Core Components in Complex Trauma Intervention

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Systems Impacted By Trauma

- Regulation of affect and impulses
- Behavioral control
- Attention or consciousness
- Self-perception
- Attachment/Interpersonal relationships
- Biology
- Cognition
- Systems of meaning
Affect Dysregulation

- Difficulty with emotional self-regulation
- Difficulty labeling and expressing feelings
- Overreact to minor stress/hyperarousal
- Difficulty calming selves
- Easily overwhelmed

- Difficulty communicating wishes and needs
- Self destructive behavior
- Suicidal preoccupation
- Difficulty modulating sexual involvement
- Excessive risk taking
Behavioral Control

- Poor impulse control
- Self-destructive behavior
- Oppositional behavior
- Aggression
- Substance abuse
- Eating disorders

- Social isolation
- Excessive compliance
- Sleep disturbances
- Reenactment of trauma in behavior
Alterations in Attention or Consciousness

- **Dissociation**
  - Appear to space out
  - May be forgetful
  - May have no memories of certain times
  - May have distinct states

- **Derealization**
  - May feel like they are in a dream or not in reality

- **Depersonalization**
  - May not know what it feels like to be in their bodies
Self-Perception

- Develop a negative view of themselves
  - Helpless & ineffectual
  - Damaged
  - Undesirable to others
  - Negative body image
  - Low self-esteem

- Guilt, shame and responsibility
  - Feel they are to be blamed for what has happened to them
  - Defensive

- Nobody can understand
Attachment/Interpersonal Relationships

- Inability to trust others
- Interpersonal difficulties
- Social isolation
- Problems with boundaries

- Revictimization
  - Involving themselves in similarly dysfunctional interpersonal interactions

- Victimizing others
  - Replicate their own traumas toward others
Biology

• Problems with coordination and balance
• Increased medical problems across a wide span

• Persistent medical complaints defying explanation
• Physical symptoms replace their inability to put words to their traumatic experience
Cognition

- Learning difficulties
- Difficulties in attention
- Problems focusing and completing tasks
- Problems processing new information
- Difficulty planning and anticipating
Alterations in Systems of Meaning

• View the world through a dark lense
• Feel their lives do not make sense or have purpose
• Despair and hopelessness
• Doubt around ability to make positive changes
Complex PTSD Intervention
Component Core Domains

Core Components
1. Safety
2. Self-Regulation (Body, Emotion, Behavior)
3. Relational Engagement & Attachment (Working Models)
4. Self-Reflective Information Processing (Attention, Narrative Reconstruction—current/historical, Executive Functions—anticipation, planning, decision-making)
5. Positive Affect Enhancement (Creativity, Imagination, Pleasure, Future Orientation, Achievement/Competence/Mastery-seeking)
6. Trauma Experience Integration

Individualized Adaptations: Age/Development, Gender, Ethnocultural

Cross-cutting Intervention Components: Psychoeducation, Screening/Assessment, Crisis Prevention/Management, Trauma Recognition

NCTSN
The National Child Traumatic Stress Network

NCTSN Trauma Taskforce 2005
Component 1: Safety

• “The condition of being safe from undergoing or causing hurt, injury, or loss.”
  Merriam – Webster

• “Freedom from danger, risk, or injury.”
  American Heritage Dictionary

All Safety is Relative
Why is it so important to build safety?

- Clients who have experienced trauma often develop a base expectation that the world is dangerous; as a result, they operate in “self-defense” mode.

- Clients are unable to shift from defensive reactions when they do not have felt safety.

- Clients will often experience threat as omnipresent: environment, relational danger, and internal distress may all be perceived as equally potentially threatening.

- Perceptions of being unsafe is a profoundly somatic experience, and when chronic becomes wired-into the nervous system and imprinted on the body in ways that take a tremendous toll on the immune system, functioning and well-being.
Safety: Targets

• **Internal Safety:**
  - Ability to regulate and tolerate emotional experience
  - Ability to modulate physiological arousal
  - Ability to discriminate current fears from past danger

• **Relational Safety:**
  - “Good enough” caregiving system
  - Consistent response, safe limits, appropriate praise and reinforcement
  - Sufficient predictability
  - Appropriate boundaries

• **Physiological safety:**
  - Lack of reliance on self-harmful strategies to modulate experience (self-injury, substances, food)
  - Ability to tolerate experience sufficiently without death as viable option
  - Understanding of body/somatic connection to stress and internal experience

• **Therapeutic Safety:**
  - Trust, therapeutic alliance, safe boundaries, supportive/affirming environment

• **Agency/System Level Safety:**
  - Trauma-Informed policies and procedures; common language; staff orientation and training; post-incident stress management protocols; ongoing supervision; wellness initiatives
Component 2: Self-Regulation

- Clients who are unable to modulate arousal live in a body that experiences the constant threat of harm.

- Affective arousal normatively serves as a cue for goal-oriented behavior and response.

- Rather than engaging in goal-oriented behavior, traumatized individuals experience arousal as a trigger for fight, flight or freeze reactions in the absence of meaningful evaluation of experience.

- Overwhelming levels of arousal lead to reliance on maladaptive (but immediately effective) coping strategies.

- Often the prime mover in this work, and the component to which early and continued intervention is most heavily directed.
Self-Regulation: Targets

- Self-regulation:
  - Affective, Behavioral, Somatic
  - Self-soothing capacity
  - Up/down modulation of emotional states
  - Healthy self-expression
  - Impulse control
Component 3: Relational Engagement

Attachment is the dance of the limbic systems of the child and parent.” — Allan Schore

Attachment allows children to safely explore the world.... and provides a healthy model for self and others.
Relational Engagement: Targets

• **Attachment/Caregiving System:** Work with caregivers/providers to create a safe environment that is able to support the person in meeting emotional, and relational needs.
  - Build caregiver/milieu staff capacity to manage affect
  - Build consistency in caregiver/milieu staff response to behavior
  - Build caregiver/milieu staff capacity to build routines and rituals

• **Interpersonal Connection:** Build capacity to effectively build meaningful relationships with others

• **Service Providers/Vendor Agencies:** Work with vendor agencies and service providers to create a knowledge-based, structured and collaborative context within which to engage their provision of services
  - Build vendor agency/service provider capacity to share and utilize trauma framework in screening, understand and meeting needs of their clients
  - Build consistency in vendor agency/service provider response to trauma-related needs of clients
  - Build structures and routines for vendors to communicate challenges and progress and request additional technical supervision to conduct this work
Interpersonal Connection: Skill Targets

- Identification of safe communication resources
  - Include psychoeducation/processing of *why* it is important to share emotional experience

- Effective use of resources
  - Initiating communication (Picking your moment, initiating conversation)
  - Using effective nonverbal communication (eye contact, physical space, tone of voice)
  - Verbal communication skills (“I” statements)

- Self-expression
Component 4: Self-Reflective Information Processing

Internal reflection and meaning-making, and external reflection and goal-directed behavior

- Who am I?
- How do I make meaning of the world around me?
- How do I understand my experiences?
- How do I employ my cognitive processes so that I can act on the world in an effective manner?
Self-Reflective Information Processing: Targets

- Executive functions: attention, anticipation, problem-solving, planning
- Identity
- Coherent narrative of self and other
- Future orientation
- Elaboration of agency/Provider professional identity and role in relation to child trauma
Component 5: Positive Affect Enhancement
Positive Affect Enhancement: Targets

- Creativity
- Imagination
- Pleasure/Joy
- Achievement
- Competence
- Mastery-seeking
Component 6: Trauma Experience Integration

Understanding, accepting, challenging, integrating and transcending difficult life experiences
What is “trauma processing” for a complexly traumatized client?
Trauma Experience Integration: Targets

- Understanding how past experiences trigger current responses
  - Containing traumatic reminders
  - Differentiating fearful memories/body responses from current danger

- Shifting from reactive to active lifestyle

- Building ability to live “in the moment”

- Addressing and mastering frightening experiences in a safe environment

- Mourning losses

- Incorporating historical experiences into larger sense of self and identity
Guidelines for Trauma Processing: 3 Levels of Engagement

1. Therapist recognizes trauma reactions and helps child & caregiver anticipate, prepare for and cope with these in daily life

2. Therapist teaches child & caregiver to recognize trauma reactions as ways of past adaptive coping to traumatic events; teach use of self-regulation to modify unhelpful aspects of this coping

3. Therapist guides child & caregiver in story-building activities that enable child to recall and gain mastery in relation to memories of specific traumas

Clinical Decision-Making about Level of Engagement of Trauma Processing

- First option is core to all psychotherapy for traumatized children
- Second option is indicated in response to credible history of exposure + presence of adequate environmental stability for child to attend therapy and practice self-regulation skills in a safe and supportive environment
- Third option requires presence of a consistent and stable primary caregiver able to help the child work through this material; establishment of adequate self-regulation capacity and environmental supports to tolerate distress without decompensation; a therapist with training and expertise in this work, as well as adequate psychiatric and crisis back-up
- In general follow a linear process, with progression based on continued need and presence of adequate resources and competences to tolerate move to next level

Key Treatment Planning Strategies for Complex Trauma Intervention

1. Comprehensive
2. Assessment-Driven
3. Strengths-based
4. Developmentally-Tailored
5. Systemic
6. Culturally Adapted
7. Evolving
8. Purposeful
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(Figure adapted from Gabowitz & Spinazzola, 2007)
Complex Trauma-Specific & Compatible Interventions

Comprehensive Treatment Frameworks
ARC (Attachment, Regulation & Competence)
TST (Trauma Systems Therapy), Children’s Hospital Boston
SANCTUARY (Residential/Milieu Based)

Complex Trauma Interventions
CPP (Child Parent Psychotherapy), UCSF
Real Life Heroes
SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress)
TARGET-A, (Trauma Affect Regulation: Guidelines for Education & Therapy for Adolescents)
SEEKING SAFETY (Dual Diagnosis)

Compatible Intervention Protocols
PCIT (Parent Child Interaction Therapy; Trauma-Informed Adaptation)
TAP (Assessment Based Treatment for Traumatized Children: Trauma Assessment Pathway)
TF-CBT (Trauma-Focused Cognitive Behavioral Therapy), Alleghany General Hospital