

BEST PRACTICES IN TRAUMA TREATMENT: WHAT TO DO WHEN

FOCUS ON:

Attachment Oriented Narrative Therapy

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OPENING THOUGHTS

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

OPENING THOUGHTS

- 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.

OPENING THOUGHTS

- 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, 2016)



THE SELF

- Self as Organizing Principle of Experience
 - ▶ Self as a process
 - ▶ Self as active verb



THE SELF

- Self in Relationship to Others
 - ▶ Attachment
 - ▶ Acknowledgement, Acceptance, Approval, and Affection
 - ▶ Identification, Opposition, & Autonomy



THE SELF

- Impact of Neglect and Psychological Maltreatment on the Self
 - ▶ Impaired sense of Self
 - ◆ Shame
 - ◆ Alexithymia
 - ▶ Disorganized attachment
 - ◆ Trust issues
 - ◆ Dysfunctional social & interpersonal learning



THE SELF

- The Traumatized Self in Psychotherapy
 - ▶ Replication of dysfunctional trauma dynamics
 - ◆ Replay Karpman's Triangle
 - ◆ Leads to therapist weakening boundaries
 - ◆ Enmeshed in client's intra-psychic system



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



ATTACHMENT ORIENTED NARRATIVE THERAPY

➤ 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



ATTACHMENT ORIENTED NARRATIVE THERAPY

➤ Weaknesses

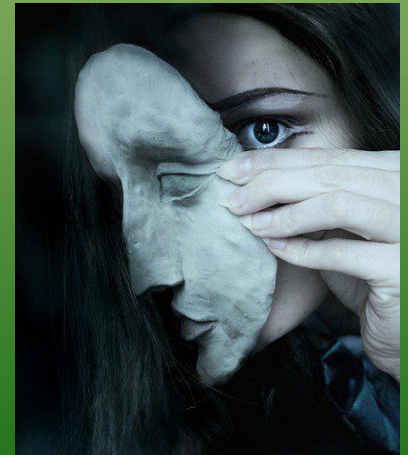
- ▶ Predominantly verbally based
- ▶ Requires the authentic engagement of the therapist
- ▶ Open to counter-transferential complications
- ▶ Slow and lengthy course of treatment
- ▶ Lacks effective skills building tools



ATTACHMENT ORIENTED NARRATIVE THERAPY

➤ 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



ATTACHMENT ORIENTED NARRATIVE THERAPY

➤ 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



*Paradoxically,
trauma both occurs
in the context of a relationship
and can only be healed
in the context of a relationship*



Treating Complex Trauma and Dissociation

A Practical Guide to Navigating Therapeutic Challenges



Lynette S. Danylchuk and
Kevin J. Connors

