Understanding and Stabilising After Trauma: Practitioner Guide

THE TALKING THERAPIES UK PRACTITIONER GUIDES



Understanding and Stabilising After Trauma: Practitioner Guide

Delivering the programme as guided self-help

A practitioner guide · 6 contacts · to accompany the workbook

TALKING THERAPIES UK

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First edition, 2026.

This guide accompanies the Understanding and Stabilising After Trauma programme on the Talking Therapies UK self-help platform and its workbook. It is drawn from the programme and is kept current with it: whenever the programme changes, the guide is set again.

Revision 7. This printing was set on 8 November 2026 from the programme as it stood that day.

A note on clinical responsibility. This guide supports qualified practitioners delivering guided self-help within their competence, their supervision and their organisation’s policies. It does not replace clinical judgement, and its thresholds are guidance: where your service’s policy differs, follow your service’s policy.

Set in Poppins and Roboto, the Talking Therapies UK typefaces.

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How to use this guide

This guide is for qualified practitioners who support clients through the Understanding and Stabilising After Trauma programme as guided self-help: a short supported contact after each of its 6 modules, with the client working through the programme or its workbook in between.

Part 1 says who the programme is for. Part 2 covers what every contact needs: your part in guided self-help, how to structure a contact, how to review each kind of worksheet, what to do when the work is not being done, how to adapt the programme, the check-ins and when to step up, and risk. Read Parts 1 and 2 before you begin with a client.

Part 3 has a chapter for each contact, to read before that contact: what the client has read in the module, a plan, how to review the week's worksheets with their answers. Part 4 covers ending the work, supervision, and the checklist.

The guide follows the programme as it stands on the platform, so its plans name the programme's own modules, teaching and worksheets, and it is set again whenever the programme changes.

What this guide covers

- Who the programme suits, how to assess for it, and when it is not enough on its own
- Your part in guided self-help, and how to structure each contact
- For each of the 6 contacts: what the client has read, a plan, and the worksheets with their answers
- Keeping the work going, adapting the programme, the check-ins and stepping up, and risk at every contact
- Ending well, supervision, and a checklist for delivering the programme as designed

PART 1

Before you start

Who the programme is for, and how to decide whether it suits a client.

In this part

- Chapter 1, Who the programme is for: who it suits, how to assess for it, and when it is not enough on its own

CHAPTER 1

Who the programme is for

If you have experienced something traumatic, or have been carrying something difficult from earlier in your life that you now suspect was traumatic, this programme is designed to give you a working understanding of what trauma is, why it affects the body and mind in the ways it does, and what helps in the period before you access trauma-focused therapy. The programme is not therapy. It does not attempt to process traumatic memories, work through the traumatic event, or change what happened. The work it does is the work that comes before that: understanding what is happening in your body and mind, learning to recognise when you are outside the range where ordinary thinking and feeling are accessible, and developing the stabilisation skills that allow trauma-focused work to be done effectively if and when you access it. What this programme is. A six-module psychoeducational programme aligned with the stabilisation phase of phase-based trauma treatment, drawing on the work of Judith Herman, Marylene Cloitre, Pat Ogden, and others in the trauma field over the past three decades. The programme covers what trauma responses actually are physiologically and psychologically, the window of tolerance model that describes the range of states in which you can think and feel normally, grounding and stabilisation skills for returning to that window when you are outside it, the body-level foundations of sleep and nutrition and movement that support recovery, the markers that tell you it is time to access trauma-focused therapy, and a daily practice plan for the holding period before treatment begins. What this programme is not. It is not trauma-focused therapy. Trauma-focused therapy, whether trauma-focused CBT, EMDR, or one of the relational longer-duration approaches for complex trauma, requires a trained therapist for sound clinical reasons. Reactivating traumatic memory in the present tense, with the affective intensity that the techniques generate, requires a clinical relationship that can manage arousal, prevent or interrupt dissociation, and hold the patient through experiences that often involve substantial distress. Without that holding, the work can re-traumatise rather than process, particularly for adults with complex trauma histories, significant

dissociative tendencies, or comorbid difficulties. This programme therefore explicitly avoids any technique that asks you to describe, focus on, or process the content of traumatic memories. The work it does is the work of stabilisation, which is a necessary foundation for processing but which is also valuable in its own right. Who this programme is for. Adults who are experiencing trauma-related difficulties (intrusive memories, flashbacks, nightmares, hypervigilance, avoidance, emotional numbing, difficulty trusting, difficulty sleeping) and who are either waiting for trauma-focused therapy, considering accessing it, or for whom it is not currently the right step. Adults who have completed a course of trauma-focused therapy and want a structured stabilisation practice for the maintenance phase will also find the programme useful. Adults whose trauma history is well-managed but who want to understand what they have lived through may find the psychoeducational content valuable. Who this programme is not for. Adults who are currently in acute crisis (acute suicidal ideation, recent hospital admission, active psychosis, severe dissociation) should be in active clinical care rather than working with self-paced material. Adults whose primary difficulty is something other than trauma (depression without trauma history, OCD, eating difficulties, relationship distress) should use the relevant programme rather than this one. Adults with significant complex trauma backgrounds, including childhood developmental trauma extending across years, are likely to need the structured stabilisation work supported by a clinician rather than self-paced; the programme can be useful adjunctively but is not sufficient on its own. Important safety note. The content of this programme is designed to be tolerable. The exercises avoid any direct focus on traumatic content. If at any point in the programme you find that the material is bringing up traumatic memory in a way that overwhelms you, please pause the programme and contact the practice or your GP. Some adults find that even psychoeducational material about trauma surfaces material that has been pushed down for years; this is not unusual and is a marker for needing trauma-focused therapy support rather than for continuing alone. If at any point you experience suicidal thoughts or thoughts of harming yourself, please contact Samaritans on 116 123, text SHOUT to 85258, your GP, or NHS 111. The trauma is not what would kill you; the loneliness of unprocessed trauma can become unbearable, and crisis services are the right contact at those moments.

What the programme covers

1. Understanding Trauma Responses
2. The Window of Tolerance
3. Grounding and Stabilisation Skills
4. Body Foundations
5. Accessing Trauma-Focused Therapy
6. Daily Holding Practice

Who it suits

- Adults whose difficulties are of mild to moderate severity on assessment, in the area the programme addresses.
- Clients who want to work on the difficulty themselves between contacts, and can set aside time each week to read and to complete the worksheets.

- Clients who can read and write in English, or who have the support to do so.

When it is not enough on its own

- Current risk to self or others, including thoughts of ending their life with any plan or intent: assess and manage the risk first, under your service's policy.
- Severe difficulties on assessment, including a PHQ-9 of 20 or more or a GAD-7 of 15 or more: offer high-intensity therapy, or deliver the programme only alongside it.
- Psychosis, mania, or drug or alcohol dependence that is not being treated.
- A previous course of guided self-help that did not help, where the reasons have not changed.

A NOTE ON THIS PROGRAMME

The online version of this programme carries check-ins that prompt a client to step up to more help, which a printed workbook cannot do. Use it as guided self-help with regular contact, or alongside individual therapy, rather than handing the workbook to a client to use alone.

PART 2

Delivering it well

How guided self-help works and what your part in it is: structuring each contact, reviewing the worksheets, keeping the work going, adapting it, the check-ins, and risk.

In this part

- Chapter 2, Guided self-help and your part in it: what guided self-help is, what the research says about support, and what your role is and is not

CHAPTER 2

Guided self-help and your part in it

What guided self-help is

Guided self-help pairs a structured programme, which the client works through on their own, with brief, regular contact with a trained practitioner. The programme carries the teaching: it explains the difficulty, teaches the skills, and sets the practice for each week. Your task is to help the client use it. In Understanding and Stabilising After Trauma that means 6 contacts of about thirty minutes, one after each module, by telephone, video or in person, with the client reading the module and completing its worksheets in between.

This division of labour is what makes guided self-help efficient, and it is also where it most often goes wrong. A practitioner who re-teaches each module in full turns a thirty-minute contact into an under-powered therapy session and leaves no time for the client's own practice, which is where change happens. A practitioner who asks only "How did it go?" leaves the client alone with the hardest parts. The contact plans in Part 3 are built to avoid both: most of each contact is spent on what the client did, what they learned from doing it, and what they will do next.

What the research says about support

Self-help is not a lesser treatment when it is supported. Cuijpers and colleagues (2010) pooled the studies that had compared guided self-help directly with face-to-face psychotherapy for depression and anxiety disorders, and found no significant difference in effect between the two, at the end of treatment or at follow-up. Farrand and Woodford (2013) pooled randomised trials of written cognitive behavioural self-help, found it effective for anxiety and depression, and examined how the support offered alongside it relates to its effect.

Two practical conclusions follow for your contacts. The support needs to be regular and planned, booked in advance and kept, rather than offered when the client asks for it. And it needs to be about the client's use of the programme, rather than a parallel conversation about everything else in their week.

Your part, and its limits

Roth and Pilling (2008) set out the competences needed to deliver cognitive and behavioural therapies well, distinguishing the generic competences of any good therapeutic work (engaging the client, building and keeping a working alliance, ending well) from those specific to an approach. In guided self-help the generic competences carry most of the weight. Your part has five elements:

1. Engage the client and keep the alliance: warmth, interest in the client's own words and examples, and reliability, so that contacts happen when agreed and start and end on time.

2. Review the practice: look at what the client did, with their permission, and help them draw out what they learned from it.

3. Solve problems: when the practice did not happen or did not help, find out why, and agree a smaller and clearer next step.

4. Monitor outcome: score the check-ins with the client, compare them over time, and act on the stepping-up guidance in Chapter 7.

5. Keep the work safe: ask about risk at every contact, and know what you will do with the answer (Chapter 8).

What the role is not matters as much. It is not an assessment of the whole person, a formulation of their history, or open-ended therapy. When a client brings something that needs more than the programme can offer, such as a trauma history that is beginning to surface, a relationship in crisis, or a worsening of their difficulties, acknowledge it, record it, and decide with the client and your supervisor whether a different step of care is needed, rather than stretching the contacts to hold it.

The stance that helps

Clients who do well in guided self-help tend to describe a practitioner who was interested, who noticed the effort they had made, and who was clear about what came next. Specific recognition ("You filled in the diary on five days, including the Thursday you said was the worst of the week") does more than general reassurance. Curiosity about what got in the way ("What was happening on the two days the diary stayed empty?") does more than encouragement to try harder. And a clear, small plan at the end of each contact, written down by the client in their own words, does more than a long list of good intentions.

The stance in a programme after trauma

This programme focuses on understanding trauma responses and on stabilisation, not on processing traumatic memories. Your stance follows trauma-informed principles: safety, choice, collaboration and trustworthiness. Let the client set the pace of what they say about what happened to them, and if a contact begins to move into detailed accounts of traumatic events,

gently return to the stabilisation skills of the current module and note it for supervision.