Treating Complex Trauma with Trauma-Focused Cognitive Behavioral Therapy

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Learning Objectives

Participants will:

- Define complex trauma and related reactions in children and adolescents
- Improve skills in assessing complex trauma
- Identify strategies for implementing the PRACTICE components with youth who have experienced complex trauma
- Learn strategies for addressing secondary trauma exposure reactions when working with complex trauma
What is Complex Trauma?

- Events: multiple, chronic, interpersonal (often perpetrated by caregivers), beginning at an early age
- Reactions: impaired functioning across multiple domains
  - Emotional regulation
  - Impulse control
  - Behavior
  - Biology
  - Attention and cognition
  - Self concept, identity, and self-esteem
  - Relationships with others

(Cook et al., 2005; van der Kolk, 2005)
Challenges to Treating Complex Trauma

- Lack of baseline: desensitization-trauma viewed as normal
- Frequent crises, lack of stability (still in the middle of the hurricane)
  - Emotional and behavioral dysregulation
  - Lack of stable, consistent, responsive caregiving
- History of interpersonal trauma leads to attachment difficulties
  - Lack of trust impedes therapeutic alliance
Survival Coping Strategies

- In the face of chronic maltreatment, children develop maladaptive coping strategies to survive
  - Lack of trust/guard up
  - Hypervigilance and over-reaction
  - Aggression
  - Desenstitization
  - Numbing out
  - Dissociation
  - Somatization
  - Substance abuse
  - Self-harm
  - Eating disorders
  - Promiscuity
  - High-risk behaviors
Assessment of Complex Trauma

- Assessment should cover:
  - Trauma exposure
  - Psychological symptoms
  - PTSD symptoms
  - Complex reactions:
    - Identity disturbance
    - Affect dysregulation
    - Relational disturbance
    - Somatization
    - Substance abuse
    - Danger to self/others

(Briere, 2008)
Assessment Tools

- Trauma history: Childhood Trust Events Survey
  - Wider range of events: separation from caregivers, emotional abuse, parental substance abuse, neglect

- Trauma symptoms/reactions:
  - Child PTSD Symptom Scale
  - UCLA PTSD Index
  - Trauma Symptom Checklist for Children
  - Trauma Symptom Review for Adolescents
  - Child Dissociative Checklist
Assessment Considerations

- Need to establish safety and balance engagement with need to gather information
- Sensitivity to triggering or flooding client
- Measures administered by therapist only
- Lack of consistent caregiver, gaps in early history
TF-CBT with Complex Trauma: Phase-Based Treatment

1. Engagement, safety, and stabilization (EPRAC)
2. Recalling and processing traumas (T)
3. Enhancing daily living (ICE)

(Ford et al., 2005)
Engagement

- Establish rapport
- Establish trust
  - Relationships as threatening and triggering
  - Client may test therapist
  - Gradual exposure to therapeutic relationship
  - Develop safe, secure relationship while working on stabilization
- Accept client where s/he is at
- Avoid judgment and authoritarian therapist behaviors
- Focus on respect, open information sharing, empowerment, and hope

(Kliethermes & Wamser, 2012)
Enhancing Safety

- Safety planning to address:
  - Self-harm
  - High-risk behaviors
  - Current threats/ongoing violence exposure
  - Psychological safety
  - Trauma triggers and reactions

- Engage caring adults
Psychoeducation

- Include information about traumatic stress responses and their purposes
  - Fight, flight, or freeze
- Common coping strategies (including survival coping)
- Trauma triggers
- Educate caregivers about dysregulation and survival coping strategies
Parenting Skills

- Engage any and all significant adults in the child’s life
- Educate caregivers about trauma reactions and how to create safety (physical and psychological)
  - NCTSN Resources: [http://www.nctsn.org/resources/audiences/parents-caregivers](http://www.nctsn.org/resources/audiences/parents-caregivers)
- Be clear with client on purpose of collateral sessions and confidentiality
Relaxation

- Start with techniques that have been helpful to client in past
- Incorporate physical activities to address hyperarousal/hypervigilance
- Self-soothing and distraction
- Use of technology
  - Relax and Sleep Well, MindShift, Take a Break! Guided Meditations for Stress Relief, BellyBio Interactive Breathing, Relax Melodies, Take a Chill
- Using these skills to cope with trauma reminders
Affective Expression and Regulation

- Therapist uses attunement to help client identify and express current emotions
- Use of modeling
- Feelings intensity
- Mixed emotions
- Tolerance of negative affective states
- Communicating feelings helps
- Techniques to address numbing
- Grounding and mindfulness
  - For therapist and client
  - Meditation, body scan, ice cubes, mindful eating

(Kliethermes & Wamser, 2012)
Cognitive Coping and Processing

- Use the cognitive triangle to cope with current stressors and triggers
- Increase awareness of unhelpful and inaccurate thoughts in response to daily stressors
- Helps with stabilization
Trauma Narrative Development

- Client readiness: “stably unstable”
- Stability of therapeutic relationship
- Therapist helps client use PRAC stills during narrative process to regulate
- Life narrative – includes positive as well as traumatic memories
- Allow client to guide which events/experiences should be included
- Meaning of events may be more important than details
Processing of Traumatic Experiences

- Look for common themes and related distortions

- Common distortions related to complex trauma:
  - No one loves me/I am unlovable
  - Adults always hurt or leave me
  - It’s safer not to let anyone get close to me
  - There must be something wrong with me that bad things keep happening
  - I will never be happy or have a “normal” life

- Processing may take several sessions and different approaches

- Therapeutic relationship as corrective experience
In Vivo Mastery of Trauma Reminders

- Hypervigilance to perceived threats
- Goal: learn to self-regulate to tolerate situations that are uncomfortable but safe
- Identify triggering cues and situations and develop desensitization plan
- Use safety of therapy sessions to start
- Engage support people outside of therapy (e.g., school, home)
Conjoint Parent Child Sessions

- Biological parent, relative, foster parent, caseworker, group home staff, teacher, mentor, CASA
- Careful assessment and preparation of caring adult to ensure a positive experience/result for client
- Conjoint sessions do not have to involve sharing of complete narrative if not appropriate
- Therapist to bear witness if no other adult can be identified
Enhancing Safety and Future Development

- Safety plan incorporates ongoing environmental stressors and risks
- Incorporate psychological safety as well as physical safety
- Prepare for future trauma triggers/reminders
  - Predict, plan, and permit
Termination

- Important to make it a healthy good-bye: opportunity for corrective experience
- Help client process feelings about ending early on and address fears of abandonment
- Graduation as achievement
- Use of transitional object to convey continuation of relationship in different form
- Genuine sharing of therapist’s feelings and hopes for client
- Other sources of ongoing support
Secondary Trauma and Self-Care

- Complex trauma cases can be the most emotionally draining and difficult for the therapist.
- Weight of feeling like you are the only support.
- Importance of grounding, mindfulness, and cognitive coping for therapist (before, during, and after session).
- Using supervision and peer consultation to process feelings, concerns, and reactions.
- Focus on small and big successes.
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