PSYCHOTHERAPY FOR TRAUMA

A Structured Approach to Trauma Treatment

By

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MEET THE PRESENTER

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Background in the treatment of trauma, eating disorders and dissociative disorders:

- Trained by The EMDR Institute, St. Louis, MO
- Training in Internal Family Systems Therapy
- Trained in Clinical Hypnosis
- Trained in Dialectical Behavioral and Cognitive Behavioral Therapy
- M.Ed. In Counseling-Missouri Baptist University
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OVERVIEW OF TRAUMA: WHAT IS TRAUMA?

Anything that overwhelms our ability to cope/respond especially if we perceive that our lives, our physical, spiritual or emotional self is at risk.

"Trauma is all or nothing. A tsunami wave of destruction….A tornado of unimaginable awfulness that whooshes into your life…and wrecks such havoc that, in just an instant, your whole world will never be the same again."

Holly Bourne

OVERVIEW OF TRAUMA: WHAT IS TRAUMA?

A unique individual experience of a single event, a series of events, or a set of enduring conditions in which:

The individual's ability to integrate his or her emotional experience is overwhelmed

OR

The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.

(Saakvitne et al, 2000)

OVERVIEW OF TRAUMA: TYPES OF TRAUMA

Type 1 Trauma: "Little t" Trauma:

- Single Incident
- Happens unexpectedly or "out of the blue."
- May be from situations that seem insignificant or only mildly distressing but may lead to extreme reactions in the individual.
- Examples of this may include:

-Traumatic Accidents
-Natural Disasters
-Terrorist Attack
-Single episode of abuse or assault
-Witnessing violence
-Intermittent neglect or isolation
-Criticism
-Verbal Abuse
-Failures at work or school
-Being bullied or teased
-Continued dismissal of the child's feelings or experiences

OVERVIEW OF TRAUMA: TYPES OF TRAUMA

Type 2 Trauma: "Big T" Trauma:

- Complex or repetitive and may be chronic in nature
- May involve harm or abandonment
- Serious bodily injury
- Life-threatening experiences
- Examples of this may include:

-Verbal, Physical or Sexual Abuse
-Domestic Violence
-Community Violence
-Witnessing War/Violence
-Genocide
-Severe Neglect

OVERVIEW OF TRAUMA: ATTACHMENT

Importance of Attachment:

- Human emotional development is linked with emotional regulation and right brain development. Attachment status between child and parent reflects the ability to regulate intense affective experience while simultaneously maintaining mutual connection. This solidifies the attachment bond.
- Security of attachment leads to an expanded range of exploration. Fear constricts, Safety expands.
- The caregiver's affective competence is crucial as it helps the child's sense of security and helps the child understand themselves, others and the world. Helps the child to deal with stressful situations that are beyond their resources to manage.
- Being able to reflect on emotional experience-both one's own and others has been shown to interrupt the intergenerational transmission of psychopathology and to promote resilience under stress.

(Solomon & Siegel, 2003)

OVERVIEW OF TRAUMA: WHAT IS THE IMPACT?

- The brains of children who are exposed to trauma and stress are wired differently than children whose experiences have been more secure.
- When experiencing stress or threat, the brain's "fight or flight" response is activated through increased production of Cortisol. This can be protective in emergencies, but in situations of chronic stress, its level is toxic and can damage or kill neurons in critical parts of the brain.
- Children are more susceptible to PTSD because in most situations, children are helpless or incapable of either "fight or flight."
- Childhood trauma increases the risk of future trauma because of seeing the world as a frightening and dangerous place and a sense of fear and helplessness that carries into adulthood.

(Solomon & Siegel, 2003)

OVERVIEW OF TRAUMA: WHAT IS THE IMPACT?

- Initially massive secretions of certain neurotransmitters can be protective, but if this occurs over a prolonged period of time they can become depleted. These neurotransmitters initially serve as emotional buffers and help an individual be able to regulate the intensity of their feelings. Without this buffer, it leaves an individual with difficulty with regulating their feelings.
- An individual can be robbed of a sense of safety, a belief that one can trust others, or trust in one's own judgment or intuition.
- Self-esteem may be damaged.

(Solomon & Siegel, 2003)

OVERVIEW OF TRAUMA: WHAT IS THE IMPACT?

- Without the protection of the neurotransmitters, individuals become more prone to:
  - -Clinical Depression
  - -Difficulty Modulating Emotions
  - -Mood Swings
  - -Explosive Outbursts
  - -Startle Response
  - -Hyperactivity to subsequent stress
  - -”learned helplessness”

OVERVIEW OF TRAUMA: WHAT IS THE IMPACT?

- Relational:
  - -Difficulties with feeling love, trust in relationships
  - -Decreased interest in sexual activities
  - -Emotional distancing from others
  - -Relationships may be characterized by anger and mistrust
  - -Unable to maintain relationships
- Spiritual:
  - -Feeling that live has little purpose and meaning
  - -Questioning that presence of God and a power greater than ourselves
  - -Questioning one's purpose
  - -Feeling disconnected from the world around us

OVERVIEW OF TRAUMA: WHAT IS THE IMPACT?

- Physical:
  - -Depression
  - -Health related quality of life
  - -Liver Disease
- Cognitive:
  - -Memory Lapses
  - -Loss of time
  - -Difficulty in making decisions
  - -Decreased ability to concentrate
  - -Easily distracted

OVERVIEW OF TRAUMA: WHAT IS THE IMPACT?

- Emotional:
  - -Depression
  - -Feelings of helplessness, hopelessness, sense of despair
  - -Feelings of guilt, shame
  - -Feeling damaged
  - -Feelings of anxiety
  - -Fearfulness
  - -Compulsive and Obsessive Behaviors
  - -Feeling out of control
  - -Feelings of emotional numbness

COPING SKILLS THAT SURVIVORS HAVE USED AND HOW THIS MIGHT PRESENT

- **Minimizing**: pretending that whatever happened was not really that bad.
- **Rationalizing**: explaining away what happened.
- **Denying**: pretending that what is/has happened didn't.
- **Forgetting**: ways the mind pushes away what happened.
- **Splitting**: believing that the events happened to someone else.
- **Leaving the body**: leaving or numbing one's body.
- **Control**: great lengths are gone to in order to keep life/environment in order.
- **Chaos**: control is sometimes maintained by creating chaos. If your behavior is out of control, you force others to respond.
- **Spacing out**: the ability to not be present, might sometimes stare at objects.

COPING SKILLS THAT SURVIVORS HAVE USED AND HOW THIS MIGHT PRESENT

- **Hyper-vigilance**: tuning into every nuance of your environment.
- **Humor**: if you keep people laughing, you maintain distance.
- **Busyness**: helps to avoid being in the present.
- **Escape**: finding escape in other activities.
- **Self-harm**: being able to control pain and have a release.

COPING SKILLS THAT SURVIVORS HAVE USED AND HOW THIS MIGHT PRESENT

Common Behaviors:

- Addictions
  - -Substance Abuse
  - -Gambling/Compulsive Spending

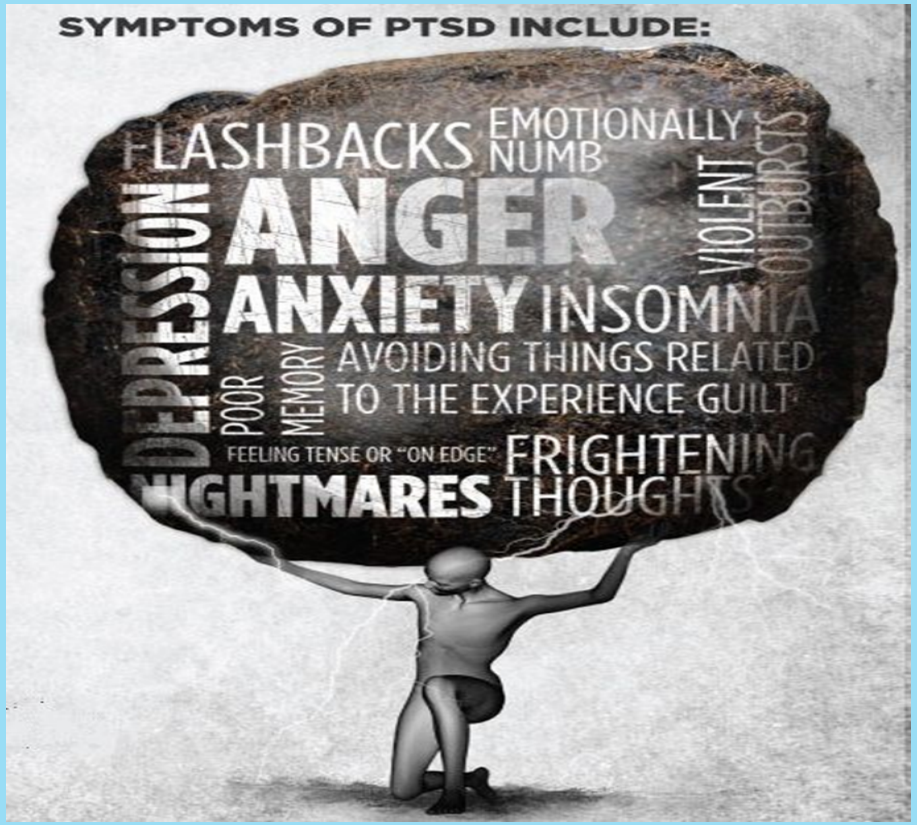
- Eating Disorders
  - -Anorexia Nervosa
  - -Bulimia
  - -Binge Eating Disorder
  - -Compulsive Over-Exercise
  - -Orthorexia

COPING SKILLS THAT SURVIVORS HAVE USED AND HOW THIS MIGHT PRESENT

Common Behaviors

- Self-Harming Behaviors
  - -Cutting
  - -Burning
  - -Hitting
- Sexual
  - -Acting out sexually
  - -Harming oneself through sexual interactions.

STAGES OF TRAUMA: OVERVIEW



Three Stages of Trauma :

- Stage One: Hyper-arousal Phase
- Stage Two: Re-Experiencing Phase
- Stage Three: Numbing Phase

STAGES OF TRAUMA : HYPER-AROUSAL PHASE

- During this stage, the traumatized individual's physiology is in high gear which has been impacted by the psychological impact of what happened and is not able to be reset independently.
- Symptoms During this Stage Include:

-Difficulty sleeping and concentrating
-Being easily startled
-Irritability
-Anger
-Agitation
-Panic
-Hyper-vigilance
-Abdominal distress
-Hot flashes/chills
-Frequent urination

STAGES OF TRAUMA : RE-EXPERIENCING PHASE

- During this stage, the individual is struggling with intrusive imagery and is re-living the trauma that they experienced.
- <u>Symptoms During this Stage Include:</u>

  -Intrusive memories that are outside of the individual's control.

  -Nightmares

  -Flashbacks: sudden vivid recollections or re-experiencing of the traumatic event followed by a strong emotion.

  -Exaggerated reactions to reminders of the event.

  -Re-experiencing physical symptoms in the body.

STAGES OF TRAUMA : NUMBING STAGE

- During this stage, the individual might feel robotic or on auto-pilot and is disconnected from feelings
- The ability to shut off emotions during the traumatic event is often essential for the individual to put aside his or her own feelings as these would be too overwhelming to experience in the moment.
- <u>Symptoms During this Stage Include:</u>

-Loss of interest in life and other people -Feeling detached or estranged from others

-Hopelessness -Withdrawal

-Isolation -Depression

-Avoidance of thoughts and feelings associated with the traumatic event.

STAGES OF TRAUMA TREATMENT

Three Stages of Treatment:

- 1. Stabilization
- 2. Integration/Processing of the traumatic memories
- 3. Integration and Meaning Making

STAGES OF TRAUMA TREATMENT: STABILIZATION

- During this stage of treatment, there is a focus on stabilizing behaviors, creating safety, reducing traumatic symptoms, skill building and development of the overall treatment.

STAGES OF TRAUMA TREATMENT: STABILIZATION

Goals in this Stage:

- **History Taking**:

  -What Happened

  -What are various transitions in this person's life: how do they deal with people, relationships, self-concepts.

  -What are the ways that they coped, what is the function of the symptom?

- **Building a Therapeutic Alliance**:

  -Discussing the framework of what treatment will look like/what to expect, pacing.

  -Giving the individual a way to struggle productively.

- **Building Skills**

  -Skills that can be practiced to build safety: safe place visualizations, safe sleep routines, breathing exercises, progressive muscle relaxations, sensory tools that help the client be in the present and ground and self soothe.

  -Skills that begin to help the client identify emotions and bodily reactions and to increase communication

STAGES OF TRAUMA TREATMENT: STABILIZATION

Goals in this Stage:

- **Abstinence**
  - -Tools for not engaging in the maladaptive behavior previously used
  - -Helping the client establish a support network, identifying/utilizing supports
- **Identifying Initial Stuck Points**
  - -What are the fears around doing the work
  - -What are possible initial therapy interfering behaviors
- **Mutual Agreement**
  - -Alliance around doing the work
  - -Pacing and anticipated goals

STAGES OF TRAUMA TREATMENT: STABILIZATION

- Assignments/Techniques:

-Timeline of life events

-Grounding and Containment skills: Safe Place Imagery, Containment Box or Imagery Around, Using the senses, Containment journal

-Safe Sleep Routines

-Meditation

-Progressive Muscle Relaxation

-Distraction tools

-Writing about the function of the symptom, drawing out

-Relapse Prevention Tools

-CPT Impact Statement, Meaning of What Happened

STAGES OF TRAUMA TREATMENT: INTEGRATION/PROCESSING OF TRAUMA

- During this stage, the individual is talking and processing more of what happened with the trauma. This frequently can feel terrifying and overwhelming as it also brings with it feelings, memories and sensations that the individual may have previously avoided. The individual may also get additional information about what happened.

STAGES OF TRAUMA TREATMENT: INTEGRATION/PROCESSING OF TRAUMA

Goals in this Stage:

- **Context**: Understanding the context of a person's life
  - -What was it like growing up in your household?
  - -What were the core beliefs that were present?
  - -What were the overt/covert messages?
  - -What is their self-concept, sexuality, how did this develop?
- **History**:
  - -How does what happened feed into current symptoms and how might the trauma block the client?
- **Schemas**:
  - -What are the belief systems-what is their world view and how does this manifest in their life?
  - -Looking at/changing what sense they have previously made of things in the context of the trauma

STAGES OF TRAUMA TREATMENT: INTEGRATION/PROCESSING OF TRAUMA

- Assignments/Techniques:

-Writing about beliefs (i.e.-"Women are…" "Men are…" "Families are…")

-Drawing out problem/stuck points

-CPT for Trauma

-EMDR-identifying negative beliefs and stuck points

-Looking at how symptom works/serves the individual; behavioral chain analysis, depicting what it looks like (i.e.-Depict how your eating disorder protects you/ functions).

-"Me Box"

STAGES OF TRAUMA TREATMENT: INTEGRATION/MEANING MAKING

- During this stage, the individual is working on what meaning/beliefs they took on as a result of the trauma they experienced. This means looking at core beliefs they may have as a result of the trauma or about themselves. This may include more integration of injured parts of self that the individual may have previously disowned.

STAGES OF TRAUMA TREATMENT: INTEGRATION/MEANING MAKING

Goals in this Stage:

- Continued understanding of the function of the symptoms
- Cognitive Re-structuring of the event
- Attribution of Blame
- Increasing capacity for healthy attachment
- Looking at relationship patterns and ways they are interacting with themselves and others
- Decreasing shame and alienation

STAGES OF TRAUMA TREATMENT: INTEGRATION/MEANING MAKING

- Assignments/Techniques:

  -Real World Practice: practicing with peers/family members, exposures

  -Diagramming out problem, resolution and current behaviors.

  -Expressive therapies

  -EMDR

  -Internal Family Systems and Unburdening

STUCK POINTS

What are Stuck Points?

- Thoughts/ways of thinking that get in the way of recovering from trauma
- Often are an "if…then…" statement
- May use extreme language such as: "always, never"
- Two Types:
  1. Assimilated: Thoughts that are looking back on the past.
  2. Over-Accommodated: Thoughts that are present and future oriented.

TRANSFERENCE AND COUNTERTRANSFERENCE

When you get reactive, get curious. You have a wound that is asking to be healed. ~ Mark Groves

TRANSFERENCE AND COUNTERTRANSFERENCE

What is Transference?

- What the client brings from their previous experience and projects onto the therapeutic relationship. Occurs in both positive and negative ways.
- Originally Freud's first thoughts were on neurosis and that this was a function of the repression of unacceptable ideas and impulses that the client resists and as these ideas and impulses emerge places on the therapist. (King &Jones, 2011)

What is Countertransference?

- What the therapist brings into the therapeutic relationship that projects onto the client. Occurs in both positive and negative ways.
- The therapist also brings things from their previous experiences and relationships.

TRANSFERENCE AND COUNTERTRANSFERENCE

Classification of Sources of positive and negative client responses to therapists (King &Jones,

	Positive	Negative
Stereotypical: emotional response to socially defined attributes	The therapist is: •Well-dressed •Educated •Neat •Authoritative •Good-looking	The therapist is: •Sloppy •Foreign •Overweight •Young/Old •Male/Female
Situational: emotional response induced by therapist behavior	The therapist is: •Attentive •Warm •Responsive	The therapist is: •Late •Yawning •Lacking Eye Contact
Alliance-based: emotional response based on state of therapeutic alliance	• I trust and feel safe with the therapist • Therapist understands what I want to achieve in therapy • Therapist clearly communicates how therapy works and what is expected of me	• I don't know where I stand • The therapist has his/her own agenda • I don't know what I am doing here
Transference-based: response based on internal construction of the therapist rather than socially defined or actual qualities.	• The therapist is very wise • The therapist will see me through thick and thin • The therapist will never abandon me	• The therapist is taking pleasure in humiliating me. • The therapist is bored with me • The therapist forgets who I am and mixes me up with other clients.

TRANSFERENCE AND COUNTERTRANSFERENCE

Common Types of Countertransference:

- Defensive Countertransference:

  -The most general type

  -Occurs when the client triggers the therapist's unresolved struggles in such areas as: dependency, sexuality and aggression.

- Aim Attachment Countertransference:

  -About the therapist's motives

  -Focuses on the unconscious need for success, power, omnipotence, money which can distort the therapeutic relationship.

  -Also can focus on desperate searches for love, recognition, admiration, savior or rescuer fantasies, voyeuristic impulses, the need to feel superior by working with sick or inadequate people, and attempts to alleviate guilt feelings by helping others.

(Rowan, 1983)

TRANSFERENCE AND COUNTERTRANSFERENCE

Common Types of Countertransference:

- Transferential Countertransference:
  - -Therapist responds as though client is a parental figure or a sibling figure, etc.
  - -May have feelings of not being able to get through to them.
- Reactive Countertransference:
  - -Therapist responds to the client's transference distortions as if they are real.
  - -May involve defending oneself or explaining "what really happened."
- Induced Countertransference:
  - -Therapist takes up a role suggested by the client's transferential behavior.
  - -May involve giving advice, answering questions, giving reassurance, acting like a parent.

(Rowan, 1983)

TRANSFERENCE AND COUNTERTRANSFERENCE

Common Types of Countertransference:

- Identification Countertransference

  -Therapist over-identifies with the client, entering a covert alliance.

  -May be engaged in blaming others for the client's difficulties.

  -Therapist may also avoid areas that are reminiscent of their own problems.

- Displaced Countertransference

  -Therapist displaces feelings from his/her personal life on to a client.

  -Feelings towards one client are displaced and acted out on another client.

  -Therapist may also displace feelings toward a client onto people in his/her personal life.

  -"All my clients seem to have the same problems at the moment."

(Rowan, 1983)

TRANSFERENCE AND COUNTERTRANSFERENCE

Why is it valuable?

- There may be an element of transference in every emotional response, how much or how little the therapist responds is important.
- Allows the therapist to access the template on which important relationships were constructed. (King &Jones, 2011)
- Unites the past and the present with an immediacy that could not be achieved through memory or accounts of relationships with third parties. (King &Jones, 2011)
- Both locates the damage and makes it available for repair so that therapy can become a corrective emotional experience. (King &Jones, 2011)
- Creates opportunities for immediate and emotionally alive investigation of interpersonal experience. (King &Jones, 2011)

TOOLS FOR THERAPISTS

- Useful tools for therapists to practice
  - -“Fire Drill” (Schwartz, 1997)
  - -Meditation-Soothing a Triggered Exile (Weiss, 2013)
  - -Exercise: Imagining a problem, solution and what the roadblock is.

QUESTIONS?????

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Herman, J. (1997). Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror. New York. NY. Basic Books.

King, R., & O'Brien, T. (2011). Transference and Countertransference: Opportunities and risks as two technical constructs migrate beyond their psychoanalytic homeland. *Psychotherapy in Australia*, 17(4), 12-16.

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Saakvitne, K., Gamble, S., Pearlman, L., &Tabor Lev., B. (2000). Risking Connection: A Training Curriculum for working with Survivors of Childhood Abuse. Baltimore, MD. Sidran Press.

Weiss, B., (2013). Self-Therapy Workbook: An Exercise Book for the IFS Process. Larkspur. CA.

RECOMMENDED READING LIST:

- Attachment Disturbances in Adults: Treatment for Comprehensive Repair by Daniel P. Brown and David S. Elliott
- Treating PTSD in Military Personnel: A Clinical Handbook by Bret A. Moore and Walter E. Penk
- Healing the Fragmented Selves of Trauma Survivors: Overcoming Internal Self-Alienation by Janina Fisher
- Facing Shame: Families in Recovery by Merle A. Fossum and Marilyn J. Mason
- Shame: The Power of Caring by Gershen Kaufman
- Cognitive Processing Therapy for PTSD: A Comprehensive Manual by Patricia A. Resick, Candice M. Monson and Kathleen M. Chard.
- 101 Trauma-Informed Interventions: Activities, Exercises and Assignments to Move the Client and Therapy Forward by Linda Curran