The Complex Trauma Model:

Conceptualization and treatment in children and adolescents.

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Trauma and Complex Trauma
Definition of trauma

- Multiple meanings referring to medical, physical or psychological injury
- Difficult to find a clear definition of psychological trauma
- Trauma is used interchangeably with the event itself, the individual's experience to the event, or their response to the event
- Consistency in definition: stressor event: psychological or psychic trauma/stressor

Responses To Trauma

- Post-traumatic reactions
  - Acute Stress Disorder
  - “Simple” PTSD

- Complex traumatic stress disorders
  - “Complex” Trauma
  - Dissociate Disorders
Reaction to trauma: PTSD criteria

- Intrusive symptoms
- Avoidance symptoms
- Alterations in cognitions and mood
- Alteration and arousal and reactivity

Types of trauma

- Type 1: Single-incident Trauma "out of the blue": natural disaster, terrorist attack, dramatic accident
- Type 2: Complex or repetitive trauma: ongoing abuse, domestic violence, community violence, war or genocide. Usually involved fundamental betrayal of trust in primary relationships and compromises bio psycho social and emotional development

Courtois & Ford, 2013
Type 2 Trauma sub-categories

- Type 2A: multiple traumas experienced by individuals from relatively stable backgrounds who have sufficient resources to manage traumatic events better
- Type 2B: multiple traumas which are so overwhelming that individual cannot separate one from the other, resilience is impaired

What differences can you think of between type 1 and type 2 trauma which are relevant to conceptualization and treatment?
Complex trauma

“The traumatic stress field has adopted the term ‘Complex Trauma’ to describe the experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early-life onset. These exposures often occur within the child’s caregiving system and include physical, emotional, and educational neglect and child maltreatment beginning in early childhood.”

(Isn’t trauma trauma?

Why specify as “complex” trauma in case conceptualization?

• The impact of trauma on child development is pervasive
• This impact can not be captured by any one diagnosis
• Kids tend to receive a range of “comorbid dx” which are not particularly helpful for treatment
• DSM V still does not necessarily cover psychological abuse, neglect, separation from caregivers, etc.
• Changes in the mind, emotions, body and relationships experienced following complex trauma include severe problems with the dissociation, emotional dysregulation, somatic distress, and alienation

(APA, 2013; Van der Kolk, 2005,p.402)
Complex Trauma
Complex Reactions

Complex psychological trauma

- Exposure to severe stresses that repetitive or prolonged,
- Involves harm or abandonment by caregivers or other responsible adults
- Occur at developmentally vulnerable times in the victim's life such as early childhood or adolescence
- In addition to being life-threatening or terrifying, these experiences chronic and compromise development and primary relationships

Courtois & Ford, 2013
Domains of Impairment in Children exposed to Complex Trauma

- Affect Regulation
- Attachment
- Behavioral Regulation
- Biology
- Dissociation
- Cognition
- Self Concept

Complex trauma: A disorder of regulation

1. Biological regulation
2. Cognitive regulation

3. Emotional/Affective regulation
4. Behavioral regulation/Impulse regulation
5. Relational regulation (i.e. Attachment)
6. Self concept integration regulation
   - Self-concept
   - Dissociation

(Haskell, 2003; Van der Kolk, 2005)
**PTSD**

- Requires changes to specific areas of functioning
- Isolated traumatic events tend to lead to conditioned responses (behavioral and biological)

**Complex Trauma**

- Consists of specific changes across numerous areas of functioning
- Chronic maltreatment leads to pervasive effects on development
- Unfocused response to stress

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**Complex treatment**

- May not be appropriate to launch into PTSD treatments such as trauma exposure
- Often requires a slow approach addressing regulation across a variety of areas
- Early stages may be skill focused with an emphasis on modeling by the therapist

- More on this later.....

Haskell, 2003
Complex trauma due to chronic abuse is sometimes referred to as developmental trauma because of its interrelated impact on all aspects of development. Starting with the brain....

A review of brain development
The Infinite Array

• The brain and nervous system contain billions of interconnected neurons.
• Neurons form trillions of connections and the pathways.
• The number and organization of these connections influence everything, from the ability to recognize letters to the maintenance of relationships.

Making Connections

• Neurons develop rapidly before birth.
• At birth, infants have all, or most, of the brain cells they will ever have.
• Connections or “wiring” between these cells is incomplete - connections have to be built.
• Between birth and 8 months synapses form rapidly.
• One neuron can connect with 15,000 other neurons.
• In the first 3 months of life, the synapses multiply more than 20 times.
• At 3 months, the baby has more than 1,000 trillion synapses.
Brain Plasticity in Early Childhood

• Connections are made permanent from early infancy to early childhood
• As we mature, the brain physically changes due to outside experiences.
• The first three years see the most rapid changes due to the bombardment of experience (everything is new!).
• At this time, the brain is most flexible and prepared to learn. (plasticity)

Experience Builds Connections

• Early childhood experiences physically determine how the brain is "wired."
• Early sensory experiences create new synapses.
• Repetition of experiences strengthen them.
• The number of connections can go up or down by 25 % or more, depending on the enrichment of the environment.
• Those synapses that aren't used are pruned.
Window of Opportunity

- At about age 10, the brain begins to dramatically prune extra connections and make order of the tangled circuitry of the brain.
- Pruning occurs for about 12 years but the brain maintains flexibility for future learning
- New synapses grow throughout life
- Adults continue to learn, but they do not master new skills as quickly

Kids = Sponges

- Absorb external stimuli without filters
- As we age we begin to develop filters to aid with the processing of stimuli
- Infants and very young children have been found to be much more observant on average than teens and adults
Development of Mental/Emotional Filters

- The focus of the mental filters we acquire over time is not limited strictly to observational data, but also the emotional data.
- As we grow older we learn to disconnect ourselves in many ways from the pain of others.
- When we understand these differences in the way the minds of our children operate we start to see that rather than occupying a lower plane of consciousness, the mental space they live in is simply different.

Solutions without Filters
Psychological theories

• There is no single theory of development that is so comprehensive or broad that it can explain all areas of development across the entire lifespan.

• Most theories of psychological development focus on one specific aspect or area of development.

What types of disruptions in development could complex trauma lead to?
Complex Reactions

1. Biological Dysregulation

- Sensorimotor developmental problems
- Analgesia
- Difficulties with coordination, balance, and body tone
- Somatization
- Increased medical problems across a wide range (e.g. pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures)
- Heightened parasympathetic responses

Cook, Spinazzola, Ford, et al., 2005; Haskell, 2003; Van der Kolk, 2005
Biological Developmental Impact

- Neural and social development are inextricably intertwined early in life
- Risk for failing to develop brain capacity necessary for modulating responses to stress
  - Right Brain vs. Left Brain Dominance
  - Analytical capacities
- Trauma disrupts development of executive function and self-regulatory areas of the brain

Cook, Spinazzola, Ford, et al., 2005

2. Cognitive Dysregulation

- Difficulties in attention regulation and executive functioning
- Lack of sustained curiosity
- Problems with processing novel information
- Problems focusing and completing tasks
- Problems with object constancy
- Difficulty planning and anticipating
- Learning difficulties
- Problems with language development
- Problems with orientation in time and space

Cook, Spinazzola, Ford, et al., 2005; Haskell, 2003; Van der Kolk, 2005
Cognitive Dysregulation cont.

- Little insight into relationship between actions, feelings, and abuse
- Negative self-attributions become deeply ingrained
- Lack of cognitive “room” to problem solve
- Cognition is impacted by triggers of stress
  - Confusion
  - Dissociation
  - Disorientation

Cook, Spinazzola, Ford, et al., 2005; Haskell, 2003; Van der Kolk, 2005

3. Emotional/Affective Dysregulation

- Difficulty with emotional self-regulation
- Difficulty discriminating affective states
- Difficulty labeling and expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes and needs.
- Present as emotionally liable
- Responses to minor stressors are extreme and accelerate rapidly

Cook, Spinazzola, Ford, et al., 2005
 Emotional/Affective Dysregulation cont.

- Trauma survivors have difficulty coping with emotional responses in reaction to everyday life events.
- Emotions typically exceed the ability to regulate them because the skills for such modulation were never learned.
- Emotional reactions tend to manifest in an all or nothing way.
- Ability to tolerate and modulate various emotional states is limited.

Courtois & Ford, 2013

Common Emotional Responses

- Anxiety reactions
- Depressive Reactions
- Anger and Rage reactions
- Self estrangement and emotional numbing
- Diffuse physical symptoms and depersonalization

Courtois & Ford, 2013
4. Behavioral Dysregulation

- Poor modulation of impulses
- Self-destructive behavior
- Aggression toward others
- Sleep disturbances
- Eating disorders
- Substance abuse
- Excessive compliance
- Oppositional behavior
- Difficulty understanding and complying with rules
- Reenactment of trauma behavior

Cook, Spinazzola, Ford, et al., 2005

Behavioral Developmental Impact

- Children learn to regulate behavior through social environment
- The early experiences of a developing brain occur in an interplay of social interaction and neural development
- Once an abused child understands his helplessness
  - Constantly on guard
  - Becomes frightened and over reactive
5. Relational Dysregulation: Attachment

- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Interpersonal difficulties
- Difficulty attuning to the emotional states of others
- Difficulty with perspective taking

Cook, Spinazzola, Ford, et al., 2005

Attachment Developmental Impact

- Early caregiving relationship provide relational context in which children develop earliest psychological representation of self
- Early attachment allows for predictability and continuity
  - Neglect or maltreatment leads to an uncertainty about the behavior of others
  - Others are understood to be unreliable & unpredictable

Courtois & Ford, 2013
Attachment Developmental Impact cont.

- Insecure and disorganised attachments make children and later adults targets for additional victimization as their very isolation and neediness with compromised emotional regulation make them very vulnerable.

  - Learned patterns of helplessness and expectations of being treated badly confirms expectations regarding not fighting back.

  Courtois & Ford, 2013

Disorganized Attachment

- Manifests as
  - Erratic behavior toward care givers in young children
  - In survival based behaviors that are rigid, extreme and dissociative in older kids, teens, and adults

- Behaviors revolve around themes of
  - Helplessness $\rightarrow$ abandonment, betrayal, failure, dejection
  - Coercive control $\rightarrow$ blame, rejection, intrusiveness, hostility

- Severe disruption in attachment creates lifelong risk for physical and psychological health problems due to
  - Increased susceptibility to stress
  - Inability to regulate emotions without external assistance
  - Altered help seeking behaviors

Lyons-Ruth & Jacobovitz, 2002
6. Self Concept Integration Regulation:

**Self Concept**

- Lack of a continuous, predictable sense of self
- Poor sense of separateness
  - Poor sense of separateness
  - Disturbances of body image
  - Low self-esteem
  - Internalized feelings of shame and guilt

Cook, Spinazzola, Ford, et al., 2005

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6. Self Concept Integration Regulation:

**Dissociation/ Consciousness**

- Distinct alterations in states of consciousness
- Amnesia
- Depersonalization and derealization
- Impaired memory for state-based events
- Disconnection of thoughts and emotions
- Somatic sensations are outside of conscious awareness
- Behavioral repetitions occur without conscious choice, planning or self-awareness
- Reduced emotional awareness
- Compromises ability to bond with others
- May lead to over-reliance on dissociation

Cook, Spinazzola, Ford, et al., 2005
Dissociative impact on Development

- Fundamental dissociative adaptations made by traumatized children
  - Automatization of behavior
  - Compartmentalization of painful memories and feelings
  - Detachment from awareness of emotions and self
  - Represent a “failure to integrate or associate information and experience in a normally expectable fashion.”
- Post-traumatic dissociation leads to atypical amplification of emotions, physical sensations, knowledge/memory, and associated behavioral impulses


Dissociative impact on Development cont.

- Persistent emotional and somatic dysregulation tends to elicit and intensify dissociative reactions
- The associative processes can become automatic and involuntary over time and with recurrent use
- Structural theory of the dissociation this to splitting of personal experience into divisions (Often confused with dissociative identity disorder)
- Self perception tends to be profoundly negative and fragmented

Clinical Dissociation

- Some degree of dissociation is normal
- Three types of dissociation (associated with trauma order) which aid survival
  - Primary dissociation
    - Occurs due to overwhelming trauma
    - Prevents integration of the trauma experience remains fragmented
  - Secondary (peritraumatic) dissociation
    - Activated during inescapable trauma
    - Accompanied by a sense of leaving the body
  - Tertiary dissociation
    - Associated with severe childhood abuse and complex trauma,
    - Distinct ego states emerged to contain traumatic experiences,

Courtois & Ford,

When doing trauma work never forget self care...
Incorporating the Complex Trauma Model in Treatment

Treatment takes Imagination
Treatment considerations

- A variety of treatment models exist although many target more isolate trauma exposure
- Treatments for children and adolescents vary in method, point of intervention, and length but all contain a number of common factors
- Treatment of young children centers on the attachment component
- Treatment of older children and adolescents often centers on the child-caregiver dyad
- Groups are often used to enhance skill development, affect regulation, and interpersonal connection

Treatment considerations cont.

- Be aware of power dynamics
- Often requires a slow approach addressing regulation across a variety of areas
- Early stages may be skill focused with an emphasis on modeling by the therapist
- Clinical evidence indicates that healing from complex trauma requires long-term therapeutic intervention (minimum of two years of support)
- Clients frequently present for associated difficulties and may be reluctant to report the degree of trauma experienced

Cook, Spinazzola, Ford, et al., 2005
Treatments targeting elements of complex trauma

- Skills Training in Affect and Interpersonal Regulation (STAIR)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Trauma Adaptive Recover Group Education and Training (TARGET)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Cognitive Processing Therapy for PTSD
- Acceptance and Commitment Therapy
- Schema Therapy

Common Factors

- Psychoeducation
- Emphasis on contextualization of symptoms through a “trauma lens”
- Skill acquisition and development
- For children and adolescents treatment is often adjunctive
- Generally progresses in stages
- Three stages of most trauma based therapies
  - Stabilization
  - Processing of traumatic memories
  - Integration
Pre-Intervention

1. Assessment
2. Psychoeducation

Assessment

- It is essential to assess the degree of post-traumatic stress symptoms, dissociative symptoms and overall level of functioning.
- It is useful to distinguish between primary and secondary symptoms for treatment planning.
Assessment: Primary and Secondary Symptoms

- Primary symptoms consist of trauma reactions elicited by the trauma.
- Secondary symptoms represent attempts by survivors to manage the primary effects such as self harm, self medication and withdrawal.
- Over time secondary symptoms lead to associated disorders such as self-destructive behaviour, substance dependency, chronic depression and personality disorders.

Assessment cont.

- Assessment needs to be ongoing throughout the therapeutic process.
- Regularly invite clients to assess progress in terms of symptom reduction and what is helpful in the therapeutic process and what is less helpful.
- Engages clients and highlights the importance of collaboration
- Reduces the power dynamics in the therapeutic relationship and allows the client to take ownership of their recovery and healing
The role of Psycho-education

• Facilitates clarification of traumatic experiences and reactions to restore a sense of control
• Equips clients with the knowledge about trauma and the process of recovery so they can develop reflective functioning and metacognition to make sense of the experiences.
• Allows clients to normalize their reactions and begin to take more control of their emotions.

Core components of Complex Trauma Intervention

1. Safety
2. Self-Regulation
3. Self-reflective information processing
4. Traumatic experiences integration
5. Rational engagement
6. Positive affect enhancement

National Traumatic Stress Network, 2005
1. Safety (The Therapeutic Alliance)

- Given the betrayal of trust and disruption of attachment bonds, it is critical that a safe and secure base is created in which the survivor can work through traumatic experiences.
- You need to provide a predictable and consistent therapeutic space to reverse the unpredictability and inconsistency associated with complex trauma.
- It is only within a human relationship that the dehumanising effects of complex trauma can be reversed.

Courtois & Ford, 2013

2. Self regulation

- Through assessment you have identified where your client stands on the 6 domains of dysregulation and now you help him develop further skills before addressing the trauma in a systematic way.
- Enhancement of abilities to:
  - Modulate arousal
  - Restore equilibrium following disruption across affect, behavior, physiology, cognition, interpersonal-relatedness, and self attribution

Cook, Spinazzola, Ford, et al., 2005
3. Self-reflective information processing

- A skill building step
- Client learns skills necessary to construct self-narratives
  - Attentional processes
  - Reflection on past and present experiences
  - Anticipation and planning
  - Decision making

Cook, Spinazzola, Ford, et al., 2005
So how do we do a “trauma exposure?”

4. Traumatic experiences integration

- Gradual Exposure to and integration of trauma history
- Done in many ways
  - Trauma narratives
  - Incorporation of events and meanings into personal narrative
  - Rememberance and mourning of traumatic loss
  - Focus on symptom management and related skills
  - Cultivation of present-oriented thinking and behavior

Cook, Spinazzola, Ford, et al., 2005
5. Relational Engagement

• Develop interpersonal skills
  • Assertiveness
  • Cooperation
  • Perspective taking
  • Boundaries and Limit Setting
  • Reciprocity
  • Capacity for intimacy
• Repair or create effecting working models of attachment
• Apply models to interpersonal relationships (starting with the therapist)

Cook, Spinazzola, Ford, et al., 2005

6. Positive Affect Enhancement

• Enhancement of self-worth/ self-esteem
• Positive self appraisal through cultivation of:
  – Personal creativity
  – Imagination
  – Future orientation
  – Achievement
  – Competence
  – Mastery-seeking
  – Community building
  – Experiencing pleasure

Cook, Spinazzola, Ford, et al., 2005
Let's not forget about resilience!

References


