ACCEPTANCE AND COMMITMENT THERAPY INTERVENTION FOR THE TREATMENT OF COMPLEX TRAUMA

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Agenda

- What is cPTSD
- How do we conceptualize cPTSD
- Intervention recommendations

What is PTSD?

Post-Traumatic Stress Disorder

- Criterion A: Stressor
- Criterion B: intrusion symptoms
- Criterion C: Avoidance
- Criterion D: negative alternations in cognitions
- Criterion E: alterations in arousal and reactivity
- Criterion F: duration (> 1 month)
- Criterion G: Functional significance
- Criterion H: exclusion
- Specifiers: dissociative, delayed onset

What is Complex Posttraumatic Stress Disorder?

- Complex posttraumatic stress disorder (CPTSD) has been included as a diagnostic category in the International Classification of Diseases, 11th Edition, consisting of six symptom clusters:
- PTSD criteria
  - reexperiencing
  - avoidance
  - hypervigilance
- Disturbances of self-organization (DSO) symptoms
  - emotional dysregulation
  - interpersonal difficulties
  - negative self-concept
- Associated with
  - greater exposure to multiple, interpersonal traumas earlier in life
  - higher functional impairment

CPTSD v. BPD

Four BPD specific symptoms:

- frantic efforts to avoid abandonment
- unstable sense of self
- unstable and intense interpersonal relationships
- impulsiveness

Role of dissociation

- **Dissociation**, or a "disruption in the usually integrated functions of consciousness, memory, identity, or perception" (p. 519; APA, 2000)
- Clinical levels of dissociation associated with:
  - significantly higher on complex PTSD symptom severity,
  - state and trait shame,
  - state guilt,
  - withdrawal in response to shame and
  - relationship preoccupation

CONCEPTUALIZATION

Functional Contextualist: PTSD

- ACT views PTSD as a disorder of experiential avoidance associated with a traumatic event
- Experiential avoidance is *a process wherein an individual is unwilling to contact certain private experiences and actively works to escape such experiences.* (p10)

1. Unwillingness to contact private experiences in the present moment (e.g., unwanted emotions, traumatic memories, negative thoughts, unpleasant physiological states)
2. Attempts to change form or frequency of private experiences even when there are negative costs to doing so (e.g., avoid intimacy, avoid cars)

Focus on experiential avoidance

- Experiential avoidance is seen as the key mechanism in the development and maintenance of PTSD
- Often results in avoidance of external experiences as well (places, people, things, reminders)
- *Goal of ACT treatment is to help the individual recognize that they can carry the burden of their traumatic experiences without being overwhelmed or defined by it, and that they can live the lives they want to despite their trauma histories* (p34)

With complex PTSD…

There is an added element:

- The loss (or lack of development) of competencies key to self-regulation and psychosocial functioning
- Instead, there is a focused development of contextually adaptive behaviors.

What begins as adaptive….

- Cognitive fusion
  - The world is dangerous
  - I am alone and must fend for myself
- Experiential avoidance
  - To face the responsibilities of this world I must suppress
- Past-future orientation
  - Use past experience to vigilantly predict and reduce harm
- Self as content
  - I am defined by what the moment requires
- Lack of direction
  - Externally driven based on threat reduction
- Inaction
  - Disengagement from any deeply held wants/desires which might create harm by deviating from external demands for safety

Becomes maladaptive (inflexible)….

- Cognitive fusion
  - The world is dangerous
  - I am alone and must fend for myself
- Experiential avoidance
  - To face the responsibilities of this world I must suppress
- Past-future orientation
  - Use past experience to vigilantly predict and reduce harm
- Self as content
  - I am defined by what the moment requires (external stimulus control)
- Lack of direction
  - Externally driven based on threat reduction
- Inaction
  - Disengagement from any deeply held wants/desires which might create harm by deviating from external demands for safety

TREATMENT

Building blocks of therapy

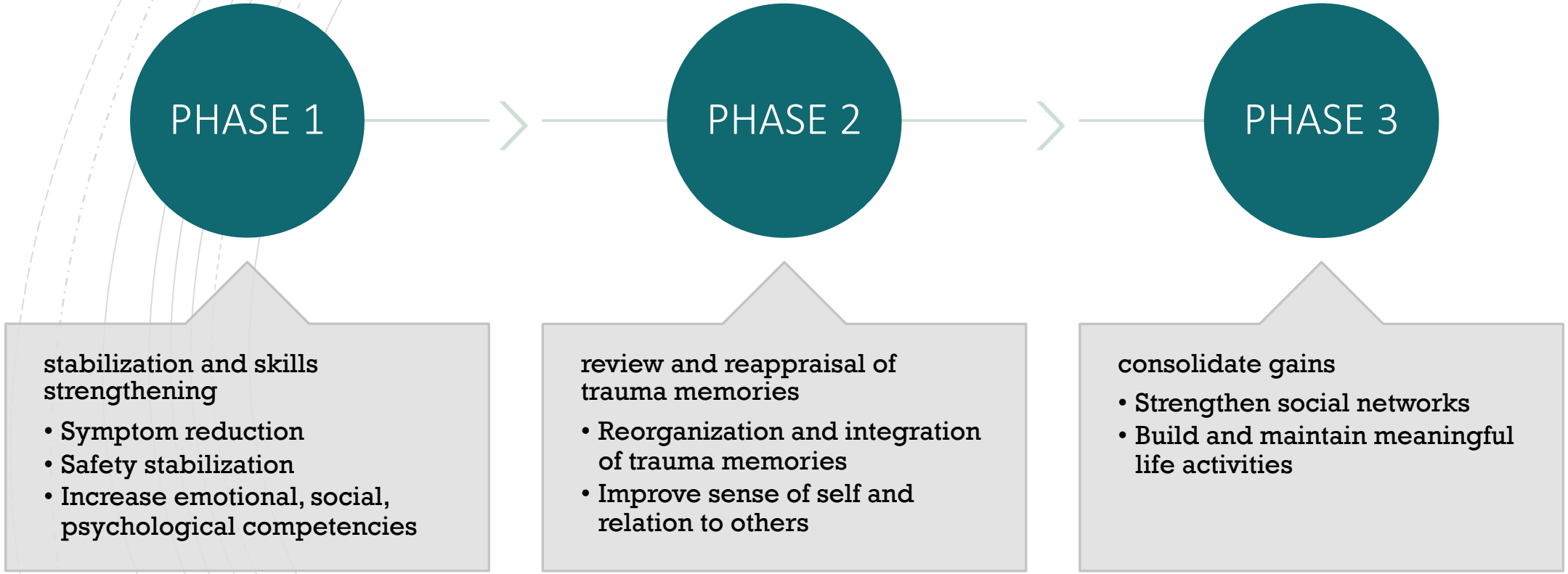
(p4-5)

- Systematically undermining the problematic control and avoidance strategies *(creative hopelessness, control is the problem)*
- Establishing a framework wherein clients can directly experience their thoughts, feelings and sensations without employing harmful change strategies *(willingness, self-as-context)*
- Helping clients arrive at a place where they can choose to take committed action in accordance with their values *(valued living, committed action)*

Order of Intervention

1. Creative hopelessness
2. Control as the problem
3. Willingness
4. Self-as-context
5. Valued living
6. Committed action

ISTSS Guidelines



Phase 1: Stabilization and Skills Strengthening

- Cognitive defusion
  - Function of thought (learning history)
  - Plurality of thought (parts language or imagery)
  - ACCEPTS (Distress tolerance as distancing tasks)
- Acceptance
  - Teach distancing before connection (10% then exposure in micro-doses)
- Present moment orientation
  - Mindfulness
  - Chain analysis, awareness training of triggers
- Self as context
  - Compassion-focused, curiosity, validation work.
- Values
  - Self--determine
- Committed action
  - Interpersonal effectiveness skills

These skills work together to help the individual recognize when their history is getting triggered, and from a here and now place provide the validating compassion for past pain before reorganizing their present moment action around what matters to them

Phase 2: Review and Reappraisal of Trauma Memories

- Defusion from triggers to meet needs:
  - What sensation are you noticing right now? (where are you feeling it in your body?) (SELF AS CONTEXT, ACCEPTANCE)
  - What is it (the sensation) concerned about? (DEFUSION)
  - If that really DID happen, what is the sensation afraid would happen next?'' (may need to repeat to get to core issues of safety)
  - What is needed from you – right here, right now (PRESENT MOMENT)– for that sensation to know safety/connection? (SELF/VALUES/COMMITTED ACTION)
- Empirically based trauma therapies (building the deictic frames)
- A constant foot in Phase 1

BREAKOUTS

- What sensation are you noticing right now? (where are you feeling it in your body?) (SELF AS CONTEXT, ACCEPTANCE)
- What is it (the sensation) concerned about? (DEFUSION)
- If that really DID happen, what is the sensation afraid would happen next?" (may need to repeat to get to core issues of safety)
- What is needed from you – right here, right now (PRESENT MOMENT)– for that sensation to know safety/connection? (SELF/VALUES/COMMITTED ACTION)

Phase 3:
Consolidate Gains

- **Focus on values and committed action**

Impact of DSO on the therapeutic work

- Importance of psychoeducation
- Importance of mindfulness (to recognize triggering)
- Offer unconditional acceptance of the client
- Take an active role in treatment (their prefrontal cortex needs help!)
- Attend to dissociation
- Education about rather than interpretation of transference

QUESTIONS?