"It's Not You: It's What Happened to You": Treatment for Adults Interpersonally Traumatized As Children

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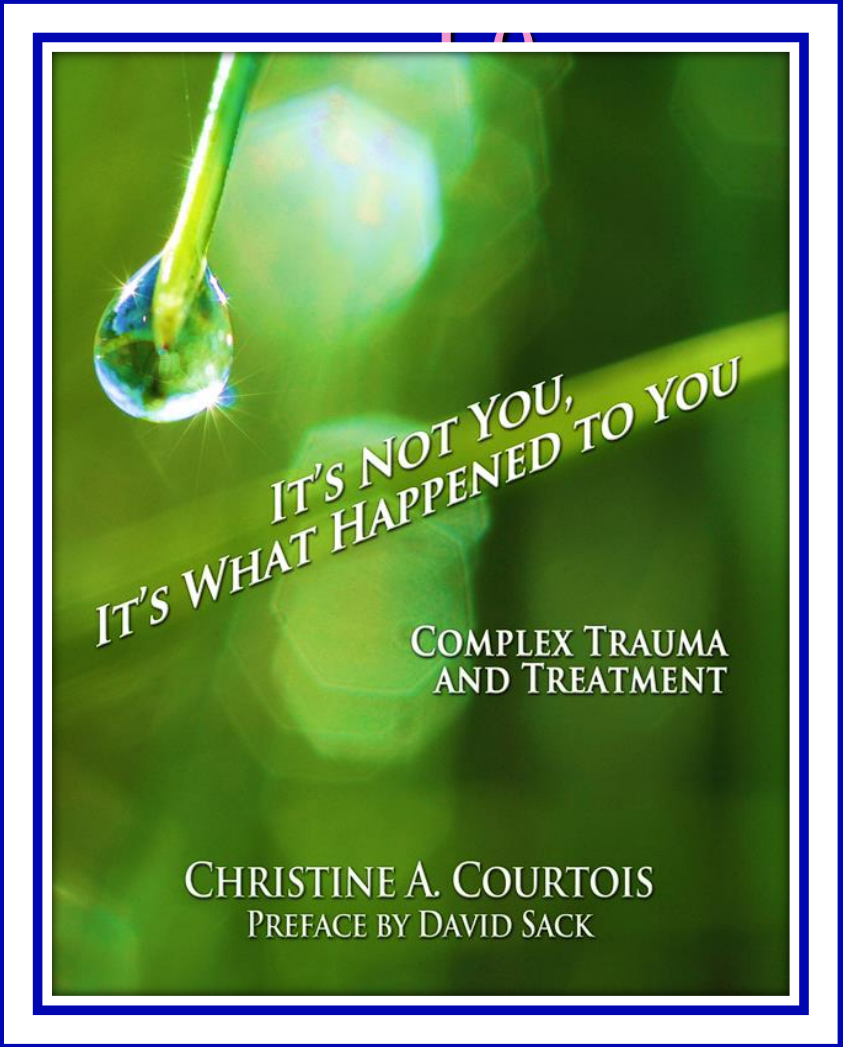
Work with the Traumatized Involves Having An Open Heart

You

http://www.amazon.com/dp/B00OF2AD



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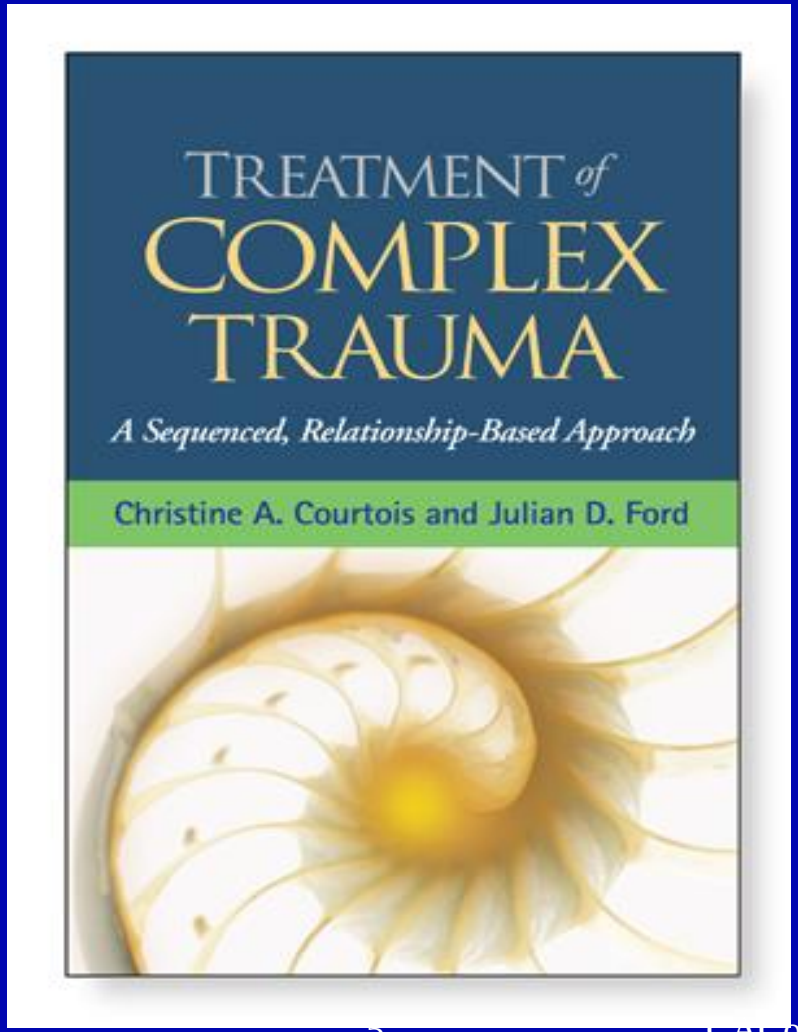


I. Introduction to Complex Trauma and Developmental Trauma

What Is Complex Trauma Exposure (CTE)?

Complex Trauma Exposure

- Interpersonal
- Repeated
- Chronic
- Progressive
- Poly-
  - many exposures
  - different perpetrators
- Continuous
- Cumulative

Dimensions of Interpersonal Trauma

- Relational
  - Disruptions in the sense of safety, security, loyalty, and trust that may block connections and communication often starting in the family and extending to other relationships
- Betrayal
  - Betrayal of a role or relationship
- Second or institutional injury
  - Lack of assistance or response and/or insensitivity from those who are supposed to help, intervene, or protect
  - Perpetrator may be protected and victim scapegoated

What Is Complex Developmental Trauma Exposure?

Attachment/Relational Forms of Interpersonal Trauma

- Occurs in attachment relationships with primary caregivers
  - May begin in utero (DV, lack of nutrition, drugs, etc.)
  - Inability to parent/caretake
    - Impairment, no role model/knowledge, unwilling, hostile
  - Mis-attunement: too close or too far
  - Non-response, non-protection
    - Insecurity of availability
  - Smothering, intrusive, anxious
  - Inconsistent
  - In worst case, caregiver as the source of *both* fear and comfort
    - Disorganized/dissociative

Attachment/Relational Forms of Interpersonal Trauma

- Includes child abuse of all types
  - Often "on top of" attachment insecurity
  - Neglect, abandonment, non-protection, non-response, sexual and physical abuse and violence, emotional abuse/verbal assault, antipathy, bullying, inconsistency
- Includes DV and community violence
  - Directly experiencing
  - Witnessing

Complex Developmental/ Dissociative Trauma

- Associated with chronic, pervasive, cumulative abuse and trauma in childhood (in family, community, society) often on a foundation of attachment/relational trauma
  - insecure attachment, *especially disorganized*
- In disorganized, child is dependent upon and attached to the individual(s) who does harm in a "macabre double bind" (D. Speigel)
- Disorganized attachment is dissociative and dissociogenic

Developmental Implications

- Interrupts/derails normal development
- Children are very vulnerable and immature
- It takes less to traumatize an infant or a child than an adult
  - Reflects identity, self-worth
  - A template for relationship (IWM)
- ***Development intertwined with and affected by trauma***

Complex Developmental/Dissociative Trauma

- Severely impacts the immature and developing child
  - Neurophysiology: starting at neuronal level
  - Psychophysiology
  - Bio-psycho-social maturation & development, including attachment capacity/style
- Child is not reflected/attuned to
  - Identity and self-hood not recognized/realized
  - Not taught emotional recognition and regulation

Complex Developmental Dissociative Trauma

- "Survival" vs. "learning brain"
  - Energy goes to self-protection/survival/coping
  - Not associated with intelligence
- Becomes a reflection of self-worth and a template for relationships
  - Inner Working Model (Bowlby)
    - Primarily insecure or disorganized

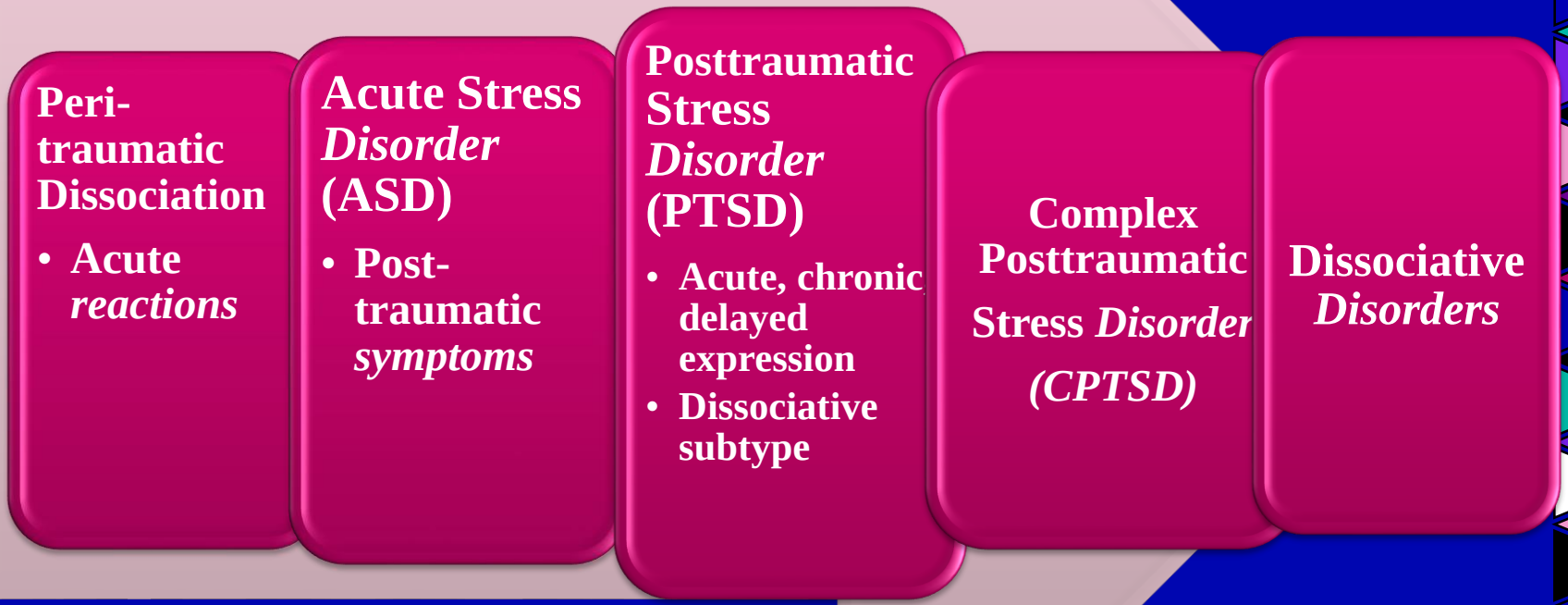
Initial and Long-term Effects

- Emotional: depression, anxiety, shame, anger, alienation
- Emotional dysregulation
- Self: identity and self-worth
- Relations with others
  - IWM
  - Mistrust/overtrust
  - Intimacy disturbance
  - Trauma bonding
- Dissociation
- Externalizing/internalizing
- Meaning and spirituality

Some Major Coping Strategies

- Tension reduction concept (Briere)
  - Addictions and compulsions of all sorts (behavioral, process, and drugs/food)
  - Self-injury
  - Risk-taking
  - Suicidal thoughts and actions
  - Victimizing self and others
  - Revictimization
  - “Co-dependence”/caretaking/controlling

Peri- and Posttraumatic Reactions and Disorders



Posttraumatic Stress Disorder (PTSD)

- A complex **dynamic** entity
  - fluctuating, not static
  - variable in form, presentation, course, disruption
- A multidimensional **bio-neurological, psycho-social-spiritual-gender-culture** stress response
- A condition of **allostasis** and **dysregulation**
- **Four primary symptom categories:**
  1) re-experiencing, 2) numbing,
- 3) avoidance and changes in beliefs, 4) hyperarousal

Posttraumatic Stress Disorder (PTSD)

- **Four primary symptom categories:**
  1) re-experiencing
- 2) numbing
- 3) avoidance and changes in beliefs
- 4) hyperarousal

Comorbid/Co-occurring Disorders

Dissociative Disorders
Anxiety Disorder
Depression
Eating Disorders
Somatization/Illness
Obsessive-Compulsive
Other affective disorders (bipolar, etc.)
Brief reactive psychosis
Addictions/substance abuse
Sleep disorders

*Many are the result of psycho-physiological dysregulation and attempts at self-regulation (tension reduction)

Hyper-aroused PTSD

- Emotional dysregulation
- Emotional under-modulation
  - Inadequate corticolimbic inhibition
    - Irritable or aggressive behavior
    - Reckless or self-destructive behavior
    - Hypervigilance
    - Exaggerated startle response
    - Concentration problems
    - Sleep disturbance (restlessness or insomnia)

Hypo-aroused PTSD
Dissociative Subtype

- Emotion Dysregulation
- Emotional overmodulation:
  - excessive corticolimbic inhibition
- Derealization
- Depersonalization
- Freeze responses
  - Polyvagal system: A different pathway than fight-flight and hyper-arousal (Porges)
  - Different areas of brain response (Lanius et al.)

Defining Complex Trauma (ISTSS, 2012)

Core symptoms of PTSD and

Range of disturbances in self-regulatory capacities

- Emotion regulation
- Relational difficulties
- Attention and consciousness (dissociation)
- Belief systems
- Somatic distress or disorganization

Developmental Trauma Disorder (Proposed and Under Study)

(van der Kolk, 2005; NCTSN, 2012)

Domains of impairment in children exposed to complex trauma:

- Attachment/relationship capacity
- Biology
- Affect regulation
- Dissociation
- Behavioral control
- Cognition
- Self-concept

PSYCHOBIOLOGICAL EFFECTS OF CHRONIC TRAUMATIZATION AND SEVERE ATTACHMENT DISRUPTIONS

II. Trauma Treatment

Evidence-Based Practice

- Best research evidence
- Clinical expertise
- Patient values, identity, choice, context

American Psychological Association Council of Representatives Statement August 2005

What Is Evidence-Based?

- Quantitative studies: more objective
  - RCT's: not all are the same
    - Assessed for Risk of Bias (Internal Validity)
    - How generalizable to "real life" population? (External Validity), EFFECTIVENESS
    - Measurement of effect size of pre-determined treatment outcomes, (i.e., trauma symptoms) EFFICACY
  - Meta-analyses of multiple studies: Strength of Evidence
  - Who is studied?

What Is Evidence-Supported?

- **Qualitative studies: more subjective**
  - Other types of non-RCT studies (i.e., correlational, non-randomized, no controls)
  - Other types of studies/sources of information (i.e., interviews, thematic assessments)
  - May suggest issues/themes for more objective research
- Can it be replicated?
- Cross-sectional vs. longitudinal

Different Types of Guidelines

- Clinical Practice Guidelines
  - Increasingly based on stringent Systematic Reviews of the literature (RCT's with Risk of Bias and Strength of Evidence evaluations) and analysis of that review by an expert multidisciplinary panel
- Professional Practice Guidelines
  - Clinical consensus documents offering guidance on the population under treatment and recommended strategies based on authoritative writing, available research evidence from CPGs and other forms of research

Different Evidence-Bases and Organizations

- Professional organizations
  - Increasingly based on medical-style systematic reviews of treatment efficacy and effectiveness. Are the most methodologically stringent.
- Component groups of organizations

APA Division of Psychotherapy Task Force I (2000 – 2002): combo of literature reviews and meta-analyses

APA Division of Clinical Psychology and Division of Psychotherapy, jointly sponsored Task Force II (2009 – 2011); only meta-analyses

Different Evidence-Bases and Organizations

SAMHSA's National Registry of Evidence-based Programs and Practices

Different Evidence-Bases and Organizations

- Cochran Reviews
- Guidelines International Network (GIN): stringent criteria

Treatment Guidelines for Trauma

8 sets of published guidelines for PTSD

- 8 sets of published **clinical practice guidelines** for PTSD (two revisions in the works: ISTSS, US VA/DoD)

3 sets of guidelines for CPTSD

- 3 sets of **professional practice guidelines** for CPTSD

2 sets of guidelines for DD's

- 2 sets of **professional practice guidelines** for DD's: adult & child

SAMSHA evidence-based treatments

- Randomized control trials, meta-analyses, systematic reviews, SAMSHA evidence-based treatments, Div. 12 empirically-supported treatments site, Cochran reviews

Trauma Treatment

- Need to have psychotherapy skills, not just techniques
- Need to have superior listening and attunement skills
- Need to be patient
- Need to be emotionally healthy and self-regulated
- Need for humility and no need to be perfect

"Good, old-fashioned psychotherapy" (Allen)

Trauma Treatment "Generations"

- Trauma treatment originated in psychoanalysis
- Psychodynamic approaches underlie many treatments
  - Abreaction: facing and processing
  - Sequenced
- Cognitive-behavioral therapies to treat the fear and anxiety base of PTSD and to decrease PTSD symptoms
  - Usually not sequenced
  - May miss some of the identity/developmental, existential/spiritual, moral injury, and relational issues

Trauma Treatment "Generations"

- Newer strategies: "hybrid", attachment/ relationship, neurobiology, somatic, Eastern and Western techniques
  - Broader emphases and more emotions: may resemble and encompass addiction treatment and general psychotherapy
  - Stages of and mechanisms of change

Treatment Goals: Classic PTSD

- Increase capacity to manage emotions
- Reduce PTSD symptoms and levels of hyper-arousal
- Reestablish normal stress response: Symptom remission, loss of dx
- Decrease numbing/avoidance strategies
- Face rather than avoid trauma, process emotions, integrate traumatic memories
- Reduce co-morbid/co-occurring problems
- Educate about and de-stigmatize PTSD sx

"Alphabet Soup" of Techniques and Approaches

Efficacious Treatments for Classic PTSD from Guidelines*

- Prolonged Exposure (PE/EX)
- Cognitive Processing Therapy (CPT)
- Cognitive-Behavior Therapy (CBT-mixed)
- Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- Brief Eclectic Psychotherapy (BEP)
- Narrative Exposure Therapy (NET)

Few studies have evaluated using a combination of these approaches

Other Efficacious Treatments for Classic PTSD

- Psychopharmacology: 3 classes: SSRI/SNRI, anxiety, sleep
- Stress Inoculation Training (SIT)
- Interpersonal Psychotherapy (IPT)
- Emotion Focused Psychotherapy (EFT)
- Accelerated Experiential Dynamic Psychotherapy
- Psych-education & other supportive interventions

Treatment Goals: Complex PTSD

All of those for PTSD, plus

Develop attachment security

Decrease use of dissociation and other adaptive but problematic self-regulation and tension-reduction strategies

Develop a sense of self and self-integration, integrity

Improve/restore self-esteem

Improve/restore trust in others, ability to relate

Idiosyncratic goals

Complex Trauma Treatment

- PTSD symptoms, *plus:*

- Problems with affect regulation
  - tension-reduction adaptations and coping skills
- Dissociation
- Negative self-concept/SHAME & SELF-LOATHING
- Problems in relationships
  - re-victimization/re-enactments
  - needy but mistrustful; fearful-avoidant, disorganized
- Problems functioning? From very low to very high
- Physical/medical concerns
- Other…

Recommended Treatments for Complex PTSD
(ISTSS Complex Trauma Task Force Survey Results, *JTS*, 2011)

- Sequenced or phased
- Customized: interventions tailored to specific symptoms
- "First line" approaches:
  - Emotional regulation
  - Narration of trauma memory
  - Cognitive re-structuring
  - Anxiety and stress management
  - Interpersonal/relational approach

Recommended Treatments for Complex PTSD

- "Second line"
  - Meditation/mindfulness
- Course and duration of treatment unclear

****

- Many CBT therapists question the need for sequencing

Efficacious Treatments for CPTSD

- PE (Foa)
- CPT (Resick)
- CBT-mixed
- EMDR (Shapiro), applied by stage, many different protocols
- NET
- BEP
- SIT (Meichenbaum)
- IPT (Markowitz)
- Psych-education and supportive interventions
- Psychopharmacology

"Hybrid" and Adapted Models for Complex Trauma

- Treatment packages:
  - EFTT: Emotionally Focused Trauma Treatment (Paivio & Pascual-Leone)
  - EFTT Narrative: (Paivio & Angus)
  - ITCT: Integrated Treatment for Complex Trauma (Lanktree & Briere)
  - IRRT: Imaginal Restructuring and Reprocessing (Smucker & Dancu)
  - STAIR: Skills for (Cloitre)
  - TARGET: Trauma Affect Regulation and (Ford)

"Hybrid" and Adapted Models for Complex Trauma

- ACT: Acceptance and Commitment Therapy
  (Hayes, Follette)
- ART: Accelerated Resolution Therapy
  (Rosenzweig)
- EFT: Emotionally Focused Treatment for Couples
  (Greenberg; Johnson)
- NARM: Neuro-Affective Relational Model
  (Heller & LaPierre)
  - DNMS: Developmental Needs Meeting Strategy
    (Schmidt)
  - SCAN: Socio-Cognitive and Affective Neurology
    (Frewen & Lanius)

"Hybrid" and Adapted Models for Complex Trauma

- (IFS) Internal Family System (Schwartz)
- Energy Therapies (Schwartz et al.)
  - (TFT) Thought Field Therapy, (EFT) Emotional Freedom Technique, Tapping, Brainspotting (Grand)
- (SP) Somatosensory and (SE) Somatic Experiencing (Ogden, Minton & Pain; Ogden; Levine)
- Mindfulness and mentalization (Allen; Fonagy)
- Yoga (Hopper, Emerson)
- Biofeedback and neurofeedback

"Hybrid" and Adapted Models for Complex Trauma

- Some group models:
  - WRAP (Classen et al.; Wright et al.)
  - Trauma-Centered (Lubin & Johnson)
  - Present-Centered (Schnurr et al)
  - Task by Stage (Harvey; Herman et al.)
  - TREM (group for SMI) (Harris & Fallot)

"Hybrid" and Adapted Models for Complex Trauma

- Relational psychodynamic/analytic
- Affect regulation/interpersonal neurobiology
- SS: Seeking Safety: addictions (Najavits)
- ATRIUM: addictions (Miller)
- SAFE Alternatives: self-injury (Conterio & Lader)
- DBT (adapted): skill development and mindfulness (Linehan)
- Many workbooks available on many topics...

"Hybrid" and Adapted Models for Complex Trauma

- Treatment of dissociative processes and dissociative disorders (Chu; Kluft; Van der Hart, Neijenhuis & Steele; Steele, Boon & Van der Hart, Bromberg; Howell; Chefetz, others)
- Three phase model for DID: (Brand et al.)
  - With hierarchy of tasks /skills and sequence
- Knowledge of and use of hypnosis (not for memory retrieval)

Effective Elements of the Therapy Relationship
Evidence-based Relationship Variables

- **Demonstrably and Probably Effective:**
  - Alliance in individual therapy
  - Alliance in youth therapy
  - Alliance in couple & family therapy
  - Cohesion in group therapy
  - Empathy
  - Goal consensus
  - Collaboration
  - Collecting and responding to client feedback
  - Positive regard/affirmation

(Norcross, 2014)

Complex Trauma Treatment

- Recent focus on:
  - Dissociation/dysregulation/self/ego states
  - Somatosensory approaches: SE, SPI
  - Interpersonal neurobiology
    - Brain-body
    - Attachment-based approaches
    - Affect-based approaches
    - Right brain to right brain
  - Relational approaches
  - Cognitive approaches
  - Hybrid adaptations

Complex Trauma Treatment

- Experiential
- Expressive (art, music, dance, drama)
- Neurofeedback
- Meditative/mindfulness/yoga
- Spiritual approaches
- Indigenous approaches
- Energy approaches (TFT)
- Acupuncture
- Animal-assisted therapy
- Additional medications (research underway for marijuana and hallucinogens—ecstasy and psylocibin, maybe others)

Recent Review of 15 Emerging Techniques

- Metcalf et al., (2016) reviewed data on 15 emerging interventions:
  - ACT, acupuncture, art therapy, canine therapy, emotional freedom techniques, equine therapy, mantra-based meditation, mindfulness-based stress reduction, music, outdoor, rewind, thought field therapy, traumatic incident reduction, visual kinesthetic dissociation, and yoga

Four Emerging Techniques Supported in Recent Review

- Moderate evidence for:
  - Acupuncture
  - Emotional freedom techniques
  - Mantra based meditation (MBM)
  - Yoga
- All mind-body; mechanism of action unknown

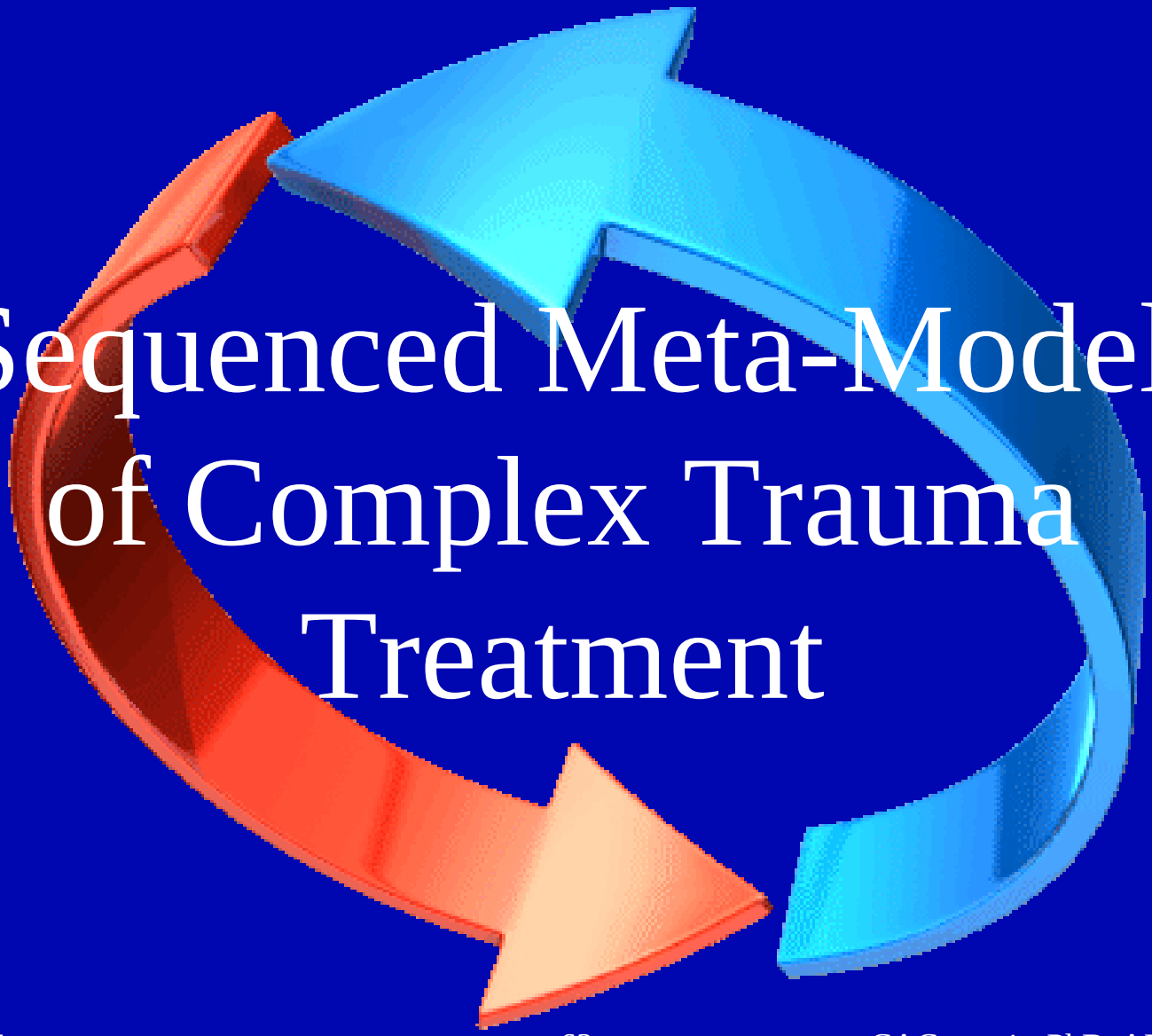
Treatment

Like Posttraumatic Disorders, comprehensive treatment must be

BIO-
PSYCHO-
SOCIAL/SPIRITUAL
&
Culture, Identity, and Gender Sensitive

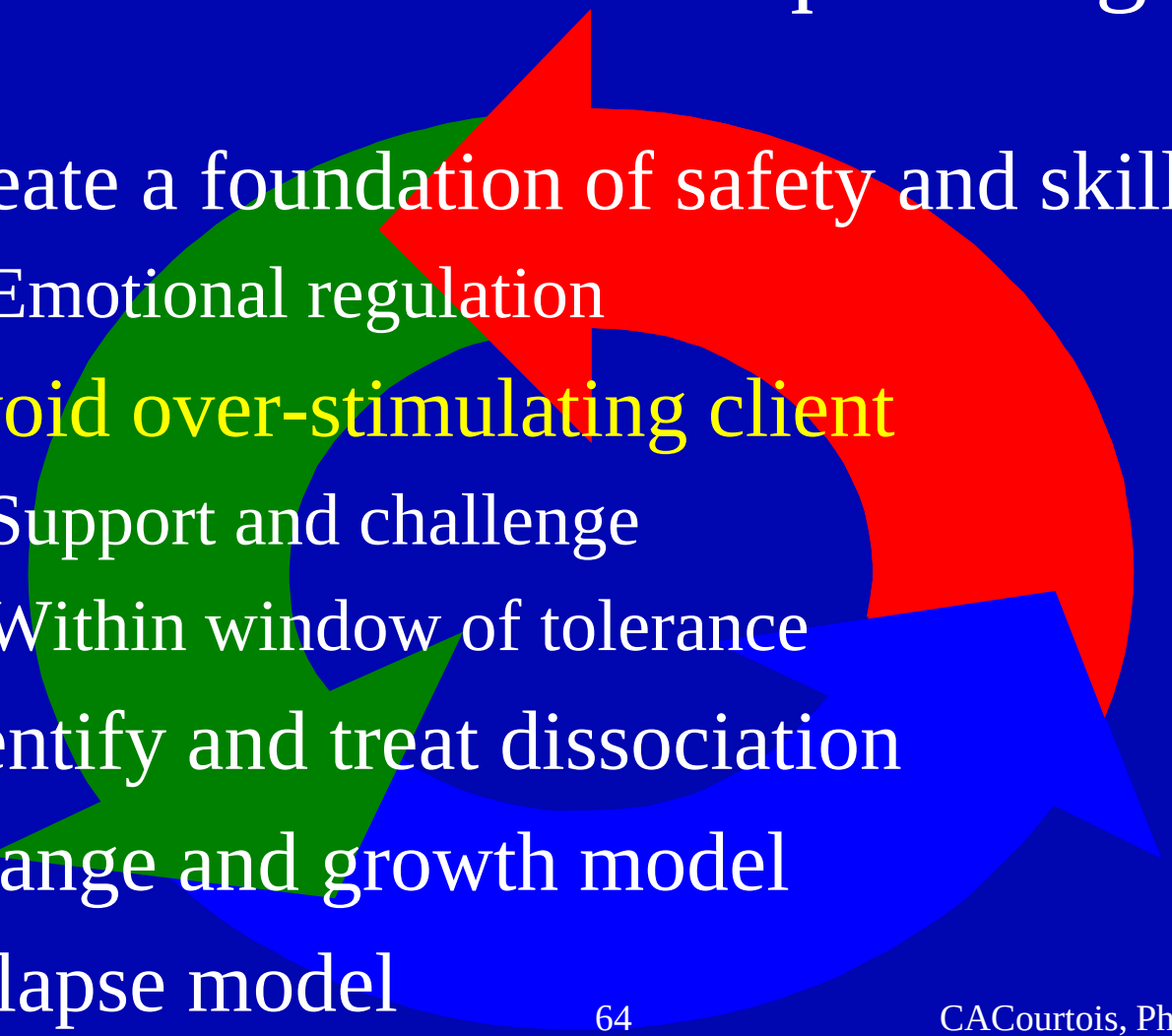
The Questions Are Now What to Use, When to Use It, and the Necessity of Sequencing

Client Preference and Resources Are Also Important



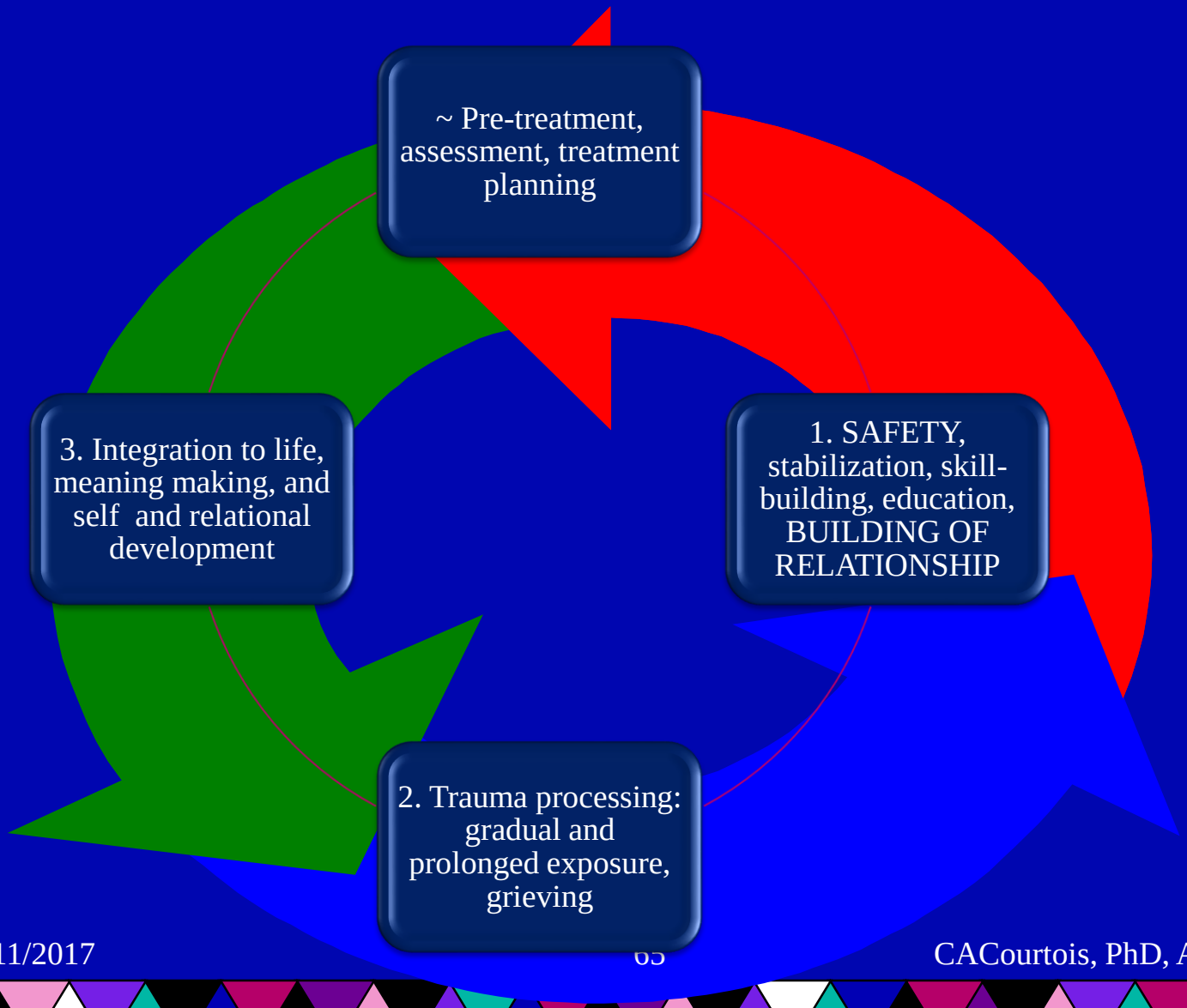
Sequenced Meta-Model of Complex Trauma Treatment

Rationale for Sequencing



- Create a foundation of safety and skills
  - Emotional regulation
- Avoid over-stimulating client
  - Support and challenge
  - Within window of tolerance
- Identify and treat dissociation
- Change and growth model
- Relapse model

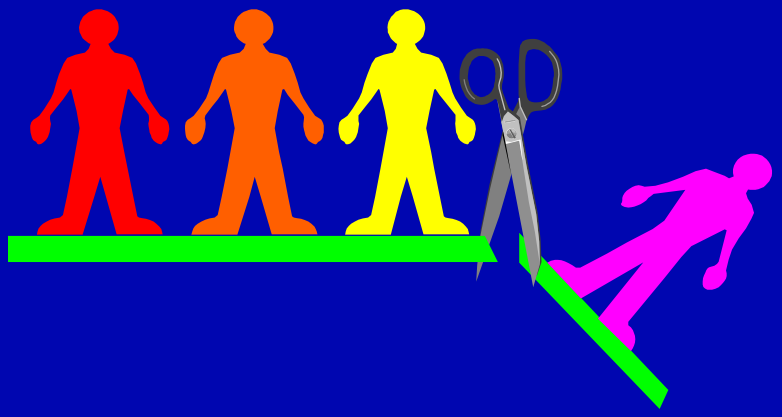
Complex Trauma Treatment Sequence



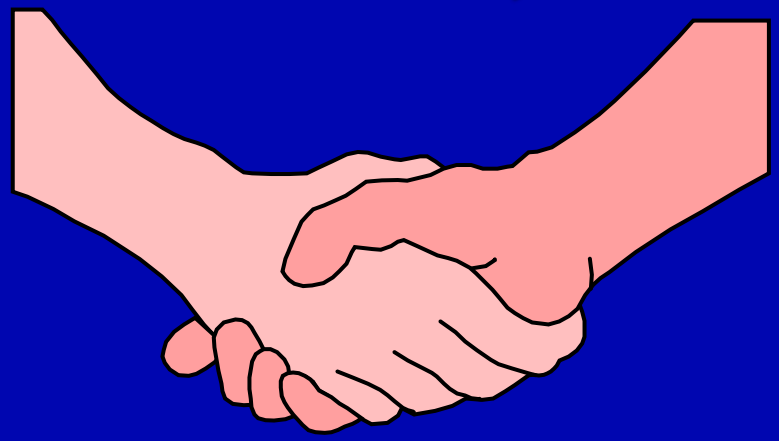
Interpersonal Trauma:

“A break in the human lifeline”

Robert Lifton



Relational Healing for Interpersonal Attachment (Relational) Trauma



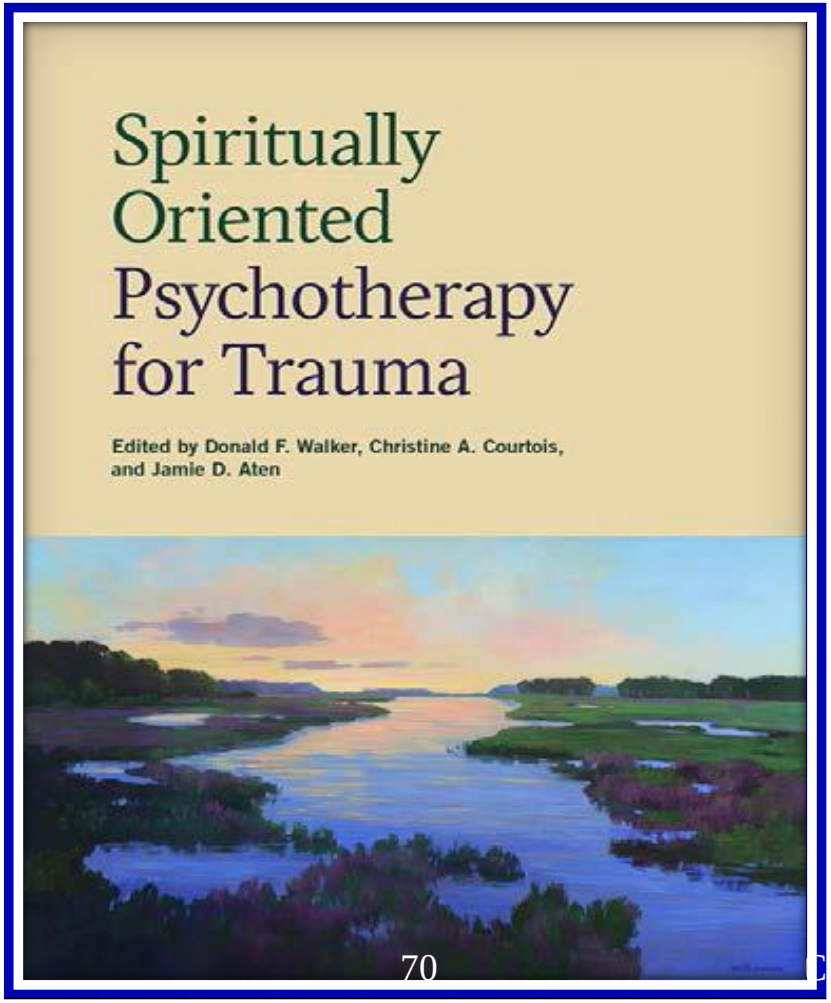
Recovery

- The Re-words
  - Resolution, resilience, recovery, restoration, restitution, etc.
- Finding self
  - Part-selves or states of mind, cooperative or blended
- Finding authenticity
- Finding and building narrative and understanding
- Lessening of symptoms
- Memories are like other memories

Summary

- Complex trauma, complex reactions, complex treatment (Courtois; Pearlman)
- Complex trauma increasingly recognized (and questioned)
- Clinical consensus has developed; evidence base under development
- The relationship and its quality are crucial
- More to come!

American Psychological Association Press



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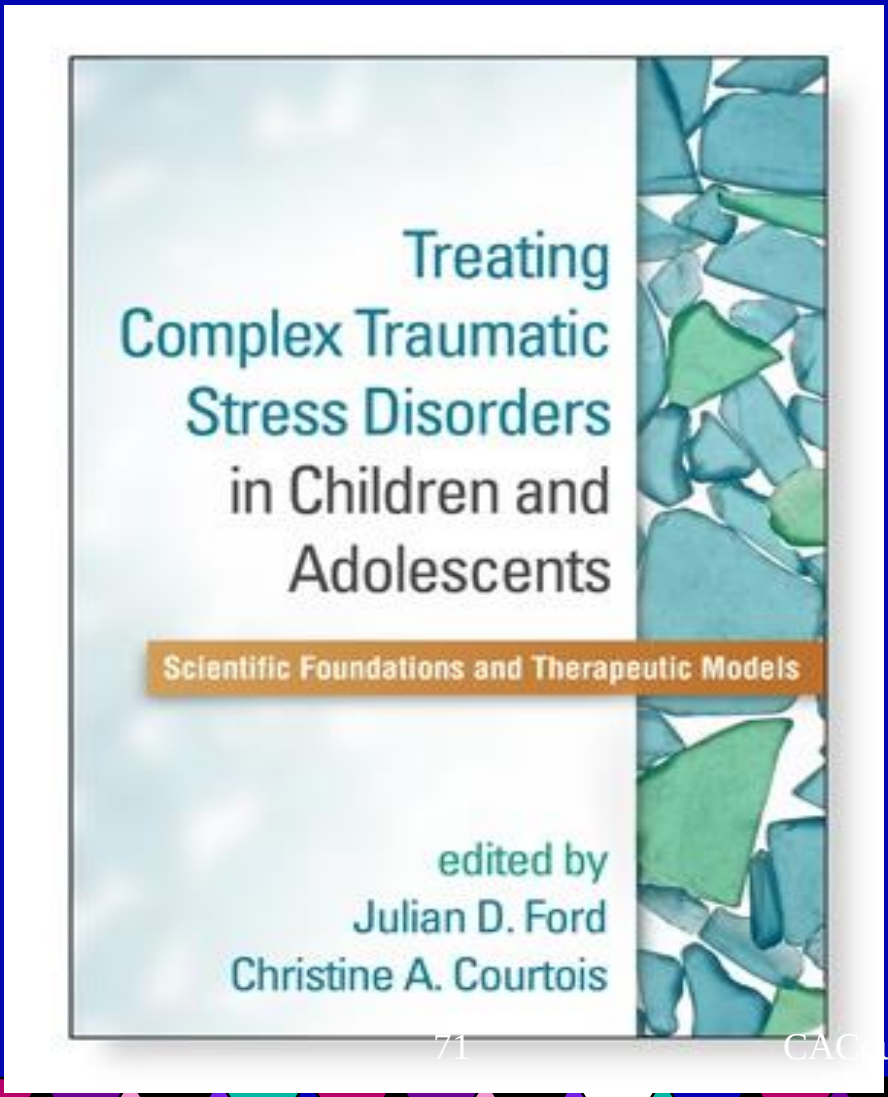

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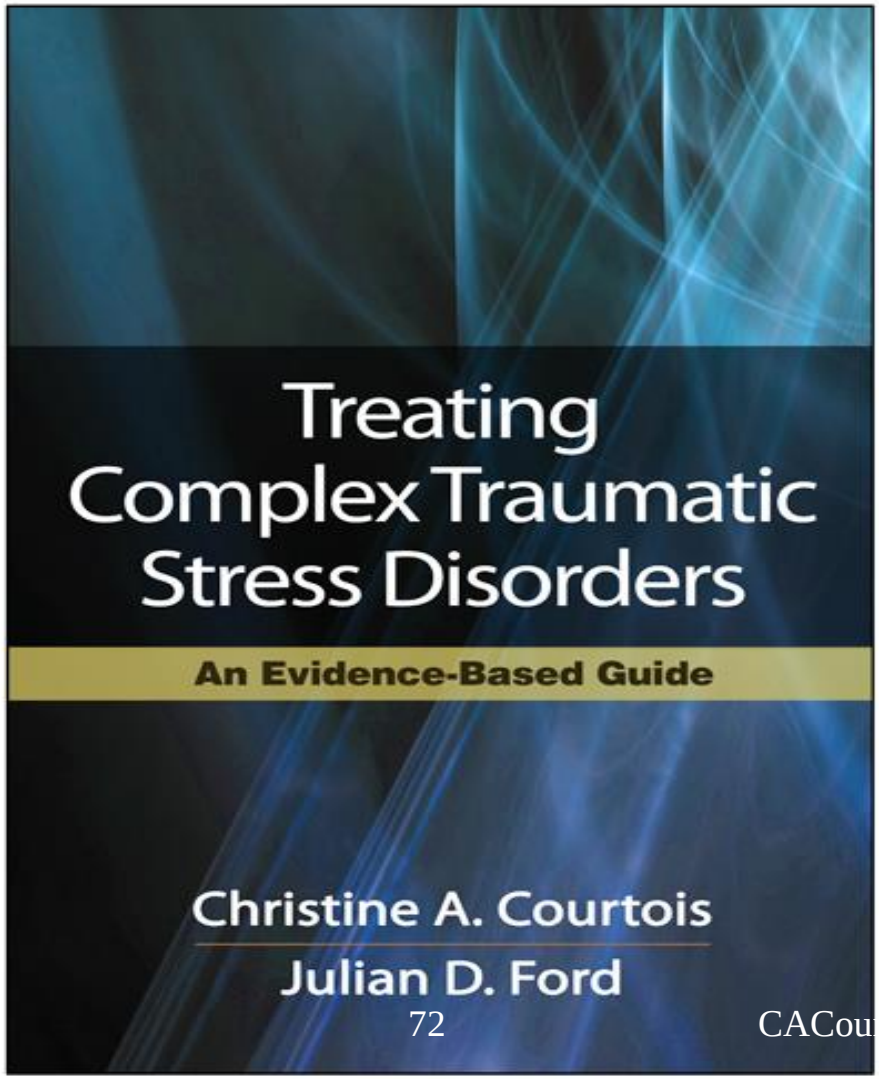

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Available Treatment Guidelines for "Classic" PTSD

- ISTSS Guidelines (Foa, Friedman, & Keane, 2000, 2011)
- Journal of Clinical Psychiatry (2000)
- American Psychiatric Association (2003)
- Clinical Efficiency Support Team (CREST, Northern Ireland, 2003)
- Veterans' Administration (US VA/DoD, 2004)
- National Institute of Clinical Excellence (NICE, UK, 2005)
- Australian Centre for Posttraumatic Mental Health (now Phoenix) (2007)
- American Psychological Association (2017)

Treatment Recommendations and Guidelines for Complex PTSD

- Courtois, 1999
- CREST, 2003
- Courtois, Ford, & Cloitre, 2009
- Australian Guidelines (Keselman & Stavropolous, 2012)
- ISTSS complex trauma expert consensus survey, Cloitre et al., 2011, *JTS*; Cloitre et al., 2012--available at ISTSS.or
- UK Posttraumatic Stress Organization (2017)
- Joint APA Division 56 and ISSTD guidelines (forthcoming)
-

Other Relevant Treatment Guidelines

- Dissociative Disorders
  - Adult (ISST-D, 1994, 1997, 2005, 2011)
  - Children (ISSD, 2001)
- Delayed memory issues
  - Courtois (1999; Mollon, 2004)

Resources

- ISTSS.org
  - Complex trauma treatment guidelines, 2012
- ISST-D.org
  - courses on the treatment of DD's--various locations internationally, nationally, and on-line
- NCPTSD.va.gov (info and links)
- NCTSN.org (child resources)
- Sidran.org (books and tapes)
- APA Div. 56: Psychological Trauma (traumadivision@apa.org)
- Child Trauma Academy.org