Kronos devours his young son:

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

D. Konstas, P. Papanikolopoulos and T. Prattos
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
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)
“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

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...
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.
ANP: Feeling "normal" and looking "normal to others"

Psychological defenses and energy invested in maintaining barriers

EPs: Many unresolved trauma memories

Jim Knipe (2015)
ANP

Oriented to the present
Able to do things
Attractive
Lovable
Effective
Charming

DEFENSES

Relief through avoiding
Dissociated avoidance responses
Relief through denial
Over arousal and disconnection

Idealization of self
Idealization of others

DOPI = Aggression to others
Protective towards self & younger children

RAVA = Revenge & Punishment of father

EPs

Doing what father expected
Beatings
Betrayal
Imitates abuser – street wise

Jim Knipe (2015)
<table>
<thead>
<tr>
<th>EMDR Psychotherapy &amp; Trauma Informed Support</th>
<th>Symptom Reduction and monitoring with Questionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What has happened to you?</strong></td>
<td><strong>What is wrong with you?</strong></td>
</tr>
<tr>
<td>How did you survive these events or situations? = Resources</td>
<td>How do we reduce your symptoms of acting out etc.</td>
</tr>
<tr>
<td>Finding the window of tolerance</td>
<td>Reduce Hitting, Yelling, Breaking and Arguing</td>
</tr>
<tr>
<td>Enhancing safety, grounding in the present, build trust, affect tolerance</td>
<td>Identify the antecedent events or situations leading to the behavior</td>
</tr>
<tr>
<td>Identifying adverse childhood experiences -ACEs</td>
<td>To understand what reinforces the behavior</td>
</tr>
<tr>
<td>Reprocessing Traumatic Memories (EMDR phase 3-8)</td>
<td>What is he trying to attain or avoid?</td>
</tr>
<tr>
<td>Acquiring a narrative autobiographical description of his life.... Integration of memories and events into past, present and future</td>
<td>Decrease problematic Behaviour</td>
</tr>
</tbody>
</table>
**Phase I:**
Premorbid Hx: Attachment
hx, ACE
issues, Institutionalization, Re-traumatization

**Trigger Events**
Resemblance with father & rain

**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
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
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

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

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...
<table>
<thead>
<tr>
<th>Assessment Tools</th>
<th>Description</th>
</tr>
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<tr>
<td><strong>UCLA PTSD Reaction Index</strong></td>
<td>Brief self-report; 22 items</td>
</tr>
<tr>
<td></td>
<td>Appropriate for age 7-17 who have experienced trauma</td>
</tr>
<tr>
<td></td>
<td>Provides preliminary DSM-IV diagnostic information and PTSD symptom frequency score</td>
</tr>
<tr>
<td></td>
<td>Total score $\geq 38$ indicates likely PTSD</td>
</tr>
<tr>
<td><strong>SDQ-HEL</strong></td>
<td>25 items</td>
</tr>
<tr>
<td></td>
<td>Categorised into 5 scales of 5 items each: hyperactivity/inattention, emotional symptoms, conduct problems, peer problems and prosocial behaviour.</td>
</tr>
<tr>
<td><strong>SCARED SF</strong></td>
<td>5 items scored 0 – 2.</td>
</tr>
<tr>
<td></td>
<td>Scores range from 0 to 10. Higher score indicates greater anxiety.</td>
</tr>
<tr>
<td><strong>State Anxiety Inventory</strong></td>
<td>20 items</td>
</tr>
<tr>
<td></td>
<td>Scores range from 20 to 80. Higher score indicates greater state anxiety.</td>
</tr>
</tbody>
</table>
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

UCLA-PTSD INDEX CHANGE OVER TIME

- Time 1: UCLA-PTSD Index = 47
- Time 2: UCLA-PTSD Index = 56
- Time 3: UCLA-PTSD Index = 22
- Time 4: UCLA-PTSD Index = 6
- Time 5: UCLA-PTSD Index = 7
Results

Self-rated SDQ Total Difficulties Score Over Time

Time

Total Difficulties Score

1
2
3
4
5

30
28
11
13
6
Results

SDQ Emotional Symptoms Score Over Time

- Emotional Symptoms Score
- Time

Graph shows a decrease in emotional symptoms score over time from 10 to 0.
Results

SCARED Score Over Time

SCARED SCORES

TIME

1 2 3 4 5
Results

STATE ANXIETY Score Over Time

<table>
<thead>
<tr>
<th>Time</th>
<th>State Anxiety Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td>2</td>
<td>72</td>
</tr>
<tr>
<td>3</td>
<td>41</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>32</td>
</tr>
</tbody>
</table>
Results

OSLO 3 Score Over Time

OSLO SCORES

TIME

1 2 3 4 5
Results

Dissociative Experiences Scale Score Over Time

Dissociative Experiences Scale Score

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:


• D. Farrell (2015) EMDR HAP Training – Case Conceptualization


References and gratitude to:


