Advanced ITCT-A Implementation, Training, and Supervision Issues

Moving Forward: Advanced Issues in Integrative Treatment of Complex Trauma for Adolescents (ITCT-A) Conference

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Integrative Treatment of Complex Trauma for Adolescents (ITCT-A)

- Initial development: MCAVIC (2001-2005) and MCAVIC-USC (2005-2009); USC-ATTC (2012-2016)
  - Multiply traumatized, socially marginalized youth
  - Culturally diverse and economically disadvantaged clients
  - Structured, component-based, individualized for each client based on assessment
  - Relational but also cognitive-behavioral
  - Potential for intensive treatment and advocacy

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Collaborations and Adaptations

- Centers throughout the U.S.:
  - El Paso, Houston
  - Southwest Keys Programs: TX, AZ, NM
  - Oakland, Los Angeles, Orange County, CA
  - U. of Missouri-St. Louis
  - Denver and other communities, CO
  - Chicago and other communities, IL
  - Boston
  - Delaware
  - Adelphi University, New York
  - Oklahoma

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Further Exploration of Implementation and Adaptations of ITCT-A Issues

- ***Adaptations to range of settings***: Shorter-term treatment; residential, schools, juvenile justice, shelters
- ***Cultural adaptations***: Translated ITCT-A tools, immigration-related trauma
- ***Caretakers and families***: Attachment styles; timing/coordination of interventions
- ***Individual, group, family therapy?***
- ***Need to customize assessment***

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Complex trauma exposure

- Multiple exposures to multiple types of traumatic events, simultaneous and/or sequential
  - emotional abuse and neglect
  - child sexual abuse and exploitation
  - physical abuse
  - witnessing domestic violence
  - Peer or gang assault, "drive bys"
  - traumatic loss
  - trauma associated with immigration
  - serious medical illness or injury
- Insecure attachment with primary caretakers

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Contextual aspects of complex trauma exposure

- Trauma intensifiers
  - Early onset
  - Extended and frequent exposure; ubiquity
  - Relational context
- Social marginalization
  - Poverty
  - Social discrimination
    - Race/ethnicity
    - Sexual orientation
  - Inadequate education
  - Reduced access to services
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Complex trauma outcomes and attachment effects

- Anxiety, depression, anger
- Posttraumatic stress
- Affect dysregulation
- Negative relational and self schema
- Identity/self-reference issues
- Medical issues, physical neglect of self
- Safety issues---need for collaboration and advocacy

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Complex trauma outcomes and attachment effects (continued)

- Avoidance responses
  - Dissociation
  - Tension reduction behaviors
    - Self-injurious behavior
    - Dysfunctional sexual behavior,
    - Bulimia
    - Aggression
  - Substance abuse
  - Suicidality

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Challenges of Treating Complex Trauma Impacts in Adolescents: Advanced Issues

- **Need to address longstanding effects of trauma and often, trauma history beginning preverbally (implicit memories)**
- **Attachment issues—may have been abused and abandoned by primary attachment figures**
- **High risk behaviors are prevalent—substance use & abuse, re-victimization, runaway/homelessness, sexual reactivity, suicidality, gang-related violence, legal issues**
- **Highly triggered, activated by therapy and therapist: Issue of avoidance**

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"Borderline" or Complex Trauma?

- Frantic efforts to avoid real or imagined ***abandonmen***t
- Pattern of ***unstable and intense interpersonal relationships***
- Identity disturbance: ***unstable self-image or sense of self***
- ***Impulsivity*** in areas that are potentially self-damaging: spending, sex, substance abuse, reckless driving, binge eating
- Recurrent ***suicidal*** behavior, gestures, threats, or ***self-mutilating*** behavior
- ***Affective instability***, marked reactivity of mood
- Chronic feelings of ***emptiness***
- Inappropriate, intense anger or difficulty controlling ***anger***
- Transient, stress-related paranoid ideation or severe ***dissociation***

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Comparing BPD, PTSD & CT

Study by Cloitre, et al. (2014)

- **BPD symptoms more likely to lead to BPD diagnosis than Complex PTSD: frantic efforts to avoid abandonment, unstable sense of self, unstable and intense interpersonal relationships, and impulsiveness**
- **Complex PTSD: chronic and repeated traumas, symptoms of PTSD plus disturbances of self-organization— emotion dysregulation, self-concept and relational difficulties**

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ITCT-A: Core aspects

- Assessment-based
- Focus beyond posttraumatic stress
  - Relational issues
  - Affect dysregulation
  - Problematic avoidance and "acting out" behaviors
- Centrality of therapeutic relationship
- Safety within therapy and environment
- Customization: Age, gender, culture, affect regulation capacity ---not "one-size-fits-all"
- Cultural diversity of clients and economic disadvantage incorporated into interventions

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ITCT-A: Core aspects (continued)

- Focus on the client's experience
  - Taking him/her where he/she is
  - Avoidance of judgmental/authoritarian therapist behaviors
- Titrated exposure and cognitive interventions
- Affect regulation training and behavior control
  - including Trigger Identification and Intervention, mindfulness, "urge surfing"
- Parent/family interventions
- Advocacy and system intervention
  - Beyond the traditional therapist role

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Overview of ITCT-A Treatment Components (Briere & Lanktree, 2013)

- Relationship Building and Support
- Safety Interventions
- Psychoeducation
- Distress Reduction and Affect Regulation Training
- Mindfulness Training
- Cognitive Processing
- Titrated Exposure
- Trigger Identification and Intervention
- Interventions for Identity Issues
- Relational/Attachment Processing
- Intervening in Maladaptive Substance Use
- Interventions with Caretakers and Family Members

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Challenges in Working with Adolescents with Complex Trauma: ITCT-A interventions

- **Premature termination/limited sessions**
  - focus on affect regulation, building self-capacities, strategies for safety and support, strengthening the therapeutic relationship
  - may need to address caretaker support and involvement in treatment
- **Issue of avoidance**
  - therapeutic relationship, self-capacities, safety, therapeutic window, titrated exposure, address caretaker support

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Challenges and ITCT-A Interventions (cont'd.)

- Inconsistent, unavailable, abusive caretaker
  - collateral, family, group treatment: support, address trauma and attachment issues
- Multiple placements, foster family, residential treatment
  - collaboration with system(s): advocacy, psychoeducation
  - support, address attachment issues

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ITCT-A Tools
(Briere & Lanktree, 2013)

- Initial Trauma Review-Adolescent Version (ITR-A)
- Possible Interview Topics Questionnaire (PITQ)
- What Triggers Me? (The Trigger Grid)
- Assessment Treatment Flowchart for Adolescents (ATF-A)
- Problems-to-Components Grid for Adolescents (PCG-A)

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Case study: Tanya

Tanya is a 15-year-old bi-racial female with African-American/Hispanic background, referred for outpatient treatment after disclosing sexual abuse by her step-father since age 9. He was physically abusive toward her mother and threatened to kill Tanya and her siblings. Tanya has been depressed and suicidal, cutting on herself, using drugs and alcohol, and engaging in high-risk sexual behaviors. She lives with her mother, and describes her relationship with her as "OK." Her mother appears disengaged from her during the intake interview and has failed to intervene in Tanya's self-endangering behaviors.

Treatment priorities? Assessment strategies?

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Therapeutic Relationship

- "Active Ingredient" of effective therapy
- Safety within session—through therapist behaviors
- Empathic attunement, acceptance, active relatedness, patience
- Necessary condition for treatment of complex trauma---relational processing
- Important whether shorter-term or longer-term Rx
- Longer-term therapy---more easily able to address attachment issues within therapeutic relationship
- Consider role of gender, cultural background for both client and therapist

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Importance of Cultural Focus and Advocacy in ITCT-A

- Cultural background and beliefs in assessment and treatment---e.g., importance of family, religion, community, immigration issues, discrimination experiences. Seek consultation from colleagues.
- Avoid assumptions: Ask client(s) to describe their cultural and racial identity.
- Consider impact of therapist's cultural background.
- Assessment and treatment are culturally appropriate and in client's primary language.
- Agency staff are culturally diverse, opportunities for clients to learn about other cultural groups.

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Increasing self-reference and positive model of self

- During abuse/neglect, child develops
  - External referencing/other-directness
  - Associated problems with self-reference
- ITCT-A focuses on client's exploration of own internal state, personal reality, own truths, and introspection rather than just coping.
- Explore how client has been traumatized by racism, sexism, homophobia, and harsh cultural judgments and increase their sense of identity and empowerment.

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Relational processing of trauma memories

- More focused on implicit, attachment-level sensory/emotional/schematic memories
  - Assumptions, beliefs, expectations inferred from early treatment by caretakers
  - Associated conditioned emotional responses
  - Activated when triggered by relational stimuli during therapy
  - Often associated with "source attribution errors"

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Relational processing of trauma memories

- Therapy evokes relational memories, which emerge as "transferential" responses
- These thoughts/feelings/emotions can intensify as therapeutic relationship deepens
  - Dependency, neediness, demands, anger, desperation, sexualization, rebellion
- Are slowly extinguished in the context of disparity from actual therapeutic conditions
  - Caring, positive regard, boundary integrity, support, validation, positive (attachment-related) neurobiology

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Relational processing

- *Exposure*
- *Activation*
- *Disparity*
- *Counterconditioning*
- *Desensitization*

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Attachment Behaviors and Patterns Across the Lifespan (Cassidy & Shaver, 2008)

Develop. Stage	Secure	Avoidant	Resistant or Ambivalent	Disorganized/disoriented
Infancy/Toddlerhood/Preschool/ School Age	Secure-optimal	Defended-disengaged	Dependent-deprived	Controlling-confused
Adolescence-Adulthood	Secure/Autonomous	Dismissing	Preoccupied-entangled/enmeshed	Unresolved loss/trauma-disorganized
Parenting Style	Secure base	Dismissive/ Avoidant Rejecting	Preoccupied /ambivalent/ Uncertain	Disorganized/Helpless

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Evaluating Attachment History and Treatment Goals

- Have they ever experienced empathic attunement from a caretaker?
- If so, have they lost that attachment figure?
- Have there been multiple caretakers?
- Attachment history of primary caretaker(s)?
- Who are the potential attachment figures now? Or are there any? Reunification issues?
- Caretaker's report of adolescent's dev.milestones?
- Changes in attachment relationships over time (early childhood, middle childhood, adolescence

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Questions often asked about ITCT-A caretaker/systemic interventions

- When should caretakers/families be involved in therapy with the traumatized adolescent client?
- What are the steps to take if caretakers need to be involved in treatment?
- How do you decide which modalities will be most helpful----individual collateral, caretaker group, individual therapy for caretaker, family therapy?
- When and who does what?

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ITCT-A Treatment Modalities: When and How?

- Individual therapy for adolescent/young adult client – usually weekly, may continue for several months
- Individual and/or dyadic collateral sessions for caretaker(s)—when and how will depend on age adolescent's age, availability, how receptive
- Family therapy—usually not immediately, at least 6 sessions if possible, pre-conditions met
- Individual therapy for caretaker(s) to focus on their trauma-related issues —not adolescent's therapist
- Group therapy for adolescent and/or caretaker

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Timing of Modalities: Case Example

- Shaggy is a 13 year old boy referred for aggressive behavior and reported abuse and neglect.
- Stepfather has left the home. S. reports "He beat me lots of times until my mother made him stop. He said I was stupid and no good." Mother told him he had to sleep outside because he didn't cut the grass and then locked the door…."another time I slept outside for two days."
- Mother works full-time and is seldom home.
- Shaggy began attending alternative school because he was considered "uncontrollable" in regular public school. Admits gang involvement ("they're my real family") and heavy marijuana use.
- Shaggy has a 16 year old sister who reported sexual abuse by an uncle who had lived with them when he was 8 to 12 years.

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Sustainability and Implementation ITCT-A: Supervision and Professional Support

- Trust and safety in the supervision relationship
- Documentation and consultation: using ITCT-A tools
- Regular trainings, discussion of ITCT-A materials @ agency
- Train others on ITCT-A: training-of-the-trainers
- Observations of sessions, mixed cases, balanced workload
- Team meetings: supervision, case presentations
- Staff retreats and celebrations
- Treatment teams may wish to designate ITCT-A leader(s)
- Participate in monthly USC-ATTC consultation calls, Skype/Zoom meetings with other colleagues re: ITCT-A cases
- Participate in national organizations and conferences

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Therapist Self-Care Strategies

- Humor; increase fun in your life
- Mindfulness and meditation: RAIN (Brach, 2013)– ***R***ecognition, ***A***cceptance or ***A***llowing, ***I***nvestigation, and ***N***onidentification
- Balance in life: Self-awareness and insight
- Personal therapy, retreats, vary workday
- Exercise, family & friends, pets and children, travel, creative pursuits

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Suggested Readings: Therapist Self-Care

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