

Component-Based Psychotherapy (CBP)

Psychological trauma is pervasive in contemporary Western society, and the prototypical adult who presents for psychotherapeutic services comes with a history of exposure to trauma. For a minority of clients, trauma occurred in the form of a single, impersonal incident: a terrible accident, an unexpected injury, a natural disaster. For most, trauma was chronic or recurrent in nature, began in childhood, and involved episodic or chronic exposure to often-interconnected experiences of maltreatment, exploitation or neglect. The impact of these experiences on neurobiology, emotional development and identity is profound, and quintessentially requires complex adaptations that routinely result in enduring psychological disturbance and associated social and functional impairment. Moreover, when childhood emotional abuse and/or emotional neglect constitutes the primary form or "organizing thread" of an adult survivors' trauma history, the consequences tend to be most global, the infiltration into self-appraisal and meaning systems most insidious, and the response to traditional psychotherapy most recalcitrant.

Component-based Psychotherapy (CBP; Hopper, Grossman, Spinazzola & Zucker, 2015) is an evidence-informed framework designed to guide clinical intervention with adult survivors of complex interpersonal trauma, and in particular adult survivors whose trauma histories include prominent exposure to childhood emotional abuse or neglect. Developed by senior faculty of the Trauma Center, CBP represents the outgrowth of four decades of extensive clinical practice, supervision, training and research at our Center. Development of CBP was predicated upon integration of perspectives and strategies from virtually all of our current and alumni senior clinicians and supervisory staff members through intensive focus groups, editorial review and multi-authored contributions to the forthcoming book introducing the CBP model: *Treating Adult Survivors of Emotional Abuse & Neglect: Reaching Across the Abyss* (Guilford Press). CBP is a relational intervention that offers what we regard as the next juncture in phase-oriented or sequential approaches to complex trauma intervention. A core-components treatment model, it provides intervention targets, strategies and techniques designed to address what we consider to be the four primary components of this work: relationships, regulation, dissociative parts and narrative. More than any other trauma treatment model, CBP bridges trauma-focused, psychoanalytic, feminist-relational/humanistic and mind-body theories of therapeutic action. Perhaps unique among contemporary approaches to psychotherapy--certainly among trauma treatment models-- is the extent of its attention to the treating clinicians' personal/internal as well as relational/interactive challenges, movement and growth within and across the four primary components of the model as work unfolds and evolves between client and therapist. As such, heavy emphases are placed on the supervisory role in conduct of CBP as well as on constructively working with and through the frequent enactments that inevitably emerge in the context of this work.

At present, we offer both one-day and two-day training workshops on this model. Two day workshops are typically recommended whenever feasible.

One Day Workshops:

Option A: For programs, agencies, and participants with less extensive prior specialization in complex trauma intervention, we recommend the following workshop composition.

Morning Session: Understanding & Treatment of Complex Trauma. This half-day workshop introduces and defines conceptual and diagnostic formulations of complex trauma, overviews the neurobiological and developmental impact of childhood complex trauma exposure from a lifespan perspective, identifies core domains of complex trauma impact, underscores contemporary expert guidelines for complex trauma treatment (put forward by the International Society for Traumatic Stress Studies (ISTSS) and by the joint task force of the American Psychological Association's Trauma Psychology (Division 56) and the International Society for the Study of Trauma and Dissociation (ISSTD); both sets of guidelines co-authored by one of our CBP model co-developers, Dr. Joseph Spinazzola), and briefly reviews the advancement of trauma treatment models over the past four decades from those focused on resolution of Posttraumatic Stress Disorder (PTSD) to those specifically designed to treat complex posttraumatic conditions.

Afternoon Session: Overview of Component-Based Psychotherapy: This half-day workshop introduces the CBP model and explores its relational, fluidly evolving structure over the course of treatment. It describes in detail each of the four primary components of the model. It highlights key targets of each component and provides select examples of specific strategies and techniques used to advance the clinical objectives of each model component. It emphasizes clinicians' awareness and use of self and of relational enactments as vital points of therapeutic engagement, as well as the pivotal role of supervision in the treatment process. It provides numerous brief clinical case excerpts that illustrate conduct and integration of CBP components. Finally, it offers and reviews a number of worksheets and tools (e.g. clinical decision-matrices) that have been developed to facilitate implementation of this model.

Option B: For programs, agencies and participants with advanced specialization in complex trauma intervention, we recommend the following workshop composition.

Morning Session: Overview of Component-Based Psychotherapy: This half-day workshop introduces the the CBP model and explores its relational, fluidly evolving structure over the course of treatment. It describes in detail each of the four primary components of the model. It highlights key targets of each component and provides select examples of specific strategies and techniques used to advance the clinical objectives of each model component. It emphasizes clinicians' awareness and use of self and relational enactments as vital points of therapeutic engagement, as well as the pivotal role of supervision in the treatment process. It provides numerous brief clinical case excerpts that illustrate conduct and integration of CBP components. Finally, it offers and reviews a number of worksheets and tools (e.g. clinical decision-matrices) that have been developed to aid in model implementation.

Afternoon Session: **Intensive exploration of one of the four primary model components** (as selected in advance based on the primary needs/interests of the host agency). This half-day workshop probes more deeply into application of the CBP model, with emphasis on either building relationships, enhancing regulatory capacity, working with dissociative parts, or developing client and clinician trauma and life narratives, identities and meaning-making. It includes live demonstration of select strategies and techniques utilized to advance the CBP component under focus. It offers experiential training to participants in the form of live practice of select strategies and techniques. It engages participants in examination and discussion (full group or breakout based on audience size) of one of the two central clinical vignettes interwoven through the CBP book as primary teaching aids. Finally, it addresses cultural and contextual considerations related to the chosen CBP component.

Two-Day Workshop:

Day 1:

Morning Session: **Understanding & Treatment of Complex Trauma**. This half-day workshop introduces and defines conceptual and diagnostic formulations of complex trauma, overviews the neurobiological and developmental impact of childhood complex trauma exposure from a lifespan perspective, identifies core domains of complex trauma impact, underscores contemporary expert guidelines for complex trauma treatment, and briefly reviews the advancement of trauma treatment models over the past four decades from those focused on resolution of Posttraumatic Stress Disorder (PTSD) to those specifically designed to treat complex posttraumatic conditions.

Afternoon Session: **Component-Based Psychotherapy: Part 1**. This full-day workshop represents a comprehensive initial training in the CBP model and explores its relational, fluidly evolving structure over the course of treatment. It intensively explores each of the four primary components of the model: building relationships, enhancing regulatory capacity, working with dissociative parts, and developing client and clinician trauma and life narratives, identities and meaning-making. It highlights key targets of each component and provides detailed examples of specific strategies and techniques used to advance the clinical objectives of each model component. It emphasizes clinicians' awareness and use of self and of relational enactments as vital points of therapeutic engagement, as well as the pivotal role of supervision in the treatment process. It provides numerous brief clinical case excerpts that illustrate conduct and integration of CBP components. It offers and reviews a number of worksheets and tools (e.g. clinical decision-matrices) that have been developed to aid in model implementation. It includes live demonstration of select strategies and techniques utilized to advance each of the four model components. It offers experiential training to participants in the form of live practice of select strategies and techniques. Finally, it addresses cultural and contextual considerations that frequently emerge in model application.

Day 2:

Morning Session: **Component-Based Psychotherapy: Part 2**. Continuation of full-day workshop begun in afternoon session of day 1.

Afternoon Session: This segment of the training consists of two components. First, participants are engaged in detailed examination, case conceptualization and treatment planning (full group or breakout based on audience size) of one of the central clinical vignettes interwoven through the CBP book as primary teaching aids, with emphasis on either model integration or advancement of specific model components (based on learning goals of participants). The concluding segment of this two-day training involves presentation and analysis of excerpts from a cinematic film that poignantly illustrates and underscores the complexity and nuance of component-based trauma treatment.