

Bodyfocused Schema Therapy for PTSD

A study design for research at a specialized trauma team at a psychiatric hospital

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BACKGROUND/INTRODUCTION

Patients diagnosed with PTSD in the psychiatric sector experience severe social, physical and psychological issues with high rates on comorbidity. This project is a summary of many years of experiences of a department specialized in PTSD treatment. Our treatment model combines Schema Therapy (ST) and a somatic oriented focus, which is undergoing clinical and research development, both locally and internationally. National and international studies and reports indicate that there is a need for phase-divided treatment in relation to complex PTSD;

- 1) Stabilization & safety
- 2) trauma-focused treatment (processing memories)
- 3) Consolidation (moving into the outside world)

Based on this, the project will develop and utilize a flexible manual for trauma-focused schema therapy combined with a body-focused approach to PTSD.

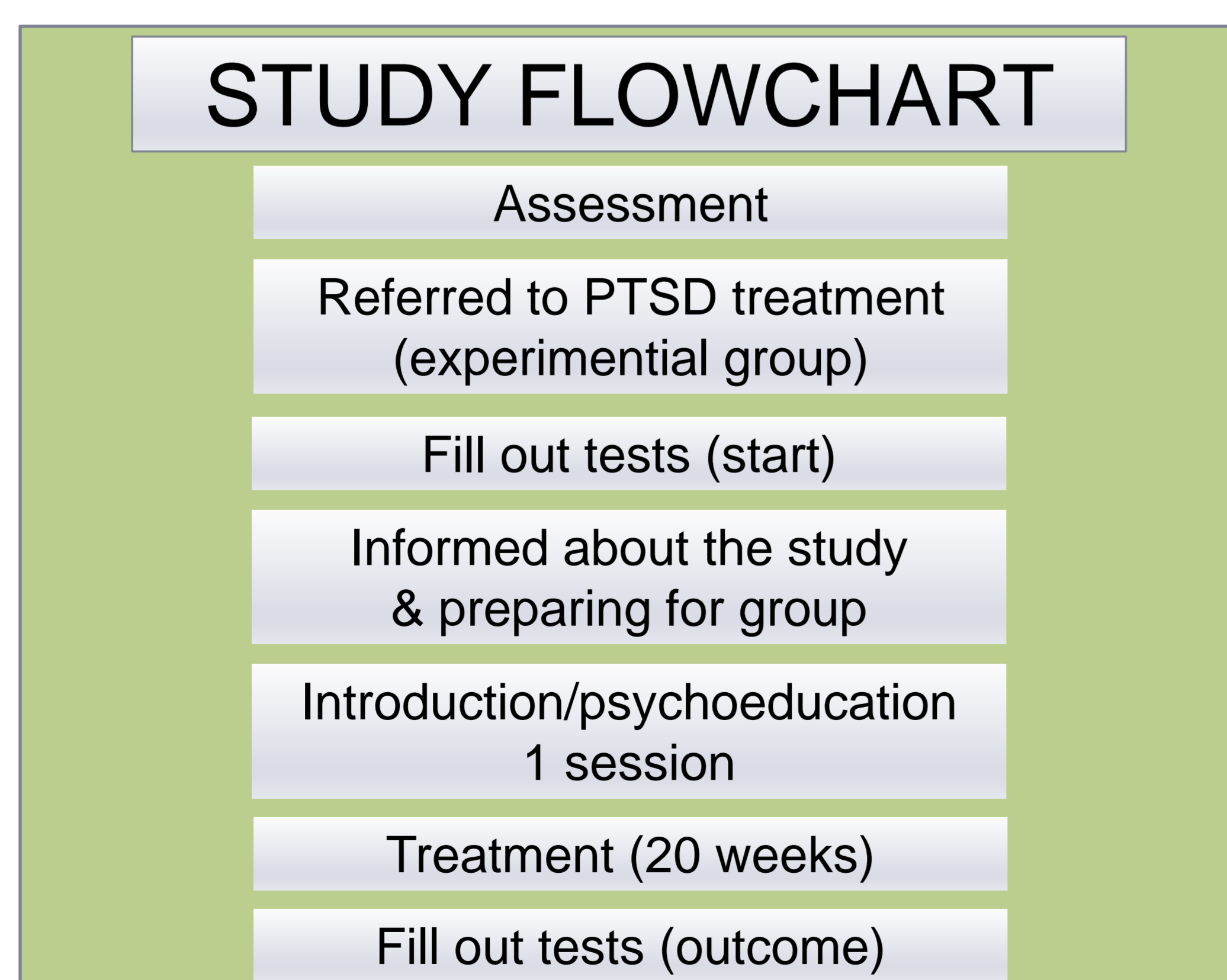
AIMS

The purpose of this project is to address the very complex symptoms of PTSD patients through the development of a new treatment model that meets the challenges we face in the outpatient clinics.

METHODS

The study is a naturalistic study. It is a development project and the manual are currently being developed and tested in clinical practice within a time-limited framework. Patients are offered approx. 20 weeks of therapy with a combination of individual and group therapy. The group consist of 8 patients and 2 therapist.

In group therapy, focus is on group-based schema therapy exercises (mode-dialogue, role-playing, probes, therapeutic letters etc.) in combination with body-focused exercises (body sensation, breathing and affect regulation). In the individual therapy there is a great focus on the therapeutic alliance, imagery rescripting and stabilization exercises.



Group sessions	15-17
Individual sessions preparing for group	4
Individual sessions during group therapy	8
Final individual session	1

DISCUSSION/PROBLEMS

The patients we meet in our clinic have endured prolonged, preverbal and severe trauma in childhood and often struggle with affect regulation, to have a sense of self and live healthy lives where their needs get met in adulthood. The relational and experiential consequences of trauma also interfere with the processes usually relied upon in the therapeutic encounter.

Traumatic experiences is not just a narrative. Trauma lives in your body and often affect the quality of interpersonal relationships and how the world is perceived. To protect the self from unbearable bodily sensations, invasive thoughts and imagery reexperiencing, patients often develop unhealthy coping strategies (e.g. drinking, avoiding, being demanding or compliant). Furthermore high levels of dissociation, dysregulation in the body, feelings of mistrust and shame occurs as emotional coping strategies.

HOW TO ADDRESS THE PROBLEMS

- Interventions where we can regulate potentially overwhelming affect and calm the body down while processing trauma.
- Body focused techniques to find somatic resources to feel more alive, engaged and mindful in the present moment instead of feeling isolated, frightened and dissociated.
- Strategies for working with hyper- and hypo-arousal including dissociation by drawing on ideas from polyvagal theory, sensorimotor psychotherapy and somatic experiencing.
- A relational framework for using the therapeutic relationship for change where attachment has been severely disrupted through techniques such as limited reparenting and emphatic confrontation.
- Ways for weaving in body focused techniques to directly address trauma reactions while doing techniques of Schema Therapy.
- Using the curative factors of the group to strengthen the self compassionate voice and build the Healthy adult mode and group exercises e.g. to change schema modes through the process of collecting experiential antidotes that counter negative core beliefs about self, other and the world.
- Interventions to get free of the fixation of the trauma and build the capacity to imagine other realities and possibilities.
- Bodyfocused ST with roleplay, chair exercises, imagery rescripting, probes, creative exercises opens up new brain and body states where you can come in contact with different inner modes/state, your own healthy adult and thereby consider new options.

DISCUSSION/FUTURE IMPLEMENTING

If the project and manual is successfully implemented it will lead towards a pilot project where we will investigate the effect of bodyfocused schema therapy compared to treatment as usual for PTSD patients.