



# Principle of Trauma Therapy

A Guide to Symptoms, Evaluation, and Treatment (DSM-5 Update)

Second Edition, by John N. Briere, Catherine Scott. SAGE Publications; 2014

Ju-Hyun Lee

Inrae Child & Adolescent Psychiatric Clinic, Seoul, Korea

Received: August 31, 2020 / Accepted: August 31, 2020

Address for correspondence: Ju-Hyun Lee, Inrae Child & Adolescent Psychiatric Clinic, 378 Olympic-ro, Songpa-gu, Seoul 05544, Korea  
Tel: +82-2-415-4266, Fax: +82-2-419-4265, E-mail: 90mind@naver.com

Before I introduce the book *Principles of Trauma Therapy* (2<sup>nd</sup> ed.), I would like to talk about my journey of growing up as a trauma therapist. Because I want to say that the contents of this book is not just theoretically based but also pulled from the experiences of therapists' lives. As I read this book, I found my experiences in the well-organized contents of this book. I could also gain insight and knowledge beyond my experience. I am afraid that the story of my journey may seem like a long-winded self-praise. But now I start.

The first time I properly learned about trauma therapy was at the eye movement desensitization and reprocessing (EMDR) training workshop in 2008. This workshop taught me the importance of optimal arousal in trauma therapy and the methods reprocessing one by one not only emotions and thought, but also physical sensations that may be called "body memories." I also learned that the patient needs to be prepared with techniques like "safe place" before re-facing traumatic memories, even in clinic. When I tried EMDR treatment first, I was surprised as a therapist how it immediately changed the patient; only a few sessions were required to manage the trauma hot spot related to a single incident. I gained a new perspective from this experience. Before this experience, I thought that psychotherapy should take a long time based on therapeutic relationships.

In fact, the dramatic incident that raised my interest in trauma therapy was the Sewol ferry accident on April 16, 2014. A brief description of this accident is as follows. A ferry capsized while carrying 476 people. Most of the people on board were high school students on a school trip. With the sinking of the ship, more than 200 students lost their lives. Most of the students were ordered to stay put by an on-board announcement,

even when water began flooding in and the ferry was bound to sink. The captain and the crew eventually abandoned the ship without changing their orders and escaped while the passengers were trapped inside. To most Koreans, this disaster was not just a simple accident but representative of a fundamental problem in Korean society. Many Koreans experienced helplessness and shame as they watched the ship sink slowly into the waters. I volunteered for crisis intervention related to this accident for six months as a member of the Korean Academy of Child and Adolescents Psychiatry (KACAP). At that time, about 190 child psychiatrists from KACAP participated in this crisis intervention as volunteers. I counseled accident survivors, Danwon high school students, teachers, families of the deceased, families of the missing persons, and general citizens, giving me an opportunity to observe the collaboration between the Ministry of Education and the Office of Education. This experience broadened my horizons as a child psychiatrist in the clinical setting regarding both community and society. At that time, I visited two bereaved families in their homes, provided play therapy with the children, and had psychological counseling with their parents. Additionally, I conducted psychological education while reading children's books related to mourning with the bereaved families. I have studied analytical psychology as an analyst candidate at the Korea Jung Institute, and we talked about dreams with the victim's younger brothers and mother during counseling. In those dreams, healing symbols and directions for a new life were presented to the bereaved families.

This was summarized and presented at both domestic and international analytical psychology conferences with Kim Ji-youn and Jeong Chan-seung.

I learned the stabilization techniques at the teaching recovery technique (TRT) workshop that were developed by the Children and War Foundation during the crisis inter-

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

vention on the Sewol ferry accident. I actually applied the techniques in my outpatient clinic. Based on this experience, I wrote a book titled *Nine Trauma Recovery Techniques for Teenager; Overcoming Mental Break* in 2015. At that time, there were many textbooks for experts in Korea, but there were no workbooks that adolescents could read in coping with trauma. This was also a process of finding something to pass on to our children, the next generation, and taking responsibility as a member of the older generation who augmented the damage with the onboard announcement during the Sewol ferry accident of “just stay still.” I revised the manuscript over 200 times to find an appropriate expression that can easily reach children and adolescents. In my book, I explained trauma by comparing it to the buzzword “mental break,” and compared the difference between stress and trauma to muscle agglomeration and bone cracking. I additionally explained the need for education of appropriate normalization and stabilization techniques, such as a cast of love, and understanding of families and neighbors. In-hee Jo, an experienced child psychiatrist, applied this book by reading it with the patient during the initial trauma interview. These attempts were useful in controlling the pace of psychoeducation depending on the patient’s condition.

It was also rewarding to participate in the development of a crisis intervention program for children and adolescents named “CIDER” that was a research project related to disaster psychological intervention funded by the government led by Professor Soo-Young Bang. “Community” of “solidarity” formed by participants of the Sewol ferry accident crisis intervention led to the establishment of the Disaster and Trauma Committee of the Korean Academy of child and Adolescents Psychiatry. Eun-ji Kim, who was the school doctor of Danwon high school at the time of the Sewol ferry disaster, is currently the director of this committee. This year, the committee made Card News (News format using image) for general citizens about psychological prevention regarding COVID-19. It also developed and distributed guidelines on psychological support for expert counseling regarding the pandemic. In addition, a five-time webinar titled “Treating trauma patient well” was also conducted for 200 psychiatrists. I lectured on normalization and stabilization techniques in this webinar. The tragedy of the Sewol ferry touched my heart and encouraged me to act. I cherish this emotion and thank the people I met on this journey.

During this journey of growth as a trauma therapist, I encountered several seminars and read many specialized books. Among them, the most comprehensive textbook-level book was *Principles of Trauma Therapy* (2<sup>nd</sup> ed.). This book was written by John N. Briere, PhD, Associate Professor of Psychiatry and Psychology at the Keck School of Medicine, Uni-

versity of Southern California & Center Director of the USC Adolescent Trauma Training Center (USC-ATTC) of the National Child Traumatic Stress Network and Catherine Scott, MD, Assistant Clinical Professor of Psychiatry and the Behavioral Sciences at the USC Keck School of Medicine. This is an overview by the highest authority. As stated in the publisher’s introduction to this book. It “is both comprehensive in scope and highly practical in application thoroughly updated with DSM-5 content.” This book was published in 2014 and translated into Korean this year. In the introduction, the author says, “The approach we outline in this book combines aspects of trauma-relevant cognitive-behavioral therapy, relational psychotherapy, mindfulness practices, and a general, non-pathologizing perspective on human suffering. ... Although we believe that some therapeutic approaches are more effective in treating trauma effects than others—hence this book—we agree that the current treatment outcome literature may be incomplete. As a result, we do not limit ourselves to describing interventions that have been fully validated in outcome studies.”<sup>a</sup> These above quotes show an open attitude of clinicians who learn not only through books, but through actual clinical experience. The authors also show a strict scholarly attitude of comparing and examining various scientific papers in detail. “Although specific treatment components receive detailed attention here, we believe that, as emphasized by the treatment outcome literature (e.g., M. J. Lambert & Barley, 2001; Martin, Garske, & Davis, 2000), the therapist’s non-judgmental, empathic attunement to the client, compassionate stance, and attention to the therapeutic relationship are also critically important. For this reason, we devote considerable discussion to an overbridging philosophy of treatment that, we believe, not only facilitates recovery from psychological trauma for the client, but also makes this work meaningful, even growthful, for the clinician.”<sup>b</sup> In these quotes we can find a connection between modern trauma therapy and traditional psychotherapy. This book also includes “a chapter on trauma psychopharmacology, intended for medical practitioners and psychiatric trainees, as well as for nonmedical clinicians, who are often critical to their clients’ pharmacological treatment.”<sup>c</sup> The author writes the last sentence of the introduction as follows: “As we engage this process as clinicians, we almost inevitably learn important existential lessons about life and the workable basis of human suffering. We hope that this book will not only provide tools for those who work with traumatized clients, but that it also—along the way—affirms the tremendous optimism and value inherent in this endeavor.”<sup>d</sup> In each sentence

<sup>a</sup>*Principles of Trauma Therapy* (2<sup>nd</sup> ed.), page 2, 4

<sup>b</sup>*Principles of Trauma Therapy* (2<sup>nd</sup> ed.), page 4

<sup>c</sup>*Principles of Trauma Therapy* (2<sup>nd</sup> ed.), page 2

of this book, I feel the wisdom that the therapists struggled to find as they endured and shed tears with their patients on the real battleground of trauma therapy.” In the detail of this book, I see the effort of many researchers who have tried to establish wisdom academically in these papers. I hope that I can carry the optimism and value contained in this book in my life as a psychiatrist. I recommend it as a must-read for any psychiatrist who is really interested in trauma therapy. Both beginner trainees and experienced professionals will benefit from this book in the existential battleground of trauma therapy.

*The sad truth is that man's real life consists of a complex of inexorable opposites—day and night, birth and death, happiness and misery, good and evil. We are not even sure that one will prevail against the other, that good will overcome evil, or joy defeat pain. Life is a battleground. It always has been, and always will be; and if it were not so, existence would come to an end.*

Jung, Carl Gustav. *Man and His Symbols* (p. 75). Random House Publishing Group. Kindle Edition.

Copyright © 1964 by Aldus Books

---

<sup>d</sup>*Principles of Trauma Therapy* (2<sup>nd</sup> ed.), page 5