



Trauma-Focused Therapy: The Resurgence

Dr. Errol Bolden
Dr. Shirley Newton-Guest



Workshop Outline

- Clinical features of disorders of trauma and stress
- The etiology and risk factors of trauma triggered disorders
- Assessment instruments for trauma
- Evidence-based treatments across the group of trauma and stressors-related disorders, including secondary stress

My Personal Battle

- I see a myriad of cascading emotions competing for
- Space I no longer see as mine. Space that once was mine
- But now is just a mirage that mirrors the past that seemingly
- Is entangled in this web of conspiring feelings, thoughts and emotions
- Where I'm a victim. Thoughts and emotions once clear are
- Now mangled like a piece of shrapnel from a war that ended
- Badly, or has it truly ended. My body- the battlefield, feels
- War torn, filled with triggers and explosive outcomes and outburst.
- When will I no longer feel like an unwanted participant in a
- Battle that seems to never end- a war I didn't start, an unjust
- War. And even as a bystander of sorts, I am impacted by the battle
- Where even the knowledge of it has left me wounded. Anger and fear
- Are my sword and shield. How can I get this maddening nightmare
- Out of my head, how can I? I keep dodging the bullets that trigger
- These unwanted intrusions, but find it easier said than done.



My Personal Battle Cont'd

- I no longer love the things I loved for I am a prisoner of these unwanted intrusions.
- When and how will these feelings end? When will it?
- It has been decades since I first fell down on my knees
- And cried, Father God why me Lord, why me? I was just a little child
- Innocent and trusting. Now I've grown up trusting no one as flashbacks
- Paint a picture that robbed me of my freedom. I am shackled to a past
- That I can't seem to shake. My personal battle, the fight that no one truly
- Understands. I see your questions, I hear your words, but can you
- Truly feel what I feel? Can you too be a warrior in this fight for freedom?
- Will you listen, truly listen, even in my silence? For in the stillness of the
- Midnight when the angels are at rest, I still battle for some peace
- From the raging storm within.
-
- Dr. E. Sebastian Bolden



How Do Theorists Define Trauma

- Most experts agree that *trauma* is something that overwhelms an individual's ability to function adequately.
- Individuals vary in responses, as an incident that may produce symptoms of traumatic stress in one individual, may not for another.
- Traumatic events may manifest itself in negative behaviors, such as insomnia, poor appetite, depressed personality, substance abuse, irritability, etc.



Soldiers on the Battle Field

During combat, military personnel often become highly anxious, depressed, disoriented, and even physically ill. These symptoms to extraordinary conditions, may persist long after the stress and trauma of war have ended.



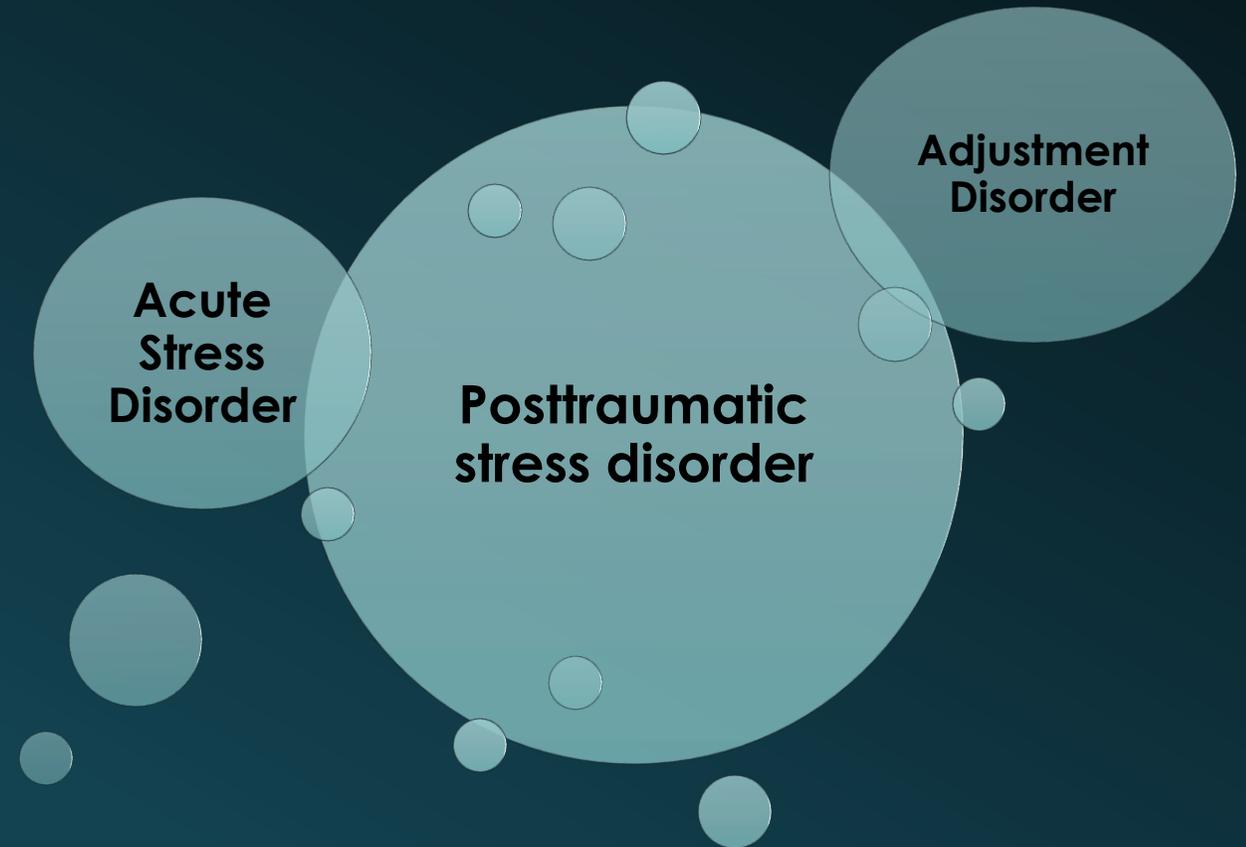


Effects of Trauma

- During WWII, this phenomena was called “Shell shocked”, today it is known as posttraumatic stress syndrome
- The concept of trauma and stress related mental disorders is not new, it can be traced to Sigmund Freud
- Freud proposed that traumatic events and loss were the underlying cause of many disorders including depression, schizophrenia, hysteria
- Other theorists relate trauma to anxiety, eating disorders, sexual dysfunction, and physical illnesses

DSM-5 Clinical Characteristics

- Disinhibited social engagement disorder
- Reactive attachment disorder





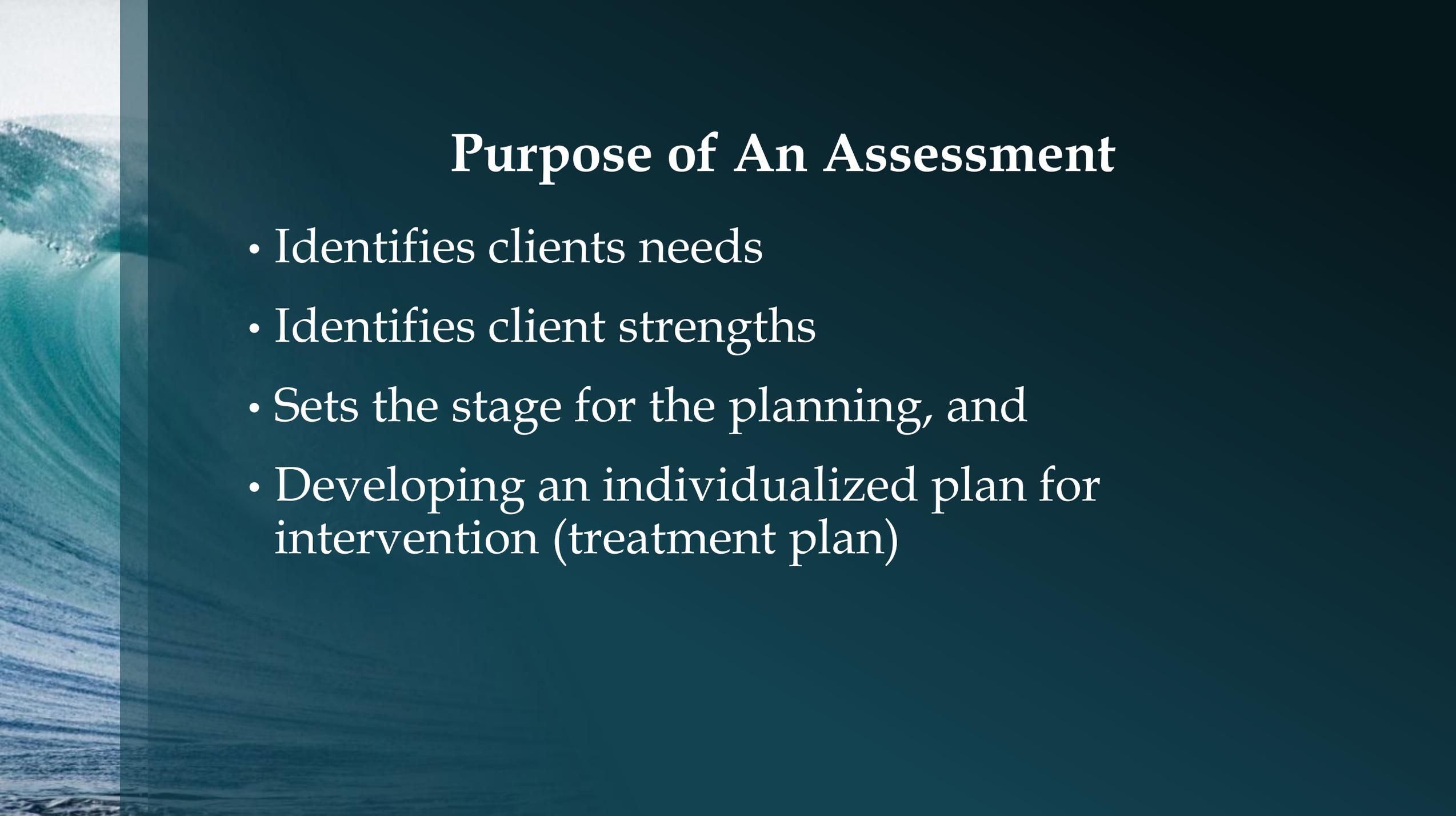
Trigger Factors

- **Biological and genetic determinates**. Researchers have focused on biological factors (brain activity), personality, childhood experiences, social support, multicultural factors (Hispanic American seems to be more vulnerable to trauma than other cultural groups), and severity of the trauma
- **Combat**
- **Disasters** (natural or manufactured)
- **Victimization** (sexual assault, terrorism, torture)



Purpose of An Assessment

- Assessment is the investigation and determination of variables affecting an identified problem or issue that may occur at individual (micro), family (mezzo), or environment (macro) level
- Assessment refers to gathering relevant information about a problem so that decisions can be made about what to do to solve it



Purpose of An Assessment

- Identifies clients needs
- Identifies client strengths
- Sets the stage for the planning, and
- Developing an individualized plan for intervention (treatment plan)



Key Factors in Assessing Trauma Cases

- **Trauma History:**
 1. Type of trauma
 2. Frequency of trauma
 3. Perpetrator
 4. Location of occurrence(s)



Key Factors in Assessing Trauma Cases

- **Reactive symptoms:**
 1. Behavioral responses to the traumatic event
 2. Risk for suicide and homicide



Key Factors in Assessing Trauma Cases

- **Biopsychosocial History**

1. Health status
2. Mental health status
3. Familial relationships
4. Environmental factors – will current environment support or exacerbate the trauma

Assessment Instruments for Trauma

- Columbia-Suicide Severity Rating Scale
http://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Severity_Rating_Scale.pdf
- UCLA PTSD Index
http://www.nctsn.org/nctsn_assets/pdfs/mediasite/ptsd-training.pdf
- Risk Management Scale: Homicide and Suicide
<http://socialwelfare.berkeley.edu/sites/default/files/users/gregmerrill/Assessing%20client%20dangerousness%20to%20self%20and%20others%2C%20stratified%20risk%20management%20approaches%2C%20Fall%202013.pdf>



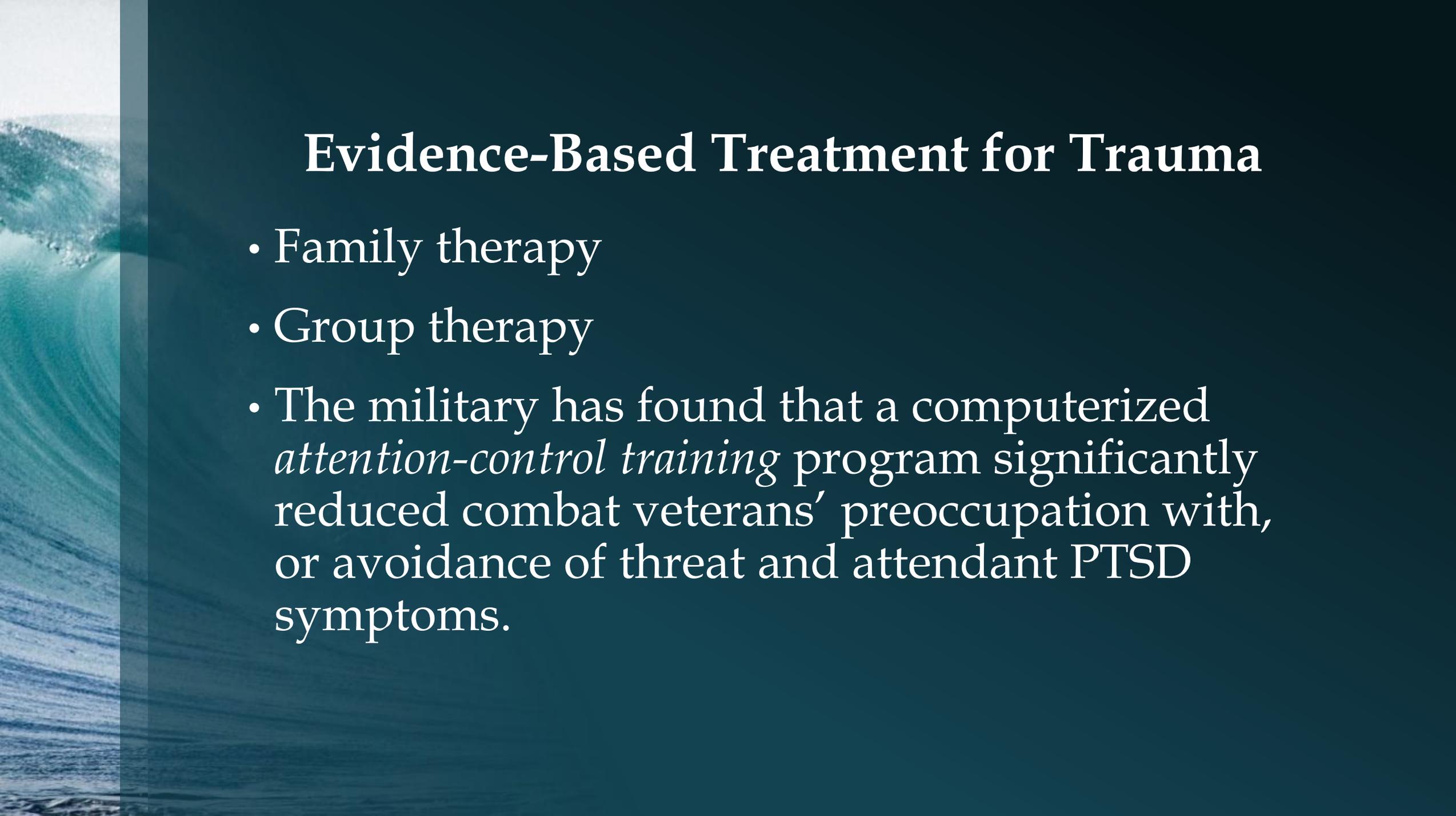
Assessment Instruments for Trauma

- Psychosocial Assessment
- Psychiatric Evaluation



Evidence-Based Treatment for Trauma

- Therapeutic intervention for troubled survivors typically varies from trauma to trauma.
- Psychotropic medication may be utilized to manage problematic symptoms
- Psychodynamic therapy (“talk-therapies”), in conjunction with medication to gain perspective on their painful experience, and return to productive life



Evidence-Based Treatment for Trauma

- Family therapy
- Group therapy
- The military has found that a computerized *attention-control training* program significantly reduced combat veterans' preoccupation with, or avoidance of threat and attendant PTSD symptoms.



Evidence-Based Treatment for Trauma

- *Most importantly*, the survivors need immediate support and warmth (resist the temptation to blame, avoid the why did you?)
- Do not pressure the survivors to talk, rather encourage them to share their feelings, *even* the worse with you



I walked in Someone Else's Shoes

- Their burden has become my burden,
- Their fear controls me as my own.
- I'm anxious about the things that rattle them;
- I'm stressed out from their suffering, and feel pain like they do.
- I can relate too well to those I sought to help.
- Empathy is walking in the shoes of those I seek to serve.
- These shoes are fitting me so well that I walk
- The way they walk, and I'm transported to their
- Place of pain- the natural consequent behavior
- And emotions from my knowledge about
- Their trauma, now I'm left feeling traumatized.
- Secondary to their feelings, but stressful still the same.
- Help me find the time to breathe, help me find the
- Time to heal, help me not to mask the pain.
- A Band-Aid would not do.
-
- Dr. E. Sebastian Bolden



Secondary Trauma Among Social Workers

- Bride (2007) stated that social workers are increasingly being called on to assist survivors of childhood abuse, domestic violence, violent crime, disasters, and war and terrorism. It has become increasingly apparent that the psychological effects of traumatic events extend beyond those directly affected. Secondary traumatic stress (STS) is becoming viewed as an occupational hazard of providing direct services to traumatized populations.



Most Frequently Reported Secondary Stress Symptoms

- Intrusive thoughts
- Avoidance of reminders of clients
- Numbing responses



Costs of not attending to Secondary Traumatic Stress

- Premature departure from the field
- Short and long-term emotional and physical disorders
- Strains on interpersonal relationships
- Substance abuse
- Burnout



Basic Points to Remember

- Your timetable may not be their timetable. Be patient!
- Understand that communication is key (clarify goals and expectations from the beginning).
- Try to listen and observe noises in the communication. The noise could be you.
- Take the time to listen to, and observe their story.
- Try to identify triggers to unhealthy behaviors (observe their responses to what is said or done).



Basic Points to Remember

- Assess whether any transference or counter-transference may be occurring.
- You should know your limits and act accordingly.
- Review your plan as needed. Be flexible within your parameters.
- People can recover from trauma. Traumatic events are things that stay with us forever but they do not have to negatively impact us forever.
- Be certain to take time to celebrate small victories.
- Breathe!!!!



News Alert

- We now know that many early interventions are actually harmful and can impede natural processes of recovery. For example, critical incident stress debriefing was once a widely used technique immediately following a traumatic event. But it actually resulted in increased stress three years later among survivors of motor vehicle accidents who received this treatment, compared to survivors who received no treatment. Meta-analyses have confirmed these findings, and it is now considered a harmful psychological treatment. (Risman & Rutter, 2015)



New Alert

- Grief Therapy has also been assumed to be helpful for anyone who suffers a loss. On the contrary, grief therapy benefits only people with persistent and elevated distress following a loss. Like early interventions for traumatic events, this treatment may even harm people with normative grief reactions. (Risman & Rutter, 2015)

References

American Psychiatric Association. (2015). *DSM-5*. Washington, D.C.

Badura-Brack, A.S., Naim, R., Ryan, T.J., Levy, O., Abend, R., Khanna, M.M., McDermott, T.J., Pine, W.S.D., & Bar-Haim, Y. (2015). Effect of attention training on attention bias variability and PTSD symptoms: Randomized controlled trials in Israeli and U.S. combat veterans. *American Journal of Psychiatry*, doi: 10.1176/appi.ajp.2015.14121578.

Burton, L.M.

Comers, R. J. (2015). *Abnormal psychology*, 9th ed. New York: Worth Publishers.

http://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Severity_Rating_Scale.pdf

http://www.nctsn.org/nctsn_assets/pdfs/mediasite/ptsd-training.pdf

Naim, R., Abend, R., Wald, I., Eldar, S., Levi, O., Fruchter, E., Ginat, K., Halpern, P., Sipos, M., Adler, A.B., Bliese, P.D., Quartana, P.J., Pine, D.S., & Bar-Haim, Y. (2015). Threat-related attention bias variability and posttraumatic stress. *American Journal of Psychiatry*. doi: 10.1176/appi.ajp.2015.14121579

References

Toland, M.P. (2008). *She ain't angry for nothin': An intervention and behavior modification curriculum*. Morals & Values Press.

Bride, B.E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52(1), 63-70.