



New Pathways to Trauma Treatment A Body Centered Approach to Recovery Alma R. Lones MFT

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Post Traumatic Stress DSM IV Definition

A. The person has been exposed to a traumatic event in which both of the following were present:

- the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- the person's response involved intense fear, helplessness or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.

DSM IV Definition

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

- recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: IN young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
- recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content
- acting or feeling as if the traumatic event were recurring. Note: In young children, trauma-specific reenactment may occur.
- intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

DSM IV Definition

C. Of general responsiveness, as indicated by three or more of the following:

- efforts to avoid thoughts, feelings, or conversations associated with the trauma
- efforts to avoid activities, places, or people that arouse recollections of the trauma
- inability to recall an important aspect of the trauma
- markedly diminished interest or participation in significant activities
- feeling of detachment or estrangement from others
- restricted range of affect (e.g. unable to have loving feelings)
- sense of a foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span)

DSM IV Definition

D. Persistent symptoms of increased arousal, as indicated by two or more of the following:

- difficulty falling or staying asleep
- irritability or outbursts of anger
- difficulty concentrating
- hypervigilance
- exaggerated startle response

E. Duration of the disturbance is more than 1 month *THE DISTURBANCE CAUSES CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT IN SOCIAL, OCCUPATIONAL, OR OTHER IMPORTANT AREAS OF FUNCTIONING*

PTSD DSM-IV Diagnostic Criteria-- Overview

- The person has been **exposed** to a traumatic event
- The traumatic event is persistently **reexperienced**
- Persistent **avoidance** of stimuli associated with the traumatic event and numbing of general responsiveness
- Persistent symptoms of **hyperarousal** not present before the traumatic event
- Symptoms duration of criteria B, C and D are **more than 1 month**
- Symptoms cause clinically significant **distress** or **impairment** at home, work, or in other areas of functioning

Common Traumatic Events (National Comorbidity Survey)

- Witnessing injury/death
- Sexual molestation/rape
- Natural disaster/fire Physical attack/abuse/threatened with a weapon
- Life-threatening accident
- Combat
- Shock

Biological and Psychological Responses to Trauma

"Despite the human capacity to survive and adapt, traumatic experiences can alter people's psychological biological, and social equilibrium to such a degree that the memory of one particular event comes to taint all other experiences, spoiling appreciation of the present. The tyranny of the past interferes with the ability to pay attention to both new and familiar situations. ...life becomes colorless"

Bessel van der Kolk

Biological and Psychological Responses to Trauma

Six critical issues that affect how people with PTSD process information

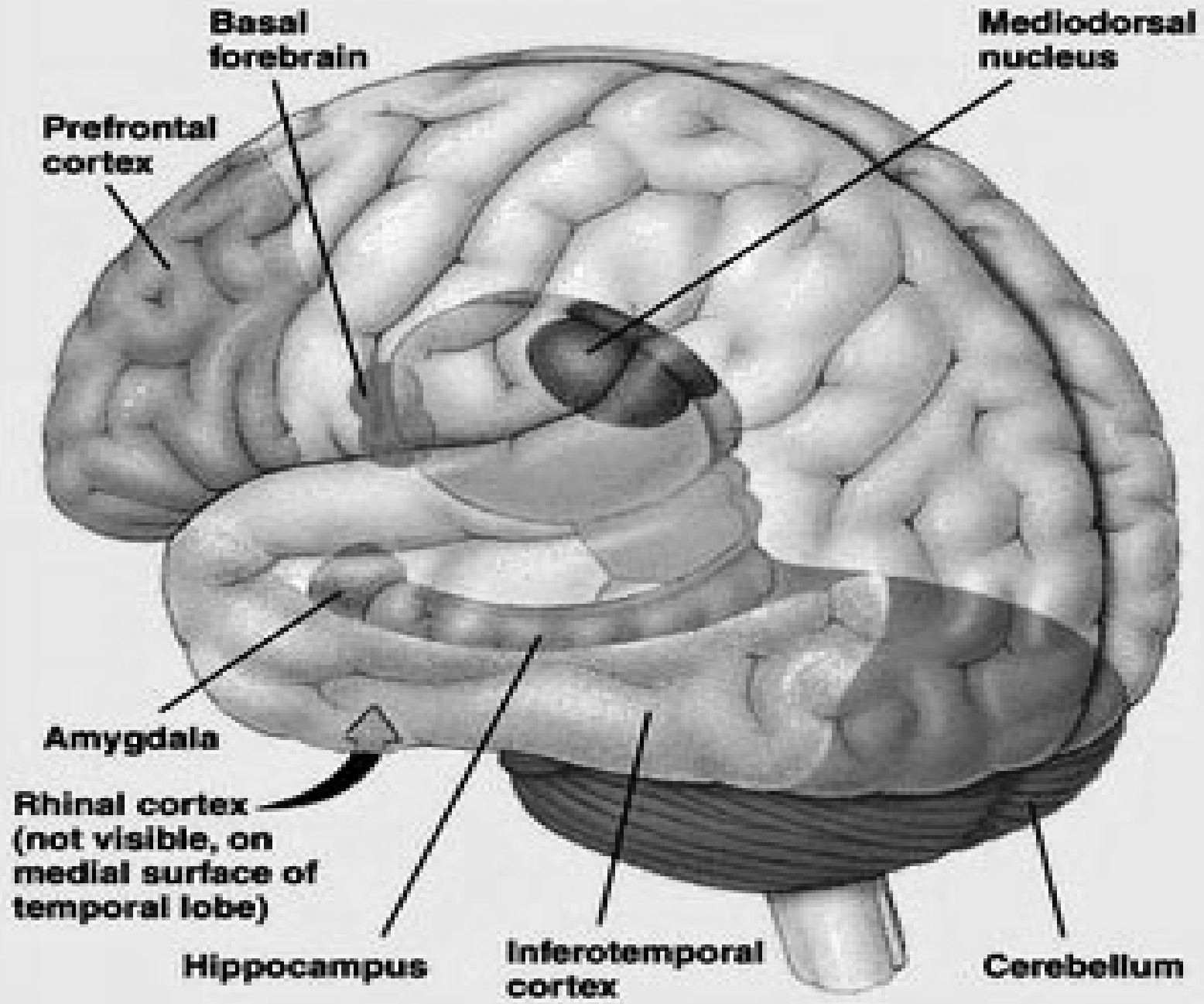
- Persistent intrusions which interfere with attending to other incoming information
- Compulsive exposure to situations reminiscent of the trauma
- Active avoidance of specific triggers of trauma related emotions

Biological and Psychological Responses to Trauma

- Loss of the ability to modulate their physiological responses to stress, leading to a decreased capacity to utilize bodily signals as guides for action
- Problems with attention, distractibility and stimulus
- Alterations in their psychological defense mechanisms and in personal identity. This may change what information is selected as relevant

Biological and Psychological Responses to Trauma

- Life becomes organized around the trauma both consciously and unconsciously
- Traumatized people develop their own methods to cope with the intrusive memories and sensations
- Brain imaging research has shown that the prefrontal cortex of the brain goes "off-line"



Trauma and Memory

"Declarative" or "Explicit" Memory

Conscious awareness of facts or events that have happened to an individual. During the process of remembering, the individual is aware of being in the present. There is evidence to support that this form of memory functioning is impacted by lesions on the frontal lobe and hippocampus.

(Van der Kolk, 1994)

Trauma and Memory

"Nondeclarative" or "Procedural" Memory

Memories of skills, habits, emotional responses, reflective actions and conditioned responses. Procedural memory precedes action.

Trauma and Memory

"Flashbulb" Memories

Memories of significant events have been found to be unusually accurate. For example, most adult Americans can tell you what they were doing on 9/11.

Trauma and Memory

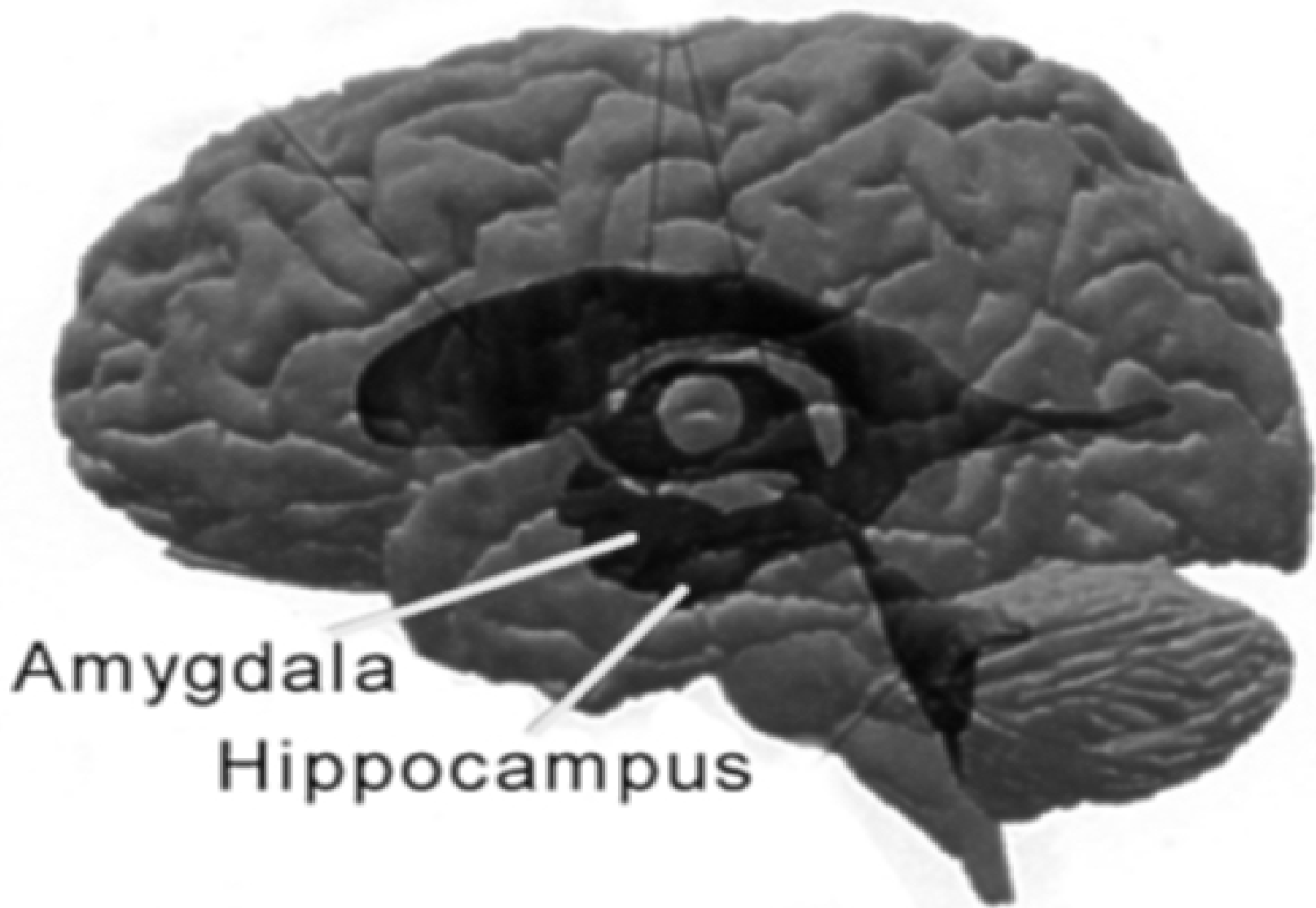
“Traumatic Memories”

Victims of trauma report both vivid and vague memories. These memories are often not integrated in the same way as everyday experiences. The memories are fixed, unchanging with the passage of time.

Trauma and Memory

“Traumatic Memories”

- Traumatic memories appear to be “encoded” differently
- Brain imaging of trauma victims has shown significant changes to parts of the brain, the hippocampus and the amygdala
- The amygdala is implicated in the evaluation of emotional meaning of incoming stimuli
- The hippocampus records memory, categorizing it and storing it in relation to life experiences



Amygdala

Hippocampus

Trauma and Memory

Two common responses to trauma

- Amnesia

"Forgetting the event which precipitated the emotion.. has frequently been found to accompany intense emotional experiences in the form of retrograde amnesia" Pierre Janet, 1909

Trauma and Memory

- Dissociation

"A psychological defense mechanism in which specific, anxiety-provoking thoughts, emotions, or physical sensations are separated from the rest of the psyche" (from the Free Dictionary)

Trauma and Memory

Research shows that the major difference between normal memory and traumatic memory is that it is originally imprinted as physical sensations or feeling states with little or no verbal representation. Traumatic memories are often recalled as sensory or emotional states.

Substance Use Disorders and Trauma

Comorbid rates of PTSD and Substance Use Disorders

- Up to 75% of wartime victims with lifetime PTSD meant the criteria for substance use disorders (SUD)
- Among the civilian population lifetime estimates of lifetime SUD ranged from 21.6% to 43% in persons with PTSD compared with 8.1% to 24.7% in persons without PTSD

Substance Use Disorders and Trauma

- Rates of PTSD among clients in inpatient settings for treatment of SUD have been reported up to 42.5%
- Among pregnant and parenting women, in a residential SUD treatment setting, the rate is 62%

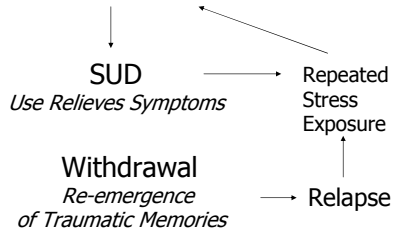
Substance Use Disorders and Trauma

Two common pathways lead to the development of comorbid PTSD and SUD

- The SUD precedes the PTSD. The inherent risk involved in obtaining illicit substances often places the individual in situations that lead to traumatic experiences.
- PTSD precedes the development of SUDS

Substance Use Disorders and Trauma

PTSD and Traumatic Memories



Substance Use Disorders and Trauma Commonalities Between PTSD & SUD

PTSD

- Prefrontal cortex (PFC) is often "offline"
- Amygdala activation during symptom provocation
- Increase in corticotropin-releasing factor
- Chronic Distress
- Environmental Triggers

SUD

- Poor PFC functioning
- Amygdala activation during cue presentation
- Increase in corticotropin-releasing factor during withdrawal
- Chronic Distress
- Environmental Triggers

Using a Body Centered Approach

Why a Body Centered Approach?

- Trauma is experienced at a sensory level. It is not a linguistic experience
- Responses to trauma are procedurally learned and "do not require conscious or unconscious mental representations, images, motivations or ideas to operate" (Grigsby & Stevens, 2000)
- Talking about old events, at best, can trigger procedurally learned memories.

Using a Body Centered Approach

- Limbic systems get activated when there is trauma or danger
- In response to threat, humans, like all animals, mobilize for physical action
- Successful motor response; flight/fright/freeze returns the organism to homeostasis

Using a Body Centered Approach

When there is a failed physical response and the individual is immobilized, often by force, the result is a hormonal response that is dissociated from **effective physical action.** The individual is left with a sense of helplessness.

Using a Body Centered Approach

- Trauma memories, when triggered, need to be acknowledged at a sensory level
- The goal is to help people tolerate what they know in the NOW, to shift from reliving the experience to having a memory

Using a Body Centered Approach

- YOGA; 40 trauma survivors who completed an 8 week yoga course were found to have an improved relation to their bodies
- In a comparative study between Dialectal Behavioral Therapy (DBT) and Yoga, both groups showed the same amount of improvement

Using a Body Centered Approach

- EMDR; (Eye Movement Desensitization and Reprocessing)
- During EMDR the client attends to past and present experiences in brief sequential doses while simultaneously focusing on an external stimulus. Then the client is instructed to let new material become the focus of the next set of dual attention. This sequence of dual attention and personal association is repeated many times in the session.
- In a comparative study utilizing EMDR vs. fluoxetine vs. placebo, EMDR had the most positive outcomes

Using a Body Centered Approach

- Create "Islands of Safety"
- Begin sessions by creating a "sacred space"
- Encourage a mindful awareness of what is happening with the body
- If someone disassociates have them get up, move, stand on one foot.

Using a Body Centered Approach

- Emotional Freedom Technique; Tapping
- Sounds; chanting, "moaning", fog horn
- Moving, Dancing; "The Wave"
- Yes/No exercise
- Body Mapping
- Visualizing a safe space

Using a Body Centered Approach

Examples Body Work

- Hana Somatics
- Rosen Body work
- Alexander Technique
- Biofeedback
- Feldenkrais

Using a Body Centered Approach

"The body holds not only the trauma-related procedurally learned behaviors, but also the projected adaptive future action...the "acts of triumph" that were not present at the time of the trauma."

(Ogden and Minton 2003, in conversation with Dan Siegel)³⁶

Using a Body Centered Approach

"What we cannot hold, we cannot process.
What we cannot process, we cannot
transform. What we cannot transform,
haunts us. It takes another mind to help
us heal ours. It takes other minds and
hearts to help us grow and re-grow the
capacities we need to transform
suffering" Joseph Bobrow,
Coming Home Project
