Complex Trauma

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Types of Trauma

- Type I: Impersonal
- Type II: Interpersonal
- Type III: Lifelong
- Type IV: Identity
- Type V: Community
Poll #1
Do you work with people who have experienced trauma?

- Yes
- No
Interpersonal Trauma

“A break in the human lifeline”

Robert J. Lifton
Types of Interpersonal Trauma

- Attachment/relational
- Physical and sexual abuse
- Emotional/verbal/bullying/antipathy
- Neglect/non-response or protection
- Layered
- Betrayal
- Secondary/ “second injury”/institutional
What is Complex Trauma?

Some Characteristics

- Interpersonal
- Abuse of all types and neglect/non-response
- Repetitive, prolonged, chronic, cumulative
- Often in attachment relationships
  - Dependence/immaturity, accessibility and entrapment
- Often over the course of childhood
  - Layered, cumulative
  - Impacts development
- May be lifelong: same or different perpetrators
Trauma and Development

- Attachment/relational trauma
- Attachment style and Inner Working Model
  - Secure
  - Insecure
  - Disorganized
- Lack of self validation/reflection
- Effect on brain development
  - Survival brain vs. learning brain
Attachment Trauma and Development

- Can effect development starting at the neuronal level
  - Neurons that fire together wire together
- Can affect brain structure and function
- Right brain/sensory-motor imprint
- Left brain development impeded
  - There may be no words
  - Speechless terror
Poll #2
Do you have clients that meet this criteria for complex trauma?

- Yes
- No
Limbic System of the Brain
Posttrauma Adaptations
(adapted from Wilson, 1989)

Note: *most* adults, even when seriously traumatized have posttraumatic *reactions*; and do not develop PTSD (*18-25%* do).

However, complex trauma, especially over the course of childhood most often leads to PTSD (*75% + do*).
**DSM-IV Criteria: PTSD**

- A. Exposure or experience
- B. Persistent *reexperiencing*, intrusions, dreams of trauma, distress at re-exposure
- C. Persistent *avoidance* of stimuli associated with the trauma and numbing
- D. Persistent symptoms of *increased* arousal
DSM-5 New Criteria

- Now a category of trauma disorders
- Drop/expand Criterion A
- Separate criteria of Numbing from Avoidance
- To Criterion B, add emotional dysregulation and additional emotions
- A subtype of Dissociative PTSD will be added
Post-trauma *Responses and Disorders*

- **Complex Posttraumatic Stress Disorder (DESNOS) “PTSD plus or minus”**
  - related to severe chronic abuse in childhood and attachment disturbance
  - usually highly co-morbid
  - involves a high degree of dissociation

- **Dissociative Disorders**
  - associated with disorganized attachment and/or abuse in childhood
  - can develop in the aftermath of trauma that occurs any time in the lifespan
Complex Posttraumatic Stress Disorder
Disorders of Extreme Stress Not Otherwise Specified (DESNOS)

- Accounts for developmental issues, co-morbidity/co-occurrence, memory variability and to reduce stigma

- Co-morbidity:
  - distinct from or co-morbid with PTSD
  - other Axis I, mainly:
    - depressive, dissociative, and anxiety disorders
    - substance abuse/other addictions
    - impulse control/compulsive disorders
  - Axes II and III: multiple conditions
Symptom Categories and Diagnostic Criteria for Complex PTSD/DESNOS

1. Alterations in regulation of affect and impulses
   - a. Affect regulation
   - b. Modulation of anger
   - c. Self-destructiveness
   - d. Suicidal preoccupation
   - e. Difficulty modulating sexual involvement
   - f. Excessive risk taking

2. Alterations in attention or consciousness
   - a. Amnesia
   - b. Transient dissociative episodes and depersonalization
Symptom Categories and Diagnostic Criteria for Complex PTSD/DESNOS

3. Alterations in self-perception
   - a. Ineffectiveness
   - b. Permanent damage
   - c. Guilt and responsibility
   - d. Shame
   - e. Nobody can understand
   - f. Minimizing

4. Alterations in perception of the perpetrator
   - a. Adopting distorted beliefs
   - b. Idealization of the perpetrator
   - c. Preoccupation with hurting the perpetrator
Symptom Categories and Diagnostic Criteria for Complex PTSD/DESNOS

5. Alterations in relations with others
   - a. Inability to trust
   - b. Revictimization
   - c. Victimizing others

6. Somatization
   - a. Digestive system
   - b. Chronic pain
   - c. Cardiopulmonary symptoms
   - d. Conversion symptoms
   - e. Sexual symptoms

7. Alterations in systems of meaning
   - a. Despair and hopelessness
   - b. Loss of previously sustaining beliefs
Evidence-Based Practice

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

American Psychological Association Council of Representatives Statement, August 2005
Effective Treatments for PTSD*

- Psychopharmacology
- Psychotherapy, group and individual
- CBT, (PE and CPT, especially)
- EMDR
- Psych-education
- Other supportive interventions

*Few studies have evaluated using a combination of these approaches although combination treatment commonly used and may have advantages
Poll #3
Which of these treatments, if any, do you use with your patients?

- Psychopharmacology
- Psychotherapy, group and individual
  - CBT
  - EMDR
- None of the Above
Complex Trauma Treatment

- Problems with affect regulation
  - may rely on maladaptive behaviors, substances
  - problems with safety
- Problems with disorders of the self, attachment relationships
  - negative self-concept
  - re-victimization/re-enactments
  - needy but mistrustful
- Problems functioning?
- Physical/medical concerns
- Other…
Recommended Treatments for Complex PTSD

- Sequenced or phase based
- Interventions tailored to specific symptoms
- “First line”
  - Emotional regulation
  - Narration of trauma memory
  - Cognitive re-structuring
  - Anxiety and stress management
  - Interpersonal
Recommended Treatments for Complex PTSD

- “Second line”
  - Meditation/mindfulness

- Course and duration of treatment unclear
“Hybrid” Models for Complex Trauma

- TARGET (Ford)
- STAIR-NTP (Cloitre)
- Seeking Safety (Najavits)
- ATRIUM (Miller)
- SAFE Alternatives (Conterio & Lader)
- DBT (adapted)
- Other models and workbooks...
Treatment Goals for PTSD

- Educate about and de-stigmatize PTSD sx
- Increase capacity to manage emotions
- Reduce co-morbid problems
- Reduce levels of hyper-arousal
- Re-establish normal stress response
- Decrease numbing/avoidance strategies
- Face rather than avoid trauma, process emotions, integrate traumatic memories
Treatment Goals for PTSD

- Restore self-esteem, personal integrity
  - normal psychosexual development
  - reintegration of the personality
- Restore psychosocial relations
  - trust of others
  - foster attachment to and connection with others
- Restore physical self
- Restore spiritual self
- Prevent re-victimization/re-enactments

SAFETY IS THE FOUNDATION
Treatment Goals for Complex Trauma

- All the same but more
- Developmental implications
- PTSD symptoms
- Co-occurring problems
  - Depression, anxiety, substance abuse, dissociation, OCD, phobias, medical and somatic conditions, functioning
Treatment Principles for All Types of Trauma

“First, do no more harm”

Treatment can help and treatment can hurt both the helper and the client
Treatment Principles

- Treatment meets standard of care
- Treatment is individualized
- Client empowerment/collaboration
- Safety and protection
  - safety of self and others, to and from others
- Relationship issues,
  - caring, acceptance, and empathy
- Informed consent/refusal; client rights
Treatment for Complex Trauma

• **Sequenced** treatment
• Specialized techniques, **applied later**
  – EMDR for resource installation/affect mgt, CBT (exposure therapies), CPT, stress inoculation
• Other techniques as needed (careful application)
  – relaxation, exercise, group, education, wellness
• Group, couple or family work
Complex Trauma Treatment

- “Not trauma alone” (Gold, 2000)
- Multi-theoretical and multi-systemic
- Integrative
- Addresses attachment/relationship issues in addition to life issues and trauma symptoms and processing of traumatic material
- Sequenced
Poll #4
Have you heard of Treatment Sequence for complex trauma?

- Yes
- No
Treatment Sequence

- Safety, stabilization, skill-building, treatment alliance
- Trauma processing
- Integration and meaning, self and relational development
Treatment

Like Posttraumatic Disorders, comprehensive treatment must be BIO-PSYCHO-SOCIAL/SPIRITUAL & Culture and Gender Sensitive
Bio/Physiological Treatments

- Psychopharmacology
  - evidence base developing re: effectiveness
  - algorithms developed
  - not enough by itself

- Medical attention
  - preventive
  - treatment

- Movement therapy
Bio/Physiological Treatments

- Stress management
- Self-care/wellness:
  - Exercise (w/ care)
  - Nutrition
  - Sleep
  - Hypnosis/meditation/mindfulness
  - Addiction treatment
    - Alcohol, drugs, prescription drugs
    - Smoking cessation
    - Other addictions (sexual, spending)
    - Relapse planning
Bio-physiological Treatments

- Somatosensory/body-focused techniques
  (Levine; Ogden; Rothschild, Scaer)

  Remember: The brain is part of the body!

- Paying attention to the body in the room
  - interpersonal neurobiology

- Neurofeedback/EEG Spectrum
- Massage and movement therapy
- Dance and theatre
- Yoga
Psychosocial/Spiritual Treatments

- The therapy relationship--has the most empirical support of any “technique”
- Especially important with the traumatized
- Especially important in interpersonal violence and in developmental trauma
  - attachment studies
  - brain development studies
  - striving for secure attachment
Psychosocial/Relational and Spiritual Treatments

- Psych-education (individual or in group)
- Individual and group therapy
  - trauma focus vs. present focus
  - skill-building
  - core affect and cognitive processing
  - developing connection with others
    - identification and meaning-making
  - concurrent addiction/ED
- Couple and family therapy
Psychosocial/Spiritual Treatments

- Adjunctive groups/services
  - AA, Al-Anon, ACA, ACOA, etc.
  - social services/rehabilitation
  - career services
  - internet support and information

- Spiritual resources: finding meaning in suffering
  - pastoral and spiritual care
  - organized religion
  - other religion/spirituality
  - nature, animals
Cognitive Behavioral, Emotional/Information Processing Treatments

- Education & skill development
  - numerous workbooks now available on a wide variety of topics
    - general, CD, self-harm, risk-taking, eating, dissociation, spirituality, career, etc.
- Exposure and desensitization (Foa et al.)
  - prolonged & graduated
- Writing/journaling
  - CPT (Resick)
  - Journalaling (Pennebaker)
Cognitive Behavioral, Emotional/Information Processing Treatments

- Schema therapy (Young; McCann & Pearlman)
- Dialectic Behavior Therapy (DBT)--may involve “tough love stance” (Linehan)
  - mindfulness and skill-building
- Narrative therapies (various authors)
- Strength/resilience development
Affect-Based Treatments

- AEDP: Accelerated Experiential-Dynamic Psychotherapy (Fosha)
- Repair of the Self (Schore, others)
- Techniques for identifying and treating dissociation (ISSD, Kluft, Putnam, Ross, others)
- Relational and affect-based psychoanalytic techniques (Bromberg, Davies & Frawley, Chefetz, others)
Relational/Attachment Treatments

- Understand client’s attachment style and Inner Working Model
  - Helps expect how the client relates and behaves
- Strategize how to respond
- Goal: to move to secure attachment through insights gained in and through the therapy relationship
Relational/Attachment Techniques

- Interpersonal neurobiology (Schore, Siegel)
- Relational & affect-based
  - Client’s attachment style
  - Therapist’s attachment style
    - secure connection with the therapist to foster secure connections elsewhere (“earned security”)
  - Spouse/partner/significant other
    - couple and family work
Relational/Attachment Techniques

- Internalization of attachment
  - Children
    - parenting help/training
  - Friends
    - substitute family
    - social and friendship skills
- Support systems
Hypnosis/Guided Imagery Techniques

Caution: for ego development, self-soothing, attachment, \textit{not} for memory retrieval
Expressive Techniques

- Art
  - collage
  - images
  - pottery/clay work
- Poetry/writing
- Psychodrama
- Movement
Spirituality/Mindfulness

- Nature
- Specific spiritual writers and orientations
- The meaning of suffering
- Existential issues
- Religion
- Pastoral care/spiritual issues
- Prayer
- Spiritual formation
Cultural/Ethnic/Gender/Religious

- Social context/ethnic group and how it might contributes to trauma
  - racism, sexism, heterosexism and homophobia, cultural or ethnic norms, colonialism, etc.
- Blocks or supports to healing
- Take these issues into account
- Healing rituals/healers
Expert Consensus Guidelines for “Classic PTSD”

- ISTSS Guidelines (Foa, Friedman, & Keane, 2000, 2008)
- Clinical Efficiency Support Team (CREST, Northern Ireland, 2003)
- Veterans’ Administration/DoD (US, 2004)
- National Institute of Clinical Excellence (NICE, UK, 2005)
- Australian Centre for Posttraumatic Mental Health (2007)
Expert Consensus Guidelines for Complex PTSD

- Under development and anticipated this year
  - ISTSS (Cloitre & Courtois, co-chairs)
  - ISST-D/Division 56 (Courtois, chair)

- Available
  - ISTSS complex trauma expert consensus survey, Cloitre, Courtois, et al., 2011
  - Courtois, Ford & Cloitre, 2009
  - CREST, 2003
  - Courtois, 1999
Other Expert Consensus Guidelines

- **Dissociative Disorders**
  - Children (ISSD, 2001)

- **Delayed memory issues**
  - Courtois, 1999; Mollon, 2004
Coming later this year

- Courtois & Ford, *The Treatment of Complex Trauma: A Sequenced, Relationship-based Approach* (Guilford)

- Ford & Courtois (Eds.), *Treating Complex Traumatic Stress Disorders in Children and Adolescents: An Evidence-based Guide* (Guilford)
Treating Complex Traumatic Stress Disorders
An Evidence-Based Guide

Christine A. Courtois
Julian D. Ford
Recollections of Sexual Abuse

Treatment Principles and Guidelines

Christine A. Courtois
Resources

- ISTSS.org
- ISSTD.org--new name; formerly (ISSD.org)
  - 9 month-long courses on the treatment of DD’s - various locations
- NCPTSD.va.gov (info and links)
- NCTSN.org (child resources)
- Sidran.org (books and tapes)
- APA Division 56, Psychological Trauma
  - traumadivision@apa.org please join!!
Upcoming Webinars with Christine Courtois, Ph.D.

Understanding Trauma, from “Simple” to “Complex”
Free Webinar
Aug. 20- 11am- 12pm PST

Learn more or register at www.psychalive.org/2012/05/free-and-ce-webinars-with-christine-courtois-ph-d/
Upcoming Webinars with Lisa Firestone, Ph.D.

For Professionals:

**Suicide: What Every Mental Health Professional Needs to Know**
CE Webinar
Sep. 25 - 4pm – 5:30pm PDT

For the Public:

**Understanding & Preventing Suicide**
Free Webinar
Sep. 18 - 11am – 12pm PDT

**How to Raise an Emotionally Healthy Child**
Free Webinar
Dec. 4 - 12pm – 1pm PST

Learn more or register at http://www.psychalive.org/2012/01/upcoming-webinars-2/
Upcoming Webinars with James Gilligan, M.D.

Understanding & Effectively Treating Violence
CE Webinar
Oct. 16 - 4pm – 5:30pm PDT

Why Does Violence Occur & How Can We Prevent It?
Free Webinar
Nov. 13 - 11am- 12pm PST

Learn more or register at http://www.psychalive.org/2012/01/upcoming-webinars-2/
To receive your CEs for this webinar:

* Upon completion of this Webinar, you will receive an email with an evaluation form and post-test for you to complete and return to the us within 10 days. You will also receive two articles by Dr. Courtois. These forms can be emailed, faxed or mailed back to us. Instructions will be given in the email you receive. Upon receiving your completed forms, a CE certificate will be mailed to you.

* A recording of this Webinar will also be available online. Those unable to attend this live webinar may view the recording and complete the evaluation form to receive 1.5 CE Credits for $35. You can receive an additional 1.5 CE Credits by completing the attached articles as well. A link to this recording will be sent to you as soon as you request it.