

Developmental Reenactment Trauma Therapy

-Developmental Reenactment Trauma Therapy or DRTT for short-

What is DRTT? To be honest, it is a model of therapy that I developed after years of working with people who experience Type 2 PTSD. To be even more honest, there is nothing really new about it. You know:

“There is nothing new under the sun.”

The idea came to me one day when a wonderful client of mine said, “I have to learn to re-trust my mom all over again.” With this, I realized that repeated trauma can be very destructive to many of our foundational understandings; you know, “I’m safe,” “People respect my boundaries,” and “I’m competent.”

Paging Dr. Erikson

Erik Erikson said that humans will experience 8 primary crises throughout their life, starting with birth and ending in old age. Here they are.

Age	Stage
Birth-2	Trust vs. Mistrust
2-3	Autonomy vs. Shame & Doubt
3-6	Initiative vs. Guilt
7-12	Industry vs. Inferiority
12-18	Identity vs. Identity Confusion
18-30	Intimacy vs. Isolation
30-60	Generativity vs. Stagnation
60-90	Integrity vs. Despair

I believe that we go through similar stages every time we enter into a new relationship. You know, “can I trust this person,” “can I be myself around this person,” “am I pulling my weight in this relationship,” and so on.

In relation to trauma, I realized that those who have been chronically traumatized, especially by someone they trusted, have had all these stages re-written. In other words, they need to start all over again, but this time with a trustworthy person. In comes the therapist. Now I know that therapists are kind of weird and not all should be trusted, but for the most part, we should be the epitome of a healthy relationship for the client. It is with the therapist in which the client can reenact these stages in a healthy way. In a way that will help them rebuild the foundational principles of healthy relationships and life in general.

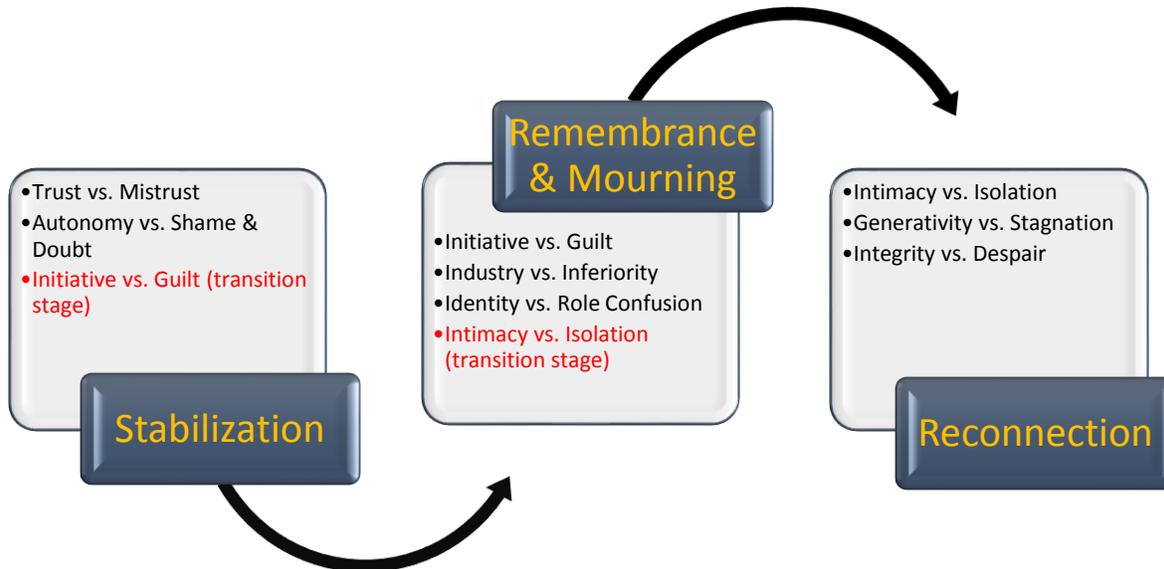
The 3 Tiered Trauma Model

The tried and true treatment model for Type 2 PTSD has three basic stages:

1. Stabilization
 - a. Education
 - b. Caring for yourself
 - c. Learning to calm down
 - d. Learning to feel *Safe*
 - e. Learning to *Trust*
 - f. Establishing *boundaries* (i.e. *autonomy*)
2. Re-experiencing and Mourning
3. Reconnection

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Notice that the very first stage includes Trust (safety) and Autonomy (Boundaries), Erikson's first two stages. With further research, I realized that the actual three tiered model and Erikson's stages fit quite nicely together.



With this framework, I realized that clients tend to reenact these stages in trauma treatment utilizing some very basic, yet very analytically important ways. If the therapist is attuned to how the client is reenacting these stages with them, it allows the therapist to offer a “corrective therapeutic experience,” or an experience that will help the client reevaluate and change patterns.

So what should the therapist be attuned to? Here are just a few hints as to what to look for in specific stages. Be aware that I added only the smallest snippet of information from the work to be done in each stage. If you are interested, it may be beneficial to get the book when published. Find information about the book at:

www.livingwaterscounselingllc.com

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Trauma Stage	Stage	Dynamic	Explanation
Stabilization	Trust vs. Mistrust	Transference Testing	The client tries to find out, "What is it going to take to get you to hurt me, abandon me, or cause me to suffer like others did in the past. This test is to determine if you are safe, and if they are safe with you. As a therapist, have you ever had a trauma client miss an appointment and when they came to the next one they seemed a bit nervous about having missed?"
	Autonomy vs. Shame/Doubt	Using the therapists Observing Ego	In Psychodynamic Psychotherapy, analysis realize that there are two primary parts of the ego; one that observes and one that experiences. In trauma, the experiencing part is overwhelmed with painful emotion, while the logical observer is pretty much shut out. The client, after developing trust in the therapist, starts to use the therapists observing ego to assess their own experiences. Consider a toddler who falls down and their caregiver runs frantically towards them. What does the toddler do? They become frantic. How about a calm caregiver that comforts them and helps them know they are okay? The toddler will typically calm down quickly. The toddler is understanding their own painful experience through the eyes of the caregiver; who if calm and logical, helps the toddler become so as well.
Remembrance and Mourning	Initiative vs. Guilt	Taking control of the therapeutic process	In Erikson's model, this is where the child figures out if they can accomplish basic tasks in a competent way. In trauma therapy, after the client stabilizes, they are faced with the next stage of "regaining control," of their life, body and mind. Most will not initially believe that they have the ability to do so and rely heavily on the therapist; however, the therapist must help them competently and confidently take the wheel of their exploration.
	Industry vs. Inferiority	Improving Ego Strength	As the client continues to take control over the therapeutic process and gains some mastery over the traumatic symptoms, they start to gain a sense of industry. When this does not happen, they develop a sense of inferiority, or a sense that they are not capable of accomplishing the task. The therapist must work within the regressive tendencies that tend to happen at this stage when a failure inevitably occurs.
	Identity vs. Identity Confusion	Rejecting the Projections and Identifications	Trauma changes a person; especially chronic trauma. Throughout the traumatic history, a damaged identity tends to emerge. Sometimes this identity was "installed," through the work of Projective Identification by the offender. Projective Identification is a very damaging defensive pattern that occurs between offender and victim. A defense that every trauma therapist should be keenly attuned to. To shed this identity requires significant transference work.
Reconnection	Intimacy vs. Isolation	Allowing attachment again	Especially when trauma is perpetrated by a caregiver, the willingness to be vulnerable in relationships is damaged. Over time the client has learned to be vulnerable within the therapeutic relationship. This must now transfer out to other relationships. The client establishes safe bonds with more and more people; a task that was once very dangerous.
	Generativity vs. Stagnation	Ongoing growth	This is the transition from focusing inward to outward towards others. It is a giving back.
	Integrity vs. Despair	Sense of success	Integrity comes from overcoming the obstacles and growing ever stronger.