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mhpn
Mental Health Professionals' Network

Webinar

An interdisciplinary panel discussion

Working Therapeutically with Complex Trauma

Wednesday, 11th June 2014

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by mhpn Mental Health Professionals' Network

MHPN gratefully acknowledges the support of Adults Surviving Child Abuse (ASCA) in the production of this webinar.

asca
adults surviving child abuse

This webinar is presented by mhpn Mental Health Professionals' Network

MHPN is funded by the Commonwealth Department of Social Services to deliver this professional development series of three webinars to practitioners who support individuals and communities affected by or engaging in the Royal Commission into Institutional Responses to Child Sexual Abuse.

This webinar is presented by mhpn Mental Health Professionals' Network

Tonight's Panel

- Mr Bradley Foxlewin (consumer advocate)
- Ms Sarah Coconis (mental health nurse)
- Mr Philip Hilder (psychologist)
- Adjunct Prof Warwick Middleton (psychiatrist)

Facilitator

- Dr Mary Emeleus (GP and psychotherapist)

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Post your comments and questions for panellists and/or participants in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in each chat box can be seen by all participants and panellists. Please keep all comments on topic.
- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Outcomes

Through an inter-disciplinary panel discussion about Tanya (case study), at the completion of the webinar participants will:

- Understand the key principles along with the role and approach of the featured disciplines in working therapeutically with someone who has experienced or been exposed to childhood abuse
- Be able to identify interventions, approaches and strategies which promote positive outcomes for people who have experienced or been exposed to childhood abuse
- Take home tips for interdisciplinary collaboration to work therapeutically with people who have been exposed to or experienced childhood abuse

Consumer Advocate Perspective

"When someone loves you, the way they say your name is different. You just know that your name is safe in their mouth."

Billy - age 4

Bradley Foxlewin

Consumer Advocate Perspective

Be willing to engage in the diverse ways of knowing that creatively adaptive trauma survivors can.

"The behavioural, emotional (and practical) adaptations that maltreated adults and children make in order to survive are brilliant, creative solutions and are personally costly."

(Steve Onkin 2012)

Bradley Foxlewin

Consumer Advocate Perspective

Contact, Connection, Relationship

- Contact over time equals connection
- Connection over time equals relationship
- Relationship over time equals intimacy
- Intimacy over time evokes sense of place and as a result, sense of self

Bradley Foxlewin

Consumer Advocate Perspective

Diffuse and focused gaze, trauma survivors as prey animals

Bradley Foxlewin

Consumer Advocate Perspective

How do you find out about people?

- You put them in an expert position
- Authority vs co-authoring

"Every function in the child's development appears twice: first on the social level, and later on the individual level; first between people (interpsychological) and then inside the child (intrapsychological)"
(Vygotski 1978)

Bradley Foxlewin

Consumer Advocate Perspective

What I learned at Boy Scouts:

You can't predict how you will trigger a person - have a ready apology in every pocket

Bradley Foxlewin

Consumer Advocate Perspective

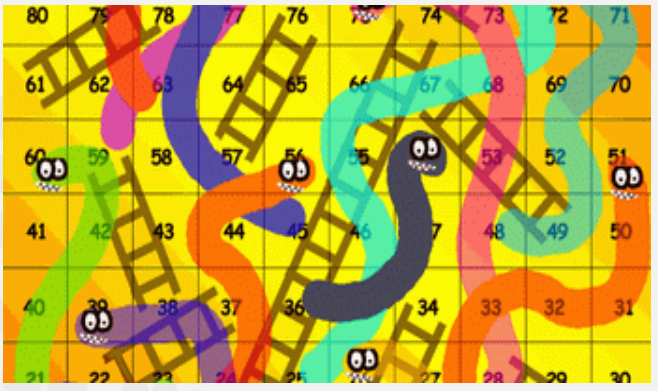
Horizontalising

- Setting out issues on the landscape as facts, without positive or negative judgments
- Allows distancing and regulation

Bradley Foxlewin

Consumer Advocate Perspective

Don’t be afraid to open up a can of worms - the person is already living with them



Bradley Foxlewin

Consumer Advocate Perspective

Hope and despair

As a professional, you have two choices – save the despair for supervision

Bradley Foxlewin

Mental Health Nurse Perspective

"What has happened to this person?"

- Contextualises Tanya's presentation as one of resilience in the face of gross injustice, a lack of support and security, overwhelming pain and stress
- Think about attachment
- Think about disturbances in neurobiological development

Sarah Coconis

Mental Health Nurse Perspective

My TICP Assessment:

- Increase in distress and symptoms of complex trauma – Tanya is in crisis at the moment
- Thinking about her safety
- Thinking about her lack of social support/secure attachments
- Thinking about internal experiences
- Tanya is being overwhelmed by the stress and terror of her past unresolved traumas which are intruding into her present life

Sarah Coconis

Mental Health Nurse Perspective

Apply the principles of trauma informed care to psychotherapeutic interventions

- TICP principles: Safety, trust, choice, collaboration, empowerment
- Safety is the highest priority
- Therapeutic use of self to attune, empathise and calm
- Offer psycho-education about trauma
- Offer hope that recovery is possible at any age with the right help
- Nurture the therapeutic relationship
- Allow time for Tanya to build trust
- Anticipate ongoing fluctuations in attendance, engagement, affect and concerning behaviours as a normal part of the slow healing process

Sarah Coconis

Mental Health Nurse Perspective

Complex care planning

- Collaborate in the development of a comprehensive and holistic support plan addressing each issue
- **Red flag: Child safety** - Tanya's youngest daughter is very vulnerable at this moment
- **Red flag: Suicide** - Take Tanya's suicidality seriously
- Work with Tanya's strengths
- Work with Tanya's goals
- Address and monitor other issues
- Consider possible referrals/consultation

Sarah Coconis

Psychologist Perspective

Dissociation (avoidance/flight)

- In treatment for complex trauma **'fight or flight' impulses can be acknowledged and normalised… to get away from overwhelming pain is good/healthy… by inference you are good/healthy**
- **Tanya shows flight impulses** with her eating, alcohol consumption, potential dependency on Ramona, blackouts, self-harming behaviour, dreams of mummy taking all the pain away, and suicidal ideation
- **Therapeutic flight** can be explored via small exercises, such as an **exercise in imagination** where Tanya is invited to move mindfully from the **'stressed out' chair to the 'stress free' chair**…

Philip Hilder

Psychologist Perspective

Blackouts & Parts of Self

Psychoeducation, Normalisation, Relational Connection/Care

- "Tanya, this can happen to anyone, the **excess use of any drug including alcohol can induce a loss of conscious awareness or blackouts**"
- "In a blackout different needs, indeed **different 'parts of self'** may emerge, and take a person into activity that they don't want"
- **"These needs/parts of self, need us to look after them"…**

Philip Hilder

Psychologist Perspective

Attachment = Survival for the Child

- Due to her complex trauma Tanya was bereft of safe/secure attachment experiences. Her chaotic adult attachment is a reflection of her unmet attachment needs
- As an adult Tanya's confusion between attachment needs and sex also reflects her underlying attachment/connection/safety needs
- **"Tanya your attachment needs are normal and healthy. I know that you don't want to have them with some people but with yourself and the right people they are fine. In fact let's take a brief moment now for you to connect with these needs/parts of yourself"…**

Philip Hilder

Psychologist Perspective

Core Relationship is Inwards with Self

- "Tanya how about you just take a very brief moment just now to hang out with yourself, inside, just say "Hi" to yourself inwardly and notice what part or parts of you may respond"…
- **The therapeutic goal is to develop the inner family, for inner relational understandings, Self-regulation, Self-care, acceptance and love**
- **The client (not the counsellor) must be the inner loving adult/parent to themselves. The counsellor must help them do this**

Philip Hilder

Psychologist Perspective

Clear Boundaries and Limits

- In treatment for Complex Trauma the therapist is clear with her or his boundaries and limits
- **No matter how traumatic the client's childhood that is not a 'green light' for any adult anti-social behaviour**
- **All harm to self, family and society must be contained and transformed**
- Clear therapeutic boundaries/limits and consequences **apply to all client's without exception… "Tanya today we must look at your impulses to self-harm and suicide… they are understandable but we must help you stop and find better ways to take care of yourself"…**

Philip Hilder

Psychiatrist Perspective

Key Challenges

- Acceptance, adopt principles rather than prescriptions
- Clarifying extent of dissociation
- Structure and frequency of proposed treatment
- Boundaries and the therapeutic alliance
- Transference – Countertransference
- Vicarious traumatisation

Warwick Middleton

Psychiatrist Perspective

Core issues

- Shame and self hate
- Sexualized conditioning
- Parenting safety/ability
- Safety/attachment to the perpetrator
- Working with “alters”
- Grounding techniques, access to supports

Warwick Middleton

Psychiatrist Perspective

Considerations

- Staging therapy, with an initial emphasis on achieving basic safety
- Processing trauma - "If in doubt, don't."
- Tanya – "Play the hand you've been dealt."
- "Don't give up your day job."
- Never work harder than one's patient
- Don't insist on trust or on pledges not to self-harm

Warwick Middleton

Psychiatrist Perspective

International Society for the Study of Trauma and Dissociation. (2011). [Chu, J.A., Dell, P.F., Van der Hart, O., Cardeña, E., Barach, P.M., Somer, E., Loewenstein, R.J., Brand, B., Golston, J.C., Courtois, C.A., Bowman, E.S., Classen, C., Dorahy, M., Şar, V., Gelinas, D.J., Fine, C.G., Paulsen, S., Kluft, R.P., Dalenberg, C.J., Jacobson-Levy, M., Nijenhuis, E.R.S., Boon, S., Chefetz, R.A., Middleton, W., Ross, C.A., Howell, E., Goodwin, G., Coons, P.M., Frankel, A.S., Steele, K., Gold, S.N., Gast, U., Young, L.M., & Twombly, J.]. Guidelines for treating dissociative identity disorder in adults, 3rd revision. *Journal of Trauma & Dissociation*, *12:2: 115-187.*

Warwick Middleton

Psychiatrist Perspective

Dorahy, M.J., Brand, B., Sar, V., Kruger, C., Stavropoulos, P., Martinez, A., Lewis-Fernandez, L., Middleton, W. (2014). Dissociative Identity disorder: An empirical overview. *Australian and New Zealand Journal of Psychiatry, 48:5, 402-417.*

Available to members via website: http://www.isst-d.org

Warwick Middleton

Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days
- MHPN's next webinar will be *Mental Health, Parenting, Recovery: An Interdisciplinary Discussion,* which will be held on Thursday, 26th June 2014. Visit www.mhpn.org.au/upcomingwebinars to register.

Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpn.org.au

Thank you for your contribution and participation