EAST MEETS WEST

IN PSYCHOTHERAPY

Intermediate to Advanced Clinical Training for Mental and Behavorial Health Professionals

Welcome!

The webinar will begin shortly…

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Modern trauma therapy: Integrating new research and theory into real-world practice

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The problem(s)

- Relational versus evidence-based treatments
  - Pros of relational therapy
    - Especially helpful for extended/complex traumas
    - Capitalizes on the "general effect" documented in the treatment outcome literature
      - Therapeutic relationship
    - Allows/encourages longer-term interventions

The problem(s)

- Cons of relational therapy
  - Interventions not always validated in literature
    - Fewer treatment outcome studies
    - Not always shown to be effective in tightly controlled outcome studies, potentially due to myriad of therapy variables
    - In some cases, not focused enough on trauma processing
  - Potential for significant countertransference
    - May encourage diffuse/less organized interventions

The problem(s)

- Pros of many evidence-based therapies
  - Stronger evidence-base for effectiveness
  - Manualization allows for more organized/focused interventions
  - Usually shorter-term

The problem(s)

- Cons of many evidence-based therapies
  - Treatment outcomes studies often have limited ecological validity
  - Often use screened samples, limiting generalizability
  - May be too short-termed for complex problems
  - Exposure models can be overwhelming, encouraging drop-out

The case for a hybrid model

- Relational focus, extendable, but using validated interventions
- Use of evidence-based techniques when appropriate
  - Yet, the theory and techniques of evidence-based interventions may need to be updated

Issues and interventions

- Challenges to previous models of habituation and extinction
- Insights from inhibitory memory theory
- Harnessing reconsolidation
- The role of triggers
- Benefits of emotional regulation training
- Role of “interspersal” versus traditional models of prolonging habituation
- Titrated exposure, relational connection

Safety, stabilization, and relationship

- Use therapeutic relationship to stabilize
- Use therapeutic relationship to process
  - Activated early trauma/attachment schema in presence of positive states, new learning(counterconditioning, disparity)
- Increase emotional regulation skills
  - Grounding, breath training, mindfulness
- Apply Reactive Avoidance Model
  - Intervening in DRBs

Trigger management

- Psychoeducation on triggers
- Trigger identification
- Harm reduction
  - Delay as long as possible
  - Do as little as possible
  - Replacing versus distracting
- Urge/emotion “surfing”
  - You can’t stop a wave, but you can learn to surf (Kabat-Zinn)
  - Half-life of triggered distress

Titrated emotional processing

- Only when stable, able to tolerate exposure
- Therapeutic window dynamics
- Multiple targets, under client control
- Allow self-titration/momentary avoidance when appropriate
- Shorter exposure periods (e.g., 5-15 minutes [or even less] versus 30-45 minutes)
- Episodic grounding and support
  - Interspersal
- End of session closure

Suggested readings

Astill Wright, L., Horstmann, L., Holmes, E. A., & Bisson, J. I (2021). Consolidation/reconsolidation therapies for the prevention and treatment of PTSD and re-experiencing: a systematic review and meta-analysis. *Translational Psychiatry, 11*(1), 453.

Baker, A., Mystkowsk, J., Culver, N., Yi, R., Mortazavi, A., & Craske, M. G. (2010). Does habituation matter?: Emotional processing theory and exposure therapy for acrophobia. *Behaviour Research and Therapy, 48*, 1139–1143.

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

Briere, J., & Scott, C. (2014). *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment, 2nd edition, DSM-5 update*. Thousand Oaks, CA: Sage. (Third edition due in 2024)