

Complex Trauma



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Types of Trauma

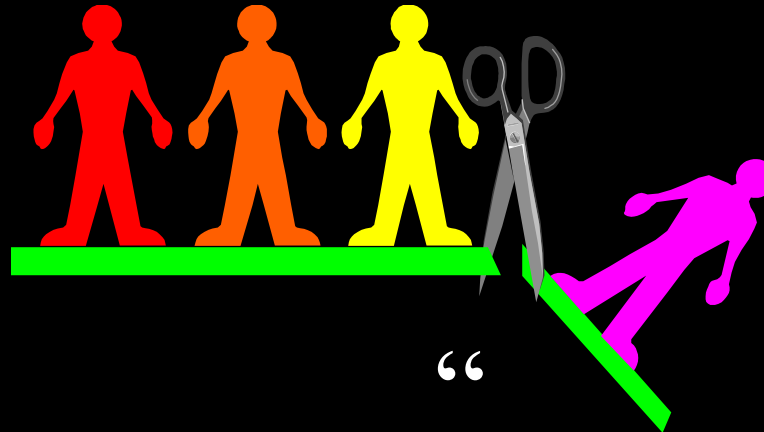
- Type I: Impersonal
- Type II: Interpersonal
- Type III: Lifelong
- Type IV: Identity
- Type V: Community

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

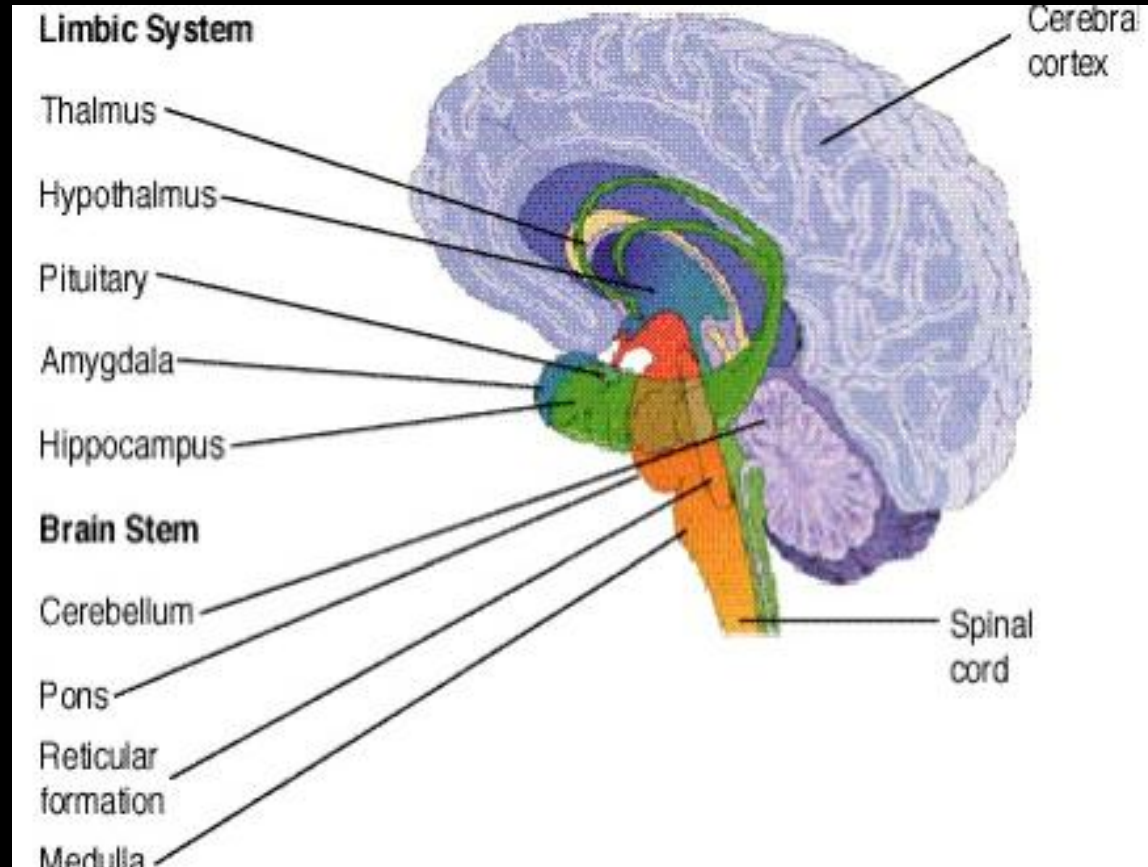
- Can effect development starting at the neuronal level
 - Neurons that fire together wire together
- Can affect brain structure and function
- Right brain/sensory-motor imprint
- Left brain development impeded
 - There may be no words
 - Speechless terror

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, usually 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/colloboration**
- **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

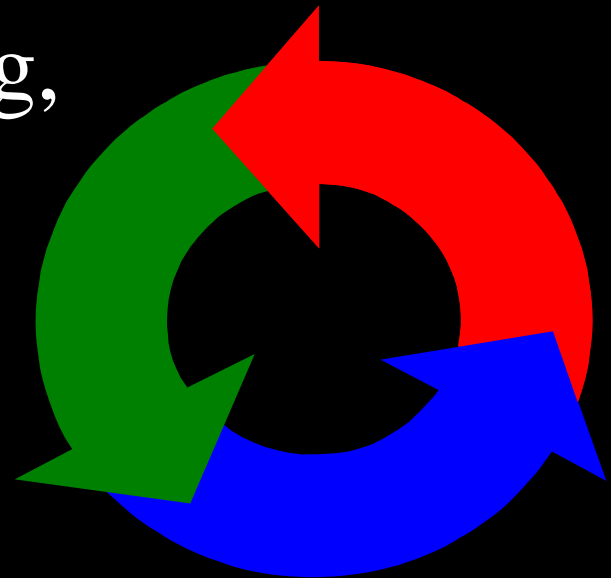
Poll #4

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)
 - Journaling (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 (Schoore, 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
- Patient in relationship with others
 - determine attachment style
- Therapist
 - determine attachment style
 - secure connection with the therapist to foster secure connections elsewhere (“earned security”)
 - transference/countertransference, enactments, VT
- 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, *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”

- 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

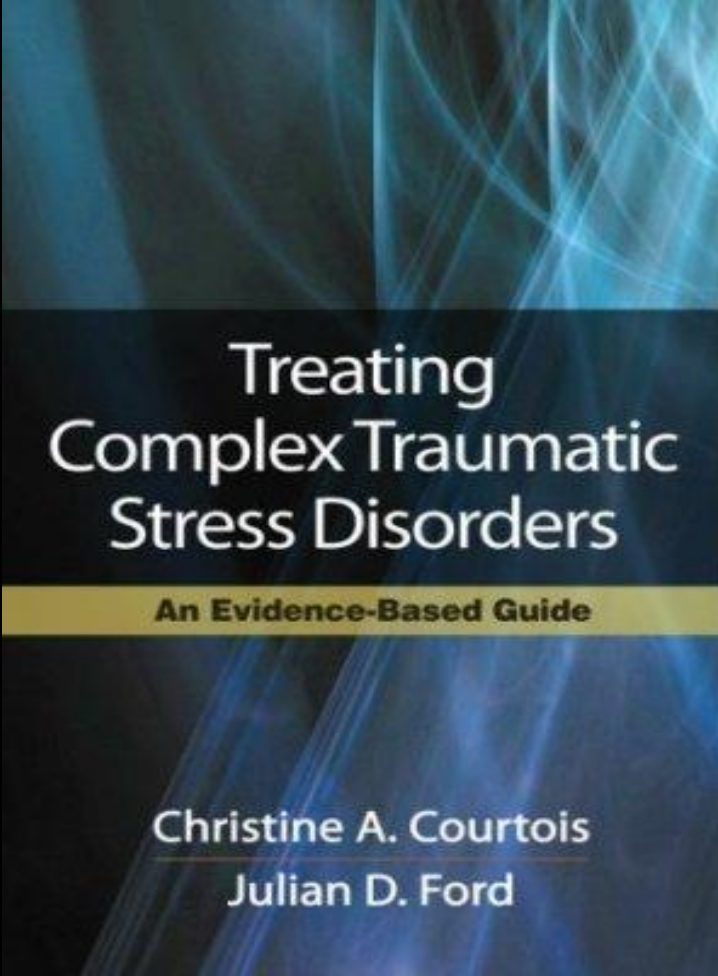
- Adult (ISSD, 1994, 1997, 2005, 2011)
- Children (ISSD, 2001)

u Delayed memory issues

- Courtois, 1999; Mollon, 2004

Coming later this year

- 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

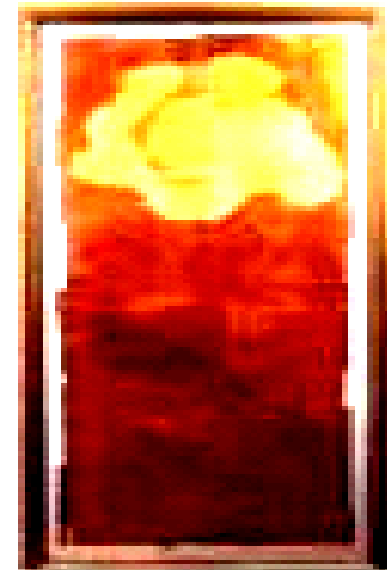


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Christine A. Courtois

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: 1543-9862

www.apa.org/journals/tra

AMERICAN PSYCHOLOGICAL ASSOCIATION
PUBLISHED BY

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!!**



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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/



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