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Benjamin B Keyes, PhD, EdD

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Healing Emotional Affective Responses to Trauma (HEART):

A Christian Model of Working with Trauma

Benjamin B. Keyes,
Center for Trauma and Resiliency Studies, Divine Mercy University

Lee A. Underwood, Vanessa Snyder, Frances L. L. Dailey, and Teri Hourihan
Regent University, Virginia Beach, VA

Author Contact Information

Benjamin B. Keyes, PhD, EdD
Center for Trauma and Resiliency Studies, Divine Mercy University
2001 Jefferson Davis Hwy., Ste. 511, Arlington, VA, 22202
bkeyes@divinemercy.edu; (703) 416-1441

Lee A. Underwood, PsyD
leeunde@regent.edu

Vanessa Snyder, PhD
Institute of Trauma & Recovery, Richmont Graduate University
1900 The Exchange, Bldg. 100, Atlanta, GA 30339
vsnyder@richmont.edu; (404) 835-6113

Frances L. L. Dailey
6857 Marmont Court, Indianapolis, IN, 46620
fdailey@argosy.edu; (317) 809-3421

Teri Hourihan, PhD
6902 W. Wescott Drive, Glendale, AZ, 85308
terimox@regent.edu; (602) 503-0710

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Abstract

The Healing Emotional Affective Responses to Trauma (HEART) Model is an innovative therapeutic technique for counselors to use with clients who have experienced trauma. The HEART Model is a holistic (mind, body, and spirit) approach that uses a Judeo-Christian perspective. Applying this Christian understanding to a standard three-phase model of treatment, it provides counselors with a guided ten-phase approach for addressing trauma: (1) establish rapport; (2) establish a connection to, and anchoring of, relevant memory; (3) process affect; (4) negotiate between adult and child ego states, or parts of self, and deal with cognitive distortions of self; (5) forgive self; (6) become aware of the presence of God; (7) confront cognitive distortions of God; (8) receive forgiveness from God; (9) integrate ego states with the presence of God; and (10) return and refocus with new insight. This article provides counselors with an example of how to use the Model with trauma victims. This article also summarizes implications for counselors and recommends directions for future research.

Healing Emotional Affective Responses to Trauma (HEART)

A Christian Perspective on Trauma Theory

The heart, in Jewish tradition, incorporates the wholeness of the self, all that it is; the heart is the seat of emotion, love, and transcendence (Addison & Breitman, 2006; Buber, 1970; Cachia, 2013). The HEART Model is an inner healing process, a journey to the depth of one's heart, or the depth of one's wholeness, to experience change (Haynes, 2016; Seamands, 1985). When one's wholeness in compromised, by trauma of any sort, one discovers that there are pieces and parts that are incomplete (Luci, 2017; Schimmenti & Caretti, 2016; Seamands, 1985). Unexpressed hurts and weaknesses have a tendency to distort functioning (Bowland, Edmond, & Fallot, 2012; Ranjan, Mehta, Sagar, & Sarkar, 2016). Consequently, these weaknesses predispose a person not to reach life's potential. In this Model's framework, inner healing and God are the re-connecting links that restore wholeness and proper functioning (Bowland et al., 2012; Gingrich, 2013, 2017; Worthington & Sandage, 2016).

The HEART Model outlines a step-by-step process, based on the standard three-phase model of treatment, that utilizes creative visualization and incorporates guided prayer to allow the individual to clearly see and recreate, and then reprocess, the experience of the submerged memory (Gentry, Baranowsky, & Rhoton; 2017; Gingrich, 2013; Herman, 2015; International Society for the Study of Trauma and Dissociation [ISSTD], 2011; Zandberg et al., 2016). It offers a systematic methodology, stemming from a Judeo-Christian worldview, to work with those who have experienced traumas, hurts, and who have difficult or painful memories of the past (Bowland et al., 2012; Gingrich, 2013; Sire, 1998). Its approach can encompass the backgrounds and the experiences even of those who have been trafficked for sexual exploitation

(Berthold, 2015; Pascual-Leone, Kim, & Morrison, 2017; Pesso, 2014; Wolf, 2017). This model is consistent with current standards of care for trauma work and offers a fresh approach to incorporating spiritual issues into the treatment process (Keyes, 2009; Keyes, 2010). The standards that this model follows are those set out by the International Society for the Study of Trauma and Dissociation (ISSTD) for treatment of sexually traumatized and dissociative clients (Foa, Keane, Friedman, & Cohen, 2008; Green Cross Academy of Traumatology, 2017; ISSTD, 2011).

It has been said that time heals all wounds (Seamands, 1985). However, in a case when emotion and memory have not been sufficiently addressed, the remaining feelings are often repressed or compensated for, in ways that will allow the person to cope or manage with the problem situation (Gingrich, 2013; Schimmenti & Caretti, 2016). For instance, in the area of childhood sexual abuse, a child may learn to dissociate or disconnect from the actual feelings associated with the sexual violation in order to cope with a traumatic situation (Dauber, Lotsos, & Pulido, 2015; Gingrich, 2013; Kalsched, 2017). This, over time, can and will cause significant cognitive distortion(s) in this child's perception of relationships (Mahoney, & Markel, 2016; Ranjan et al., 2016). The mind acts as a protective defense mechanism not only in significant trauma situations, but also in times of hurt, shame, and humiliation (Plokar & Bisaillon, 2016; Schimmenti & Caretti, 2016).

Defense mechanisms and coping strategies provide a way of protecting the self from difficult emotions (Kalsched, 2017; Wilkinson, 2017). The HEART Model is a step-by-step process of reaching the depth of emotional experiences, resolving and restructuring cognitive distortions, and reframing the affective responses. It is also a way of reframing those same emotional processes as they relate to a personal relationship with God or from a secular

framework, God as one understands Him/Her to be (Keyes 2009, 2010). The HEART Model can be used in many traumatic situations. It is an intervention approach for recovery; it is used by clinicians to correct the cognitive distortions, and distortions of the image of God, with their clients. Included throughout this paper are clinical applications to the various stages of the model. The purpose here is to give the reader the opportunity to understand both the Model and its application in a clinical therapeutic setting (Keyes, 2009, 2010). Step one, of the Model, correlates to Phase one of standard treatment (Herman 1992; ISSTD, 2011) and Step 10 correlates with Phase 3. All other steps correlate with Phase two as Phase two deals with most of the aspects of deeper therapy as in resolution of traumatic memory and affect (Gingrich 2013; Herman 1992; ISSTD 2011).

The 10-step phase approach of the HEART Model is as follows:

1. Establish rapport.
2. Establish a connection to, and anchoring of, relevant memory.
3. Process affect.
4. Negotiate between adult and child ego states, or parts of self, and deal with cognitive distortions of self.
5. Forgive self.
6. Become aware of the presence of God.
7. Confront cognitive distortions of God.
8. Receive forgiveness from God.
9. Integrate of ego states with the presence of God;
10. Return and refocus with new insight. (Keyes, 2008, 2009, 2010)

The Components of the HEART Model

1. Establish Rapport

Important, but often difficult, is the task of a therapist and client building rapport (Hill, 2014; Lawson, Stulmaker, & Tinsley, 2017). Impressions gained in the first few minutes of the first session are critical to putting the client at ease. Direct eye contact and direct statements go a long way (De Jong & Berg, 2013). When clients feel at ease they are more likely to disclose personal secrets and emotions (De Jong & Berg, 2013; Yalom, 2002). Once the bond is in place, deeper issues can be explored. This, however, can take a divergent route when misinterpretation of body language or statements occurs.

> *Mary, a client in treatment, originally sought out counseling regarding a childhood trauma related to sexual molestation by her brother and father. In an attempt to get a detailed social and family history, the male therapist treating Mary wrote copious notes during their initial session. At the end of the session, and to the therapist's dismay, Mary asked for a referral to a female therapist. Mary stated to the therapist that his writing distracted her and was a sign of insensitivity.*

Needless to say, Mary's experience may have been different had the therapist assessed her affective responses by connecting with her through direct eye contact, rather than following his specific protocol. Attending to a client's situational context helps to build rapport and is key to successful treatment outcomes (Carich & Spilman, 2004; Grahe & Sherman, 2007; Luci, 2017).

Traumatized clients are often detached or dissociated; their body language, spoken words, and visual cues often do not match (Pascual-Leone et al., 2017; Taylor, 2014). Difficulty arises for the therapist who works with these clients, as the client's trauma skews the therapist's ability to 'read' the signs through conversation (Knight, 2015; Ross, 1989, 2000). It is the quality

of the connection to the client and the ability of the client to interact in the process of their own healing that give the therapeutic relationship the opportunity to succeed in moving a client toward healing (Gurland & Grolnick, 2008; McLaughlin & Carr, 2005). This Step embraces all the aspects of forming the Therapeutic Alliance: critical to positive outcomes (Rogers, 1957), joining (Minuchin, 1974), counselor's personal qualities are important (Glaser, 2000), therapeutic bond (Yalom, 2002) but also is targeted at client safety (physical, emotional, and spiritual) and empowering the client through the training of coping skills in order to handle emotional regulation and to keep the client from decompensation (Mahoney & Markel, 2016; Millar, 2013). Clients often come to therapy when they experience a sense of emergency regarding their issues and the feeling of overwhelm when not addressing remedy for issues and feelings that seem to take over or have control of their behavior (Bass & Davis, 1988, 1994, 2008). Crisis Stabilization is also an important aspect of the Rapport Stage as it solidifies the working relationship and goes a long way in helping the client to be able to address the difficult concepts, emotions and issues that are part of their world (Lawson et al., 2017; Luci, 2017; Millar, 2013).

2. Establish a Connection to, and Anchoring of, Relevant Memory

People experience their trauma as real, and they seek the acknowledgment from therapists for the authenticity of these memories (Knight, 2015; Putnam, 1989; Ross, 1989, 2000). Therapists, however, are unable to verify the authenticity of the event, because they did not witness it. The false memory syndrome (Yapko, 1994; Pendergraft, 1995) asserts that the early childhood memories of clients cannot be confirmed without the corroboration from someone who was there. The client often believes that the content of their memory is accurate (Knight, 2015; Zimmerman & Pocock, 2013). This is true despite the fact that memory

sometimes works by filling in gaps, changing details, or in some way distorting the original experience; repressed memories have a similar quality (Hawkins & Hawkins, 2006).

Much has been written on repressed memories (Briere & Scott, 2006; Krakauer, 2001; Ross, 1989; Scoboria, 2017). Suffice it to say, repressed memories, as a phenomenon, have been shown to be real (Ross, 2000). Simply asking a client, 'what do you remember?' often elicits a specific response that refers to a past childhood memory. Nonetheless, at times their answers are vague generalities or arise out of an emotional state that is focused on feelings and symptoms. When such an emotional state occurs, therapists should encourage their clients to connect their feeling or symptom to an associated period of life (Hawkins & Hawkins, 2006). The hope is that this approach will bring the memory (i.e., repressed memory) to conscious awareness so it can be worked through in therapy (Hawkins & Hawkins, 2006; Knight, 2015; Millar, 2013).

> *Julie had been in treatment for several months working on issues of self-esteem. In therapy she recalled the traumatizing experiences she had as a child; these centered on encounters with her father. Her father's messages of "you will never amount to anything" stayed with her. As an adult, she was experiencing difficulty in her job. Failure to close deals as a sales manager reduced her confidence in her ability to do her job well. When asked by the therapist to remember and visualize a specific time when her father made one of these statements, she closed her eyes and described an event in graphic detail: the clothing worn, words spoken, and feelings felt.*

Julie's experience is an example of how memories can affect choices. Counseling, however, informed Julie that her memories did not have to plague her work as an adult. The visualization alone gave her the confidence, despite the earlier messages, that her education and

on-the-job training were sufficient to build her self-esteem and to allow her to act in ways that were in her best interest. This allowed her to reframe the original experience. To better connect to the experience, the therapist may ask the client to literally draw the visualization, recalling as they draw how the event influenced their senses (e.g., sight, smell, touch) (Dauber et al., 2015; Elbrecht & Antcliff, 2014). This process is referred to as *Anchoring*; anchoring attaches the person to the event in time and place (van der Kolk, 2014).

3. Process Affect

Memories often create emotions because of their connection to events (McGaugh, 2015). Children's memories are encoded as whole pictures, including feelings, body reactions, sensory input, and emotional connections (Seamands, 1985). Adults, then, may feel the sensory input as a result of recalling the old childhood memory to mind, referred to as affective flooding or flashbacks (Millar, 2013; van der Kolk, 2014). This often occurs in people who have experienced extreme trauma: combat veterans, sexual abuse survivors, and hurricane survivors, among others (Dauber et al., 2015; Lee, Lee, Kim, Jeon, & Sim, 2017; Luci, 2017; Northcut & Kienow, 2014; Waters, 2016).

There are three human responses to trauma: fight, flight, and freeze (Keyes, 2018; Wright, 2014). Many emotions can easily be pent up, sometimes for years lying dormant, until the client feels that it is safe; others show up in physical illnesses and acting-out behaviors, to name a couple (Hopper, 2017; Millar, 2013; van der Kolk, 2014). Freeing these pent-up emotions is a part of the grieving process (Holland & Niemeyer, 2011; Kübler-Ross & Kessler, 2005). Grief acts as a poison that limits the capacity for joy, spontaneity, and for life itself (Worden, 2009). Trafficked women especially need to grieve lost childhoods, lost innocence,

abandonment, and usually multiple versions of abuse and neglect (Pesso, 2014; Zimmerman & Pocock, 2013).

Anger is another emotion that brings strong connotations to people healing from past hurts and traumas. It is often a natural response to direct situations, but unfortunately is stifled by well-meaning adults (van der Kolk, 2014). The childhood experience often involves non-expression of emotion due to safety concerns, and fear of retribution by parents or caregivers (van der Kolk, 2014). Rather than focus their anger outward (e.g., being angry at another person), the person turns their anger inward (e.g., being angry at themselves, angry at their child ego state) (Watkins & Watkins, 1997). This is inward anger; it can cause a person to see themselves as bad or wrong, leading to self-devaluation, substance abuse, and overeating, among other dysfunctions (Burnes, Long, & Schept, 2012; Knight, 2015). Trauma victims often mute anger with drugs and alcohol to cope with and survive their life situations (Zimmerman & Pocock, 2013).

Carver and Harmon-Jones (2009) found clear links between anger, fear, and anxiety. Trauma sets off significant fear reactions, which, if not processed and dealt with, can easily lead to repressed anger. Sometimes clients have difficulty with difficult emotions and, instead of engaging them directly, will repress those emotions in order to avoid the direct consequences of allowing the feelings to be expressed or consequences from others who may be the recipient of those emotions expressed (Epstude & Mussweiler, 2008).

> *Daysha was in counseling for only two sessions when she started to complain of severe migraines. She stated that the migraines began as a result of the first session. Remembering the events of her life in Uganda and the mental pictures of her father's anger and intoxication was emotionally difficult for her. The rage of her*

father was unpredictable and inconsistent, so she sought ways to leave Uganda. For her, this became possible by committing her life to the hands of traffickers. The therapist working with her asked her to picture this period of time in her mind. Complying at first, she quickly flew into a rage and began to accuse the therapist for her suffering. Eventually she was able to see her headaches as manifestations of her pent-up anger toward her father, which had been displaced onto her husband and 5-year-old son as well the therapist.

When a strong emotion is repressed, the consequences are many and wide-ranging. Emotions such as anger and rage are often stifled in childhood by well-meaning parents, teachers, and others in authority. The fear of their expression leads to the process of repression and a need in the therapeutic arena for expression (van der Kolk, 2014). Like anger, panic is also an intense emotional state. Oftentimes it characterizes the fear of emotions and lack of skills to calm the self down (Millar, 2013). It can also arise as a result of repressed memories or feelings. Panic rarely appears out of the blue; most frequently it occurs in response to a trigger (van der Kolk, 2014). Positive feelings can be scary also (Hill, 2014; De Jong & Berg, 2013). The idea of feeling good can be threatening to many clients because they feel a loss of control. Peace and calm may be so unfamiliar that they do not know how to relax and enjoy it. For the purposes of this Model, the processing of affect becomes extremely important in the total healing and health of the client. As with most therapeutic modalities, being able to release repressed feelings and emotions allows the client a new perspective and the ability to reframe events in their lives (van der Kolk, 2014). When we are outer-focused to the detriment of our True Self, our child within, we are fragmented, crippled, codependent. Due to circumstances in childhood that might have been quite difficult we had to shut out large parts of our inner life in order to survive. We also

may have had few healthy role models to teach us about life. Our peers and society were in the same situation; only they and we didn't know it. As a result we may have learned rigid rules and negative messages about feelings. In discovering and healing our True Self we learn that many of those old rules and messages were not true, and we become more and more aware of that powerful part of us: our inner life, and its major component, our feelings. (Whitfield & Whitfield, 1990).

4. Negotiate Between Adult and Child Ego States, or Parts of Self, and Deal with Cognitive Distortions of Self

This section is focused on how adults negotiate with their child of the past in an attempt to mediate unresolved conflict and emotion. Adults, at times, show their disconnection with their childhood by tying those experiences to adult thought patterns. The process is similar to the chair work of Gestalt therapy (Brownell, 2010; Greenberg, 1979; Wheeler & Axelsson, 2015); the discordant split between adult self and hurt child represents two distinct poles of response. From a Gestalt standpoint, reuniting the two parts or 'completing the whole' becomes the process of therapy (Brownell, 2010; Perls, 1971; Polster & Polster, 1973; Taylor, 2014). The process of therapy, therefore, is identifying the separation between the two parts and establishing contact. From an Ego State Therapy standpoint (Joines, 2016; Watkins & Watkins, 1997), it is a matter of eliminating barriers, thereby enabling the free flow of information between two discordant ego states. This integration resolves intrapsychic splits (Greenberg, 1979). The degree of emotional arousal was found to vary as a function of whether a client resolved such issues (Greenberg & Malcolm, 2002; Millar, 2013).

> *Bonita presented to therapy with self-deprecation, which was rooted in her experience of physical and emotional abuse from her father and in the silence of her mother. She showed signs of repressed anger by her compulsive activities (e.g., pornography, substance abuse). In therapy, she was asked if there was a past situation that she thought was responsible for the compulsions. At this request, she began to tell of a time when she was beaten with a belt by her father after he caught her looking at his pornography collection. The therapist asked Bonita to visualize this event. Bonita began to blame her 9-year-old self by stating, "It is all your fault." After several sessions she began to understand that her subsequent acting out in later years was directly attached to this event. She began to have compassion for what that 9-year-old endured; this led to the resolution of this split between the adult of now and the child of then, allowing the two parts to become a whole. Three or four months into treatment she was able to release her compulsive behavior regarding pornography and begin treatment for her substance abuse.*

The above example with Bonita illustrates basic Gestalt chair work. This shifting between the two ego states has been shown to lead to positive treatment outcomes (Paivio & Greenberg, 1995; Wagner-Moore, 2004). Gestalt therapy emphasizes contact with unwanted and disowned aspects of the self (Peterson & Melcher, 1981). Human beings have what some call infirmities (Seamands, 1985). These are areas of trauma that can make people feel unprotected and predestined to behave wrongly (Seamands, 1985). The biblical worldview holds that God does not want to see people struggle; rather, God wants to see people resolve the places where infirmity exists so that they might be free emotionally (Seamands, 1985).

Many survivors have a difficult time with the concept of the child within even though forgiving that child is an essential part of healing. Too often women blame her, hate her, or ignore her completely. Survivors hate themselves for having been small, for having needed affection, for having 'let themselves' be abused (Bass & Davis, 1988, 1994, 2008). It is helpful to know why it is so difficult to open yourself up to the little girl (or boy). To begin with, your survival depended on covering up her vulnerability. It means remembering a time when you did not have the power to protect yourself. It means remembering your shame, your vulnerability, and your pain. It means acknowledging that the abuse really happened (Bass & Davis, 1988, 1994, 2008).

The dissonance between the ego states of the adult and child also bring up the cognitive distortions, which need to be reconciled along with the affect for healing and recovery to be complete. These distortions include: a) Victim Responsibility, that is the belief that the blame for the abuse or trauma is the victims. b) Secrecy, keeping the secret of what happened for fear of retribution or harm by the perpetrator. c) Seductiveness, regardless of age (child) the cause of the trauma or abuse was due to the seductiveness of the victim and not the responsibility of the often adult perpetrator. d) The experience of any physical pleasure from the touching of the perpetrator means that the blame for abuse is the victim. e) The experience of any emotional pleasure or enjoying the attention of the perpetrator also means that the blame for abuse belongs to the victim. f) The exoneration of the perpetrator, often the most difficult of the cognitive distortions, lets the perpetrator off the hook of responsibility because of the good or positive qualities of things done for the victim or the family. The resolution of the dissonance is what leads to Step 5 and self-forgiveness along with the refocus of blame to the one(s) that harmed the victim.

5. Forgiveness of Self

Much has been written in the literature about forgiveness. The contention of Worthington (1998) is that complete healing does not come until forgiveness occurs. This process is divided into two stages: (1) the intent to forgive, and (2) the feelings and emotions match the intention (Worthington, 1998). Others believe that a person must first forgive themselves, resolve unfinished work, and release resentments before true healing can occur. Forgiveness is both a crisis and a process, meaning that the release of resentments and hate brings a person to a place of crisis.

The first step to forgiveness is to accept the emotions that many times feel negative (e.g., hate, anger). Forgiving a person for brutality can be a difficult undertaking for any person. Bass and Davis (1988) recommend stages of forgiveness: "remembering, grief, anger, and moving on" (p. 151). Forgiveness, furthermore, should be for the individual, not for the perpetrator.

The position the HEART Model takes is that forgiveness is simply a byproduct of a good therapeutic technique. When it is a goal, it becomes difficult to pursue if self-forgiveness is not also considered. Many sexually abused women and men blame themselves for the abuse they have received. The repressed anger and hurt, directed at a variety of perpetrators, is often released when they become ready to move past the pain.

> *Rhonda presented in therapy describing significant sexual abuse she had endured from her father. She believed that her sexual abuse extended as far back as 3 years old, but she did not have any conscious memory of abuse until she was 7. She related that it started with "games" that her father would play with her, such as "what am I touching?" When Rhonda was 12, her mother died of cancer, and she*

> *replaced her mother as a sexual surrogate. When she was 15, the abuse was reported after she told one of her friends about it. Her father went to prison, and as an adult she felt guilty for this. Therapy helped her to see that she was a victim, and forgiveness was able to occur as a result of her forgiving her father for abusing her and forgiving herself for going along with, and even enjoying, the abuse*

Giving up repayment in any form is forgiveness (king forgives talents of money). This stance allows for anger and does not pardon or excuse the abuser. It is not forgive and forget. Healing depends on forgiving yourself. It also opens you to a Spiritual forgiveness. Forgiving yourself is essential. You must forgive yourself for being small, needing attention or affection; for coping as best as was possible, or not being able to avoid the abuse. Forgiving yourself is essential. You must forgive yourself for being small, needing attention or affection; for coping as best as was possible, or not being able to avoid the abuse (Bass and Davis 1988, 1994, 2000, 2008).

6. Become Aware of the Presence of God

Becoming aware of God's presence on a real, tangible level is something that many Christians believe is possible. Their belief rests in the idea that their God is a source of completion; he is sought after for his ability to heal hurts and furnish needs. Frequently, counselors are uncertain about whether they should talk to clients about spiritual issues. Marsh and Low (2006) made a case for the importance of introducing religious material into the psychotherapeutic process. Tick (2016) uses American Indian imagery and belief as a spiritual focus of healing when working veterans with PTSD. The Chinese, at the Shanghai Mental Health

Hospital have modified the Model to work with Buddhist and Chi Gong followers who have developed psychosis (Ross et al., 2008; Xiao et al., 2006) and Dr. Jany Haddad had used this Model to work with Syrian Islamic refugees in Beirut, Lebanon (J. Haddad, personal communication, May 12, 2017). The concept of God or 'God as you understand Him to be', has been a pillar of treatment in Alcoholics Anonymous and Narcotics Anonymous and is purposely left vague to be inclusive of those without a religious or Spiritual tradition in their lives (Alcoholics Anonymous, 1976; Narcotics Anonymous, 1998).

Spiritual issues in the therapy process can and sometimes do trigger criticism and suspicion from members of the professional community (Collins, 1980; Johnson, 2007; Pargament, 2007). However, clients are often receptive to spiritual interventions and relieved to speak openly to someone about their spiritual experiences (Crabb, 1977; Titus, Vitz, Nordling, & the IPS Group, 2016; Yalom, 2002). Counselors would do well to remember that their role is to guide their clients through wisdom and insight, not through coercion (De Jong and Berg, 2013; Hill, 2014; Yalom, 2002). It is not the counselor's role to force treatment strategies or decisions upon those they counsel, rather, approaches and perspectives are offered as options (De Jong and Berg, 2013; Hill, 2014; Yalom, 2002).

Gall, Basque, Demasceno-Scott, and Vardy (2007) reviewed completed questionnaires from a sample of 101 men and women who were survivors of sexual abuse, looking at their relationship with God. Their results indicated that a relationship with a benevolent God or higher power is related to the experience of a less negative mood and a greater sense of personal growth and resolution of the impact of abuse. Also, relationship with a benevolent God correlates with self-acceptance and hope. True wholeness cannot come unless every part of the human constitution is addressed. Just as the client suffering a dissociative disorder cannot be integrated

unless each personality (alter) is addressed in some way, so it is with all persons: they cannot experience true fulfillment and completeness (wholeness) if the needs of their bodies and souls are not met (Gingrich, 2013; Hawkins & Hawkins, 2008).

A person can be understood as a unity of mind, body, and spirit (Collins, 2007a; Titus, et al., 2016). The spirit of a person may be the part of them that is most often neglected (Nguyen, Bellehumeur, & Malette, 2014). When people are spiritually empty, they may try to fill their feeling of emptiness with drugs, alcohol, sex, romance, money, fame, and countless other things that are not reasonable solutions for this feeling of inadequacy (Gerassi, 2015; Hopper, 2017). The only thing that can fill a spiritual void is something that is spiritual (Nguyen et al., 2014). Balance of all systems (mind, body, spirit) is important. Some people nourish their bodies and minds but neglect their spirits. Any such extreme is out of balance. If the mind or the spirit is sick, it shows up in the body. Likewise, if the body is sick, it usually affects the emotions, mind, and spirit (Siegel, 2014; Walker, Courtois, & Aten, 2015).

Spiritual practices have long been used as a way of intervening with emotional imbalance (Danylchuk & Conners, 2017; Koenig, 2007; Lehman, 2011; Sandford & Sandford, 2008). One of the most effective strategies, simple in design, is contemplative prayer (Linn, Fabricant, & Linn, 1985; Pennington, 1986; Sandford & Sandford, 2008). Contemplative prayer has been around for centuries. It was certainly used in the Middle Ages by monks and priests striving to have a deeper walk with God (Pennington, 1986; Linn & Linn, 1984; Linn et al., 1985; Sandford & Sandford, 1982). The HEART Model has been modified to work with other religions and religious practices as stated earlier with Islamic, Buddhist, and Chi Gong followers (J. Haddad, personal communication, May 12, 2017; Ross et al., 2008; Xiao et al., 2006). This practice involves having a conscious awareness of God’s presence while doing nothing else: no vocal

prayer, no well-crafted words, no pleading. For some, who believe that interaction with God is a matter of intentions, this process may be unnerving.

Murray-Swank and Pargament (2005) showed that clients who were searching after God could have that awareness of God's presence enhanced through spiritual interventions integrated with therapeutic content. The problem, however, is that many clients falsely relate their traumatic experience with their concept of God. Reinert and Edwards (2009) explored this dynamic by looking at attachment theory, exploring the effect of verbal, physical, and sexual mistreatment on attachments to God and on concepts of God. They found that each form of mistreatment was related adversely to religious practices, shown through various forms of statistical measurement, but that attachment to parents mediated the relationship between maltreatment variables (verbal and physical mistreatment), attachment to God, and the concept of God as loving or distant. Attachment to parents, however, did not mediate the relationship between attachment to God and sexual abuse. Sexual abuse was strongly related to difficulties with attachment to God and with one's concept of God, regardless of the quality of one's attachment to one's parents. A person's view of God is often mediated by their personal experiences, particularly those in childhood (Reinert and Edwards, 2009).

7. Confront Cognitive Distortions of God

Distortions of God can occur when a person mistakes a natural phenomenon for the work of God. These distortions come into play and often create tremendous turmoil, confusion, and frustration. For example, a woman may confuse God with the father who abused her (Seamands, 1985). Distortions are created and continue to be perpetrated by unhealthy interpersonal relationships, especially and particularly those that were formed during the early developmental

years of childhood and adolescence (Hawkins & Hawkins, 2006; Hopper, 2017). In fact, Hawkins and Hawkins (2006) state “children especially are very likely to believe, for example, that the trauma took place because they were bad or caused it. Often, in fact, perpetrators will tell a child that the trauma is their fault” (p. 70). The original outside influence becomes a permanent filter through which people perceive persons and events. Because of this filter, we often choose bitterness, resentment, and disobedience regarding the development of our higher or spiritual self (Gingrich, 2013; Walker et al., 2015). By confronting God himself and the distortions, people can correct these false premises. This is done through guided prayer and the development of a dialogue, spiritual in content and personal to circumstance (Linn & Linn, 1978; Pennington, 1986; Smith, 2005).

Wiegard and Weiss (2006) showed that one’s image of God as a controlling or non-controlling entity moderated the affective response to just thinking about God. In particular, those whose image was of a controlling God (e.g., who saw God as unrelenting, believed God to be far away) had a negative affective reaction when thinking about God.

Our acting independently from God relates directly to a decrease in our sense of spiritual well-being (Wong-McDonald & Gorsuch, 2004). Most people are limited by how they view God in their heart (Seamands, 1983, 1985). If they have experienced rigid religion based on roles, rules, and regulations rather than having an interactive relationship with God, they will very likely have barriers to work through with God (Cloud & Townsend, 1992). Many times, the very thought of going to another ‘father,’ and making themselves vulnerable to him, is more than they can bear (M. Johnson, personal communication, March 2006).

Many people set up barriers to God, because they are afraid of feeling guilty if they acknowledge him (Allender, 1990; Gingrich, 2013; Seamands, 1985). Some are angry and

resentful toward God for allowing so many bad things to happen to them (Allender, 1990; Gingrich, 2013; Seamands, 1985). Often, they blame God for everything that has gone wrong in their lives, as revealed in the question, 'How could a loving God let that happen?' Other barriers to a belief in God are encouraged by a personal spirituality that includes negative aspects (e.g., feeling guilty about past actions, being angry at God for what others have done) (Gingrich, 2013; Kushner, 2001).

> *Sheryl is a 32-year-old mother of three who had grown up in an Assemblies of God church that encouraged honoring parents and viewing God as an extension of an earthly father. Sheryl's father was a violent alcoholic. During his tirades, her father made her feel like she could never do anything right. When the therapist asked her to be aware of God's presence she reported that God was distant from her, that she had not prayed for some time and had not reconciled issues. Her belief was that God would not accept her until she fixed her life. Sheryl was eventually able to see that the thought that she had to be perfect in order to receive God's acceptance was directly influenced by her past experience with her father. Thus her therapy focused on separating the image of God and the image of her earthly father so she could distinguish between the two.*

Cognitive distortions of God can take years to correct, and they have varying outcomes (Keyes, 2017; MacNutt, 1977). Cheston, Piedmont, Eanes, and Patrice (2003) were able to show that counseled clients were able to see significant reduction in psychological symptoms over the course of treatment when they had a positive image of God. Kwon (2005) argues that to understand a person's images of God, one needs to consider the relationship between the mental images constructed prior to the acquisition

of language, as well as the cultural constructs that are collectively represented, and symbolically embodied, through the use of language.

There is often an invisible barrier of fear and mistrust that needs to be confronted during therapy. The trust of a child is much different than the trust of an adult who, for instance, may have experienced years of betrayal (Freyd, 1998; van der Kolk, 2014; M. Van Derbur Atler, personal communication, September 1991). When counseling from a Christian lens it is important to remember that many clients entering therapy will not be ready to trust God. In this situation it is important to assure them that God is not angry with them for their mistrust and misunderstanding of him. Much like the cognitive distortions outlined in Sections 2 and 3 in this article, regarding conflict within the self, the cognitive distortions between self and God must also be addressed. Inner healing requires that barriers between a person and God be confronted.

Turell and Thomas (2001) explored the misogynistic context of Christianity, the role of women's suffering, and the mandate to forgive, finding the need to reframe these in a way that produces healing. In particular one must reframe one's image of God. This may require a person to forgive God. Exline, Yali, and Lobel (1999) looked at the issue of forgiving God for the negative events that one experienced in life. They found that those who were unable to forgive God had a higher incidence of anxious and depressed mood. Two psychological factors emerged as central in explaining the link between emotion and difficulty in forgiving God: an angry disposition, and feelings of alienation from God. Also, they found that those who currently believed in God, and who forgave God for a specific powerful injuring incident had lower levels of anxious and depressed mood. These findings suggest that an unforgiving attitude toward God serves as a potent predictor of negative emotion. Using metaphor, seeking cognitive-behavioral counseling, dealing with negative thoughts and feelings about God, re-aligning views of God

with biblical truth, dealing with personal experiences, and forgiving God are all therapeutic vehicles for reframing cognitive distortions of God (Das, 2000; Keyes, 2017; MacNutt, 1977; Rohr, 2008; Seamands, 1985; Walsh, 1999).

8. Receive Forgiveness from God

When cognitive distortions regarding the image of God are worked through and resolved, a person is ready to receive God's forgiveness. Divine forgiveness, seen as a component of spiritual encounter with one's God, may be a valid experience for people of faith, but it is not something that psychologists and other clinicians are equipped to experimentally analyze (Berecz, 2001). Receiving forgiveness is a very subjective experiential process. Christians believe that forgiveness has divine origins and that the experience of love in a fallen world requires forgiveness (Cheon & DiBlasio, 2007). Forgiveness, therefore, quite possibly cannot be understood correctly apart from love. Keyes (2009) elaborated that until a person loves himself, it is difficult also for him to forgive himself; which then can make it difficult to receive God's forgiveness.

> *Charles had been looking forward to this day in therapy for months. The anticipation of discordant parts of self coming together as one whole excited him intellectually. But on an emotional level, he knew that this was an important step to living his life in a cohesive, coherent, functioning manner. He had long resolved his distant relationship with God, and the dialogue in working through a reconnection and a reestablishment of the relationship had brought him to this place in therapy, to receive God's forgiveness in a way that would be unhindered by his earlier rejection, which was due to his own inability to forgive himself.*

> *Charles had blamed himself for the abuse that he received at the hand of his stepfather—he believed that he was a spoiled, selfish, unfeeling human being, since that had been his stepfather's portrayal. In fact, in therapy, he found the opposite to be true: he was a warm and caring, understanding human being who appreciated and loved those around him, and who wanted to be the best father, husband, and worker he could possibly be. In re-establishing his relationship with God, he has been able to accept, from a biblical point of view, that he is a child of God, and thus has great worth and value. Today's therapeutic session will add the dimension of receiving God's forgiveness, much as he was able to receive his own, earlier in the healing process*

Exline (2008) found that those who were able to receive God's forgiveness believed in and focused on issues of mercy and justice. Krause and Ellison (2003) found that the older we are the more we have a tendency not to expect acts of contrition from those who transgress, even as we recognize that they are forgiven by God. Whether we act contrite or not really has nothing to do with receiving forgiveness from God (Johnson, 2007; Pargament, 2011). God's forgiveness may very well relate strongly to emotional forgiveness, empathy, and reconciliation (Walker & Gorsuch, 2004). In practical application, then, receiving God's forgiveness starts with the earlier stage of being in God's presence and working through cognitive distortions (if any).

9. Integrate Ego States with the Presence of God

Most counseling and psychotherapeutic techniques lead to awareness of self and an attempt to gain freedom from emotional blindness (Beveridge & Chung, 2004). Positive change, therefore, may be the result of connecting to disconnected or dissociated parts of self, re-

embraced to complete a sense of wholeness (Putnam, 1989; Ross, 1989, 2000). Becoming aware of ego states, or parts of self, becomes essentially the first job in therapy (Watkins & Watkins, 1997). When discordant parts of self are reclaimed, there is a tendency to fuse or integrate within the framework of wholeness (Watkins & Watkins, 1997).

Once it becomes clear that the client has worked through cognitive distortions of self and God, the integration phase can begin. Visual imagery or metaphor can facilitate this process (Bradshaw, 1990; Linn & Linn, 1978; van der Kolk, 2014). As a person going through this process, prepares to merge two or more parts of self, all issues have been fully discussed, all affect has been processed, and the need for separation no longer exists; the person is aware of God's presence and, in fact, God is present in the moment of the integration or union (Bradshaw, 1990; Linn et al., 1988; Linn & Linn, 1978; Sanford, 1972; Whitfield, 1995). When clients are ready to integrate their ego-states, or parts, it is recommended that they visualize the parts while at the same time attempting to be aware of God's presence (Hawkins & Hawkins, 1997; Putnam, 1989; Ross, 1989, 2000). The therapist should encourage their clients to ask God to bring about this integration for them.

> *Sandy had been in therapy for two years and had been struggling with dissociative identity disorder. She had integrated many parts over the time in therapy and seemed to be at a place where a final integration could occur. There were three alters left, herself, a child alter around the age of 7, and a protective alter who had been instrumental in getting Sandy to therapy in the first place and awakening her to a very deep spiritual commitment to God. The therapist asked her to visualize the three of them in safe place together, locking arms and in agreement. Sandy was able to visualize this image and the image overtime was integrated into one image.*

She was then able to center God in the middle of the image: no longer were there three separate parts. At a 14-year follow-up the integration of the images was still present.

The example of Sandy depicts the Christian belief that God is a part of every life experience. Because of this belief it becomes important to include Him in the integration process in order for healing to occur. At the point of welcoming Unity with God we declare that there is no division or separation. Dichotomies are synthesized, and an awareness of our interconnectedness becomes clear. In this state, sometimes referred to as bliss, we experience joy and peace and we become transformed.

10. Return and Refocus with New Insight

After the discordant parts of self—memories, experiences, situations—have all blended into one and have become connected to a person's spirit, that person is believed to be whole, complete, and a vital force. Once this occurs, it is important for the person to share with others their experience as a way of validating it (Bass & Davis, 2008). The act of sharing the experience makes the integration more complete and real (Johnson, 2007). A healing spirituality is the opposite of alienation. It is a passion for life, a feeling with connection, of being a part of life. There is a part of everything living that wants to become itself – the tadpole into a frog, the chrysalis into a butterfly, a damaged human into a whole one (Bass & Davis, 1998)

Mary had been struggling for most of her life to cope with the effects of childhood sexual trauma at the hands of her father, starting when she was 6. It wasn't until she was 11 years old that he was found out, arrested, and sent to prison. Mary's

mother, Sarah, had felt that it was important to keep such family problems quiet, and did not get Mary to therapy. In fact, Mary did not enter therapy until ten years ago, when the thread of her marital relationship ended and she was forced to confront the fact that there had been multiple parts of Mary functioning separately, depending on the situation or stress involved. Mary had been diagnosed as having dissociative identity disorder (formerly multiple personality disorder). She had seen the world as a hostile place, and blamed God for not changing her life. Now, at the end of ten years of therapy, she has been able to see that God has been with her the whole time, and those parts have become ready to function as one. Today's session would bring all the parts together, and she would function for the first time in over thirty years as a single personality. This viewpoint would be different for her, as she has seen through the lens of the trauma, and from the vantage points of the different parts of self. She has done much work in therapy to resolve conflicts, cope with feelings, and understand the narrative of her life in a way that is both healing and in line with what has happened to her in the real world. Following today's session, her homework assignment is to write about her experience in doing day to day tasks in a single personality state. The world for Mary is about to be very different.

A healing spirituality is the opposite of alienation. It is a passion for life, a feeling with connection, of being a part of life. There is a part of everything living that wants to become itself – the tadpole into a frog, the chrysalis into a butterfly, a damaged human into a whole one (Bass & Davis, 1998). Spirituality is not only our connection to God but the choosing to heal, be healthy, and to be fully alive. It is becoming your whole and True Self. A reformed life with

new insight involves having clarity, staying centered to see and know what is essential, and let other things fall away. Spirituality and the following of that Inner Voice of God's Holy Spirit is a connection to the deepest source of love. With love comes a sense of belonging, a sense of safety, a deeper experience of faith in the capacity to heal. Having a relationship with God is not a shortcut through the process of healing or a way out of dealing with situations, feelings or loss. God's presence enhances our ability to heal and a constant source to draw comfort and ongoing inspiration.

When used in a secular context without the Christian Overlay, this stage is used to review the experience of the parts coming together or adult/child integration. The hoped for response is anything to signify a sense of completeness or wholeness along with affect that is devoid of stress or negative emotions. Having worked through the issues and resolved the inner dissonance gives the client a renewed positive perspective with which to engage life.

Implication for Providers

At some point during childhood, one in four children will experience trauma (Black, Woodworth, Tremblay, & Carpenter, 2012; Briere & Scott, 2015; Courtois, 1993). Despite research that shows trauma to be a subjective experience, experienced differently by each person, when a person has to endure a situation or event for a longer period of time (e.g., child abuse) the likelihood increases that they will experience the event as traumatic (Briere & Scott, 2015; Perry, 2001). Government agencies, legislative bodies, and publicly funded treatment programs concerned with child maltreatment and abuse are requiring evidenced-based research to guide their decisions around policymaking and distribution of funds (Allen, Wilson, & Armstrong, 2014). Preparation to treat this need, therefore, should begin with counselors arming themselves

with evidenced-based therapeutic models that will address this need (Arvidson et al., 2011; Jensen et al., 2014; Warner, Spinazzola, Westcott, Gunn, & Hodgdon, 2014). The HEART Model is a designed intervention for trauma and is in the beginning stages of forming an evidenced-based foundation (Arvidson et al., 2011; Jensen et al., 2014; Keyes, Snyder, & Underwood, 2018; Warner et al., 2014). Uniquely designed to address a client's spiritual needs, the HEART Model uses the Christian faith as its centerpiece. Forgiveness and building a relationship with God are two areas of focus for this Model. Step by step, counselors are guided by this Model's framework, which gives the counselor the structure for offering competent personalized counseling to any client experiencing the aftermath of a trauma and using any theoretical framework that is trauma informed and effective.

Over the past 7 years, the writers of this paper have been conducting research in eight treatment centers for survivors of Human Trafficking using the HEART Model as the therapeutic approach. Preliminary results show that the Model significantly reduces all negative symptoms of Acute Stress/Post-Traumatic Stress, reduces dissociation, significantly increases personal resiliency, and significantly increases personal God Image. The writers are currently processing remaining statistics and have started to write and present the results at Annual conferences for many of the Trauma focused organizations (Keyes et al., 2018).

This Model shows the importance of counselors' considering a client's spiritual needs. Used therapeutically, a consideration of spirituality in the treatment of trauma can be a powerful tool (Walker, 2012). Christianity has long been at the center of the humanitarian efforts to reduce human suffering; additionally, early sources (e.g., the Bible) confirm that people readily seek out spiritual cures for their needs and ailments (Grossrieder, 2003; Schafer & Ndogoni, 2014). Research pertaining to the effectiveness of Christian counseling interventions in reducing the

effects of trauma has already been outlined throughout this paper. Counselors need to consider working from a holistic approach, one that encompasses mind, body, and spirit (Collins, 2007b; Titus et al., 2016). This threefold approach is gaining support through empirical evidence that shows its effectiveness in treating a wide range of cultural backgrounds and religious beliefs (Raheim & Lu, 2014). The HEART Model encompasses the mind, body, spirit approach; this model is rooted in Judaic tradition, which believes that the mind, body, and spirit are located in the heart (metaphorically). The stratification of mind, body, and spirit started with the Greeks and was reinforced through the teachings of Descartes (Descartes, 1637/1968) in the sixteenth century. While it can be useful in teaching students, professionals, and community members, its value and effectiveness are especially apparent when dealing with complex trauma; the original concept meant that mind, body, and spirit had to be treated all at the same time, as one entity. This gets back to the Judaic tradition of the heart's encompassing the three parts, but being one. It is a foreshadowing of Christian thoughts, of the three parts of God being one.

Counselors who work from a secular framework may feel they cannot benefit from this approach. Visualization techniques, matching memory to emotion, encouraging forgiveness, and questioning cognitive distortions, however, are certainly areas within the HEART Model that secular counselors can use to address trauma within counseling. It can be argued that secular counselors can use this model in its entirety, with success, without having to personally adopt Christian beliefs. For instance, consider the work of Hoeberichts (2012), who led a counseling team of 22 members into Southeast Asia for the tsunami relief effort. His model was focused on addressing grief and trauma. Hoeberichts (2012) comments that he felt inadequately informed concerning the cultural differences he and his team were up against when they entered Asia. Using only a Buddhist framework, he and his team addressed the needs of countless religious

backgrounds. Simply, their motivation was to meet the needs of the person experiencing trauma rather than meet their own spiritual or religious commitments. Hoeberichts (2012) testifies that he himself was a Buddhist priest but did not, despite his own beliefs, enter Asia with the mindset to exclude any person for their religious or cultural backgrounds. Certainly, Hoeberichts (2012) and his team understood the fact that trauma shows no favoritism. Therefore, secular counselors, as well as Christian counselors, should be encouraged by the HEART Model's framework and should seek to understand how they can use it competently with their clients, remembering that it is the client's issues that need to be attended to, not their own. This can be accomplished by not attending to Steps 6, 7, and 8. That is, to move from forgiveness of self (Step 5) to integration of the ego states (parts of self) (Step 9 becomes Step 6) and return with reframe to life (Step 10, now 7). The other strategy would be to find secular language and metaphor to substitute for the Judeo-Christian concepts of God in much the same way the Chinese substituted for Buddhist or Chi Gong concepts or other clinicians who substituted Islamic language and context to work with Muslim clients (J. Haddad, personal communication, May 12, 2017).

Future Research

Intimate partner violence (IPV) is a form of trauma. Walker (2012) comments that IPV, in relation to religion, has been scarcely addressed by university students or programs. Walker's findings are disturbing since in the United States alone more than 74 million people, mostly women, have experienced IPV at some point in their lives (more than 12 million in 2010) (Smith, Fowler, & Niolon, 2014). Stalking and violent sexual encounters by former or current intimate partners generally defines IPV. Using this definition, Smith et al. (2014) sought to provide information on death statistics resulting from IPV. Their sample of 4,470 people showed that

3,350 of those deaths were directly related to IPV (81%). Results from this sample are broken down even further: 77% female, 52% white, 35.3% black, 7.8% Hispanic (Smith et al., 2014). There is a need for research to advance the use of the HEART Model with IPV survivors.

In addition, research could aim to advance the teaching techniques for educating the general public and church clergy about how they can address trauma in people; according to Walker (2012) many times church clergy are unaware of how to address this issue. Moreover, longitudinal research endeavors on this Model's use with IPV victims, then, could show its success over the long term through yearly statistical reports depicting a reduction in deaths, hospitalizations, and/or crimes related to IPV.

Attending to the effects of trauma in survivors is a continual research need. Clinicians are especially valuable in restoring peace to survivors of trauma (Johnson, 2012). Universities dedicated to teaching evidenced-based trauma-focused courses are lacking (Sigel & Silovsky, 2011). Even more lacking are training programs designed to teach students about trauma while embracing the Christian faith (Walker, 2012). Future clinicians consequently are not receiving the training in schools that teach them how to provide treatment for clients who have experienced trauma (Allen et al., 2014; Walker, 2012). The Green Cross Academy of Traumatology has undertaken a new direction to train students in all aspects of trauma while in their counseling, social work, or psychology programs (Keyes, 2017). The teaching of skills to address Complex Trauma is one of their target areas (Keyes, 2017).

Sigel and Silovsky (2011) took on research initiatives to obtain information regarding graduate programs and those programs' commitment to teaching courses focused on evidenced-based trauma-informed therapy. Out of 599 graduate programs, 201 were willing to take part in the research. The results: 89% offered courses based on child maltreatment, however, only 45%

of the 89% were teaching strategies based on the field's highest standard of care for this area (Trauma-focused cognitive behavioral therapy [Sigel and Silovsky, 2011]).

Allen et al. (2014) took a sample of clinicians who were working with trauma victims and survivors but who had not received formal training in their schools for treating trauma. All the clinicians in this sample voiced their adherence to an indirect approach. For purposes of this study, half the group was given a year-long intensive training program on treating trauma and the other group was not. Allen et al. (2014) discovered that at the end of the training program clinicians who were given the formal training now voiced their commitment to a direct approach. On the other hand, all counselors in the control group were still practicing indirect therapy with their clients. These findings imply that when students are given adequate training on how to treat trauma, their services change. There is a need for researchers to advance the field of counseling by implementing evidenced-based trauma-informed training programs in schools. Walker (2012) compliments Regent University for its Child Trauma Institute (CTI), which aims to train students how to offer services through a Christian lens to clients suffering from traumatic situations. Jamie Aten (2015) has done the same at Wheaton University outside Chicago, IL (J. Aten, personal communication, December 2015). Praised for its capability to treat trauma effectively (Restoration Ministries, 2013; Uncaged, 2018), the HEART Model would be an excellent framework for other universities who want to teach students how to treat trauma. For this reason, research should seek out ways to introduce this Model into secular universities by teaching the Model without the Christian Steps and approach the Christian Steps as a Faith-Based Overlay to the 7 Step 'Secular' Model expanded to 10 with Spiritual Steps added. Surely, this would be a very different world if every university provided students the opportunity to learn how to effectively treat trauma using a mind, body, and spirit worldview.

Summary

Cartesian theory separates the mind from the body and does not address the spiritual nature of human beings, for the spirit is not something that is tangible, nor can it be measured (Descartes, 1637/1968), though recently that theory has been challenged through the use of quantum physics and the postulate that the spiritual self can be quantified through electromagnetic energy (Ross, 2009). The Greeks separated aspects of the self, forming a theory that has shaped much of Western thinking (Ibid). They divided the self into mind, body, and spirit as three separate functions. Descartes (Descartes 1637/1968), in the sixteenth century, further solidified the position of the Greeks. The Judeo-Christian tradition, by contrast, hold that the heart is the unifying locus of three energies: mind, body, and spirit; it is my contention that Jewish tradition is much more in line with reality: mind, body, and spirit are one, and the location of that unified self is in the heart. When a trauma occurs, that wholeness can be fractured. The healing of that trauma has sparked an age-old conflict: psychologists, scientists, and physicians against those who come from a theological frame of reference. Regardless of which theological framework a person might embrace, all such frameworks share a sense that something greater than self is essential to healing and transformation (Capra & Steindal-Rast, 1991). The HEART Model outlines a method by which wholeness can be regained, through inner healing and reconnection with God. Often the experience of reconnecting to difficult and sometimes horrific situations causes a re-experiencing of an affective response, which often needs to be talked out, worked out, and processed using therapeutic counseling interventions (Gingrich 2013; Ross, 2001). Often the issues of repressed anger, hurt, and deep-seated emotion quickly come to the surface and can be confronted and worked toward resolution. Often in these

situations clients have blamed themselves when the blame was not in any way theirs. In a spiritual context, issues with their view of God, often from a distorted frame, must be confronted, as they will often feel that God did not protect them or rescue them from the situation (Keyes, 2017). In most major Christian denominations the Bible is interpreted to focus on God's promise as one of presence, that is, God promises to be with us through difficult times, not necessarily to rescue us, which is often the immediate change that many so often long for. To know that God was with us at time of trauma or hurt, and that God continues to be with us now, often represents a significant paradigm shift for many who are dealing with ongoing spiritual and psychological issues. It is often enough of a shift to be able to foster hope and even purpose in life as a person works toward resolution of ongoing issues.

The healing process moves through the series of events to allow the adult self in present time to emotionally and spiritually reach out and rescue the child or younger adult self from the time of hurt or trauma. From a Judeo-Christian context, since God is not a God of time, we literally allow God to travel with us back to the memory, as we work toward healing of that memory to bring back to our awareness of change in present time. In a very real sense we are allowing our adult self to reach to our inner child (Bradshaw, 1990; Keyes, 2017; Seamands, 1985; Whitfield, 1990). What we've examined in this paper is a way out, by following the standards as set by the International Society for the Study of Trauma and Dissociation (ISSTD, 2011) for competent treatment of trauma survivors. Using a Christian overlay within a standard three-phase model of treatment (C. A. Ross, personal communication, November 20–22, 2009), this ten step HEART Model incorporates the spiritual dynamic in a way that produces healing and balance of mind, body, and spirit within the one place they all reside: the heart.

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