L. A. Zoellner, and N. C. Freeny (eds): Facilitating Resilience and Recovery Following Trauma

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In *Facilitating Resilience and Recovery Following Trauma*, Lori Zoellner and Norah Feeny have assembled more than thirty prominent researchers and scholars in their 14-chapter canvass of the many factors, particularly resilience, that influence the course of trauma recovery. Their collective work provides an opportunity to refocus attention on the differences, rather than similarities, in how people cope and adapt to traumatic events. In fact, resilience is described as the norm rather than exception in victim efforts to adapt to traumatic stress. The authors also offer common-sense wisdom about the possible risks of some well-intended, but poorly timed or otherwise ill-advised, intervention efforts. In their opening and closing chapters they remind practitioners of the importance of personalized assessments that recognize both natural and maladaptive recovery trajectories. To this extent this book is likely to be characterized by readers as hopeful and optimistic with an emphasis on individual strengths versus vulnerabilities. Interest in selected chapters may extend beyond the professional community to members of the general public, including trauma victims and their loved ones.

The book is organized into four topic areas that include *Principles Underlying Natural and Therapeutic Recovery* (Risk and Resilience; Acute Intervention; Therapeutic Recovery), *Resilience and Recovery in Special Populations* (Sociocultural and Ecological Views; Children; The Military), *Facilitating Natural and Therapeutic Recovery through Modifiable Risk and Resilience Factors* (Nature of Traumatic Memory; Posttrauma Cognitions and Beliefs; Event Disclosure; Dissociation During and After Trauma; Avoidance; Chronic Pain; Social Support), and *Future Directions*.

Bryant and Nickerson (Chapter 2) document evidence of the natural symptom remission curve expected in the weeks and months after exposure to trauma. They suggest a pragmatic “stepped-care” approach during this acute recovery phase with sensitivity to interventions (e.g., universal debriefing protocols, sedative medication, self-disclosure encouragement, etc.) that could sometimes prove counterproductive. Foa and McLean (Chapter 3) provide a scholarly review of common factors that appear to mediate therapeutic change when interventions are warranted (e.g., emotional engagement, exposure/habituation/extinction, traumatic memory elaboration, distorted cognitions, etc.). Of equal value was their review of factors that have been linked inconsistently to long-term outcomes (e.g., number and nature of traumatic stressors, personality traits, dissociation, exposure durations, etc.).

Hobfoll and de Jong (Chapter 4) reflect on the impact of victim sociocultural identification in facilitating acceptance and deriving meaning and purpose from traumatic (particularly resource) losses. An essential step in recovery often involves the self-efficacy enhancement that accompanies the resumption of community role commitments. Fairbank, Briggs, Carmody, Greeson, and Woods (Chapter 5) provide a concise review of both risk and protective factors that appear to mediate child reactions to violence (e.g., child temperament, developmental stage, availability and quality of adult support, trauma nature/severity/chronicity, etc.). They review widely-accepted core concepts of child trauma intervention with an emphasis on the essential importance of supplementing intervention efforts with family and community resources. While reviewing extensive available research on combat exposure effects, Litz, Steenkamp, and Nash (Chapter 6) conclude...
regrettably that a reliable risk algorithm to predict individual soldier responses has yet to emerge. As with their colleagues, they emphasize the individual differences found in soldier adaptation to trauma during deployment. They identify ways to promote resiliency, recovery, and rehabilitation in response to injury and encourage a broader cultural shift in ascribing equivalent significance to the emotional and physical injuries of war.

Zoellner, Farach, Pruitt, and Feeny (Chapter 7) provide a review what is known about memory consolidation and retrieval processes associated with trauma. They emphasize the inherent dynamic and reconstructive nature of these processes and the therapeutic importance of victims correcting memory distortions to derive higher meaning from their detailed recollections of traumatic events. Beck, Jacobs-Lentz, Jones, Olsen, and Clapp (Chapter 8) review theoretical perspectives (e.g., schema-based, emotional processing, dual representation, cognitive) of how trauma-based thoughts and beliefs are formed and maintained. They reflect upon the ways trauma-based thoughts and beliefs might translate into risk and resiliency influences and offer wise recommendations (e.g., seek to understand the functional link between each specific thought and coping strategy) derived from this literature. Sloan and Wisco (Chapter 9) identify parameters that may influence the extent to which self-disclosure of trauma-related details will be therapeutic or counterproductive (e.g., depth, context, time since exposure, extend repeated, method or form of communication). An empirically-supported conclusion of this review is that disclosure, in and of itself, is not always therapeutic. Minnen, de Kleine, and Hagenaars (Chapter 10) describe a continuum (normal to maladaptive) of trauma-elicted dissociative reactions that impact the progress of adaptation over time. The importance of dissociative symptoms will vary by recovery phase (peri-traumatic versus posttraumatic) with recommendations offered to attenuate more persistent forms of dissociative reactions. Zoellner, Marks, Jun, and Smith (Chapter 11) explore the literature illustrating the basic learning principles which mediate avoidance tendencies in trauma-based learning. They offer recommendations for managing cognitive, experiential, and behavioral avoidance as a crucial step in trauma recovery process. Asmundson, Gomez-Perez, and Fetzner (Chapter 12) remind readers of the high comorbidity of acute and chronic pain suffered by victims of violent trauma and provide clinical strategies to attenuate pain-related distress to enhance trauma recovery. Feeny, Rytwiniski, and Zoellner (Chapter 13) delineate many dimensions regarding the expression of social support which warrant research and practitioner attention in regard to trauma recovery. Positive social support varies along many dimensions (e.g., quality versus quantity, perceived versus received, emotional versus instrumental, formal versus informal, immediate versus sustained) but can be curtailed in benefit by peer or family messages of blame, anger, or invalidation. The authors provide specific principles of positive engagement (validate, connect, contain, encourage, and sustain) for therapists and loved ones.

Facilitating Resilience and Recovery Following Trauma provides an optimal balance of theory, research, and practice. All chapters include relevant case examples along with take-home recommendations for conceptualizing trauma symptom development, expression, maintenance, and remission. The authors dedicate equal time to the normative and pathologic ends of each reaction dimension described in their reviews. The dimensional elements in their review are often nuanced and convey a sense of respect for the complexity of the phenomena under investigation and the wide individual differences that should be expected in reactions to trauma. All of the chapters are well-written and offer extensive citations in their comprehensive reviews of the respective literature. The book would seem to be essential reading for researchers, practitioners, and even loved-ones wishing to address a balance of victim strengths, as well as vulnerabilities, in their efforts to cope with traumatic experiences that are often unimaginable.