

# A Qualitative Case Study of Childhood Trauma Recovery Through Trauma-Informed Counseling, Spiritual Cognitive Restructuring, and Gradual Exposure

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	ABSTRACT
<p><b>ARTICLE INFO:</b> Received March 12, 2026</p> <p>Revised April 04, 2026</p> <p>Accepted May 06, 2026</p> <p><b>KEYWORDS:</b> Childhood Trauma Recovery, Exposure Therapy, Emotional Regulation, Spiritual Coping, Situational Phobia in Children, Trauma-Informed Counseling</p>	<p>Childhood trauma can significantly affect emotional development and behavioral functioning, particularly when traumatic experiences become associated with specific environments or situations. Situational trauma may lead to persistent fear responses and avoidance behaviors that interfere with children's daily activities. Despite extensive research on cognitive behavioral therapy and exposure-based interventions for anxiety disorders, limited studies have explored the subjective process of childhood trauma recovery using qualitative approaches. This study aims to examine the psychological recovery process of a child experiencing elevator-related situational phobia following a traumatic incident of being trapped inside an elevator. A qualitative case study design was employed using continuous observation and in-depth interviews conducted over a 93-day intervention period. Data were collected through semi-structured interviews with the client and parents, participant observation during counseling sessions and exposure activities, and reflective documentation throughout the intervention process. The data were analyzed using thematic analysis to identify patterns of psychological change during recovery. The findings reveal that trauma recovery occurred through six interconnected phases: initial fear and avoidance, development of emotional regulation, cognitive restructuring of fear, gradual exposure and confidence building, spiritual meaning and trust, and behavioral reintegration. These results suggest that effective childhood trauma recovery involves an integrative process combining emotional stabilization, cognitive reinterpretation, behavioral exposure, and spiritual coping. The study highlights the importance of holistic and culturally sensitive counseling approaches in facilitating trauma recovery among children experiencing situational fear.</p>

## INTRODUCTION

Psychological trauma during childhood has become an increasingly important concern within the fields of clinical psychology, developmental psychology, and counseling research. Childhood represents a developmental stage in which emotional regulation capacities, cognitive appraisal processes, and coping mechanisms are still evolving. Because of this developmental vulnerability, children may experience stronger and more enduring psychological effects when exposed to frightening events (Porges, 2021; Van der Kolk, 2021). Research has consistently shown that traumatic experiences during childhood can influence emotional development, behavioral functioning, and the way children interpret environmental stimuli associated with perceived threats (Herman, 2022; Sharma et al., 2024). Even a single distressing experience may leave a psychological imprint that shapes how children respond to similar situations in the future.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) published by the American Psychiatric Association (2022) explains that traumatic experiences may lead individuals to associate specific environmental cues with perceived danger. When such associations develop,

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individuals may exhibit intense anxiety responses such as avoidance behaviour, increased physiological arousal, muscle tension, rapid heartbeat, and breathing difficulties. Among children, these reactions may develop into situational fears or specific phobias that interfere with everyday functioning, including participation in school activities, social interaction, and mobility in public environments (Stiede et al., 2023).

Importantly, childhood trauma does not necessarily arise from large-scale catastrophic events such as war, violence, or natural disasters. Developmental psychology research suggests that relatively brief yet frightening incidents such as being trapped in confined spaces, experiencing unexpected mechanical failures, or losing a sense of control in unfamiliar environments, may also trigger trauma responses (Van der Kolk, 2021). When such experiences are emotionally intense, children may construct cognitive interpretations that certain environments are inherently dangerous even when objective risks are minimal. This process of fear learning can strengthen avoidance behaviour and maintain anxiety responses over time (Craske et al., 2022; Patriarca et al., 2022).

One common manifestation of situational anxiety among children is specific phobia, defined as a persistent and excessive fear toward particular objects or situations such as elevators, enclosed spaces, animals, heights, or darkness (Ollendick & Muris, 2021). Studies on childhood anxiety indicate that specific phobias may develop through several pathways, including direct frightening experiences, observational learning, and catastrophic interpretations of perceived threats (Stiede et al., 2023). Once a child associates a specific environment with fear or helplessness, the stimulus may become symbolically linked with danger, reinforcing avoidance behaviour and limiting the child's engagement in everyday activities.

Within psychological treatment, Cognitive Behavioral Therapy (CBT) has been widely recognized as one of the most effective interventions for treating anxiety disorders in children and adolescents. Originating from the work of Aaron T. Beck, CBT focuses on the relationship between cognition, emotion, and behaviour, emphasizing the role of maladaptive thought patterns in maintaining psychological distress (Beck, 2021). Through cognitive restructuring techniques, individuals learn to identify distorted thinking patterns and replace them with more balanced interpretations. At the behavioural level, CBT often incorporates exposure-based interventions, which gradually introduce individuals to feared stimuli in a controlled and supportive therapeutic environment. Such exposure experiences enable individuals to develop new safety learning and coping abilities, thereby weakening the association between feared stimuli and perceived danger (Craske et al., 2022; Odgers et al., 2022). Empirical research and meta-analytic findings consistently demonstrate that exposure-based CBT remains one of the most effective treatments for specific phobia and anxiety disorders among children (de Jong et al., 2024).

In applied counseling contexts, structured training manuals have also been developed to guide practitioners in implementing CBT interventions systematically. For instance, Clevenger (2026) describe CBT-based coaching as a structured process that involves identifying automatic thoughts, restructuring maladaptive beliefs, strengthening emotional awareness, and introducing gradual behavioral exposure. Their framework emphasizes the importance of integrating cognitive restructuring with emotional regulation strategies in order to help individuals reinterpret threatening situations and build psychological resilience. Such applied models demonstrate how CBT principles can be adapted within counseling and coaching practices to address fear-based responses in everyday contexts.

In addition to CBT-based interventions, contemporary psychological literature increasingly emphasizes the importance of trauma-informed care in treating trauma-related conditions. Trauma-informed approaches recognize that traumatic experiences may affect emotional regulation, cognition, and physiological functioning. Consequently, trauma-informed counseling prioritizes psychological safety, empathy, and supportive therapeutic relationships before introducing behavioral interventions (Bendall et al., 2021; SAMHSA, 2022). By acknowledging the impact of

trauma on an individual's psychological system, trauma-informed care aims to prevent retraumatization while supporting gradual emotional recovery (Shoptaugh et al., 2025).

Another critical factor in trauma recovery is emotional regulation. Children who have experienced traumatic events often demonstrate heightened physiological reactivity when encountering trauma-related stimuli. These reactions may include panic responses, rapid breathing, and increased heart rate. Emotional regulation difficulties may intensify fear responses and contribute to the persistence of anxiety symptoms (Sharma et al., 2024). Research suggests that strengthening emotional regulation skills such as controlled breathing, grounding exercises, and body awareness techniques can help individuals manage physiological arousal and tolerate exposure to feared situations more effectively (Porges, 2021). Emotional regulation, therefore serves as an essential foundation for successful exposure-based therapy.

Beyond cognitive and emotional mechanisms, recent psychological research has also explored the role of spirituality and meaning-making in promoting psychological resilience. Studies in the psychology of religion indicate that spiritual beliefs and practices may provide individuals with meaning, hope, and emotional comfort during stressful experiences (Koenig, 2021; Lucchetti et al., 2021). Spiritual coping strategies have been associated with improved psychological well-being, reduced anxiety symptoms, and stronger resilience when individuals encounter adversity (Aggarwal et al., 2023). In culturally religious contexts, integrating spiritual reflection within counseling interventions may enhance emotional stability and facilitate cognitive reinterpretation of traumatic experiences.

Despite the growing body of research on childhood trauma and anxiety treatment, much of the existing literature relies primarily on quantitative or experimental research designs that measure treatment outcomes before and after intervention. While such studies provide important evidence regarding treatment effectiveness, they often offer limited insight into the subjective psychological processes through which trauma recovery unfolds over time. Qualitative research approaches allow researchers to explore how individuals interpret their experiences, reconstruct meaning, and gradually transform fear into confidence during therapeutic interventions (Creswell & Poth, 2023; Merriam & Tisdell, 2021).

Furthermore, relatively few studies have examined longitudinal trauma recovery processes in children within naturalistic counseling contexts. Many intervention studies are conducted within controlled clinical settings and emphasize standardized treatment protocols. As a result, there remains a limited understanding of how trauma recovery develops through continuous therapeutic engagement in real-life environments where children encounter feared stimuli as part of their daily activities.

Therefore, an important research gap exists in understanding the process-oriented dynamics of childhood trauma recovery, particularly when integrative counseling approaches combine trauma-informed care, emotional regulation training, cognitive restructuring, gradual exposure, and spiritual meaning-making. Examining how these components interact throughout the recovery process may contribute to the development of more holistic and culturally sensitive counseling frameworks.

This study addresses this gap by exploring the trauma recovery process of a child who developed situational phobia toward elevators after experiencing a traumatic incident of being trapped inside an elevator. Using a qualitative case study design involving continuous observation and in-depth interviews conducted over a 93-day intervention period, the study aims to examine the psychological transformations experienced by the client throughout the therapeutic process.

The findings of this study are expected to contribute to the advancement of psychological science in several ways. First, the study provides a process-based understanding of trauma recovery in children, illustrating how emotional regulation, cognitive reinterpretation, behavioral exposure, and spiritual meaning-making interact throughout the recovery process. Second, the study proposes an integrative counseling framework combining trauma-informed counseling, cognitive

restructuring, emotional regulation training, and gradual exposure strategies. Third, the research offers insights into how culturally relevant elements such as spirituality may complement psychological interventions within counseling practice.

Accordingly, the primary objective of this study is to explore the psychological process of childhood trauma recovery through trauma-informed counseling, spiritual cognitive restructuring, and gradual exposure techniques. Specifically, the study seeks to identify the stages of recovery experienced by the client, examine the psychological mechanisms involved in overcoming situational fear, and analyze how integrative counseling interventions facilitate emotional stabilization, cognitive change, and behavioral reintegration.

## Research Focus

Although numerous studies have examined childhood trauma and anxiety treatment using quantitative or experimental approaches, relatively limited research has explored the process of trauma recovery in children through longitudinal qualitative observation. Most existing research focuses primarily on treatment outcomes, such as symptom reduction before and after therapy, while the psychological transformation occurring throughout the recovery process remains less explored.

Understanding the process of recovery is particularly important in counseling and psychotherapy because trauma recovery often involves gradual changes in emotional regulation, cognitive interpretation, behavioral response, and meaning-making. In addition, culturally relevant elements such as spirituality may play an important role in supporting emotional resilience, yet their integration into trauma recovery models for children remains relatively underexplored in empirical research.

Therefore, this study focuses on examining the process of trauma recovery experienced by a child who developed situational fear toward elevators after a traumatic incident. Through continuous observation and interviews conducted over a 93-day intervention period, the study aims to provide a deeper understanding of how psychological recovery unfolds over time.

Based on this focus, the study addresses the following research questions; a) How does the process of trauma recovery unfold in a child experiencing situational fear related to elevator use?, b) What psychological changes occur during the counseling intervention, particularly in emotional regulation, cognitive interpretation, and behavioral responses?, c) How do trauma-informed counseling, spiritual cognitive restructuring, and gradual exposure contribute to the client's recovery process? d) These research questions guide the qualitative exploration of the client's psychological transformation throughout the counseling intervention.

## Conceptual Framework

The conceptual framework of this study is grounded in the integration of several psychological perspectives, including trauma-informed counseling, cognitive behavioral therapy, emotional regulation theory, and exposure-based intervention. These theoretical perspectives suggest that trauma recovery involves a dynamic interaction between emotional stabilization, cognitive reinterpretation, behavioral learning, and meaning reconstruction.

Trauma-informed counseling emphasizes the importance of psychological safety and supportive therapeutic relationships as the foundation of recovery. Before confronting trauma-related stimuli, individuals must first develop emotional stability and a sense of security within the therapeutic environment. Emotional regulation strategies, such as breathing exercises and grounding techniques, play a crucial role in helping individuals manage physiological responses associated with fear.

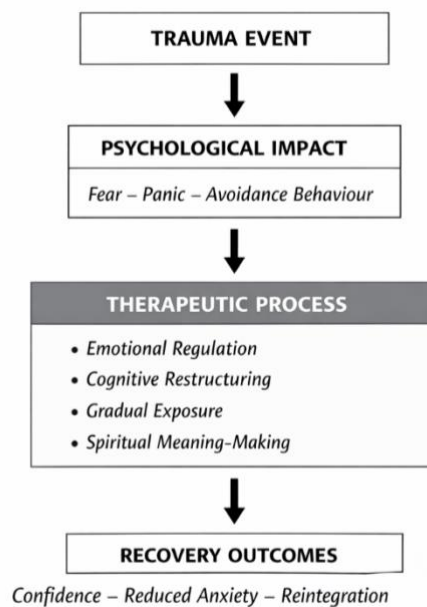
From the perspective of cognitive behavioral theory, traumatic experiences often produce distorted threat interpretations that reinforce anxiety and avoidance behavior. Cognitive

restructuring aims to challenge these maladaptive beliefs and replace them with more balanced interpretations of the feared situation. When cognitive change is combined with gradual exposure to the feared stimulus, individuals can develop new learning experiences that weaken the association between the stimulus and perceived danger.

Exposure-based learning further contributes to recovery by allowing individuals to confront feared situations in a controlled and progressive manner. Through repeated safe experiences, the individual gradually develops confidence and self-efficacy in coping with the previously feared stimulus.

In addition to these psychological components, this study also considers the role of spiritual meaning-making as a supportive coping mechanism. Spiritual reflection may help individuals reinterpret traumatic experiences within a broader framework of meaning, hope, and trust. In culturally religious contexts, spirituality may therefore function as an additional psychological resource that strengthens emotional resilience during recovery.

Based on these theoretical perspectives, this study proposes a six-phase trauma recovery model that illustrates how psychological recovery unfolds gradually through interconnected stages.



**Figure 1. Conceptual Framework of Childhood Trauma Recovery**

The conceptual framework illustrates the gradual process through which childhood trauma recovery unfolds following a traumatic experience. The model begins with the traumatic event that triggers fear and avoidance behavior. Through trauma-informed counseling, the client first develops emotional regulation skills that allow better control of physiological anxiety responses. This emotional stabilization facilitates cognitive restructuring, enabling the client to reinterpret previously perceived threats.

Subsequently, gradual exposure to the feared stimulus allows the client to accumulate corrective experiences that strengthen confidence and self-efficacy. Spiritual meaning-making further supports the recovery process by fostering emotional calmness and a sense of protection. These interconnected processes ultimately lead to behavioral reintegration, in which the client regains the ability to interact with the previously feared situation in a normal and adaptive manner.

## METHODS

### Design

This study employed a qualitative case study design to explore the psychological recovery process of a child experiencing situational trauma associated with elevator use. According to Creswell and Poth (2023), qualitative inquiry enables researchers to examine complex psychological phenomena in depth by interpreting participants' lived experiences and the meanings they assign to those experiences.

The case study approach was chosen because it allows an intensive and holistic examination of a single psychological case within its real-life setting. Case study research is particularly appropriate in counseling and psychotherapy studies because it facilitates detailed observation of therapeutic processes, emotional changes, cognitive restructuring, and behavioral adaptation over time (Yin, 2021). In the present study, the counseling intervention and observation process were conducted continuously over a period of 93 days. This extended engagement allowed the researcher to observe the client's recovery trajectory, including gradual changes in emotional responses, cognitive interpretations, and behavioral patterns related to elevator use.

Furthermore, the qualitative design enabled the integration of multiple sources of evidence, including interviews, participant observation, and reflective documentation. The use of these different data sources strengthened the credibility of the study through triangulation and allowed the researcher to obtain a comprehensive understanding of the trauma recovery process experienced by the client (Merriam & Tisdell, 2021).

### Participant and Procedure

The participant in this study was an 11-year-old child, identified using the pseudonym *Client R* to ensure confidentiality and protect personal identity. The client developed a situational fear of elevators following a traumatic experience of being trapped inside a hotel elevator. After the incident, the client demonstrated avoidance behaviour, preferring stairs and experiencing anxiety when approaching elevators.

The research procedure was structured systematically to support both therapeutic intervention and data collection. The intervention began with rapport building and emotional safety establishment, followed by exploration of the traumatic experience using semi-structured interviews. Subsequently, emotional regulation techniques were introduced, including breathing exercises, grounding, and body awareness.

The intervention then progressed to cognitive restructuring to challenge maladaptive beliefs, followed by gradual exposure conducted in real-life settings. Finally, behavioral reinforcement and generalization were implemented to ensure transfer of progress into daily functioning.

Table 1. Intervention Procedure and Data Collection Phases

Phase	Intervention Focus	Activities	Data Source
Phase 1	Rapport & Safety	Building trust, emotional support	Observation notes
Phase 2	Trauma Exploration	Semi-structured interviews	Interview transcripts
Phase 3	Emotional Regulation	Breathing, grounding, body awareness	Observation + reflection
Phase 4	Cognitive Restructuring	Challenging beliefs	Interview + session notes
Phase 5	Gradual Exposure	Step-by-step exposure tasks	Observation
Phase 6	Reinforcement	Real-life application	Parent interviews

### Instruments

The primary instrument used in this study was a semi-structured interview guide specifically developed based on the research questions. The instrument focused on three key domains: (1) emotional responses toward elevators, (2) cognitive interpretations of the traumatic experience, and (3) behavioral patterns related to avoidance and exposure.

The interview questions were designed to explore how the trauma recovery process unfolds, what psychological changes occur during intervention, and how integrative counseling approaches contribute to recovery. This ensured alignment between data collection and research objectives.

In addition to interviews, participant observation was conducted to capture real-time behavioral responses, while reflective journals documented therapeutic progress. Interviews with parents were also used to validate behavioral changes in daily environments. These multiple instruments strengthened data triangulation and enhanced the credibility of findings.

### **Data Analysis**

The data in this study were analyzed using thematic analysis following Braun and Clarke (2021), involving a systematic process of data familiarization, coding, theme development, and interpretation. Interview transcripts, observation notes, and reflective documentation were reviewed repeatedly to identify meaningful patterns related to emotional regulation, cognitive restructuring, behavioral change, and spiritual coping. Initial codes were generated from significant statements and grouped into broader themes representing stages of trauma recovery. These themes were then interpreted within relevant psychological frameworks, resulting in six major phases that describe the recovery trajectory of the client.

### **Ethical Considerations**

Ethical considerations were strictly maintained throughout the research process due to the involvement of a minor participant. Informed consent was obtained from the participant's parents prior to the study, with clear explanations provided regarding the research objectives, procedures, and use of data. Participation was voluntary, and the parents retained the right to withdraw the participant at any stage without consequences.

Confidentiality was ensured by using a pseudonym and removing all identifiable information. The intervention was conducted in a psychologically safe environment, and exposure techniques were implemented gradually to prevent distress or re-traumatization. Ethical principles of beneficence, non-maleficence, and respect for participants were upheld throughout the study.

### **Trustworthiness and Validity**

To ensure the rigor of the study, trustworthiness was established using the criteria proposed by Lincoln and Guba (1985), including credibility, transferability, dependability, and confirmability. Credibility was enhanced through prolonged engagement over 93 days and triangulation of multiple data sources such as interviews, observations, and reflective notes.

Transferability was supported through detailed descriptions of the research context and intervention process, allowing readers to assess applicability in similar settings. Dependability was ensured by systematic documentation of procedures, while confirmability was strengthened through reflective journaling and transparent coding processes to minimize researcher bias.

## **RESULT AND DISCUSSION**

### **Results**

The findings of this study indicate that the trauma recovery process experienced by the client developed gradually throughout the 93-day counseling intervention. The analysis of observation notes, in-depth interviews with the client, and interviews with the parents shows that recovery did not occur suddenly but rather unfolded through a series of interconnected psychological transformations. These transformations involved emotional regulation, cognitive reinterpretation of the traumatic experience, progressive exposure to the feared stimulus, and the reconstruction of meaning that supported behavioral reintegration.

Using thematic analysis, six major themes were identified that describe the trajectory of the client's trauma recovery: initial fear and avoidance, emotional regulation development, cognitive restructuring of fear, gradual exposure and confidence building, spiritual meaning and trust, and behavioral reintegration. These themes illustrate how the client moved from severe fear and avoidance toward restored confidence and functional engagement with the previously feared situation.

### ***Initial Fear and Avoidance***

The first theme represents the client's psychological condition during the early phase following the traumatic experience. The incident of being trapped inside an elevator created a strong association between elevators and perceived danger. As a result, elevators were interpreted as threatening environments characterized by confinement and loss of control.

During the initial interview, the client described the traumatic event as frightening and overwhelming:

*"...At that time, I was inside the hotel elevator with my aunt. Suddenly, the elevator stopped for a long time, and the lights seemed dim. I felt very scared..."*

The client also recalled catastrophic thoughts that emerged during the incident:

*"...I thought we could not get out. I thought we might be trapped in there for a very long time..."*

These recollections were accompanied by strong physiological reactions associated with panic:

*"...My heart was beating very fast, and I felt like I could hardly breathe..."*

The client also used symbolic language to describe the elevator:

*"...The elevator felt like a trap. When the door closed, it felt like I was entering a box..."*

Observation data confirmed these narratives. At the beginning of the intervention, the client refused to approach elevators and insisted on using stairs even when elevators were available. According to the client's father:

*"...He really did not want to use the elevator. Even when we went to the mall, he would ask us to take the stairs..."*

These findings demonstrate how traumatic experiences can transform neutral environments into psychologically threatening stimuli that trigger avoidance behavior.

### ***Emotional Regulation Development***

The second theme reflects the client's gradual development of emotional regulation skills. Initially, the client showed intense physiological anxiety when discussing or approaching elevators. However, through counseling sessions, the client learned breathing regulation and grounding techniques that helped reduce panic responses.

During an early breathing exercise session, the client reported:

*"...I feel calmer now..."*

After practicing breathing techniques, the client added:

*"...My heart is not racing like before..."*

As the intervention progressed, the client demonstrated greater awareness of bodily sensations and emotional states:

*"...When I breathe slowly like the counselor taught me, the fear feels smaller..."*

The client also began to pause before reacting impulsively:

*"...Before this, whenever I saw an elevator, I would panic immediately. Now I try to stop for a moment and take a breath..."*

Observation notes indicated that the client gradually learned to remain near the elevator without immediately withdrawing. Emotional regulation, therefore, became a crucial foundation that enabled the client to tolerate subsequent exposure exercises.

### ***Cognitive Restructuring of Fear***

The third theme represents changes in the client's cognitive interpretation of elevators. During the early phase of the intervention, the client held catastrophic beliefs, assuming that elevators were inherently dangerous.

Through guided reflection and counseling dialogue, these interpretations gradually became more balanced. In one session, the client reflected:

*"...Elevators are actually safe. I was just very afraid because I had been trapped before..."*

The client also began to recognize safety mechanisms in elevators:

*"...Now I know that if something happens, there is an emergency button..."*

Another statement reflected the client's awareness of how imagination contributed to fear:

*"...Sometimes fear comes from what we imagine..."*

These statements indicate that cognitive restructuring played a key role in weakening the perceived threat associated with elevators.

### ***Gradual Exposure and Confidence Building***

The fourth theme captures the client's experience of gradually confronting the feared stimulus. Exposure activities were implemented progressively, beginning with observing elevators from a distance and eventually progressing toward riding elevators across multiple floors.

During the early exposure sessions, the client still reported fear:

*"...Maybe a six... maybe a seven..."*

However, repeated exposure gradually reduced anxiety levels. The client later stated:

*"...At first, even standing near the elevator made me afraid, but after doing it several times, it was not as bad as I imagined..."*

When the client first entered the elevator, the fear had not completely disappeared, but confidence had begun to emerge:

*"...I am still a little afraid, but not as afraid as before..."*

The client also linked success with growing confidence:

*"...Every time I manage to enter the elevator, I feel more confident..."*

These experiences illustrate how gradual exposure enabled the client to build self-efficacy through repeated mastery experiences.

### ***Spiritual Meaning and Trust***

The fifth theme highlights the role of spiritual meaning-making in the recovery process. Spiritual reflections were integrated into counseling sessions to help the client reinterpret the traumatic experience and develop emotional reassurance.

The client expressed the following reflection:

*"...Maybe Allah was protecting me in the elevator, too..."*

Another statement demonstrated how spirituality contributed to emotional calmness:

*"...I feel calmer because I believe Allah protects me even when I am inside the elevator..."*

The client also interpreted the experience as a lesson:

*"...Maybe Allah wanted me to learn something from this..."*

These findings suggest that spiritual meaning-making functioned as a psychological coping resource that enhanced emotional resilience during exposure exercises.

### ***Behavioral Reintegration***

The final theme reflects the stage in which the client regained the ability to use elevators without significant anxiety. By the end of the 93-day intervention, the client demonstrated restored functional behavior.

In the final session, the client stated:

*"...Now it feels normal. I am not afraid like before..."*

Another statement reflected the client's sense of achievement:

*"...I learned that courage comes when we do not stop trying..."*

The client's father confirmed this behavioral change:

*"...Now he is no longer afraid. Sometimes he is the one who presses the elevator button first..."*

Observation data also showed that the client could use elevators in different locations without visible panic or avoidance. This indicates that recovery extended beyond symptom reduction toward full behavioral reintegration.

**Table 2. Thematic Findings of Childhood Trauma Recovery Process**

Theme	Indicators	Verbatim (Participant Statement)	Interpretation
Initial Fear and Avoidance	Intense anxiety when approaching elevators; preference for stairs; panic reactions	"The elevator felt like a trap. When the door closed, it felt like I was entering a box."	The traumatic experience created a strong association between elevators and perceived danger. Elevators were cognitively interpreted as confined and uncontrollable environments, triggering avoidance behavior.
Emotional Regulation Development	Use of breathing techniques; increased emotional awareness; ability to pause before reacting	"When I breathe slowly like the counselor taught me, the fear feels smaller."	Emotional regulation strategies helped reduce physiological anxiety responses, allowing the client to tolerate proximity to the feared stimulus.
Cognitive Restructuring of Fear	Reinterpretation of threat; recognition of elevator safety	"Now I know that elevators are actually safe. I was just very afraid because I had been trapped before."	Cognitive restructuring allowed the client to challenge catastrophic beliefs and develop more balanced interpretations of the feared situation.

	mechanisms; reduction of catastrophic thinking		
Gradual Exposure and Confidence Building	Step-by-step exposure to elevators; decreasing anxiety ratings; growing confidence	“Every time I manage to enter the elevator, I feel more confident.”	Repeated exposure created corrective experiences that weakened fear associations and strengthened self-efficacy.
Spiritual Meaning and Trust	Spiritual reflection; belief in divine protection; emotional reassurance	“I feel calmer because I believe Allah protects me even when I am inside the elevator.”	Spiritual meaning-making functioned as a coping resource that enhanced emotional resilience during exposure.
Behavioral Reintegration	Normal elevator use; absence of avoidance; restored confidence	“Now it feels normal. I am not afraid like before.”	The recovery process resulted in behavioral reintegration, where the client regained normal functioning in everyday environments.



Figure 2. Six-Phase Model of Childhood Trauma Recovery

This figure illustrates the theoretical model derived from the findings of the study. The trauma recovery process begins with a traumatic event that produces intense fear and avoidance behavior. Through trauma-informed counseling, the client gradually develops emotional regulation skills that reduce physiological anxiety responses. This emotional stabilization enables cognitive restructuring, allowing the client to reinterpret previously perceived threats. Gradual exposure to the feared stimulus then facilitates the development of confidence through corrective experiences. Spiritual meaning-making further supports emotional resilience by providing a sense of protection and hope. These interconnected processes ultimately lead to behavioral reintegration, in which the client regains the ability to interact with the previously feared situation in a normal and adaptive manner.

## Discussion

The findings of this study provide important insights into the psychological process of trauma recovery in children experiencing situational fear. The results demonstrate that trauma recovery is not an immediate event but rather a gradual and multidimensional process involving emotional

regulation, cognitive reinterpretation, behavioral exposure, and meaning-making. The six phases identified in this study—initial fear and avoidance, emotional regulation development, cognitive restructuring of fear, gradual exposure and confidence building, spiritual meaning and trust, and behavioral reintegration, illustrate how psychological change unfolds progressively throughout the intervention period.

The first phase, characterized by intense fear and avoidance behavior, aligns with the cognitive-behavioral model of anxiety. According to contemporary cognitive theory, traumatic experiences often produce maladaptive threat interpretations that lead individuals to overestimate danger and underestimate their coping abilities. These distorted interpretations then trigger physiological arousal and avoidance behavior, which maintain anxiety over time. Recent literature on childhood anxiety supports this framework. For instance, Stiede et al. (2023) explain that fear responses in children frequently develop through fear-learning processes in which previously neutral stimuli become associated with perceived threat following distressing experiences. Once such associations are formed, avoidance behavior becomes a self-reinforcing mechanism because it temporarily reduces anxiety while preventing corrective learning.

In the present study, the client initially interpreted elevators as dangerous and uncontrollable environments. These interpretations were accompanied by physiological reactions such as rapid heartbeat, breathing difficulty, and panic responses. This pattern corresponds with the findings of Sharma et al. (2024), who reported that childhood trauma is closely associated with emotional dysregulation and heightened physiological stress responses. These responses can persist when individuals repeatedly avoid the feared stimulus, thereby preventing opportunities for cognitive and emotional adjustment.

The second phase identified in this study highlights the development of emotional regulation skills as a crucial foundation for trauma recovery. Emotional regulation has been widely recognized as a core component in trauma-informed psychological interventions. Research suggests that trauma can disrupt the body's regulatory system, leading to heightened autonomic reactivity and difficulty calming emotional responses (Porges, 2021). Trauma-informed care therefore emphasizes the importance of helping individuals regain a sense of physiological safety before engaging in direct confrontation with traumatic stimuli.

In this study, breathing exercises, grounding techniques, and body awareness strategies were introduced to help the client manage anxiety responses when approaching elevators. This finding aligns with recent research indicating that emotional regulation strategies can significantly reduce anxiety intensity and improve coping ability during therapeutic interventions. Clinchard et al. (2025) found that individuals who develop stronger emotional regulation skills are better able to manage trauma-related stress and demonstrate improved psychological adjustment over time. By stabilizing emotional responses, the client in the present study became more capable of tolerating exposure to the feared stimulus without experiencing overwhelming distress.

The third phase, cognitive restructuring of fear, reflects the central role of cognitive processes in anxiety treatment. Cognitive behavioral therapy (CBT), originally developed by Beck, posits that anxiety disorders are maintained by distorted beliefs and catastrophic interpretations of environmental stimuli. Cognitive restructuring aims to identify and challenge these maladaptive thoughts while promoting more balanced interpretations of the situation. Recent developments in CBT research emphasize the importance of modifying threat appraisals as a mechanism of change in anxiety treatment (Hofmann & Hayes, 2023).

The findings of this study support this theoretical perspective. Through counseling dialogue and guided reflection, the client gradually reconsidered the belief that elevators were inherently dangerous. Instead, the client began to recognize that elevators contain safety mechanisms and that the previous incident was an isolated event rather than an inevitable outcome. Similar findings have been reported by Patriarca et al. (2022), who argue that cognitive restructuring helps individuals

reinterpret previously feared stimuli more realistically and adaptively. By weakening catastrophic interpretations, cognitive restructuring reduces the perceived threat associated with the stimulus and prepares individuals for behavioral exposure.

The fourth phase of the recovery process emphasizes the importance of gradual exposure in overcoming situational fear. Exposure therapy has long been recognized as one of the most effective interventions for specific phobia and anxiety disorders. Contemporary research suggests that exposure therapy works primarily through the mechanism of inhibitory learning, in which individuals develop new safety associations that compete with previously learned fear responses (Craske et al., 2022). Rather than erasing traumatic memories, exposure allows individuals to build alternative experiences that demonstrate the absence of danger.

In the present study, exposure was implemented through a carefully structured hierarchy that began with minimal contact with the elevator and gradually progressed to full elevator use. This step-by-step approach allowed the client to accumulate successful experiences that contradicted the catastrophic expectations associated with elevators. Similar findings have been reported in recent studies examining exposure-based interventions for youth anxiety disorders. For example, de Jong et al. (2024) found that repeated exposure to feared stimuli significantly reduces avoidance behavior and strengthens confidence in coping abilities.

Another important outcome of the exposure process in this study was the development of self-efficacy. According to social cognitive theory, mastery experiences represent the most powerful source of self-efficacy beliefs. When individuals successfully confront feared situations, they develop confidence in their ability to manage similar challenges in the future. The client's reflections during the later stages of the intervention demonstrate this process clearly, as the client began to view each successful elevator ride as evidence of growing courage and capability.

An important contribution of this study lies in the identification of spiritual meaning-making as an additional component of trauma recovery. While most psychological interventions focus on cognitive, emotional, and behavioral processes, the findings of this study suggest that spiritual beliefs may also function as a psychological resource. The client frequently referred to the idea of divine protection when confronting the feared situation, which appeared to provide emotional reassurance and reduce anxiety.

Recent literature on spirituality and mental health supports this observation. Lucchetti et al. (2021) argue that spiritual beliefs can provide individuals with a sense of meaning, hope, and emotional comfort when facing stressful or traumatic experiences. Similarly, Aggarwal et al. (2023) found that religiosity and spirituality are associated with lower levels of anxiety and improved psychological well-being among young people. In culturally religious contexts, integrating spiritual reflections within counseling interventions may therefore enhance emotional resilience and therapeutic engagement.

Finally, the phase of behavioral reintegration observed in this study reflects the ultimate goal of trauma recovery: the restoration of normal functioning in everyday life. By the end of the intervention, the client was able to use elevators without significant anxiety and even demonstrated confidence by independently initiating elevator use. This outcome supports previous research suggesting that successful trauma recovery involves not only symptom reduction but also the reconstruction of personal agency and confidence (Herman, 2022).

Overall, the findings of this study contribute to the growing body of literature on trauma recovery in several important ways. First, while many existing studies focus primarily on treatment outcomes, this research provides a detailed qualitative account of the psychological processes underlying recovery. Second, the study demonstrates how trauma-informed counseling, cognitive restructuring, emotional regulation training, and gradual exposure can operate synergistically within a single intervention framework. Third, the integration of spiritual meaning-making highlights the importance of culturally sensitive approaches in psychological treatment.

By illustrating the dynamic and multidimensional nature of trauma recovery, the study offers a conceptual framework that may inform future counseling interventions for children experiencing situational trauma and anxiety disorders.

### Implication

The findings of this study suggest that trauma recovery in children requires an integrative approach combining emotional regulation, cognitive restructuring, gradual exposure, and supportive therapeutic relationships. The results highlight that emotional stabilization should precede exposure interventions to ensure psychological readiness. Additionally, the incorporation of spiritual meaning-making demonstrates its potential as a culturally relevant coping mechanism, particularly in religious contexts. These findings provide practical guidance for counselors in designing holistic and trauma-informed interventions for children.

### Limitation

This study is limited by its use of a single-case qualitative design, which restricts the generalizability of findings. Data were also subject to interpretive bias due to reliance on interviews and observations. Furthermore, the study duration of 93 days did not allow for long-term follow-up, and the findings are specific to situational trauma related to elevators, which may differ from other trauma types. Future research is recommended to include larger samples and longitudinal designs.

### CONCLUSION

This study demonstrates that childhood trauma recovery is a gradual and multidimensional process involving emotional regulation, cognitive restructuring, exposure, and meaning making. The six-phase model identified in this study highlights how these elements interact dynamically to facilitate recovery. The findings emphasize the importance of trauma-informed and culturally sensitive counseling approaches, providing both theoretical and practical contributions to the field of child trauma intervention.

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