Certified Clinical Trauma Specialist-Family
Child and Family Trauma Transformation

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Resources

- Manual with PowerPoint
- The Arizona Trauma Institute YouTube page additional training videos.
- **Here is the link to** Dr. Rhoton's Resource page -- https://aztrauma.org/rhoton/ You will need to sign up for a user account to view the pages, but there is no fee or cost.

Contents

- You will see the value of working with families
- You will know why you have to think differently to help children and families
- Explain trauma's impact and effects
- Predictable changes in behavior, emotion and thinking are biology not pathology
- Helping others to communicate more effectively
- Help families create high quality family relationships

Contents

- Respect, engage and like your most challenging clients
- Co-create a growth minded family environment
- Lead and champion positive change for the families you work with

Section #1

The thought process needed for family trauma work!

1. Why is a different thought process needed for family trauma work?
2. Dualism's impact on treatment and healing
3. Pathology focus
4. Structure of mental health system
5. Complexity versus simplicity
6. Attributes of Pathological approach
7. Attributes of Salutogenic approach
8. Example of Salutogenic thinking (be Mr. Jensen)

Why does Family and Child Trauma Treatment require a different thought process?



Dualism's impact on healing

- Separated the body from the emotions, thinking and behavior.
- Inadvertently promoted a pathogenic approach to resolving problems.
- Pathogenic focuses on acute symptoms, which in medical terms is great if the problem is localized in one organ or system of the body. This led to specializations to deal with acute disease.
- **Pathogenic approaches do not address environmental, whole person, life-style or prevention.** It is laser **focused problems** and **deficits**.
- What emerged in the culture of mental health was a pathogenic view of emotions, thinking and behavior. Overly focused on **problems** and **deficits**

Dualism's impact on healing 2nd slide

- The Salutagenic approach looks at the person as a multiple systemic functioning being.
- Salutagenic is not designed for acute pathology (symptoms) it is designed for dealing with whole person.
- Salutagenic approaches are necessary when the acuity is not centered in one part or system. Most situations we deal with in the mental health culture are Salutagenic, not pathogenic.
- Truly trauma-informed approaches are salutagenic not pathogenic in nature.

Economic structure of mental health culture

- **Diagnostic system (DSM)**
- **The Pharmaceutic Industry**
- **Medical Insurance**
- **Most traditional treatment models**
- **Most agencies and programs**

Tend to be strongly Pathogenic, looking for acute causes

People with histories of trauma, toxic stress, and adversity are not generally dealing with the consequences of acuity

Instead they are dealing with the consequences of having multiple systems effecting each other, creating changes in body, behavior, social/emotional, and spiritual aspects of life.

Most of us were trained from a Pathogenic ***not*** Salutagonic prospective in college programs

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Attributes of Pathogenesis

- **Disease-centric**
- **Paternalistic (power and control from the top down)**
- **Curative (fixing a problem)**
- **Fixing discrete “broken” parts**
- **Authority figures, professionals possess a sense of entitlement**
- **Lower levels of collaboration and transparency about process or expectation**
- **Business and billing efficiency-minded**
- **Absence of pain is equal to good health**

Attributes of being Salutogenic

- Thriving
- Self-efficacy
- Hardiness
- Locus of control
- Gratitude
- Social and emotional intelligence
- Connectedness
- Attachment
- Empowerment
- Learned optimism
- Coping skills
- Quality of life
- Flourishing
- Resilience

Be Mr Jensen

Why work with trauma from a Salutogenic prospective?

- The symptoms labeled as dysfunctional family behavior are frequently the consequences of accumulated/layered circumstances, stressors and reactive responses ***(normal reactive physiology)*** rather than **volitional acts.**
- Children have ***little to NO*** capacity to be more regulated than the environment, or the adults in charge of their world.
- When families are overwhelmed by stressful circumstances it disrupts development in all domains.

Summary of this section

- Dealing with Families and children require a Salutogenic thought process.
- A focus on pathology and acuity are going to consistently underserve family and child well-being
- Most systems (schools, juvenile probation, child protective services, and courts) that counselors and therapists work with are going to be Pathogenic focused on immediate acute resolution than in long-term well-being.

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Section #2

Trauma Introduced and explained

1. Trauma is a body and nervous system response that is natural and predictable
2. Trauma, toxic stress and adversity
3. What happens when the Central Nervous System Shifts
4. Changes in biology create changes in emotion thinking and action
4. What is 100% correct response to trauma and toxic stress.
5. Stop seeing behavior, emotion and thinking as a purely volitional choice

A thought in starting our journey

- It takes tremendous courage to confront childhood trauma. Often it is like searching through a stygian darkness for the source of pain and misery.
- Most children with histories of trauma, toxic stress and adversity will **NOT** be strong enough on their own to resolve and work through early life experiences. They require the support of a caregiving system.
- The caregiving system that is essential to help a child to resolve trauma is one were the parents and emotionally balanced, intentional and deliberate, not reactive, punitive, aggressive or shaming. The parent must already be living the healthy life that the child is being asked to live.

Starting point

The state of the body influences behavior, emotions and thinking

What does that really mean?

It is not a choice, it is biology

What is a large increase

1 Changes in metabolism	2 Emotional/behavioral change
Large increase in Noradrenalin	Anger, Aggression and Hostility
Large increase in adrenalin	Fear, Withdrawal, flight,

What can cause these large increases in Hormone and biochemistry

- If the child was neglected or abused the child is likely to develop a primary world view that the world is a threatening, fearful and unhappy place.
- Often because of lack a of safety, the adult figures in a child's life are seen as being untrustworthy which is stressful
- Fear, feeling unsafe, family conflict, unstable adults drive hypervigilance, and stress
- Avoidance and making one's self small and striving to be invisible are also triggers for biochemical changes in the body.
- Being criticized, difficulty in relationships with adults, feeling shame are also triggers of biological

Why is this point important

The state of the body influences
behavior, emotions and thinking

What are the bodies of your clients experiencing?

Why is this point important to you!

How would it change you and the way you look at things:

- **You would always give people the benefit of the doubt**
- **Realize that when you are angry that is *you* failing to manage you well, not anything to do with other people's actions**
- **Most often annoying behavior is not planned, or done with forethought**

The body's excitatory process

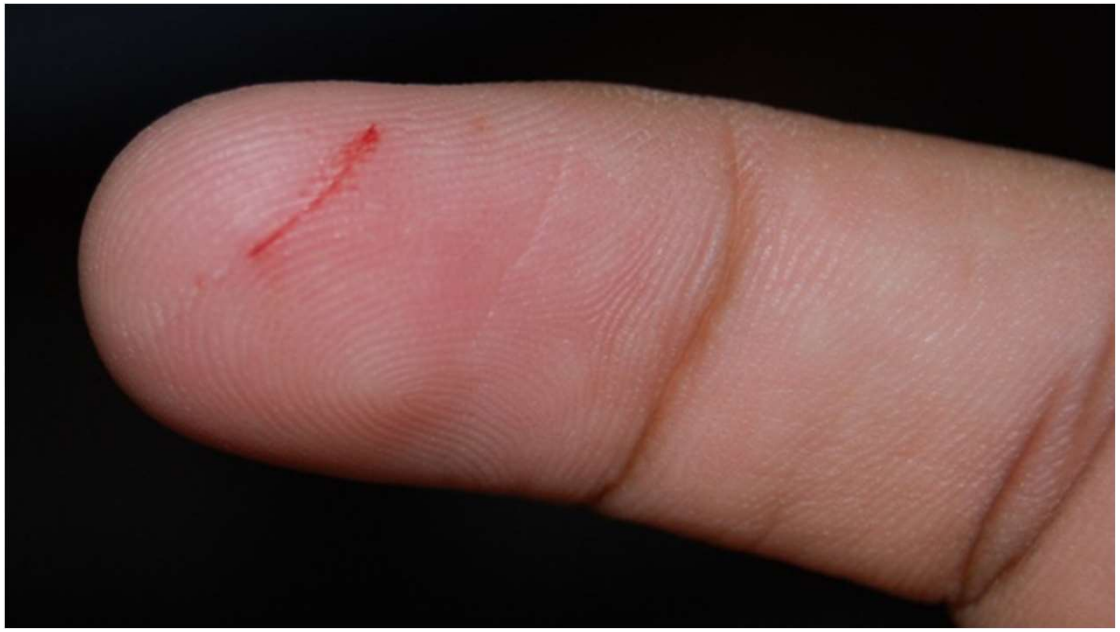
The Body has a Balance System

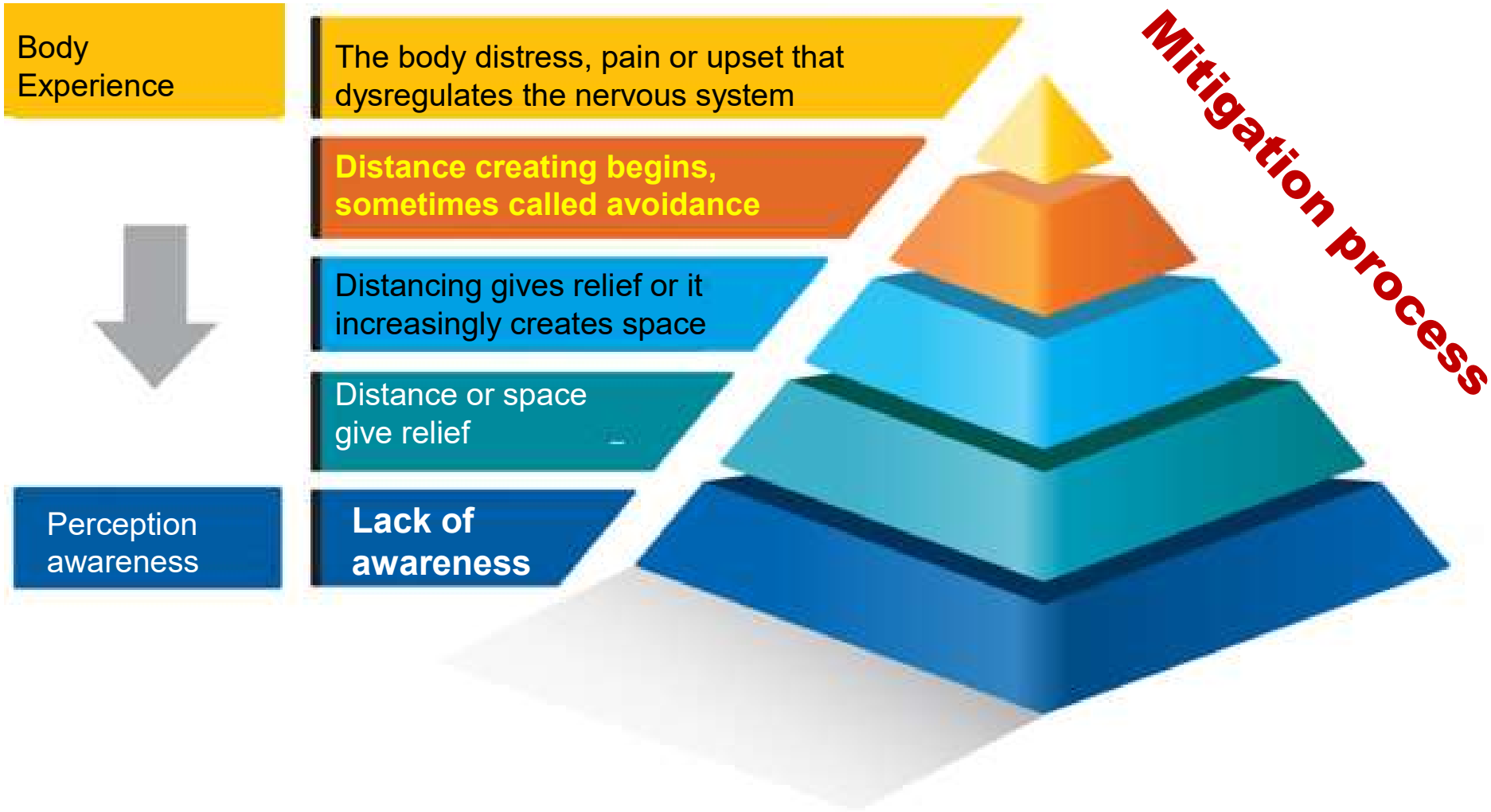
- Which regulates body processes
- Works automatically (autonomously), without a person's conscious effort.
- When out of balance the body ***ADAPTS*** or ***MITIGATES***
- Behavioral symptoms result from the over-use of the threat/stress response system and the body is struggling to have balance

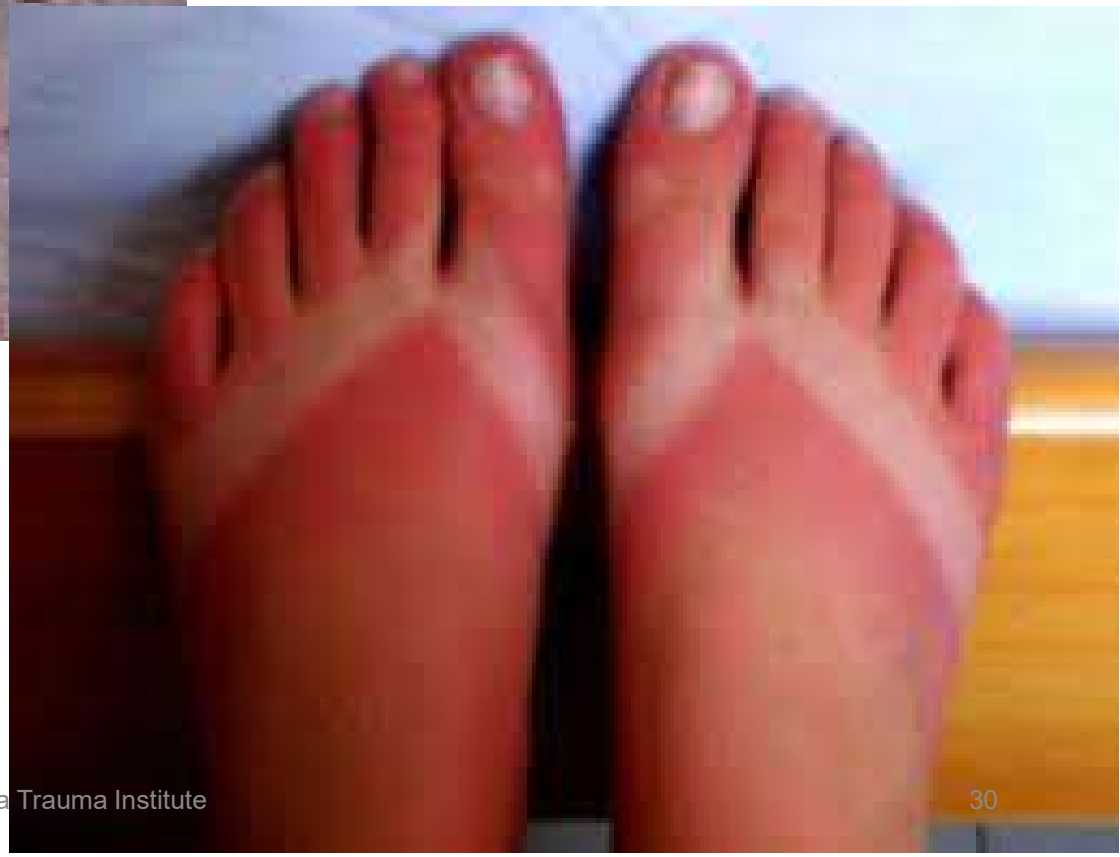
Adaptation (how the body self corrects)

- **Hemostasis Phase** is the process of the wound being closed by clotting
- **Inflammatory Phase** is the stage of wound healing causing localized swelling. Inflammation both controls bleeding and prevents infection.
- **Proliferative Phase** is when the wound is rebuilt with new tissue.
- **Maturation Phase** also called the remodeling is when the wound fully closes.

Ouch!!!!




Body Experience
The body distress, pain or upset that dysregulates the nervous system
Distance creating begins, sometimes called avoidance
Distancing gives relief or it increasingly creates space
Distance or space give relief
Perception awareness
Lack of awareness
Mitigation process



Ever had a sunburn?

If you have had a Sun Burn have you mitigated?

Do you change your behavior?

- ✓ Staying out of the sun
- ✓ The clothes you wear
- ✓ How much physical contact with others you will tolerate
- ✓ How you sit comfortably

Do you notice that you get angry more easily?

If someone looks like they might touch you are you more reactive?

Do you get a little extra snappish with people, even loved ones?

If you have had a Sun Burn have you mitigated?

Did you put something on the sunburn to reduce the pain?

- ✓ Aloe vera?
- ✓ Aloe vera with lidocaine (topical analgesic)?
- ✓ Vinegar?
- ✓ Hemorrhoid cream?
- ✓ hydrocortisone cream?
- ✓ Tea bags?
- ✓ Aspirin, Ibuprofen ?

Did you use some substance to give you relief from pain and distress?

Mitigating reduces the risk of further distress and pain!!!

Trauma/adversity cycle

R → **D** → **RR**

Regulated

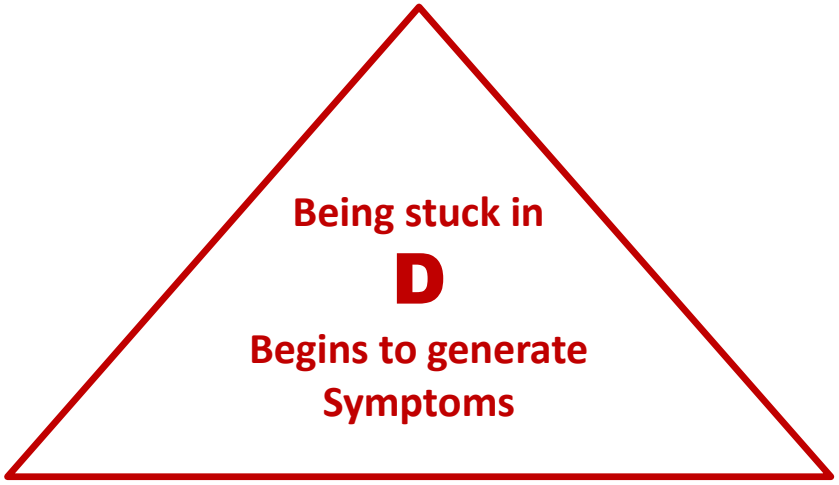
Bruce Banner Brain

Dysregulated

Hulk brain

Re-Regulated

Bruce Banner Brain



Trauma/adversity cycle

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Traditional Types of Trauma

Natural disasters
Mass interpersonal violence
Domestic fires
Motor vehicle accidents
Rape & sexual assault
Physical assault
Partner/Family battery
Torture
War
Child Abuse
Emergency worker exposure

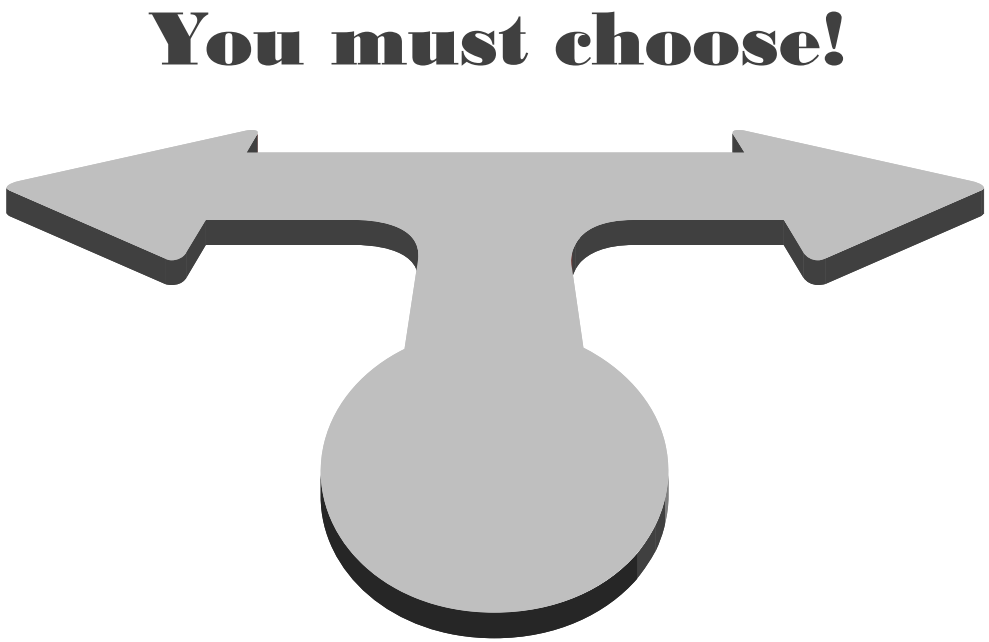
Most clients are not working with a single incident trauma!

They struggle because of multiple stressors

Please Understand

SALUTOGENIC

You see behavior, emotion and thinking as a form of communication that reflects people's movement through different environments



PATHOGENIC

That the problem is some acute single cause that is within the person and if that can be patched or fixed then everything will be better. Acuity and problem focused

What are the absolutely correct biological responses you should see?

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Nature of the sympathetic system

- Immediate
- No future
- Impulsive
- Irrational/illogical
- Little self reflection
- Little evaluation
- Poor ability to evaluate rewards

Change or transformation requires Bruce Banner not the HULK

A metaphor to use when thinking about how the body changes thinking, emoting and behaving

Perhaps a different way of looking at this might be nice kitty and mean kitty

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5. Stop seeing behavior, emotion and thinking as a purely volitional choice

1. The idea of a window or range of tolerance
2. Resilience is living within the range of tolerance
3. Hormonal and biochemical changes push us above the threshold
4. When move past the window of tolerance we are no longer intentional, but reactive
5. Metabolism overload
6. Hippocampal function
7. What should be seen behaviorally, emotionally, and in thinking when outside the window of tolerance

Section #3

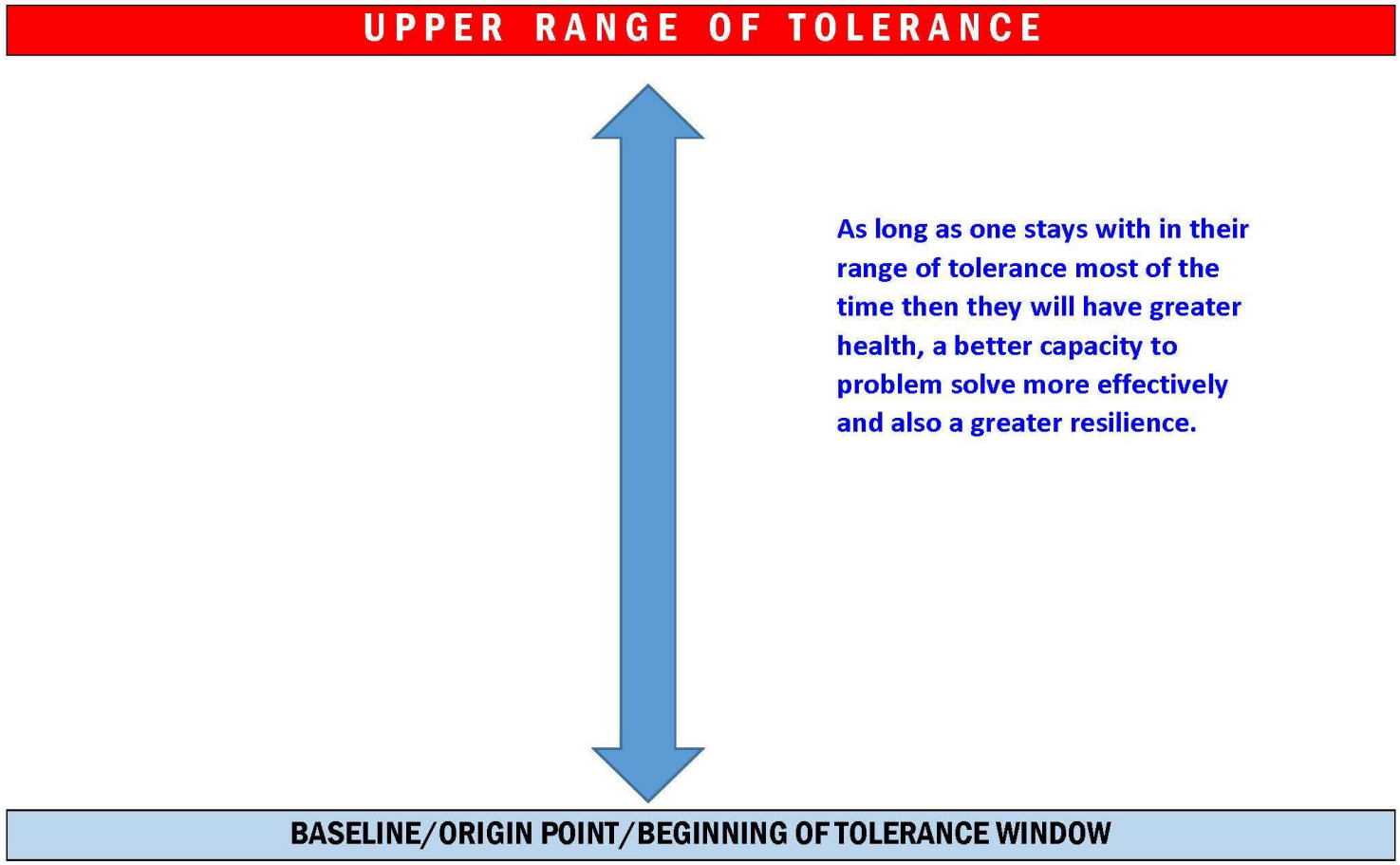
Window of tolerance and stress responses

How does trauma get created?

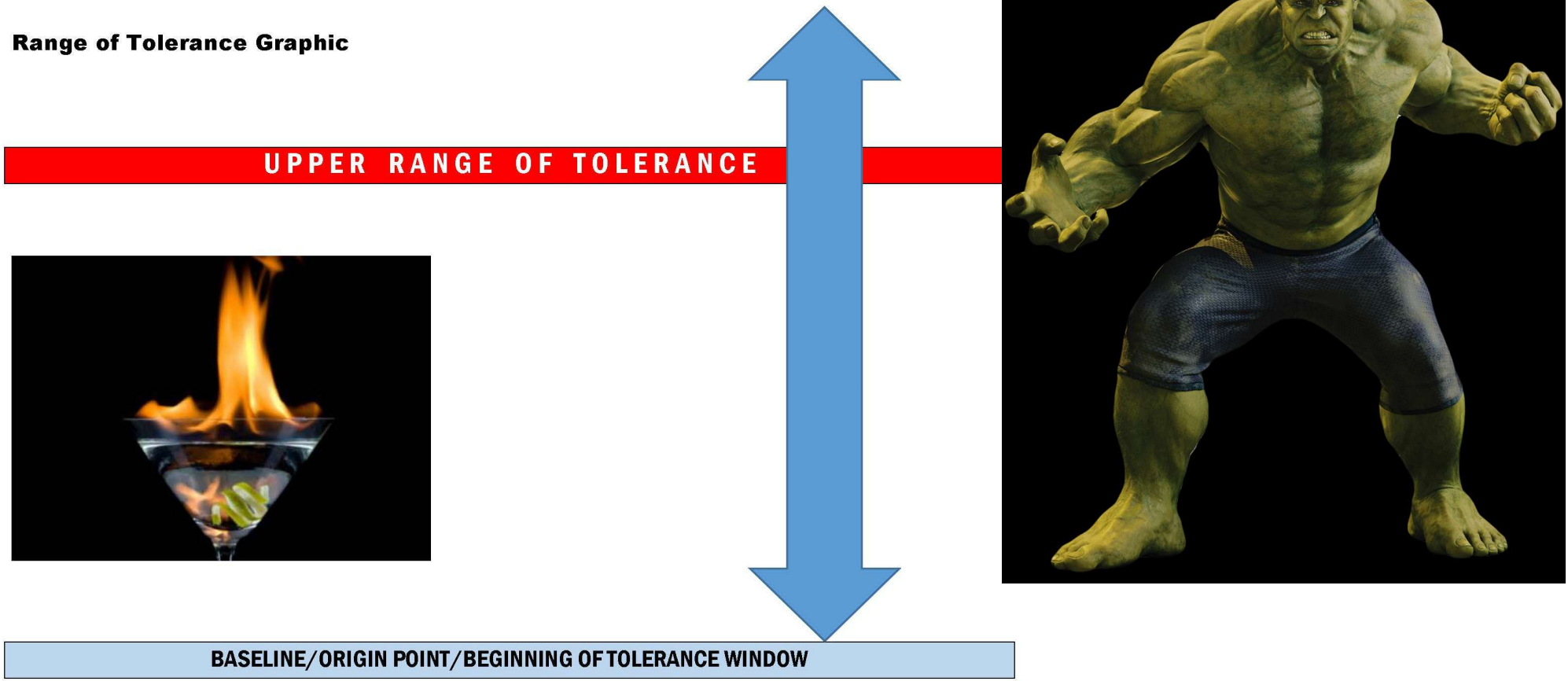
OR

How does the body get “pushed” to the point that it must adapt or mitigate?

Range of Tolerance Graphic



Range of Tolerance Graphic



Range of Tolerance Graphic

The body begins to break down from the sympathetic system being over utilized

Reactive Mitigation

Reactive Adaptations

UPPER RANGE OF TOLERANCE

Attempting to heal and restore balance to the system

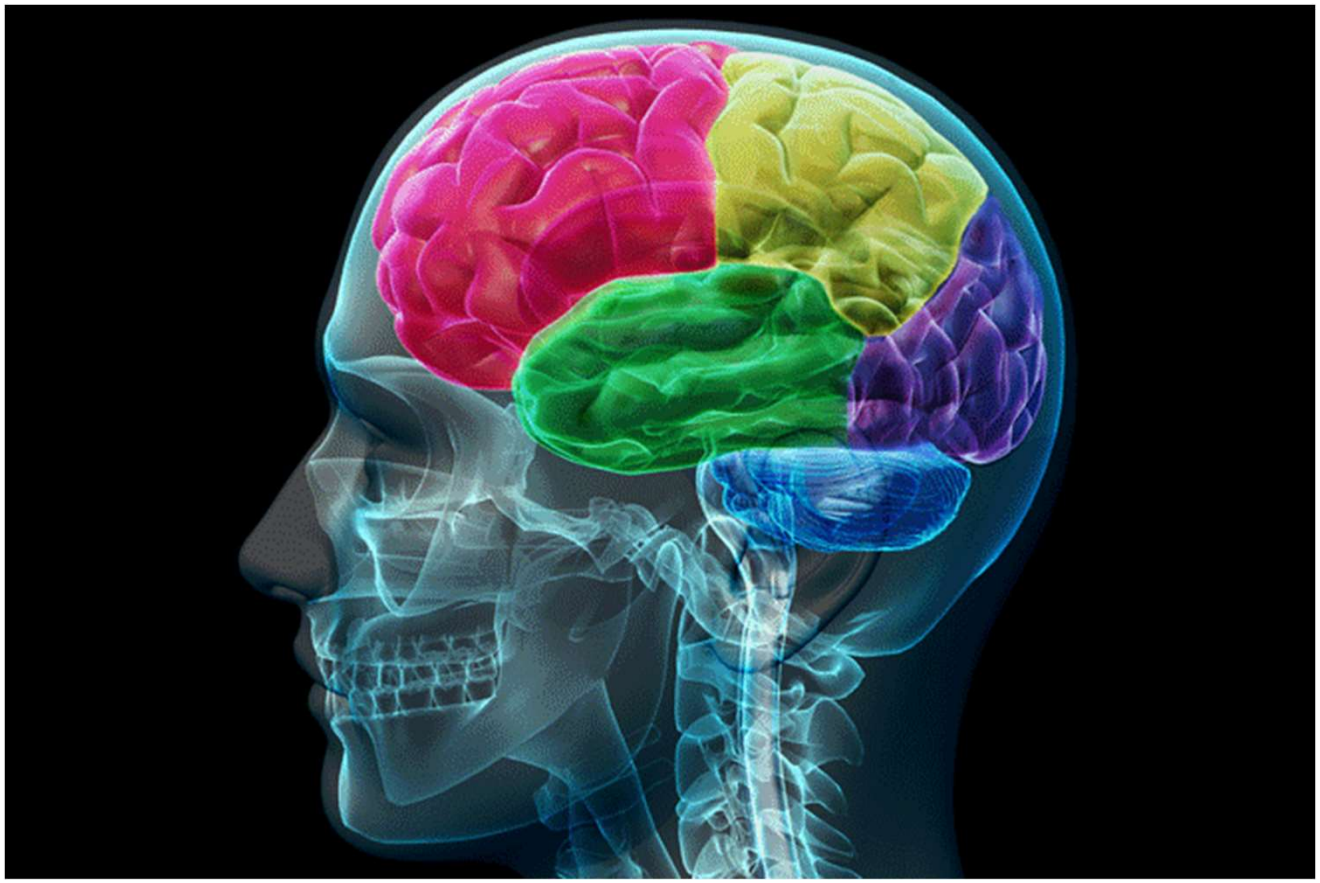
A single dose of the fiery cocktail regardless of dose size may take hours to

Impact of 2 ingredients of the fiery cocktail! There are many more

- **CORTISOL**
  - **a. Reduces**
    - ✓ Hippocampal activity
    - ✓ Executive functioning
    - ✓ The ability to create sequential memory
    - ✓ Ability to see differences or distinctions (reality checking)
  - **b. Restricts access to the (impulse control center)**
  - **c. Can act as a neurotoxin**

- **ADRENALIN**
  - **a. Increases**
    - ✓ Emotional memory
    - ✓ Sensory memory
    - ✓ Fear, anxiety, phobias, hallucinations, depression, agitation
  - **b. Reduces**
    - ✓ ability to focus
    - ✓ sleep patterns
    - ✓ problem solving
    - ✓ goal follow through and attainment

When the whole brain works together



Hippocampal function

- Creates discrete/distinct elements from experience
- Necessary for reality checking
- Modifies and governs Amygdala function
- Serialize and/or sequence time within a context
- Connect separate brain regions as part of active integration
- Enhance executive functioning
- Enhances cognitive flexibility
- Increases ability to inhibit behavior
- Greater sequential memory
- Logic
- Reason
- Reward Evaluation
- Planning

When the brain isn't regulated multiple areas are adversely impacted

Areas Impacted:

Biological

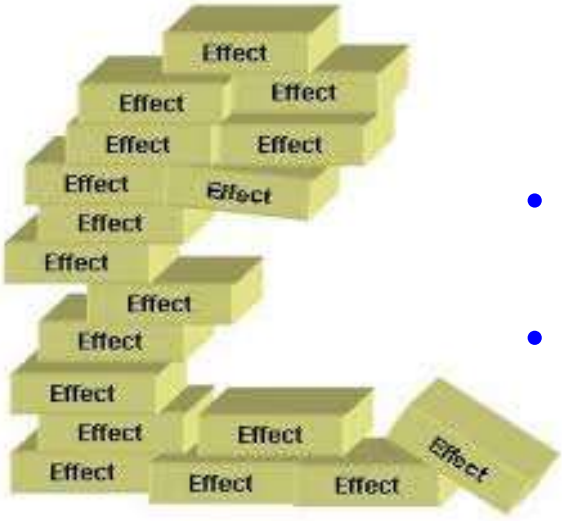
Emotional

Cognitive

Social

So are big bad events necessary to have the symptoms of trauma?

Small repeated events: The cumulative harm effect



- Chaotic environments
  - What are chaotic environments
- Aggressive environments
  - What is an aggressive environment (anytime rules come before relationship)
- Punitive environments
  - Where there is a demand for performance that is valued more highly than attachment or relationship
  - When the rules for operating constantly flux based on the annoyance of those in charge
- Inconsistent practices
  - What doe this look like
- Instability
  - Lack of predictability
  - Inability to trust situation

What absolutely correct, though possibly unfortunate behavior, thinking and emotion

would you expect to see when some one shifts into sympathetic system dominance?

What are the absolutely correct biological responses you should see?

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These are not bad behaviors –just proof of the system in use

(action oriented behaviors fight or flight)

- Angry
- Aggressive
- Defensive
- Reactive
- Impulsive
- Hostile
- Irrational
- Self-centered
- Poor focus

- Inattention
- Sleep disturbances
- Fidgety
- hyperactive
- anxiety
- Irritability
- Delays in reaching physical, language, or other milestones on time

Physiological congruent and predictable behaviors

These are not bad behaviors just proof of the system is in use

(passivity oriented behaviors related to mitigating behaviors)

- Freezing, stuck, paralysis of action
- ***Dissociation***
- Emotional numbing
- ***Distraction***
- Self-soothing
- ***Addictions***
- ***Self-injury***
- ***Suicidality***
- ***Compulsive behavior***
- Reactive
- Impulsive

- Emotional and psychological distancing
- Self-centered
- Sad
- Withdrawn
- Difficulty attaching securely
- reluctance to explore the world

Physiological congruent and predictable behaviors

1. The idea of a window or range of tolerance
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Section #3

Window of tolerance and stress responses

1. What is PolyVagal
2. The function of the ACC or the Anterior Cingulate of the Cortex
3. How binary thinking is created
4. Memory distortions are based on relevance
5. An explanation of potentiated reactivity
6. Calm and balanced CNS (Bruce Banner) need to sustain any change
7. Unmet needs drive arousal and dysregulation like threat and danger do
8. Dysautonomia which is more accurately what we are dealing with

Section #4

Introduction to the Polyvagal function

Threat/Stress Response System of the Body

The Poly Vagal System

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Truth #1

- **The job of the autonomic nervous system is to ensure we survive in moments of danger and thrive in times of safety.**
  - Surviving requires that we have a sophisticated threat detection and an activation/reactive survival response.
  - Thriving requires the inhibition of the survival system activation/reactive responses so that social engagement can happen.
  - When we have a reduction in our capacity/capability for activation, inhibition and flexible (intentional) responses; suffering emerges
  - Rather that consider trauma as an event instead think of trauma as "an overwhelming demand placed upon the physiology of the human system" **(Polyvagal theory in therapy, D. Dana 2018, p17)**

The survival system

- Humans have two mobilization systems:
  A. (SAM) the sympathetic adrenal medullary system
     - ✓ (SAM) provides a fast response (the burst of energy) which is a (hormonal) adrenal response
     - ✓ Increased heart rate, circulation of blood flow changes, change in carbohydrate metabolism, muscle activation.
  B. (HPA) the hypothalamic-pituitary-adrenal axis
     - ✓ Activates when the (SAM)response doesn't lead to resolution of demand. HPA triggers the release of the (hormone) Cortisol. This release is much slower than the SAM system, and takes much longer for the body to metabolize after releasing.

Three biological parts in action #1

- **The parasympathetic system (two primary processes)**
  A. Relational and social connection systems (attachment & relationship pleasure)
  B. Immobilization and anesthesia systems (freezing & feigned death)
- **The pathway of the Parasympathetic system is the VAGUS cranial nerve which branches into distinct actions:**
  A. Dorsal Vagus (most primitive) takes the body out of social/relational connection into immobilization. It actively creates space between visceral experience and perceptual awareness
  B. Ventral Vagus (most modern) takes the body into social/relational connection or social engagement and co-regulation of the nervous system. ***Human thriving requires frequent and prolonged ventral vagus activity***

Three biological parts in action #2

- Through the three systems (sympathetic, ventral Vagal, and dorsal vagal) our autonomic nervous system (ANS) is constantly in service to survival.
- Regardless of situation (Traumatic event, living and/or working is a toxic stress environment, and repeated adversity), the ANS is linked and functioning for survival.
- **If we do not get regular opportunities to experience safety (physically, emotionally, and psychologically) then the ability to activate or inhibit the ANS appropriately WILL lead to difficulties engaging, disengaging and re-engaging relationally with others, increasing our difficulty to meet our needs.**

Lack of adequate activation and inhibition

- Attachment difficulties
- Problems with relational stability
- Increasing levels of family distress as parents and children fail to regulate which allows them to appropriately activate or inhibit the operation of the ANS
- Learning and memory challenges
- Reactive and emotional responses rather than intentionality and deliberateness.

Three Types of Nervous System Activation

- **REAL DANGER**

Facing actual danger, threat, being unsafe is imminent

- **PERCEIVED THREAT**

Inability to distinguish between past painful learning and the present

- **IMAGINED FEAR**

Failure to regulate the arousal system

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We learn through experience

OUTER

We always start here

exposures, experiences…

what happens to us and around us

INNER

Our perceptions, interpretations, beliefs, what we know, and our assigned meanings

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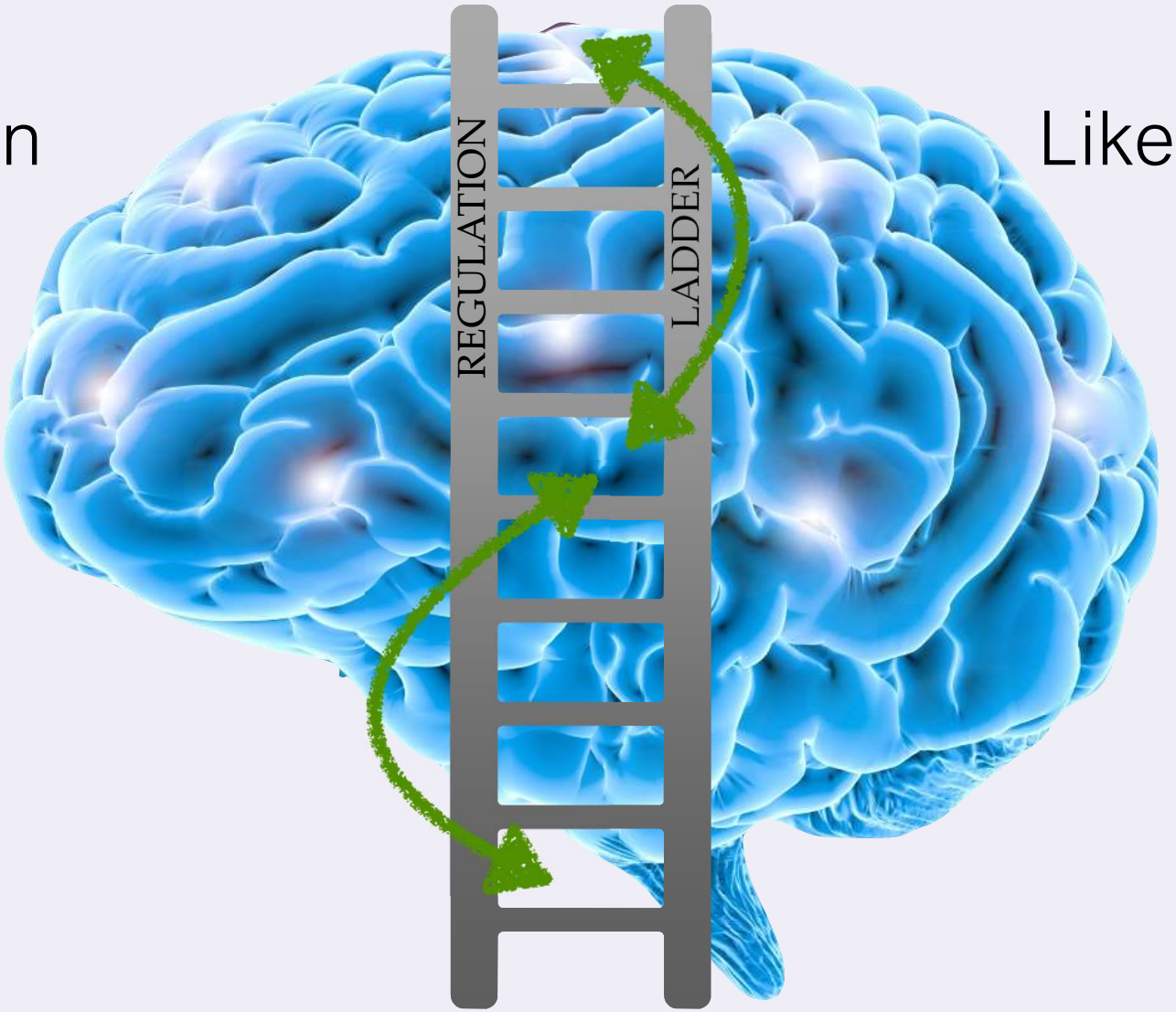
The Brain Like a Ladder



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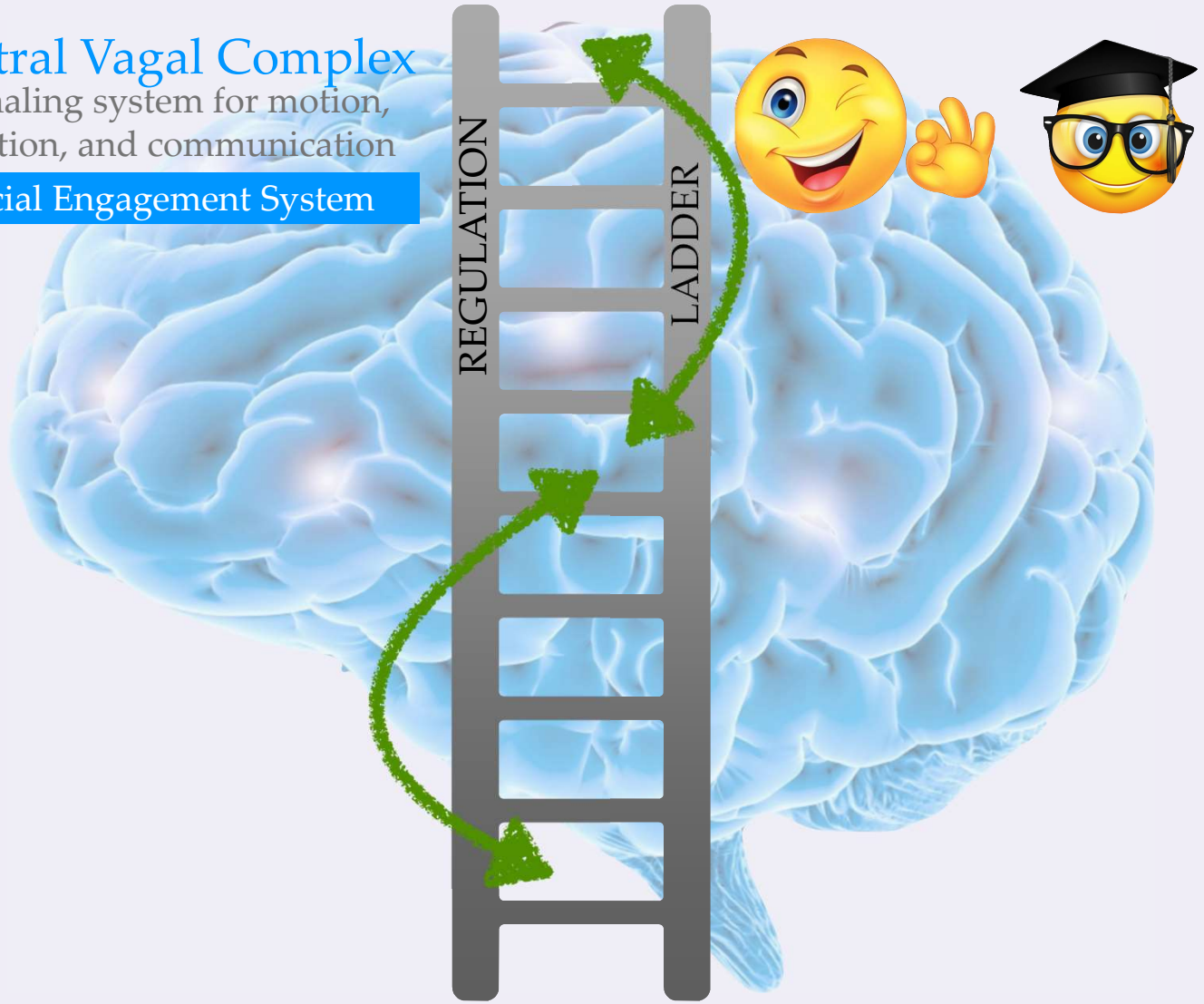
Ventral Vagal Complex

Signaling system for motion, emotion, and communication

Social Engagement System



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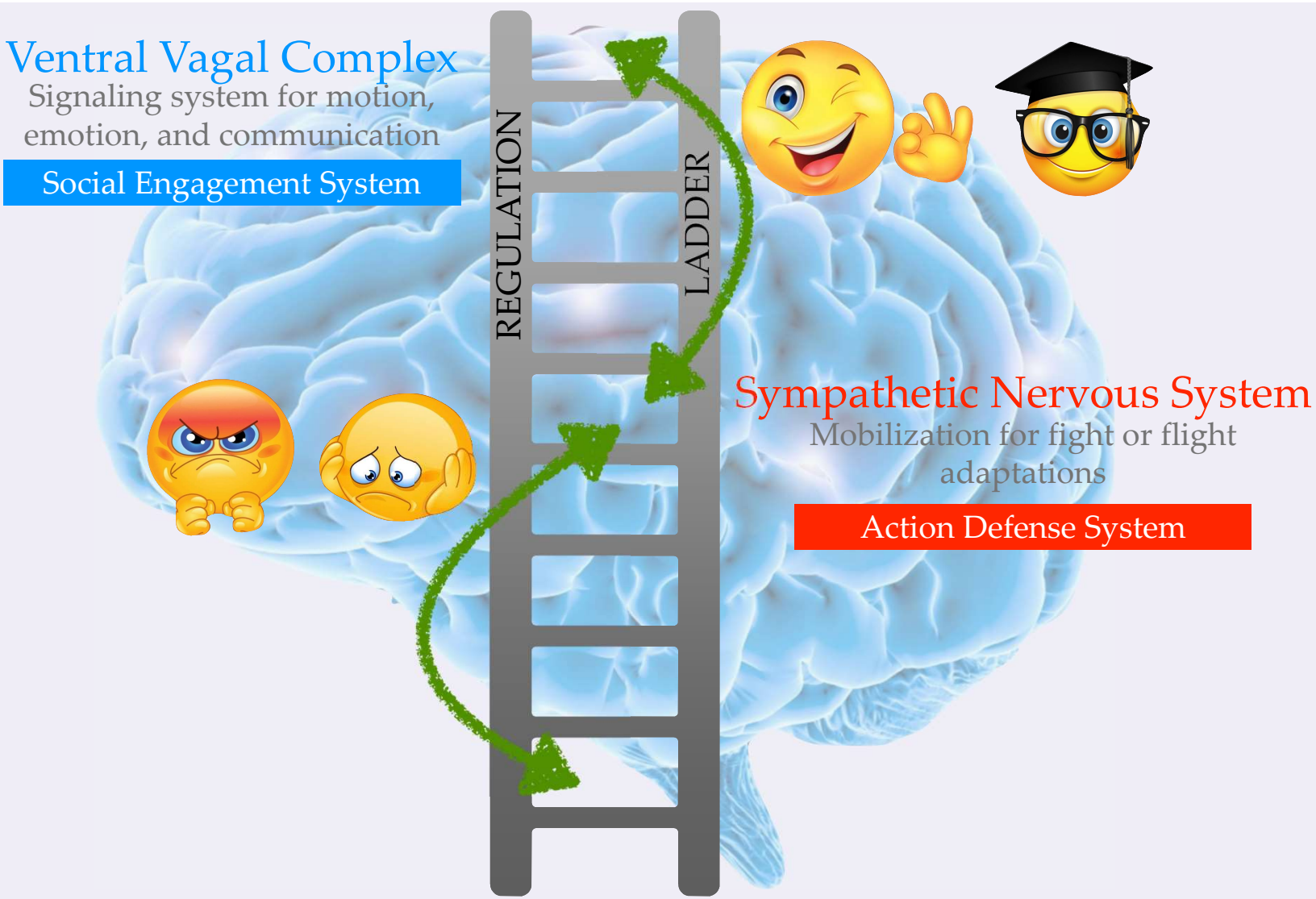
Ventral Vagal Complex
Signaling system for motion, emotion, and communication
Social Engagement System
REGULATION
LADDER
Sympathetic Nervous System
Mobilization for fight or flight adaptations
Action Defense System
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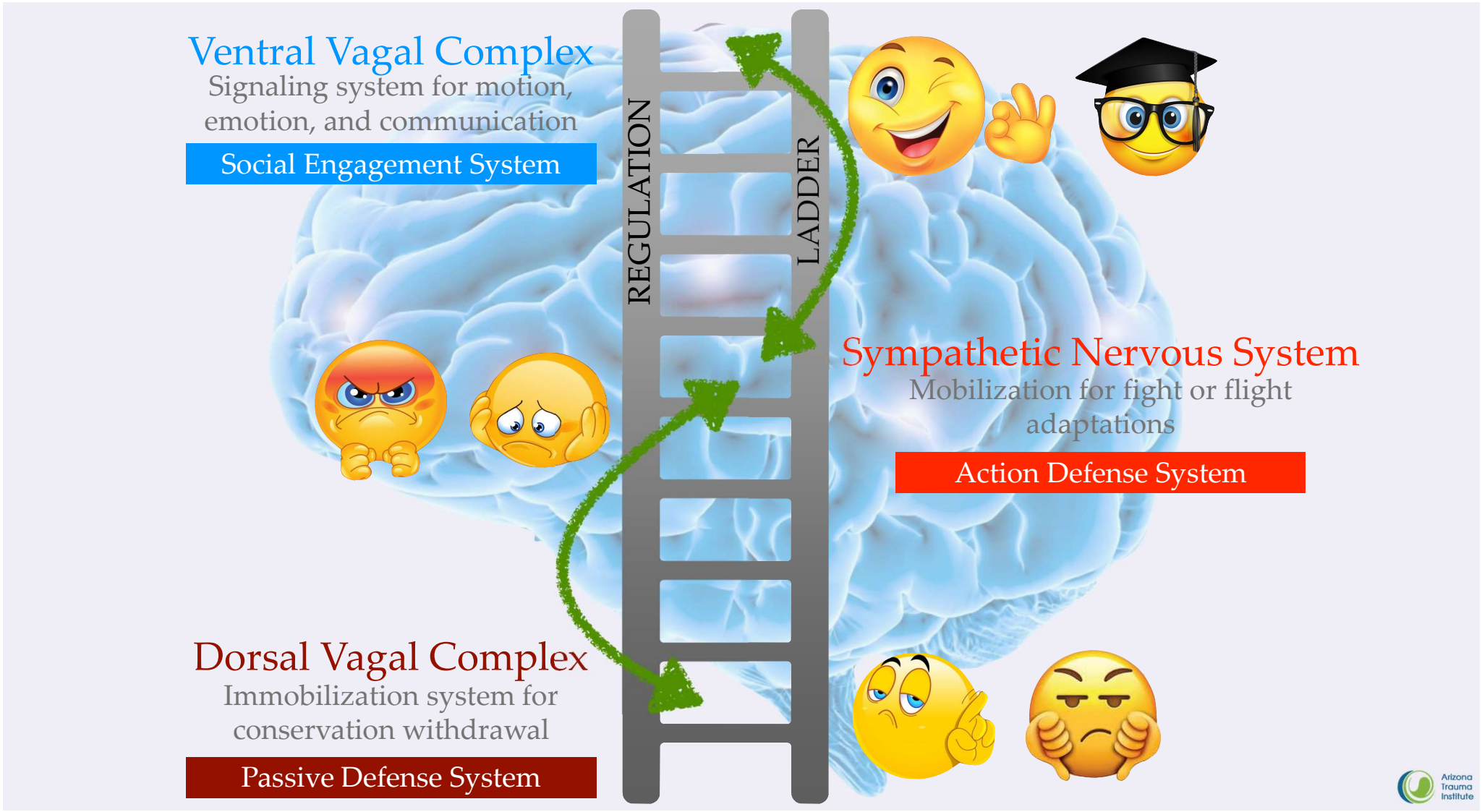
Ventral Vagal Complex
Signaling system for motion, emotion, and communication
Social Engagement System
REGULATION
LADDER
Sympathetic Nervous System
Mobilization for fight or flight adaptations
Action Defense System
Dorsal Vagal Complex
Immobilization system for conservation withdrawal
Passive Defense System
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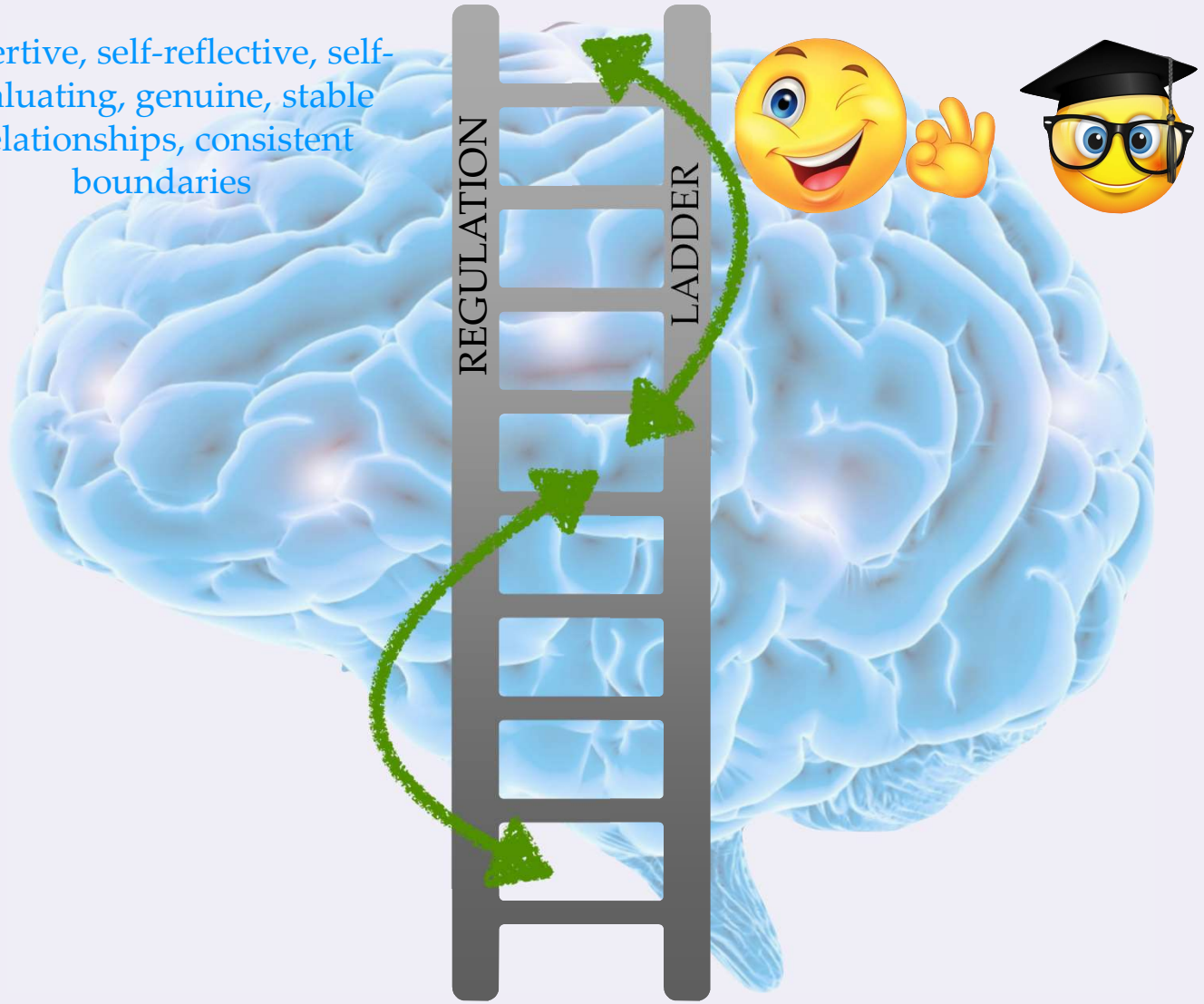
Assertive, self-reflective, self-evaluating, genuine, stable relationships, consistent boundaries



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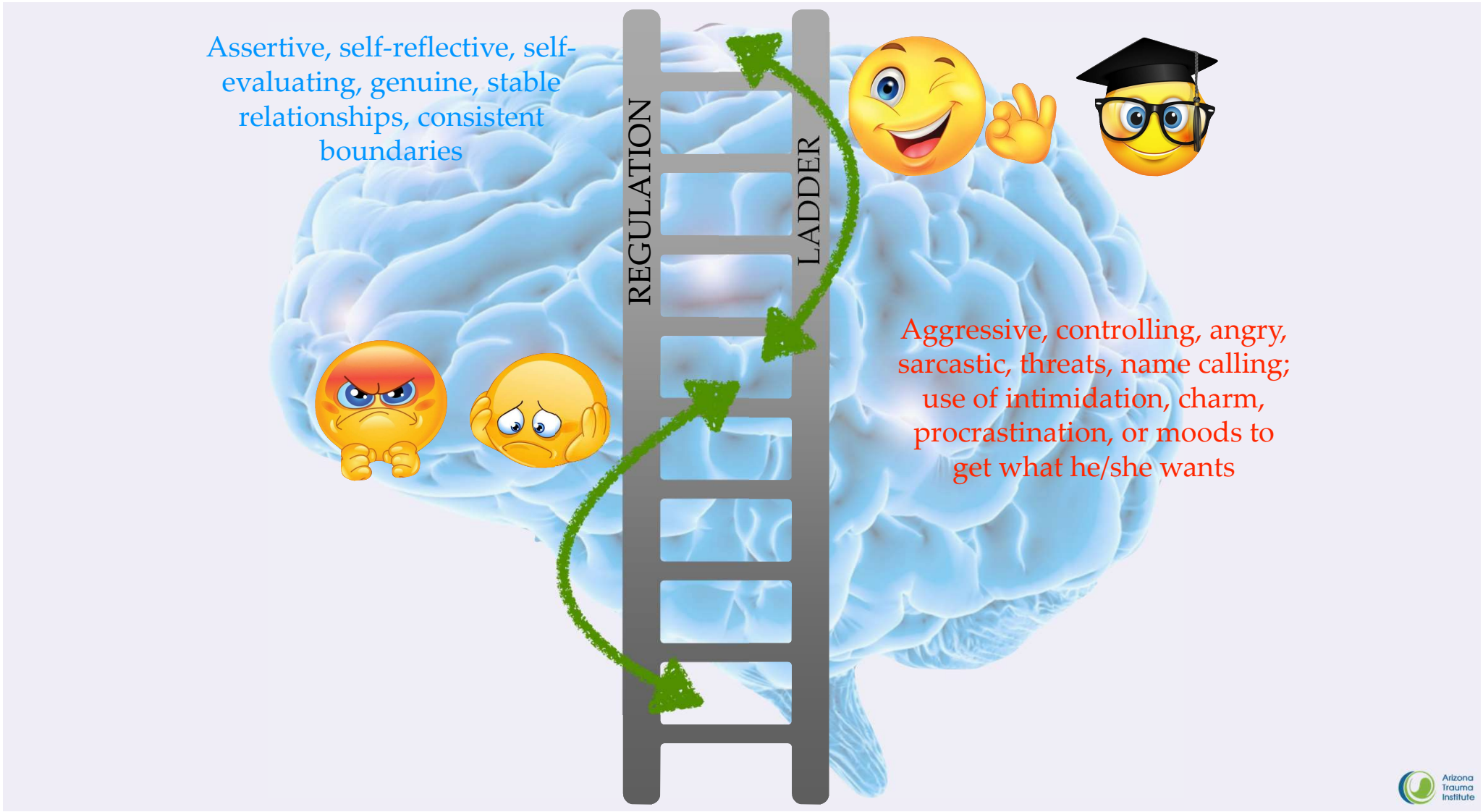
Assertive, self-reflective, self-evaluating, genuine, stable relationships, consistent boundaries
REGULATION
LADDER
Aggressive, controlling, angry, sarcastic, threats, name calling; use of intimidation, charm, procrastination, or moods to get what he/she wants
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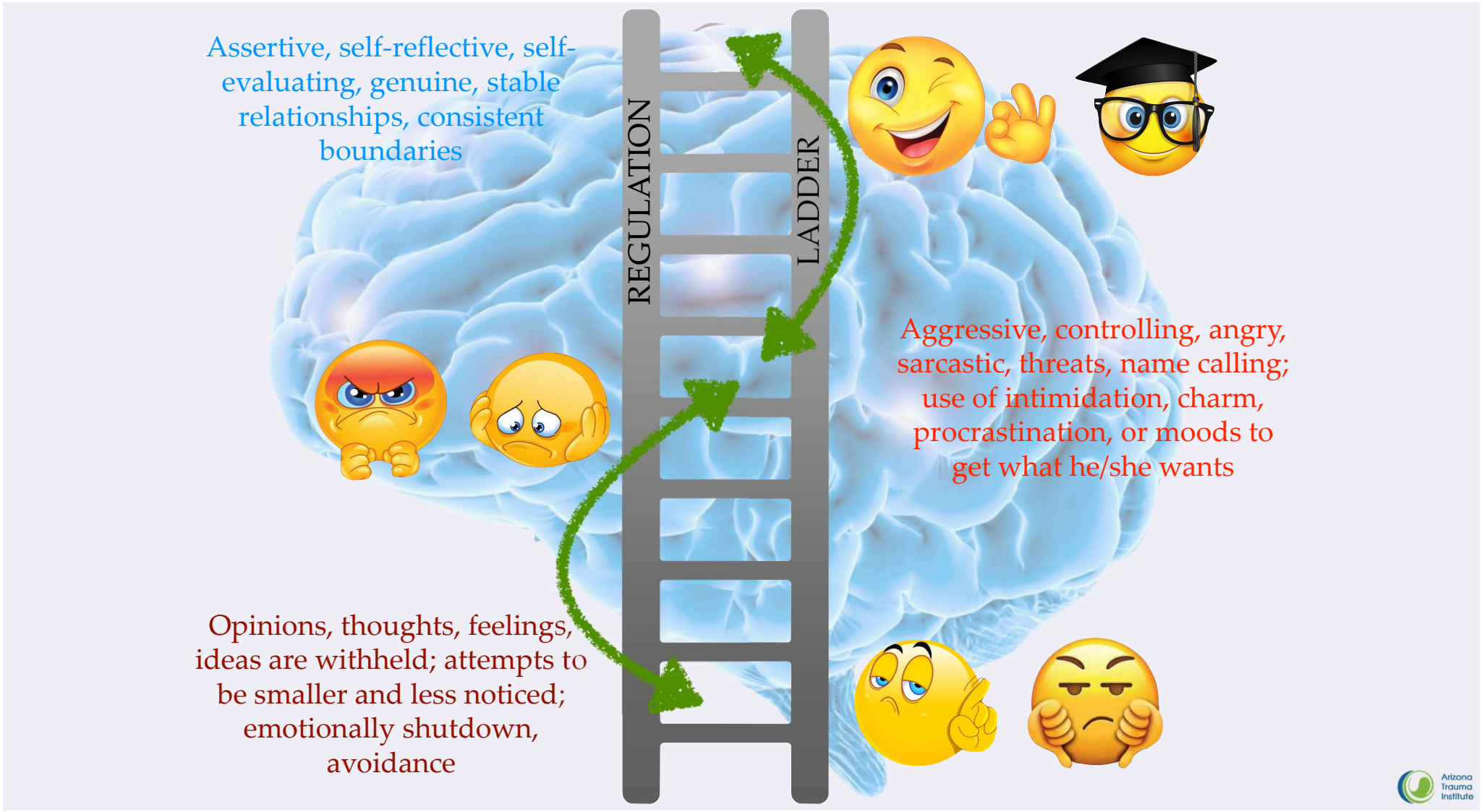
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REGULATION
LADDER
Aggressive, controlling, angry, sarcastic, threats, name calling; use of intimidation, charm, procrastination, or moods to get what he/she wants
Opinions, thoughts, feelings, ideas are withheld; attempts to be smaller and less noticed; emotionally shutdown, avoidance
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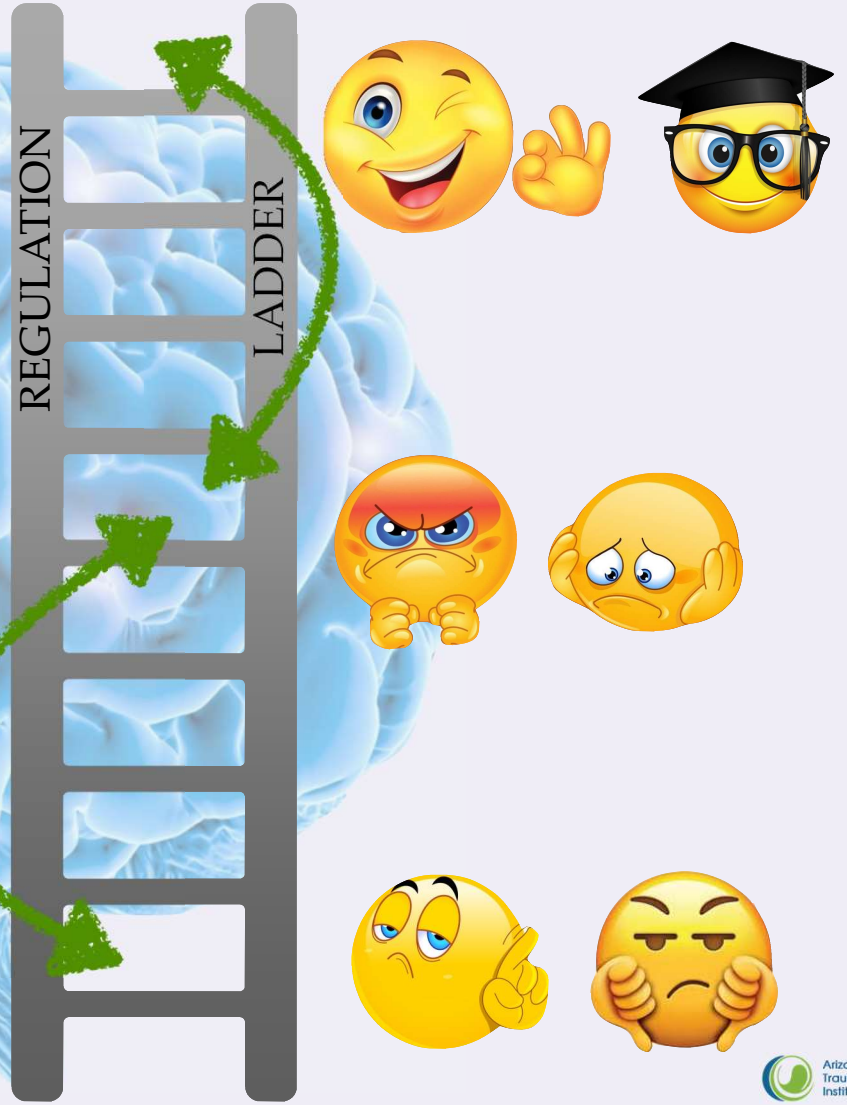
What does this mean for you?

When you observe yourself or another person reacting beyond what you would expect for the situation…

- This means the environment is not providing enough safe time before the next stressor
- The more stressed the individual becomes, the more they will use behaviors such as control, punishment, or shame to gain acquiescence or compliance of others
- Often, we want a quick resolution to what is happening and upsetting to us
  - We are failing ourselves
  - We are pushing ourselves further down the ladder
  - We are not helping others to climb



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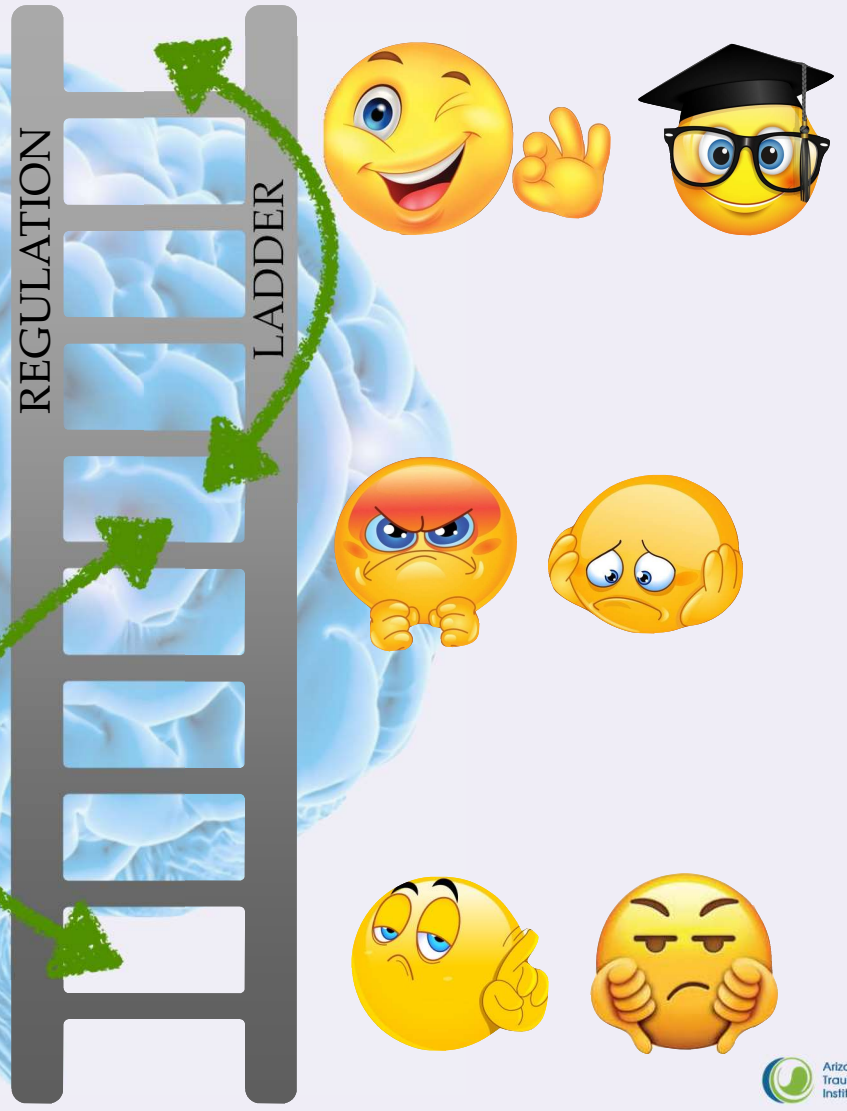
Four Essentials for Climbing the Ladder

THE MORE PREDICTABLE THESE NEEDS ARE MET THE MORE LIKELY THE BRAIN WILL INTERPRET THE ENVIRONMENT TO BE SAFE AND STABLE



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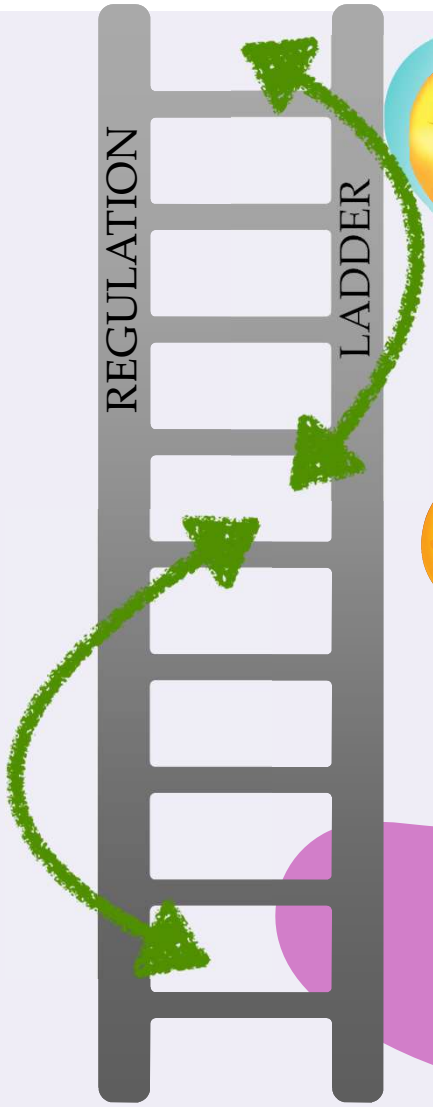
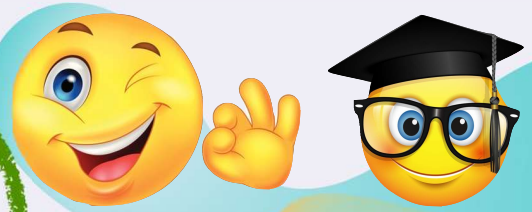
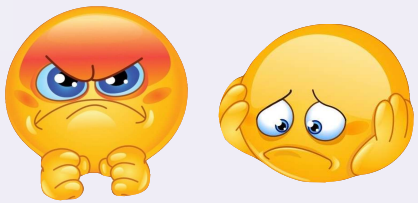
4 Essentials for Climbing the Ladder

WHEN THESE NEEDS ARE NEGLECTED OR GETTING THEM MET IS CHAOTIC, THE MORE LIKELY THE BRAIN WILL INTERPRET THE ENVIRONMENT TO BE UNSAFE AND UNSTABLE







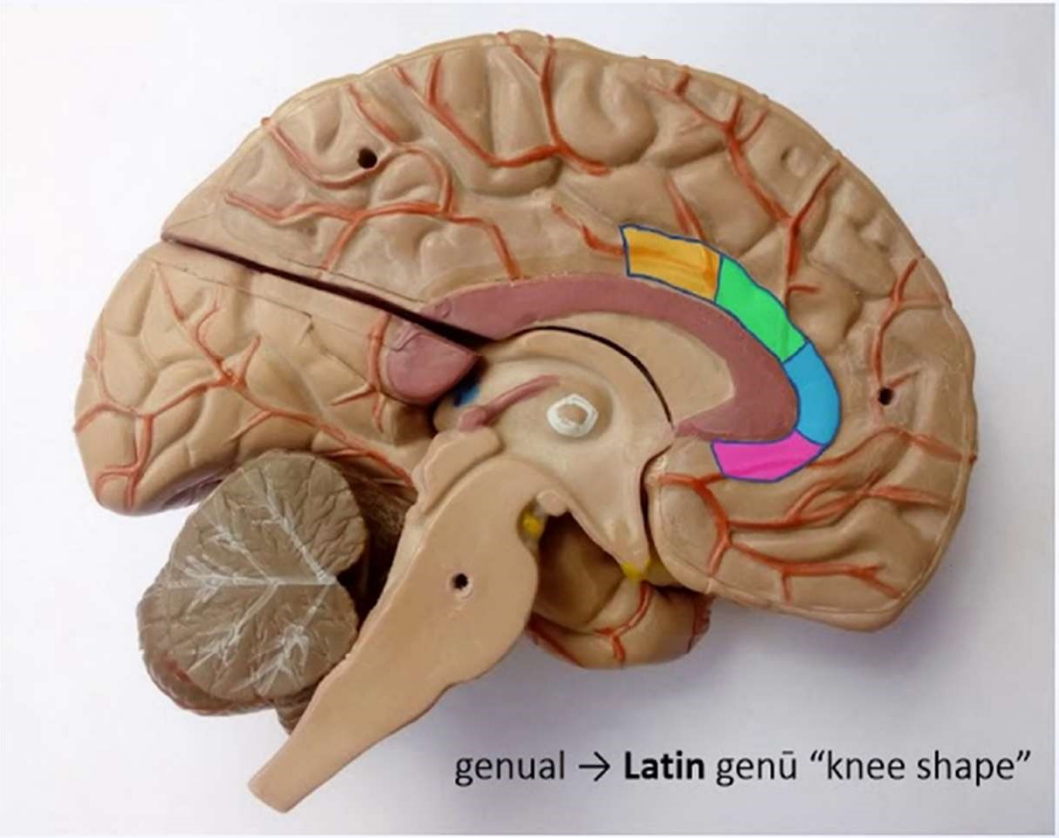
Let's Check In

- **Where on the ladder are you?**
  - When you are working with a client who is resisting your leadership?
  - When you are struggling to balance home and work life?
  - When you are having to work remotely, unable to connect in person?
  - When you cannot stop thinking about your work?

Arizona Trauma Institute

ANTERIOR CINGULATE OF THE CORTEX (ACC)

Activated by emotion

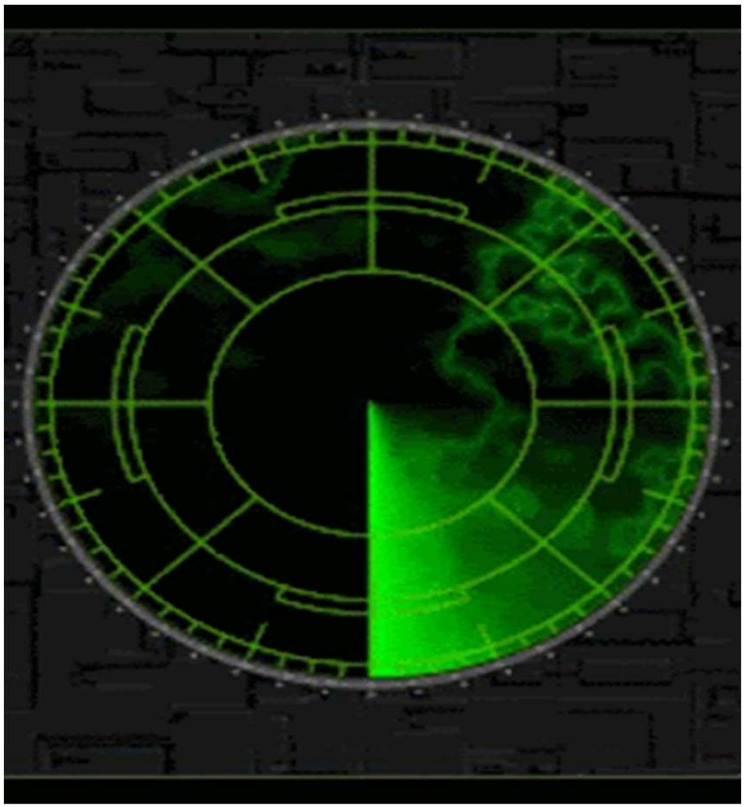


- **Posterior ACC** (Dorsal ACC)
  - Action selection, fear associated with faces, and learned fear (Pessoa, 2008; Stevens et al., 2011)
- **Anterior ACC** (Dorsal ACC)
  - Emotional appraisals, cognitive control, error conflict (Pessoa, 2008; Stevens et al., 2011)
- **Pregenual ACC** (Ventral ACC)
  - Affective processing, emotion regulation, and universal emotions (Pessoa, 2008; Stevens et al., 2011)
- **Subgenual ACC** (Ventral ACC)
  - Emotional reward value, emotional conflict evaluation, and universal emotions (Allman et al., 2006; Stevens et al., 2011)

Universal emotions → surprise, disgust, sadness, anger, fear, and happiness


SALIENCE
WHAT'S RELEVANT

The Body's Radar System:
Anterior Cingulate of the Cortex (ACC)



- ***An active relevancy system that is totally individualized based on one's history.***
- ***Arousal impacts the relevancy process***
- ***Those things that activate arousal create attentional competition based on the relevancy***

Dr. Robert Rhoton Robert.Rhoton@aztrauma.org

Repeated Activation of the *Relevancy System* (ACC)

This system that distinguishes the relevant and important in the here and now gets distorted by trauma, toxic stress and adversity

Attentional competition, having one's attention always focused on the immediate relevancy or salience of a thing. Relevance/salience is always based on our history of experience and meaning making!

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The natural Consequences of having repeated categories collapsed is that we begin to look at everything through a binary or two dimensional mental lens.

What beliefs systems do we each carry that is binary because of stress

- Standing in front of an audience
- The role of parent or partner
- The role of a worker
- Binary thinking is efficient, but false because it divide most things in life as either-or situations.
- The more dysregulated (HULK System) you are, the blacker and whiter the world becomes, and people become less and less likely to think before they act.

Repeated Activation of the *Relevancy System* (ACC)

Is Memory reliable?

- Where Salience is high (significance energy in the brain) it is focused on attending to what is of ***(personal significance)*** and little else in the environment.
- Attention is always focused on the relevant, memory is built on the foundation of relevance.
- Energy competition in the brain is high in sympathetic dominant states, meaning that only a few things will be even noticed.

Repeated focus leads to enhanced or expanded threat awareness, threat (real, perceived or imagined) becomes the dominant focus of what is noticed.


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What are the rattlesnake pictures that your clients have come to accept as reality and truth?

Repeated Activation of the *Relevancy System* (ACC)

Increased potentiated reactivity --- faster too react, where other people might be able to pause before reacting.

- The space between stimulus and response gets shorter
- This space between stimulus and response is maximized in an integrated brain (Bruce Banner Mode) and becomes increasingly diminished as the Sympathetic system becomes dominate (Hulk Mode is in charge)
- The more often and/or the longer the person is in HULK Mode, the shorter that space between stimulus and response will become.
- Making it almost impossible to exercise consistent self-control, think before one acts or to see and weigh consequences before acting.

A terribly inconvenient truth!

Successful change can only occur with Bruce Banner Brain.

Change will not be effective with the Hulk Brain

How do you get people in the Bruce Banner Brain and out of the Hulk Brain is where helping and healing start. ***NOT. . .behavior, thinking or emotions!!!!***

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If the ACC has been activated too often or stayed on too long, these are what you should see!

A. Rigid black and white thinking (sometimes thought of as irrational beliefs)
B. Strong beliefs systems that are not open to change
C. Many negative internal dialogues
D. Overly negative memories
E. Overly focused on finding pain, hurt and disappointment (negativity)
F. No tolerance for delayed gratification, everything is immediate
G. No ability to really orient to the future
H. Impulsive; Irrational/illogical
I. Little if any consistent self reflection or evaluation of the self

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What happens is we ask the wrong question because the culture of mental health, education and the justice system are all set up as (trauma reinforcing) binary systems.

Using problem oriented, control, punitive, labeling and shaming orientation when we need a collaborative relational approach to move people into Bruce Banner Mode

Another way of explaining this

- Most models of treatment are neocortex-centric in conceptualization
- Most therapists practice from an Amygdala-centric (emotion-focused) process.
- Meaning that many therapist/counselor are rarely congruent which is very challenging for a trauma client that needs predictability and safety.

Sympathetic System Dominance

- *The nervous system learns from its environment through experience.*
- Remember that we all live in TWO (2) environments:
  - **External environment** ---- out there is the one we all start with. We have experiences and as we begin to make meaning of those interactions with the world around us, we develop and **Inner or internal environment**.

Unmet Basic Human Needs are the inside environmental activators of the threat/stress response system

- Not feeling capable
- Not successful or achieving at something
- Not feel cared for
- Not belong to a group
- Not have power to and influence in environment/world
- Not control in one's life
- Not stimulated in mind and body
- Not have fun and pleasure
- Not understand reality
- Not appear competent to others
- Not be seen as being worthwhile or held in esteem by to others
- Not feel safe
- Not feel secure in our attachments to others
- Not have a sense of meaning or purpose in life

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What we need to understand

- If children do not get regular opportunities to experience safety (physically, emotionally, and psychologically) because they have massively unmet **NEEDS**, then the ability to activate or inhibit the ANS appropriately **WILL** lead to difficulties engaging, disengaging and re-engaging relationally with others, increasing our difficulty to meet one's needs.
- Parents whose needs are not met, are going to struggle to meet the needs of their child, thus helping parents meet their needs and experience safety is vital to helping the child or the family!

Inside environment when it creates a LIMBIC shift creates Fears & worrisome fantasies, and critical negative thinking!

- ✓ being judged
- ✓ Not measuring up
- ✓ Not being liked
- ✓ Not being loveable
- ✓ What if I fail
- ✓ What if I can never get better
- ✓ Not being competent
- ✓ What are they thinking about me
- ✓ What if I can't do this
- ✓ Thought to be stupid
- ✓ Being criticized
- ✓ Not meeting other important folks expectations and demands
- ✓ Will they still like/love me
- ✓ Being asked questions
- ✓ If this doesn't work what am I going to do

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Failing to activate & inhibit approrpiately

- *When the Balance System (ANS) is dysregulated it responds with survival strategies at the expense of –**intentionality, deliberateness and living with integrity which are required to facilitate growth, learning, and rest**.*
- ***Trauma is the body's reaction to an overwhelming demand placed upon the physiology of the human system that occurred continuously or repeatedly creating changes in the CNS***

Dysautonomia

- a disorder of the autonomic nervous system that causes disturbances in all or some autonomic (sympathetic and parasympathetic) functions
- may result from the course of a disease (such as diabetes) or from injury, poisoning or trauma and adversity.

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1. What is PolyVagal
2. The function of the ACC or the Anterior Cingulate of the Cortex
3. How binary thinking is created
4. Memory distortions are based on relevance
5. An explanation of potentiated reactivity
6. Calm and balanced CNS (Bruce Banner) need to sustain any change
7. Unmet needs drive arousal and dysregulation like threat and danger do
8. Dysautonomia which is more accurately what we are dealing with

Section #4

Introduction to the Polyvagal function

Section #5

How Social behavior is impacted when stressor pushes us to be reactive

1. Stress changes social behavior
2. Normal predictable reactions and how they change our thinking, emotion and behavior
3. Not good or bad, just completely human

Insert Roderick's video here

What is the Character of the sympathetic nervous system being dominate?

Predictable attributes

neither good or bad, just existent

appropriate as long as SNS is in charge

Behaviors Associated

Section #5

How Social behavior is impacted when stressor pushes us to be reactive

1. Stress changes social behavior
2. Normal predictable reactions and how they change our thinking, emotion and behavior
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Section # 6

hormonal and biochemical change in relationship

1. Quick review of the Threat response system
2. Sub-diaphramatic systems and their impact on health
3. Ventral Vagal Complex or the social/relationship system
4. What happens to the executive functioning system

When the Hot System is activated…

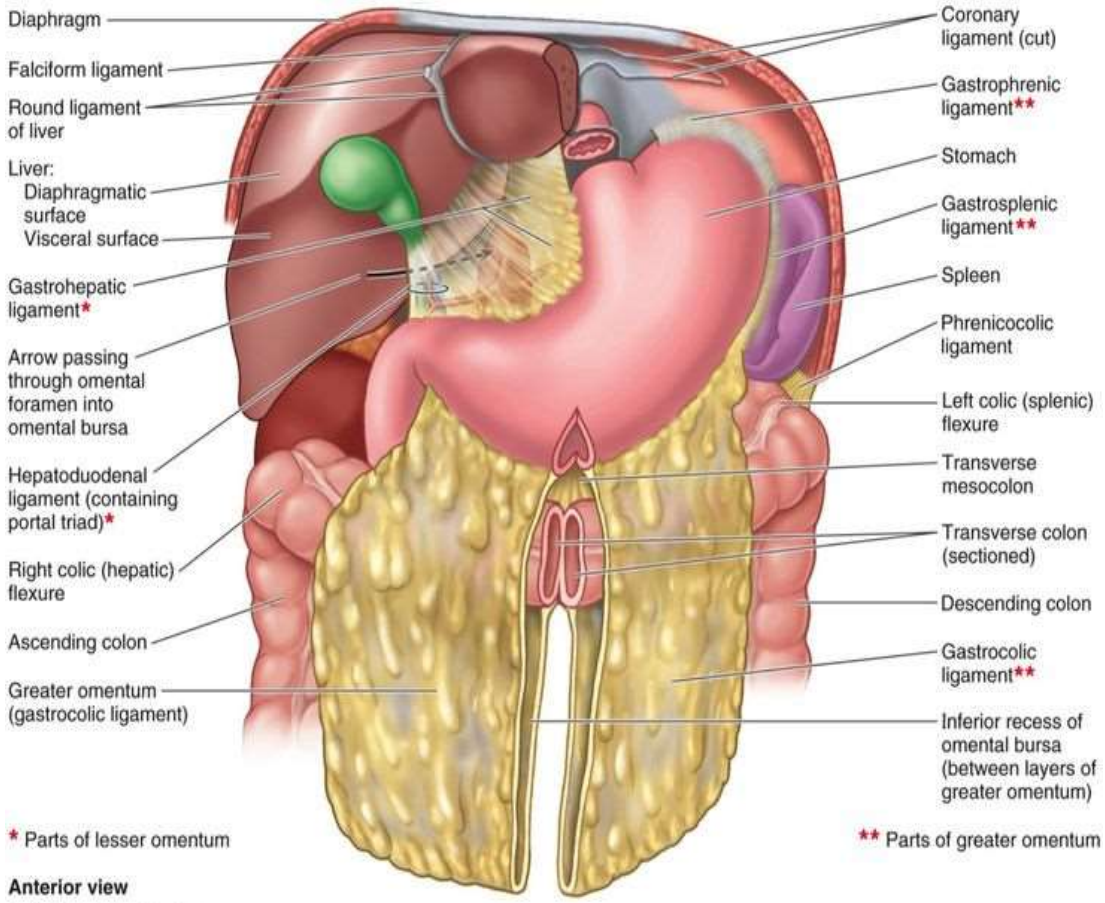
- Shift away from real time environmental appraisal into the past. *(my present is contaminated by my history)*
- Perceptions shift to worrisome fantasies, memories, or repetitive negative thinking
- Internal conditioned dialogues are activated (inner critic)

When the Hot System is activated…

- Language ability reduces
- Logic and reason shift
- Moral reasoning lessens or disappears
- Reacting to perceptions
- Ruled by history or impulse rather than being intentional
- Poor impulse control
- Inadequate pleasure from activities that should be pleasurable
- Memory gaps and partial memory
- Problems with Sequential memory

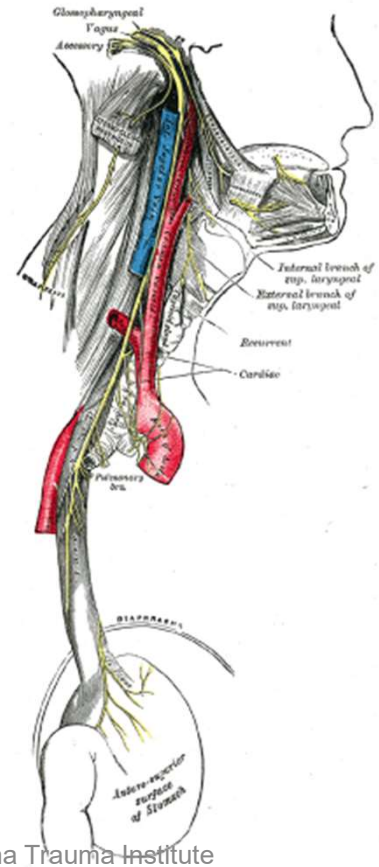
What are some of the suppressed systems?

- **Sub-diaphramatic systems**
  a. Gastro-intestinal functions
  b. Reduced nutrition from foods eaten
  c. Elimination difficulties
  d. Inflammation leading to a host of illnesses and pain
  e. Painful sexuality



What are some of the suppressed systems?

- **Relational/social engagement system (VVC)**
  a. Poor quality attachments
  b. Self-centered and narcissistic behaviors
  c. Poor understanding of social cues
  d. Unstable friendships and family relationships



Effecting Ventral Vagal Activity

- Touch
- Voice
- Eye contact
- Listening for attunement
- Facial expressions
- Body posture
- Pleasant level of warmth
- Relaxed muscles
- Rhythmic movement

What about Executive Function

Sympathetic system or the (HULK BRAIN) blocks access to executive functioning

1. Avoid (real or perceived) threat through flight
2. Shut down and freezes the body, paralyzing any action
3. Reduce (real or perceived) threat through aggression
4. Alter body tension and muscle readiness to act
5. tension and muscle readiness to act

What about Executive Function

Parasympathetic and Ventral Vagal systems give access to executive functioning

1. Bodily Regulation and coordination of physiological responses
2. Attuned Communications
3. Emotional balance and regulation
4. Flexibility in response (pause before reacting)
5. Fear modulation --- (RRR) response
6. Empathy
7. Insight/discernment/judgment
8. Moral awareness
9. Intuition/spiritual feelings
10. Identity

Why do we loose access to executive functioning?

Hormones
Bio-chemicals
Interfere with access to the executive functioning….

IT IS NOT A CHOICE

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Section #7

Basics of Developmental trauma

1. **ACEs study and the long-term impacts to health and well-being**
2. **Understand implicit memory and the need to be regulated to create sustainable change**
3. **Neuroception and understanding the need for intentionality**

The Adverse Childhood Experiences Study (ACE)

Collaboration between Kaiser Permanente's Department of Preventive Medicine in San Diego and the Center for Disease Control and Prevention (CDC)

The Adverse Childhood Experiences (ACE) Study

Examines the health and social effects of ACEs throughout the lifespan among 17,421 members of the Kaiser Health Plan in San Diego County

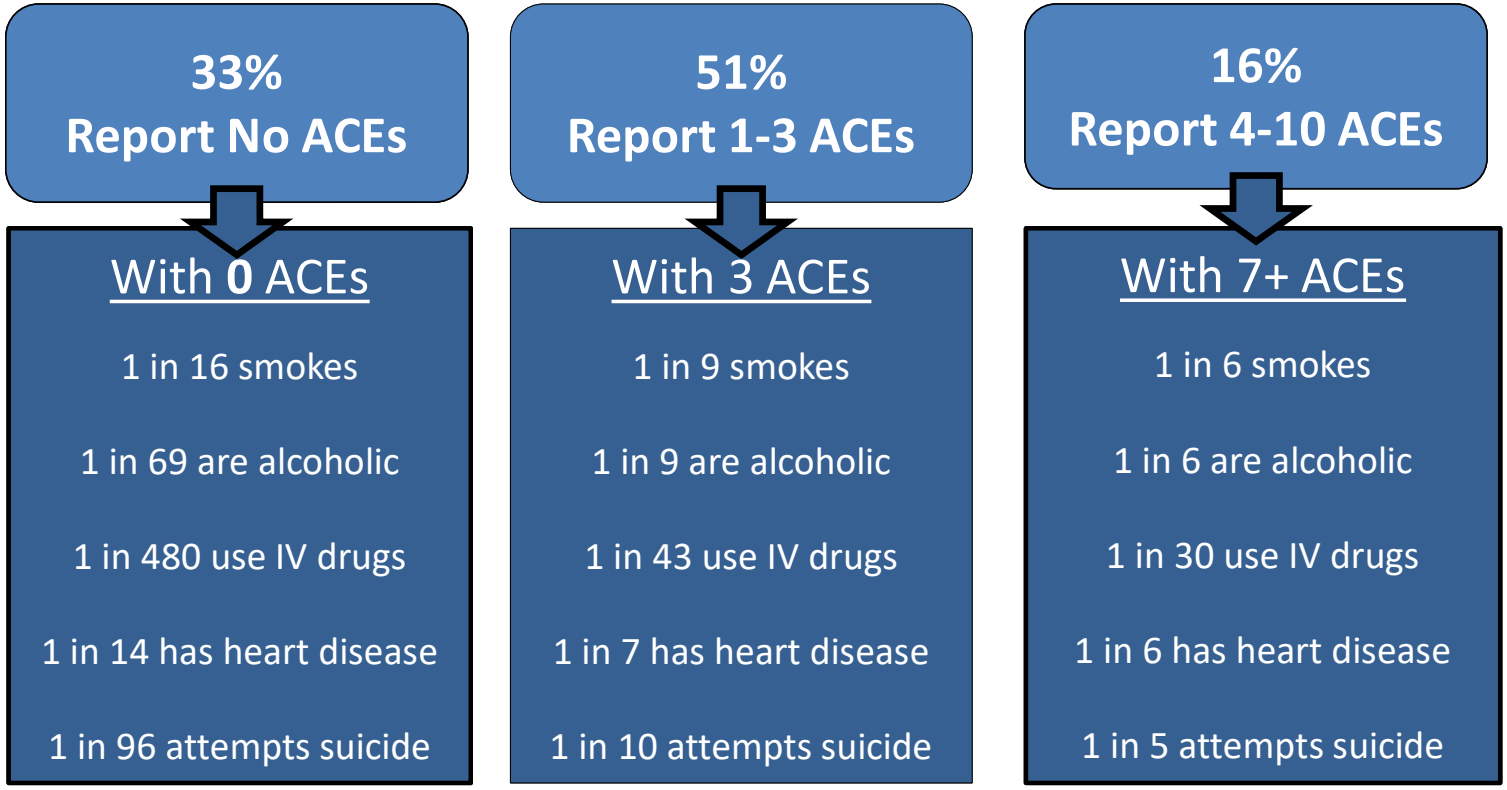
What do we mean by Adverse Childhood Experiences?

- **childhood abuse and neglect**
- **growing up with domestic violence, substance abuse or mental illness in the home, parental discord, crime**

Adverse Childhood Experiences Are Common

Household dysfunction:	Substance abuse	27%
	Parental sep/divorce	23%
	Mental illness	17%
	Battered mother	13%
	Criminal behavior	6%
Abuse:	Psychological	11%
	Physical	28%
	Sexual	21%
Neglect:	Emotional	15%
	Physical	10%

Out of 100 people…



Here what a pediatrician has to say about ACEs

So why are these early life experiences so challenging to get past?

Building the neuro-structure

We are Neuroceptive to our environments

The concept of being ***Neuroceptive***

- ✓ Cellular awareness
- ✓ A child's nervous system is looking for stimulus to create procedural tendencies or templates. Those templates will be developed in:
  1. **Relational patterns** – meaning and view of self and others
  2. **Emotional patterns** – reduced array of emotional expression as habituated patterns emerge
  3. **Cognitive patterns** – not the content of thought, but the how one thinks and perceives
  4. **Physical patterns** – Tension, movement, posture, coordination, etc.

Human beings look for conformation not disconfirmation regardless if the pattern built is it useful or helpful. Very little self-reflection or self-evaluation exists on habituated neuro-networks!


Three Core Concepts in Early Development
1
Experiences Build Brain Architecture
NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center on the Developing Child HARVARD UNIVERSITY

Once a pattern is built

- It becomes non-conscious where it occurs without conscious decision making or awareness
- Even when new patterns are built – earlier or more primitive patterns are still available and will come forward when the body experiences stress
- It requires a great amount of attention and focus to build new patterns and becomes more difficult when we get distracted, dysregulated or fail to maintain focus and attention.
- Change is difficult because it requires (on-purpose) attentional focus and anything that interrupts that focus interrupts our intentionality

The patterns built in Toxic Stress or High ACE score environments interfere with self-regulation and being able to use an integrated brain and nervous system

Person & environment interaction builds implicit (procedural) memory which is tough to overcome

What is procedural (implicit) memory?

- Sensory experience and expectations
- Emotions experienced
- Behavioral (how your body actually moved)
- Meaning making
- Body and muscle memory

So what is happening?

- The physical and neurobiological systems are reacting to the relational environment.

- Patterns are developing around (perception, relationships, emotional regulation, physical and mental health) ***Adaptations and Mitigations are the primary function that is building implicit/procedural patterns of how to navigate the world.***

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Basics of Developmental trauma

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Section #8

PRACTICAL APPLICATIONS

Looking at situation #1

Common Oppositional Defiant Disorder Symptoms

- Failing to Accept Responsibility
- Verbal (or physical) hostility towards others
- Persistent refusal to comply with instructions or rules
- Easily annoyed, angered or agitated
- Deliberately trying to push the limits (in a bad way)
- Stubbornness to compromise with adults or peers
- Being deliberately aggravating towards others
- No respect for authority
- Lack of empathy, treating others with disdain
- Often co-exists with other disorders like ADHD or ADD

What we need to understand

- If children do not get regular opportunities to experience safety (physically, emotionally, and psychologically) because they have massively unmet **NEEDS**, then the ability to activate or inhibit the ANS appropriately **WILL** lead to difficulties engaging, disengaging and re-engaging relationally with others, increasing our difficulty to meet one's needs.
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Does Evan meet the criteria?

Common Oppositional Defiant Disorder Symptoms

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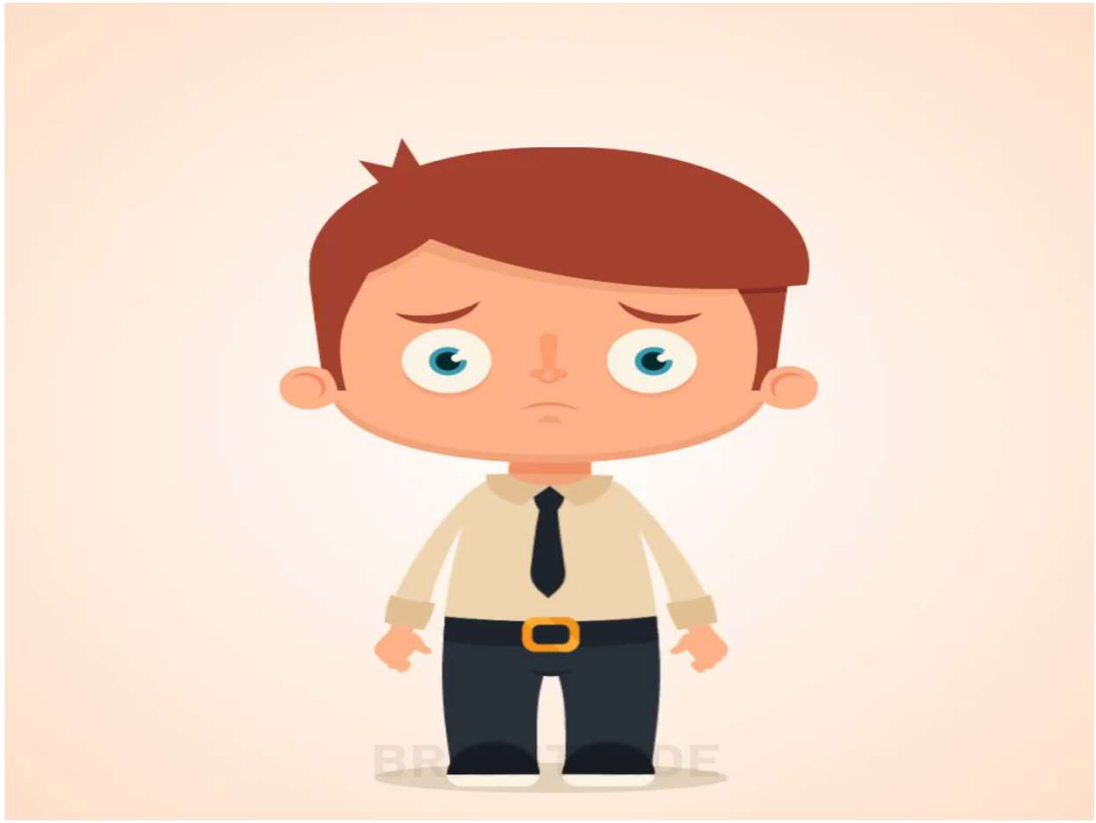
Would you be able to stay regulated if you lived in Evan's home?

Would you be able to focus, be intentional, feel safe on a consistent basis if you lived in Evan's home?

Adaptation and Mitigation example



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Assumptions

- People are acting exactly as their history has wired them act, perceive, emote.
- Most poor or problematic behavior is the consequence of reactive adaptation and mitigation, founded in procedural memory.
- Growth and change require intentional, and sustained ability to stay in the cool system. ***Bruce Banner brain***
- **Self-regulation is always the starting point for intervention.** Behavior should never be the starting point of treatment ***(except for immediate danger of death or injury)***

Section #8

PRACTICAL APPLICATIONS

Section #9

Parents and adults must manage themselves before they can manage children.

1. No self-Regulation without Brain and Nervous System Integration!
2. The practice of introception is going to be vital to creating change
3. The adults must create the Optimal Living Environment

Neuroscientists have observed!

The practice of various forms of relaxation, stress reduction, meditation, practicing calm focusing of attention, prayer, and being intentional increase the following:

1. Manage and control destructive and negative emotions
2. Improve cognitive functioning (learning, reasoning, logic, and memory)
3. Increase social awareness
4. Expressions of empathy and kindness
5. Ability to use language to communicate more effectively
6. Mass and volume of neural circuits needed for thinking and planning
7. Moral decision making

Change and growth can not happen if the environment is constantly, or repeatedly activating the HULK system.

Our first goal in working with any client is to increase the stability (Bruce Banner Brain) of their environment.

What are you going to have to change about you , your relationships, your work and home environments to keep you out of the hulk?

Interoception

You want to know what heals trauma? … Interoception heals trauma

- Bessel van der Kolk

- Present “felt sense” on one’s own physiological processes
- Becoming sensitive to “feedback” from one’s body
- Lowering threshold of awareness of dysregulation
- Monitoring rising levels of energy (SNS activation) and recognizing when there is the need for conscious and intentional intervention (i.e., releasing constricted muscles)

Steps to Interoception

1. Recognize when experiencing a limbic shift
2. Detect what in the inner or outer environment is activating the Limbic system
3. Learn to calm, relax and reduce arousal in your limbic system quickly
4. Practice detecting and reducing limbic shifts at lower thresholds. Maybe you can recognize it at 8 of 10 at first, but we eventually want to recognize it at 1 of 10.

Optimal Living Environment (OLE)

- Optimistic thinking in general
- Purpose (action is relevant and purposive) not a series of tasks
- Self-aware and use that awareness to monitor our own behavior, emotion and thinking
- Goals that inspire personal and professional growth
- Action takers (choose right action)
- Pay attention to energy
- Look for wisdom (what is lesson that can be learned in each situation)
- Faith (the ability to act when the outcomes are uncertain)
- Love (attach and/or attune to) others
- Connect with the spiritual, or universal

- Insert Dr. Peca self regulation here

Section #9

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Section #10

As the helper what do we need to keep in mind?

1. Our own personal growth has to continual
2. Our professional growth (particularly understanding the science)
3. Personal curiosity and a willingness to no rely on our assumptions
4. Always keep clear in our minds what is reasonable to expect and practice compassion
5. **<u>Special Attributes of Trauma Clients</u>**

- ✓ Trauma happens primarily by derailing healthy biology, sensory, motor, emotive and social development.
- ✓ Trauma often leads not just disconnected awareness of the body and its sensation, but actual associate body awareness as a perceived threat
- ✓ Trauma is held in the body and impacts our core operations and systems, including being capable of regulating the body.
- ✓ Trauma leads to a reduced range of tolerance

Section #10

Areas of impairment:

- ✓ Regulation system
- ✓ Motor/body sensory system
- ✓ Nervous system and brain function
- ✓ Executive functioning
- ✓ Difficulty identifying and expressing emotional states
- ✓ Inability to tolerate all intense emotions regardless if positive or negative
- ✓ Relationship difficulties
- ✓ Explosive or unmodulated emotional expressions. Often having an inability to identify, experience, express or modulate emotion.
- ✓ Aroused system tends to over-react or over-inhibit actions
- ✓ Impulse control
- ✓ Learn better through experiencing or story than instruction
- ✓ Use of destructive behaviors to distract from distress and body arousal

Now that you know, what can you do?

Active in daily personal growth

We work on our own self-regulation, self-awareness, courage, compassion toward others, and personal integrity in our own daily lives.

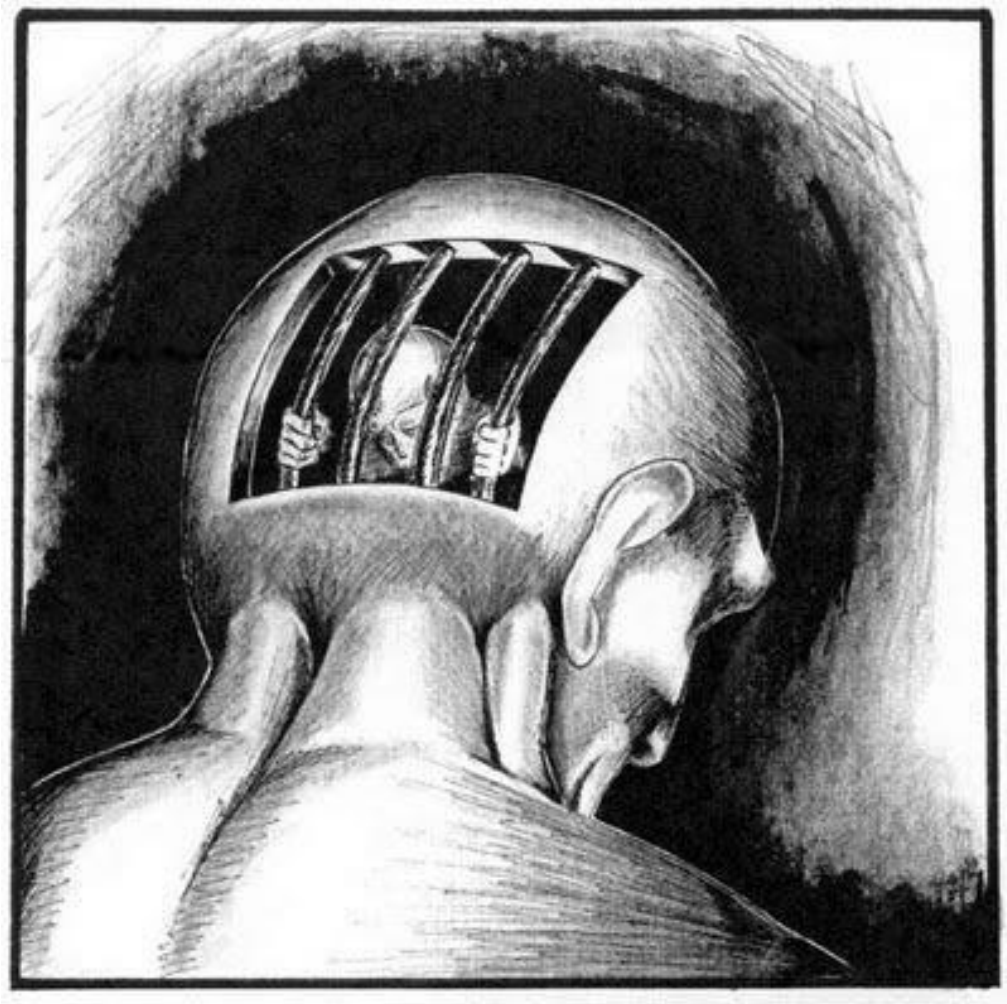
- *What have you done today "on purpose with a plan" to improve your character, talents, skills, relationships*
- *How do make sure you grow past your upsets, failures or disappointments*
- *What is your PLAN to grow tomorrow and then the next day, and so on*

Do you really want to help?

Activate the inner resources in self and others

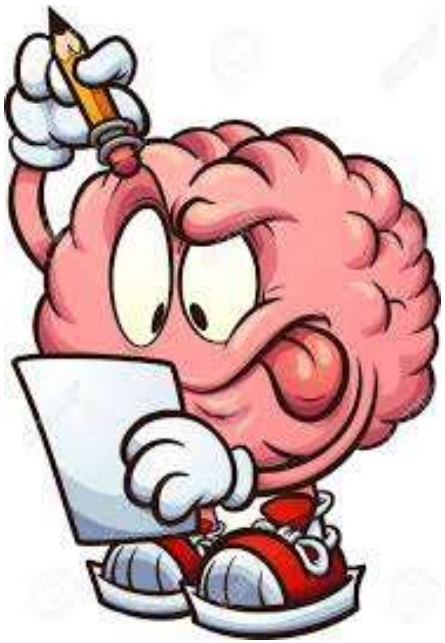
Focus on helping other find their inherent competency and capacity, emphasizing wholeness and possibility over pathology or weakness. Use our daily interactions with others to lift them up and empower.

- What are you doing everyday to keep and enjoy relationships
- What things do you do to build your inner resources daily
  - Faith
  - Learning
  - Moving your body/exercising
  - Actively practicing compassion and kindness, even in the most annoying circumstances



Free yourself from your addiction to yourself, your way of being with people, your habits of thinking.

Become Integrated in your own brain and nervous system and live each day that way as much as possible.



Things to keep in mind

Every interaction designed to create integration of the brain

1. **Avoid poking people in sensitive areas and activating defensive responses or driving difficulties in engaging, disengaging and re-engaging relationally with others, increasing their distress.**
   - ✓ Never rely on your assumptions, they are wrong
   - ✓ Never judge the behavior, thinking or emotions of other, you do not know their history of arousal
   - ✓ **Never** put additional demands on someone that is not integrated (in Bruce Banner or at the top of the ladder)
2. **To help those with large and painful Sore Spots and Sunburns to feel safe, accepted an respected by you.**
   - ✓ They feel liked by you
   - ✓ They feel like you care, not because you say so, but that you act so
   - ✓ Never explore their painful past or activate their memories in a body that isn't

Every interaction designed to create integration of the brain

To help those that are extremely sensitive to dysregulation remember that safety, self-regulation and integrated CNS are the first interventions. NOT A MODEL OF THERAPY!

- ✓ They feel liked by you (NOT WHAT YOU SAY, BUT HOW YOU ARE WITH THEM)
- ✓ They feel like you care, not because you say so, but that you act so
- ✓ Never explore their painful past or activate their memories in a body that isn't relaxed and operating at the top of the ladder

Every interaction designed to create integration of the brain

3. **To help those trying to avoid real or perceived (possibility of) pain find ways to adapt in more healthy ways.**
   - ✓ Do not confront emotions, thinking and behaviors that are designed to create space, doing so drives them to do more mitigating.
   - ✓ Never confront when you are not well regulated and in an integrated brain
4. **To help people heal from the pain, distress, and fear by having practice climbing to the top of the ladder, and then helping them find competence and value.**

What do you need to be aware of in others that have a history of toxic stress, trauma, and adversity?

- Regulation system has not been used intentionally very often
- Motor/body sensory system are tied to past histories of creating safety or avoiding hurt
- Nervous system and brain function will be unique
- Executive functioning will BE UNAVAILABLE QUITE OFTEN
- Difficulty identifying and expressing emotional states
- Inability to tolerate all intense emotions regardless if positive or negative
- Relationship difficulties
- Aroused system tends to over-react or over-inhibit actions
- Impulse control IS NON-EXISTENT
- Learn better through experiencing or story than instruction
- **Cognitive functional impairment:**

  Difficulty reasoning with logic, Make many emotional decisions that change when emotion does, Working memory is often poor, Self-reflection poor, Flexibility or adaptability poor, restricted ability to distinguish intention from the effect

Now that you know, what can you do?

- ***Get the brain and nervous system calm first links!!!!***
  - Think thru what to say before saying
  - Make sure you are in Bruce Banner mode (top of the ladder), before you open your mouth
  - Make sure you can stay in Bruce Banner mode (top of the ladder), no mater what others do or say
  - Realize no one can solve problems well in HULK mode, stop trying to intervene with the Hulk and invite others to live Bruce Banner lives.

Now that you know, what can you do?

- **Be brief and clear, give many vivid descriptive examples of success, that show real effort!**
  - ✓ Think it through, and say it with as few words as possible
  - ✓ Give vivid examples of how people succeed, (what it looks like)
    - Include the efforts necessary
    - The challenges that are common
    - And how people triumphed
    - Talk about real stumbling blocks and how people deal with them

Now that you know, what can you do?

- **Logic and reason systems will likely be off-line *unless* the brain and nervous system are calm.**
  - Stop trying to get logic, and reason out of the HULK brained folks
  - Always go for regulation and stability first, so that you can be effective
- **Focus on the environment and it's qualities more than behavior and emotion.**
  - Pay attention to the environment, is it one that invites Bruce Banner or the HULK, not for you but for the other that you are dealing with
  - Learn to calm environments and people

Now that you know, what can you do?

- Think about the underlying assumptions of what is being said… **does it empower, strengthen or add competence?**

- **No lists…one item at a time**. As the person with a history of adversity develops the ability to self-regulate you may be able to give more at a time, but it may be a while.

Now that you know, what can you do?

- **Genuinely like and care for the person/people you are with *(stop making their compliance or performance a criteria of liking).***
- **When giving information follow this format:**
  1. Overview/orient
  2. Show how this "activity/part" fit in the overviewed material
  3. Give examples of how people are successful achieving this activity/part
  4. Summarize by embedding them in their success story

Now that you know, what can you do?

- Be organized and planful
- Develop and maintain faith in the people you work with
- Be predictable and routine
- Be reliable and transparent
- Collaborate on all documentation and disposition reports
- Build in breaks. . . “I have been writing for 5 minutes, and my hand is cramping, would you be ok with me just taking a break and shaking it out for a minute”
- Always follow-up on requests, questions, suggestions, and any feedback

Section #10

As the helper what do we need to keep in mind?

1. Our own personal growth has to continual
2. Our professional growth (particularly understanding the science)
3. Personal curiosity and a willingness to no rely on our assumptions
4. Always keep clear in our minds what is reasonable to expect and practice compassion
5. **<u>Special Attributes of Trauma Clients</u>**

- ✓ Trauma happens primarily by derailing healthy biology, sensory, motor, emotive and social development.
- ✓ Trauma often leads not just disconnected awareness of the body and its sensation, but actual associate body awareness as a perceived threat
- ✓ Trauma is held in the body and impacts our core operations and systems, including being capable of regulating the body.
- ✓ Trauma leads to a reduced range of tolerance

Section #10

Areas of impairment:

- ✓ Regulation system
- ✓ Motor/body sensory system
- ✓ Nervous system and brain function
- ✓ Executive functioning
- ✓ Difficulty identifying and expressing emotional states
- ✓ Inability to tolerate all intense emotions regardless if positive or negative
- ✓ Relationship difficulties
- ✓ Explosive or unmodulated emotional expressions. Often having an inability to identify, experience, express or modulate emotion.
- ✓ Aroused system tends to over-react or over-inhibit actions
- ✓ Impulse control
- ✓ Learn better through experiencing or story than instruction
- ✓ Use of destructive behaviors to distract from distress and body arousal

Now that you understand more about neurobiology and physiology how do you need to structure the delivery of therapy differently?

Section #11

Applying the knowledge of physiology and trauma to the design of the treatment process.

- Many approaches or guidelines for treating trauma offer oversimplified representation of the evidence-based models that result in **service constraints** such as session duration, funding, or requiring the use of the techniques that will give the most rapid symptomatic relief regardless of the depth of healing achieved. **(Novotny & Thompson-Brenner, 2004. Coping with trauma-related dissociation)**
- Psychotherapy therefore is often protocolized. Which means that clients unable to make use of time limited evidence-based strategies may face rejection and labelling, feeling blamed for their lack of improvement and treatment resistance. **(Novotny & Thompson-Brenner, 2004. Coping with trauma-related dissociation)**

Calls for ‘evidence-based’ treatments can sound ‘common-sense’ as well as authoritative and scientific. But it is important to understand the many ways in which such treatments may not be optimal, and especially for complex trauma clients. **Corrigan, F. & Hull, A.M. ‘Recognition of the neurobiological insults imposed by complex trauma and the implications for psychotherapeutic interventions’, *BJPsych Bull*. (39, 2, 2015), pp.79-86.**

Mental Health diagnosis viewed from the point of view of physiology and symptoms generated because that Physiology is out of balance (hyper-aroused or Hypo-aroused) help us understand that diagnosis is a faulty system. Without the ability to mobilize to action (hyper-aroused) or to inhibit activity (Hypo-aroused) is not a fair definition of mental illness.

(Dana, 2018)

What about diagnosis specific treatment?

Results cast doubt on the power of the medical model of psychotherapy ***(pathogenic thinking),*** which posits specific treatment effects for patients with specific diagnoses. Furthermore, studies of other features—such, adherence to a manual, or theoretically relevant interaction effects—have shown little support. The preponderance of evidence points to the widespread operation of common factors that are not specific models of delivery.

Messer, Stanley B. & Wampold, Bruce E. 2006. Let's Face Facts: Common Factors Are More Potent Than Specific Therapy Ingredients https://doi.org/10.1093/clipsy.9.1.21

Where is the science taking us?

- Rapidly expanding research and new insights into the brain, body and memory raise new issues which repeatedly challenge what we do in therapy
- There is a growing recognition that physiology and somatic processes and experiences are a major part of creating well-being. Understanding the relationship between mind and body, normal emotions, thinking and behavior that is a natural response to the functioning of the body is a game changer for therapist.

Labels

Common Factors
Common Elements
Component Parts
Core Features
Active Ingredients

What are the active ingredients?

- Facilitate client safety at ALL times
- Understand how experience has shaped the brain and nervous system.
- Understand the impacts of trauma on the brain
- Acknowledge the extensive impacts of childhood trauma
- Know and adjust treatment to fit the client
- Expect a variety of client response based on how the body works, including shame and dissociation.
- Understand that dissociation underlies many diverse presentations
- Learn to recognize the client's window of tolerance and focus on staying within that window.

What are the active ingredients?

- Know what physical as well as psychological symptoms come from trauma
- Foster client resources from the first to last contact
- Regard symptoms as adaptive or mitigating responses, not pathology
- Utilize coping strategies as potential resources.
- Attend to attachment issues, starting with secure attachment of the therapeutic alliance
- Establish appropriate boundaries while being transparent and collaborative
- The approach promotes an integrated neurological functioning (focus on wellbeing)
- Realize most therapies designed for a single event are going to be marginally useful

What are the active ingredients?

- Promote dual awareness (divided consciousness)
- Recognize that mindfulness and dissociation are rival brain functions
- Do nothing to move your client out of the window of tolerance
- Distinguish between acknowledging and focusing on traumatic material or narrative
- Assist client to befriend sensations of arousal
- Distinguish between real danger and past threat
- Know and understand the science of memory, and let go of the habituated mental health view of memory
- Know how implicit or procedural memory works and how much focus and intentionality it takes to move past.
- ***Treatment should be tailored, individualized and attuned to the client***

What are the active ingredients?

- Understand that self-harm is a risk reduction and coping strategy
- Distinguish between “getting better” and feeling better
- Cultural competency and sensitivity to all dimensions of diversity (intense compassion and acceptance)
- End all sessions safely
- Engage in supervision and consultation as needed
- Tailor duration of session for client comfort

Section #11

Applying the knowledge of physiology and trauma to the design of the treatment process.

Section #12

How to use the science to structure the therapeutic journey

Wampold & Imel (2015)

"Given the evidence that treatments are about equally effective, that treatments delivered in clinical settings are effective (and as effective as that provided in clinical trials), ***that the manner in which treatments are provided are much more important than which treatment is provided,*** *mandating particular treatments seems illogical*. In addition, given the expense involved in "rolling out" evidence-based treatments in private practices, agencies, and in systems of care, it seems unwise to mandate any particular treatment."

Cloitre M, Courtois CA, Charuvastra A, Carapezza R, Stolbach BC, Green BL. (2011). **Treatment of complex PTSD: results of the ISTSS expert clinician survey on best practices.** J Trauma Stress. 2011 Dec;24(6):615-27. doi: 10.1002/jts.20697. Epub 2011 Dec 6.

- emotion regulation strategies
- narration of trauma memory
- cognitive restructuring
- anxiety and stress management
- interpersonal skills.

Psychotherapies for PTSD: what do they have in common?

Schnyder, U., Ehlers, A., Elbert, T., Foa, E. B., Gersons, B. P. R., Resick, P. A., … Cloitre, M. (2015). European Journal of Psychotraumatology, 6, 10.3402/ejpt.v6.28186. http://doi.org/10.3402/ejpt.v6.28186

- Psychoeducation
- emotion regulation and coping skills
- imaginal exposure
- cognitive processing
- restructuring
- meaning making
- emotions
- memory processes

The Phoenix:Austrialia
http://phoenixaustralia.org/the-6-common-elements-of-evidence-based-therapies-for-ptsd/

- psychoeducation
- emotional regulation and coping skills
- some form of exposure to memories of traumatic experiences
- cognitive processing, restructuring, and/or meaning making
- tackling emotions
- altering memory processes.

Gentry, Baranowsky & Rhoton (July 2017). **Trauma Competency: An Active Ingredients Approach to Treating PTSD** Journal of Counseling and Development

- cognitive restructuring/psychoeducation
- a deliberate and continually improving therapeutic relationship
- relaxation and self-regulation
- exposure via narrative of traumatic experiences

Putting it all together

Active Ingredient #1

Achieve these things first, then retain focus on them throughout

- **Therapeutic Relationship**
  - Develop and maintain an attunement with the client
  - Establish an emotional bond based on liking the client, trustworthiness and transparency
  - Empower through focusing on building capacity and giving choices
  - Help the client find their own voice through curiosity and respect
  - Using the relationship to stabilize and recognition that healing occurs within a relationship

Active Ingredient #2

Achieve these things next, and retain focus on active ingredient #1 as you move through this process

Self-Regulation/Relaxation

- Intentional shifting from Sympathetic nervous system (SNS) activation to Parasympathetic (PNS).
- Relax physically to activate the Parasympathetic system
- Increase awareness of tension in the body, and learn to intentionally relax the tension in the body
- Psycho-education about the body and the stress and trauma responses to normalize symptoms
- Model self-regulation until client ready for instruction
- Provide physiology based self-regulation skills training

Active Ingredient #3

Do not move into Active Ingredient #3 until active ingredient #1 & #2 have been achieved

Exposure/Narrative

Memory reconsolidation sequence **(Ecker, Ticic, & Hulley, 2012):**

1. ***Reactivate.*** The memory must be accessed and reactivated after self regulation is achieved.
2. ***Mismatch/Contradict***. While the memory is reactivated, create an experience that contradicts the problematic learning or mental model that the memory had created
3. ***Create New Learning***. Build capacity to aid a different viewing of the self in relationship to the habituated patterns and schemas build on the trauma history.

Active Ingredient #4

Achieve these things next, and retain focus on active ingredient #1-3 as you move through this process

Cognitive Restructuring

- Normalizing symptoms by helping the client see themselves as human having a normal human experience
- Psychoeducation about symptoms and patterns
- Change the view and belief systems regarding self/family
- Correcting and clarifying perceptions
- Prepare for a future that is deliberate and intentional (choice directed rather than reactive)

The Empowerment & Resilience Structure: An Active Ingredients Approach

I. Preparation & Relationship

II. Psycho-education & Self-regulation

III. Integration & Desensitization

IV. Post Traumatic Growth & Resilience

Rhoton & Gentry, 2014

Preparation & Relationship

stage #1

- Orientation and acculturation around the therapy process ***(example in the next slide)***
- Discovering capacities and strengths while instilling faith and hope in the therapy process
- Formal and Informal assessments used to increase relationship and connection
- Assessing patterns and themes
- Developing global goals that will fine-tuned through the process

stage #1

- **What is the healing process?**
  a. What does it look like as people are successful in moving through service
  b. Create as many success visuals as possible as you explain the healing process
  c. Review pacing differences: regular, slow and then fast

We suggest that you write out an orientation so you are including important material only? Remember that the orientation is giving you safe ground to build a therapeutically secure attachment.

- **What is it like to work with you?**
  a. What are the things anyone that works with you are likely to discover and be transparent
  b. Share some of your weaknesses and strengths

We suggest that you write out which aspects of your personal character are going to be transparent about and how to share those things with clients in a way that encourages them? Continued building and stabilizing a therapeutically secure attachment.

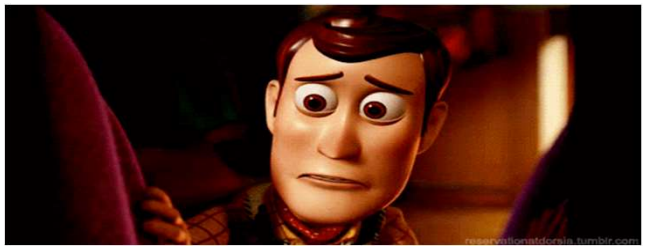
stage #1

- **Format of sessions**
  a. Creating routine and predictability for the client sessions
  b. Discuss the fact that the sessions are formatted differently than most counseling
  c. **Feedback driven treatment**
  d. **Discuss the use of concurrent documentation**

"Why" do this?
Remember that the orientation is giving you safe ground to build a therapeutically secure attachment, by ensuring that you achieve the following:
- ***Safety***
- ***Seen as being Trustworthy***
- ***Create and reinforce Choice***
- ***Collaboration and inclusion***
- ***Empowerment and competency focused***

Feedback driven treatment

A narcissistic would for the counselor



If you are successful at collecting feedback your evaluations will decline, worsen and be more critical.

1. Criticism for most people creates fear and dysregulates us
2. We tend to avoid things that make us afraid or uncomfortable
3. As trust builds so does the client's honesty
4. As the client becomes more self-regulated they will become more accurate at self-reflection and self-evaluation
5. Self-reflecting and self evaluating people will want higher performance and accountability from others

Discuss the use of concurrent documentation

The problem with post service documentation

- Doesn’t work under fee for service and/or capitated actuarial based funding models
- Increases documentation to direct service ratio
- Greater risk of non compliance
- High documentation to direct service ratios creates need for No Show/Cancellations to “Catch Up”
- High documentation ratio reduces number of scheduled appointments in clinic and in community
- High documentation ratio creates “over whelmed” feeling by staff
- High documentation ratio negatively impacts service capacity

Why are these two processes part of the Empowerment and Resilience treatment structure?

1. Constantly attends to the quality of the relationship
2. Focused on truly being genuine
3. Requires helper to keep them selves regulated and calm
4. Leads to less critical judging of clients
5. Attenuates mutual human differences
6. Encourages and empowers the client

stage #1

- **Biases, Rules and healing philosophy**
  a. Biases are to connect you to the client, not create distance
  b. Rules are to connect people relationally, not create distance or add demand to the process
- **Limitations, if any, because of the setting and rules if there are any**
- **Give as many choices as possible**
  a. When ever a choice is made, explore for highlighting their competency and capacity
  b. Choice is more than just being respectful
- **Talk about how you approach transitions in treatment**
  a. Give visual descriptions of what people will see as they transition, including likely changes in how their lives outside of therapy can change
  b. Clarify that transitions are not rigid, and that when they move forward sometimes they may need to move back to the prior stage, and that is normal

stage #1

- **Formal and informal assessments discussed and selected**

  Please sit down and write out detailed information about the use, construction, focus, purpose of the assessments so you are including important material only? Explain and let your client choose the one that makes sense to them

- **Talk about the importance of being able to self-regulate before tackling the resolution work**

- **Setting the stage for modeling self-regulation by the helper**

This training is organized to help you structure treatment for Trauma and histories of adversity

Working in stage #1

- What do you need to do to prepare the soil?
- How do you plant the seed?
- How do you nurture the seed?
- How do you plan to deal with weeds and vermin?
- How will you nurture the plants as they grow?
- When will you know it is time to harvest?

Psycho-education & Self-regulation stage

This training is organized to help you structure treatment for families dealing with Trauma

Working in stage #2

- **How does the threat response system work?**
  a. What that means is that the knowledge base needs to be possessed by the therapist/counselor.
  b. This isn't taught like a class, it is broken into small pieces and then ties client experience to the knowledge.
  c. Tie emotions, thinking and behavior to the threat response system.
- **Creating a common language by connecting the client experience to the physiology?**
  a. Help client come up with personalized names for the manifestations of physiology that they experience. (***how physiology = change in thought, emotion and behavior)***
  b. Tie resilience to management of the arousal system

This training is organized to help you structure treatment for families dealing with Trauma

Working in stage #2

- **Explaining why the impact of environment is so important?**
  a. Vital that people understand that we as humans are designed to respond to the environment….we do not have a choice in that.
  b. Environment must be emotionally well regulated to foster secure attachment.
- **How are you going to convert discussions of anger, sadness, fear etc, to physiological dysregulation?**
  a. First, must recognize it in your own body
  b. Help them attach dysregulation of their physiology to their individual and family experiences.
  c. Less stigmatizing to address particularly strong thoughts, feelings and actions from the prospective of physiological arousal

This training is organized to help you structure treatment for families dealing with Trauma

Working in stage #2

- **How will you explain and normalize internal negative messages and perceptions of self, significant relationships and the world?**
  a. Understand first that negative messages and critical beliefs are part of repeated arousal process.
  b. When they are in a relaxed body, can they prove the messages true?
- **What specific self-regulation skills must you possess and use daily in your own life before you try and teach them to others?**
  - Must possess 15-20 that you do every day, at work or not
  - You can not suppose you can help a client be more calm and regulated than you are

Integration & Desensitization

Integration & Desensitization stage #3

- **Orient the clients on the models of treatment available in detail. After explaining, ask them for a decision.**
  a. Remember to walk through the process they have used to decide, so you can confirm their competencies.
  b. You will have to know how to explain each model, and give multiple examples of what it "looks" like when it is working as intended.
- **Explain that in the beginning it is your job to keep the brakes on, so that things don't go too fast, and overwhelm the ability to stay regulated.**
  a. Describe the self-rescue or re-regulation process
  b. Let them know that is always Ok to go back to one of the prior steps

Integration & Desensitization stage #3

- **Creating narratives that can expand as needed and in the process lessen the reactivity to the event/events.**
- **Normalize difficulties, unwanted emotions, thoughts, behaviors and beliefs**
  a. Share images/stories how people have had strong emotions, thoughts and behaviors during this stage and how they have successfully moved forward.
  b. Help the client regulate as needed
- **Focus on discovering and highlighting strengths and capacity**
- **Mourning or working through grief**

Post Traumatic Growth & Resilience

Your Road to the Future

Post Traumatic Growth & Resilience stage #4

Post traumatic growth

- Consolidate change the Perception of Self
- Consolidate change the Interpersonal Relationships
- Consolidate changed Philosophy of Life

Core features in resilience

- Relating to Others, reconnecting or creating new connections
- Exploring new Possibilities
- Intentional applications of Personal Strengths
- Spiritual Change and maturity of integrity
- Appreciation of Life even when faced with stressors

Section #12

How to use the science to structure the therapeutic journey

Section #13

The assessment process

What is family dysfunction?

Reciprocal adaption and/or mitigation behaviors that activate Sympathetic System Dominance (SSD), characterized by a change in state, relevancy and social dominance between family members.

Rhoton 2010

To stabilize a child and see reductions in disturbing behaviors the adults in a child's life have to be stable and self-regulating

- Be kind and compassionate
- Practice keeping your own body relaxed regardless of what is happening.
- Provide support for the small and large stressors
- Help them have a voice, by giving them non-judgmental labels to connect their emotions to their feelings
- Practice emotional and physical relaxation and self-regulation right in front of them
- Create structure and predictability
- Remember relationship before rules
- Be patient and kind with yourself, it can be difficult to remain calm and supportive when children are exhibiting the signs of toxic stress and Sympathetic System Dominance.

Assessing family trauma

Key steps for conducting a comprehensive assessment of trauma:

Key Steps

1. Assess for a wide range of traumatic events, toxic stress and adversity.
2. Determine when they occurred so that they can be linked to developmental stages.
3. Assess for a wide range of symptoms, risk behaviors, functional impairments, and developmental derailments based on the family injunctions (compulsory/inhibitor) that are or have been in operation.
4. Gather information from a variety of perspectives
5. Try to make sense of the adaptations and mitigations that have become procedural memory and functioning.
6. Understand cultural and family history's impact
7. Working with the family unit to ensure the safety and well-being of all family members

Key Steps

8. Strengthening the capacity of families to function effectively by focusing on solutions.
9. Engaging, empowering, and partnering with families throughout the all processes
10. Developing a relationship between parents and service providers characterized by mutual trust, respect, honesty, and open communication
11. Providing individualized family, culturally responsive, flexible, and relevant services for each family
12. Linking families with collaborative, comprehensive, culturally relevant, community-based networks of supports and services

Goal of Assessment

- Build a therapeutic relationship
- Develop trust and transparency
- Give and explore choices
- Show respect and warmth without judgement/criticism or an organizational agenda
- Obtain necessary information about patterns, themes and function

Formal Measures

- **YSQ-3S**
- **ACE**
- **FANS-Trauma**
- **CAPS- C**

Schema Theory

Jeffery Young

History of arousal leads to adaptive and mitigating behaviors that can develop relatively permanent mental structures that influence thinking and behavior

Characteristics of Environments that generate adaptations and mitigations

1. ABANDONMENT / INSTABILITY
2. MISTRUST / ABUSE
3. EMOTIONAL DEPRIVATION
4. DEFECTIVENESS / SHAME
5. SOCIAL ISOLATION / ALIENATION
6. DEPENDENCE / INCOMPETENCE
7. VULNERABILITY TO HARM OR ILLNESS
8. ENMESHMENT / UNDEVELOPED SELF
9. FAILURE TO ACHIEVE
10. ENTITLEMENT / GRANDIOSITY
11. INSUFFICIENT SELF-CONTROL / SELF-DISCIPLINE
12. SUBJUGATION
13. SELF-SACRIFICE
14. APPROVAL-SEEKING / RECOGNITION-SEEKING
15. NEGATIVITY / PESSIMISM
16. EMOTIONAL INHIBITION
17. UNRELENTING STANDARDS / HYPERCRITICALNESS
18. PUNITIVENESS

FANS

Family Assessment of Needs and Strengths for Trauma

Section #13

The assessment process

Section #15

Models of treatment

Models of treatment for families

Family Empowerment

Charles Figley 1986

- Once the therapeutic relationship has been developed, Figley's Family Empowerment Model is used to assist families to resolve conflicts associated with the traumatic event and to develop a healing theory to enable family members to recognize the strengths that allowed them to survive and move on with their lives.
- Focus:
  - Acute Stress in Family
  - Acute Stress Disorders in Families
  - Posttraumatic Stress Disorder and it’s impact on families

ARC: Attachment, Self-Regulation, and Competency

Blaustein & Kinniburgh

A Comprehensive Framework for Intervention with Complexly Traumatized Youth

- Age range 2-21
- This approach is grounded in four primary theoretical/empirical literatures:
  1. attachment theory
  2. child development
  3. traumatic stress impact
  4. factors promoting resilience

ITCT: Integrative Treatment of Complex Trauma

John Brier & Cheryl Langtree

Treatment of Complex Trauma for Adolescents (ITCT-A), is being adopted by a growing number of treatment centers for adolescent trauma survivors in the United States and beyond.

- Age range: 10 to 21
- Average number of sessions 16 to 36
- multiple treatment modalities:
- cognitive therapy,
- exposure therapy,
- play therapy,
- relational treatment
- family therapy also integrated into treatment.

PCIT: Parent-Child Interaction Therapy

PCIT is an evidenced-based treatment model with highly specified, step-by-step, live coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions.

Age Range 2-12

Strengthening Family Coping Resources: Multi-family Group for Families Impacted by Trauma

Uses family ritual and routine to increase the family's sense of safety, stability, and ability to cope with crises. Intended to help families regulate their emotions and behaviors and improve family communication about and understanding of the traumas they have experienced. Consists of a 15-week multifamily group process that includes work on storytelling and creation of a family trauma narrative.

a. Age range 0-adult
b. All members of the family are encouraged to attend. Developmentally relevant breakout groups address all ages from infants to grandparents
c. Skills based

Child-Parent Psychotherapy

- Average length/number of sessions: 50
- Integrates a focus on the way the trauma has affected the parent-child relationship
- and the family's connection to their culture and cultural beliefs, spirituality,
- intergenerational transmission of trauma, historical trauma, immigration experiences,
- parenting practices, and traditional cultural values.
- Dyadic attachment-based treatment for young children exposed to interpersonal violence.

Trauma Adapted Family Connections (TA-FC)

TA-FC builds on the Family Connections (FC) program, an evidence based neglect prevention intervention. Core components of the model include:

1. trauma-focused family assessment and engagement
2. psycho-education to teach family members about trauma symptomatology
3. a focus on building safety capacity within the community and immediate environment
4. trauma informed parenting practices and intergenerational family strengthening and communication
5. trauma informed in-depth family and individual work including emergency response to help the family meet the basic needs of their children, advocacy and referral.

A promising treatment; The outcome evaluation for TA-FC includes the use of any of the above listed measures for baseline and follow-up assessments across multiple domains of identified risk and protective factors.

Section #15

Section # 16

A trauma informed use of language and communication

- Communicate in a trauma sensitive way with everyone
- What do you need to know to communicate with trauma clients?
- How do you make communication come together and be powerful?

Trauma-informed or sensitive communication

- To communicate with sensitivity requires that we, ourselves be in the Bruce Banner Brain (or) in a calm and balanced central nervous system (CNS)
- To communicate in a trauma-informed way requires deliberate intentionality and focus on our part.

What does Trauma-informed communication look like?

- Relaxed in body
- Stays in the present
- Cultivates comfort with inner silence
- Pause and reflect on deepest or primary values
- Increase our positive expectations
- Access pleasant
- Be observant
- Express appreciation
- Speak warmly
- Speak slowly
- Be brief (sentences no more than 7-10 words)
- Listen deeply with intent

The nature of human communication

Once connected we move into reliance on subtext rather than content as our primary communication.

What does that really mean?

We us subtext in intimate relationships

Typical statements:

- **The trash is full**

Subtext???

- Some action should be taken to change this status
- Someone should take the action to change the status
- Assumes one's knowledge of a process of moving from empty to full
- Assigns some value to fullness/emptiness

Benign subtext assumptions:

- They have acted in some way before
- They have acted on multiple occasions
- They can recognize distinction in their bodily experience
- They can recognize distinction in their emotional experience
- They can recognize distinction in their thinking experience
- They can recognize distinction in their sensory experience
- They can order their own experience
- They can articulate their own history
- They have competence in self-examination
- They have competence in self-reflective
- They can evaluate their own history
- The can articulate their experience

Ask a typical mental health question!

1. How many day per week do you use. . .
2. How many different street drugs have you used in the last three months . . .
3. What is your history of being abused emotionally, sexually, physically or by neglect?

Questions taken from psychiatric intake document

SUBTEXT example explorations

When was the very first time… you remember waiting … before you used. . . . ?

Assumptions:

- They have waited before acting
- They have waited before acting on multiple occasions
- They can order their own experience
- They can articulate their own history
- They have competence in self-examination
- They can be self-reflective
- They can evaluate their own history

SUBTEXT example explorations

Where in your body…. do you first notice the sneaky rage monster creeping up on you?

When was the last time… that the Rage monster wasn't peaking around a corner hoping you would ask them in?

Difference between strength based and capacity based questions

Strength based ????

- What is working well?
- Can you think of things you have done to help things go well?
- What have you tried? And what has been helpful?
- Tell me about what other people are contributing to things going well for you?

Capacity based ????

- What is the first thing you noticed working well?
- What is one of the essential things you have done to get things going forward?
- What is a key thing have you tried that has been helpful?
- How did you first learn to let other people contribute help and support to move you forward?

Difference between strength based and capacity based questions

Strength based ????

- How have you faced the challenges you have had?
- How have people around you helped you overcome challenges?

Capacity based ????

- How did you first decide to face the challenges you had?
- What was the most important thing you decided that has helped you accept help from other people?

Question examples and discussion

- What is the first thing you discovered about yourself that has helped you . . . . ?
- How did you begin to discover the first thing that helped you?
- What things did you have to look at before you found that thing that has helped?
- When you were evaluating the different things that you might be able to do, what seemed to be the most important?
- When you found that you could do . . . you gave yourself permission to act on it…what was the first thing you did to give yourself that permission

Question examples

- What was the first thing you decided to help you begin this process you went through?
- What were specific reasons that it was Ok to give yourself permission to act in your own best interest?
- Letting go of familiar ways of thought can really be uncomfortable, what was the first thing you discovered you could do to get yourself to tolerate moving through the discomfort.
- What was one of the most important things you thought of doing and decided not to act on?

Section # 16

A trauma informed use of language and communication

- Communicate in a trauma sensitive way with everyone
- What do you need to know to communicate with trauma clients?
- How do you make communication come together and be powerful?

Section #17

Beginning the narrative process

Creating a time line

- **Never the prejudicial words of:**
  - **Trauma**
  - **Issues**
  - **Problem behaviors**
  - **Rape**
  - **Assault**
  - **Domestic Violence**
  - **Diagnosis**
  - **Fear**
  - **Anxiety**

Because of the way we use language in Mental Health; clients report:

- 64 % anticipate discrimination and marginalization that stops them applying for work, training or education
- 55 % stop looking for a close relationship
- 80 % claim having a diagnosis made life more difficult.
- 88 % think the public associated diagnosis with violence and/or danger to the public

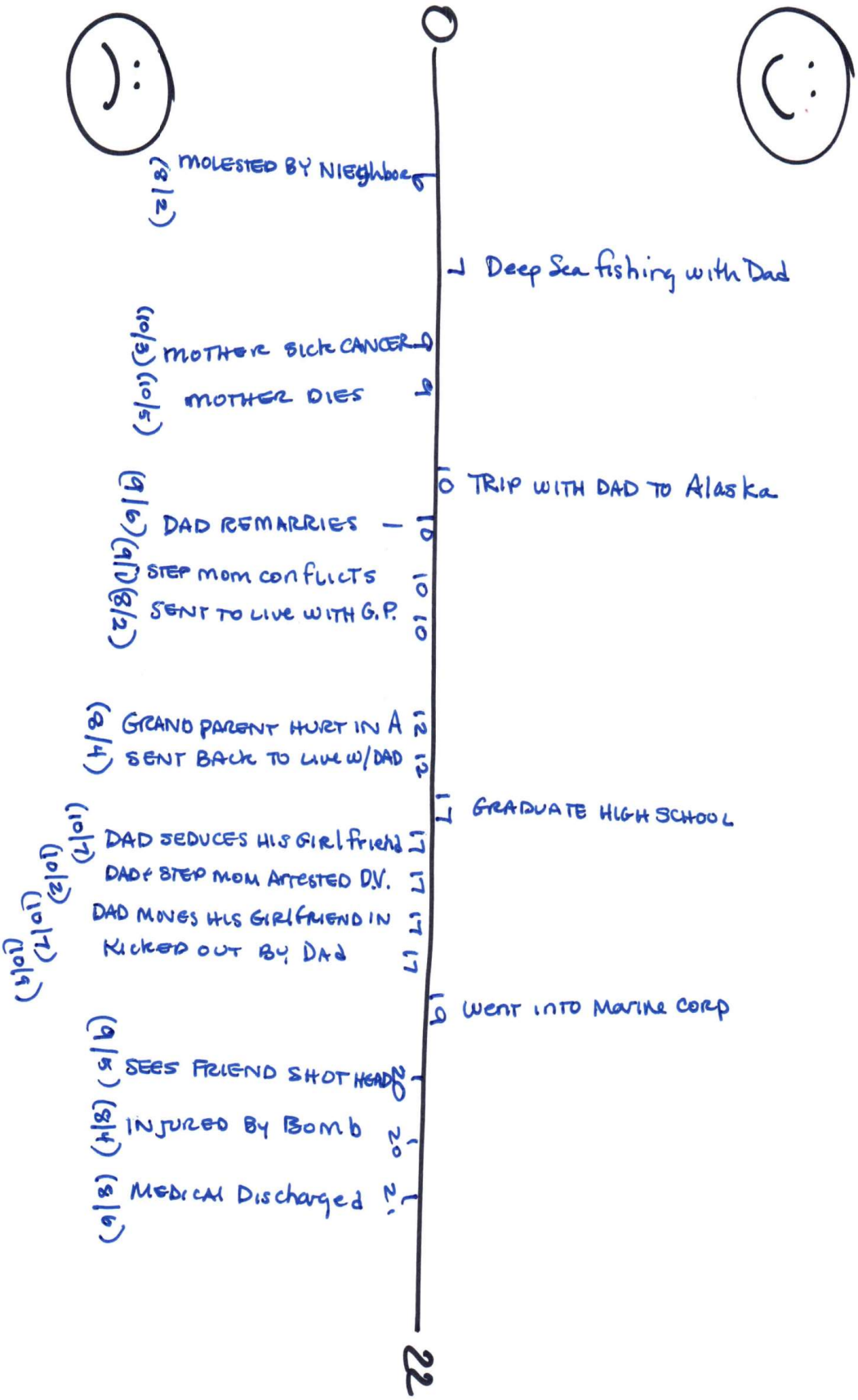
Institute of Psychiatry, Psychology & Neuroscience -- King's College London

Beginning

- **Explain you are needing to have a better understanding of how things work for their family.**
- **Explain that a time line is a list of positives and negatives that have happened to each person in the family:**
  - Give examples of both positive and negative things and then how you would summarize them into small 3-4 word statements
  - Start with the oldest to the youngest
  - Remind them of the first rule
- **Begin with the safe items:**
  - Foster parents or adoptive parents also need to be able to create a timeline.
  - Then compare if their timeline is different or similar to the child and what might those similarities or differences lead to?

Next step

- Go back over the items one at a time
- Focus on the negative ones – ask on a scale of 0-10, 10 being the strongest let's rank these experiences.
  - Ground them as you ask…*(looking back, how disturbing was it when you first experienced it, and as you sit in your chair now looking at it how disturbing do you find it?)*
- When you have them ranked….go back and ask the following type of questions:
  - Pick things that have significantly changed 4-5 points, and ask "what did you actively do to move this down?" "What is the first thing you can recall that let you know things were move in a better direction with this?"


(2/8) MOLESTED BY NIEghbor
7 Deep Sea fishing with Dad
(5/01)(10/5) MOTHER SICK CANCER
MOTHER DIES
9
10 TRIP WITH DAD TO Alaska
(9/6)(11/8)(8/2) DAD REMARRIES
STEP MOM CONFLICTS
SENT TO LIVE WITH G.P.
10
10
10
(8/4) GRAND PARENT HURT IN A
SENT BACK TO LIVE W/DAD
12
12
11 GRADUATE HIGH SCHOOL
(10/1) DAD SEDUCES HIS GIRLfriend
(10/2) DAD+ STEP MOM ARRESTED D.V.
(10/7) DAD MOVES HIS GIRLFRIEND IN
(10/9) KICKED OUT BY DAD
17
17
17
17
19 WENT INTO MARINE CORP
(9/5) SEES FRIEND SHOT HEAD
(8/14) INJURED BY Bomb
(9/13) MEDICAL Discharged
20
21
22

Section #17

Beginning the narrative process

Section #18

Skill building to work through the narrative with a client

COMPETENCY AND CAPACITY DISCOVERY WORKSHEET

Deconstruct an experience with a focus on uncovering ACTION oriented movement through adaption and mitigation.

a. Every situation is full of data. The client has been focused on the pain, misery and hurt of their experiences based on what their system tells them is relevant.
b. Deconstruct the situations in "great" detail focusing on process rather than emotion.
c. Focus on actions over thinking and emoting
d. Since the natural focus is on the situation and the related distress, be careful to keep the client focused on their actions

COMPETENCY AND CAPACITY DISCOVERY WORKSHEET

Let the client then connect and make meaning out of the action pieces of their adaption and mitigation narrative.

a. Do not tell or instruct the client, instead have them make the action oriented connections between the parts of their story.
b. Encourage the client make connections with multiple parts

Summarize the connected ideas, themes, patterns into a short statement

a. Create a brief summary statement captures all of the elements of the connected parts
b. Clarify the statement

COMPETENCY AND CAPACITY DISCOVERY WORKSHEET

Fine tune the statement until it is a clear statement, *then* ask them to give examples of it (what would someone see you doing that would suggest you are . . . .?)

a. Generate 4-5 action statements that are descriptors of the summary statement in action.
b. Review the action statements and make certain that they reflect actions

Now that we understand the competency, give it a name…the more personally meaningful to the client the more effect this will be.

a. Humor or well known characters work well
b. Creative names are also easy for people to remember

Like-a-tude-us
Taz-tastic
Speedy Gonzales
Bump, bump and sway
Pepe' Le Pew

COMPETENCY AND CAPACITY DISCOVERY WORKSHEET

If I said ….would you immediately think of….. (review the 4-5 action steps) if I were to use the label, would you be able to recall the action steps.

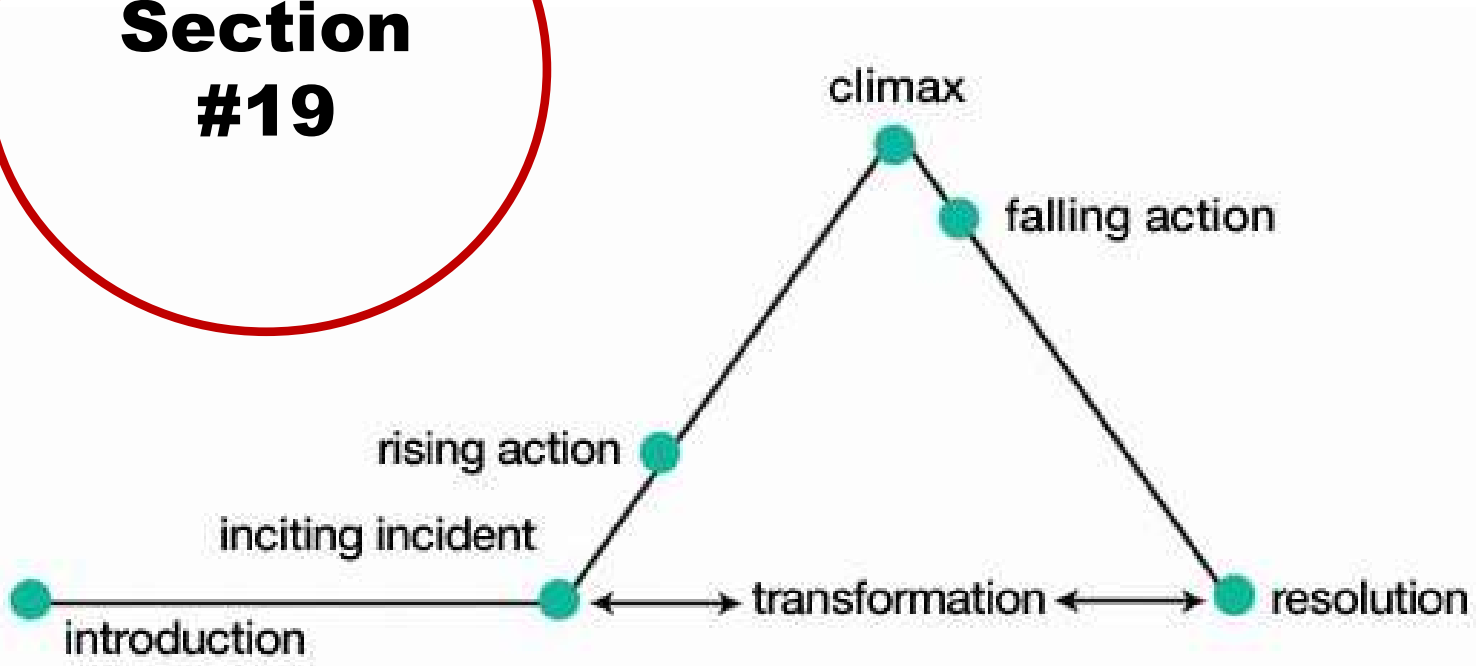
a. Walk them through 2-3 examples of how they could apply this process to a situation
b. If you could see yourself apply (“. . . . . .”) when ever you needed to, how would that change how you see yourself?

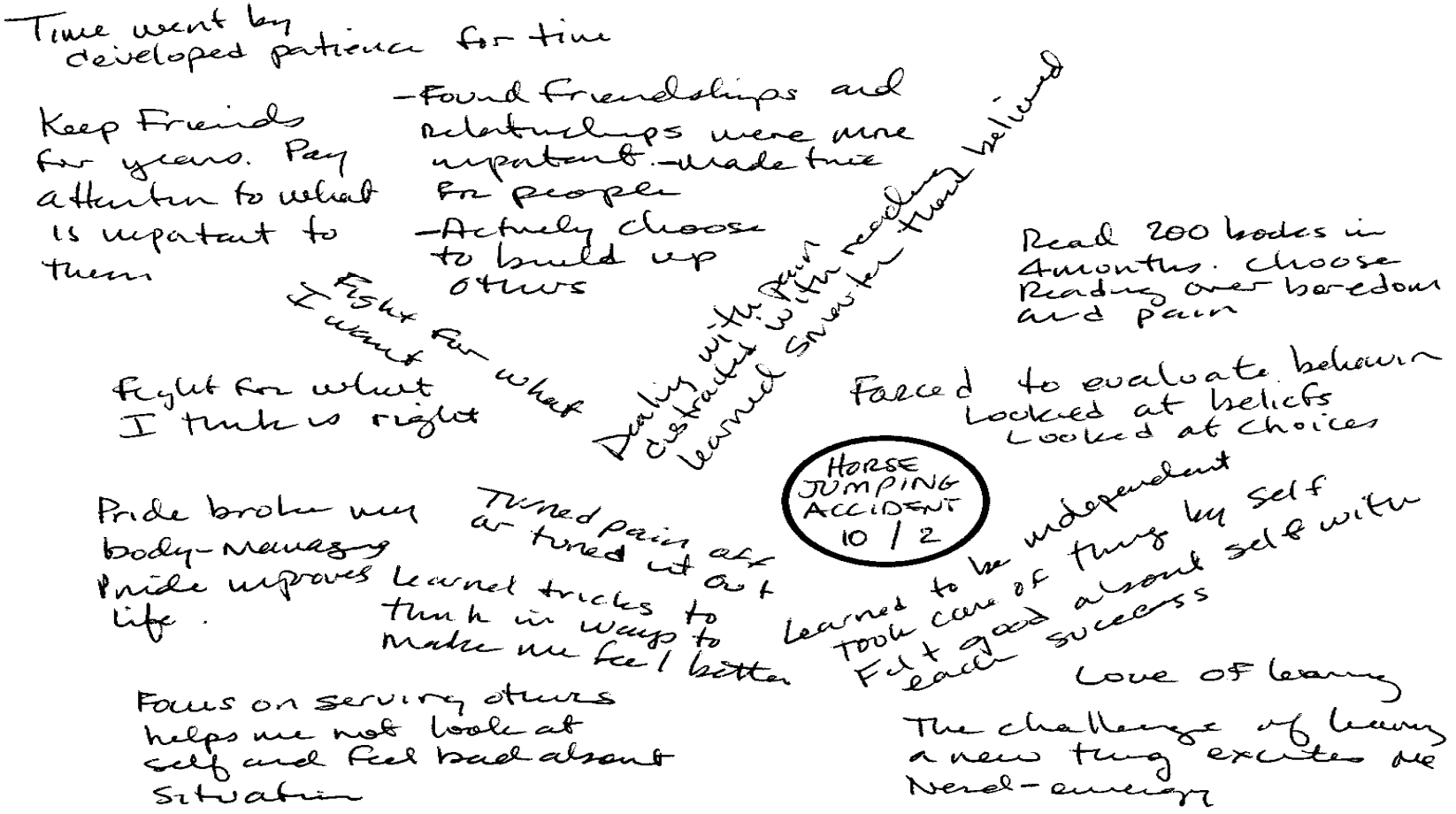
Section #1

Skill building to work through the narrative with a client

Moving through the narrative

Section #19





Capacity described

Capacity labeled

Traumatic Memory Processing

Trauma Memory Processing

Exercise

Graphic Narrative

- Use Large Paper
- Draw the events of the trauma in chronological order

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Before any idea that anything was going to happen		
	Worst possible moment	
		When the fear and upset were over or manageable

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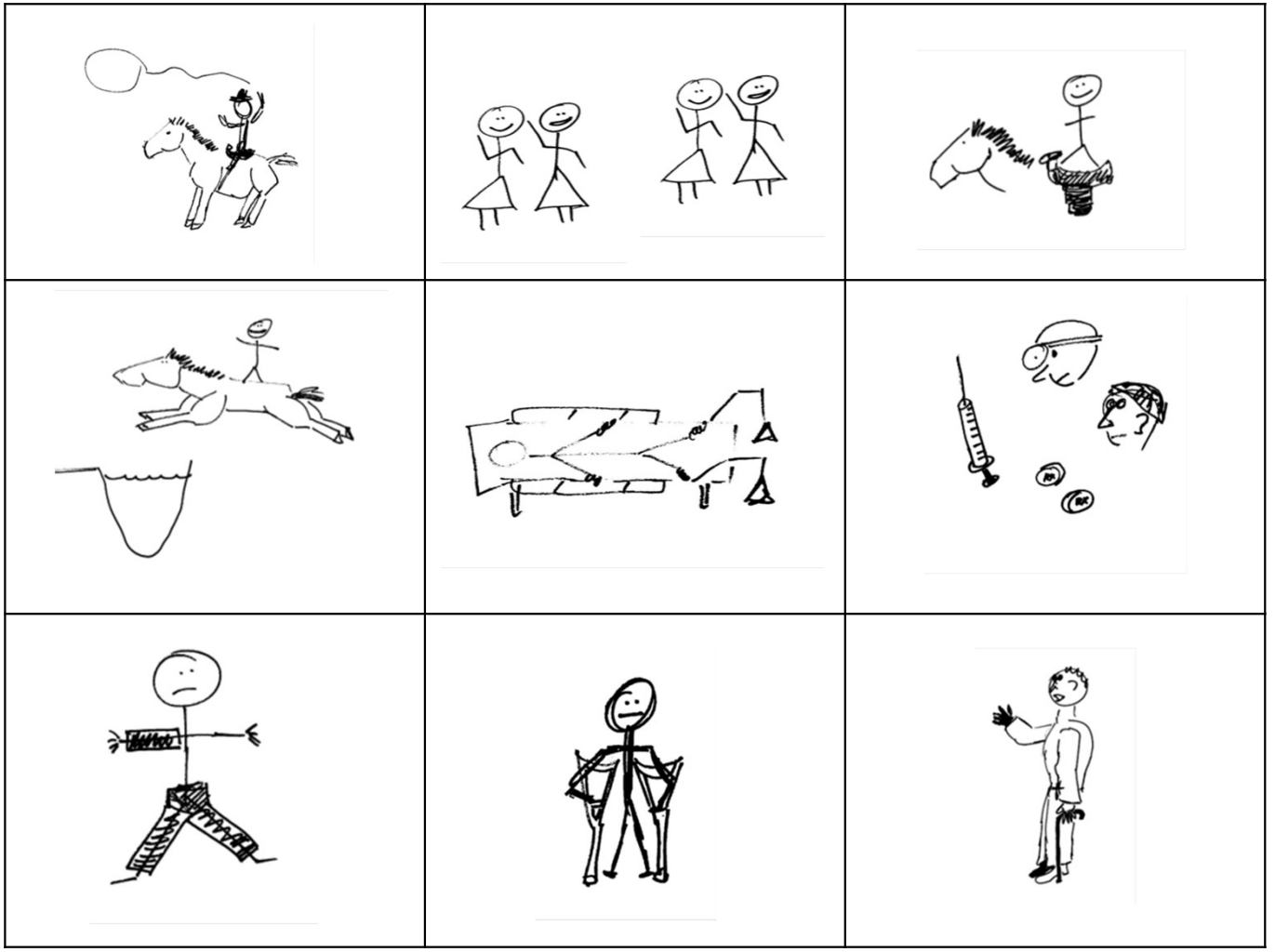

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Story Board Reprocessing

1. **Establish a timeline**. Establishing when and where the story takes place, and deciding in which order the events of the story happen chronologically.
2. **Identify the key scenes in your story.** A storyboard is meant to give the gist of the story. The point isn't to try to recreate the entire experience, but to demonstrate important key parts.
3. **Draw out of what each cell will show.** Now that you know what main scenes you want to show, think about how to write about it.
4. **Write a description of what each cell shows.**

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Moving through the narrative

Section #19