

Things I Wish I Had Known

Kathy Steele

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Trauma Therapy: The Good

- ▶ Understanding the impact of trauma and neglect
- ▶ Focus on resolving traumatic memory
- ▶ Focus on the positive rewards of helping clients heal
- ▶ Focus on therapist as healer
- ▶ So many new approaches and techniques that are helpful
- ▶ Many clients are helped enormously

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Trauma Therapy: The Bad

- ▶ Over-focus on resolving traumatic memory with under-focus on other developmental issues, lack of skills and deficits, and the need for pacing
- ▶ Over-focus on content instead of process
- ▶ Not enough focus on the therapeutic relationship and countertransference
- ▶ Over-focus on parts rather than the defenses, conflicts and avoidances
- ▶ Focus on the therapist as having the answers: the right skills, techniques
- ▶ The intense urge to rescue / save the client
- ▶ Boundary slippage
- ▶ Trauma survivors are as different as they are alike: one size does not fit all

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Trauma Therapy: The Ugly

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- ▶ Sustained intensity of the work and how much energy it can take
- ▶ Vicarious traumatization and burnout
- ▶ The frustration of not making progress
- ▶ Desperate rescue efforts
- ▶ The need to hold intolerable negative emotions and knowing
- ▶ Intense negative transference and countertransference
- ▶ Re-enactments
- ▶ Intense defenses and resistances
- ▶ The client as abuser

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The Importance of Assessing Prognosis and Treatment Trajectory

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- ▶ Prognostic factors
 - ▶ Motivation and insight
 - ▶ Comorbid personality disorders
 - ▶ Comorbid psychiatric disorders
 - ▶ Level of lifetime functioning
 - ▶ Degree of avoidance of dissociation and trauma
 - ▶ The therapist's ability to reflect and stay steady
 - ▶ Need to be seen as good
 - ▶ Need to rescue
 - ▶ Inability to tolerate suffering

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The Whole or Parts of the Whole?

- ▶ Working with individual parts has its place
- ▶ But systemic work is highly important
- ▶ Include all parts in every session ("as we are working, what is happening with all parts?")
- ▶ Work with the conflicts between parts
- ▶ Don't start with having parts share traumatic memory
- ▶ Never treat child parts like actual children
- ▶ Focus on lack of realization in all parts
- ▶ Focus on the client's avoidance of parts

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Secure Attachment

- ▶ Countertransference
 - ▶ Negative
 - ▶ Positive
 - ▶ Enactments
 - ▶ Holding intolerable emotions and knowing

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Secure Attachment

- ▶ Defenses and resistance
- ▶ Ethical dilemmas
- ▶ Lack of resources

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Attachment and Dependency

- ▶ The caretaking urgency evoked in the therapist
- ▶ The difference between adaptive and maladaptive dependency
- ▶ The difference between attachment and dependency
- ▶ The need to be collaborative first and foremost, rather than activating attachment

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The Dilemmas

- ▶ Dependency (attachment-seeking) needs are especially intense in trauma survivors
- ▶ and are often overwhelming, outside the window of tolerance for the client, and often also for the therapist

(Hill, Gold, & Bornstein, 2000; Steele et al., 2001; Steele & Van der Hart, 2009; Steele, Boon, & Van der Hart, 2016)

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The Dilemmas

- ▶ The distress of our clients tends to activate the therapist's caregiving system, not our attachment system
- ▶ While this is natural, it can also be counter-therapeutic

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The Dilemmas

- ▶ In dissociative clients, some parts may be dependent and attachment seeking,
- ▶ while others are ashamed, fearful, or enraged, and avoidant of dependency and attachment.
- ▶ Thus, therapists need a model that takes into account the contradictions, conflicts, and confusions of multiple attachment and defense strategies within one person

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Problematic Relational Styles		
Disorganized: confused, foggy, nonverbal, spaced out; shifts in strategies	Controlling Punitive: You must give me what I need and want or I will punish you	Controlling Caregiving: I will take care of you so you will take care of me
Dependent: Desperate, clinging, dependent approaches	Ambivalent: Wants help, but nothing works	Hostile/Helpless: I need you; you are useless
Indirect: Relating through distress and crisis	Avoidant / Dismissive	Predatory / Sadistic

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The Golden Fantasy

- ▶ Golden fantasy is a secret (or not-so-secret) expectation that all one's problems can be solved by a perfect and all-caring relationship figure.
- ▶ "You will comfort and care for me and make all my problems go away. I won't have to deal with the world and can stay with you forever."

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Attachment Bondage

- ▶ The therapist feels compelled to continue working with a client in the same way even though it is not a good fit, or the client is not improving, or the therapist is overwhelmed, because the therapist:
 - ▶ believes the "attachment" should not be interrupted
 - ▶ is afraid of hurting the client
 - ▶ is afraid of the client's rage
- ▶ This is not a secure attachment and cannot support a forward-moving therapy.

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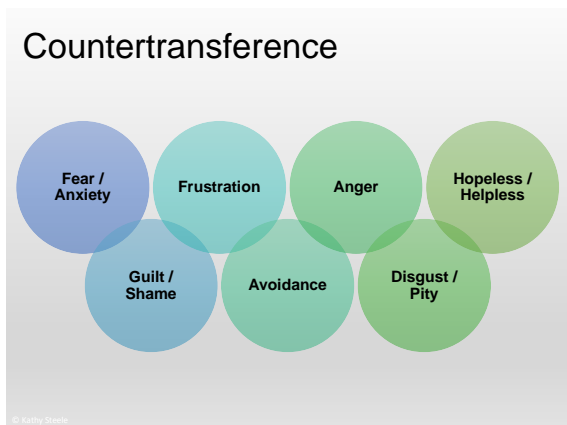
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Recognizing Countertransference Tendencies

- ▶ Notice defensive tendencies (flight, fight, freeze, flag)
- ▶ Once you notice, you can re-ground yourself, find safety and move forward
- ▶ Notice tendencies to want to rescue, fix, take care of, or save the client, and difficulties tolerating the suffering of the client.
- ▶ These impulses are important to understand and equally important not to act on.

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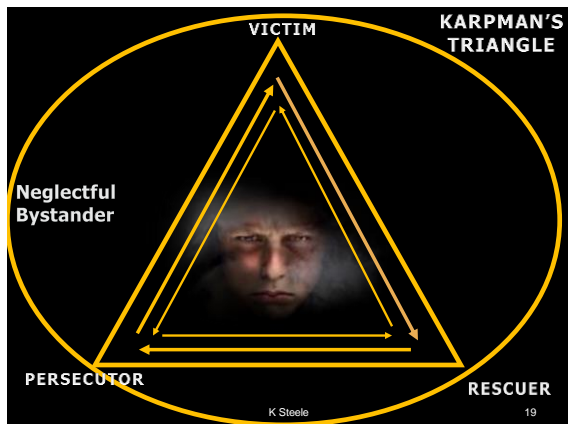
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Enactments

- ▶ The relationship mirrors the Drama Triangle roles of:
 - ▶ Victim
 - ▶ Persecutor/Abuser
 - ▶ Rescuer
 - ▶ Bystander who does nothing

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Common Relational Enactments

- Adapted in part from Frawley & Davies, 1994

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Neglectful	↔	Neglected needy or avoidant
Sadistic abuser	↔	Masochistic victim
Frightened appeasing	↔	Punitive-controlling, entitled
Needy, self-absorbed	↔	Caregiving-controlling
Overwhelmed anxious	↔	Overwhelmed anxious
Avoidant withdrawn	↔	Avoidant withdrawn
Intrusive, pursuing	↔	Avoidant withdrawn
Idealized rescuer	↔	Helpless, needy or entitled
Shaming, critical	↔	Shamed, inadequate
Overwhelmed, frantic	↔	Inconsolable
Seducer (not only sexual)	↔	Seduced

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Tyrannizing Transference

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- ▶ The Tyrannizing Transference (Thomas Ogden)
 - ▶ When the therapist pushes on an entitled area, the client (or certain parts) will try to reason, threaten, or coerce the therapist to accept the preferred solution, communicating that the therapist would be abusive to do otherwise. – R. Kluit
 - ▶ "You won't hold me because you enjoy torturing me, forcing me to talk about it. You know it's the one thing I need more than anything in the world, and that I have no other way to get it! I will die if you can't hold me!"
 - ▶ "You want me to stop hurting myself, but that is what keeps me from killing myself. It helps me and I don't consider it hurting! You just want me to stop because you are afraid you will be sued. You are forcing me to comply with your arbitrary rules about safety. I will never feel safe if you take cutting away."

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