focused Therapist Tip Sheet](#).

Evidence Based Treatments (EBTs) have undergone extensive research studies that document their safety and effectiveness in reducing symptoms related to PTSD, depression, prolonged grief, insomnia, substance use disorders, and other trauma-related difficulties. For more detailed information, see [What are Evidence-Based Treatments and Evidence-Based Practices?](#)

Treatment elements common across trauma-focused EBTs usually include emotion regulation, relaxation and other calming strategies, cognitive restructuring, behavioral activation, and exposures, which are activities that encourage facing, rather than avoiding, the situations and memories that cause distress.

What are the Goals of Evidence-based Trauma-focused Treatment?

- Improve understanding of PTSD, prolonged grief, depression, and other trauma-related symptoms
- Reduce distress about memories of the trauma

- Decrease emotional numbing (i.e., difficulty experiencing feelings) and avoidance of trauma reminders and trauma cues
- Reduce feelings of being tense or “on edge”
- Decrease depression, anxiety, guilt and/or shame
- Improve day-to-day living

The good news is that there are a number of EBTs for trauma-related difficulties.

Common evidence-based trauma-focused treatments include, but are not limited to:

- Prolonged Exposure for PTSD
- Cognitive Processing Therapy for PTSD
- EMDR for PTSD
- Behavioral Activation for Depression
- Complicated Bereavement Therapy
- Trauma-focused Cognitive Behavioral Therapy

Alternative Therapies, sometimes labeled as “trauma-informed,” may claim to treat trauma symptoms, but only have preliminary or limited evidence at this time to demonstrate change in trauma-related symptoms, such as PTSD. They also may not be safe. However, they may show overall satisfaction by participants. These benefits could be due to the intervention, but they also could be due to the opportunity for social connections or enjoyment of the activity.

Alternative therapies should *not* be used to replace EBTs, but instead could be a complementary or additive component to EBTs. It is important for the leader or facilitator to have had training to understand trauma reactions and knowledge about how to tailor activities to accommodate individual needs. Caution should be taken, however, as some alternative therapies have not been evaluated, and could inadvertently cause harm or impede trauma recovery.

Alternative therapies that may be trauma-informed, but **not** evidence-based, to treat trauma symptoms include, but are not limited to:

- Animal-assisted therapy
- Equine-assisted therapy
- Art therapy
- Yoga therapy
- Brain spotting
- MDMA-assisted therapy for PTSD
- Somatic therapies

Trauma-informed Resiliency

Trauma-informed resiliency programming or therapies are those that contribute to overall well-being, but do not specifically treat underlying PTSD or prolonged grief. They often have some components of EBTs, have been shown to be effective for some trauma-related symptoms (such as depression, anxiety or sleep disturbances), or show promise in treating PTSD based on small preliminary studies. These approaches may include relaxation training, mindfulness training, and strategies to increase involvement in physical exercise or activity in pleasurable events. Trauma-informed resiliency programming should

not be used to replace EBTs. They may be used to complement or be additive to EBTs or provided for individuals who do not meet criteria for a mental health diagnosis, may struggle with some trauma difficulties, or would like to foster personal resilience and growth.

Common trauma-informed resiliency programming or therapies that have some evidence to foster general resilience, but not directly treat trauma symptoms include, but are not limited to:

- Peer support groups
- Psychoeducational groups
- Mindfulness and meditation practices
- Yoga
- Relaxation skills
- Stress Inoculation Training
- Interpersonal therapy
- Acupuncture
- Exercise-based group activities (e.g., hiking group)
- Skills for Psychological Recovery

Insurance companies and government programs often restrict payment to only evidence-based mental health treatments, just as they have done for other medical treatments. Some state, federal or private grants may fund general resiliency or trauma-informed programs that are important in the recovery process for both victims and communities, but these do not necessarily meet the criteria for an evidence-based, trauma-focused treatment.

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