UNLOCKING THE SELF

OVERVIEW

- Complex Trauma vs PTSD
- Unlocking the Self Model
- 2 Hypothetical Case Presentations
- Questions

WHO'S HERE?

WHAT IS TRAUMATIC?
PTSD

UNLOCKING TO SELF: KEYS TO HEALING COMPLEX TRAUMA ©

DSM-V PTSD DIAGNOSIS

- Criterion A: Traumatic Event (one required)
  - death, serious injury, sexual violence
  - exposure: direct, witnessed, indirect, repeated exposure

- Criterion B: Intrusion or Re-Experiencing (one required)
  - intrusive thoughts, memories, nightmares, flashbacks, dysregulation at reminders of event

- Criterion C: Avoidant Symptoms (one required)
  - thoughts, feelings, people or situations

- Criterion D: Negative Alterations in Mood or Cognitions (two required)
  - memory problems that are exclusive to the event
  - negative thoughts or beliefs about one’s self or the world
  - distorted sense of blame for one’s self or others, related to the event
  - Being stuck in severe emotions related to trauma
  - severely reduced interest in pre-trauma activities
  - feeling detached, isolated or disconnected from other people

- Criterion E: Increased Arousal Symptoms (two required)
  - Difficulty concentrating
  - Irritability, increased temper or anger
  - Difficulty falling or staying asleep
  - hyper vigilance
  - being easily startled

- Subtype: Dissociation
  - Depersonalization: feeling disconnected from yourself
  - Derealization: feeling disconnected from surroundings

- Specifier: Delayed expression
THE PROBLEM WITH DSM-V

MANY CLIENTS WITH COMPLEX TRAUMA DON’T MEET CRITERION A (TRAUMATIC EVENT)

- Interpersonal trauma largely ignored
  - psychological maltreatment
  - NEGLECT
  - separation from caregivers
  - parental mental illness
  - inappropriate sexual behavior
  - parental substance use

ACE STUDY

- ACE Study
- CDC and Kaiser Permanente
- 17,000 Kaiser patients participating in routine health screening volunteered
ACE STUDY

- Adverse Childhood Experiences (ACE) are common
  - 2/3 of participants < 1 ACE
  - 1/5 of participants < 3 ACE
- ACE Score +4
  - 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempts
  - 2- to 4-fold increase in smoking, poor self-rated health, excessive sexual partners, and sexually transmitted disease
  - 1.4- to 1.6-fold increase in physical inactivity and severe obesity

ACE STUDY QUESTIONS

1. Did a parent or other adult in the household often or very often…Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household often or very often…Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

3. Did an adult person at least 5 years older than you ever…Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

4. Did you often or very often feel that …No one in your family loved you or thought you were important or special? or Your family didn’t look out for each other, feel close to each other, or support each other?

5. Did you often or very often feel that …You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents ever separated or divorced?

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
ACE STUDY QUESTIONS

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

HOW MANY OF THESE 10 QUESTIONS QUALIFIES AS A TRAUMATIC EVENT UNDER THE CURRENT PTSD DIAGNOSIS?

COMPLEX TRAUMA

❖ Exposure to severe stressors
❖ repetitive and prolonged
❖ involve harm or abandonment by caregivers or other ostensibly responsible adults
❖ occur at developmentally vulnerable times in the victims life, such as early childhood or adolescence

DEVELOPMENTAL TRAUMA DIAGNOSIS

B. AFFECTIVE AND PHYSIOLOGICAL DYSREGULATION

❖ The child exhibits impaired normative developmental competencies related to arousal regulation, including at least two of the following:

  ❖ B. 1. Inability to modulate, tolerate, or recover from extreme affect states (e.g., fear, anger, shame), including prolonged and extreme tantrums, or immobilization
  ❖ B. 2. Disturbances in regulation in bodily functions (e.g. persistent disturbances in sleeping, eating, and elimination; over-reactivity or under-reactivity to touch and sounds; disorganization during routine transitions)
  ❖ B. 3. Diminished awareness/dissociation of sensations, emotions and bodily states
  ❖ B. 4. Impaired capacity to describe emotions or bodily states

(van der Kolk, 2014)

C. ATTENTIONAL AND BEHAVIORAL DYSREGULATION

❖ The child exhibits impaired normative developmental competencies related to sustained attention, learning, or coping with stress, including at least three of the following:

  ❖ C. 1. Preoccupation with threat, or impaired capacity to perceive threat, including misreading of safety and danger cues
  ❖ C. 2. Impaired capacity for self-protection, including extreme risk-taking or thrill-seeking
  ❖ C. 3. Maladaptive attempts at self-soothing (e.g., rocking and other rhythmical movements, compulsive masturbation)
  ❖ C. 4. Habitual (intentional or automatic) or reactive self-harm C. 5. Inability to initiate or sustain goal-directed behavior

(van der Kolk, 2014)
DEVELOPMENTAL TRAUMA DIAGNOSIS

D. SELF AND RELATIONAL DYSREGULATION

The child exhibits impaired normative developmental competencies in their sense of personal identity and involvement in relationships, including at least three of the following:

D. 1. Intense preoccupation with safety of the caregiver or other loved ones (including precocious caregiving) or difficulty tolerating reunion with them after separation
D. 2. Persistent negative sense of self, including self-loathing, helplessness, worthlessness, ineffectiveness, or defectiveness
D. 3. Extreme and persistent distrust, defiance or lack of reciprocal behavior in close relationships with adults or peers
D. 4. Reactive physical or verbal aggression toward peers, caregivers, or other adults
D. 5. Inappropriate (excessive or promiscuous) attempts to get intimate contact (including but not limited to sexual or physical intimacy) or excessive reliance on peers or adults for safety and reassurance
D. 6. Impaired capacity to regulate empathic arousal as evidenced by lack of empathy for, or intolerance of, expressions of distress of others, or excessive responsiveness to the distress of others

(van der Kolk, 2014)

PTSD VS DEVELOPMENTAL/COMPLEX TRAUMA

<table>
<thead>
<tr>
<th>PTSD</th>
<th>COMPLEX TRAUMA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stressor</strong></td>
<td><strong>Stressor</strong></td>
</tr>
<tr>
<td>death, threatened death, actual or threatened injury or sexual violence</td>
<td>beginning in childhood or adolescence</td>
</tr>
<tr>
<td>direct or witness, indirect learning or repeated indirect exposure</td>
<td>repeated and severe exposure to interpersonal violence</td>
</tr>
<tr>
<td></td>
<td>significant disruptions in protective caregiving</td>
</tr>
<tr>
<td></td>
<td>experience or witness</td>
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</table>

**Dysregulation**

<table>
<thead>
<tr>
<th>PTSD</th>
<th>COMPLEX TRAUMA</th>
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</thead>
<tbody>
<tr>
<td><strong>Dysregulation</strong></td>
<td><strong>Dysregulation</strong></td>
</tr>
<tr>
<td>affective: guilt, fear, anxiety, terror, constricted positive affect, exaggerated startle response, hypervigilance</td>
<td>affective: extreme shame, guilt, fear, numbness, constricted positive affect, exaggerated startle response, hypervigilance, dissociation</td>
</tr>
<tr>
<td>cognitive: rumination over event, attention, NC’s around safety</td>
<td>cognitive: rumination over basic needs, safety, worthiness, suicidal ideation, severe inability to hold sustained attention and/or goal-oriented behavior</td>
</tr>
</tbody>
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PTSD VS DEVELOPMENTAL/COMPLEX TRAUMA

<table>
<thead>
<tr>
<th>PTSD</th>
<th>COMPLEX TRAUMA</th>
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</thead>
<tbody>
<tr>
<td><strong>Dysregulation</strong></td>
<td><strong>Dysregulation</strong></td>
</tr>
<tr>
<td>behavior: irritable, aggressive, reckless</td>
<td>behavior: irritable, aggressive, reckless, reenacting of trauma as either victim or perpetrator, maladaptive attempts at self-soothing</td>
</tr>
<tr>
<td>avoidance</td>
<td>avoidance</td>
</tr>
<tr>
<td>intrusion</td>
<td>intrusion</td>
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<tr>
<td>PTSD VS DEVELOPMENTAL/COMPLEX TRAUMA</td>
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<tr>
<td><strong>PTSD</strong></td>
<td><strong>COMPLEX TRAUMA</strong></td>
</tr>
<tr>
<td>Dysregulation</td>
<td>Dysregulation</td>
</tr>
<tr>
<td>• somatic: sleep, digestion, anxiety symptoms</td>
<td>• somatic: sleep, digestion, anxiety symptoms, elimination, immune system, chronic fatigue, movement disturbance, conversion symptoms, substance abuse, cardiac issue, cancer, sexual symptoms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PTSD VS DEVELOPMENTAL/COMPLEX TRAUMA</th>
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</thead>
<tbody>
<tr>
<td><strong>PTSD</strong></td>
</tr>
<tr>
<td>Dysregulation</td>
</tr>
<tr>
<td>• misreading of safety or danger cues</td>
</tr>
<tr>
<td>• self-harm</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PTSD VS DEVELOPMENTAL/COMPLEX TRAUMA</th>
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<tbody>
<tr>
<td><strong>PTSD</strong></td>
</tr>
<tr>
<td>Dysregulation</td>
</tr>
<tr>
<td>• extreme and persistent distrust, defiance or lack of reciprocity in relationships with others</td>
</tr>
<tr>
<td>• empathic hyper/hypo arousal</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PTSD VS DEVELOPMENTAL/COMPLEX TRAUMA</th>
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<tbody>
<tr>
<td><strong>PTSD</strong></td>
</tr>
<tr>
<td>Dysregulation</td>
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**FRACTURED SENSE OF SELF**
**COMPLEX TRAUMA**

“We define "complex trauma" as traumatic attachment that is life- or self-threatening, sexually violating, or otherwise emotionally overwhelming, abandoning, or personally castigating or negative, and involves events and experiences that alter the development of the self by requiring survival to take precedence over normal psychobiological development...

Complex trauma prevents, disrupts, or shatters the victim’s ability to develop a sense of self and to trust self and others.” (Courtois & Ford, 2013)

**WHAT IS TRAUMATIC?**

**THE SHORT- AND LONG-TERM OUTCOMES OF THESE CHILDHOOD EXPOSURES INCLUDE A MULTITUDE OF HEALTH AND SOCIAL PROBLEMS.**

(Centers for Disease Control and Prevention, 2014)

“THE NOTION THAT EARLY CHILDHOOD ADVERSE EXPERIENCES LEAD TO SUBSTANTIAL DEVELOPMENTAL DISRUPTIONS IS MORE CLINICAL INTUITION THAN A RESEARCH-BASED FACT. THERE IS NO KNOW EVIDENCE OF DEVELOPMENTAL DISRUPTIONS THAT WERE PRECEDED IN TIME IN A CAUSAL FASHION BY ANY TYPE OF TRAUMA SYNDROME.”

(American Psychiatric Association)

Rejection of a Developmental Trauma Disorder Diagnosis, May 2011 (Van der Kolk, 2014)
CURRENT TREATMENT RECOMMENDATIONS

▸ NOT JUST A TITRATED APPROACH!!!
▸ avoid avoiding
▸ relational attunement
▸ self regulation
▸ widen window of tolerance
▸ shift self-concept
▸ embodiment

(Courtois & Ford, 2013)

UNLOCKING THE SELF: KEYS TO HEALING COMPLEX TRAUMA ©

▸ Unlocking the Self: Keys to Healing Complex Trauma © is a phased model aimed at facilitating navigation through the mosaic, multi-layered array of presenting symptomatology found in complex trauma to promote wholesome and lasting change in survivors.

▸ Integrative in nature and recognizes that many trauma treatment approaches can and should be used at different points along the path to healing, however, they need to be used at proper times and in the proper manner for healing to occur.
UNLOCKING THE SELF: KEYS TO HEALING COMPLEX TRAUMA ©

BASIC ASSUMPTIONS

‣ Phase Oriented
‣ Empowerment of the Survivor
‣ Capacity to Heal Within Ourselves
‣ Self-Energy
‣ AIP

QUALITIES OF THE SELF

‣ Dan Siegel’s Complexity Choir is a beautiful example of what self-leadership looks like.

QUALITIES OF SELF:

CALMNESS, CURIOSITY, CLARITY, COMPASSION, CONFIDENCE, CREATIVITY, COURAGE, AND CONNECTEDNESS

UNLOCKING THE SELF: KEYS TO HEALING COMPLEX TRAUMA ©

OVERVIEW OF THE MODEL: 10 ROOMS

‣ 1: Therapist Self
‣ 2: Client “Self”
‣ 3: Know Thyself
‣ 4: External Safety
‣ 5: Internal Safety
‣ 6: Relationship to Self
‣ 7: Relationship to Others
‣ 8: Relationship to the Narrative
‣ 9: Relationship to Higher Power/Spirituality
‣ 10: Fostering Continued Growth and Integration
HYPOTHETICAL CASE STUDIES

UNLOCKING THE SELF: KEYS TO HEALING COMPLEX TRAUMA ©

PTSD VS DEVELOPMENTAL/COMPLEX TRAUMA HYPOTHETICAL CASE STUDIES

<table>
<thead>
<tr>
<th>COMPLEX TRAUMA</th>
<th>PTSD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Presentations</strong></td>
<td><strong>Initial Presentations</strong></td>
</tr>
<tr>
<td>at intake: withdrawn, guarded, frozen posture, shoulders slouched forward</td>
<td>at intake: tearful, appropriate eye contact, pace of speech normal, fluid posture</td>
</tr>
<tr>
<td>no goals and no strengths listed in intake paperwork, unsure of what made it better or worse and unsure of intensity</td>
<td>slightly self-critical</td>
</tr>
<tr>
<td>able to articulate goals, strengths and ability to discuss what made symptoms better or worse</td>
<td>assertive</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>COMPLEX TRAUMA</th>
<th>PTSD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resources</strong></td>
<td><strong>Resources</strong></td>
</tr>
<tr>
<td>physically active</td>
<td>strong relationship with family</td>
</tr>
<tr>
<td>moderate connection to some peers</td>
<td>strong connection to God</td>
</tr>
<tr>
<td></td>
<td>strong intimate relationship</td>
</tr>
<tr>
<td></td>
<td>strong connection to peers</td>
</tr>
<tr>
<td></td>
<td>physically active</td>
</tr>
<tr>
<td></td>
<td>healthy nutrition</td>
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<table>
<thead>
<tr>
<th>COMPLEX TRAUMA</th>
<th>PTSD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trauma Symptoms</strong></td>
<td><strong>Trauma Symptoms</strong></td>
</tr>
<tr>
<td>intrusion: nightmares, dissociative reactions</td>
<td>intrusions: nightmares</td>
</tr>
<tr>
<td>avoidance: feelings, thoughts, external reminders</td>
<td>alterations in cognition: transient feelings of guilt</td>
</tr>
<tr>
<td>severe alterations in cognitions in mood: “I am bad”, shame, fear, terror, self-blame, feeling alienated from others, constricted affect both positive and negative emotions</td>
<td></td>
</tr>
</tbody>
</table>
### PTSD vs Developmental/Complex Trauma Hypothetical Case Studies

#### Complex Trauma

<table>
<thead>
<tr>
<th>Trauma Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>sleep disturbances</td>
</tr>
<tr>
<td>problems in concentration</td>
</tr>
<tr>
<td>lack of tolerance for extreme affect states</td>
</tr>
<tr>
<td>extreme lack of awareness/dissociation of body sensations and emotions</td>
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</tbody>
</table>

#### PTSD

<table>
<thead>
<tr>
<th>Trauma Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>sleep disturbances</td>
</tr>
<tr>
<td>dysregulated relationship to food</td>
</tr>
<tr>
<td>inability to initiate or sustain goal-directed behavior</td>
</tr>
<tr>
<td>lack of assertive communication</td>
</tr>
<tr>
<td>extreme and persistent distrust in adults and most peers</td>
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</table>

#### Self-Soothing & Filtering

<table>
<thead>
<tr>
<th>Preparation Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1</strong></td>
</tr>
<tr>
<td>Grounding: grounding blanket, tossing pillow back and forth,</td>
</tr>
<tr>
<td>Somatic awareness: body drawing, body scan</td>
</tr>
<tr>
<td>Self-Soothing: my calm beat, window of tolerance, trauma sensitive movement, audio visual entrainment</td>
</tr>
<tr>
<td>12 Sessions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 2</strong></td>
</tr>
<tr>
<td>Self-Soothing: my calm beat, belly breathing, window of tolerance, meditation app, comfortable place (EMDR), container (EMDR)</td>
</tr>
<tr>
<td>Relationship to Self: 2 Handed Journaling to work on inner critic around grieving and the therapeutic process (IFS)</td>
</tr>
<tr>
<td>Relationship to Others: Setting boundaries</td>
</tr>
<tr>
<td>5 Sessions</td>
</tr>
</tbody>
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**Summary of the Z-score analyses**

**Brain Area:**
- Lateral (BA13)
- Medial (BA21)
- Superior (BA18)

**Function:**
- Primary Emotional Sensation

**Symptoms of Deficit:**
- Progressive Non-Point Schema
- Anxiety Disorders
- Emotional Dysregulation
- Dissociative Disorders
- Executive Dysfunction
- Impaired Visual or Spatial Perception
- Blurred Vision
- Letter Perception Problems
- Denaial
- Apgnosis
- Slow Reading
- Impaired Visual or Spatial Perception

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**Alpha (8-12Hz)**

| Z-score: -2.9 |
| Frequency: 10 Hz |

<table>
<thead>
<tr>
<th>LfL</th>
<th>LfR</th>
<th>RtL</th>
<th>RtR</th>
<th>Pos</th>
<th>Ant</th>
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</thead>
<tbody>
<tr>
<td>Alpha (8-12Hz)</td>
<td>Alpha (8-12Hz)</td>
<td>Alpha (8-12Hz)</td>
<td>Alpha (8-12Hz)</td>
<td>Alpha (8-12Hz)</td>
<td>Alpha (8-12Hz)</td>
</tr>
</tbody>
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**Online information:**

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**Color Legend (z-score analyses):**
- Green (0.1-0.2)
- Yellow (0.3-0.4)
- Orange (0.5-0.6)
- Red (0.7-0.8)
- Purple (0.9-1.0)
CT/PTSD Hypothetical Case Studies:

**Phase 2:**
- **CT:** Unbending From Parts: externalization of system, 2-handed journaling, Path meditation
- **CT:** Affect Tolerance: externalization of parts, emotions chart, working with the protective system, wheel of awareness, LOUA, “what’s good about?”
- **CT:** 22 Sessions (34 total)

**Phase 3:**
- **CT:** Self-Leadership in Session: Externalization, developing curiosity, developing compassion, 2-handed journaling, unburdening
- **CT:** 11 Sessions (45 session total)

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**Reprocessing the Narrative:**
- **CT:** 2 standard EMDR sessions on recent incident; SUDS 4 to 0

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**Don’t turn away. Keep your eyes on the wounded places. That’s where the light enters.**

—Rumi
Reprocessing the Narrative

- 8 standard EMDR sessions on abuse; 25 minutes of processing each session
- EMDR Tools: CiPOS, Wedging, Containment
- Lightbar used
- AVE at the end of each session

Future Growth & Integration

- 4 EMDR Sessions: standard protocol, protective figures used, 45 mins of processing each session.
- Lightbar used

- 3 Sessions
- 9 session: grief and loss, boundaries

Overall

- Large Triggers Throughout Work
- 58 Sessions Total
- Progress maintained at 3 month check-in

- Large Triggers Throughout Work
- 18 Sessions Total
- Progress maintained at 4 month check-in

SCL-90 Scores

<table>
<thead>
<tr>
<th>SOMATIC</th>
<th>OCD</th>
<th>INTERPERSONAL SENSITIVITY</th>
<th>DEPRESSION</th>
<th>ANXIETY</th>
<th>hostility</th>
<th>PHOBIC ANXIETY</th>
<th>PARANOID IDEATION</th>
<th>PSYCHOTICISM</th>
</tr>
</thead>
<tbody>
<tr>
<td>initial</td>
<td></td>
<td></td>
<td>1.8</td>
<td>0.9</td>
<td>0.45</td>
<td>1.35</td>
<td>0</td>
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<tr>
<td>discharge</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.45</td>
<td>0.9</td>
<td>1.8</td>
</tr>
</tbody>
</table>
UNLOCKING THE SELF: KEYS TO HEALING COMPLEX TRAUMA

RESOURCES

‣ Internal Family Systems: www.selfleadership.org
‣ EMDR: www.emdria.org
‣ Trauma Sensitive Yoga and Assessments: www.traumacenter.org
‣ International Society for Traumatic Stress Studies: www.istss.org
‣ International Society for the Study of Trauma and Dissociation: www.isst-d.org
‣ National Childhood Traumatic Stress Network: www.nctsn.org

REFERENCES


UNLOCKING THE SELF: KEYS TO HEALING COMPLEX TRAUMA ©

FUTURE OPPORTUNITIES

‣ October 14th, 2016 7:30 am -12:30 pm
  ➢ Bistro Aspen Grove Littleton, CO - FULL

‣ October 21st, 2016
  ➢ Northern Colorado Regional EMDRIA Meeting

‣ March 3rd, 2017 8:00-5:00 p.m.
  ➢ Full Day Training on Unlocking the Self - 20 SPOTS LEFT

Trauma Sensitive Mindfulness and Movement Available Online 2017

VISIT WWW.SARAHHOUY.COM TO SIGN UP