Enhancing Embodiment in Evidence Based Therapies for PTSD: An Integrative Approach to Trauma Treatment

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Treating PTSD

- Increase your client’s capacity to stay present with and effectively respond to (regulate):
  - States of mind
  - Emotions
  - Sensations
  - Relationships

Goals of Treatment

The client is able to say:
- The trauma happened to me
- I am aware of my past and how it affects me in the present
- The past is differentiated from the present (It is over now)
- I can be mindful of the present moment
- I can sense and feel my body now
- I have choices now about my thoughts, emotions, and behaviors.
- I can orient toward the future

3 Stages of Treatment (Herman, 1997)

- **Stage I**: Establish stability and safety
- **Stage II**: Process traumatic material in a well-paced, regulated manner
- **Stage III**: Re-Integration of new experiences into identity and relationships

Integrating Embodiment into Trauma Treatment

- **Psychodynamic**: Relational, Interpersonal therapy
- **CBT**: Relationship between thoughts and behaviors
- **Parts Work**: Ego States and attending to dissociation
- **EMDR Therapy**: Adaptive Information Processing, Dual Attention, 8-Phase model, Bilateral Stimulation
- **Somatic Therapy**: Embodiment Interventions
- **DBT**: Distress Tolerance & Emotion Regulation skills
- **Complementary and Alternative Medicine (CAM)**: Mindfulness, Yoga, Relaxation, Massage, Acupuncture, Nutrition, etc.

Core Principles of the Integrative Model

- Phase Oriented
- Culturally Sensitive
- Mindfulness Based
- Noninterpretive
- Experiential
- Relational
- Regulation Focused
- Resilience Informed
Lessons from Interpersonal Neurobiology

- The therapist acts as an external psychobiological regulator by attuning to client’s arousal states and modeling self-regulation (Allan Schore).
- Therapist applies polyvagal theory through a moment-to-moment interactive process that engages the social nervous system and unblends mobilization and immobilization from traumatic activation (Porges, Dana).

Lessons from Interpersonal Neurobiology

- Working in the Window of Tolerance (Siegel)
- PTSD: Stuck in hyper-arousal, hypo-arousal, or alternating between two extremes.
- Well-paced therapy helps the client work through traumatic memories without becoming overwhelmed or shutting down in the process.

Dissociation

Dissociation is a biological survival mechanism and a psychological strategy.
- Dorsal vagal complex: Fright without solution
- Feeling “cut off” or disconnected Intolerance for affect or sensation
- Nonrealization
- Depersonalization
- Time disorientation

Effective trauma treatment involves a balance between the regulating function of top-down processing and the accessing function of bottom-up processing.

Top-Down or Bottom-Up Interventions

**Top-Down Interventions:**
- Engages upper brain centers in the neocortex to provide regulating, conscious, thought-based tools for addressing trauma symptoms.
- Pressing on the brakes—slows down processing

**Bottom-up Interventions:**
- Engages the lower brain centers in the limbic system and brain stem to help the client access emotional and sensory components of traumatic material.
- Pressing on the gas—speeds up processing

**Top-Down Interventions:**
- Psychoeducation
- Mindfulness
- Cognitive interventions (identify negative beliefs)
- Resourcing interventions (grounding, establishing safety, containment)
- Talking about traumatic events and distancing interventions
- Conscious Breathing

**Bottom-up Interventions:**
- Focus on sensations and emotions while processing traumatic events
- Sequencing (Follow movement impulses)
- Somatic re-patterning (invite movement and facilitate somatic integration)
- Pendulation and Titration
- Conscious Breathing
Relational Work

- Clients bring relationship expectations (RIGs and ECs (Daniel Stern)
- Explore transference, countertransference, somatic countertransference (Stanley Keleman)
- Re-enactments are inevitable (Phillip Bromberg)
- Ruptures and repair provide opportunities for learning new relationship expectations (Beatrice Beebe)
- The therapist provides a space to help clients reflect upon their emotions and patterns—to own the disowned parts of self. Mutual experience.

Working with Parts

Identify the function of the part:
- Holding the polarity of competing needs for the individual
- Managing or controlling intolerable emotions with control, perfectionism, self-criticism, avoidance, or addictions
- Exiled part that holds emotions and memories related to the trauma, that intolerable to the self.

Identify the somatic experience of the part:
- Changes in arousal state, physical tone, posture, voice tone, use of gesture, etc.

Identify the need of the part:
- Protection, Boundaries, Nurturance, Wisdom

Somatic Psychology: A Unified Approach

- A unified approach to somatic psychology (Geuter, 2015)
- Has shared theoretical and methodological elements
- Integrates interpersonal neurobiology (Siegel, 1999; Schore, 2012)
- The science of embodiment in action (Fogel, 2009)

Body Based Psychotherapies

- Integrative Body Psychotherapy (Rosenberg & Rand)
- Moving Cycle (Caldwell)
- Authentic Movement (Adler, Whitehouse)
- Body-Mind Psychotherapy (Aposhyan)
- Focusing (Gendlin)
- Hakomi Method (Kurtz)
- Sensorimotor Psychotherapy (Ogden et al.)
- Somatic Experiencing (Levine)

Somatic Psychology: Embodiment in Trauma Treatment

Attend to Body Sensations. Respond and Regulate.
- Identify Somatic Resources: body awareness, grounding, boundaries, dual awareness
- Understand the Impact: Body holds the memory of what happened (deepen into the original wound)
- Reclaim Healing Movement: Body holds the memory of what wanted to happen (find the reparative experience)
- Somatic Release: Allow sensations to sequence, allow trembling or shaking.
- Integration of new experience: Take the time to integrate new embodied experience.

Eye Movement Desensitization and Reprocessing (EMDR Therapy)

- EMDR Therapy: 8 Phase model: comprehensive theoretical approach.
- Adaptive Information Processing (AIP Model): Inherent capacity in the person to heal given sufficient support.
- Reprocessing: consciously accessing the traumatic memory to bring about a more adaptive experience. Integrates new information with existing experiences such as memories, thoughts, feelings, and sensations.
Desensitization and Reprocessing

Process a “Target” out of a symptom or memory:

- “Light up” the neural network of the memory: Identify the worst image, emotions, beliefs, and body sensations associated with the symptom.
- **Dual Attention**: Client remains aware of the present moment experience while simultaneously addressing memories related to the traumatic event.
- **Dual Attention Stimulation (DAS)/Bilateral Stimulation (BLS)**: bi-lateral eye movements, pulsers, taps, or tones that alternate between the left and right side of the body.

An Integrative Model of Care

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