Trauma-Focused CBT in Practice

THE TALKING THERAPIES UK PRACTITIONER SERIES



Trauma-Focused CBT in Practice

The trauma narrative, cognitive updating and graded exposure

Practitioner level · 10 hours of continuing professional development

TALKING THERAPIES UK

First edition · 2026

Published by Talking Therapies UK, talkingtherapies.co.uk.

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First edition, 2026.

This manual accompanies the Trauma-Focused CBT in Practice course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

Revision 3. This printing was set on 10 November 2026 from the course as it stood that day.

A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

Set in Poppins and Roboto, the Talking Therapies UK typefaces. Figures drawn by the Talking Therapies UK teaching-diagram engine.

Contents

How to use this manual 1

Part 1 Crafting and Processing the Trauma Narrative 3

1. Developing the trauma narrative 4
2. Identifying and updating hotspots 9

How to use this manual

This is the course where trauma-focused CBT stops being a model you understand and becomes a treatment you can conduct. Written for practising clinicians with the foundations in place, it teaches the working phases of TF-CBT at session level: the trauma narrative developed and paced so the work stays inside the window of tolerance, the hotspots located and updated with the information that was never available at the time, and the memory's grip loosened by processing rather than argument.

You will learn the craft details that decide outcomes: how to keep dual awareness alive during narrative work, how to find the exact meaning a hotspot carries and build its update collaboratively, how to construct graded exposure that tests trauma-related beliefs rather than merely enduring feared situations, and how to fade the safety behaviours that quietly protect those beliefs from disconfirmation. The course gives equal weight to the sessions that do not go to plan: dissociation recognised and grounded, hyper-arousal managed without abandoning the work, and re-scripting used so the narrative that remains is one of survival and agency, integrated into the client's sense of self rather than quarantined beside it.

Substantial written lessons with key points and practice tasks throughout, supported by a study tutor, with a final assessment and a personalised certificate on passing. For clinicians ready to do the work that changes what a memory can do.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at practitioner level and carries 10 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the conventional form of a model you will meet in the literature and in supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

What this manual will leave you able to do

- Structure a course of trauma-focused CBT from assessment to relapse planning
- Deliver imaginal reliving and narrative work at a tolerable, effective dose
- Identify hotspots and update their meanings within reliving
- Use stimulus discrimination and site visits to break trigger power
- Work with appraisals of guilt, shame and responsibility after trauma
- Manage avoidance, including subtle in-session avoidance, therapeutically

PART 1

Crafting and Processing the Trauma Narrative

This module covers the construction, emotional processing, and re-scripting of the trauma narrative through targeted therapeutic techniques.

CHAPTER 1

Developing the trauma narrative

The narrative work is where trauma-focused CBT keeps its central promise: that the memory which happens to the person can become a memory the person has. The rationale was laid in the foundations course: a memory stored mid-emergency, fragmentary and unfiled, maintains a sense of current threat until it is elaborated and integrated, and this lesson teaches the craft of that elaboration: how to build a trauma narrative safely, at a pace the person can use, with grounding as a constant companion.

Preparation makes the difference between exposure and ordeal, and it happens before the memory is touched. The rationale is re-taught and consented to specifically: we are going to approach the memory deliberately, in order, so it can be filed as past; it will raise distress on the way to lowering it; you are in control of pace and stopping at every moment. The window of tolerance is explained as the working concept it is: the band of arousal within which a person can feel and think at the same time, hyperarousal above it, where affect floods and nothing consolidates; dissociative shutdown below it, where nothing is felt and nothing changes, and the narrative work aims deliberately for the band's upper middle, engaged, affected, present. Practical anchors are agreed in advance: a stop signal that will be honoured instantly and, ideally, tested once on purpose; the grounding skills already rehearsed, named and ready; subjective units of distress as the shared gauge, zero to a hundred, asked briefly and often; and the session's shape promised and kept, approach in the middle, descent and grounding at the end, never the worst material in the final ten minutes.

The construction itself proceeds in passes, and the first pass is deliberately shallow: the whole event told once, beginning before the beginning, in a place of relative safety, and ending after the end, in the demonstrable present, because the frame itself is therapeutic, the memory acquiring, for the first time, a before and an after. First person, present tense, for the central telling—I am walking to the car—because present tense is what brings the memory close enough to change; past tense is available as a titration tool whenever closeness exceeds the window. The therapist's part is steady, quiet accompaniment: minimal prompts that deepen elaboration

(“what do you notice?”, “what happens next?”, “what are you feeling in your body?”), an even voice that lends its calm, and the discipline of not flinching, because the client reads your face for whether this can be borne. Later passes deepen: sensory detail, thoughts and feelings at the time, the fragments gradually ordered, gaps acknowledged rather than forced, dissociative holes named as such, and with each pass the same event becomes more like a story and less like weather, told with rising coherence and, typically, falling peak distress. Writing consolidates what telling builds: the narrative written down, by client or by both in session, read aloud, revised across weeks, becomes the external, ordered, time-stamped object the internal memory never was, and listening back to recordings between sessions, where the person consents, extends the work into the week.

Titration is the running craft. Watch the window continuously: knuckles, breath, the voice’s distance, the eyes’ focus, and the numbers when asked. Approaching the top of the band, slow the pace, shift to past tense, widen the lens to before or after, or ground briefly and return. The return matters as much as the pause, because leaving mid-peak teaches escape, while pausing and returning teaches mastery. Dropping towards shutdown—more common than trainees expect—bring the person back with the senses (feet, the room, your voice) before continuing, since material processed while absent is not processed. The pacing rule across sessions mirrors the rule within them: approach, consolidate, approach again, and the worst moments, the hotspots, are noted on the first passes (“it gets very bad here, we will come back to this with care”) and deliberately deferred until the narrative as a whole holds; the next lesson gives them their own craft.

A fragment of a first pass shows the craft in motion. The client, survivor of a road crash in which her passenger died, reaches the impact and accelerates, voice rising, tenses collapsing: “and then it is happening and there is glass and I cannot, I cannot.” The therapist’s moves, in order: steady the pace without stopping the work (“you are doing this exactly right, stay with me, feet on the floor, we are going slowly”); hold the window with tense, tell it as then for a moment, what happened next, and she finds the past tense, the car stopped moving; keep the thread, and when the worst of it has been walked at that safer distance, one gentle deepening, when you are ready, tell me that part again as if it is happening, and this time she stays present through the glass, SUDs called at eighty-five, held, and falling to sixty as the telling reaches the ambulance. Then the frame’s second half, honoured as

promised: the narrative run past the end, the part the memory always omits, and the hospital, and you were told you would live, and where are you now, and she answers, laughing and crying at once, in a beige office with terrible coffee, which is the time-stamp arriving in real time. Session closed with grounding, the recording handed over, next pass scheduled. Nothing exotic occurred: pacing, tense, presence, the promised shape kept. But run that sequence eight times across four weeks and the memory that happened to her every night has become, demonstrably, a story she can tell, pause, and put down, and the hotspots that remain, the glass, the silence from the passenger seat, are now named, mapped, and waiting for the precision work of the next lesson.

What does progress look like? Peak distress on retelling trends downward, though not monotonically; the telling gains order, tense stability and the ability to say it is over from inside the story; intrusions typically spike briefly, predicted and normalised in advance, then reduce in frequency and nowness; and the person begins, unprompted, to speak of the event in the past tense in ordinary conversation, the surest small sign the filing is taking. Close by drafting the setup you would use: the four-sentence rationale in your own words, your stop-signal agreement, your first-pass instruction, and the two titration moves you will reach for first in each direction. The narrative now built, the treatment's sharpest instrument comes next: finding the moments where the memory's meaning froze, and updating them.

Going deeper: the mechanics of a narrative that files.

The trauma narrative works through specifiable mechanisms, and technique should serve them consciously. Present tense with eyes closed maximises activation, and activation is required: material processed at arm's length files nothing (the emotional-processing literature's cold cognition problem). First person keeps ownership; sensory detail retrieves the fragments that need binding; and the therapist's periodic 'what do you notice now?' maintains dual awareness — one foot in the memory, one in the room — which is the condition under which the hippocampal system can do belatedly what stress prevented originally. SUDs taken at intervals are not bureaucracy but instrumentation: they show the arc within the session and, across sessions, the habituation and integration that tell both parties the method is working.

Dose is managed by structure. The first pass runs the whole event to establish the terrain; later passes slow at the moments that spike — the

hotspots — because global retelling that never dwells is itself a subtle avoidance. Session architecture protects the work: activation earns the middle of the hour, never its end, with a rehearsed reorientation and a planned soft landing; a patient sent onto the street at peak activation learns the memory is unmanageable, which is the opposite of the lesson under construction.

Expect and pre-name the middle passage: symptoms often stir between sessions two and four of narrative work, and a patient warned that stirring means engagement, not relapse, stays; one unwarned interprets it as proof the memory should never have been touched. Recording sessions for daily listening between meetings compounds the dose and is standard technique, not an optional extra.

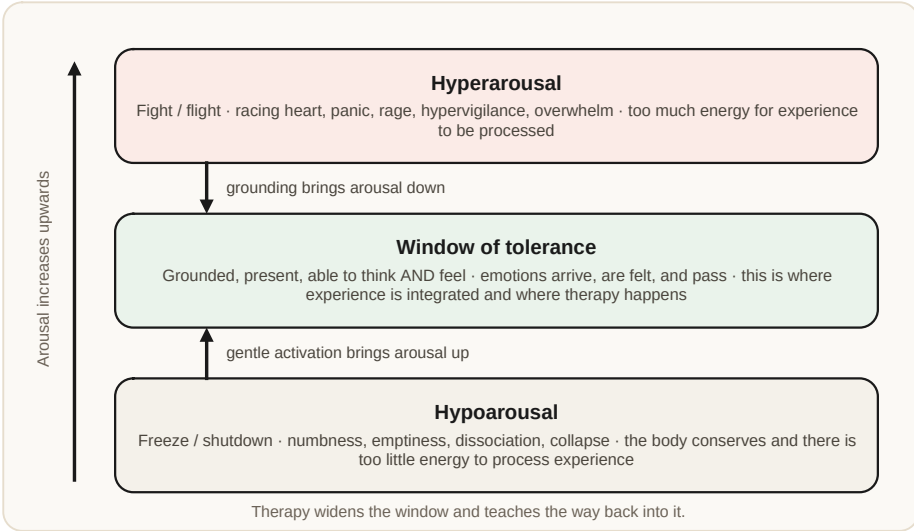


FIGURE 1.1 The window of tolerance

Siegel's window of tolerance describes the zone of arousal within which experience can be processed and integrated. Trauma narrows the window: survivors are thrown into hyperarousal (fight/flight) or hypoarousal (shutdown) by reminders. Therapy widens the window and teaches the return journey.

Points worth keeping

- Why a coherent narrative helps
- Pacing and titration
- Staying within the window of tolerance
- Grounding as a constant companion

PRACTICE TASK

Plan how you would pace narrative work across three sessions.

CHAPTER 2

Identifying and updating hotspots

Within every trauma narrative there are a handful of moments that carry the charge, and the treatment's precision work happens there. Hotspots, the worst moments, the peaks of distress in the telling, are where the memory's meanings froze at encoding: I am going to die, it is my fault, I am helpless, he is enjoying this, and each replay delivers the frozen meaning intact, which is why general retelling, healing as it is, often plateaus, the narrative coheres while the peaks keep their voltage. Updating the hotspots, the distinctive contribution of the Ehlers and Clark tradition, is how the voltage comes down, and this lesson teaches it as the sequence it is: locate, unpack, update, test.

Locating is observational. Hotspots announce themselves in the narrative work: the point where distress spikes, where the telling suddenly accelerates, skips or stalls, where tense collapses into present, where the body arrives, the shake, the held breath, the hand to the throat. They are mapped collaboratively and explicitly, listed by a short name the client chooses, the moment on the stairs, the thing he said, typically three to six for a single-event trauma, and the map itself reduces dread: the mountain has named peaks, and they are countable.

Unpacking takes each hotspot in slow motion, and the question that opens it is the treatment's most important: what was the worst thing about that moment, or, what did that moment mean about you, about others, about what was going to happen? Asked at the peak, gently, with time, it yields the frozen appraisal, and precision matters here, because the update must answer the actual meaning. I am going to die is different from I am going to die alone; it is my fault I froze is different from my freezing meant I wanted it; and the worst meaning is frequently not the obvious one, discovered only when the therapist waits past the first answer. Emotion labels help the search: hotspots of fear carry danger meanings, hotspots of shame carry self-meanings, hotspots of anger carry violation and betrayal meanings, hotspots of grief carry loss, and each family updates differently.

Updating is the pairing of the frozen meaning with information the person

did not have, or could not use, at the time, information from the outcome, I did not die, I am here, telling this, in a room, in this year; from knowledge acquired since, the medical fact that freezing is a brainstem reflex, the timeline showing nothing could have been done, the legal finding, the perpetrator's sole responsibility; from adult perspective on a child's encoding, I was nine, a nine-year-old cannot consent, cannot fight a grown man, was right to survive however survival happened. The craft is not generating the update, which is usually easy, but making it land inside the memory, because the client already knows it abstractly and the memory does not. So the update is delivered at the hotspot: the narrative is run to the peak, held there, within the window, and the new information is brought in while the old meaning is active, spoken by the client in their own words, in present tense where possible, I can see the door now, I know I get out, and repeated across retellings until the memory and the knowledge are finally on speaking terms. Techniques that strengthen landing are worth naming: the client saying the update aloud at the exact narrative moment; imagery that carries it, the adult self entering the scene to tell the child the truth; written updates inserted into the narrative document in a different colour, so the story now contains its own corrections.

Testing is the discipline that keeps the work honest. An update has landed when the hotspot's distress rating falls substantially and stays fallen on later retellings; when the belief rating on the old meaning, asked as a percentage, drops from the nineties into the low double digits; when the telling of that moment slows and steadies; and when the intrusions from that fragment lose frequency and nowness in the week. An update that has not landed is information the client can recite with no change in the numbers, and it sends you back a step: usually the meaning unpacked was not the worst one, sometimes the update answers the wrong family, logic offered to shame, safety offered to grief, and occasionally the window was exceeded and nothing consolidated. The failure is diagnostic, never terminal.

One update, worked end to end, fixes the method. The client from the narrative lesson has a hotspot at the silence from the passenger seat: SUDs ninety-five on every pass, telling accelerating across it. Unpacking, at the peak, gently: what is the worst thing about that silence. First answer, that she was dead. Waited past, and the true meaning surfaces: that I just sat there, I did not even try to help her, I let her die. Belief rating on I let her die: ninety per cent. The update is built from three sources gathered across two

sessions: the crash report's timeline, she herself was unconscious for the first minutes, established from the head wound and the witness account; the medical evidence, the passenger's injuries were unsurvivable regardless of any intervention; and the hindsight correction, judging a concussed woman by the standards of an uninjured bystander with the report in her hand. Then the delivery, which is the craft: the narrative is run to the silence and held there, and she speaks the update from inside it, in her own words, rehearsed but not scripted, I am unconscious, I cannot know she is gone, and nothing I could do awake would have changed it, she was already beyond help, I did not let her die, the crash killed her. Twice through. SUDs at the hotspot fall to fifty that session, thirty the next week; the belief rating lands at fifteen, where it stabilises, the residual grief remaining, correctly, as grief. Notice what did not happen: no argument, no reassurance, no logic offered from outside the memory. The information was placed where the meaning lived, while the meaning was active, in her voice. That placement is the entire difference between an update that lands and a truth the client has heard a hundred times and believes for nobody, least of all herself.

Close with the drill that installs the craft: take one hotspot from a case you know, real or composite, and write the four lines, the moment in the client's words, the frozen meaning beneath it, the worst-thing question you would ask, and the update with its delivery plan, how it will be brought inside the memory rather than recited outside it. The narrative orders the story; the updates change what it means; the cognitive work that follows takes the changed meanings out into the person's beliefs about self, world and future.

Going deeper: surgical work at the moments that matter.

Hotspots concentrate the disorder: brief moments within the memory carrying peak affect and the memory's worst meanings. Finding them is diagnostic craft — they announce themselves as the points where the narrative accelerates, skips, fragments or spikes, and the skilled practitioner treats every glossed-over second as a flag, because patients gloss precisely what most needs work. Elicit the encapsulated meaning at each ('and at that moment, what did it mean?'), and expect the answers to be starker than anything the patient says in ordinary conversation: I chose myself. I am dying. It was my fault. This is because I am filthy.

Updating then follows a strict grammar: the new information must be TRUE, must be relevant to that exact moment's meaning, and must be experienced

INSIDE the reliving, not discussed after it. Reason debated outside the memory bounces off; the same fact introduced while the moment is active — 'you know now the freeze was your brainstem's decision, taken before you could vote; hold that knowledge while you are on the landing' — changes, in patients' repeated phrase, the memory's temperature. Sources of updates vary: physiology (freeze responses, pain-shock), verifiable fact (the report's timings, the discharge letter), outcome knowledge (you did survive; she was not alone), and moral reframing for guilt whose standards no one could have met.

Two cautions complete the craft. Never smuggle reassurance disguised as an update — untrue comfort corrupts the method's credibility at its foundation. And re-check each updated hotspot the following session: an update that held for a week is filed; one that faded points to a meaning underneath the one you treated.

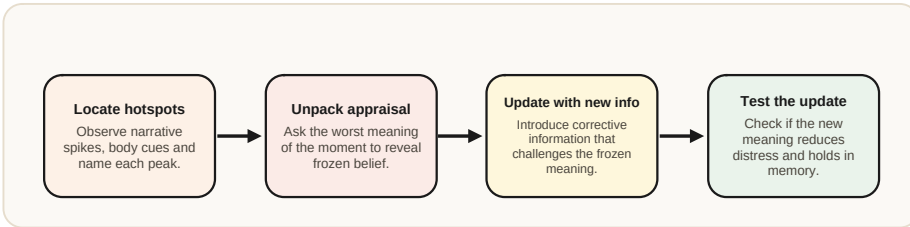


FIGURE 2.1 Hotspot Updating Sequence

The figure shows the four-step sequence for reducing the voltage of trauma hotspots. Therapists move from locating peaks to testing the updated meaning.

Points worth keeping

- Locating hotspots in the narrative
- The appraisal frozen at each hotspot
- Updating with new information
- Testing whether the update lands

PRACTICE TASK

Write an updating statement for a hotspot such as ‘it was my fault’.