

A hypno-systems therapy approach to treating traumatized children and adolescents

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Susy Signer-Fischer, lic.phil. psychologist and psychotherapist FSP

Basel, Switzerland

www.susysigner.ch / susy.signer@unibas.ch

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Jennifer Steinbach, PhD

psychotherapist and forensic psychologist FSP

Solothurn, Switzerland

Trance: collect good Moments

Induction: Choose a spot at eye level, focus and close your eyes

Deepening: Focus on your body and find out where (within your body) you feel strongest/most comfortable. How does this feel? Do you want to strengthen that feeling? If so, for example with control switch, zoom

► Let this feeling spread through your body

Content:

1. Go to the beginning of this day
2. List examples of good moments
3. Collect good moments
4. They can be collected chronologically or in a different order
5. Parts can be prolonged or skipped in your imagination
6. Proceed to the present time
7. Overlook the collection (imagine them as e.g. stones, shells, pearls, pictures)
8. Put them in a bag so that they can be easily accessed in your memory

Coming back: Open your eyes, adapt oneself again to here and now

Contents

- Introduction
- Trauma
- Hypnosis and hypnotherapeutic methods and Trauma
- Traumatized Children and Adolescents
- Intra-systemic Methods, trauma-processing, treatment
- Inter-systemic aspects
- Summary

Definitions and Concepts

- **Trauma**
- **traumatized**

Definitions

- *Trauma* is derived from the greek word “*injury/wound*”. In Psychology the term trauma is used for mental injuries/psychological scars, which can be caused by overwhelming events. This involves events caused by people, natural phenomena and accidents.

Trauma occurs when either the physiological or psychological integrity of the person or someone else was genuinely threatened, which leads to the feeling of helplessness and fear.

- 2 types of trauma:
 - **Type-I-Trauma:** single, unpredictable events, so-called mono-trauma, e.g. accident
 - **Type-II-Trauma:** repeated, multiple trauma, e.g. sexual violence, prolonged exposure to war

DSM-5: Changes to PTSD Criteria

- Criterion A2 (response involves “fear, helplessness, or horror”) removed from DSM-5
- 3 clusters are divided into 4 clusters in DSM-5
- 3 new symptoms were added
- Other symptoms revised to clarify symptom expression
- All symptoms began or worsened after the trauma
- Separate diagnostic criteria for “preschool” (children 6 years or younger)
- New dissociative subtype for PTSD added

Friedmann, 2019

DSM-5: PTSD Criterion A

- **A. The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:**
 - 1. Direct exposure
 - 2. Witnessing in person
 - 3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
 - 4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies or pictures.

PTSD Criteria for DSM-5

- B. Intrusion symptoms
- C. Persistent avoidance of stimuli associated with the trauma
- D. Negative alterations in cognitions and mood that are associated with the traumatic event
- E. Alterations in arousal and reactivity that are associated with the traumatic event

DSM-5: PTSD Criterion B

B. Intrusion (1/5 symptoms needed)

- 1. Recurrent, involuntary and intrusive recollections *

* children may express this symptom in repetitive play

- 2. Traumatic nightmares*

* children may have disturbing dreams without content related to trauma

- 3. Dissociative reactions (e.g. flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness *

* children may re-enact the event in play

- 4. Intense or prolonged distress after exposure to traumatic reminders

- 5. Marked physiological reactivity after exposure to trauma-related stimuli

DSM-5: PTSD Criterion C

- **C. Persistent effortful avoidance of distressing trauma-related stimuli after the event (1/2 symptoms needed):**
- 1. Trauma-related thoughts or feelings
- 2. Trauma-related external reminders (e.g. people, places, conversations, activities, objects or situations)

DSM-5: PTSD Criterion D

- **D. Negative alterations in cognitions and mood that began or worsened after the traumatic event (2/7 symptoms needed)**
- Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs) (C3 in DSM-IV)
- Persistent (&often distorted) negative beliefs and expectations about oneself or the world (e.g. “I am bad,” “the world is completely dangerous”) (C7 in DSM-IV)
- Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences (new)
- Persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt, or shame) (new)
- Markedly diminished interest in (pre-traumatic) significant activities (C4 in DSM-IV)
- Feeling alienated from others (e.g. detachment or estrangement) (C5 in DSM-IV)
- Constricted affect: persistent inability to experience positive emotions (C6 in DSM-IV)

DSM-5: PTSD Criterion E

- **E. Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event (2/6 symptoms needed)**
- 1. Irritable or aggressive behavior (revised D2 in DSM-IV)
- 2. Self-destructive or reckless behavior (new)
- 3. Hypervigilance(D4 in DSM-IV)
- 4. Exaggerated startle response (D5 in DSM-IV)
- 5. Problems with concentration (D3 in DSM-IV)
- 6. Sleep disturbance (D1 in DSM-IV)

PTSD Criteria for DSM-5

- F. Persistence of symptoms (in Criteria B, C, D and E) for more than one month
- G. Significant symptom-related distress or functional impairment
- H. Not due to medication, substance or illness

Preschool Subtype: 6 Years or Younger

- Relative to broader diagnosis for adults (or those over 6 years):
- Criterion B – no change (1 Sx needed)
- 1 Sx from EITHER Criterion C or D
- C cluster – no change (2 Avoidance Sx)
- D cluster – 4/7 adult Sx
 - *Preschool does not include: amnesia; foreshortened future;
- persistent blame of self or others
- Criterion E – 5/6 adult Sx (2 Sx needed)
 - *Preschool does not include reckless behavior

Posttraumatic Stress Disorder for Children 6 Years and Younger

- In children (younger than 6 years), exposure to actual or threatened death, serious injury, or sexual violence, as follows:
- Direct exposure
- Witnessing, in person, (especially as the event occurred to primary caregivers) Note: Witnessing does not include viewing events in electronic media, television, movies, or pictures.
- Indirect exposure, learning that a parent or caregiver was exposed

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DSM-5: Preschool PTSD

Criterion B

- B. Presence of one or more intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
- Recurrent, involuntary, and intrusive distressing recollections (which may be expressed as play)
- Traumatic nightmares in which the content or affect is related to the traumatic event(s). Note: It's not always possible to determine that the frightening content is related to the traumatic event.
- Dissociative reactions(e.g., flash-backs);such trauma-specific re-enactment may occur in play
- Intense or prolonged distress after exposure to traumatic reminders
- Marked physiological reactions after exposure to trauma-related stimuli

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DSM-5: Preschool PTSD

Criterion C

- One or more symptoms from either Criterion C or D below:
- C. Persistent effortful avoidance of trauma-related stimuli:
 - 1. Avoidance of activities, places, or physical reminders
 - 2. Avoidance of people, conversations, or interpersonal situations

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DSM-5: Preschool PTSD

Criterion D

- D. Persistent trauma-related negative alterations in cognitions and mood beginning or worsening after the traumatic event occurred, as evidenced by one or more of the following:
 - 1. Negative emotional states (e.g., fear, guilt, sadness, shame, confusion)
 - 2. Diminished interest in significant activities, including constriction of play
 - 3. Socially withdrawn behavior
 - 4. Reduced expression of positive emotions

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DSM-5: Preschool PTSD

Criterion E

- E. Alterations in arousal and reactivity associated with the traumatic event, as evidenced by two or more of the following:
- Irritable behavior and angry outbursts (including extreme temper tantrums)
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance

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Preschool PTSD by DSM-5

- F. Duration (of Criteria B, C, D and E) is more than 1 month
- G. The symptoms causes clinically significant distress or impairment in relationships
- H. Symptoms are not attributable to a substance (e.g., medication or alcohol) or medical condition

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Hypnosis and Trance with Children and Adolescents

What is important in relation to hypnosis?

- Accurate handling of power and influence
- Adequate responsibility and self-regulation (stabilization)
- Offering a wide range of therapeutic methods
- Understanding children and adolescents as a part of a system (family, different peer groups)

A willful differentiation and control of

- State of trance and the „here-and-now-state“
- Quality of the trance-state
- Imagination and reality
- The profoundness of trance
- Association and dissociation

Hypnotherapy reduces the posttraumatic symptoms

- Willhelm-Gössling (2018) refers to a meta-analysis by O'Toole et al. 2016.
- Hypnotherapy belongs to the „Big Five“ after (1) **E**ye **M**ovement **D**esensitization and **R**eprocessing (EMDR), (2) Psychoanalysis, (3) Psychodynamic imaginative trauma therapy, (PITT) by Luise Reddemann, (4) Cognitive Behavioral Therapy

Hypnotherapeutic treatment of traumatized people with hypnosis

Particularly important with traumatized clients:

1. **Strengthening of personal responsibility and self-control:** finding the way out of helplessness and experiencing self-efficacy as much as possible
2. **Knowing the difference between trance and “here and now” (and being able to control this):** gaining control over the trance state. Uncontrolled transfer into the trance-state can be understood as a protective mechanism of traumatized clients. That can be dangerous.
3. **Positive and negative, healthy and unhealthy, to control the trance-state:** the state of trance is often very unhealthy, learn how to get out of the unhealthy trance-state, to get into the healthy trance-state under own control
4. **To control association and dissociation:** dissociation often occurs uncontrolled. Learn how to control dissociation and use it specifically.

Why is hypnosis particularly suitable for treatment of traumatized people

In hypnotherapy patients should be taught how to control:	Why is hypnosis particularly helpful for treatment of traumatized people
State of trance and the „here-and-now-state“	many traumatized people get into the unhealthy trance-state in an uncontrolled manner, dissociate
Quality of the trance-state	Trance-state is mostly negative, unhealthy
Imagination and reality	Traumatized people are often not enough in touch with reality
The profoundness of trance	unhealthy trance-states get often too deep and therefore are even harder to control
Association and dissociation	they dissociate often in an uncontrolled manner

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Development-related aspects

Some differences between children and adults

- Less physical power in general
- Assessment of a situation and other people is difficult
- A child takes more risks. For the child it is difficult to assess danger.
- Afterwards the child is often not able to understand complex relations.
- The child is dependent on adult authorities (family, school). This fact can be supporting or restricting.
- He or she is vulnerable to the social surroundings (peers, relatives...)
- More vulnerable to feelings of guilt

Diagnostically relevant information at different ages

Preschoolers: age 1 to 5

- regressive behavior e.g. in toilet training, drinking from the bottle
- fear of monsters, decreased exploration and curiosity
- fear of loss and separation
- avoiding new situations,
- shyness and dependence
- sleeping problems, refusing to go to bed
- nightmares, fears at night

Diagnostically relevant information at different ages

Elementary school children

- regressive behavior e.g. raging and crying
- fear of loss and separation
- playing with toys that are for a younger age
- jealousy to younger siblings
- hyperactivity, hypervigilance
- talking about fear of death
- a change in child's characteristic behavior e.g. becomes nervous, aggressive, introverted.
- frightened by people, by certain objects (phobic)
- self-destructive behavior like head banging
- taking high risks
- attention deficits
- good grades are regularly achieved in school

Diagnostically relevant information at different ages

Adolescents

- regressive behavior e.g. raging and crying
- fear of loss and separation
- loss of interest in their favorite activities, social isolation
- being competitive with siblings
- being in opposition to others' opinions
- resist doing homework
- conflicts with authorities
- depressed and dependent behavior
- sleeping disorders: fear of sleeping, waking up in the middle of the night, not getting up in the morning, feeling sleepy during the whole day
- the way of dressing e.g. provocative, neglectful
- taking high risks
- suicidal
- psychosomatic symptoms, constant pains
- skin problems
- delayed or accelerated puberty
- Anti-social behavior, e.g. promiscuity, taking drugs

Trauma and its consequences

→ The special situation of a child who had lost somebody: Trauma brings along consequences on the individual (development and personality) as well as on his family and social environment

→ Hypnotherapy considers systemic aspects (family, school, peer group) as well as the clarification of how acute the situation is for the child (implement an action if the person is in danger)

Investigation

Checklist concerning diagnostic aspects and treatment: first session

1. Here and now, present situation

- Child: how do your feelings now differ from before the event?
Parents: What has changed?
- Sleep, sleeping disorder, eating behavior, physical symptoms and pains. Did you consult a physician?
- Do you suffer from intrusive memories? When? Where? How often? Of what do they consist?
- Psychic symptoms?

2. Social network

- Relations between family members, peers, friends, acquaintances
- Who knows about what?
- What's the current state of these relationships?
- Who reacted how to the traumatized person?
- Leisure time activities?

Investigation

Checklist concerning diagnostic aspects and treatment: first session

3. The situation at home and in school

- How do you live? How many rooms? To whom do they belong? Location. What is the neighborhood like?
- School situation?
- Financial aspects, insurance, legal consultation, consulting about personal rights?
- Is the police (or authorities) currently investigating?

Investigation

Checklist concerning diagnostic aspects and treatment: first session

4. The traumatic event

- To know - not to know, to remember - to forget
- When do you or did you remember what?
- Did you already tell the whole experience to someone? If yes, how did they react?
- Tell the experience including all details.

5. The thoughts and feelings about the event

- Feeling about being the victim? Control beliefs? Helplessness?
- Do you think someone is guilty, or responsible? Feelings of revenge?
- Blaming yourself?

Important topics in psychotherapy with traumatized people

1. **Exact perception and remember**
2. **Dealing with memories:** On the one hand children should deal with their memories and on the other hand they should be able to better control their memories. Control meaning relative to the moment, the strength and the emotional involvement.
3. **Dealing with the symptoms:** Symptoms such as fear, rage, insomnia and problems with concentration might be harmful for either the person or his/her environment.

The following steps could be relevant for therapy:

- Getting information about the symptoms: Sequence, pattern, when did they first appear, place, moment and other relations
- Finding the peak of the symptom
- Finding out the symptom's meaning
- Being able to better control the symptom: rate and frequency of the occurrence
- Alternatives to the symptoms

Important topics in psychotherapy with traumatized people

4. Belief relating to control, self-confidence, self-efficacy, self-responsibility and coping with anxiety.

Control is related to memories, symptoms, the state of consciousness, dissociation and daily routine.

This has an impact on the perception of self-efficacy. An important milestone in the process of finding one's adequate individual responsibility is to deal with one's own victimhood.

5. Identity

6. Security, safety and protection

-Being aware about own situation (alarm signal) and the own body

-An accurate perception of the environment

-Analyzing the situation

-An adequate reaction on the alarm signal

-To elaborate strategies for protection and to practice them in trance

Important topics in psychotherapy with traumatized people

7. Boundaries

This section serves as a protection and should be placed in the educational counseling, in the advice for parents and within family therapy. Within individual therapy you can combine several methods with hypnosis.

Spatial boundaries

- Imagine one's own room in trance and thereby getting aware of different levels of privacy
- Constitute a dream home with toy blocks and figures and therefore seek improvements

Boundaries concerning the body

- Strength, bodily distance, contact
- The bound of violence
- Verbal bounds
- Mental bounds
- How much can I sustain (protection, borderline), which is my business and which not?

Chronological boundaries:

Accuracy, how much and for what do I need time?

Important topics in psychotherapy with traumatized people

8. Social behavior: peers, siblings, family, school

Social situations can be reported,

In trance:

- Analyzed
- Trained

9. Self-care: taking care of the body

There are topics such as body image, bodily care, physical activities, health and body perception

In a slight trance you can explore neutral, not dangerous sensations such as warmth, pressure. Later on you can discover playfully in which part of the body you can feel the most intensive freshness or the color pink, and which part of the body is the most important or the most interesting.

Important topics in psychotherapy with traumatized people

10. Ethical and moral considerations

- Guilt, feelings of guilt
- The role of the parents (responsibility, responsibilities), role of the children
- Loyalty, revenge
- Truth
- Lie
- Love, sexuality

11. Dealing with death – finding meaning in life

Psychotherapy with traumatized clients is also responsive to the following themes:

- Fear of death, suicidal ideation
- Finding joy and meaning in life

→ Within trauma treatment one should not only achieve falsifications and neglect, but also reappraise, interpret and arrange the memories to get a better control over the memories.

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Generally about Trauma-processing

- Feelings and kinesthetic perceptions will be possibly under control or switched-off fully. The exact visual and acoustic perceptions will be supported
- Reasoning and metacognition will be supported
- It includes the elements of alienation

Trauma treatment within association

Here and now

- Question: „Which thoughts or memories do come repeatedly into your mind?“ (Flashbacks)
- Report the event
- Limit the beginning and the end
- Explanations, in order to integrate the event
- Define the containment (container)
 - The most frequent 3 or 4 container:
 - 1 for good things
 - 1 for things which you should remember
 - 1 for bad things (lay out in the back of the brain)
 - (-1 for neutral things)
- Draw and name the container

Trauma treatment within association

Trance

- The beginning of the situation
- Get through the trauma and sort all important episodes into one of the containers
- Is all sorted into containers? Other things you have to put away

Here and now

- Explain/ ask: „How do you imagine the memory?“ (for instance as a frame, as a box or as a small room?)

Trance

- Keep up the container in memory

Here and now

- Any comments?

What does trauma-processing contains and reasons behind it

Relation of the story is going to be written down/noted	Esteem. Experience belongs to life story, someone listens. Story will be recorded in writing
3 containers are drawn	The differentiation between distinct qualities. The person stands up to draw, moves
The incident are organized and categorized within containers	Qualities are going to be distinguished
Memory is visualized and organized with containers	In this way the person regains more control over the memory and its recollection
Elements useful for the sake of self-protection are available- they will be stored at the front	prevents risky behaviors

Trauma treatment within dissociation

Here and now

- Which memories do come repeatedly into your mind and when? (Flashbacks)
- Let report the happening
- Limit the beginning and the end

Trance

- *Association*: To look for the situation in the beginning and to stop the situation
- *Dissociation*: How can you get out of the situation? (as in a film, screen)
- To put oneself into the role of a spectator, for instance on a cinema chair, theatre chair or on a sofa (feel the chair, feel the armrest)
- See the first picture from the outside, for instance as on a screen, stage or on a television screen (see the border or the curtain of the stage)

Trauma treatment within dissociation

Trance

- Afterwards let the situation continue. Consistently check if there is still dissociation or if it's possible to watch the situation from the outside. Just be aware of the visual and auditory stimuli, because the kinesthetic perceptions and feeling are not accessible from the outside. (what is happening, what are you seeing? How is the situation continuing? What are you thinking about it? Perhaps you see that your body is going to be wounded, but your dignity, your personality and your ego can not get harmed. Let the situation play itself out until the end).
- **Association:** Stepping into the picture and then completing it. To bow out of the place and the moment.

Here and now

- What was it like for you? What was it like for you to see the situation from the outside? What are you thinking about it? Did you observe something you weren't aware of before? Did you see that the dignity of the child didn't get harmed and remained intact? How did you see that?

Keep up one's dignity

- At the beginning, go to a situation where you were hurt. Go back to the point, where you are still safe.
- Get out of the picture/ imagination. **Dissociation.**
- Imagine the situation on a screen.
- Go to the end of the situation.
- Imagine the term “dignity”/pride as for instance a light surrounding everything and observe it being intact. Go through the situation. Pay attention that this surrounding light stays intact.
- Get in the picture/ imagination again.
- Feel the surrounding light, dignity and pride.

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Multitude of involved systems of traumatised children, adolescents

- Family: multitude parts of families: for example fathers partner and children, mothers partner, children from different parents (patch-work family)
- school
- Societies/clubs
- Professionals involved like doctors, psychotherapists, remedial teachers/educationalists
- Authorities
- court

Art of traumatisatisation

- strong ☐ weak
- Numerous times ☐ one-time
- By other people ☐ other circumstances
- People: on purpose ☐ unintentional
- Close people ☐ unfamiliar individuals

forms of traumatisation

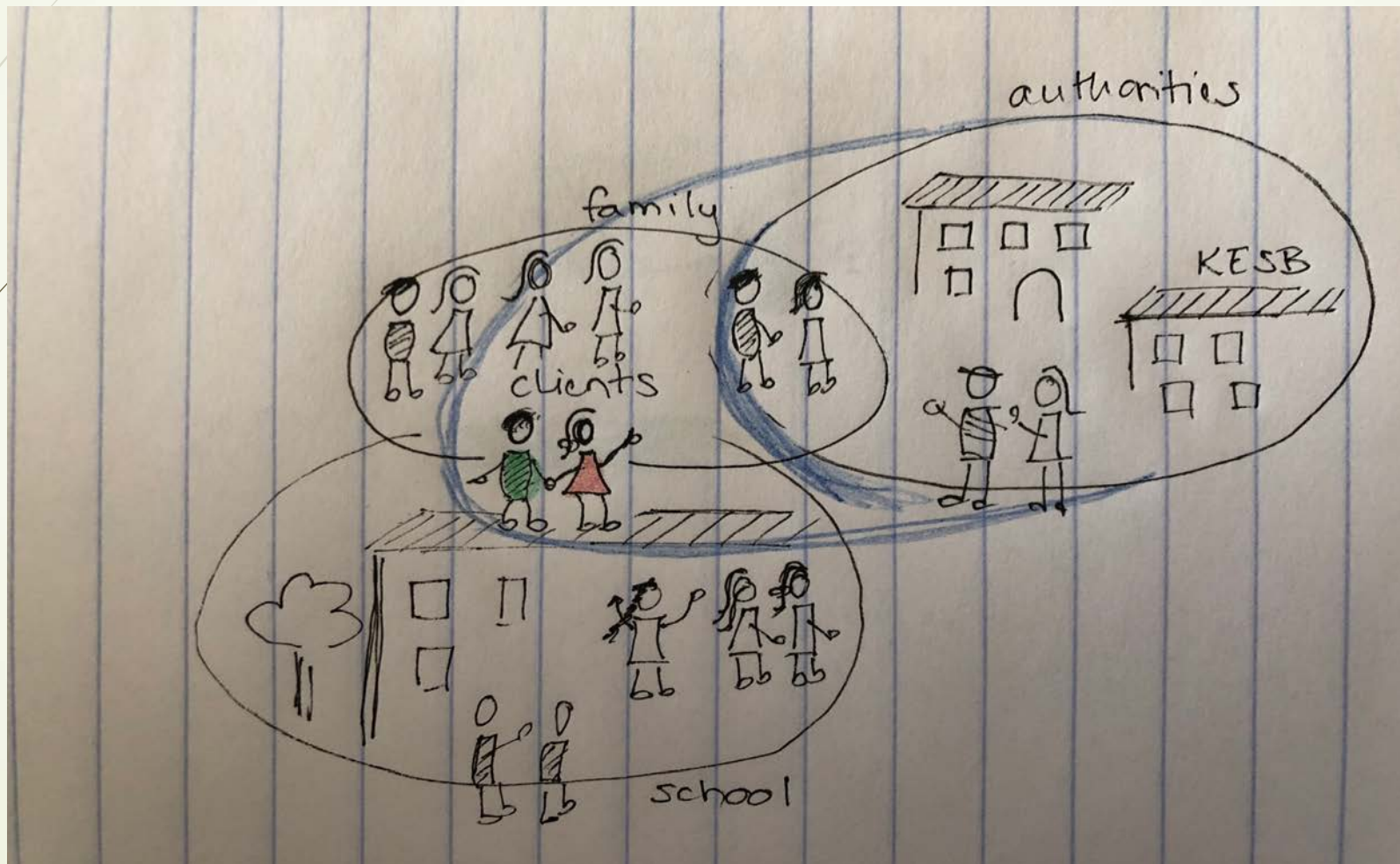
- One of the parents, father
- Parents living separately
- Children from the same biological parents
- Father was the source of traumatisation
- Mother often also weak

Inter-systemic aspects

Example (case)

- Family, father abusive (physical violence towards mother, in front of children), mother being physically abused, 2 children (boy: age 11, girl: age 8), abuse lasting for 8 years
- Kids and mother in therapy, father refusing treatment
- Father insists on seeing children
- Court asking therapist to define when «trauma-treatment is successfully terminated so that the father can see his children again»
- Therapist insisting on father being treated (violent offender treatment) as a precondition for him being able to see his children
- Father meeting child therapist, behaving aggressively

Inter-systemic Aspects



Inter-systemic aspects

Example (case)

- Mother suffering from PTSD, system not understanding towards mother
- Mother is stressed, needs support in order to care for children
- Contact with father should be «stepwise»
- Relevant persons in professional system cooperating closely

(Herzig & Steinbach, 2019)

Inter-systemic aspects



Inter-systemic aspects



Inter-systemic aspects



Inter-systemic Aspects



Content

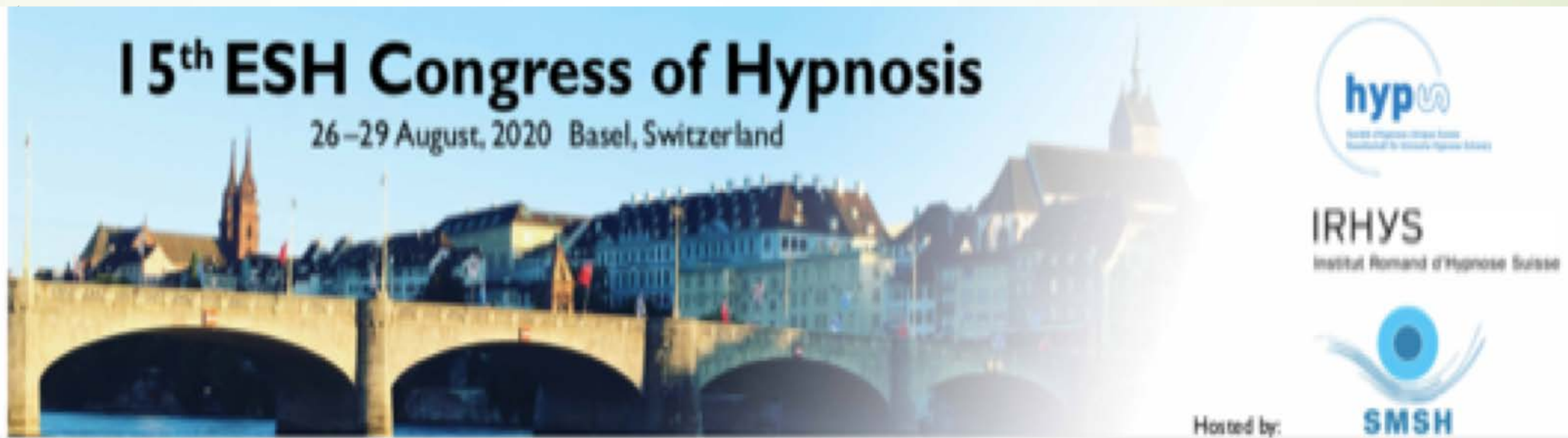
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Summary

- Trauma (DSM 5 Diagnoses, preschool), symptoms vary with age, topics to be considered in psychotherapy with traumatized children and adolescents
- Hypnosis and hypnotherapeutic methods are very effective for trauma:
 - willful differentiation and control of trance and “here and now”
 - enable clients to control deepness of trance-state
 - association/dissociation
- Intra-systemic methods, trauma-processing, treatment
 - Presentation of trauma-treatment within association
- Inter-systemic aspects
 - Presentation of case study

**It will be our pleasure to meet many of
you in Basel 2020!**

**Bienvenue à Bâle!
Willkomä z`Basel 2020!**



Thank you very much for your attention!

Address

Lic. Phil. Susy Signer-Fischer,

Fachpsychologin Psychotherapie und Kinder- und Jugendpsychologie FSP

Zentrum für Entwicklungs- und Persönlichkeitspsychologie – ZEPP, Universität
Basel

Missionsstrasse 62, 4055 Basel

Zentrum für systemische Therapie und Beratung, ZSB

Villettenmattstrasse 15, 3007 Bern

Tel. +41 61 207 24 02

E-Mail: susy.signer@unibas.ch;

mail@susysigner.ch

www.susysigner.ch



Der kleine Lederbeutel mit allem drin



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