How do we treat Trauma?

Dr Julia Coakes

Consultant Clinical Lead

Bridging the Gap





What I'm not going to talk about

- Treating simple one incident trauma
- Research, this is a practice based presentation
- How to do the therapies I need 2 days!



Who are we?

Antisocial and Borderline Personality Disorder Funded by both probation and health

Repeat offenders -'stuck' in system Intensive intervention for risk management

Up to 50 high and medium risk men and women

Psycho-social interventions and therapy

Diverse team

Partnership with probation



Who am I talking about today

- Survivors of abuse
- Perpetrators of abuse
- Multiple trauma survivors
- Individuals with attachment trauma



The beginnings

- Building a relationship
- A Phase based model -

1) Stabilisation Processing of the Trauma

Reintegration into Society

- ▶ But 1) and 3) are done together at the start
- ▶ Aim to increase skills and motivation
- ▶ Build a life worth living/ staying out of prison for.
- Relapse prevention



The models

DBT (Dialectical Behaviour Therapy; Marsha Linehan, 1993)



- Skills based for BPD initially, focus on suicidality
- Growing evidence base for Bipolar, Eating Disorders
 - Start with the foundation emotion regulation:
 - Sleep, treating physical illness, eating regularly, reduce substance misuses, increase medication compliance, exercise
- This can take 6 months or more in reality



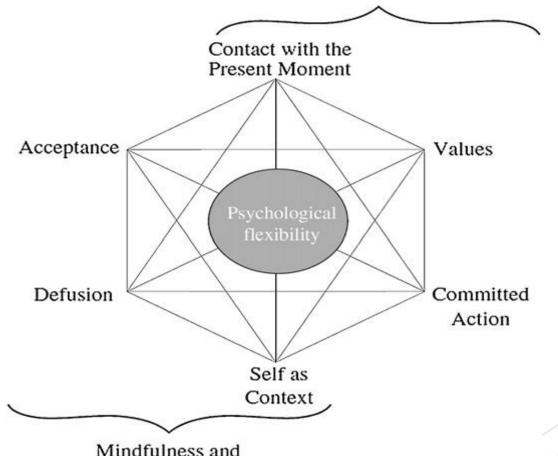
ACT (Acceptance and Commitment

Therapy)

Commitment and Behavior Change Processes

- Behavioural from the CBT tree
- The Happiness Trap by Russ Harris - our bible
- No challenging of thoughts
- Expansion with emotions sitting with it but more
- Lets have a go.....
- Acceptance of thoughts and feelings, like the dialetic part of DBT

"Everything is as it should be, I am doing my best but must do better"

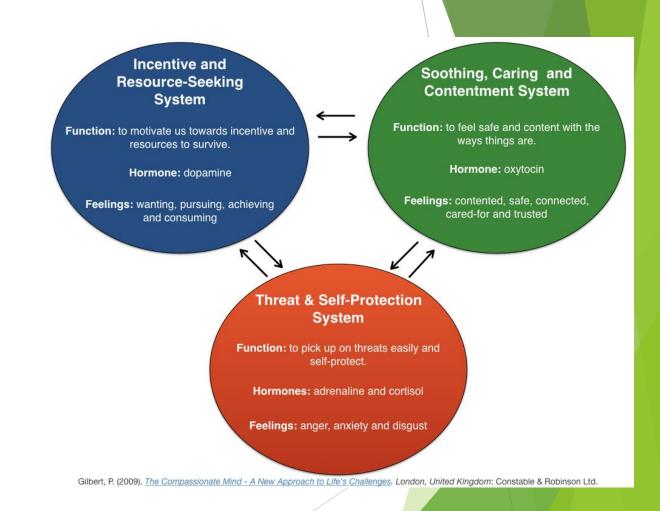


Mindfulness and Acceptance Processes



CFT (Compassion Focused Therapy)

- From Deborah Lee and Russell Kolts work
- Learning to be compassionate towards ourselves
- Psychoeducation about the effect of trauma on the brain
- Understanding Drive, Soothing and Threat systems
- Compassionate imagery
- Reduce shame and enable processing, often psychoeducation in a group for 12 weeks reduces PTSD symptoms (Deborah Lee)

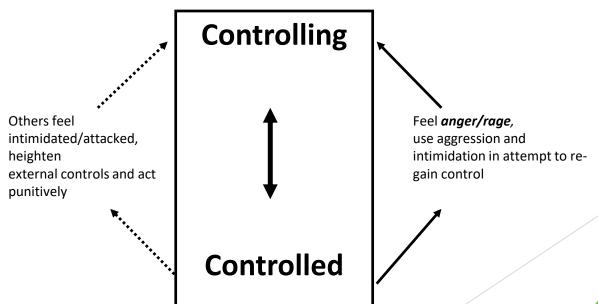




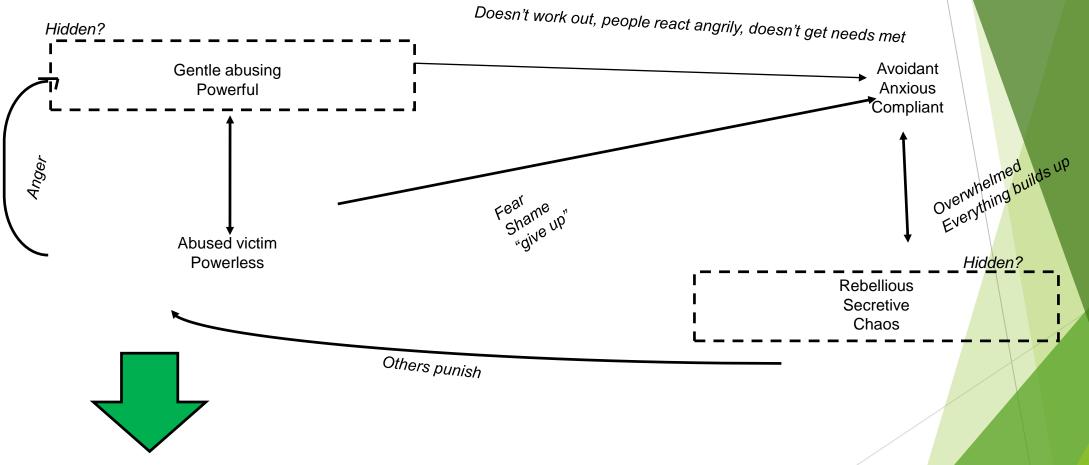
CAT (Cognitive Analytic Therapy)

- A good basis for the formulation
- Social learning based reciprocal roles
- Integration of CBT and Psycholanytic
- ► The foundation of the intervention

Support systems to understand their responses to clients:





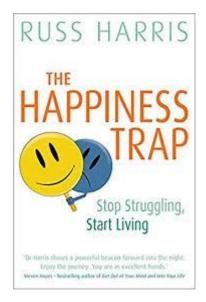


CFT psychoed– around anxiety and shame, understanding and nonblaming DBT Interpersonal effectiveness– learning and modelling choice and ways to express and assert own feelings and needs

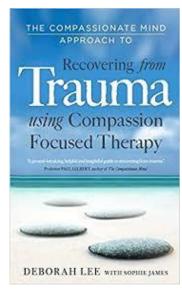
ACT- expansion, acceptance, overcoming avoidance, learning to tolerate tricky emotions Values- exploring identity and shaping life around this



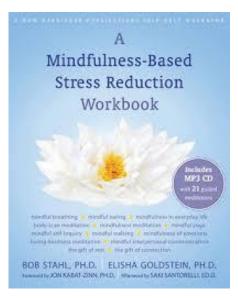
Reading for the enthusiasts



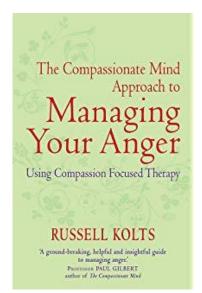
ACT
The Happiness
Trap
- Russ Harris



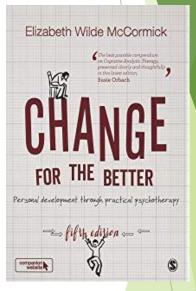
CFT
Recovering
from Trauma
using CFT
Deborah Lee



DBT
A Mindfulness-Based
Stress Reduction
Workbook
- Bob Stahl



CFT
True Strength
- Russell Kolts



CAT
Change for the
Better
- Elizabeth
Wilde
McCormick





www.btgservices.org.uk

jcoakes@bridgingthegap.org.uk