

Trauma-Centric Treatment

Michael McGee, M.D., DLFAPA
President
WellMind Inc.
Avila Beach, CA

mdm@drmichaelmcee.com
www.drmichaelmcee.com
978-360-6071



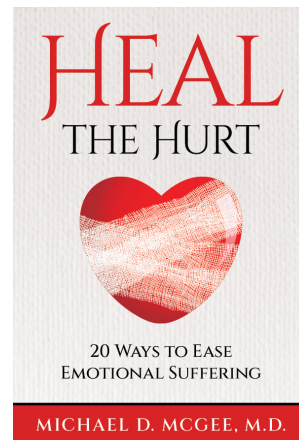
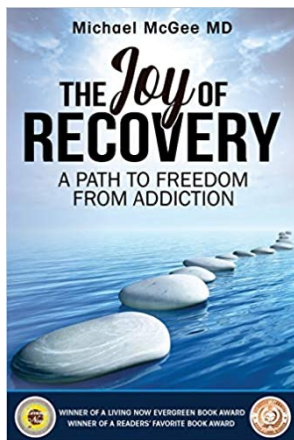
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Disclosures and Resources



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Be Well, Practice Well

A Podcast on Clinical Excellence & Wellbeing

In our growing award-winning podcast series, *Be Well, Practice Well*, [Michael McGee, MD](#), a Stanford- and Harvard-trained psychiatrist and author, shares how clinicians can provide better care for their patients by prioritizing their own mental health and offers practical strategies in clinical excellence for today's overwhelmed clinician.

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Depression

Why Stigma Makes Physicians Reluctant to Share

Michael D. McGee, MD; Kirk Brower, MD

Podcast

In Episode 23 of *Be Well, Practice Well*, Drs. Kirk Brower and Michael McGee discuss depression in male physicians and how to get past the fear that comes it.



Burnout & Wellbeing

What We Have to Unlearn to Move Forward as Healers

Michael D. McGee, MD; Omar Reda, MD

Podcast

In Episode 22 of *Be Well, Practice Well*, Drs. Omar Reda and Michael McGee talk about carrying trauma, speaking up in a system of toxic stress, and why they continue to serve the healthcare industry.



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Course Learning Objectives

- Participants will describe trauma
- Participants will list types of trauma
- Participants we will discuss the consequences of trauma
- Participants we will discuss the neurobiological features of trauma
- Participants will discuss some of the core features of a trauma-centric approach to treatment
- Participants will discuss evidence-based treatment programs for trauma integrated care.



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What is Trauma?

- Big T versus little T trauma
- Trauma is Universal
- CDC definition
 - Trauma is a physical, cognitive, and emotional response caused by a traumatic event, series of events, or set of circumstances that is experienced as harmful or life-threatening.(2) Trauma can have lasting effects, particularly if untreated.
- Spectrum of injury
 - Mild to severe.
 - Severe: complex posttraumatic stress injury.
- Trauma response: fight, flight, freeze, fawn

<https://blogs.cdc.gov/publichealthmatters/2022/05/trauma-informed/#:~:text=Trauma%20is%20a%20physical%2C%20cognitive,lasting%20effects%2C%20particularly%20if%20untreated.>

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Two Types of Trauma

Destruction



Deprivation



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Trauma-Centric Multimorbidity



Trauma is (almost always) at the core of:

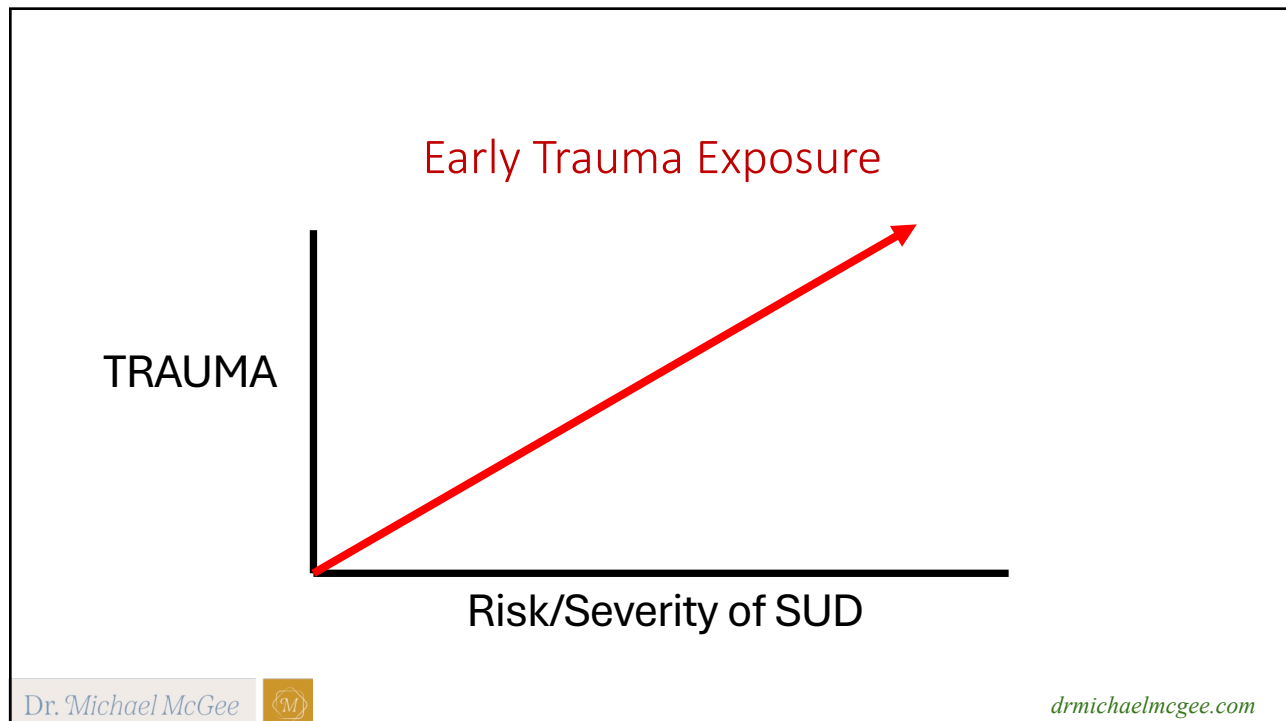
- SUDs
- Other psychiatric illnesses
- Prosocial impairments
- Attachment disorders
- Other relational impairments
- Personality disorders
- Subsequent trauma
- Medical illnesses
- Adaptive/vocational impairments

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Lack of Early Nurturance

- Underdeveloped neurotransmitter systems and neural networks
- Individual seeks to activate underdeveloped systems (attachment, reward, stimulation)
- Substance use or behavioral addictions provide “artificial” access to attachment, reward, stimulation, and temporary relief from pain.
- Addiction to those substances is the result of trying to achieve normal states.

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Types of Trauma

- Physical abuse
- Sexual abuse
- Psychological abuse
- Intimate
- Social/Cultural
- Natural disasters
- Loss
- Accidents/injuries
- Medical trauma
- Neglect
- Interpersonal
 - Bullying
 - Harassment
 - Oppression
 - Exploitation
 - Manipulation
 - Gaslighting
 - Coercion



Types of Trauma

- Overt vs. Covert
- Acute vs. Chronic
- Proximal vs. Distal
- Primary vs. Secondary
- Big T vs. Little t trauma
- Direct vs. Bystander



Psychological Trauma

- Abuse
 - Microaggressions
 - Macroaggressions
 - Physical/verbal/sexual
- Conditional approval/acceptance/care
- Relational instability
- Loss
 - Death of a caregiver
- Family stress
 - Incarceration of parent
 - Mental illness in caregiver
 - Domestic violence
 - Addiction in caregiver
 - Separation from family/institutionalization



Sociocultural Trauma

- Poverty
- Physical handicaps
- Heterosexism
- Incarceration
- Racism
- Discrimination
- Cissexism
- Mental health issues
- Sexism
- Intergenerational cultural trauma
- Classism
- Materialism
- Consumerism
- Extreme Individualism
- Extreme communalism
- Stigma
- Fundamentalism



Sociocultural Trauma

- Community Fragmentation
- Community violence, trauma
- Negative cultural values
- Familial violence
- Poverty
- War
- Bullying
- Victimization/human trafficking
- Patriarchy

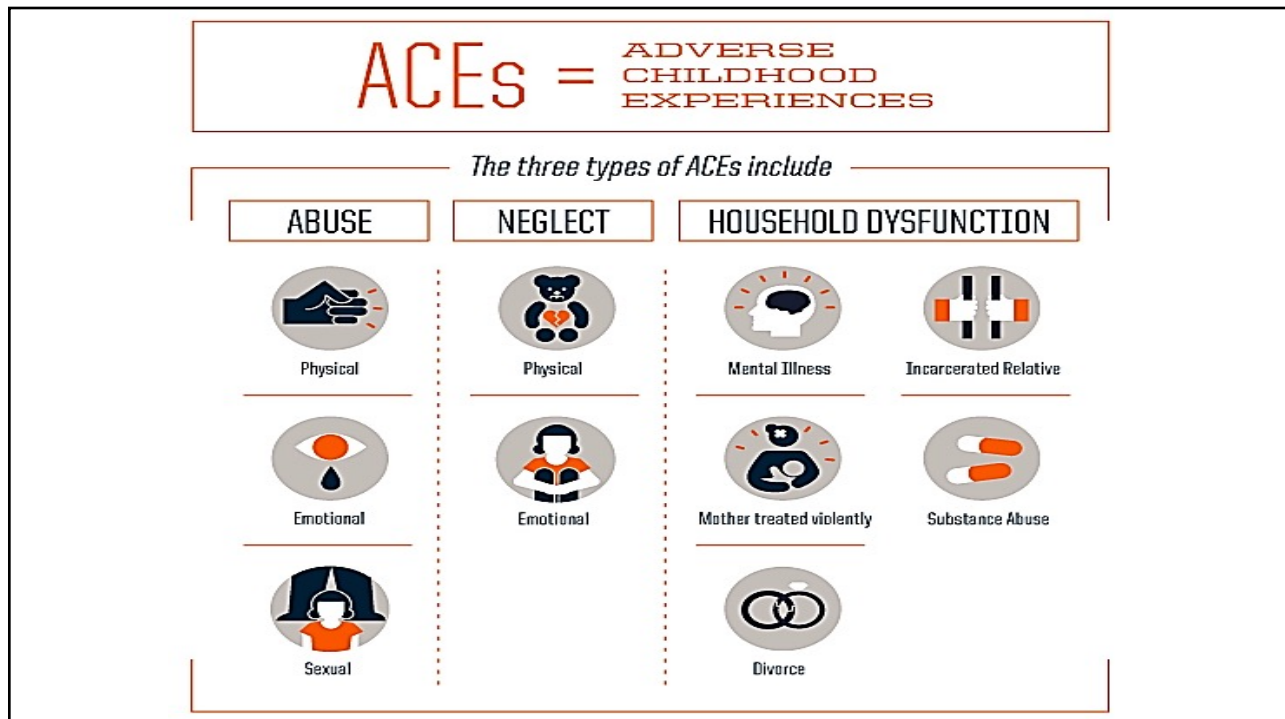
Cells in a tissue culture are only healthy in a healthy culture fluid

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Prevalence of ACES

- **Abuse**
 - Emotional—recurrent threats, humiliation (11%)
 - Physical—beating, not spanking (28%)
 - Contact sexual abuse (28% women, 16% men, 22% overall)
- **Dysfunction**
 - Mother treated violently (13%)
 - Household member was alcoholic or drug user (27%)
 - Household member was imprisoned (6%)
 - Household member was chronically depressed, suicidal, mentally ill, or in a psychiatric hospital (17%)
 - Not raised by both biological parents (23%)
- **Neglect**
 - Physical (10%)
 - Emotional (15%)
- Roughly 60% of adults have experienced significant developmental trauma

Merrick MT, Ford DC, Ports KA, Guinn AS. Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatr.* 2018 Nov 1;172(11):1038-1044. doi: 10.1001/jamapediatrics.2018.2537. Erratum in: *JAMA Pediatr.* 2018 Nov 1;172(11):1104. PMID: 30242348; PMCID: PMC6248156.



Adverse consequences of trauma

Adverse consequences: depression, psychosis, substance use, alcoholism, smoking, suicide, heart disease, lung disease, injuries, HIV/sexually transmitted diseases, and impaired work performance.


The greater the number of ACEs. The higher the risk of adverse consequences.



ACE Study Findings—increased risks of Illness

Individuals with 4+ ACEs

Condition	Odds Risk
Ischemic Heart disease	2.2
Any cancer	1.9
Chronic bronchitis or emphysema	3.9
Stroke	2.4
Diabetes	1.6
Ever attempting suicide	12.2
Severe obesity	1.6
Two more weeks of depressed mood in the past year	4.6


Dr. Michael McGee  Felitti et al. "relationship of childhood abuse and household dysfunction too many of the leading causes of death in a dogs: the adverse childhood experiences (ACE) Study. American Journal of preventive medicine 14, No 4 (1998): 245–58. armichaelmcgee.com

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ACE Study Findings—increased risks of Illness

Individuals with 4+ ACEs

Condition	Odds Risk
Ever using illicit drugs	4.7
Ever injecting drugs	10.3
Current smoking	2.2
Ever having a sexually transmitted disease	2.5
Alcohol use disorder	5.5

Dr. Michael McGee  Felitti et al. "relationship of childhood abuse and household dysfunction too many of the leading causes of death in a dogs: the adverse childhood experiences (ACE) Study. American Journal of preventive medicine 14, No 4 (1998): 245–58. armichaelmcgee.com

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ACE Study Findings—Impact on Children

Individuals with 4+ ACEs

Condition	Odds Risk
Childhood obesity	2
Learning or behavior problems	32.6

Felitti et al. "relationship of childhood abuse and household dysfunction too many of the leading causes of death in a dogs: the adverse childhood experiences (ACE) Study. American Journal of preventive medicine 14, No 4 (1998): 245–58.

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Beyond the Family ACE score: Community ACES

1. Community violence
2. Homeless
3. Discrimination and Oppression (e.g. racism, cisgenderism, sexism, heterosexism)
4. Foster care
5. Bullying
6. Repeated medical procedures or life-threatening illness
7. Death of a caregiver
8. Loss of a caregiver due to deportation or migration
9. Verbal or physical violence from a romantic partner
10. Youth incarceration
11. Community fragmentation
12. Toxic community and cultural values and criminality
13. Intergenerational community and cultural trauma
14. Poverty

Support at home reduces the harmful impact of community ACES.

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Trauma and Co-Occurring Disorders

- Now understood to be an almost universal experience of people in the public mental health, substance abuse and social service systems.
- Trauma survivors are at a much higher risk for co-occurring mental and substance use disorders, violence, victimization and perpetration, self-injury, and a host of other risks/coping mechanisms which have devastating human, social, and economic costs.



Hurt People Hurt³

- Hurt inside
- Hurt self
- Hurt others



Trauma Begets Trauma

- Adaptive impairment
- Repetition compulsion
- Impact of shame

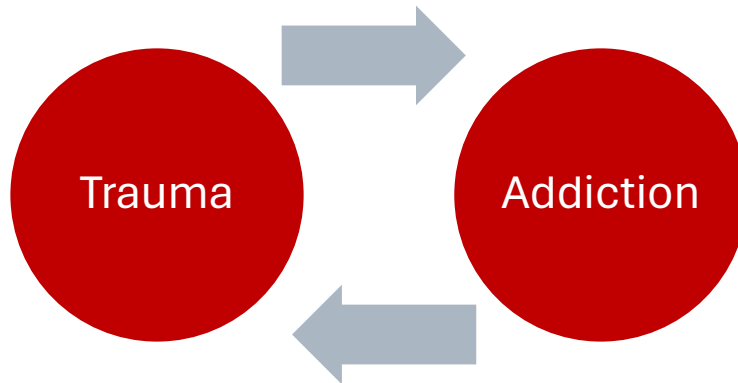


Addiction multiplies trauma

- Cravings
- Withdrawal
- Traumatic consequences of addicting
 - Harms
 - Losses
- Fortification of shame.



The Trauma Addiction Vicious Cycle



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PTSD: A harmful diagnosis?

- PTSD implies that somewhat is disordered and damaged. It is pathologizing.
- A better term would be *posttraumatic stress injury (PTSI)*. This captures the compassionate and empathic components of having been wounded.

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Trauma ≠ PTSD



Not all trauma leads to PTSD. There is a *spectrum* of traumatic injury.

Depending on the study, the type of trauma, and the group studied, 3%-58% get PTSD

Many people experience severe trauma that does not meet the full criteria for PTSD or CPTSD, but still causes significant suffering and impairment



Signs and Symptoms of Trauma

- **Reexperiencing:** Intrusive memories, nightmares, flashbacks, ruminations
- **Arousal/avoidance:** hypervigilance, emotional flooding, dysregulation, insomnia, phobias
- **Dissociation/fragmentation/disintegration/numbing/memory impairment**
- **Negative schemas** (of self and others and the world): includes shattered and fragmented perceptions. Negative thoughts, attitudes, and beliefs. Disruption of (moral) values
- Mood, anxiety, addictive, and other psychiatric conditions.



Symptoms of Trauma (cont.)

- **Painful emotional states**
- Impaired self-care/disrupted agency
- Impairments in educational/vocational functioning
- Impairments in relational functioning



The Love Wound

“I am bad”

“The world is bad”

“Life sucks and then you die.”

“It is a cruel world.”

“Eat or be eaten.” “You are either prey or predator.”

“You can’t trust anyone.”



Trauma and Shame

- Trauma causes shame
- Unworthy/Bad/Defective/Unlovable—"I am a mistake."
- Pervasive and at the root of much psychopathology
- Difficult to address due to secrecy. (Shame about shame).
 - Shame tells us to keep secrets about who we are and what we are doing.
- Shame perpetuates shame
- Prevents authenticity, belonging, and healing.
- Healthy vs. unhealthy shame

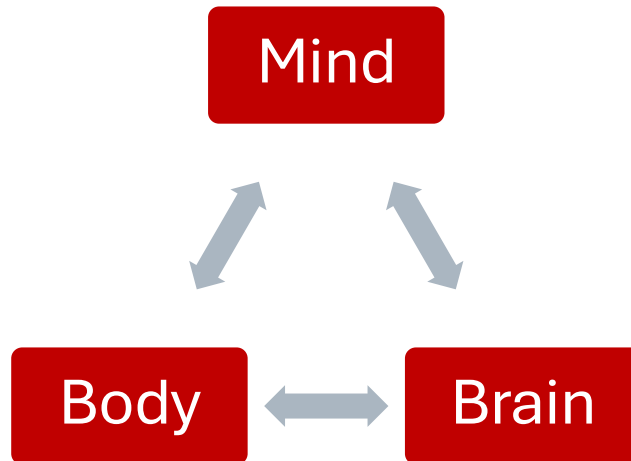


Painful Emotional States

- Hopelessness, helplessness,
- Shame. Low self-esteem.
- Helplessness and powerlessness
- Alienation
- Emptiness
- Hurt
- Anger, irritability
- Bitterness
- Resentment
- Anxiety
- Self-hatred
- Inability to feel wonder, awe, joy
- Damage to spirituality. Oneness, sense of sacredness, goodness of life/universe
- Judgment/contempt
 - Towards others
 - Towards self
- Mistrust
- Guilt, regret
- Confusion/chaos
- Loss/alteration of meaning, purpose



The Impact of Trauma—Mind, Brain, Body



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Sequelae of Trauma

- Impairments in functioning
 - Self-care and goal achievement
 - Self-neglect.
 - Self-harm
 - Sexual promiscuity.
 - Other risky behaviors.
 - Self-defeating behaviors
 - Relational functioning
 - Educational/vocational functioning

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Sequelae of Trauma - Relational/Social Impairment

- Maladaptive attempts to get needs met.
- Attachment difficulties
 - Impairments and relational self-regulation.
 - Impairments in synthesis of autonomy and interdependence.
- Vulnerability to revictimization.
 - Difficulties with limits and boundaries.
 - Impairments in discernment of risk. Difficulties with skillful trusting.
- Harmful behavior:
 - Anger, abuse, violence
 - Vulnerability to victimizing, exploitation, predatory behavior, criminality

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Trauma-Centric Understanding of Behaviors

Survival Response	Trauma-based Coping	Mislabeled by treatment systems
Fight	Struggle to regain a sense of control, especially when feeling coerced. Deceit and manipulation	“Controlling” “Challenges authority” “Treatment resistant” “Dishonest, antisocial”
Flight	Running away from whoever/whatever is in a position of power. Dishonesty.	“Can’t be helped” “Using the system” “Avoidant” “Evasive”
Freeze	Afraid to be harmed, to leave, or to do anything. The body “freezes” as if to avoid being seen.	“Chronic” “Unmotivated” “Non-responsive” “Catatonic”
Fawn/Submit	Feel trapped and try to appease the perpetrator; “I don’t want to make waves”; shut down; limp muscles. Inauthenticity, Failure to assert.	“Passive” “Appeasing” “Inauthentic”

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Trauma-Centric Understanding of Symptoms

Symptom Category	Symptoms	Mislabeled by treatment systems
Reexperiencing	Hallucinations	Psychotic
Hyperarousal	Agitation, restless, pacing, concentration difficulties, quick to react, aggressive, impulsivity	ADHD Manic/bipolar
Dissociation	Numbness, unresponsive, withdrawn, passive, isolative	Unresponsive Unmotivated Depressed
Painful Emotional States	Depression, hopelessness, anger, paranoia, shame.	Dependent Antisocial Narcissistic Passive Aggressive



Trauma and Mental Illness

- Mood disorders
 - Suicidality
- Anxiety disorders
- Hallucinations/psychosis
- Amnesia for childhood
- Addictions
 - Harmful self-nurturing.



Other Psychological Sequelae of Trauma

- Sense of dread
- Unhealthy beliefs
 - You are defective, and unworthy of love.
 - You deserve abuse and neglect.
 - All you can hope to receive from others is neglect or abuse.
 - You cannot trust others.
 - The world is both unsafe and cruel.
 - You are on your own.
- Psychoanalytic: Split in ego.
 - Self-preservation and self-destruction



Trauma and Physical Illness

- Obesity
- Cardiovascular disease
- Cancer
- Fibromyalgia and chronic pain
- Unexplained somatic symptoms
- Hepatitis
- Emphysema/COPD
- Shortened life span



Trauma and Spirituality

- Lack of meaning, purpose, fulfillment
- Negative primal world beliefs.
 - “the world as unsafe.”
 - “The world is uninteresting.” (Lack of joy, wonder, awe)
 - “The world is mechanistic.”
- Distortion of key life agendas and values.
- Lack of connection/oneness

[Happy in a Crummy World: Implications of Primal World Beliefs for Increasing Wellbeing Through Positive Psychology Interventions](#), by Jeremy D.W. Clifton, *The Journal of Positive Psychology*, 2020.

[Primal World Beliefs](#), by Jeremy D. W. Clifton et al., *Psychological Assessment*, 2019.



Substance use disorders and trauma

- High comorbidity/multi-morbidity
- The downward interactive spiral of trauma and substance use
- Poorer prognosis
- Need for more intensive, coordinated, integrated, concurrent care





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Protective Factors

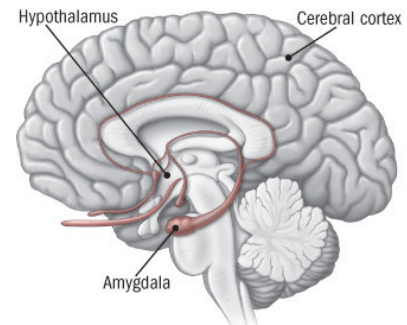
- History of nurturing and secure attachments
- Genetics/Epigenetics
- Treatment
- Recovery Capital: human, social, cultural, financial, community



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The Human Stress Response System

- **Amygdala:** the brain's fear center. Sends signals to the hypothalamus, frontal lobes, locus coeruleus. The amygdala activates neurons that link to the prefrontal cortex and temporarily turns it off.
- **Prefrontal cortex:** the front part of the brain that regulates, cognitive and executive function, including judgment, mood, and emotions
- **Hypothalamic, pituitary, adrenal axis: (HPA axis)** Initiates the production of cortisol by the adrenal cortex.
- **Sympatho-adrenomedullary (SAM) axis :** Initiates the production of adrenaline and noradrenaline by the adrenal medulla and brain
- **Hippocampus:** processes, emotional information, critical for consolidating memories.
- **Noradrenergic nucleus of the locus coeruleus:** Input from amygdala. Regulates, brain stress response system, mood, irritability, locomotion, arousal, attention, and the startle response. Driving force behind aggressive behavior. Also inhibits frontal lobes.



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Neurobiology of Trauma

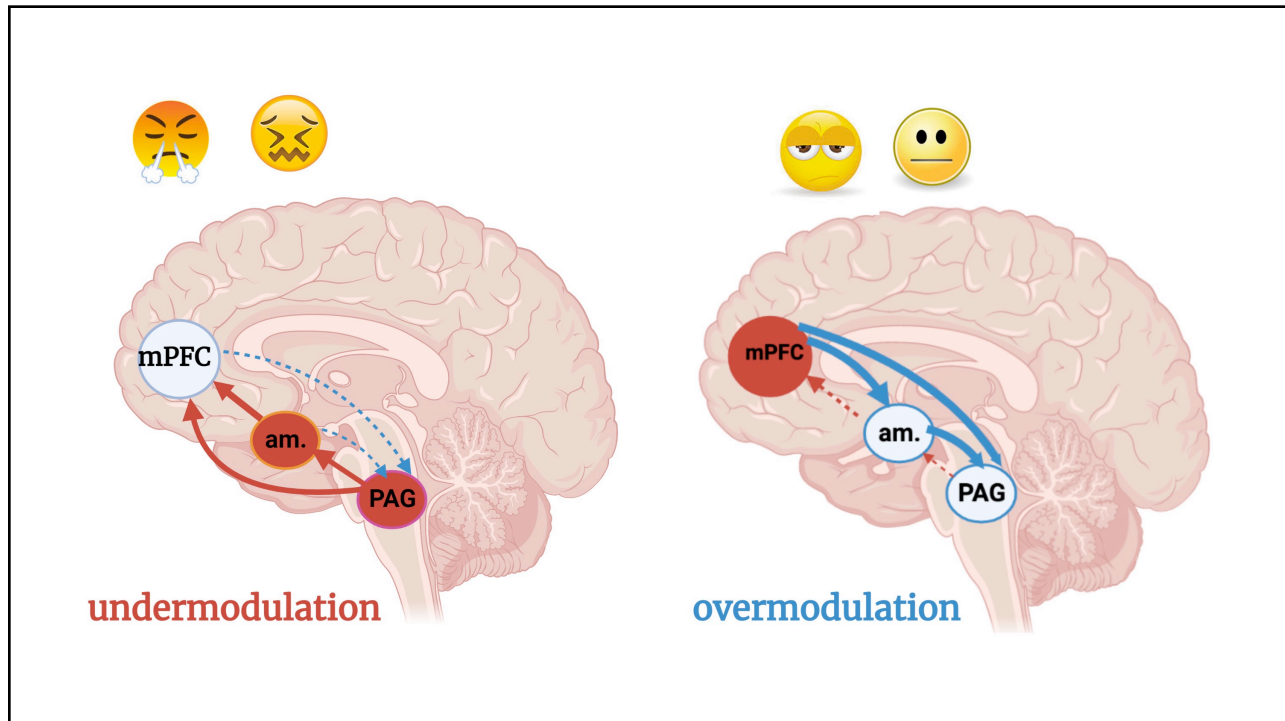
- Alterations in multisensory processing
- Role of vestibular system
- Role of somatosensory system
- Subcortical regions: Brainstem, midbrain
- Elevated Cortisol

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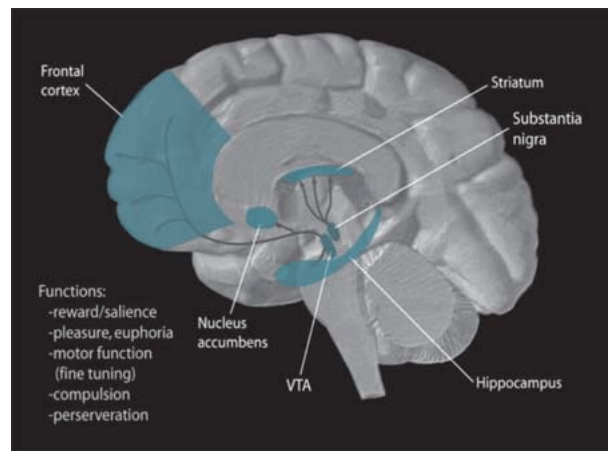
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Trauma, the Ventral Tegmental Area (VTA) and Addiction.

- Trauma increases activity in the VTA--> increased cravings and compulsive reward/gratification-seeking behavior.



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The Conceptual Framework for Trauma-Centric Care



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From: <https://www.spbh.org/puzzling-for-perspective-clear-your-mind-with-a-jigsaw-puzzle/>

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Phases of Healing and Growth (Recovery): Trauma

Syndrome	Stage One	Stage Two	Stage Three
Hysteria (Janet, 1889)	Stabilization, symptom-oriented treatment	Exploration of traumatic memories	Personality integration, rehabilitation
Combat trauma (Scurfield 1985)	Trust, stress management, education	Reexperiencing trauma	Integration of Trauma
Complicated post-traumatic stress disorder (Brown & Fromm 1986)	Stabilization	Integration of memories	Development of self, drive integration
Multiple Personality Disorder (Putnam 1989)	Diagnosis, stabilization, communication, cooperation	Metabolism of trauma	Resolution, integration, development of postresolution coping skills.
Traumatic disorders (Herman 1992)	Safety	Remembrance and Mourning	Reconnection

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Herman, J. Trauma and Recovery. 2022. Basic Books, New York. P 224.

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Healing and Recovery: Trauma and Addiction

Syndrome	Stage One "The 12 S's of healing and recovery." (Acute stabilization)	Stage Two Restoration of functioning. (Subacute stabilization)	Stage Three Healing	Stage Four Flourishing
Trauma and addictive disorders (McGee 2024)	<ol style="list-style-type: none"> 1. Safety 2. Sobriety 3. Support 4. Soothing 5. Self-regulation 6. Stabilization 7. Symptom reduction 8. Stress reduction 9. Structure 10. Supervision (guidance, accountability) 11. Positive Sequelae (contingent reinforcement) 12. Self-care 	Restoration or habilitation of basic prosocial and adaptive functioning	<ul style="list-style-type: none"> Processing Pain and Grieving Integration Developing a compassionate and coherent, discerning narrative of the trauma and illness 	<ul style="list-style-type: none"> Reconnection and flourishing Awakening Developing purpose and meaning Realizing a life of love and fulfillment.

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Healing and Recovery: Trauma and Addiction in Drug Court Framework

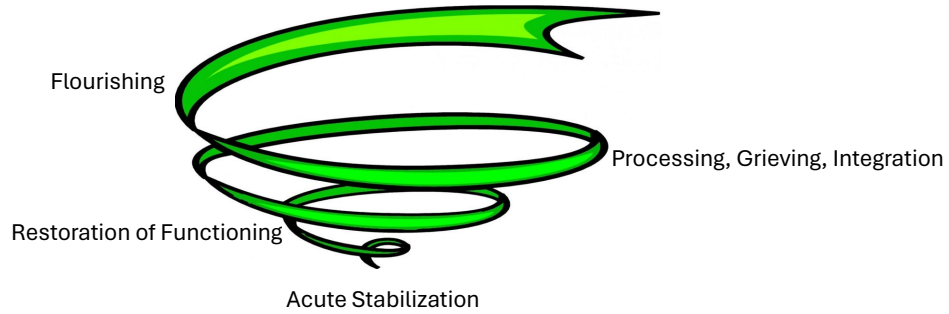
Syndrome	Stage One A "The 12 S's of healing and recovery." Acute stabilization (60 days)	Stage One B Clinical Stabilization (90 days)	Stage Two Restoration of functioning (social and adaptive habilitation)	Stage Three Healing	Stage Four Flourishing
Trauma and addictive disorders (McGee 2024) with criminality	Court weekly Engaged with treatment Comply with supervision Develop case plan Weekly office visits Monthly home visits Random drug tests (at least 2x week) Address housing Obtain medical assessment Start changing people, places and things Curfew 9 p.m.	Court bi-monthly Engaged with treatment Comply with supervision Review case plan Weekly office visits Monthly home visits Random drug tests (at least 2x week) Begin peer recovery groups Maintain housing Address financial issues Address medical Demonstrate changing people, places and things Curfew 10 p.m. Sobriety/non-harmful/addictive use/behaviors.	Court monthly Engaged with treatment Comply with supervision Review case plan Bi-monthly office visits Monthly home visits Random drug tests (at least 2x week) Address life skills Address relational skills Begin criminal thinking program Maintain peer recovery groups Establish recovery network Establish pro-social activity Address medical Maintain housing Addressing financial issues Demonstrate changing people, places and things Curfew 1a-12 p.m. Begin job or vocational training, job search, or school. Address ancillary services (i.e. parenting, family support)	Processing Pain and Grieving Integration Restitution	Reconnection and Flourishing

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The Spiral of Healing

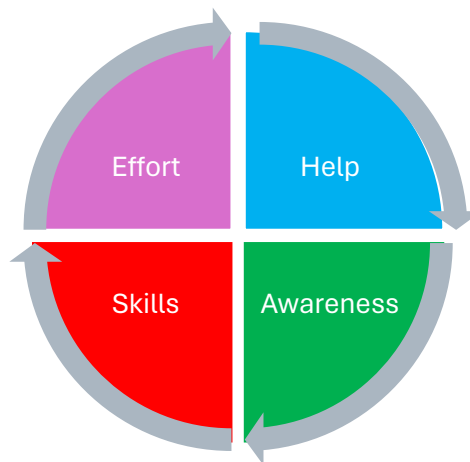


Iterative and progressive stabilization, (re)habilitation, trauma processing, integration, and flourishing. While each stage depends on the prior stage(s), There is overlap and continued healing and growth for a lifetime in all domains.



4 Ingredients for healing, growth, and awakening

- **Help**
 - Support
 - Guidance
 - Assistance/treatment
- **Awareness**
- **Skills**
- **Effort**



4 Ingredients for healing, growth, and awakening

• A good therapist (Guide):

- Supports
- Guides
- Assists
- Cultivates Awareness
- Helps clients develop life, relational, and recovery skills
- Motivates clients to make the necessary efforts to heal, grow, and awaken



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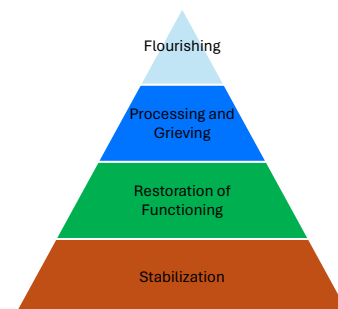
From: <https://iamistad.com/blog/choosing-a-therapist-what-to-look-for-what-is-important/>

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Stage One Goals of Trauma-Centric Treatment

- Creating of one or more trusting therapeutic alliances to facilitate healing.
- Assessment and cocreation of an empathic, patient-centered formulation.
- Education, validation, and affirmation
- Feedback-informed, adaptive, iterative treatment planning.
- Reduce/resolve symptoms of trauma.
- Improve regulation: Distress and pain tolerance.
 - Grounding capacities.
- Improve stress management and coping skills.
- Improve self-care and self-protection—capacity to be “your own ideal parent.”
- Resolve harmful addiction/substance use.
- Address/resolve psychiatric symptoms



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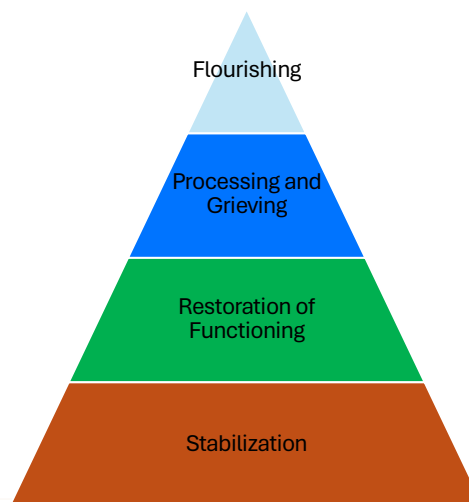


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Stage One Goals of Trauma-Centric Treatment (Cont)

- Begin to address shame/guilt/remorse.
- Begin to develop self-compassion.



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Stage 1: Neurobiological stabilization and integration.

- Modulate arousal
- Foster somatic integration and embodiment
- Treatment interventions
 - Somatosensory-based psychotherapy
 - EMDR
 - Neurofeedback
 - Play therapy
 - Yoga
 - Equine assisted therapy
 - Expressive art therapy
- Restoration of bottom up and top down processes in the context of a positively-valenced therapeutic alliance



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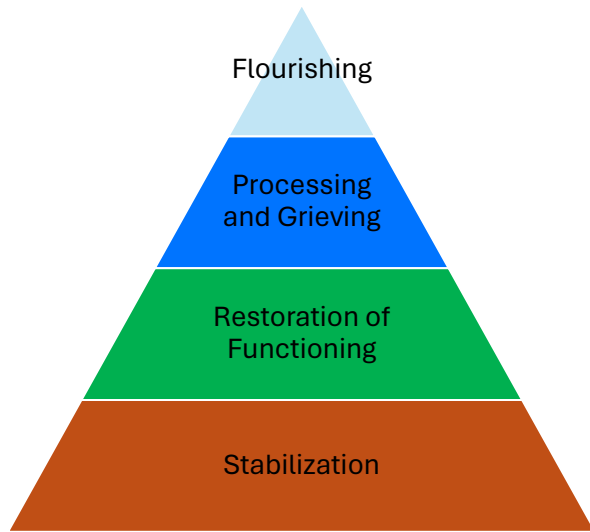


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Stage Two Goals of Trauma-Centric Treatment: Restoration of Functioning

- Begin to develop/restore basic relational and adaptive functioning: Develop basic relational and life skills in order create a foundation for stage 3 work.



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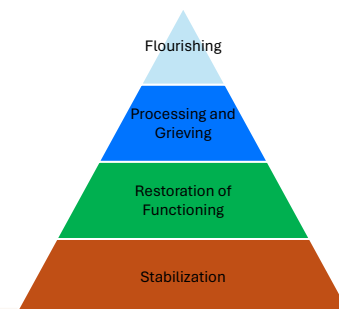


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Stage Three Goals: Processing Pain, Grieving, Integration

- Move from defensive affects to core affect (hurt, sadness, grief, anger)
- Grieve
- Reliving and cognitive restructuring
- Put the trauma in the past (acceptance, letting go)
- Compassionate Inquiry in cultivate insight/discernment
- Allowing for Anger
- Cultivating acceptance
- Developing a compassionate and coherent narrative of what happened.
- Moving through rage to forgiveness
- Resolve shame, guilt, remorse
- Integration of sense of wholeness and of fragmented parts of traumatized self. Realization of Core state.



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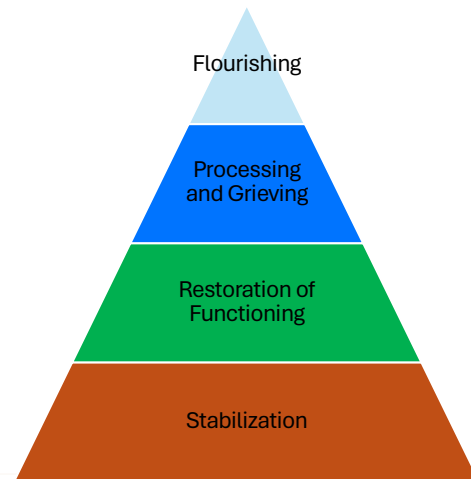


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Stage 4 Goals of Trauma Centric treatment: Flourishing

- Restore a sense of meaning and purpose
- Values investigation and clarification
- Restoration of wholesome (love-based) life agendas and intentions
 - Renunciation of trauma-based agendas and intentions
- Achievement of authenticity
- Establishment of interdependence with freedom
- Self-actualization
- Realization of a life of love
- Recovery of joy, awe, and wonder.
- Further cultivation of wisdom, gratitude, altruism.
- Awakening (rooted in transcendent experience of oneness)



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The Spirit of Trauma-Centric Treatment

- Patient-Centered
- Collaborative: The midpoint of GUIDING between following and directing
- Partnership
- Acceptance
- Compassion
- Empowerment—Autonomy support
- Skillful discernment of balance between autonomy support and beneficence in the context of risk and impairment.

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Therapist Attributes

- Empathy
- Hope
- Positive regard/affirmation
- Acceptance
- Shared/negotiated goals
- Evocation
- Skillful offering of information and advice
- Genuineness/authenticity



Trauma Psychotherapy Approaches

- Trauma Processing
 - Cognitive Processing Therapy
 - EMDR
- CBT
 - Exposure therapy
- Narrative therapy
- Accelerated Experiential Dynamic Psychotherapy (AEDP)
- Body/mind therapies
 - Sensorimotor psychotherapy
 - Grounding practices
 - Tapping
- Interpersonal psychotherapy



Trauma Psychotherapy Approaches (cont.)

- Psychopharmacology
- Internal family systems/part work
- Structures
- Neurofeedback
- Hypnosis
- MDMA assisted treatment?
- Meditation/mindfulness
- Heart-mind practices
- Yoga
- Dance/movement therapy
- Music therapy
- Writing therapy
- Psychodrama
- Compassion Focused Therapy
- Mindfulness Acceptance Therapy

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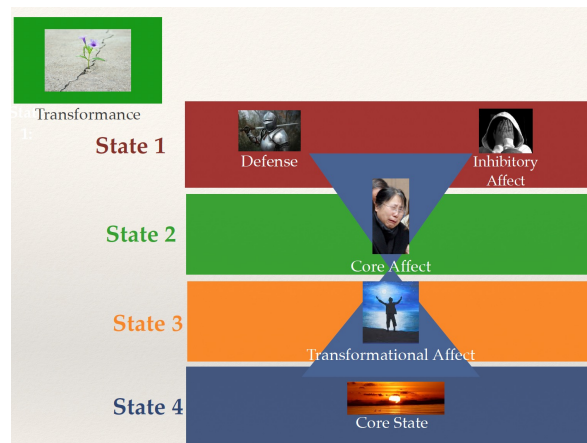


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Accelerated Experiential Dynamic Psychotherapy (AEDP)

- 3rd and 4th stage intervention
- 4th wave treatment for interpersonal attachment trauma
- Triangle of Affect
- Transformance
- Metatherapeutic Processing
- Undoing aloneness
- Fostering flourishing
- Privileging the Positive
- www.aedpinstitute.org



• Fosha, D. Undoing Aloneness and the Transformation of Suffering Into Flourishing: AEDP 2.0. 2021. American Psychological Association

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Evidence-based group treatment programs

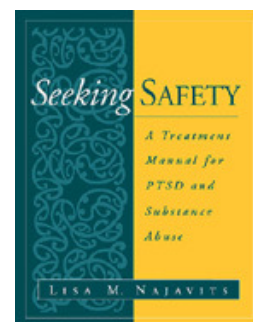
- **Seeking safety**—cognitive behavioral—popular in CJ settings. Integrated treatment of substance use disorders and posttraumatic stress disorder/trauma
- **Trauma recovery and empowerment (TREM and M-TREM)** social skills training, psychoeducational and psychodynamic treatment with peer support groups for women survivors of abuse
- **Addiction and trauma recovery integration model (ATRIUM)**-12 sessions-used in criminal justice settings
- **TAMAR**—trauma, addictions, mental health, and recovery.



Seeking Safety

(Lisa Najavits, Ph.D.)

- Overview
 - PTSD and substance misuse
 - Principles of seeking safety
 - Safety is first priority
 - Integrated
 - A focus on ideals
 - Four content areas: cognition, behavior, interpersonal, case management
 - Attention to therapist processes
 - A focus on potentiality and practicality
 - Seeking safety is NOT: exploring past trauma, interpretive psychodynamic work.



Seeking safety: Conducting the treatment

- The treatment format
- Adapt to context
- Preparation
- Process
- Conducting the session
 - 4 steps: Check in, the quotation, relating the material to the patient's life, check out



Seeking safety: Treatment Topics

- | | |
|--|--|
| <ul style="list-style-type: none"> • Introduction • Safety • Trauma • Grounding • When substance is control you • Asking for help • Taking good care of herself • Compassion • Recruiting recovery support • Coping with triggers • Healthy relationships • Red and green flags • Honesty | <ul style="list-style-type: none"> • Recovery thinking • Integrating this but self • Commitment • Creating meaning • Community resources • Setting boundaries and relationships • Investigation of believes • Respecting your time • Self nurturing • Healing from anger • The life choice game (review) • Termination |
|--|--|



Trauma, Addictions, Mental Health, and Recovery (TAMAR)

- Group treatment
- Components:
 - checking in
 - Reminder of guidelines
 - Interactional education and discussion
 - Mind-body skills
 - Check out.

T.A.M.A.R.
*Trauma, Addictions, Mental health, and
 Recovery*
 2019

Trauma, Addictions, Mental health, And Recovery (TAMAR) was originally developed in 1999 as part of a Substance Abuse and Mental Health Services Administration (SAMHSA) Women and Violence project site in Maryland. This version was adapted from the original TAMAR model as a collaboration National Association of State Mental Health Program Directors (NASMHPD) Center for Innovation in Trauma-Informed Approaches and Advocates for Human Potential, Inc. (AHP) by Leah Harris, M.A. (NASMHPD); Kay Peavey, B.A. (AHP); Joan Gillece, Ph.D. (NASMHPD); and Pam Rainer, M.S.W. (AHP).

Dr. Michael McGee



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TAMAR group curriculum

- Education
- Self soothing
- Tolerating distress
- Containment
- Physical and emotional abuse
- Sexual abuse (females)
- Sexual abuse (males)
- Trauma and addiction
- Boundaries and safety
- Intimacy and trust
- Sexual communication, negotiation, and consent
- Parenting

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Conclusion: Core Concepts of Healing from Trauma and Addiction

- Stay safe.
- Respect yourself.
- Use coping – not substances—to escape the pain.
- Make the present and future better than the past.
- Learn to trust skillfully.
- Take good care of your body.
- Get help from safe people.
- To heal fully from trauma, become substance-free.
- If one method doesn't work, try something else.
- Never coming never, never, never, never, never, never, never give up!

