

CHAPTER SELF-REFLECTION QUESTIONS

for *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach*
by Christine A. Courtois and Julian D. Ford

For instructors who are using *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach* with students, trainees, or supervisees—or for readers who want to apply what they are learning from the book to their professional work or personal therapy—we have developed self-reflection questions to accompany each chapter. We hope you will use these questions as an opportunity for you or for your students/supervisees to give more thought to the issues discussed in the book. A complex trauma perspective inherently involves examining questions about the personal meaning of experiences, as well as gaining knowledge and building skills.

The benefit of reading this book for clinicians (whether beginner or more experienced) should not be limited to technical knowledge and skills. A key theme we set forth is that complex traumas lead to a “survival mode” orientation in patients. Experiencing this orientation vicariously through working with clients can lead clinicians to feel pressure to deliver therapeutic techniques and to view empathic responses to clients’ experience as “non-evidence-based” or a “merely supportive” approach to therapy. The best antidote for such pressure is to engage in the act of reflection, as it provides an immediate reminder of the value of simply stopping to listen and think when caught up in the pressure of vicarious trauma. Whether you are reading this book as an educator, a supervisor, a clinician, or a clinician in training, you can use these questions as a means of stepping back and reflecting on your own views and questions regarding the challenges and opportunities for treating complex trauma that are presented in each chapter.

Chapter 1. Understanding Complex Trauma and Traumatic Stress Reactions

Have you encountered complex trauma?

Have you considered the many ways that humans can be traumatized?

Did you have reactions to the introductory stories of Doris and Hector? Do you treat or have you treated clients like them? What is your typical reaction to them?

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Chapter 2. Complex Traumatic Stress Reactions and Disorders

What clients come to mind when you read about the aftereffects of complex trauma? Did you (or do you now) know that these clients had experienced complex trauma? What traumas did you know about in their histories and what ones might warrant further assessment?

What difficulties have you encountered in diagnosing or treating clients who have symptoms consistent with the aftereffects of complex trauma? What strategies or approaches have you found most helpful and effective in working with them?

Does the diagnostic conceptualization of complex PTSD make sense to you? How would you see yourself using it in planning or monitoring progress in treatment?

What personal thoughts and feelings do you have as you think about the potentially devastating problems that complex trauma can cause in people's lives? Are there ways in which you find hope or inspiration as you think about the courage and resilience that many complex trauma survivors bring to their lives and recovery?

Chapter 3. Preparing for Treatment of Complex Trauma

What principles do you use to guide you in conducting treatment? Do you adapt these guiding principles in any ways when you treat a client with a complex trauma history?

How do you put these principles into action in working collaboratively to prepare your clients for treatment and to maintain a therapeutic alliance with them? Here again, do you adapt your strategies based on clients' trauma histories? Or their posttraumatic symptoms or difficulties with self-regulation?

Do you routinely experience challenges such as these in your practice? Which ones come up most often or are most difficult to handle? Can you think of any proactive changes you could make in how you manage the practical and relational issues in treatment that might prevent these difficulties or make them more readily manageable?

Which of the rights and responsibilities of both therapist and client do you find to be most important in your practice? Do you routinely discuss these with potential clients? Do you regularly think about them in your work or in discussion with colleagues?

Do you have a treatment contract that you give to clients? If so, does it address the points raised in this chapter, or could it be refined to do so? Does it include elements that we've left out?

Chapter 4. Treatment Goals and Assessment

How do you assess your clients' trauma histories and posttraumatic symptoms and self-regulation difficulties at the outset of treatment? Over the course of treatment?

How do you assess your clients' strengths and resilience or protective factors? Do you pay as much attention to these positive areas as you do to symptoms and problems in functioning?

Are you familiar with the approaches to a comprehensive psychosocial assessment that we discussed in this chapter and which ones do you find most helpful? Are there areas or issues in your clients' lives or functioning that may warrant more thorough assessment, particularly ones that relate to complex trauma or its aftereffects?

Are you familiar with specialized assessment instruments for trauma history and posttraumatic symptoms? Do you find any of these instruments useful in your day-to-day practice? Or do you refer to them as a guide even if you don't directly use them to interview your clients?

Do you engage your clients in collaboratively monitoring progress in relation to treatment goals and in modifying those goals as treatment progresses?

Do your treatment goals differ when you focus on the aftereffects of complex trauma compared with focusing on treating classic PTSD symptoms?

Chapter 5. Phase 1: Safety, Stabilization, and Engagement— Measured in Skills, Not Time

How does your approach to treatment compare with the sequenced model described in this chapter? Do you use a different sequence from the three phases we described, and, if so, how does your approach differ?

Do you routinely provide education to your clients? On the types of psychological trauma and trauma-related aftereffects? On other related topics, such as the biology of trauma and PTSD? On how having experienced trauma can affect mood and relationships? Or on coping skills that they may find helpful in enhancing their ability to self-regulate and develop a secure sense of attachment in important relationships?

Do you teach clients emotional regulation skills? Do you find that regulating your own emotions as you conduct therapy provides your clients with a helpful role model?

How do you feel about working with clients whose lives are not safe? Are you relatively comfortable with your skills in suicide assessment and monitoring? What about self-injury? Helping clients deal with ongoing threats from other persons in their lives? Helping them to develop a safety plan and to achieve personal safety?

Chapter 6. Phases 2 and 3: Trauma Memory, Emotion Processing, and Application to the Present and Future

Do you use any specific evidence-based strategies for treating PTSD symptoms? Have you ever had formal training in any of these treatment models? How do you integrate these strategies into your treatment while maintaining a flexible and individualized approach to working with each client?

How do you decide when and if to initiate trauma processing with clients? Does this differ depending upon certain characteristics of the client, his or her life circumstances, or response to treatment? Do you find that some clients prefer, or seem to benefit more from, processing current stressful experiences or reactions rather than trauma memories?

How do you assess progress—and problems—with different clients when doing trauma processing with them?

What personal reactions do you have when helping clients engage in emotional processing of trauma memories? Do you utilize those reactions to guide your work with clients? How do you deal with situations in which you find yourself feeling worried about and sympathetic toward the emotional pain that clients express when processing trauma memories (especially not wanting to cause them more pain)?

Chapter 7. Systemic Therapy across Phases: Group, Couple, and Family Modalities

For each of the types of systemic therapy discussed in this chapter—group therapy, couple therapy, and family therapy:

- When, and with which clients with complex trauma, have you found this approach to therapy to be most helpful?
- What unique benefits does this type of systemic therapy provide for clients who are recovering from the aftereffects of complex trauma? What precautions should be taken when doing this approach to systemic therapy with clients with complex trauma histories?
- Have you found that this type of systemic therapy is particularly beneficial in one or more of the three phases of treatment? If so, what unique contribution does it make to that phase of treatment?

- How do you blend or integrate this type of systemic therapy with individual therapy when working with complex trauma survivors? Do you conduct them sequentially, and, if so, in a particular order (e.g., beginning with individual therapy and then adding couple therapy in Phase 3 in order to involve the spouse or partner in treatment)? Or do you find that they work well concurrently, and, if so, do you serve as the therapist for both types of therapy, or do you collaborate with other therapists? What are the advantages and disadvantages of each strategy (one therapist doing all the therapy or using separate therapists)?
- Do you find working with a cotherapist helpful when doing systemic therapy with complex trauma survivor clients, and, if so, what are the benefits? What are the costs or barriers, and how do you deal with them?

Chapter 8. Into the Breach: Voids, Absences, and the Posttraumatic/Dissociative Relational Field

What have you found to be the greatest challenges in treating dissociation/dissociative clients?

How do you view extreme dissociative symptoms? As pathology or a deficiency in the client? As a strength or indication of resilience in the client? If so, what are the positive capacities or attributes? As a self-protective adaptation that has both costs and benefits? If so, how is this protective for the client and what are the costs?

How does working with a client who is experiencing severe dissociation affect you personally? What steps do you take, professionally and personally, to make this therapy a positive contribution, rather than an interference or disruption, to your personal life and relationships?

What steps do you take to maintain the therapeutic alliance and boundaries when a client is severely dissociative, such as experiencing himself or herself as a void, being completely detached and disconnected from other people, or being in various different self states?

What approaches have you found most helpful in preventing and dealing with crises when a client becomes extremely regressed or emotionally shut down (or labile) due to dissociation?

Chapter 9. Walking the Walk: The Therapeutic Relationship

How do you understand the concept of “walking the walk” with clients? How do you do this in your work with clients, particularly those with complex trauma histories?

How do you define your boundaries and limits as a professional, and how does this remain constant—or differ—with different clients?

What do you do to flexibly engage in problem solving with difficult clients?

How have you experienced vicarious trauma reactions and how do you see these reactions as related to your clients' disclosures of complex trauma, the aftereffects they have experienced or their interactions with you?

Do you need to adjust the size or composition of your caseload or the schedule or professional demands you take on in order to make these reactions more manageable?

How do you engage in personal and professional self-care? Are there other ways that come to mind for self-care now as you read this chapter?

Have you experienced growth as a result of working with these clients?

Chapter 10. Transference and Countertransference in Complex Trauma Treatment

Which trauma-related transference and countertransference reactions have you experienced? What do you tell yourself when you have such experiences? Do you judge yourself or feel that such reactions are unprofessional or inappropriate? Do you view these reactions as inevitable in working with clients with complex trauma histories? If so, what steps do you take to ensure that they do not interfere with your professionalism and empathic attunement? Do you have colleagues you can turn to who can provide experience and perspective to help you maintain (or regain) a nonjudgmental perspective (toward yourself as well as toward your client) when you have these reactions?

What trauma-related transference dynamics have you found most difficult to understand and to know how to handle? Do the clients who have these transference reactions elicit particular reactions from you that may be examples of countertransference?

How and where do you get support to achieve perspective on your reactions to your clients and your professional work? Are there other sources of support and information that might be useful or helpful to you in recognizing and dealing with these reactions?

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