

Trauma and Complex Trauma



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Poll #1

Have you or someone in your family experienced trauma?

- Yes
- No

Advances in Recognizing Trauma

One positive consequence of 9/11 and other recent catastrophes and wars is that **the public is now more aware of trauma and its potential consequences than ever before.**

Advances in Recognizing Trauma

**Trauma is a public health risk of
major proportions**

Dealing with the effects of trauma is a health-care priority; it is as serious as any major medical illness

(US Surgeon General, 1999)

Defining Trauma

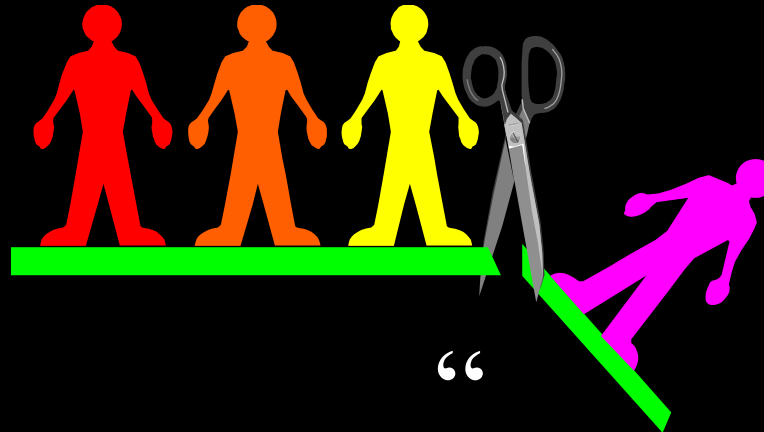
“...the *unique individual experience*, associated with an event or enduring conditions, in which the individual’s ability to integrate affective experience is overwhelmed or the individual experiences a threat to life or bodily integrity...”

(Pearlman & Saakvitne, 1990)

Types of Trauma

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

Interpersonal Trauma



“A break in the human lifeline”

Robert J. Lifton

Diagnostic Definition of Trauma

(DSM-IV, American Psychiatric Association, 1994)

A person has been exposed to a traumatic event in which both of the following were present:

Objective: 1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical* integrity of self or others

(* should include emotional integrity, as well)

Diagnostic Definition of Trauma

(DSM-IV, American Psychiatric Association, 1994)

Subjective: 2) the person's response involved intense fear, helplessness, or horror*

Note: in children, this may be expressed instead by disorganized or agitated behavior.

* Revised definition will include other common emotions such as shame, anger, disgust, etc.

Trauma Sequence

- ◆ **Peri-trauma:** at the time and immediately afterwards: shock; disorientation; dissociation
- ◆ **Acute:** ongoing disorientation & shock; other reactions; beginning reorientation; beginning processing—to the point of resolution or the development of symptoms
- ◆ **Chronic:** persisting symptoms and generalizing (may be due to avoidance); lack of resolution
- ◆ **Delayed/chronic:** may emerge later in response to triggers: out of time and place

Poll #2

Have you or the person you know
who's experienced trauma had
these symptoms?

- Yes
- No

Risk and Protective Factors

- interpersonal vs. accidental
- duration/repeated/chronicity
- severity
- life-threat
- entrapment and powerlessness
- exposure to death/dying/horror
- bereavement/loss
- single vs. multiple stressor
- potential for re-occurrence
- relationship issues
- forced silence

Risk and Protective Factors

- ◆ Experience and complexity of the trauma
 - alone or with others
 - community-based or not
 - moral conflict
 - role in trauma and after
- ◆ Posttrauma atmosphere
 - level of support/understanding
 - opportunity for ventilation/discussion
 - treatment availability & quality
 - cultural issues/rituals for recovery
 - societal attitudes

Risk and Protective Factors

- ◆ Individual **resilience** and vulnerability
- ◆ Biological/physiological factors
 - genetic predisposition, development
- ◆ **Personal development at time of the trauma**
 - developmental level
 - attachment history
 - personality and defenses
 - beliefs, values, abilities
- ◆ Prior and subsequent life events
 - other trauma/revictimization
 - pre- and post-trauma adaptation

Post-trauma Conditions

Note: *most* individuals who are seriously traumatized have posttraumatic **reactions**; not all develop posttraumatic **disorders**.

Post-trauma Conditions

- ◆ Acute
 - clinical
 - non- or sub-clinical
- ◆ Chronic
 - clinical
 - non- or sub-clinical
- ◆ Delayed onset
 - “sleeper effects”
- ◆ Complex: self and life course development

Trauma Has A Wake: Pebble in a Pond

- ◆ Primary victim
- ◆ Secondary victims
 - family
 - friends
 - emergency workers, police, journalists
 - therapists
- ◆ Third level victims
 - other supporters
 - community/social group
 - society

Poll #3

Do you or someone you know
have PTSD?

- Yes, diagnosed
- Yes, but not diagnosed
 - Unsure
 - No

Symptom Categories of Posttraumatic Stress Disorder

- ◆ A. Exposure or experience
- ◆ B. Persistent **re-experiencing**, 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**

PTSD

- ◆ A complex **dynamic disorder**

- fluctuating, not static
- variable in form, presentation, course, degree of disruption

- ◆ A multi-dimensional

bio-psycho-social/spiritual

stress response syndrome

- ◆ An **allostatic** condition

Complex PTSD

Disorders of Extreme Stress Not Otherwise Specified (DESNOS)

- ◆ *Distinct from or co-occurring with PTSD*
- ◆ Developed to account for developmental issues, associated conditions, memory changes and to reduce stigma of the symptoms
- ◆ Other associated conditions
 - depression and anxiety
 - dissociation
 - substance abuse/other addictions
 - impulse control/compulsive disorders/risk
 - personality, medical conditions and ability to function

Symptom Categories of Complex PTSD

- ◆ 1. Emotion identification and regulation
- ◆ 2. Attention or consciousness
- ◆ 3. Self-perception
- ◆ 4. Perception of perpetrator
- ◆ 5. Relations with others
- ◆ 6. Somatization
- ◆ 7. Systems of meaning

Treatment

◆ General Goals

- reduce levels of hyperarousal
- reestablish normal stress response
- decrease numbing/avoidance strategies
- face rather than avoid trauma, process emotions, integrate traumatic memories
- reduce comorbid problems
- educate about and destigmatize PTSD sx

Treatment

◆ General Goals (cont'd):

- restore self-esteem, personal integrity
 - normal psychosexual development
 - reintegration of the personality
- restore relations with others
 - trust
 - ability to be intimate
 - attachment to and connection with others
- restore physical self
- restore spiritual self

Treatment

Variable Adaptations

**Variable and Multi-modal
Treatments**

Treatment

Like PTSD

Comprehensive treatment must be

BIO-

PSYCHO-

SOCIAL/SPIRITUAL

Treatment

- ◆ Education
- ◆ Safety/stabilization
- ◆ Emotion regulation and other skill-building
- ◆ Health and stress status
- ◆ Medication? for symptoms and sleep
- ◆ Treatment alliance
- ◆ Treat addictions simultaneously and make connection to trauma history

Treatment

- ◆ Mind-body treatment
- ◆ Exposure to the trauma to process and reduce symptoms
 - In CPTSD treatment, later in the process
- ◆ Create a narrative
 - Meaning-making
 - Spirituality
- ◆ Resuming life apart from the trauma
 - new normal/survivor missions?
- ◆ Couple, family, and group models now available

The Good News

- ◆ We know more about trauma and responses/disorders
- ◆ We know more about what works
- ◆ We know more about resilience
- ◆ We can help build resilience
- ◆ We are learning more every day
- ◆ We need to remember secondary survivors
 - for themselves and to support primary survivors

Summary

- ◆ Trauma studies have increased information and understanding
 - Trauma can vary dramatically, as can responses
 - New conceptual and diagnostic models account for variability
- ◆ Treatment
 - Is multimodal
 - Is bio-psycho-social/spiritual
 - Must be individualized
 - type of trauma response/disorder
 - individual needs
 - More information to come!!!

Good Resources

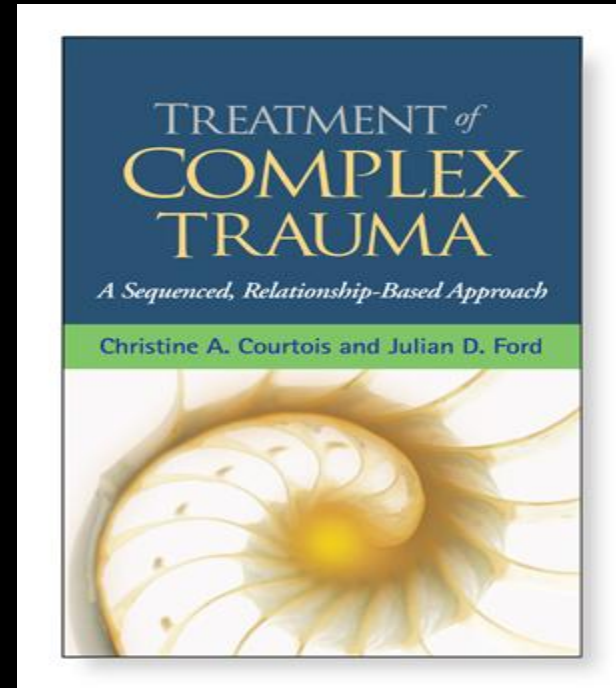
- ◆ ISTSS.org
- ◆ ISSTD.org
- ◆ NCPTSD.org (info and links)
- ◆ NCTSN.org (child resources)
- ◆ Sidran.org (books and tapes)

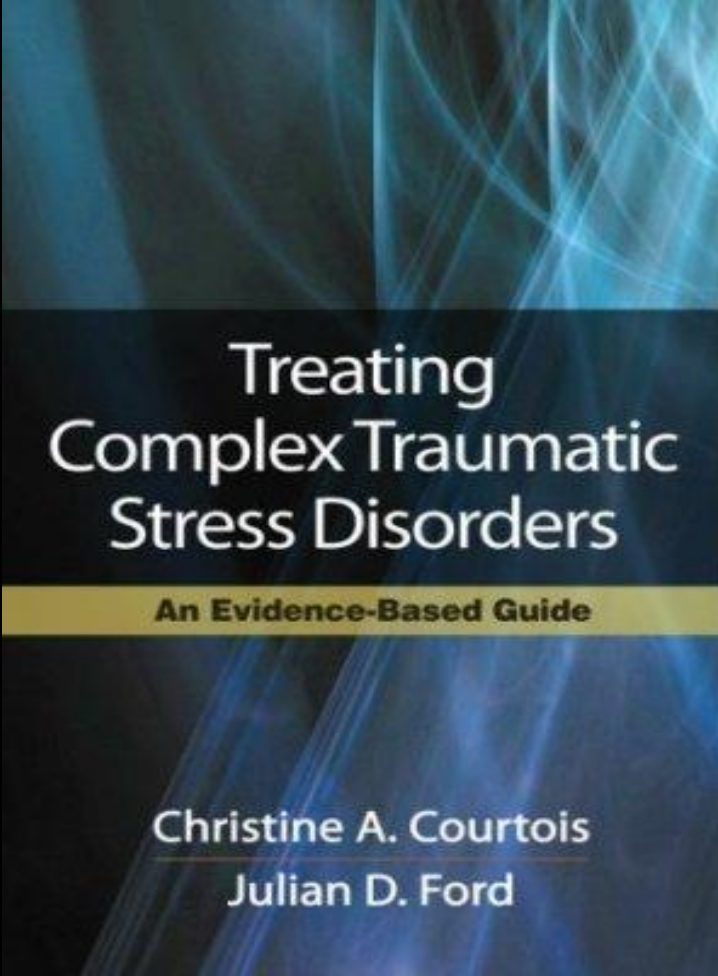
Coming later this year

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

and

- ◆ 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

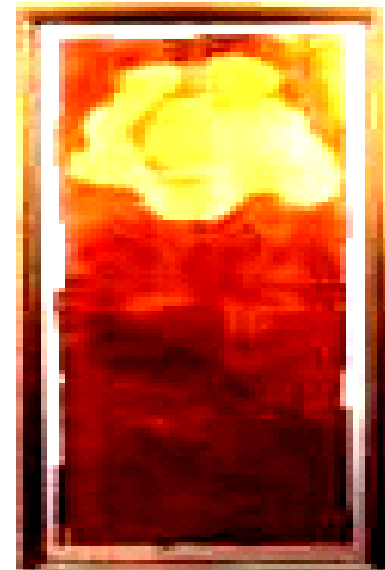


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Upcoming CE Webinar with Christine Courtois, Ph.D.



Complex Forms of Posttraumatic Stress Disorder

3 CE Credits - \$35

September 24, 2012 – 4pm- 5:30pm PST

Learn more or register at

<http://www.psychalive.org/2012/01/upcoming-webinars-2/>



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

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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/>



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