

## CLINICAL SKILLS NEEDED TO BE CULT-INFORMED

1/21/19

### **ASSESSMENT: Describe the cult's influence and begin to identify and address its impact**

*Therapists need to demonstrate the ability to:*

- Make a realistic assessment of the cult and how it harmed their client. Some former members will be dismissive of the harmful effects that they experienced and struggle with connecting their symptoms to what happened to them in the cult: Others will be anxious or hypervigilant because of the real or imagined threat of harm from the cult/leader.
- Focus on the client's safety: assess depression, anxiety, suicidality and self-injury
- Evaluate the cult leader's lethality
- Critically evaluate the cult environment including the psychopathology of the cult leader so survivors can begin to understand their fear and confusion upon leaving
- Address the predictions of harm that the former member was warned about before he/she left. Rationally evaluate these predictions with the client
- Make individual assessments of clients as opposed to stereotypical assessments of groups
- Understand how cults operate and how cult involvement affects members: psychosocial development, ability to regulate their affect, cognitive development and level of ego functioning, identities and self-perceptions, and relationships...
- Explore client's psychological, developmental, and relationship history in order to make a preliminary assessment of how this client's unique variables may have interacted with those in the cult environment (vulnerability factors)
- Address the ethical dimension and help them recognize that they have been wronged by others (i.e. cult leader) as well as the possibility (as client raises the issue) that they have wronged others, keeping in mind the context of cult morality
- Describe accurately what typical post group distress is for first and second generation survivors
- Help the client understand why and how people get involved and stay in cults along with their intention ...Then contrast it with the cult leader's motivation and intention for the group
- Share realistic expectations for recovery
- Be aware of and effectively deal with client's transference reactions and your own vicarious traumatization and countertransference
- Assess for symptomatology and personality which was present before the cult involvement but has been exacerbated by the cult experience

## **DIAGNOSIS: IDENTIFY SURVIVOR'S TROUBLING SYMPTOMS:**

Cognitive: struggle with critical thinking, for example, black and white thinking, catastrophic thinking, magical thinking, and perfectionistic thinking. Evaluate memory loss/incoherent narrative, inability to think abstractly, cult-induced psychosis (delusions/hallucinations), and survivor's difficulty making decisions. Screen for dissociation

Affective: reactive or constrictive, dissociative, labile, fearful, anxious and/or depressed. Evaluate guilt and shame along with distorted self-perceptions and client's ability to appropriately express anger

Behavioral: overwork, poor self-care, struggle with boundaries, difficulty dealing with the details of everyday life, social isolation

Somatic: physical distress/sensations not clearly related to another physical condition, overreactions due to chronic trauma/stress

## **IDENTIFY SURVIVOR'S STRENGTHS, RESILIENCE, AND POTENTIAL FOR GROWTH**

Courage to leave a difficult situation

Sense of humor

Realistic optimism

Social competence

Effective problem solving

Adaptability

Sense of purpose

Ability to face fear

Ability to hold on to the good parts of the experience and to let go of the things that cannot be changed

## **TREATMENT MODALITIES**

- Individual Therapy
- Couples therapy
- Family therapy
- Group therapy-support group-recovery workshop
- Bibliotherapy-psychoeducation
- Case management
- Medical management/psychiatric care when appropriate

## **INDIVIDUAL THERAPY: Phases of Recovery**

*(Phases may not occur chronologically...and they may reoccur)*

**Establish therapeutic alliance:** Provide a holding environment and secure base from which clients may explore their trauma and how it impacts their identity and relationships. Encourage clients to learn how to trust themselves and their therapist.

**Personal and interpersonal safety and stabilization:** Enhance client's ability to approach and master internal bodily/affective states and external events that trigger trauma symptoms. Help clients manage extreme arousal states.

Introduce awareness about and enhance the client's sense of self and his/her relational capacities.

Offer cult and trauma education along with practical knowledge of the world outside of the cult and direct client to appropriate resources. Those born/raised in cults may experience culture shock as they navigate what feels like a foreign country.

**Process traumatic memories:** Safe self-reflective disclosure of traumatic memories and associated reactions as they create a coherent autobiographical narrative. Help clients work with fear and more clearly separate the past from the present.

Clients are encouraged to explore the emotions associated with the trauma and other experiences and begin to understand and accept them. Help clients discover compassion for themselves and others.

**Integration:** Work on unresolved developmental deficits and fine-tuning self-regulation skills. Pull it together into who they are after leaving the cult: this may include the continued development of trustworthy relationships and intimacy, and an acquisition of an existential sense of life worth living and spiritual connection where appropriate.