Rebuilding Shattered Lives

Second Edition

Treating Complex PTSD and Dissociative Disorders

James A. Chu, MD
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This book is dedicated to the generations of staff and patients of the Trauma and Dissociative Disorders Program at McLean Hospital who have taught and inspired me, and to my family, friends, and colleagues who have provided me the support and love that have allowed me to grow, learn, and achieve at least a modicum of wisdom over the years.
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When I was asked to update the foreword I wrote in 1998 for *Rebuilding Shattered Lives*, I accepted with enthusiasm, eager to learn what Dr. James Chu had revised in his now-classic book on the treatment of complex PTSD and dissociative disorders. This revision does not disappoint and, in fact, builds on the first edition and adds to it the insights gained and information published since the original came out. As before, this revision provides clinical wisdom and clarity of discussion regarding the treatment of this challenging population of patients. It also provides support and sustenance to the clinician reader (whether novice or seasoned) facing the challenges these cases present and the dilemmas they often spawn. Dr. Chu’s approach is grounded in theory and extensive experience and is thoughtful and thought-provoking but anxiety-diminishing. The guidance provided makes the process more transparent and hence more understandable to the treating clinician.

As in the first edition, Dr. Chu calls upon his considerable inpatient and outpatient experience with these patients and his familiarity with the pertinent literature to elucidate the treatment model and guidelines presented in this book. The model helps the clinician steer a reasonable course in providing treatment to traumatized and dissociative patients, a treatment that does not overwhelm the patient or the therapist and that manages the various risks associated with the treatment. It is a research and training-based model, calling for caution and reason regarding all strategies and techniques, those having to do with memory recovery in particular. It is also a stage-oriented treatment that, using the mnemonic SAFER for the work of the first stage, underscores self-care and symptom control, acknowledgment, functioning, expression, and relationship issues as essential preliminary tasks to be undertaken long before any directed focus is placed on abuse issues per se. Dr. Chu discusses the rationale behind the reworking and abreaction of traumatic material and emphasizes the importance of addressing and resolving the core abuse-related issues and beliefs that so often plague adult survivors. He shows how
for the truly traumatized this treatment is far from a search for the missing memories; instead, it is a process of life reconstruction and enhancement.

Dr. Chu is very effective in conveying the challenges posed by these patients (especially early in the treatment process) and cogently discusses ways to manage them. I find especially insightful and useful his discussions on the shift of therapeutic responsibility and chronic disempowerment, empathic confrontation, and relational issues and the therapeutic dance, as well as his sound advice regarding the treatment of dissociative identity disorder. Clinical examples provide realistic, graphic, and compelling illustration of the points under discussion and help familiarize and desensitize the reader to their appearance and management.

The book’s additions are all in keeping with the major developments in the field of traumatic stress (in general and as pertains to complex developmental and dissociative posttraumatic stress disorders) and in the treatment advances that have occurred in the field since the book’s original publication. Included are discussions of the quality of the child’s earliest attachment relationships and its impact on overall development but especially the child’s sense of self and self-esteem; the impact of insecure or disorganized attachment on the child’s vulnerability to various forms of victimization, within and outside of the family; the relationship between disorganized attachment and dissociation, and the development of dissociative disorders; differences between normal event memory and memory for trauma including attention to their general accessibility and accuracy, whether they were ongoing or returned in delayed fashion as recovered memories; the application of evidence-based treatment strategies where feasible; clinical consensus about a progression of stages of treatment within which the therapist applies techniques hierarchically; a continued specialized focus on dissociation and dissociative process in many of these patients; and an update of information regarding the management of special issues such as patient self-care and self-injury/suicidality, strategies for the containment of posttraumatic and dissociative symptoms, chronic disempowerment and the “impossible” patient, boundary management, acute care requiring the use of hospitalization, and psychopharmacology. As before, Dr. Chu discusses a treatment that is at once relational, relying on the therapist’s ability and willingness to be accessible to and active in interaction with the patient, and rational, requiring the establishment of boundaries and limitations and ongoing attention to their maintenance and to the patient’s improvement. The therapist is encouraged to be mindful of self and of the client and to use the interaction as both a source of information about the client and his or her history and grist for the mill.

Dr. Chu is especially thoughtful and eloquent in his discussion of controversies and future directions in the field of trauma and dissociation and reasons that clinicians do this work. Complex trauma patients (with and without significant dissociation) make up a substantial percentage of outpatient and inpatient mental health populations, so it is thus important that therapists learn to treat this population. Additionally, much more information is now available about the intergenerational transmission of violence within families and communities; treatment of the sort described here, although time
and energy intensive, is very important work in disrupting the cycle of violence in our society. Nevertheless, not all therapists seek out or enjoy this treatment population, and it can generate burnout or lead to therapeutic transgressions and misadventures more quickly than many others. Dr. Chu’s emphasis on the therapist’s attention to self-knowledge and mindfulness, countertransference, and vicarious trauma in this treatment is invaluable in assisting those of us in the trenches to successfully continue in the work. The need for this work is immense, as is the reward. Thank you, Dr. Chu, for continuing to share your sustaining insight and wisdom in this updated edition.

Christine A. Courtois, PhD

Psychologist, Private Practice: Christine A. Courtois, PhD & Associates, PLC, Washington, DC

Author, *Healing the Incest Wound: Adult Survivors in Therapy and Recollections of Sexual Abuse*

Co-Editor with Julian Ford, PhD, *Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide*

Associate Editor: *Psychological Trauma: Theory, Research, Practice, & Policy*
Introduction

The past three decades have seen extraordinary changes in views concerning the traumatization of children in our society. Attitudes of both mental health professionals and the public moved from virtual denial of the existence and effects of child abuse in the 1970s to an almost fervid preoccupation with these issues in the 1980s. In the heady excitement of those days, at least three central tenets were held forth: (1) the abuse of children was a hidden social epidemic with untold human consequences; (2) abuse was the source of innumerable societal ills and mental illness and disability for abuse survivors; and (3) recognition and uncovering of abuse memories were the keys to both individual and societal health. New ways of recognizing and treating childhood abuse were invented, and specialized treatment programs emerged across the United States.

However, in the late 1980s and the 1990s, the pendulum began to swing in the opposite direction. Although many adults who had survived various kinds of childhood abuse were successfully treated, the treatment of those with particularly severe childhood traumatization proved to be complex. Aggressive attempts to help some severely traumatized patients explore and abreact their childhood abuse resulted in profound regression and lengthy, intensive, and expensive treatment. It slowly became clear that extraordinary pitfalls were associated with a simplistic focus on the childhood traumatic events. In addition to experiencing the traumatic events, many survivors of abuse grew up in devastatingly chaotic and disrupted home environments that led to massive disabilities. Their lives, their relationships, and often even their identities were shattered. They developed fundamental assumptions about the world as malevolent and about themselves as defective and powerless, leaving them poorly equipped to cope with even basic life functioning. Perhaps most important, they also learned to approach others with deep mistrust, making all relationships—including therapeutic relationships—tenuous and potentially dangerous.