

BEST PRACTICES IN TRAUMA TREATMENT: What to Do When

Focus on: Attachment Oriented Narrative Therapy

*Kevin J. Connors, MS, MFT
kjcmfcc@aol.com*

OPENING THOUGHTS:

#1

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the National Center for Trauma Informed Care (NCTIC). The opening page from their website reads:

“Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection.” (www.samhsa.gov/nctic/default.asp)

#2

It has been strongly suggested that the most important aspect of the healing process is the quality of the relationship between therapist and client. (Krupnick, 96) (Suchman, 06) The specific modality is of less impact. The need for treatment that addresses the moral injuries to self and interpersonal relationships is essential to the well-being of all survivors of trauma.

#3

Subjectivity is so much more than the sensorimotor elements we tend to focus on during re-processing. In my mind, this is the shortcoming of many trauma theories. It's as if we only need to move through the attenuated instincts of self-protection to free the "self."

What if the subjective self is experienced as alone and scared and empty? We must assist the self in becoming subjectively alive rather than simply emptying the intrusive and unwanted elements.

Rick Hohfeler (Private Communication 2016)

Focus on: Attachment Oriented Narrative Therapy

THE SELF

- Self as organizing principle in life
- Role of the Self in relationship to others
- Impact of neglect and psychological maltreatment on the Self
- The traumatized Self in psychotherapy

ATTACHMENT ORIENTED NARRATIVE THERAPY

Goals

- Create the secure, safe frame within which exploration and processing can occur
- Understand the impact of trauma on the self and the ability to relate
- Facilitate a comprehensive, overarching narrative to foster an authentic Self

Strengths

- Attachment theory addresses issues underlying need for and conflicts obscuring secure frame
- Facilitates internal locus of control
- Promotes greater sense of interpersonal related-ness
- Addresses dissociative defenses that complicate other forms of treatment

Weaknesses

- Predominantly verbally based
- Requires the authentic engagement of the therapist
- Open to counter-transferential complications
- Slow and lengthy course of treatment
- Lacks effective skills building tools

Indications

For clients with:

- A significant history of intrapsychic, psychological maltreatment
- A conflicted clinical presentation; multiple diagnoses, poly-substance abuse, eating disorders
- Dissociative defenses and/or complex PTSD

Contra-indications

When clients present with:

- Active IPV or other interpersonal threats
- Psychotic processes
- Active drug and/or alcohol abuse issues
- Active self-harm issues
- Limited or impaired linguistic capacity

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