

# Core Components in Complex Trauma Intervention

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## *COMPLEX TRAUMA TREATMENT NETWORK*

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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

# 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 hard-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.”



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

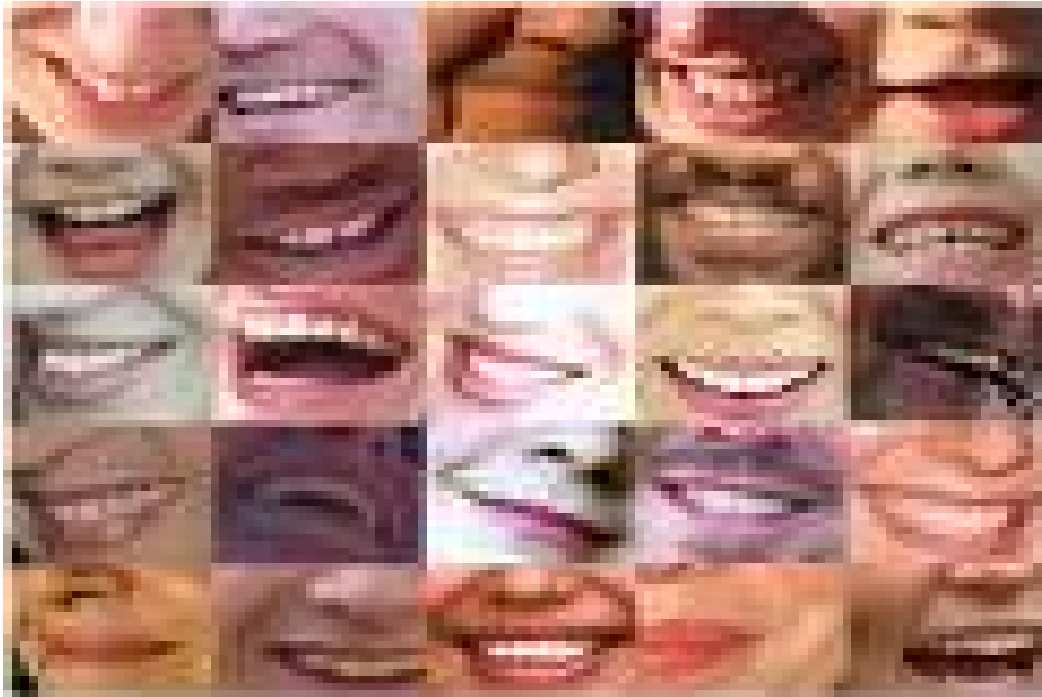
- Who am I?
- How do I make meaning of the world around me?
- How do I understand my experiences?
- How do I employ my cognitive processes so that I can act on the world in an effective manner?



# 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?



Traumatic  
Experiences  
Integration



Memory  
Processing/  
Exposure  
Therapies

# 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

Ford, J. D., & Cloitre, M. (in press, October 2008). Best practices in psychotherapy with children and adolescents. In C. Courtois & J. D. Ford (Eds.), *Complex Traumatic Stress Disorders: An Evidence-Based Clinician's Guide*. New York: Guilford Press.

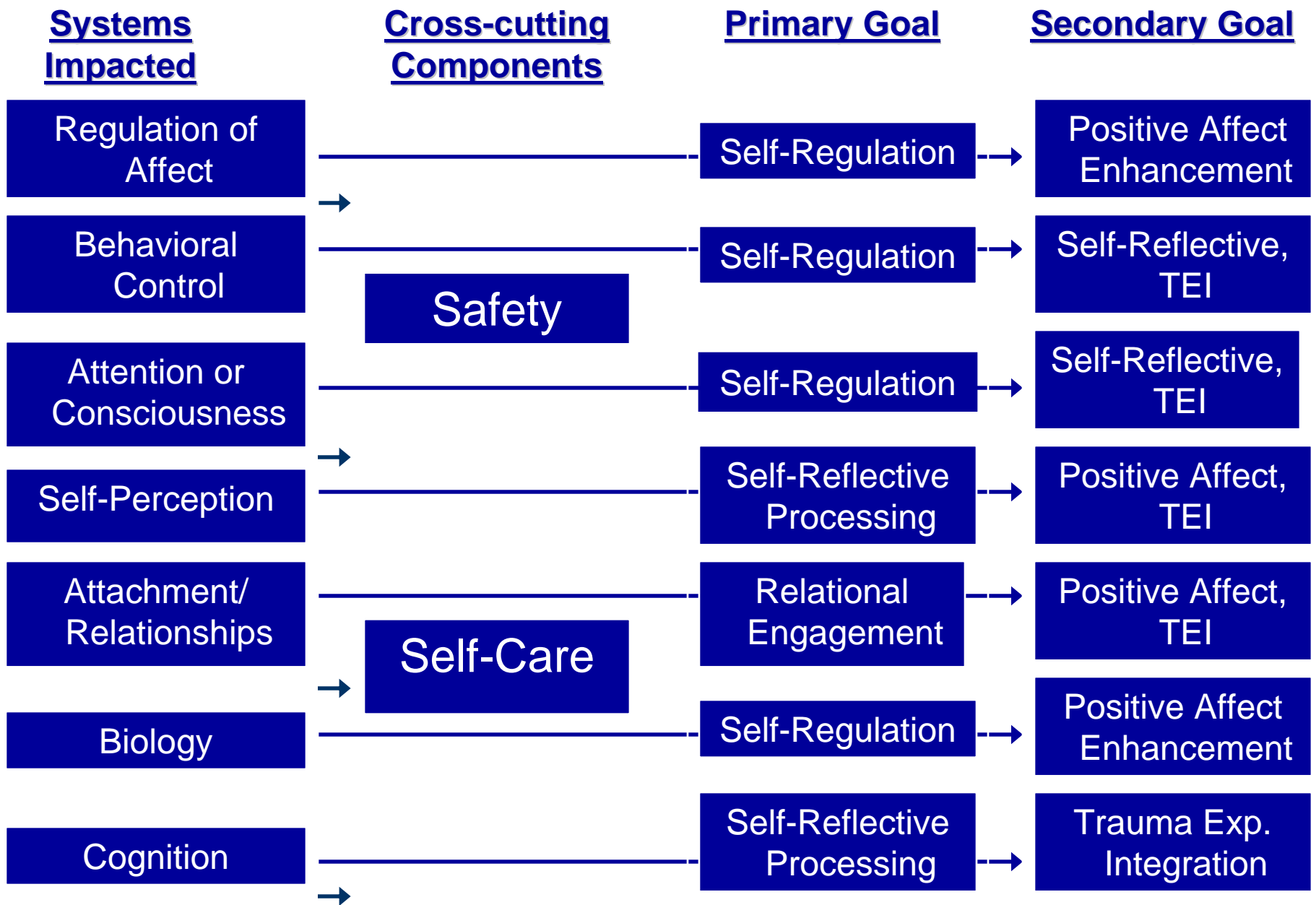
# Clinical Decision-Making about Level of Engagement of Trauma Processing

- 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

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# 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



*(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

SAN CTUARY (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), Allegheny General Hospital