blue knot foundation

National Centre of Excellence for Complex Trauma

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

Power, Threat, Meaning Workshops

This full day workshop is for those working in diverse professions across different sectors.

These unique events will be delivered in Perth and Sydney by Professor David Pilgrim straight from UK. David Pilgrim is Honorary Professor of Health and Social Policy, University of Liverpool and Visiting Professor of Clinical Psychology University of Southampton.

This one day workshop presents robust research from

biology, neuroscience, and trauma studies, and marries them with social science and psychology to explore the dynamics of power, the threats power imposes, our responses to those threats and the meaning we, as individuals, and as a society have made of those responses.

This framework complements and extends existing models to foster a holistic understanding of people's thoughts, feelings, behaviours and actions. This evidence suggests that if we know enough about people's relationships, social situations, life stories, and their past and current struggles, including trauma and adverse life events, then we can make sense of these experiences. And that if we also think about people's strengths and supports, we may be able to come up with new ways forward.The Power Threat Meaning Framework supports the acknowledgement of prior and ongoing trauma including working towards culturally safer environments.

Registration Fee is $385 and includes a complimentary copy of The Power Threat Meaning Framework Overview (138 pages). Morning tea, lunch and afternoon tea is included in the cost. Present your registration ticket on the day to collect your complimentary copy.
Places are filling quickly - don't miss this unique opportunity

PERTH

Date And Time
Friday 1 November 2019
9:30 am – 5:00 pm AWST

Location
Adina Apartment Hotel
33 Mounts Bay Road
Perth, WA 6000

SYDNEY

Date And Time

Wed., 6 November 2019
9:30 am – 5:00 pm AEDT

Location
Aerial UTS Function Centre
235 Jones Street
Building 10, Level 7
Ultimo, NSW 2007

Book Perth Now

Book Sydney Now

Revisiting Phased Treatment for Complex Trauma

Pam Stavropoulos PhD, Head of Research, Blue Knot Foundation

(*Detailed discussion of this topic will appear in the updated Blue Knot Foundation *Practice Guidelines for Clinical Treatment of Complex Trauma, to be launched in the coming weeks*)

Phase-based treatment, which Judith Herman calls `a tripartite model of recovery stages',[1] has long been endorsed by clinicians of complex, as distinct from standard (`single-incident) PTSD. The stages of the phased model are (1) *stabilisation and resource-building*, (2) *processing of traumatic memory,* and (3) *integration.*

The phased model for treatment of complex trauma is endorsed by the ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults.[2] The investigatory research for these guidelines found that 85% of consulted experts reported that they would use a phase-based approach as their first line of treatment.[3]

Yet the phased (also called `staged') approach has also elicited criticism. Critique of the phased approach in general - and of the need for the initial `stabilisation'

phase in particular - has also increased since release of the first Blue Knot Guidelines in 2012. The updated Guidelines of 2019 include a chapter which revisits the benefits of phased treatment in light of this criticism.

The case for phased treatment

The phased treatment model is based on clinical experience that many sources of complex trauma, including severe childhood trauma, `require an initial (sometimes lengthy) period of developing fundamental skills, including maintaining supportive relationships, developing self-care strategies, coping with symptomatology, improving functioning, and establishing some basic positive self-identity as a prerequisite for active work on memories of traumatic events'.[4]

The rationale is that `[b]y the time patients have done the arduous work of the early phase of treatment, they are much more stable.'[5] Thus they are better equipped to address the painful task of processing traumatic memories with reduced risk of retraumatisation.

It is important to be aware that the stages of the phased approach are not strictly linear. Rather they are `flexible and recursive, involving a periodic need to return to previous phases… Each phase involves a *problem-solving* and *skills-building* approach within the broader context of a relational approach'.[6]

Why the challenge?

The premise underlying criticism of the phased approach to treatment of complex trauma [7] is straightforward and largely comes from a specific quarter. Official evidence-based `first line' therapies for treatment of PTSD[8] are relatively short term `intensive trauma-focused' psychotherapies which do not include a staged approach. Those who oppose the phase-based approach in favour of immediate application of evidence-based treatments `argue that a stabilization phase could delay or restrict access to trauma-focused treatments, thereby preventing immediate benefit from the treatments'.[9]

A number of papers which critique the phase-based approach endorse exposure treatment/s and Cognitive Behavioural Therapy (CBT). They contend that complex - as distinct from `simple' - PTSD is no impediment to immediate and effective application of standard evidence-based treatment approaches. For example, Wagenmans,

Van Minnen et al take issue with the `assumption' that `PTSD patients with a history of childhood sexual abuse benefit less from trauma-focused treatment than those without such a history'.[10]

Questioning exposure therapy/ies for complex trauma

Exposure therapy exists in various forms and is widely referenced, evidenced, and recommended.[11] It is also applied to a range of psychological disorders as well as to standard PTSD. The foundational premise of exposure therapies is that facing anxiety-inducing stimuli results in decrease of the presenting symptoms and distress.

This rationale may seem to be persuasive. But a key point, which is especially applicable for survivors of complex trauma, is *the capacity of the person exposed to aversive stimuli to tolerate the feelings it elicits*. The distinction between *unpleasant* and *unbearable* stimuli is significant here. So, too, is the high risk of dissociation in relation to the latter. While dissociation is a feature of all varieties of trauma,[12] most people with complex trauma `have severe dissociative symptoms'.[13] Following exposure to aversive stimuli, a dissociative response may be elicited which, because less visible than the signs of hyperarousal, may be undetected by the treating clinician.

Graded exposure and systematic desensitization (in which anxiety inducing triggers are identified and `graded' on a hierarchy from most to least arousing) ostensibly mitigate the risk of overwhelm. But as Levine points out, `[t]his type of therapy was originally designed for the treatment of simple phobias, such as the fear of heights, snakes, or insects'.[14]

Prolonged exposure therapy is a development of this tradition. Extending and extrapolating from `simple phobias' to the very different terrain of trauma raises issues rarely addressed by exponents of exposure therapies. As Levine points out, `in aiming to treat PTSD and other diverse traumas, PE took on a very complex and fundamentally different phenomenon than evidenced in simple phobias'.[15] He argues that `the repurposing of a therapy originally designed for simple phobias to treating trauma, which is much more complex, may be a disturbing misapplication of these early methods'.[16] Herman is also explicit that `[w]hat one does *not* do in early recovery is any form of `exposure' therapy'.[17]

Further grounds for concern about exposure-based therapies for treatment of complex trauma relate to the salience of *shame*, in that exposure to aversive stimuli may result in rapid and severe decompensation. Frewen and Lanius are not alone in contending that `when a person's past traumatic experiences are more associated with an experience of shame than they are with anxiety or fear, exposure-based therapies may not be the treatment of choice'.[18]

In fact, there are grounds for serious reservation about the applicability of exposure-based treatment, particularly for clients who experience complex trauma, and especially if `they are applied outside of a phase-oriented treatment'.[19]

Taking stock

While current criticisms have been levelled primarily by advocates of exposure-based therapy, direct and indirect critiques of the phase-based approach also derive from other sources. For example, some new and shorter term psychotherapies combine some of the growing range of available resourcing techniques which can potentially obviate the need for a formal `stabilisation' phase (and/or other specific stages) as such.[20] This is discussed in chapters 4 and 5 of the updated Guidelines.

To critique the critiques of phased treatment is not, therefore, to imply that the staged approach is beyond criticism. Nor is it to contend that problematic issues do not arise in relation to it. An ongoing challenge relates to the point at which a client is `ready' for Phase 2 work. But it was noted in 2014 that while the effectiveness of `first-line' treatments for standard PTSD is `well established', nevertheless `their generalizability to child abuse (CA)-related Complex PTSD is largely unknown'.[21] The conclusion of a recent quantitative review of evidence-based treatment for women with child abuse-related Complex PTSD found that the evidence suggesting the efficacy of predominantly CBT treatments was `limited'.[22] It found `no superior effect size' for exposure, that affect management `resulted in more favourable recovery and improvement rates and less drop-out, as compared to exposure', and that CBT treatments `do not suffice to achieve satisfactory end states, especially in Complex PTSD populations'.[23]

In light of the extensive and well-documented impacts of complex trauma, the reasons for continuing to err on the

side of caution in endorsing a phased treatment approach, as per the ISTSS Expert Consensus Guidelines,[24] remain compelling. It is also ironic that despite criticism of the phased approach, some treatment modalities are now explicitly *incorporating* phases where this was not previously the case.[25]

Based on examination of the critique which has been waged against it, it would seem wise to concur with Rydberg that `[i]f the evidence in support of phase-oriented treatment for PTSD is not entirely conclusive but the research in favour of strictly trauma-focused therapy for the same population is even weaker or inexistent, then there appears to be no solid logical reason to modify current guidelines'.[26]

At the same time, evolving and potentially valuable short-term psychotherapies, some of which themselves incorporate variants of phases, and the growing plethora of techniques which can potentially be integrated within the phased model are significant (as discussed in chapter 4 of the updated Guidelines). Clinicians should remain receptive to diverse means by which treatment of complex trauma might be accelerated without sacrificing the safety on which effective therapy depends.

Announcing Blue Knot's Upcoming Practice Guidelines for Clinical Treatment of Complex Trauma

The previous article was drawn from the upcoming Practice Guidelines for Clinical Treatment of Complex Trauma. Blue Knot will be publishing its new guidelines later in October, to coincide with mental health month and Blue Knot Day. They will be available for purchase and download from the Blue Knot website and further showcased in upcoming editions of Blue Knot Review.

The Last Frontier: Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery were published by Blue Knot Foundation (then ASCA) in 2012. They elaborated and recommended embedding the core components of effective complex trauma treatment into all psychotherapeutic modalities. This recommendation stands and will remain valid into the future.

Prior to the 2012 *Practice Guidelines,* there were almost no guidelines for the treatment of complex trauma. A notable exception was the pioneering work of Christine Courtois;[27] trauma guidelines were addressed to treating `single incident' Post-Traumatic Stress Disorder (PTSD). The *Practice Guidelines* - and *the ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults**[28]* published in the same year - rectified that anomaly.

Evolving research and clinical insights, as well as the continuing challenges of treating the multifaceted syndrome described as `complex' trauma, mean that the original 2012 Blue Knot guidelines require updating. The updated and expanded clinical guidelines include substantial additions to the underpinning research base in a number of areas:

- the nature of complex trauma
- dissociation and the related clinical challenges
- phased therapy in the context of current debates
- `new' and emerging treatment approaches
- issues with respect to `evidence-based' treatment

Now more than ever it is important for clinicians to be aware of ways to assist complex trauma treatment. A wealth of relevant and potentially valuable material is now available. But the diversity of this material, and the diversity of forums and formats in which it appears, means that it can be hard for clinicians to navigate. The updated *Practice Guidelines* provide a means of doing so.

As in the first edition, Part 1 presents the actual guidelines, and Part 2 comprises the research chapters – all of them new - on which the guidelines are based. To further assist clinicians who work in the challenging terrain of complex trauma and dissociation, additional sets of guidelines and publications are also being released.[29]

These new guidelines reflect the continuing and rapidly evolving terrain of research and clinical treatment in relation to complex trauma and dissociation. Here are a few of the endorsements received ahead of publication:

> *"These updated Practice Guidelines for Treatment of Complex Trauma represent a description of state of-the-art trauma treatment as it has developed over the past thirty years. No therapist or client can are badly if these guidelines are followed. They are compassionate, reflect expert knowledge, and yet*

> *eminently practical. They should be recommended reading for all therapists who treat complex trauma—i.e., most of us."*
> **Janina Fisher, Ph.D.**
> **Assistant Educational Director, Sensorimotor Psychotherapy Institute**
> **Author, *Healing the Fragmented Selves of Trauma Survivors: Overcoming Internal Self-Alienation* (Routledge)**

> *"My deepest congratulations and thanks to Blue Knot for your inspirational guidelines. They are an Esperanto that brings honour to Australia and hope to survivors and clinicians all over the world."*
> **Dr Valerie Sinason PhD MACP MInstPsychoanal**
> **Consultant Child Psychotherapist Psychoanalyst**
> **Founder and former Director, Clinic for Dissociative Studies**
> **UK**

> *"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**

References and Citations

[1] Judith L. Herman, `Foreword', in Christine A. Courtois & Julian D. Ford, ed. *Treating Complex Traumatic Stress Disorders* (The Guilford Press, New York, 2009; 2014, p.xv).
[2] M. Cloitre, C.A. Courtois, et al *The ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults* (2012) https://www.istss.org/ISTSS_Main/media/Documents/ISTSS-Expert-Concesnsus-Guidelines-for-Complex-PTSD-Updated-060315.pdf
[3] Noortje van Vliet, Rafaele Huntjens et al, `Phase-based treatment versus immediate trauma-focused treatment in patients with childhood trauma-related posttraumatic stress disorder: study protocol for a randomized controlled trial', *BioMed Central* (B*MC),* 19: 138, 2018.
[4] James Chu, `The Therapeutic Roller Coaster: Phase-Oriented Treatment for Complex PTSD', in Chu, *Rebuilding the Shattered Self* (John Wiley, New Jersey, 2011), p.109.
[5] Chu, `The Therapeutic Roller Coaster: Phase-Oriented Treatment for Complex PTSD', ibid, p.112.
[6] Onno Van der Hart et al, *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization* (Norton, New York, 2006); original emphasis.
[7] See, for example, Anouk Wagenmans, Agnes Van Minnen et al, `The Impact of Childhood Sexual Abuse on the Outcome of Intensive Trauma-Focused Treatment for PTSD', *European Journal of Psychotraumatology,* 9 (1) 2018, and A. Van Minnen, M.S. Harned et al `Examining Potential Contraindications for Prolonged Exposure Therapy for PTSD, *European*

Journal of Psychotraumatology, 3, 2012.

[8] Namely cognitive behavioural therapy (CBT), cognitive processing therapy (CPT), prolonged exposure (PE) and Eye Movement Desensitization and Reprocessing (EMDR)

[9] Van Vliet, Huntjens et al, `Phase-based treatment versus immediate trauma-focused treatment in patients with childhood trauma-related posttraumatic stress disorder: study protocol for a randomized controlled trial', ibid.

[10] Wagenmans, Van Minnen et al, `The Impact of Childhood Sexual Abuse on the Outcome of Intensive Trauma-Focused Treatment for PTSD', *European Journal of Psychotraumatology,* 9 (1) 2018, ibid.

[11] Forms of exposure therapy, developed since the 1950s, include graded, prolonged (PE), imaginal, in vivo, and systematic desensitisation. On evidence for exposure therapy in relation to treatment of anxiety, see Christian Otte, MD, `Cognitive behavioral therapy in anxiety disorders: current state of the evidence', *Dialogues in Clinical Neuroscience* (13, 4, 2011), pp. 413–421.

[12] Elizabeth Howell & Sheldon Itzkowitz, *The Dissociative Mind in Psychoanalysis* (Routledge, New York, 2016).p.35.

[13] Van der Hart et al, *The Haunted Self*, ibid.

[14] Peter Levine, *Trauma and Memory* (North Atlantic Books, CA, 2015), p.117.

[15] Levine, *Trauma and Memory*, ibid, p.117-118.

[16] Levine, *Trauma and Memory*, ibid, p.118.

[17] Herman, `Foreword', ibid, p. xvi; original emphasis).

[18] Paul Frewen & Ruth Lanius, Hea*ling the Traumatized Self* (Norton, New York, 2015), p.207.

[19] Van der Hart et al, *The Haunted Self,* ibid, p.ix.

[20] See, for example, Lisa Schwarz, Frank Corrigan et al, *The Comprehensive Resource Model: Effective therapeutic techniques for the healing of complex trauma* (New York: Routledge, 2017).

[21] Ethy Dorrepaal, Kathleen Thomas et al, `Evidence-based Treatment for Adult Women with Child Abuse-related Complex PTSD: a Quantitative Review', *European Journal of Psychotraumatology* (Vol,5, 2014) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4199330/

[22] Dorrepaal, Thomas et al, `Evidence-based Treatment for Adult Women with Child Abuse- related Complex PTSD', ibid.

[23] Dorrepaal et al, ibid.

[24] Cloitre, Courtois et al, *The ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults,* ibid.

[25] As Rydberg points out, `[t]he field of EMDR therapy, for example, shows examples of adaptations to the processing of traumatic memories that include many aspects of stabilisation…in these cases, phases one and two follow a parallel path' (Jenny Ann Rydberg, `Research and clinical issues in trauma and dissociation', *European Journal of Trauma and Dissociation* (1, 2017), pp. 93-4.

[26] Rydberg, `Research and clinical issues in trauma and dissociation', ibid, p.93.

[27] Christine A. Courtois, *Recollections of Sexual Abuse: Treatment, Principles and Guidelines* (Norton, New York, 1999); *Healing the Incest Wound* (Norton, New York, 2010); also see Courtois, Ford & Cloitre, `Best Practices in Psychotherapy for Adults', ch.3 in Courtois & Ford, ed. *Treating Complex Traumatic Stress Disorders* (The Guilford Press, New York, 2009), pp.82-103.

[28] Cloitre, Courtois et al, *The ISTSS Expert Consensus Treatment*

Guidelines for Complex PTSD in Adults (2012) https://www.istss.org/ISTSS_Main/media/Documents/ISTSS-Expert-Concesnsus-Guidelines-for-Complex-PTSD-Updated-060315.pdf [29] These include *Guidelines to Differences between Therapy for Complex Trauma and Standard Counselling Approaches, Guidelines to Therapist Competencies for Working with Complex Trauma and Dissociation* (i.e. two complementary sets of recommendations in a single publication), *Guidelines for Clinical Supervisors of Therapists who Work with Complex Trauma*, and an additional publication on trauma-related dissociation.

News Article

TIME FOR COORDINATED ACTION ON COMPLEX TRAUMA IS LONG OVERDUE

The federal government must ensure that a complex trauma strategy is a "pillar" of the nation's mental health policy moving forward, says Blue Knot Foundation.

Speaking ahead of Mental Health Week (6-12 October) and the 10th anniversary of Blue Knot Day (Monday, 28 October), the foundation – which is Australia's National Centre of Excellence for Complex Trauma – said Australia must respond to the public health crisis of complex trauma, with more than one in four adult Australians experiencing the cumulative impacts of complex trauma.

"Over 5 million adults in this country have experiences of complex trauma, which is repeated ongoing interpersonal trauma and abuse, often from childhood, as an adult, or both," Blue Knot Foundation president Dr Cathy Kezelman said.

"With two-thirds of people presenting to public and private mental health services having experienced sexual and physical abuse, complex trauma must be identified, acknowledged and appropriately addressed."

"Research establishes that it can significantly affect a person's mental health and wellbeing, with survivors experiencing high rates of anxiety and depression and other mental health issues."

Unless we properly address complex trauma now, Dr Kezelman continued, Australia will be having this same conversation in 10 years' time and then again in another 10 years.

"We need to respond to this growing devastating public mental health issue and its human cost on individuals, families, communities and across generations," she said.

Complex trauma includes child sexual, physical and emotional abuse; neglect; growing up with domestic violence; and growing up with a parent or carer who has their own unresolved trauma, such as with a mental illness or an addiction, the foundation said in a statement.

In adulthood, it can occur as a result of domestic and family violence and refugee and war trauma, it added.

"Research shows that it is possible to heal from even severe early trauma, and that when parents have worked through their trauma, their children do better. However, to find a path to recovery, people need the right support and to embrace a sense of hope and optimism on their journey to recovery and building resilience," Dr Kezelman said.

Article published in Wellness Daily, September 24 2019

Trainers Required Nationally

Blue Knot Foundation is expanding its training arm and is looking for experienced trainers/facilitators to deliver our suite of trauma-informed and clinical packages around the country. This contract position could complement the work of professionals in private practice or who work part time in a trauma service.

We are looking for trainers with excellent training facilitation skills, confidence, enthusiasm AND, experience and skill sets in one, or more, of the following:
1. clinical/ counselling experience working within domestic and family violence services (at least 5 years)
2. experienced complex trauma clinicians (at least 5 years) who implement best practice approaches
3. working in organisational settings which support traumatised people
4. lawyers working with people with complex trauma histories
5. working with Aboriginal and Torres Strait Islander peoples
6. working with people who use alcohol and other drugs
7. working within homelessness services
8. carers of adults who have been repeatedly traumatised
9. working with people with different abilities / disability
10. people managers (with at least 5 years people management experience) working in human services, health or other services that provide services to traumatised people
11. working in educational settings with adolescents or adults who have been traumatised
12. provision of clinical supervision to complex trauma practitioners.

We are looking for trainers in all Australian States and Territories. If you are interested or know someone that might be suitable please go here for more information.

Blue Knot Professional Development Training

As you may be aware, Blue Knot Foundation runs an extensive professional development training process. As part of this process it invests in an ongoing quality assurance process, based on learner, client and trainer feedback. This feedback and current research inform enhancements to existing programs, tailored programs and new offerings.

Our quality assurance process in the first half of 2019 has informed updates for a number of the programs which are included in the July-December calendar here and in our in-house program.

This includes our updated programs:

- Trauma-Informed Care and Practice – Level 2
- Trauma-Informed Care and Practice in Domestic and Family Violence Services - Lvl 2

We are also excited to offer a new program:

- Working with Intergenerational and Collective Trauma – fostering healing and building resistance.

This new one-day professional development training will suit all staff who work with, or manage services for, people who may have experienced historical, collective or intergenerational trauma. This includes service managers, therapists, case workers, counsellors, social workers, psychologists, community, mental health and peer workers, primary care practitioners, policy makers, program managers and other professionals.

It has been scheduled for October in Sydney and Melbourne in November but can be delivered in-house as well. You will find more information here

In 2018 Blue Knot Foundation delivered more than 330 training days to more than 6,300 attendees. The following

is feedback from one participant:

> ***"The training was very relevant to my position as a DV counsellor for women survivors of DFV. The material…was well structured and presented. I never felt bored or overwhelmed. The day gave me lots of ideas to explore further, affirmed some of my practices and acknowledged some of my experiences as a long term DV worker. The exchanges with other training participants were an added bonus. Well-designed training. Thank you."***
>
> **Gaby, QLD.**

Find comprehensive Training packages and Services information here and a schedule of dates and locations here.

Please note that our training can come to you and your organisation anywhere in Australia and can be tailored to suit your specific needs.

To find out more please email trainingandservices@blueknot.org.au or call 02 8920 3611 to speak to a member of our training team.

Supervision

Blue Knot Foundation runs a brokerage service whereby we match the needs of organisations/services seeking group/team based supervision with a suitably skilled supervisor.

Supervisors are able to facilitate the following: group clinical and non-clinical supervision, group case consultation and debriefing as well as group based support around vicarious trauma and self-care. Other consultation services are available on request.

To find out more,
visit https://www.blueknot.org.au/Supervision

Organisational Consultancy

Blue Knot Foundation's organisational consultancy supports organisations to design and/or modify their current culture, practices, policies and procedures around the core trauma-informed organising principles of safety, trustworthiness, choice, collaboration and empowerment.

To find out more,
visit https://www.blueknot.org.au/Consultancy

Regional ISSTD Conference, Christchurch NZ

22- 24 November 2019

The International Society for the Study of Trauma and Dissociation is holding a regional conference from 22nd-24th November 2019 in Christchurch, NZ.

The conference will feature pre-conference workshops, plenary and panel sessions, as well as a workshop presented by Pam Stavropoulos PhD, Head of Research and Dr. Cathy Kezelman AM, President, from Blue Knot Foundation.

Their presentations will focus on the soon-to-be-released updated Guidelines for Clinical Treatment of Complex Trauma. The Guidelines delineate the conceptual and treatment landscape in 2012 as compared to 2019, review the status of phased treatment for complex trauma in light of some current criticisms and outline emerging treatment approaches and their capacity to address dissociation.

This conference offers a unique opportunity to hear from international leaders in the field and acquire new knowledge, skills and tools for your clinical practice with complex trauma clients.

Further information about the Conference, including how to register, can be found here.

Announcing the National Counselling and Referral Service

Supporting people affected by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission)

This new service delivered by Blue Knot Foundation and funded by the Federal government opened its doors on 17 October 2019.

The Disability Royal Commission

The Disability Royal Commission was established on 4 April 2019 and will run for three years. It will look at ways to protect people with disability from experiencing violence, abuse neglect and exploitation. To find out more about the Commission visit the Disability Royal Commission's website.

Counselling support and referrals

Blue Knot Foundation has established a specialist service to provide counselling support and referrals for people with disability, their families and carers, and anyone affected by the Disability Royal Commission.

This service operates from

- 9am-6pm AEST Mon-Fri *and*
- 9am-5pm AEST Sat, Sun and public holidays.

Our counsellors can be contacted on 1800 421 468.

This is a separate service from the Blue Knot Helpline which provides counselling, support, information and for support around the National Redress Scheme.

Who the service is for:

- people with disabilities who have experienced violence, abuse, neglect and exploitation anywhere
- parents, guardians, other family members of a person with disability
- carers of a person with disability
- advocates for people with disability
- service providers or agencies working with people with disability
- employers or colleagues of a person with a disability

What the service provides:

- professional short-term counselling and support
- a gateway to frontline counselling services
- warm transfers to and from the Royal Commission, advocacy and legal support services
- information and referrals about other useful services
- psychoeducation

To find out more go to our website

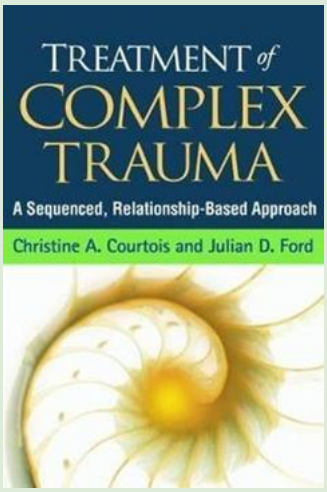
Recommended Reading - Treatment of Complex Trauma - A Sequenced, Relationship-Based Approach

This edition we feature a seminal book Treatment of Complex Trauma – a sequenced relationship-based approach by Christine Courtois and Julian Ford. Blue Knot was honoured to receive the following endorsement by Christine Courtois to its upcoming guidelines:

As evidenced by these revised and updated guidelines, Australia has taken an international leadership role in developing clinical guidance for the treatment of complex trauma. The authors have consolidated a vast amount of research and clinical literature to arrive at an updated and state-of-the art treatment formulation. Significantly, this document does not stop with those treatments that carry the evidence-based designation but extends beyond them to consider other approaches and strategies for the myriad of developmental aftereffects that make up complex traumatic stress disorders. It places particular emphasis on dissociation as a process by which repeatedly traumatized children and adults protect themselves, a process that needs recognition and attention. Other recommended approaches include an emphasis on the body-mind and the use of treatments long considered complimentary (and alternative) to mainstream talk therapy. In line with recent research findings from the neurosciences and attachment studies, the case is made here to offer treatment that is holistic and oriented towards the client's identity development, self-management, relationship ability, and other life skills, and an emphasis on life quality rather than only on the trauma. This model emphasizes the necessity for individualized assessment and treatment formulation, with interventions offered sequentially across three main phases. I repeat what I wrote in my endorsement of the earlier guideline: "This document is a singular and pioneering achievement in its depth and scope…Bravo to all involved in its development!

Christine A. Courtois, PhD, ABPP
Licensed Psychologist, Private Practice, Washington, DC (retired)
Consultant and Trainer, Trauma Psychology and Treatment, Bethany Beach, DE
Chair, American Psychological Association Clinical Practice Guidelines for the Treatment of PTSD in Adults.
Co-Chair, International Society for Traumatic Stress

Studies Complex Trauma Task Force. Chair, Joint Complex Trauma Treatment Guidelines Committee, Division 56 (Psychological
Trauma), American Psychological Association and the International Society for the Study of Trauma and Dissociation
Author: *Healing the Incest Wound: Adult survivors in therapy* (revised edition) *Recollections of Sexual Abuse: Treatment Principles and Guidelines*
Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide (co-edited with Julian Ford, PhD; revised and updated version forthcoming)
The Treatment of Complex Trauma: A Sequenced, Relationship–based Approach (co-authored with Julian Ford)
Treating Complex Traumatic Stress Disorder in Children and Adolescents (co-edited with Julian Ford)
Courtois, C. A., & Ford, J. D. (2013). *Treatment of complex trauma: A sequenced, relationship-based approach.* New York, NY, US: Guilford Press.



This insightful guide provides a pragmatic roadmap for treating adult survivors of complex psychological trauma. Christine Courtois and Julian Ford present their effective, flexible research-based approach for helping clients move through three clearly defined phases of posttraumatic recovery. Two detailed case examples run throughout the book, illustrating how to plan and implement strengths-based interventions that use a secure therapeutic alliance as a catalyst for change. The book also explores the roadblocks which inevitably occur within therapy including challenges to the therapeutic relationship, and how to manage them. Essential topics include managing crises, treating severe affect dysregulation and dissociation, and therapist self-care.

The companion website www.guilford.com/p/courtois2 offers downloadable reflection questions for clinicians and extensive listings of professional and self-help resources. A new preface in the paperback and e-book editions addresses key scientific advances.

> "The state of the art of treating complex trauma, both the basics and the nuances, as summarized by two wise and sophisticated experts."--Judith Lewis Herman, MD, Department of Psychiatry, Harvard Medical School

> "Both authors have worked extensively with survivors of complex trauma, and share their wisdom and experience in this book. At a time when this clinical population is becoming more visible to clinicians, this thoughtful, extensively documented work is a real treasure. The emphasis on therapist self-care and the ways in which the authors underscore the central importance of therapist self-awareness and self-regulation are particularly valuable. This book will be required reading for all of my interns."--Laura S. Brown, PhD, ABPP, past president, Division of Trauma Psychology, American Psychological Association; private practice, Seattle, Washington

> "Courtois and Ford, two internationally acknowledged experts, have written a magnificent book on the nature and phase-oriented treatment of complex trauma. Destined to become an instant classic, the book is illustrated throughout with instructive case material. It is at once an excellent guide for the uninitiated and an outstanding resource for experienced clinicians in the field. As most forms of complex trauma occur in interpersonal relationships, the book's emphasis on the therapeutic relationship as the vehicle for healing contributes to its importance."--Onno van der Hart, PhD, Department of Clinical and Health Psychology (Emeritus), Utrecht University, The Netherlands

> "Finally! We have long needed a clinical guidebook that takes treatment providers through the process of therapy for complex posttraumatic stress syndromes, which are among the greatest challenges that professionals encounter. Courtois and Ford's broad and deep clinical experience shines through in their discussion of assessment, engagement, and treatment--as do their optimism, passion, and hope."--Sandra L. Bloom, MD, founder, The Sanctuary Model

Christine A. Courtois, PhD, ABPP, a board-certified counseling psychologist, is retired from private practice in Washington, DC, and is a consultant/trainer on topics on trauma psychology and treatment. She cofounded and then served for 16 years as Clinical and Training Director of The CENTER: Posttraumatic Disorders Program, in Washington, DC. Dr. Courtois was chair of the Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder in Adults for the American Psychological Association (APA), released in 2017, and for guidelines on the treatment of complex trauma for several professional organizations. She has published a number of books (four of them coedited or coauthored with Julian Ford) and numerous book chapters and articles on trauma-related topics. Dr. Courtois is past president of APA Division 56 (Trauma Psychology) and past founding Associate Editor of the Division's journal, *Psychological Trauma: Theory, Research, Practice, and Policy.* She served two terms on the Board of Directors of the International Society for Traumatic Stress Studies (ISTSS). She has received the Award for Distinguished Contributions to Independent Practice from the APA, the Sarah Haley Award for Clinical Excellence from ISTSS, and, most recently, the Award for Distinguished Service and Contributions to the Profession of Psychology from the American Board of Professional Psychology.

Julian D. Ford, PhD, ABPP, a clinical psychologist, is Professor of Psychiatry, Psychology, and Law at the University of Connecticut, where he is also Director of the Center for Trauma Recovery and Juvenile Justice. He has served on the Steering Committee of the National Child Traumatic Stress Network, as Associate Editor of the *Journal of Trauma and Dissociation* and the *European Journal of Psychotraumatology*, as Co-Chair of the Presidential Task Force on Child Trauma for the APA Division 56, and as a board member and Vice President of ISTSS. With Christine A. Courtois, Dr. Ford is a recipient of the Print Media Award from ISSTD for their coedited volume *Treating Complex Traumatic Stress Disorders*; he has also published several other books on trauma-related topics. Dr. Ford developed and conducts research on the Trauma Affect Regulation: Guide for Education and Therapy (TARGET) psychosocial intervention for adolescents, adults, and families.

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The Blue Knot Helpline 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.

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