

Complex Trauma



Christine A. Courtois, Ph.D.

Courtois & Associates, PC
Washington, DC

CACourtoisPhD@AOL.COM

www.drchriscourtois.com



THE GLENDON
ASSOCIATION

& PSYCHALIVE

Lisa Firestone, Ph.D.

The Glendon Association

PsychAlive.org



Check in through PsychAlive's social media:



Get the latest
news on
PsychAlive
Webinars and
Events



Follow us on Twitter

<http://twitter.com/@psychalive>

Tweet this webinar: #psychalivewebinar



Like us on Facebook

<http://www.facebook.com/PsychAlive>

Types of Trauma

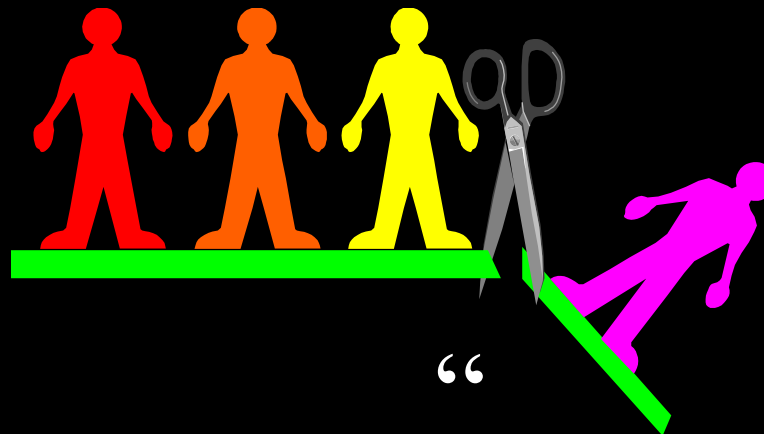
- u Type I: Impersonal
- u Type II: Interpersonal
- u Type III: Lifelong
- u Type IV: Identity
- u Type V: Community

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

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

What is Complex Trauma?

Some Characteristics

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

Trauma and Development

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

Attachment Trauma and Development

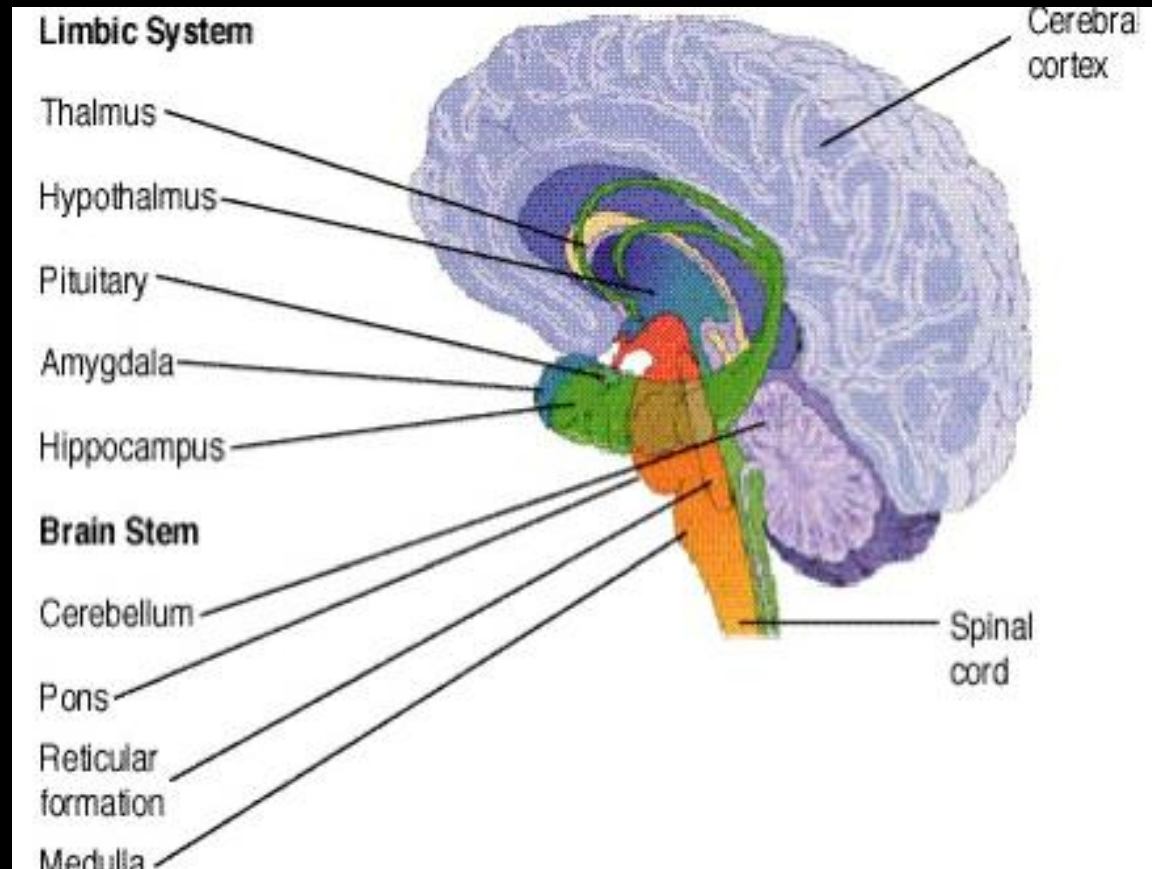
- u Can effect development starting at the neuronal level
 - Neurons that fire together wire together
- u Can affect brain structure and function
- u Right brain/sensory-motor imprint
- u Left brain development impeded
 - There may be no words
 - Speechless terror

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

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

DSM-5 New Criteria

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

Post-trauma *Responses and Disorders*

- u **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
- u **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)

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

- u 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
- u 2. Alterations in attention or consciousness
 - a. Amnesia
 - b. Transient dissociative episodes and depersonalization

Symptom Categories and Diagnostic Criteria for Complex PTSD/DESNOS

u 3. Alterations in self-perception

- a. Ineffectiveness
- b. Permanent damage
- c. Guilt and responsibility
- d. Shame
- e. Nobody can understand
- f. Minimizing

u 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

u 5. Alterations in relations with others

- a. Inability to trust
- b. Revictimization
- c. Victimizing others

u 6. Somatization

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

u 7. Alterations in systems of meaning

- a. Despair and hopelessness
- b. Loss of previously sustaining beliefs

Evidence-Based Practice

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

*American Psychological
Association Council of
Representatives Statement,
August 2005*



Effective Treatments for PTSD*

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

- u **Problems with affect regulation**
 - may rely on maladaptive behaviors, substances
 - problems with safety
- u **Problems with disorders of the self, attachment relationships**
 - negative self-concept
 - re-victimization/re-enactments
 - needy but mistrustful
- u Problems functioning?
- u Physical/medical concerns
- u Other...

Recommended Treatments for Complex PTSD

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

Recommended Treatments for Complex PTSD

- u “Second line”
 - Meditation/mindfulness
- u Course and duration of treatment unclear

“Hybrid” Models for Complex Trauma

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

Treatment Goals for PTSD

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

Treatment Goals for PTSD

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

SAFETY IS THE FOUNDATION

Treatment Goals for Complex Trauma

- u All the same but more
- u Developmental implications
- u PTSD symptoms
- u 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

- u Treatment meets standard of care
- u Treatment is individualized
- u Client empowerment/collaboration
- u Safety and protection
 - safety of self and others, to and from others
- u Relationship issues,
 - caring, acceptance, and empathy
- u 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

- u “Not trauma alone” (Gold, 2000)
- u Multi-theoretical and multi-systemic
- u Integrative
- u Addresses attachment/relationship issues in addition to life issues and trauma symptoms and processing of traumatic material
- u Sequenced

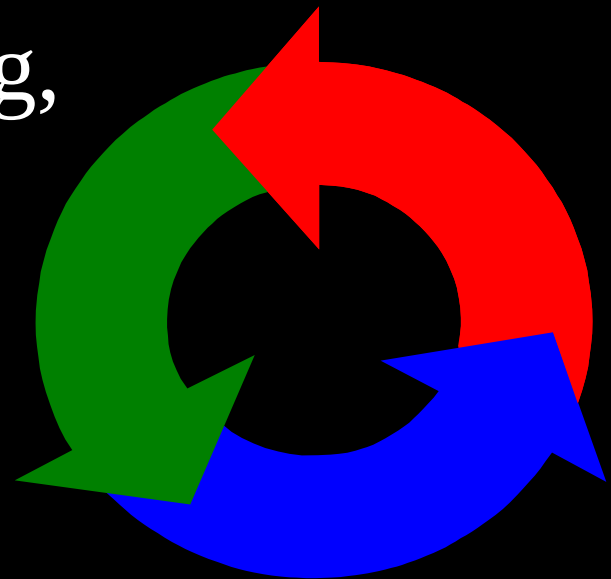
Poll #4

Have you heard of Treatment Sequence for complex trauma?

- Yes
- No

Treatment Sequence

- u Safety, stabilization, skill-building, treatment alliance
- u Trauma processing
- u 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

- u Stress management
- u 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

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

Remember: The brain is part of the body!

- n Paying attention to the body in the room
 - interpersonal neurobiology
- n Neurofeedback/EEG Spectrum
- n Massage and movement therapy
- n Dance and theatre
- n Yoga

Psychosocial/Spiritual Treatments

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

Psychosocial/Relational and Spiritual Treatments

- u Psych-education (individual or in group)
- u 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
- u Couple and family therapy

Psychosocial/Spiritual Treatments

- u Adjunctive groups/services
 - AA, Al-Anon, ACA, ACOA, etc.
 - social services/rehabilitation
 - career services
 - internet support and information
- u Spiritual resources: finding meaning in suffering
 - pastoral and spiritual care
 - organized religion
 - other religion/spirituality
 - nature, animals

Cognitive Behavioral, Emotional/ Information Processing Treatments

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

Cognitive Behavioral, Emotional/ Information Processing Treatments

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

Affect-Based Treatments

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

Relational/Attachment Treatments

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

Relational/Attachment Techniques

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

Relational/Attachment Techniques

- n Internalization of attachment
 - n Children
 - u parenting help/training
 - n Friends
 - u substitute family
 - u social and friendship skills
 - n Support systems

Hypnosis/Guided Imagery Techniques

Caution: for ego development, self-soothing,
attachment, *not* for memory retrieval

Expressive Techniques

- n Art

- u collage

- u images

- u pottery/clay work

- n Poetry/writing

- n Psychodrama

- n Movement

Spirituality/Mindfulness

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

Cultural/Ethnic/Gender/Religious

- u Social context/ethnic group and how it might contributes to trauma
 - racism, sexism, heterosexism and homophobia, cultural or ethnic norms, colonialism, etc.
- u Blocks or supports to healing
- u Take these issues into account
- u Healing rituals/healers

Expert Consensus Guidelines for “Classic PTSD”

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

Expert Consensus Guidelines for Complex PTSD

u Under development and anticipated this year

- ISTSS (Cloitre & Courtois, co-chairs)
- ISST-D/Division 56 (Courtois, chair)

u Available

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

Other Expert Consensus Guidelines

u Dissociative Disorders

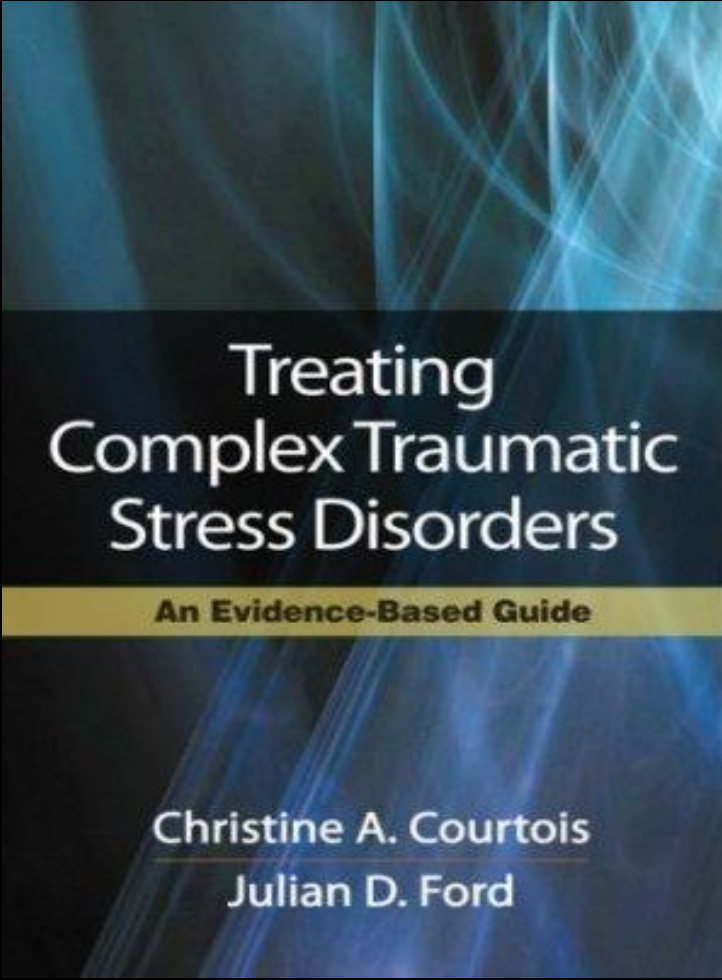
- Adult (ISSD, 1994, 1997, 2005, 2011)
- Children (ISSD, 2001)

u Delayed memory issues

- Courtois, 1999; Mollon, 2004

Coming later this year

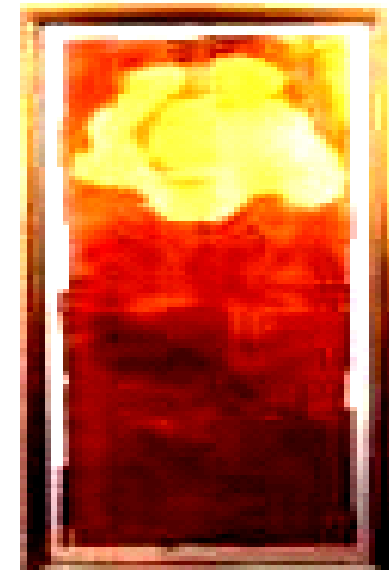
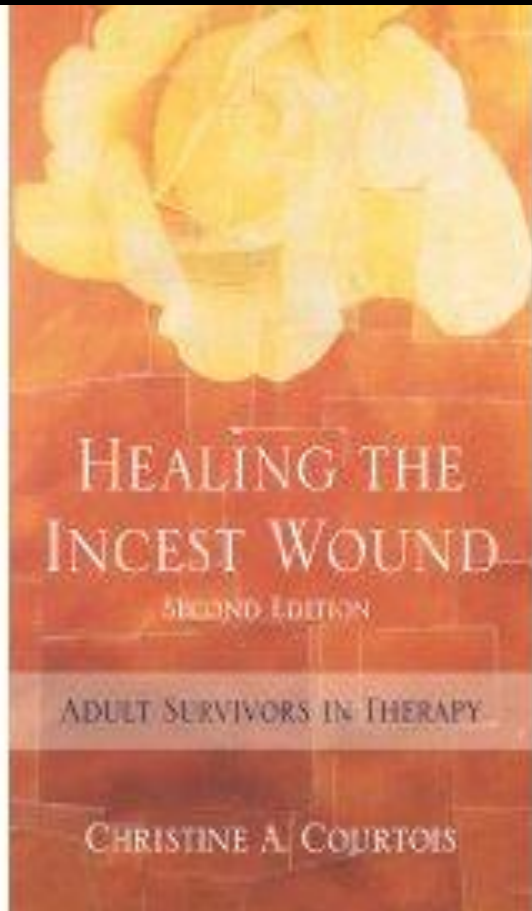
- u Courtois & Ford, *The Treatment of Complex Trauma: A Sequenced, Relationship-based Approach* (Guilford)
- u Ford & Courtois (Eds.). *Treating Complex Traumatic Stress Disorders in Children and Adolescents: An Evidence-based Guide* (Guilford)



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

August 2008 • Special Volume • Number 1

Psychological Trauma

Theory, Research, Practice, and Policy

Editor

Steven N. Gold

Associate Editors

Christine A. Courtois

Kathleen Randall-Tackett

ISSN: 1541-0015

www.apa.org/journals/tra

AMERICAN PSYCHOLOGICAL ASSOCIATION
PUBLISHED BY

Resources

- u ISTSS.org
- u ISSTD.org--new name; formerly (ISSD.org)
 - 9 month-long courses on the treatment of DD's--
-various locations
- u NCPTSD.va.gov (info and links)
- u NCTSN.org (child resources)
- u Sidran.org (books and tapes)
- u 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/>



THE GLENDON
ASSOCIATION

& PSYCHALIVE



Lisa Firestone, Ph.D.

Director of Research and Education – The Glendon Association

Senior Editor – PsychAlive.org

www.glendon.org

www.psychalive.org

CONTACT: Glendon@glendon.org

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 us within 10 days. You will also receive two articles by Dr. Courtois. The 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 from P.E.R within 3-4 weeks.
- 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 and post test to receive a total of 3 CE Credits for \$35. This includes 1.5 CE's for the recorded webinar and an additional 1.5 CE Credits for reading the attached articles. A link to this recording will be sent to you as soon as you request it.