


## Chapter 2

# Cognitive Skills Training in Stabilization Process in Trauma Scope and Implications

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### ABSTRACT

*Mental illnesses have a disabling impact on an individual and require individual biopsychosocial formulation for patients for a comprehensive management. Mental illnesses often take a chronic course and in certain conditions, stabilizing the patients from active and recurring symptoms itself becomes a challenging task. Stabilization process has been used in different context in different mental illness conditions like substance abuse, psychosis, and trauma. The process is vital for achieving optimum treatment outcome, especially in patients with traumatic stress. Negative experiences and emotions associated with the trauma have potential to facilitate brain inflammation in later stage, thus an important intervention target. Several approaches of psychosocial management of trauma are in use; however, the indication of cognitive skill training in stabilization of trauma patients needs further exploration and support. The chapter highlights the implication of cognitive skill training focusing on the underlying domains that aid in stabilization process in patients with traumatic stress.*

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## **INTRODUCTION**

The impact of mental illnesses on an individual is disabling, affecting psychological, social, and occupational functioning in addition to default symptoms of the illness. The impact is usually chronic in nature and recovery is often a time taking process depending on early preventive strategies adopted, timely consultation, appropriate therapeutic measures, and good psychosocial support. Stabilization is one of the most vital components in the recovery process. The term and concept of stabilization could be difficult to have a standard definition, as it has been used in a similar but slightly different context in different clinical conditions like psychosis, substance abuse, and trauma or post-traumatic stress. It roughly translates to reaching a phase of psychological equilibrium which suggests a minimal or symptom-free stage progressed after initial intervention and is deemed essential for carrying forward the interventions with more inputs for a better treatment outcome.

Stabilization thus is the first step in the treatment of mental illness and involves stabilizing the symptoms of the patient, both physical and psychological as well as achieving stability in mood and emotions. The period of stabilization is dedicated to having minimal or nil symptoms as well as developing adjustment and a better understanding of the treatment regime. The process normally takes a few months after symptom recovery; however, it may be up to a year or more for complicated cases.

The process of stabilization involves learning skills to cope with difficulties and distress and maintain emotional well-being and finally come back to normal life. The process includes different skills training that can be used to increase patients' ability to face and control the situation when exposed to triggers, and to increase their capacity for stabilization or level of tolerance to handle unpleasant emotions and reminders.

Psychosocial management of trauma often takes a supportive and or supervisory approach focusing on safety and stabilization. Considering the emotional state of patients in trauma, cognitive skills training may appear trivial in the initial stages but is a vital component. The stabilization process and involvement in tolerance should include targeting cognitive processes which need to be identified and focused through cognitive skill training.

## **Mental Illness and Cognition**

It is important to know why cognition is a vital treatment goal not only in trauma, but mental illnesses in general. Mental illnesses are known to cause impairments in psycho-social functioning; but impairments in cognitive functions are also evident, which are often in the backdrop of psychosocial and occupational functioning. Cognitive dysfunctions can be defined as a trans-nosological domain serving as

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