Slide 1

Restoring Trauma Victims' Agency and Accountability

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Slide 2

AGENCY = "Free Will"

1. Illusory as a Causal Force
    (a) hypnotic suggestion redefined
    (b) conceptual primitive: $A \approx Not\text{-}A$
2. = Self-Defining Locus of
    (a) *identity, "selfhood" ("Cs")*
    (b) *motor control ("Volition")*
    (c) *social accountability (& Law)*

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Slide 3

Not-A I. "Active Unconscious"

1. Normally Hidden Co-Consciousness
    (a) → sleep, sex, mood regulation
    (b) *spontaneity* in complex activities
2. Failed A/Not-A Coordination
    (a) "Be spontaneous!" paradoxes
    (b) failed executive function,
        "falling into" life decisions,

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Not-A II. Post-Traumatic Ucs.

1. Purposeful, Often Symptomatic
- (a) "false self" serves re-enactment
- (b) distressing sx., impaired sociality
- (c) disguised, as in Bernian "games"

2. ≠ Healthy Negatives
- (a) anger when challenged
- (b) grief over losses
- (c) anxiety if hungry cougar nearby

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Not-A III. Social Entanglement

1. Agentic Narratives often *post hoc*
- (a) Moll (1890) PHS rationalized
- (b) "minds" ← shared self-deception?

2. Paradox of Psychotherapy
- (a) only clients have locus of control
- (b) but tx. "works" from outside in

3. Mutual Influence
- (a) Bernian "games", synchronicity
- (b) changing one person via another

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HYPNOSIS = Basic Science

1. A/Not-A: Hypnosis ≈ Non-Hypnosis
- (a) universally relevant to waking Cs

2. Paradigm: Soc. Influence, Therapy
- (a) how we influence one another
- (b) paradigmatic for psychotherapy

3. Perilous: *How*, *Why*, & *What to Do?*
- (a) polarizing, regression, escalation
- (b) goal = **NON-hypnosis, AGENCY**

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HELPLESSNESS Negates Agency

1. Helplessness **before a mortal threat** defines psychosocial **"TRAUMA"**
2. Helplessness **before SYMPTOMS** motivates psychiatric **help-seeking**
3. **Restoring Clients' Sense of Agency = GOAL of psychotherapy, and MEANS of therapeutic change**

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Traumatic Affect Resembles Infantile Helplessness

1. Both activate similar neurobiology
   (a) adrenergic arousal = aversive to all
   (b) nurturance → opioids = attractive to all
2. Both call on others to provide relief
   (a) relieve associated distress
   (b) defend innocent parties
3. Extend through hypnotic contagion
   to victim protection norms. *BUT → 3 CX*

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1. Posttraumatic Polarization

1. Shared Interests Pull Apart, e.g., child protection tx. for trauma ←→ family integrity & presumption of innocence
2. Trauma Marks Poles' SALIENCE
   (a) e.g., child abuse → *pro-victim*
   (b) broken families → *pro-defense*
3. Selective Affiliation → CONFLICT
   e.g., defend victims VS falsely accused
Re-Enactment = Interim Victor

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2. Regressive Dependency

1. Conflicted Relationship of Clt & Ther
   ↑ sx → ↑↑ rescue → ↑↑↑ acting out
2. Vicious Circle Model
   (a) surface-level *dependency*
   (b) *threatens concealed agency*
   (c) → ↑ *anxiety* → ↑↑↑ *SX*
3. TX: Access and Challenge Clients'
   Hidden Strengths, Responsibilities

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3. Symptomatic Coercion

1. Appeasing → <u>*ESCALATION*</u>
   (a) clt's symptomatic coercion
   (b) coercive social sensitivities
2. Counter-Traumatizing → *same*
   (a) ≈ fighting fire with gasoline
3. "STANDING FIRM" = antithesis
   (a) difficult, as is vs. re-enactment

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Therapist Responsibilities Amplify These Pitfalls

1. Gaining Therapeutic Alliance
   ≈ <u>ratifying victim narratives</u>
2. Helping, e.g., tx Δ pts' brains
   ≈ <u>temptation to "rescue"</u>
3. Duties to Protect
   ≈ <u>symptomatic coercion</u>
All Confuse the <u>LOCUS OF CONTROL</u>

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WHO IS IN CONTROL OF WHAT?

1. **Clients:** subjective experience, brain physics, and muscle control
2. **Therapists do what only clients do:** change others' brains, from the outside in. **HOW THIS PARADOX?**
3. **Third Parties:** narrative, framing
   - re-enacting &/or mitigating
   = powerful therapeutic adjunct

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ACCESSING HIDDEN AGENCY

1. **Δ Nurturance → Challenge**
2. **Interpersonal Game Antitheses**
   (a) yes, but → What's your PLAN?
   (b) NIGYSOB → Correct Behavior
   (c) 3rd party leverage (Al Anon)
3. **Symbolic, e.g., "tidying up"**
4. **Holding Responsible**
   (a) legal: DID & coercion cases
   (b) defining one's personal identity

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Strategic Self-Therapy (SST)

1. **Limited Intensity**
   (a) life itself = therapeutic arena
2. **Client = Own Therapist**
   (a) therapist = catalyst, consultant
   (b) independent system
             = crisis resource
3. **Redefining Personal Identity**
   = Vehicle for Therapeutic Change

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Essential Messages

1. **"I Can't Change You, and Won't Try"**
   (a) instead, challenge client's life plan
   (b) ↑↑↑ boundaries, locus of control
   (c) *VS* role diffusion, regressive sx.
2. **"Can You Be Trusted?"** with
   (a) behavioral safety? & to
   (b) abstain from destructive behav?
3. **"Who Are You?"** *(answering ≈ Δ)*
   (a) *"What do you stand for?"*
   (b) *"Where are you headed?"*

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Therapist Burdens

1. *Empathic Rapport w Clt's Distress*
   (a) → treatment alliance
   (b) perceived on same side of court
2. *Frame Client's Sole Responsibility as Self-Evident*
   (a) sole locus of control, legal criteria
   (b) no playing pretenses otherwise

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Client Burden: Trustworthiness

1. **Contracting for Behavioral Safety =**
   (a) precondition for most psychother.
   (b) made explicit in SST
2. **Assess, Confirm and Document**
   (a) client's understanding & agreement
   (b) evidence of capability & good faith
3. **Client Violation → protection, BUT**
   (a) NOT defined as extra "tx"
   (b) *must re-establish trustworthiness*

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Specific Indications

1. *Recurrent Traumatic Sx & Re-Enactment*
   - (a) complex trauma, subj. non-volition
   - (b) behavioral risk to self or others
   - (c) high regressive potential
2. *"Help Me, But I Won't Let You"*
3. *Confused Personal Identity*
   - (a) who's responsible, for what, to whom?
   - (b) "d/o's of the will" (BPD, dissoc. d/o)
4. *Practical Issues:* e.g., cost, tx-avoidance

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Reframing Tx. Presumptions

1. Psychological Structure is *Reframable*
2. Change Occurs at *Focal Points*
3. Locale = *Clients' Life Situation*
4. Therapist Role = *Catalyst, Consultant*
   - (a) NEITHER principal change agent
   - (b) NOR indispensable crisis resource
5. Client Capabilities: *Hidden, Accessible*

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Differential Responsibilities

1. **Client = Own Therapist**
   - (a) goals, pace, plan
   - (b) behavioral safety
2. **Therapist = Consultant, Catalyst**
   - (a) 2nd opinion, basic dx & rx functions, channel attention, reframe, inform'n
3. **Independent System = Crisis Resource**
   (*separation of treatment & protection)*

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Engagement Phase I.

1. Consensual Diagnosis and Contracting
  (a) dx. *per* DSM, frame in client's language
  (b) to highlight clients' loci of control
  (c) informed consent, differential responsibility
  (d) tx alternatives, roles, limits of availability
  (e) contingencies and consequences
2. Attitude: Shift from Nurturance → Challenge
  (a) validate: distress & perceived non-volition
  (b) challenge: *client's duties = self-evident*

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Engagement Phase II.

3. Behavioral Safety Parameters
  -*client guarantee of behavioral safety*
    = fundamental tx precondition
4. Therapeutic Leverage
  (a) what therapist can't, won't, & will do
  (b) standing firm vs. symptomatic coercion
  (c) *testing: contingencies, consequences*
5. Third Parties: families, consultations
    -alternate narratives, levers

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Criteria for Reframing:

1. Positive:
    (a) literally true, if unconventional
    (b) feels better
    (c) implies desirable change
2. Negative (Confrontation)
    (a) behavior is unacceptable
    (b) persisting or escalating
    (c) agency close enough to the surface

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Defining Personal Identity

1. *Self-Description* (character in novel)
2. *Value Priorities* (manifesto)
3. *Sense of Direction* (plan):
    (a) goals
    (b) *perceived* roadblocks
    (c) plan for overcoming these

SST = Ongoing Revision of Personal ID
-General → Specific, Toward Focal Points

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Corollary Tx. Parameters

1. *Re-Do from Discordant Perspectives*
    (a) DIS-advantages of ther. change
2. *Identify and Interdict Re-Enactment*
    (a) subtle, relational, ego-syntonic
    (b) affect containment strategies
3. *Cognitive Projects*
    (a) pattern identif'n, narrative timelines
4. *Health Maintenance*
    (a) balance volition & spontaneity

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Coping with Healthy Change

1. *Dysphoria: Support*
    (a) unresolved grief
    (b) traumatic affect
2. *Social Naivete: Rules of the Game*
    (a) adaptive deception, face-saving
    (b) maintaining one's "edge"
    (b) politics of everyday living
3. *Consider Rituals:* integration, differentiation, specific role transitions

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Strategic Self-Therapy (SST) vs. Exploratory Psychodyn. Tx (EPT)

1. Measures (clinician estimates, 0-4+):

    (a) Regressive Dependency (RDL, operationalized, r = +0.89)

    (b) Regressive Potential (RPRS, composite estimates, r = +0.80)

    (c) Pt. Self-Therapeutic Activity (STAL, composite, r = +0.71)

    (d) Therapeutic Progress (TPRS, composite, r = +0.77, 0.82)

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Comparative Effectiveness

1. Definitions: EPT Differs from SST:

    (a) doubly time-intensive

    (b) therapists accept roles of primary change agent & crisis resource

2. Effectiveness: Equal in Both Modalities

    (a) SST was doubly cost efficient

    (b) but 27% dropouts vs. nil in EPT

3. Tradeoff: Efficiency & Adherence

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Regressive Effects

1. Regressive Dependency ≈ Potential

    (a) more in EPT (r = +0.74), validating vicious circle model

    (b) less in SST (r = +0.45), + the value of challenging patient autonomy

2. Regressive and Therapeutic Effects

    (a) did not correlate at all in either tx. (SST = +0.02, EPT = – 0.17),

    (b) thus, they're *separable issues*, no need to "get worse" in order to get better

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Therapeutic Progress Varies with Clients Helping Themselves

1. TPRS correlated with STAL
     linear, $p < 0.001$ in both modalities
2. Implications:
     (a) Optimum tx stimulates
          self-therapeutic effort,
     (b) in any & all modalities
     (c) it can be done

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Relevance of Pseudocorrelation

1. **STAL & TPRS: Common Elements**
     (a) e.g., abstinence from problem-maintaining behavior
     (b) self-advancement activities
2. **≈ Identical, but Experiential Distinction**
     (a) experience sx as beyond control, but
     (b) components of STAL subject to agency

Effective Tx = Reframing TPRS as STAL

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Miscellaneous Issues

1. **Dissimilation ←→ Neural Impairment**
     (a) if malingering, also look for medical illness
2. **"Doing Projective identification"**
     (a) identify, recognize, voluntarily interdict
     (b) neurobehav schema >>> devel lesion
3. **Selected Dropouts = Treatment Successes?**
     (a) 5/140 intakes = borderline spectrum (3.57%)
     (b) agreed to interdict problem behavior
     (c) failed followup, but no sx on chart review
     (d) was voluntary interdiction done successful?
     (e) res. question: positive non-adherences?

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Selected References I.

- Beahrs JO: A social brain interpretation of psychotherapy. Psychiatric Annals 35(10):816-822, 2005
- Beahrs JO: Assessing attributive causation: therapeutic results correlate with self-therapeutic activity. Clinical Neuropsychiatry 3(2):154-161, 2006
- Beahrs JO, Butler JL, Sturges SG, Drummond DJ, Beahrs CH: Strategic self-therapy for personality disorders. J Strategic & Systemic Therapies 11(2):33-52, 1992
- Berne E: Games People Play. New York: Grove Press, 1964
- Cozolino L: The Neuroscience of Psychotherapy: Healing the Social Brain, 2d Ed. New York, Norton, 2010.
- Dennett DC: Consciousness Explained. Boston, Little Brown, 1991
- Erickson MH: Further clinical techniques of hypnosis: utilization techniques. Am J Clin Hypn 2:3-21, 1959

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Selected References II.

- Fisch R, Weakland J, Segal L: The Tactics of Change: Doing Therapy Briefly. San Francisco, CA: Jossey-Bass, 1982
- Haley J: Uncommon Therapy: The Psychiatric Techniques of Milton H. Erickson, M.D. New York: Norton, 1973.
- Maier SF et al: Behavioral control, the medial prefrontal cortex, and resilience. Dialogues Clin Neurosci 8(4):307-406, 2006
- Masters WH, Johnson VE: Human Sexual Inadequacy. Boston, MA: Little, Brown, 1970.
- Pankratz L: Malingering on intellectual and neuropsychological measures, in Clinical Assessment of Malingering and Deception. Ed. R Rogers. pp. 169-192, NY: Guilford, 1988
- Shoham-Salomon V, Rosenthal R: Paradoxical interventions: a meta-analysis. J Clin Consult Psychol 55:22-28, 1987
- Viamontes GI, Beitman BD: Neural substrates of psychotherapeutic change. Part I: The default brain; Part II: Beyond default mode. Psychiatric Annals 36(4):225-236,238-246. April, 2006

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Selected References III.

- Wampold BE: The Great Psychotherapy Debate: Models, Methods and Findings. Mahwah NJ: Lawrence Erlbaum, 2001
- Watkins JG: The Therapeutic Self. New York: Human Sciences Press, 1978
- Watzlawick P, Beavin JH, Jackson DD: Pragmatics of Human Communication: A Study of Interactional Patterns, Pathologies, and Paradoxes. New York: Norton, 1967
- Watzlawick P, Weakland J, Fisch R: Change: Principles of Problem Formation and Problem Resolution. New York: Norton, 1974
- Wegner DM: The Illusion of Conscious Will. MIT Press, 2002
- Wilson TD: Redirect: The Surprising New Science of Psychological Change. New York, Little, Bronw, 2011
- Zimbardo PG. & Leippe MR: The Psychology of Attitude Change and Social Influence. Boston, MA: McGraw-Hill, 1991

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