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## 1. Introduction: theoretical background

### Complex PTSD

- (1) Involve repetitive or prolonged exposure to, or experiencing of multiple traumatic stressors, most often an interpersonal design
- (2) Involve harm or abandonment by caregivers
- (3) Occur at developmentally vulnerable times in the person's life

#### ► SELF-REGULATORY IMPAIRMENTS IN COMPLEX PTSD

They take the form of profound and enduring problems with overwhelming emotional distress, dissociation, loss of relational trust and spiritual faith, and chronic unexplained health problems (Courtois, 2009).

### Treatment Guidelines

The International Society of Traumatic Stress Studies (Cloître & al., 2012) recommends trauma-focused therapy involving treatment models based on three phases. They encourage to explore new treatment approaches which focus on **somatosensory experience** and mind-body relationship.

#### ► THREE-PHASE MODEL

Safety and stabilization      Processing of traumatic memories      Reintegration and adaptive living

 This study explores the change process within a therapeutic trauma-focused approach based on somatosensory experience.

## 2. Clay Field therapy: phase-oriented and sensorimotor approach



 In the sensorimotor approach, changes in somatosensory experience are used to support self-regulation, memory processing, and success in daily life (Elbrecht, 2013).

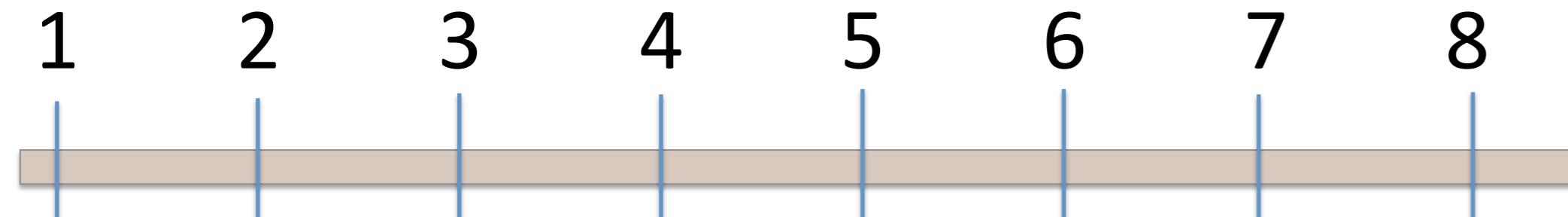
## 3. A Pilot Case Study

The **Aim** is to study the ongoing therapeutic process. **Research questions** investigate how trauma-focused therapy based on the somato-sensory approach can improve the regulation of deficit processes at the emotional and physiological levels (D'Andrea & al., 2012).

**Hypotheses :** (1) The assimilation level of traumatic experiences improves in the course of sessions  
(2) The physiological self-regulation shows higher coherence at the end of each session  
(3) Emotional arousal decreases throughout the sessions

#### ► DATA COLLECTION: 3 to 8 subjects

8 to 10 Weekly Clay Field sessions



1-8 Audio-video monitoring

1-8 HRV monitoring

2 + 7 EEG monitoring

1 + 8 Psychometric evaluations

#### ► ANALYSES:

Qualitative analyses

Assimilation model

Level of problematic experiences  
assimilation, APES scales (W. Stiles)

Quantitative analyses

Psychophysiological measures:

HRV (Heart rate variability):  
Emotional regulation marker

EEG (electroencephalography):  
Emotional arousal indicator  
Topographic cartography connectivity

## 4. Bibliography

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