


Complex Trauma: Integrating Evidence-Based Practices with Fundamentals of Culturally Responsive Care



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Objectives

- ❑ Identify central features of complex trauma, and how these features may differ from traditional diagnostic features of PTSD
- ❑ Identify the major phases of treatment, and evidence-informed interventions that can be employed during these phases
- ❑ Examine how various cultures may understand trauma, and the impact of these narrative meanings on the treatment process



Complex Trauma

- Associated with more pervasive and complicated traumatic stressors
- Longer in duration
- Often involves harm, neglect, abandonment by caretakers
- Stressors often occur at developmentally sensitive periods
- Involve interpersonal relationships
- *single catastrophic event

What causes Complex Trauma?

- "...catastrophic, deleterious, and entrapping traumatization occurring in childhood and/or adulthood." (Courtois, 2004, p.412)

- Some examples:
 - Child abuse (physical, sexual, emotional, neglect)
 - Ongoing armed conflict
 - Prolonged domestic violence
 - Displacement through ethnic cleansing, refugee status
 - Acute and chronic illness

What about PTSD?

- Posttraumatic Stress Disorder (PTSD)
 - Combat trauma and Vietnam Veterans
 - Victims of interpersonal violence

 - Exposure to traumatic stressor
 - Actual or threatened death or injury to oneself or to others
 - Response to the trauma involves intense fear, helplessness or horror

 - Symptom triad
 - Reexperiencing
 - Numbing and avoidance
 - Hyperarousal

PTSD: An Imperfect Fit

Individuals with chronic and extensive traumas reporting symptoms not included in PTSD diagnosis

- Depression
- Anxiety
- Self-hatred
- Dissociation
- Substance abuse
- Self-destructive and risk-taking behaviors
- Difficulties in interpersonal and intimate relationships
- Medical and somatic complaints



Complex Trauma and PTSD

- ❑ Complex Trauma (Complex PTSD) not in current DSM; under review
- ❑ Comorbidity, though distinct in symptom presentation and functioning
- ❑ Differential diagnosis important for successful treatment

Complex PTSD

- Seven problem areas
 - Alterations in the regulation of affective impulses
 - Alterations in attention and consciousness
 - Alterations in self-perception
 - Alterations in perception of the perpetrator
 - Alterations in relationship to others
 - Somatization and/or medical problems
 - Alterations in systems of meaning

(Courtois, 2004)



Alterations in the Regulation of Affective Impulses

- ❑ Deficits in self-soothing
- ❑ Difficulties in emotional regulation
- ❑ Difficulty modulating anger
- ❑ Tendency towards self-destructiveness
- ❑ At risk for substance abuse and self-harming behavior

Alterations in Attention and Consciousness

- Amnesias
- Dissociative episodes
- Depersonalization
- Dissociation related to more prolonged and severe interpersonal trauma, often occurring during childhood



Alterations in Self-Perception

- ❑ Chronic sense of guilt and responsibility
- ❑ Ongoing feelings of intense shame
- ❑ Lessons from abuse that not valued, not worthy



Alterations in Perception of the Perpetrator

- Complex relationships and belief systems that ensue following repetitive and premeditated abuse at hands of primary caretakers
- Attributing total power to the perpetrator
- Preoccupation with relationship with perpetrator



Alterations in Relationship to Others

- Difficulty trusting
- Inability to feel intimate with others
- Lesson learned from trauma – people are self-serving, unsafe



Somatization and/or Medical Problems

- Somatic reactions and/or medical conditions
- May relate directly to the type of trauma suffered or may be more diffuse
- Have been found to affect all major body systems



Alterations in Systems of Meaning

- Often feel hopeless in attempts to find anyone to understand
- Feelings of despair in relation to healing



Does the difference matter?

- ❑ Complex Trauma requires integrative approach
- ❑ Can individual tolerate being emotionally upset without hurting themselves or being re-traumatized?
- ❑ Some CBT treatments contraindicated for Complex Trauma

Evidence-Informed, Culturally Responsive Treatment of Complex Trauma

□ Theoretical Issues

- Evidence-based practices (EBP) to empirically-supported and validated treatments (EST/EVT) continuum
- Treatment of syndrome vs. symptom clusters
- Phase-oriented treatment

□ Practical Issues

- Phase-oriented treatment
- Management of the treatment process
- Cultural responsiveness
- Self-care of the clinician

What is Evidence-Based Practice?

- Integration of the ***best available research*** with ***clinical expertise*** in the context of ***patient characteristics, culture and preferences*** (APA, 2006)
- Purpose is to promote effective psychological/clinical practice and enhance public health
 - Development of best practice guidelines
- Focus on outcomes

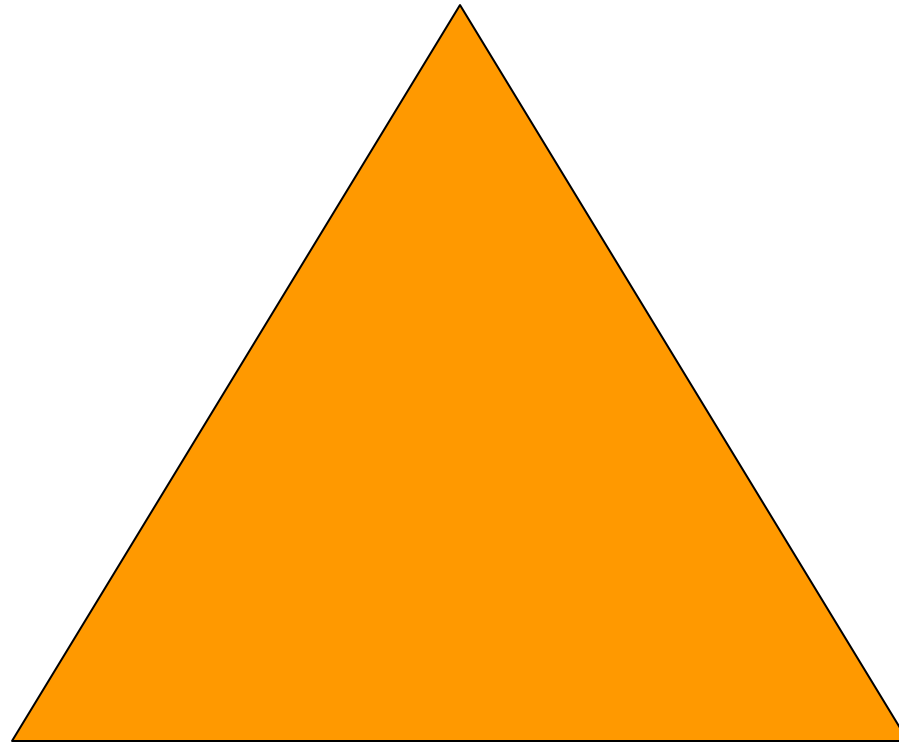


EBP to EST Continuum

- Evidence-based practices more comprehensive concept
- Empirically-supported treatments start with a treatment and examine whether it works for a certain disorder or problem under specified circumstances
- Evidence-based practices start with the patient/client and examine what research evidence will assist the clinician in achieving the best outcome for that patient/client

The Practice of EBP

Client Values and Preferences



Clinical Expertise

Research Evidence

Competencies of Clinical Expertise

- Assessment, diagnostic judgment, case formulation and treatment planning
- Clinical decision-making, treatment implementation and monitoring of patient progress
- Interpersonal expertise
- Continual self-reflection and skill development
- Evaluation and use of research evidence
- Understanding influence of individual, cultural and contextual differences
- Seeking available resourced as needed
- Cogent rationale for clinical strategies and treatment decisions

Treatment of PTSD vs. Complex Trauma

□ PTSD:

- Symptom reduction
 - Hyperarousal
 - Re-experiencing (intrusive thoughts, nightmares, etc.)
 - Avoidance
- Treatment of comorbid syndromes
- Adaptive Coping

□ Complex PTSD:

- Self-regulation capacities
 - Emotional dysregulation
 - Cognitive disorganization
 - Physiological arousal
 - Dissociation
- Attachment-related impairments
 - Trust in self and others; intimacy
 - Shame and guilt

Treatment Implications

- Empirically-supported treatments for PTSD **may be** contraindicated for Complex Trauma
 - Exposure based therapies (prolonged exposure therapy, cognitive processing therapy) may be too destabilizing for the complex trauma patient/client (poor adherence, up to 40% attrition rates)
 - Phase-oriented treatment approach essential
 - Longer-term and/or episodic treatment often necessary
 - Broader effects of pharmacological interventions poorly understood



Phase-Oriented Treatment

(Herman, 1992; Janet, 1889)

- Phase I: Safety and Stabilization
- Phase II: Processing Traumatic Memories
- Phase III: Reintegration



Phase I: Safety and Stabilization

- Personal and interpersonal safety is essential condition for treatment, and may take time to develop
- Treatment must enhance client's ability to manage extreme arousal states
- Treatment must enhance client's ability to approach and master rather than avoid painful internal states and triggering external situations
- Psychoeducation essential
- Introduce awareness (mindfulness) and enhance self and relational capacities



Phase II: Processing Traumatic Memory

- Safe, self-reflective disclosure of traumatic memories and associated reactions
 - Narrative approaches that integrate autobiographical memory
 - Modified exposure-based strategies
- Simultaneously assisting client in maintaining adaptive functioning and current lifestyle



Phase III: Reintegration

- Grieving and mourning what was lost in the past, what may be affected in the future
- Living a life in the “normal range”
- Resolving developmental deficits
- Fine-tuning self-regulatory skills
- Developing trusting and trustworthy relationships
- Intimacy



Additional Treatment Considerations

- Treatment, like complex traumatic stress reactions, is complex and multimodal
- Clinicians must be mindful of and effectively manage client's transference reactions and potentially disruptive counter-transference reactions, as well as vicarious traumatization (self-care is essential!)
- Development of client's support system must be actively encouraged

Culturally Responsive Trauma Treatments

□ **Etic vs. Emic Modes of Understanding**

- Etic: looking from outside the culture; objective, reductionistic, “scientific”
- Emic: looking from within the culture; subjective holistic, integrative

□ **Aversive Bias**

- Nonconscious biases held by individuals who consciously reject overt expressions of bias

□ **Privilege**

- “Invisible backpack” of safety and positive experiences carried by each member of the dominant group

□ **Representation**

Examples of Privilege

(L. Brown, in Courtois & Ford, 2009)

- While driving your car, you are unlikely to be stopped by the police so long as you obey local traffic laws
- You can marry the person you love no matter where you live and have access to him/her in an emergency room if she/he were in an accident
- Your culture's holidays are always days off from work or school
- You can be imperfect, and few people will generalize from your imperfections to those of everyone in your group

Diversity: The ADDRESSING Model

- **A**: Age-related factors
- **DD**: Disability-ability; visible/invisible
- **R**: Religion and spirituality
- **E**: Ethnic and cultural origins
- **S**: Social class, current and former
- **S**: Sexual orientation
- **I**: Indigenous heritage/colonization
- **N**: National origin/immigration/refugee asylee status
- **G**: Gender/Biological sex

Illustration of Culturally Unresponsive Care

- A monkey and a fish were caught in a terrible flood and were being swept downstream. The monkey grabbed a branch from an overhanging tree and pulled himself to safety from the raging water. Then, wanting to help his friend the fish, he reached into the water and pulled the fish from the water to the branch.
- If you wish to help the fish, you must understand its nature. (Marsella, 2004)



What is Culturally Responsive Care?

- In order to effectively understand the concept of culturally responsive care, one must first understand the importance of culture.
- What is culture and how does it influence responsive care?



Perception of Culture

- The word “Culture” can be frequently misunderstood. This can be true among health professionals working in cross-cultural situations.
- Too often, culture is defined as food, dress, arts, language, etc. However, the above does not capture the true nature of culture as a psychological construct of reality.



Defining Culture

- Culture can be defined as shared, learned behaviors and meanings that are transmitted socially, often across generations, for purposes of sustaining or promoting adaptation, adjustment, and development.
- Within that definition there exists two main components known as external and internal representations.



External Representations of Culture

- Artifacts- food, clothing, art forms
- Roles -social structures, gender, marital status, economic status
- Institutions- family, religion, legal



Internal Representations of Culture

- Values
- Attitudes
- Beliefs systems
- Epistemologies

Culture becomes a Psychological Construct of Reality

- “Since culture involves values, beliefs, consciousness patterns, and the way people know what they know (i.e., epistemology)” (Marsella, 2004),
- Culture becomes a template for reality among different groups of people.
- It defines the way they experience the nature, meaning, and content of reality.
- Culture orders their perception of what, why, and how something exists.
- It governs the possibilities and limitations for behavior and meaning.

Example of Contrasting Cultural Patterns of Reality

Dimension	Culture A	Culture B
1. Self	Individual	Collective
2. Maturity	Independence	Interdependence
3. Style	Assertive	Deferent
4. Orientation	Product/Process	Process/Product
5. Communicate	Direct	Indirect
6. Mode	Verbal	Non-verbal
7. Status	Equality	Hierarchical
8. Effort	Mastery	Harmony
9. Determinant	Person	Destiny/Kharma
10. Traditions	Change/New	Preserve Past

(Marsella, 2004)



Implementing Culture in Responsive Care

- Cultural responsiveness can be best described as being aware of the context of cultural differences.
- Cultural responsiveness helps in understanding the many components of an individual's culture.
- Cultural responsiveness will aid in establishing wrap around services that will focus on the empowering the client/s.



Implementing Self Awareness in Culturally Responsive Care

- ❑ Become aware of your own cultural background.
- ❑ Understand your own cultural values, beliefs and customs.
- ❑ Identify how your cultural background influences your attitude and behavior toward other cultures.
- ❑ Understand that cultural beliefs and values that are different from yours are not wrong. There are no right or wrong beliefs.



Culturally Responsive Framework

- Learn about the population that you serve.
- Become educated in the beliefs of community that you serve.
- Familiarize yourself with the community and other resources that are important to the population that you are serving.



Case Vignette

Thank You!

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