

# HANDOUTS

## Severe Turbulence

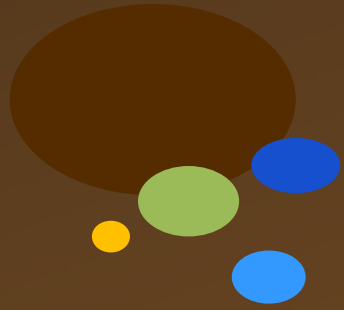
- \* Please note that sections of presentation in the handouts have been omitted



# 2012 SASH National Conference

**Debra L. Kaplan,**

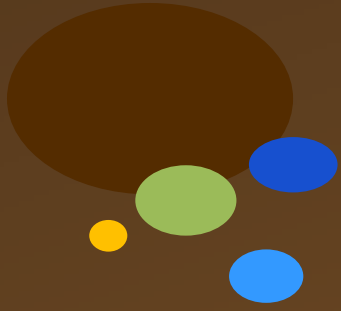
**MA, LAC, LISAC, CMAT, CSAT-S**



# **Severe Turbulence:**

**Managing Sexual Addiction &  
Revictimization in the Female  
Dissociative Client**

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# In The Beginning

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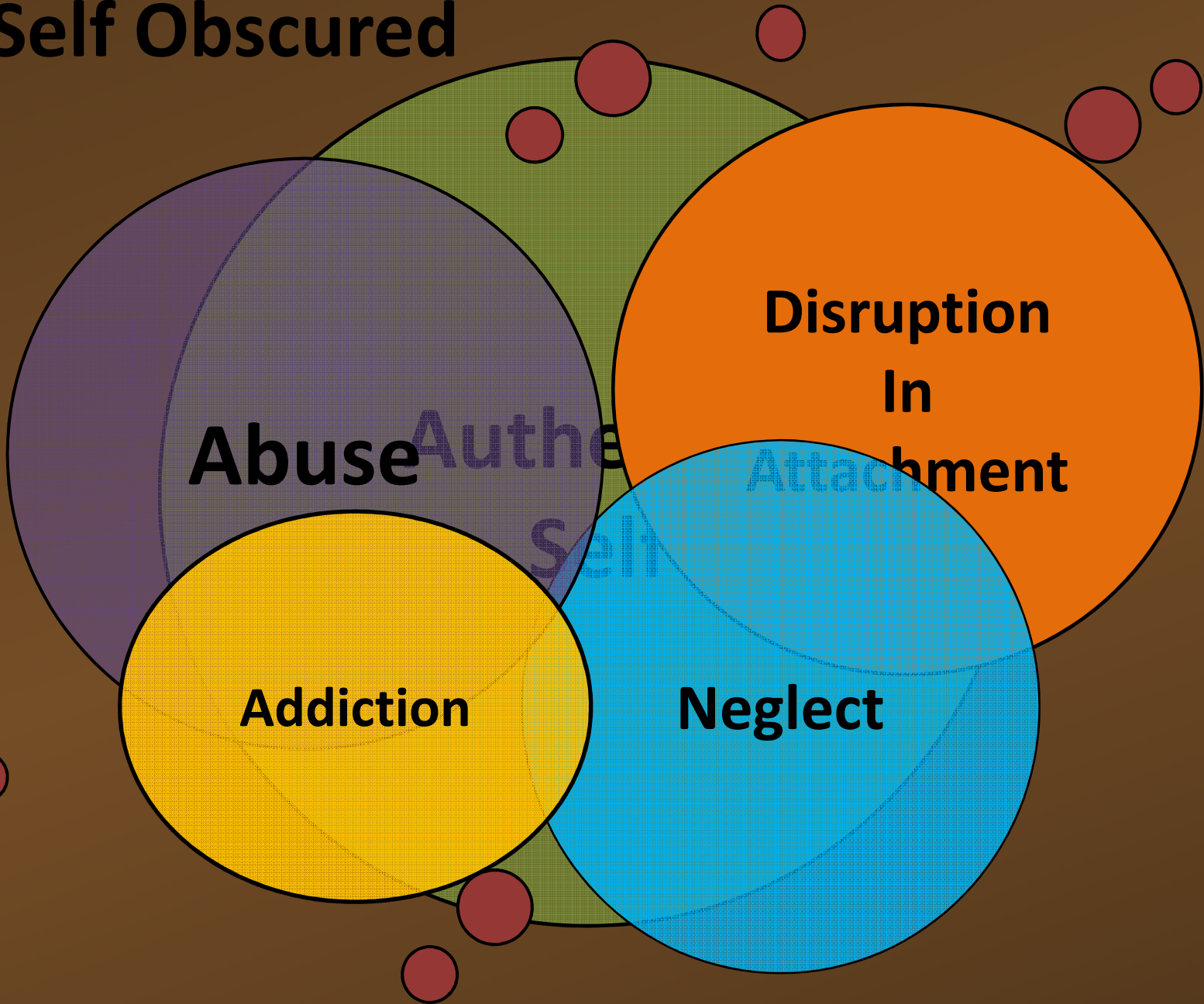


# Authentic Self

- **Vulnerable**
- **Spontaneous**
- **Without shame**
- **Whole**



**Self Obscured**



**Abuse**

**Disruption  
In  
Attachment**

**Addiction**

**Neglect**

Authentic  
Self



## INTERPERSONAL INTEGRATION AND THE MIRROR NEURON SYSTEM

“This category describes the “neural basis for empathy” and the “social nature of the human brain;” in essence, it is how we understand each other in social situations and interactions.”

“The human brain is able to perceive the expressions of another individual and create an internal state that resonates with the other person.”

*Dan Siegel*

### EMPATHY







## *“Affect Dysregulation & Disorders of the Self”*

The right brain acts as “a unique response system preparing the organism to deal efficiently with external challenges” and so its adaptive functions mediate the stress coping mechanisms.

This psychoneurobiological conception thus highlights the critical role of attachment experiences in the development of life-long coping strategies.

*—Allan N. Schore*

# Bonding and Attachment



Secure attachment implies a bond of emotional communication between the infant and the primary caregiver.



# Characteristics of Disorganized Attachment

<b>As Children:</b>	<b>As Adults:</b>
<b>Approach and avoidance of parent</b>	<b>Dissociation along a continuum</b>
<b>Affect and behavior: Apprehension and Confusion</b>	<b>Dissociation along a continuum</b>
<b>Freezing and Stilling Behavior</b>	<b>Dissociation along a continuum</b>

# Hyperactivating Strategies

## GOALS:

- Get an attachment figure to provide desired support and relief from stress.
- Heightened desire for closeness and security

*Main, 1990; Mikulincer & Shaver, 2003, 2007.*

# Hyperactivating Strategies

Highly anxious individuals' hyperactivating strategies may be manifested in hyper-vigilance to threat cues (e.g., signs of partner's rejection)

# Under Threat

- Securely attached seek support



Davis et al., 2003; Fraley & Shaver, 1998

# Deactivating Strategies

## GOALS:

- Distance, self-reliance, and control in face of threats.
- Expressed in inhibited proximity seeking behaviors

*Main, 1990; Mikulincer & Shaver, 2003, 2007.*



# Under Threat

- Avoidant individuals suppress threat related thoughts and avoid support.
- They emphasize a sense of self-reliance when facing threats.



# Preoccupied or Anxious Style

Consider Trauma Bonding or COSA



## Going on for Her

- Emotionally Vulnerable
- Fears Rejection/Abandonment
- Gives away her Power
- Boundary-less
- Shares too much emotion
- Love Addict

Given that more anxious individuals tend to use sex to serve their attachment needs it is hardly surprising that they are especially likely to experience enhanced sexual motivation and frequent sexual fantasizing when faced with relational threats.

# Dismissing Style

**Consider Sex Addict – Love Avoidant**



## Going on for Her

- Emotionally Avoidant
- Holds the Power
- Unable/Unwilling to share intimacy
- Walls not boundaries
- Withholds emotion
- Love Avoidant

# Trauma Trajectory



# Complex Post Traumatic Stress

- Chronic and prolonged abuse within the child's caregiver system.
- Developmentally adverse traumatic events usually of an interpersonal in nature (e.g., sexual or physical abuse).
- Passive or active maltreatment beginning in early childhood and enduring without ability to escape.

# What is Dissociation

“Dissociation is usually defined as a deficit of the integrative functions of memory, consciousness and identity, and is often related to traumatic experiences and traumatic memories.”

- *Giovanni Liotti, M.D.*



Who Am I?



# Who Am I?

- Scared
- Terrified
- Enraged
- Numb
- Dissolved
- Fractured
- Stuck
- Loose



# Myers' Structural Parts

- Primary - Single ANP (tends to daily life)  
EP (tends to defense action)  
i.e. PTSD
- Secondary - Single ANP  
Various EPs: affects, cognition, perceptions,  
motor actions
- Tertiary - Chronic Integrative Deficits  
Various ANPs: names, gender, preferences  
Various EPs:

# Structural Dissociation Styles

	<u>ANP</u>	<u>EP</u>
Primary	ANP	EP
Secondary	ANP	2+ EP
Tertiary	2 + ANP	2+ EP

# Primary Structural Dissociation

'Apparently Normal' part



- Maintains connection with others
- “Looks normal”
- Conducts gross tasks of daily living

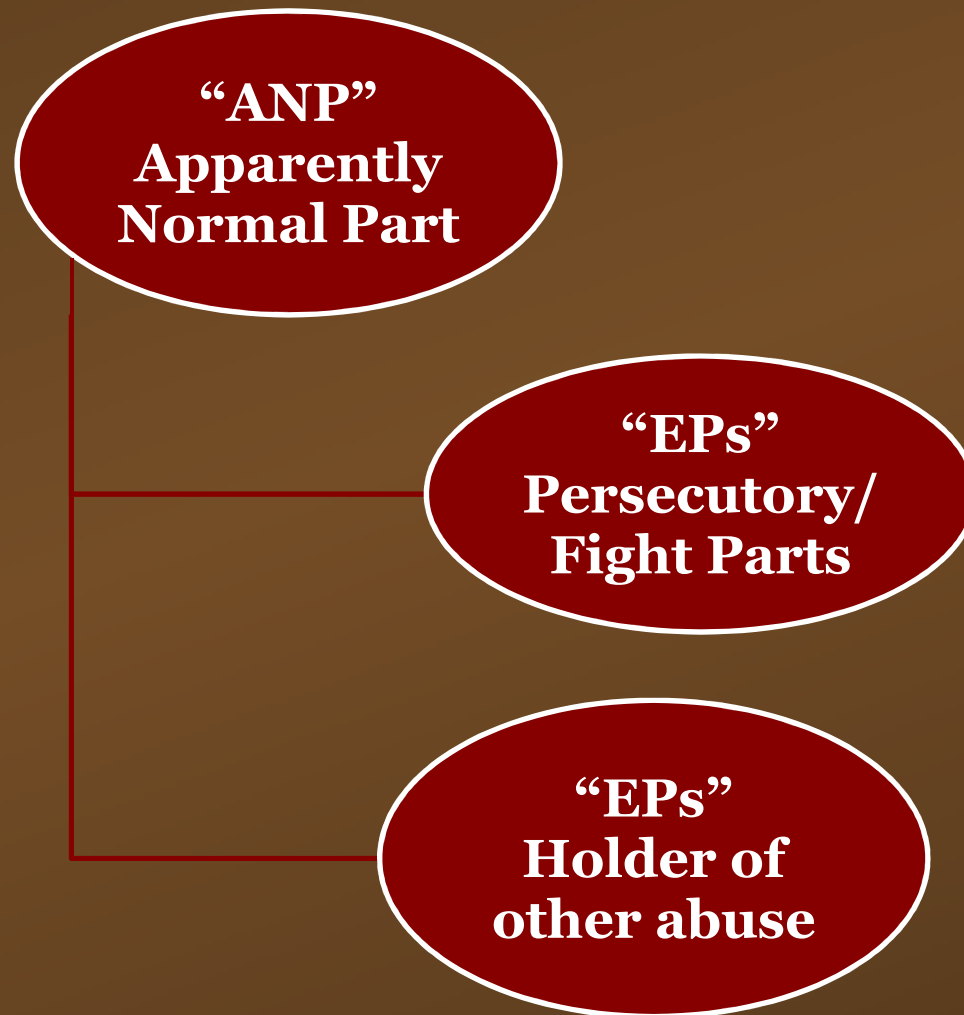
# Primary Structural Dissociation

‘Emotional part’

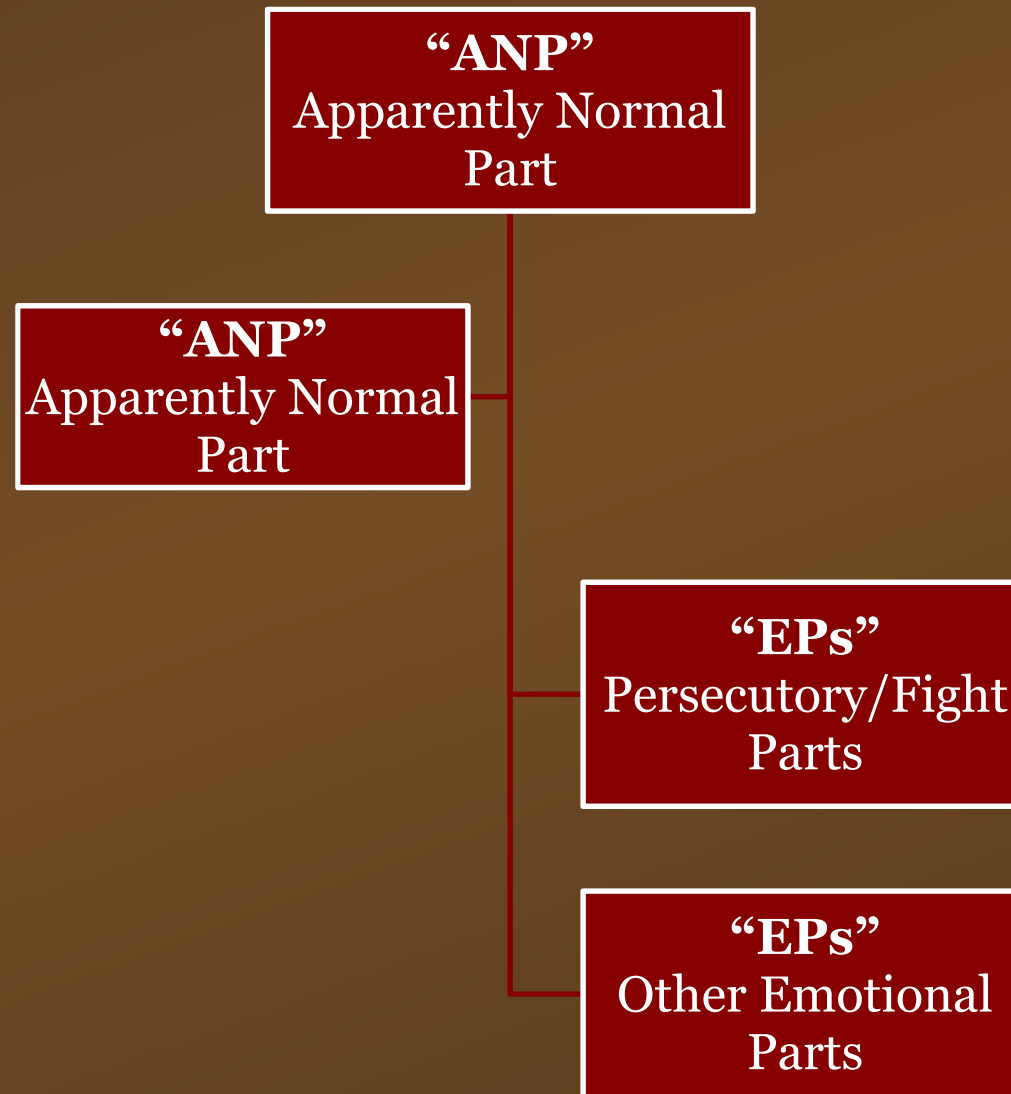


- Feelings are out of control:
- The self as ‘pure emotion’
  - I’m shameful
  - I’m nothing
  - I can’t take this
  - I’m a defect

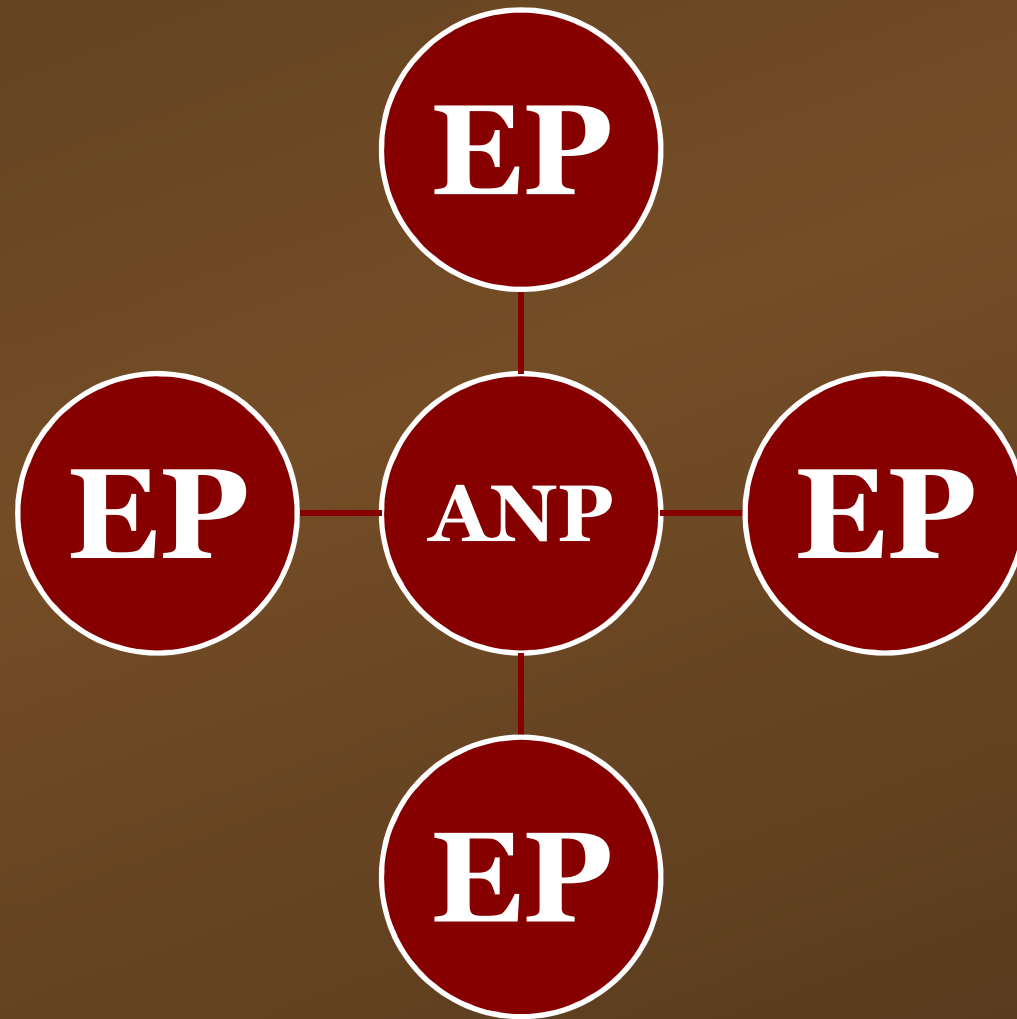
# Secondary Structural Dissociation



# Secondary Structural Dissociation

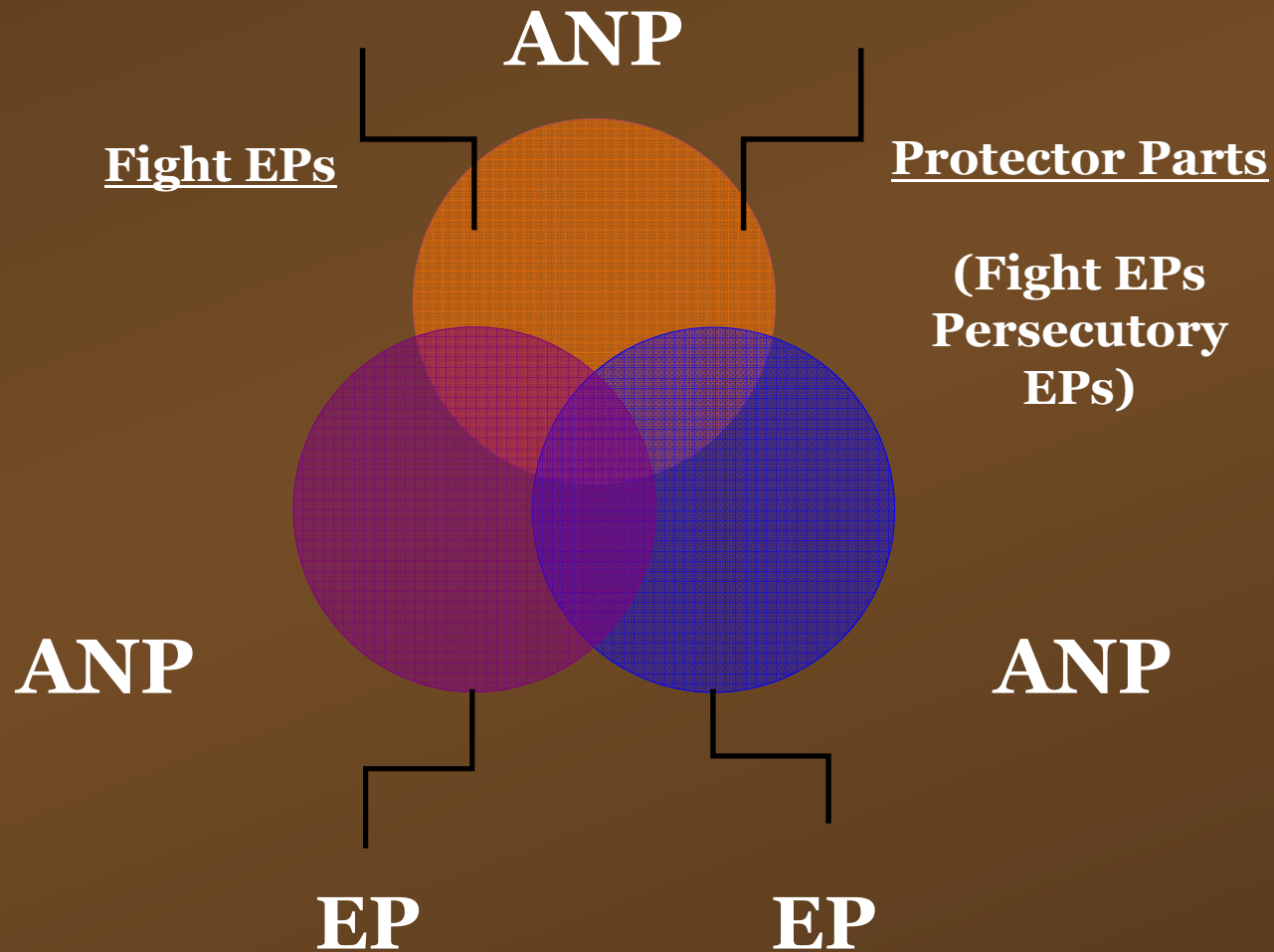


# Secondary Structural Dissociation





# Tertiary Structural Dissociation



# Assessment



# Assessments

- PTSI – Post Traumatic Stress Index
- DES and DES-T (Dissociative Experiences Scale)
- SDQ-20 and SDQ-5 (Somatoform Dissociation Questionnaire)
- MID (Multidimensional Inventory of Dissociation)

# Treatment



Stages of treatment  
may not be  
a linear process!

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# Assessment and Treatment of CPTSD/DID

- Left Brain

- CBT, DBT
- Psychoeducation
- Task oriented learning
- Trauma Assessments
- Life-skills

- Right Brain

- Therapeutic modeling and resonance
- EMDR
- Experiential Therapies
- Somatic Experiencing
- Body Work
- Yoga

# Treatment of CPTSD/DID

When **treating CPTSD/DID** negative emotions may intensify and lead to using other addictions

## Potential Increase in Addictive Behaviors:

- Sexual Acting Out
- Drugs
- Alcohol

# Treatment of CPTSD/DID

When **treating addictive bxs.** clients are “abandoning” their personal method of empowerment and emotion self-soothing on which they have survived, and hence, the trauma experience often intensifies.

Potential Increase  
in  
CPTSD/DID Sxs



# Treatment of CPTSD/DID

- Safety
- Self-regulation
- Self-reflective information processing
- Traumatic experiences integration
- Relational engagement
- Positive affect enhancement

# Treatment of CPTSD/DID

## Behavioral Control:

### Sexual Behaviors:

- Anonymous Sex – Intensity without Intimacy
- Pain Exchange – Introject of pain and shame
- Exhibitionism – Exposing self for control
- Exploitive Sex (Force) Exploiting thru power position
- Intrusive Sex – Obsessional focus on/of another  
Falling in love repeatedly  
Romance/Fantasy behaviors

# Treatment of CPTSD/DID

## Behavioral Control:

### Sexual Behaviors Cont'd:

- Paraphilia Sex—Object or target fulfills comfort via arousal  
Avoids risk of abandonment or pain by other

# Treatment of CPTSD/DID

## Behavioral Control:

- Self Injury - Self-injurious behavior may be divided into two dimensions:
  - Non-dissociative
  - Dissociative

## Non-dissociative Self Injury

- Typifies children required to provide nurturing and support for parents or caretakers
- Reversal of dependence during formative years induces a child's perception that (s)he can only feel anger toward self, but not toward others
- Induces Rage—Cannot express that rage toward anyone but him or herself
- Self-mutilation often becomes used as a means to express anger

(Levenkron, 1998)

## Dissociative Self Injury

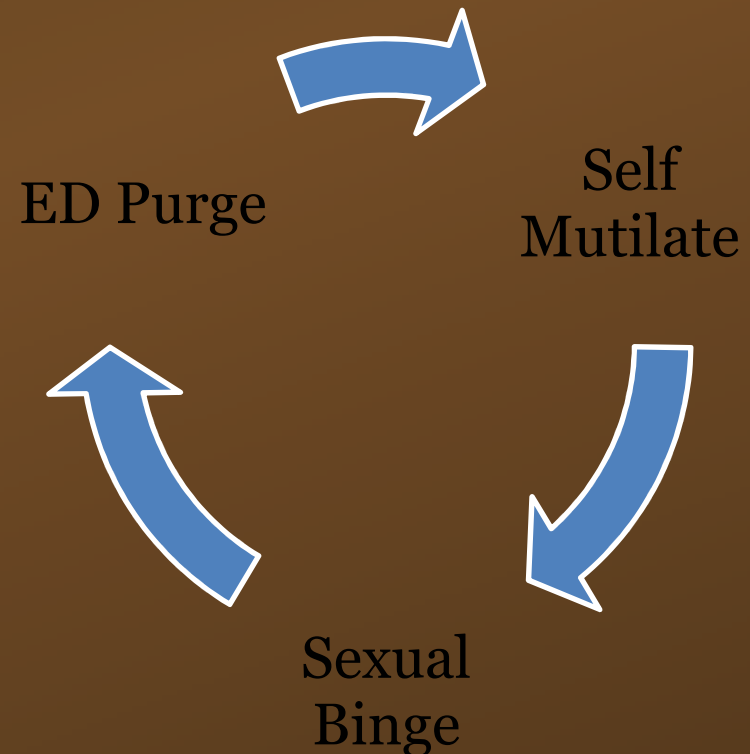
- Occurs when a child feels a lack of warmth or caring, or cruelty by parents or caretakers
- A child feels disconnected in his/her relationships with parents and significant others
- Disconnection leads to a sense of "mental disintegration."
- In this case, self-mutilating behavior serves to center the person.

(Levenkron, 1998)

## SELF-REGULATORY FUNCTIONS

The self-harm cluster organized around several themes that include conflicts between the inner and outer self:

- Good and evil
- Penance and rebirth
- Purity and filth
- Fear of sexuality
- Fear of expression of sexuality
- Shameful secrecy and its rageful reenactment



# Transference/Countertransference





# The Therapeutic Relationship

- Allow the inter-relational process to unfold
- Pay attention to the dyadic resonance
- Observe and discern without judgment
- Focus is on therapist breathing/regulatory state

Therapist know thyself

# Countertransference

- Vicarious Traumatization – Self Care
- Collusion and Enabling – Supervision
- Reaction vs. Response – Unresolved personal issues
- Overidentification – Unresolved personal issues
- Overprotection – Empowering the Client
- Disconnection – Self-awareness
- Invalidation – Seek support

# Countertransference

- Setting Limits and Boundaries
- Support:
  - Self Care - social, personal, 12-step
  - Seek Supervision
  - Therapy



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