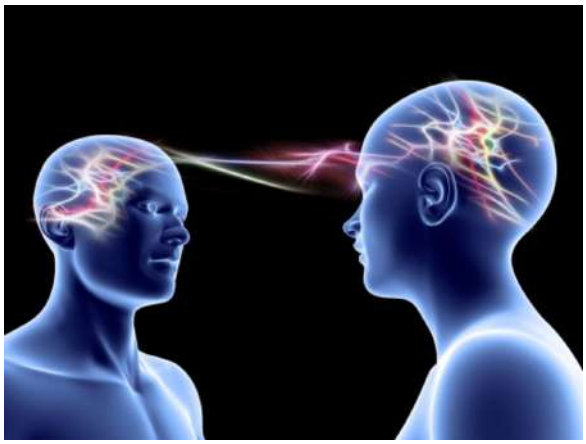

Four Clinical Dilemmas:

Maintaining resilience, mindfulness & compassion in work with comlex trauma and challenging client presentations

Dr John Briere

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delphi
TRAINING AND CONSULTING

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Four Clinical Dilemmas: Maintaining Resilience, Mindfulness & Compassion in Work with Complex Trauma and Challenging Client Presentations

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Overview

- The two faces of a central dilemma for clinicians working with complex trauma
  - **From the client's perspective**
    - Major early trauma and (typically) painful experiences of parental rejection, disattunement, and unavailability
    - Associated easily activated reexperiencing of anguish, desperation, and very painful negative affects
    - Therapy provides potential refuge and compassionate connection, but is also a rich source of triggers and reliving of childhood pain

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Overview (continued)

- **From the therapist's perspective**
  - Desire and training to help psychologically injured people, yet
    - The client's trauma and losses have extended over decades, and our window of intervention is usually measured in months
    - The extent of our empathic attunement is potentially correlated with the extent to which our client's suffering is internalized and "hits home"
    - We can be triggered into our own childhood issues and memories, leading to countertransference and stress

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Overview (continued)

- Two complementary aspects of treatment
  - Use state-of-the-art treatments that allow
    - Use of the therapeutic relationship as a grounding/stabilizing force
    - The development of emotional regulation skills
    - Processing of painful attachment and trauma memories
  - Capitalizing on the therapeutic process to
    - Increase the clinician's mindfulness and compassion skills/insights
    - Decrease reactivity and countertransference
    - Grow as a therapist and a person

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Complex trauma effects: The Reactive Avoidance model

- Early childhood maltreatment or disattunement →
- painful implicit memories and attachment disturbance →
- reduced emotional regulation skills

Emotional dysregulation + triggers →

- Distress Reduction Behaviors (DRBs)
- Dissociation
- Substance abuse

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Functions of Reactive Avoidance

- Soothing
- Numbing
- Distraction
- Communication
- Reduced dissociation
- Relief from guilt and shame through self-punishment
- Distress-incompatible states
- Increased sense of control

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The general case: Interventions in angry and challenging client behaviors

- Activation of painful attachment memories in context of safe, nonauthoritarian/boundary-focused therapeutic environment
  - Therapeutic response counterconditions triggered cognitive-emotional responses
    - Disparity
    - Attachment neurochemistry
    - Reconsolidation - "Rewriting" relational associations

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Intervention in angry and challenging client behaviors

- Psychoeducation when possible
- Metacognitive reconsideration
  - Modern version of "working through the transference"
    - Initial version of trigger management
      - Recognition of relational triggering
      - Relies on quality of therapeutic relationship to establish credibility in face of "source attribution errors"
  - Words are not enough – therapist nonreactivity/nonpunitive stance provides disparity

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Interventions in countertransference

- Overview of countertransference from trauma perspective
  - Triggers in session
    - Similarities to own history
    - Feelings of inadequacy, helplessness, or hopelessness
    - Client criticism
    - Injustice
    - Intimacy of session
    - *Special issue of client racist/sexist comments*

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Interventions in countertransference

- Therapeutic process and client responses activate childhood implicit memories/issues, which emerge as perceptions of client
  - Relational flashback
  - Source attribution error
    - Misperception of internal state
    - NOT: I am being triggered into memories of childhood maltreatment
    - BUT: I am inadequate, she is manipulative, he is such a borderline

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Interventions in countertransference

- Between sessions
  - Consultation, debriefs, therapy (if appropriate)
    - Choosing the correct listeners
      - Not client-blaming, supportive, validating of challenges and therapist's humanity
  - When to seek help
    - When reactions interfere with treatment
    - When boundary violations occur or may occur
    - Burnout

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Interventions in countertransference

- Within session
  - Resetting responses from previous sessions
    - "Beginner's mind"
    - Appreciation of opportunity, marshalling compassion
    - Self-attunement ("Where am I now")
  - Connection while breathing
    - Engaging with client's experience while grounded in attending to own breath
    - Dispassionate compassion
  - Alertness to one's own triggers
    - Don't take the bait
  - Detect out-of-context responses
    - Dispassionate/mindful observer: Does this reaction make sense?

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Interventions in countertransference

- Within session
  - Develop metacognitive awareness of your own responses
    - Although this feels like X it may also be at least partially Y
  - Don't suppress awareness of internal experience: note it and don't act on it
    - The suppression effect
    - The pain paradox
    - Observing while breathing
  - Dealing with the pain of witnessing suffering
    - Dispassionate compassion and hovering attunement

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Interventions in countertransference

- Brief version of ReGAIN/deescalation (can be rapid with practice)
  - Recognize that you've been triggered into countertransference
  - Grounding, self-talk if necessary
  - Allow responses without out acting on them
    - Observing while breathing
  - Investigation (where is this coming from?)
  - Nonidentification
    - Metacognitive awareness of dependent arising, both in client and in oneself

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Practice

- Brief meditation: Soften, soothe, allow
- ReGAIN

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Self-injurious behavior

- Intentional, self-effected bodily harm of a socially-inappropriate nature, without direct suicidal intent
  - Cutting torso or extremities, self-stabbing or piercing
  - Burning
  - Self-biting or chewing
  - Picking at wounds or scabs
  - Head banging, punching or hitting oneself
  - More extreme behaviors
- Onset: Adolescence or preadolescence
- Offset: Often by early adulthood
- Complex relationship to suicidality
  - Concomitance/comorbidity
  - Predictive but not the same

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Etiology

- Early trauma, abuse, neglect, and/or insecure attachment
  - In fewer cases, dysregulated neurobiology (e.g., autism spectrum)
- Like other distress reduction behaviors, imbalance between:
  - Triggerable attachment/trauma-related memories and subsequent distress and inadequate emotional tolerance/regulation
- Leading to behaviors that
  - Distract, externalize/displace, communicate, self-punish, increase perceived control
  - Reduce dissociation/numbing
    - Contradiction: Avoidance behavior to address avoidance behavior
    - Hebb's optimal arousal curve
    - Titrated avoidance

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Intervention in SIB

- Discriminate SIB from suicidality
- Ensure safety, increase stabilization
- Trigger management
  - Identifying triggers
  - Deescalation
    - Breath-based relaxation and grounding (handouts)
    - Self-talk
      - Contradictory
      - Metacognitive
    - Distraction
    - Urge surfing
      - You can't stop the waves but you can learn to surf" – Kabat-Zinn
      - Half-life of triggered distress
    - Mindfulness

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Intervention in SIB (continued)

- Psychoeducation on triggering process
- Compassion (without pity) for dilemma
- Harm reduction
  - Delay as long as possible
  - Do as little as possible
  - Replacing versus distracting
- ReGAIN (handout)
- Process attachment insecurity/trauma when possible
  - Counterconditioning relationship
  - Process trauma memories: The Therapeutic Window
    - Contraindications for those with reduced emotional regulation
    - Limited, client-centered exposure periods
    - Interpersonal

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SIB-related countertransference

- SIB almost inevitably produces countertransference
  - Exposure to self-effected client harm
    - Disfiguration, debility, sometimes presence of blood
  - Therapeutic stimuli as triggers: Perceived
    - Client manipulation or vindictiveness
    - Fears therapist has done something wrong which has hurt client – especially if blamed by client
    - Criticism
    - Concerns about professional inadequacy
    - Worries about professional liability (not always countertransferential)
  - May lead to therapist
    - Anger or resentment
    - Authoritarian, controlling, or punitive behaviors
    - Risk of further activating SIB

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Intervening in countertransference

- Metacognitive awareness of triggered self-blame and fears of inadequacy
  - Self-use of ReGAIN and urge-surfing
- Decatastrophize suicide/harm fears
  - Detailed self-assessment of motives, behaviors, and countertransference
  - Professional consultation: Medical, psychiatric, legal, content experts
  - Peer support (carefully nonblaming)
  - Detailed charting/documentation
- Family/parental consultation and psychoeducation when appropriate and HIPPA compliant
- Provide safety, including possible hospitalization
  - Caveats to hospitalization
    - Not long-term solution
    - May increase client issues around control, betrayal
- Accept that working with SIB is always challenging and difficult
  - Foster self-compassion

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Problematic sexual behavior

- Any sexual behavior that is risky to self or others
- Often involves distress reduction behaviors
  - Trigger → activated abuse or attachment memories → upsurge of distress → sexual activity that
    - Soothes or distracts
    - Produces positive feelings that neutralize negative feelings
    - Provides momentary attachment experiences
    - Increases self-esteem, sense of power
  - May include sexualized behavior towards therapist

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Intervention in sexualized behavior

- Establish motivation for behavior (versus self-loathing)
- Harm reduction
  - Safer sexual practices
  - Focus on interpersonal safety
- ReGAIN
- Discuss (rather than lecture):
  - Common reasons for risky sexual behavior
  - Risks, without shaming/pathologizing
  - Do not make gender or sexual orientation assumptions
  - Discriminate from sexual victimization/exploitation
  - Avoid "sex addiction, "promiscuity," "hypersexuality" labels
- Explore, without judgement, behavior despite known risks
- When possible, process causal attachment/abuse memories

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Intervention in countertransference

- Expect some internal reactivity
  - Internalized moral judgements
    - Concerns about risk to others
    - Unprocessed beliefs about acceptability
    - Personal experiences as recipient or initiator
  - Titillation, arousal
    - Desire to pursue details rather than etiology and intervention
- When directed at therapist
  - Recognize as potential
    - Sexualized assumptions of what therapist wants
    - Conditioned sexualized responses to attachment/abuse figures
    - Power dynamic/survival strategy
    - Attempt to derail session/therapist
  - Practice studied nonparticipation, without shaming

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Major substance use/abuse (SUA)

- Very common in traumatized populations
- Severe presentations (addiction, alcoholism) require specialized care and interventions
- One mindfulness approach: *Mindfulness-based relapse prevention* (MBRP; Bowen, Chawla, & Marlatt, 2011).
- Trauma-focused therapy may be helpful for less severe presentations
  - or when referral not possible

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Major SUA

- Adaptations to treatment
  - Do not screen substance users out of therapy or terminate treatment because of relapse back into SUA
    - Problems with just trauma or SUA treatments alone
  - Early focus on safety, stabilization, and coping (Consider Seeking Safety [Najavits, 2002] approach)
  - Positive therapeutic relationship is key
  - Treat trauma symptoms and SUA concurrently
  - Localize SUA in childhood trauma or neglect if relevant
  - Communicate empowerment, positivity, and hope
    - Avoid classic confrontation approaches
    - Idealism: aspiring to a mare positive future, focus on existing positive actions

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Major SUA

- Apply trauma therapy as indicated, especially:
  - Nonjudgmental relational/team-oriented support
  - Trigger management focused on urge surfing, relapse prevention
  - Use of ReGAIN
  - Metacognitive interventions in
    - Helplessness and hopelessness
    - Low self-esteem
    - Self-blame
  - Separate MBRP groups if possible
  - Support groups, including 12-atep if not contraindicated
  - Only use emotional processing interventions when client is stable, has sufficient emotional regulation capacities
    - Titrated exposure

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SUA-related countertransference

- Common for clinicians to have countertransferential responses to SUA-involved clients
  - Frustration at often relapsing course
  - Over-engagement in client ups-and-downs
  - Desire to engage in authoritarian or shaming behaviors
  - Client intoxication in session
  - Responses to addiction-related adversariality/"manipulativeness"
  - Triggering of therapist's own history of SUA-involved parents/caretakers

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SUA-related countertransference

- Interventions
  - Explicit preparation for variable course, relapses, sometimes extended course
    - Decreases disappointment, sense of betrayal
  - Metacognitively process
    - Blaming/punitive thoughts
    - Intrusion of childhood history
    - "Giving up"
  - Beginner's mind
    - Reset cognitions about client
    - Focus of compassion for client who is enmeshed in addiction dynamics and situations
    - Compassion for self as almost inevitable challenges emerge
      - Inviting sites/helplessness to tea
      - View of psychotherapy as art of the possible
  - Consultation, non-blaming peer support

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Countertransference

- Disbelief of extreme or unusual dissociative symptoms
- Impacts of client nonresponsivity or diminished attention
- Responses to client nonlinear responses
  - Sudden shifts in attention
  - Switching to other identities/ways of being
- Difficulty of working with severe states -> fears of incompetence

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Practice

- Guided mindfulness
  - Attention to breath
  - Attention to thoughts
- ReGAIN

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From: Briere, J. (2019). *Treating Risky and Compulsive Behavior in Trauma Survivors.* NY: Guilford.

ReGAIN for triggered states ©

When you suddenly experience upsetting thoughts, feelings, or memories "out of nowhere" that don't make sense or seem too powerful based on what is going on at the moment:

- ***Recognize*** that something has happened and that you are probably being triggered. You may notice that your responses are stronger or more intense than make sense, you may recognize a trigger in your environment, or you may have thoughts or feelings that usually happen when you've been triggered before. Remind yourself that you are remembering something upsetting from the past, not experiencing the present.

- ***Ground*** yourself. Look around you, try a relaxation or breathing exercise, say positive and supportive things to yourself, or distract yourself if you need to. Let yourself calm down a bit before the next step, *Allowing*.

- As best you can, ***Allow*** yourself to experience whatever is happening inside, with self-compassion. This doesn't mean you let yourself be flooded by what you are experiencing, just that you let yourself feel as much as you can without becoming overwhelmed. Although you may not know where these feeling or thoughts are coming from, see if you can feel caring and kindness for yourself that you are being triggered, just as you would feel for someone else if they were experiencing what you are.

- ***Investigate*** how you have been triggered, the source of the trigger, and the source of the suffering.
    - See if you can figure out:

        - Where the trigger came from, for example child abuse, witnessing family violence, feeling neglected or abandoned as a child.
        - Why they are so upsetting (what it is about this trigger that makes it so painful).

- ***Nonidentify*** with triggered thoughts, feelings, and memories. Remind yourself that you are not your thoughts or feelings; You are having them, but they do not determine who you are or what you should do. Things you might say to yourself include:

    - "This is not me, these are triggered reactions."
    - I don't have to do what my mind is telling me to do."
    - "I am remembering the past. What I am feeling is not real."
    - "I am not what happened to me or how people judge me."
    - "These are just thoughts or feelings. They may not be true."
    - "This is my childhood talking."

Soften, Soothe, and Allow

Shortened and adapted from Kristin Neff and Chris Germer, the Center for Mindful Self-Compassion.
Note that their version is a meditation exercise, whereas this version is adapted for immediate intervention in a triggered state. We recommend their 2018 workbook, *The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive* for both clients and therapists.

For this exercise, bring yourself back to a recent time when you were triggered by some upsetting thing. When using with clients, introduce as follows:
When you find that you are triggered or suddenly experiencing an overwhelming emotion:

- Take two or three slow, deep breaths.

- Feel any tension on your body that comes with being triggered.

- Allow your body to **soften**. Let your muscles soften where there is tension. You can say, "soft...soft...soft..." quietly to yourself.

- Importantly, you are not trying to make the upset-ness, tension, or memory go away—you are just being with these thoughts or feelings with self-compassionate awareness.

- **Soothe** yourself for being in this upset situation. If it would help, put your hand over your heart and feel your body breathe.

- If you can, say something kind to yourself, like *This is such a painful experience,* or *May I grow in ease and well-being*.
- It may help to think of your body as if it were the body of a beloved child. You can say kind words to yourself, or just repeat, "soothe...soothe...soothe."

- **Allow** the upset-ness or emotion to be there. Don't try to make it disappear. Let the feelings come and go as they please, like a guest in your own home. You can repeat, "allow...allow...allow."

- Finally, repeat "Soften, soothe and allow." "Soften, soothe and allow." You can use these three words like a mantra, reminding yourself to feel tenderness toward your suffering.

- If you experience too much discomfort with an emotion, stay with your breath until you feel better.