Agenda Module I

- The Fundamentals of Psychodynamic Equine Assisted Traumatherapy

  Definitions and Premisses

- **The Essentials of Equine Assisted Traumatherapy**

  Diagnostics

  Tools and Techniques

- Combat Related Posttraumatic Stress Reactions

  Differences: Civilian vs. Armed Forces

Learning Objectives
The Essentials of Equine Assisted Traumatherapy
Diagnostics, Tools and Techniques

Learn and know the definition, diagnostic and psychotherapeutic elements of „Trauma“

Learn and know the benefits of adding horses to the treatment team when working traumatherapeutically

Learn how to incorporate and work with the elements of psychodynamic equine assisted traumatherapy

Traumatherapy

- Many different approaches
- “Trauma” is typically part of any university degree in the psychological field
- Specialization / further education is necessary as Traumatology is a relatively new field
- Most common approaches:
  - Cognitive Behavioral Therapy (CBT)
  - Cognitive Processing Therapy (CPT)
  - Cognitive Therapy

➢ PEATT is a traumatherapeutic approach

Definitions

- Approach — A way of dealing with something or somebody: In pEATT, the underlying approach is **Psychodynamic Psychotherapy**
- Method — The process used or the steps taken to deal with an issue or a person: In pEATT, elements from Equine Assisted Psychotherapy, psychodynamic Imaginative Traumatherapy and EMDR are combined to form the
- **pEATT Model** — a comprehensive and systematic approach to

  Assessment,
  Treatment, and
  Evaluation (i.e., the treatment process)

  which includes theoretical principles, clinical indications and contraindications, goals, methodological guidelines and specifications, and the characteristic use of certain procedural sequences and techniques.

Song: Assemblage 23

https://youtu.be/BUxYP_HJ9g8

- I am merely the product
  Of the life that I've lived
  An amalgam of sorrows
  And the wisdom they give

  But the weight has grown heavy
  And its dragging me down
  It's so hard not to sink now
  But I don't want to drown
-

  CHORUS
  I'm damaged
  But somehow I've managed
  This far
  But I don't know if I can find my way back home
  I'm damaged
  But somehow I've managed
  For now
  But I don't think I can face this on my own

- There is beauty in hardship
  There are poems in grief
  There are trials we must go through
  Though they may shake our beliefs
- But I don't know how I got here
  Lost in the cynical dusk
  Set adrift in the worry
  That I've no one to trust
- (CHORUS)

  If to suffer is holy
  I'll take my share of the pain
  I can swim through this sadness
  If there's something to gain

  I can reach for the surface
  And try to pull myself free
  But the last thing I want is
  To drag you down here with me

  (CHORUS)

Adaptive Behaviors leading to „Dys“functionality

Dysfunctional (n):

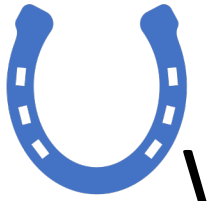
- is used to describe relationships or behavior which are different from what is considered to be normal.

Dysfunctional (Adj):

- **unable** to function normally, properly, etc.
- characterized by abnormal or impaired psychosocial functioning

BUT: Any so-called „dysfunctional“ behavior/symptom has so far served a purpose and function and is therefore FUNCTIONAL!

Treat the person, not the Symptom!



What IS Trauma?

"A vital, discrepant experience between threatening situational factors and individual coping mechanisms".

In English:

When a being experiences an event that exceeds available coping strategies and abilities, certain neurobiological changes occur that "flood" the system. If these changes are not reduced and/or dismantled, remnants remain, leading to a variety of so-called "symptoms".

Trauma Definition (APA)

- Trauma = the emotional response someone has to an extremely negative event. While trauma is a normal reaction to a horrible event, the effects can be so severe that they interfere with an individual's ability to live a normal life.
- DSM – V: Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways:
  - Directly experiencing the traumatic event
  - Witnessing, in person, the event as it occurs to others
  - Learning that the traumatiac event occured to a close family member or close friend (accidents or violence)
  - Experiencing repeated or extreme exposure to aversive details of traumatic events

Characteristics (Trias)

Hyperarousal
Avoidance
Intrusions

Possible trauma related dis-orders

- Acute stress reaction/dis-order (0-6 weeks)
- Posttraumatic stress dis-order (> 6 weeks)
- Complex posttraumatic stress dis-order (repeated traumas, often during childhood)
- Complex dissociative disorder

  (DIS/DDNOS Type I)

- Adjustment disorder
- High comorbity to trauma unrelated disorders, e.g. Depression, Anxiety d/o, Somatoforme d/o, Substance Abuse, Psychosis, Personality d/o

Typology of psychological trauma

- Type I Trauma: suddenly, unexpected, unique
  - Apersonal: natural catastrophe, traffic accident
  - Personal: robbery, rape
- Type II Trauma: chonic, cumulative, often predictable
  - Political violence: war, torture, being taken hostage
  - Personal space: child abuse, sexual abuse, extreme neglect
- Noteworthy: emotional violence, relational and attachment trauma

Consequences of a trauma experience

- Individual differences concerning
  - Susceptibility
  - Time
  - Quality and complexity of symptoms

- There is not „a typical“ trauma related disorder or category

Treat the human, not the diagnostic category or population category!!

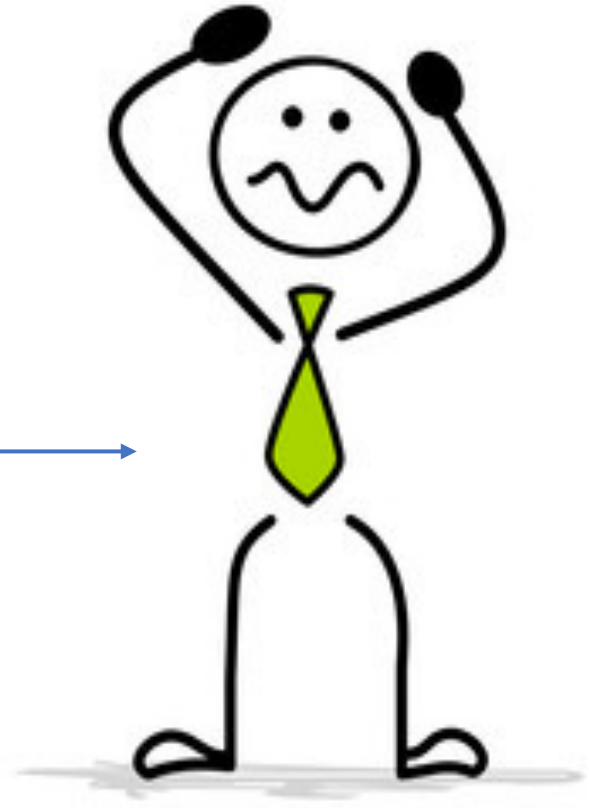
Trauma on the relational level

When trauma has taken place on the relational, it takes the relational context for this trauma to be processed / worked on

Most complex PTS(d) has taken place on the relational level!

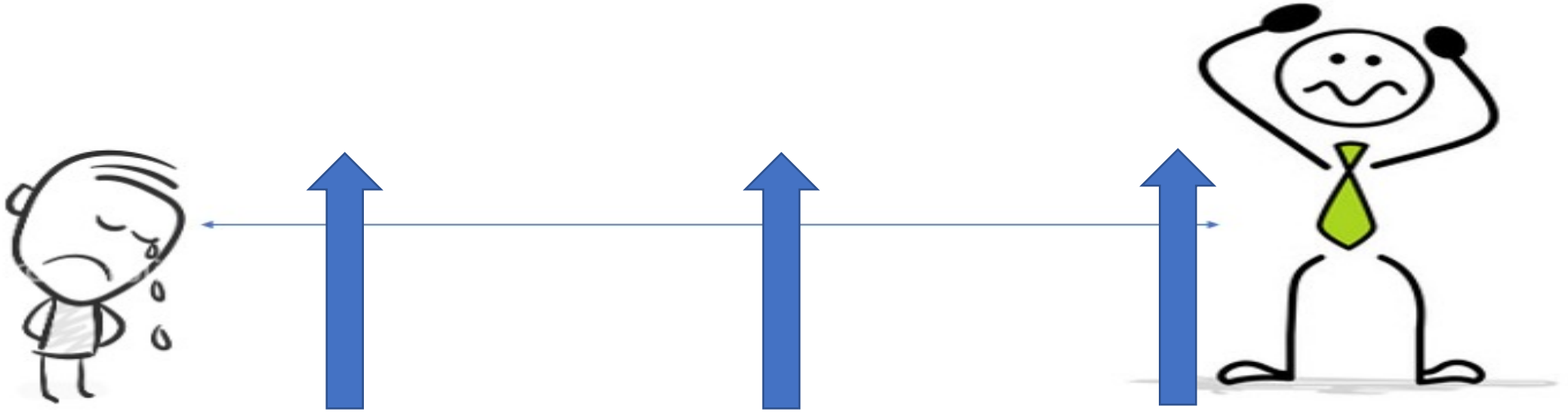
Childhood relationship with primary caretaker(s)

Attachment



Social relationships in the here and now

Action -> Reaction -> Action -> Reaction



What can trauma look like in PEATT?


Training session - Part II Ms. M, session 3

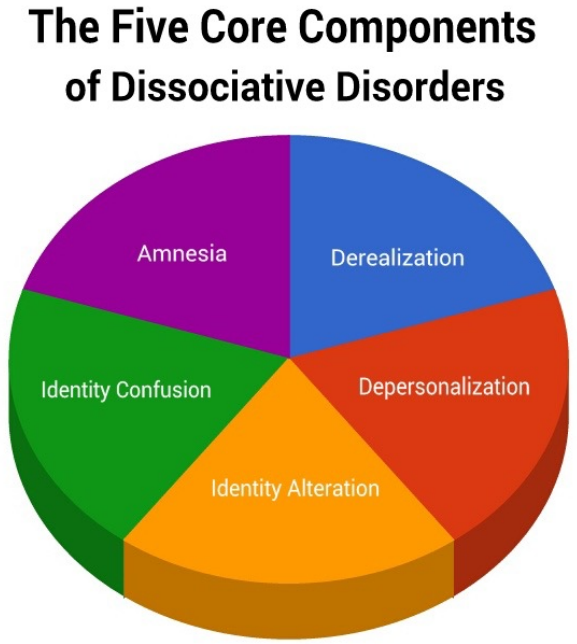

Training session - Part II Ms. M, session 3


Wiedergabe (k)


Session 2

Dissociation

- Amnesia: Memory problems and „loosing time“
- Depersonalisation: to feel separate/split off from oneself or one‘s body
- Derealisation: feeling split off from trusted/known people or one‘s own familiar environment
- Identity confusion: a person‘s inner struggle regarding one‘s sense of identity
- Identity Alteration: used to be called “multiple personality“ dis-order



Source: Handbook for the Assessment of Dissociation: A Clinical Guide. Steinberg (1995).

http://traumadissociation.com/dissociative

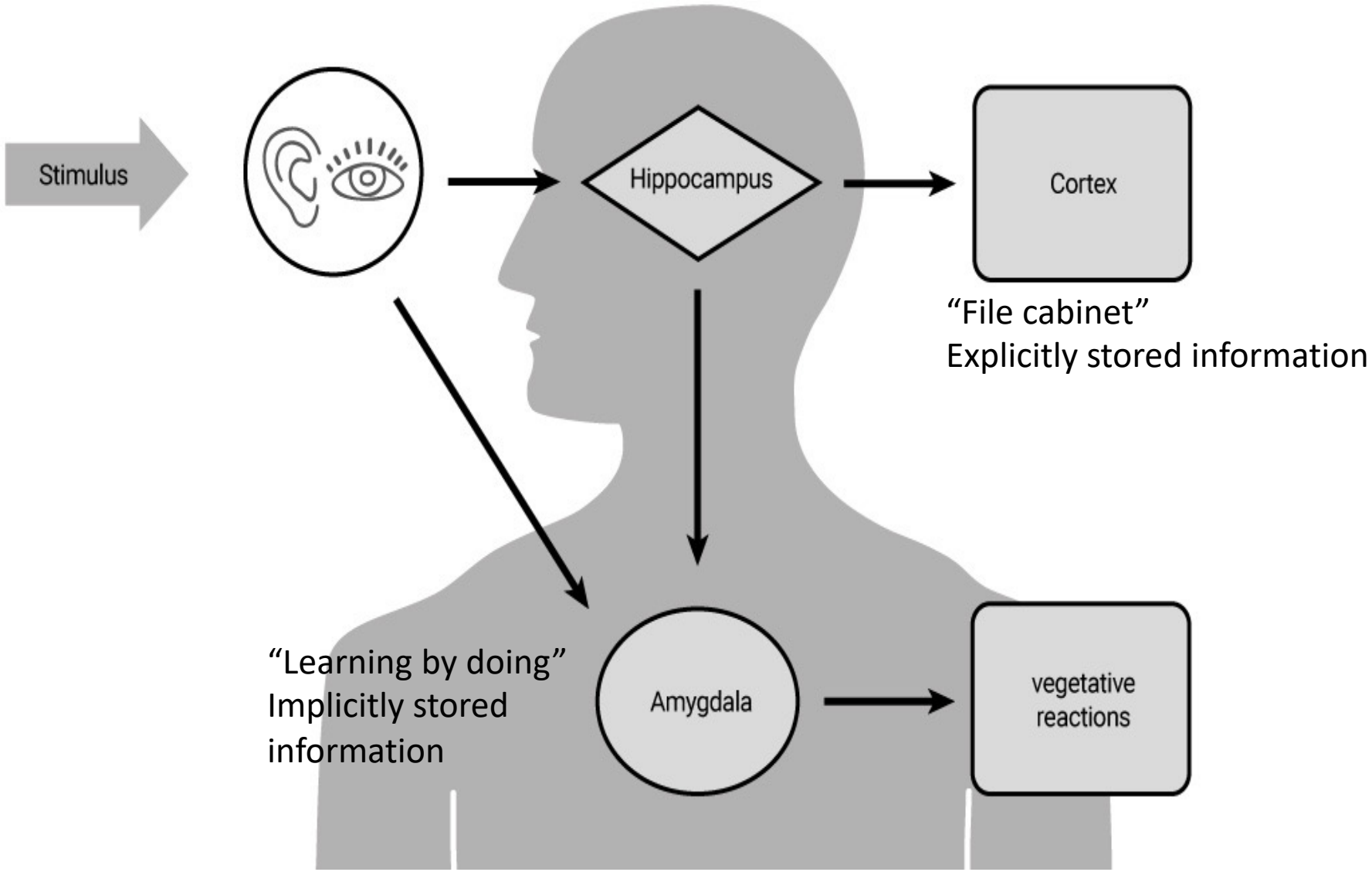
Dissociation

- The splitting off of closely related and connected psychic processes
- Can range from mild disconnection from the immediate environment to a strong disconnect from physical and emotional experiences
- All have in common that there is rather a „disconnect from reality“ vs. a loss from reality, which is more typical for psychosis
- In addition to its biological component, in the psychodynamic approach dissociation is regarded as a **coping mechanism**

- **Dissociation blocks the consciousness from knowing about incoming information, but does not block the reception of said information**

Psychoeducation: a simple Model

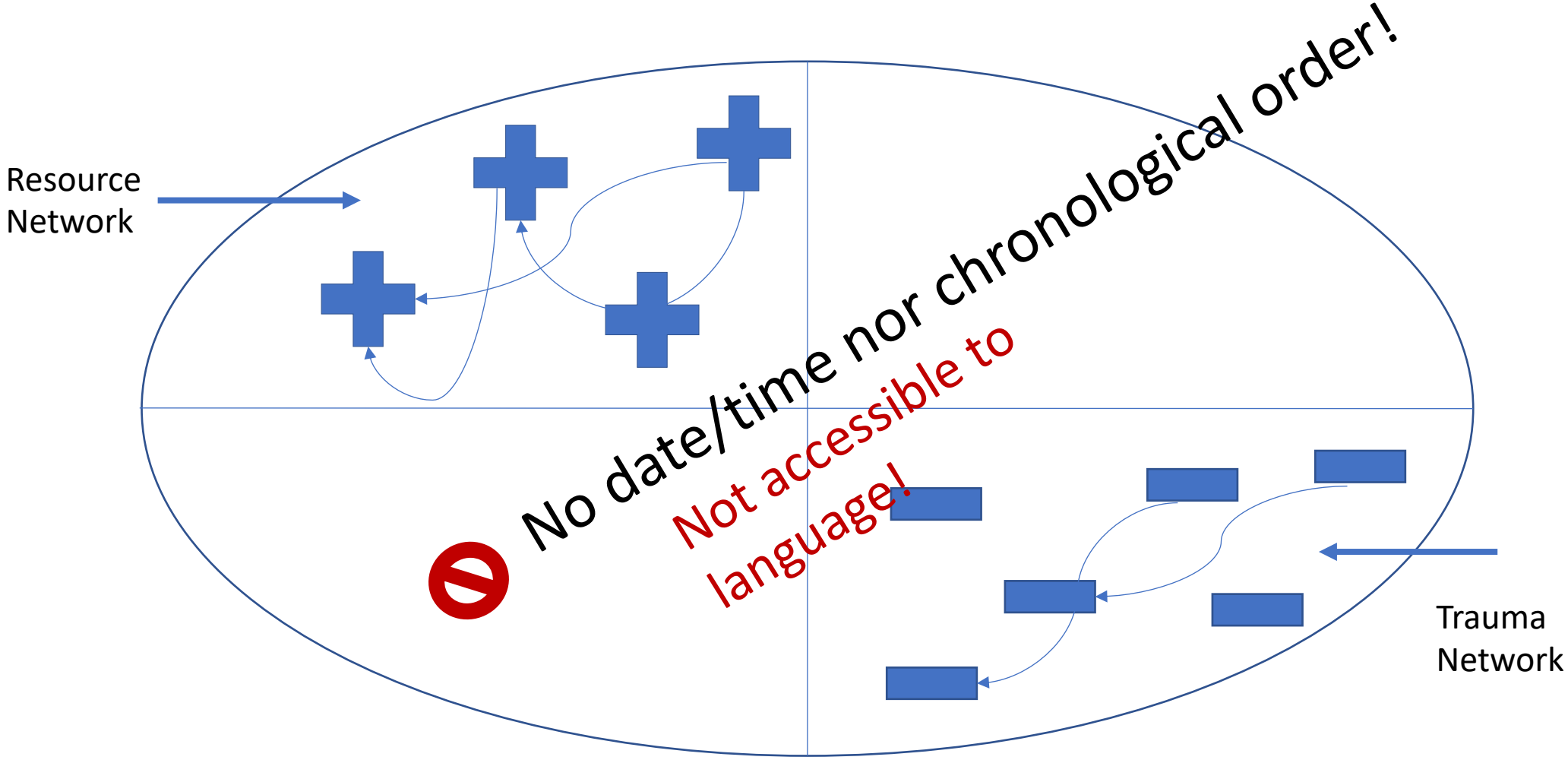
Provide psychoeducation as soon as possible, in any case, no matter who/what/where/when



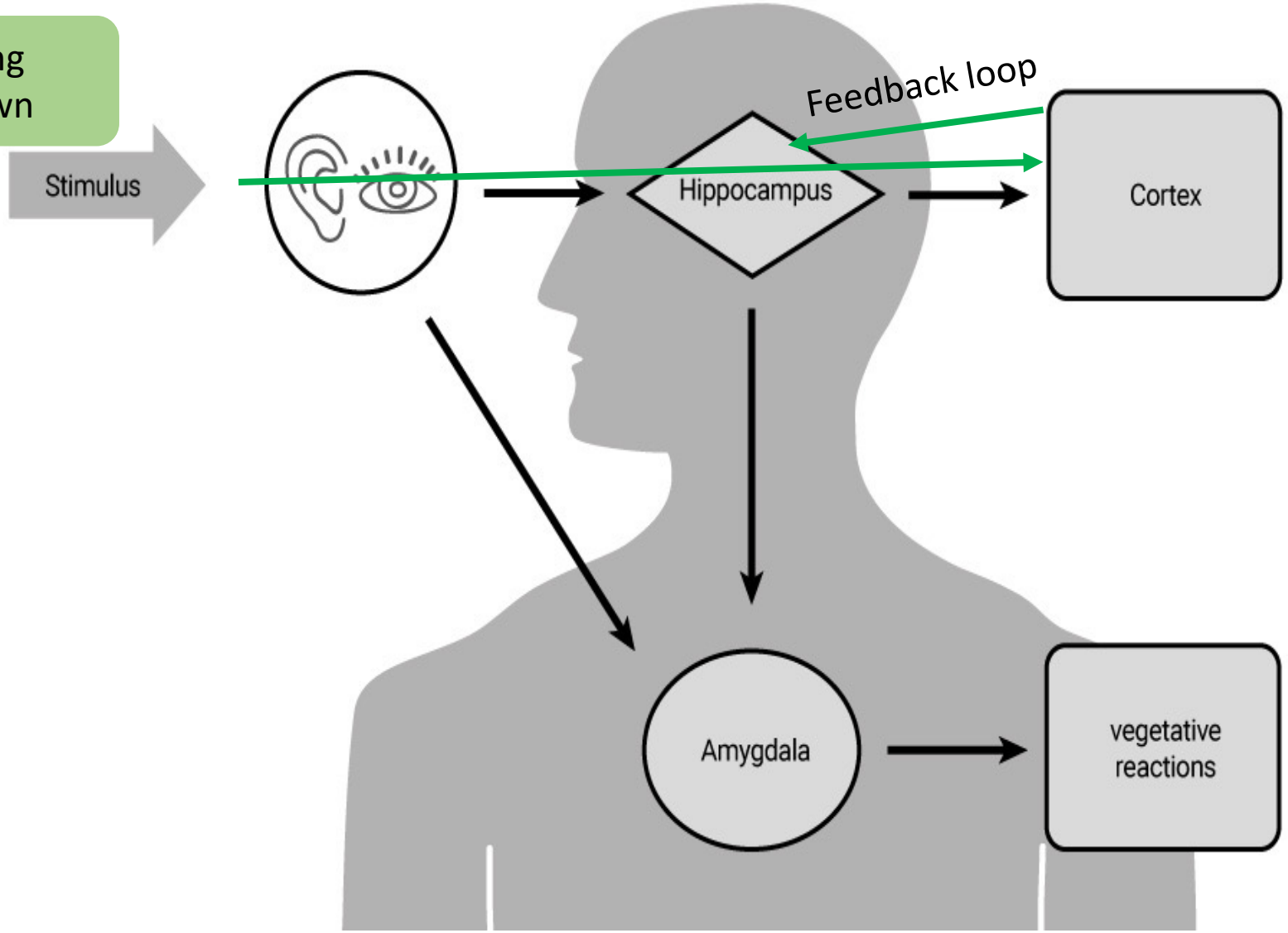
“File cabinet”
Explicitly stored information

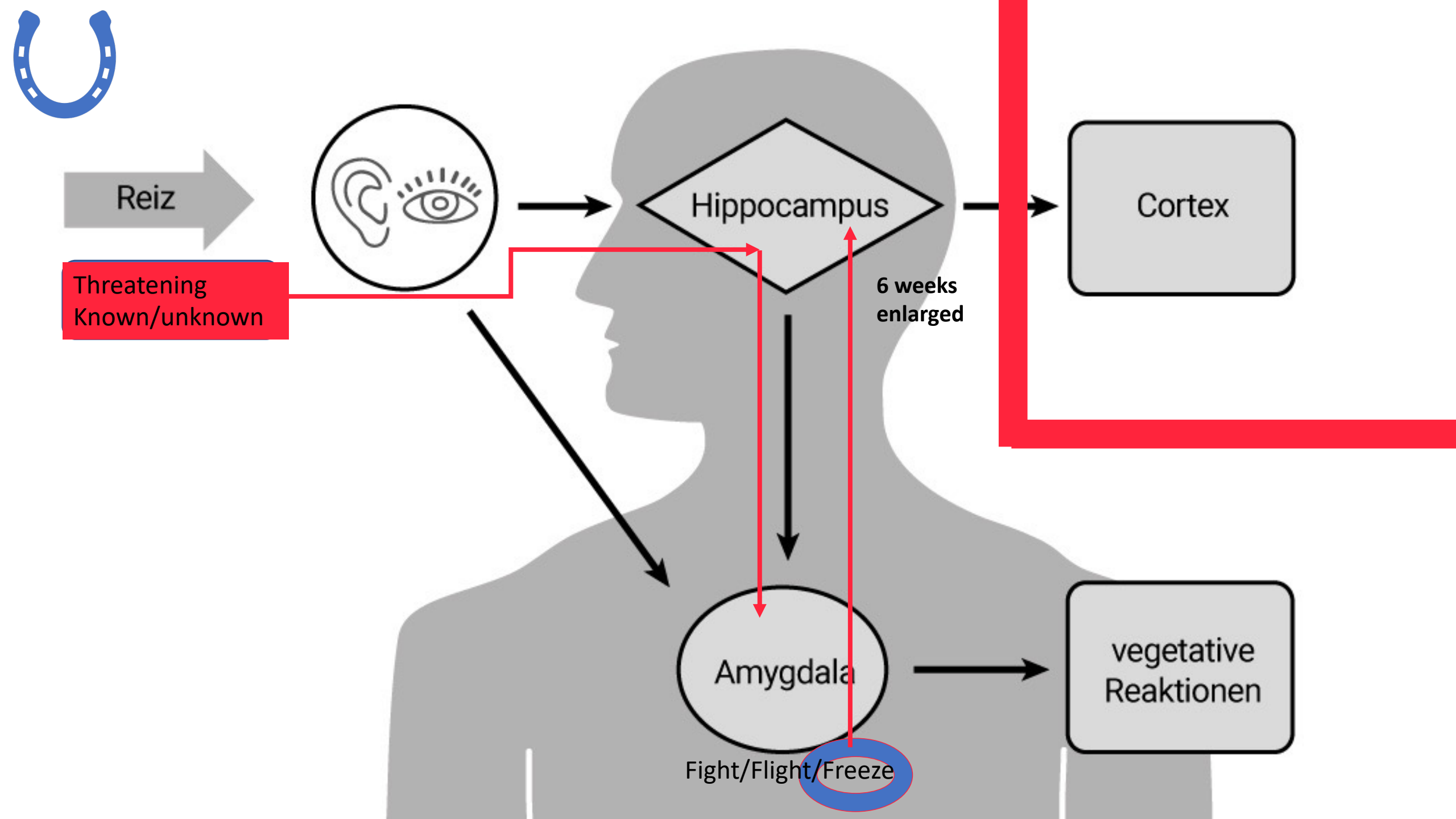
“Learning by doing”
Implicitly stored information

Implicitly stored material

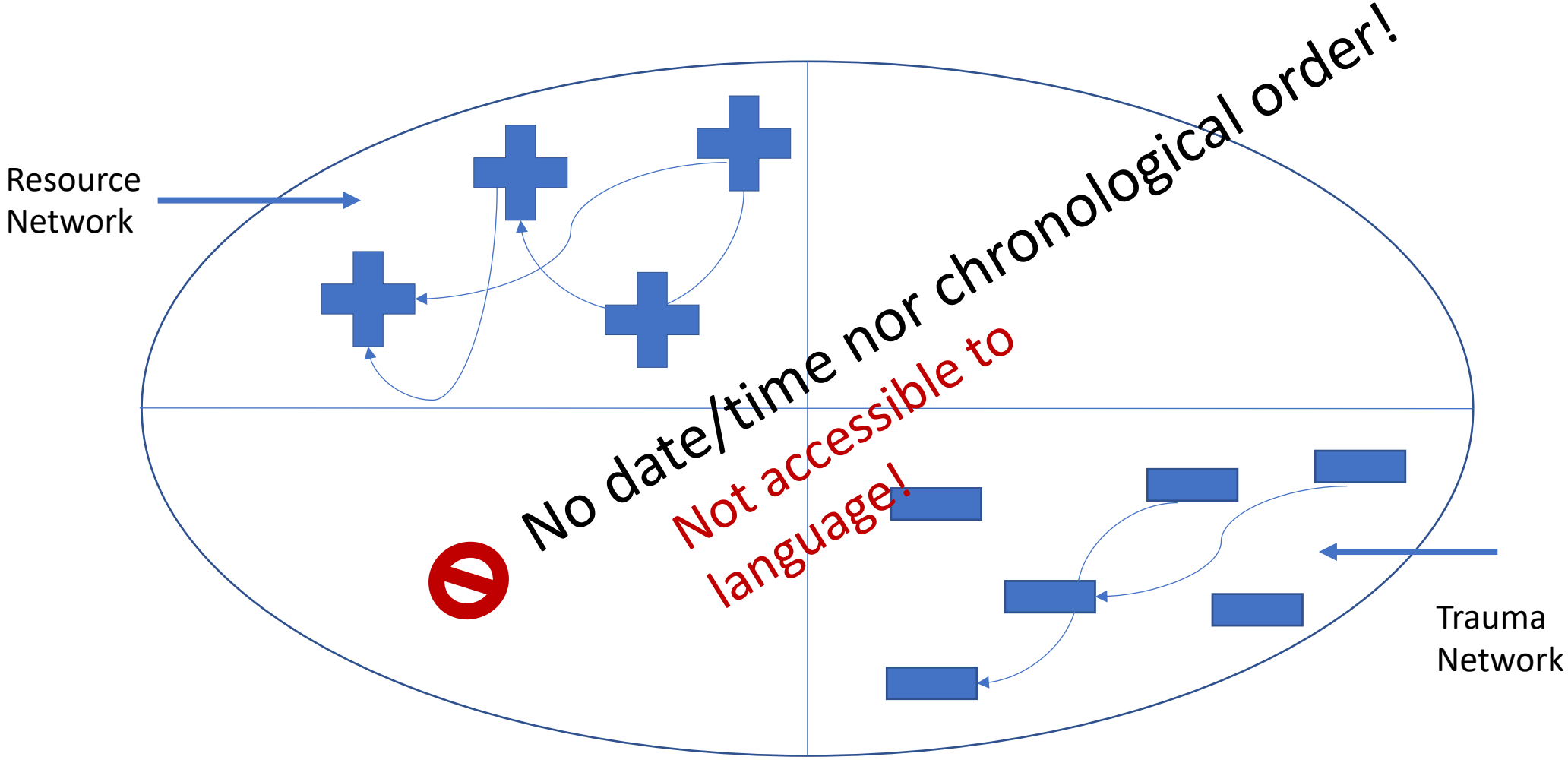


Non-threatening
Known/unknown




Reiz
Threatening
Known/unknown
Hippocampus
Cortex
6 weeks
enlarged
Amygdala
vegetative
Reaktionen
Fight/Flight/Freeze

Implicitly stored material

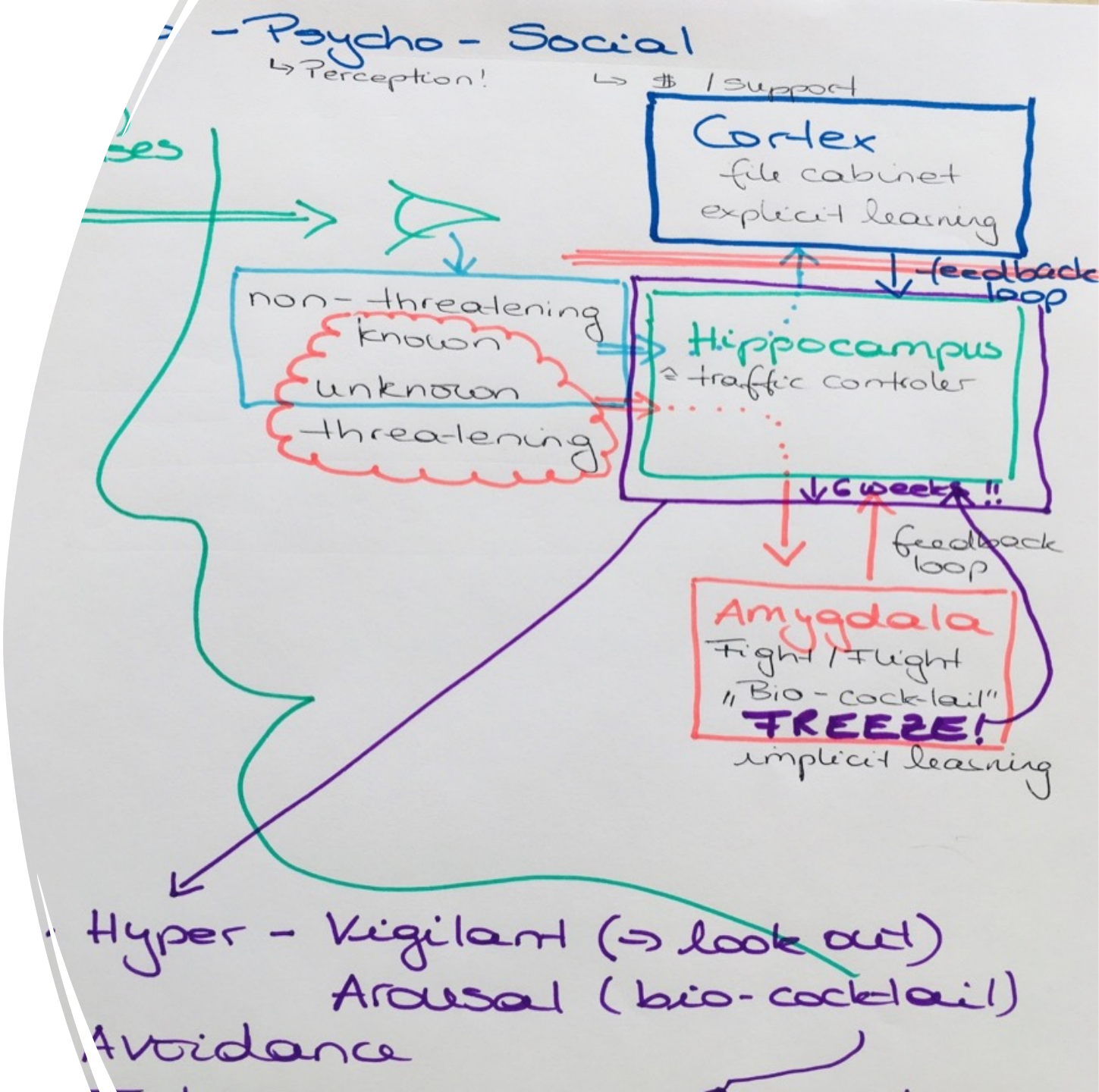


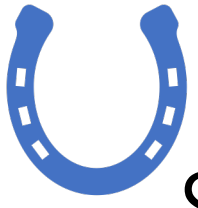
An enlarged Hippocampus leads to ……

Characteristics (Trias)

Hyperarousal
Avoidance
Intrusions

Please draw yourself!





Screening Questionnaires and Checklists

- PTSS-10: Posttraumatic Stress Scale; short screening instrument
- IES: Impact of Event Scale
- Traumatic Experiences Checklist (TEC)
- CTQ (Childhood Trauma Questionnaire)
- PDEQ: Peritraumatic Experiences Questionnaire
- CAPS: Clinician Administered PTSD-Symptom Scale
- SIDES: Structured Interview for Disorder of Extreme Stress not otherwise specified
- Somatoform Dissociation Questionnaire (SDQ)

Always check for comorbidities!

Resources

http://www.enijenhuis.nl/tec
http://www.enijenhuis.nl/sdq
https://www.ptsd.va.gov/professional/assessment/adult-sr/ies-r.asp
http://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp
http://www.ncbi.nlm.nih.gov/pubmed

Treatment phases in PEATT (Herman, ’92)

Stabilization

Stabilization

Stabilization

….. Stabilization^{x}…….

Confrontation

Integration

Stabilization includes

- Identifying resources
- Identifying current strengths
- Identifying current coping skills
- Developing new coping skills including emotional regulation skills

? Is the person able to „be“ in the here and now and

? Is the present experienced as safe and manageable

Remember?

Bio-Psycho-Social Model in PTS(d)

- Biological Factors:
  Neurological/physiological and somatic processes/Bio-Cocktail
- Psychological Factors:
  PERCEPTION –> Triggers!
  INTERPRETATION –> Danger!

  COPING: the psychoadynamic model refers to two contrary states, resulting in an inner conflict:

  1. the attempt to deny and intellectually avoid what has happened (**avoidance**) and

  2. A strong desire or intellectual impulse to remember and revisit the traumatic event (**intrusion**)

- Social Factors –> Withdrawal, Isolation

Remember the short version treatment goals?

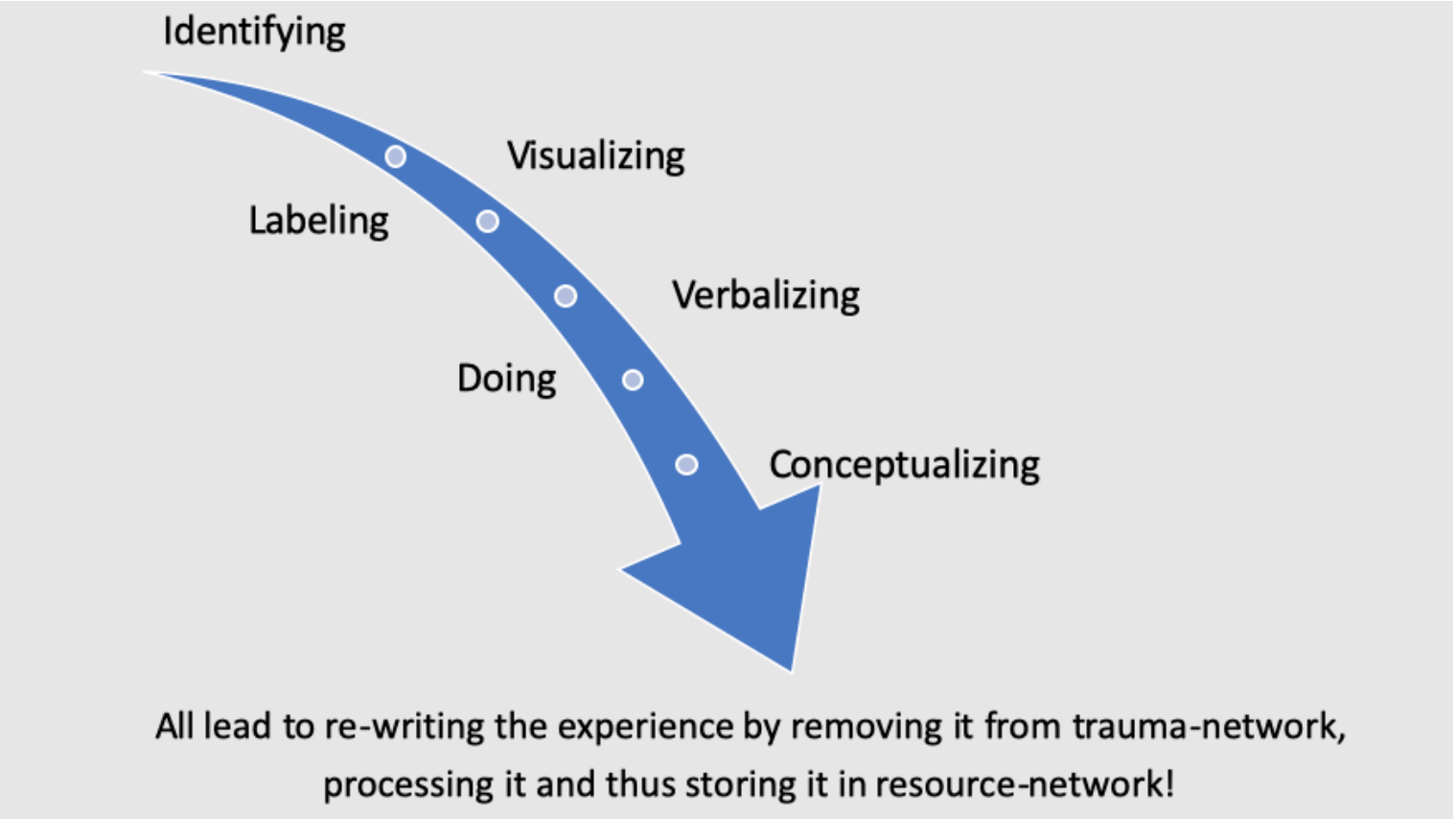
Accompany and assist a person to:

- Perceive (self and internal processes)
- Acknowledge (“I have the right to feel/think/experience/want/need....)
- Label (“what is this?)
- Do (how am I going to cope with it? What am I going to do about/with this?)

PEATT, by design, supports pursuing the overall (insight oriented) treatment goals and thereby

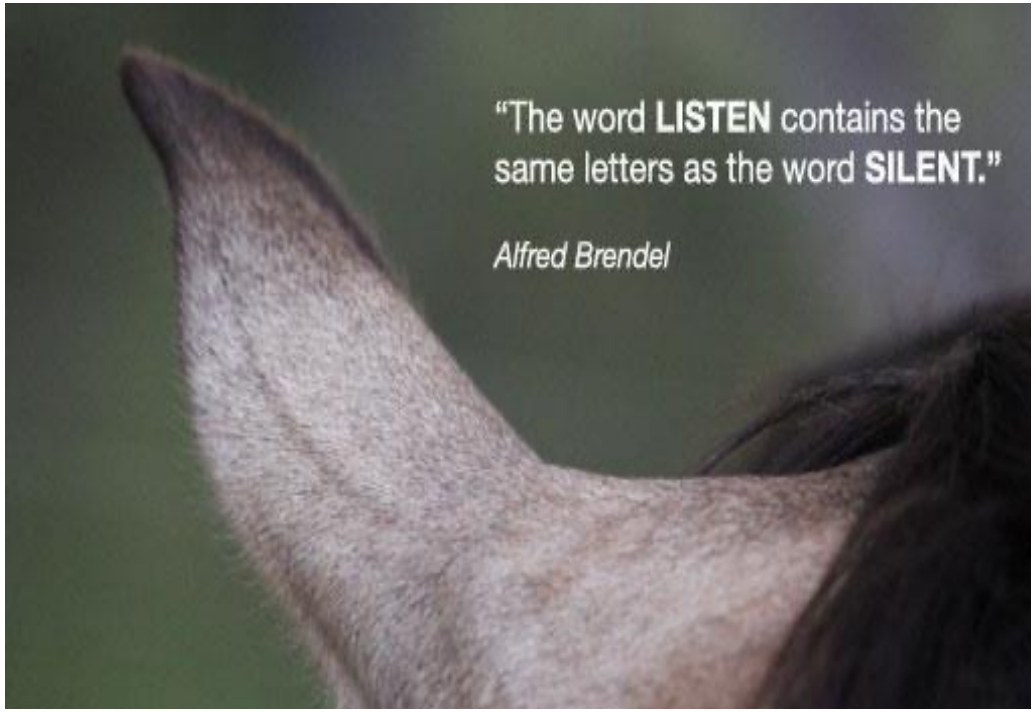
- activates,
- builds and
- strengthens internal resources

Why do we have so -called “activities”?



Intervention Techniques

- Neutral questions
  - Horse= protagonist, questions through the horses‘ perspective (ES‘s horse knowledge pertinent!!!)
  - Support any transference and anthropomorphasizing through role modeling and sensitizing
- „Artificial“ (neutral) language
- Implement physical activity/experiential basis
- Provide room and maintain frame for client to be able to label and verbalize
- Design activities with horses based on treatment goal, treatment plan, clinical picture/diagnostics/symptoms and horse observations



Initial Assessment

- Diagnostic initial assessment either in office/with the horses to
  - Provide psychoeducation and obtain consent
  - Obtain important (diagnostic) information
  - Establish treatment plan and treatment goal
  - Psychoeducation if applicable reg. Trauma
- ”Meet and greet” other team members
  - Introduce other team members (human and horses)
  - Observe horses from a distance
  - Initial contact/introduction to/with the horses
- Have client “set up”/build their own treatment plan and goal

Identifying Resources

- Address and explore current conflicts client is bringing to session by inviting to set up representation of it and explore experientially with/without horses
- Resource Diagram
- Trauma Diagram
- Milestones

PITT elements (L. Reddemann)

- Comfort Room
- Lockbox
- Lightray Technique

Trigger Interventions Techniques

- Establish contact: address the person with their name.
  - Eye contact may be threatening!
  - Do not touch soldiers when they are triggered (combat experience?!)
- Orientation in the here and now: time, place, name and event (why are they here?)
- 5-4-3-2-1 technique
- MOVE – with the horse
- Simple mathematics: count backwards by 7, starting at 100
- Observe and describe from the fence (Karpman) => allows distancing and sets the groundwork for ”perspective spinning” and looking at self from an outside perspective

Benefits of working with horses in Traumatherapy

- Involving all senses leads to a greater presence and awareness of a person in the “here and now”. Adding large animals to the mix further supports “being present”.
- Horses perceive differently than humans, and they respond differently than humans to sensory input. Their responses are more perceivable as they are large animals. Due to some of their senses being much more distinctive, equines take note of far more subtle cues in their environment than most humans.

➢ Looking at the bio-psycho-social model, equine assisted activities support and entail somatic processes that are otherwise difficult to access.

➢ Interacting with animals assists in the release of oxytocin – a hormone released when closeness and bonding takes place. Being around animals, with ensuing voluntary physical contact and eye contact, tends to lead to people feeling better.

Benefits of working with horses in Traumatherapy

- For people who have undergone traumatic events, speaking about their traumatic experiences can be overwhelming and may be impossible due to implicitly stored material. At times, speaking about details can lead to re-traumatization. In PEATT, there is less need for speaking as one can “do” and experience instead.
- It is easier for people to “speak” for animals than for oneself. As people’s subjective perception and interpretation are based on prior experiences, they often project their interpretation on the horses (transference) = Anthropomorphism.

Benefits of working with horses in Traumatherapy

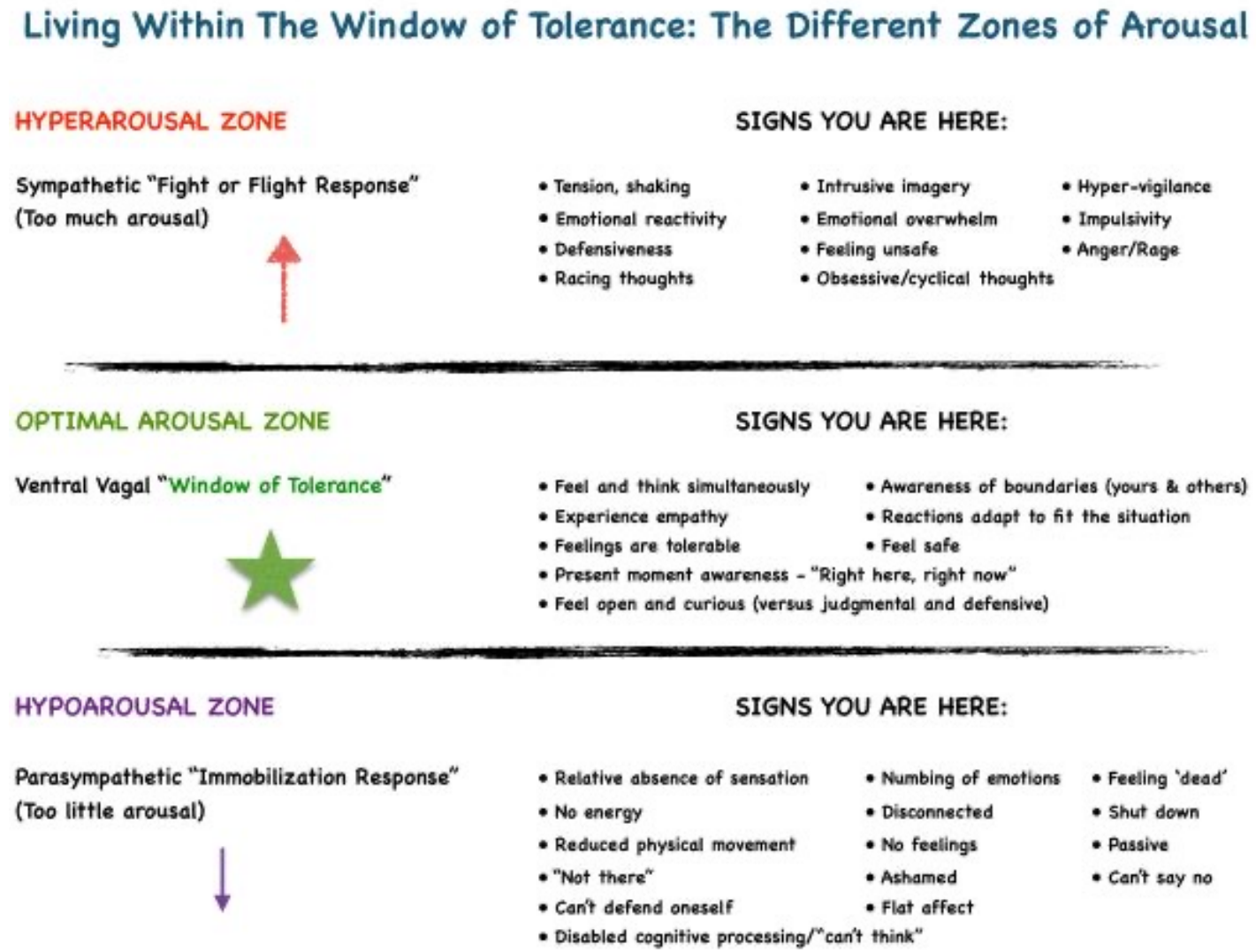
- Picking and labeling objects and moving around them – with horses - facilitates speaking about “things” and representative objects in a more distanced and removed way. Verbalizing comes naturally and is far less traumatic than speaking directly about traumatic events.
- In PEATT objects can and are used, often as symbols. Clients are invited to create a situation or build something that is representative of their current situation. Thereby a stage filled with objects that are emotionally connected and associated with the person’s unconscious thoughts is created. Moving on or within this stage with horses, who in turn respond to the person’s unconscious thoughts displayed through their non-verbal communication and other elements, offers insights into thoughts and emotions that the client might otherwise not be aware of.

Benefits of working with horses in Traumatherapy

- On a neurobiological level, structured activities involving equines, designed according to a treatment plan and goal, support the re-writing of traumatic experiences by removing them from the trauma network, processing them and then storing them in the resource network while the client is agentic, self-determined and can act and participate according to his own pace.
- Both types of learning – implicit learning by doing and explicit learning by conceptualizing and verbalizing - take place during sessions in a non—judgmental environment

Therapeutic Challenges

- Horses can typically recognize dissociation far better than the human treatment team members!



Therapeutic Challenges

- cPTS(d) is as much over- as underdiagnosed
- Destructive and traumatic primary attachments are very difficult to change: trauma confrontation can NOT take place until a stable therapeutic relationship has formed. Most psychotherapeutic treatments of cPTS(d) are, therefore, very „attachment intensive“
- Personal enmeshment, split-offs and other transference-/counter-transference conflicts afflict, if happening, the entire treatment team. All members of the human treatment NEED to be aware of this!
- The younger the client, the less developed is the „psychological structure“ of a person, making abstract thinking less possible, requiring re-parenting. This is important to keep in mind when it comes to utilizing symbols and non-directive „invitations“

Therapeutic Challenges

- Provide a stable frame /platform for a good therapeutic relationship with awareness of transference/counter-transference within the team; ensure sensitivity towards the growth and development process while staying congruent and authentic in the here and now
- The „Stress-System“ of people who experienced early and enduring traumatization is developed differently: damages in the development of the prefrontal cortex, hippocampus, etc., lead to (among others) over reactivity in the implicit memory structure

GOOD NEWS: a reliable and consistent therapeutic relationship can change the brain structure as well as the neuronal network

BE LIKE A HORSE!