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Minutes Conversation

Emotion-Focused Therapy for Complex Trauma

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Sandra Paivio, PhD., C. Psych, is a Professor in the Psychology Department, Director of the Psychotherapy Research Centre at the University of Windsor, and has 20+ years of clinical experience. She is one of the developers of emotion-focused therapy, particularly applied to complex trauma (EFTT), and has conducted clinical trials evaluating the efficacy of and processes of change in EFTT. She is author of numerous publications on trauma and psychotherapy, including co-author (with Leslie Greenberg) of “Working with Emotions in Psychotherapy”, author (with Antonio Pascual-Leone) of “Emotion-focused Therapy for Complex Trauma”, and author (with Lynne Angus) of a forthcoming book on “Narrative Processes in Emotion-focused Therapy for Trauma”. Dr Paivio has presented numerous workshops nationally and internationally and provided intensive graduate student and professional training in EFT and EFT specifically for trauma. She also is an invited member of the American Psychological Association (Division 56) working group developing best practice guidelines for complex trauma.

Emotion Focused Therapy for Complex Trauma

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Topics

In may 2015 Professor Sandra Paivio visited us in Lisbon for a 2-day workshop on EFT for complex trauma. A couple of days after presentation an interview took place. It was tuesday 26th, a sunny morning, and Sandra answered the following questions on EFTT:

Why EFT for Complex Trauma?

What are EFTT Distinctive Features?

What is Trauma and Complex Trauma?

Why re-experiencing Trauma?

Why is emotion so important?

How emotion and experiencing interact?

Does trauma has a Resolution?

The conversation

Why EFT for Complex Trauma?

Anibal Henriques: Sandra thank you so much for visiting us in Lisbon. And thank you so much for accepting this conversation on EFTT.

You have been one of the developers of Emotion Focused Therapy with Les Greenberg. *When or how did you found it was necessary to go into this Emotion Focused Therapy for Complex Trauma Model?*

Sandra Paivio: Well when I was doing my dissertation with Les, which was an outcome study based on the model of unfinished business resolution that he had developed over the years, and there were a group of people in that study - I was one of the therapists as well as the researcher -, who were dealing with child abuse trauma, and they seemed to operate a little differently, mainly they were with a lot more fear and avoidance when you introduced the empty chair intervention, that people found that quite difficult - there were other interventions ..

AH: The chair work, yes ..

SP: Yes the chair work people found difficult, and so at the time I was afterwards going to do my first academic position and needed to develop a research program, and started looking at the tapes of this group of clients who were dealing with child abuse trauma, and identified some distinctive features of the work that they did and, again,

difficulties with the chair-work, also a lot of fear and avoidance and shame, the necessity of memory work, those things didn't seem optional anymore as they were in the general model. And there was also a need in that time for empirically supported studies on this client group. There were only a few group treatments for women who were sexually abused survivors. And so it makes sense to ... people did really well in the therapy, and then started developing and refining this model specifically for that client group.

EFTT Distinctive Features

AH: So there are some differences between EFT & EFTT. Tell me more about that, *what are really some of the distinctive features of EFTT compared to EFT?*

SP: Well I think, you know, it is EFT its not a new model in that sense, so its the general principles but it is tailored to the needs of that particular client group. So when you are dealing with trauma and than you know that issues of fear and avoidance, confronting trauma memories its extremely difficult for lots of people, so that needs to be adressed, problems with emotion dysregulation, as well as avoidance and overcontrol surface, the need for exploring, specifically and explicitly exploring trauma memories so that empty-chair task was not only, you know usually thought of as an interpersonal resolution intervention, so it clearly involves some exposure processes. So yes this aspects seems to me the main differences. Oh excuse me, and just ... you know some of the severe affect dysregulation they are needing to draw on, you know on other models, CBT techniques for managing dissociation for example.

What is Trauma and Complex Trauma?

AH: We know all that exposure to violence at home during childhood is more common than single incident trauma in adulthood, and it involves also an increased risk of repeated victimization. You say estimates for child abuse history are as high as 90% in clinical samples. *How do you see or define Trauma, or what is Trauma and of course in particular the Complex Trauma concept?*

SP: Well trauma is, I guess it's ... one of the things I have learned when I was writing the book is some experts distinguish between "capital T" trauma and "small t" trauma. So it's a all range of experiences, but all involving I think fear, fear and terror. And at the big end it's fear for your own life, for the life of loved people, but it can also involve, you know, "smaller t" traumas like, for example, sudden death of a loved one, some people living or considering divorce, which it's pretty ugly, and things like that. And complex trauma has its differences that you know that happens repeatedly, this exposure to fear it happens at critical developmental periods, during childhood emotional development, formation of relationships, formation of sense of self, and so on, and complex trauma can also involve domestic violence that can go on over a period of time, or combat trauma that goes on, or living in a war zone for example. But the focus of EFTT has been child abuse trauma and neglect, yes.

Why re-experiencing Trauma?

AH: On trauma literature we usually read that sometimes is better not to ask clients about details or go into trauma memories. And as you know sometimes people even never say a word about the traumatic event. On EFTT we see you go often into reevoking and experiencing the event as something central to some kind of resolution. *Is it always productive to reexperience Trauma Feelings and memories? Or when is it not?*

SP: Well I think a lot was learned for example you know in 9/11 in terms of first responders intervening with trauma immediately, actually making people worse. So its not necessarily good to talk about trauma, assisting people talk about trauma memories immediately afterwards. I think in terms of, when dealing with adults and after, you know, a period of time has passed, people need a capacity to regulate the emotion associated with trauma, so they dont, you know wanna be ... there is risk of retraumatizing people if they dont have the capacity to regulate. And so that is the first rule that people can talk about this experiences, it may be very distressing for them to talk about, may be difficult to talk about, but they need to be able to not be revitimized by that, and dysregulate their emotions, and to have some support for doing that, and obviously wanting to do that right? So you wanna have a trauma focused therapy when people continue to be distressed by the trauma years afterwards, its still interfering with their lives, its still in their way, they say themselves 'they cant get over it'. So I think there is a lot of agreement that given the safety of the therapeutic relationship and some capacity for emotion regulation, that reexperiencing the trauma memory its the way to change, yes.

Why is emotion so important?

AH: You say about emotion in your book: "emotions and emotional processes are obvious targets for trauma therapy. People come to therapy to change '*bad feelings*' and not to modify maladaptive cognitions or working models of self and others or construct new meaning". So, *why is emotion so important in your model?*

SP: Well I think everybody would agree that trauma is an emotional disorder. And so it involves a huge assault, usually fear, to the system and all that that entails. And when you are dealing with .. and lots of other feelings and grief and guilt. This is just what every type of trauma could involve, usually involves. But complex trauma from childhood involves the all range of emotional experiences. So shame, fear, guilt, grief, sadness, all the negative feelings you can possibly imagine in huge proportions are ... And then in childhood in those environments typically children are not taught how to cope, they have not adequate support for coping with those big big emotions. And so they learn to avoid, they learn to shut down, they don't make sense to them, so they don't have how to make adequate meaning. And I have a great example which I will give you. My daughter is recently separating with her seven years old, my granddaughter. And we took her recently to a new apartment. And she was getting more and more agitated, you could see her voice was getting louder and louder, "I don't like it, I don't like it" . So you could see she was getting more and more upset right? So that evening I was talking with her and said "Leila how are you feeling about this"? And she goes "well I feel sort of excited, and I feel nervous, and I feel angry, and I feel sad, and I feel sort of excited", right (laughs).

AH: It was overwhelming..

SP: So here is a child who, obviously her parents have, you know, they have done some good emotional coaching, she can identify all of these feelings, at points on time there will be opportunities for her to talk about each one of them, right? What are the things she is afraid of, what makes you angry, what about she is sad. But the tragic thing usually in child abuse environments, children .. its huger trauma, and they dont have .. very limited support to make sense of that all complexity of feelings that become very confused and they have not really good emotional capacities, that is one of the big damages about this traumatized children. Yeah!

How emotion and experiencing interact?

AH: Your book presents an entire chapter focused on experiencing. You say experiencing refers to the process of exploring the emotion structures or schemes in the subjective internal experience. *What is experiencing and why is it so important in EFTT? And how do Emotion and experiencing interact and relate in your model?*

SP: Well experiencing its the process of exploring affective meaning in its simplest sense, its the process of exploring, yeah, emotions structures, emotions schemes, the meaning network associated. So, you know everybody, experts agree that emotions are sources of information, all kinds of information. And so its not good enough for example Leila to say "I am sad" and just live her like that, right? At certain points its gonna be "what are you sad about"? Explore the meaning of your sadness, come to understand the meaning of your sadness. And in therapy this is the experiential thing, this is the primary source of knew information. People

have not had an opportunity to do that, to make sense of their affective experience.

AH: So that's also why you say "*emotion is the means, and deeper experiencing its the ends*"?

SP: Exactly, exactly. So the needs to be some emotional arousal or activation of those emotional memories or emotional schemes so that they are available for exploration. So arousal levels are gonna be modulated so its not so low that the person ... but also they are not so high that the person becomes dysregulated. So yes, with optimal arousal emotion structure or affective meaning system its activated and its available now for exploration and potentially constructing new meaning.

Does trauma has a Resolution?

AH: You say also that resolution has different dimensions: reduce symptom distress, depression, anxiety, increase self-esteem, reduce global interpersonal problems, resolve issues concerning particular perpetrators. *Does Trauma has indeed a Resolution? What is Trauma Resolution?*

SP: Well that's a really good question. So from our perspective, from my perspective, its much more than symptom reduction. So, many of the empirically supported treatments for trauma including complex trauma, there is a focus on PTSD, PTSD symptoms, as well as current self and interpersonal problems. But this all model was developed for the unfinished business resolution, people who have unresolved or continue to be disturbed by relationships, unmet needs in relationships from the past. So resolution involves feeling no longer torn out by anger,

sadness, fear, distress, concerning those specific relationships, concerning you and the other person. No longer feeling not worthwhile in relation to that person. Feeling able to ... I use the expression "speak your true". Speak! And to talk about those events in a coherent way, in a way whereby those experiences, in a person's life, are now a part of who they are, a part of their narrative, but they don't define them anymore. Where people are no longer, you know, looking to get, seeking to get what they need from their parents if they are still alive, or get what they never got from their parents or other adult relationships which still isn't very healthy, at all. Tend to not be repeating these patterns, child rearing patterns with their own children, or more comfortable with their own parenting. So, yeah that's what I would say be the basis ..., what resolution means. And that of course is the ideal situation. I haven't heard talk about too much recently but there was a time when people were talking almost constantly, post-traumatic growth, where people actually feel that they are better human beings..

AH: After ..

SP: After. So it's more than just resolving the trauma and no longer symptomatic. Actually feel that they have better understanding of what it is to be human, they have something to offer, in terms of understanding that humans' condition often go into "helping professions". Yes their values strengthened, they know what's important in life, they value relationships and so on, so, I have heard many comment, say "I would never wish this on anybody but I feel that I am a better person for having had these experiences now that they are integrated and makes sense, I can learn from them and offer things to other people".

AH: Professor Sandra thank you so much.

SP: Thank you, it was a real pleasure.

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