

# **Intolerable pain: Trauma, invalidating environments and pervasive emotion dysregulation**

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# Aims

- Acknowledge emotion dysegregation as the common mechanism present in CPTSD and BPD traits in refugees and asylum seekers
- Outline benefits of integrating complex trauma theory & the bio-social model
- Draw on a case example to demonstrate a potential treatment approach

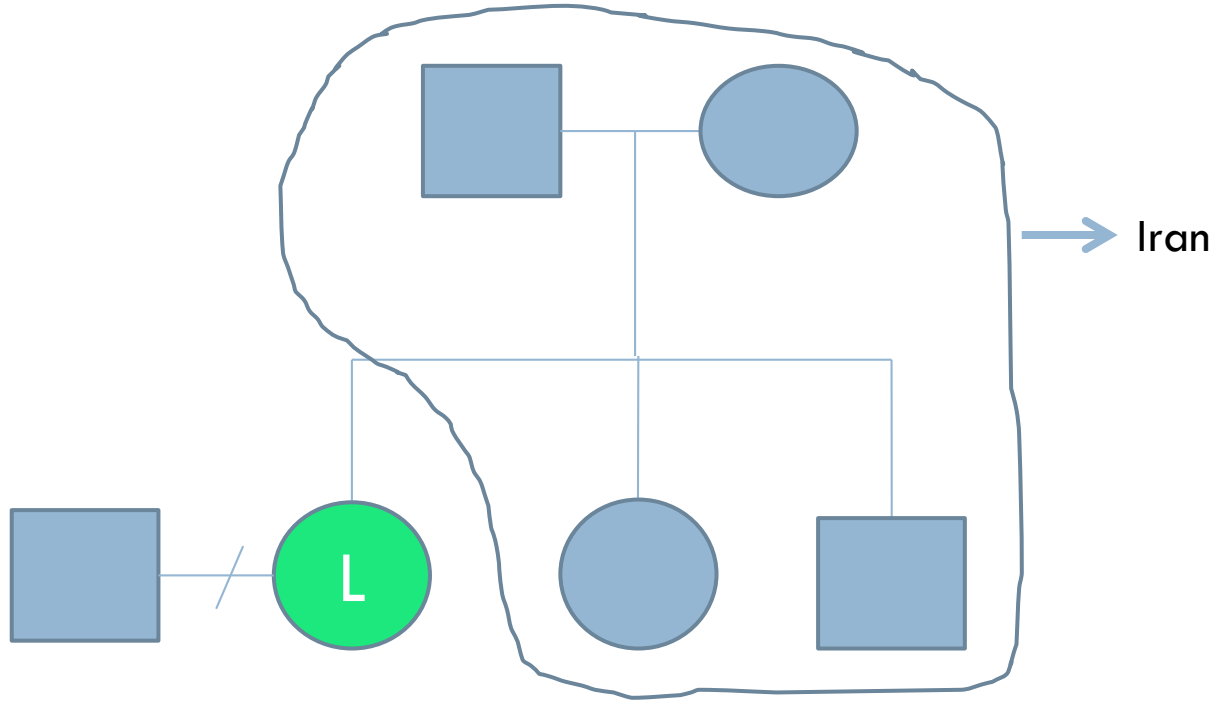


# Demographic Information

- Country of Birth: Iran
- Marital Status: Single
- Religion: Christian
- Visa status: TPV
- Languages: English/ Farsi
- DOA: 04/05/2011
- Date of Referral: 06/09/2016
- Sessions: 44



# Family history



# Trauma History

- Childhood sexual assault
- Invalidating environment of Iran
- Protests & Arrests
- Journey to Australia
- Immigration detention

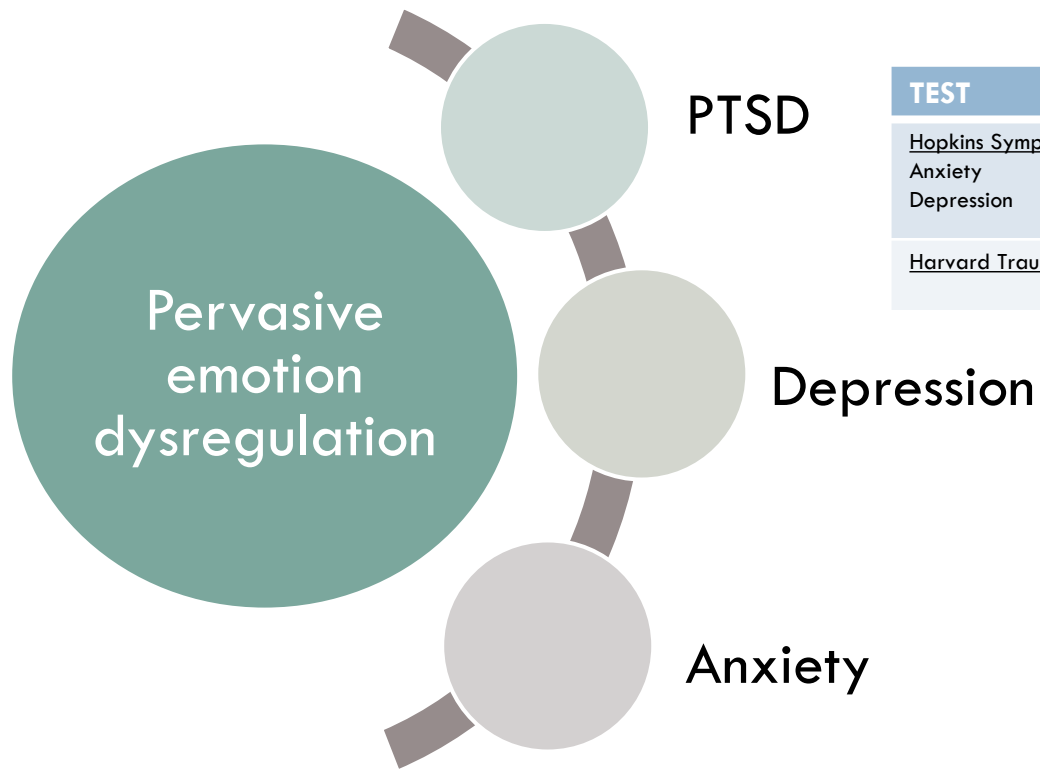


# Pre- STARTTS Treatment history

- ❑ Red Cross intensive case management (CAS)
- ❑ Community Mental Health Team
- ❑ 2-3 previous hospital admissions for suicide attempts/ self harm
- ❑ Psychiatry intervention & medication
- ❑ Private psychologist



# Assessment



TEST	SCORE	SIGNIFICANCE
<u>Hopkins Symptom Checklist</u>		
Anxiety	2.5	>1.75
Depression	3.2	>1.75
<u>Harvard Trauma Questionnaire</u>	2.9	>2.5

# Assessment continued

\* ICD 10 criteria

## BPD

- ☐ Maladaptive interpersonal functioning
- ☐ Impulsivity & self damaging behaviours
- ☐ Affect instability
- ☐ Unstable self image
- ☐ Chronic feelings of emptiness
- ☐ Unstable interpersonal relations
- ☐ Anger issues
- ☐ Maladaptive regulation strategies

## Proposed Complex PTSD

- ☐ Exposure to prolonged threatening or horrific events
- ☐ All diagnostic requirements for PTSD
- ☐ Pervasive affect dysregulation
- ☐ Persistent negative beliefs about self
- ☐ Feelings of shame, guilt and failure
- ☐ Persistent difficulties sustaining relationships
- ☐ Significant impairment in all areas of functioning

\* International  
Statistical Classification  
of Diseases and  
Related Health  
Problems, 10<sup>th</sup> Ed.  
World Health  
Organisation



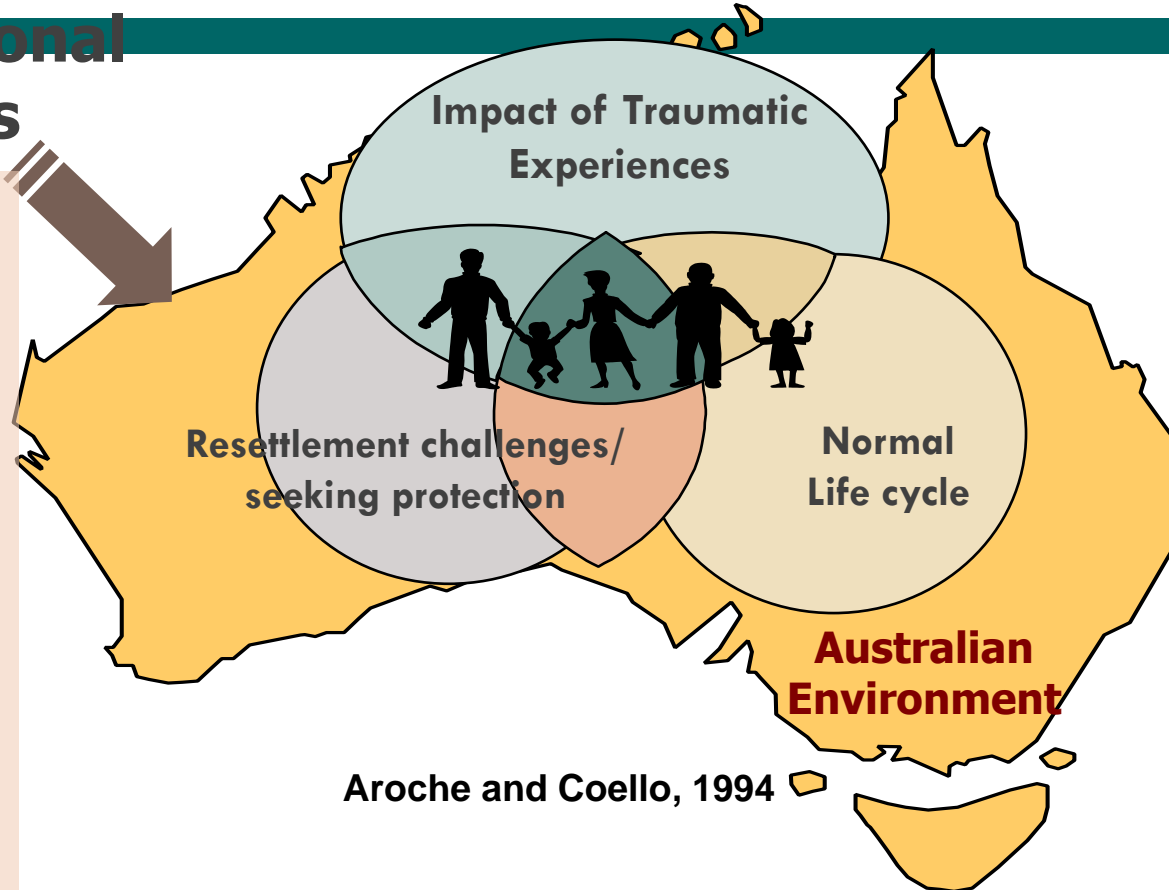


# A complex interaction

## International events

### Protective Factors (External)

- Supportive family
- Supportive school
  - Friends
  - Fun activities
  - Status
  - Resources
- Safe environment

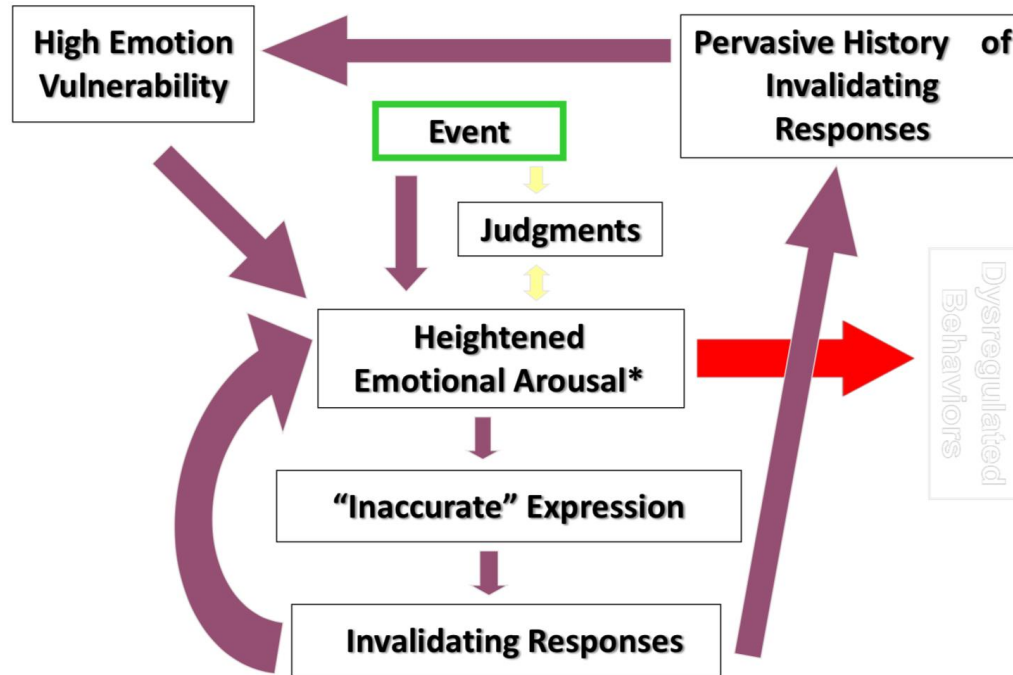


### Protective Factors (Internal)

- Balanced, well regulated brain
- Positive outlook
- High self-esteem
- Sense of safety
- Sense of identity

Aroche and Coello, 1994

# Transactional model



# Case formulation

Childhood  
Trauma

Invalidating  
responses

Complex  
social  
fabric

Reduced self  
soothing & Distress  
tolerance capacity

Underdeveloped  
identity concept

Not aligned  
with religious  
rule

Avoidance  
coping/  
numbing

Fight response

Invalidating Australian environment

Behaviour  
escalation

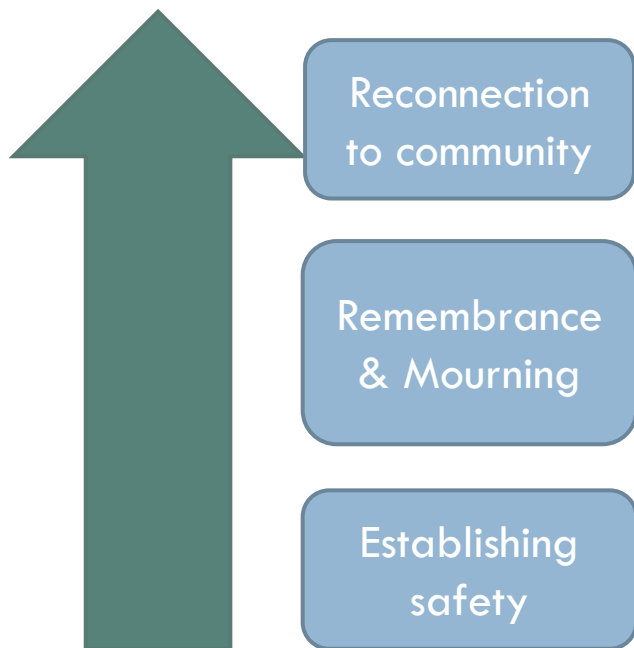
Trauma re-  
experiencing

Substance  
use

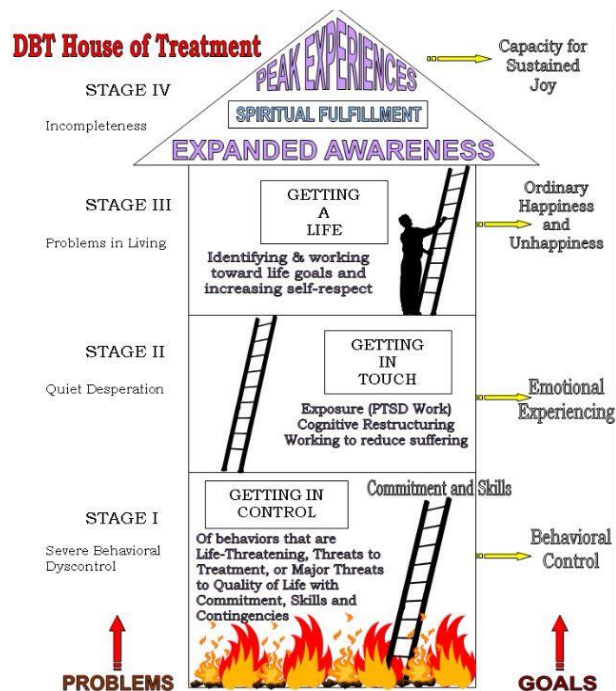
**Protective  
factors**  
Supersensor  
Family  
Emerging  
insight

# Treatment considerations

## Phases of Complex Trauma Treatment – Herman, 1992



## DBT House of Treatment – Linehan, 1994



# Treatment

## Phase I – Establishing safety

- Rapport building
- Limit setting
- Psycho-education
- Validation ++
- Curious – non judgemental
- Crisis management
- Visa issues resolved

# Phase I – Establishing safety cont.

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- Behaviour activation
- Healthy living routines
- Identifying triggers
- Mindfulness
- Awareness of patterns
- Commitment to change problem behaviour

# Phase II – remembrance & mourning

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- Referral for specific AOD treatment
- Ceased numbing behaviours
- Considering impact of the past
- Sitting with regret

# Treatment outcomes

- ❑ Reduced intensity of suicidal ideation, attempts and hospital admissions
- ❑ Developed insight into consequences of numbing coping approaches
- ❑ Cessation of substance use (6 months+)

TEST	SCORE	SIGNIFICANCE
<u>Hopkins Symptom Checklist</u>		
Anxiety	1.8	>1.75
Depression	1.3	>1.75
<u>Harvard Trauma Questionnaire</u>	1.7	>2.5



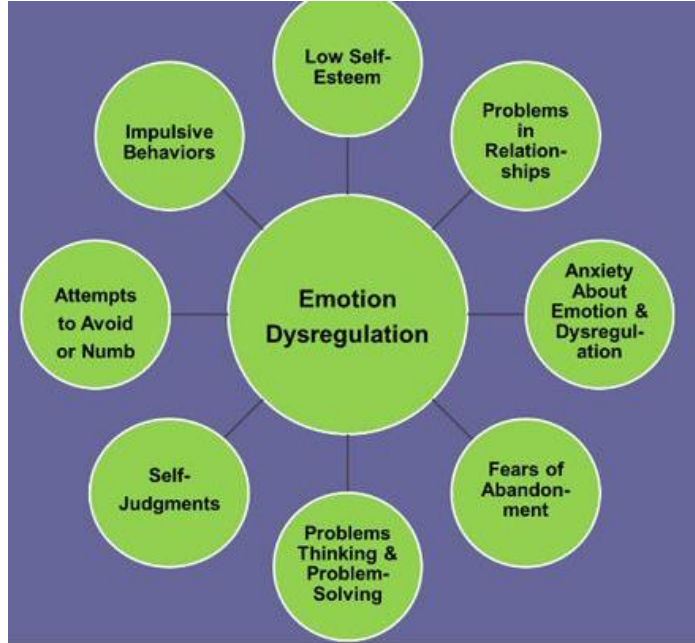


# Plan for future treatment

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- DBT skills group
- Ongoing DOA treatment
- Continue stage II – remembrance & mourning
- Initiate stage III – reconnection to community

# Conclusion



- ❑ An integrated staged approach to treatment incorporating emotion regulation skills, validation and non-judgement may be of benefit

# Conclusion

- *‘ doing life is really difficult for me, the simple things are so hard I would think it would be easier just to die’*
- *‘ now I believe in myself and want to see what I am capable of’*



# Thank you!

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