

Treating PTSD with Intensive Short-term Dynamic Psychotherapy

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**DALHOUSIE
UNIVERSITY**

Inspiring Minds



- Overall plan for the course
 - Overview of ISTDP model
 - Spectrum and Psychodiagnosis
 - Main interventions
 - PTSD through lens of ISTDP
 - Trauma in a non fragile patient
 - Trauma in a fragile patient

Key points

- The spectrum of PTSD requires different therapeutic processes to build capacities making “exposure” possible and safe
- Somatic manifestations of unconscious anxiety dictate these processes
- ISTDP has built in ingredients for the full spectrum of PTSD

PTSD: A Criteria

- The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):
 - Direct exposure
 - Witnessing the trauma
 - Learning that a relative or close friend was exposed to a trauma
 - Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

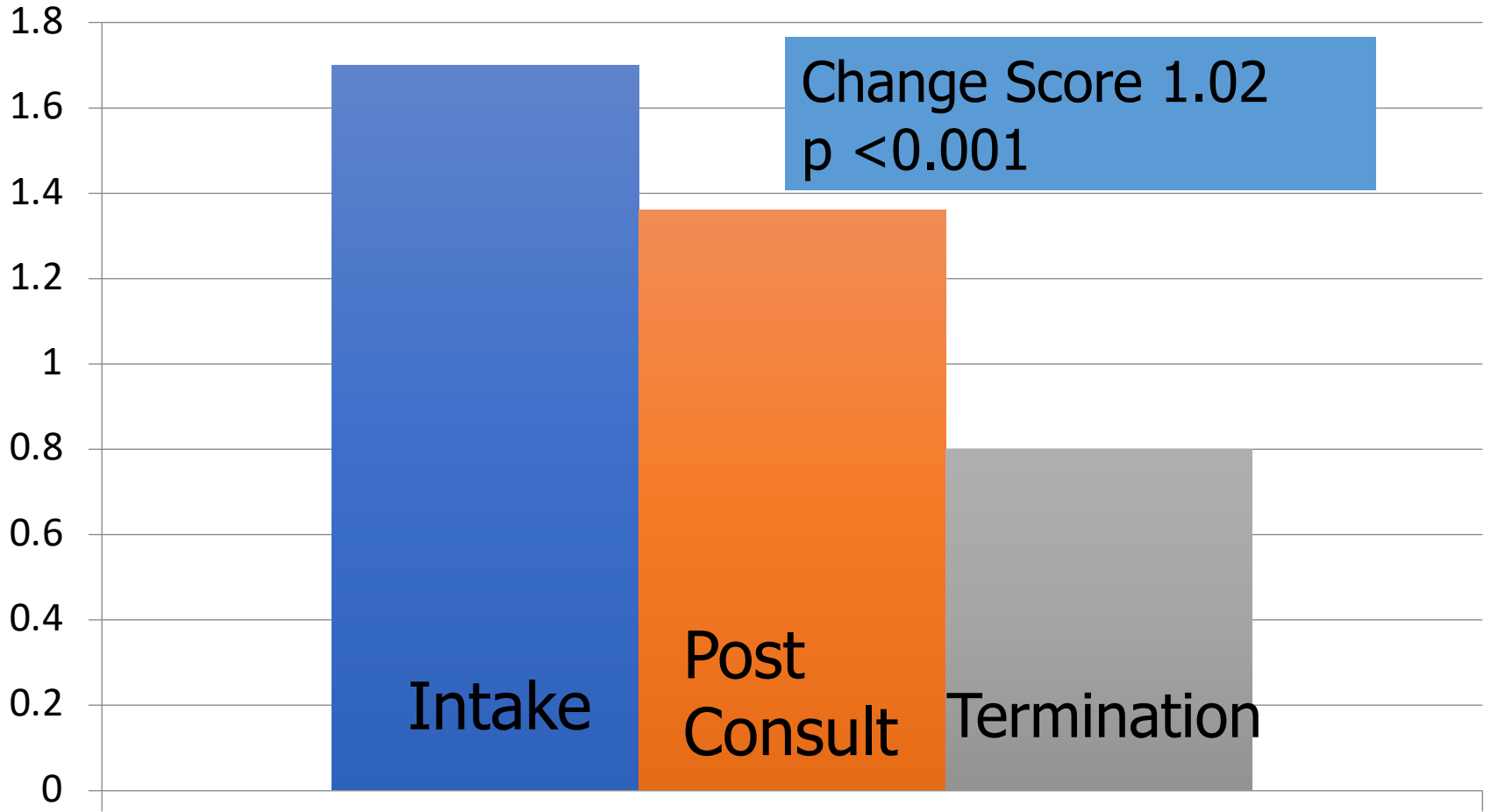
PTSD Other Criteria

- **Criterion B: intrusion symptoms**
- **Criterion C: avoidance of thoughts and reminders of trauma**
- **Criterion D: Negative thoughts or feelings that began or worsened after the trauma**
- **Criterion E: alterations in arousal and reactivity**
- **Criterion G: functional significance**
- **+/- Dissociation**

Effective Treatments

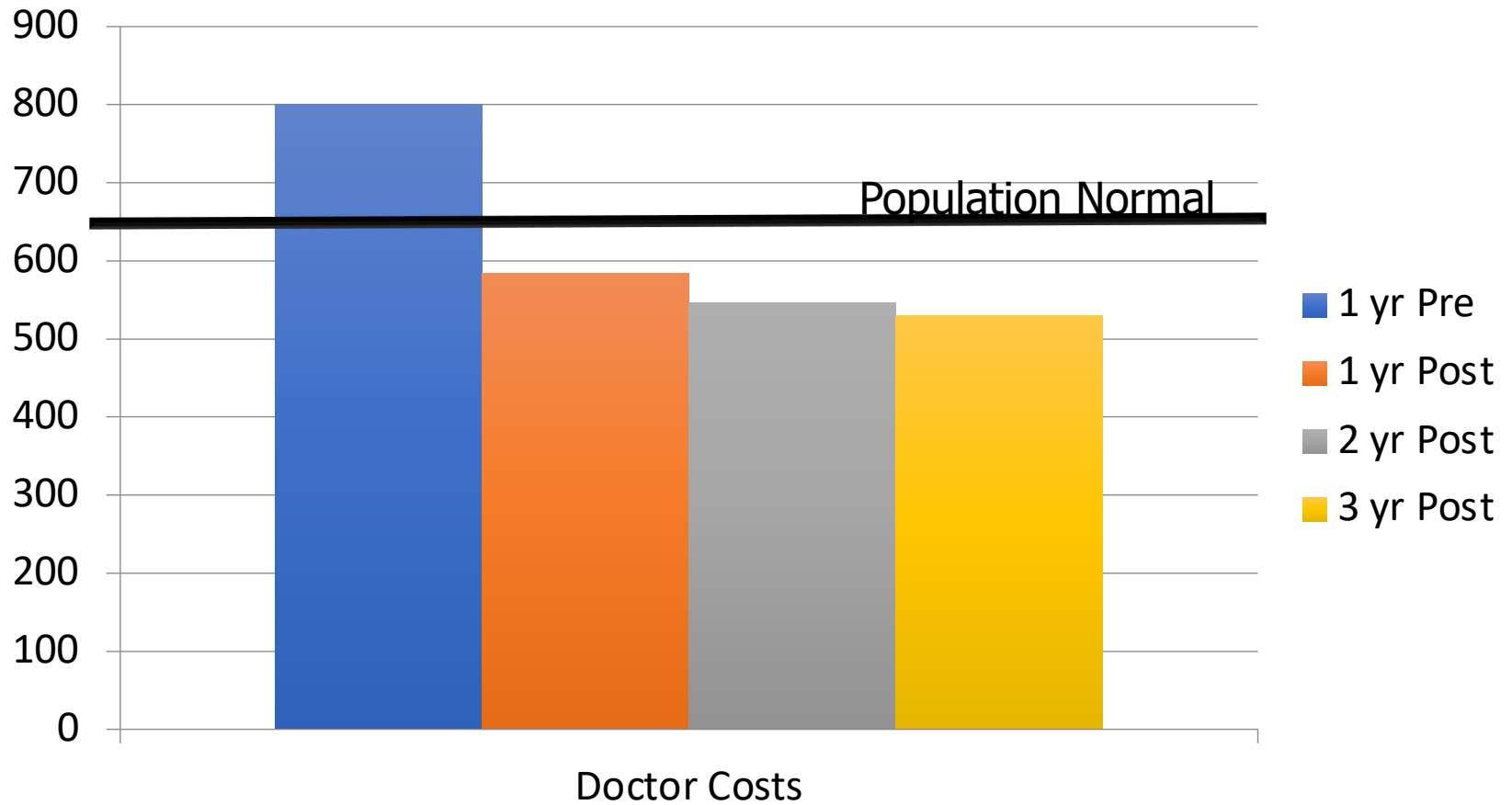
- Target anxiety, avoidance and emotional elements
- Complications making treatments less effective or non effective
 - Interpersonal avoidant behaviors
 - Defenses in office
 - Emotional detachment
 - Severe Anxiety
 - Severe Dissociation
 - Somatic symptoms including Pain
 - Substance addiction
 - Self destructive tendencies

PTSD, Mean 6.5 sessions ISTDP

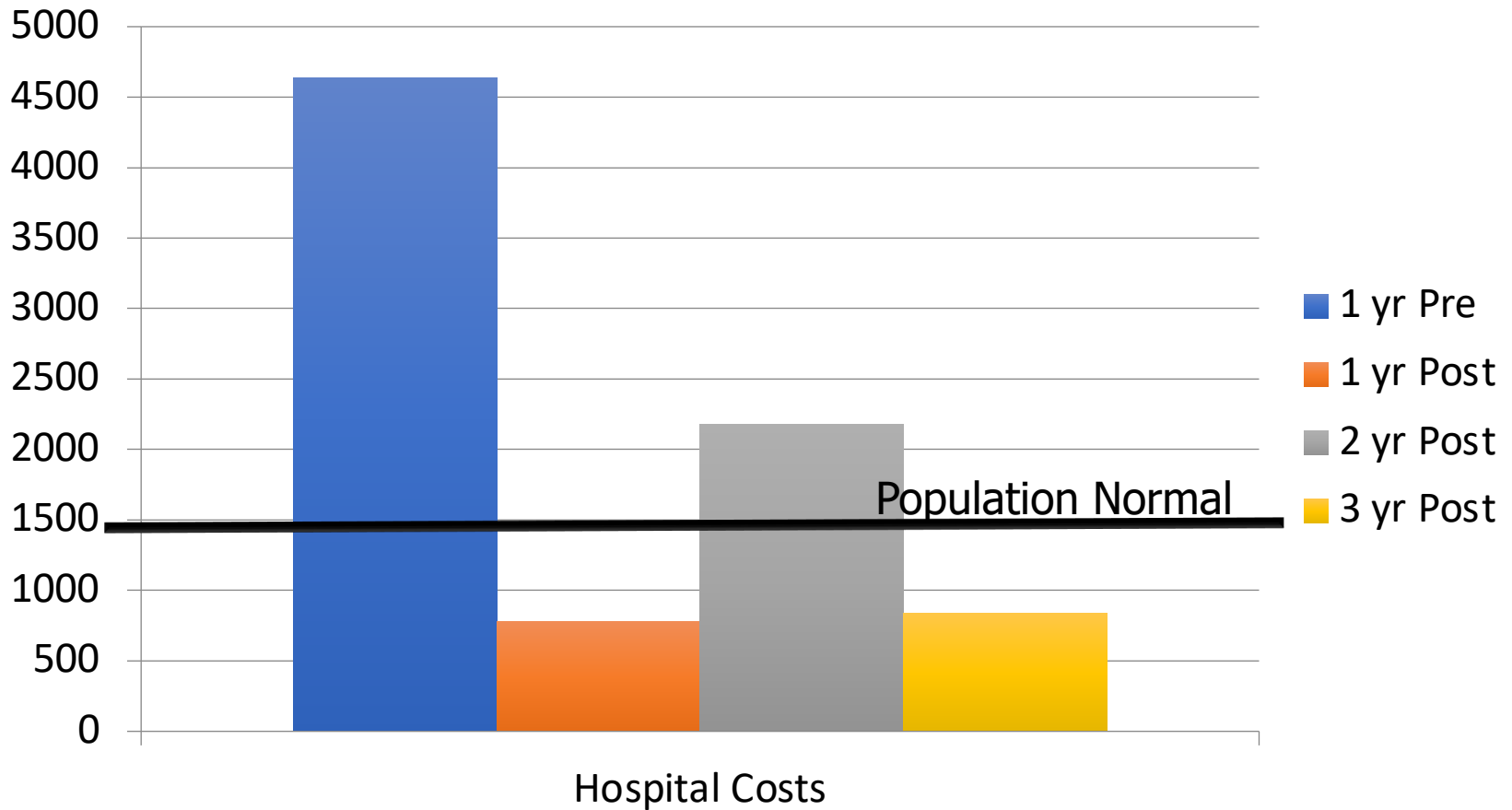


Symptoms (BSI)

Doctor Cost Reduction (\$ Cdn)



Hospital Cost Reduction (\$ Cdn)





BOND
With
Parents

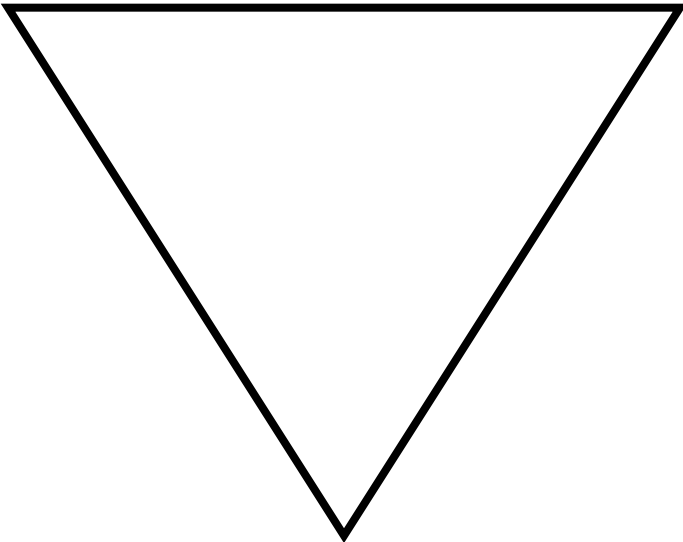
Trauma

PAIN
FEAR

Rage, Guilt
about the Rage

Self-destruct
Symptoms
Somatization

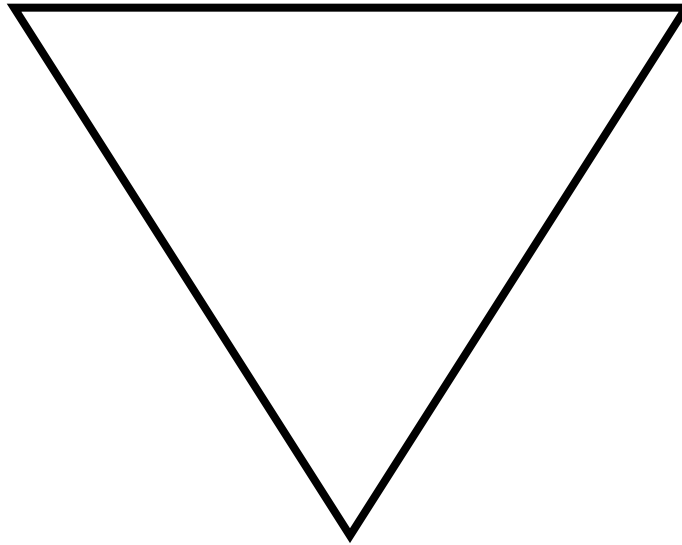
Transference
(Therapist)



Current
person

Past
person

Unconscious
Defense



Unconscious
Anxiety

Unconscious
Impulses & Feelings

Complex Transference Feelings (CTF)

- Feelings mobilized by trying to therapeutically attach to patient
- = positive feelings plus irritation toward the therapist
- Mobilize the past bond, trauma, pain, rage and guilt about rage.

Unconscious Therapeutic Alliance

- The unconscious healing force
- Mobilized by activating the complex transference feelings
- Brings mental images of past relational trauma and clear linkages to trauma
- Brings hope, energy, engagement

Major
Unlocking

Partial
Unlocking

High Rise

Mid Rise

$R \ll UTA$

Rage and Guilt:
Image Transfer

$R < UTA$

Rage, Grief:
Clear Linkages

$R > UTA$

Negation +
Vivid Dreams

$R \gg UTA$

Whispers from
the UTA:
concise
understanding

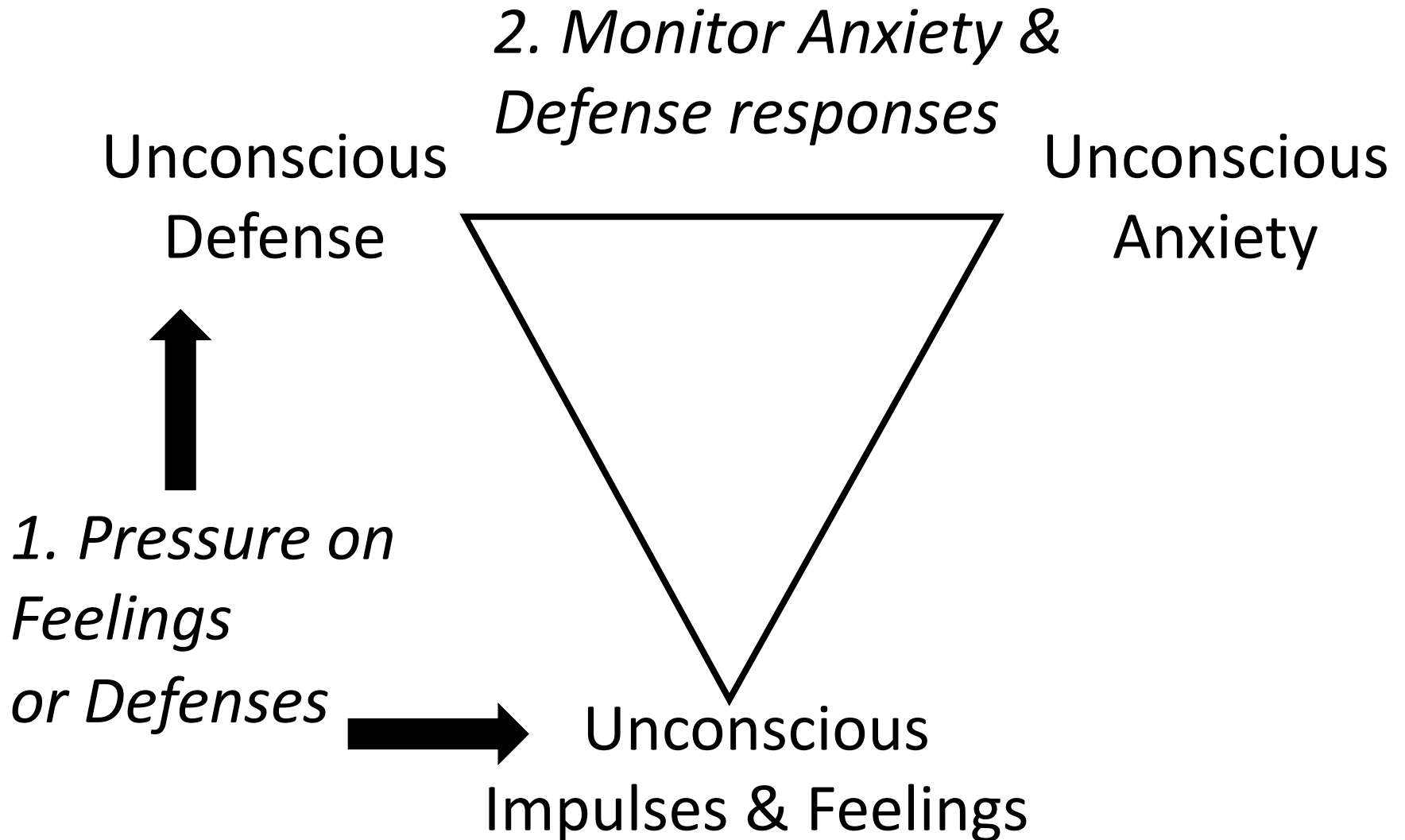
Barriers to engagement in PTSD

- Forced to to be there: not willing
- Legal cases
- Suicidal intention
- No internal problem

Find the Front of the System

1. *Activated and avoided complex feelings*: focus on the experience of the feelings.
2. *Active defenses at the front*: turn against the defences in the room.
3. *Active Unconscious Anxiety*: focus on the underlying feelings. If anxiety is too high, reduce it.
4. *No activation*: Take history. Explore problem areas searching for signs of anxiety and resistance.

STEP 3: Psychodiagnosis

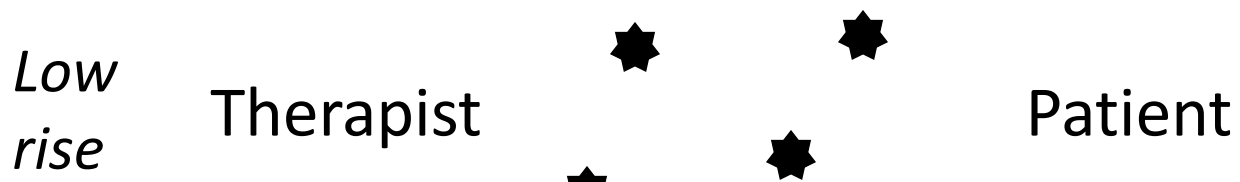


Tactical Defense

- Minor defenses
- Aim to divert the therapist
- Are not tightly held
- Can usually either ignore them or block them easily
- Can be peripheral to major resistance or work on their own

Major Resistance: 4 Types

- Isolation of affect: see with voluntary muscle anxiety
- Repression: see with smooth muscle anxiety and conversion
- Primitive Defense: See with cognitive-perceptual disruption
- Resistance of Guilt: Punitive Superego: need to defeat and sabotage

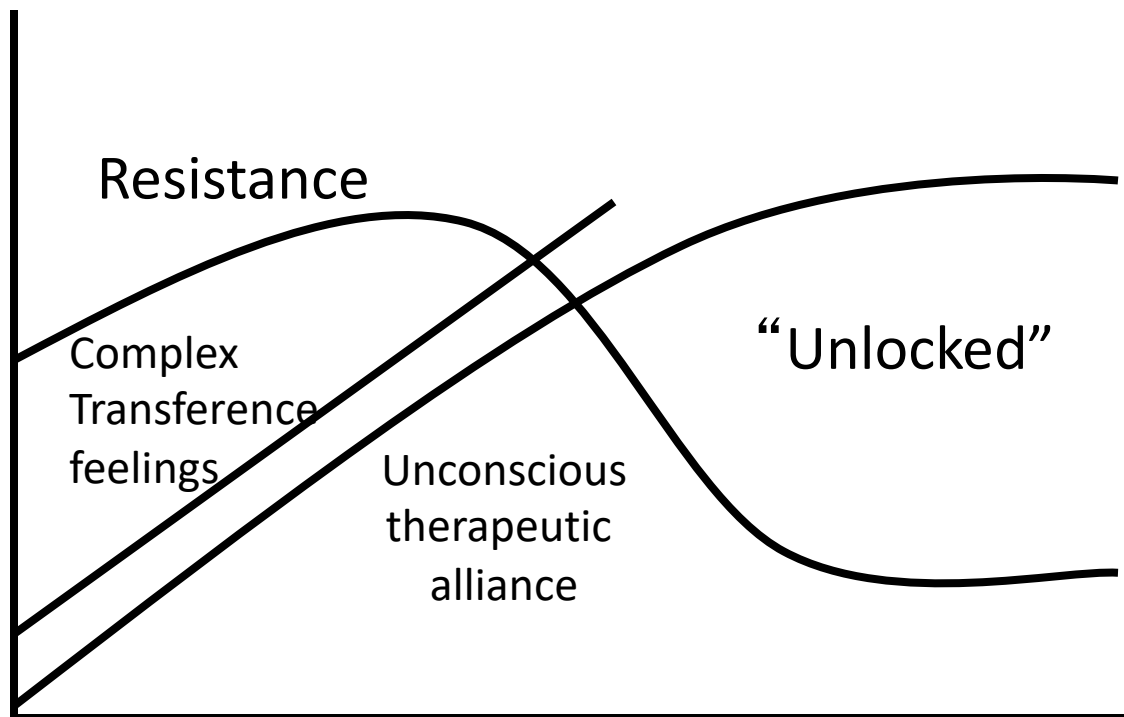


★ = Defense

*High
rise*

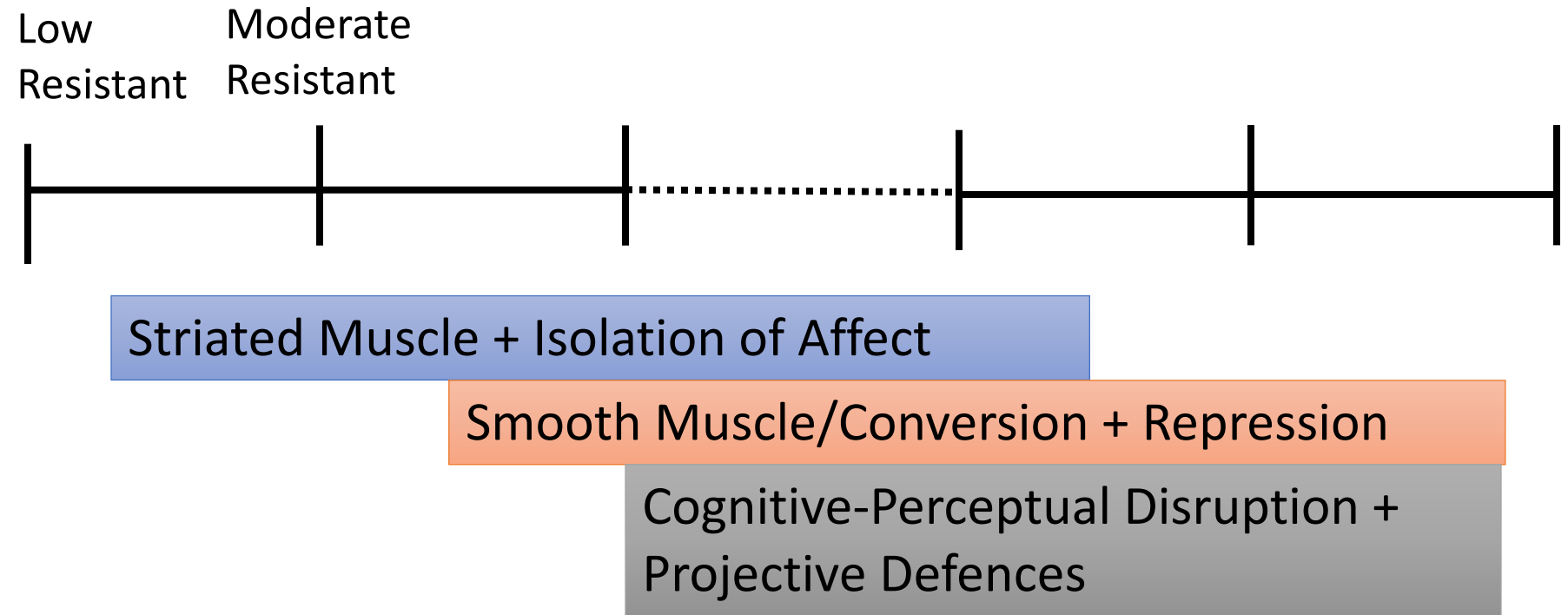
*Mid rise
Clarify/
challenge*

*Low rise
Pressure*



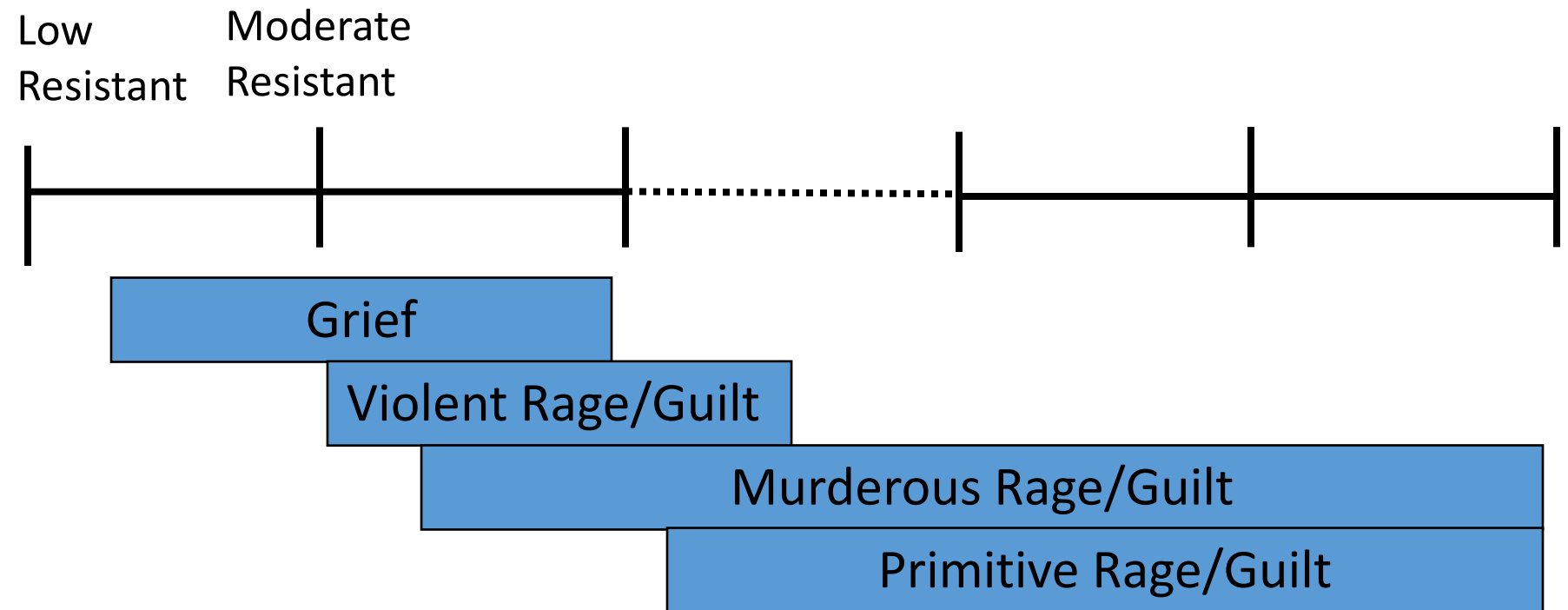
Spectrum of PTSD cases suitable for ISTDP

Spectrum of Psychoneurotic Disorders



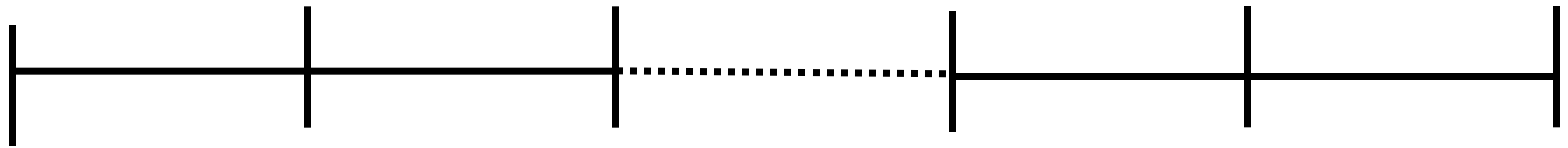
Spectrum of PTSD cases suitable for ISTDP

Spectrum of Psychoneurotic Disorders



Spectrum of Psychoneurotic Disorders

Low
Resistant Moderate
Resistant



Responses to the same trauma are related to base attachment trauma patterns

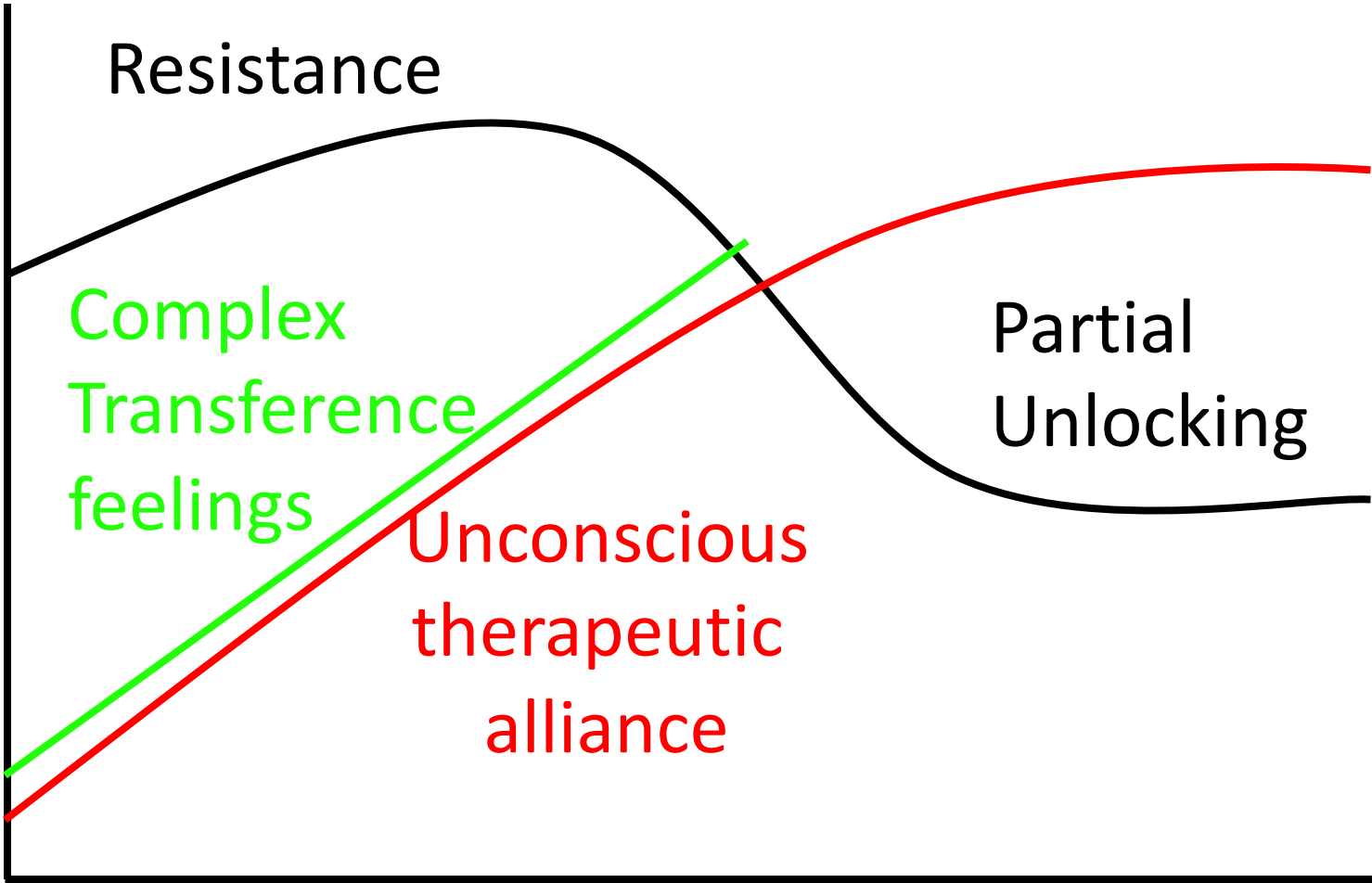
2 cases: sexual assault in teenage years

- Adopted at 4 months
 - Repeated sexual abuse under age 5
 - Emotional trauma from mother; absent father
 - Raped by acquaintance at 16
 - Acute severe dissociation
 - Psychotic depression, severe somatization, pain
 - Severe fragile pattern
 - 100 sessions of therapy
- Secure early bond
 - Mixed feelings with parents due to conflicts
 - Developed pattern of defiance/compliance
 - Date raped at 18
 - Anxiety with choking sensation, temporary substance abuse.
 - No dissociation
 - Moderate resistant pattern
 - 6 sessions of therapy

High rise:
Resistance
crystallized in
transference.
Head on
collision

Mid rise:
Resistance
crystallizing in
transference.
Clarify and
challenge

Low rise:
inquiry and
pressure



Pressure: Encourage good actions

- All efforts encouraging the patient to do something healthy
- Examples of pressure
 - Identify Feelings
 - Feel feelings
 - Be specific – können wir eine Situation anschauen, können sie es noch genauer sagen.
 - Be present
 - Be active
 - Care for self
- Pressure should target front of the system

Clarification: Questioning unhealthy behaviors

Examples:

- Pointing out :
 - merken Sie, wie sich sich zurückziehen, wenn wir hier miteinander sprechen.
- Questioning :
 - Hinterfragen
- Exploring impact of defense :
 - Einfluss der Abwehren aufzeigen.

Keep up pressure

Wenn sie hier mit mir immer auf Distanz bleiben, dann habe ich keine Chance ihnen zu helfen. Was müssen das für Gefühle

Wenn sie nicht Abstand nehmen, was für Gefühle kommen da hoch, wenn sie hier mit mir sitzen und sprechen. Was für Gefühle kommen hoch, die Sie angespannt machen, dass sie auf Distanz bleiben.

Sie ziehen sich auf eine Art zurück. Welche Gefühle kommen hoch, die sie im Moment so angespannt machen.

Wenn wir hier sind und miteinander sprechen, scheinen Sie etwas zurückzuhalten, was sie angespannt macht. Wenn sie nicht auf distanz gehen, lass uns schauen was für Gefühle mir gegenüber hoch kommen. Challenge, Challenge, Klärung.

Mit der Absicht etwas gesundes und hilfreiches zu tun.

Wenn sie nicht grübeln, wenn sie nicht befürchten und einfach fühlen. Was kommen, da für Gefühle hoch, Ein Gefühl ist Trauer.

Die Gefühle wandeln sich in Anspannung und Vermeidung. + Zusammenfassung der Realität. Angebot seines Gewinns.

So lasst uns sehen ob wir an die Gefühle kommen können, die hier hochkommen.

Wenn Sie mit mir bleiben, was kommen das für Gefühle hoch die eingeklemmt bleiben.

Was passiert, wenn sie die Gefühle zurückhalten, dann werden sie angespannt und es schadet Ihnen und Ihnen Schmerzen bereitet.

Wenn Sie das tun, schneidet es Sie von Ihren Gefühlen ab.

Sie beginnen wieder sich abzuwenden und angespannt zu warden, darum wundert es mich.

Wir wollen Ihre Gefühle anschauen

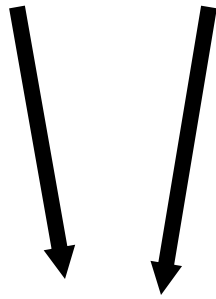
So, wie erleben sie diese Gefühle, die drinnen bleiben und die sie so anspannen,

Challenge

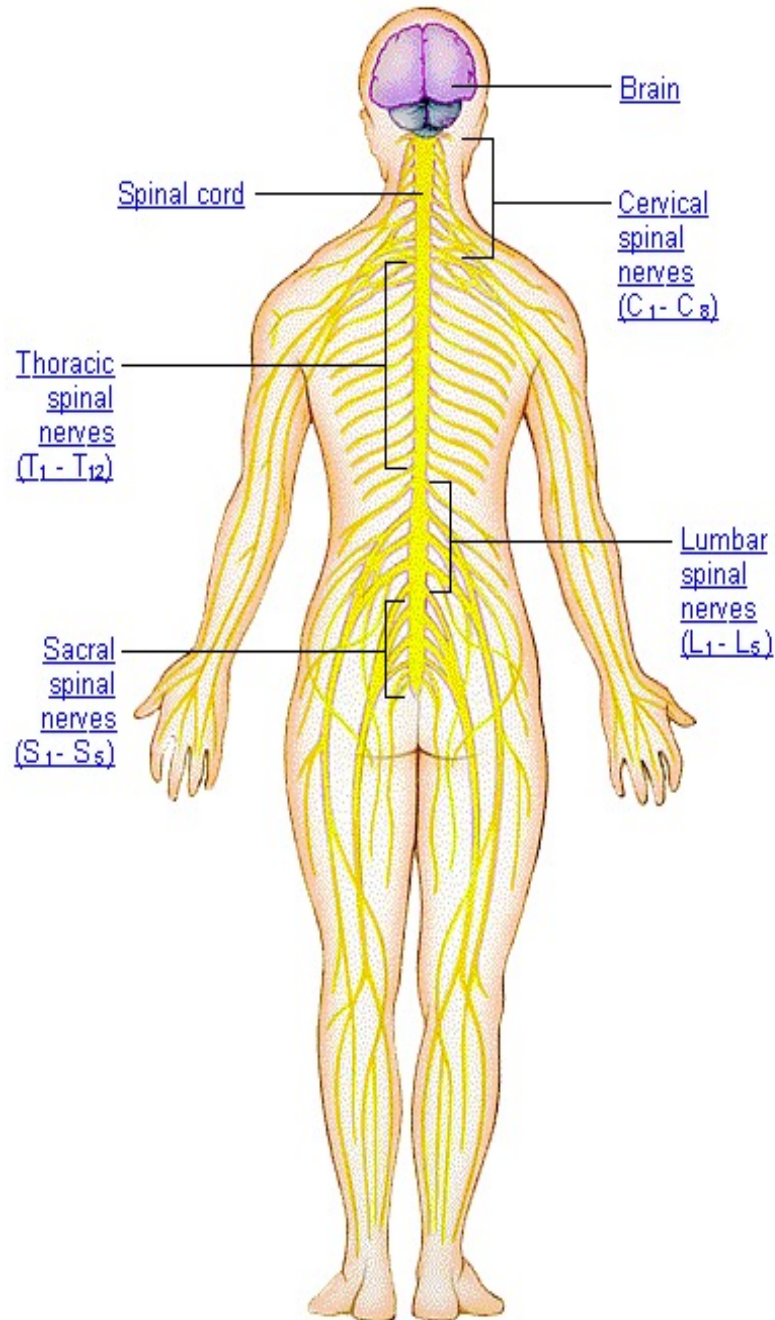
- Interrupting and Blocking Defenses
 - If you don't detach, if you don't shut down
- Pointing out non verbal resistance
 - Do you see the way you hold your hands ... and now you smile

Challenge is always done in concert with the patient and the growing UTA

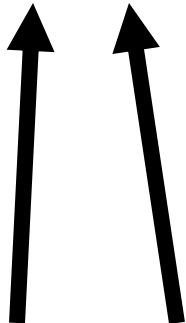
Challenge is always done while maintaining Pressure



Striated Muscle
Anxiety
Goes Down Body



Neurobiological
Pathway of
Rage: goes up same
system displacing
anxiety



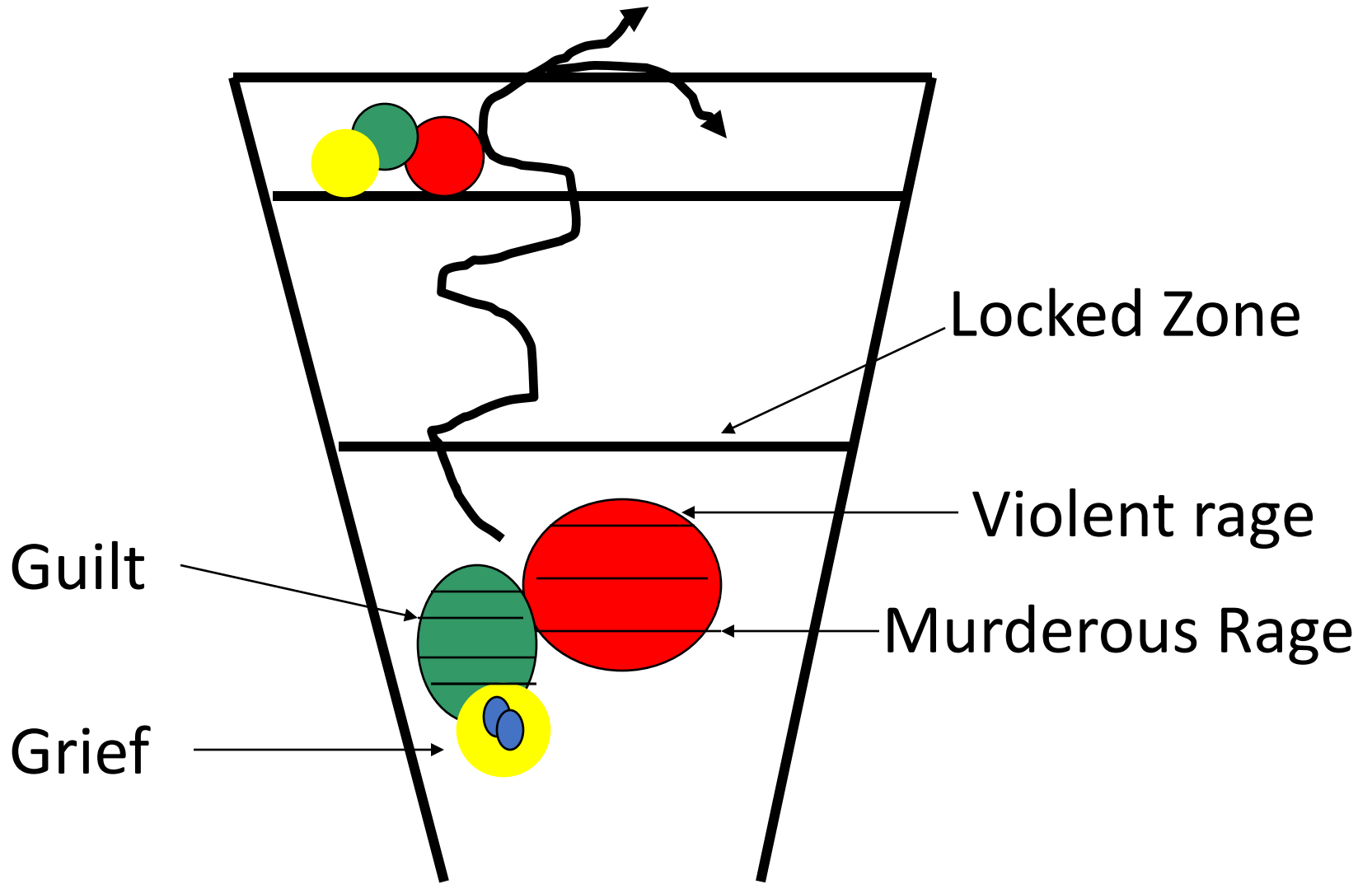
Breakthrough

- Partial Unlocking: CTF are experienced to small degree: UTA → vivid link to past person.
- Major Unlocking: UTA → Image of therapist changes to past person with passage of guilt.
- Extended unlocking: Rage starts with the therapist then via UTA → becomes the past person with major passage of guilt

Partial Unlocking of the Unconscious

- CTF are mobilized and all aspects are partly experienced
- Rage and guilt partly experienced
- Anxiety and defences drop in proportion

- UTA gives clear link or image of person from the past



PTSD in Non Fragile Patient

PTSD in Fragile Patient



WEAK
BOND
INSECURE

Trauma

FEAR
GRIEF

Primitive Rage,
Guilt
about the Rage

Fragmentation
Self-destruct
Symptoms



Economy of Suffering: Fragile Patients

Anxiety

Masochism

Deception

Paranoia

Sadism:
abuse power

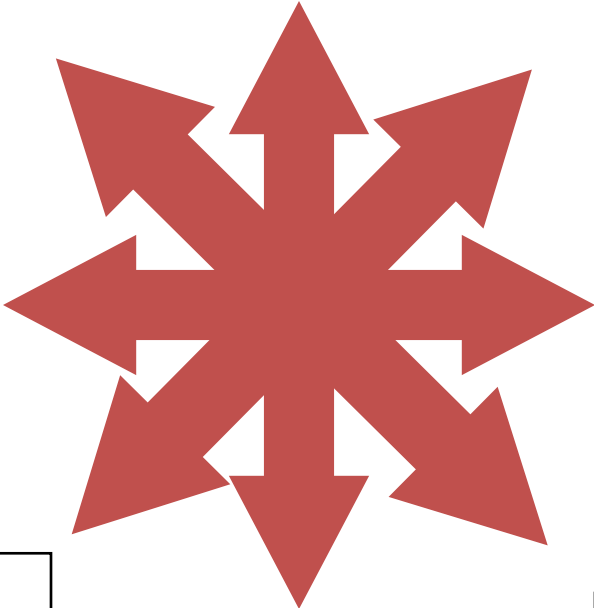
Somatization/
Paralysis

Dependence/
Addiction

Social Isolation

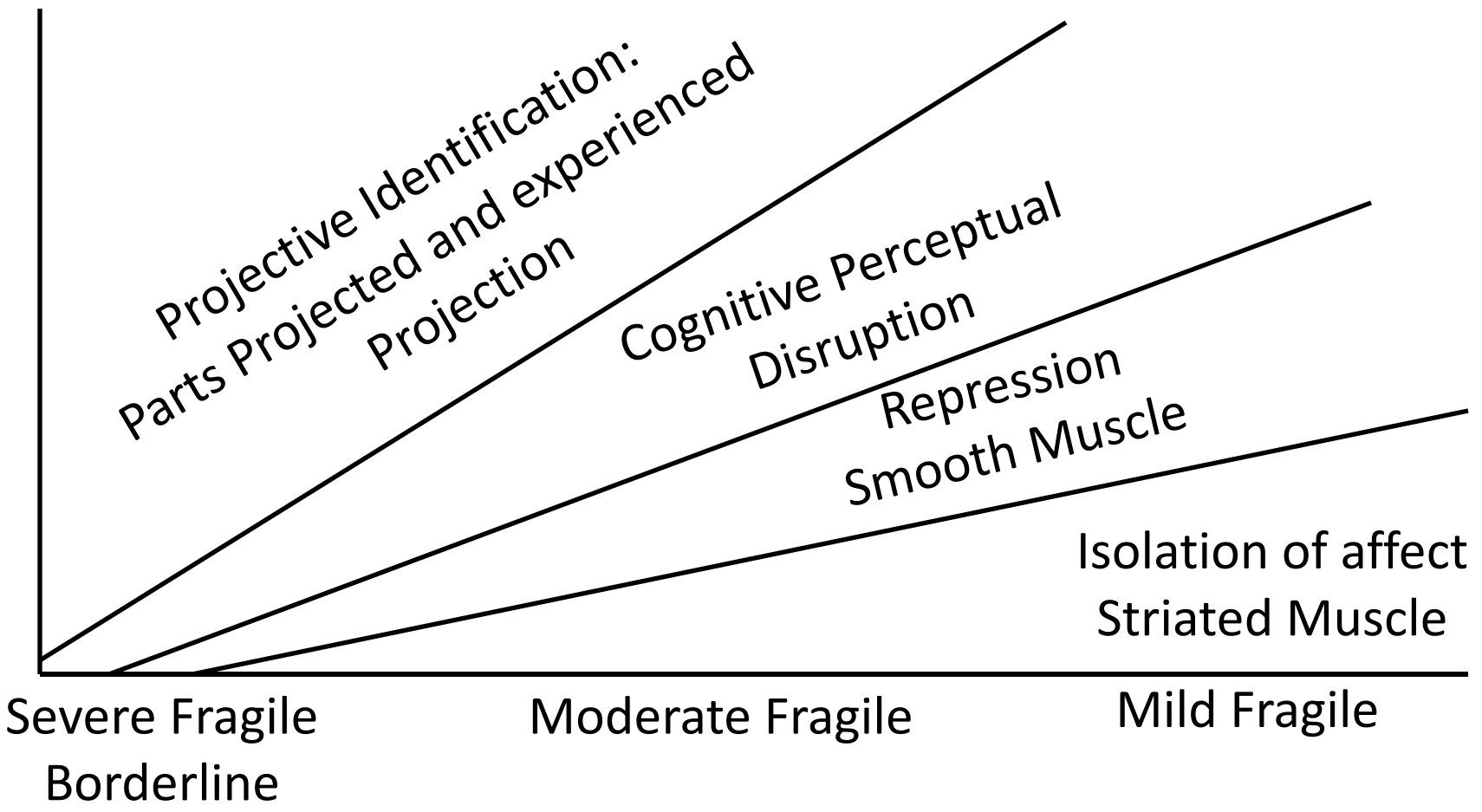
No work or \$\$\$

Dissociation

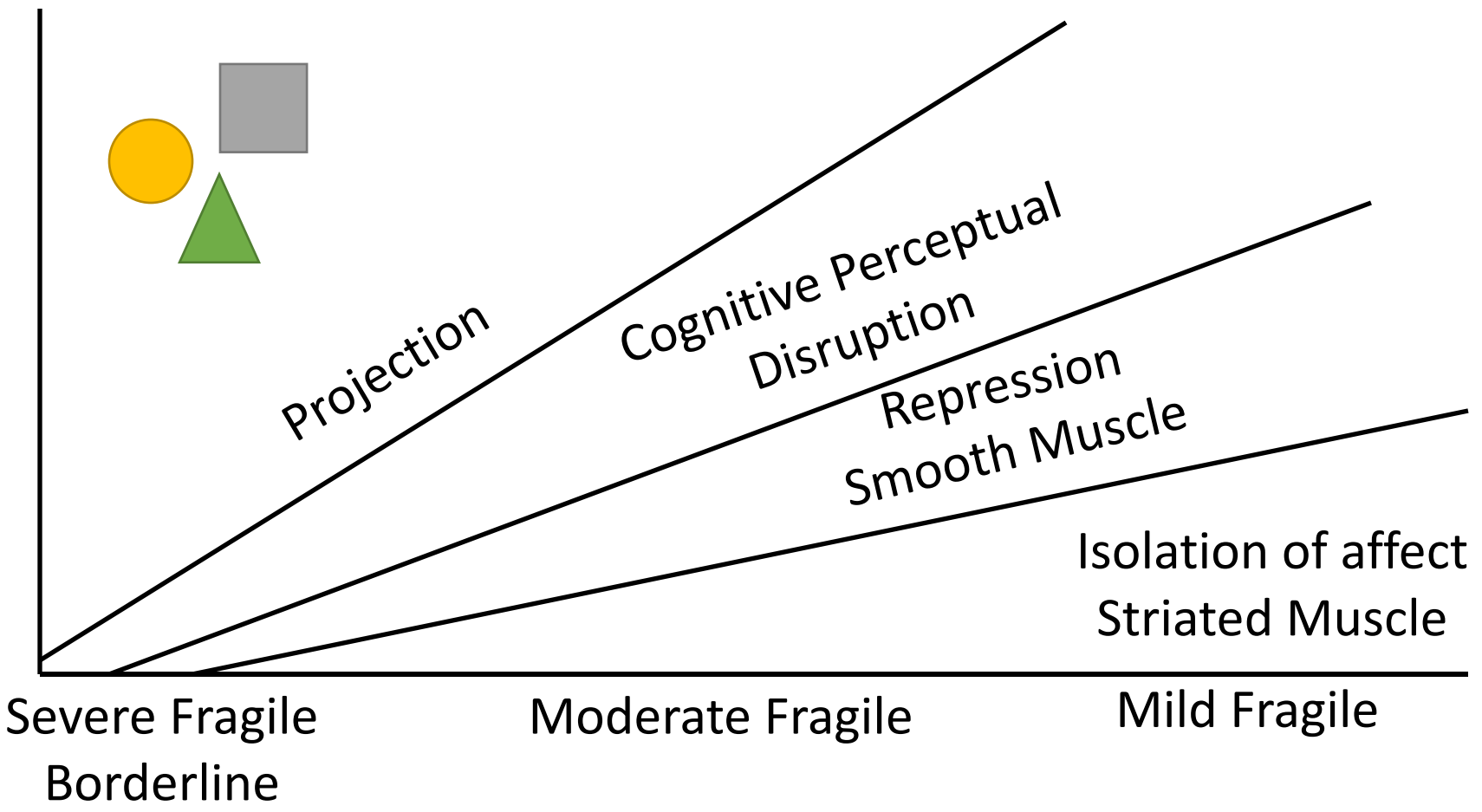


Depression

Fragile Spectrum



Fragile Spectrum



MAXIMUM UTA →

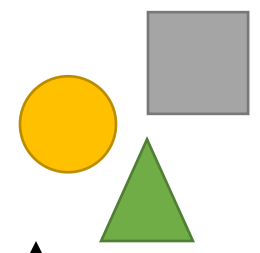
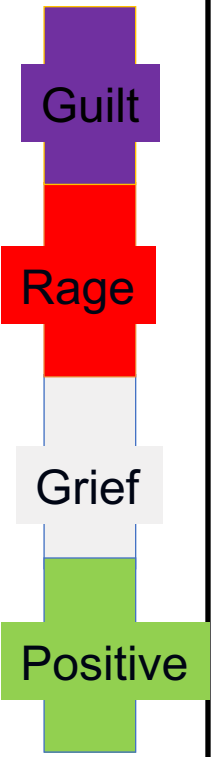
No UTA:
No rise.
Link, brace.
Rotating
resistance
dominates

$R \gg UTA$
Mid Rise.
Some pressure.
Whispers from
the alliance:
concise
understanding
of dynamics

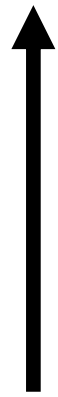
$R > UTA$
High rise.
Add mild
challenge.
Negation,
slips of the
tongue

$R < UTA$
Partial Unl.
Press and
challenge.
Rage, grief:
clear
linkages

$R \ll UTA$
Major Unl.
Press and
challenge.
Rage and
Guilt: image
transfer



Projection



Cognitive Perceptual Disruption



Repression, smooth muscle and conversion



Isolation of affect and Striated Muscle

Severe Fragile
Borderline

Moderate Fragile

Mild Fragile

MAXIMUM UTA →

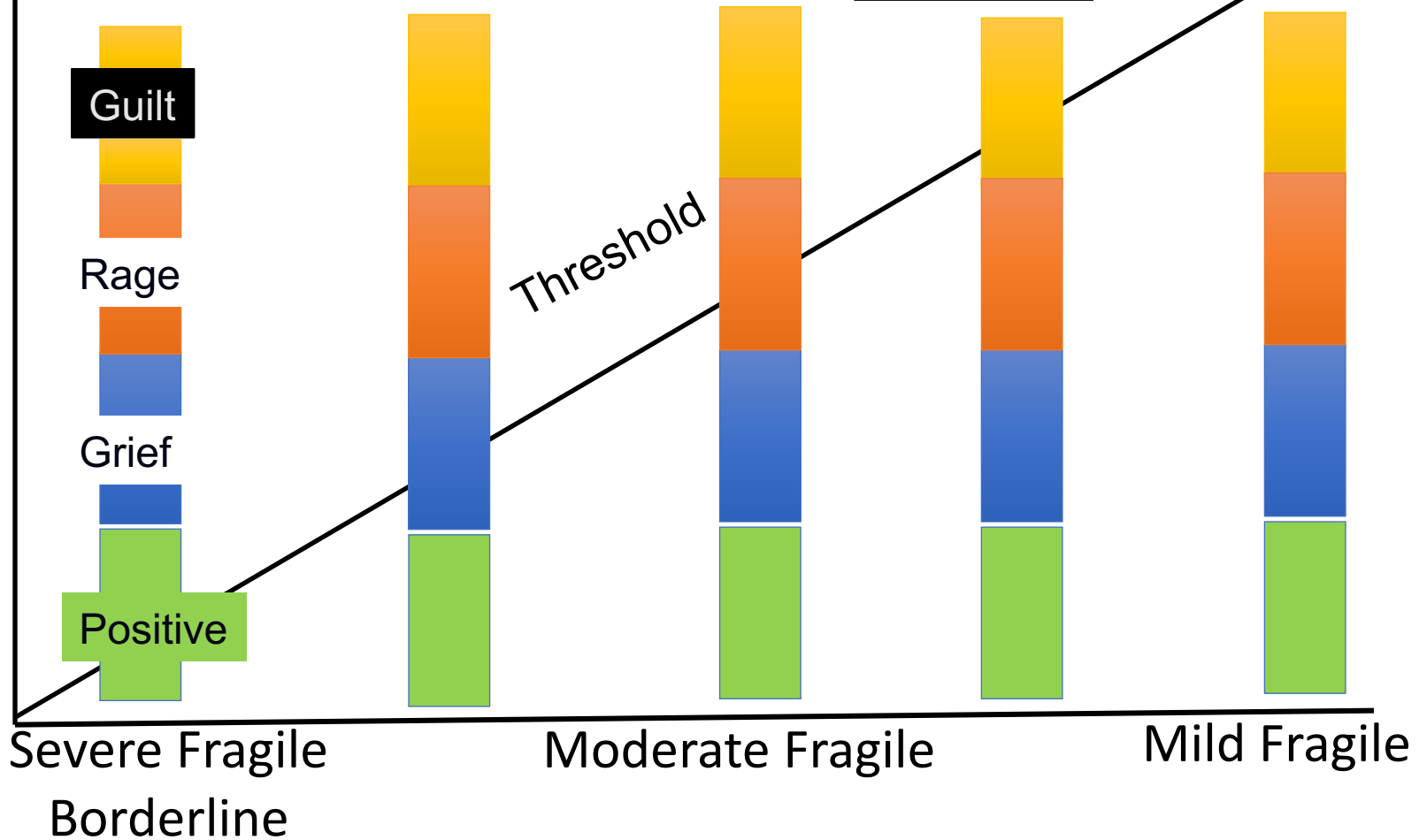
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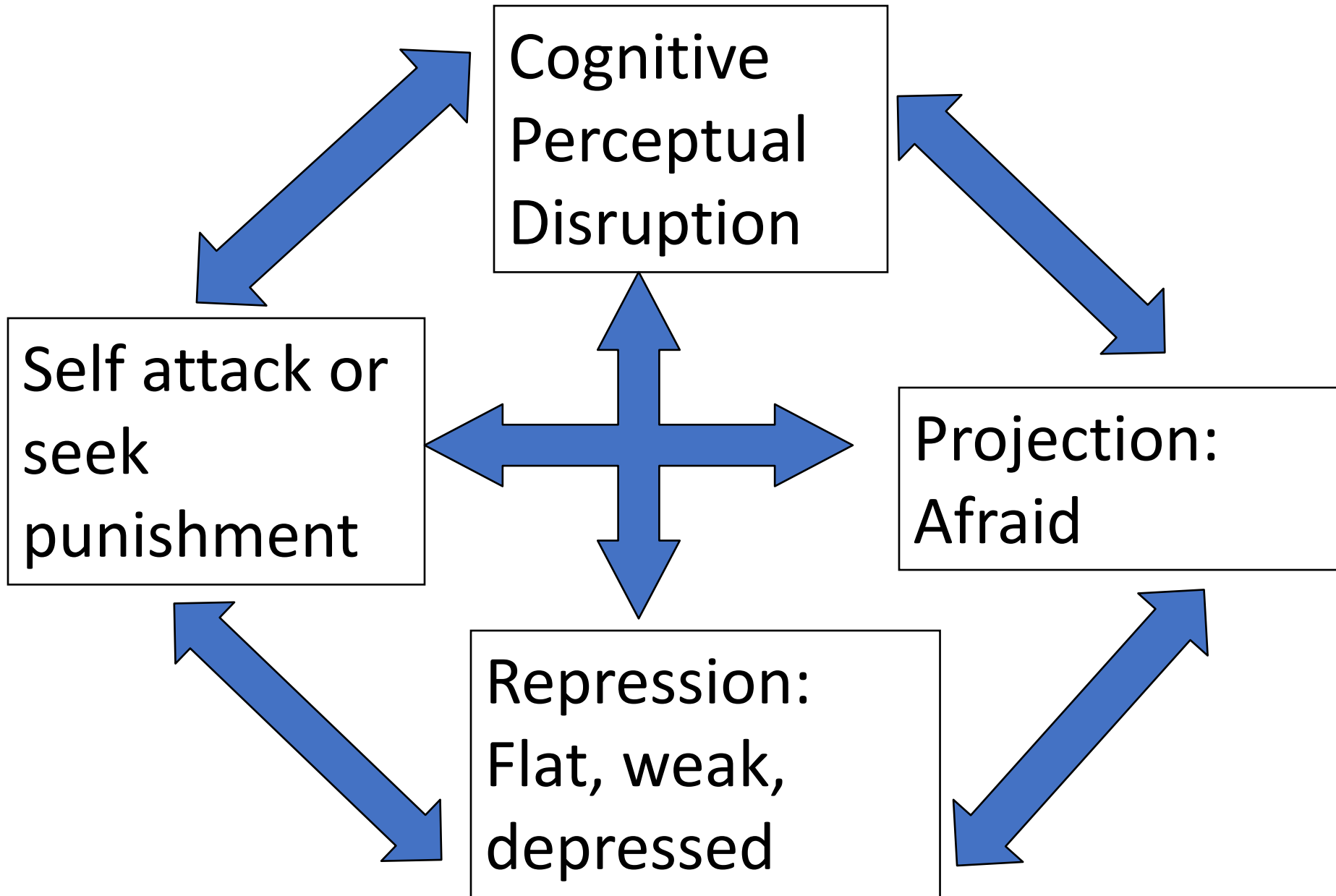
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High rise.
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tongue

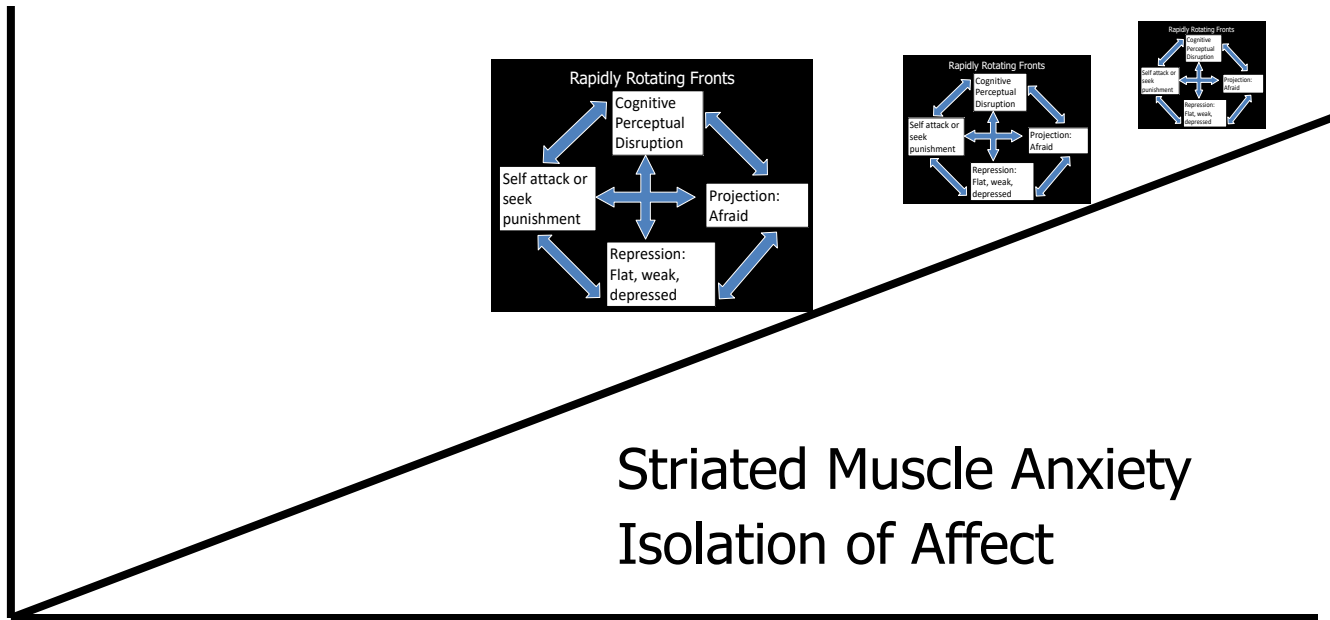
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Partial Unl.
Press and
challenge.
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clear
linkages

$R \ll UTA$
Major Unl.
Press and
challenge.
Rage and
Guilt: image
transfer



Rapidly Rotating Fronts



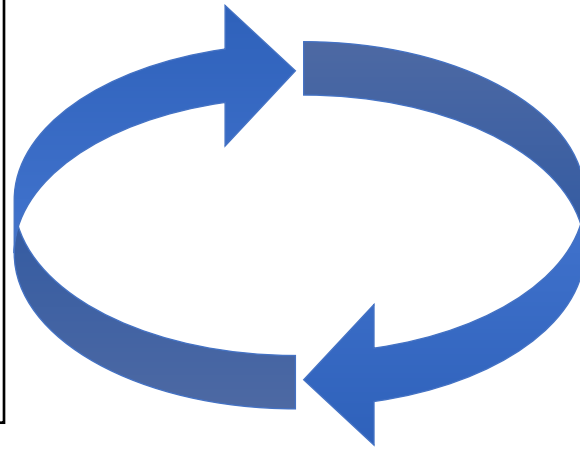


Striated Muscle Anxiety
Isolation of Affect

Self Escalation in fragility and psychosis

Guilt about rage
is repressed

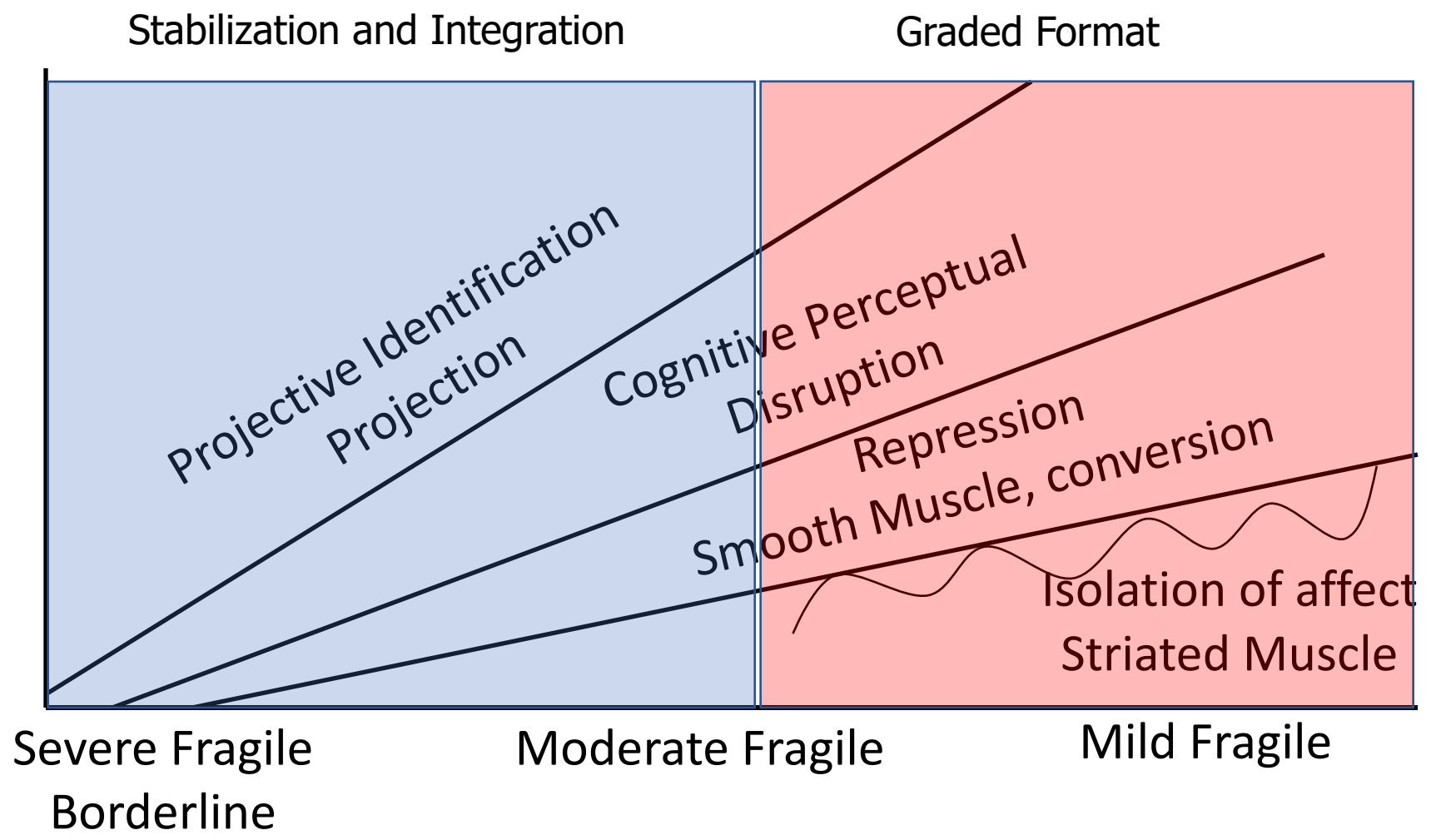
Rage
about
the attack or
punishment



Projection
of rage or
punishment

Fear attack or
punishment

Fragile Spectrum



Capacity building Phases

- **Psychic integration and Stabilization**
 - Build early reflective capacity
 - Overcome projection and impulsivity
 - Maybe few sessions to 25 sessions or more depending on level of fragility
- **Graded Format**
 - Early UTA
 - First breakthroughs
 - Muscle tension and isolation of affect



Feelings	Anxiety
Feelings	Defences
Anxiety	Defences
Transference	Current
Transference	Past
Past	Current
Bond	Separation
Separation	Fear and Grief
Fear and Grief	Rage
Rage	Guilt
Feelings inside	Feelings outside
Split parts inside	Split parts outside
Split parts Current	Split parts Past
Split parts Current	Split parts Transference
Split parts Past	Split parts Transference



Psychic Integration and Stabilization

- Linking everything together
- A link is a structure you create between different brain regions and functions
- Feeling- Anxiety, Feeling-Defense, Anxiety -Defense
- Past-T, T- Current, Past to Current
- Pain makes rage makes guilt makes self punishment
- Work with projection
- Work with split parts/ Modes
- Observing body responses
- Labeling phenomena
- *Build a self reflective more integrated structure*

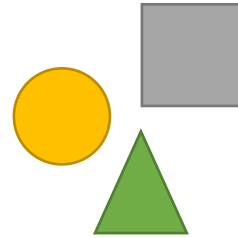
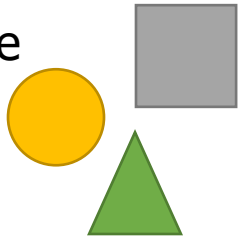


Handling projection

- Ask how they think you think or think you feel
- Reflect on thought content
- Ask where from
- Regulate down the anxiety: at least label the anxiety component
- Counter the projection: behave differently
- Speak and be present as a distinction from projection
- Watch for anxiety to go to cognitive disruption
- Recap after settling

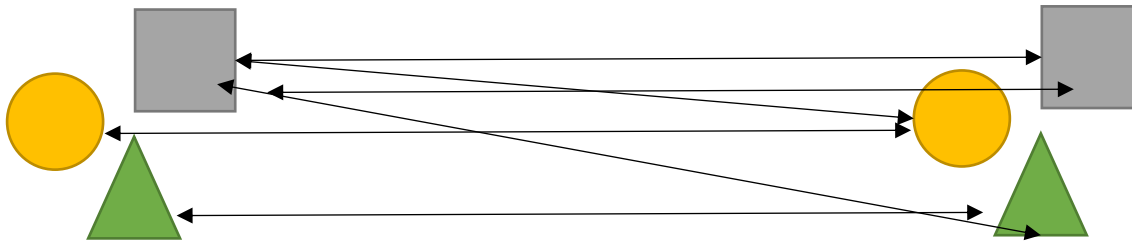
Modes

Inside
And Outside
Are same



Past and
Present People
And T are Same

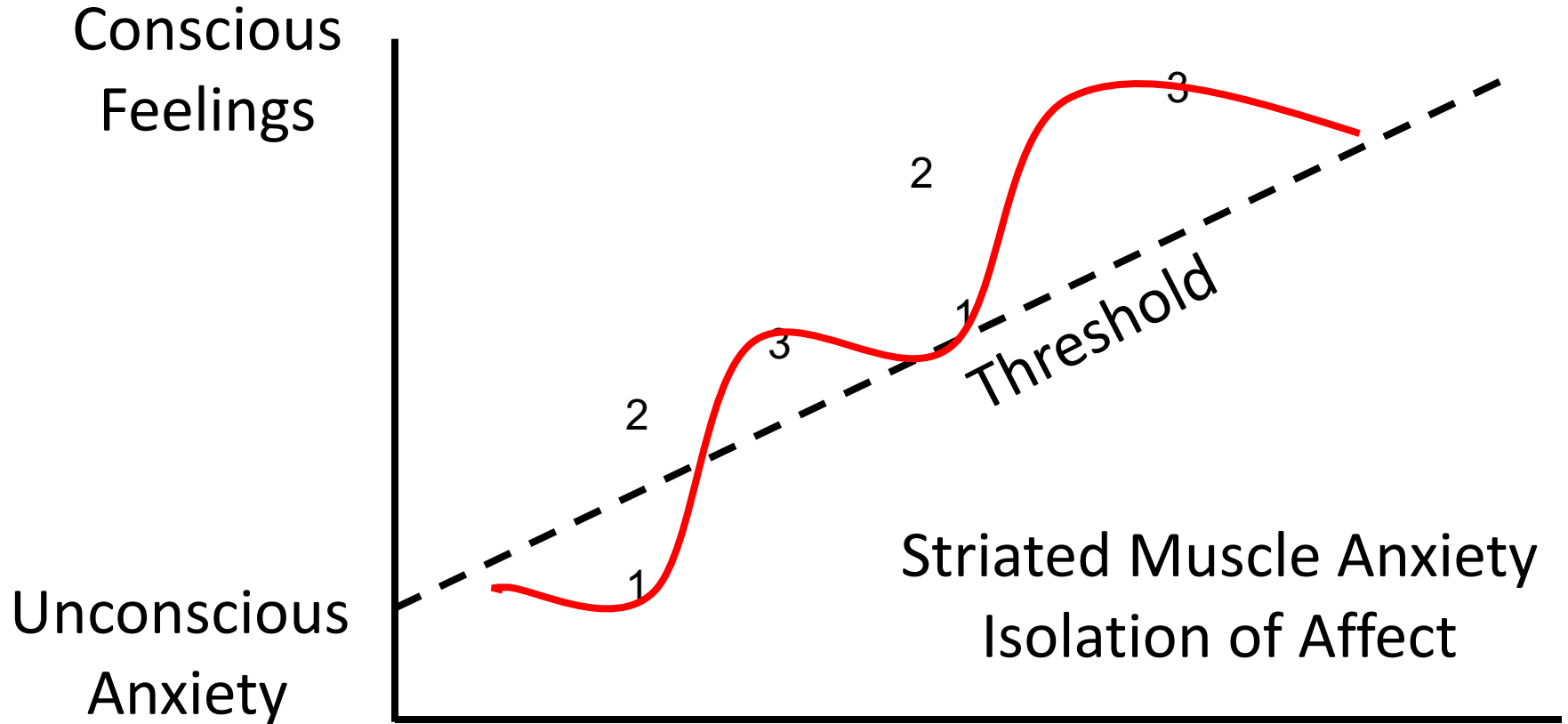
Parts interact inside or outside or inside to outside



Psychic Integration and Modes

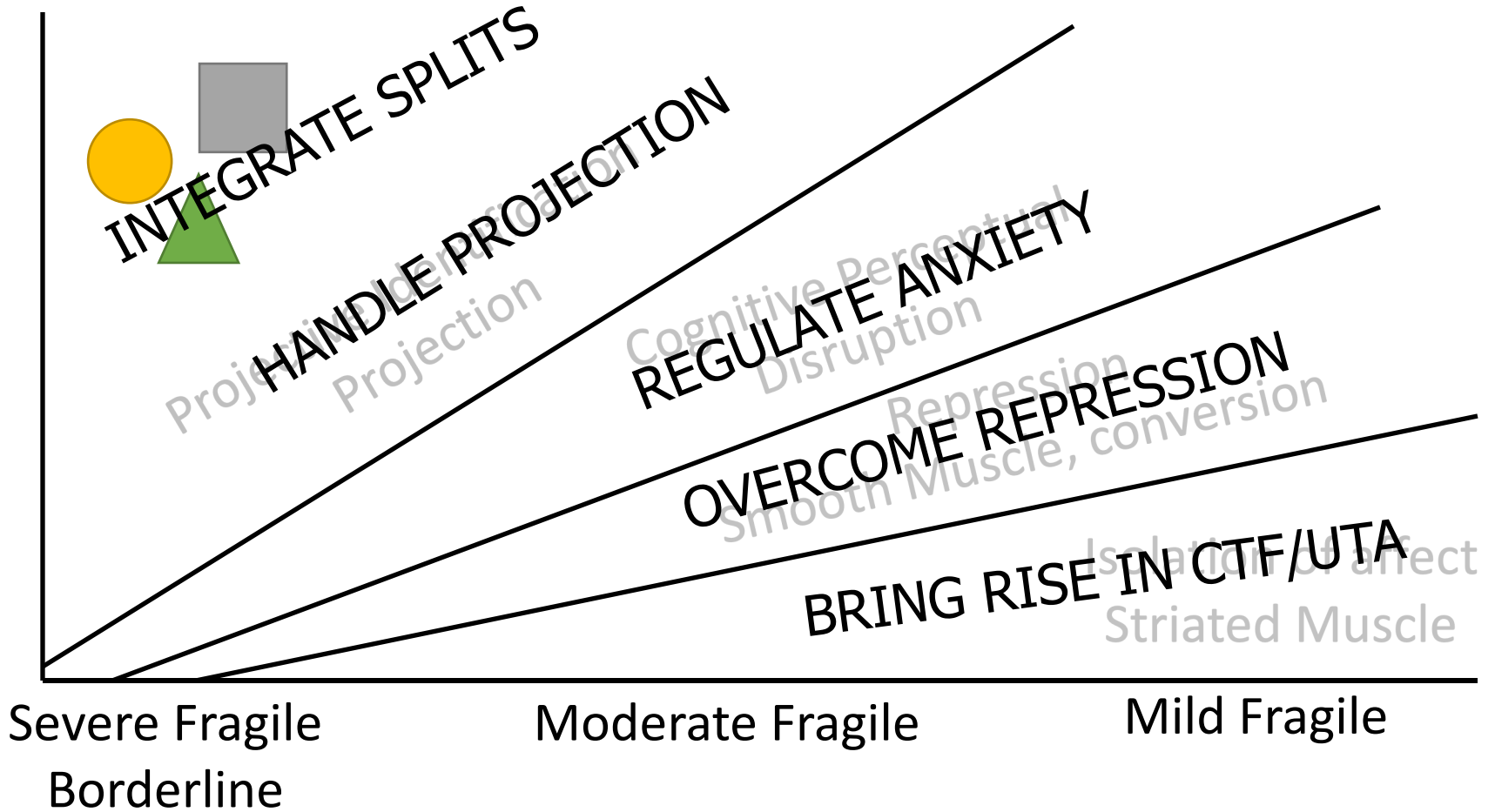
- Help patient see the modes inside and outside
- Help understand past origins of modes
- Help see how the modes interact
- Help see the split second when one mode shifts to another
- Help hold awareness of different modes
- This tends to cause some drifting and rotation

Focus on Guilt: Immersive Approach to Building Capacity



1. Pressure to identify and describe rage
2. Rise to above threshold: split process
3. Press to Guilt and regulate down anxiety as needed
4. Extensive Recapping

Fragile Spectrum: Targets



Feelings and UTA in severe fragility

- Small spike of grief or positive feelings → fires up massive guilt → fires the rotations: Projection, Repression, projective identification, cognitive disruption and self attack
- In later sessions with more capacity, this small spike may be seen with UTA whispers or negation which are swamped out by guilt → anxiety and rotating fronts
- *Be prepared for this when have a positive feeling for self or you*

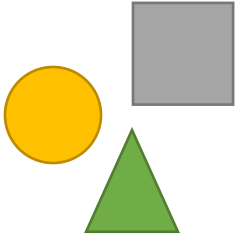
MAXIMUM
UTA →

No UTA:
No rise.
Link, brace.
Rotating
resistance
dominates

$R \gg UTA$
Mid Rise.
Some pressure.
Whispers from
the alliance:
concise
understanding
of dynamics

$R > UTA$
High rise.
Add mild
challenge.
Negation,
slips of the
tongue

$R < UTA$
Partial Unl.
Press and
challenge.
Rage, grief:
clear
linkages



Projection

Cognitive Perceptual
Disruption

Repression
Smooth Muscle, conversion

Isolation of affect
Striated Muscle

Severe Fragile
Borderline

Moderate Fragile

Mild Fragile

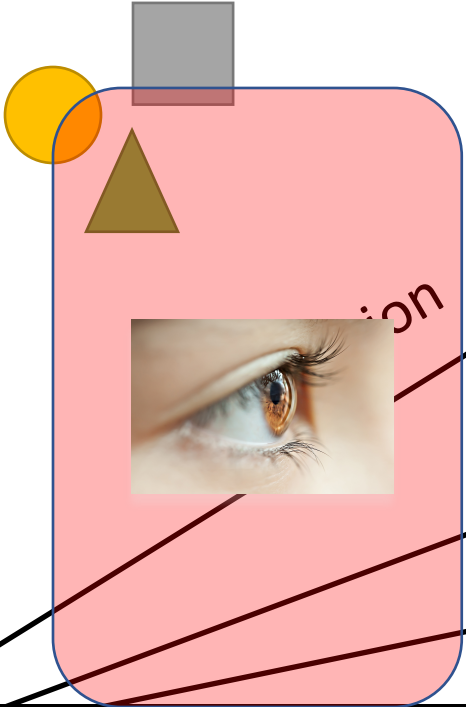
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Cognitive Perceptual
Disruption

Repression
Smooth Muscle

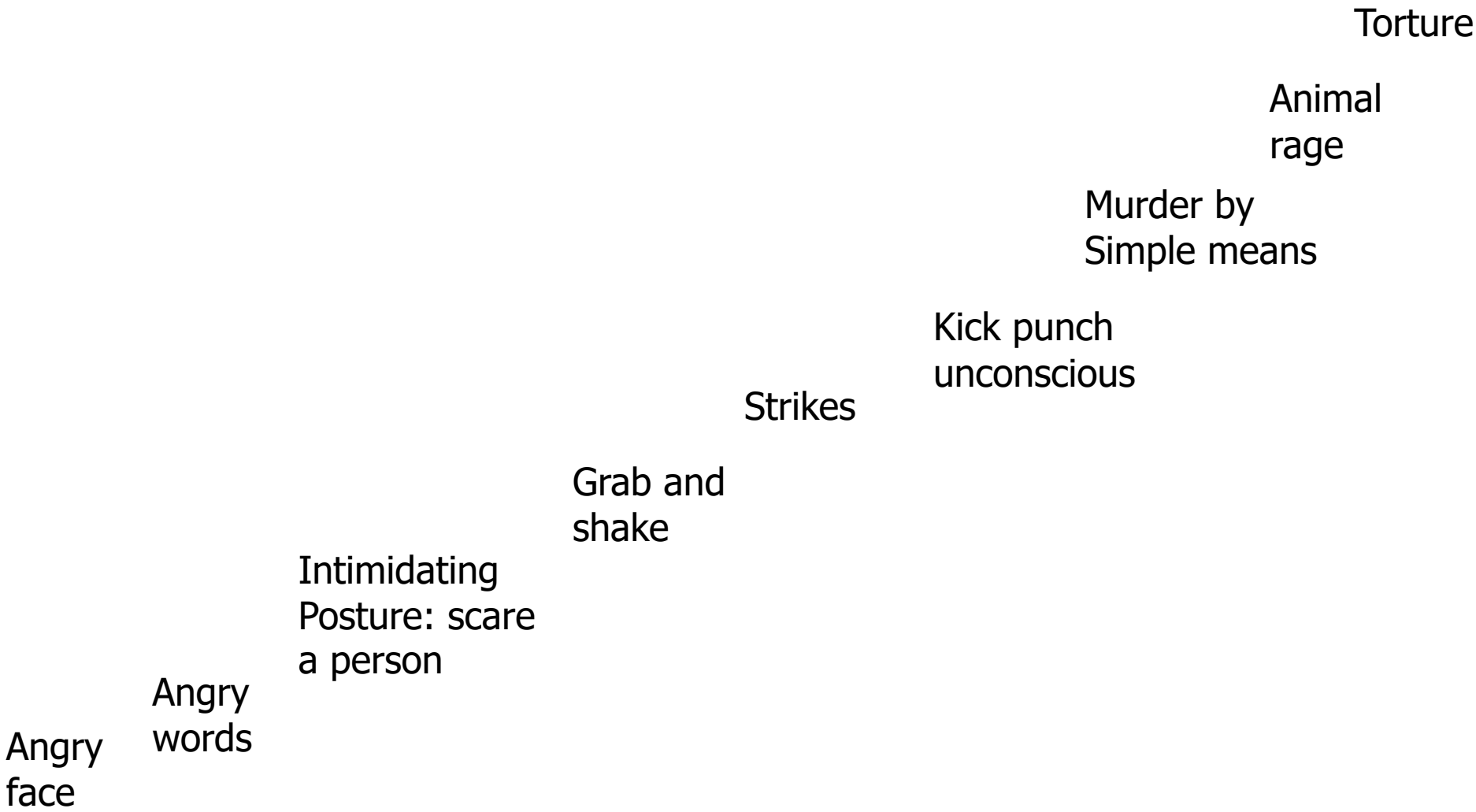
Isolation of affect
Striated Muscle

Severe Fragile
Borderline

Moderate Fragile
Rotations include
striated and isolation !

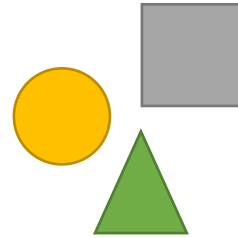
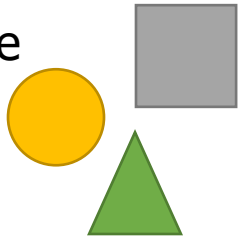
Mild Fragile

Spectrum of Rage-Guilt



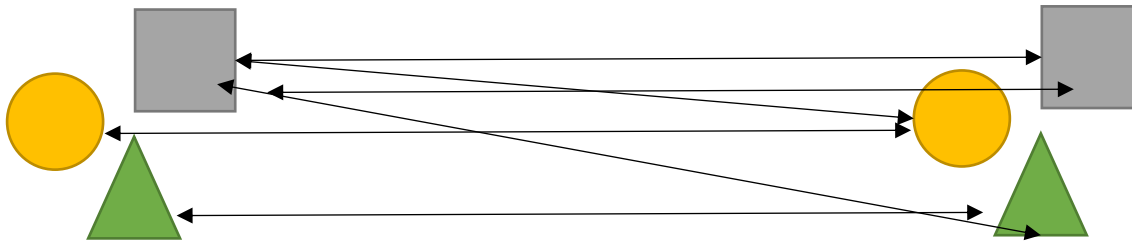
Modes

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And Outside
Are same



Past and
Present People
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Parts interact inside or outside or inside to outside



Psychic Integration and Modes

- Help patient see the modes inside and outside
- Help understand past origins of modes
- Help see how the modes interact
- Help see the split second when one mode shifts to another
- Help hold awareness of different modes
- This tends to cause some drifting and rotation

Early Results: More integrated person but anxious

Defence:

Some Isolation of Affect

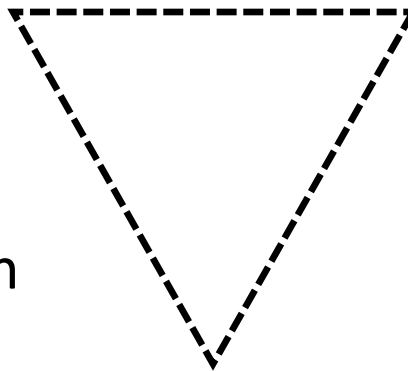
Less of the following:

Repression

Projection

Projective Identification

Dissociation



Unconscious Anxiety:

Some Striated Muscle Tension

Smooth Muscle anxiety

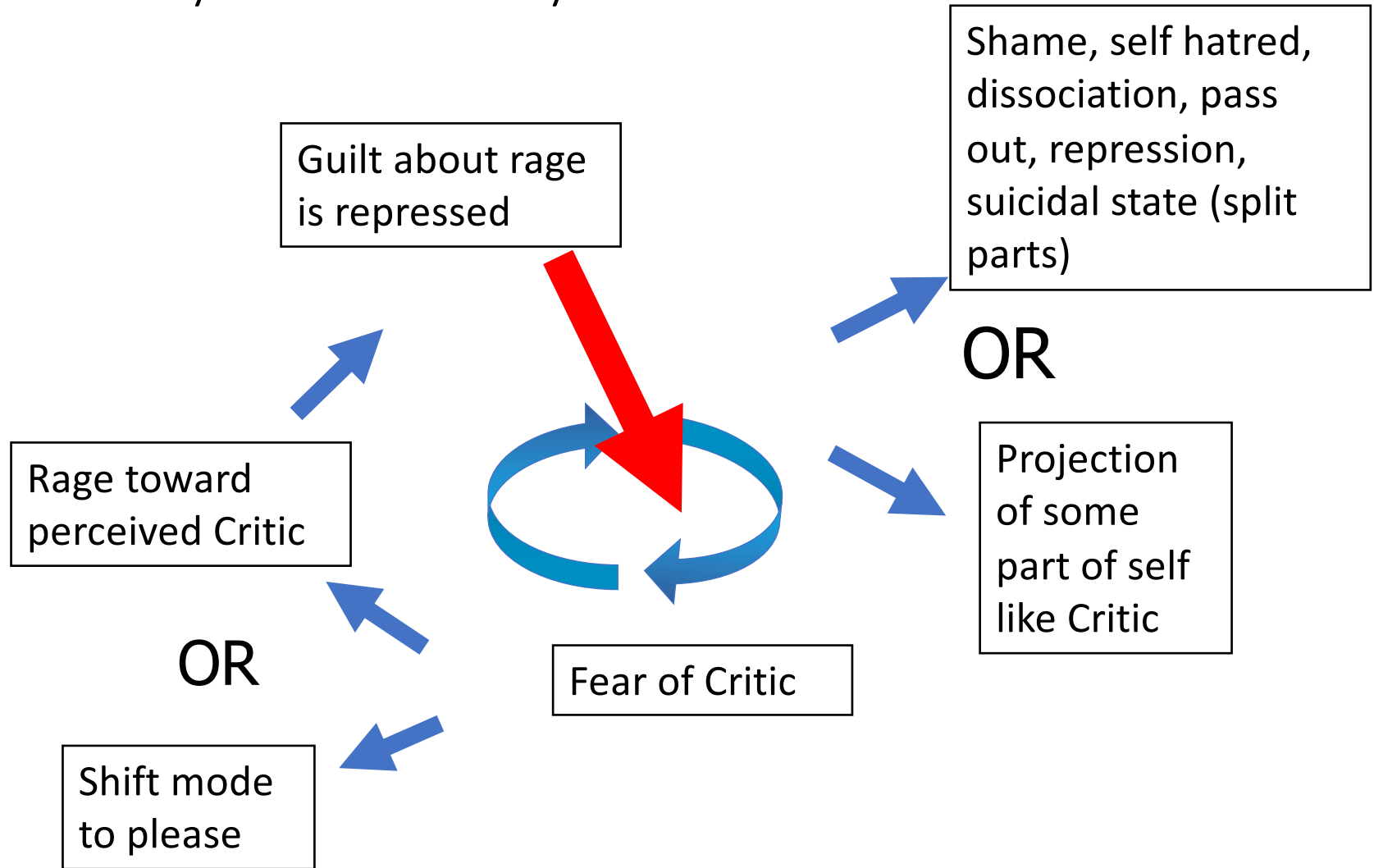
Cognitive Disruption

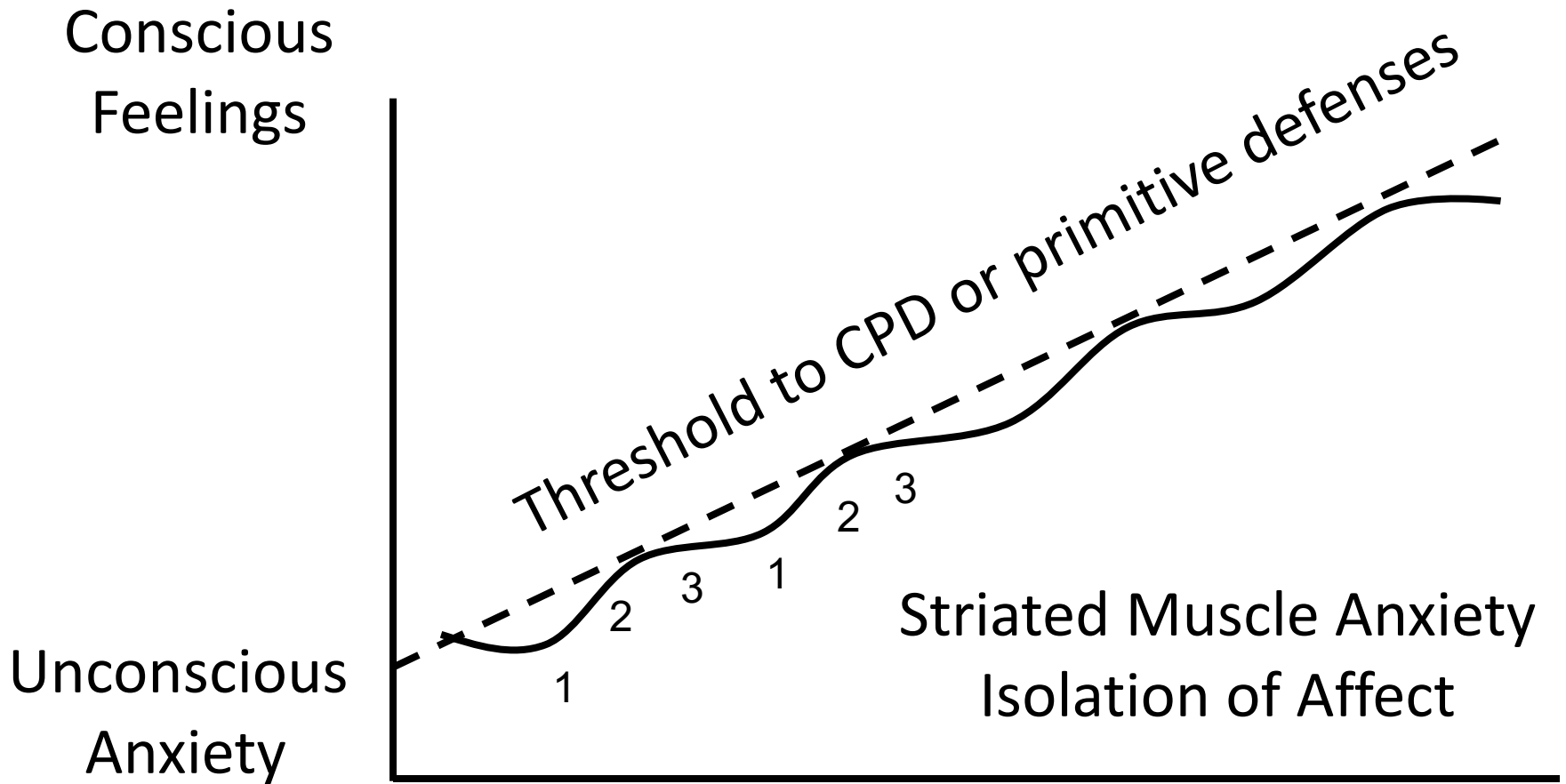
Underlying Complex Feelings:

Primitive Murderous Rage

Guilt and Grief, Craving Attachment

Identify and thwart Cycles





1. Pressure or Brace

2. Rise in complex transference feelings and anxiety

3. Intellectual recap to bring isolation of affect

Conscious feelings

CPD primitive defenses
or repression

RECAP and ANXIETY REDUCING TECHNIQUES

BRACING
PRESSURE

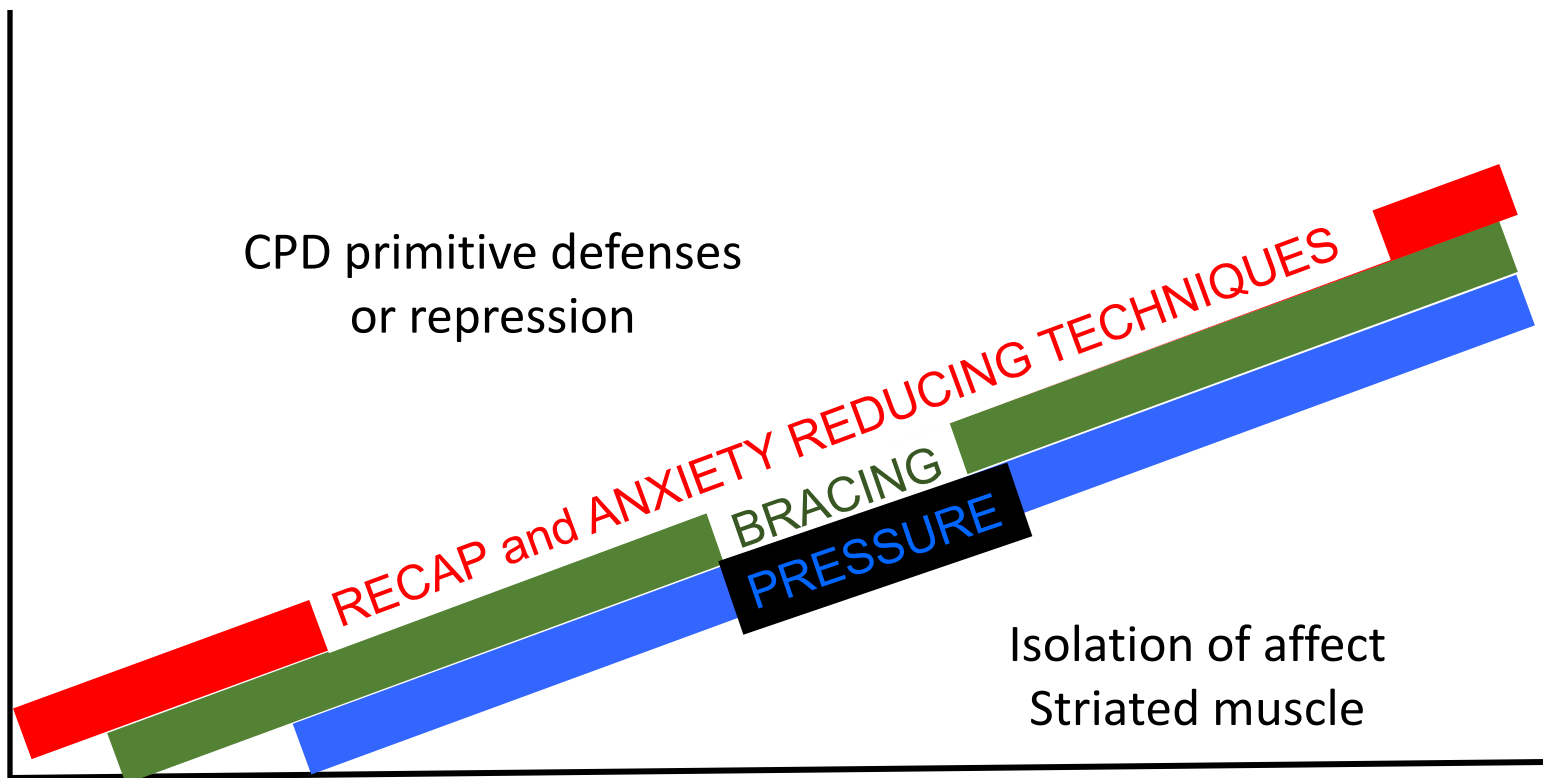
Isolation of affect
Striated muscle

Unconscious anxiety and
defense

Severe fragile,
borderline

Moderate
fragile

Mild
fragile



Pressure

BRACING

Reflection:
Recap

Use when below
thresholds

Evoke feelings

Activate somatic
pathway of rage

Develop images

Fire limbic areas
including amygdala

Use to optimize
rise without being
over threshold

Combine both
self-reflection and
pressure

Train brain to fire
both functional
regions together

Use when above
thresholds

Self-reflect

Link phenomena
Observe the body
Observe thoughts

Fire brain self-
reflective centers

Bracing Tips

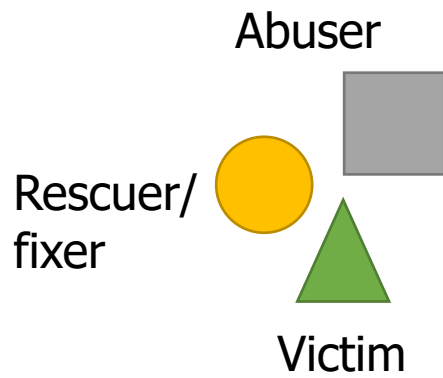
- Each intervention is a shared process of examination
- Self Reflect with each intervention
- Concentrate on your own body reactions
- Compare anxiety to feeling
- Compare one situation and another
- No challenge, *until getting to high rise*

Portraying

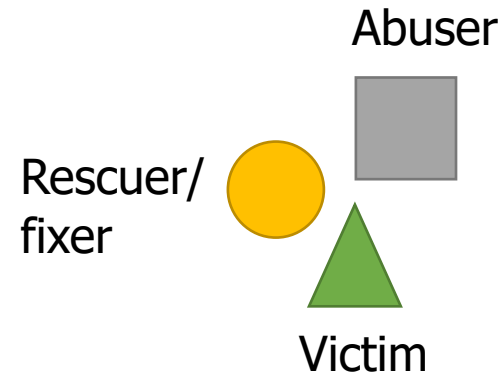
- Portraying rage can build capacity to isolate affect
- Needs be done with some contact with impulse (mid rise at least)
- Use 3rd or 4th parties to make it easier to talk about violence
- Focus on guilt about the rage to build capacity

Interplay of parts in past

MOTHER



SELF



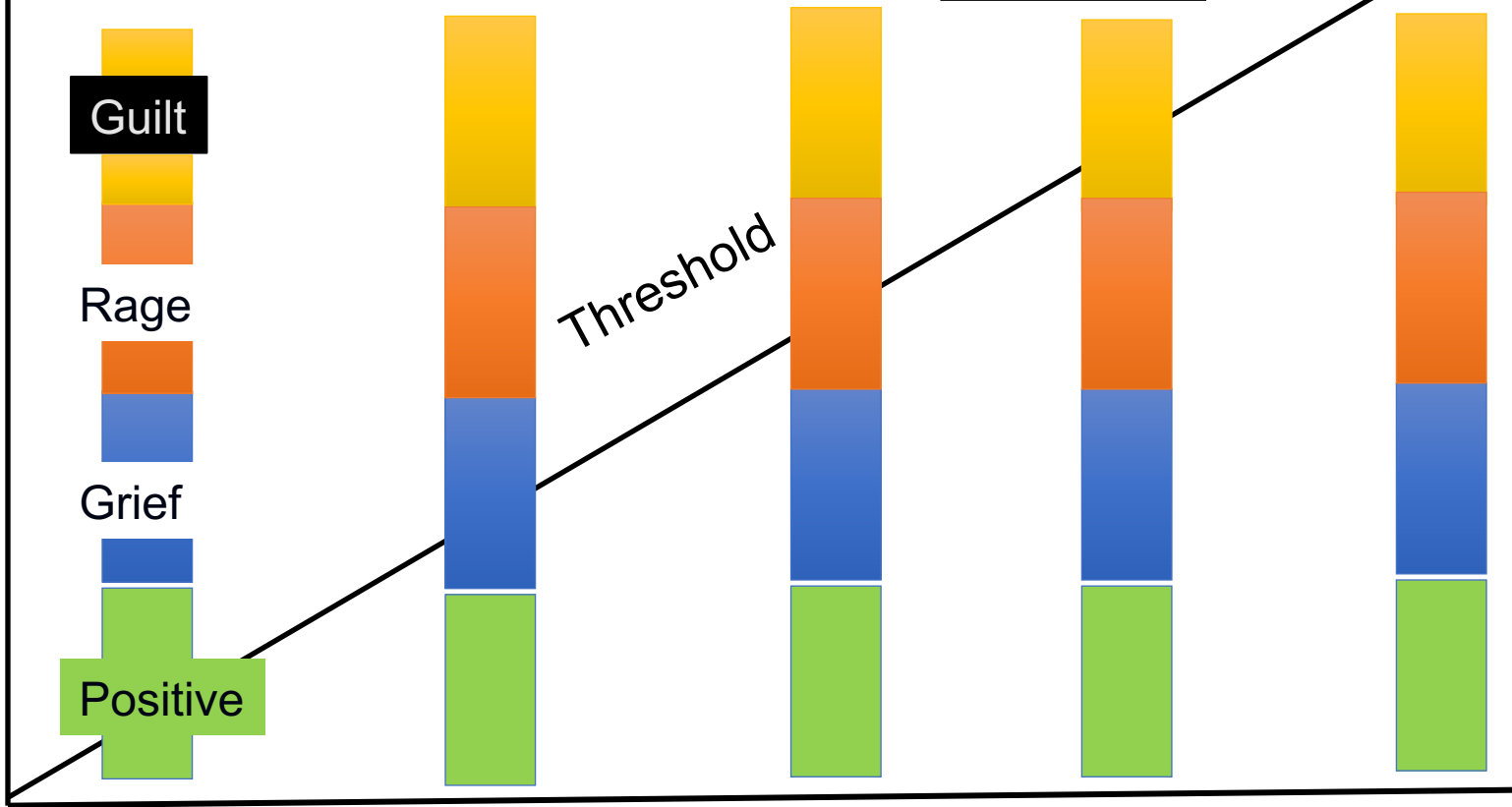
No UTA:
No rise.
Link, brace.
Rotating
resistance
dominates

$R \gg UTA$
Mid Rise.
Some pressure.
Whispers from
the alliance:
concise
understanding
of dynamics

$R > UTA$
High rise.
Add mild
challenge.
Negation,
slips of the
tongue

$R < UTA$
Partial Unl.
Press and
challenge.
Rage, grief:
clear
linkages

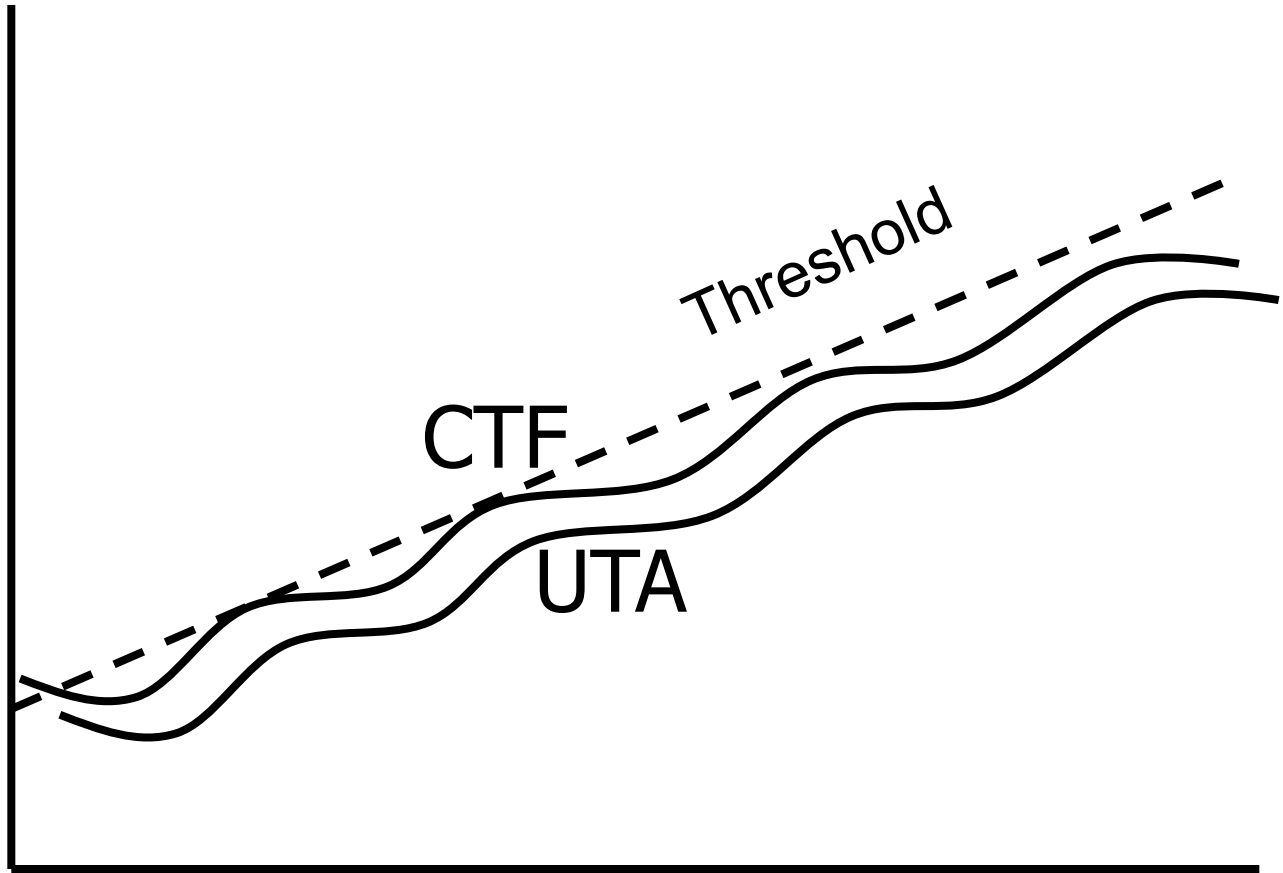
$R \ll UTA$
Major Unl.
Press and
challenge.
Rage and
Guilt: image
transfer

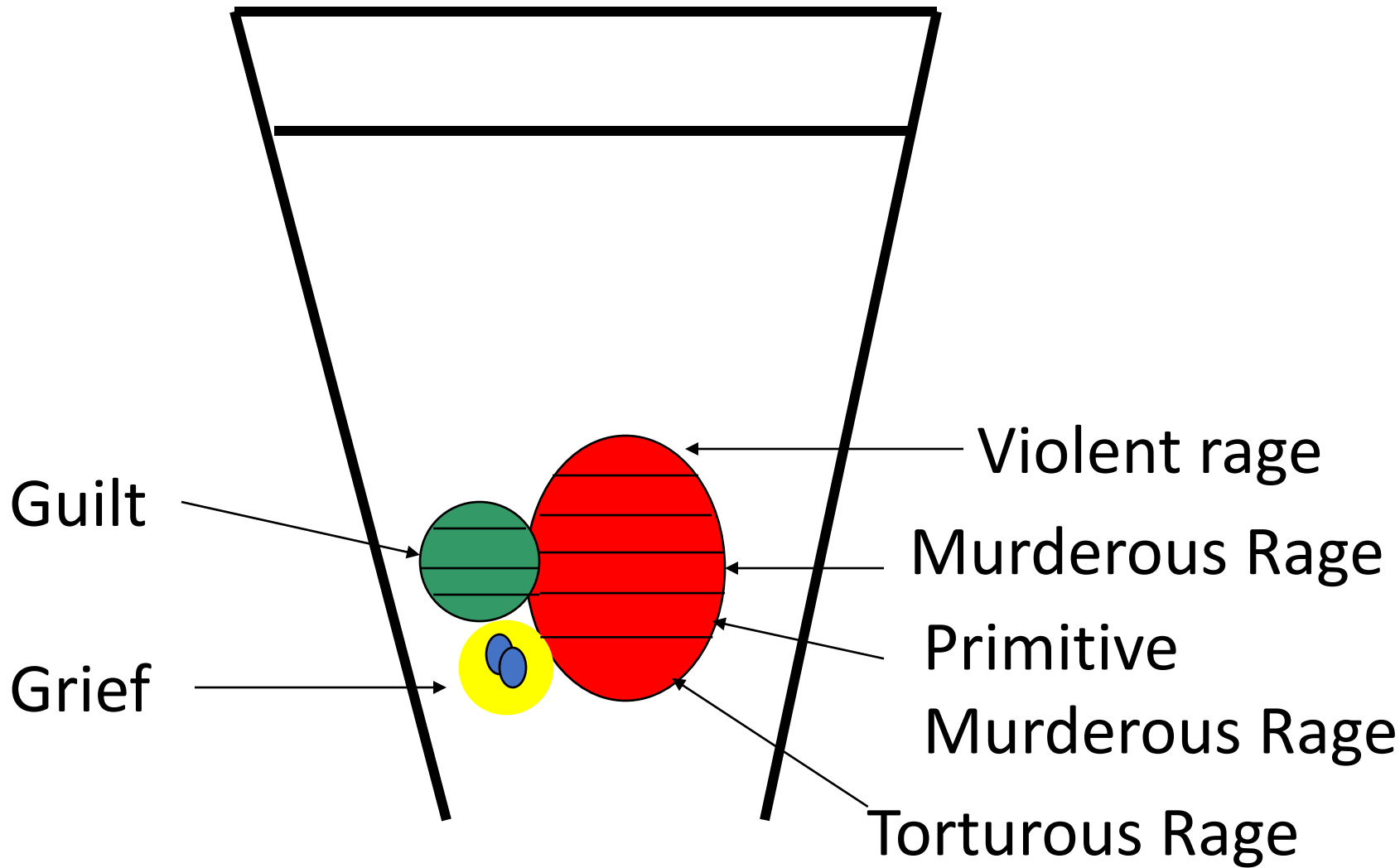


UTA RISES WITH CTF

Conscious
Feelings

Unconscious
Anxiety





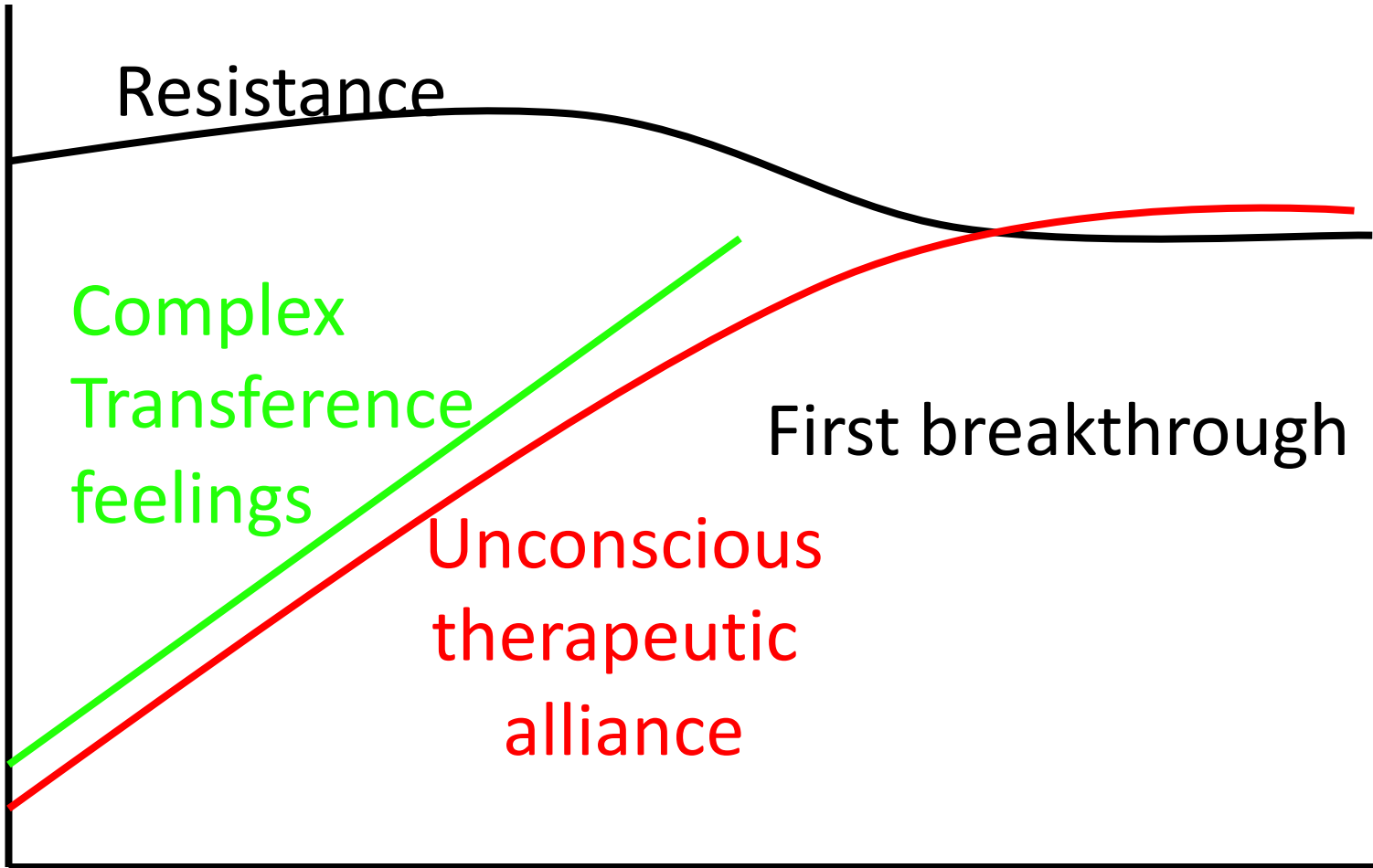
1st Breakthrough

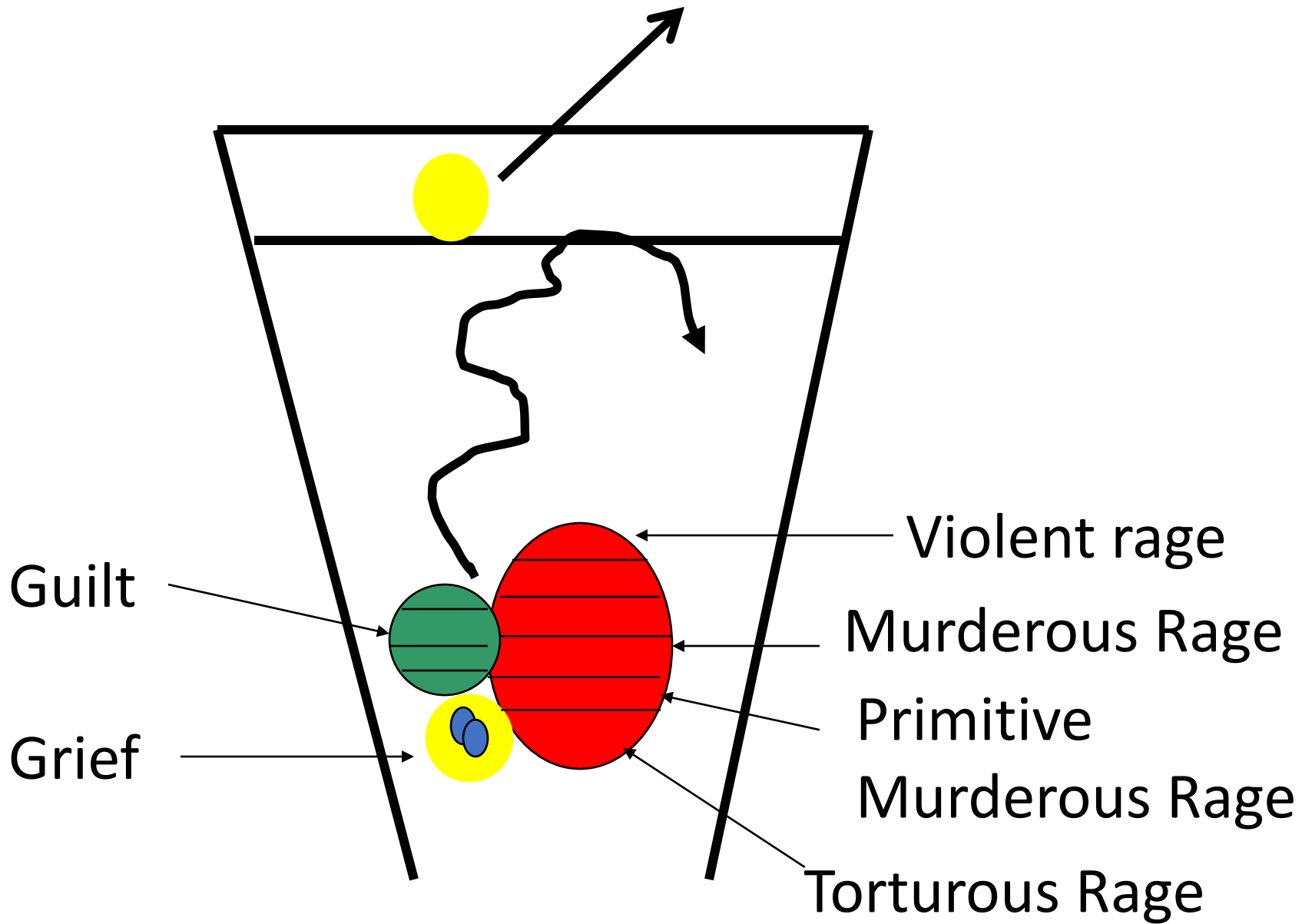
- CTF are mobilized to the preconscious zone
 - Most of what breaks through is grief
 - Maybe grief about the defenses → dystonic
 - Rage and guilt go back down
-
- Anxiety and defences drop somewhat
 - UTA has small advantage
 - Link to past unconscious feelings arrives

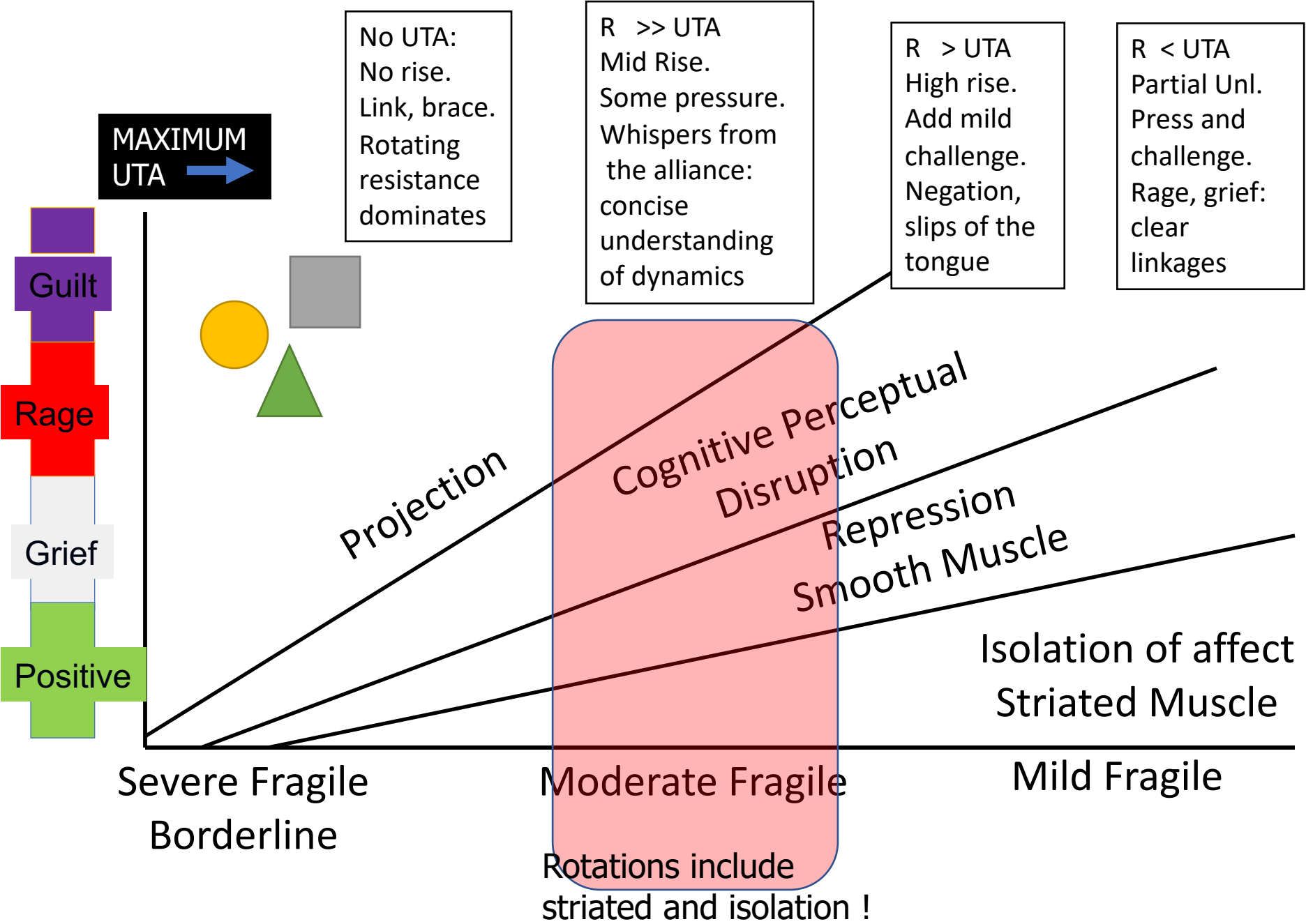
High rise:
Negations and
some feelings

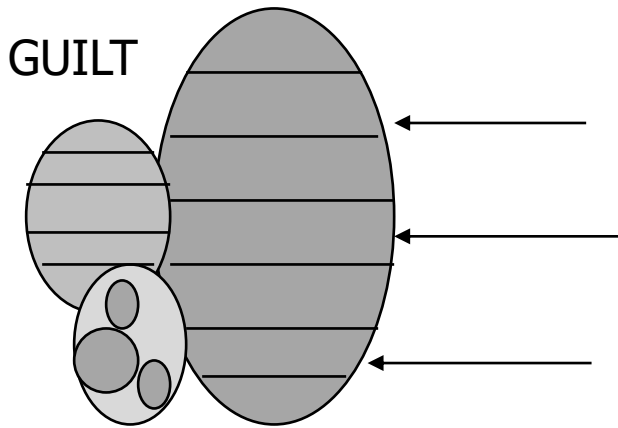
Mid rise:
Whispers from
UTA

Low rise:
No UTA









GUILT

Murderous Rage age 7

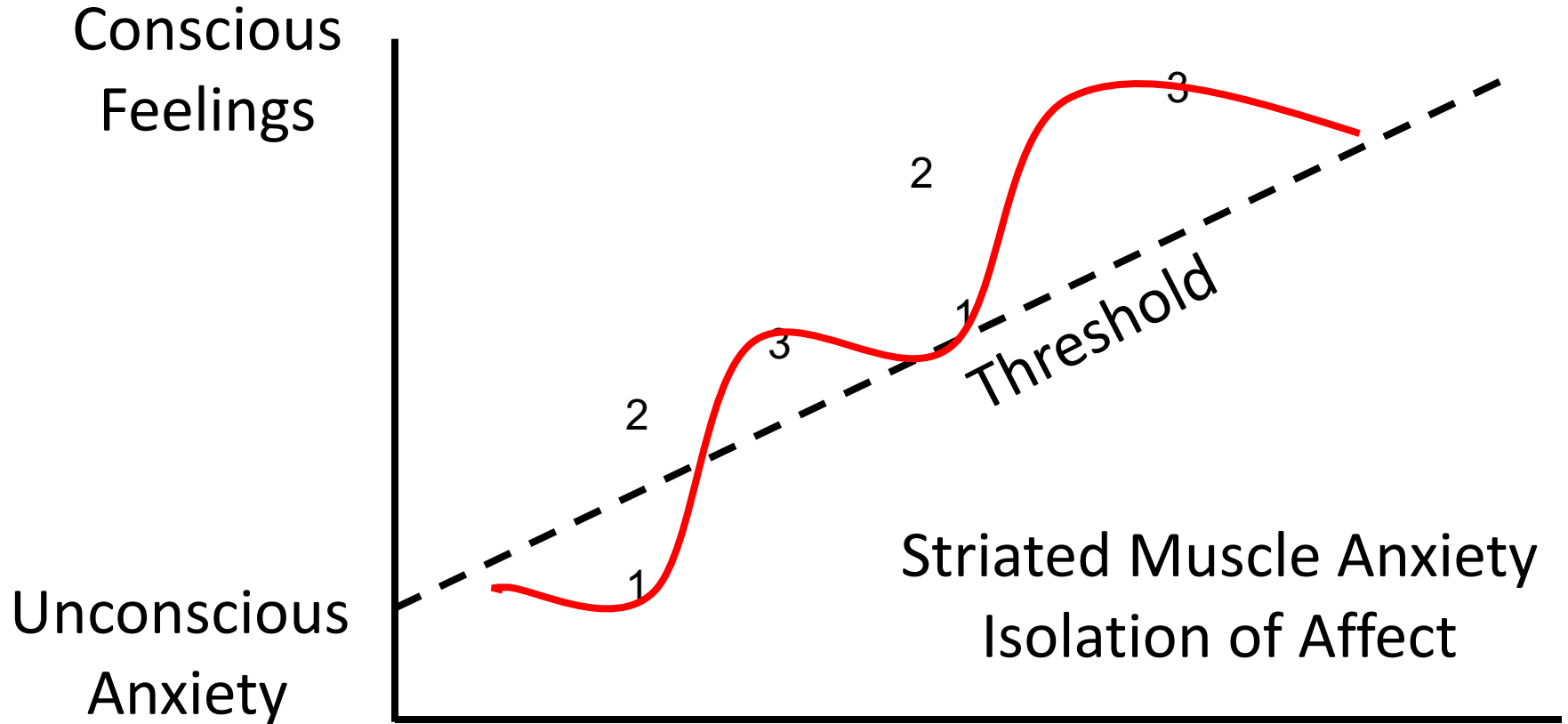
Primitive Murderous Rage age 3

Primitive Torturous Rage age <2

GRIEF



Focus on Guilt: Immersive Approach to Building Capacity



1. Pressure to rage
2. Rise to above threshold
3. Press to Guilt and regulate down anxiety as needed
4. Extensive Recapping

First Unlockings

- Mixed process of feelings and anxiety
- Links and grief mostly
- Some split processes of rage: integrate by pressing on guilt
- UTA still can be swamped some
- See with better self care, self observing, assertiveness, tolerance of distress

Economy of Suffering: Fragile Patients

Anxiety

Masochism

Deception

Paranoia

Sadism:
abuse power

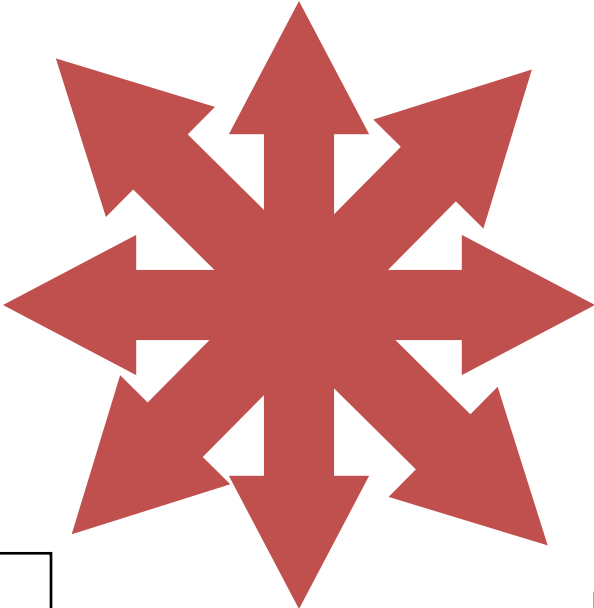
Somatization/
Paralysis

Dependence/
Addiction

Social Isolation

No work or \$\$\$

Dissociation

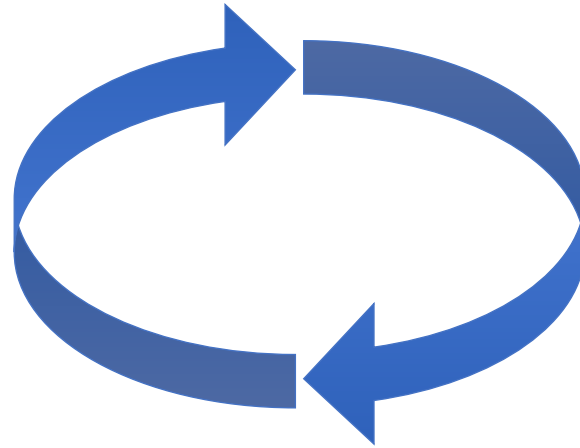


Depression

Cycles of gains and emotion Mobilization

Experience Rage
and guilt

Deeper Rage
and Guilt
are mobilized

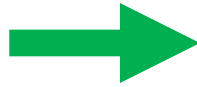


More freedom
to make
behavior gains

Make behavior gains
--> Positive feelings
for self/others

Cycles of gains and emotion mobilization/ crisis

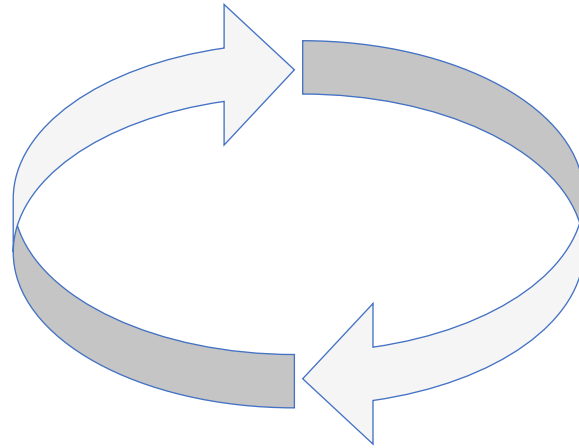
CRISIS



Experience Rage and guilt



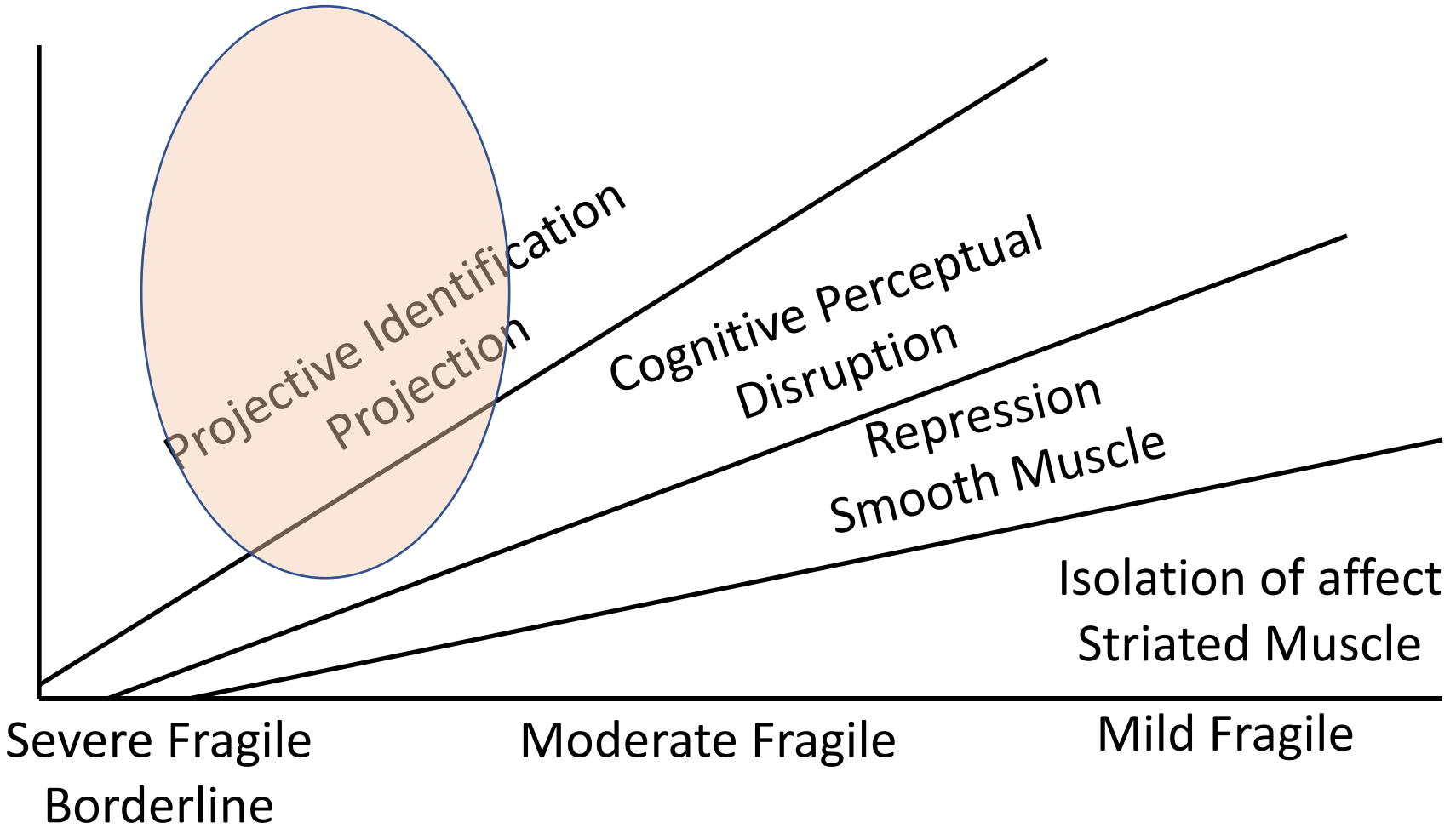
Deeper Rage and Guilt are mobilized



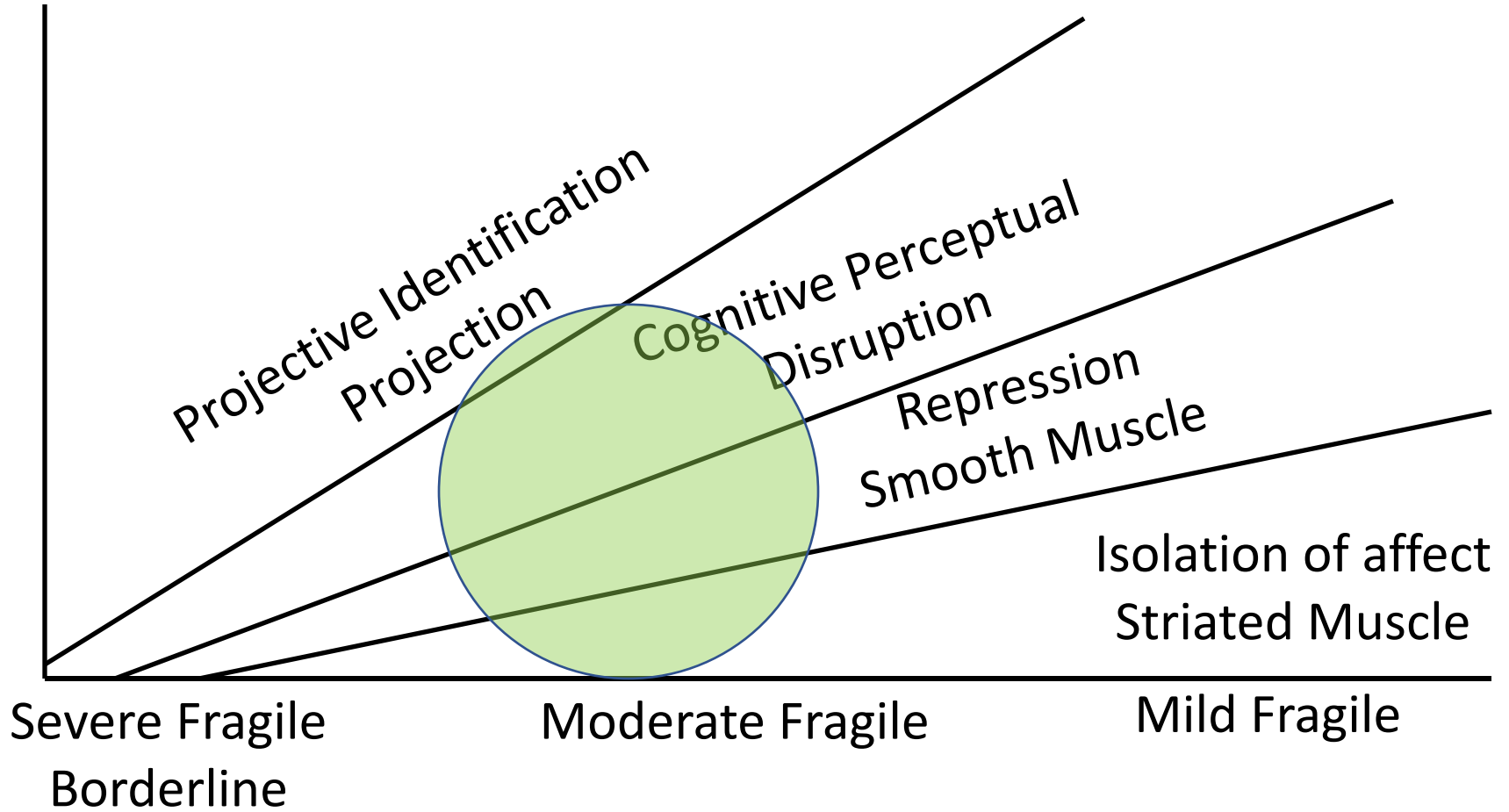
More freedom to make behavior gains

Make behavior gains --> Positive feelings for self/others

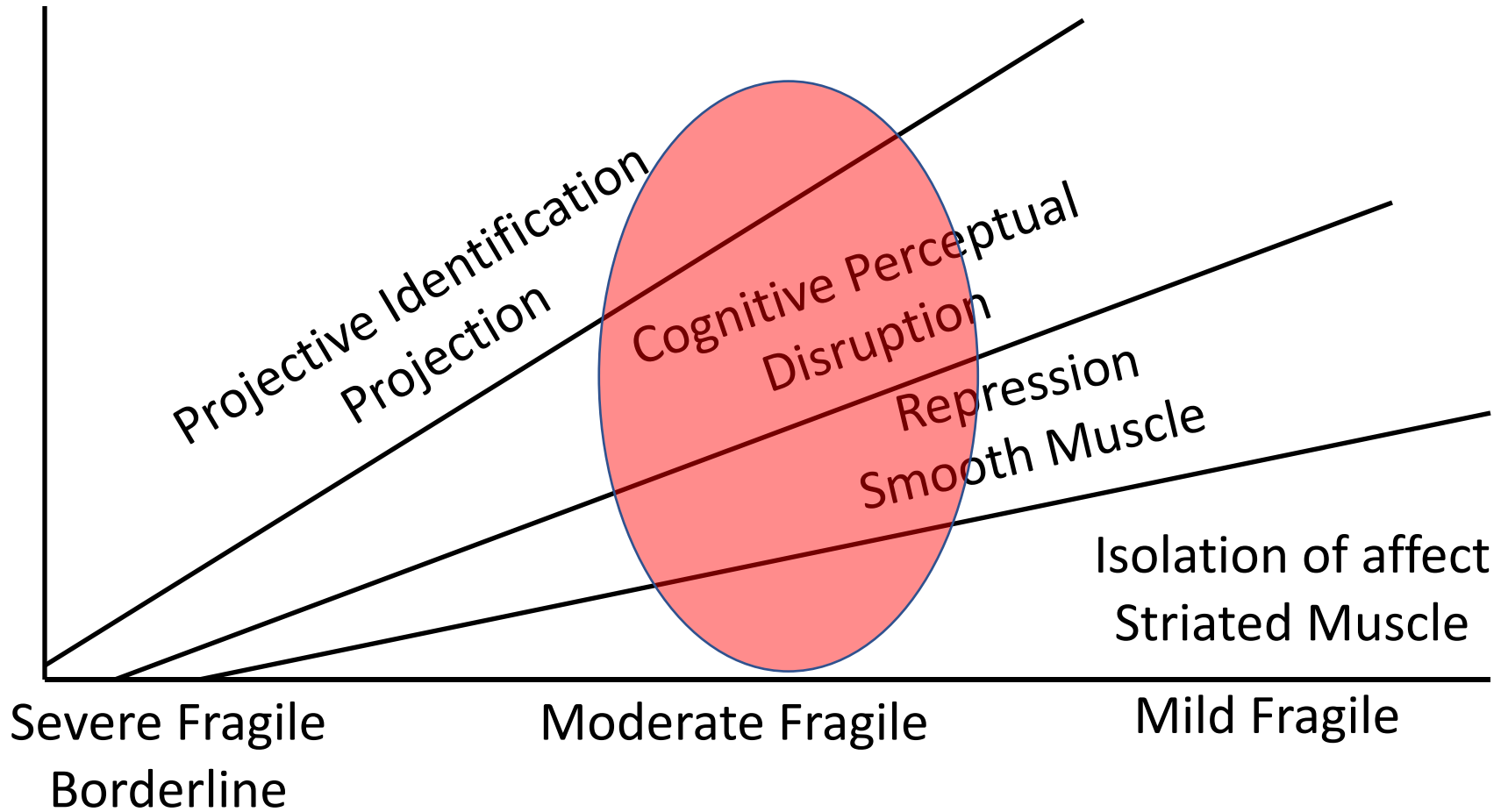
Fragile Spectrum: Initial status



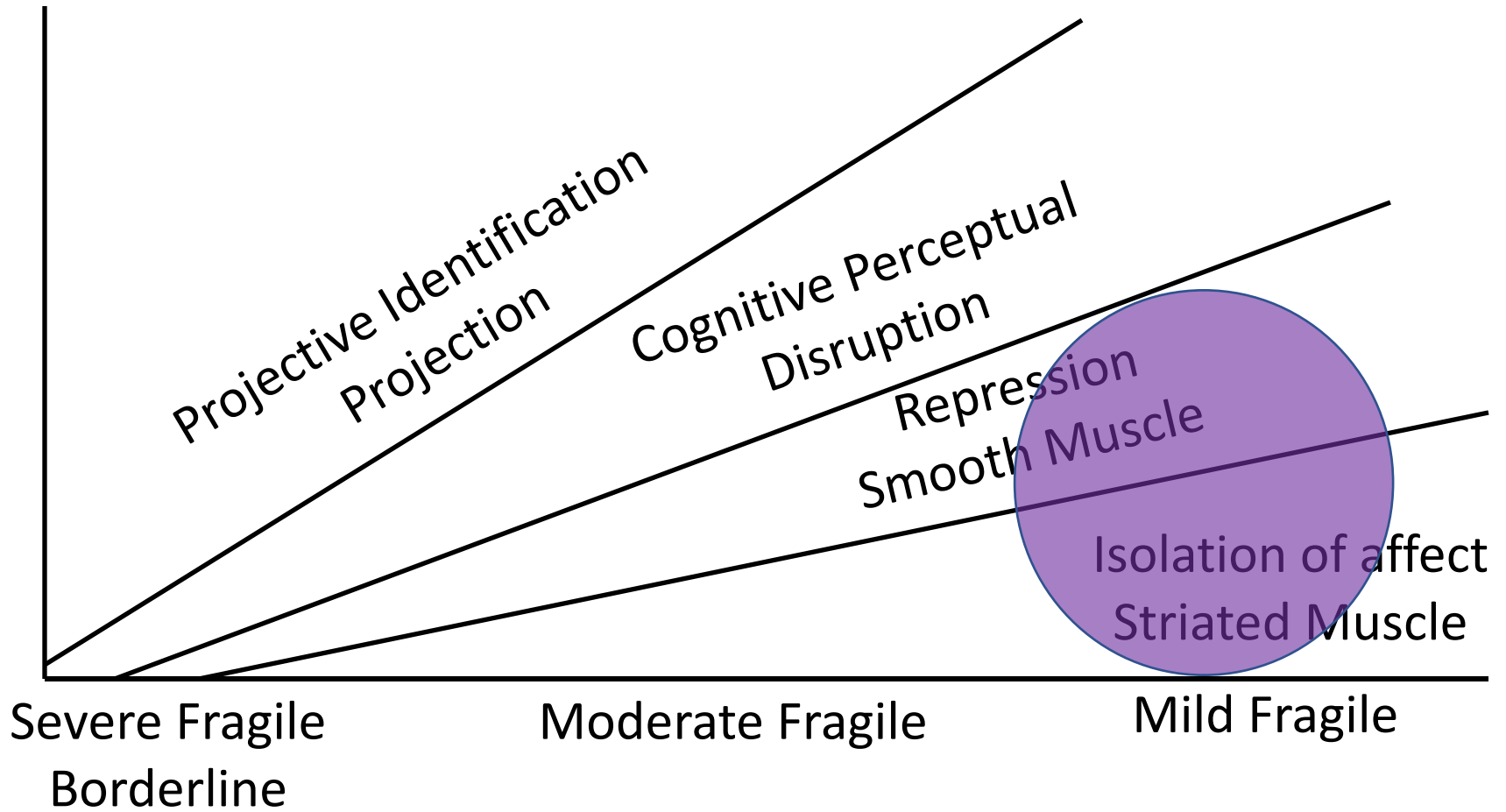
Fragile Spectrum: making gains: pride



Fragile Spectrum: Crisis: revert to more primitive defenses but UTA maybe accessible



Fragile Spectrum: Crisis Resolution



Later changes

Defence:

Isolation of Affect

Self reflection

Less of the following:

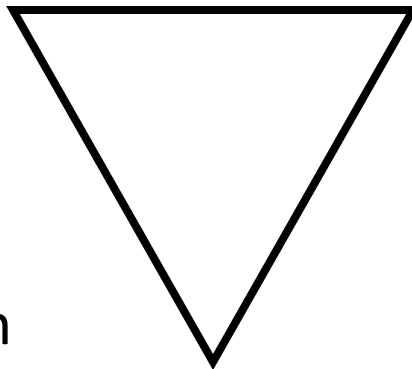
Depression

Repression

Projection

Projective identification

Dissociation



Unconscious Anxiety:

Striated Muscle Tension

Some smooth muscle

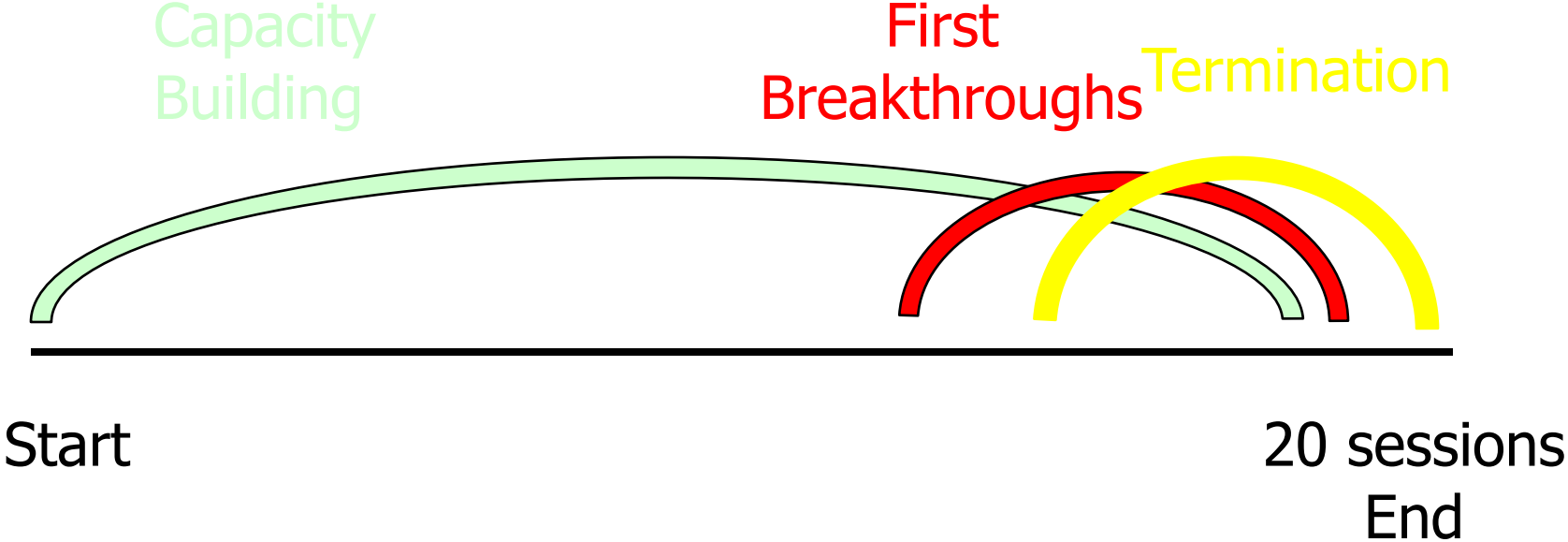
Little Cognitive Disruption

Underlying Complex Feelings:

Primitive Murderous Rage

Guilt and Grief, Craving Attachment

Course of Time Limited ISTDP with Fragile Patients



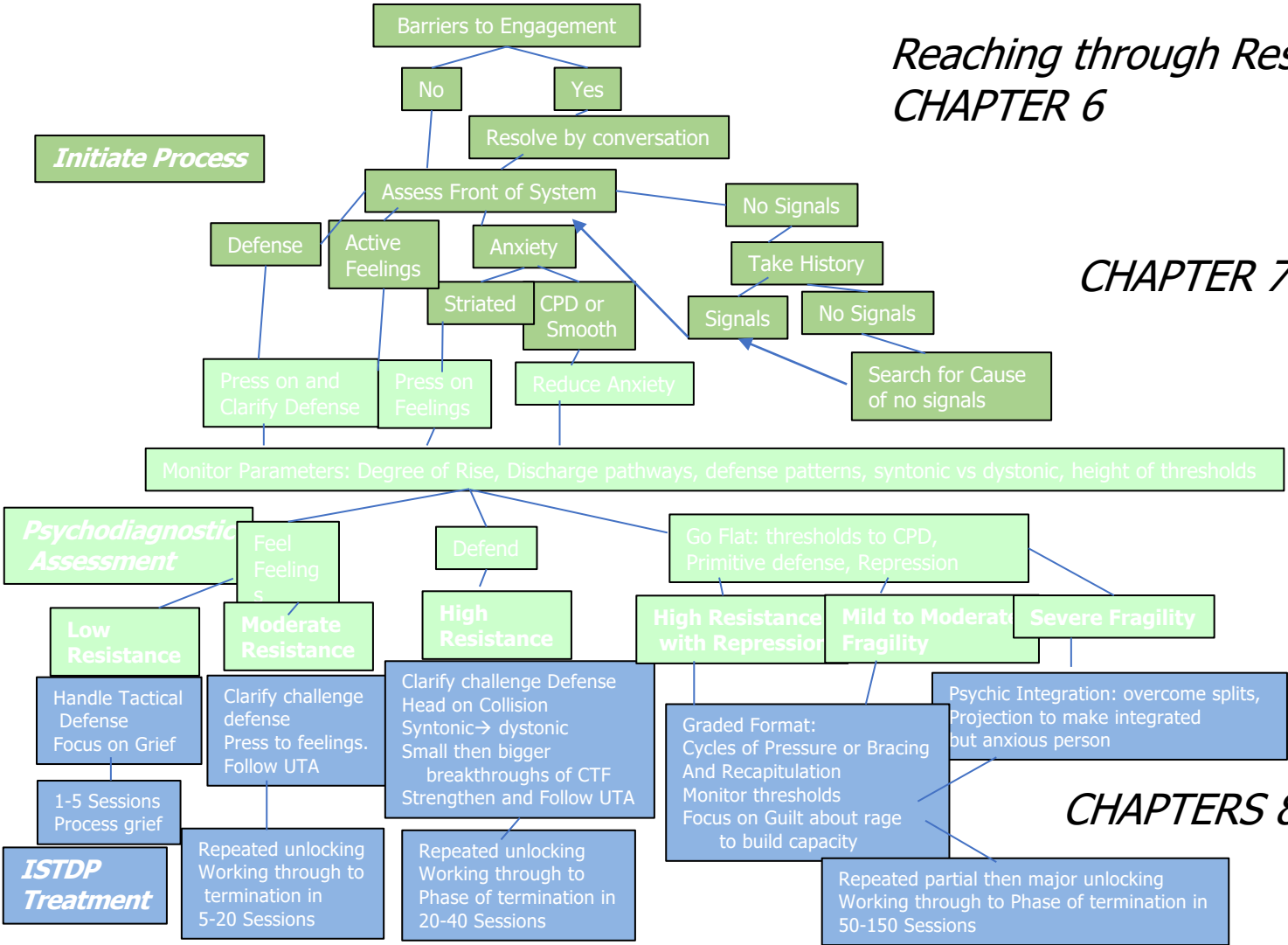
Termination Phase

- In longer term cases phase is several months long
- Looking ahead in life
- Functioning or on the way
- Looking to intimate relationships
- Empathy and guilt about leaving family behind
- Grief about loss of therapist
- Grief about past losses
- Maybe few pockets of rage and guilt but mostly grief
- Goodbye

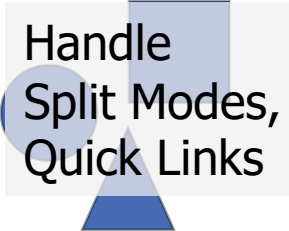
Reaching through Resistance
CHAPTER 6

CHAPTER 7

CHAPTERS 8-16



Fragile Spectrum: Interventions

High	 <p>Handle Split Modes, Quick Links</p>	<p>Handle projection, Regulate Anxiety</p>	<p>Regulate Anxiety Challenge repression/ dissociation Portray rage and guilt</p>
Medium	<p>Handle projection, Quick links</p>	<p>Regulate anxiety, Recap, Portray and guilt immersion Grading</p>	<p>Guilt Immersion Graded Unlocking with some rage</p>
Low	<p>Explore Problems, seek links, quick links</p>	<p>Brace, Recap Grading</p>	<p>Pressure, affect Feel Grief</p>
	<p>Severe Fragile Borderline</p>	<p>Moderate Fragile</p>	<p>Mild Fragile</p>