

Making the Connection: Using a Body Based Approach in
The Treatment of Addiction and Trauma
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Today's Workshop

- Combining experiential with didactic
- Bring an attitude of curiosity and non-judgment
- Everything is an experiment ... use the power of play and your creative spirit.
- The experientials are optional although I hope you will participate.
- Handouts / Resources/ Future trainings
- Schedule with breaks, use restrooms as needed
- Time for questions

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Ground Rules for Learning:

Sensorimotor or somatic techniques presented today are a taste of the practice. Be in your body, mindfully notice without judgment as you engage in the experientials.

Yoga is about using the breathe and movement to ground, calm and energize. Packet will contain adaptations of what we do here today.

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Prevalence of Trauma

ACE Study (Kaiser Permanente: 1995-97)

One of the largest investigations (>17,000) studies to assess associations between childhood maltreatment and later-life health and well-being

11% experienced emotional abuse.	27% grew up with someone in the household using alcohol and/or drugs.
28% experienced physical abuse.	19% grew up with a mentally-ill person in the household.
21% experienced sexual abuse.	23% lost a parent due to separation or divorce.
15% experienced emotional neglect.	5% grew up with a household member in jail or prison.
10% experienced physical neglect.	
13% witnessed their mothers being treated violently.	

ACE Assessment Available Online

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Trauma, PTSD and Movement

- Hurricane Katrina victims experienced significant PTSD (47.8%) compared to other natural disasters
- As stress hormones became activated, the natural response would have been to move or “do something.” Louisiana’s response was to put people in one location and immobilize them.
- After 9/11, the PTSD rate was documented to range from 3 - 8 % (with the exception of Canal Street >20%) because people ran, moved, dug others out, mobilized – *completed the fight/flight response*

(Galea et al., 2007; Galea et al., 2008; Kessler et al., 2008)

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A Stage Oriented Approach to Trauma Treatment

- Stage I Symptom reduction/stabilization
- Stage II Processing of traumatic memory
- Stage III Reconnection/Integration

(Herman, 1992 Trauma and Recovery)

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The brain-body connection to Trauma

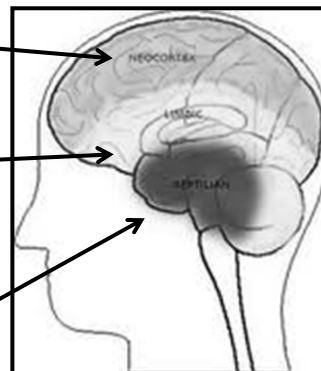
We mobilize against the traumatic situation with *instinctual* trauma responses (fight, flight, flag, freeze)

Triune Brain (McLean, 1967)

Neocortex or thinking brain: cognition, regulation, executive fx. Flexible, learns.

Mamalian brain or emotional brain: limbic system, emotional and somatosensory memory attachment system- present before birth

Reptilian brain: autonomic arousal instinctive response, rigid , necessary for survival



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2 types of memory

- Explicit memory (conscious, verbal)
Autobiographical memory, narrative, known --
e.g. “ I go to the beach house every summer.”
- Implicit memory (second-nature, unconscious, felt)
Procedural memory– you remember how to do it without thinking. Somatic, emotional memory e.g. “ When I go to the beach house and smell the ocean, I feel safe again.”

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Traumatic Memory is Unique

- Traumatic memories (limbic/emotional) are stored implicitly without narrative or explicit recall . A “felt sensory” experience.
- Unprocessed traumatic memory is stored via the image (visual) and in the body (sensation), *not through the story* (verbal).
- These memories are detailed, accurate, persistent and timeless.

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Words are Not Enough...

(van der Kolk, 2015)

- “When people get close to re-experiencing their trauma, they get so upset that they can no longer speak....Fundamentally, words can’t integrate the disorganized sensations and action patterns that form the core imprint of the trauma..... [In order] to do effective therapy, we need to do things that change the way people regulate these core functions, which probably can’t be done by words and language.”

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Working Experientially

Working with and through the image and sensation is accessing the traumatic memory directly. The disturbing image or sensation can be manipulated, transformed and resolved through the creative process (through movement, art, drama, action)

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Art Therapy

(and why AT is a treatment of choice)

- Direct access to right hemisphere where traumatic memories are stored
- Art making does not rely on verbalization
- Left hemisphere is engaged in telling the story multi modal, strengths based, creative process
- Excellent tool for clients to use as a resource
- Art making can be interactive/ playful/ enjoyable

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Sensorimotor Psychotherapy™

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Sensorimotor Psychotherapy™

A body oriented therapy developed by somatic pioneer Pat Ogden. This therapy approach blends talk therapy techniques with body centered interventions that directly address the implicit memories and neurobiological effects of trauma.

Body observations and sensations are the primary entry point in therapy.

(Ogden, 2002)

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Goals of Sensorimotor Psychotherapy™ :

- Expand integrative capacity
- Develop mindful internal awareness of how the body organizes itself
- Create opportunities for new experiences- new ways of processing information, organizing old experiences, increasing the possibility of satisfying options

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Core Organizers

- Cognition (thoughts, meanings, beliefs)
- Emotions (positive and negative feeling tones)
- Five-sense perception (sight, taste, smell, touch, hearing)
- Movement (voluntary, involuntary, gross motor and micro movements)
- Body sensations (tight, warm, tingly, queasy)

(Ogden, Pain & Minton, 2006)

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Character Structures in SP

In Sensorimotor we pay attention to how a person is in their body... may have several CS:

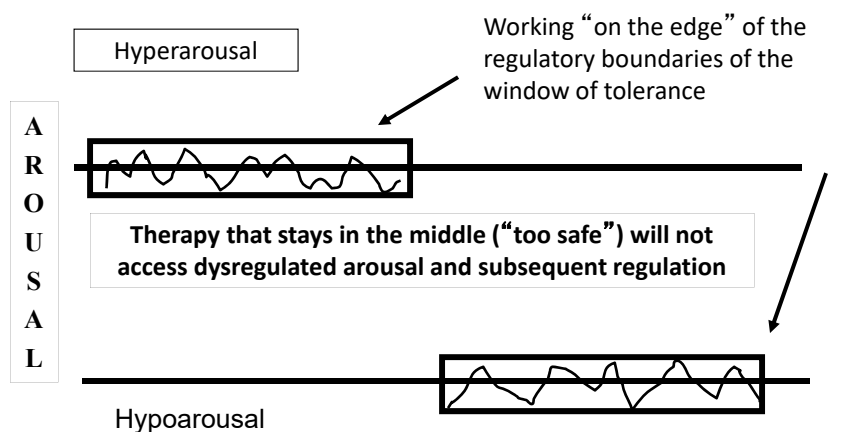
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|----------------------------|-------------------|
| 1. sensitive-withdrawn | isolates |
| 2. expressive – clinging | dramatizes |
| 3. dependent –endearing | childlike |
| 4. tough-generous | fearful, tough |
| 5. burdened –enduring | bear up and wait |
| 6. charming-manipulative | can charm and use |
| 7. self reliant | relies on self |
| 8. industrious-overfocused | refuge in action |

(Kurtz, 2013)

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Safe but not too safe

(Siegel, 1999; Ogden, Minton & Pain, 2006; Bromberg, 2006)



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Window of Tolerance (Siegel, Ogden)

- Trauma survivors may have narrow window of tolerance
- Fluctuations in affect are experienced as unmanageable and dysregulating
- Traumatized individuals tend to experience unusually high or low thresholds of tolerance
- Task of therapy: to help them identify somatic indicators of arousal while helping them find the optimal zone and expanding the window of tolerance

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Installing somatic anchors – Level I

Positive Circling Worksheet - (Kiessling, 2002)

1. Client lists a few strengths, abilities, positive things about themselves
2. Describe a time or provide a vignette of using that strength, ability, etc.
3. Describe where and how that lands in the body..savor
4. Install with BS or have them strengthen and describe

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Embedded Relational Mindfulness™ (ERM)

- Mindfulness can be taught through structured practices but in Sensorimotor the goal is embedded relational mindfulness™. In ERM we are looking at what is happening moment to moment between the therapist and the client in an attachment-focused therapy. ERM emphasizes discovering and recognizing parts of the self that might not have been noticed before.

(Ogden, 2014)

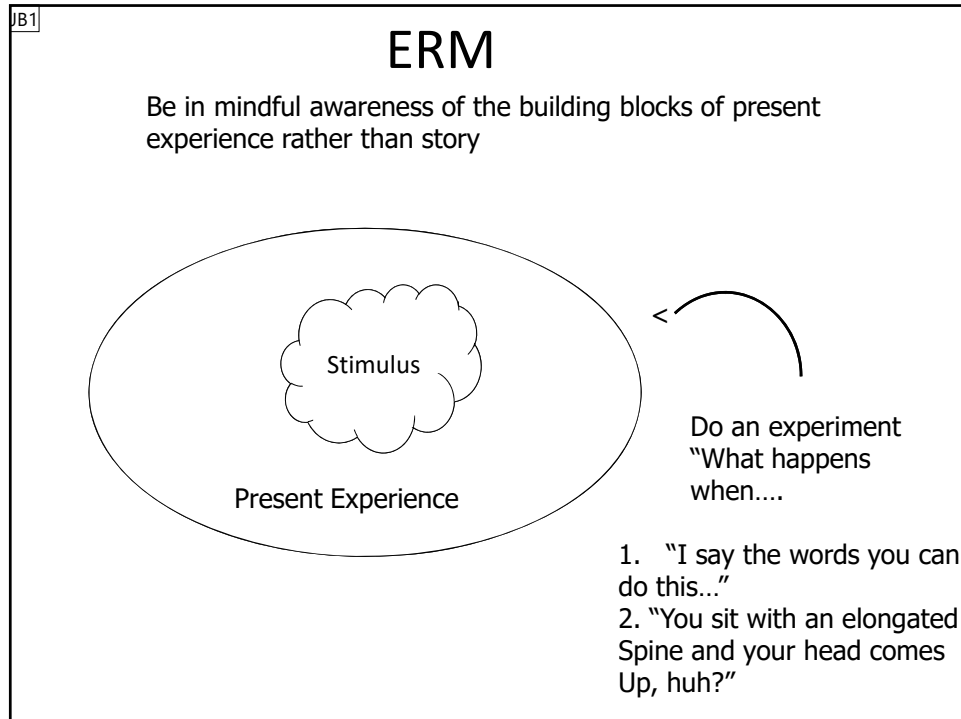
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ERM

- Client who struggles with what deceased mom might think of him if she knew he were still using
drugs .. tears apparent, head down

Therapist: “So what your mom thinks about you is important and tears come up huh....? What kind of tears are they... (probe whether shame, sadness, disappointment in self...) What else do you notice.... take your time”

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Play, Creativity and Movement Vocabulary

1. An extensive movement vocabulary supports flexibility in our actions.
2. A child who is always met with disapproving facial expressions when enthusiastic and playful deflates- the body becomes rigid, eyes lose aliveness... spontaneity will become truncated.
3. Provide clients with opportunities for formless expression and creative impulses. Even repetitious movement like walking enhances creativity.

(Ogden in Marks-Tarlow, Solomon, Siegel, 2018, p. 94-96)

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Slide 23

JB1

Janet Beauregard, 2/9/2018

Body SP / Experiential

- Pick a partner- A's & B's face each other- eye contact notice action tendency. What does body want to do? One looks away, switch. Turn and put back towards partner...notice
- A's to move towards B's, B's use hand signal to stop A's. Reverse.
- Reaching out. Notice all of us doing it differently. Change partners. Reach out again. As close as you are comfortable – talk about that. Touch on shoulder if willing? What comes up?
- Pull away. Let go. Experiment with dyadic relationship.
- Practice handing over pencil... grasp...willingly then reluctantly
- Moving in space, any way that is comfortable, slow it down- mud, speed it up- hurry, a mission
- Micro movement... study in self and others..look at character structures of others as they walk in space.

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Style of Attachment influences the Ability to Regulate Arousal

- Secure – 65%
- Avoidant/Dismissive – 20%
- Preoccupied/ambivalent/anxious -5%
- Disorganized/Disoriented – 10 %

Attunement has a neurocorrelate – shoving own state into the state of the infant

Tatkin, 2006 – Attachment Interview

Seigel, 2006 - Mindfulness, mirror neurons

(Bowlby, 1973)

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Attachment Styles and Movement

- By doing the experiments related to Bainbridge-Cohen's 5 basic movements (yield, push, reach, grasp and pull) we can help clients who might underuse or overuse these actions.
- YIELD – comfort, trust, receptivity, restful
- PUSH – release of weight into a foundation of support... good posture requires a push upward through the head and lengthening of body... pushing allows us to say “no”

(Ogden in Marks-Tarlow, Solomon, Siegel, 2018, p. 92-109)

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Attachment Styles and Movement

- REACH – seeking proximity ...attachment as well as the ability to go beyond ourselves.. It can reflect longing, curiosity, desire. If a reach is supported by a push it in effect says “YES.”
Without the support of the push (aligned spine) it may feel empty, needy or demanding.
- PULL - Proximity seeking, satisfaction of getting what we want, claiming, owning it

(Ogden in Marks-Tarlow, Solomon, Siegel, 2018, p. 92-109)

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Yoga: A Bottom Up Approach to Treating Trauma



"The memory of trauma is imprinted on the human organism. I don't think you can overcome it unless you learn to have a friendly relationship with your body."
(Van der Kolk, 2014).

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Why Teach Yoga?

The guiding principle of trauma recovery is restoring a sense of power and control to the survivor (Herman, 1992)

We must involve the body in treatment because trauma is in the physiology and yoga prioritizes making a connection at the somatic level. Yoga facilitates an observing presence. If we encourage retelling and reliving, we often injure the client more. (van der Kolk, 2001)

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What Makes Yoga “Trauma Sensitive?”

Creates body awareness without judgment

Uses movement to teach self-regulation

Uses invitational language:

“You might wish to close your eyes or leave them open....whatever feels comfortable for you”, “if you wish you may...”, “gently bring your awareness to your feet as they make contact with the floor”

Avoids adjusting or touching (unless unsafe)

Avoids triggering postures (downward dog, happy baby)

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Trauma Sensitive Yoga

Decrease sympathetic (fight/flight) and increase parasympathetic response (rest/digest)

- Decreased heart rate
- Decreased respiration
- Lower blood pressure
- Stimulate digestion
- Increases mindfulness
- Facilitates sensory integration by activating the medial pre-frontal cortex
- Decreases symptoms of PTSD

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Choosing A Yoga Class

- Bikram, Iyengar, Vinyasa ... may be triggering as they are more directive

It is important to check with the studio – often it is the teacher and their understanding of trauma that is the most essential element

Goal is freedom to choose and empowerment!

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Grounding With Yoga

Seated Mountain Pose – Core Posture

- A. Seated Sun Breathes – lift hands up in arc...palms down
- B. Seated Sun Breath Variations:
- C. Palms at center – extend arms to side...as you exhale palms back to center
- D. Hand on heart....other on abdomen
- E. Turn with a twist.... Look over shoulder
- F. Forward fold
- G. Legs up, down

(Emerson & Hopper, 2011)

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Yoga Programs That Treat Trauma

Trauma Sensitive Yoga – Hanson & Hopper

Life Force Yoga – Weintraub, MFA, RTY

Yoga Warriors - Cimini



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Life Force Yoga™ (Weintraub)

- Participation in a trauma sensitive yoga class designed specifically to address mood can lead to decreased symptoms of anxiety, depression and PTSD (Khalsa, 2008)
- Class certification as LifeForce Yoga Practitioner™
Training in Tucson, AZ - February each year

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Yoga For Depression – Experiential Standing (Weintraub)

Asanas: O, OO, Ah, E, Mnn (calming)

- Shoulder rolls, neck rolls
 - Side lunge...back to center ..other side
 - Squat and reach – cross arms in front then open and up in “V”
 - Power Hara – chicken wings, step to side arm out - “HA”
 - Bellows Breathe – fists at shoulders, up and open fingers – inhale up, exhale back to shoulders
 - Pulling Prana – arms extended and pull in – “HA”
- Asanas: Lum, Vum, Rum, Yum, Dhee, Ree, Ha (energize)*
- Breath of Joy – arms up inhale, lean forward bend ex.

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Trauma Sensitive Yoga Training

- Boston, MA Justice resource Institute
David Emerson & Elizabeth Hopper, Ph.D.
- Tucson, AZ Yoga for Anxiety & Depression
Amy Weintraub Also at Kripula, MA & Yogaville, VA
- * Yoga Warriors – Lucy Cimini (military vets)
West Boylston, MA *trains nationally

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Yoga Warriors International Veteran Program for PTSD

Healing the wounds of war breath by breath....

Research findings:

- better improvement in concentration
- more socialization, interest in life
- less anger, irritability, sadness, anxiety
- better self care Stoller & Cimini (2008)

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Yoga Warrior Affirmations (Cimini, 2001)

Warrior “I face life’s challenges with an open heart.”

Dynamic side twist “Everywhere I turn I see healing.”

Woodchopper “I safely release anger to open my heart.”

Breathe of Joy “I fill my open heart with the breathe of joy.”

Standing Sidebend “in the face of challenges, I bend but do not break.”

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