THERAPIST, HEAL THYSELF JOURNEYING FROM WOUND TO WELLNESS WITH YOUR CLIENT



TRAUMA STOPS TIME
AND FREEING THE ENCAPSULATED CHILD
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TRAUMA STOPS TIME WORKING TO FREE THE ENCAPSULATED CHILD

1. EVALUATING T – 0 (Reference: David Grove; Peter Levine)

T-3 T-2 T-1 T/0 T+1 T+2 T+3

T-0 is moment of highest activation or stress and people often disconnect at this point in time. T-0 examples might be the split second moment of impact in an auto accident/ the moment of witnessing violence, being told you have a serious illness or perhaps learning of a death of a loved one. There can be more than one T-0 in a complicated event. When a client can move through T-0 without disconnecting or dissociation that is a sign of trauma resolution.

We may choose to alternate focus before and after the most stressful part of an incident. This will discharge arousal so that when T-0 is approached it is easier to maintain awareness in that point in time and it can be integrated and metabolized. Then, shift of focus to where the trauma ended. "When was the first time you felt Safe after this happened? This locates an OASIS to expand the felt sense of "It's over." This often initiates a relaxation response and a release of the incomplete threat response.

Often people try to back up or "rewind" a trauma by focusing on what occurred before the event happened. A child that was abused by her uncle when he turned out the light after reading her a story may keep the bedside lamp left on as an adult to try to "unhappen the abuse" or to keep the difficult sequence from recurring.

What is the obvious problem with this strategy? The trauma is always ahead of you in time (in memory) and the body is left anticipating the traumatic event, which produces chronic hyper-vigilance.

This can occur in a particular body position as well. I saw a client that felt the need to stay on the edge of her seat and could not completely land in her chair. She was suspended off the chair and as we brought her awareness more fully to this recurring physical position she discovered that her body was frozen in the moment before impact in an auto accident. The next moment in her memory was the impact. We had to "work the event" and to discharge a lot of arousal. Eventually she could make it through T-0 without disconnecting. Once she made it through that T-O moment intact she could sit in a natural and relaxed way again.

2. <u>Keep AWARENESS and CURIOSITY intact</u>. Any element of experience can hold the high arousal associated with T-0.

If the arousal is packed into an image we may "unpack" it by simply holding the focus on the stuck image and allowing the image to unfold.

Example: Image of a bound white mummy frozen on the polar ice cap in a snowstorm. A client may feel nothing at first due to dissociation and then fear or constriction as curiosity is encouraged. As the arousal is worked with and discharges, the image may unfold, with the snow melting as sprouts emerge and develop into growing flowers.

- **3.** <u>"LANGUAGING" interventions to move experience through time.</u> "As you notice_____, what else do you see, feel, experience?" "And when you feel that in your body, what happens next?"
- **4.** Working in Two Time Zones or Multiple Time Zones. We cannot be fully present in the now when part of our trauma history in left un-integrated. If this is the case, we may be triggered by a situation that literally pulls us backward in time e into a full or partial regression due to the high charge from this past trauma. This "time travel" keeps us living in two or more time zones. These flashbacks cause us to re-act to images, feelings, or circumstances that are long gone but have not been completed in a way yet that moves them fully into the past where they belong. These frozen memories can intrude into our present, confusing us and the people in our lives. Time itself can fall prey to leaky boundaries. This kind of boundary rupture needs to be actively repaired for clients to access the resources and healing now available to them and to allow them integrate the mature parts of themselves.

5. Connecting with the INNER CHILD FROZEN MEMORY STATE

Interview the client at the age when time stopped and determine available resources, missing resources as well as the child's unmeet needs or desires. Fill these needs using Corrective Experiences and note what difference it makes. Allow discharge of held arousal.

Step one: Looking back from the adult ego state to the child memory fragment.

Step two: Inviting the "child" to see forward in time to connect with older ego states or the present

time.

Step three: Giving the "child" a tour of your life now. The "child" may feel relief at the resources and support system you have now or anytime beyond the injury or trauma that left him or her frozen in time reliving the same bad experience over and over again.

Step Four: the "child memory fragment" may eventually integrate into the mature adult ego state, growing the child up.

- **6. Use of CONTROLLED DISSOCIATION for arousal management** At times it can be very useful to have clients watch a trauma like a violent attack or a severe car accident from outside of the event and outside of the body as in "Controlled Dissociation". This allows them more easily to move through time past T-0 to see the situation come to an end. SEEING "**IT'S OVER**" is a powerful resource in itself. After that it may be easier to move through the sequence in an embodied way.
- 7. FREEZE FRAME strategies to increase a sense of safety in the face of danger. It may also be wise to FREEZE FRAME the Threat to reverse the FREEZE RESPONSE and to REVERSE THE IMMOBILIZATION that can occur in extreme life threatening experiences. One might suggest the client imagine the threat as far away from him or her as their body needs it to be to feel reasonably safe. FREEZE FRAME THE THREAT there so the threat is immobilized in that location. Suggest to the client that he or she can move but the threat cannot. This often aids the client to feel safe enough to find and initiate active responses to the original threat that were previously thwarted. Completing the active defensive responses will often facilitate successful discharge to allow movement through time in another way.
- **8. RECLAIMING PRESENCE IN THE PRESENT.** As the trauma moves into the past where it truly belongs, if it is indeed over, then the client can enjoy more life force and presence in the now and fully embody and enjoy life.

THE ENCAPSULATED CHILD, DIFFERENTIATION FROM FAMILY FIELD, REPAIR

NOTE: Bring Childhood pictures of good time and challenging times

Morning Meditation on Acceptance of YOURSELF NOW and YOUR YOUNGER SELVES/ EGO STATES

DEMO: Working with the <u>encapsulated inner child and differentiation from family field</u> into present corrective group field.

ENCAPSULATED CHILD/DIFFERENTIATION EXERCISE: When you imagine yourself at a younger age what image or feeling state comes up? Also **Sense your Family Field.** What did you family field feel like? What happens when you access the family relationship field now? Can you make a distinction between then and now?

2nd round of **ENCAPSULATED CHILD EXERCISE**

Personal Inquiry: DISCUSSION AND CLOSURE Acknowledging Our Wholeness, Embracing Our Capacity to Love. What is your relationship to love and connection? To Secure Attachment? To the intact holding environment and being well? How are you seeing your way back to secure attachment? Receive or Deflect Love?

WORKING WITH THE ENCAPSULATED SELF

Ego State Work

- Seeing the inner child and inner child seeing adult
- Helping the inner child grow up
- The inner child does not actually exist
- Arousal bound identity isolated in history bubble
- Identify your Attachment Styles
- Look for leaky wounds from the past usurping the present. What are you aware was missing in you attachment history? Ask yourself "What would make a difference?" What do you need and/or what can you do to repair that part of the past? We often have "encapsulated experiences" at certain ages with extreme difficulty. What ages do you revisit and do not yet feel integrated? What resources can we import that may give that self the support it needs to complete developmental tasks and to discharge excess arousal for the scary event or lack of connection?

EXERCISE: Discovering the INNER CHILD memory sensorium. Groups are holding the present relational group field to help the client differentiate from the original family field.

- 1. Contact your inner child and build a trusting relationship
- 2. **PRESENCE:** When you envision or sense the presence of your <u>"Inner Child"</u>, what do you see or experience? Can you see or feel your Inner Child clearly?
- 3. Import resources from now until then. See what difference it make to the inner child to have his or her needs met or resources and antidotes available
- 4. Bring the inner child to older ages, growing up and integrating various ego states gradually into the present
- 5. Give your inner child a tour of your life now and introduce them to the man or woman you have become with the resources you have now. You may have a relatively safer life now that the child can connect to.
- 6. **CARE AND TREATMENT:** What is happening in this memory? How is your Inner Child treated by those around him or her? Especially the important others like parents, siblings, grandparents, etc. who, in an ideal world, would be abundantly loving, present and competently protective...
- 7. **AGE(S):** How old is he or she? One age or an age range? Are there several ages in childhood encapsulated due to over-activation from events at those ages and stages?
- 8. **APPEARANCE:** What is he or she wearing? What does your Inner Child look like in your mind's eye?
- 9. **ATTITUDE/COMMUNICATION:** What is your Inner Child feeling? Doing? Expressing? How does he or she feel about the adult you? Does she or he even know you exist?
- 10. **TRUST:** What is he or she willing to tell you about his or her situation or feeling state? Does your Inner Child trust you to be available, listen, and allow the feelings trapped there? Or does your Inner Child expect you (or others) to turn away and ignore him or her? Can he or she feel your willingness to listen now? Can he or she trust you now? Do you feel deserving of that trust? Who might your Inner Child trust? This person can be from any time in your life and "imported" back to the child state. This resource can be someone a person has seen in a movie or read about in a book. You can ask yourself or your partner in the exercise: what qualities would someone have to be considered trustworthy if you had to make that person up "from scratch"?

- 11. **CRITICISM/JUDGMENT:** Is your Inner Child hiding or fearful of being judged by you and/or others? Is your Inner Critic strong? Harsh? Unforgiving? Gives you a hard time?
 - a. <u>Snapping back to the EGO:</u> Remember when we are feeling loving, loved or are expanding in our consciousness, we often "ring the doorbell" to the Superego or Inner Critic to contract us back into our false identity or ego. Our defensiveness in reacting to judgment from our self or others efficiently snaps us back to orienting to our self from the familiar perspective of our original conditioned mind.

REPAIR

The importance of REPAIR. If possible and if you are ready, initiate a repair in one of your relationships where needed.

Exploring the Capacity to Initiate and Accept REPAIR: Explore the following topics:

- 1. What type of repair works best for you? Hugs, sincere apology, dinner flowers, attuned communication, fixing things, rituals, verbal, non-verbal, touch or speech? Repair is one of the most important indicators for successful sustainable loving relationships according to Jon Gottman.
- **2. Who would you like to repair with?** How would you go about it? Knowing the other person, how are they most available and where are they most responsive?
- **3. Who would you want to receive a repair attempt from?** Could you receive it? What would be needed for you? Can you let them know what you need? Have they tried in their way and have you rejected or accepted it?



Diane Poole Heller, Ph.D., of Louisville, Colorado, USA, an internationally applauded author, therapist and teacher, is an established expert in the field of trauma resolution, with more than 30 years of experience in spiritual exploration.

Diane brings cutting-edge psychology, solid science, insightful spirituality, and her vast experience of trauma resolution together, through her artful, user-friendly teaching style. Her holistic approach to trauma healing inter-weaves all aspects of the human experience – body, mind, and spirit. This groundbreaking and effective process is the result of over 30 years of research, teaching, practice and spiritual disciplines, which have lead her to believe that trauma, when supported with appropriate clinical methods, can be an opportunity of greater spiritual expansion.

Her events are featuring interactive lectures, multimedia presentations, meditation exercises, and live demonstrations of the therapeutic practices in actual healing sessions. Workshop topics include: Victim Perpetrator Dynamics; The Power of

Presence; Character Disorders (Schizoid, Narcissistic, Borderline, and Character Structure); Attachment Models; and Psychotherapy and Spirituality.

Diane's book "Crash Course" on how to resolve auto accident trauma has been published in the US and internationally, and is used as a guide for healing general trauma. Diane has also created a highly successful series of media resources, DVDs, CDs, and articles that is greatly valuable for SE practitioners and for anyone interested in healing.

As dynamic speaker and teacher Diane has been featured at prestigious international seminars and conferences and is the author of numerous articles in the field, including a CNN video production dealing with the Columbine High School tragedy.

Somatic Experiencing®

Dr. Heller began her work with Peter Levine, founder of the *Somatic Experiencing*® (SE) method of trauma resolution in 1989.

Levine's theory postulates that symptoms of trauma are the effect of a dysregulation of the autonomic nervous system (ANS). He has shown through his work that, when supported by the procedures of Somatic Experiencing, the body has an inherent capacity to self-regulate after experiencing trauma. SE sessions are done face to face; however, unlike traditional psychotherapies, they involve a client tracking his or her own "felt sense" experience. This approach engages the clients' awareness of their own physical sensations, making them active partners to their own recovery.

Through a series of techniques that interplay between memories, body sensations, and dialogue with the therapist, traumatic events held in the body are discharged, allowing the body to self-regulate and emotional balance to be restored.

As Senior Faculty of SETI, Diane has taught SE worldwide for 30 years.

DARe© and SATe©

In the last decade, Diane has been developing and implementing the very popular DARe (Dynamic Attachment Re-Patterning Experience) series, which has been presented in many countries worldwide, and more recently she has launched her new Certification program – with the same content as the DARe curriculum – named SATe (Somatic Attachment Training experience).

She is available for workshops, speaking engagements and private phone consultations.

Recommended Resources

By Diane Poole Heller (see Educational Resources document included on this CD)

Crash Course: A self-healing guide to auto accident and trauma recovery by Diane Poole Heller and Laurence Heller – (available at www.drdianepooleheller.com)

DVD Demos with Diane Poole Heller (35 minutes to 2 hours)

Disorganized Attachment Avoidant Attachment Avoidant and Disorganized Ambivalent/Disorganized Attachment

Sexual Abuse and Physical Violence Recovery Programs

Therapeutic Interventions for Professionals DVD A1 and CD A1A

Hardwired to Heal: Somatic Experiencing and Polyvagal Theory – Article, DVD and CD

An Overview of Somatic Experiencing, DVD and CD

By others

Waking the Tiger by Peter Levine (available at www.traumahealing.com)

<u>It Won't Hurt Forever. Recognizing, Responding to and Preventing Childhood Trauma</u> by Peter Levine and Maggie Kline (Amazon.com)

The General Theory of Love by T. Lewis, F. Amini, & R. Lannon

Becoming Attached: First Relationships and How They Shape Our Capacity to Love by Robert Karen, Ph.D.

The Neurobehavioral and Social-Emotional Development of Infants and Children by Ed Tronick

Attachment In Psychotherapy by David J. Wallin

What Babies Want, A Documentary by Debby Takikawa DVD

Hold Me Tight – by Sue Johnson

The Developing Mind, and Parenting from the Inside Out by Dan Siegel, M.D.,

Growing Up Again by J. Illsley Clarke and C. Dawson

Attached by Rachel Heller and Amir Levine

Wired for Love by Stan Tatkin

Love and War in Intimate Relationships by Stan Tatkin and Marion Solomon

The Impact of Attachment by Susan Hart

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Tel: 303-790-0603 · Fax: 303-604-2145 · email: help@dianepooleheller.com Go to www.dianepooleheller.com for

- DARe Workshops, Trainings, Teleconsults, Private Sessions
 - DARe Demo DVDs, Special Topic Workshop DVDs
 - Client Demo DVDs of SE for War, Sexual, Emotional, Physical,

Syndromal and other Trauma, and Somatic Experiencing® Training, etc.

• Related and Recommended Resources

Sign up for "Notes on Healing" newsletter!



Register for any Workshop at www.dianepooleheller/calendar

DARe 1 Healing Early Attachment Wounds: Embracing the Authentic Self

The foundational workshop for the D.A.R.E. series, this experience explores the dynamics of Attachment Models formed our early patterns of bonding. Through lectures, demos, and an array of insightful, interactive exercises, Diane explains Secure, Ambivalent, Avoidant and Disorganized Attachment styles. She illustrates how these dynamics are imprinted in early life and "lived out" in later relationships. Learn creative clinical interventions, which restore Secure attachment and open the door for greater intimacy, trust and joy in current relationships.

Module 1*, taken as a workshop, or the DARE 1 Review/Demo Day, or reviewed through the DARE OVERVIEW DVD, is the **PREREQUISITE** for the other DARE workshops. Workshops 2, 3, and 4 may be taken out of order.

DARe 2 Creating Healthy Adult Relationships

DARe 2 explores how three different Attachment Styles, Avoidant, Ambivalent and Disorganized, may intrude and create suffering in adult relationships, with our partners, parents, children and friends. This material builds on the fundamentals of Dare 1 Healing Attachment Wounds to take a deeper look at how these dynamics play out in daily life. Through an array of engaging exercises you will learn how these dynamics can be transcended, leading to greater freedom and intimacy in all adult relationships. Learn specific strategies to support and nourish secure healthy attachment for all the Attachment Styles. Acquire more skills to serve your clients and your own growth, see specific examples of how techniques are applied to relationship styles and receive an assessment tool for determining client Attachment Styles. *Module 1*, Prerequisite. See above.*

DARe 3 The Neurobiology of Loving Relationships

Discover the latest research in Neuroscience that enhances our capacity for deepening intimacy

The foundation for establishing healthy relationships relies on developing secure attachment skills, thus increasing your sensitivity for contingency and relational attunement.

According to Allan Schore the regulatory function of the brain is experience-dependent and he says that, as an infant, our Mother IS our whole environment. In this module we will learn to understand how the early patterns of implicit memory — which is pre-verbal, sub-psychological, and non-conceptual — build pathways in our brain that affect our attachment styles. Clinically, we can shift such ingrained associative patterns in our established neural network by bringing in new and different *lived* experiences in the Here and Now.

DARe 4 From Wound to Wellness: Excavating Core Intactness, Power and Resiliency

Exploring Victim Perpetrator Dynamics, Dissociation and the Depths of Disorganized Attachment Understand how to move from fearful "Us and Them" perspectives to true personal empowerment and how to empower others. Recognize and resist the misuse of Power. Learn how not to get pulled in by baiting provocative language.

Do you know someone who:

- May disconnect or pick a fight when true intimacy begins to emerge often without knowing why?
- Yearns for, but deeply fears, relationships because they expect them to be dangerous? Scary? Full of Conflict? Confusing? Overwhelming?
- Shifts moods abruptly and acts out uncontrollable cycles of panic and/or rage?
- May have trouble communicating clearly or expressing realistic needs in an empowered way?

Find out creative practical ways to assess and address these patterns personally and clinically by learning about the residual interpersonal effects of living in a chronic threat response due to Victim-Perpetrator dynamics, Dissociation alternating with Flooding and Fragmentation, and Disorganized Attachment styles. *Module 1*, Prerequisite. See above*

The role of the Therapist

Healing into wholeness takes the active participation of at least one other brain, mind, and body to repair past injuries – and that can be accomplished through a one-to-one therapeutic relationship, or one that is intimate and loving. In exploring the "age and stage" development of the right hemisphere and prefrontal cortex in childhood, we will discover how the presence of a loving caregiver can stimulate certain hormones, which will help support our growing capacity for social engagement and pleasure in all of our relationships. Love and connection lead to brain integration throughout our entire life span.

Healing with Neuroscience

In this training we will also bring deeper focus to the role of Neuroscience in restoring the brain's natural attunement to Secure Attachment. Our brain is a social brain – it is primed for connection, not isolation, and its innate quality of plasticity gives it the ability to re-establish, reveal and expand one's intrinsic healthy attachment system.

The training will approach topics specific to neuroscience, such as myelination, synaptogenesis, neuroplasticity, mirror neurons, brain pruning and priming, and implicit / explicit memory functions. You will gain useful knowledge that will greatly benefit precise clinical application in the relational field, facilitating actual brain integration.

You will learn to use valuable tools to identify the specific Attachment orientations of your clients, such as observing their Narrative styles, or using interactive resources like the ACE questionnaire and the Schemas questionnaire – an organized test and process revealing projections of expected outcomes that intensely affect our relationships and our perspective of the world.

Together we will look into the power of mastering Brain-to-Brain / Body-to-Body interactive regulation that starts with mother and infant, and evolves with partner-to-partner or therapist-and-client relationships.

We will also learn repair of mis-attunements, promoting safety and protection through healing techniques that facilitate true mutuality and help us cross the bridge back to Secure Attachment, including:

- intergenerational focus to counter the effects of role reversal
- the practice of mindfulness
- contact nutrition through nourishing gaze, prosody in the voice or safe touch.

Diane uses live or DVD demos to illustrate these points, along with lectures and interactive experiential exercises, during this impactful 4-day workshop supported by a team of experienced assistants. Though open to all professionals who are interested in exploring their true nature and gaining new skills to use with their clients, this is not an introductory training, and participants should have an established practice for supporting their inner experience in depth.

Based on the contributions of Mary Ainsworth, Ellyn Bader, John Bowlby, John Gottman, Louise Kaplan, Heinz Kohut, Mary Main, Dan Siegel, Marion Solomon, Daniel Stern, Stan Tatkin, Donald W. Winnicott, Jeff Young and countless others, this work embodies a compassionate, integrative understanding of how to help heal the dys-regulation of the Autonomic Nervous System as well as Attachment Disruptions.

Prerequisite: DARe 1 Module workshop, or DARe 1 overview including 5-DVD set on Attachment. There will be opportunities to work one-on-one with experienced trauma therapists, who will be supporting the work of the group.

	SECURE	AVOIDANT	AMBIVALENT	DISORGANIZED
OBJECT RELATIONS	MANY POSITIVE PAIRS	SELF Other	Overfocus Orher SELF	Scary harwful scared Frozen SELF
REGULATION	Stable Self and Interactive Regulation	Auto-Regulation Can be Dissociative Attachment System shuts down	External Regulation Attachment system too ON Feel than can only settle or get needs met by Other	Dissociative – High Arousal Need to lift Freeze and evoke, complete defensive responses while finding safe relational field
NARRATIVE STYLE	Easy to followEngaged and EngagingFlow, coherent, vivid, alive	 Few words Might lack emotional vividness Factual Positive 	 Many words Much emotion Can have lots of negative complaints Mix Past/Present 	Loss of voice, word recall, gaps, long pauses, mix of tenses, incoherent, hard to follow
BRAIN DOMINANCE	Integrated Flow of Energy and Information	More oriented to LEFT hemisphere Focused on Future	Stronger on RIGHT emisphere: May flood with emotions Stuck in Past	Lack of Linkage Associative Cortex; Amygdala stuck in Trauma
CORRECTIVE EXPERIENCES	Easy Recovery Relaxation in relational field	Kind Eyes – For Attachment Gaze Welcome to the World – to be met and celebrated	 Develop sense of Self so not lost in Other Practice Receiving Connect to Caring Behaviors and Consistency 	 Clarity Competent Protector Safety, Protection Untangle survival instinct from Love/Attachment