



Narrative Exposure Therapy for survivors of complex trauma

Research and treatment of trauma spectrum disorders typically distinguish between consequences of monotrauma (PTSD) with mainly intrusions, hyperarousal and avoidance and more complex reactions to more severe traumatic stressors with often enduring personality changes and dissociative symptoms. The term *complex trauma* describes both, experiencing events of an invasive, interpersonal nature (like sexual abuse) and the wide-ranging, long-term impact and consequences. They usually begin early in life and can disrupt many aspects of the child's development and the very formation of a self. Since they often occur in the context of the child's relationship with a caregiver, they interfere with the ability to form a secure attachment bond.

This pathway is marked by an increased likelihood of failure and disruption in the successful resolution of developmental tasks - which increases the probability of the emergence of maladaptation and severe psychopathology. Similar forms of trauma leading to complex trauma reactions can result from e.g. torture, war and repeated physical violence events. Across the life span, complex trauma is linked to a wide range of problems, including addiction, chronic physical conditions, depression and anxiety, self-harming behaviors, and other psychiatric disorders.

Although, there is ample evidence that survivors with complex trauma symptomatology benefit from trauma-focused approaches, exposure treatments are often difficult to carry out with these individuals. Apart from relationship issues, somatization or affect regulation difficulties, the extremely characteristic dissociative and shut-down responses are a serious obstacle in the processing of traumatic experiences in survivors suffering from the consequences of multiple and complex stressors. Dissociative responses like shut-down prevent the success of therapeutic measures that attempt to integrate the trauma memory into the autobiographic narrative. Emotional engagement however is a necessary condition for successful processing of the events and resultant recovery.

An aetiological model of dissociation, derived from the repertoire of psychophysiological defence in response to threatening experiences, provides pragmatic intervention techniques to facilitate trauma-focused treatment. Subsequent to the traumatic threats, portions of the psychophysiological experience may be replayed, also during exposure therapy. The individual cascade of defense displays stages that a survivor has gone through during the traumatic event, will repeat itself. We suggest that trauma treatment must therefore differentiate between patients on two dimensions: those with peri-traumatic sympathetic activation versus those who went down the whole defense cascade, which leads to parasympathetic dominance during the trauma and a corresponding replay of dissociative responding and even fainting, when reminded. The differential management of dissociative stages and other important treatment implications will be presented.

Narrative exposure therapy (NET) is an evidenced based treatment for patients with a posttraumatic stress disorder (PTSD) as a result of multiple and severe trauma. An increasing number of studies lend support to NET being a treatment of choice for a population with complex trauma symptomatology, in both western and non-western countries.

In this workshop we will focus on the theoretical background of NET and the therapeutic strategies to counteract complex trauma reactions. We will present some of the research on NET with survivors of complex trauma and give a special emphasis on treatment of the psychological sequelae of torture. Given the complexity of symptomatology and unfamiliarity with others cultures, a NET therapist may encounter several complications. By making use of real life cases, qualified NET therapists will share their experiences and advise on how to deal with possible complications. This interactive workshop will be a combination of lectures, films and exercises with room for discussion.

About the NET experts

PD Dr. Maggie SCHAUER heads the Center of Excellence for Psychotraumatology at the University of Konstanz. Her research field is multiple and complex traumatization as well as transgenerational consequences of violence and neglect. Dr. Schauer works with children and adult survivors of organized and family violence. Together with Frank Neuner and Thomas Elbert, she founded Narrative Exposure Therapy (NET), for the treatment of traumaspectrum disorders. Schauer coordinates therapy and aid projects in war and crisis regions, in refugee camps after humanitarian and natural disasters and in demobilization projects for child soldiers. She works with survivors of torture and human rights violations in their countries of origin and in their exile countries with refugees and asylum seekers.

The founding of vivo international (www.vivo.org), an NGO for the prevention and treatment of traumatic stress was co-initiated by Schauer and is now a bridge between science and field research. Schauer is also a founding member and in the advisory board of the Babyforum, a network of specialists for the care of pregnant women, preventive care for children and early childhood care. The founding of vivo international (www.vivo.org), an NGO for the prevention and treatment of traumatic stress was co-initiated by Schauer and is now a bridge between science and field research. Schauer is also a founding member and in the advisory board of the Babyforum, a network of specialists for the care of pregnant women, preventive care for children and early childhood care.

Dr. Hakon Stenmark Hakon Stenmark is a clinical psychologist based in Norway with extensive experience in treatment of traumatized refugees. He is a trauma expert in vivo International, and has worked in projects in countries like Uganda, Sri Lanka, Lebanon, Rwanda and DR Congo, as well as in an out-patient clinic for refugees in Norway. Dr. Stenmark has been responsible for conducting research projects on Narrative Exposure Therapy with refugees and asylum seekers in Norway and his PhD dissertation was on trauma treatment of refugees and asylum seekers. The latest projects in Norway has been with a specific focus on treatment of tortured refugees and asylum seekers.

Dr. Hakon Stenmark is a certified supervisor in Cognitive Therapy and has been responsible for the workshops on treatment of PTSD in the Norwegian Association for Cognitive Therapy for many years. He is also a part of the crisis unit at the university hospital in Trondheim and he has been active in

help to Norwegians in Phuket after the tsunami I South East Asia in December 2004 and also in help to survivors of the Utøya terror attack in July 2011.

Gerdie EITING, MSc is affiliated with the Arq Psychotrauma Expert Group and works as a medical doctor and experienced psychotrauma therapist at Foundation Centrum '45, in The Netherlands. For the past 10 years she has been conducting trauma therapies including Narrative Exposure Therapy (NET), Brief Eclectic Psychotherapy for PTSD (BEPP) and Eye Movement Desensitisation Reprocessing (EMDR) therapy. Together with Ruud Jongedijk she developed the Dutch NET Course, and since 2011 she has been providing national and international NET workshops. Furthermore, as one of the specialized trainers of the Antares Foundation she travels around the world to educate psychosocial staff of NGO's on self-care and stress management in post-conflict areas.

Gerdie Eiting has a special interest in health care that concerns refugees, psychotrauma, sexual violence, domestic violence, work-related trauma