

## From Chaos to Clarity: *Integrative Strategies for Healing Complex PTSD*

An online webinar over two evenings with  
Kathy Steele

Zoom Webinar

3 & 4 December 2024, Tuesday & Wednesday

**Times on both days:**

6:00 pm – 9:00 pm, London UK

1:00 pm – 4:00 pm, New York, USA

CPD/CE credits: 6

Super early bird ticket: £109

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Location: Online streaming only

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What makes childhood trauma so profoundly disruptive to a person's development? As we know, complex trauma from early years fractures multiple areas of growth—cognitive, emotional, somatic, relational, and even spiritual. By adulthood, these wounds often manifest as Complex PTSD (CPTSD), **a condition that transcends the boundaries of traditional PTSD**. Chronic shame, disturbed self-perception, relational dysfunction—these are not just symptoms; they reflect how deeply CPTSD reshapes the mind and the body. Unlike PTSD, which often stems from a singular traumatic event, CPTSD arises from ongoing, prolonged trauma, typically in childhood, which impairs an individual's ability to trust and regulate emotions. As therapists, this challenges us to adopt a more integrative and refined approach—one that goes beyond what we might use with PTSD alone.

Why Is CPTSD Different? CPTSD is **marked by pervasive emotional dysregulation, chronic feelings of worthlessness, and complex relational difficulties**. As therapists, we encounter clients who often struggle with intense shame, dysphoria, and self-destructive behaviours. These manifestations demand interventions that go beyond memory processing, focusing on developing adaptive coping mechanisms and relational skills. **An incomplete understanding of CPTSD can derail therapy by focusing solely on fear-based symptoms when issues like chronic shame and relational dysfunction require equal attention**. Our approach must be attuned to these complexities, recognizing how trauma uniquely impacts identity and relationships.

At the same time, **how do we manage multiple diagnoses?** As therapists, we're often working with clients who come to us with multiple diagnoses—depression, anxiety, substance use disorders, and more. In cases of CPTSD, these labels may not fully capture the client's experience. It can feel overwhelming to treat these



cases, but we need to stay focused on the core symptoms driving distress. While it's important to consider the broader clinical picture, therapists must prioritize a structured approach that focuses on stabilizing core symptoms such as emotional dysregulation and relational dysfunction. By establishing clear, realistic therapeutic goals and regularly revisiting them, therapists can facilitate long-term healing and prevent therapeutic drift.

What about avoidant defences? Dissociation, emotional numbing, and withdrawal are common in CPTSD, and they can significantly disrupt therapy. These avoidant behaviours are not just hurdles; they're key elements of the trauma itself. **The therapeutic relationship, too, can become a battleground for unresolved relational traumas, leading to a fragile or even adversarial dynamic.** We, as therapists, must navigate these complexities with firm but compassionate boundaries, creating a therapeutic space that is not only safe but flexible enough to adapt to the ever-changing needs of clients with CPTSD.

In this advanced training, we will acquire practical, evidence-based interventions tailored to the unique needs of CPTSD clients. Kathy Steele's expertise will guide us through this complex terrain and we will especially focus on:

#### **Foundational Skills:**

- **Differentiating Between CPTSD, PTSD, and Borderline Personality Disorder:** Accurately identifying whether a client is dealing with CPTSD, PTSD, or another complex disorder such as Borderline Personality Disorder is the cornerstone of effective treatment planning. Misdiagnosis can mislead the entire therapeutic trajectory, so we must refine our ability to recognize the distinct markers of each disorder and develop therapy plans accordingly.
- **Creating Safety:** Safety is the bedrock of trauma therapy. How do we ensure it goes beyond the physical? As therapists, we need advanced techniques to foster an environment that is not only physically but emotionally, relationally, and psychologically secure.
- **Mentalizing:** Clients with CPTSD often struggle with understanding themselves and others. How do we help? Developing skills in fostering mentalization is crucial to enhancing clients' self-awareness and improving relational functioning.
- **Emotion and Impulse Regulation:** Dysregulation is a hallmark of CPTSD. How do we help clients regain control? Equipping ourselves with tools for emotional and impulse regulation is essential to reducing symptoms and improving clients' daily lives.

#### **Advanced Relational Strategies:**

- **Mindfulness and Adaptive Techniques:** Mindfulness is more than awareness; it's a tool for nonjudgmental acceptance. How can this enhance therapy? Integrate mindfulness and relational strategies to help clients build healthier relationships.
- **Navigating the Therapeutic Relationship:** CPTSD complicates the therapeutic alliance. What strategies can keep it on track? **Learn to manage complex transference, maintain boundaries, and foster a supportive relationship.**

#### **Focused Therapeutic Goals:**

- **Cohesion in Treatment:** How do you stay focused with multiple diagnoses at play? Learn to maintain a coherent treatment plan that addresses the most critical symptoms first, setting clear, realistic goals for long-term healing.
- **Resolving Conflicts and Avoidant Defenses:** CPTSD often involves deep-seated conflicts and avoidant behaviors. How do you break through? Discover techniques to resolve these issues, facilitating progress and reducing resistance.



### Learning Objectives:

- Explain the differences between PTSD, CPTSD, and Borderline Personality Disorder to ensure accurate diagnosis and effective treatment planning.
- Identify and address the six specific challenges of CPTSD, including chronic shame and emotional dysregulation.
- Create a safe therapeutic environment that facilitates trauma processing and client engagement.
- **Implement emotion and impulse regulation strategies tailored to CPTSD.**
- Navigate complex transference and countertransference dynamics while maintaining healthy boundaries.
- Implement and maintain a cohesive treatment plan focused on critical symptoms for clients with multiple diagnoses.

Overall, this training is an invaluable resource for any psychotherapist or psychologist committed to advancing their practice. Kathy Steele's comprehensive, practical approach makes this an essential addition to your professional toolkit.

### About the speaker

**Kathy Steele**, MN, CS has been treating complex trauma, dissociation, and attachment issues since 1985. She is in private practice with Metropolitan Psychotherapy Services and is Adjunct Faculty at Emory University in Atlanta, Georgia, US. Ms. Steele is a Past President and Fellow of the International Society for the Study of Trauma and Dissociation (ISSTD) and has also previously served on the Board of the International Society for Traumatic Stress Studies (ISTSS). She has been involved with developing treatment guidelines for Dissociative Disorders and well as for Complex Posttraumatic Stress Disorder. Ms. Steele has received a number of awards for her work, including the 2010 Lifetime Achievement Award from ISSTD, an Emory University Distinguished Alumni Award in 2006, and the 2011 Cornelia B. Wilbur Award for Outstanding Clinical Contributions. She is known for her humour, compassion, respect, and depth of knowledge as a clinician and teacher, and for her capacity to present complex issues in easily understood and clear ways using an integrative psychotherapy model that draws from both traditional and somatic approaches. She is sought as a consultant and supervisor, and as an international lecturer.

She has co-authored three books as part of the acclaimed Norton Series on Interpersonal Neurobiology: *The Haunted Self: Structural dissociation of the personality and chronic traumatization* (2006, Van der Hart, Nijenhuis, & Steele – W. W. Norton); *Coping with trauma-related dissociation: Skills training for patients and therapists* (2011, Boon, Steele, & Van der Hart – W. W. Norton); and most recently, *Treating trauma-related dissociation: A practical, integrative approach* (2017, Steele, Boon, & Van der Hart – W. W. Norton). She has also (co)authored numerous book chapters and journal articles.

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