CUSTOMIZING TRAUMA TREATMENT: THE COLLABORATIVE CHANGE MODEL

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Center for Contextual Change

Four Levels of Stress Reactivity

<table>
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<tr>
<th>STRESS</th>
<th>TRAUMATIC STRESS</th>
<th>PTSD TYPE I</th>
<th>COMPLEX PTSD TYPE I</th>
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<td>Any demand on the body system.</td>
<td>Consequence of exposure to trauma. Generally up to 6 months - no longer than 12 months. Experienced as a single event.</td>
<td>12 Months</td>
<td>Result of Multiple Events (chronic trauma begins in childhood)</td>
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<td>Feelings: Fear, Helplessness, Urgency, Anxiety, Anger, Sadness, Guilt</td>
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<td>Exposure to events that are experienced as life-threatening, intolerable or could cause injury or death.</td>
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<td>Eight or Flight: Thoughts, memories, judgments, interpretations.</td>
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<td>Experience of trauma becomes more intrusive.</td>
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<td>Avoidance of cues in the six senses (sight, sound, smell, taste, touch, mind).</td>
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1. “When acutely threatened, we mobilize vast energies to protect and defend ourselves. We duck, dodge, twist, stiffen and retract. Our muscles contract to fight or flee. However, if our actions are ineffective, we freeze or collapse.” - Levine
2. In normal development, state changes are co-regulated with changes in state becoming smoothed out over the course of development. - Putnam
3. States become traits: “If the neurobiology of a specific response, Hyper-arousal or Dissociation, is activated long enough, there will be molecular, structural and functional changes in those systems.” - Perry
Trauma as a State Change Disorder

“Certain psychiatric disorders can be conceptualized as "state change" disorders, in that a major pathophysiological component of the disorder comes from dysregulation of the state change process.”

Trauma disorders can be seen as problems in maintaining states relevant to context, and in smooth state shifting.

Frank Putnam (1994)

Effects of Trauma

- Mistrust of others
- Flashbacks
- Anxiety and terror
- Shame, guilt, self-hatred
- Cognitive distortions
- Depression, passivity
- Dissociation
- Disturbed relatedness
- Detachment, numbing or withdrawal
- Sexual promiscuity or aversion to sex
- Drug and alcohol abuse
- Eating disorders
- Suicide, self-mutilation
- Anger and aggressive behavior
- Perfectionism
- Alienation from their bodies
- Questioning their sexuality and/or sexual orientation
- Hyper-vigilance
- Personality disorders, mental illness

Symptoms of Complex PTSD

Alteration in regulation of affect (emotion) and impulses.

- Chronic affect dysregulation (your emotions have a life of their own).
- Difficulty modulating (managing and regulating anger)
- Self-destructive or suicidal behaviors
- Difficulty modulating sexual involvement
- Impulsive and risk taking behaviors
Symptoms of Complex PTSD

**Alterations in attention or consciousness**
- Amnesia
- Transient dissociative episodes (short periods of zoning out)
- Depersonalization

**Somatization** (how your body holds trauma)
- Digestive system problems
- Chronic pain
- Cardiopulmonary symptoms
- Conversion symptoms (psychological problems that get converted into physical symptoms - e.g., hits with a hammer on the back of a child become unexplained back spasms for the adult)
- Sexual symptoms
- Panic

**Alterations in self-perception** (how you see yourself)
- Chronic guilt, shame, and self-blame
- Feeling that you are permanently damaged
- Feeling ineffective
- Feeling nobody understands you
- Minimizing the importance of the traumatic events in your life
Symptoms of Complex PTSD

Alterations in relations with others

- Inability to trust
- Revictimizing yourself
- Victimizing others

Alterations in systems of meaning (how you see life, others, and spirituality)

- Despair, hopelessness
- Loss of beliefs that previously sustained you

Fundamental Elements of Trauma

- Powerlessness
- Disconnection
- Devaluing
- Out of Control
Healing, Growth and Change

........... is the process of encircling a person with value and empowerment by engaging with them in their natural cycles of growth. Collaboratively helping them gather resources from within themselves, their family and their community.

What is Therapeutic Change

- A Differentiation of a Trauma Mind Self-View and more Higher Mind Self View which is Based on Present Experience
- A Development of Collaborative Based Therapeutic Goals
- Effort and Strategies to Build New Patterns of Action-Mind and Body
States of Mind

Rational Mind
Dominated by reason, logic

Emotion Mind
Dominated by emotional reactivity

Intuitive Mind
Perceptions in the absence of perceptible cues, non-verbal encoding and decoding.

Trauma Mind
Extreme distress, high emotional reactivity, vacillating between hyper-arousal and numbness, negative self view, fight, flight and freeze

STATES OF MIND

Highest Mind
Dominated by intrapersonal coherence and internal attunement of body, brain, mind and relationship. Coherence and effectiveness.

Aware Mind
Self Mind
Centered Mind
Wise Mind

Five Essential Ingredients for Healing

- Relationships connecting to a deep set of values that provide a meaningful vision. Collaboration/Power/Attachment
- Psycho educational Experiences/Cognitive Behavioral/Neuro-Mind-Body/Communication/Mindfulness/Thought Process/Self Regulating
- Strength Based Guidance/Vulnerability and Resilience
- Safe Context/Boundaries/Structure
- The Creation of Workable Realities/Hope
Five Functions of Comprehensive Treatment Model - Guidelines for Standards of Care

- Enhance client capabilities
- Improve client motivation for treatment
- Structure the environment
- Generalization to the environment
- Enhance therapist's motivation to provide effective treatment

Therapy Enhances Clients’ Capabilities

- Skills training
- Interpersonal Regulation
- Stabilization of sense of self

Therapy Must Improve the Clients’ Motivation for Change

- Collaboration: understanding of process, engaging in process, and investing in outcome.
- Interventions that help quickly
- Clear Treatment Plan
Assure Generalization to Natural Environment

- Homework assignments and practice
- In session Practice of Skills and Experience

Enhance Therapist Capabilities & Therapists' Motivation to Treat Effectively

- Therapist Use of Self
- Collaboration
- An Effective Model to build therapist's confidence and self empowerment

Structured Environment

- Clarity of Model
- Clear Boundaries
- Coaching strategies
- Predictability
Therapist Use of Self

- Ethical Attunement
- Interventions that decrease helplessness, extreme behaviors and increase mastery
- Collaboration
- An Effective Model to build therapist’s confidence and self empowerment-Stage oriented integrative model
- Supervision and Consultation

Environment for Change

- Safe- creating refuge; unlikely to be in danger
- Seen-Heard-Understood
- Soothe-lack of stress
- Secure-assured and steadied

Awareness and Attunement

The range of what we think and do
Is limited by what we fail to notice
And because we fail to notice
That we fail to notice
There is little we can do
To Change
Until we notice
How failing to notice
Shapes our thoughts and deeds  -R.D.Laing
Ethical Attunement

- **Therapeutic Talent and Complex Trauma:**
  - Our Gift
  - Giving and Receiving
  - Natural Cycle of Contraction and Expansion in Relationship

- **Therapeutic Wisdom:**
  - Mindfulness (Empowerment)
  - Open Hearts (Value/Attachment)
  - Influence (Idiosyncratic or Relational Power)

Ethical Attunement

- **Collaboration in Hierarchy**
  - Knowing the other
  - Symmetrical v complementary relationship
    - Cognitive Awareness
    - Trauma Mind Symptoms
    - Traumatic Experiences/Terrible Knowledge
    - Wise Mind State of Being

- **Internalization of the Model**
  - When and how to intervene

Collaborative Change Model

- **Creating a Context for Change**

- **Challenging Patterns/Cycles and Expanding Realities**

- **Consolidation**
What the caterpillar calls the end of the world, the masters call a butterfly

- Richard Bach

Invalidating Environments

Characteristics of Invalidation

- Communication of private experience met with exaggerated, inappropriate, extreme response.
- Communication of private experience not validated, often punished and/or trivialized.
- Painful emotions and factors causing them are disregarded.
- The individual’s interpretations of his/her behaviors and motivations for behaviors are dismissed.
- Tells the individual he/she is wrong in both the description and analysis of the experience particularly what is causing the emotion, belief or action.
- Attributes the experience to socially unacceptable characteristics or personality traits.
- Failure to live up to expectations brings disapproval, criticism, sarcasm, or attempts to change the individual’s attitude.

Invalidating Environments

Consequences of Invalidation

- Individual does not learn to label private experiences and emotions in normative manner.
- Individual does not learn to modulate emotional arousal.
- If problems are not recognized, problem-solving skills are not learned.
- Extreme problems or emotional displays become necessary to provoke a response.
- Inhibition or extreme emotional states occur.
- Individual does not learn to tolerate distress or form realistic goals and expectations.
- Individual does not learn to trust his/her own emotional response.
- Self-invalidating and shame.
Validation

What is it?

**Definition:** To accept, legitimize, support, attempt to understand and assign benevolent meaning to your own and/or someone else’s emotions, thoughts and behavior.

Function of Validation

- Creates safety (verbal, emotional, physical and sexual)
- Establishes the environmental context for constructive, useful, effective behavior (verbal and nonverbal; with self and others)
- Enhances connections in relationships
- Teaches trust and helps it to evolve
- Strengthens empathy
- Generates feeling understood and supported
- Generates comfort through emphasis on naturalness of responses
- Generates encouragement and effectiveness

What to Validate

- The value of each individual as a person.
- The value of the relationship to those involved.
- One’s own and other’s behaviors that are legitimate, natural and effective. This includes: emotions (feelings and needs), thoughts (beliefs, intentions, goals), and constructive actions.
- Facts when they are factual, what is actually happening.
- Worries and fears as worries and fears - not facts.
- Self-initiated actions by a person for themselves consistent with their own values, feelings, desires and goals.
Stage I: Creating a Context for Change

- Making External Systems part of the treatment team
- Pretreatment Planning: What is therapy? How does it work? What can be made predictable? Boundaries/Structure
- Safety Inside and Outside of Office
- Assessment of Vulnerabilities and Resilience
- Goal Setting
- Positive and Negative Consequences of Change
- Interventions for Denial
- Structural Session
- Educational Interventions Introducing Patterns
- Pre-Acknowledgment Sessions
- Acknowledgment Session

Vulnerability/Resiliency

Social/Political Contexts
- Community
- Gender
- Race
- Socio-Economic Class
- Cultural
- Religion
- Special Needs
- Medical
- Peer Relationships

Relational Contexts
- Hierarchy
- Attachment
- Communication Patterns
- Style
- Roles
- Peers
- Rules

Transgenerational Patterns

Individual Context
- Physiological/Neuro-Biological Patterns
- Developmental Stages
- Dissociative Continuum
- Vicarious Survivor History
- Coping Mechanisms
- Impulse Control
- Special Needs
- Mental Health
- Temperament
- Intelligence
- Addictions

Resilience

- Awareness/Realism
- Creativity
- Humor
- Courage/Initiative
- Flexibility/Adaptability
- Faith/Trust
- Social Support
Five Facets of Mindfulness Practices

1. Decreased reactivity to inner experiences
2. Increased capacity to remain present even with painful emotions and sensations
3. Increased capacity to react with awareness and intention
4. Increased capacity to describe/label with words
5. Non-judgmental of experiences

TRAUMA MIND PARADIGM

Aware Highest Mind Paradigm
Four Types of Denial

- Denial of Facts
- Denial of Awareness
- Denial of Responsibility
- Denial of Impact

Interventions for Denial
Move client through each type

- Working through
  - Tenacity
- Themes:
  - Normalization
  - Positive and Negative Consequences
  - Speak "as if" "what if" "if you could imagine"
  - A chance to repair the damage
  - "A far, far better thing..." opportunity for growth

Stage II: Challenging Patterns/Expanding Realities

- Family
  - To restructure, improve communication, increase trust
  - Understand interactional cycles
- Couple
  - To restructure (if appropriate)
  - Improve communication
  - Increase trust, intimacy
  - Improve sexuality
  - Understand interactional cycles
Communication Skills

Skills for the Talker
1. CREATE YOUR POSITIVE INTENTION
2. Use I statements
3. Avoid the word You whenever possible
4. Don't Use the word But
5. State Feelings
6. Request A Behavioral Want
7. State Positives for the Relationship
8. Remember to Breath

Skills for the Listener
1. Do not Plan your Rebuttal while Listening
2. Summarize what you heard, not word for word. Put into your own words what you heard
3. Check in to see if you heard it correctly
4. Wait for a response and further clarification
5. Repeat Skill 2, 3 and 4
6. Ask clarifying questions. Be Curious, repeating skills in the process
7. See if your partner is ready to switch roles
8. Avoid the word BUT
9. Remember to Breath

Individual
- Interruption of cycles; victim, offender, and non-offending family members
- Psycho-educational interventions
- Imagery
- Cognitive Behavioral Interventions
- Neuro Body Interventions
Groups

- Fear and Secrecy
- Denial
- Victimization
- Family of Origin
- Family Structure
- Cognitive Distortions
- Sex Roles
- Communication
- Assertiveness
- Sexual Problems

Stage III: Consolidation

- Punctuating the Differences Interventions
  - How is the “new family” different from the “old family”
  - Role play “old family”
  - Therapist refers to “old family” vs. “new family” whenever possible
  - Pre-post test results if available
Consolidation, Cont.
Strategies to Maintain Change

- How to Keep Change Alive
- Journal of Changes
- Exploring Coping Mechanisms

- Plan for Post Therapy Challenges
  - Dealing with expected challenges
  - Dealing with unexpected challenges
  - How will you know when you need to return to therapy?

- Termination Interventions
  - Celebration Rituals (cake, certificate of merit)