**New treatment approaches for Complex PTSD**

Complex PTSD is a term used to denote a severe form of PTSD comprising symptom clusters reflecting difficulties in regulating emotions, disturbances in relational capacities, and adversely affected belief systems. From a clinical point of view, there are a number of challenges when treating patients with Complex PTSD, including the fact that many of them are afraid of a confrontation with their memories and emotions, that severe abreactions can occur, that dissociation may limit access to the trauma memories during the sessions, that SUD levels do not decline, and that cognitive distortions, for instance about guilt, do not shift. To this end, there is mounting evidence from research showing that the general recommendation of trauma-focused treatments as first-line interventions for PTSD is also valid for those suffering from Complex PTSD. This notion is supported by both research and clinical experience carried out during the last three years within our Psychotrauma Expertise Center (PSYTREC) where we treat 150 patients with complex PTSD per month, using a treatment programme lasting 8 days, and which has shown to have a success rate of 70% in loss of PTSD diagnosis. We opted for an intensive treatment in which we apply both CBT (prolonged exposure and in vivo exposure) and EMDR therapy, supplemented with physical activities. Besides presenting this novel approach for treating Complex PTSD, the purpose of this workshop is to provide an overview about (1) what we now know about Complex PTSD, (2) difficulties that are associated with this treatment, and (3) effective approaches and treatment techniques to deal with these problems. This presentation will be illustrated by video segments of treatment sessions with a wide range of patients suffering from Complex PTSD.

**Learning objectives**

- Making use of state of the art knowledge about Complex PTSD

- Being capable of using evidence based, trauma-focused treatment strategies for complex patients

- Being able to deal with abreactions, blocking and dissociation in Complex PTSD patients

**Content**

Participants will watch a variety of video clips showing the treatment of complex patients and will do some small exercises on case examples.

**About the presenter**

Ad de Jongh, Ph.D. is clinical psychologist and professor of Anxiety and Behavior Disorders at the University of Amsterdam. Further, he is honorary professor in psychology at the School of Health Sciences of Salford University in Manchester, at the Institute of Health and Society of the University of Worcester, and at the School of Psychology of Queen’s University in Belfast. In 2015 Ad de Jongh was involved in establishing the Psychotrauma Expertise Center (PSYTREC), a mental health institution in Bilthoven that uses a short, and highly intensive treatment program for Complex PTSD, where he is a member of the board of directors. He is approved trainer for the EMDR Europe association, board member of the Dutch EMDR Association, and the EMDR Europe Association. He is an expert in the treatment of anxiety disorders, and involved in research on the efficacy of evidence-based treatments for a wide variety of patient groups, including traumatized children, people with intellectual disabilities and other complex psychiatric conditions such as psychosis. He (co-)authored more than 300 scientific articles/book chapters and 6 books on his areas of expertise.

**Relevant literature**

Bongaerts, H., Van Minnen, De Jongh, A. (2017). Intensive EMDR to treat PTSD patients with severe comorbidity: A case series. Journal of EMDR Practice and Research, 11, 84-95. <http://dx.doi.org/10.1891/1933-3196.11.2.84>

De Jongh, A., Resick, P.A., Zoellner, L.A, van Minnen, A., Lee, C.W., Monson, C.M., Foa, E.B., Wheeler, K., Ten Broeke, E., Feeny, N., Rauch, S.A.M., Chard, K., Mueser, K.T., Sloan, D.M., van der Gaag, M., Rothbaum, B.O., Neuner, F., De Roos, C., Hehenkamp, L.M.J., Rosner, R, Bicanic, I.A.E. (2016). A critical analysis of the current treatment guidelines for complex PTSD in adults. Depression and Anxiety, 33, 59–369. <https://doi.org/10.1002/da.22469>

Wagenmans, A.,Van Minnen, A., Sleijpen, M., De Jongh, A. (2018). The Impact of Childhood Sexual Abuse on the Outcome of Intensive Trauma-Focused Treatment for PTSD. European Journal of Psychotraumatology, 9:1, 1430962. <https://doi.org/10.1080/20008198.2018.1430962>

Zoet, H.A., Wagenmans, A.,Van Minnen, A., Sleijpen, M., De Jongh, A. (2018) Presence of the Dissociative Subtype of PTSD does not moderate the Outcome of Intensive Trauma-Focused Treatment for PTSD. European Journal of Psychotraumatology, 9:1, 1468707, <https://doi.org/10.1080/20008198.2018.1468707>

Van Woudenberg, C., Voorendonk, E.M., Bongaerts, H., Zoet, H.A., Verhagen, M., Van Minnen, A., Lee, C.W., & De Jongh, A. (2018). The effectiveness of an intensive treatment programme combining prolonged exposure and EMDR for severe posttraumatic stress disorder (PTSD). European Journal of Psychotraumatology. <https://doi.org/10.1080/20008198.2018.1487225>

**The Creative use of Metaphor in Complex Trauma Psychotherapy**

**Workshop Abstract**

The presentation will explain and demonstrate the importance of metaphor for both EMDR therapists and clients/patients working with Complex Trauma. The importance of theory and knowledge also underpins technique. Neurobiological research informs us that clients/patients have difficulty putting feelings into words (e.g. the Broca’s area responsible for putting feelings into words, is either completely switched off or greatly diminished). Equally clients with feelings of shame and guilt find it very difficult and sometimes very traumatic to describe their experiences verbally i.e. clients/patients cannot always tell us what they are experiencing. Metaphor enables us to construct a client history. It also allows us to prepare the client for EMDR with complex trauma work through Resource Development and Installation (RDI’s), psychoeducation to complete our assessment/formulate a collaborative case conceptualisation without incurring Semantic Noise. Metaphors work collaboratively both in terms of therapist and client/patient mutually being able to provide explanation; avoid abreactions and gain understanding and thereby a sense of control. This workshop will provide a theoretical underpinning regarding complex trauma, actual EMDR case studies demonstrating the successful use of metaphor and teach participants how to apply the use of metaphor in a safe, client/patient friendly manner.

**Learning Objectives**

Participants will learn the following by the end of the presentation:-

1. The theoretical underpinning regarding Complex Trauma, the difficulties accessing language (based on neurobiological research), and how metaphor can successfully overcome these issues.
2. The importance of the initial stages of EMDR Therapy particularly for Complex Trauma. Actual EMDR case studies will demonstrate the successful use of metaphor and teach participants how to apply the use of Metaphor to the EMDR Protocol and caveats re extending the preparation and stabilisation phases.
3. How Metaphors can be located at various stages of EMDR Protocol
4. How to discover, develop and utilise their own metaphors for use with this cohort.

**About the Presenter**

Davy Hutton is an EMDR Consultant Supervisor and Facilitator. He is also a British Association of Counselling and Psychotherapists (BACP) Senior Accredited Supervisor and Psychotherapist. As a Consultant Psychotherapist, he has over 10,000 hours clinical experience in working with complex trauma, sexual/physical/emotional abuse, clerical sexual abuse, and clinical supervision. Davy has an MSc. In Psychological Trauma Management and a Post Grad. Cert. in Clinical Supervision.

Based in Northern Ireland, his work over the last 16 years has been primarily with the victims of numerous atrocities, bombings, shootings and multiple murder bids. Previously, he has been the Chair of the EMDR Northern Ireland Regional Group and his EMDR therapeutic practice and consultation work has been across the island of Ireland and beyond for many years.

Davy is in regular contact with EMDR colleagues in many different countries across the world, sharing his expertise/experiential knowledge and further enhancing his own EMDR practice. He supervises colleagues throughout the U.K./Ireland and has previously supervised Psychiatrists working in Bosnia (civil war trauma) and Northern Turkey (Yazidi ladies brutalised by ISIS).

His expertise sees him being regularly sought by public and private organizations to run bespoke trauma related trainings. Davy has developed an original and creative use of metaphor & symbolic resources, which he interweaves within his EMDR consultative practice. He is a sought-after presenter both Nationally and Internationally on complex psychological trauma and how to safely and effectively manage/ameliorate same,

Currently he is the Clinical Lead of two organisations in Northern Ireland who work with victims of The Troubles and their families.

**Relevant Literature/Reading**

Anker, J. “Metaphors of Pain: The Use of Metaphors in Trauma Narrative with Reference to Fugitive Pieces.” Literator30, no. 2 (July 16, 2009): 49–68. [https://doi.org/10.4102/lit.v30i2.78.](https://www.dropbox.com/referrer_cleansing_redirect?hmac=%2B55%2B4J6%2FGJAkZ1zbdiGyU%2BaVita0%2FeRh3gPsT6cEnwM%3D&url=https%3A%2F%2Fdoi.org%2F10.4102%2Flit.v30i2.78.)

Diaz, Michele T., and Anna Eppes. “Factors Influencing Right Hemisphere Engagement During Metaphor Comprehension.” Frontiers in Psychology 9 (March 28, 2018). [https://doi.org/10.3389/fpsyg.2018.00414.](https://www.dropbox.com/referrer_cleansing_redirect?hmac=5D%2FBdlUvxBU7DG3K4Wjqb15ERFIo0N9mf37wbhMtKpM%3D&url=https%3A%2F%2Fdoi.org%2F10.3389%2Ffpsyg.2018.00414.)

Froggatt, Katherine. “The Place of Metaphor and Language in Exploring Nurses’ Emotional Work.” Journal of Advanced Nursing 28, no. 2 (August 1998): 332–38. [https://doi.org/10.1046/j.1365](https://www.dropbox.com/referrer_cleansing_redirect?hmac=oVUMSB7sAL7x16y0xWhPZumpBXZIHtNBL0j860WKMxg%3D&url=https%3A%2F%2Fdoi.org%2F10.1046%2Fj.1365)-2648.1998.00688.x.

Giora, Rachel. “Understanding Figurative and Literal Language: The Graded Salience Hypothesis.” Cognitive Linguistics 8, no. 3 (January 1997): 183–206. [https://doi.org/10.1515/cogl.1997.8.3.183.](https://www.dropbox.com/referrer_cleansing_redirect?hmac=MBG7Lk3WFQiTfUlXldpJpyoKtXnoc4iUSKl80%2FyAPsA%3D&url=https%3A%2F%2Fdoi.org%2F10.1515%2Fcogl.1997.8.3.183.)

Giora, Rachel, and OferFein. “Irony Comprehension: The Graded Salience Hypothesis.” Humor 12, no.4(1999).<https://doi.org/10.1515/humr.1999.12.4.425.>

Goldberg, Rebecca M., and Julia Bailey Stephenson. “Staying with the Metaphor: Applying Reality Therapy’s Use of Metaphors to Grief Counseling.” Journal of Creativity in Mental Health 11, no. 1 (January 2, 2016): 105–17.

[https://doi.org/10.1080/15401383.2015.1113396.](https://www.dropbox.com/referrer_cleansing_redirect?hmac=K4rp0o0UV4u96nipzwAeImZLm2rHksaxg90kiutzA4Q%3D&url=https%3A%2F%2Fdoi.org%2F10.1080%2F15401383.2015.1113396.)

Jamrozik, Anja, Marguerite McQuire, Eileen R. Cardillo, and Anjan Chatterjee. “Metaphor: Bridging Embodiment to Abstraction.” Psychonomic Bulletin &Review 23, no. 4 (August 2016): 1080–89. [https://doi.org/10.3758/s13423](https://www.dropbox.com/referrer_cleansing_redirect?hmac=Z2YK%2BQoYvpaQuOvKPZkMa2M8hUA3pahRRbea4ZNAZVk%3D&url=https%3A%2F%2Fdoi.org%2F10.3758%2Fs13423) -015

- 0861-0.

Khullar, Dhruv. “The Trouble With Medicine’s Metaphors.” The Atlantic, n.d., 7.

Kövecses, Zoltán. “Metaphor and Emotion.” In The Cambridge Handbook of Metaphor and Thought, edited by Raymond W. Jr. Gibbs, 380–96. Cambridge: Cambridge University Press, 2008. <https://doi.org/10.1017/CBO9780511816802.023.>

Kövecses, Zoltán, Where Metaphors Come From: Reconsidering Context in Metaphor. Oxford University Press, 2015.

[https://doi.org/10.1093/acprof:oso/9780190224868.001.0001](https://www.dropbox.com/referrer_cleansing_redirect?hmac=ONK%2FmrAn85V1%2B37dD11du9UxU%2BWGDybDC%2BIeaf2whv4%3D&url=https%3A%2F%2Fdoi.org%2F10.1093%2Facprof%3Aoso%2F9780190224868.001.0001.)

Lichtenberg, Joseph D. “The Clinical Power of Metaphoric Experience.”

Psychoanalytic Inquiry 29, no. 1 (January 5, 2009): 48–57.

[https://doi.org/10.1080/07351690802247047.](https://www.dropbox.com/referrer_cleansing_redirect?hmac=VM7zwqq7OvpKL7ANG9udit7u69JsPsqCFXRxOUAU3PE%3D&url=https%3A%2F%2Fdoi.org%2F10.1080%2F07351690802247047.)

Periyakoil, Vyjeyanthi S. “Using Metaphors in Medicine.” Journal of Palliative

Medicine 11, no. 6 (July 2008): 842–44. [https://doi.org/10.1089/jpm.2008.9885.](https://www.dropbox.com/referrer_cleansing_redirect?hmac=wGmD1DsjrCcEwr9qVjCkbORhRH3GDPRh%2Bso7Qh5a5fQ%3D&url=https%3A%2F%2Fdoi.org%2F10.1089%2Fjpm.2008.9885.)

Pernicano, Pat. “Using Therapy Stories and Metaphor in Child and Family

Treatment,” n.d., 13.

Robert, Tracey, and Virginia A. Kelly. “Metaphor as an Instrument for Orchestrating

Change in CounselorTraining and the Counseling Process.” Journal of Counseling

& Development 88, no. 2 (April 2010): 182–88. <https://doi.org/10.1002/j.1556> -

6678.2010.tb00007.x.

Rothschild, B., (2017), *The Body Remembers -Vol. 2*, W.W. Norton & Co., New York.

Sandström, Karin. “When Motion Becomes Emotion: A Study of Emotion

Metaphors Derived from Motion Verbs,” n.d., 46.

Van der Kolk, B. (2014), *The Body Keeps the Score*, Penguin/ Random House, London.

Wagener, Alwin E. “Metaphor in Professional Counseling.” The Professional Counselor 7, no. 2 (June 2017): 144–54. [https://doi.org/10.15241/aew.7.2.144.](https://www.dropbox.com/referrer_cleansing_redirect?hmac=PM99JpIKL%2B2voDmPjTBifAi17QTqqE0U6H4cGtK8R8M%3D&url=https%3A%2F%2Fdoi.org%2F10.15241%2Faew.7.2.144.)