



LIGHTNER CENTRE CLINICAL PSYCHOLOGY

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# Recovering from Trauma

A reconceptualisation of Trauma and the Journey to Wellness

**Presented by Dr Sharelle Smith**

Principal Clinical Psychologist & Director of the Lightner Centre



# Welcome & Introductions

01

Please turn off your microphone during the presentation.

02

Please feel free to type any questions in the chat box.

03

Questions will be addressed following the presentation.



# About Me

## **Dr Sharelle Smith**

- Clinical Psychologist
- Board-Approved Supervisor
- Clinical Director & Owner of the Lightner Centre



# Objectives

**By the end of this webinar, you should be able to:**

- Understand the current challenges in defining and assessing trauma recovery;
- Explain how the TRM conceptualises recovery;
- Interpret TRM scores and link them to recovery stages; and
- Apply TRM insights to guide treatment planning and monitor progress.



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# What is Trauma Recovery?



# Trauma Recovery

- No current consensus on the definition of Trauma Recovery in the literature
- Clinical definitions of recovery are largely drawn from medical models of physical illness and disability
- These frameworks adopt an illness ideology that:
  - Focuses on weakness and deficits rather than strengths and wellbeing;
  - Emphasises abnormality over normality;
  - Highlights maladjustment rather than adaptive change.
- Within this ideology, recovery is defined as:
  - The complete absence of maladaptive symptoms; and
  - A return to premorbid (pre-trauma) functioning.



# Trauma Recovery

- Strengths perspective that promotes “recovery within illness” rather than “recovery from illness;”
- Recovery can occur alongside symptom reduction, but is not a linear process;
- Recovery does not mean return to premorbid functioning nor an absence of psychopathology;
- Recovery is seen as a process of intrapersonal development and understanding, emphasising hope, personal wellbeing, and adaptive change.
- Nature of trauma recovery:
  - Recovery does not erase or minimise the traumatic event/s;
  - Memories remain;
  - Recovery = personal transformation, mastery of self, and a feeling of capability supporting the reengagement with life and living.
- Important distinction: Trauma recovery is not synonymous with Posttraumatic Growth (PTG).

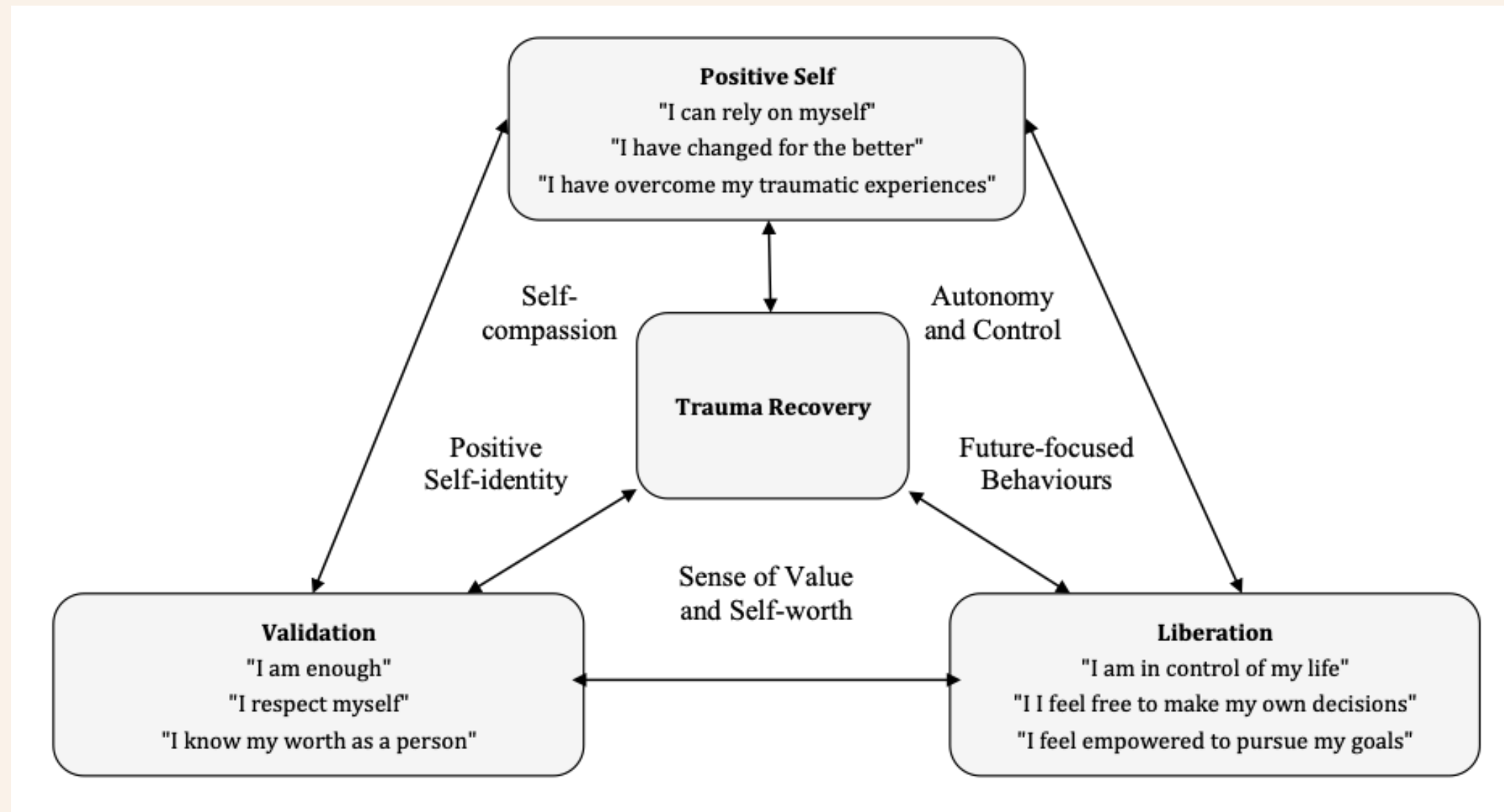


# Cognitive Model of Trauma Recovery (CMTR)

- The CMTR proposes that recovery is achieved through the development, reinforcement, and gradual attainment of three specific positive cognitive domains related to the individuals' sense of intrapersonal safety, security, and self-identity.
- The CMTR proposes that Trauma Recovery exists along a continuum as the survivor moves away from self-loathing, blaming others, and self-condemnation, towards a sense of acceptance, empowerment, and self-compassion.
- The journey to recovery is proposed to result in a cognitive shift from negative posttrauma cognitions of self-condemnation (Shame) to positive cognitions of self-acceptance and worthiness (Validation), from blaming others (Blame) to cognitions centred upon empowerment and control (Liberation), and from self-loathing (Negative Self) to self-compassion and self-love (Positive Self).



# Cognitive Model of Trauma Recovery (CMTR)





# Definition of Trauma Recovery

*“An individual process of cognitive, emotional, and behavioural adaptation and change resulting in the attainment of intrapersonal mastery, empowerment, and hope for oneself and the future”*

(Smith, 2022)



# Need for a New Approach

- Commonly used outcome measures for trauma (e.g., PCL-5, DASS-21, ITQ) focus predominantly on maladaptive symptoms and pathology.
- This emphasis on symptom reduction reflects a deficit model, rather than the positive change and growth typically targeted in therapy.
- Such tools may inadvertently:
  - Reinforce negative trauma-related cognitions;
  - Limit the survivor's ability to notice and strengthen recovery-focused thinking; and
  - Activate or exacerbate trauma-related symptoms during assessment.
- No currently available outcome measure for Trauma Recovery.



# Development of the Trauma Recovery Measure

- Based on the CMTR and research linking posttrauma cognitions to trauma-related psychopathology.
- Previous findings show that reducing cognitions related to Shame, Blame, and Negative Self results in:
  - Decreased PTSD symptom severity; and
  - Decreased psychological distress.
- The CMTR proposes that a strengthening and enhancement of the positive cognitive domains of Validation, Liberation, and Positive Self:
  - Decreased PTSD symptom severity;
  - Decreased psychological distress; and
  - Promotes Trauma Recovery.



# Trauma Recovery Measure (TRM)

- 15-item positively-worded, self-report tool for adults (18+) with a history of trauma exposure.
- Acceptable Factor Structure across the three subscales
- Excellent reliability
- Excellent construct validity
- Excellent discriminate validity
- Capacity to assess recovery for clinical and non-clinical populations across a wide range of trauma typologies.
- Capacity to monitor change in response to treatment.



### Trauma Recovery Measure (TRM)

**Instructions:**

Please consider how you have thought and felt about yourself over the last week and indicate the degree to which you believe the statements provided below are true for you.

	True of Me	Somewhat True of Me	Neither True or Untrue of Me	Somewhat Untrue of Me	Untrue of Me
1 I respect myself	5	4	3	2	1
2 I am free to make my own decisions	5	4	3	2	1
3 I am in control of my life and my decisions	5	4	3	2	1
4 I accept all parts of myself	5	4	3	2	1
5 I know my worth as a person	5	4	3	2	1
6 I am empowered to pursue my goals	5	4	3	2	1
7 I have overcome my traumatic experiences	5	4	3	2	1
8 I like myself	5	4	3	2	1
9 I have hope for my future	5	4	3	2	1
10 I am worthy of love	5	4	3	2	1
11 I can rely on myself	5	4	3	2	1
12 I choose to focus on myself and my future	5	4	3	2	1
13 I am enough	5	4	3	2	1
14 I have changed for the better	5	4	3	2	1
15 I can cope with life's ups and downs	5	4	3	2	1



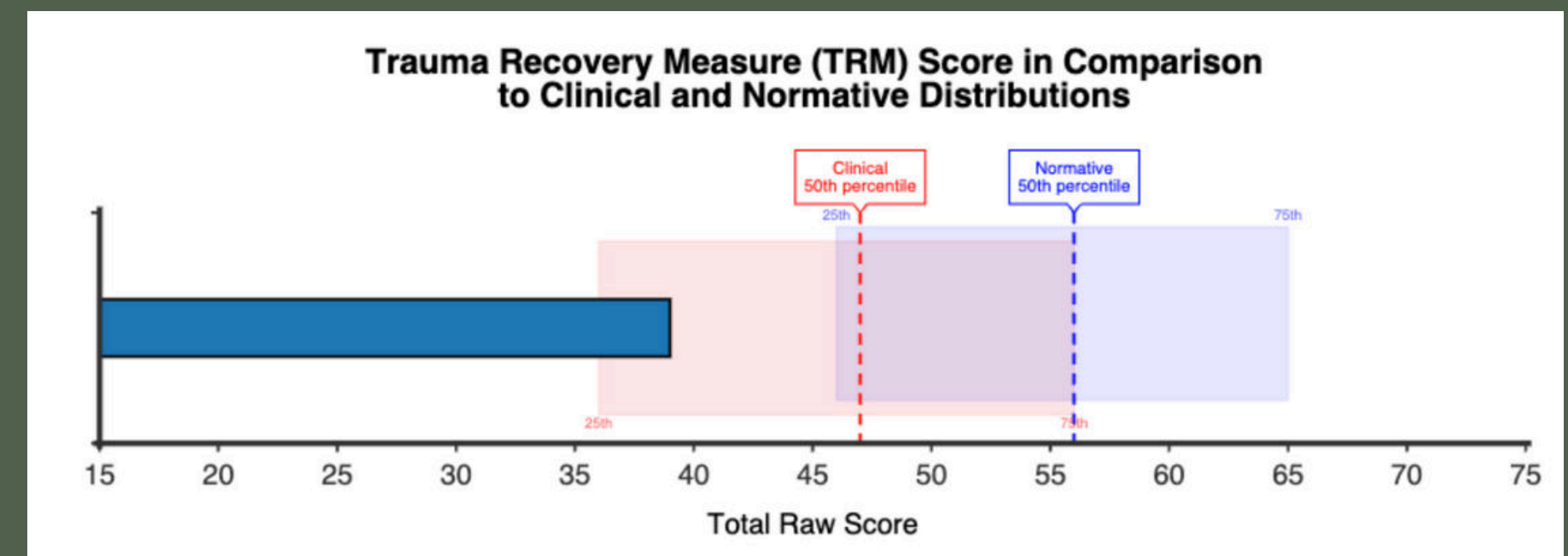
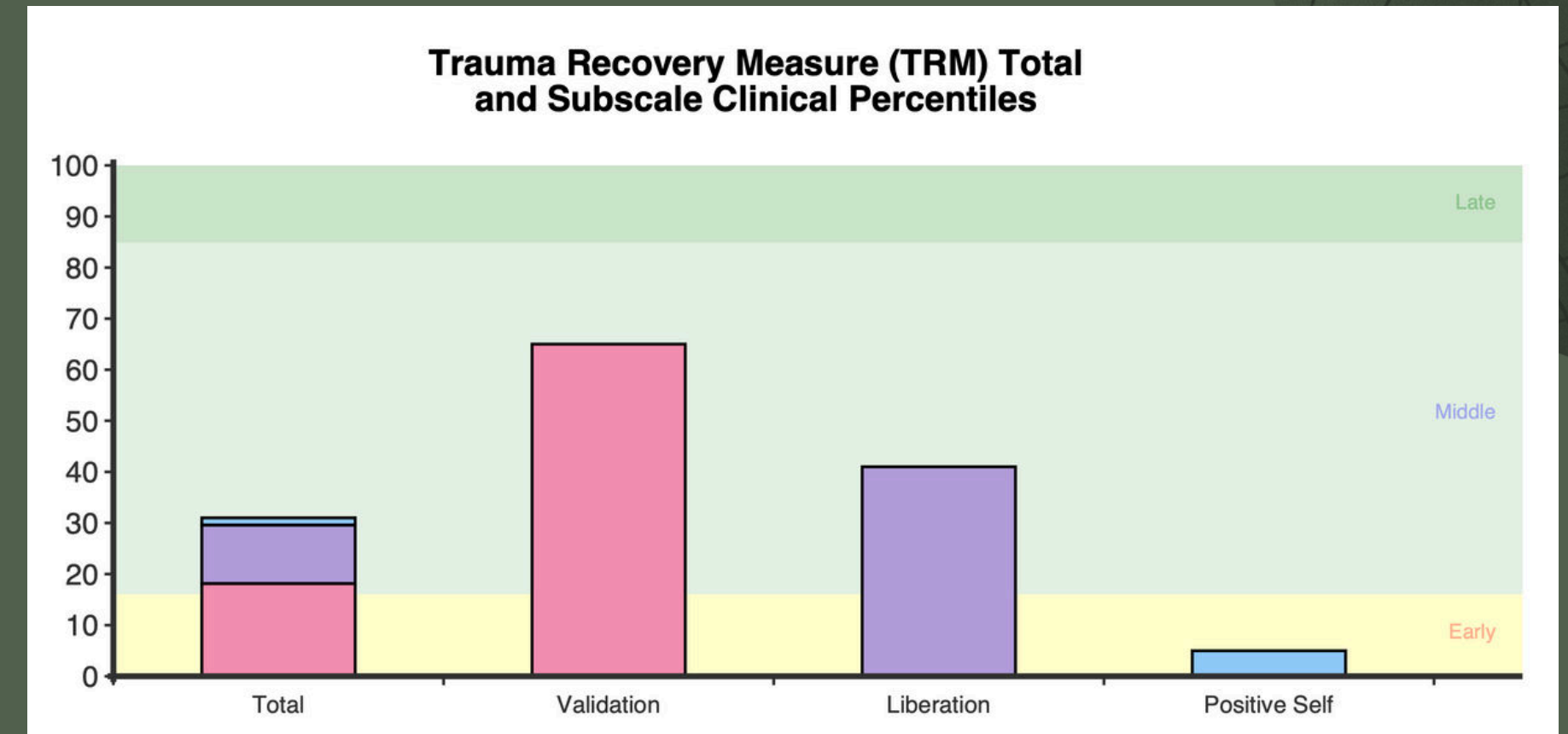
# Scoring & Interpretation

- Total score range: 15–75 (higher scores indicative of a later stage of recovery).
- Three sub-subscales:
  - Validation – self-acceptance, worthiness
  - Liberation – autonomy, confidence
  - Positive Self – compassion and care for oneself
- Stages:
  - Early: >1 SD below mean
  - Middle: within  $\pm 1$  SD
  - Late: >1 SD above mean
- Psychometrics:
  - Total  $\alpha = .95$  (excellent reliability)
  - Strong validity: negative correlation with PTSD symptoms ( $r = -.70$ ) and distress ( $r = -.60$ ); positive correlation with self-compassion ( $r = .25$ )



# Score Interpretation

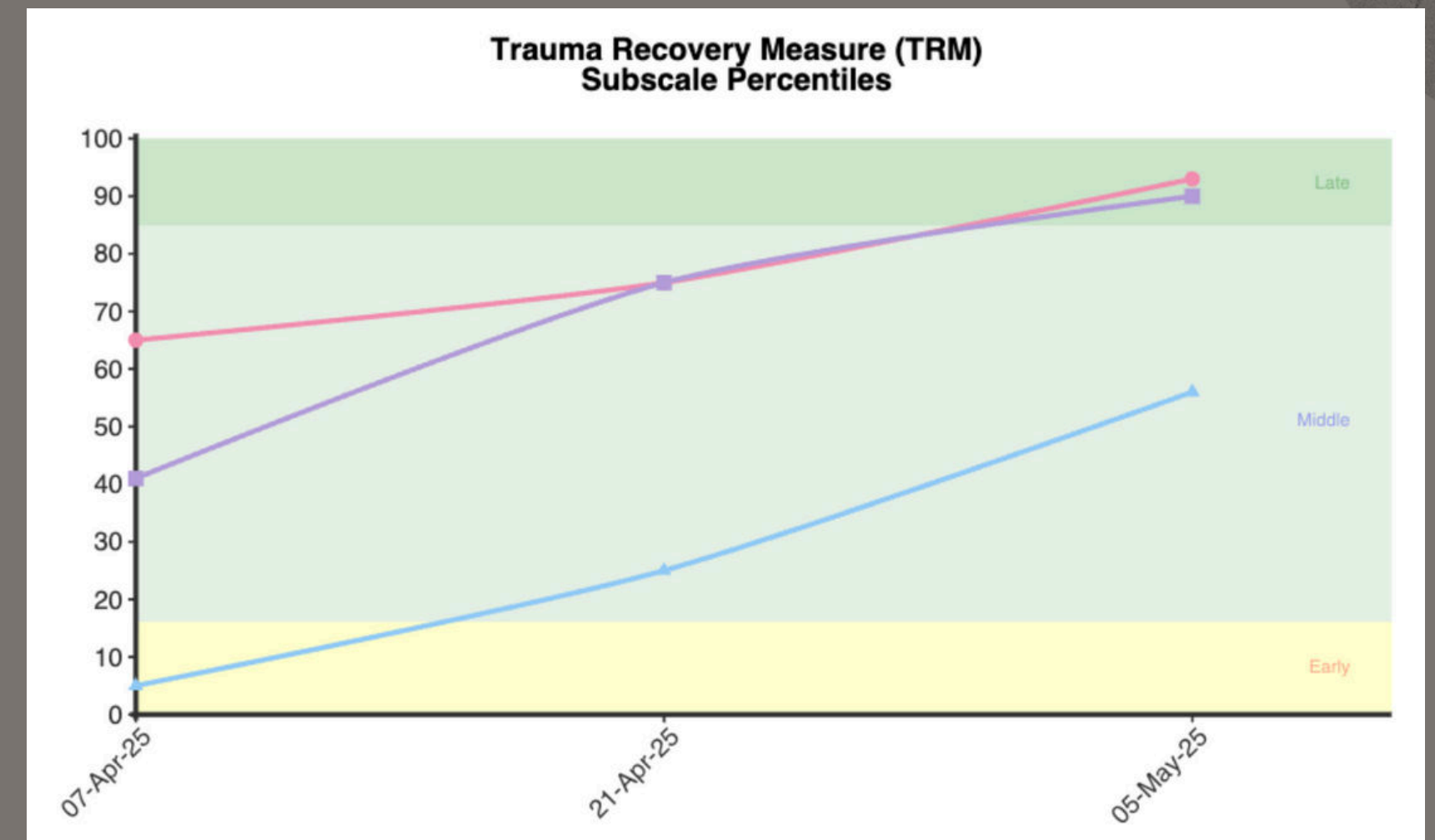
- The report includes detailed interpretations for the total score and each of the three subscales
- Example Total Score: The client's total score on TRM is 39 (31st clinical percentile), which indicates they are in the Middle stage of trauma recovery. This suggests the client is making progress in their recovery journey and is developing more adaptive cognitions related to their trauma experience.





# Score Interpretation

- When administered on a regular basis, longitudinal plots for both the total score and the subscale percentiles provide information about the change in cognitions over time.
- Example Comparison Score: The client's current total score on the TRM, is 69 (the 94th clinical percentile), which has increased from 48 and indicates progression from the Middle to Late stage of trauma recovery. This suggests the client has made significant progress in their recovery journey and frequently experiences adaptive cognitions related to their trauma experience.





# Overall Recovery Stage Interpretation

A stage of recovery descriptor is provided based upon the score's distance from the mean. There are three stages of recovery within the TRM:

- Early Stage of Recovery: (< 1 SD below the mean): The beginning phase of the trauma recovery journey. The individual is **working towards** developing adaptive cognitions related to their trauma experience, with emerging awareness of self-worth, personal autonomy, and self-compassion.
- 4
- Middle Stage of Recovery: (Between 1 SD below and 1 SD above the mean): The individual is making progress in their trauma recovery journey. They are **developing** more adaptive cognitions related to their trauma experience and are able to experience moments of self-acceptance, personal control, and positive self-regard.
- Late Stage of Recovery: (> 1 SD above the mean): This stage suggests the individual has made significant progress in their trauma recovery journey. They **frequently experience** adaptive cognitions related to their trauma and demonstrate consistent self-acceptance, personal autonomy, and self-compassion.



# Clinical Applications

- Track a survivors' recovery trajectory.
- Identify and strengthen positive cognitions that support safety, security, and self-identity.
- Guide the delivery of strength-based interventions.
- Monitor change over time with a focus on wellbeing and empowerment.
- Provide a structured framework for recovery-oriented practice.
- Enhance client-clinician collaboration by making the recovery process more visible and tangible.
- Evaluate treatment effectiveness through positive outcome measurement.
- Support service-level planning and research by offering a standardised measure of trauma recovery.



# Summary

TRM addresses a critical gap in trauma treatment, providing a strengths-based measurement of trauma recovery.

Supports a shift from pathology-focused to recovery-focused clinical practice and outcome measurement.

The TRM provides individualised clinical treatment recommendations to support the recovery process.



Strength-Based



Outcome Measurement



Recovery Focused



Aligns with Therapeutic Goals



Promotes Wellness



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# Thank you

For questions or further information please email  
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