

1 Assoc. Prof. John Briere

Assessing and treating trauma and the impact on self in survivors

This all-day workshop will provide the clinician with an overview of the long-term effects of childhood physical, sexual, and psychological abuse, and will present an approach to the assessment and treatment of abuse survivors - the Self-Trauma Model.

Outline of the major topics that will be covered:

- 1.1 Major effects of severe and chronic child abuse and neglect
 - a Affect dysregulation
 - b Overdeveloped avoidance strategies (including dissociation and substance abuse)
 - c Chronic PTSD
 - d Nonverbal implicit memories of maltreatment
 - e Insecure attachment-related relational schemata that are easily triggered by interpersonal contact
 - f Deep (as opposed to surface) cognitive structures, as a result of thought suppression
- 1.2 Reconsidering "PTSD" as intrinsic self-healing
 - a Intrusion and avoidance
 - b The importance of disparity
 - c What can go wrong
- 1.3 Assessing abuse-related disturbance
 - a rapport and sensitivity
 - b role of avoidance versus overreporting
 - c history-taking
 - d diagnostic/mental status evaluation
 - e misidentification/distortion
 - f psychological testing
 - i Litmus test issues
 - ii Types of tests
 - 1 Generic
 - 2 Trauma-specific objective

1.4 Treatment: The Self-Trauma Model

- a The Therapeutic Window
 - i The balance between therapeutic challenge and overwhelming internal experience
 - ii Intensity control
- b Intervening in trauma symptoms
 - i Central aspects of trauma processing
 - 1 Exposure, activation, disparity, extinction/counterconditioning, and resolution
 - ii Exploration of memories
 - 1 Concept of therapeutic exposure
 - 2 Intensity and titration as function of affect regulation capacities - the Window
 - 3 The client's need for avoidance/dissociation
 - 4 Cautions against "memory recovery" techniques
 - ii Exploration of memories
- c Intervening in impaired self-reference
 - i Safety and support in therapeutic relationship
 - ii Exploration of self (development of self-knowledge and self-directedness)
 - iii Didactic/Linehan-type interventions
 - iv Repetitive exposure and processing as affect regulation training
- d Cognitive interventions
 - i Activating and processing relational schema and other "deep structures" in the context of the therapeutic relationship
 - 1 Reconsidering "transference"
 - 2 Reconsidering "countertransference"
 - ii Processing implicit/pre-verbal attachment memories/gestalts/structures
 - iii Cognitive "reconsideration"
 - iv Normalization and reframing "symptoms"
 - v Development of a coherent narrative

Learning objectives

- 1 To list the types and known long-term effects of child abuse
- 2 To describe important principles relevant to the assessment of former child abuse victims
- 3 To outline the general principles of the Self-Trauma Model

2 Dr Marlene Hunter

Chronic syndromes as dissociative disorders

Many chronic syndromes, such as fibromyalgia, chronic fatigue syndrome, chronic pain syndromes, irritable bowel syndrome, and some types of depression are basically dissociative in nature. These problems are also, all too frequently, a source of great frustration to both physician/therapist and patient. In such chronic syndromes, separate ego states are enhanced to attend to the needs of the patient - the part of (him/her) who used to be a teacher but now can no longer teach, or the part who cannot sleep and therefore experiences even more pain, or the part who is angry and takes it out on everybody (including the physician/therapist), thus driving away support and understanding.

These ego states begin to take over the day-to-day functioning of the individual to a disturbing extent. Patients will often say "I see him coming..." meaning the pain or the fatigue, "...and I can't do anything about it." This is a distinctly dissociative way of expressing a situation.

Using an ego state approach, patients can learn better coping skills, discover their own skills and resources and how to use them, and thus improve both their sense of self and their ability to perceive the world - and their place in it - in a more positive light.

But first, the physician/therapist has to understand these approaches and learn both how to use in the consulting room, and how to teach the patient to use them at home. That is the substance of this pre-conference workshop.

This workshop will include comparative data, didactic presentations, elaboration of metaphors, group discussions of typical cases, role-playing, working in dyads and triads, and demonstrations.

Learning objectives

- 1 To understand the essential dissociative nature of chronic syndromes.
- 2 To learn the ego state approach, and how to utilize it in the consulting room.
- 3 To learn, through role-playing and working in groups, how to present this approach to the patient so that he or she can learn to use it in a constructive and practical manner.

3 Dr Ellert Nijenhuis

Phase oriented treatment of complex trauma-related disorders: Theory and clinical application

Patients suffering from complex posttraumatic disorders are often misdiagnosed and inadequately treated in mental health care. Given the provisional scarcity of evidence-based treatments for chronic traumatization, the choice of treatment must rely on expert clinical evidence, limited but burgeoning empirical research, and theoretical reflection. Experienced clinicians advocate a model of treatment involving three recurring phases: symptom reduction and stabilization; treatment of traumatic memories; and integration and rehabilitation.

However, this current standard of care lacks consistent theoretical underpinnings. This workshop will present the theory of structural dissociation that provides a comprehensive foundation for phase-oriented treatment of posttraumatic conditions, especially chronic and complex trauma disorders. This meta-theory is inclusive, as it is informed by learning theory, affective neuroscience, and attachment theory, among others, and integrates a wide range of therapeutic interventions thus supporting varied theoretical orientations.

The structural theory essentially involves the concept of structural dissociation among diverse psychobiological, evolutionary based emotional systems due to lack of integrative capacity, and of classical conditioning effects that yield a range of trauma-related phobias. Chronic threat in a context of emotional neglect especially lowers integrative capacities to the point of inducing and maintaining a range of posttraumatic conditions. The basic integrative failure is a dissociation between a system dedicated to functions in normal life and a system dedicated to defence from major threat. Trauma-related classical conditioning to external and internal (perceived) threat maintains integrative failure, and may yield various phobias that are related to mental contents, traumatic memories, and insecure attachment.

In Phase 1, treatment is dedicated to improving the quality of daily functioning by gradually raising the integrative level, and to reducing the phobia of mental contents, attachment, and dissociated defensive systems. Attainment of these goals sets the stage for Phase 2 treatment, which involves gradually overcoming of the phobia of traumatic memories, and their subsequent integration. Phase 3 is concerned with realizing the consequences of trauma for one's existence, fusion among previously dissociated psychobiological systems, and overcoming the phobia of intimate attachment. The workshop includes discussion of the theory, supportive research, and therapeutic applications, as well as experiential practical exercises and video demonstrations.

Learning objectives

- 1 To comprehend the intimate relationship between the theory of structural dissociation of the personality and phase-oriented treatment
- 2 To experience some of the logic and effectiveness of phase-oriented treatment interventions through role-play
- 3 To learn to apply a range of interventions from video demonstrations

4 Dr Colin Ross

Treatment of complex dissociative disorders

In this workshop Dr. Ross will review the latest research data on the phenomenology, epidemiology, reliability and validity of chronic, complex dissociative disorders. In DSM-IV these appear as dissociative identity disorder (DID) (multiple personality disorder) and dissociative disorder not otherwise specified (DDNOS). He will describe the principles, strategies and techniques of psychotherapy in detail.

Eleven studies from ten countries demonstrate that undiagnosed DID affects about 4% of general adult psychiatric inpatients. The percentage is slightly higher in four studies of individuals in treatment for chemical dependency problems. Studies in the general population show that undiagnosed DID affects about 1% of the general population in Canada, and is about half as common in Turkey. Recent evidence from China shows that pathological dissociation exists there but is less common than in Canada and Turkey. The methodology, limitations and findings of the relevant studies will be reviewed. Data in these studies has been gathered using the Dissociative Experiences Scale (DES), Dissociative Disorders Interview Schedule, and Structured Clinical Interview for DSM-IV Dissociative Disorders.

Data on the reliability and validity of DID/DDNOS will be presented. The inter-rater reliability of chronic, complex dissociative disorders is as good as that for other Axis I disorders in DSM-IV. Dr. Ross will present data on the comorbidity of DID and will explain how DID patients inspired him to develop a general model of mental illness and addictions based on trauma and comorbidity.

He will then go on to correct a number of common errors of logic and scholarship concerning trauma and dissociation. Skeptics base their attacks on DID on errors such as the erroneous idea that repression and dissociation are the same thing. Dr. Ross will provide evidence, arguments and logic which therapists can use to meet the objections of skeptical and hostile colleagues.

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Dr. Ross will review the available treatment outcome evidence for psychotherapy of DID/DDNOS. Although the data are not conclusive, they are as strong as the data supporting dialectical behaviour therapy for borderline personality disorder. During acute inpatient hospitalization, scores on a variety of measures drop significantly.

Dr. Ross will describe the basic principles of the Trauma Model and their application to DID. These include: the problem of attachment to the perpetrator; the locus of control shift; the victim-rescuer-perpetrator triangle; the problem is not the problem; the principle of therapeutic neutrality; just say 'no' to drugs; and addiction is the opposite of desensitization. Principles more specific to DID/DDNOS include: the problem of host resistance; making friends with 'Satan'; talking through to the system; orienting alters to the body and the present; and techniques for co-consciousness.

The psychotherapy of DID has evolved over the last fifteen years. Within the Trauma Model, there is less emphasis on memory content than was true in the field in the 1980's. Clients still construct a trauma narrative and still process intense, painful feelings from their childhoods - 80% of inpatients with DID meet criteria for posttraumatic stress disorder. By definition, one cannot have PTSD without a specific traumatic event. But there is another, deeper level of work in which the basic feelings are not fear, anxiety, terror and hyperarousal states. Instead, the feelings are ones of sadness, loss and grief. This deeper level of grief resolution tends not to be event-specific. It is more about the gestalt of childhood and the failure of parents to bond, nurture and be present, than it is about traumatic events. Therapy involves a balance between these two levels of work - the danger of excessive focus on memory content is that it can perpetuate PTSD, regression and the victim role.

Dr. Ross will describe how to form a treatment alliance with hostile or persecutory alter personalities, how to orient traumatized alters to the present and the body and how to foster co-consciousness. He will present vignettes to illustrate different strategies and principles and will leave time for questions, discussion and brief consultations. By the end of the workshop, the attendee will have a solid grasp of the scientific status of the dissociative disorders and principles, strategies and techniques for treatment. The two books by Dr. Ross most directly related to this workshop are: *Dissociative Identity Disorder: Diagnosis, Clinical Features, And Treatment of Multiple Personality (Second Edition)* (1997) and *The Trauma Model: A Solution To The Problem Of Comorbidity In Psychiatry* (2000).

Learning objectives

- 1 To present data on the phenomenology, epidemiology, reliability and validity of the chronic, complex dissociative disorders.
- 2 To correct some common errors of logic and scholarship concerning trauma and dissociation.
- 3 To describe the principles, techniques and strategies of psychotherapy for chronic, complex dissociative disorders.

Workshop venues

Depending on numbers, some workshops may be held off-site at venues to be advised

- **Australian Association of Social Workers**
Double points per hour of learning time.
Appellation No. 0011

- **Australian Psychological Society**
Conference: This activity has been endorsed and will attract 18 generalist Professional Development points for APS College members.
Pre and Post-Conference Workshops: These activities have been endorsed and will attract 5 Generalist Professional Development points per workshop for APS College members.

- **Royal Australian College of General Practitioners**
The RACGP QA&CPD Program have approved this activity. Allocated 2 Points/Hour per session attended.
Total CPD points: Maximum of 40 (Group 2)

- **Royal Australian & New Zealand College of Psychiatrists**

Participants in the RANZCP MOPS Program can claim 2 points per hour to a maximum of 12 points per day under the category 'educational meetings' for participation in this meeting. Some verification of attendance and participation should be retained, such as program of day, receipt etc.

Selected Presentations on CD

Some of the presentations will be available on CD for purchase on site (these will not include sections where films, tapes or other such material is presented and where recording would be a copyright infringement or violate conditions under which permission has been granted).

Please note: strictly no personal electronic recording of any description is permitted for any reason.