ISTSS 2018

Some take home to HealthPoint

Items

Anya, SeaTac BHC

Treating childhood complex trauma

competency		
	regulation	
	attachment	
Engagement	Education	routines & rhythms

ARC: attachment, self-regulation and competency treatment framework

- Hyperarousal and shut down
- CAM: care giver affect management

Integrative treatment of complex trauma

- ITCT Cheryl Lanktree and John Briere
- Research and treatment with marginalized 6-21 year olds
- Structured, component-based, individualized
- Care giver support group modules

Check out NCTSN

- www. Nctsn.org
  - Intervention fact sheets
  - Culture-specific fact sheets
  - Key moment training videos

Attachment Priming in Refugees

- Separation grief is akin to an attachment insecurity (Richard Bryant, U South Wales)
- As attachment is more anxious, worrying increase and the attachment priming effect decreases
- Trauma work is difficult with refugees worried about left behind relatives
- Israel study: years of imprisonment
- Refugees: attachment system so compromised, may not benefit from attachment priming

Insecure to secure attachment possible?

- It requires a cognitive bias modification
- It is tedious as the negative appraisal is habitual, but it can be shifted
- Need to look at this from a societal level, need a more socio-centric view
- Social network analysis
- Ex: SF neighborhood differences after earthquake

Innovative treatments for complex trauma

- Multicomponent (Marylene Cloitre, Ph.D)
- CPTSD: dismantling study (2010) to see what works and what treatment components to put together
  - CPTSD = PTSD sx plus affect dysregulation, negative self concept, disrupted relationships
- STAIR plus supportive counseling better than STAIR alone
- PCT better than PE
- STAIR + PCT (a non-exposure therapy) does very well

Complex trauma—Martin Bohus (U of Heidelberg)

- DBT-PTSD—notes overlap BPD and PTSD
  - Use algorithms to organize components
- Early Traumatic Experience
  - Traumatic invalidation
    - Disturbed memory processing
    - Disturbed emotion regulation
    - Disturbed self concept
    - Disturbed social cooperation
- These lead to maladaptive behaviors

Bohus, cont on CPTSD

- PE does not work if dissociation
- Self-compassion treatment needed—ACT based
- Anti-dissociative skills
- Secondary emotion skills
- Exposure: to emotion, not trauma narrative
- The worse the sx, the greater the benefit from DBT

CPTSD: Peter Coventry (Meta analysis)

- Traditional PTSD sx reduce anxiety and depression sx
- BUT quality of life and sleep see little improvement
- IPT (interpersonal) effective
- Non-trauma focused CBT not effective to reduce trauma sx
- EMDR nd CBT effective (but childhood trauma survivors less likely to benefit)
  - 4 principles:
    - Affording people dignity
    - Compassion and respect
    - Coordinated and personalized care
    - Support people to recognize strengths and abilities
  - Best if patient is in driver's seat and clinician facilitates

Sleep is one of the most recalcitrant sx

- Patient reference is important—they do better if they get what they want
- Phase-based treatments are on the rise
  - CBT-I
  - Then EMDR or PE, or NET

Navigating destabilizing immigration policies: Casie Iwata, St Paul Minnesota

- Time line
- Statuses:
  - Refugee
  - Asylum seeker
  - Visa holder/ special immigrant status
    - Student
    - T (trafficking)
    - U (crime victim)
    - TPS (temporary protected Status)
  - Undocumented immigrant

Immigration: clinician roles

- Advocacy: using power as a clinician to impact systems
- Educator: on US political system, but let client educate us about how they are impacted
- Policy interpreter—find fact based sources of info
- Coordinator –help find lawyers, get correct info, take notes
- Accompanier: reassures client and makes an impact on immigration officer
- Counselor: immigration events can put other trauma work on hold; help plan

Immigration resources

- USCIS.goc website—policy updates
- Aila.org American Immigration Lawyers Association—next day memos
- Humanrightsfirst.org
- Physicians for human rights (phr.org), physical and mental health
- Health right international
- Ciwata@cvt.org

Trauma of Hate-based violence

- Maureen Allwood, Ph.D (Bosnia, Rwanda)
  - Race, ethnicity, caste, gender, gender identity, sexual preference, religious or national origin, disability or other personal characteristics
  - Memberships of possible hate are widening: class, age, inter-sectionalities
- Types of violence—(may not meet criminal criteria)
  - Verbal or physical assaults
  - Sexual assault
  - Property damage
  - Withholding resources essential for survival
  - Other means intended to extricate members of a group from a community

HBV: Carolina Salgado on global prevalence

- HBV is often invisible
- Few countries recognize it as a legal category
- HBV is "invisible," often not reported or not considered a hate crime
- Lack of systematic information or data collection; estimated 1:3 reported in US (less elsewhere)
- 4 levels: Pyramid

Violent crimes
vilification
misrepresentation
stereotyping
prejudice

HBV a few factoids

- Italy: 25% people surveyed see homosexuality as a disease
  - 41% state it is unacceptable for a homosexual to work as a teacher
  - 24-30% LGBT experience discrimination at work
  - 29.1 of foreigners in Italy experience work discrimination
- 34 African countries consider LGBTQ identity a crime
- Eastern and Central Asia: high levels of discrimination
- Brazil: highest homicide rates
- South Korea, Japan, Taiwan, Philippines: acceptance but no anti-discrimination laws

HBV: foundational experiences are linked to more direct violence

- HBV is a foundation of PTSD
- Survivor interventions require cultural competence, as well as understanding of laws, resources, and preferences of affected population
  - 1. Assure safety
  - 2. provide psychoeducation
  - 3. alleviation of psychological issues through therapy (CBT, NET, transdiagnostic LGBT affirmative CBT; Slobodin & de Jong, 2015)
  - 4. Assist in re-establishment of group identity and positive inter-group experiences
  - 5. Social networks are important

Chronic pain after stalking: Matt Morris, Ph.D

- > 80% cyberstalking victims have distress
- ¾ murdered women were stalked
- 20-80% people exposed to trauma suffer chronic pain
- Chronic pain sample: 50% have PTSD
- Pain: sensory and affective component
- Usually pain is not in an area injured in an attack

Pain modulation disrupted by sexual assault: Natalie Hellman, Ph.D. U of Tulsa

- Pain is not from assault injury
- Sexual assault disrupts pain circuitry
  - Ascending pathway: nociceptors to brain to conscious experience of pain
  - Descending pathway: can inhibit or amplify NFR (nociceptive flexion reflex)
    - Reflex size larger: amplification
    - Reflex size smaller: inhibition
- Healthy controls: negative emotions increase pain response, positive emotions reduce it
- With sexual assault, the descending pathway appears to become dysregulated

PTSD and Sleep: Laura Strauss, Ph.D.

- Fragmented REM and nightmares: intrusion of awake and other states
- Impaired safety learning in Vets with PTSD
- A neutral signal becomes a threat signal (neutral paired with aversive stimulus)
  - As fear/safety learning are impaired
  - Extinction learning does not happen well
  - Extinction recall is diminished
- More REM efficiency after safety learning
- Disrupted sleep likely perpetuates day-time PTSD
- Treating sleep disruptions may relieve PTSD and facilitate safety learning

PTSD and Sleep: Peter Colvonen, Ph.D. San Diego VA

- CBT-I with PE integration
  - Because sleep onset and maintenance pbs are most frequent with PTSD
  - Sleep disruption contributes to depression, SA, suicide risk
  - 80% persons successfully treated for PTSD still have clinically significant insomnia
- Insomnia should be considered co-occurring and requiring intervention
  - Fragmented REM: poor extinction memory recall, poor safety recall; so PE processes are impacted
- Integrated treatment: more client-centered, single provider, enhances PTSD outcomes, and can take place in a shorter time frame

CBT-I before PE for sleep pbs and PTSD

- Leads to changes in sleep architecture
  - REM consolidation increases
  - Sleep efficiency increases
  - Total sleep time increases
- Better sleep improves PTSD treatment efficacy:
  - Safety discrimination and habituation increase
  - Cognitive ability increases
  - Emotional coping improves
- Staggered CBT-I 5 weeks, then PE (by week 6 sleep efficiency is up 10% on average)
- Bad news for us: Sleep hygiene is less effective than CBT-I

Karen refugees in Australia: remembering and sleep (Monash University)

- Note that self appraisal is communal:
  - Individualistic culture: self as unique and independent
  - Collectivistic: the self is about group harmony, unique life story less emphasized
- PTSD causes disruptions in autobiographical remembering because the PTSD memory is a threat to the sense of self
  - Direct triggered retrieval works well
  - Time-line of distressing memory is difficult to recall
  - We thus see a very general memory style
  - And a lack of memories for problem solving and self-creation
- In individualistic culture trauma victims: more specifics
- From collectivistic culture: more general narrative and more sensory disruption

Another bit about refugees and sleep

- 68.5 M people currently displaced
- Sleep disturbance is the # 1 reason they present for care
- 70-95% persons with PTSD experience sleep disturbance
- Sleep and depression are in a bidirectional relationship
- Note: sleep paralysis is common in SE Asian refugees with PTSD—ask about it
- (End of slides)

Eating Disorders and PTSD: Claire Hebenstreit, Ph.D.

- Substance use disorder more linked with BED
- PTSD more linked with AN/BN
- Risk to women greater as linked to sexual trauma—women vets have military sexual trauma; intimate partner violence is linked to higher ED rates
  - ED in response to criticism by partners
  - Somatization can lead to GI sx
  - ED as a coping mechanism
  - Self-harm(internalizing insults)
  - ED as control (for ex if a controlling partner)
- Note: new DSM dx: binge eating; atypical anorexia; night eating disorder