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.

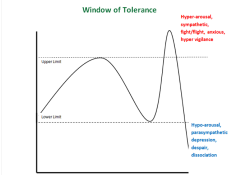
Core Principles of the Integrative Model

- **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 or Bottom-Up Interventions

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)

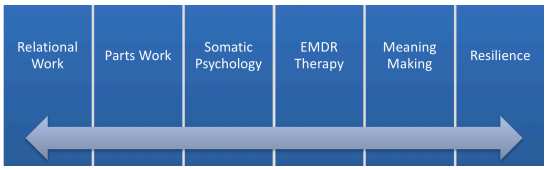
- **EMDR Therapy: 8 Phase model:** comprehensive theoretical approach.
- **Adaptive Information Processing (AIP Model):** Inherent capacity in the person to heal given sufficient support.
- **Reprocessing:** consciously accessing the traumatic memory to bring about a more adaptive experience. Integrates 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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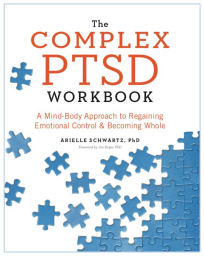

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