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Description

- **Group treatment with in phase I treatment for:**
- **Female refugees; traumatised patients with PTSD and/or complex PTSD and psychoform and/or somatoform co-morbidity.**

Content

- **Description of the patient population**
- **Treatment strategy**
- **Outcome**



Description of the patient population

Trauma

N=33

1: Torture	30,3%
2: Physical abuse	60,6%
3: Detention	15,2%
4: Rape	66,7%
5: Imprisonment	6,1%
6: Harassment	75,8%
7: Clandestine life/flight	93,9%
8: Witnessed violence	100%

Trauma

9: Family member missing, imprisoned, or killed	69,7%
10: War experiences	87,9%
11: Threat towards life	93,9%
12: Refugee camp	24,3%
13: Robbery in the work-place	3,0%
14: Abuse or other violence in the work-place	3,0%
15: Robbery during leisure time	3,0%
16: Divorce	33,3%

Trauma

17: Unexpected death	63,6%
18: Bullying	25,8%
19: Threat	100%
20: Accident	6,1%
21: Disaster	18,2%
22: Trafficking	0%
23: Act of terrorism	3,0%

Trauma

24: Miscallaneous:	
24:a Abuse before age twenty	48,5%
24:b Sexual abuse before age twenty	27,3%
24:c Detention	54,5%
24:d Suicidal attempt/inpatient	36,4%

Symptoms:

1: Aggressivity	Self-hatred?
2: Dissociation	100%
3: PTSD	100%
4: Depression	100%
5: Pain	100%
6: Conversion syndrome	≈ 50%
7: Anxiety	≈ 50%

Refugee women, description:

SDQ5	13,1 n=38
PSOM	7,2 n=46
HSC A	32,5 n=47
HSC B	48,7 n=47
Suicidality	2,3 n=44
PTSD A	50,7 n=47
PTSD B	55,5 n=47

Refugee women, description:

DES	42,3 n=46
DEST	39,1 n=47



Treatment strategy

Goal for treatment

- To help patients to be in their Windows of tolerance
- Butterfly hug x 3
- "The container"

"Window of tolerans"

- **Brazelton, B.** (1990) *Earliest relationship Parents, infants and the drama of early attachment.*: Perseus Books
- **Cozolino, L.** (2002) *The neuroscience of psychotherapy. Building and rebuilding the human brain.* NY: Norton
- **Schore, A.** (2003) The seventh annual John Bowlby Memorial Lecture Minds in the making: attachment, the self-organizing brain, and developmentally-oriented psychoanalytic psychotherapy in *Revolutionary Connections Psychotherapy and Neuroscience* J. Corrigall & H. Wilkinson (Eds.). NY: Karnac

“Window of tolerans”

- **Liotti, G.** (1999) Understanding the dissociative processes: The contribution of attachment theory. *Psychoanalytic Inquiry*. 19. 757-783.
- **Siegel, D.** (1999) *The developing mind: Toward a neurobiology of interpersonal experience*. NY: Guilford
- **Siegel, D.** (2002) An interpersonal neurobiology of psychotherapy: The developing mind and the resolution of trauma. In *Healing trauma*, Solomon, M. & Siegel, D. (eds) NY: WW Norton

Activate resources and create new learning situations

- **Activate curiosity and joy in parallel to trauma work (otherwise big risk of retraumatisation, and dissociative reactions, numbing, dizziness etc).**
- **Tomkins, S.S. (1995) *Exploring Affect. The Selected Writings of Silvan S. Tomkins*. Demos, E.V. (Ed). Cambridge: Cambridge University Press.**
- **Nathanson, D. (1987) *The many faces of shame*. NY: Norton.**
- **Nathanson, D. (1992) *Shame and pride. Affect, sex, and the birth of the self*. NY: Norton.**

Activate resources and create new learning situations

- **Systems for action tendencies for social interaction and exploration activated from evolutionary inherent “systems of actiontendencies”, to overcome the phobia of affects and knowledge of the self, The theory of ANP/EP’s from Myers.**
- **Van der Hart, O., Nijenhuis, E., Steele, K., Brown, D.** (2004) Trauma-related dissociation: conceptual clarity lost and found. *Australian and New Zealand journal of psychiatry* 2004; 38:906-914.
- **Van der Hart, O., Nijenhuis, E., Steele, K.** (2006) *The haunted self Structural dissociation and the treatment of chronic traumatization*. Norton.

Activate the attachment system

- **As long as we experience ourselves enough relationally held, we will be explorative.**
- **McCluskey, U.** (2002) The dynamics of attachment and systems-centered group psychotherapy. *Group Dynamics: Theory, Research and Practice*, vol. 6, no 2 s. 131 – 142.
- **Trevarthen, C.** (1990) Growth and education of the hemispheres. In: C. Trevarthen (Ed.), *Brain Circuits and Functions of the Mind*. Cambridge, England: Cambridge University Press.
- **Trevarthen, C.** (1996) Lateral asymmetries in infancy: Implications for the development of the hemispheres. In: *Neuroscience and Biobehavioral Reviews*, 20, 571 – 586.
- **We are together and you can be safe.**

The balance between not re-traumatizing our patients, but still work with trauma redressing

- **Fine, C.G.** (1991). Treatment stabilization and crisis prevention: pacing the treatment of the multiple personality disorder patient. *Psychiatric clinics of North America*, *14(3)*, 661-675.
- **Putnam, F.** (1989). The therapeutic role of hypnosis and abreaction. In F. Putnam, *Diagnosis and treatment of multiple personality disorder*. New York: Guilford Press, pp. 218-252.
- **Twombly, J.** (2000). Incorporating EMDR and EMDR adaptations into the treatment of clients with dissociative identity disorder. *Journal of Trauma and Dissociation*, *1(2)*, **61-81**.
- **Fine, C.G., Berkowitz, A.S.** (2001). The wreathing protocol: The imbrication of hypnosis and EMDR in the treatment of dissociative identity disorder and other dissociative responses. *American Journal of Clinical Hypnosis*, *43*, 275-290.
- **Gelinas, D.** (2003). Integrating EMDR into phase-oriented treatment for trauma. *Journal of Trauma and Dissociation*, *4(3)*, **91-135**.

Structure

- **Group activity with 1 hour and 45 minutes at seven occasions, the first five once a week and the two following each fort-night.**
- **3-6 female group members and a female group therapist.**

Invitation:

- **Wellcome!**
- **You are wellcomed to participate in a group-treatment for women that have endured hard life events.**
- **Aim of the group:**
 - **That you will feel better**
 - **That you can understand more of your experiences of everyday life**
 - **That you shall find new ways of taking care of yourself when you have flashbacks**
 - **Preparing you for individual treatment, if you want that**

Pierre Janet (1889, 1925);

- **I stabilisation and symptom reduction,**
- **II metabolization and integration of traumatic material and**
- **III re-integration of personality and rehabilitation of the self in relationship to others and the world.**

Form of group treatment

- **1 integrative as the approach is leaning on psychodynamic theory**
- **2 clear psycho-educative approach**
- **3 uses methods as hypnosis/relaxation training/mindfulness training**
- **4 aims for enhanced relational capacity and self-regulation**

Aim 1

- **The aim of the group therapy is to offer the participants enhanced “self soothing capacity” (Krystal 1988a,1988b), i e the capacity to calm and soothe the self by enhanced self regulation and capacity to rest.**

Aim 2

- **The group activity aims to be a metaphorical model for installation of hope by communicating to the individual member, that by sharing her story, she can contribute to other group members' enhanced self-understanding and redress.**

Aim 3a

- help to reach experiential states where the patient can contain her own reactions:
- hypnotic techniques aiming at enhanced containment capacity (Brown & Fromm 1986, Kluft 1993, 1999, Phillips & Fredericks 1995, Chu 1998, Cardeña 2000) are strategies which aim at enhancing the capacity to mentalize, i. e. using the reflective functions in self-organisation. (Fonagy, 1997).

Aim 3b

- **Help to reach experiential states where they can contain their own reactions:**
- **Also training in order to tolerate and understand the signals of the body, i. e. the “felt sense” (Gendlin, 1978) is important in this phase (Ogden & Minton 2000, Rothschild 2000, Bullington et al 2005).**

Normalizing/explaining

- **A psycho educative approach is important regardless of therapeutic school;**
- **aiming to normalize the experiences of the individual**
- **enhancing self-understanding**
- **discovery of resources**

Inspiration:

- **Since 1970 groups have been used to help traumatized people, such as Vietnam veterans and incest-survivors. Herman (1992) points out that group treatment can be of specific value for people that have been psychologically traumatized.**

Inspiration

- **The group-processes can contribute to a change of the position of being a victim to instead become a survivor.**
- **The experience in the group can over-bridge the experience of being estranged, shamed, devaluated and lonely and instead install a feeling of connectedness and acknowledgement (Yalom 1995, Herman 1992).**

J Lewis-Herman, 1992:

- **patients with frequent flashbacks benefit more from homogenous groups with psycho-educative approach, low level of conflict, self help and a here-and-now focus. Herman also found that groups limited in time and with emphasis put on the aims of the individuals in the group was positively correlated to how well the group functioned.**

Containment and affect/aurosal regulation

- **To sum up; the more anxiety-driven members of a group can be considered to be, the greater emphasis ought to be put on an anxiety-reductive structure for enhancing positive change.**

Containment and affect/arousal regulation

- **Enhance co-consciousness, i.e. the capacity to perceive phenomena of the self without getting overwhelmed by anxiety due to heightened arousal levels. Then it will be possible to experience heightened consciousness concerning mental and physiological conditions, so that they might be perceived and, if needed, changed.**

“How to do 1”

- **Clear structures concerning time, activity, and aim, where the therapist actively regulates the level of group activity and arousal/anxiety levels of the group.**

“How to do 2”

- **Continuous training for the group members to regulate their own levels of arousal as each group meeting starts with a shorter mindfulness training, under each session there will be a longer relaxation/self hypnosis training aiming at master and regulate tension as well as that the group members are encouraged to actively train relaxation at home by using the relaxation CD given at the first group-session.**

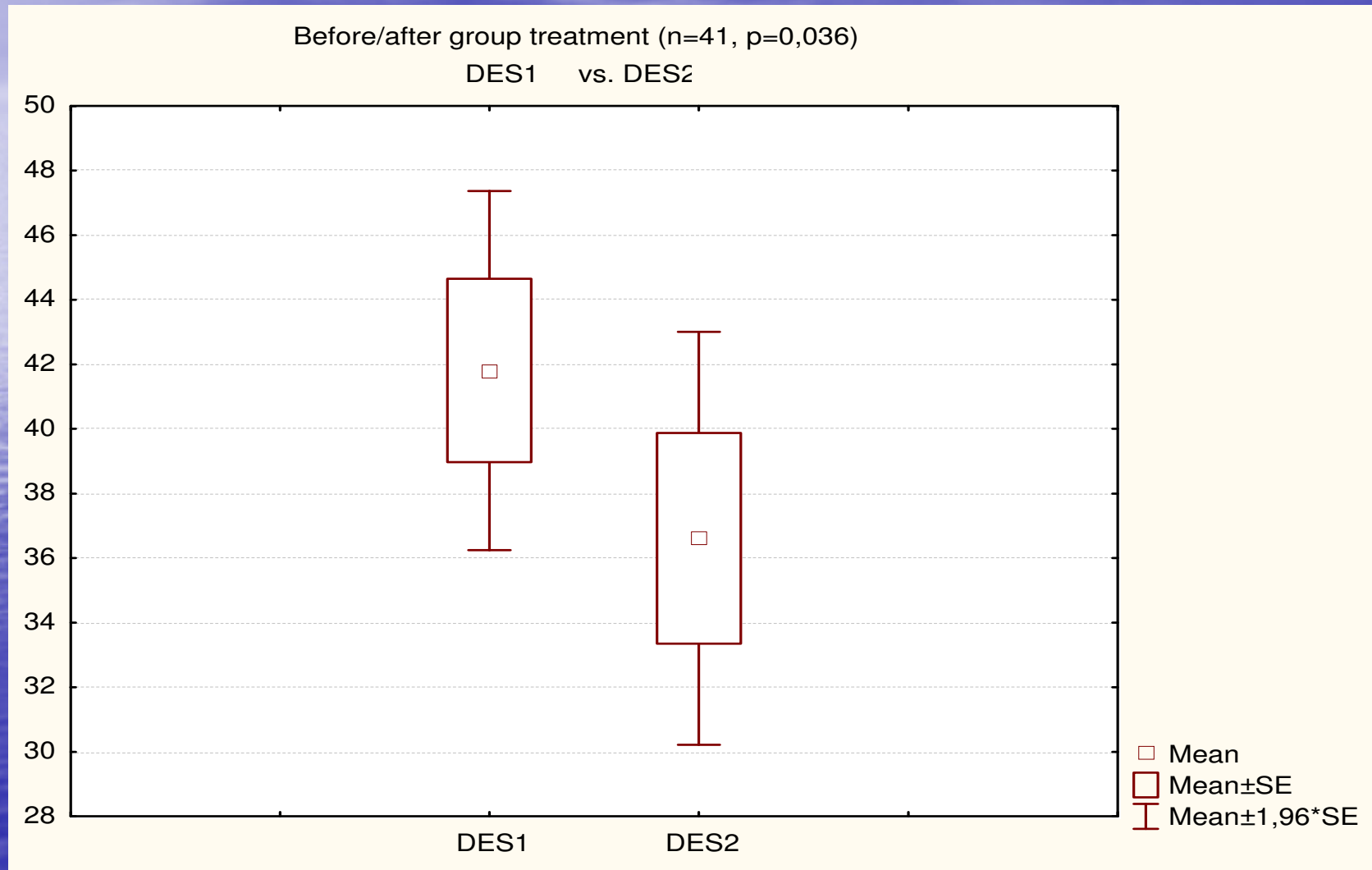
Reflection

- **Even though the stabilisation group actively aims to goals in phase I treatment, an aim as well is to link implicit memory-function (the not yet thinkable) and explicit memory-function (that which can be told as a memory in a narrative discourse) thus giving some space for remembrance and grieving.**

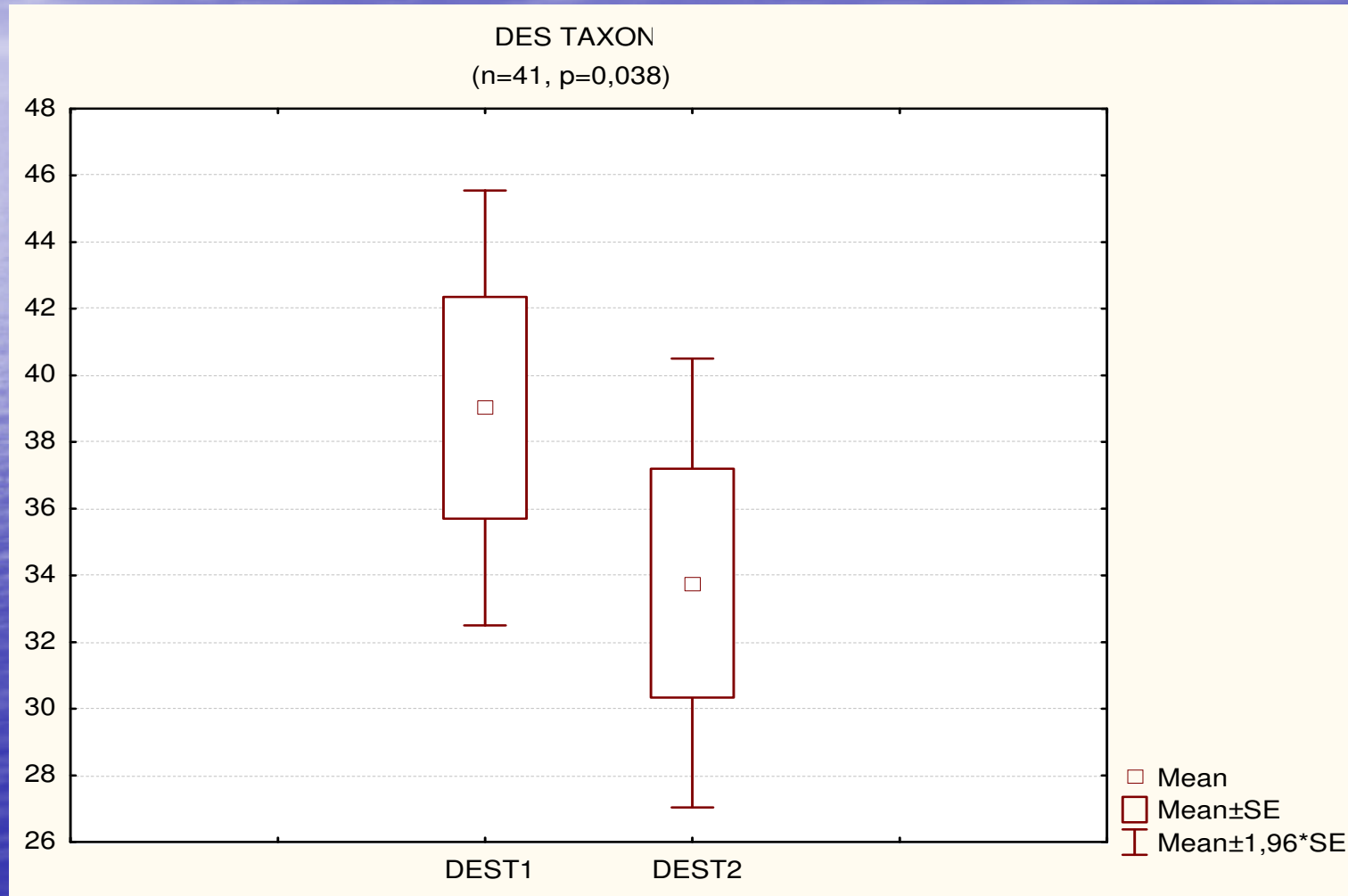
Outcome

The background of the slide is a blue-tinted photograph of a vast, calm ocean stretching to the horizon. The sky is filled with soft, wispy clouds, and the water's surface shows gentle ripples. The overall mood is serene and expansive.

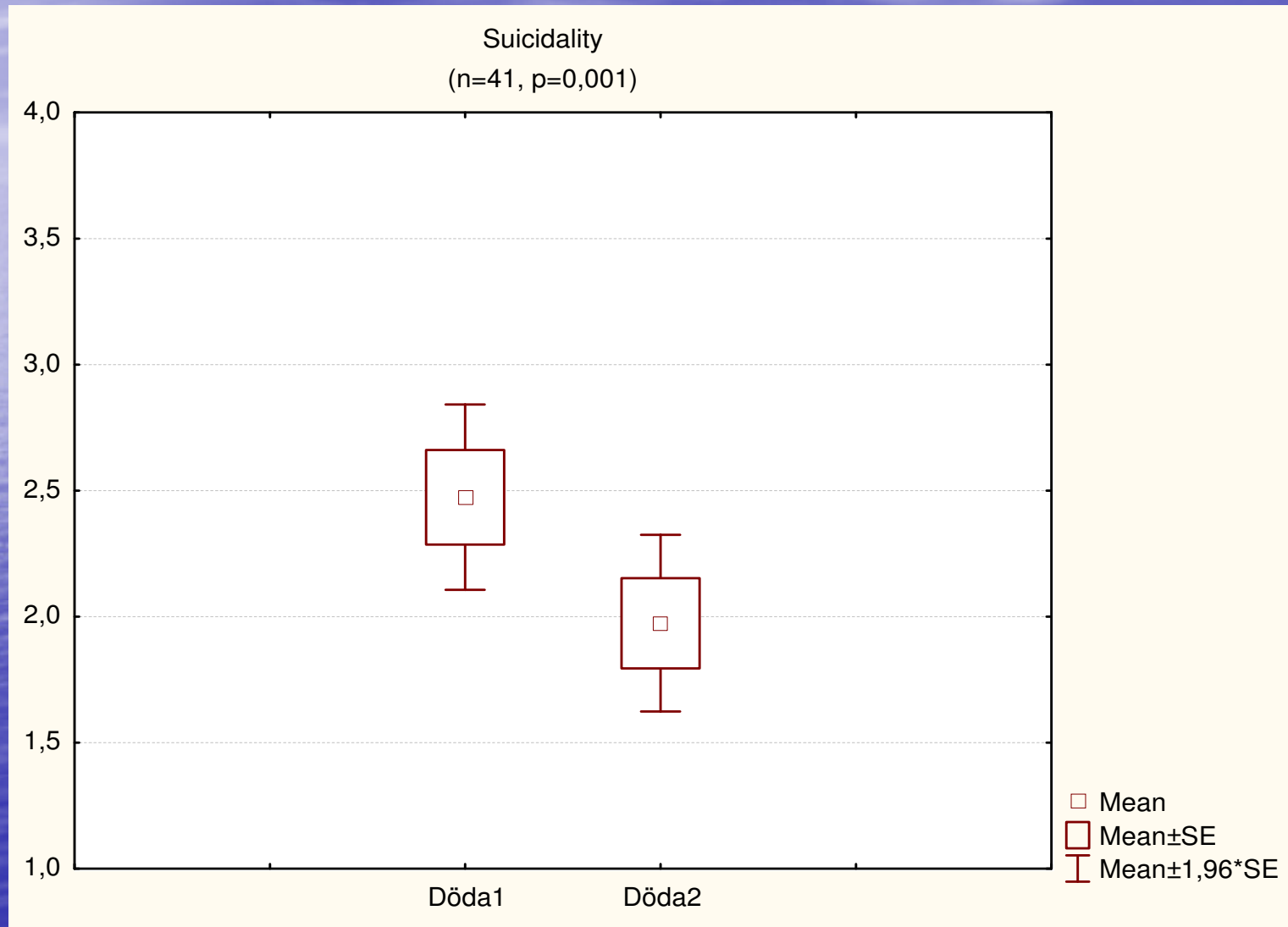
Before/after group treatment, n=41



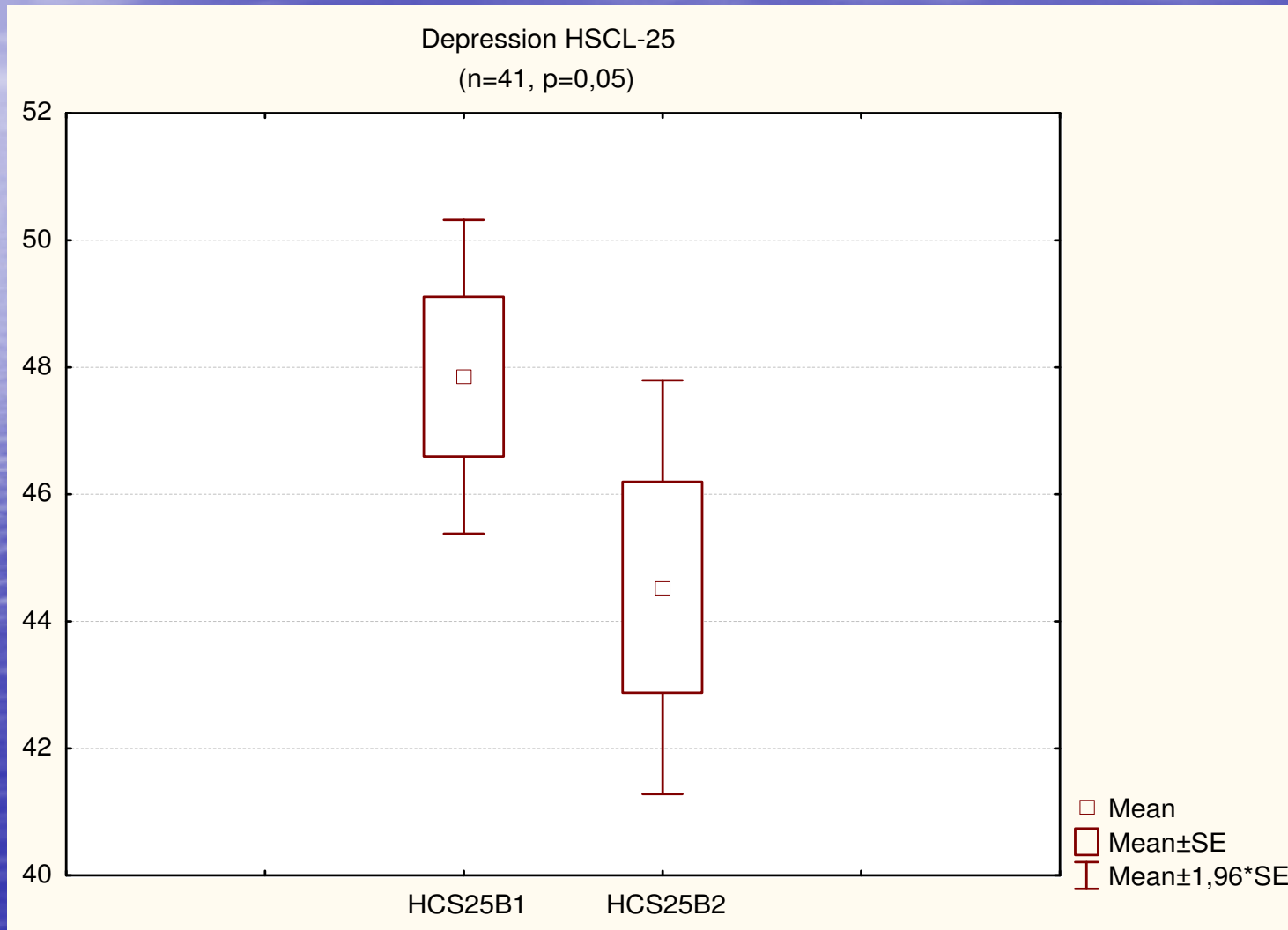
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Suicidality



Depression HSCL-25



Change before – after in group treatment of female Refugees with compl PTSD:

SDQ5	13,1 n=38	12,5 n=32
PSOM	7,2 n=46	8,9 n=37
HSC A	32,5 n=47	31,3 n=41
HSC B	48,7 n=47	45,5 n=41
Suicidality	2,3 n=44	1,9 n=39
PTSD A	50,7 n=47	48,3 n=39
PTSD B	55,5 n=47	43,4 n=38

Change before – after in group treatment of female Refugees with compl PTSD:

DES	42,3 n=46	38,5 n=40
DEST	39,1 n=47	34,5 n=41

Procentual change

		DES before-after group	DEST before-after group
Total	n=24	-11,2% (44,2 till 38,9)	-15,6% (39,9 till 33,3)
Abuse before age twenty	n=15	-9,2% (45,4 till 41,2)	-12,2% (39,7 till 34,8)
Sexual abuse before age twenty	n=7	-24,4% (41,8 till 31,6)	-21,6% (37,0 till 29,0)
Detention	n=12	-9,8% (47,9 till 43,2)	-10,9% (44,2 till 39,4)
Suicidal attempt/ inpatient	n=9	-20,5% (53,7 till 42,7)	-21,4% (49,8 till 39,2)



Example/Discussion