Book Review: Indicative Trauma Impact Manual (ITIM) for Professionals, First Edition 2023

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Abstract

The first edition of the Indicative Trauma Impact Manual (ITIM)[1] was independently published in 2023 for an international audience. The contents of the manual include an A-Z of potential traumatic and distressing experiences, a directory of trauma responses (thoughts, feelings, behaviours) and possible physiological effects. The ITIM is based on a non-pathological approach, which rejects the medical model entirely. The authors aim to eradicate psychiatric diagnosis from the conversation around trauma and abuse, stating changes to emotion, thought and behaviour are 'normal.' This review concluded that the ITIM lacks sufficient academic rigour and empirical evidence. The ideology underpinning the manual is therefore bias, somewhat flawed and potentially unsafe to the general public.

Discussion

The manual offers an alternative guide for lay persons supporting individuals, who wish to adopt a trauma-informed approach. However, the authors seem dismissive of medical models of trauma in their entirety. The authors state, the ITIM "*does not engage in systems or narratives which seek to position the individual as having an internal issue that needs to be diagnosed, treated, managed, or solved with therapy, medication, or social isolation*" (p.21). Therefore, the ITIM is from a bias perspective. The reader is denied freedom of choice, between a pathological and non-pathological approach to their experience, or strategy for recovery.

The ITIM is intended to rival the 'dominant medical model.' The book is independently published and in association with the organisation 'Victim Focus,' which was founded by one of the authors of the ITIM, Dr Jessica Taylor, in 2017. Dr Taylor has a PhD in Forensic Psychology. The second author of the manual is her spouse, Jami Shrive (a PhD student in politics). Victim Focus aims to eradicate victim blaming and to influence institutions towards anti-blaming, anti-oppressive working practice. Dr Taylor states Victim Focus materials and resources are evidence based, using peer reviewed studies and real-life experiences of victims of trauma, abuse and violence. Further revisions of the ITIM are expected over the coming years through peer review. However, the ideology behind the manual is likely to remain unchanged.

The authors state they identified a gap in the treatment and practice of professionals when working with traumatized individuals, which they believe 'desperately' needs to be addressed; namely a non-pathologizing approach. The ITIM seeks to disregard psychiatric and psychological diagnosis, including the assertion a person is abnormal, disordered or mentally ill. Overlap of symptoms within the pathological diagnostic framework and questioning "*where does natural distress end and mental disorder start*?" led the authors to challenge the existing model of diagnosis. The authors state professionals are still working from "*outdated and debunked theories*." They aim to challenge the increased popularity of self-diagnosis and the medicalisation of 'normal' responses to distress, trauma, violence and abuse.

[1] (Taylor & Shrive, 2023)

The first edition perhaps lacks sufficient academic critique of the ITIM ideology. The manual was peer reviewed by an EMDR therapist, psychologist, criminologist, social worker, psychology graduate, Victim Focus researcher, Human Resources specialist, barrister, coach and trainer in mental health, CEOs of social enterprises, police, women's support services and domestic abuse professionals. Therefore, clinicians such as psychiatrists or other medical professionals have not been involved in critical review of the manual. Nor were disability support groups consulted. Both types of review would be beneficial for identifying potential advantages, disadvantages and risks associated with forsaking the medical model, such as the impact on accessing services, including in a mental health crisis. For example, when someone is at significant risk of harm to themselves or others, and requires emergency intervention or support.

Dr Allen Francis (author of 'Saving Normal') demonstrates the benefit of involving psychiatrists in reviewing the ITIM. He was chair of the DSM-IV task force and is now a retired psychiatrist. When reviewing his book, Lakeman stated, "*The loudest and most sustained critique [of the DSM] has emerged not from the fringes of the anti-psychiatry or psychiatric survivor movements, but from exceptionally authoritative voices within psychiatry.* [Francis] *provides a scathing critique of the development of the DSM-5"* (2013). He refers to 'diagnostic inflation' and 'extending the boundaries of diagnosis,' for the benefit of powerful authorities, such as the pharmaceutical industry. However, unlike the authors of the ITIM, he believes a medical model is vital for clear-cut cases of abnormality where the individual may not recover without treatment. Furthermore, that people should take some personal responsibility for their choices when engaging with medicine. He advocates for delayed diagnosis, in favour of supportive measures and self-help before seeking a medical resolution.[2]

Francis states PTSD is over-diagnosed,[3] which suggests overuse or inflation of the definition of trauma is unhelpful. For example, referring to normal, yet difficult and negative life events in a trauma manual, such as the ITIM, could influence the reader to perceive their experience as traumatic, extraordinary, beyond the scope of individual resilience and therefore requiring treatment. Examples of distressing experiences listed in the manual are menstruation, family breakdown, pressure to succeed and puberty. The authors have not differentiated between where 'natural distress' ends and trauma begins, opting to list both distressing and traumatic experiences in one over simplified A-Z dictionary.

The National Institute of Health and Care Excellence (NICE) guidelines (a medical model), suggests monitoring individuals to see if disturbance to emotions, thoughts and feelings subside naturally before considering treatment. The guidance clearly states medication should not be offered, unless the individual has a preference for pharmaceutical remedy. Clinical practitioners are advised to assess the person's needs and risks with a holistic approach. For example, support networks, and the safety and stability of their personal circumstances (such as housing). Support to develop coping strategies and to process the trauma is offered through a variety of resources, including self-help tools and trauma-focused counselling.[4] This suggests the medical model incorporates incremental escalation toward a pathologized approach only where necessary, and promotes a non-pathologizing approach as a starting point. This evidence challenges the ITIM assertion that a non-pathologized approach is missing from the medical model, or that a pathologized and non-pathologized approach must be mutually exclusive.

The ITIM states "*this manual does not consider the trauma responses [or] coping mechanisms listed in this book to be genetic, hereditary, innate, predisposed or caused by chemical imbalances in the brain*"

[2] (Lakeman, 2013)
[3] (Pridmore & Walter, 2013)
[4] (NICE, 2022)

(p.10). However, the authors go on to contradict their belief that chemical imbalances in the brain have no effect on trauma responses. For example, the authors state "*stress response can cause a surge of distress hormones….which can affect the way the brain functions……Distress or trauma can affect our ability to regulate emotions, which can impact cognitive functions…such as decision making*" (p.305). Therefore, challenging their own opinion that abuse and harm perpetrated by distressed or traumatized individuals is a 'choice.' The authors state, the behaviour of perpetrators is excused (not explained) with clinical diagnosis and labels of 'mental ill health.' The authors wish to challenge the popular idea that perpetrators have no control of their behaviour toward others. They view perpetrators as accountable and 'victims' to be a priority. Their rationale is, not all who are abused or traumatized go on to become abusive or violent, and so, logically, abusive behaviour must be a conscious choice. This ideology raises the question, is the ITIM limited to individuals who perhaps fit the 'perfect victim' concept? Furthermore, the ITIM fails to consider that not all people who experience abuse or trauma go on to develop psychological impairment, which may account for why some victims become perpetrators and some will not.

The authors concede "*mental health is an accepted and normal issue in a modern and progressive society*" (p.16), yet dispute the need to categorize mental states as disorders. The view is that the "*responses [to trauma] are in no way disordered* (p.16)." Exploration of the potential impact of this non-pathologizing approach on family law, employment law, disability discrimination cases, medical retirement outcomes, personal injury claims and other circumstances where the individual is protected on the grounds of ill health and impairment of 'normal' function (which is enshrined in law under the Equality Act 2010)[5] is necessary. The assumption is that the ITIM does not consider trauma responses as a disability, though this is not made explicit. Perhaps the fundamental issue is whether the individual's ability to function in important areas of life requires support, intervention, or mitigation - not labels or diagnosis. Peer review of the ITIM from disability support networks would perhaps be helpful to understand how a non-pathologizing approach may affect the rights and protections of this group. For example, in the workplace or when accessing services.

The ITIM seems to adopt a singular view that labels and diagnosis are harmful, outdated, invalid and a disadvantage to individuals and society. It appears the potential for 'secondary gain' in medicalizing trauma, or political and societal influences on pathologizing trauma is not fully explored. The ITIM focuses on marginalized groups and does not consider societal trends more widely. For example, the increase in mental health awareness that may have led to a culture of self-diagnosis, including among school age children who are exposed to social media, internet resources, misinformation, and peer pressure. The ITIM does not seem to consider mental health on a spectrum of severity. For example, low, moderate or high need and risk. Therefore, the guidance may not be appropriate for cases requiring significant clinical or medical intervention, such as individual's requiring crisis management.

The authors give a brief history of how medical professionals viewed people with perceived abnormal behaviour from the 1800's onwards, and the barbaric treatment many were subjected to. The suggestion is, development in our understanding of human behaviour has evolved and previous diagnosis proven invalid. Therefore, the medical model is unreliable. The examples given in the manual signify a correlation between the diagnosis of individuals, with the culture of society at the time. Yet, this connection is not communicated. For example, the need to label hysterical women, homosexuals and rebellious slaves as mentally disordered was likely beneficial to maintaining mainstream or religious values. The ITIM elucidates the increase in mental health disorders within the DSM, rising from 128 in DSM-1 to 541 in DSM-5. The authors do not explore DSM-5 in relation to the current

[5] (Definition of disability under the Equality Act 2010, 2023)

political or social climate, or factors which could potentially influence the medical approach to psychological injury. A modern-day analysis on society's hunger for increased diagnosis would be of greater value to the reader in making informed decisions on recovery pathways.

Conclusion

The ITIM would benefit from an exploration into the impact of a non-pathologizing approach on issues such as, disability, secondary gain (which may encourage individuals to remain medicalised), current political, financial or cultural motivations for pathologizing trauma response, the potential impact on employment law, criminal law, medical retirements, personal injury claims and access to services. Furthermore, the manual would benefit from acknowledging circumstances where an individual may need to seek medical support for mental health concerns. A modern-day analysis of social influences on increased diagnosis would be useful to the reader and the authors.

The ITIM should demonstrate a respect for the individual's self-determination and choice to identify with a diagnosis, or to adopt a non-pathologizing approach. Though the authors state they will not "*engage in systems or narratives which seek to position the individual as having an internal issue that needs to be diagnosed, treated, managed, or solved with therapy, medication, or social isolation*" (p.21), there perhaps needs to be an acknowledgment of circumstances where the needs and risks of the individual may be high and require clinical support. The concern is that professionals adopting a purely non-pathologizing approach may advise clients to avoid seeking medical intervention when there is a significant risk of harm. The ITIM and author's ideology would benefit from viewing the diagnostic model as perhaps flawed, not irrelevant or invaluable, and that the medical model adopts a pathologizing and non-pathologizing approach dependent on the individual's circumstances.

The ITIM may benefit from supporting victims who perpetrate harm. While the authors view the behaviour as a choice not to be condoned; supportive and inclusive language would be preferable to prevent perpetrators feeling helpless, hopeless and undeserving of empathy and assistance, which can perpetuate the harmful behaviour. Victims of abuse and trauma will likely find the manual provides them with some relief, where the ITIM mirrors their own experience. However, the manual may not be suitable for professionals as advertised, and for the aforementioned issues. The ITIM would benefit from robust academic scrutiny and peer review. Overall, the ITIM lacks objectivity, critique and balance. Furthermore, the authors should consider including mental health safeguarding advice and incorporate a larger peer review sample as n=19 is suggested as too small for this type of publication and subject matter.

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