

BOOK REVIEW

M. Mendelsohn, J. L. Herman, E. Schatzow, M. Coco, D. Kallivayalil, and J. Levitan (2011). *The Trauma Recovery Group: A Guide for Practitioners*. New York, NY: Guilford Press, 193 pp.

First a confession. Like many trauma therapists, I was raised on Judith Herman's (1992) seminal book *Trauma and Recovery*. The dog-eared pages of my copy are frayed from constant reading, rereading, and referencing. As a trauma therapist and a devotee of group therapy, I ordered a copy of *The Trauma Recovery Group: A Guide for Practitioners* 3 months prior to its publication and waited impatiently for it to arrive.

This book emerged from a collaboration of gifted practitioners and researchers (Michaela Mendelsohn, Judith Lewis Herman, Emily Schatzow, Melissa Coco, Diya Kallivayalil, and Jocelyn Levitan) who synthesized what they have learned over 30 years of providing groups for survivors of interpersonal traumas. In the tradition of *Trauma and Recovery*, the authors place the understanding of interpersonal violence and its pervasive psychological consequences firmly in the context of our social and political structures, emphasizing our collective responsibility rather than individual pathology:

Human beings thrive when they are treated with dignity and respect and when they are given the opportunity to participate actively in the social, economic, and political life of their communities. They suffer psychological harm when they are forced to submit to the will of others and subjected to violence or contempt. (p. 3)

The authors describe a “stage 2 trauma-focused” group in which “participants set goals that may relate to residual trauma symptoms or the impact of trauma on their sense of self, relations or ability to participate in the wider world” (p. 28). Members’ goals relate to how their traumatic pasts continue to interfere in their current lives. This is what differentiates the Stage 2 group from a Stage 1 psychoeducational group or a Stage 3 process group. These groups are time limited; are goal oriented; and occur in the context of safe, compassionate, reciprocal relationships.

Treatment models for posttraumatic stress disorder and complex posttraumatic stress disorder vary, but they are often limited to the dyadic

relationship of client and clinician. Treatment occurs behind closed doors, outside of natural community. In the absence of healthy families willing to bear witness, therapy groups provide an essential experience of healing. “The solidarity of the group,” Herman (1992) reminds us, “provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience” (p. 214).

Those of us who have the privilege to lead groups for survivors know the compelling nature of groups. The sharing of trauma narratives, coupled with members’ willingness to bear witness, can melt the layers of shame and disrupt the insidious isolation created by interpersonal traumas. The group provides an experience of empathic connections.

However, anyone who has led a recovery group without strong group skills, guidance, or good supervision knows that when a group goes awry the members’ sense of safety is compromised and the leaders confidence is eroded. The group can become fertile ground for traumatic enactments, affect dysregulation, and experiences that retraumatize rather than enlighten. *The Trauma Recovery Group* provides guidelines that can help the group leader avoid many common missteps.

For instance, the chapter “Initial Preparations and Member Screening” helps leaders effectively evaluate potential group members’ readiness for a Stage 2 trauma group. When traumas are recalled and losses mourned, strong and painful feelings are evoked. A Stage 2 group is not for novices or for survivors who are highly symptomatic.

This group is for women who have done some trauma work in previous therapy. Members should not have recently engaged in high risk behaviors. . . . and should be able to imagine talking about the trauma and listening to others describe theirs without becoming overwhelmed. (p. 52)

Group members need a baseline of safety, stability, and adequate support. If a group member is a poor fit the cost can be far-reaching for the individual and for the health and cohesiveness of the group.

The next chapters provide more guidelines, with vivid illustrations and transcripts of actual sessions, for the initial, middle, and closing phases of a group. Each chapter describes potential challenges, and strategies to avoid mistakes.

However, *The Trauma Recovery Group* is not a how-to book. The authors clearly illuminate the essential skills and knowledge base that are necessary to effectively facilitate a group. These include an understanding of the impact of complex trauma on development capacities, the neurological consequences of prolonged trauma exposure, stages of recovery, attachment theory, countertransference, and vicarious trauma.

What more could one ask from a guide?

Well, there is more.

The appendix provides a goldmine of forms and tools that can serve as further resources for therapists, supervisors, and educators. Included is a sample of a recruitment flyer for clients, a screening interview checklist, a guide for collateral contact with clients' individual therapists, and a supervisor's tracking tool, to name a few gems.

The Trauma Recovery Group is undeniably a significant contribution to our fundamental texts on the effective treatment of trauma survivors.

Now my copy of *The Trauma Recovery Group* takes its place alongside my most treasured books on trauma and dissociation. It is next to my frayed, dog-eared copy of *Trauma and Recovery*.

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REFERENCE

Herman, J. (1992). *Trauma and recovery*. New York, NY: Basic Books.