

Working with the Influences of Stress, Trauma and Early Events

The Goal is to promote Self-Regulation of the nervous system. This is facilitated through:

1. **Psychobiological regulation**

- a. We tend to track others' "nervous systems" to see if they seem safe, especially when we have a history of relational trauma (ie where the person in the "helping position" was NOT safe)
- b. ie: the therapist's ability to remain resourced can serve as a source of ground for the client
- c. we can foster our own sense of ground as therapists (and as clients) by
 - i. maintaining our "seat"
 - ii. recognizing & resisting the pull of a sense of "urgency" (the "trauma vortex")

2. **Safety & Resources**

- a. A safe place, person, thing....often leaves us feeling grounded ...calm
- b. Resources are pleasurable things, events or experiences that support our system's ability to relax, rest, recover;
- c. Experiencing resource often allows states of high vigilance or distress to relax, which may be a missing and vital experience.
- d. Acting from resourced places gives us more options for addressing trauma

3. **Skill Development that foster resources and the ability to access resources**

- a. pacing: slower is often faster, especially with clients with severe, intense symptoms or symptoms that have existed for a very long time
- b. titrating: working with stressful events / experiences in small chunks
- c. the ability to observe ourselves (mindfulness, tracking, awareness...)

4. **Discharge:** events that are experienced as too condensed or threatening for integration of the information to occur (such as trauma) often leave us feeling stuck in certain 'states' of high charge, such as fight/flight, or freeze; discharging these states helps the nervous system regain capacity for self-regulation

- a. discharge occurs involuntarily
- b. discharge can feel uncomfortable because it feels out of our control (we can stop it by tightening or doing something else...)
- c. discharge can feel like warmth, tingling, movement (visible or invisible) or may look like shaking, trembling, crying or laughing etc and after getting used to it, tends to feel good;
- d. after discharge, people feel better, more resourced,...calmer, bigger, etc

5. **Respecting "Resistance": there is no such thing as "resistance"**

- a. Resistance implies that something (perhaps our action as a therapist) has been experienced as threatening by the client and is stimulating a defense response.
- b. Resistance guides therapy by identifying what is de-resourcing or activating for a client; it identifies triggers and stressors, which we can then work with slowly or respectfully
- c. Address resistance by: apologizing, slowing down, or acknowledging resistance as an intelligent response and defense, etc

6. **Symptoms:** The more intense the symptom, the more intense the past trauma, and the more evidence of struggle and hard work simply to survive or be alive

- a. therapy may need to go very slowly (slower is faster) when symptoms are chronic or intense
- b. beware of trying to "remove" a symptom quickly – it may be the client's most important survival resource. If "removed", some other defense mechanism may need to take its place.
- c. over time, the work helps the client develop more useful and efficient resources, at which time the symptom (defense mechanism) is longer be needed