



Program

The complexity of diagnosis and treatment of chronically traumatized individuals can overwhelm and confuse clinicians. This can lead to treatment impasses and problematic transference and counter transference reactions. In this workshop, treatment guidelines for severe abuse and neglect will be derived from the theory of structural dissociation of the personality. According to the theory of structural dissociation, traumatization results in **an essential dividedness of the personality between one or more parts that engage in functions of daily life and reproduction (i.e., survival of the species), and one or more parts that are fixated on traumatic memories and engage in animal-defence like reactions when exposed to real or perceived threat (i.e., survival of the individual)**. The different parts of the personality exert different functions. These functions are realized by evolutionary derived action systems, such as attachment, exploration, play, and defence, and manifest in particular mental and behavioural action tendencies.

Structural dissociation is a core feature of a wide range of trauma-related disorders:

- acute stress disorder
- posttraumatic stress disorder
- complex posttraumatic stress disorder
- borderline personality disorder
- trauma-related conversion disorder (DSM-IV)/dissociative disorders of movement and sensation (ICD-10)
- dissociative disorder NOS, and dissociative identity disorder

Seemingly 'disturbed' attachment patterns can be understood as discrete alterations between several action tendencies. One action tendency is seeking proximity to perpetrating and neglectful caretakers, to seek acceptance, and to avoid feeling alone, abandoned, and rejected. Another action tendency is avoiding this proximity when it materializes, with engagement in animal-defence like reactions such as flight, freeze, and fight. **Survivors of chronic traumatisation thus seek acceptance, but fear intimacy and (positive) dependency.**

The treatment model aims to integrate a range of different perspectives, including:

- Janet's psychology of action
- emotion theory
- affective neuroscience
- developmental psychopathology
- attachment theory
- learning theory
- cognitive theory
- psychobiology of traumatisation
- sensorimotor psychotherapy

This integrative theoretical orientation culminates in a phase-oriented treatment model that includes body oriented intervention with body and mind regarded as a functional unit.

Part I

- theory of phase-oriented treatment framework
- understanding the major symptoms of complex traumatization, including posttraumatic stress symptoms, dissociative symptoms, and self-destructive tendencies
- diagnostic assessments: includes differential diagnosis between true and false positive cases of complex dissociative disorders
- enhancing skills in administering diagnostic interviews, and interpreting a number of self-report questionnaires

Part II

- outline of phase-oriented treatment framework
- techniques to conduct

Phase One treatment:

- symptom reduction and stabilization
- principle of initiating, executing and completing mental and behavioural actions to increase integrative capacity or mental tension
- several problem-focused and relationship-oriented interventions
- understanding phobias of mental contents, attachment, and dissociative parts of the personality
- overcoming phobias in a stepwise manner
- raising mental tension and mental force: leading more rewarding lives; preparing for the integration of traumatic memories

Part III

- techniques for **Phase Two** treatment
- deepening the therapeutic relationship and the stepwise integration of traumatic memories:
- working within the window of stress tolerance / integrative capacity
- evading clinical admissions
- overcoming phobias of more-than superficial relationships and of traumatic memories

Part IV

- techniques for **Phase Three**
- overcoming phobias of intimacy, risk taking, change, and normal life
- 'fusion' of dissociative parts of the personality

Format: The training is geared toward treatment concerns, and involves lectures, role play, video demonstrations, some practical exercises, and discussion

Learning Objectives

Upon completion of this training, participants can be expected to:

- administer diagnostic interviews and self-reports questionnaires and interpret carefully
- make a differential diagnosis between true and false complex dissociative disorders
- describe the theory of structural dissociation of the personality and supportive psychological and psychobiological research • understand, and utilize techniques to conduct phase one to three treatment
- explain why a phase-oriented treatment model includes body oriented intervention
- identify stepwise integration of phobias, memories and intimate relationships