



Constructed Awareness: Executive Summary of Research

Overview

Constructed Awareness (CA) is an emerging trauma counseling approach that combines mindfulness, neuroscience, and humanistic principles. It helps clients work with three core parts of experience—thoughts, body sensations, and external surroundings. Clients learn how to shift their awareness between these areas to feel more balanced and to process trauma in a safe, gradual way. CA is a non-directive, client-led model that offers a gentler alternative to more structured trauma treatments.

Research Summary

Two peer-reviewed studies have provided early evidence for CA's effectiveness:

1. Study Comparing CA and EMDR (30 participants)

This study looked at two ways to treat trauma: CA and the well-known eye-movement desensitization and reprocessing (EMDR) treatment methodology. Participants were randomly assigned to try one treatment or the other. The results showed that CA was more effective than EMDR at helping reduce trauma symptoms, pain sensitivity, and stress after thinking about upsetting memories.

Orr, T., McMahan, O., & Gladden, D. (2024). Treating traumatic memories: A comparative study of the effectiveness of EMDR and Constructed Awareness. *Tennessee Counseling Association Journal*, 9(1), 86–103.

[Read the full article here.](#)

2. Case Study Using CA With One Client

This study followed one client who had both complex trauma and prolonged grief. After 12 sessions of CA, the client had significant improvements. Tests showed that trauma and grief symptoms dropped by over 80% and stayed lower even 3 months later. After treatment, at the time of follow-up, the client no longer qualified for either diagnosis.

Orr, T., & McMahan, O. (2024). Testing Constructed Awareness for complex trauma and prolonged grief: An ABA design study. *Journal of the Pennsylvania Counseling Association*, 26(1), 23–38.

[Read the full article here.](#)

Ongoing and Future Research

In addition to what has already been published, more studies are underway:

- A large clinical trial is being planned to explore how well CA works with a larger and more diverse group of clients.
- Another study will combine brain wave data with interviews to understand both how CA affects the brain and what the experience feels like for the client.



Policy and Legislative Relevance

CA is still a new approach, but early results show promise. These findings support the need for funding and legislative backing for research created by counselors themselves. Although counseling often focuses on client-centered, trauma-informed care, most of the well-known treatment models have come from outside the counseling profession. CA is a unique chance to change that. At this stage, CA is not yet ready for widespread legislative adoption. The long-term goal is to demonstrate that counselor-created, trauma-informed models like CA can be effective, practical, and ready for real-world use in mental health settings.

Potential Policy Ideas to Support Counselor-Created Models:

- **Propose mental health funding** that sets aside money to study treatments created by counselors—not just big universities or hospitals.
- **Advocate for legislative language** that encourages state licensure boards to accept CE hours in emerging, evidence-informed models developed by licensed counselors.
- **Support insurance laws** that cover any treatment backed by solid research—not just the older, more established treatments like cognitive behavioral therapy (CBT).
- **Recommend policies** that give clients more choice in trauma care. For example, make sure Medicaid and other programs allow access to newer, client-led models like CA.

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