

**The art and practice of trauma treatment;
examples from Brief Eclectic Psychotherapy for
Posttraumatic Stress Disorder (BEPP).**

Using evidence, combining insight;



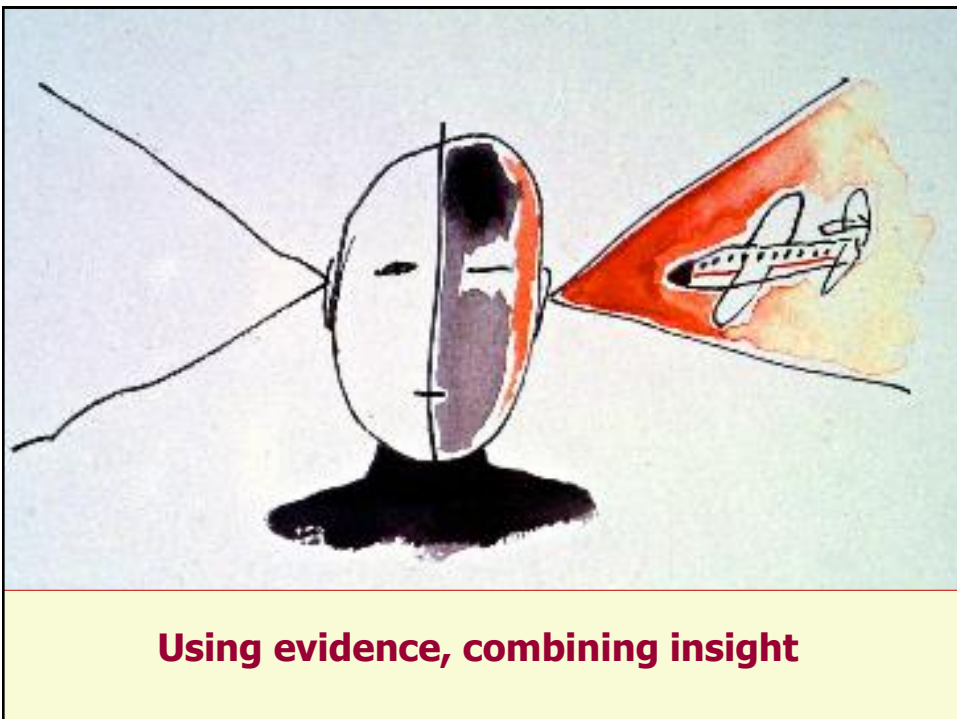
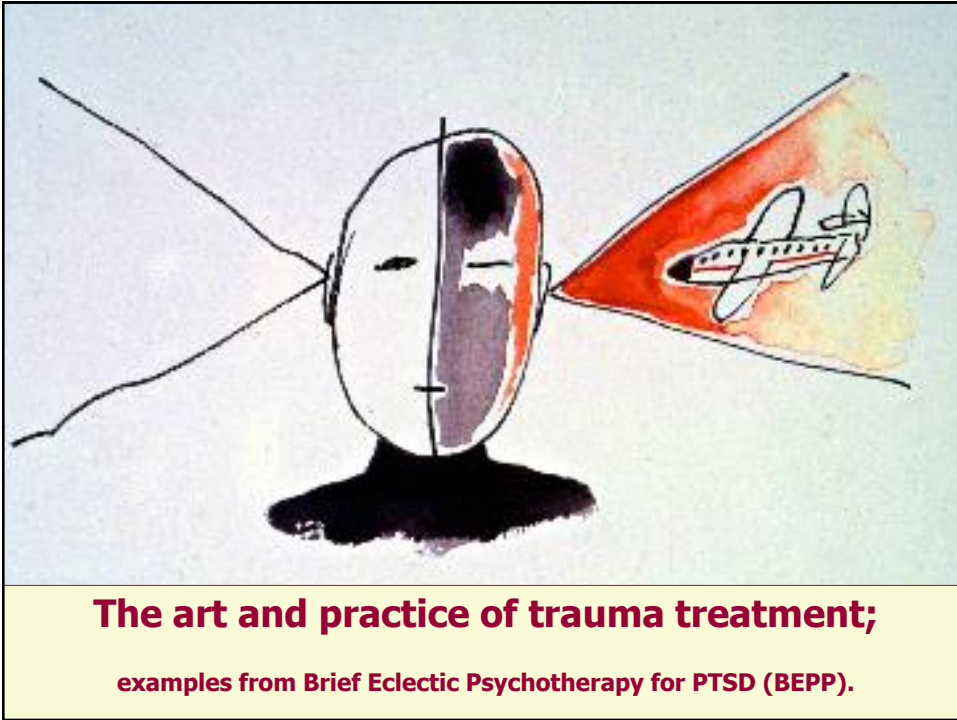
Prof.dr. Berthold P.R. Gersons

Vilnius 27 October 2017



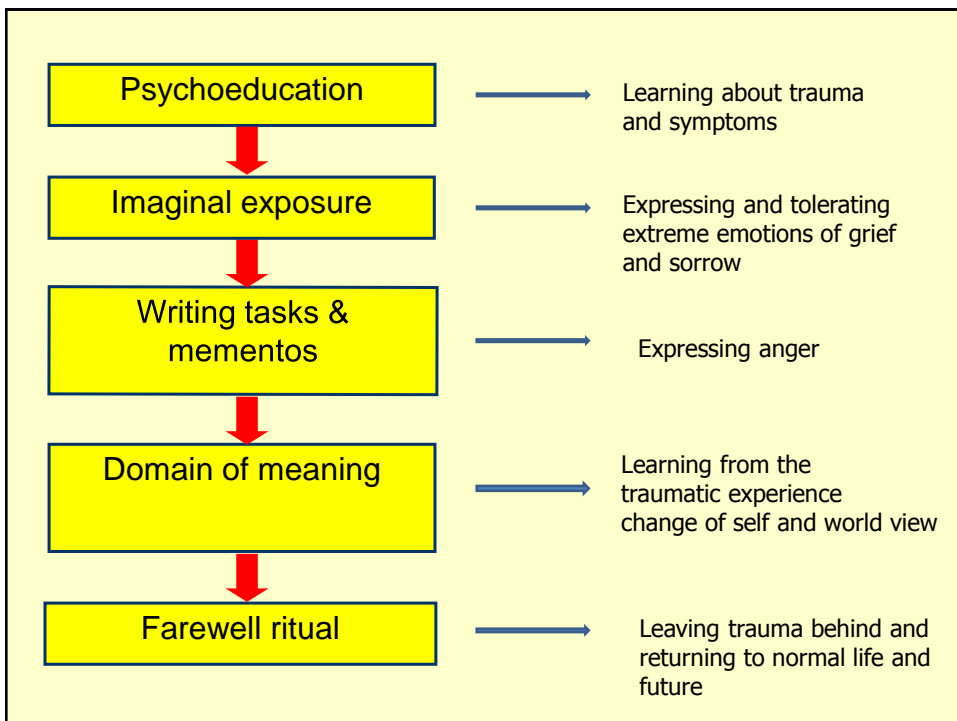
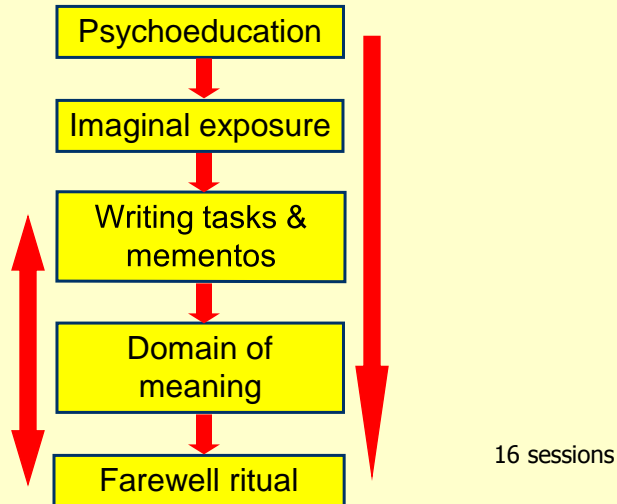
BEPP workshop participants. Vilnius, 2013

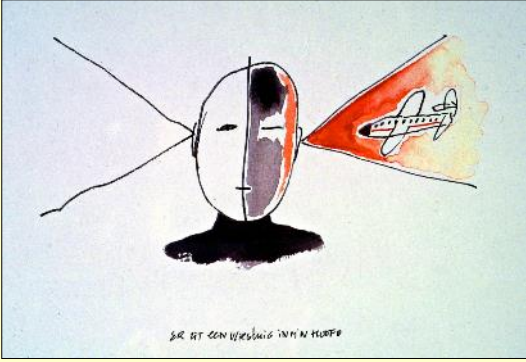




Brief Eclectic Psychotherapy for PTSD


Gersons et al. (2000) JTS 13: 333-348







SIC HIT DEN WINDLIGS IN MI N HURTO

'There is a plane in my head'



for the rest of the world it is a plane

the rest of the world it is a plane

Symptoms of PTSD:

- Intrusions;
- Nightmares;
- Avoidance;
- Feeling blunt;
- Startle reactions;
- Sleeping problems;

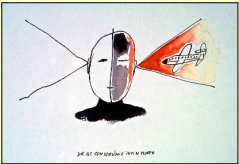
But also:

- Unreal;
- Cannot believe what happened;
- "Friends will help and tells us it will disappear after some time";

The long and difficult road towards treatment:

- GP
- Different psychologists
- BEPP treatment

7



SIC HIT DEN WINDLIGS IN MI N HURTO

Psychoeducation

- invite a partner or close friend (if possible);
- start to ask again the symptoms of PTSD but now explain these with regard to the traumatic experience;
- explain PTSD as a dysfunctional automatic fear reaction, loss of control and loss of feeling safe and trust in the world;
- explain the rationale of BEPP to normalize the fear-response, to re-establish trust and to learn from the traumatic experience;



Imaginal exposure

Technique to evoke extreme emotions of:

- sorrow, sadness and grief
- anger and guilt.

People with PTSD suppress these emotions constantly and are afraid of these, but will now be brought to the surface and expressed.

Before starting the exposure short relaxation will take place to enhance the feeling of control and to increase the concentration on going back in the memory.

Example of imaginal exposure





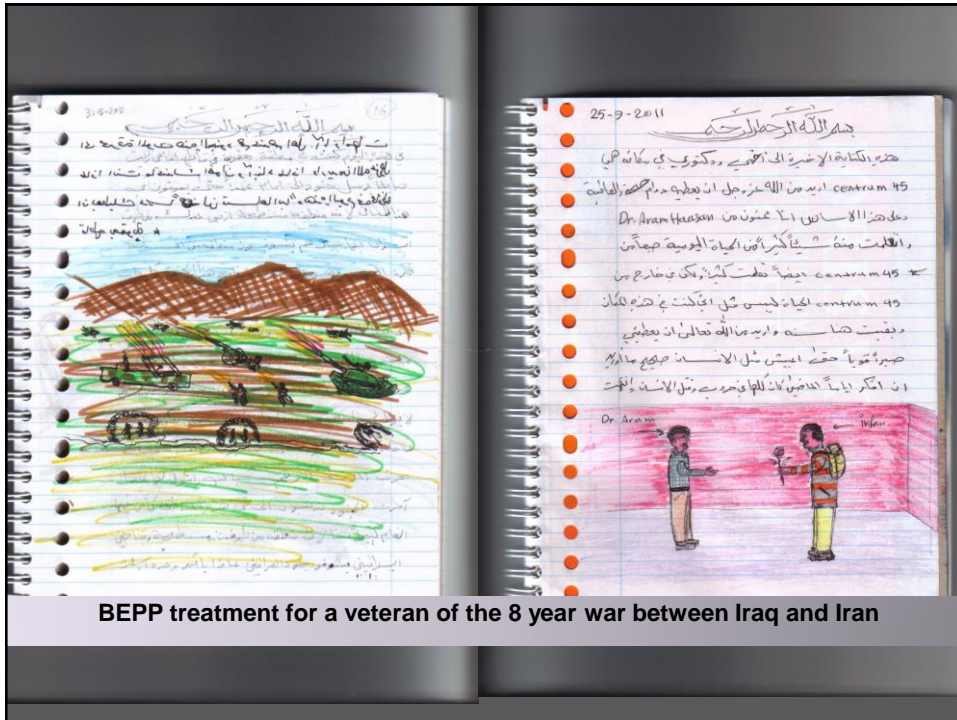






Letter writing

- Used to express aggressive feelings but also guilt feelings towards those who are blamed or organizations to be blamed;
- Should be written uncensored and will not be sent to someone but used in the farewell ritual;
- Ask the client to write every day half an hour but not more to avoid becoming overwhelmed
- Client reads the content of the letter during the session and therapists focus on the emotions;
- Also letters to say goodbye to those who died;

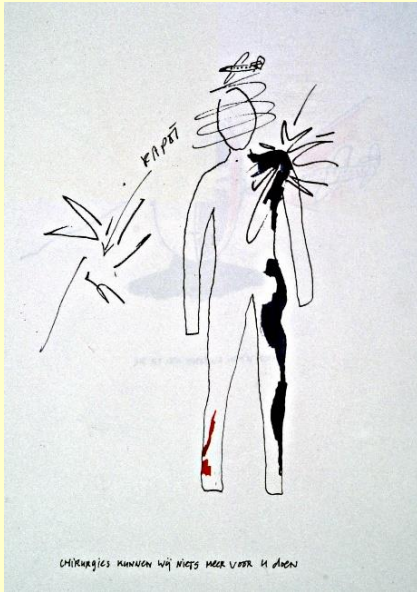


BEPP treatment for a veteran of the 8 year war between Iraq and Iran

Domain of meaning

- patient starts to realize some basic existential questions
- the traumatic event changed his/her life and his/her view on the world
- rediscovers often the value of family, work, health etc
- detached from the 'old, safe' world but now "sadder but wiser"
- after the catharsis of emotions appreciate life and love more intense than before.
- practical consequences like resumption of work
- "illusion of safety" replaced by better anticipation
- learns about his/herself by insight in relationship between childhood and the reactions on the event and those related to these

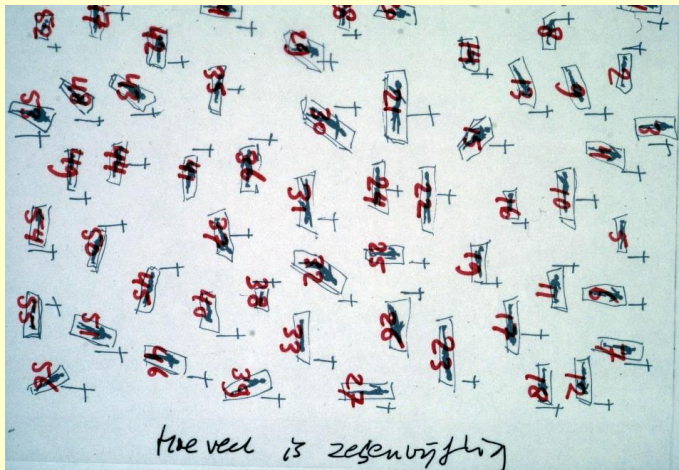
Domain of meaning



Surgeon: This is all we can do.

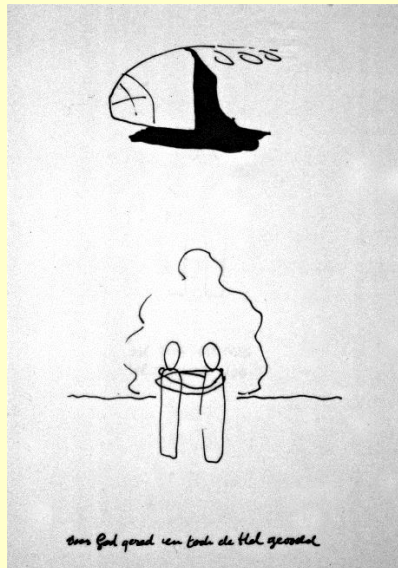


Domain of meaning



How much is 56?

Domain of meaning



Saved by God
but still have
experienced hell.

door God gered, een toek de Hel geredet



Farewell ritual

- Farewell of traumatic event by, e.g.:
 - Burning mementos, letters, clothes, drawings or other symbolic objects
 - In a well considered place
- Celebration and reunification with significant others by e.g
 - Family diner
 - Party

**In memory of those killed by a terrorist
bomb near Edgware Road station
London on 7th July 2005**



Our traumas wane but our love will endure

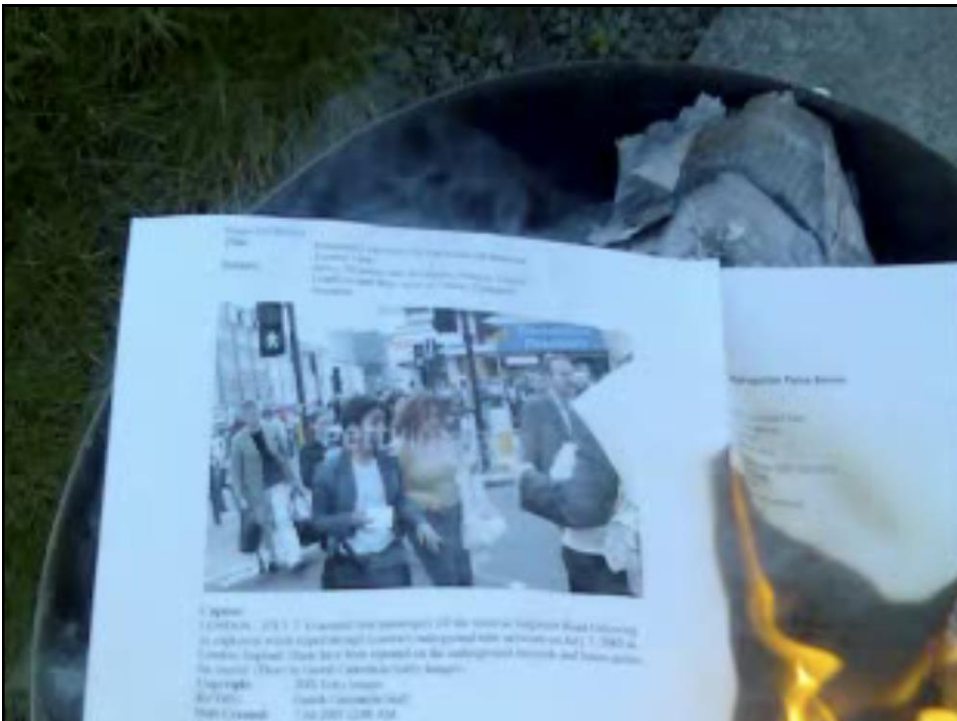


a survivor, 7 July 2008





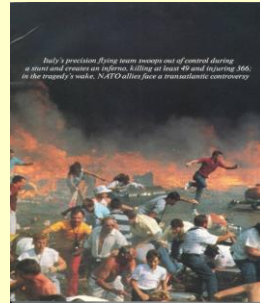
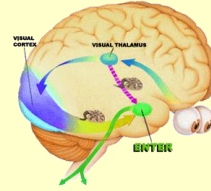






Learning paradigm for PTSD-treatment

- Disordered fear signal
 - *Implicit* relearning in treatment
 - by exposure resetting the automatic functions
- Disruption of safety
 - *Explicit* relearning in treatment
 - making meaning of the experience



Brief eclectic psychotherapy for PTSD

- Brief, because:
 - Model of short-term focussed dynamic psychotherapy
 - Implicit use of positive transference
- Eclectic, to combine:
 - Modified exposure model from CBT
 - Focussed on emotions as in grief-therapy
 - Shattering of beliefs → domain of meaning
 - Letter writing
 - Use of memorabilia
 - Farewell ritual

Evidence based treatment for PTSD

Evidence based treatments are needed because:

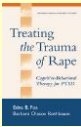

- It gives our patients a guarantee that these treatments actually work;
- This is also important for the therapist;
- Often therapists do lean on their skills of being empathic, listening, understanding, explaining, being kind and supportive,
- but in treating PTSD it has been proofed this is not sufficient.
- The result of non-evidence based treatments than is very unpredictable, patients can be very disappointed, or stay enduring in a role of victim and treatments tend to go on very long.



Evidence based treatment for PTSD



So evidence based treatments now are of great help for patients and therapists:





- a. Demonstrated positive results, outcome;
- b. Approved protocols with clear structure of what to do and when;
- d. Easier to learn and to share between trained colleagues;

Evidence based treatments for PTSD

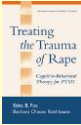











CGT



EMDR



NET





BEPP

Evidence based treatments for PTSD

<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;">  CGT</div><div style="text-align: center;">  EMDR</div></div> <p style="text-align: center; background-color: yellow; padding: 5px;">Desensitization</p>	<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;">  NET</div><div style="text-align: center;">    BEPP</div></div> <p style="text-align: center; background-color: yellow; padding: 5px;">Meaning of life</p>
---	---

INVITED REVIEW ARTICLE

Psychotherapies for PTSD: what do they have in common?

Ulrich Schnyder^{1*}, Anke Ehlers², Thomas Elbert³, Edna B. Foa⁴,
 Berthold P. R. Gersons⁵, Patricia A. Resick⁶, Francine Shapiro⁷ and
 Marylène Cloitre^{8,9}

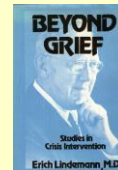
¹Department of Psychiatry and Psychotherapy, University Hospital Zurich, University of Zurich, Switzerland; ²Department of Experimental Psychology, University of Oxford, Oxford, UK; ³Department of Psychology, University of Konstanz, Konstanz, Germany; ⁴Center for the Treatment and Study of Anxiety, Department of Psychiatry, University of Pennsylvania, Philadelphia, PA, USA; ⁵Academic Medical Center, University of Amsterdam, Diemen, The Netherlands; ⁶Department of Psychiatry and Behavioral Sciences, Division of Translational Science, Duke University Medical Center, Durham, NC, USA; ⁷Mental Research Institute, Palo Alto, CA, USA; ⁸National Center for PTSD—Dissemination & Training Division, VA Palo Alto Health Care System, Palo Alto, CA, USA; ⁹NYU Langone Medical Center, New York City, NY, USA

Over the past three decades, research and clinical practice related to the field of traumatic stress have developed tremendously. In parallel with the steady accumulation of basic knowledge, therapeutic approaches have been developed to treat people suffering from posttraumatic stress disorder (PTSD) and other trauma-related psychological problems. Today, a number of evidence-based treatments are available. They differ in various ways; however, they also have a number of commonalities. Given this situation, clinicians may wonder which treatment program to use, or more specifically, which treatment components are critical for a successful therapy. In this article, seven pioneers who have developed empirically supported psychotherapies for trauma-related disorders were asked to compose an essay of three parts: first, to provide a brief summary of the treatment they have developed; second, to identify three key interventions that are common and critical in treating PTSD; and third, to suggest important topics and future directions for research. The paper ends with a summary highlighting the identified commonalities (psychoeducation; emotion regulation and coping skills; imaginal exposure; cognitive processing, restructuring, and/or meaning making; emotions; and memory processes), pointing to future directions such as trying to better understand the underlying mechanisms of action, and developing treatments that are tailored to the needs of different patient groups.

Keywords: *Psychotraumatology, posttraumatic stress disorder, complex PTSD, psychotherapy, exposure, cognitive restructuring, psychoeducation*

Theoretical model of BEPP

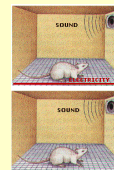
- Crisis theory;
 - life-events
 - psychotrauma → *regaining control*
- Bereavement;
 - process
 - exposure → *working through*
- Psychodynamic theory
 - key are emotions
 - childhood → *getting insight*
- Learning theory
 - conditioned learning
 - phobia → *reconditioning*
- Neurobiology
 - amygdala
 - memory systems → *resetting*



For we found, to our great surprise at first, that each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affects into words.

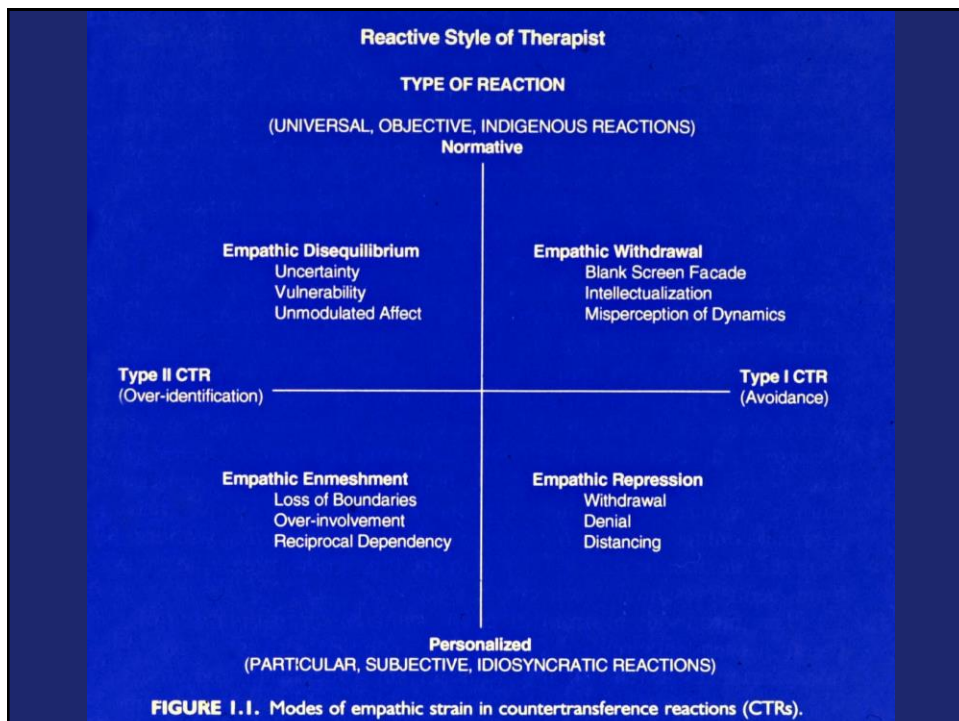
Recollections without affect almost invariably produce no result. The psychical process which originally took place must be repeated as vividly as possible. It must be brought back into its status nascendi and then given verbal utterance. Where what we are dealing with are phenomena involving somat (spasms, neuralgias and hallucinations) these re-appear once again with the fullest intensity and then vanish for ever (Pg. 6).


Dr. Freud in Studies in Hysteria (1895-1896), Vol. 2.
 On the medical psychology of hysterical phenomena (preliminary communication).



Competences of the trauma therapist

1. Being trained in at least two different evidence-based trauma treatments;
2. Compassionate listener, with silence as an invitation to the patient;
3. Teacher about PTSD and symptoms;
4. Tolerate horrible stories and images;
5. Favoring emotional outcry;
6. Selfcare and support from colleagues;

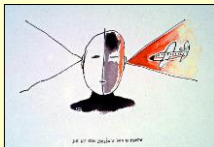




You can learn BEPP and enjoy the creativity of our clients.

Conclusions

- BEPP is able to reset the fear signal → no or few symptoms left;
- People learn to feel and accept their emotions;
- Acceptance of vulnerability and appreciating life more than before;
- Learn from their childhood how it shaped them in seeing and experiencing the world;
- Re-establishment of trust and to learn from the traumatic experience;





Thanks to BEPP Lithuanian team



Dr. Evaldas Kazlauskas



Dr. Paulina Zelviene



Dr. Migle Dovydatiene



Dr. Paulius Skruibis



Eglė Mazulyte



Lina Jovarauskaite



Jonas Eimontas



Aurelija Slavinskaite

ESTSS, 2017