

Brooklyn Heights Behavioral Associates presents:

*Utilizing Evidence-Based Treatment (EBT) to
Target Trauma Responses &
Providing Brief Demonstrations of EBT for
Workforce Fatigue*

A workshop by licensed clinicians

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Agenda

- Review of workforce fatigue and implications of burnout
- Overview and demonstration of EBT to target trauma responses:
 - Dialectical Behavior Therapy (DBT Stage 2)
 - Prolonged Expose (PE)
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Eye Movement Desensitization & Reprocessing (EMDR)
 - Mindfulness & Somatic (body-oriented) approaches
 - Psychopharmacology

Dialectical Behavior Therapy

- A combination of eastern Zen practice and traditional cognitive/behavioral therapies
- Considered the front-line treatment for emotional dysregulation, acute and chronic suicidal behavior, and non-suicidal self injury.
- **5 Modes:** individual therapy, skills group, team consultation, phone coaching, and ancillary services
- **4 domains of skill development:** mindfulness, distress tolerance, interpersonal effectiveness & emotional regulation



Dialectical Behavior Therapy: Mindfulness

The act of consciously focusing the mind in the present moment without judgment and without attachment to the moment

Dialectical Behavior Therapy: Distress Tolerance

The ability to accept both oneself and the current situation

Dialectical Behavior Therapy: Interpersonal Effectiveness

1. Obtaining objectives while maintaining relationships and self-respect
2. Developing and maintaining relationships
3. Walking the “middle path”: balancing acceptance and change in relationships

Dialectical Behavior Therapy: Emotion Regulation

1. Understanding and naming emotions
2. Changing unwanted emotions
3. Reducing vulnerability to extreme emotions
4. Managing extreme emotions when they arise

TIPP (Changing your body chemistry to reduce extreme emotion *fast*)

T	<p><u>T</u>ip the <u>T</u>emperature of your face with cold water (to calm down fast)</p> <ul style="list-style-type: none">• Holding your breath, put your face in a bowl of cold water, or hold a cold pack (or zip-lock bag of cold water) on your eyes and cheeks.• Hold for 30 seconds. Keep water above 50°F.
I	<p><u>I</u>ntense exercise (to calm down your body when it is revved up by emotion)</p> <ul style="list-style-type: none">• Engage in intense exercise, if only for a short while.• Expend your body's stored up physical energy by running, walking fast, jumping, playing basketball, lifting weights, etc.
P	<p><u>P</u>aced breathing (pace your breathing by slowing it down)</p> <ul style="list-style-type: none">• Breathe deeply into your belly.• Slow your pace of inhaling and exhaling way down (on average, five to six breaths per minute).• Breathe out more slowly than you breathe in (for example, 5 seconds in and 7 seconds out).
P	<p><u>P</u>aired muscle relaxation (to calm down by pairing muscle relaxation with breathing out)</p> <ul style="list-style-type: none">• While breathing into your belly, deeply tense your body muscles (not so much as to cause a cramp).• Notice the tension in your body.• While breathing out, say the word "Relax" in your mind.• Let go of the tension.• Notice the difference in your body.

DBT Demo: TIP & Paced Breathing

1. Using temperature to quickly change the body's chemistry
2. Paced breathing to increase vagal tone, stimulating your ANS

Linehan, 2015

Prolonged Exposure (PE)

- Subset of cognitive behavioral therapy (CBT) that teaches individuals to gradually approach trauma-related memories, feelings, and situations
- Typically takes place over approximately three months with weekly individual sessions (8-15 sessions overall)
- 60 to 120-minute sessions are recommended so that the participant can effectively engage in exposure and process the experience
- Treatment includes psychoeducation, assessment, and collaboratively developed imaginal exposures and in vivo exposures

American Psychological Association (APA), 2017

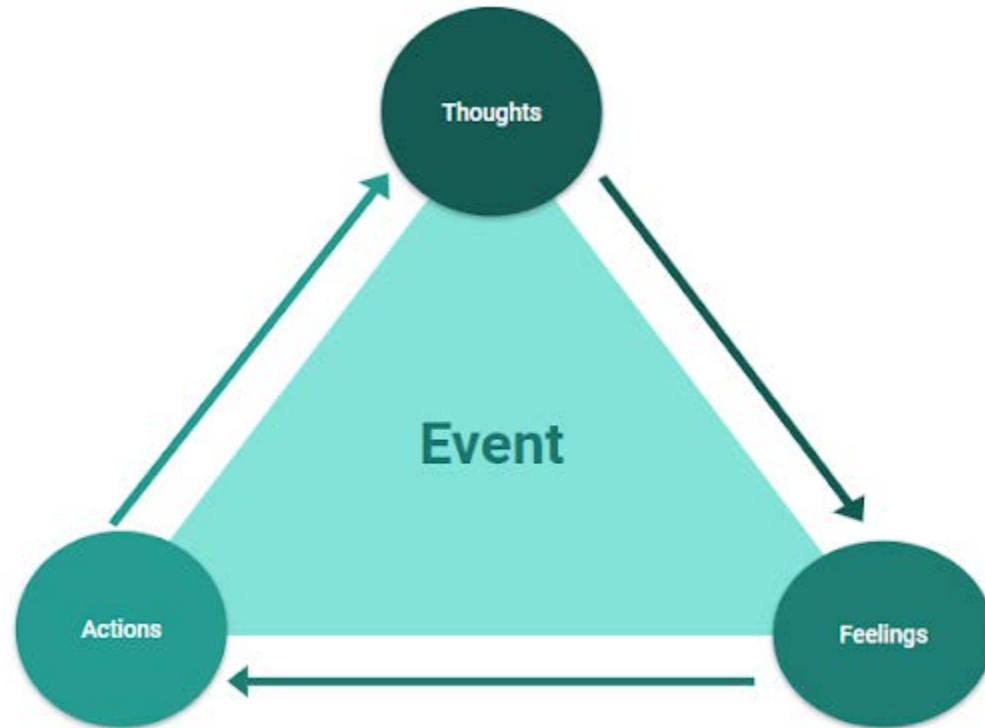
Prolonged Exposure (PE) Demo

- Case example
- Written imaginal exposure
- Deep relaxation technique (paired muscle relaxation) taught to help mitigate distress

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Short-term treatment that helps participants reorient thinking, belief systems, and emotional responses that stem from traumatic experiences
- Assists clients in changing cognitive associations that lead to maladaptive functioning and problems in living
- Theoretical underpinnings: emotional processing theory and social cognitive theory
- Incorporates psychoeducation, cognitive coping skills, relaxation techniques, desensitization, gradual exposure, developing a trauma narrative, and cognitive processing

TF-CBT Demo: Cognitive Triangle



Eye Movement Desensitization & Reprocessing (EMDR)

- Eight phase treatment that incorporates eye movements or bilateral stimulation while processing a targeted trauma memory
- Over 30 positive controlled outcome studies have been done to review the efficacy of EMDR. Some have shown that 90% of single-trauma victims no longer meet PTSD criteria after three 90-minute sessions
- Simulated eye movements during trauma processing help to alleviate disturbed feelings and process the memory more efficiently

EMDR Demo

- Example of an EMDR script eliciting a distressing event

Mindfulness & Somatic (body-oriented) approaches

- Somatic Experiencing (SE) focuses on resolving symptoms of chronic and posttraumatic stress
- Directs a client's focus and awareness to internal sensations
- Does not require clients to directly evoke traumatic memories (unlike exposure)
- Indirectly targets historically-charged memories while introducing more adaptive interoceptive experiences that contradict those of an immobilized threat response and feelings of helplessness
- Shares principles with eastern Zen practices like mindfulness and meditation

Demo: Body Scan Meditation

Psychopharmacology

- Evidence-based medication for PTSD:
 - selective serotonin reuptake inhibitors (SSRIs): sertraline, paroxetine, and fluoxetine
 - selective serotonin-norepinephrine reuptake inhibitors (SNRIs): venlafaxine
- **Only sertraline (Zoloft) and paroxetine (Paxil) are approved by the Food and Drug Administration (FDA) for PTSD**

***Always refer to a board-certified physician to administer appropriate medications and medication management services.**

Finding EBT & Closing

References

American Psychological Association (APA). (2017, July). Cognitive behavioral therapy (CBT). Clinical practice guideline for the treatment of posttraumatic stress disorder. Retrieved August 8, 2020 from the World Wide Web: <https://www.apa.org/ptsd-guideline/treatments/cognitive-behavioral-therapy>

American Psychological Association (APA). (2017, July). Medications for PTSD. Clinical practice guideline for the treatment of posttraumatic stress disorder. Retrieved August 8, 2020 from the World Wide Web: <https://www.apa.org/ptsd-guideline/treatments/medications>

American Psychological Association (APA). (2020, June). Prolonged exposure (PE). Clinical practice guideline for the treatment of posttraumatic stress disorder. Retrieved August 8, 2020 from the World Wide Web: <https://www.apa.org/ptsd-guideline/treatments/prolonged-exposure>

EMDR Institute, Inc. (2020). What is EMDR? EMDR Institute, Inc. Retrieved August 8, 2020 from the World Wide Web: <https://www.emdr.com/what-is-emdr/#:~:text=EMDR%20therapy%20involves%20attention%20to,needed%20for%20positive%20future%20actions>

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.

Linehan, M. M. (2015). *DBT@skills training manual* (2nd ed.). New York: Guilford Press.

Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: using interoception and proprioception as core elements of trauma therapy. *Frontiers in psychology*, 6(93). <https://doi.org/10.3389/fpsyg.2015.00093>