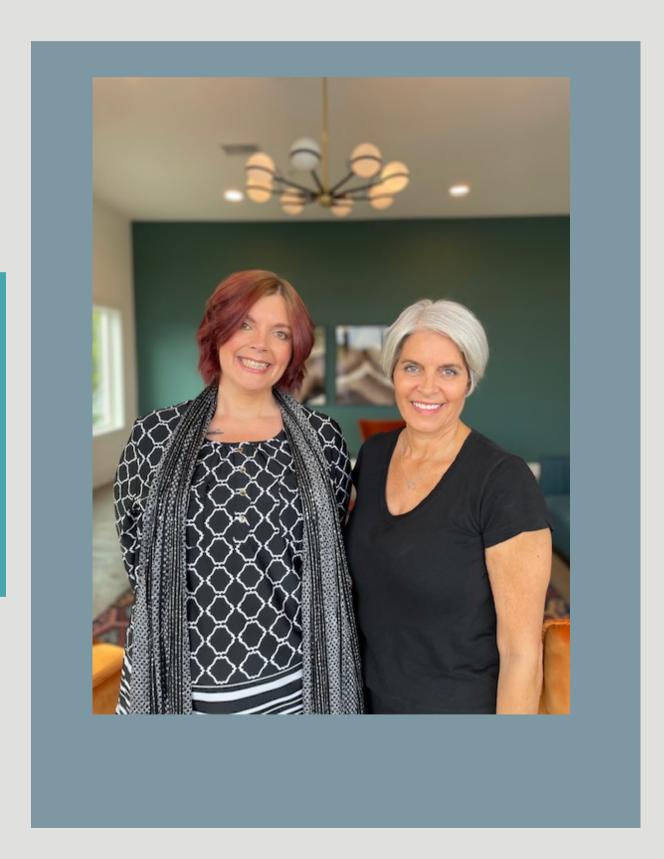
TLPCA CONFERENCE

SOMATIC TREATMENT IN TRAUMA
THERAPY:ENHANCING REGULATION AND
ATTACHMENT THROUGH ATTUNMENT

Helping Clients Feel Better While Getting Better

Shannon Black LPC-MHSP-S

shannon@healingbravehearts.com

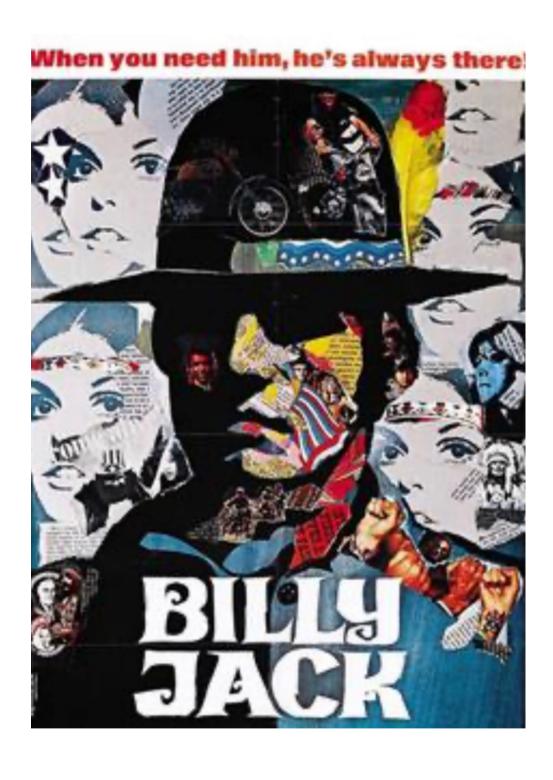


Mara Giovanni MSW-Innovator

mara@kaliconnection therapy.com

AGENDA

- UNDERSTANDING TRAUMA
 - Definition
 - Implicit Somatic Memory
 - Direct State Induction
- ATTACHMENT AND ATTUNMENT
 - 5 Pillars of Attachment
 - Attunement and Coregulation
 - Primary Regulatory Network
 - Window of Tolerance
- KCT REGULATION TECHNIQUES
 - Bilateral Stimulation
 - KCT Somatic Regulatory Movements
- QUESTIONS AND CLOSE



IT'S ALL ABOUT SAFETY









PRIMARY REGULATORY NETWORK

- We start as a single cell that divides and starts to specialize into muscles, bones and neurons. This enables the brain to sense info from the outside world by sensing patterns and connecting them. ex// Ice Cream Truck
- This happens in utero as well. Fetus connects the outside world and doesn't feel hungry, cold or thirsty. This connects to the rhythmic vibration, touch and sound of the womb.
- This becomes a powerful association. Patterned Rhythmic Repetitive Sociomotor Movement Equals Safety (regulation)

KCT is designed to activate the PRN

40 bpm

60 bpm

80 bpm

TRAUMA

"Being Traumatized Means Continuing to Organize Your Life as if the Trauma is Still Going On."

-Bessel Van der Kolk



"Trauma Comes Back As a Reaction, Not a Memory."

TRAUMA

TOO MUCH TOO SOON TOO MUCH FOR TOO LONG TOO LITTLE FOR TOO LONG

"Trauma happens primarily on an instinctive level, the memories we have of overwhelming events are stored as fragmentary experiences in our bodies, not in the rational parts of our brains."

"When people have been traumatized, they are stuck in paralysis-the immobility reaction or abrupt explosions of rage."

-Peter Levine

TRAUMA

Definition: Trauma is the emotional, psychological, and physiological response to a distressing or overwhelming event or series of events that exceeds an individual's ability to cope.

Traumatic Events: Trauma can result from experiences such as physical or sexual abuse, natural disasters, accidents, combat, or witnessing violence. Less obvious causes of trauma include minor car accidents resulting in whiplash, illness accompanied by high fevers, medical procedures, falls, and prolonged immobilization.

It doesn't have to do with the level of threat. It has more to do with how we respond to the threat. This determines what types of MEMORIES that are stored around the event.

Who is more likely to develop PTSD?

- Those who have had Adverse Childhood Experiences (ACEs) maladaptive caregiving, environmental deficits. The constant secretion of glucocorticoids makes it hard to regulate emotions.
- Those who experience immobilization, disassociation, terror or collapse.
- Those who failed to act in an adaptive ways scream, run, fight, duck, grab onto something.



Traumatic Memories Get Stored in the Body

Trauma and the Brain: Traumatic experiences affect the brain's structure and functioning.

Arousal Patterns: Heightened arousal patterns occur before the left hemisphere fully comes online.

Hyper Arousal: Intense anxiety, hypervigilance, and an activated stress response.

Hypo Arousal: Feelings of numbness, dissociation, and reduced emotional responsiveness.

Dissociation: Trauma can lead to detachment from emotions or sense of self.

Procedural Memories: Trauma becomes encoded as procedural memories, influencing automaticity

Early Activation: Trauma activates the amygdala and stress response before rational processing.

Somatic Treatment: Somatic approaches engage the body and nervous system in trauma healing.

Trauma Memory

Trauma Memory:

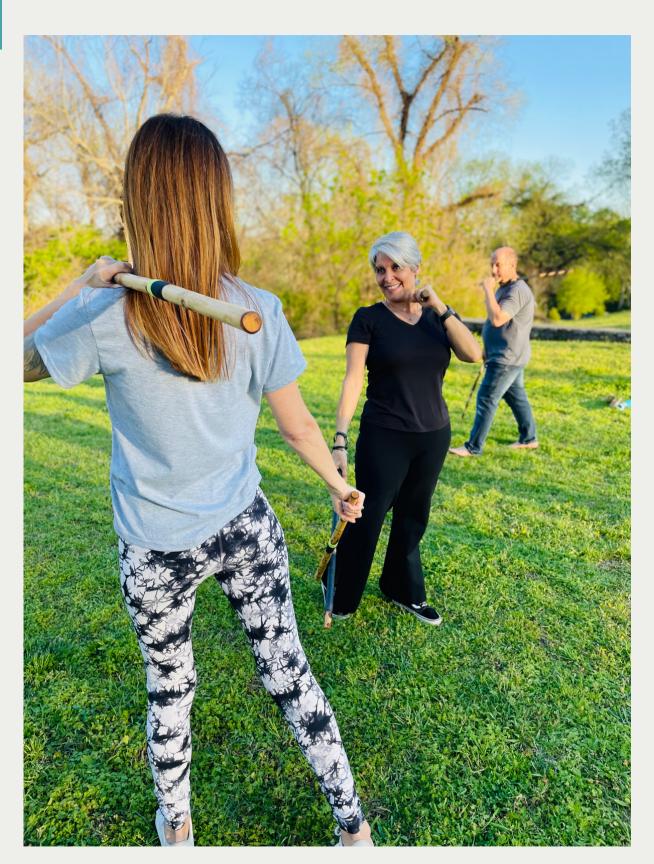
- Fragments of images and sounds
- Isolated memories in amygdala
- Not linked to other memories in temporal lobe
- Lack coherent stories

Impact:

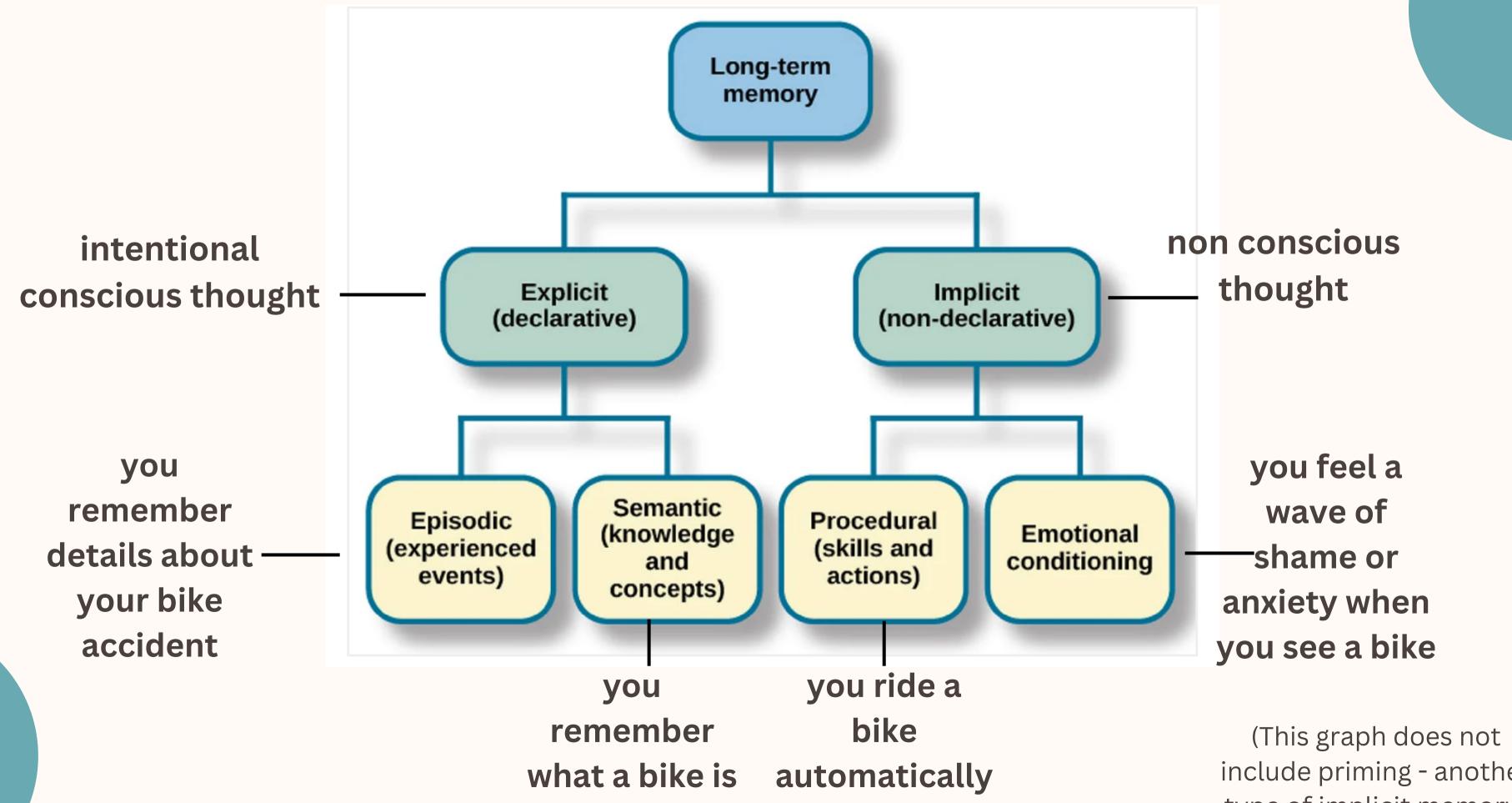
- Triggers panic attacks, dissociation, anxiety
- Activates right hemisphere
- Burst of terror response

Remember:

- Normal memories stored as autobiographical stories
- Memory recall subtly modifies them
- Trauma memories remain fragmented and isolated
- -Amygdala compares incoming stimuli to unprocessed trauma fragments



Memory Example - Bike Accident



include priming - another type of implicit memory)







DIRECT

STATE INDUCTION

Sensations or actions "can directly alter a person's state of mind, feelings, or information processing" (Korner, Topolinski, & Strack, 2015, p. 2).

KCT STRETCH AND STANCE

Sensations or actions "can directly alter a person's state of mind, feelings, or information processing" (Korner, Topolinski, & Strack, 2015, p. 2).

Hips shoulder width apart, with toes forward.
 Trauma survivors will often stand like they are on a balance beam.

BALANCE EXERCISE

• Roll shoulders up and back and let them rest on the spine. This will lengthen the torso and allow the core to take over.

WARRIOR EXERCISE

• Right foot back, fighting stance. The right foot comes to the middle of the left foot arch, and feet are still shoulder width apart. This stance should feel like you could push off and "escape' if you had to.

PUSH OFF EXERCISE

WINDOW OF TOLERANCE

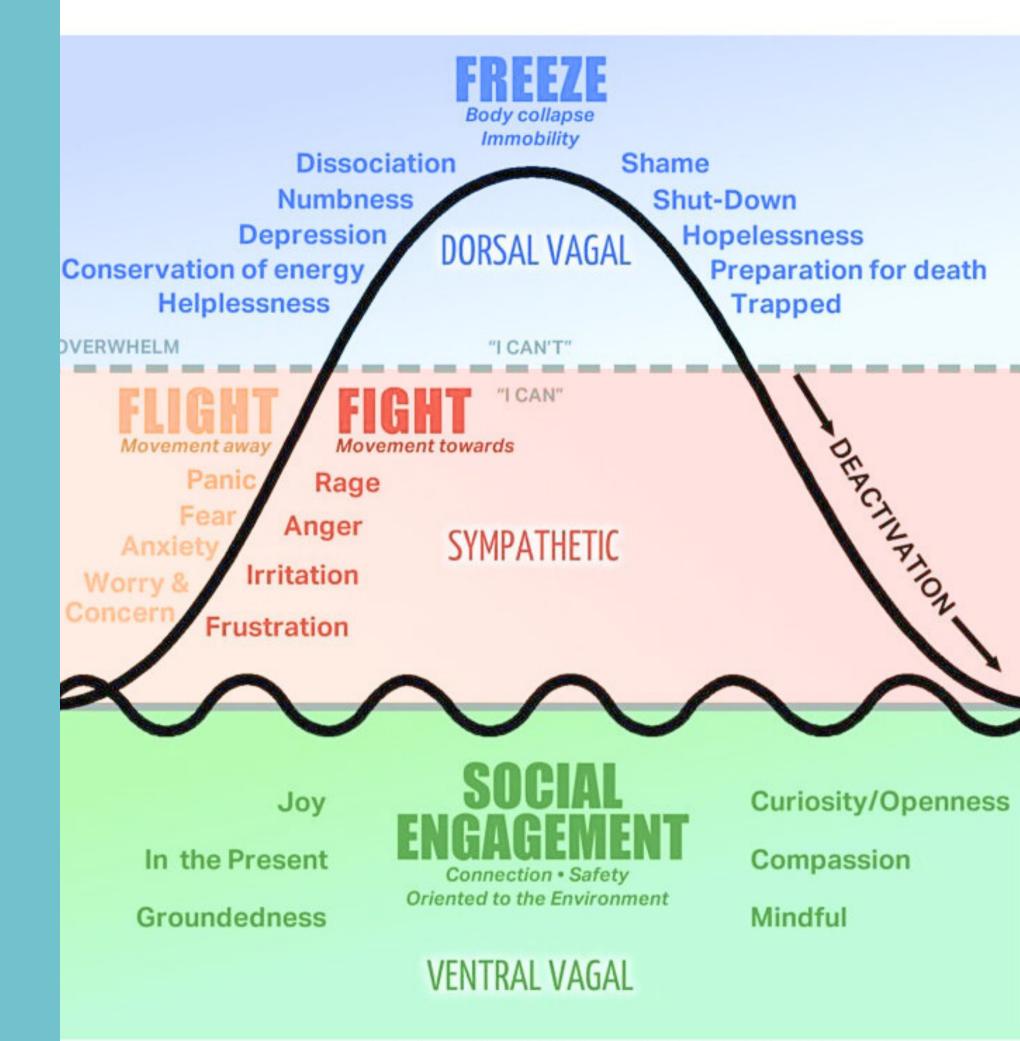
Effects of Chronic Stress and Trauma

- Developmental trauma or ongoing relational trauma can lead to chronic stress, depleting our resources over time.
- If recovery doesn't occur, our system becomes conditioned to stay in a constant state of stress arousal.
- Our windows of tolerance narrow, leading to behaviors that don't align with our values.
- We may react to small stressors with fight-flight or freeze responses.
- There is a risk of using substances, self-harm, or engaging in high-risk behaviors as a way to cope.
- These actions provide temporary relief but further restrict our window of tolerance.

Window of Tolerance

What are the signs someone is starting to shut down?

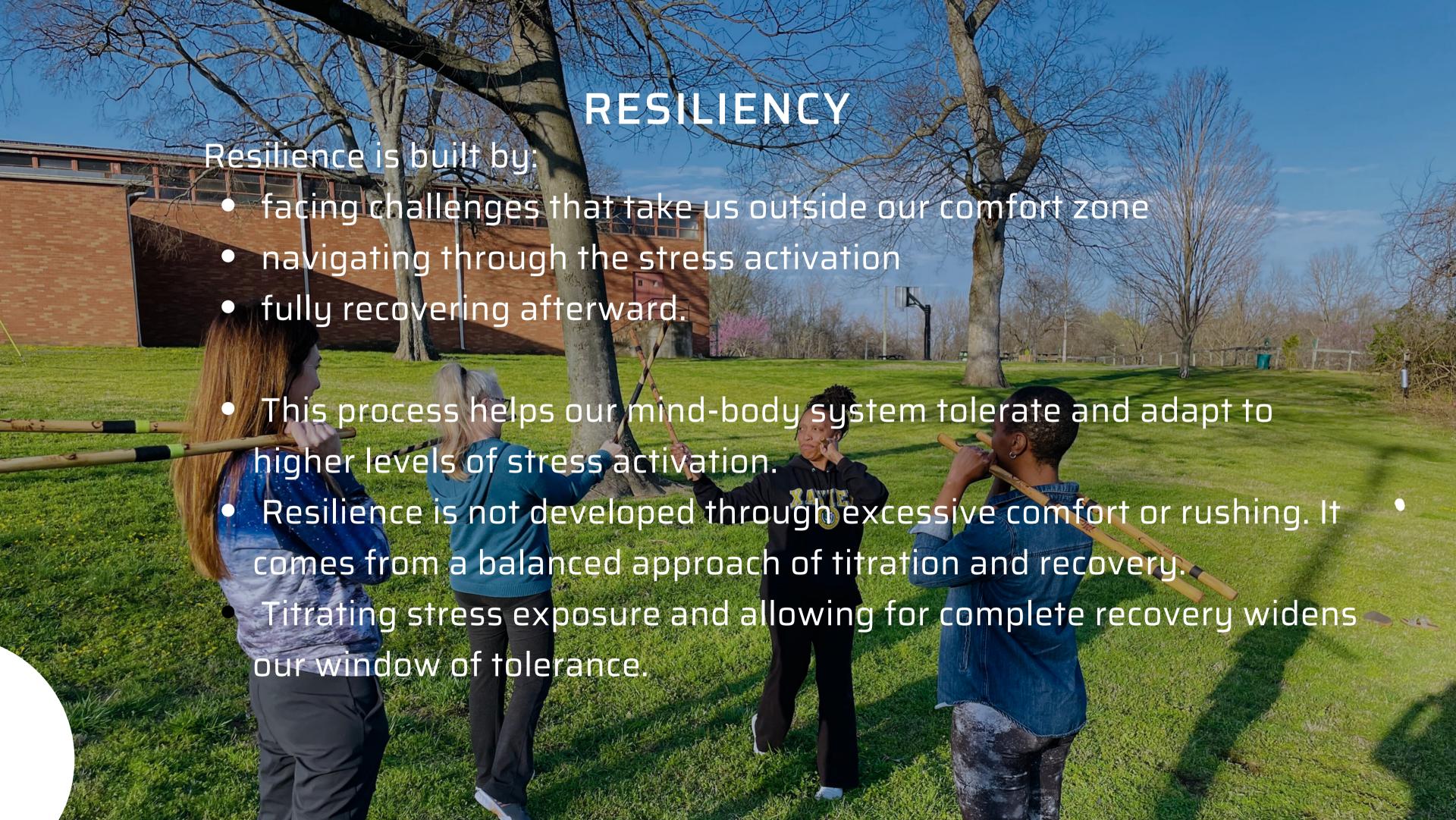
What are the cues you have seen in clients as they start to become dysregulated?



WHAT RECOVERY LOOKS LIKE

"Whenever we're activated, for any reason, and we choose to work skillfully with our current stress activation, over time we can widen our window. The survival brain learns that it's no longer helpless. It begins to trust that stress activation will not escalate beyond our control. This type of bottom up processing is changing our response. Talking about the trauma can wind up creating more nervous system stress if it becomes habitual."

Stanley, Elizabeth A.. Widen the Window (p. 281). Penguin Publishing Group. Kindle Edition.



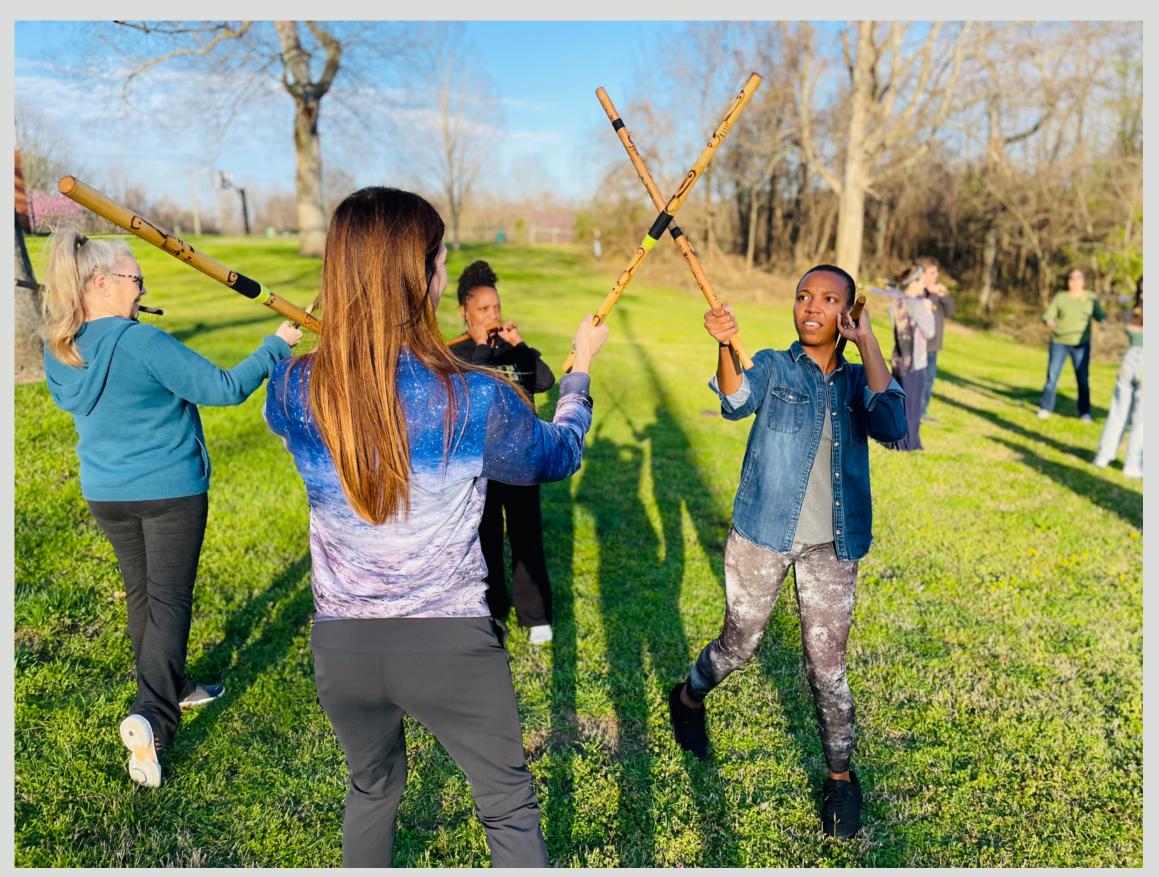


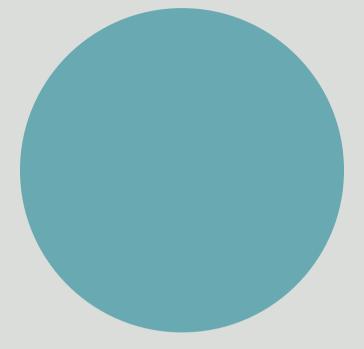
THE HUMAN NERVOUS SYSTEM IS LIKE LIVING IN A HOUSE WHERE THE BURGLAR ALARM AND THE DOORBELL MAKE THE EXACT SAME SOUND.



WHAT DOESN'T
KILL YOU MAKES
YOU KIND OF
NERVOUS FOR
THE REST OF
YOUR LIFE.

ATTUNEMENT EXERCISE



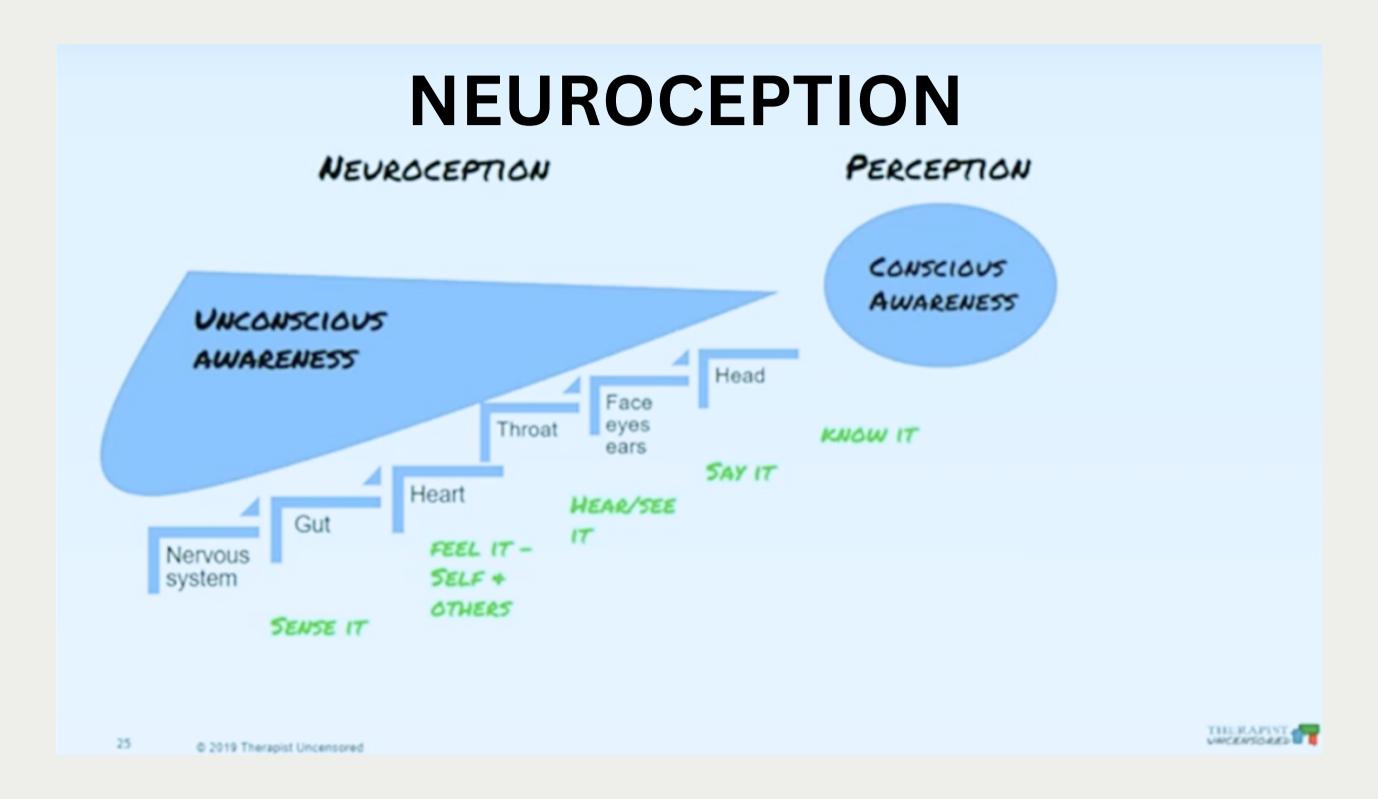


"The brain is a social brain. And experiences in relationship are the most powerful interventions we have to harness that neural plasticity to help clients fire and re- wire neurons in new ways."

-Linda Gresham



SO MUCH HAPPENS IN SESSION UNDERNEATH THE SURFACE



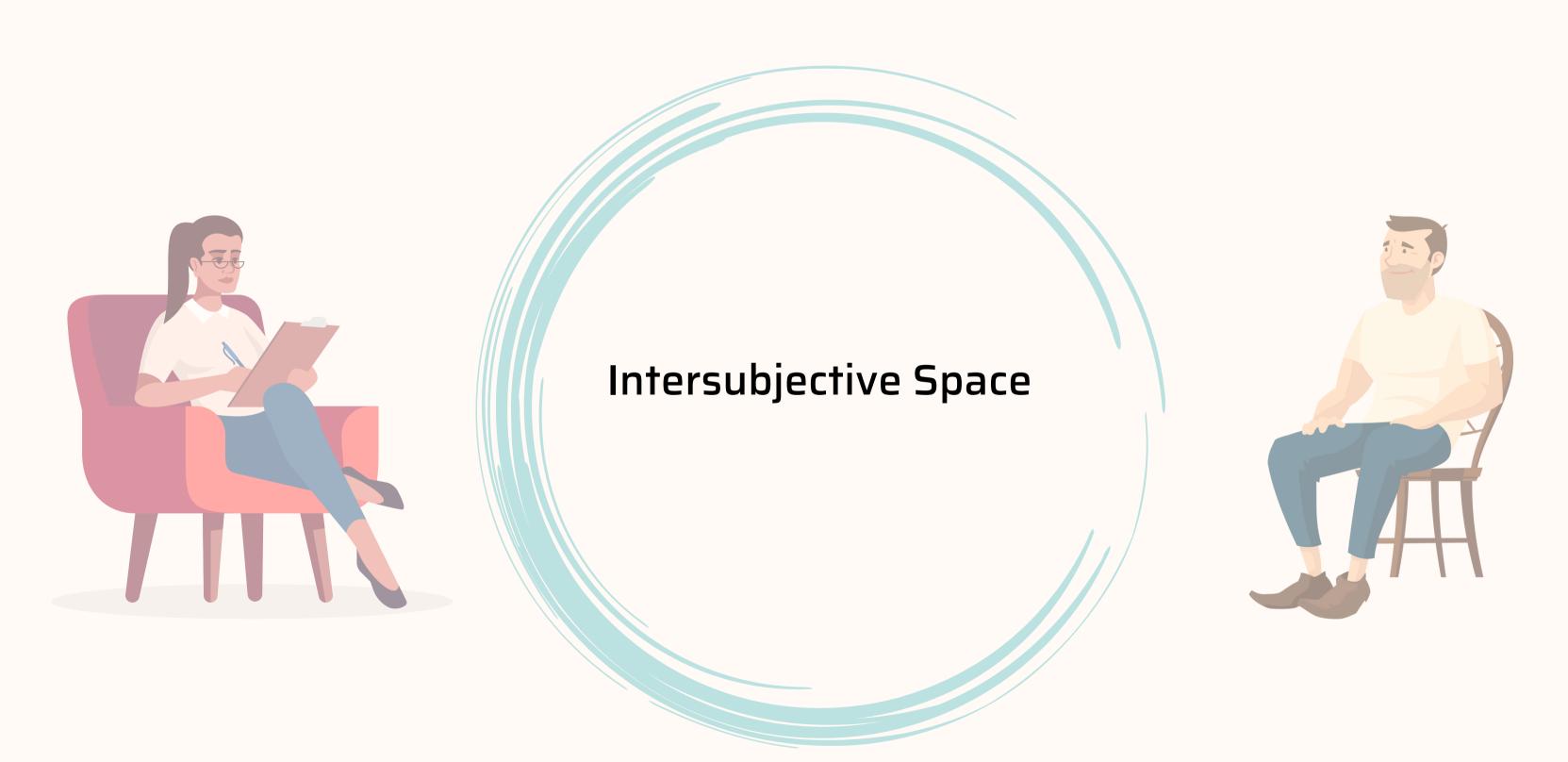
HOW DOES KNOWING THIS CHANGE WHAT WE DO IN SESSION?

Contingent Communication

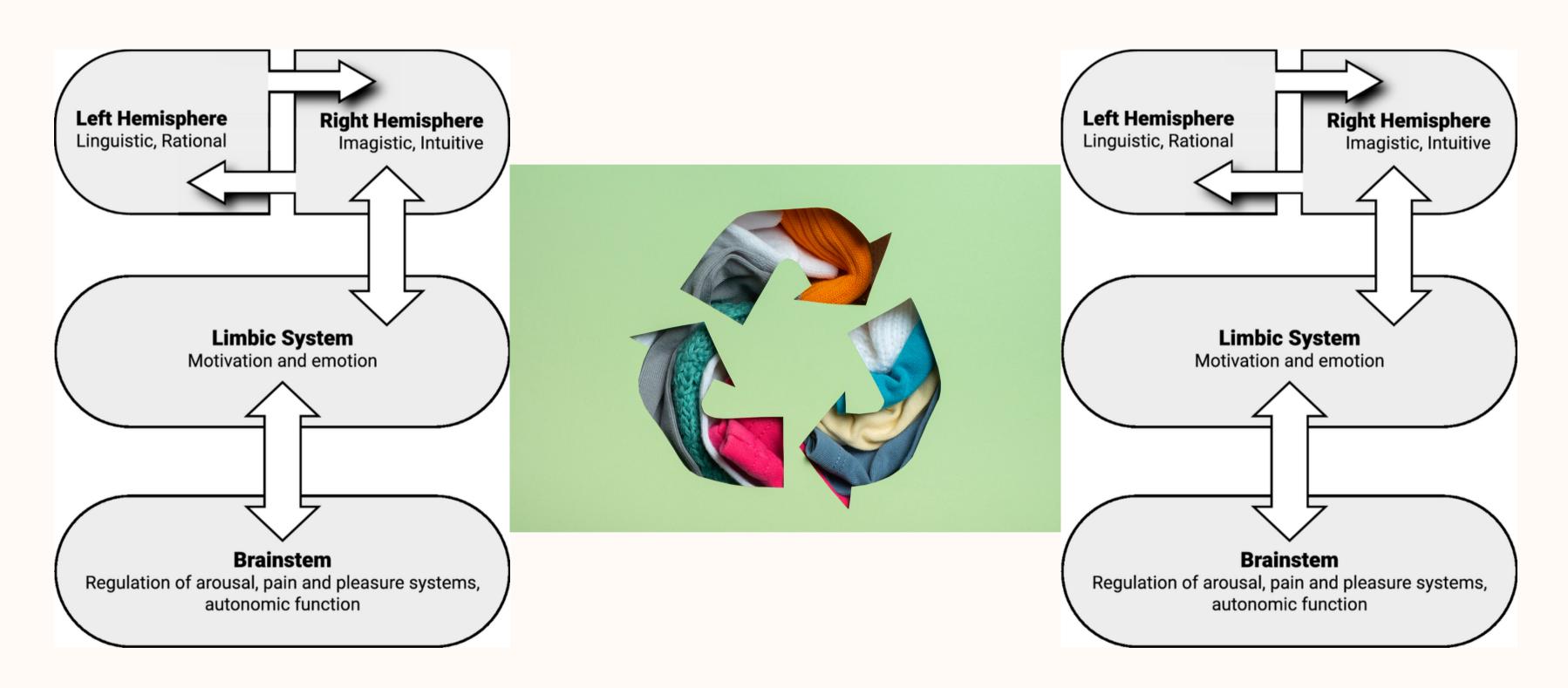
So, collaborative communication happens when a person first sends off a signal to another person. This signal can take any form including a non-verbal signal like eye contact, facial expression, tone of voice, body gestures, or a verbal signal like a word. That signal is sent from the mind of person "A" to person "B" who receives the signal. A contingent response would be that "B" is not only able to perceive the signal sent by "A", but also that "B" is able to process it and make sense of it. "B" then would send back a signal that is not just a mirror of what "A" sent, but actually is a process interpreted signal that reflects that "B" has taken the signal in, made sense of it, and now is sending a signal back to "A" as part of this collaborative dance of communication.

Interview with Dan Siegel, M.D. https://www.mentalhelp.net/blogs/interview-with-daniel-siegel-md/

The Space Between Us



Whole Brain Communication



Schore, A. Right brain-to-right brain psychotherapy: recent scientific and clinical advances. Ann Gen Psychiatry 21, 46 (2022). https://doi.org/10.1186/s12991-022-00420-3

Non-Verbal Safety

Gaze

Touch

Silence

Proximity

Dress and

Grooming

Body Language

Gestures

Posture

Facial

Expressions

Posters

Colors

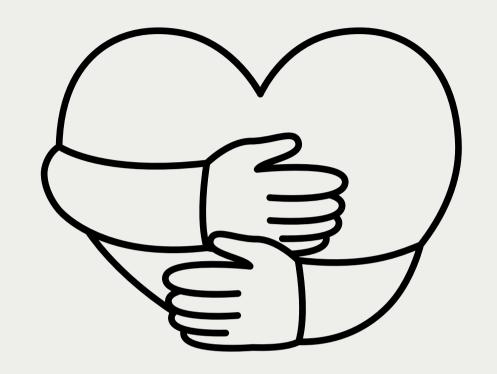
Lighting

Sound

Temperature

Five Pillars of Attachment -Bowlby

- A sense of felt safety and availability
- A sense of being seen and known (attunement)
- The experience of felt comfort (soothing)
- A sense of being valued (expressed delight)
- A sense of support for being and becoming one's unique best self.



Safe Seen Soothed Celebrated Spurred

BILATERAL STIMULATION

Its a Visual,
Auditory, or Tactile
stimuli that occurs
in a rhythmic right left pattern

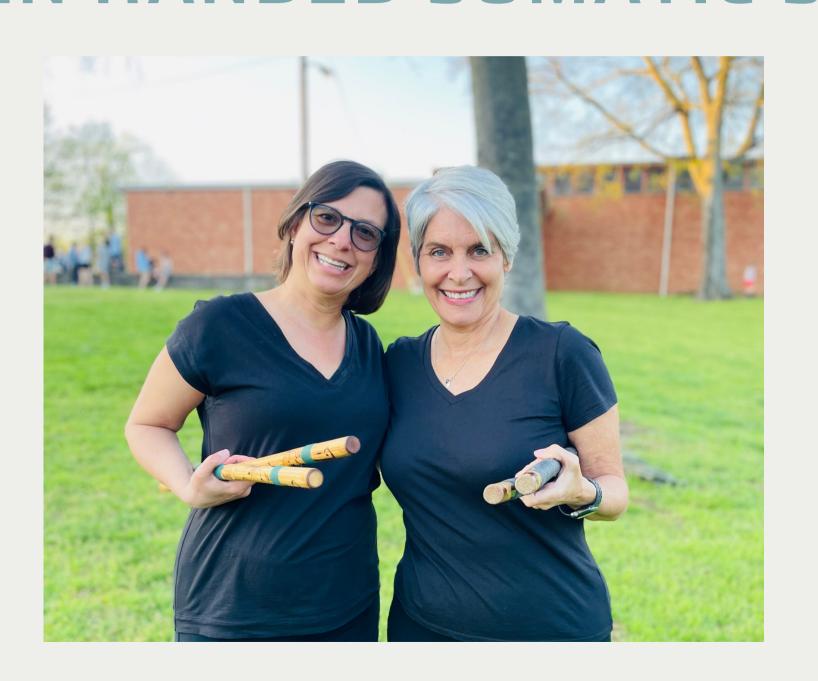
Benefits of Bilateral Stimulation

- A relaxation effect including decreased physiological arousal.
- Repetitive thoughts are less sticky allowing you to have wider attentional flexibility.
- The activation of both sides of the brain can allow for traumatic memories to be processed.
- Increases processing of all types of learning

WE ALL HAVE EXPERIENCE WITH BILATERAL STIMULATION

DOWN TAP SERIES VOLUNTEERS?

OPEN HANDED SOMATIC STICKS



VENTRAL VAGAL - SAFE AND CONNECTED

EMOTIONS FEEL LIKE

BODY FEELS LIKE

BEHAVIORS LOOK LIKE

joy hope love awe buoyance curiosity contentment compassion grounded sadness centered

calm heart soft gaze deep regular breathing open body language relaxed posture increased prosody (rhythmic variation of vocal tone) tuned into others

creative thinking problem solving conversational spiritual practice prayer and meditation mindfulness connected to nature tears of joy or release safe touch and intimacy arts and music



It is the back and forth sending signals of safety between the participants.

It's not just the absence of fear, it is a nourishing feeling of care along with nervous system regulation.

CO-REGULATION Demonstrated with Core Regulatory Kali Exercise

Walking Conversations

3 Things to Get Positivity Resonance

Barbara Fredrickson - Love 2.0

- Share a Positive Emotion
- Be Attuned
- Feel Taken Care of

Look for the Snap

PRIMARY REGULATION	ATTUNEMENT	COREGULATION
PLAY	SOMATIC EMPOWERMENT	BILATERAL STIMULATION

WHAT MAKES KCT DIFFERENT?

QUESTIONS AND COOL DOWN-KALI STYLE

Want to try KCT?

June 25th 1/2 day Workshop

- Wellness/Regulation Event
- Sign up on Eventbrite

kaliconnectiontherapy.com

Get on the email list if you are interested in classes, trainings or certification!





KCT's first certification trainees!

The Circle Closing 40 BPM





BONUS TRAUMA SLIDE

Trauma and the Brain: Traumatic experiences can have profound effects on the structure and functioning of the brain.

- Amygdala Activation: The amygdala, the brain's threat detection center, becomes overactive in response to trauma, leading to heightened fear and emotional reactivity.
- Hippocampal Function: The hippocampus, responsible for memory processing and emotional regulation, may be negatively impacted by trauma, leading to difficulties with memory and emotional stability.
- Prefrontal Cortex Impairment: The prefrontal cortex, involved in decision-making, impulse control, and regulation of emotions, can be impaired by trauma, resulting in difficulties with executive functioning and emotional regulation.
 - Dysregulation of Stress Response: Trauma can disrupt the HPA axis, leading to dysregulation of the stress response system and increased vulnerability to stress-related disorders.
 - Neural Pathways: Trauma can create strong neural pathways associated with fear and threat, which may contribute to hypervigilance, intrusive thoughts, and heightened arousal.

Thanks to Bruce Perry, Jaak Panksepp, Stephen Porges, Bruce Ecker, Bessell van de Kolk Peter Levine, Dan Siegel, and more.