Background

Complex = developmental
Trauma = **impact** of harm

45% of childhood disorders
32% of adult disorders
69% CAMHS (Au)
Complex = developmental
Trauma = impact of harm

45% of childhood disorders
32% of adult disorders
69% CAMHS (Au)
Adverse Childhood Experiences

ACE’s studies - Anda et al

NOT only intentional harm

Allostatic load
ACE's studies - Anda et al

NOT only intentional harm

Allostatic load
Scale of Adversity

Dose response, & types of adversity
Similar neural and physiological effects
Many smaller ACE’s can mean a lot
Dose response, & types of adversity

Similar neural and physiological effects

Many smaller ACE's can mean a lot
After Childhood

No safe gaps in the young persons life

Spirals of problem - triggers derail

A second major dose may pass a tipping point

Vulnerability @ age 12 (end of puberty)
No safe gaps in the young persons life

Spirals of problem - triggers derail

A second major dose may pass a tipping point

Vulnerability @ age 12 (end of puberty)
Phased Treatment

"Gold Standard"
Practice Guidelines for the Treatment of Complex Trauma...
(Kezelman & Stavropoulos 2012)
"Gold Standard"
Practice Guidelines for the Treatment of Complex Trauma...
(Kezelman & Stavropoulos 2012)
3 Phases

1. Safety & stabilisation
2. Processing
3. Integration
1= Safety & stabilisation
2= Processing
3= Integration
Phase 1

Starts early

Approach anxiety

May be the only phase in a program

Occurs at any point during a program

Must precede Phase 2 & 3
Starts early

Approach anxiety

May be the only phase in a program

Occurs at any point during a program

Must precede Phase 2 & 3
Phase 3a & 3b

Attempt to bridge a post program divide

3a Integration during program
- by program staff

3b Integration after program
- by other support systems or solo

Knowing the support system capacity before program is essential to planning 3a
Attempt to bridge a post program divide

3a Integration during program
- by program staff

3b Integration after program
- by other support systems or solo

Knowing the support system capacity before program is essential to planning 3a
3 Phases

1- Safety & stabilisation
2- Processing
3a- Integration during program
3b- Integration after program
1= Safety & stabilisation
2= Processing
3a= Integration during program
3b= Integration after program
Dissociation

'disruption /discontinuity of normal ... consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior' DSM5

Mind escapes when body cannot

Triggers/stress/physiological states

Switching

4 D’s

First Aid LOC

Exercise Self Control
‘disruption /discontinuity of normal ... consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior’ DSM5

Mind escapes when body cannot

Triggers/stress/physiological states
Rapid Switching

Alters

Not fully formed

Can be subtle or confusing to observe
Alters

Not fully formed

Can be subtle or confusing to observe
4 Dimensions of Dissociation

Cognition
Emotion
Physiology
Time

Frewen & Lanius, 2015
Levels of Consciousness

Person
Place
Time
Event
Self Control

'No. means No'
'Take a walk'
Choices
No surprises - Front loading
'No, means No'

'Take a walk'

Choices

No surprises = Front loading
The Limits of Talk

CBT contraindicated in Phase 1

Hind Brain and Limbic System first

Then Cortical treatment (talking)
CBT contraindicated in Phase 1
Hind Brain and Limbic System first
Then Cortical treatment (talking)
Do and Be

Create experiences of safety

Be the change you want to see

Repetition

Create conditions for cortical work
Create experiences of safety

Be the change you want to see

Repetition

Create conditions for cortical work
Process Experience

The experience comes first

...but reflecting upon

...and understanding the experience

is key
The experience comes first
...but reflecting upon
...and understanding the experience
is key
Avoid Overwhelm

Therapeutic Window

Titrated Exposure

Constantly seeking cortical activation

Lived experience of safety and control
Therapeutic Window

Titrated Exposure

Constantly seeking cortical activation

Lived experience of safety and control
Lived Experience of Healing

Talk is secondary to experience
Experience is proof

...Talk is suspect, debatable, may not match prior experience

If it is past 5pm already bloody hurry up
Lived Experience of Healing

Talk is secondary to experience

Experience is proof

...Talk is suspect, debatable, may not match prior experience
If it is past 5pm already bloody hurry up
COMPLEX TRAUMA FOCUSED ADVENTURE THERAPY

Graham Pringle
Dimensions
Separable elements of Adventure

(Pryor, Carpenter & Townsend, 2005)
Adventure Activities
Functional Social Group
Individuals
History

Physiology
Psychology
Social Experiences
Cultural Belonging
Physiology
Psychology
Social Experiences
Cultural Belonging
Time

Phases require time in each

Dissociation often involves loss of time

Time 'with' and 'in' creates change

Repetition, desensitisation, familiarity
Phases require time in each

Dissociation often involves loss of time

Time 'with' and 'in' creates change

Repetition, desensitisation, familiarity
5 Dimensions of the Adventure Experience?
Benefits / Outcomes / Goals

Opposite of Dysfunctions and Impairments in the Diagnosis (DTD)

- Self & Relationships
- Affect & Physiology
- Attention & Behaviour
- Functioning
• Self & Relationships
• Affect & Physiology
• Attention & Behaviour
• Functioning
Attachment
Schema
Stress - Resilience - Anxiety
Skills, Mastery
Attachment
respect
Schema
Stress
Skills
esteem
ArSSSe
ArSSSe
COMPLEX TRAUMA FOCUSED ADVENTURE THERAPY

Graham Pringle

Dimensions

Benefits

The Limits of Talk

Dissociation

Phased Treatment

Background