



Blue Knot Review

Welcome to the Autumn edition of Blue Knot Review, an electronic journal chronicling recent developments and new perspectives around complex trauma and trauma-informed practice.

Evidence-based or having an evidence base?



Over the last decade the already wide range of trauma-specific approaches to complex trauma has expanded to include many 'new' effective approaches and practices. This includes the clinical application [1] of the principles of Polyvagal Theory.[2]

For a long time, the treatment for 'standard' PTSD has often been prioritised over that for complex trauma

meaning that widely endorsed treatment approaches are not effective for everyone.

A 2018 paper underlines that:

'Currently existing treatment methods are ineffective for 25–50% of patients enrolled in clinical trials...the economic costs of PTSD and trauma- and stressor-related disorders are estimated to amount to 43.2 billion dollars annually... The necessity for more effective treatments efficiently reducing current treatment failure rates thus becomes apparent.'^[3]

Despite some conflicting claims ^[4] current 'evidence-based' psychotherapeutic trauma treatments i.e. 'first line', 'trauma-focused', short-term and exposure-based may be problematic for people with complex trauma and dissociative experiences. This is explored more fully in Chapters 3 and 5 in Part 2 of Blue Knot's *Practice Guidelines for Clinical Treatment of Complex Trauma*.^[5]

This has disturbing implications for 'on the ground' clinical practice:

'Psychotherapists in many services are required to restrict their approaches to those therapies recommended in guidelines or expert consensus irrespective of the oversimplified misrepresentation of the evidence base that result in service constraints such as session duration, funding, or requiring the use of the techniques that will give the most rapid symptomatic relief regardless of the depth of healing achieved. Psychotherapy, therefore, is often protocolised and affect-phobic, with most trauma memory dismissed as irrelevant and any strong affect regulated by top-down control. Patients unable to make use of time-limited evidence-based strategies may face rejection and labelling, feeling blamed for their lack of improvement and treatment resistance.'^[6]

Some 'evidence-based' treatments despite sounding authoritative may not be optimal for complex trauma clients.

It is critical to note that this in no way obviates the need for evidence to support certain treatments and claims of their effectiveness. Rather it underlines the need to carefully scrutinise the basis and criteria for assessing treatment effectiveness.

'Evidence-based therapy' has become a marketing buzzword. The term 'evidence based' comes from medicine....But [it] has come to mean something very different for psychotherapy. It has been appropriated to promote a specific ideology and agenda. It is now used as code word for manualized therapy – most often brief, one-size-fits all forms of cognitive behaviour therapy (CBT). 'Manualized' means the therapy is conducted by following an instruction manual'.

Jonathan Shedler, 'Where is the Evidence for 'Evidence-Based' Therapy?' *Psychiatric Clinics of North America* (41, 2, 2018), p.319.

It is important to understand the challenges and limits in using only 'evidence-based' treatments, especially for complex trauma clients:

'the evidence indicates that modalities tested in randomised controlled trials (RCTs) are far from 100% applicable and effective and the RCT model itself is inadequate for evaluating treatments of conditions with complex presentations and frequently multiple comorbidities... The over-optimistic claims for the effectiveness of cognitive-behavioural therapy (CBT) and misrepresentation of other approaches do not best serve a group of patients greatly in need of help; excluding individuals with such disorders as untreatable or treatment-resistant when viable alternatives exist is not acceptable'. [7] the evidence indicates that modalities tested in randomised controlled trials (RCTs) are far from 100% applicable and effective and the RCT model itself is inadequate for evaluating treatments of conditions with complex presentations and frequently multiple comorbidities..... the evidence indicates that modalities tested in randomised controlled trials (RCTs) are far from 100% applicable and effective and the RCT model itself is inadequate for evaluating treatments of conditions with complex presentations and frequently multiple comorbidities.....

This raises the key question of 'what kind of evidence?' If the nature and status of evidence for effective psychotherapy treatment/s is more complex than the imprimatur of 'evidence-based', assessing effective treatment/s for complex trauma is even more challenging.

'The trauma psychotherapy research literature is limited in at least three ways. First, most studies have

excluded patients with 'complex trauma'.... because these patients tend to suffer from a wider variety of more chronic problems than their circumscribed trauma counterparts.... Second...trauma psychotherapy studies rarely involve laboratory measures of cognitive and physiological functioning as indicators of trauma-related change...Third, the current literature overvalues randomized controlled trials (RCTs), which...make causal inferences about the efficacy of treatment packages, but often lack generalizability to independent practice...'

D'Andrea & Pole, ' A naturalistic study of the relation of psychotherapy process to changes in symptoms, information processing, and physiological activity in complex trauma', *Psychological Trauma: Theory, Research, Practice and Policy*, 4 (4), 2011, p.439.

To explore these issues further please see Chapter 5 of Blue Knot's 2019 *Clinical Guidelines for Treatment of Complex Trauma*. **The guidelines are available for purchase or free download at:**

<https://www.blueknot.org.au/Resources/Publications/Practice-Guidelines/Practice-Guidelines-2019>).

This what a few of the leaders in the complex trauma and dissociation fields said about these guidelines:

Blue Knot has done a masterful job of presenting treatment approaches for individuals who suffer from the enduring impact of complex trauma. These updated treatment guidelines recognize that randomized controlled trials (RCT) should not be the only source of evidence about treating traumatized individuals. While information gleaned from RCTs is crucial, RCT studies typically exclude the most severely traumatized and symptomatic clients, which means that the mental health field needs additional guidance to successfully treat the most complex trauma reactions. Thankfully, Blue Knot has taken the international lead in providing such guidance. Clinicians, clients, and researchers should read these guidelines!

Bethany Brand, Ph.D.
Professor of Psychology and Director, Clinical Focus Program
Towson University, USA

Treatment of Patients with Dissociative Disorders (TOP DD) Studies

"The Board of Directors of the International Society for the Study of Trauma and Dissociation is pleased to endorse Blue Knot's Practice Guidelines for Clinical Treatment of Complex Trauma. Blue Knot has provided the complex trauma field with an invaluable and accessible resource that synthesizes the rapidly expanding evidence base for the efficacious treatment of trauma and dissociation."

International Society for the Study of Trauma and Dissociation (ISSTD) Washington, DC

"These updated practice guidelines are an extraordinary integrative feat melding clinical wisdom with cutting edge neuroscience inside a thoughtful and well-crafted psychotherapeutic frame. It's actually a pleasure to read and soak in. Unusual in its breadth and depth it will provide a lovely guide for doing quality work informed by the best standards of practice we have to offer our patients. Bravo!"

Richard A. Chefetz, M.D., Private Practice, Institute of Contemporary Psychotherapy & Psychoanalysis, Washington, D.C.

*I am honored and privileged to endorse the 2019 'Practice Guidelines for the Treatment of Complex Trauma.' Distinctly different from the quasi-manualization found in many Guidelines, these address the therapist's **existence** in a complex human relationship in which the patient's traumatization began in early childhood, as well as addressing the specifics of **what to do** as a therapist that characterizes both the humanity and the unique complexity of the therapy itself.*

Philip M. Bromberg, Ph.D.

Author: *Standing in the Spaces: Essays on Clinical Process, Trauma, and Dissociation* (Routledge, 1998); *Awakening the Dreamer: Clinical Journeys* (Routledge, 2006); *The Shadow of the Tsunami: and the Growth of the Relational Mind* (Routledge, 2011).

References and Footnotes

[1] Stephen Porges and Deb Dana, *Clinical Applications of the Polyvagal Theory: The Emergence of Polyvagal-Informed Therapies* (Norton, New York, 2018); Dana, *The Polyvagal Theory in Therapy* (Norton, New York, 2018).

[2] Stephen Porges, *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation* (Norton, New York, 2011).

[3] S.B. Thal and M.J. Lommen, ref Foa et al. 2009; Stein et al. 2009; Mithoefer et al. 2011;

Greenberg 1999, 'Current Perspective on MDMA-Assisted Psychotherapy for Posttraumatic Stress Disorder', *Journal of Contemporary Psychotherapy* (48, 2, 2018), 99–108. doi: [10.1007/s10879-017-9379-2](https://doi.org/10.1007/s10879-017-9379-2)
<https://link.springer.com/article/10.1007/s10879-017-9379-2>

[4] See, for example, M. A. Hagenaars, A. van Minnen, et al 'The impact of dissociation and depression on the efficacy of prolonged exposure treatment for PTSD', *Behavior Research and Therapy* (48, 1, 2010, pp.19-27) .

[5] Blue Knot Foundation 2019 *Practice Guidelines for Clinical Treatment of Complex Trauma*: Authors Kezelman C.A & Stavropoulos P.A.

[6] Lisa Schwarz, Frank Corrigan, et al, citing Corrigan & Hull, 2015, *The Comprehensive Resource Model: Effective therapeutic techniques for the healing of complex trauma* (Routledge, New York, 2017), p.140.

[7] Frank M. Corrigan & Alastair M. Hull, 'Recognition of the neurobiological insults imposed by complex trauma and the implications for psychotherapeutic interventions', *BJPsych Bull.* (39, 2, 2015), pp.79-86.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4478907/>

Supporting people with disability who have experienced complex trauma



The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, established in April 2019 was recently granted a 17-month extension and will now release its final report to government in September 2023. As we go to press it is holding its thirteenth public hearing, has released thirteen issues papers, and received close to two and a half thousand submissions.

The grant of an extension acknowledges the breadth of the Royal Commission's responsibilities under its Terms of Reference and the significant and prolonged disruptions to the Commission's program as a result of COVID-19. The additional time provides greater opportunity for people to be heard and issues to be more thoroughly investigated. It will include a fuller schedule of public hearings, the provision of private sessions, a robust research agenda, and targeted engagement strategies.

The Disability Royal Commission was established in response to community concern about widespread reports of violence against, and the neglect, abuse and exploitation of, people with disability. These incidents might have happened recently or a long time ago.

It will investigate:

- preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation
- achieving best practice in reporting, investigating and responding to violence, abuse, neglect and exploitation of people with disability
- promoting a more inclusive society that supports people with disability to be independent and live free from violence, abuse, neglect and exploitation.

Blue Knot has been honoured to be delivering the National Counselling and Referral Service, supporting people engaging with the Royal Commission and wishing to tell their story to it. It provides emotional support, information and referrals to callers, independent of government and the Commission.

Additionally, Blue Knot has been funded by the Federal Department of Social Services to develop 2 publications to support organisations and workers in the disability sector. It is anticipated that these publications will be launched in July this year:

Guidelines for Trauma-Informed Practice: *Supporting people with disability who have experienced complex trauma.*

Plain English Guide: *Supporting people with disability who have experienced complex trauma.*

We gratefully acknowledge the Department of Social Services who funded the development of these guidelines and the guide.

The guidelines and guide are an important step in further supporting the disability sector to support people with disability to overcome the barriers they often face to social justice and participation. Both publications were developed over a 12-month period through a number of collaborative and consultative iterative processes with people with disability, caregivers, advocates, support workers and services, representing diverse groups of people from within the disability sector. The rich insights provided have informed the guidelines and guide, extending knowledge from the relevant literature to identify practice tips and resources to enable better responses to people with disability who have experienced trauma.

We would like to acknowledge and thank the many people with disability, trauma survivors, disability organisations, caregivers, support workers, and advocates from across Australia who generously shared their experiences and insights to inform this work. They provided invaluable feedback on the content and format of the guidelines. We hope the guidelines and guide will help provide the knowledge and skills needed to enable those working on the front line every day to empower people living with disability with experiences of trauma along their path to recovery from their trauma experiences.

We would also like to acknowledge the ground-breaking work of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The guidelines and Plain English guide also include narratives from people with disability drawn from the Commission and published in the Interim Report (Australian Government, 2020). It would not have been possible to develop trauma-informed publications for the disability sector without these contributions. We look forward to their launch and dissemination early in the next financial year.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability has been granted a 17-month extension by the Australian Government.



With the final report now due on 29 September 2023 there will be additional time for further hearings, which has been welcomed by disability advocacy groups.

The Royal Commission has also welcomed last Thursday's decision, which acknowledges the breadth of the Royal Commission's responsibilities under its Terms of Reference and the significant and prolonged disruptions to the Commission's program as a result of COVID-19.

Disability Royal Commission (DRC) Chair, Ronald Sackville QC, requested the extension last October and says the decision will allow the Commission to settle their program of hearings.

[Read more...](#)

Confronting the nature of abuse and violence



**by Kelsey Hegarty (originally published
InsightPlus.com.au)**

IT is a challenge for health professionals to fully acknowledge and “see” sexual, domestic and family violence affecting our colleagues, friends and patients. We like to “other” this problem, to think of it as the statistic we see on the news – the death of another woman, a child removed from care of a parent, or a rape by a stranger late at night – rather than what could be happening to the person next to us or even within our own relationships or families.

How should we as health care workers seek to understand what is abusive behaviour and what isn’t?

[Read more](#)

**How a panicked phone call to the
ABC newsroom led to a Four
Corners investigation and the
dismantling of an alleged sex
slave cult**



By Elise Worthington, ABC Investigations (originally published [abc.net.au](https://www.abc.net.au))

Journalist Elise Worthington experienced vicarious trauma during the five-month investigation. (Four Corners)

It started with a panicked call to the ABC switchboard asking to speak to someone in the newsroom.

The desperate voice on the other end of the line was begging for help.

That initial conversation was the first of dozens that followed a similar pattern — describing how a sex cult was allegedly harming vulnerable young women and despairing that authorities seemed unable or unwilling to intervene.

Weeks later, producer Kyle Taylor and I found ourselves at a dodgy regional New South Wales pub being heckled by the locals who had no idea what was going on as we frantically photographed hundreds of pages of tattered "slave journal" entries.

They were brought to us in a black bum bag by a woman who alleged she was enslaved, forced into sex work, abused, coerced and threatened by a man she was forced to call her "Master".

This is how a five-month investigation by ABC Investigations and Four Corners into former Australian army soldier James Davis and his acolytes, the so-called 'House of Cadifor', began.

[Read more...](#)

Foundation exec hailed as 'National Families Week 2021 Champion'



Blue Knot Foundation's Dr Cathy Kezelman has become a Champion for National Families Week 2021 – Australia's celebration of the importance of families.

National Families Week is held annually from 15 May to 21 May (coinciding with the United Nations International Day of Families on 15 May).

The aim of the week-long celebration is to highlight the vital role that families play in Australian society. The theme 'Stronger Families, Stronger Communities' highlights the importance of families to communities and that community wellbeing is enhanced by family wellbeing.

Thousands of people are expected to participate in registered events around Australia, illustrating the importance of families within the community. Events are being held in regional communities as well as in every capital city in Australia. The diversity of events reflects the diversity of the Australian community.

Dr Brian Babington, CEO of Families Australia, said: "the challenges of the past year have underlined the fundamental importance of families to society, communities and to us as individuals. Whatever form they take and in all their marvellous diversity, families need nurturing, respect and support. National Families Week is

a great time to reflect on and take action to further strengthen our families.”

Dr Cathy Kezelman expressed her excitement for being involved in such a celebration.

“Recent bushfires, floods and the COVID-19 pandemic have highlighted the importance of connection and support. Whether it’s your family of origin, the family you have created or the people you choose to have around you, reach out, stay connected and find the support you need and deserve.

“Connection and support are a vital component of the work that we do at Blue Knot, which is why we are excited to support National Families Week. Through this week and right through the year, we reach out and foster the support networks which people with complex trauma experiences need to heal and recover.” Dr Kezelman said.

National Families Week is supported by the Australian Government Department of Social Services as a valuable opportunity to demonstrate that families, across the lifespan, are integral to our society.

National Families Week is run by Families Australia, a national member-based not-for-profit organisation that supports family and child wellbeing.

Blue Knot Review is an electronic journal chronicling recent developments and new perspectives around complex trauma and trauma-informed practice. Contact newsletter@blueknot.org.au for feedback or to contribute. [Click here](#) to subscribe or forward this email to anyone who may be interested



The [Blue Knot Helpline and Redress Support Service](#) has established a [referral database](#) of mental health practitioners, doctors, service providers and support groups to provide referral options to callers of our Helpline. If you are a trauma-informed health professional you can apply to be included on this referral database [here](#).

REFERRAL DATABASE
blue knot
HELPLINE
1300 657 380



 Share Tweet Share Forward

Need support?

Blue Knot Helpline

1300 657 380

Monday - Sunday

between 9am - 5pm AEST

or via email helpline@blueknot.org.au

National Counselling & Referral Service (Disability)

1800 421 468

9am - 6pm AEST Mon- Fri

9am - 5pm AEST Sat, Sun & public holidays

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