COMPLEX TRAUMA

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OVERVIEW

- What is Complex Trauma?
- Impact on therapeutic relationship
- Adapting TF-CBT to best fit this population
  - Phase Based Approach

COMPLEX TRAUMA: DEFINED

Refers to 2 distinct ideas:

- Complex Trauma History
  - Type of Trauma Exposure:
    - Repeated, chronic, interpersonal traumas
    - Typically beginning at a young age
    - Ex. Physical or sexual abuse by a parent, domestic violence
- Complex Trauma Effects
  - Severe, pervasive effects on multiple areas of development

COMPLEX TRAUMA EFFECTS – 7 DOMAINS

- Attachment
- Biology
- Affect
- Behavior Regulation
- Dissociation
- Cognition
- Self-Concept

(Info from Cook et al., 2007)

CT EFFECTS - ATTACHMENT

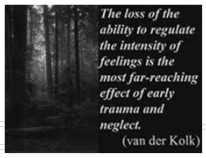
- Caregiving relationship provides context for ALL other development
- Emotional regulation is learned in caregiving relationship
- Child feels helpless, abandoned → detaching from others or attempts to control
- Beliefs about others
  - People can't be trusted.
  - People are not safe.
  - Even those I love will hurt me.
  - People are unpredictable.
  - I will lose people I love. (will leave me)

CT EFFECTS – BIOLOGY & COGNITION

- Neglect and trauma negatively impact brain development
  - Affects on arousal regulation
  - Supportive environment is protective of effects of trauma on the brain
- Thinking Ability
  - Less Flexible
  - Less Creative
- Lower IQ & test scores, language deficits, & high dropout rates (beyond effects of poverty & psychosocial stressors)

CT EFFECTS – AFFECT REGULATION

- Emotionally invalidating
  - Don't learn affect identification, expression, coping
- Overwhelmed easily, Extreme emotional reactions & Inability to soothe
- Hallmark feature
  - Fight – flight – freeze
  - Lack of emotional awareness
  - Distress is not tolerable
  - Emotional Rollercoaster



CT EFFECTS – BEHAVIORAL REGULATION

- Over or Under – Controlled behavior
- Children have a developmental need to exert control
- The overwhelming environment of complex trauma interferes with developing autonomy
- Trauma is a way of life.
  - Chaos is normal.
  - Exert control over the things I can

CT EFFECTS – SELF CONCEPT

- Responsive caregiving environment → self-worth & competence
- CT → devalued, helpless, rejected
- Self-blame/attribute negative to self
- Difficulty seeking/receiving support
  - I am unloveable.
  - I am only valuable for my body

CT EFFECTS - DISSOCIATION

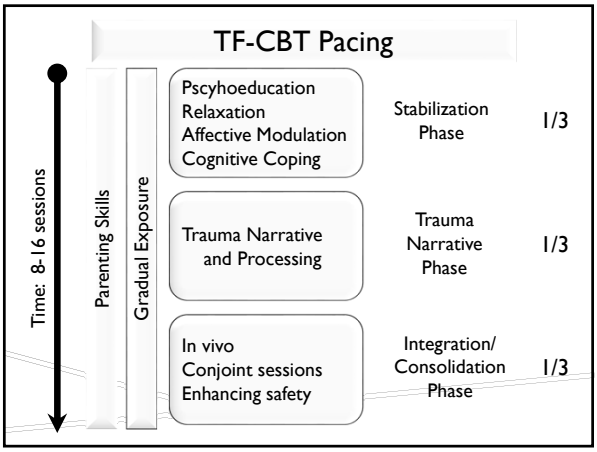
- Failure to take in information
- Thoughts and Emotions are separated from physical sensation and experiences
- Adaptive coping in the moment of extreme abuse
  - Detaching from extremely harmful event
- Continued, habitual detachment in face of any difficult experience (emotional or physical distress) impairs learning & development

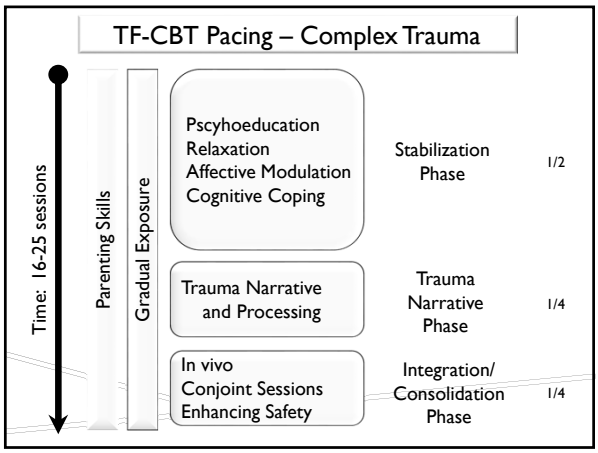
WHY TF-CBT?

- Stabilization provided by PRAC components necessary for these kids
- Trauma Processing in structured format
  - Reduce PTSD symptoms
  - Make meaning, Put in context of life
- Complex trauma kids have been included in research on TF-CBT effectiveness…

Because it can work!

TF-CBT Pacing





DIFFICULTIES IN APPLYING TF-CBT

- Frequent Crises
  - Can detract from completing exposure
- Frequent changes in placement
- Difficulty trusting and establishing relationship with therapist
- May not have caregiver involvement
- Therapist can be pulled into chaos; Feel overwhelmed

PHASE BASED APPROACH

- Sequential with each phase building on the previous
  - May not always be linear, may return to earlier phases
- 3 Phase Approach (Ford et al., 2005)
  1. Engagement, Safety, Stabilization
  2. Recalling Traumatic Memories
  3. Enhancing Daily Living
- Applying TF-CBT in the context of phases

FOR CLIENTS TRAUMATIZED BY INTERPERSONAL ABUSE THE VIOLATION OCCURS IN THE CONTEXT OF A RELATIONSHIP. HEALING MUST OCCUR IN A SIMILAR WAY.

- From abuse to *nurturing*
- From unresponsive to *empathetic*
- From lies and denial to *authenticity*
- From controlling to *supporting the person's own power*

(adopted from Rechberger & Markoff 2004)

ENGAGEMENT, SAFETY, STABILITY

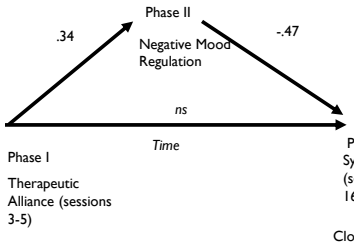
- Therapeutic relationship cannot be overstated
- Trust not given easily
  - Client may repeatedly "test" therapist
- Boundaries are important
  - Creating a close, but professional relationship
  - Client may pull for personal disclosures from therapist

ENGAGEMENT, SAFETY, STABILITY

- There is discomfort with intimacy
  - "Gradual Exposure to the therapist"
- Give client some control
  - Be flexible in ways to achieve goals
  - Avoid getting hung up on "manipulation"
- Patience & Consistency
  - Contrast to their experience of the world

Therapeutic Alliance Sets the Stage for Emotion Regulation

(Bessel van der Kolk, 2002)



Cloitre, 2004

PSYCHOEDUCATION – PHASE 1

- Emotional Dysregulation
  - Stress Response NOT willful defiance
- Impacts of Trauma
  - Acknowledge their attempts at coping (although likely unhealthy)
  - Gain buy-in for skill-building components
- Identify Trauma Triggers
  - Start to change habitual "flight-fight-freeze" response

PARENTING – PHASE 1

- Think of as "Systems" Approach
- All involved with child need a trauma-informed view
  - Understanding emotional dysregulation & trauma triggers
  - Cue use of relaxation & coping skills across settings
- Work outside of session time with child
  - Collaboration with other professionals
  - Accurate Understanding and Expectations
- Conjoint Sessions
  - Child to experience validating, accepting, predictable caregiver

FOR ALL INVOLVED IN CARE:

Do you believe the child can heal?
If yes, or if no, there's your answer.

PARENTING – PHASE 1

- 4 Principles to Enhancing Attachment
  1. Structured, Predictable Environment
  2. Caregiver "tuned-in" to affect (not just responding to child's behaviors)
  3. Caregiver modeling of affect management (identifying, expressing, coping with difficult emotions)
  4. Praise & Reinforcement of Positive
     1. Increase child's awareness of competencies (not just focus on deficits)

RELAXATION – PHASE 1

- Over active "Alarm System"
- Start with physically based relaxation (instead of cognitive techniques such as self-talk)
  - Yoga
  - Progressive muscle relaxation
- Build upon any positive coping skills they currently use
  - If music is relaxing, then schedule that into their day

AFFECT MANAGEMENT – PHASE 1

- Initial focus on awareness, expression, & coping with emotions in day to day life
  - Validate experiencing range of emotions
  - Distress is temporary & tolerable
  - Emotions are cue to take some action
    - Choosing a healthy action is key!

COGNITIVE COPING – PHASE 1

- Increasing stabilization
- Cognitive triangle initially used for daily stressors
  - Often involves trauma triggers
    - Ex: Child with history of harsh punishment who overreacts to disciplinary action or questioning
  - Processing trigger consistent with gradual exposure building up to TN work
- For young children, caregiver may be one to intervene at certain point in cognitive triangle

TRAUMA PROCESSING – PHASE 2

PSYCHOEDUCATION – PHASE 2

- Gradual exposure process
  - Education on trauma
- Rationale for TN
  - May need more than "desensitization"
  - Finding meaning or "How past informs present"
- Education on complex trauma
  - Impact on belief systems
  - Intro to cognitive processing of unhealthy beliefs

PRAC – PHASE 2

- Parenting
  - All systems prepared to support child during TN work
- Relaxation, Affect, Coping
  - Used in session to manage distress during TN work
  - Managing distress level to process more fully
  - Therapist must be proactive
    - Child may not be aware of increased distress level

TRAUMA NARRATIVE – PHASE 2

- Guide child/teen in selecting what to include in TN
  - Not ALL events
  - May not have memory for very early events
- Meaning attributed to trauma events may be most important
  - If classic PTSD symptoms not present, desensitization less needed
- Completion?
  - Symptoms are manageable
  - Trauma memory or trigger doesn't lead to dysreg
  - Trauma doesn't define their existence

THEMATIC TRAUMA NARRATIVE

- Abandonment; Loss – may include story of failed placement
- Unlovable; Worthless – may include the emotional, verbal abuse
- Trauma is normal – identifying frequency; pattern

TN CONJOINT – PHASE 2

- Caregiver involved may vary considerably
- Involve child in deciding what is shared and with whom
  - Ultimate goal for child to communicate openly about difficult subject with caregiver
  - Child to feel support

ENHANCING SAFETY & FUTURE DEVELOPMENT

- Psychoeducation
  - Chaotic life may continue, prep for trauma triggers
- Relaxation, Affect, Coping
  - Teens: How to apply skills to future experiences (e.g. parenting)
- Enhancing Safety
  - Factors related to risk of revictimization
  - Goals for future

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