Essential Clinical Social Work Series

Gillian O'Shea Brown

Healing Complex Posttraumatic Stress Disorder

A Clinician's Guide

Springer

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To my husband, Grant Elgin Brown,
I am a firm believer that if just one person believes in you with the conviction that you can triumph – all things are possible. You have always given me the wings to fly and a safe space to land. Thank you for championing me and never questioning my relentless dreaming, no matter how bizarre. I dedicate this book to you.

Acknowledgments

There are so many people to whom I owe a debt of gratitude for their assistance and support as I worked on this book. However, firstly, I must thank my clients both past and present. Bearing witness to their stories and lived experiences has been by far my greatest honor and learning experience. Moments of awe, resonance, and compassion have motivated me to continue to train, seek new knowledge, and grow professionally, so that I could serve in a way that feels meaningful and impactful. I did not set out to become a trauma therapist; however, those who presented themselves to me had all walked on the pathway of trauma. It became apparent to me early in my career that to serve as a healer of trauma, I would need to expand my toolbox and my knowledge base. It has been my honor to witness so many people's healing journeys. I write this book in the hope that I can share what I have learnt so far. However, I know that I will continue to dedicate my life to deepening my knowledge in this area and sharing it with all of those whose lives have been touched by trauma.

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psychoeducational purposes. To learn more please visit his website: www.therapyillustrated.com. I would like to thank Janet Kim, MPH, of Springer for her unceasing support throughout the process. The extent of her diligence and patience are rare professional attributes, and I am grateful that I have benefited from her time and effort. I have been fortunate enough to have many wonderful professional mentors over the course of my career, including Eileen Hogan, PhD; Kenneth Burns, PhD; Brid Kiely, MSW; Lavina Temple, BSW; Beverli Mormile, PsyD; Sarah St. Onge, PhD; Lydia Denton, LCSW; Elizabeth Janssen, NP; Greg Carson, LCSW and Deany Laliotis, LICSW. Their insights, knowledge, and compassionate lens in the field of trauma have expanded my clinical understanding greatly. I would like to thank Elizabeth Janssen, NP, for her rich contribution to Chapter 9 of this book, which details ego states and inner child work. Through her background in psychoanalytic theory, eye movement desensitization and reprocessing (EMDR), and internal family systems (IFS), she has an intimate knowledge of the anatomy of trauma. Elizabeth served as my clinical supervisor at Integrative Trauma Program at the National Institute for the Psychotherapies; her passion and wide repertoire of clinical knowledge always kept me intrigued and stimulated during our time together. I would like to dedicate Chapter 7, which focuses on beliefs, to Lydia Denton, LCSW, another past clinical supervisor. She educated me on the power of belief and introduced me to the works of Bruce Lipton and Michael A. Singer. She sparks playfulness, joy, and inspiration into every room she graces with her worldly presence.

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About the Author

Gillian O'Shea Brown LCSW, DSW, is an Irish born psychotherapist and EMDRIA-certified therapist. Dr. O'Shea Brown has trained at University College Cork, New York University and the National Institute for the Psychotherapies. She currently serves as adjunct faculty at NYU and maintains a private practice in Manhattan, New York. She can be contacted by email: gillosheabrownlcsw@gmail.com.

List of Abbreviations

AAI	Adult Attachment Interview
AAS	Adult Attachment Scale
ACE	Adverse Childhood Experiences
ACES	Adverse Childhood Experiences Study
ACE-Q	Adverse Childhood Experiences Questionnaire
AIP	Adaptive Information Processing
APA	American Psychiatric Association
ASD	Acute Stress Disorder
BAA	Business Associate Agreement
BPD	Borderline Personality Disorder
CC	Corpus Callosum
CDC	The Centers for Disease Control and Prevention
COVID	"CO" stands for "corona," "VI" for "virus," and "D" for "disease"
C-PTSD	Complex Posttraumatic Stress Disorder
DSM	The Diagnostic and Statistical Manual of Mental Disorders
EMDR	Eye Movement Desensitization and Reprocessing
EMDRIA	Eye Movement Desensitization and Reprocessing International Association
FCC	Federal Communications Commission
FDA	Food and Drug Administration
DES-II	Scale of Dissociative Experiences II
DID	Dissociative Identity Disorder
EBP	Evidence-Based Practice
HIPAA	Health Insurance Portability and Accountability Act
ICD	11 International Classifications of Diseases, 11th Revision
IFS	Internal Family Systems
IPV	Intimate Partner Violence
ITQ	International Trauma Questionnaire
PG	Posttraumatic Growth
SRT	Shame Resilience Theory

PTSD	Posttraumatic Stress Disorder
SE	Somatic Experiencing
SP	Sensorimotor Psychotherapy
TF-CBT	Trauma Focused Cognitive Behavioral Therapy
WHO	World Health Organization
PCL-5	The PTSD Checklist for DSM-5
RDI	Resource Development and Installation
REM	Rapid Eye Movement
mHealth Apps	Mobile Health Applications
VEMDR	Virtual Eye Movement Desensitization and Reprocessing

Chapter 1
Introduction

The word trauma is derived from the Greek word "wound," which can refer to wounds of either a physical or psychological nature. The term "complex trauma" is used to describe chronic traumatization, for instance, the experience of multiple and/or prolonged developmentally adverse traumatic events, most often of an interpersonal nature. Complex trauma is the result of chronic, prolonged, and repeated trauma arising from childhood abuse, neglect, and/or exposure to domestic violence. Survivors of complex relational trauma often present as consumed with shame, distrustful, and actively wounded, years or even decades after their so-called escape to freedom. Judith Herman, MD, was one of the first to differentiate the unique experience of complex trauma from single incident trauma:

> *Many abused children cling to the hope that growing up will bring escape and freedom… But the personality formed in the environment of coercive control is not well adapted to adult life. The survivor is left with fundamental problems in basic trust, autonomy, and initiative… [As an adult, the survivor is] burdened by major impairments in self-care, in cognition and in memory, in identity, and in the capacity to form stable relationships. [Survivors remain] prisoners of childhood, attempting to create a new life, [but still] reencountering the trauma*. (Herman, 1992a, p.80)

Herman (1992a) researched the residual impacts of complex trauma on vulnerability, identity, and experiences within relationships.

Complex trauma is insidious and pervasive in our society; it changes the way an individual perceives themselves and others, in addition to adversely impacting how safe and secure one feels in navigating the world around them. After decades of diligent effort from Herman (1992b), van der Kolk, McFarlane, and Weisaeth (1996), and others, complex trauma is just now coming to prominence. Complex posttraumatic stress disorder (C-PTSD) is a diagnostic entity included in the *International Classification of Diseases, 11th revision* (*ICD-11*). Endorsement of the *ICD-11* definition of C-PTSD will come into effect on January 1, 2022. C-PTSD denotes a severe form of PTSD that is the result of prolonged and repeated trauma. Therefore, healing complex trauma can prove to be a challenging and complicated process.

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People are often less willing to talk about problems that they believe others do not have, which contributes to a particular veil of shame and secrecy that surrounds complex trauma. After many years of walking on eggshells, the silence and secrecy can grow familiar, like an old friend. Survivors may surmise that others will not understand or may unfairly pass judgment or blame regarding their trauma history. In our profession, we are deeply privileged to witness so many people's healing journeys. This book is a clinician's guide to understanding, diagnosing, treating, and healing C-PTSD. It provides guidance on healing complex trauma through phase-oriented, multimodal, and skill-focused treatment approaches, with a core emphasis on symptom relief and functional improvement.

By reading this book, you will become more familiar with the integrative healing techniques and modalities that are currently being utilized as evidence-based treatments. In addition, you will develop a language for, understanding of, and deeper compassion toward the pain you are witnessing. This book provides a fresh theoretical perspective regarding diathetic factors in the development of C-PTSD, in addition to interweaving psychoanalytic theory, neuroscience, and contemporary integrative techniques into clinical practice. The clinical guidance shared in this book can be applied in a full range of clinical practice settings, with adults and families in both private practice and diverse agency settings.

To understand the imprint of complex trauma, the foundational step is to earn the trust of the survivor. From there we can begin to provide them with the knowledge, psychoeducation, and terminology to understand what they have survived, and in doing so, we strive to create for them a place of safety, something they may never have experienced in those painful formative years. This book also explores a broad range of evidence-based treatments through literature review and clinical vignettes. Posttraumatic growth and resilience shall also be critically reviewed from a theoretical and clinical lens.

As part of the introduction to this book, I would like to address the title. It is my intention that the word "healing" will instill a sense of optimism and hope to those who recognize the impacts of deep relational trauma wounds. When a client privileges you by expressing their pain, this is a sign of healing. When a client shows up each week, courageous, open, and willing, this is a sign of healing. When a client advocates for themselves by saying that they are feeling unsafe or untrusting of the process, this, too, is a sign of healing. Healing is an ever-unfolding process of evolution, vulnerability, and self-compassion. Healing is a continuous process of learning to choose: choosing yourself, choosing a better life, and, most importantly, choosing self-care over self-destruction. Healing is a process of unburdening, becoming more yourself, and becoming more than you could have ever hoped for in your darkest and most ominous moments. Healing allows a client to operate out of deep self-awareness rather than classic conditioning. Freud said we repeat rather than remember. At times, we witness our clients relive, re-experience, or even reenact their pain many times over. In the words of Herman (1992a), "the resolution of the trauma is never final; recovery is never complete" (p.152). The impact of past traumatic events may be awakened at particular points, despite being sufficiently resolved at one stage of recovery in the life cycle. Though we as clinicians cannot

always take the pain away, we can take that walk with them, serving as their empathic witness and guide as they work to overcome these milestones in the healing journey.

I suggest reading each chapter in order, as the knowledge you gain in each chapter serves as a foundation for the next. Following each chapter, there will be brief study questions and class exercises for professors and students using this book as a textbook in their graduate school classes. In service of brevity, this book provides a broad base of foundational knowledge; however, this book does not serve as a substitute for trauma-informed clinical training and certification. Reviewing the Appendix will provide guidance on deepening your clinical knowledge and practice as part of continuous professional development.

Chapter 2 provides an exploration of attachment theory with a description of each of the adult attachment categories, in addition to outlining the role of attunement and mirroring. This chapter will review current research on the implications of insecure attachment for adult relationships and social functioning. Following this overview, a critique of attachment theory shall be considered. Subsequently, an exploration of how COVID-19 has exacerbated the impact of developmental trauma shall be critically reviewed. Finally, the chapter will briefly introduce interventions utilized to measure adult attachment status in a clinical setting. This is intended to familiarize you with the measurement of attachment, and it is not a replacement for the clinical training to administer such measurements.

Chapter 3 provides an overview of the emergence of complex posttraumatic stress disorder (C-PTSD), including an overview of symptoms and an explanation of how C-PTSD is unique from other diagnoses. The chapter examines insecure attachment and relational trauma as diathetic factors in the development of C-PTSD. Following this overview, the neuroscience of complex trauma, with specific attention to the mind-body connection, will be critically explored. Subsequently, this chapter will present a measurement tool utilized to assess the impact of trauma in a clinical setting. Once again, you will be provided with foundational knowledge and guidance on how to measure trauma symptoms; however, trauma-focused training and certification is strongly advised.

Chapter 4 will provide a description of what constitutes a dysfunctional family system before exploring how dysfunction can lead to pathological accommodation. The role of communication deviance and behavioral abnormalities within the family system shall be reviewed, and this chapter will evaluate current research exploring the impact that adverse childhood experiences (ACEs) have on identity, adult relationships, and social functioning. Finally, the chapter will explore how dysfunction within a family system can be measured using the ACE Questionnaire as a clinical tool.

Chapter 5 will provide a description of the role, purpose, and function of dissociation from a trauma-informed perspective. The chapter will explore how dissociative experiencing can be measured within a clinical setting, utilizing the Scale of Dissociative Experiences II. Following this review of the clinical tool, this chapter explores the signs and symptoms of dissociation before considering the practice

implications of working with dissociative clients. Finally, strategies to orient a client to the present moment shall be illustrated via clinical vignette.

The foundation of trauma healing begins with locating a sense of safety in the body, in addition to enhancing the survivor's awareness and knowledge about the body's responses to trauma. This allows a client to operate out of deep self-awareness rather than classic conditioning. Chapter 6 begins by providing an overview of the how trauma impacts the mind and body. Second, the significance of affective states will be reviewed through the lens of the Modulation Model and Polyvagal Theory. This chapter will explore the concepts of implicit memory and somatization in the context of complex trauma treatment. Finally, this chapter will review the existing relevant literature exploring the relationship between chronic stress and immune system impairment.

Experiences create thoughts, which become metabolized into memory, perception, and identity. Beliefs become stronger and even more deeply rooted when they are repeatedly affirmed by our environment. Chapter 7 will begin by reviewing how core negative beliefs form in the unconscious mind before reviewing the role that bias plays in shaping an individual's perceptions of reality. Subsequently this chapter will explore how beliefs contribute to the psychological phenomenon in which individuals may have an inclination to reenact traumatic or painful events; how beliefs impact experiences in close relationships will also be considered. Finally, this chapter will review how blocking beliefs can be linked to memories from which they are formed, in addition to exploring how self-determination impacts the clinical process.

The field of psychotherapy has increasingly become influenced by evidence-based practice (EBP), which is centered on the ethos of research-informed practice and practice-informed research. Consequently, treatment planning and the clinical decision-making process are informed by best practice guidelines developed from research findings. Complex trauma treatment has evolved into a more integrative, body-oriented approach. Chapter 8 will first provide an overview of Trauma-Focused Cognitive Behavioral Therapy as a psychotherapy modality for treating complex trauma. Second, an outline of the process of Eye Movement Desensitization and Reprocessing therapy will be offered. Subsequently, a review of the benefits of body-based therapies such as Sensorimotor Psychotherapy and Somatic Experiencing in treating complex trauma shall be discussed. Finally, this chapter shall discuss the implications for psychotherapy arising from COVID-19—more specifically, the fact that virtual therapy has gone from being an emerging trend in clinical practice to a necessary adaptation during COVID-19 (O'Shea Brown, 2021).

A multi-consciousness approach to clinical treatment enables the trauma survivor to hear from the various parts of the consciousness through a compassionate lens which can ultimately pave the way for negotiation, clarity, and inner harmony. Thoughtful application of ego-state-informed language can facilitate compassionate nonjudgmental witnessing of the parts that are coming to voice so that they can be heard and even unburdened of their fears. Chapter 9 will begin by exploring the