Review

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Group Interventions for Trauma Victims

Travma Mağdurlarına Yönelik Grup Müdahaleleri

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ABSTRACT

The increase in the frequency of experiencing traumatic experiences causes an increase in the number of trauma victims. This increase is accompanied by the psychological support process. Many individuals experience post-traumatic stress disorder (PTSD) shortly after exposure to traumatic experiences. Both individual and group psychological interventions can be applied to trauma victims in coping with traumatic experiences and PTSD. Considering the various advantages of group interventions, it is one of the preferred approaches in recent years. With this review article, group interventions applied to trauma victims and the effectiveness of these interventions, which have come to the fore in the literature in recent years, are discussed.

Keywords: Traumatic experience, post-traumatic stress disorder, group interventions

ÖZ

Travmatik deneyimlerin yaşanma sıklığının artması, travma mağduru kişi sayısında artışa neden olmaktadır. Görülen bu artış, psikolojik destek sürecini de beraberinde getirmektedir. Travmatik deneyimlere maruz kaldıktan kısa bir süre sonra ise birçok bireyin travma sonrası stres bozukluğu (TSSB) yaşadığı gözlenmektedir. Travmatik deneyimler ve TSSB ile başa çıkma konusunda travma mağdurlarına hem bireysel hem de grupla psikolojik müdahaleler uygulanabilmektedir. Grupla uygulanan müdahalelerin çeşitli avantajları düşünüldüğünde ise son yıllarda tercih edilen yaklaşımlardan biri olduğu görülmektedir. Bu derleme makalesi ile alanyazında son yıllarda ön plana çıkan travma mağdurlarına uygulanan grup müdahaleleri ve bu müdahalelerin etkililiği ele alınmak istenmiştir.

Anahtar sözcükler: Travmatik deneyim, travma sonrası stres bozukluğu, grup müdahaleleri

Introduction

Traumatıc events occur as a result of large-scale events (natural disasters, man-made disasters, war, etc.) or events that can be considered smaller (accidents, sexual assault, domestic violence, gang crimes, etc.) and negatively affect the lives of millions of people. (Ehlers and Clark 2003, Forneris et al. 2013). Such events are considered as traumatic experiences due to their unique characteristics. Traumatic experiences are defined as events that occur as a result of situations such as death, possibility of death, injuries, and threats to physical integrity a person has experienced or witnessed (Haselden 2014). Traumatic experiences affect individuals psychologically, physically, socially, and economically in negative ways (Aykut and Soner Aykut 2020) and they involve interpersonal violence by their nature. Interpersonal violence involves emotional, sexual, and physical abuse and neglect (Mahoney et al. 2019) and it is a sign that people can harm one another (Foy et al. 2001). The type of trauma that is caused by people is defined as interpersonal trauma. Typical examples of interpersonal trauma include childhood maltreatment, abuse, rape, assault, domestic abuse, emotional abuse, and neglect (Karatzias et al. 2016). Traumas that are caused by natural disasters or accidents may not include interpersonal violence. However, they may evoke feelings of fear, helplessness, or anxiety as well. These feelings cause trauma survivors to question and have doubts about whether they can get enough support from others when they need, and this potentially harms their trust in people. The loss of trust in interpersonal relationships, which is common in trauma victims, is the source of post-traumatic reactions, feelings of alienation or isolation from other people (Foy et al. 2001). Therefore, it is believed that traumatic experiences have an influence on not only individuals but also the social structure (Aykut and Soner Aykut 2020).

Many people experience post-traumatic stress disorder (PTSD) shortly after exposure to traumatic experiences (Forneris et al. 2013). PTSD is a psychological disorder that occurs as a result of events in which the physical integrity of the individual is threatened, the ability to cope with problems is insufficient,

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and negative emotions such as horror, fear, and helplessness are felt (APA 2013). Various symptoms related to PTSD (emotional numbness, difficulty in focusing, hypersensitivity, flashbacks, sleep problems, etc.) are observed in trauma victims (Forneris et al. 2013). PTSD can be experienced not only by being exposed to or witnessing traumatic experiences, but also by listening to or being aware of these experiences (APA 2013). The situation of not being directly exposed to trauma is expressed as indirect trauma or secondary traumatic stress (Collins and Long 2003). There is a rapid decline in the number of people with PTSD one year after the traumatic experience. A significant proportion of these individuals show improvement without treatment. However, in at least one-third of those who develop PTSD, it may take 3 years or longer for symptoms to appear. Symptoms observed within a month after trauma are considered a strong indicator of later symptoms in individuals (Ehlers and Clark 2003).

Individuals with PTSD are at higher risk than other individuals in terms of their physical and psychological health (Bisson et al. 2015). Considering the prevalence of traumatic events, both short and long-term negative effects cause an increase in the number of trauma victims. Therefore, various prevention strategies are being developed to prevent trauma victimization and to reduce the effects and symptoms of trauma. These prevention strategies are divided into two as universal and goal-oriented strategies. "Universal" prevention strategies offer interventions to individuals who have recently experienced a traumatic experience, regardless of their symptoms or risk of developing PTSD. "Goal-oriented" prevention strategies, on the other hand, are applied to individuals at high risk of developing PTSD after exposure to a traumatic experience (Forneris et al. 2013).

Along with the prevention strategies stated and applied in the literature, individual and group interventions are utilized in the treatment phase of PTSD (Bornstein 2003). It can be difficult to offer individual interventions in environments where financial conditions and human resources are limited. Furthermore, the group format has been seen as a preferred method in recent years because it is a low-cost and effective intervention method. Group interventions bring together individuals who are faced with similar situations, creating the opportunity for them to experience new social skills (Crespo et al. 2021). In a group setting, group members can learn from both the therapist and each other's experiences (Corey 2016). Since some of the targeted symptoms of the support process for PTSD and those targeted by group interventions are similar, group interventions appear to be an appropriate treatment modality for PTSD (Bornstein 2003). Previous studies carried out suggest that group interventions are a widely used treatment option for individuals who are trauma victims (van der Kolk et al. 1996, Kanas 2005, Crespo et al. 2021). It is believed that examining group interventions for PTSD is important both in terms of planning and implementation of prevention strategies and meeting the need for psychological support for trauma victims. A review of the literature shows that group interventions for PTSD are limited in number, and supporting them with empirical studies would contribute to the field. Therefore, the aim of this study is to review group intervention procedures applied to trauma victims as well as to provide information about traumatic experiences and PTSD, in line with the relevant literature.

Group Interventions

In the last 30 years, significant progress has been made in the treatment of PTSD symptoms thanks to evidence-based psychological treatment practices (Sloan et al. 2017). When the effectiveness of psychological interventions in the literature is evaluated, it is seen that serious reductions in trauma symptoms are experienced or that traumas disappear (Bisson et al. 2015). The two common characteristics of these interventions are that they are trauma focused and include individual interventions. Considering the interventions aiming at PTSD, it is observed that group interventions lag behind individual approaches (Foy et al. 2000, Hunt and Rosenheck 2011). However, group interventions offer several advantages such as normalizing trauma symptoms and providing social support among group members. The prominence of group interventions started when they were included as one of the intervention methods used in trauma treatment in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (Sloan et al. 2017).

Group intervention is a form of therapeutic intervention that is used as a tool to help group members solve their problems. When they are structured and work well for their purpose, groups are considered one of the powerful methods used to reduce symptoms and experience change. Groups make it possible for members to progress from passivity to activeness, and from helplessness to competence (Garland 2010). In group interventions for trauma victims, groups are generally composed of people with the same traumatic experience (Kaminer and Eagle 2010). When individuals with similar victimization come together during group interventions, it helps victims to overcome isolation, alienation and aggrieved feelings (Foy et al. 2001). Furthermore, due to the interpersonal nature of group process, the victims regain their feelings and skills such as safety, trust, cooperation, self-confidence, intimacy with others, and social acceptance (Foy et al. 2000, Üzar Özçetin and Hiçdurmaz 2020).

Bonding with individuals with similar problems in a supportive environment is a critical step in regaining trust in people and reducing social isolation and stigma (Kaminer and Eagle 2010, Dorrepaal et al. 2013). Groups are convenient in terms of normalization of traumatic events, and in this process, members realize that they can identify with the experiences of other members (Foy et al. 2001). In addition to the economic advantages of the group, group interventions are particularly helpful for individuals who do not meet the common assumptions of individual counseling (Klein and Schermer 2000). Because of these advantages, group interventions can be more effective than individual counseling (Morey et al. 2015). Nevertheless, it is one of the difficulties of the group process to consider that individuals may be at very different stages of dealing with their traumatic experiences while the group is being conducted (Kaminer and Eagle 2010).

Looking at group interventions with adults for PTSD; supportive, psychodynamic, cognitive-behavioral therapy (CBT), present-centered therapy, and eye movement desensitization and reprocessing (EMDR) approaches (Jarero and Artigas 2010, Belsher et al. 2017, Sloan et al. 2017) are found. These approaches differ in theory and therapeutic intervention processes. While the traumatic situation is handled with coping skills and adaptation process in the supportive group intervention approach; in psychodynamic, EMDR and CBT group interventions, it is aimed to reveal the traumatic experiences of the victims by focusing on the memories of the members (Foy et al. 2001, Gonzalez-Vazquez et al. 2018). The difference between the interventions is highlighted in the conceptualization of processes and strategies used for traumatic experiences (Foy et al. 2000). However, in every approach, there are some basic features to provide an environment of therapeutic trust and respect. These key features include:

- Groupings are formed according to the type of shared trauma (war veterans or child abuse victims, etc.)
- The traumatic experience is disclosed and accepted
- Responses to trauma are normalized
- Behaviors that are shown and deemed necessary to survive the trauma are approved,
- The thoughts of trauma victims towards counselors who have no trauma experience, such as that they cannot help enough, are rejected (Foy et al. 2001).

PTSD; if left untreated, turns into a chronic disease. Therefore, there exist psychosocial group interventions of which effectiveness was proven in reducing PTSD symptoms. It is stated in the literature that among these interventions, trauma-focused cognitive behavior therapy and EMDR approach, which have experimental support (Ehlers et al. 2010), come to the fore (Seidler and Wagner 2006). Bornstein (2003) states that there are five fundamental group interventions for PTSD. These are cognitive restructuring, psycho-education, supportive, process, and exposure interventions. Studies have shown that trauma-focused exposure interventions are more appropriate to use as individual psychological support (Cahill et al. 2006, Foa et al. 2007), and existing research results for group interventions are not sufficient (Litz and Gibson 2006). Foy et al. (2000) divide group interventions for PTSD into cognitive-behavioral group therapy, psychodynamic group therapy, and supportive group therapy. Furthermore, there are studies on trauma-focused EMDR group interventions in the literature (Seidler and Wagner 2006, Beer 2018, Gonzalez-Vazquez et al. 2018). It is observed that group interventions for PTSD are discussed from a theoretical perspective in the literature. There are also studies that independently examine specified group interventions and compare two or more of these interventions (Bornstein 2003). In many studies, more than one type of intervention is used for PTSD (Krakow et al. 2000, Classen 2001). As a result of the review of the literature on studies conducted with trauma victims and supported by research; supportive, psychodynamic, CBT, present-focused, and EMDR group interventions are presented in detail below.

Supportive Group Interventions

Supportive groups include group interventions related to members' current life problems and how to deal with these problems (Foy et al. 2001). They also make use of the healing power of the group such as harmony, normalization, and prevention (Foy et al. 2005). They are applied when the traumatic experiences of the victims are too overwhelming and the individual's ability to cope with them is limited or weak (Foy et al. 2000). These groups benefit from the therapeutic components inherent in the group and aim to strengthen group members during the process (Foy et al. 2001). In particular, the emotional support environment in the group, empathetic roles, and the members' feedback to each other support the improvement of their interpersonal relationships (Foy et al. 2000). Supportive groups are psychosocial treatment approaches for individuals with PTSD due to their powerful and cost-effective nature (Classen et al. 2001).

In supportive group interventions, little attention is paid to the details of the traumatic experience. The focus is on current life issues (Foy et al. 2001). As intervention methods, normalizing the symptoms and experiences of group members, facilitating the interaction between group members, providing acceptance and support, encouraging and reinforcing adaptive behaviors, and increasing the members' sense of superiority and competence are used (Foy et al. 2000). Also, it is seen in the literature that psycho-educational group interventions are often used together with a process or supportive intervention type. Group members are informed about the diagnosis of PTSD and typical bodily reactions to trauma that the individuals may experience, and they are encouraged to support each other throughout the process to share their experiences (Cloitre and Koenen 2001). The group leader encourages the group to address the members' feelings of hurt, disappointment, hopelessness, or unhappiness. In supportive interventions, no emphasis is placed on the transference of members, homework and skill training are limited, and usually a comfortable group environment is created (Foy et al. 2001).

In supportive group interventions, open groups are formed and new members are encouraged to join the group. Sessions are usually held weekly; members attend the group between 10 to 15 sessions on average. Support groups often provide an important opportunity for members with PTSD to improve their relationships with the community. It is stated in the literature that supportive groups cause improvement in individuals' self esteem and decrease in symptoms such as depression and anxiety (Foy et al. 2000). Supportive group interventions are generally preferred for individuals who do not show severe PTSD symptoms (Mahoney et al. 2019). It has been reported that psycho-educational supportive group interventions are also effective in reducing PTSD symptoms in subjects considered to be "chronic PTSD" patients (Resick and Schnicke 1992, Lubin et al. 1998). In

a psycho-educational group intervention conducted with trauma victim female criminals, group intervention was found to be to be effective in reducing psychological problems (Ball et al. 2013). All in all, supportive group interventions are one effective group intervention approach applied with trauma victims.

Psychodynamic Group Interventions

Psychodynamic group interventions are one of the group approaches frequently used in the treatment process of PTSD (Cavera 2014) and try to uncover the effects of the traumatic experience on the individual and the symptoms related to this experience. The main purpose of psychodynamic group intervention is not to get rid of all the traumas experienced by the victims, but to overcome the traumas that negatively affect their daily functioning (Rutan et al. 2007).

With psychodynamic intervention, it is aimed to evaluate group members' emotions, fears, and self-perceptions consciously or unconsciously caused by trauma (Foy et al. 2001), and to increase the awareness of victims about these experiences (Foy et al. 2000). Psychodynamic group intervention emphasizes the importance of addressing loss and grief in coping with the trauma experience (Rubenfeld 2005). In this process, it is important to be able to bring traumatic experiences into conscious awareness as an integrated story. At this point, the group provides a safe environment for sharing the traumatic experience and exploring the behaviors that are considered harmful to the individual. By bringing trauma into consciousness, it is aimed to discover in what ways the trauma affects the victim and how the unconscious behavior patterns arise from the trauma. In the center of the group lie building connections and gaining insight (Foy et al. 2000).

During the retelling of traumatic experiences in the group, the members may feel intense anxiety while expressing themselves and may give emotional reactions due to this. However, as the members continue to share, it is seen that the safe environment of the group relaxes the victims and they can calm down. Emotional responses to storytelling can cause members to experience emotional distress or give dissociative reactions. The group leader should follow the process meticulously in order to prevent these reactions. Generally, the emotional reactions of the member to the trauma material are associated with his perceptions of himself and others (Foy et al. 2001).

Cognitive Behavioral Therapy (CBT) Group Interventions

CBT is an intervention method that is widely used for PTSD and its effectiveness has been clearly indicated by research (Schnurr et al. 2003, Bisson et al. 2013, Dorrepaal et al. 2013). It is known that CBT group interventions are also frequently applied in treatment of PTSD. CBT group interventions appear to be more structured than psychodynamic group interventions. In managing and reducing PTSD symptoms, most CBT treatments focus on skills training, cognitive restructuring, imagery exposure, relaxation training, grounding techniques, identifying and changing dysfunctional thoughts and beliefs, and role playing to improve interpersonal communication (Foy et al. 2000, Foy et al. 2001).

In CBT group interventions, group members are actively involved in both their own traumatic experiences and the experiences of other members. Thus, the power of individual storytelling and group support are used together. Before the group intervention is terminated, members are supported with relapse prevention studies and psycho-education on skill development. Because of the nature of PTSD, the risk of reoccurrence and recurrence of symptoms is high, and this is an ongoing challenge for group members (Foy et al. 2001).

A three-stage structure is commonly used in CBT group interventions. Groups take place for 6 to 16 weeks, usually once a week. In the introductory phase of the intervention, the focus is on teaching the skills that will enable the members to cope with the traumatic experience by providing information about PTSD. In this process, group members are encouraged to get to know each other, and they are prepared to work on their traumatic experiences. In the second stage; traumatic experiences are redefined for each member, and key moments of trauma can be reached through systematic imagery exposures. In addition, one-third of all sessions also include personalized group work. Imagery exposure sessions involve identifying and challenging cognitive distortions (Reeker et al. 1997). "Imagery exposure" technique, which allows the individual to vividly recall his traumatic experience over and over, and continues until his emotional reactions decrease, provides significant support when applied effectively (Schnurr et al. 2003). The last stage involves relapse prevention studies and the identification and review of coping strategies to be used in risky situations (Reeker et al. 1997).

Studies have shown that CBT group interventions are effective for individuals with traumatic experiences (Cohen et al. 2006, Crespo and Arinero 2010, Crespo et al. 2021). It is stated in the literature that trauma-focused CBT group interventions provide significant improvement in meeting the demands and needs of women who have survived partner violence and in regulating their emotions (Crespo and Arinero 2010, Crespo et al. 2021). Hernandez et al. (2009) stated that they applied CBT intervention for 3 months with a group of caregivers who were exposed to indirect trauma as caregivers of children who were victims of sexual abuse. In group intervention, cognitive restructuring, psycho-education, slow and incremental exposure, and coping skills interventions were used. As a result of the CBT group intervention, decrease in PTSD symptoms and stress level of caregivers was observed.

CBT is a powerful approach used not only for adults but also for the treatment of children and adolescents (Cohen 1998, Jones and Stewart 2007). During the process; well-known techniques such as psycho-education, skills training, exposure and cognitive restructuring are included (Foy et al. 2001). In group CBT interventions for traumatized children, as a result of the their sharing of similar experiences and concerns during the group, it is observed that they feel more secure. Thus, the feelings of self-

stigmatization and shame that occurs as a result of traumatic experience in children decreases. Throughout the group, children's support and empathy towards each other contributes to the re-development of feelings of trust and friendship (Deblinger et al. 2015).

In CBT, the treatment goals of children and adolescents with PTSD vary. However, with the CBT group intervention applied with children and adolescents, the following components are aimed to achieve:

- Engaging victims in psycho-educations on symptoms, beliefs and stereotypes that emerge after trauma
- Reduction of panic flashbacks cause
- Reduction in anger and severity of anger
- Reduction in negative talk that reinforces symptoms and beliefs
- Increase in relaxation exercises
- Increase in recognition and modulation of skills
- Setting boundaries, desensitizing and developing tolerance to intense stimuli
- Developing a hierarchy of components of traumatic experience
- Identifying the life conditions that provoke the trauma and developing coping skills to deal with them
- Reconstruction of cognitive distortions
- Identifying and using existing resources to secure new gains
- Providing education on relapse prevention (Jones and Stewart 2007).

In summary, CBT group intervention is an approach used in both adult and child and adolescent groups with PTSD. Furthermore, especially in the recent years, along with CBT, present-focused therapy approach has begun to be applied as well.

Present-Focused Group Interventions

Present-focused approach is designed to reduce the trauma symptoms that affect daily lives of individuals with PTSD (McDonagh 2005). Present-focused group intervention is a problem-focused supportive group intervention approach. It makes use of the power of social support to improve the coping skills of trauma victims (Foy et al. 2005).

In this approach; a) psycho-education on PTSD is applied to help clients understand how trauma symptoms affect their daily functioning; b) strategies are used to support members in overcoming daily challenges; and c) homework assignments where clients can practice their new problem-solving skills are practiced. The aim of therapy is to enable clients to use effective problem-solving strategies so as to manage their current stressors and support their psychosocial development. It is also important to talk about what the treatment does not include to better understand the present-focused therapy processes. Other features of this approach are that it focuses on the strengths of trauma victims, is pragmatic and focused on the present, emphasizes a gradual process of change, and involves a limited confrontation process (Foy et al. 2005).

The treatment process is not trauma focused. In other words, it does not involve explaining, discussing, or exposure to traumatic events. Present-focused therapy approach is also applied as a comparative intervention to evaluate whether CBT exerts different effects beyond its therapeutic benefits (Schnurr 2003). There is no emphasis on CBT techniques such as cognitive restructuring, exposure, or relaxation training. Present-focused therapy is an approach that can be organized and developed to work with other approaches and can be used both as an individual and group intervention (Belsher et al, 2017). As a result; present-focused group intervention is an approach which still continues to develop. For this reason, it is believed that investigating its effects on individuals with PTSD is essential.

EMDR Group Interventions

EMDR is a psychotherapeutic approach that is partially based on negative and traumatic life experiences and is accepted as an effective treatment for PTSD (Gonzalez-Vazquez et al. 2018). EMDR is seen as a component of a comprehensive intervention system that promotes healing and increases resilience (Shapiro 2009). As a short-term intervention approach, EMDR is also stated as the key to early intervention (Jarero et al. 2011).

EMDR is an eight-phase therapeutic approach. The first stage involves case conceptualization and development of a therapeutic intervention plan. The second stage is considered as a preparation process. During this stage; the client is informed about the EMDR process and is made ready for processing. From the third to the eighth stage, the focus is on accessing traumatic memories and processing the traumatic experience, which are at the center of the presented problems. Intervention process includes past events, current triggers, and future examples (Gonzalez-Vazquez et al. 2018).

EMDR approach first emerged as an individual intervention approach. However, the proportion of individuals with traumatic experiences is quite high around the world, and an intervention plan is needed to help large groups of people return to their basic functioning as quickly as possible (Luber 2009). Therefore, group intervention with individuals with trauma experience comes to the fore. EMDR group intervention, which was suggested by Jarero et al. (2006) and Jarero and Artigas (2010) was first developed for children. Later, it started to be implemented in the context of natural disasters (Jarero and Artigas 2010, Jarero et al. 2011). In these studies; it was observed that group members have similar experiences; thus, they share a common goal (Gonzalez-Vazquez et al. 2018).

EMDR Integrative Group Treatment Protocol was developed due to the intense need for mental health services shortly after Hurricane Pauline ravaged the west coast of Mexico in 1997

(Jarero et al. 2006, Jarero and Artigas 2009). This protocol is assumed to offer a more comprehensive approach than individual EMDR applications (Adúriz et al. 2009). The protocol combines eight standard EMDR intervention steps (Shapiro 2001) with the group intervention model and the art intervention approach. The first stage of the EMDR group intervention process has similar qualities with individual EMDR application. At this stage, the history of the group members is taken and treatment planning is made. The second stage is defined as the preparation process, and it includes application of practices in a group environment for adaptation and creating a safe environment. In the third stage, the evaluation process, group members are expected to draw the event they have experienced. In the fourth stage, which is the desensitization stage; each individual is expected to draw a personal picture of the traumatic event and rate their Subjective Discomfort Level. Group members are then asked to look at the pictures drawn with a *butterfly hug*. Butterfly hug is a technique used to re-create a safe environment for the individual, to get away from negative thoughts and calm down. Next, group members are asked to draw another picture and re-rate the Subjective Discomfort Level and look at the picture they drew once more with a butterfly hug. This process is repeated several times (Jarero and Artigas 2009, Jarero and Artigas 2010). In the fifth stage, group members are expected to create a drawing, write a word or a sentence about their future. In the sixth stage, group members are asked to scan their bodies from head to toe and do a butterfly hug. In the seventh stage, as a termination, group members are expected to remember a safe and quiet place and return there. In the final stage, the group leader refers group members who are in need to individual support, and the group process is completed (Jarero et al. 2012).

With the EMDR group intervention, more positive results are achieved compared to group interventions of other approaches in terms of time, resources, and outcomes (Adúriz et al. 2009). In a study conducted with adults with PTSD, two groups were compared. In one of the groups, a psycho-education program and EMDR group intervention were applied together while in the other, only a psycho-education program was applied. Result indicated that the group with EMDR group intervention progressed better and there was more improvement (Gonzalez-Vazquez et al. 2018). In addition, Karadağ (2020) also applied 3 sessions of Group EMDR protocol with female adolescents with Complex PTSD to investigate whether the Group EMDR Protocol, which was previously used in natural disaster and war-related trauma, has an effect on their depression and trauma scores. A statistically significant difference was found between pre and post-therapy scores of the participants in both depression and trauma.

Studies have shown that EMDR applications are effective in traumatized children (Greenwald and Rubin 1999, Lovett 1999, Fernandez 2007, Beer 2018). The EMDR process carried out with children includes the standard EMDR protocol consisting of eight stages and is implemented by supporting it with games and artistic activities. Techniques such as drawing pictures, metaphors, cubes and cards, feather blowing, and butterfly hug are used (Adler-Tapia and Settle 2008, Gomez 2013, Swinden 2018)

EMDR group intervention approach, which has been proven effective in providing psychological help to individuals after trauma, has been applied as a functional method for children, adolescents and adults. As the literature suggests, group interventions in the PTSD treatment process differ in terms of handling the problem, the techniques used, and differences in practice. However, more research is needed to identify the most effective, efficient and economical form of group intervention for trauma victims.

Conclusion

Group interventions for trauma victims have been proven more effective than individual interventions in literature (Bornstein 2003, Courtois and Ford 2009). They stand out because they are a practical and cost-effective option, reaching large groups of people who have been exposed to traumatic experiences such as disasters and wars in a short time (Cohen et al. 2006, Deblinger et al. 2016). Group interventions include different features from individual therapies which make the group process advantageous. The low-cost structure of the group and the ability to intervene in large numbers without the need for a long waiting list are important features (Yalom 1995, Corey 2016).

Trauma victims are often individuals who experience social isolation and have difficulty trusting others. Group interventions provide a safe environment for trauma survivors to establish social bonds with other members of the group and provide an opportunity to establish a relationship of trust (Foy et al. 2000). Yalom (1995) sees social support among members as an important tool in bringing about change. In addition, trauma survivors often feel that their PTSD symptoms and trauma experiences are unique to them and that others will not understand them. Victims of trauma during group intervention communicate with others who have had similar traumatic experiences and show similar symptoms, and this allows them to normalize their PTSD symptoms (Foy et al. 2000, Sloan et al. 2012). Group interventions for individuals with PTSD has been proven effective in decreasing the PTSD symptoms of the members (Resick and Schnicke 1992, Burlingame et al. 2003, Crespo and Arinero 2010, Deblinger et al. 2015, Gonzalez-Vazquez et al. 2018, Crespo et al. 2021).

There are very few studies to provide guidance in terms of which group intervention should be used with PTSD and when. A trauma victim may need a trauma-focused intervention. However, the individual may not want to participate in a trauma-focused group intervention. In such cases, individual interventions are more appropriate. Counselors may also consider combining individual and group interventions since using individual and group interventions together would ensure that the victim receives the highest level of benefit from the treatment (Hunt and Rosenheck 2011, Sloan et al. 2012).

Although studies on group interventions for PTSD have gained momentum in the last 20 years, they have not yet become

as widespread as individual interventions. Therefore, more studies examining the effectiveness of individual and group interventions for trauma victims are needed (Sloan et al. 2012, Tokgünaydın and Sütçü 2016). This review article aimed to draw the attention of researchers to the importance and effectiveness of group interventions for trauma victims. There is a gap in the literature for group interventions applied with both adults and with children and adolescents who are trauma victims. Among the interventions for people with PTSD, group interventions are recommended to be more widespread because of their features such as being more economical and enabling victims to come together with individuals who have similar feelings. It is considered essential for researchers to fill this gap. This review article will guide practitioners in the process of preparing group interventions in Turkey from now on.

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