

## This introduction overviews:

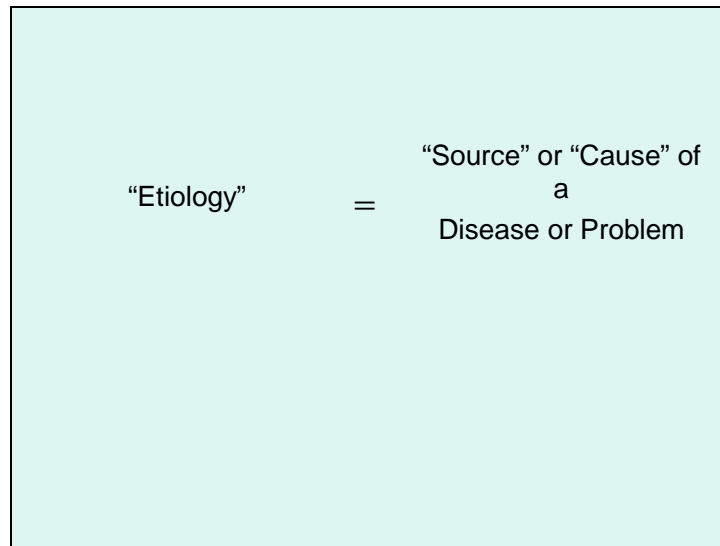
1. The Etiotropic Trauma Management System (ETMS).
2. Trauma Resolution Therapy (TRT).
3. The ETMS Professional Training and Certification Program.
4. Guidelines, requirements and agreement for ETM/TRT Certification.
5. The ETMS School.
6. Principal conceptual differences between ETM/TRT and other models used in the treatment and management of psychological trauma.

The Etiotropic Trauma Management system is a group of concepts, strategies and implementation procedures that provide for the address of psychological trauma as it affects individuals, relationships, families, organizations and communities.

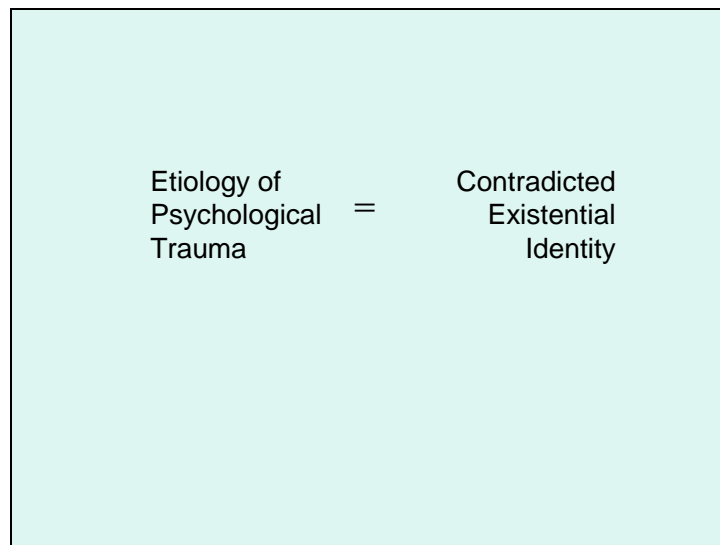
The Etiotropic Trauma Management System  
ITMS

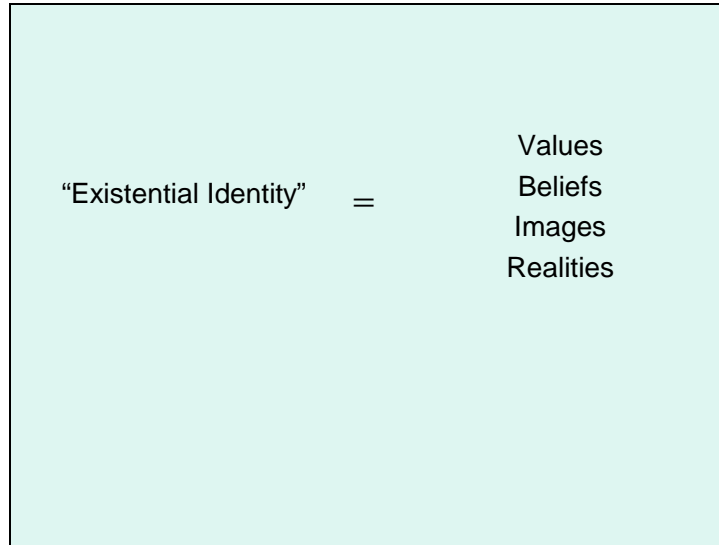
The Etiotropic Trauma Management System = An Etiotropic Approach to Psychological Trauma

“Etiotropic” means that assessment, treatment, and management activities focus on the trauma’s etiology.



In ETMS theory, the etiology of psychological trauma is contradicted existential identity.





Thus, the “etiology” of psychological trauma is continuous, ongoing, un-reconciled contradictions to pre-trauma or pre-event values, beliefs, images and realities.

“Pre-trauma” or “pre-event” values, beliefs, images and realities refers to those things the trauma-affected person believed in, valued, conceptualized and maintained as reality before the extraordinary event occurred.

If helpful, you might refer to some examples of contradicted values, beliefs, images and reality.

We will give you many examples of un-reconciled contradictions to pre-trauma values, beliefs, images and reality throughout this School.

We will also show that this etiology has a neurological counterpart in the functional and structural biological elements of memory.



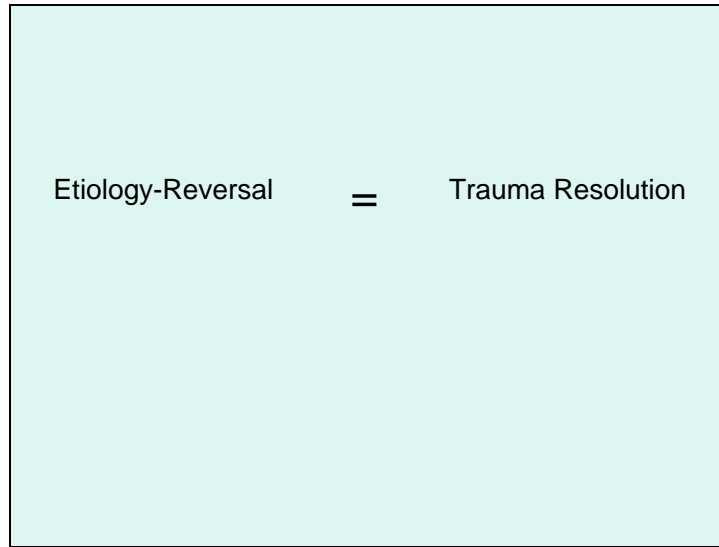
If you read the literature, a review of which is provided in the text to this course, you find that the great investigator and researcher of psychological trauma, Horowitz, says that psychodynamic models, i.e., other etiologically-focused models, have a very difficult time contending with the overwhelming amount of information that relates to the trauma's damage of the internal psychological management system. Subsequently, some clinicians have adapted by employing more reality (here and now) approaches—leaving the etiology alone. In contrast, TRT helps clients to manage that information causing the overload; hence, the structure assists individuals affected by trauma to focus on identifying and reversing the trauma's etiology without becoming diverted by the overwhelming experience that often accompanies non-structured psychodynamic models.

When that focus on the etiology is maintained, the goal of TRT is achieved: resolution of trauma resulting from single and multiple traumatic experiences.



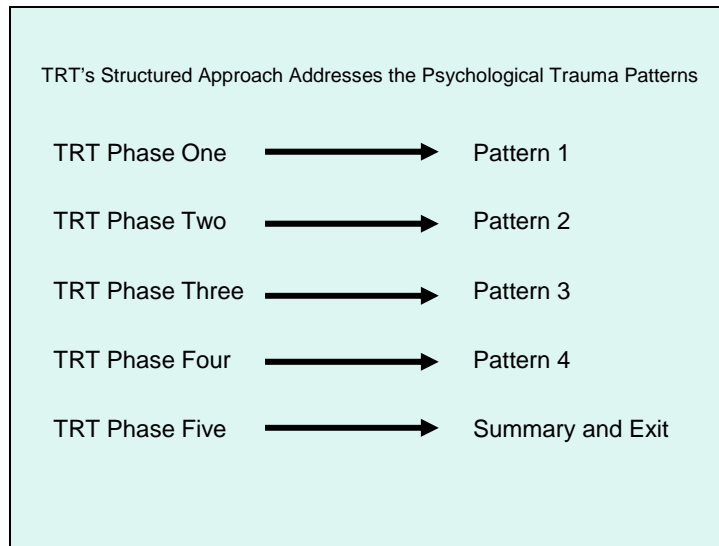
To “resolve psychological trauma” means that the etiology of the trauma is reversed to the extent that the post-trauma existential identity (values, beliefs, images and realities) are reconstituted to their pre-trauma existences, but within the contexts of the current period. The explanation of the terms “reconstituted” and “context of the current period” represents a substantial portion of the subject matter of this school.

You may notice that TRT's definition, purpose and goal do not include attempts to change or correct behavior. In that regard, TRT, like ETMS, is also an etiologically as opposed to nosotropically—focused approach to psychological trauma. We will consider this issue again when addressing the School's method for handling differences between the TRT/ETMS models and other helping modalities (in this introduction).



TRT's structure is comprised of five written phases. Special clinical feedback methods complement each phase.

TRT's structure addresses the four psychological trauma patterns in an orderly manner. Generally, each TRT Phase addresses a particular pattern. The fifth phase provides for a summary of the resolution or etiology-reversal process. Phase Five also provides for the exit from the program.



TRT is applied to 3 paradigms:

- (1) Long-term trauma.
- (2) Multiple long-term traumas.
- (3) Near-term trauma.

Long-term trauma refers to: A traumatic event or series of related events that occurred in the past—more than 90 days before presentation for care. Example: life with a chemically dependent person who was also violent.

Multiple long-term traumas refer to: More than one traumatic event (the events are unrelated) or series of events (the series are unrelated) that occurred in the past (more than 90 days past), usually in the distant past. Example: Physical abuse as a child and combat trauma as a young adult.

Near-term trauma refers to: Trauma occurring within the last 90 days. Example: a recent criminally violent event, or a recent natural catastrophe, or a counselor's recent treatment of a crisis at school.



The ETMS Professional  
Training and Certification Program

TRT and the ETMS program are made available to communities through professional training and certification of people having clinical, crisis and organizational management responsibilities. The vehicle for conveying these models to these professionals and volunteers is the ETMS Professional Training and Certification Program.

There are several elements to the explanation of this program:

1. Utilization
2. Who attends this school?
3. ETMS/TRT Certification (has its own heading)
4. Authority.
5. ETMS/TRT School (has its own heading).

### ETMS and TRT Utilization:

- A. Private Practices.
- B. Treatment team residential or outpatient operations.
- C. Treatment facility (residential or outpatient) operations.
- D. Educational Institutions (school districts)
- E. Emergency medical, fire, law enforcement and correctional services.
- F. Pastoral services.
- G. Military operations
- H. Anti-drug/violence community operations.

### Who participates in the ETMS Professional Training and Certification Program?

Any person engaged in employment where psychological trauma and/or its management are a function of that employment.

Examples:

Psychiatrists	Social workers	Treatment facility administrative and marketing management personnel
Psychologists	Alcoholism and drug abuse counselors	
School counselors	Law officers	Volunteers in women's shelters and other crisis management organizations
Pastoral counselors	Military personnel	
Nurses	licensed professional counselors	Emergency medical personnel

## ETMS/TRT Certification

- (1) Certified ETMS/TRT Counselor  
For Licensed professionals
- (2) Associate ETMS/TRT Counselor  
For non licensed professionals
- (3) Subject to the ITMS/TRT Certification Agreement
- (4) NEW! Advanced Certification in ETM/TRT through  
TECS

1. **Certified ETMS/TRT Counselor:** This certification is for professionals who are licensed or otherwise recognized by their communities to be engaged in the treatment or management of psychological trauma. The reader is referenced to the TRT Certification Section provided at the end of this introduction.

2. **Associate ETMS/TRT Counselor:** This certification is for people who are not licensed to engage in the provision of clinical services but who by virtue of their employment or volunteer activities are involved in helping trauma victims or providing management services to such people. This certification does not carry over into private practice settings. There are restrictions attending this certification—described in the TRT Certification section of this introduction.

**ETMS/TRT Certification Agreement:** Both ETMS/TRT certifications are subject to this agreement, which is not restricted by time, but by compliance.

Advanced Facilitator Certification: Available through Trauma Education & Consultation Services.

Requirements include: Completion of the Basic TRT Course, participation in the Professional Consultation Program for 12 consecutive months. (Details discussed on 3<sup>rd</sup> or 4<sup>th</sup> day); 12 months (and 3 weeks) of consistent participation in the Professional Consultation Program

Evaluation by our Board (you must meet certain treatment standards and ethical guidelines). An application must be completed.

Complete or be in process of completing your own TRT (at a separate cost).

## Authority

Jesse Collins and Nancy Carson are the creators, developers, authors and authority for the administration of Trauma Resolution Therapy, the Etiotropic Trauma Management System and the ETMS Professional Training and Certification Program. Determinations of who qualifies to use the TRT/ETMS models and the standards for their applications are made by the authors and administered through designated individuals and organizations known as certified ETMS presenters/trainers.

## Certified ETMS/TRT Presenters/Trainers

1. Certified ETMS/TRT presenters/trainers are authorized to present ETMS theory through the conduct of the ETMS School (described next).
2. Trainers/presenters are not discriminated by professional training and license.
3. The ETMS/TRT trainer appraises the professional's participation in the experiential component of the curriculum; successful participation translates to acquisition of ETMS theory at experiential levels.
4. The presenter also determines whether the ETMS School participant has successfully acquired an understanding of the ETMS theory on cognitive levels; an exam is administered by the presenter at the School's conclusion.
5. Presenter recognition of the ETMS School's successful completion by a participant qualifies the otherwise qualified professional to become ETMS/TRT certified, subject to the ETMS/TRT Counselor Certification Agreement.
6. The presenter/trainer does not provide the actual ETMS/TRT counselor certification. (In this case, I do provide the certification through Trauma Education & Consultation Services)

At this time, we are not recruiting independent Trainers. To work as a trainer for Trauma Education & Consultation Services, you must complete certain standards. In the future, we may be offering independent Trainer franchises.

## The ETMS School

The ETMS School is the basic/principle educational component of the ETMS Professional Training and Certification Program.

Goal:	Convey ETMS theory, including the theory of psychological trauma's resolution with TRT.
Objective:	For you to acquire the confidence from this School and the use of these models to address any degree or kind of psychological trauma.

## Training Approaches

- a. Lecture Component
- b. Experiential Component

Four recommendations for completing the experiential component of the course:

1. Follow the directions of your trainer.
2. Withdraw from a role play when necessary.
3. Facilitate the role playing character's progressions with TRT and not with other modalities.
4. General (see the *Guide*)

School Materials include:

*The Curriculum Guide* (251 pgs)

*The TRT Educational Program Presenter's Handbook* (642 pgs)

*The Integrated Trauma Management System: An Etiotropic Approach to the Treatment, Management, and Prevention of Psychological Trauma* (525 pgs)

All are combined into two training manuals, arranged in a consecutive manner to follow the schedule.

Also recommended is *Stop Treating Symptoms and Start Resolving Trauma!* By Denice Adcock Colson. Part of this should have been completed before attending training. This is a condensed, simplified summary of the TRT process, great for introducing TRT to clients and other professionals.

**Not included in the materials are:**

Additional forms developed for assessment and program management.

Additional forms developed for education of clients and “cheat sheets” for facilitation of group and individual sessions. These are available at an additional cost on CD or hard copy or both.

**Slides:** The entire program is available on PowerPoint slides for an additional cost. These are great for educating clients, marketing in the community, and preparation for those pursuing becoming an ETMS Trainer with Trauma Education & Consultation Services (TECS). Individual presentations are also available for purchase, including specially developed presentations by Denice Colson.

## Syllabus

Schedule: See syllabus

Complete Attendance and participation is required for ETMS/TRT certification (and if applicable the awarding of CEUs).

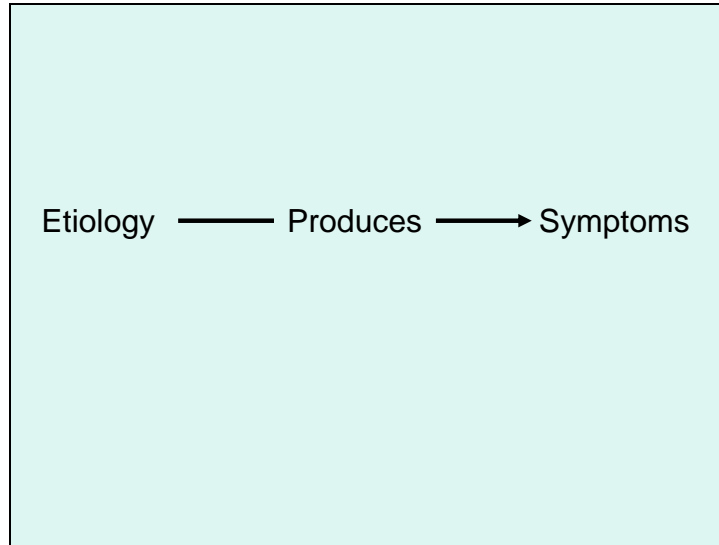
There are 4 parts to this school. See the Guide for a description.

Policy for the consideration of modalities other than the ETMS and TRT programs (see the *Guide*)

This section distinguishes the ETMS and TRT models from other psychological trauma treatment and management concepts and methods.

This explanation serves two purposes. First, the explanation is intended to facilitate the upcoming learning experience by reducing the need to fit ETMS and TRT into incompatible paradigms. Second, the explanation provides the theoretical basis underlying the incompatibilities.

ETMS/TRT Distinguishment

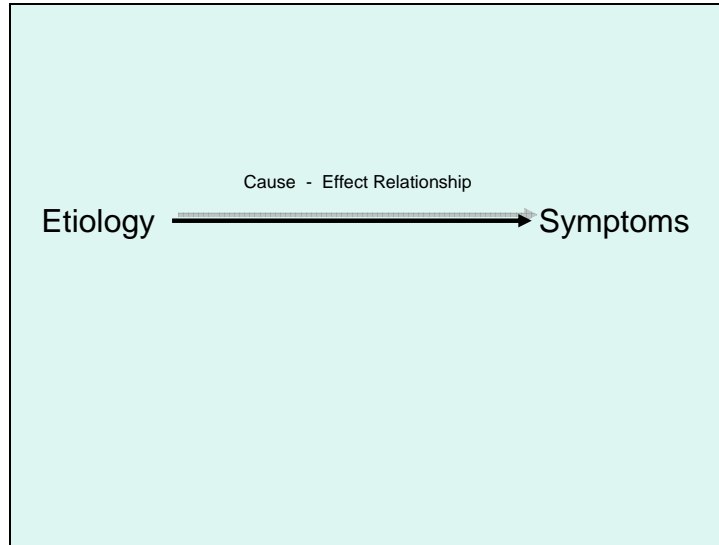


Before considering the differences between TRT and other methods, we need to overview the concept of symptoms and relationship between them and etiology.

Etiology causes symptoms that are manifested as thought/behavioral responses to that etiology—contradictions to values, beliefs, images and reality. Symptoms are also called defenses.

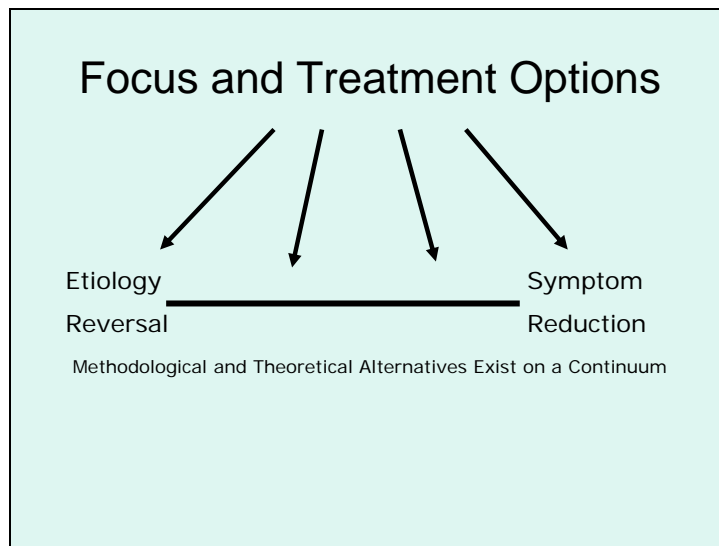
There are many examples of symptoms of psychological trauma—they will be provided throughout this course. For now, some can include: hyper-arousal, startle response, nightmares, obsession with the memory of the traumatic event, and rekindling of those memories to the degree that such recollections interfere with ongoing life activities. (The current edition of the Diagnostic and Statistical Manual is used in the Psychiatric field to label various symptoms and group them into “disorders”. You may see the current DSM for a thorough listing of symptoms outside of this course. The four basic categories of symptoms seen as a result of trauma will be covered in the “Survival Responses” heading of the “Survivor Series” in this course.)

Symptoms also are underpinned by biology. This biology will also be considered in this course during the “Neurobiology of Trauma” series.



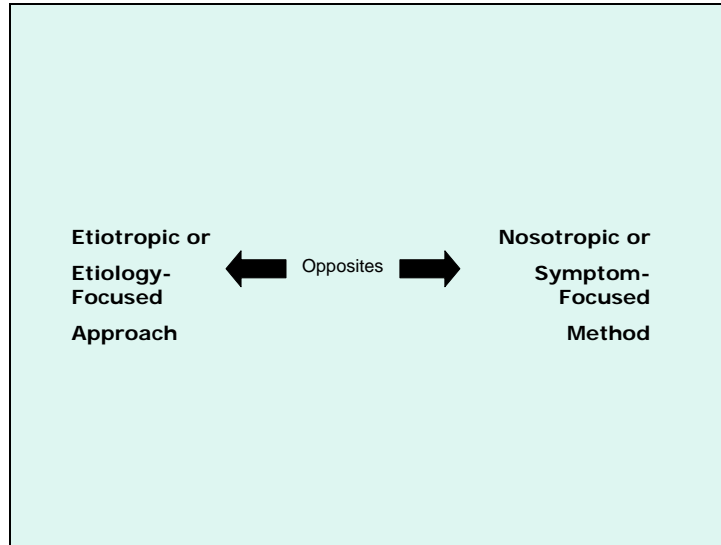
The etiology-to-symptom process exists in the neuropsychology (having both biological and psychological basis) as a cause-effect relationship.

In other words, one does not exist without the other.



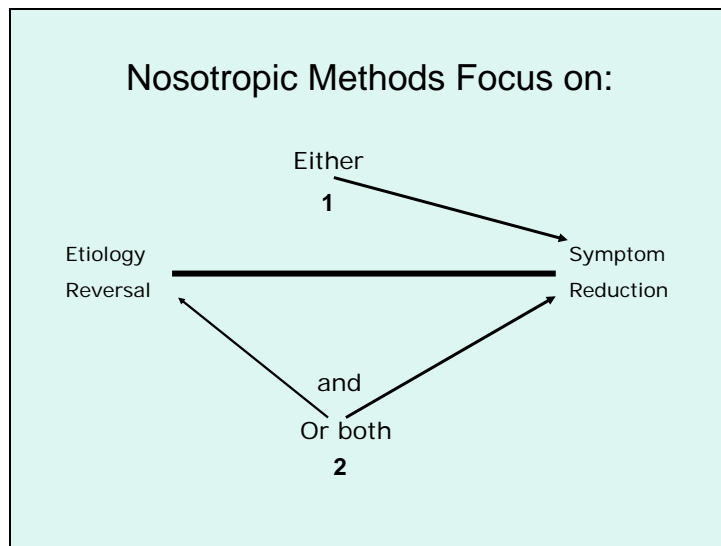
While the ETMS model focuses on the etiology, the alternative focus is on symptomatology.

The symptom-focused approach to disease or psychological problems is also called the nosotropic approach.



The following chart should be read accordingly:

“Nosotropic methods focus on (1) either symptom reduction (then point “to 2”) or both etiology reversal and symptom reduction.”

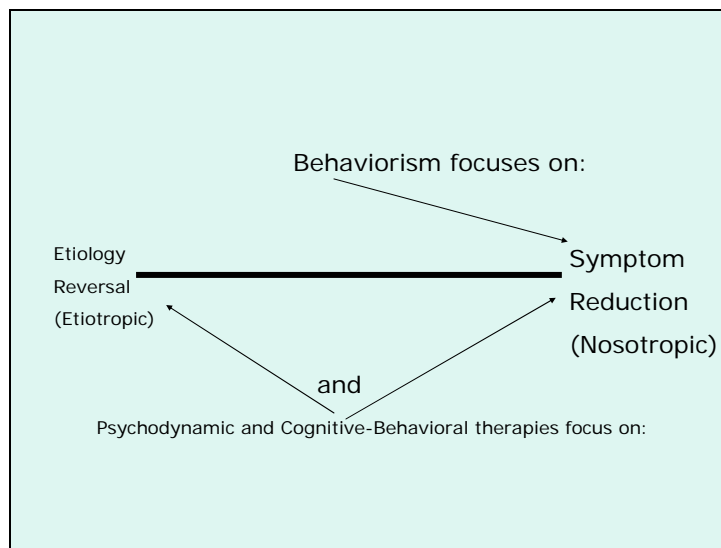


Example: behavioral models help people to correct apparent abnormal or maladaptive thoughts and behaviors that result from the trauma (example of focusing only on symptom reduction). The behavioral model is a nosotropic approach to psychological trauma.

Example two: psychodynamic models help people to identify elements of etiology, but in the context of eventually connecting those identified etiological elements to symptoms for the purpose of reducing them. When psychodynamic models are used for these dual purposes, we refer to them (psychodynamic models) as nosotropic approaches, or as etionosotropic approaches because the therapy begins by addressing the etiology first.

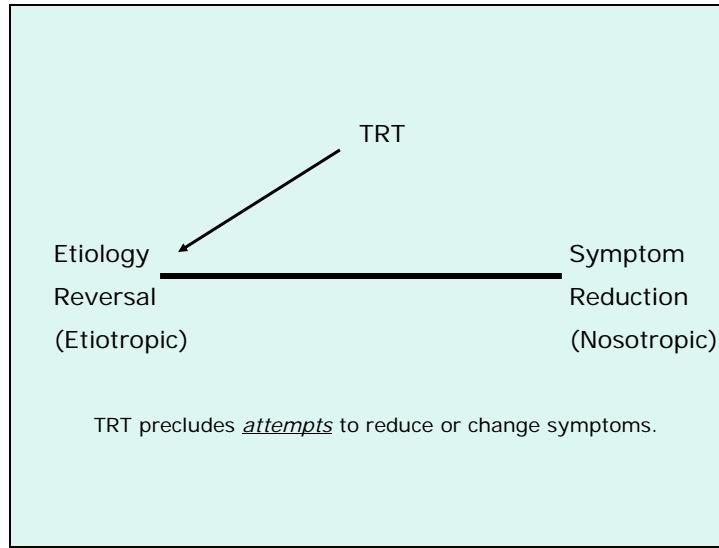
Cognitive-behavioral models also have nosotropic and etiotropic components; but the preponderance of this therapy is focused on symptom reduction. So, we refer to it as a nosoetiropic approach.

Trainer: May give examples of behavioral, psychodynamic and cognitive-behavioral therapies.



TRT focuses only on etiology. Thus, TRT is the counterpart, opposite or antithesis of behaviorism.

Moreover, unlike cognitive-behavioral and unstructured psychodynamic modes that focus on both etiology reversal and symptom reduction, TRT is fully etiotropic because it precludes attempts to reduce or otherwise change symptomatology (while the therapy is being applied). “Attempts” is emphasized because it is the operative word noting the operative difference—although there are no attempts to alter symptoms; they nonetheless are eradicated following complete reversal of the etiology. We will cover more about this later.



Why does ETM/TRT focus on etiology-reversal and preclude attempts to change symptoms?

Earlier, I explained how TRT's structure provides clients with the ability to address what heretofore have been referred to as psychological trauma's overwhelming internal dynamics.

Through the structure's codification of these previously overwhelming dynamics, the etiology is more easily reversible.

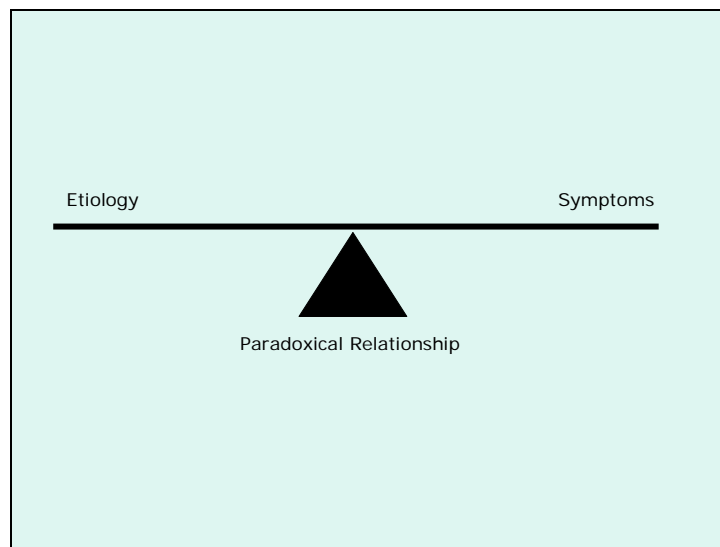
During this management codification and subsequent etiology reversal process, the structure also must contend with a unique condition that defends the trauma (four psychological trauma patterns described earlier) while it is retained in the psyche.

Understanding this condition and how it is addressed by TRT, which address is different from other psychological trauma treatment concepts and methods, helps to distinguish those concepts and methods from TRT.

From the perspective of TRT theory, the etiology-to-symptom cause/effect relationship is influenced, even controlled, by a paradoxical condition; meaning that person's control functions are pitted against themselves.

Where this course identifies this condition in detail, we overview it here; its influence on psych-trauma treatment is substantial and TRT's address of this paradoxical condition hallmarks a primary difference between TRT and other concepts and methods.

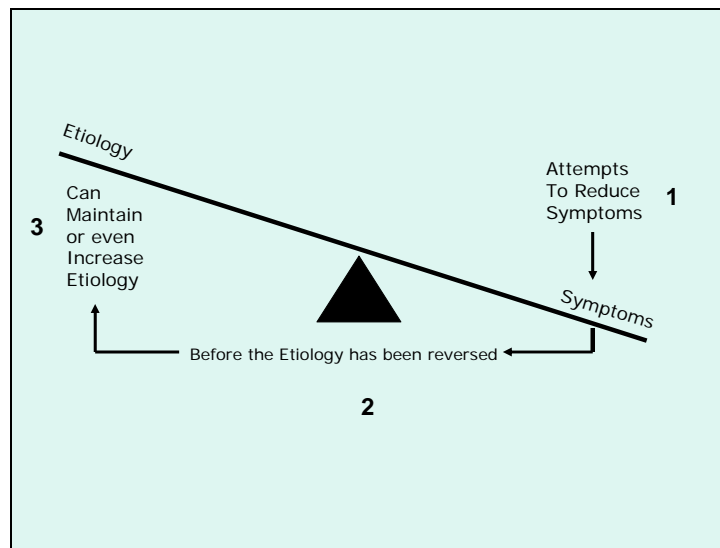
Opposite goals and activities epitomize the paradoxical condition. For example, the condition attempts to reverse the etiology and at the same time prevent the reversal; etiology reversal would mean that the protections were no longer needed, but the reality of th etiology that is maintained in the unconscious makes those protections a requirement—they have to be maintained. Hence, the paradoxical condition ensures that the etiology is retained in memory (often subconscious) for the purpose of maintaining itself, the protective paradox. This cycle is self perpetuating of both the etiology and the paradox. Moreover, all attempts to resolve the trauma have to contend with the paradoxical control condition.



The next slide begins with the following sentence: “Furthermore, the paradox can have a paradoxical influence on attempts to alter the symptom end of the etiology-to-symptom continuum; for example...”

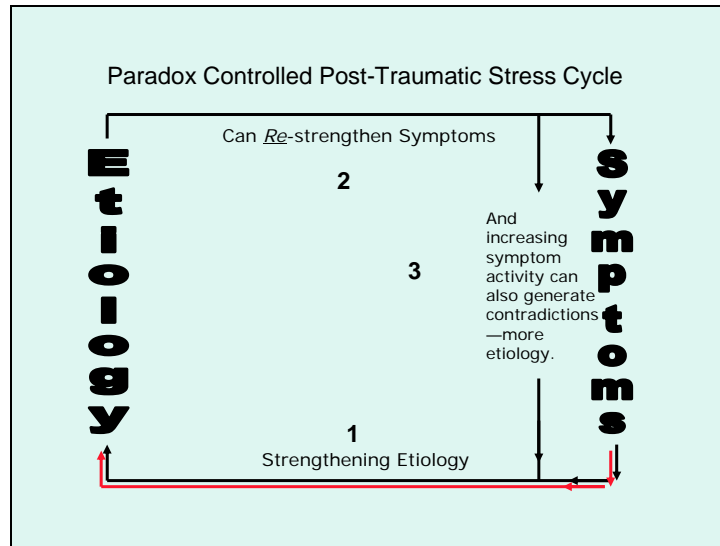
The chart then reads from right to left: (1) Attempts to reduce symptoms shift the focus from the etiology, sometimes even helping to deny the etiology’s existence—maintaining it. Symptoms reduction activities can infer that person’s principal problem is his or her behavior; this interference can support the principal defense used by the paradox: inappropriate assumption of responsibility, otherwise called self-blame and guilt—self-blame helps to maintain the etiology.

How can attempts to reduce symptoms even increase the amount of etiology? When symptoms reduction activities are applied and the etiology is not reversed, but maintained, additional symptoms replacing the reduced ones can cause additional contradictions to existential identity, which increases etiology—the problem can be made worse—the person can lose hope.



Maintenance of Etiology can produce a paradox controlled post-traumatic stress cycle. The cycle is shown as: “Strengthening etiology (1) (then point to Etiology on the left) can re-strengthen symptoms (point to 2)—increasing symptom activity can also generate contradictions—more etiology (point to 3) and then point to cyclical process).”

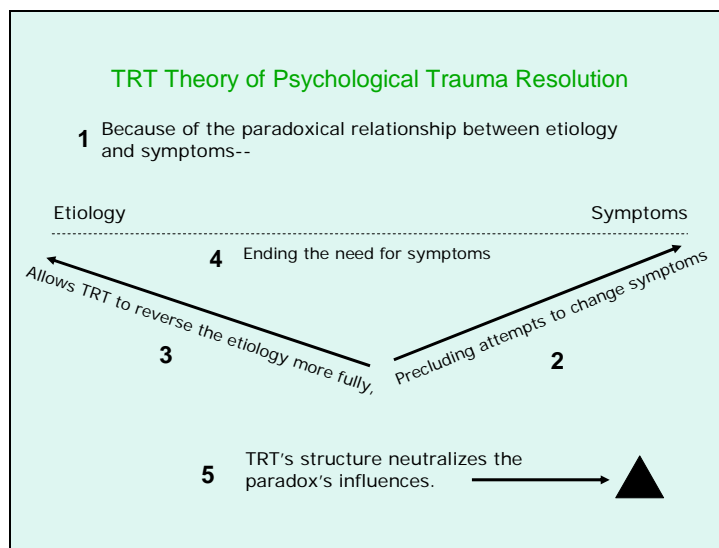
We believe that this paradox controlled post-traumatic stress cycle is responsible for the general, but pervasive, disheartened, even cynical, attitudes about psychological trauma treatment; the paradox is very difficult to overcome.



This chart is read accordingly: “Hence, the answer to the question, why does ETMS/TRT focus on etiology-reversal and preclude attempts to change symptoms?”

Beginning with the top (point to 1): “Because of the paradoxical relationship between etiology and symptoms, (point to 2) precluding attempts to change symptoms (point to 3) allows TRT to reverse the etiology more fully, (point to 4) ending the need for symptoms. “Point to 5” In addition to TRT’s precluding symptom reduction activities, TRT’s structure neutralizes all other (adverse) paradoxical influences; the etiology reversal process depicted in “3” progresses more easily.

Where treatment attitudes in general may be cynical, TRT counselors are, to the best of your knowledge, never disheartened or cynical about the prospects of psychological trauma’s treatment; TRT counselors are the opposite—confident that they can reverse the etiology, resolve the trauma resulting from practically any extraordinary and identity-depreciating even.



This chart reads accordingly:

To summarize the difference between TRT and other approaches to psychological trauma.

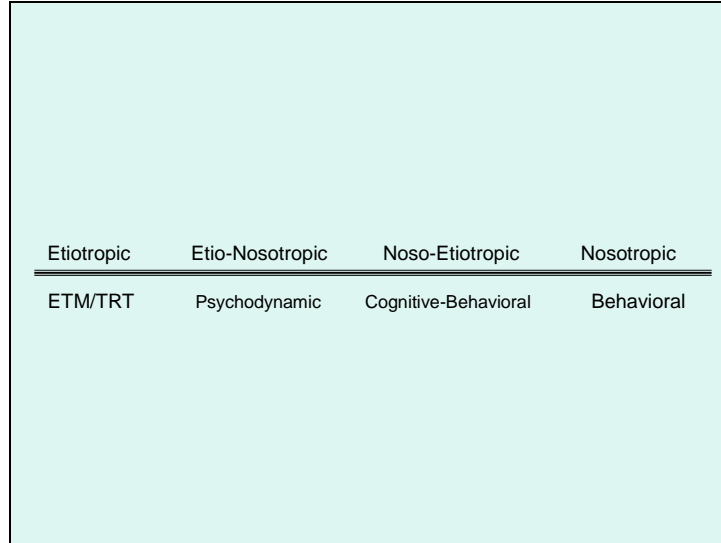
All clinical approaches to psychological trauma exist on a continuum where the focus on symptoms represents one end of the continuum (point to the right end of the continuum) and the focus on etiology represents the other or opposite end of the continuum (point to the left end of the continuum).

Notes continued: Read this chart accordingly– (Pointing to the right) Behaviorism is a fully nosotropic approach to psychological trauma.

(Pointing to the right of center) cognitive-behavioral therapies are nosototropic; they focus on some etiology but predominantly on symptom identification and reduction.

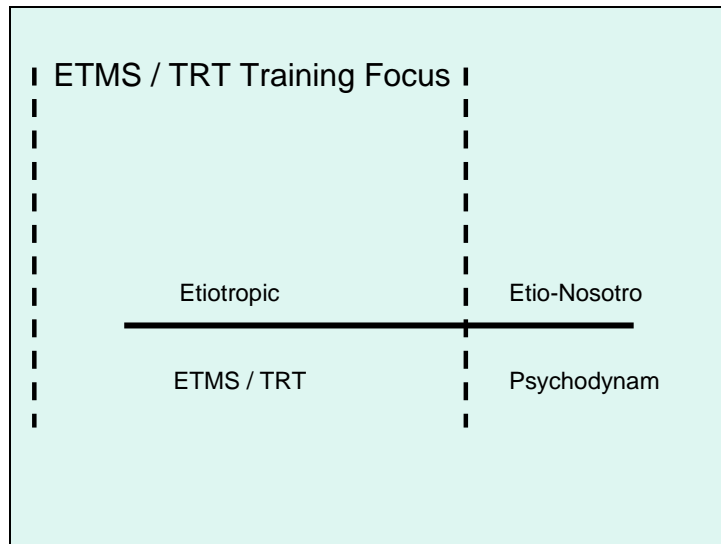
(Pointing to the left of center) Psychodynamic models=etionosotropic; they focus predominantly on identifying and reversing etiology, but also attempt in the process to identify and reduce symptoms.

(Pointing to the left of the continuum) ETMS and TRT are fully etiotropic; they only reverse etiology and even preclude attempts to reduce symptoms, the theory being that such attempts interfere with full etiology reversal activities. Full etiology reversal then ends the need for symptoms without attempting to reduce or otherwise change them.



Point to the part of the continuum highlighted by (between) the green dashed lines.

The ETMS Professional Training School describes the theory and method underlying this etiotropic approach to psychological trauma.



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