“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

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It's Not You, It's What Happened to You

Complex Trauma and Treatment

Christine A. Courtois
Preface by David Sack
Published, November 2012, co-authored
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

Peri-traumatic Dissociation
- Acute reactions

Acute Stress Disorder (ASD)
- Post-traumatic symptoms

Posttraumatic Stress Disorder (PTSD)
- Acute, chronic delayed expression
- Dissociative subtype

Complex Posttraumatic Stress Disorder (CPTSD)

Dissociative Disorders
Posttraumatic Stress Disorder (PTSD)

A complex dynamic entity
- fluctuating, not static
- variable in form, presentation, course, disruption

A multidimensional bio-neurological, psychosocial-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

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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

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

Range of disturbances in self-regulatory capacities

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Developmental Trauma Disorder (Proposed and Under Study) (van der Kolk, 2005; NCTSN, 2012)

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

Domains of impairment in children exposed to complex trauma:

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PSYCHOBIOLOGICAL EFFECTS OF CHRONIC TRAUMATIZATION AND SEVERE ATTACHMENT DISRUPTIONS

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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

NREPP

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

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

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

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

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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

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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 psilocibin, 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

1. SAFETY, stabilization, skill-building, education, BUILDING OF RELATIONSHIP

2. Trauma processing: gradual and prolonged exposure, grieving

3. Integration to life, meaning making, and self and relational development

~ Pre-treatment, assessment, treatment planning
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!
Spiritually Oriented Psychotherapy for Trauma

Edited by Donald F. Walker, Christine A. Courtois, and Jamie D. Aten
Published, 2013, co-edited

Treating Complex Traumatic Stress Disorders in Children and Adolescents
Scientific Foundations and Therapeutic Models

edited by
Julian D. Ford
Christine A. Courtois
Published, 2009, co-edited
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Available Treatment Guidelines for “Classic” PTSD

- ISTSS Guidelines (Foa, Friedman, & Keane, 2000, 2011)
- 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.org
• UK Posttraumatic Stress Organization (2017)
• Joint APA Division 56 and ISSTD guidelines (forthcoming)

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Other Relevant Treatment Guidelines

• Dissociative Disorders
  – 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