

Kronos devours his young son:

A case study of severe interpersonal trauma, dissociation and survival in childhood and adolescence



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Stelios – 14 yrs old

Greek adolescent with multiple diagnoses

- Psychosis
- Intellectual and Developmental Disorder
- Bi-Polar
- ADHD
- Oppositional Defiant Disorder
- Suspicions of Trauma and PTSD

He has been in and out of state institutions since he was 3 yrs old. History of neglect, emotional and physical abuse by his father.



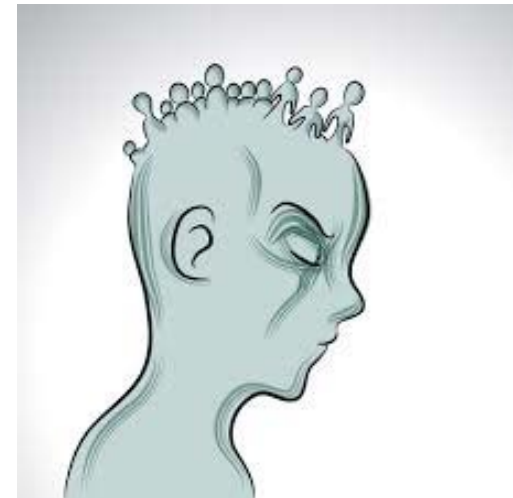
Presenting problems

- Reported aggressive bursts of anger / rage
- Hitting, breaking furniture, yelling
- Fighting with support staff
- Challenging behaviors – testing others
- Highly aroused and fearful



Presenting problems

- Easily triggered into a state of terror
- Socially charming and gregarious but exhibits avoidance through rough play and laughter
- Disorganized thinking in moments of high arousal – regressed behavior
- Possible Dissociative states



Suspicious of Dissociation...

1. Poor affect tolerance
2. An unstable life environment
3. Unwillingness to undergo temporary discomfort for long-term relief
4. Poor ego strength
5. Inadequate social support and other resources
6. Poor history of treatment compliance
7. Dual Attention is unable to be maintained
8. Integrative capacity is lacking



F. Shapiro (2001)

Theory of Structural Dissociation of the Personality - TSDP

“Dissociation is a way of organising information occurring at the time of the trauma and it tends to remain as a long term coping strategy.”

Experience is fragmented and compartmentalised in dissociation. There *is no integrated sense of self...*



Van der Hart (2000)

Integrative Capacity and trauma

Integrative
Capacity

Dissociative
Symptoms

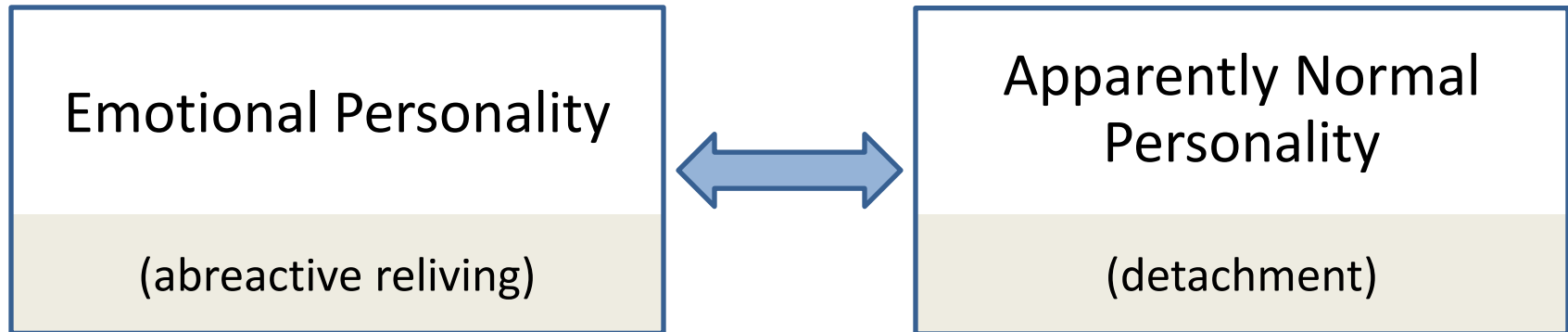


Staying in the Present
while describing past
Whole life Narrative
owning experience.

A stable sense of who
we are- "self"

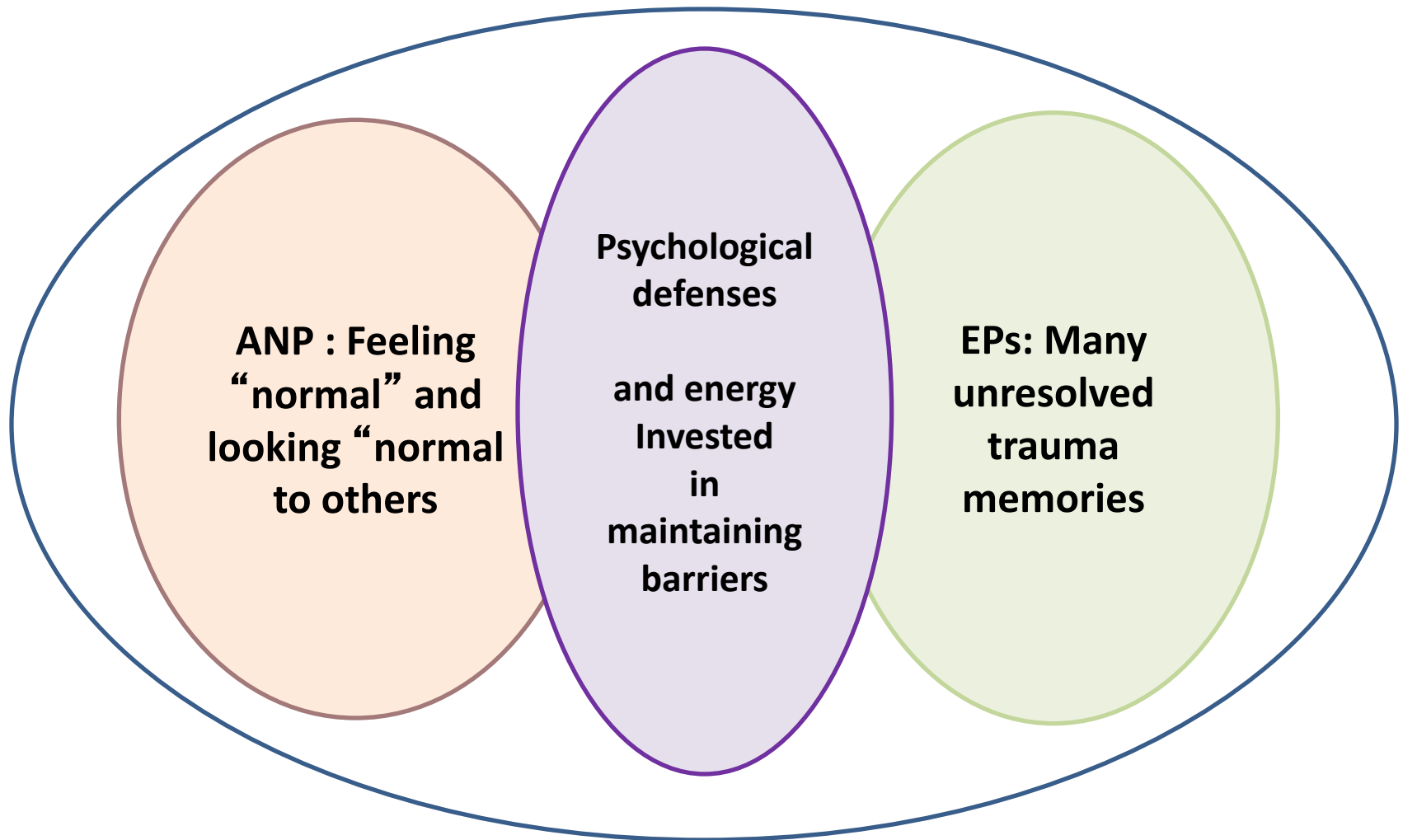
Fragmented self
concepts Trauma time
Sense of "not me"
Lack of realization- "not
real"
ANPs EPs avoiding etc...

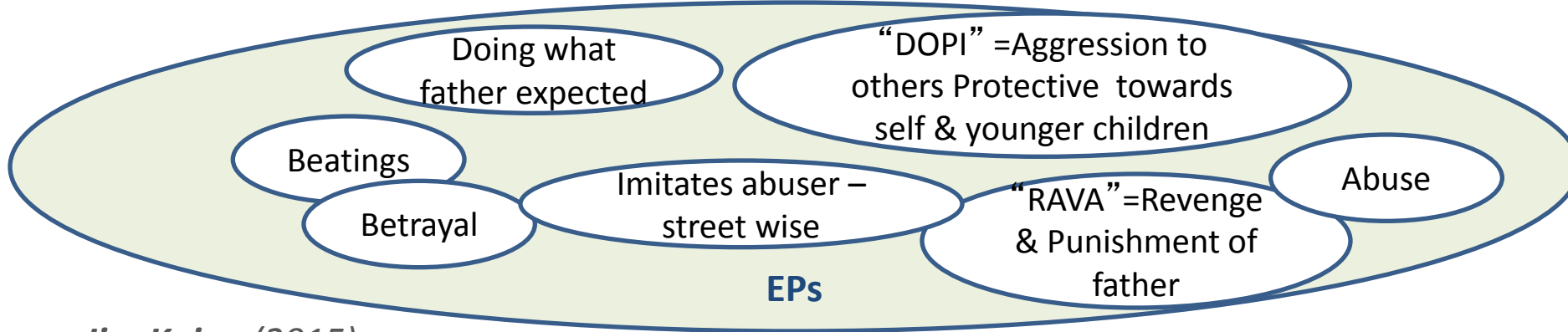
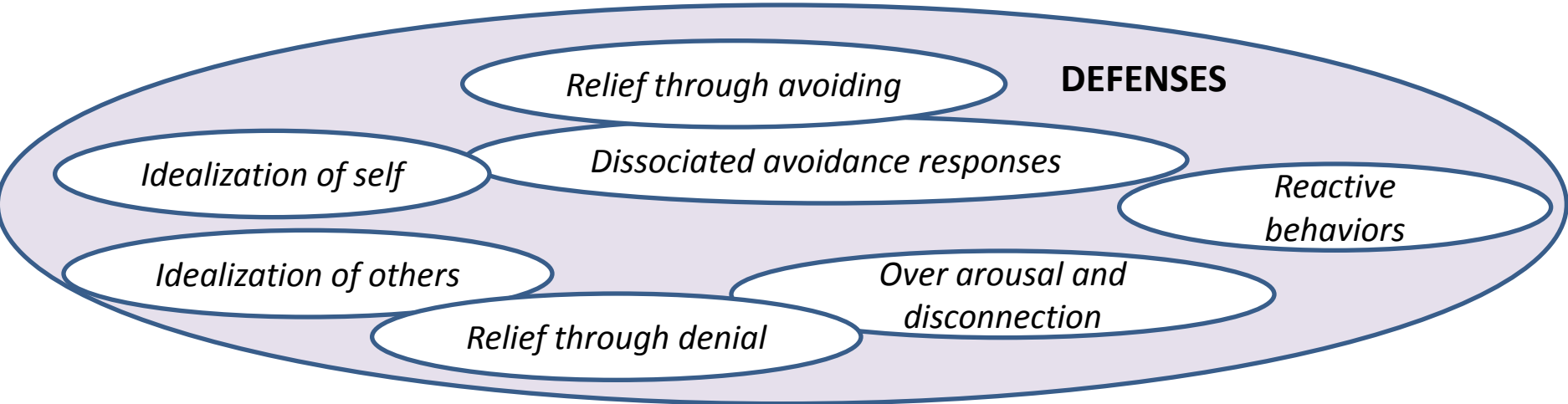
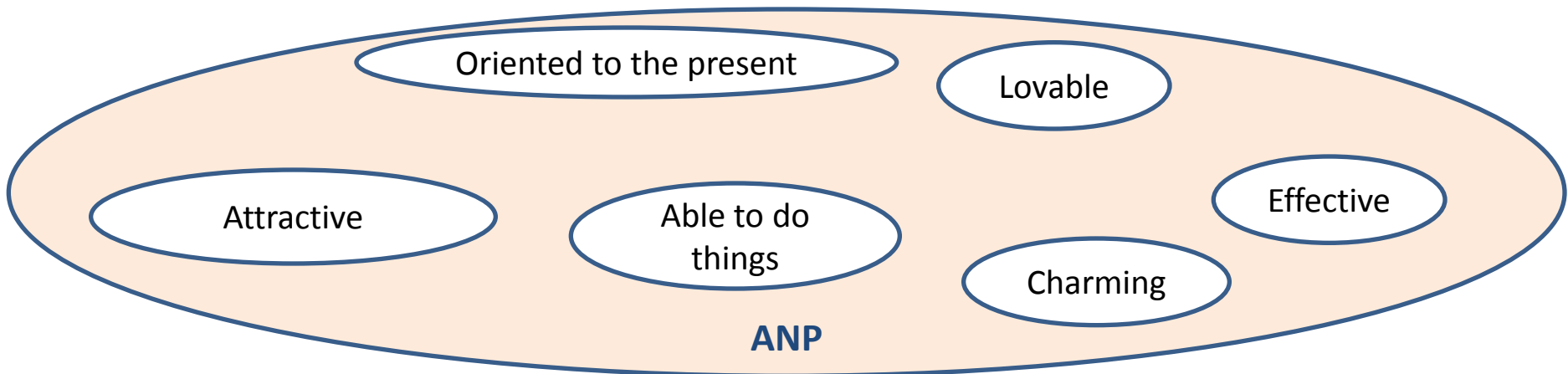
Theory of Structural Dissociation of the Personality - TSDP



The failure to integrate traumatic experiences basically yields a structural dissociation of the personality into two or more mental systems (*Van der Hart, 2000*).

This structural dissociation involves the **Emotional Personality (EP)** that is essentially associated with re-experiencing the trauma, and the **Apparently Normal Personality (ANP)** that has failed to integrate the traumatic experience, and that engages in matters of daily life.





EMDR Psychotherapy & Trauma Informed Support

Symptom Reduction and monitoring with Questionnaires

What has happened to you?

What is wrong with you ?

How did you survive these events or situations? = Resources

How do we reduce your symptoms of acting out etc.

Finding the window of tolerance

Reduce Hitting, Yelling, Breaking and Arguing

Enhancing safety, grounding in the present, build trust, affect tolerance

Identify the antecedent events or situations leading to the behavior

Identifying adverse childhood experiences -ACEs

To understand what reinforces the behavior

Reprocessing Traumatic Memories (EMDR phase 3-8)

What is he trying to attain or avoid?

Acquiring a narrative autobiographical description of his life.... Integration of memories and events into past, present and future

Decrease problematic Behaviour

Phase I:

Hx, Present triggers, Future anxieties/Stabilization/
Symptom Reduction / Skills Building

Premorbid Hx: Attachment
hx, ACE
issues, Institutionalization,
Re-traumatization

Predisposing Factors

Trigger Events

Resemblance with father & rain

Precipitating Factors

Stabilization/Symptom Reduction/Skills Bldg

ANP, EPs and functionality, defenses, phobias, Safety, Mindfulness

Phase II:

Target Memory /ries - Treatment of Traumatic Memory (EMDR 3-8)

Image or Acoustic, Cognitions, Emotions, Body Sensations

Phase III:

Integration of TMs into Life Narrative and Continued Rehabilitation

Additional Factors:

Hospital Rules, New Unknown Institutional Placement / Uncertainty / District Attorney / Litigation

Case Conceptualization and TSDP – EMDR

EMDR
Case
Conceptualization

TSDP
Phase
Oriented
Treatment

Psycho education and Self Care

- Decreasing arousal through the 4 elements
- More work on breathing
- Contacting body and maintaining safety in the present
- Grounding to the present – mindfulness
- Observing self and environment and describing



Psycho education and Self Care

- Identifying resources
(skills, relationships, physical appearance etc.)
- Building Self Compassion
- Enhancing all of these for many sessions with
Bi-lateral stimulation – bf hug



Safety and the body

- Safe Place / State was in his heart.
- Found solace and peace while feeling and listening to his heartbeat.
- Heart Math exercises for connection of heart to mind to breath
- Using the heart as an imaginary resource to filter all arousal and disturbance



Safety and further disclosure

- After several months and ups and downs in behavior due to events on the ward or legal problems
- Stelios began to narrate his experiences in a symbolic manner at first, describing cult like situations with evil protagonists....
- He called his father satanic...



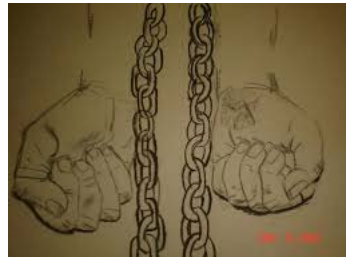
Gradual disclosure of more Abuse...

- Neglect
- Severe physical abuse – beatings and chained to the roof
- Emotional abuse
- Sexual abuse – possible group cult like
- Forced into Solicitation of criminal acts

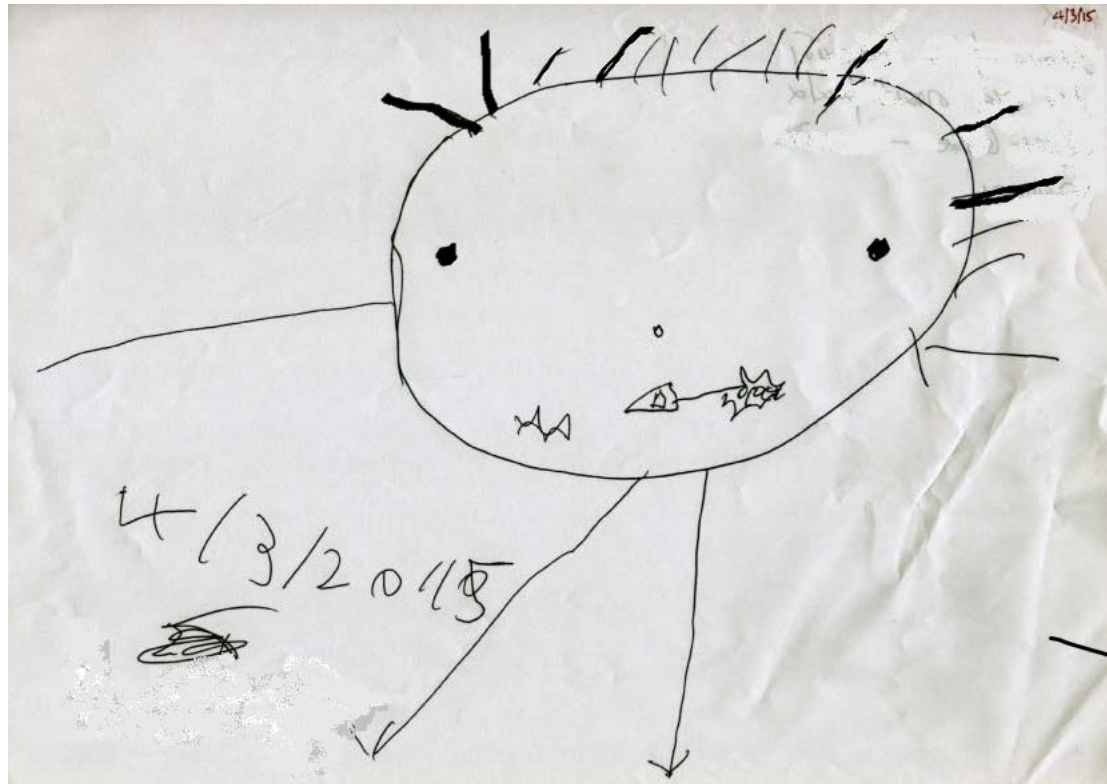


Internal and External triggers

- Rain triggered terror
- Possibility of Perpetrator father coming close to the hospital. It had happened before.
- Regressed terrorized behavior
- Triggers of emotional disturbance when he had to say goodbye to interns on the ward



**Bad kid... a jerk with no feelings that
breaks, beats and kills**



Several Traumatic memories were fully processed

(EMDR 3-8)

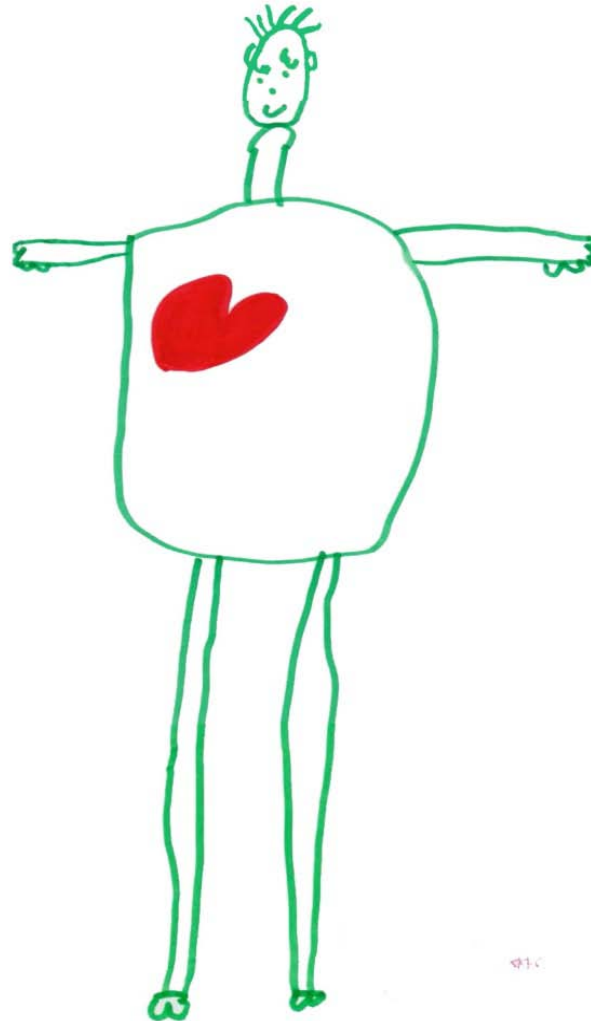
- Father holding gun to his head
- Rape which was suddenly disclosed in the same session
- Being put in a dumpster by his father



A brief view at processing the dumpster episode - video

Target : When the dumpster hits a pole and I am injured (head and leg)	
NC : I am dying	
PC : I can handle it	I can handle it
VOC= 3	VOC =7
Emotions= Anger & Fear	“sweet sleepiness”
SUDS = 10	SUDs = 0
Location body – chest	Clean body scan
No of sets in phase 4 = seven / Installation positive / Body Scan	
View video...	

More integrated... more whole



Dissociative shift to Integrative capacity

- Personification = this is what happened to me
- Presentification = this is my story, my past, now I have options about the future
- Making sense of it all...



Assessment Tools

UCLA PTSD Reaction Index

- Brief self-report; 22 items
- Appropriate for age 7-17 who have experienced trauma
- Provides preliminary DSM-IV diagnostic information and PTSD symptom frequency score
- Total score ≥ 38 indicates likely PTSD

SDQ-HEL

- 25 items
- Categorised into 5 scales of 5 items each: hyperactivity/inattention, emotional symptoms, conduct problems, peer problems and prosocial behaviour.

SCARED SF

- 5 items scored 0 – 2.
- Scores range from 0 to 10. Higher score indicates greater anxiety.

State Anxiety Inventory

- 20 items
- Scores range from 20 to 80. Higher score indicates greater state anxiety.

Assessment Tools

OSLO-3

- 3 items
- Score ranges from 0 to 11
- Values less than 6 indicate “poor social support”

Impact of Event Scale Revised

- 22 items
- Three subscales: Avoidance, Intrusions, Hyperarousal
- IESR Score which is the sum of all 3 subscales.

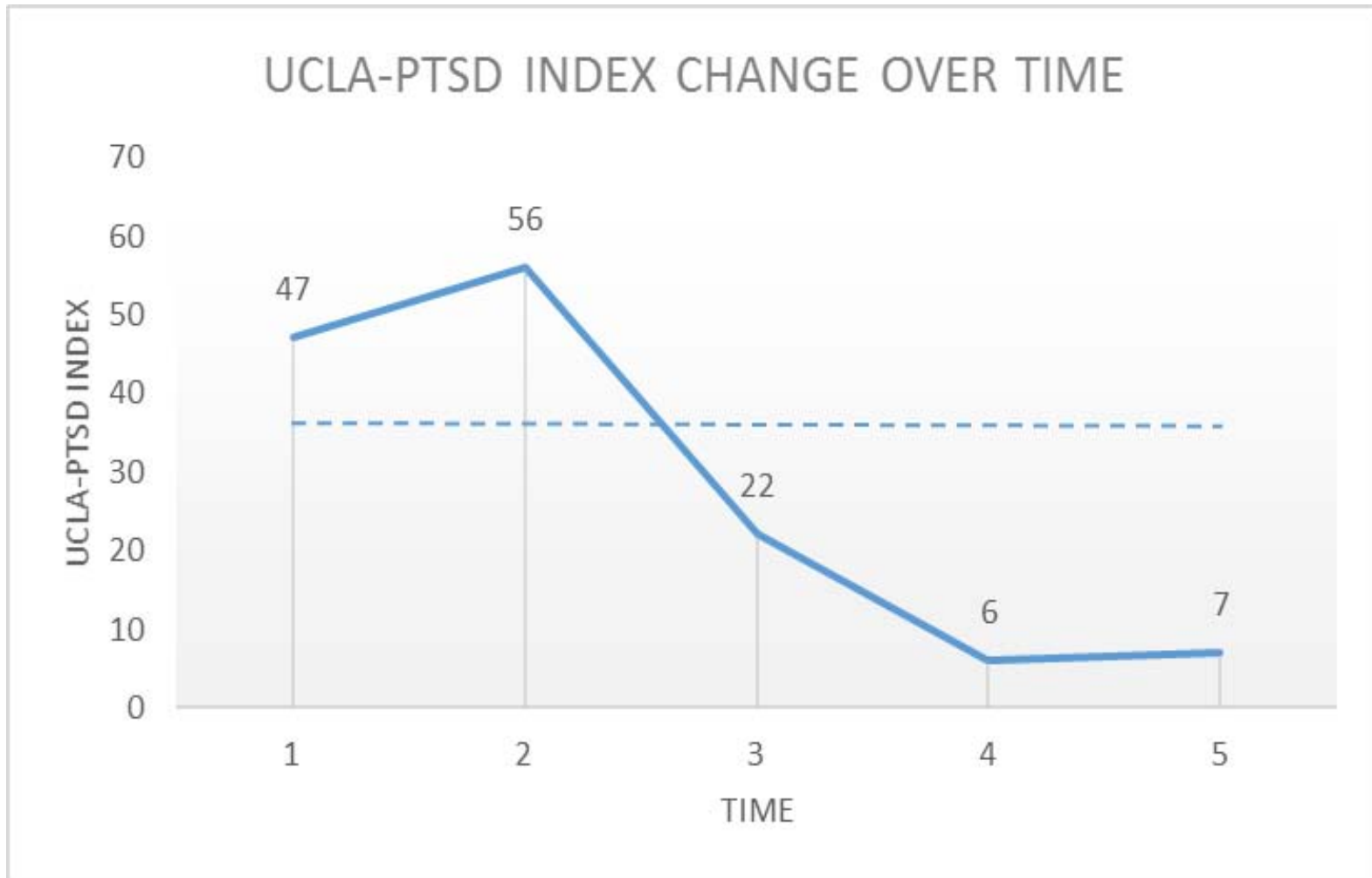
Dissociative Experiences Scale-II

- 28 items
- screening instrument; a brief, self-report measure of the frequency of dissociative experiences.
- Three subscales: Amnesia, Depersonalization, Absorption

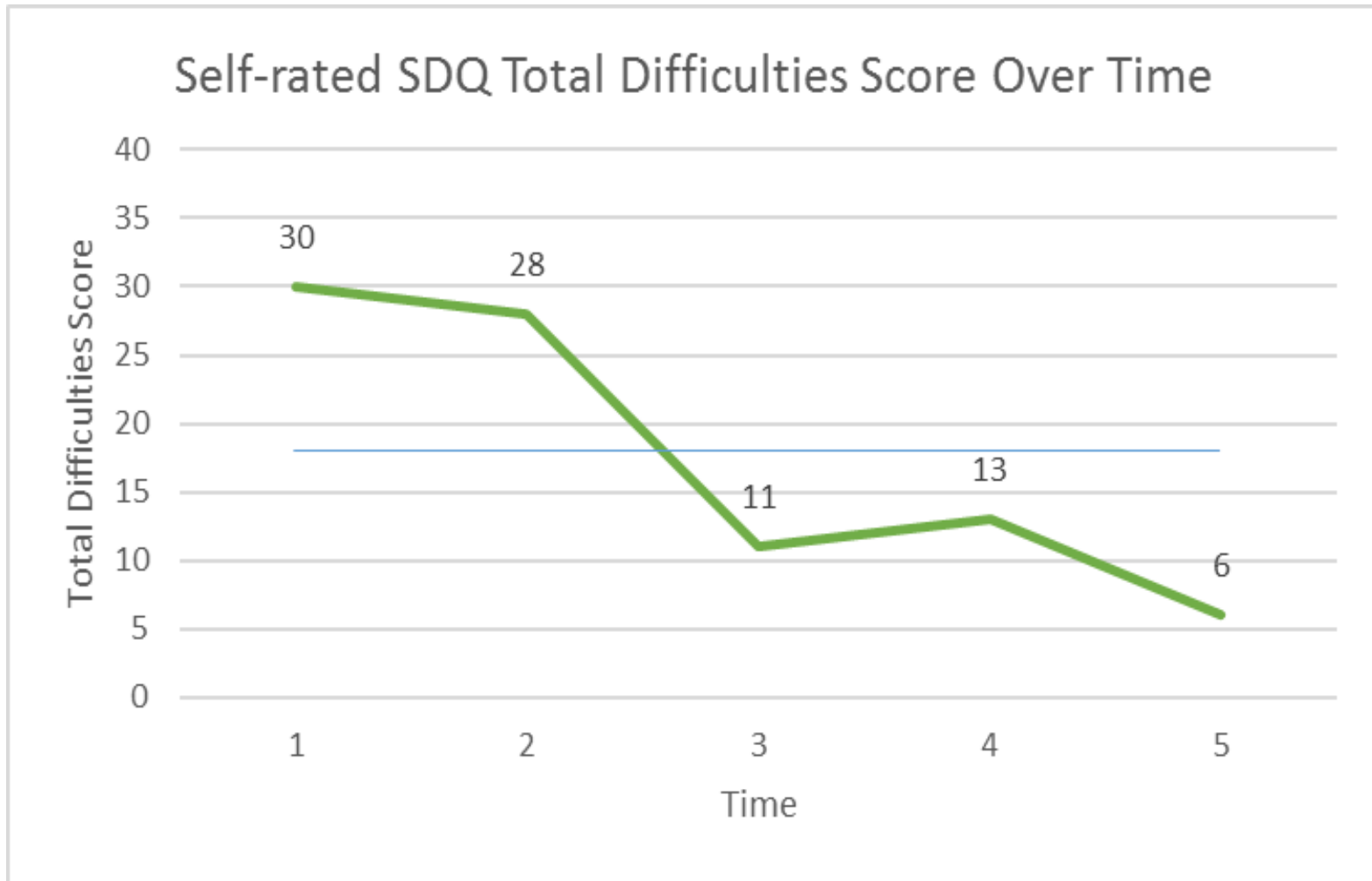
O'NEIL'S CHECKLIST

- Functional Analysis Chart
- Record target behavior, antecedents, consequences, actual consequences

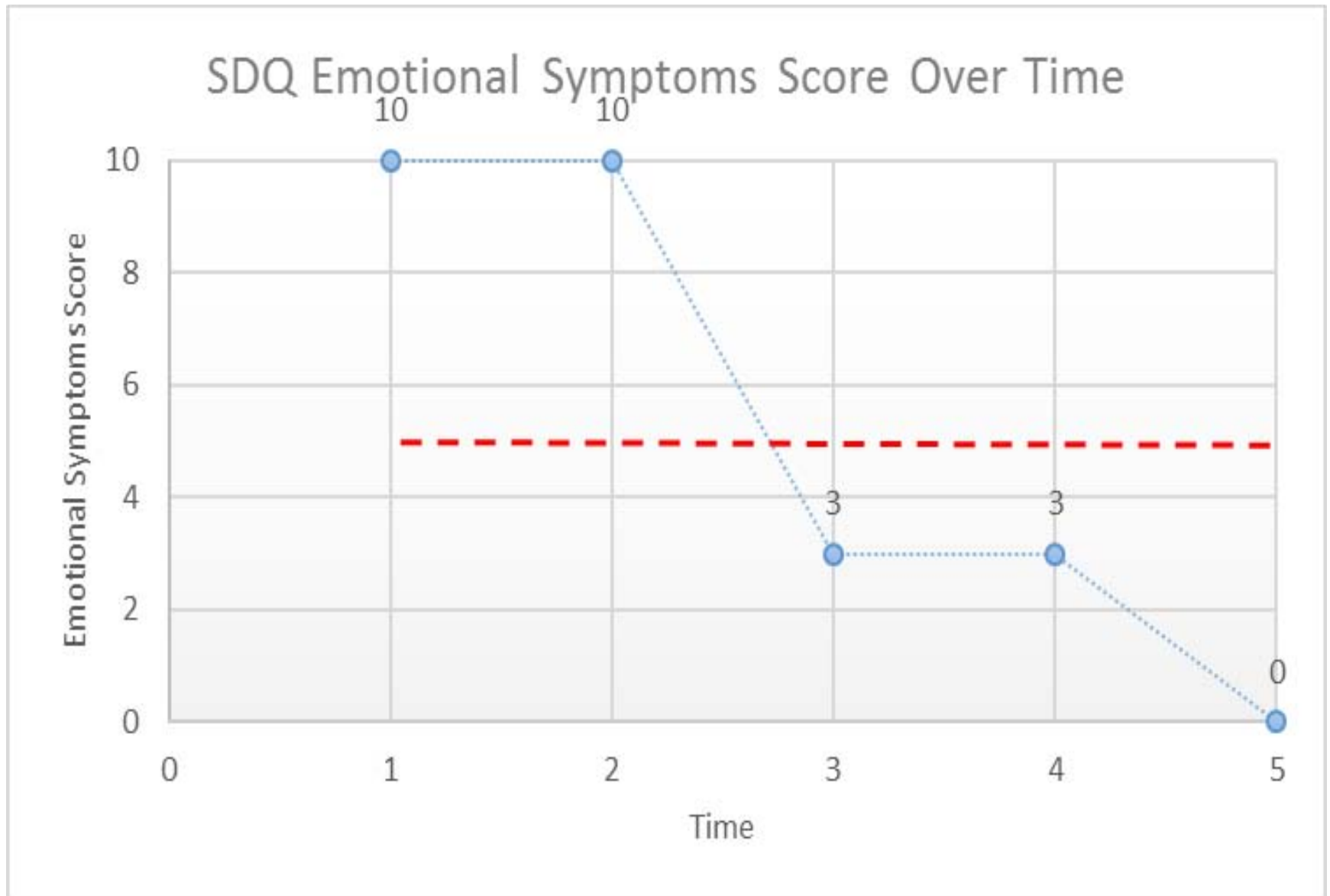
Results



Results

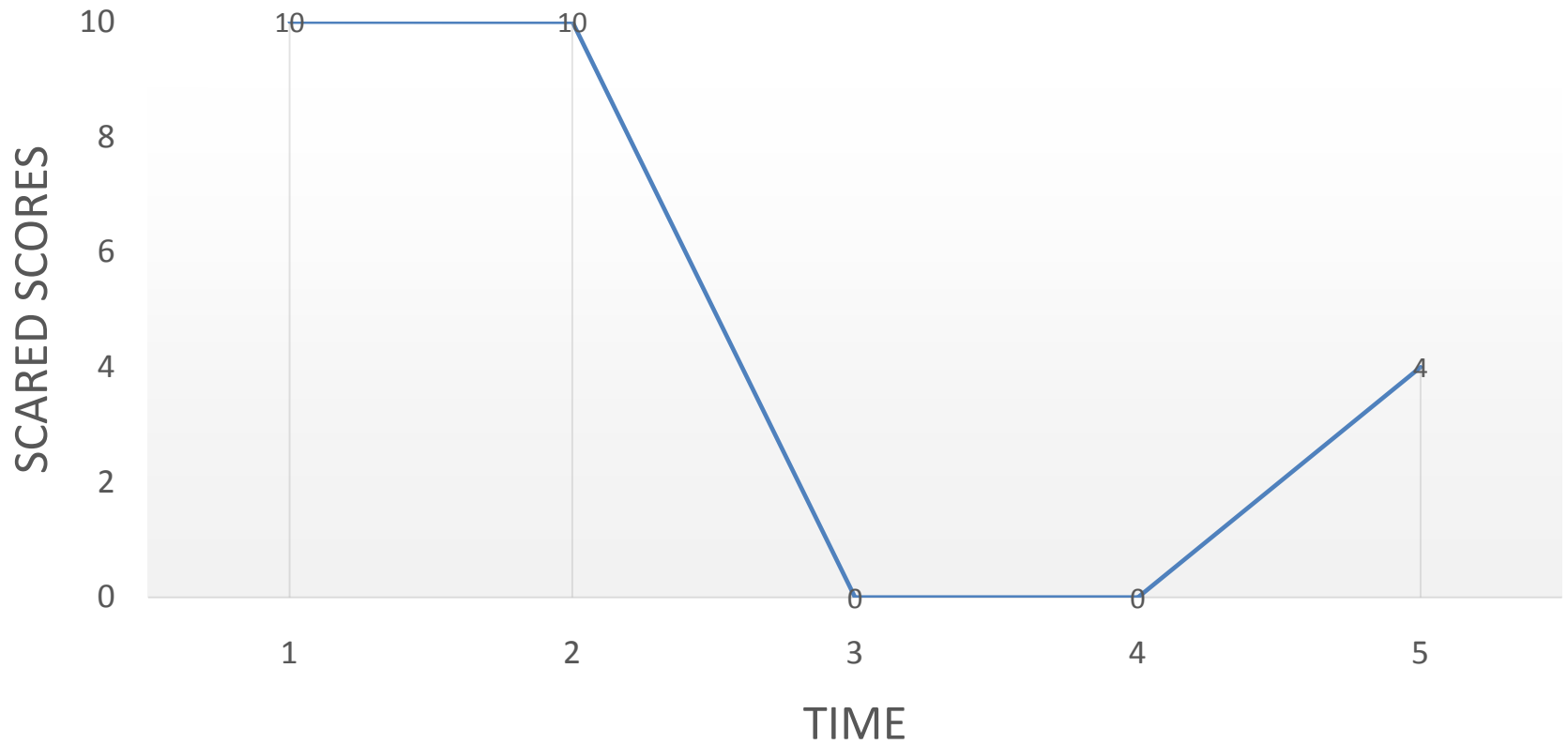


Results



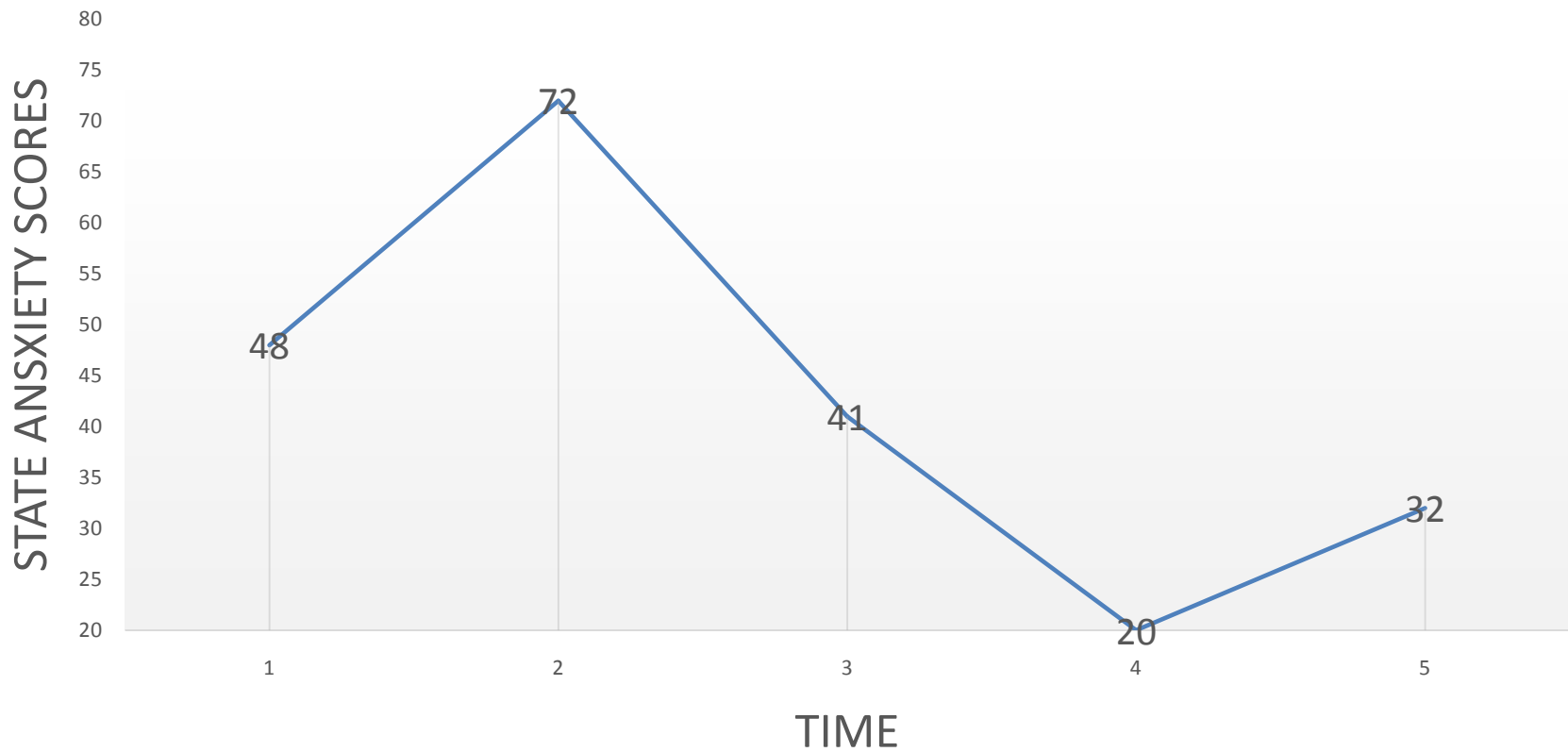
Results

SCARED Score Over Time



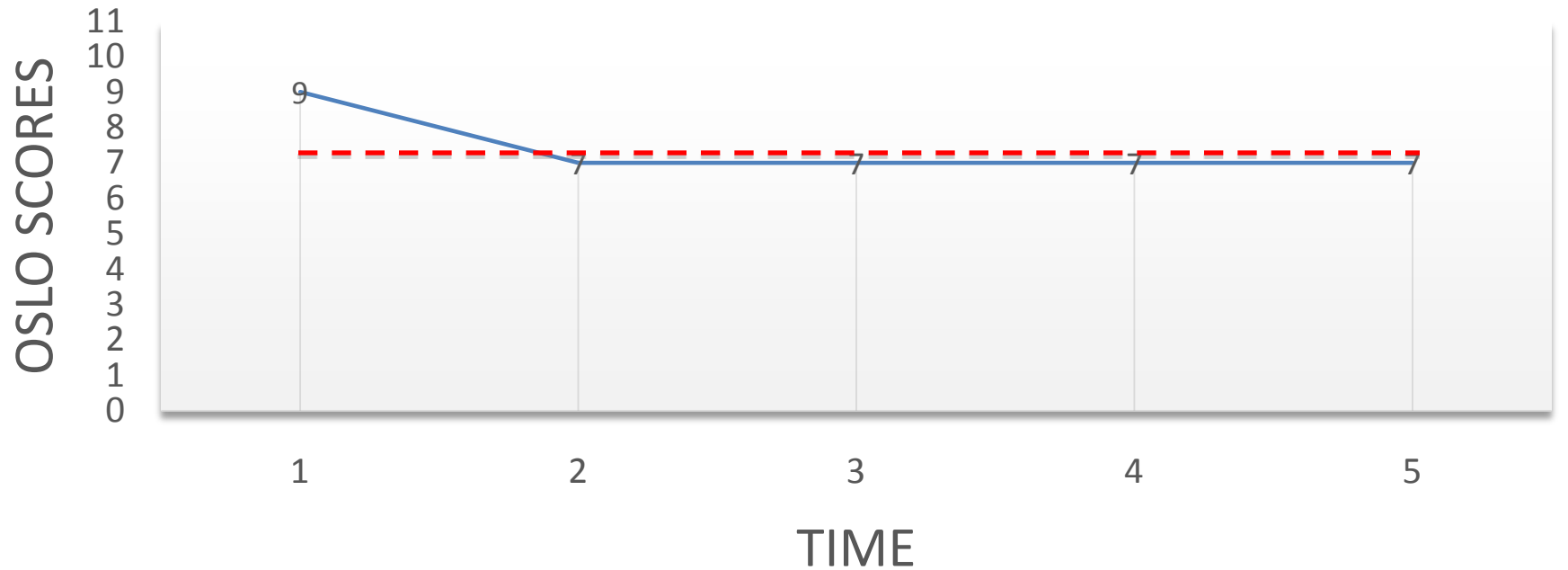
Results

STATE ANXIETY Score Over Time

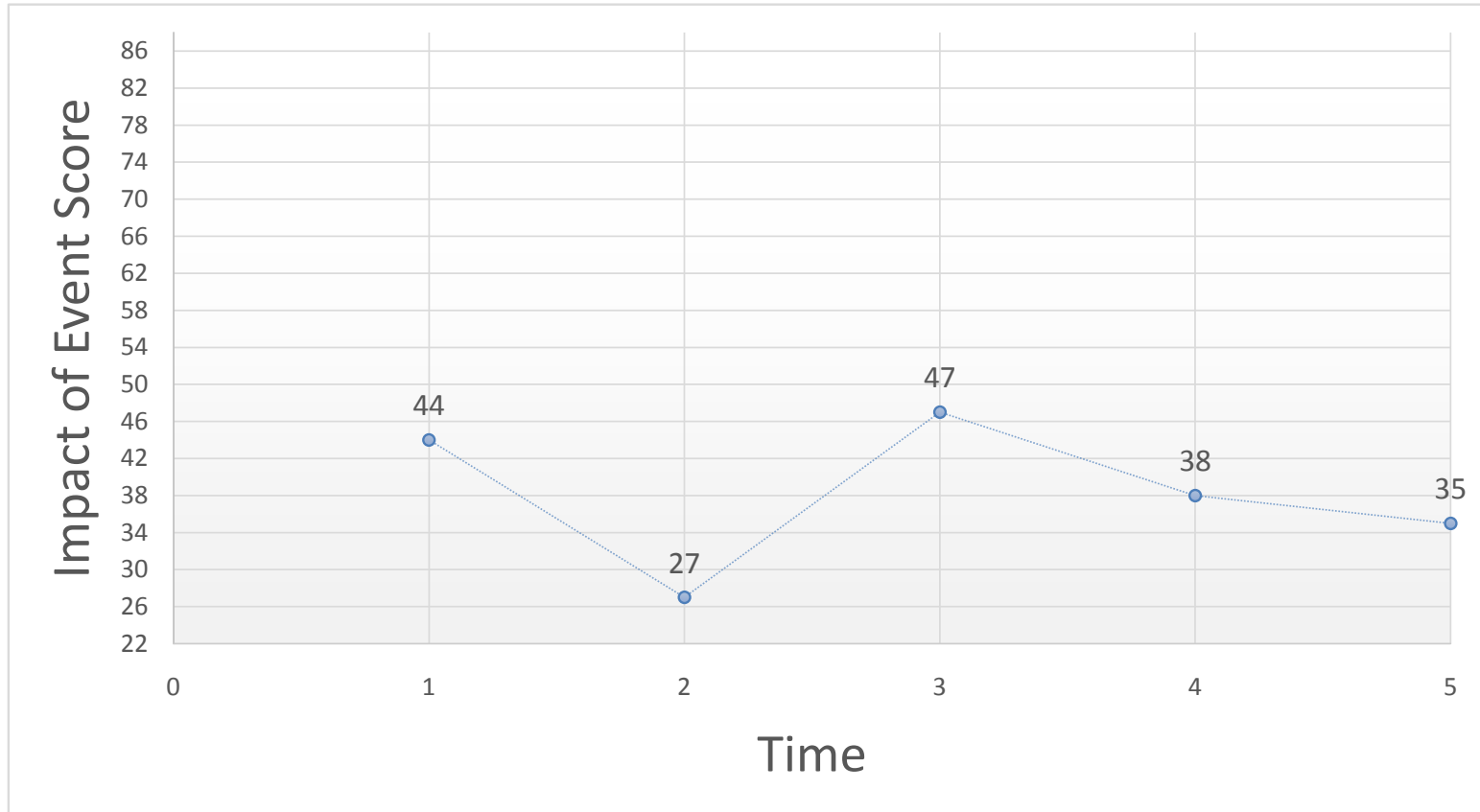


Results

OSLO 3 Score Over Time

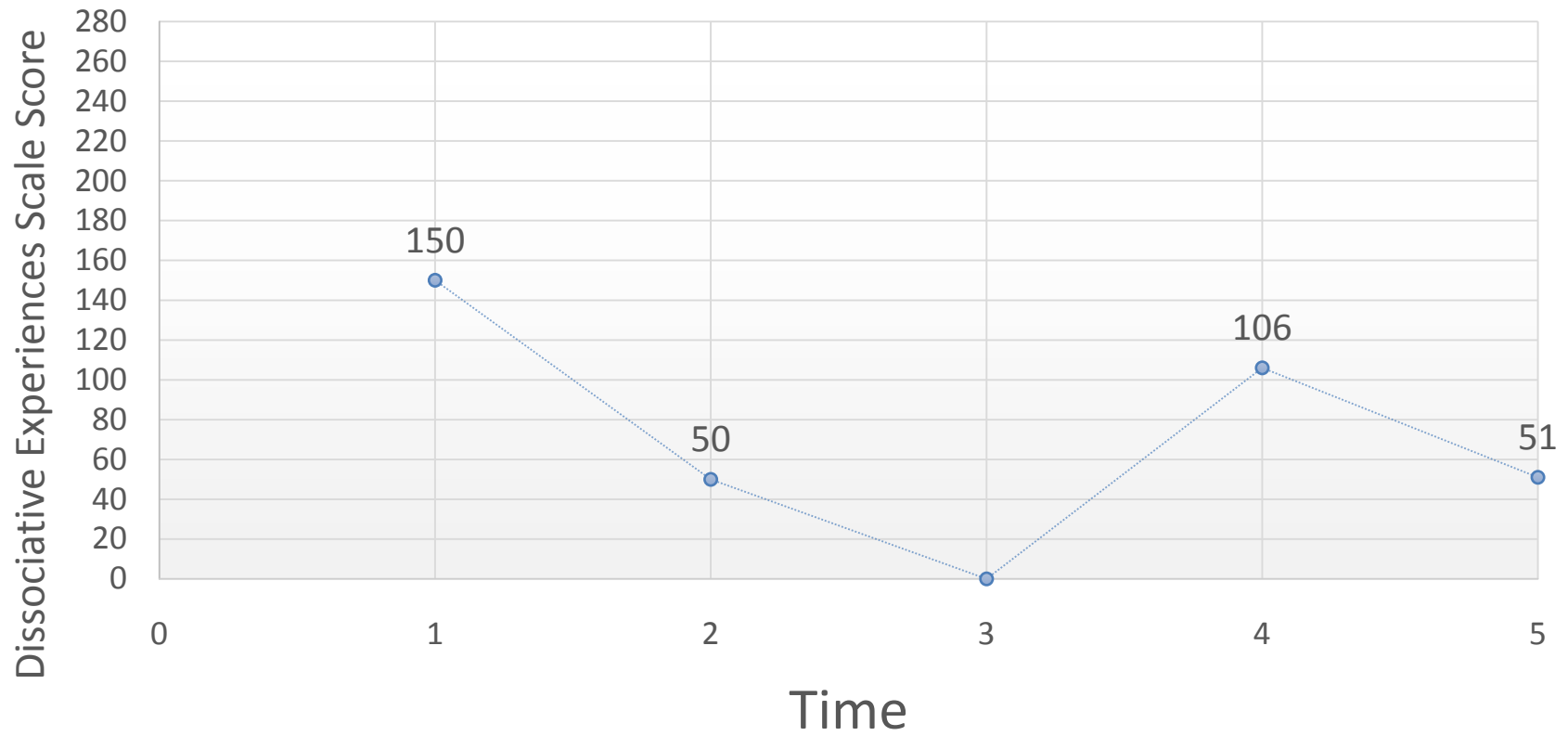


Impact of Event Score Over Time



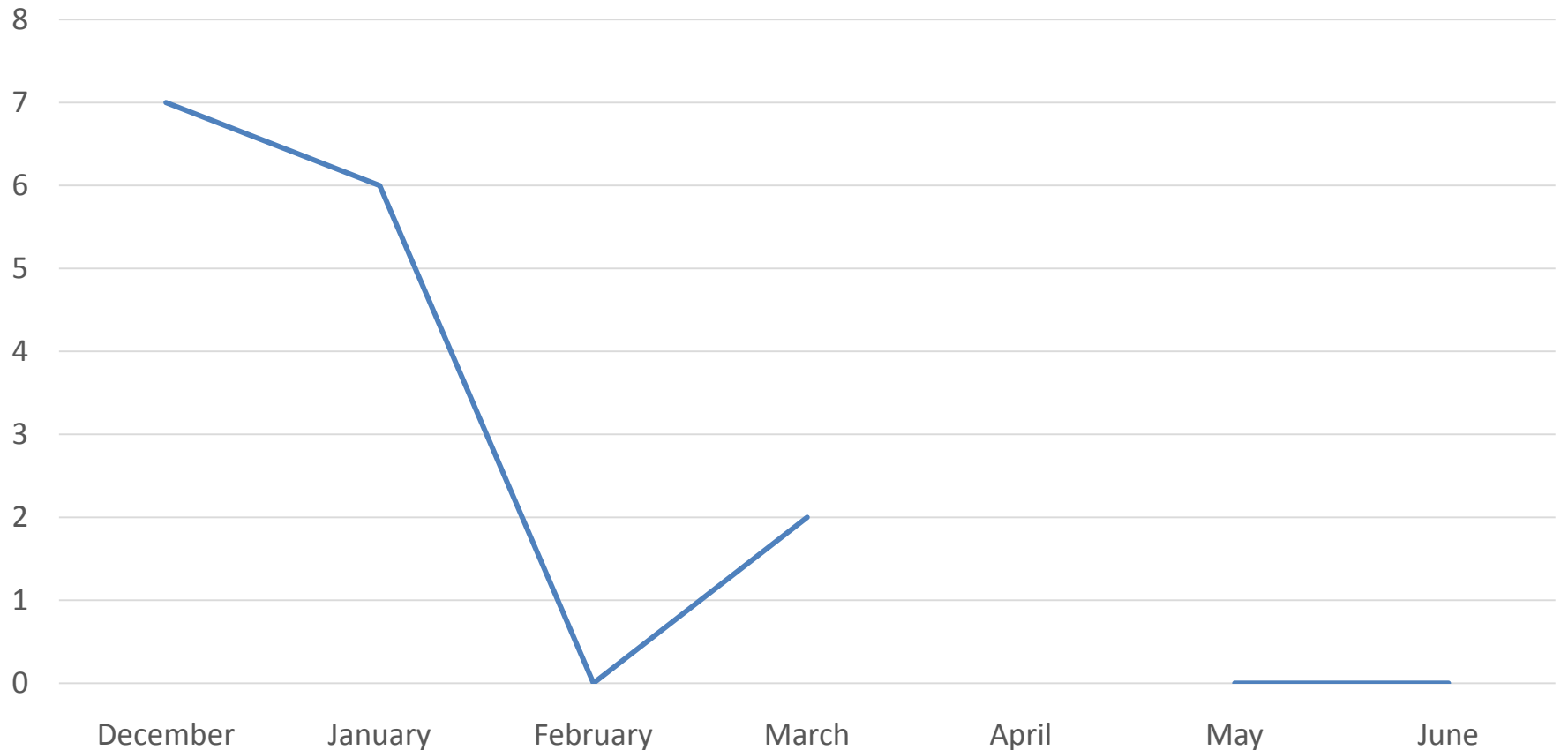
Results

Dissociative Experiences Scale Score Over Time



Results of Monitoring

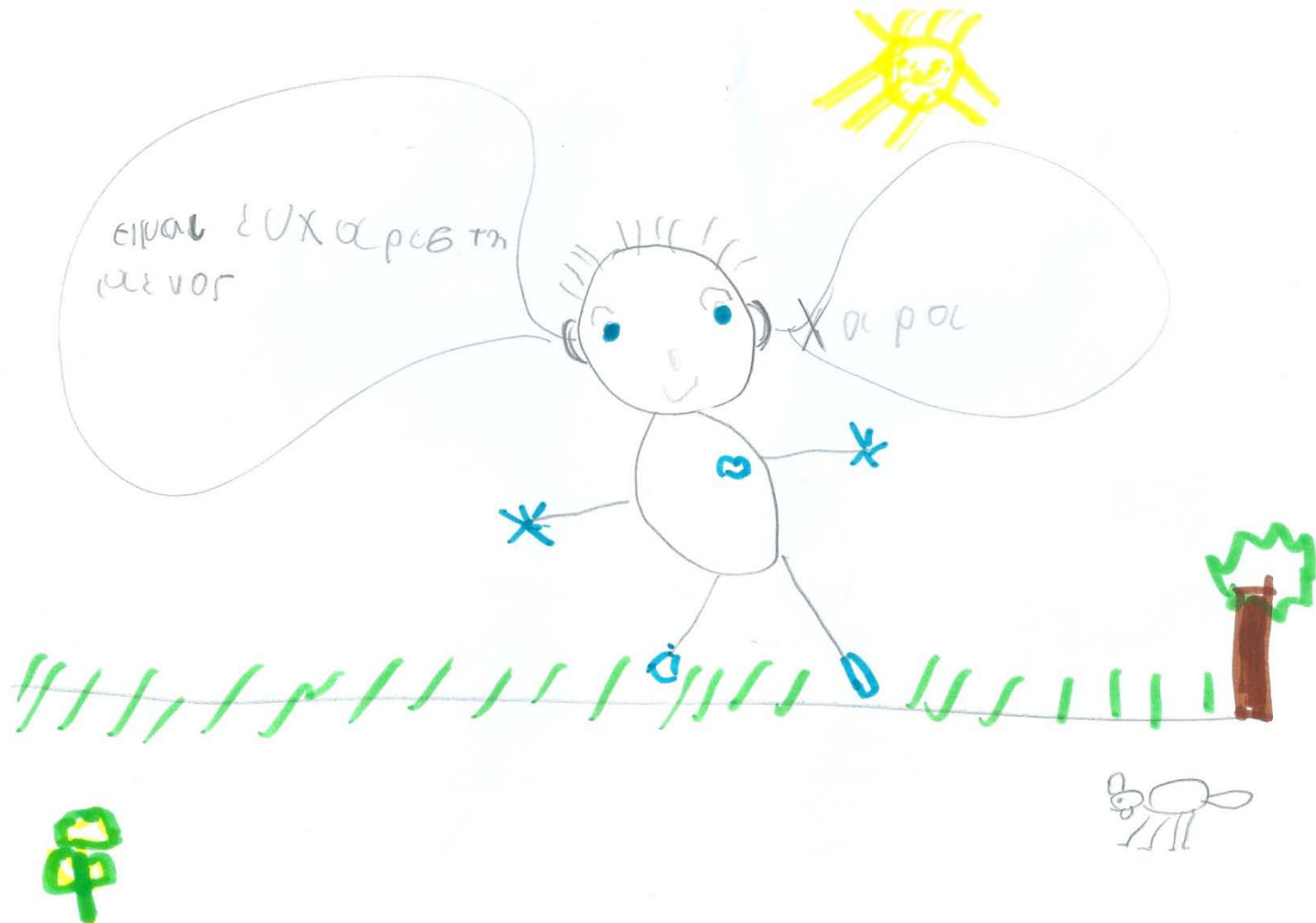
Frequency of yelling/fighting over time
(months)



Dreams and hopes for the future...



Re-assessment after 11 months – Pleased and Happy to see us...



Our hope... to stop the cycle of abuse



References and gratitude to:

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