Hypnotic Interventions for Trauma Resiliency, Anxiety and Stress Management: A Somatic Based Approach

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Trauma Resiliency Model (TRM) and Hypnosis

Experiential moment:

Tracking

Grounding

Resourcing

On the “inside”
TRM Protocol

• From Trauma Resource Institute
  www.traumarecourceinstitute.com

• Nonprofit organization with worldwide exposure

• Interventions based on the most current neurophysiological research on the inherent capacity of the body/mind to heal itself
TRM Protocol

• Adapted from and based on work of P. Levine, P. Ogden, E. Gendlin

• This is an overview and brief introduction of TRM and my own integration of TRM with hypnosis
Hypnosis

What is hypnosis? “Heightened internal concentration” (Stephen Lankton, Ph.D., professional group workshop, Beverly Hills, 2008)

Implications? Hypnosis is mindfulness based (Yapko, 2011) - “purposeful, nonjudgmental attention to the unfolding of experience on a moment-to-moment basis” (Kabat-Zinn, 1990/2005)

Trauma - a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury
Resilience is the core experience of most who experience Trauma. By resilience is meant the ability of individuals exposed to a potentially highly disruptive event to maintain both healthy psychological and physical functioning and the capacity for positive emotions.

George Bonanno, Columbia University, 2011
Resilience

“Most of what we suffer, whatever name or diagnosis it is given, relates to our ability to regulate affect.”
(Sebern Fisher, M.A., LMH, BCIA)

Staying within the “Zone of Resiliency”
Trauma Resiliency Model (TRM) Protocol

Step 1: Establish rapport and trust with the client. Explain your rationale for using TRM skills . . .
Explain the Purpose or Rationale

To learn to stabilize and reduce or prevent symptoms of traumatic stress or high anxiety
Theory

The theory postulates that the symptoms of trauma are the effect of a dysregulation of the autonomic nervous system (ANS), that the ANS has an inherent capacity to self-regulate that is undermined by trauma. The inherent capacity to self-regulate can be restored by specific procedures of body awareness.
Trauma Resiliency Model (TRM) Protocol

Step 2: Create a “new lens” to look at anxiety and traumatic symptoms. This can reduce shame and gives a new framework of understanding.
Trauma Resiliency Model (TRM) Protocol

Step 3: Orient the client to the graphics: The Wave and Stuck on High/Low
Zone of Resiliency
Traumatic Event!

Stuck on “High” Hyper-arousal

Hyperactivity
Hypervigilance
Mania
Anxiety & Panic
Irritability, Rage

Normal Zone
Balancemind

Depression
Disconnection
Exhaustion/Fatigue
Numbness

Stuck on “Low” Hypo-arousal

(Graphic adapted from Poole-Heller / Levine)

(from Trauma Resource Institute, Miller-Karas & Leitch)
The Autonomic Branch of the Nervous System

The ANS has 2 important roles:

1. In **emergencies**, that cause stress and require us to "fight" or take "flight:
   Sym pathetic branch

2. In **non-emergencies** that allow us to "rest" and "digest:"
   Parasympathetic branch
Autonomic Nervous System

Sympathetic (SNS) Prepares for Action

The SNS controls organs during times of stress

Breathing rate
Heart rate
Pupils Dilate
Blood Pressure
Sweating
Stress Hormones

Parasympathetic (PSNS) Prepares for Rest

The PSNS controls the body during rest

Breathing rate
Heart rate
Pupils Dilate
Blood Pressure
Sweating
Stress Hormones

Digestion
Saliva
Trauma Resiliency Model (TRM) Protocol

Step 4: These skills will help you be in, and stay in the “resilient zone” more often
The Focus

To promote release of biological trauma responses (physical tension, pain, discomfort and dysregulation) that are believed to remain in the body in the aftermath of trauma. This occurs when the survival responses (which can take the form of fight, flight or "freeze") of the ANS are aroused, but are not fully discharged after the traumatic situation has passed.
Human Reactions to Trauma

- SPIRITUAL
- PSYCHOLOGICAL
- BEHAVIORAL
- COGNITIVE

Slides by Miller-Karas&Leitch
2011(c)
Objective of TRM

To STABILIZE and CALM the nervous system through brief psychoeducation about the nervous system followed by providing tangible skills that can be used by the patient on an as needed basis
Trauma = TOO much & TOO fast!

Nervous system becomes dysregulated
Trauma

Cumulative Trauma

Trauma = Too Little or Too Much for Too Long!

Nervous system becomes dysregulated
Client Psychoeducation: Characteristics of Trauma

• Unexpected
• Unpredictable
• Uncontrollable

• Must reverse that for safety in session (next 11 slides), thus creating an internal containment and calming environment for exploration.
Safety: Expectations

• Let them know what to expect
• Discuss goals together, what they want
• Apply that to the TRM model
• Expect stabilization
• Know your expectations as a therapist
• Believe in what you do
• Practice self-care
Safety: Predictability

- Their agenda comes first
- Prepare them
- Discuss the plan, collaborate
- Explain
- Psychoeducation
Safety: Controllability

- Over their anxiety - may not be stable
- Develop resiliency-establish trust
- Choice - let them start focus on trauma
- Research studies versus private practice
- Comorbid issues
- PTSD symptoms wax and wane
Safety: Breathing

• Breathing (Wall St Journal, Feb 8, 2011)
  • Slow breathing calms the nervous system
  • In a panic attack, focus on breathing
  • Add “Jumping Jacks”
Safety: Breathing

Three choices
• Slow, deep breath from bottom of lungs - show them...right hand, left hand
• Inhale (5) Exhale (8)
• Buddha breathing
Safety: Muscle Relaxation

• Muscle relaxation (tense/release)

• Examples: Yo-Yo Ma squeezes fist, shrugs shoulders before beginning to play. LeBron James and Kobe at free throw line
Safety: FPO2-Eyebrow

• Used in neurofeedback (Deacon, S.R., Ph.D., Diplomate, National Registry of Neurofeedback Providers; Fisher, Sebern) and as part of therapy with considerable success
• Acupuncture spot - sends message to amygdala
• Blockages in this meridian include paranoia, jealousy, chronic anxiety and fear (Fisher, 2006)
Safety: FPO2

Frontal Pole Orbital (2=right side)

Location is between juncture of base of right brow bone and top of nose. Find the slight indentation or notch.

In Eastern medicine, FPO2 site is the *bladder meridian*. 
“Work with patients suffering from PTSD provided...evidence of the power of the site. A patient who was descending into a full blown PTSD episode asked me to put pressure at the corner of her right eye. When I did, she ascended out of the flashback state and back into present time, within minutes and as she did her body which had been rigid with fear relaxed. Pressure on this point seemed to “short circuit” the episode but it did not help to forestall future ones. This experience with acute PTSD, the emerging research on fear from the West and the teaching from Eastern traditions all suggested that this site was central to the regulation of fear...” (Fisher, 2006)
Safety: Addressing Resistance

- Resistance to making the effort, taking the risk

There really IS a magic wand, a special pill

- Resistance to hypnosis. TRM = back door model
Safety - Resources

(Laurel Parnell, Ph.D., EMDR Trainer)

• Protector
• Nurturer
• Wise Figure
• Peaceful Place
Trauma Resiliency Model (TRM) Protocol

Step 5: Begin by introducing Tracking
Skill: Tracking

The procedure begins with a client tracking his or her own felt-sense experience. This is mindfulness based because the client is ever present in the moment. There is no judgment, only assurances to stay in the present moment and bring mindful attention to the sensations within the body as they develop. (Miller-Karas & Leitch, TRM Model)
Skill: Tracking

- Reminder that as they focus to stay in the body
- Emotions (“I’m feeling angry”)
- Acknowledge movements (twitching, grimacing, any changes)
- Continue to follow their experience
Skill: Tracking

• Activation - getting triggered
• Resonance - feeling what they feel
• Checking in
• Resourcing ("Focus on what feels okay. Can you feel the bottoms of your feet?")
Tracking: The Language of Sensation

• Notice the sensation and see what happens next
• Stay with the sensation until it changes
• Take all the time you need...there’s no rush
• As change occurs in the body, bring your attention to changes that you sense as neutral or more comfortable
Trauma Resiliency Model (TRM) Protocol

Step 6: Introduce Resourcing
Skill: Resourcing

- Anything that makes you feel better
- Internal resources
- External resources
- Sensations noticed
Resourcing with Couples

• When couples fight, they are not in their resiliency zone

• Couples write three resources down, describing one in detail, then read

• Notice what happens “inside”
Step 7: Introduce Grounding
Skill: Grounding

• Relationship between a person and the earth, having a sense of self, and what’s happening on the inside, feeling centered and focused

• Why necessary - SAFETY

• Inner scaffolding, feeling solid and whole - integrate and use when triggered
Skill: Grounding

Sample: “Some people who have experienced trauma have difficulty accessing even positive body sensations. As I introduce grounding to you, I will be asking you about the internal sensations you are experiencing and I also will be looking for changes in your breathing, muscle tension and skin color. This can be awkward at first but in time, it will become easier. For some people grounding is very helpful, for others, resourcing is preferred.”
Are you in YOUR zone of resiliency?
Trauma Resiliency Model (TRM) Protocol

Step 8: Introduce Traumatic Material
Warning: Evaluate Stability

• not cycling fr crisis to crisis
• can talk 2-3 min about activating issue w/o leaving window of tolerance
• not switching from positive to negative
• being able to name & experience emotions and body sensations
TRM Trauma Processing

1. **Identify target experiences**: Some people need to **relate the story** of their trauma(s)... or you can work with sensations that come into the here and now as **the client simply thinks of the experience**
2. Choices of processing:

a. Begin tracking and work with the sensation that comes forward in the here and now

b. Let the client know that they can tell you as much or as little of the story as they want. If they want to tell you the story, use somatic pauses to ground and resource the client...
c. Track carefully for any defensive gestures and gently inquire if the body has any impulse to do or say something.

At the core is release from freeze or Completion of defensive responses - “If your body were free, what would it want to do?”

Verbalization . . .
TRM Trauma Processing

d. Use all previous skills as needed. Not linear.
Closing a Completed Session

The client may report a variety of sensations that may include calm, relaxation, relief. As you track, you may notice changes of expanded breath, muscle relaxation and release/discharge reactions. You can ask about shifts in beliefs, thoughts, or feelings.
Closing a Completed Session

There may now be a deeper sense of release and expansion within the NS. To deepen this, bring the client’s attention to the totality of the experience.

“Bring you awareness to your whole body at the same time and notice all the changes that have happened since we began. Take your time.”
Closing an Incomplete Session

• Bring in an internal, external or somatic resource and track client’s sensations

• Pendulate the client’s attention to a place inside that feels neutral or more comfortable

• Bring in Resourcing and/or Grounding and encourage client to notice his/her body being supported in the here and now

• Educate that there is more work to be done

• Provide support for having done well
SUBTLE BODY
SELF CARE GROUP
EXPERIENCE
References


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