Interpersonal and Self Dysregulation In PTSD: A STAIR* Approach

*Skills Training in Affect and Interpersonal Regulation

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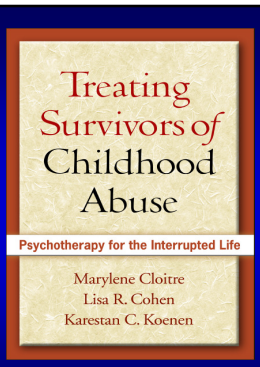
There is a fracture in the trajectory that follows from rich developmental trauma literature to implications for adult treatments

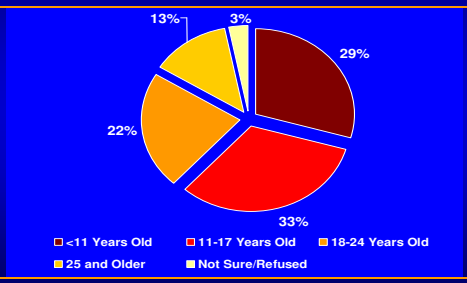


What are the implications for clinical work?

A Rehabilitation Model

Available on www.amazon.com or www.barnesandnoble.com

Age at Time of Forcible Rape



Kilpatrick et al., 1992

Summary of Epidemiology of Trauma Exposure in Pediatric Samples

- Childhood is a period of life disproportionately burdened by traumatic events
- Multiple traumatization is more the rule than the exception: 68% of children exposed to trauma over half experience more than one trauma

Copeland et al, 2007 Archives of Gen Psych

Primary Caretaker as a Critical Resource

Children who stayed with parents in London during air raids did better than those sent away to the "safety" of the countryside.

Freud & Burlingham 1943

Anna Freud
Amsterdam Congress, 1965

Since WW II, over two dozen studies indicate the most influential variable in recovery: The Parent

"the child is only as good as the parent"

Type of Trauma: terrorism, death of parent, motor vehicle accidents, injury and illness

Age of Child: toddlers/preschool, middle childhood, adolescents

Range of Outcomes: PTSD symptoms, depression, socialization difficulties, school performance

What Happens When:
Source of Safety and Source of Danger Are One

?

Trauma in the Home: The Abusive Parent

- **Abusive Parent**
  - high rates of affective disorders
  - high rates of substance abuse problems
  - trouble with the law

  (Shearer et al., 1990; Widom, 1999)
- **Family System**
  - high in disorganization
  - low in adaptive emotional expressiveness
  - high in rigid behavioral control

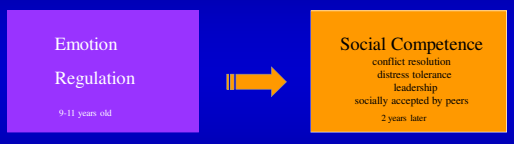
  (Nash et al., 1993; Ray et al., 1991)

Summary of Studies from the Developmental Literature: Impact of Childhood Maltreatment

- Problems in Emotion Regulation (Emotional Competence)
  - Hide feelings
  - Have extreme reactions (lose temper)
  - Expect little support and high conflict when anger expressed
  - Self-harm behaviors
  - Suicide Attempts
- Problems in Interpersonal Regulation (Social Competence)
  - Peer rejection and hostility
  - Bullying and reactive aggression
  - Sexual assault

NORMATIVE DEVELOPMENTAL PROCESSES

Emotion Regulation Predicts Social Competence

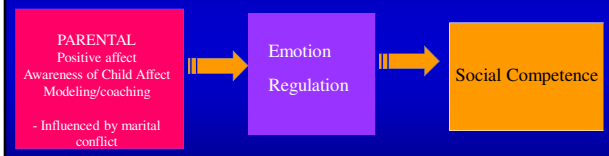


"How upset would this make you feel?" (intensity)
"How long would it take you to calm down?" (latency)
"How easy or hard would it be for you to calm down" (ease)

Ross, Parke, McDowell and Leidy, 2006
Emotion Regulation in Couples and Families
(Eds. Snyder, Simpson and Hughes)

NORMATIVE DEVELOPMENTAL PROCESSES

Parental Influences on Emotional and Social Competencies



Ross, Parke, McDowell and Leidy, 2006
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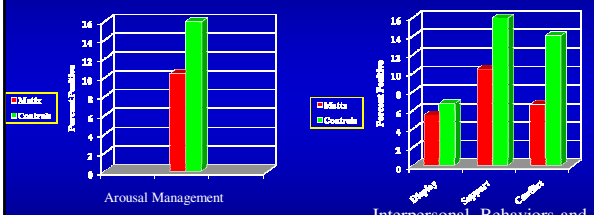
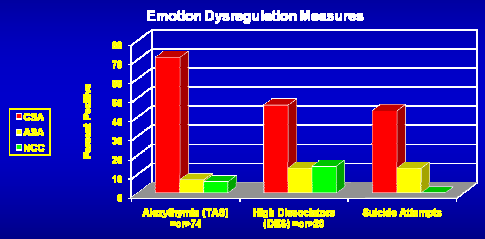
(Eds. Snyder, Simpson and Hughes)

Maltreatment Associated with Disturbances in of Emotion Regulation and Interpersonal Functioning in Childhood



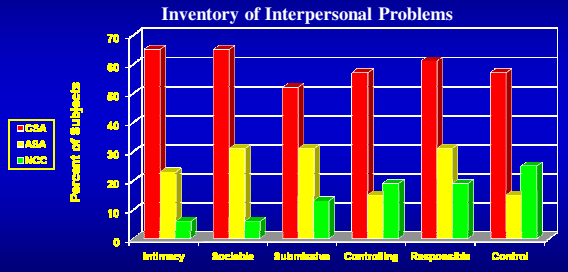
Shipman et al, *Child Abuse and Neglect*, 2005

Differential Impact of Trauma depending on Life Stage among Adults: Emotion Regulation



Cloitre et al., *JTS*, 1997; 10, 435-450.

Differential Impact of Trauma depending on Life Stage in Adults: Interpersonal Functioning



Cloitre et al., *JTS* 1997; 10, 435-450.

Implications for Treatment: Rehabilitation of Critical Competencies

Treatments for infants, middle school and teens all include a focus on building skills/repair of undermined competencies:

Infants/toddlers:	Alicia Lieberman
Middle School Children:	Richard Kagan
Adolescents:	Chris Layne

- But what of adults who once were these children?
- "disconnect" between knowledge base from child development literatures
- treatment for adults with childhood trauma

Treatment Implications: Rehabilitation Model

Two - Phase Treatment:

I. Skills Training in Affective and Interpersonal Regulation (STAIR) –

II. Narrative Story Telling (NST) (modified prolonged exposure) via repeated narration of events, meaning analysis, self-other schema analysis

Concept of a Phase-based Treatment (Herman, 1992)

- **Phase 1:** Safety, stablization, strengthening of life competencies
- **Phase 2:** The processing of traumatic memories
- **Phase 3:** Reintegration into the larger community

Treatment Implications: Hybrid of DBT and PE

Two - Phase Treatment:

I. Skills Training in Affective and Interpersonal Regulation (STAIR) –

II. Narrative Story Telling (NST) (modified prolonged exposure) via repeated narration of events, meaning analysis, self-other schema analysis

PHASE I: STAIR

SKILLS TRAINING IN AFFECT AND INTERPERSONAL REGULATION

THE RESOURCE OF HOPE

Session 1: Introduction to Treatment (motivation and engagement)

THE RESOURCE OF FEELINGS

Session 2: Emotional Awareness

Session 3: Emotion Regulation

Session 4: Emotionally Engaged Living (distress tolerance towards positive life goals)

THE RESOURCE OF CONNECTION

Session 5: Understanding Relationship patterns (Interpersonal Schemas)

Session 6: Changing Relationship Patterns (Alternative Schemas and Role Playing)

Session 7: Agency in Relationships (Appropriate Assertiveness and Control)

Session 8: Flexibility in Relationships (Multiple Working Models of Schemas)

PHASE II: NST

Narrative Story Telling

- **Repeated narration**
  - Organization of trauma memory
- **Meaning analysis/contextualization**
  - Identification of interpersonal schemas embedded in the trauma narrative (who am I, what do I expect of others)
  - Creating links between past and present (trauma-based schemas from past vs. alternative present-day schemas)
- **Continue Practice of Here-and-Now Skills**
  - Creating links between past and present (trauma-based schemas from past vs. alternative present-day schemas)

Phase I: STAIR Interventions Value of Feelings

- Protects person from danger (rehabilitation of the arousal/threat system) – *living more safely*
- Is a resource (source of information) guiding daily actions and decisions – *living with more confidence*
- Enhances engagement in living – *living with more satisfaction and pleasure*

Phase I: STAIR Interventions Learning Emotion Regulation

- **Self-integration through focused breathing**– Entraining cognitive and bodily processes (decrease disorganization)
- **Problem Solving Skills** – create boundaries around problems they become manageable, not overwhelming (cognitive-somatic-behavioral strategies to targeting problems)
- **Self-Soothing Skills** – exercise, walking, listening to music, quiet places, shower (identify triggers,/be proactive intervene early)
- **Distress Tolerance** in service of ***identified goals*** (identify goals, reminders/self-talk).

Phase I: STAIR Interventions Impact of Emotions on Relationships

Interpersonal Schemas: Working Models

- Contingency beliefs built up from early life experiences
- That describe conditions for maintaining relationships for effective survival strategies in a particular environment (efforts after adaptation)
- Expectations and associated may not be appropriate for effective action today

Interpersonal Schema Format

Distill central schemas

"If…then…"

"When…then…"

Interpersonal Schemas

"If I ask for help, then I will be rejected"
neglect

"If I express my feelings, then I will be hit"
physical abuse

"If I do what I am told, then I will be loved and care for"
Sexual abuse

"When I get my hopes up about a relationship, I am bound to be disappointed"
alcoholic parents

Interpersonal Schemas:

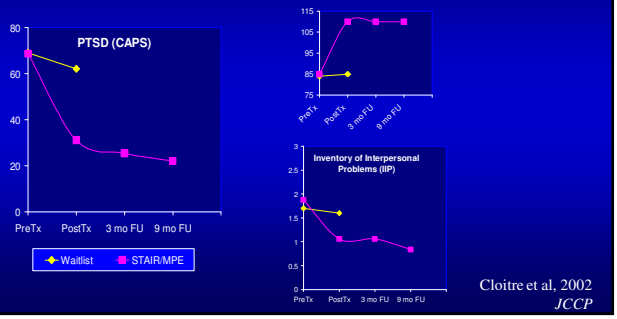
- Schemas enhance emotional awareness about self (how do you feel and what to you believe) and others (what do you think the other feels and beliefs)

Alternative Schemas and Role Play:

- Therapist and client generate alternative schemas:
  When I express my feelings, X will listen (with interest)
- Role play alternative schema with attention to integrating words, tone of voice and body language
- Role play in therapy = social activation (appropriate but also affectively rewarding)

Trial 1: RCT for Chronic PTSD related to Childhood Abuse: Active Treatment vs. Wait List

(Cloitre et al., JCCP. 2002; 70:1067-1074)

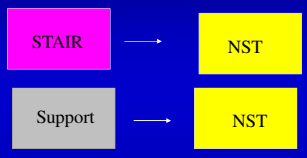


Cloitre et al, 2002
JCCP

Trial 2 Research Task: Is there any value in adding Skills Training before Exposure?

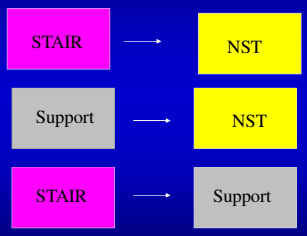
STAIR → NST

Intervention Research Task: Testing the value of adding Skills Training before Exposure



As Compared to Exposure Therapy without skills
(controlling for duration of treatment, number of sessions and therapist contact)

Intervention Research Task: Compared treatment adverse effects relative to a *no exposure formulation*



Compare dropouts, phase II symptom exacerbation
Can test treatment be as or more effective than exposure but with the safety and tolerability expected in a no exposure treatment?

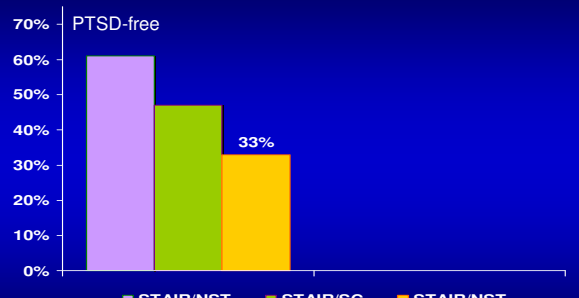
Who Did We Treat? A Representative Sample (N=104)

Symptom Characteristics

PTSD and Axis 1 Comorbidity	81%	Axis I Ave. 1.8 (1.48)
+ 1	54%	Range: 0-8
+ 2	27%	
+ 3		
Axis II Disorder	62%	Axis II Ave: 1.0 (1.01)
Borderline PD	24%	Range: 0-4
Avoidant PD	32%	
Paranoid PD	25%	
Substance Abuse- Lifetime	31%	
Eating Disorder- Lifetime	20%	
Current Self-Injury	14%	
Visited ER During Past Year	29%	

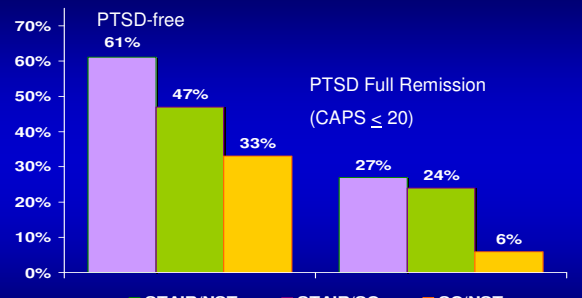
OUTCOMES

CAPS Diagnoses at Post Treatment



Cloitre et al, 2010, *AJP*, 167:915-924

CAPS Diagnoses at Post Treatment



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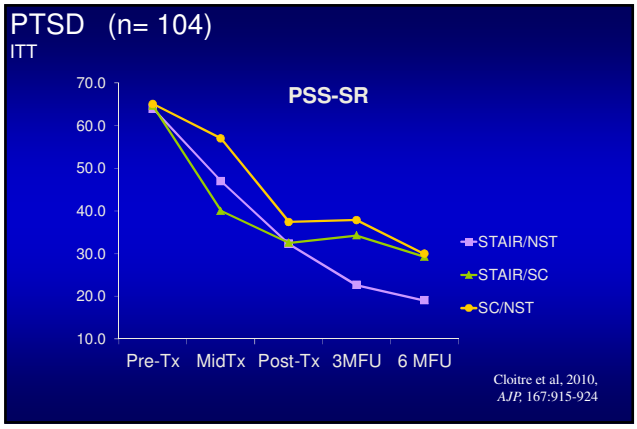
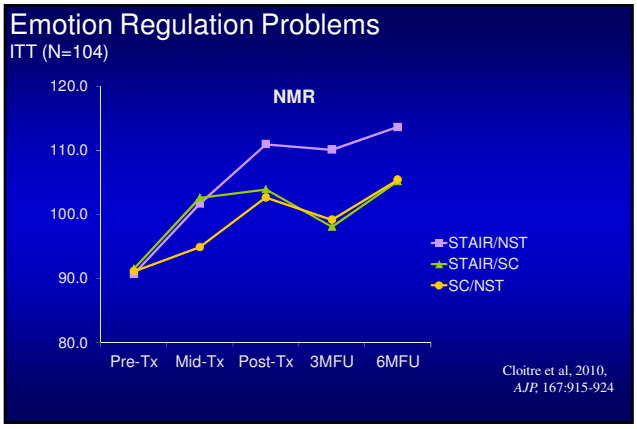
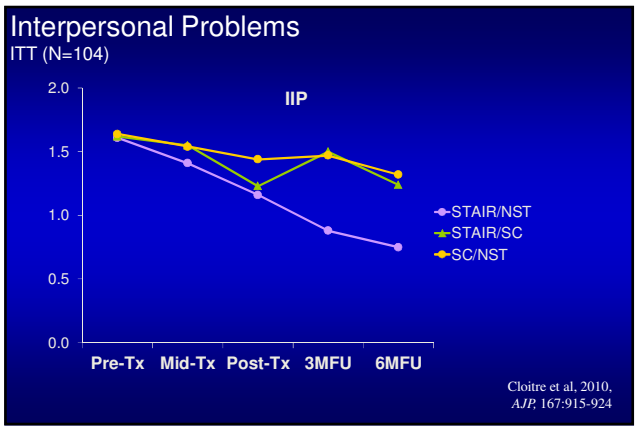
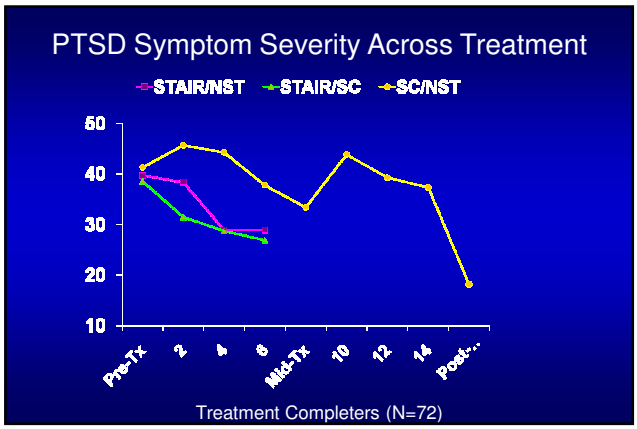
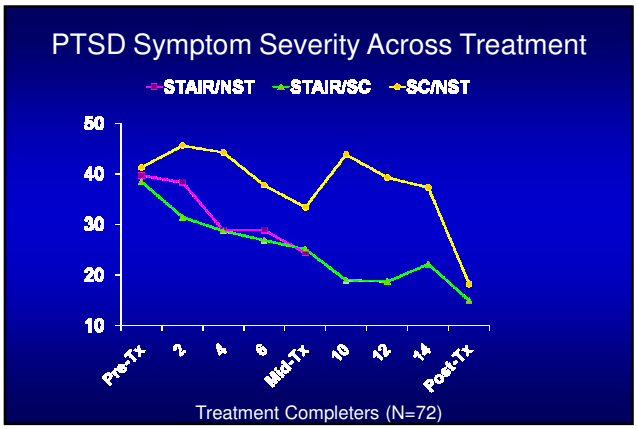

PTSD (n= 104)
ITT
PSS-SR
70.0
60.0
50.0
40.0
30.0
20.0
10.0
Pre-Tx
MidTx
Post-Tx
3MFU
6 MFU
STAIR/NST
STAIR/SC
SC/NST
Cloitre et al, 2010,
AJP, 167:915-924


Emotion Regulation Problems
ITT (N=104)
NMR
120.0
110.0
100.0
90.0
80.0
Pre-Tx
Mid-Tx
Post-Tx
3MFU
6MFU
STAIR/NST
STAIR/SC
SC/NST
Cloitre et al, 2010,
AJP, 167:915-924


Interpersonal Problems
ITT (N=104)
IIP
2.0
1.5
1.0
0.5
0.0
Pre-Tx
Mid-Tx
Post-Tx
3MFU
6MFU
STAIR/NST
STAIR/SC
SC/NST
Cloitre et al, 2010,
AJP, 167:915-924


Impact on experience during exposure


PTSD Symptom Severity Across Treatment
STAIR/NST
STAIR/SC
SC/NST
50
40
30
20
10
Pre-Tx
2
4
6
Mid-Tx
10
12
14
Post-...
Treatment Completers (N=72)


PTSD Symptom Severity Across Treatment
STAIR/NST
STAIR/SC
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50
40
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20
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Pre-Tx
2
4
6
Mid-Tx
10
12
14
Post-Tx
Treatment Completers (N=72)

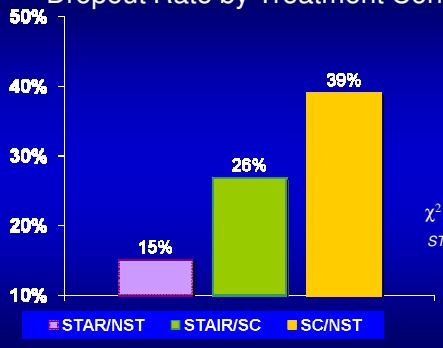
PTSD Symptom Severity Across Treatment

Treatment Completers (N=72)

Cloitre et al, 2010, *AJP,* 167:915-924

WHAT ABOUT DROPOUTS?

Dropout Rate by Treatment Condition



χ^2 (2) = 4.94, *P* = .04

STAIR/NST > SC//NST

Cloitre et al, 2010, *AJP,* 167:915-924

SYMPTOM WORSENING: A clinically meaningful deterioration (7 points worse than previous period)

Assessment Period	STAIR/NST	STAIR/SC	SC/NST	Sig (p-value)
Pre-to-Post	3.6% (n=1)	7.4% (n= 3)	15.0% (n=5)	ns
Post-to-6Mo FU	0% (n=0)	22.7% (n=5)	31.3% (n=5)	.006

Cloitre et al, 2010, *AJP,* 167:915-924

Benefits of Phase-Based Treatment

- Reduces Dropout relative to exposure focused treatment
- Provide good outcomes in multiple domains: PTSD, Emotion Regulation and Interpersonal Functioning
- Makes a difference in distress during trauma memory work
- Provides continued improvement after treatment ends compared to both treatments

Summary: Benefits of STAIR/NST in Follow-up Period (Why?)

The Treatment Components are Complementary:

- Exposure work reduces fear response to traumatic reminders
- Skills training provides effective and appropriate response to situations
- Positive outcome reinforces message of exposure work: present is not the past

NIMH: Strategic Goals 2008

- Promote research that focus on moderators and predictors of interventions response
- Develop treatment implementation approaches that are tailored to the specific patient needs "personalized medicine"

Predictors of Treatment Outcome in PTSD

Eighteen studies have produced no consistent results

- Childhood Abuse
- Anger
- Anxiety
- Borderline Personality Features
- Depression
- Dissociation
- Shame
- Guilt
- Self-evaluation (negative)
- Social Anxiety
- Severity of PTSD
- Personality Disorders
- Intelligence

See (e.g.) Hagenaars et al 2010

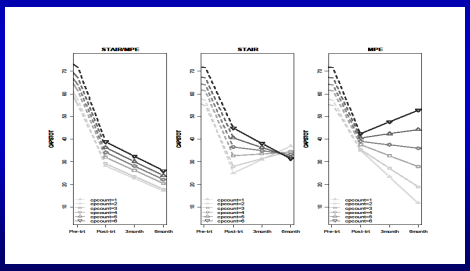
Problems:

- Lack of consistency in definition and measures of childhood abuse (sexual abuse, physical abuse, emotional abuse, neglect)
- Lack of consistency in symptom measures to assess same construct (e.g., dissociation)
- Lack of consistency in participant inclusion and exclusion criteria
- Covert exclusion of certain characteristics (e.g., BPD via exclusion of self-injurious behaviors,) = "restricted range" of patients with symptoms leading to low or no correlations of characteristics with outcomes
- High covariance among baseline measures

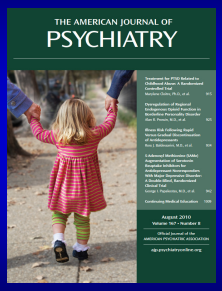
Cumulative load of childhood adversities predict differential outcome

Childhood Trauma/Adversity:

Sexual abuse
Physical Abuse
Emotional Abuse
Neglect
Separation-Mo
Sexual assault



Symptoms not History



Editorial

The Complexity of Complex PTSD

RICHARD A. BRYANT, PH.D

Symptoms not historical precedent should describe Complex PTSD and predict who might need or benefit from this treatment (e.g., refugees). Similarly the majority but not all childhood abuse survivors will revive additional benefit from this treatment

Baseline Symptoms as a Moderator

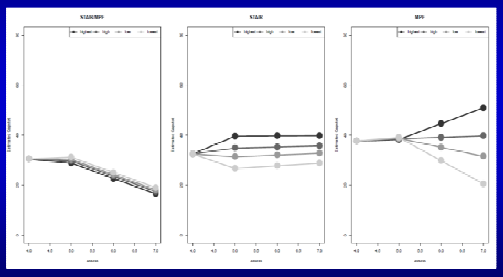
- A variable "moderator term" was constructed and tested regarding whether it met the properties of being a moderator (i.e., the interaction between it, treatment and time was significant).
- The moderator, M1 was constructed through testing a series of linear combinations of measures and their relative contribution in creating a significant interaction model using Maximum Likelihood Estimation (MLE)

$$LC = \beta_1 capstot + \beta_2 bditot + \beta_3 bsidis + \beta_4 iip + \beta_5 nmr + \beta_{16} axetot$$

The relationship between emotion regulation and the cumulative burden of symptoms

- The best fit of the data to the model = a cumulative load of (standardized) symptoms with relatively lower emotion regulation capacity.
- Many combinations were equivalent (e.g.):
  - Moderate ER and high symptom load
    - high PTSD, mod depression, hi dissociation, mod interpersonal problems
    - low PTSD, hi depression, low dissociation, hi interpersonal problems
  - Low ER and moderate symptom load
    - low PTSD, mod depression, low dissociation and mod interpersonal problems
    - moderate PTSD, low depression, low dissociation, mod interpersonal problems

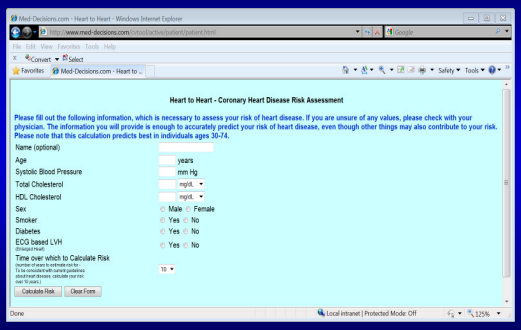
Outcomes Based on having Low Emotion Regulation and High Symptoms



Calculating the Moderator: The Example from the Framingham Nurses Study

- Risk for Coronary Heart Disease is calculated on the severity of risk factors in combination with each other. No one risk factor is necessary. Each one can contribute a lot or a little to overall risk depending on severity.
  - Age
  - Blood pressure
  - Cholesterol
  - Smoking
  - Diabetes

Web-based Manual Calculator for Risk



What variables should be in the calculator: Why not both objective and subjective variables?

Moderator	P-values for the 3-way interaction
The combination of good and bad predictors (M1)	0.012
cpcount	0.005
Apcount	0.250

A Flexible Application of STAIR/NST Following 9/11

A Flexible Approach to STAIR/NST

- Number of Sessions could range from 5 to 24
- Attention to Principles and Sequencing of Treatment
  - At least 1 session of emotion-focused
  - At least 1 session of interpersonal functioning
  - Emotion work precedes interpersonal work
  - At least 3 sessions of imaginal exposure (include other traumas)
- Structure and Process
  - Skip or repeat sessions
  - Nonprotocol sessions
  - Skipping weeks in treatment
  - Therapist & patient jointly decide on termination

Comparison To Benchmark: Flexible Approach *(n= 59 men and women)* Produced Effects Equivalent to Strict Adherence RCT

Measure	WTC Completers	Benchmark Completers *(Cloitre et al. 2002)*
PSS-SR	1.79	1.76
BDI	1.23	1.83
NMR	.70	1.42
Alcohol for (COPE)	.59	
Social Support (COPE)	.64	

Levitt et al, 2007
Behaviour Research &Therapy

Summary of STAIR/NST Research and Activities

- **Ongoing/Completed Trials**
  - STAIR+NST vs. STAIR+EMDR (Ehring et al, Amsterdam)
  - STAIR+Rescripting vs. Rescripting alone (Raabe et al, Amsterdam)
- **Next Steps**
  - A Multisite Study of the Flexible Application of STAIR/NST in Public Sector Settings (NIMH)
    - London Health Sciences Center — PI: Ruth Lanius
    - Cambridge Health Alliance — PIs: Judith L. Herman & Michaela Mendelsohn
    - Bellevue Hospital — PI: Clare Henn-Haase
    - Grady Health System — PI: Nadine Kaslow

International Society for Traumatic Stress Studies
November 2-5 Baltimore

Social Bonds and Trauma Through the Life Span

Plenary Speakers

Judith L. Herman
Steve Suomi
Bessel van der Kolk