

Module 4

Trauma Psychobiology and Trauma- specific skills

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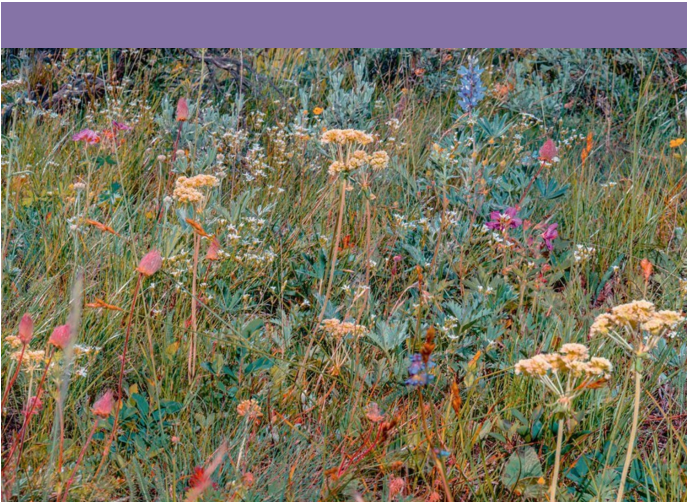


FUNDAMENTALS OF PAT



Group Agreements

CENTRE



CONFIDENTIALITY



ENGAGEMENT



NON-JUDGMENTAL
LISTENING

Group Agreements

CENTRE



TIMELINESS

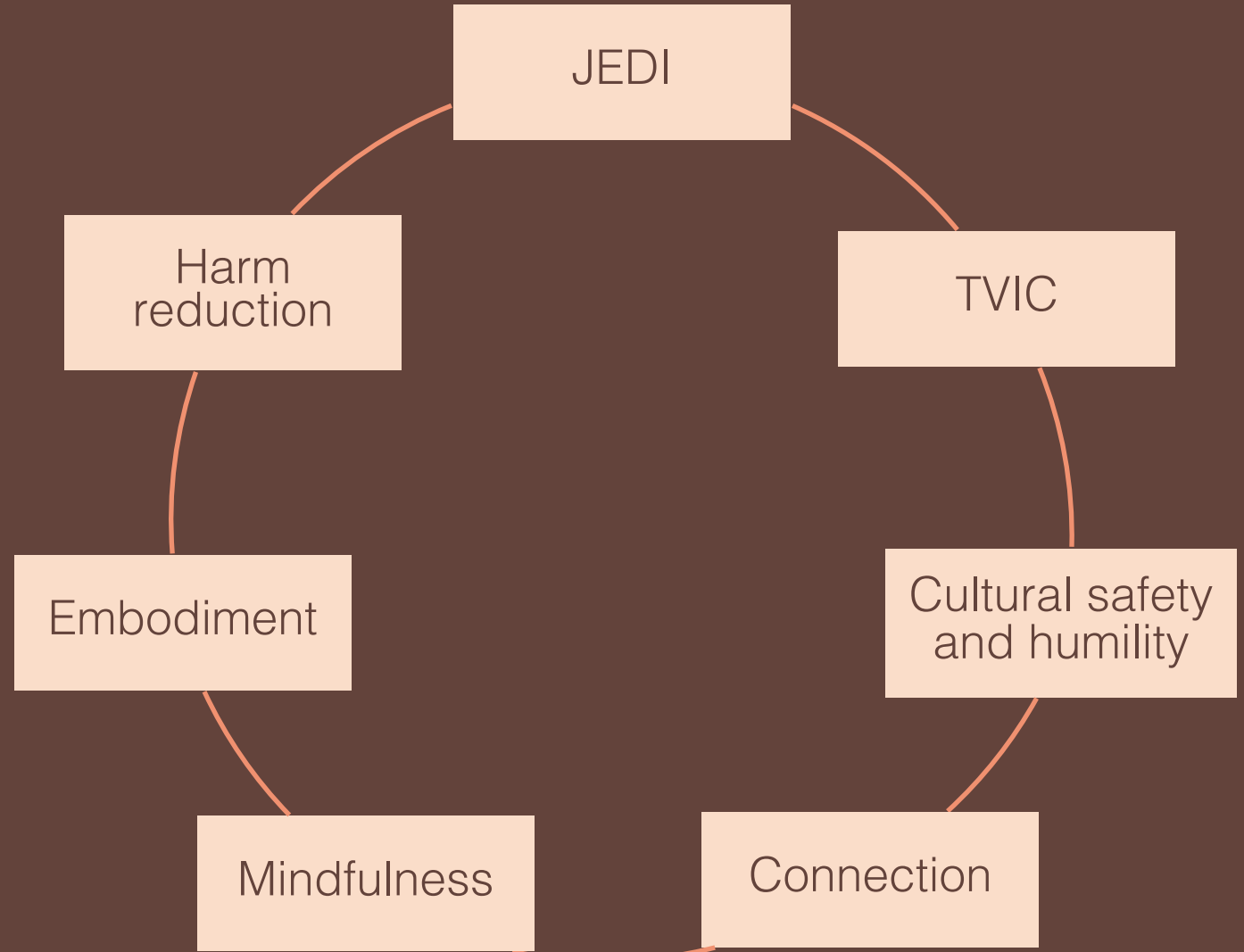


RIGHT TO PASS



EQUITY

SEVEN GUIDING PRINCIPLES



AGENDA

Welcome and agreements	01
Arrival practice in small groups	02
Trauma psychobiology and essentials of trauma therapy	03
Small groups: self- and co-regulation	04
Trauma vortex ~ healing vortex demonstration	05
Break	06
Small groups: trauma vortex ~ healing vortex practice	07
Parts work and trauma	08
Closing	09

Trauma

TRAUMA IS AN EXPERIENCE, SERIES OF EXPERIENCES, AND/OR IMPACTS FROM SOCIAL CONDITIONS, THAT BREAK OR BETRAY OUR INHERENT NEED FOR SAFETY, BELONGING, AND DIGNITY¹

- "The body is where we live. It's where we fear, hope and react. It's where we constrict and relax. And what the body most cares about are safety and survival. When something happens to the body that is too much, too fast, too soon, it overwhelms the body and can create trauma"²
- "Trauma is held in the nervous system, and not in the event"³
- "Our bodies are the keepers and holders of all information, past and present"⁴⁻

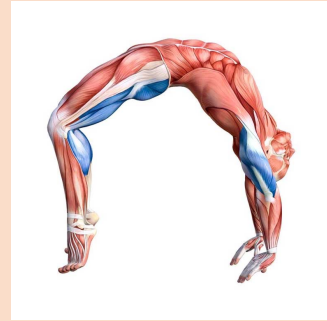
1 Haines, S. The Politics of Trauma
2 Menakem, R. My Grandmothers Hands
3 Levine, P.
4 Moser, M.

Types of Trauma

- Shock/incident trauma
- Relational/developmental trauma
- Trauma of oppression
- Vicarious trauma
- Historical/intergenerational trauma
- Complex trauma

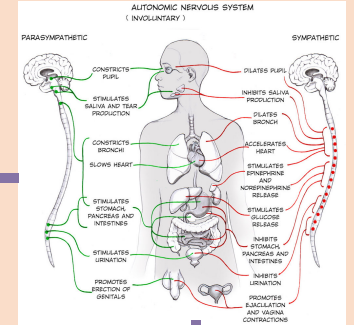


STRESS AND SURVIVAL PHYSIOLOGY



Somatic System
(voluntary control)

Peripheral Nervous System



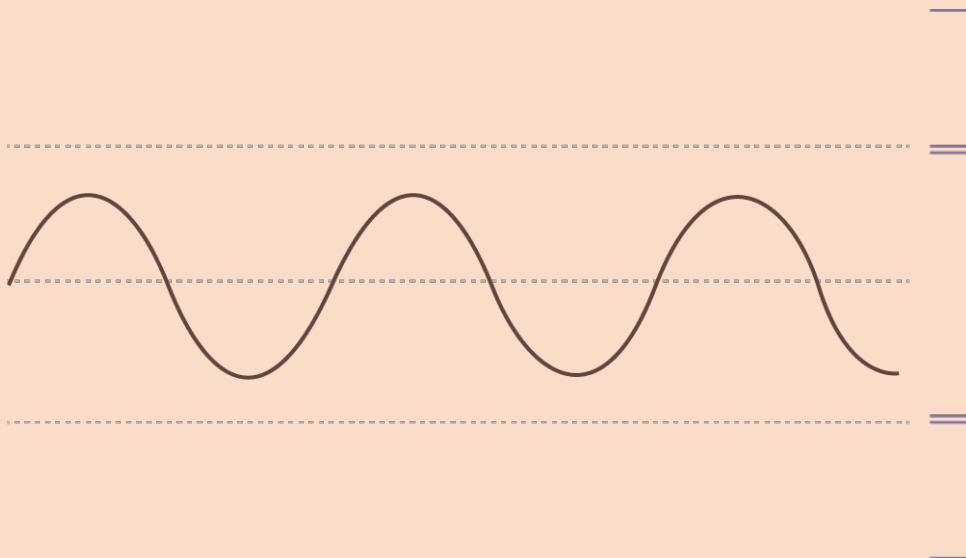
Autonomic System (ANS)
(unconscious control)

Parasympathetic Nervous System (PNS)
Rest, digest ...
freeze, collapse

Sympathetic Nervous System (SNS)
Tend, befriend ...
fight, flight

Stress and Survival Physiology

NATURAL FUNCTION

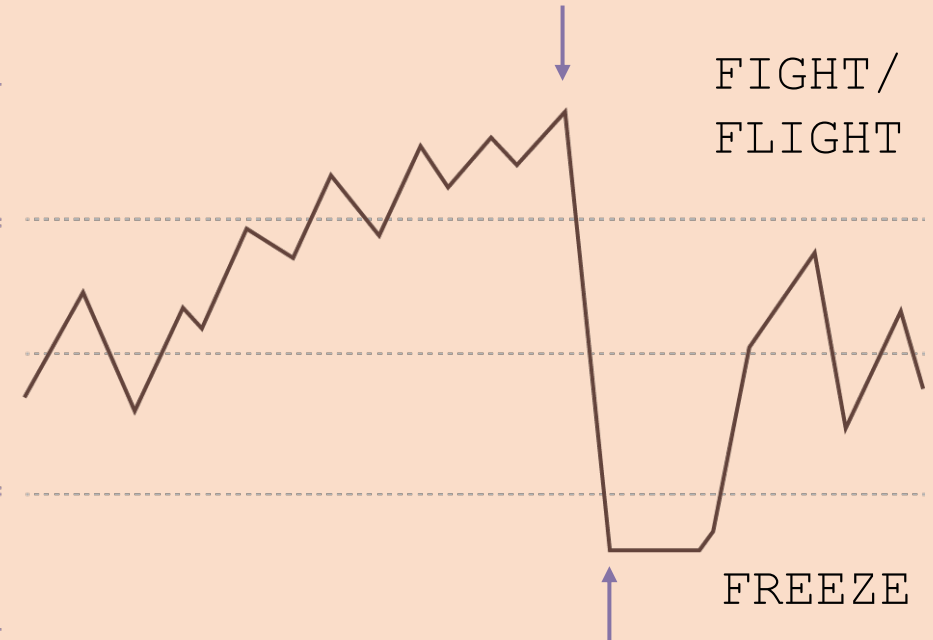


SYMPATHETIC

WINDOW OF
TOLERANCE

PARASYMPATHETIC

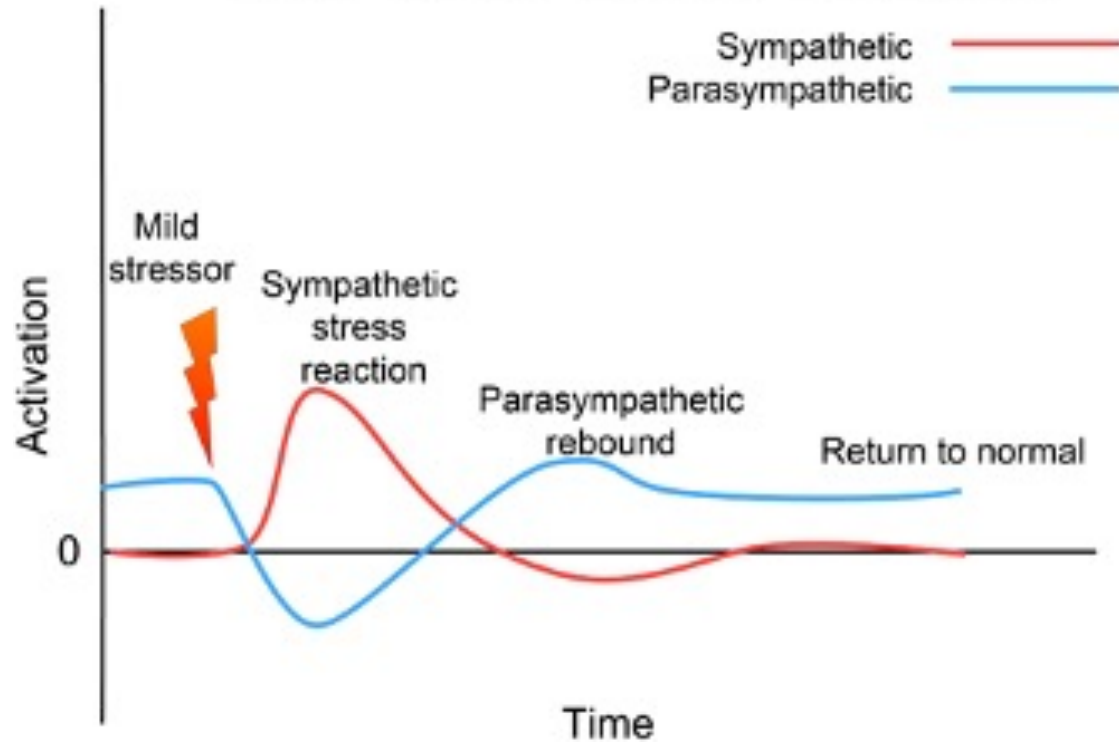
TRAUMATIZED FUNCTION



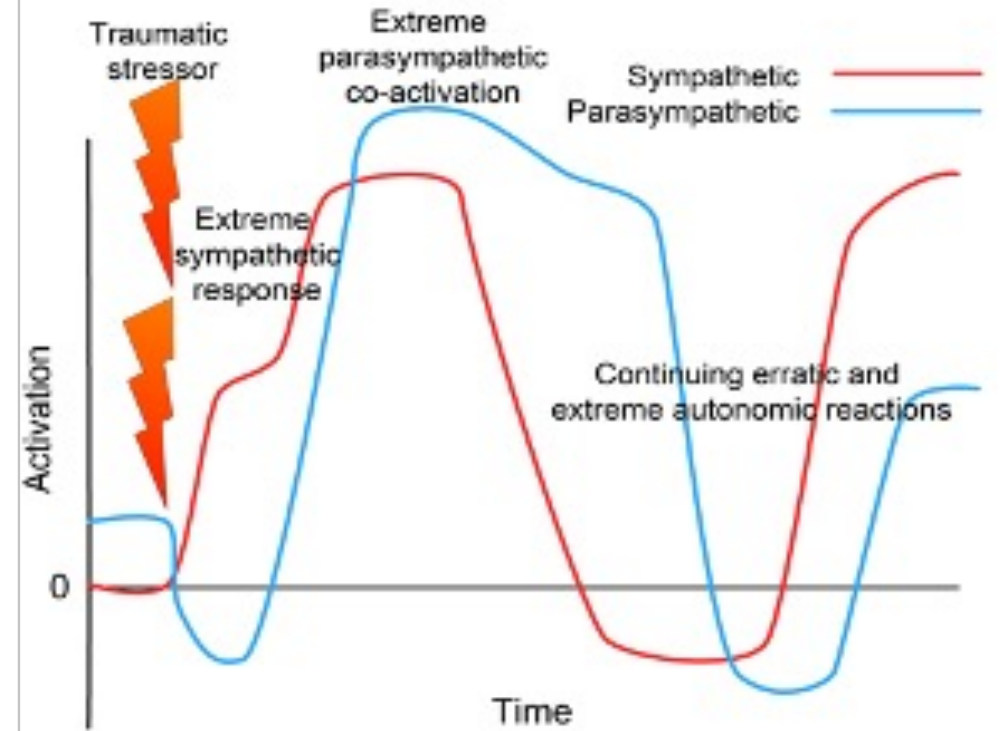
FIGHT/
FLIGHT

FREEZE

Mild acute stress reaction



Traumatic stress response





PTSD

POST-TRAUMATIC SYMPTOMS

- Complex Trauma
- Relational-developmental trauma: DESNOS (Spinazzola, Van der Kolk)
- Trauma of oppression
- "Borderline Personality"
- Other: somatic symptom disorder, functional neurological disorders

Common comorbidities (DSM)

- Most common: major depression, substance use disorder, other anxiety disorders
- Chronic pain
- Somatization
- Traumatic brain injury

SUBSTANCE
ADDICTION

MAJOR
DEPRESSION

SUICIDALITY

TRAUMATIC
BRAIN
INJURY

PTSD

GENERALIZED
ANXIETY
DISORDER

OBSESSIVE-
COMPULSIVE
DISORDER

SOCIAL
PHOBIA,
PANIC

TRAUMA AND VIOLENCE INFORMED CARE (TVIC)

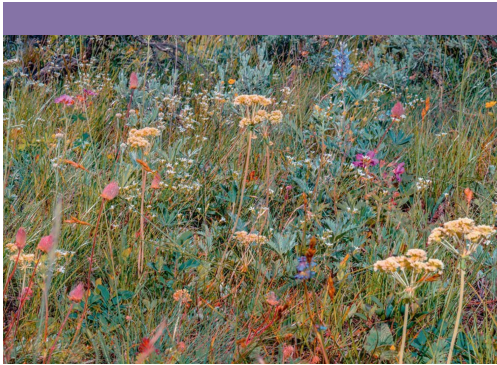
A strengths-based practice that promotes trust, safety, collaboration and empowerment within a healthcare environment

WHAT'S
WRONG WITH
YOU?



WHAT HAPPENED TO YOU...
(AND CONTINUES TO HAPPEN WITH
YOU?)

Four R's of TVIC (Guiding Principle)



RESPOND

by fully integrating knowledge about trauma into policies, procedures, and practices



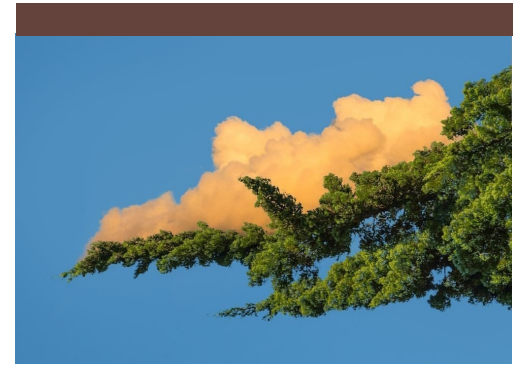
REALIZE

the widespread impact of trauma and understand potential recovery paths



RECOGNIZE

the signs and symptoms of trauma in clients, families, staff, and others involved in the system



RESIST

retraumatization through active strategies

Three-phase (Triphasic) Model

- **Safety and stability**
 - Resourcing
 - Relational safety
- **Remembering and grieving**
 - Reprocessing
 - Meaning making
- **Reconnection**
 - Restoring relationships (self, other)
 - Post-traumatic growth
 - Integration

THREE ESSENTIAL ELEMENTS FOR HEALING TRAUMA:

1. Enhancing perception through the senses
2. Knowing through direct experience
3. Relating to humans and non-humans alike with a sense of mutuality, humility, and interconnection

PTS UNIQUE CONSIDERATIONS & GOALS

WHAT IS LOST IN TRAUMA:

- Reliable access to regulation
- Access to one's social engagement system
- Access to Self

TREATMENT GOALS: INCREASING INTEGRATIVE CAPACITY

- Increasing the window of tolerance
- Increasing self-regulatory capacity (nervous system and emotions) via increased access to, and organization of, experience
- Shifting out of baseline/default threat perception and into relationality and cooperation (intra- and interpersonal)
- Increased integration of parts, access to Self, first person coherent meaning making in real time
- Reference for what is possible, to be cultivated and practiced (not a direct A --> B path)

Module 4

In small groups please discuss the following questions. Please identify a reporter to report back to the large group.

- What is self-regulation and why is this important as a therapist?
- List ways you self-regulate
- What is co-regulation and how do you use it?
- How do they apply to PAT and why are they important?

TRAUMA VORTEX

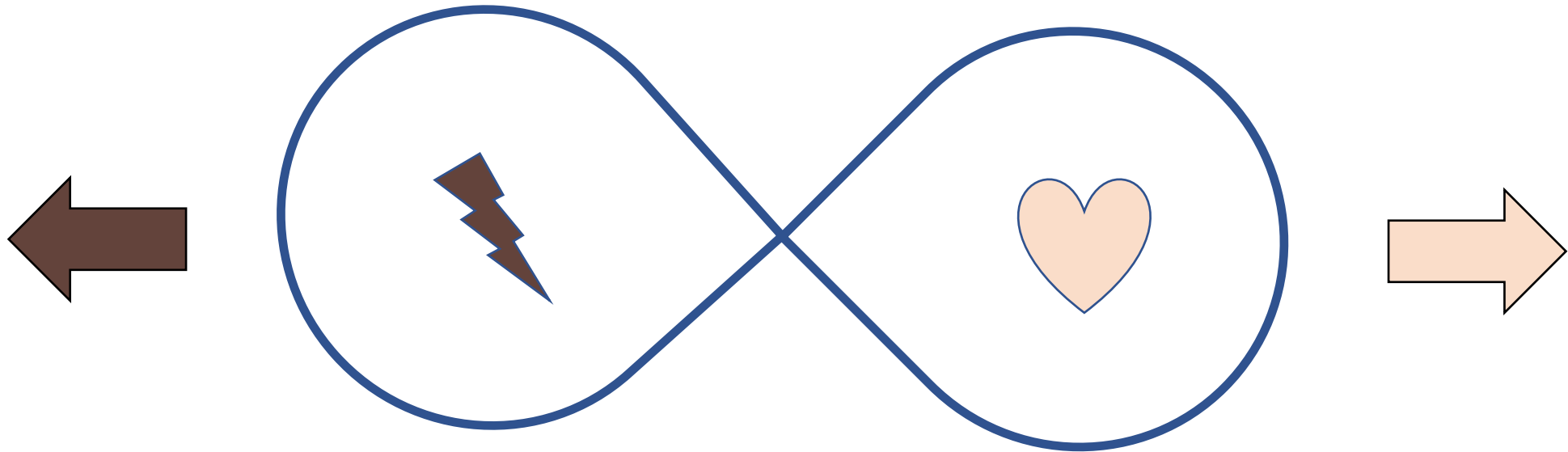
- Represents the activation of the sympathetic nervous system
- Can be a downward spiral into the trauma - often associated with being “stuck” or “trapped”
- Inability to control sensations, images, feelings, thoughts, and behaviors

HEALING VORTEX

- Essential in allowing the body to move through the sympathetic activation in the system (TV)
- Places in the body what feel neutral, good or pleasurable
- What is working for a client
- The witness/observer is online - important for whole treatment
- Places of coherence in their system
- Resourcing & Resources

Trauma vortex

Healing vortex



Ways of Working Somatically

- Titration - a little bit at a time, allowing the body to integrate
- Pendulation - client's natural ability to move between HV & TV or expansion and contraction. As practitioner alternating our focus between the CV & TV
- Time - if they are working through a specific incident (before, during, after)
- Parts - connecting the different parts with the physiology
- SIBAM – multisensory



What we are doing as practitioners somatically:

- Listening
- Following
- Inhibiting
- Directing
- Stimulating
- Containing
- Supporting Integration

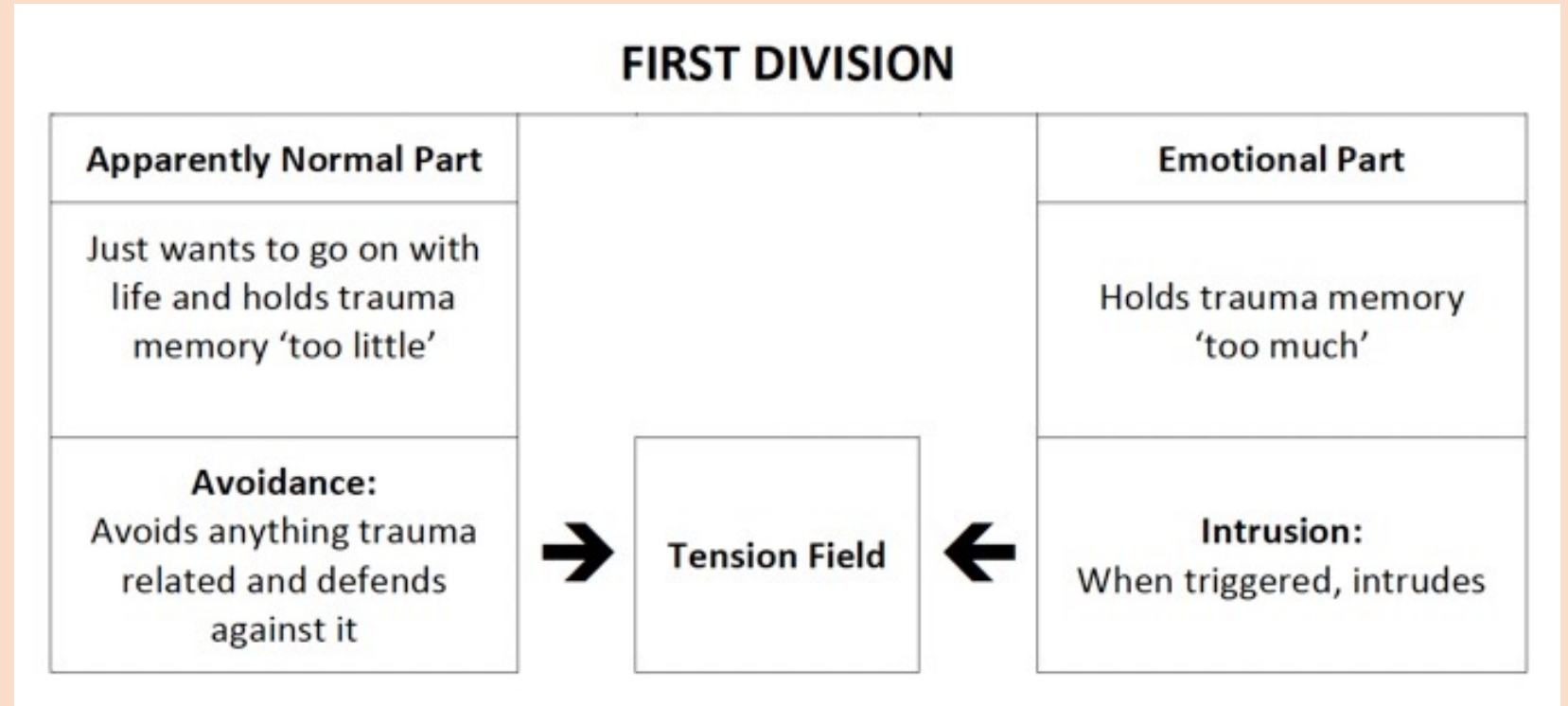


Module 4

While watching the demo please track the following:

- Resourcing
- Titration
- Pendulation
- Healing Vortex / Trauma Vortex
- Language Used
- Self and/or co-regulation

STRUCTURAL DISSOCIATION MODEL



STRUCTURAL DISSOCIATION MODEL

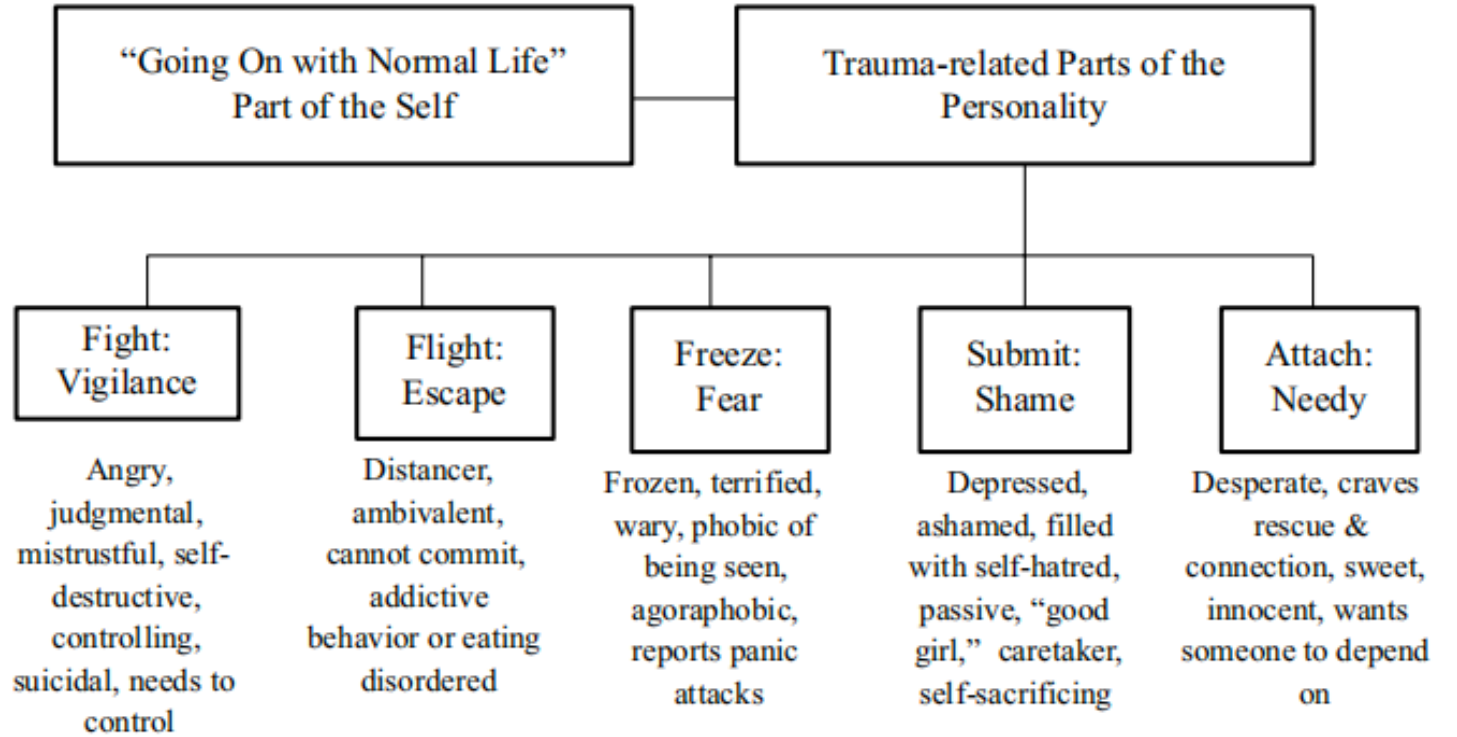


Figure 4.2 Recognizing Parts by the Role they Play.



PARTS LIKELY TO SEE THINGS IN BLACK OR WHITE, DIFFICULTY COMPREHENDING NEW INFORMATION, WIDENING PERSPECTIVE OR INTEGRATING MULTIPLE POINTS OF VIEW

Module 4

- Each person chooses one of the following topics to teach to the rest of the group, as though you are explaining it to a client who has a known or suspected history of trauma. Make sure you relate how the concept is relevant to their healing journey and work in psychedelic-assisted therapy.
 - Window of tolerance
 - Regulation and resourcing
- See suggested schedule on Numi-U.

Module 4

- This is partially a role-play exercise since you will be pretending that you are delivering psychoeducation to a client, rather than to your peers. What information do you include? What language would you use to explain it in a simple and meaningful way?
- You are not expected to cover all relevant material in the time provided, or to do this perfectly! This is an opportunity to reinforce your learning and practice translating it into language to use with clients, while receiving valuable peer feedback.
- Designate a timekeeper in each round so that you stay on track.

Honouring and Witnessing

