Trauma-Informed Stabilization Treatment (TIST): Treating Unsafe and Addictive Behavior in Clients with Histories of Trauma

MODULE THREE

Janina Fisher, Ph.D.

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Every System Needs a 'Leader'

- **Without a prefrontal cortex,** the brain operates on the basis of emotions and instincts. **We perceive the world and others through the narrow field of a survival mentality:** all that matters is surviving the moment. We have no access to principles, goals, rules, commitments
- **Without top-down leadership, any organization is vulnerable to anarchy or even mutiny.** There is no way to stabilize our clients without helping them create some system of leadership or top-down management
- **That means differentiating and strengthening a Going On with Normal Life part** even in children Fisher, 2021

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Differentiating the Going On with Normal Life Self in Kids

- **Access to the prefrontal cortex:** when capable of insight, when thoughtful or able to learn from experience
- **Qualities of wise mind:** in children, we will see it in their curiosity, ability at times to be calm and creative
- **Functional abilities:** ability to do schoolwork, chores, help out, take a leadership role with other children
- **Aspirations:** although they can have difficulty imagining a future, most children want to have a future different from the past, want independence, want to be good at things, want approval and want stability---not chaos and crisis Fisher, 2020

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Normal Life Self, cont.

- **It is the therapist's job to notice and acknowledge these capacities, especially in children,** and differentiate them from the parts' responses
- Each time we help clients to connect to the Normal Life self we see, the child's experience of who they are or want to be becomes more palpable. **It is important that we just point out what we see mindfully** so that we are not giving compliments: we are naming observable facts
- **Help the client develop ways of accessing/recognizing the Normal Life part:** "Each time you can think straight, each time someone comes to you for help, each time you have a wise mind, that's your Normal Life part." Fisher, 2014

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Teaching the Skills to Regulate Arousal Within the Window of Tolerance

Interventions

- Psychoeducation
- Curiosity
- Reframing
- Mindfulness
- Separating thoughts, feelings, body
- Identifying triggers
- Lengthen spine
- Breathing or sighing
- Hand over heart
- Grounding with feet

Ogden 2006; Fisher, 2009

Sensorimotor Psychotherapy Institute

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Experimenting with Somatic Resources for Traumatic Reactions

Traumatic Reactions:	**Resources:**
Shaking, trembling	Slowing the pace
Numbing	Sighing
Muscular hypervigilance	Lengthening the spine
Accelerated heart rate	Hand over the heart
Collapse	Grounding with the feet
Impulses to hurt the body	Clenching/relaxing
Numbing, disconnection	Standing or moving

Sensorimotor Psychotherapy Institute Ogden, 2000

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Cultivating "10% Solutions" to Overwhelming Feelings for Kids

- Breathing, sighing, releasing tension or taking in calm
- Being physically active, yoga, sports, track
- Watching calming TV shows: eg, the Nature channel
- Engaging in any safe activity that calms the body (taking a bath, making cookies, drawing, playing with a pet)
- Engaging in activities that require concentration but not much thinking (jigsaw puzzles, computer games, solitaire)
- Working with the hands (cooking, art, growing plants)
- Listening to calming tapes or music
- Finding one thing that makes you smile

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IMPACT OF TRAUMATIC ATTACHMENT

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Beginning around age 2, disorganized attachment develops two different 'flavors'

Controlling-Punitive

- When the attachment drive is aroused, the child responds with attempts to take control of the relationship via **hostile, coercive, or shaming behaviors toward the other**
- This strategy is more common among boys in response to maternal hostility

Controlling-Caregiving

- The attachment drive leads the child to attempt to control parental responses by **entertaining, charming, directing ("helping"), or offering approval to the mother**
- This strategy has been correlated with maternal role-reversal and guilt-inducing behavior

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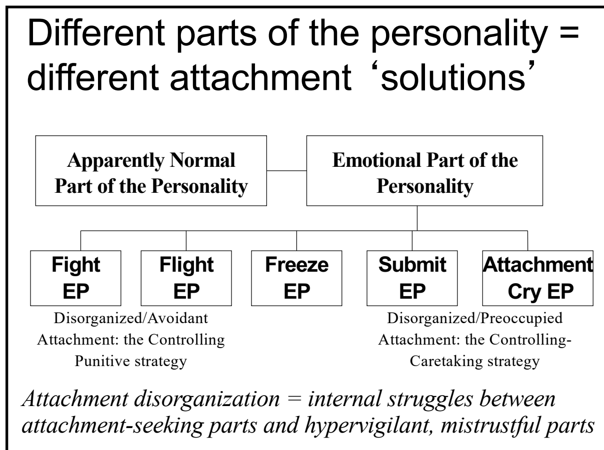
Different parts of the personality = different attachment 'solutions'



Attachment disorganization = internal struggles between attachment-seeking parts and hypervigilant, mistrustful parts

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Manifestations of Disorganized Attachment in the Transference

- •Intense proximity-seeking alternating with devaluing, distancing, or increased de-stabilization [Fight]
- •Flights from treaters, coming in and out of therapy [Flight]
- •Difficulty separating, repeated efforts to maintain contact [Attach]
- •Difficulty using treatment: unable to articulate issues/feelings; becoming mute or distracted in sessions, "good" sessions alternating with "bad"
- •Need for repeated proof of therapist 'caring:' failure of object constancy and often object permanence [Attach]

Fisher, 2009

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Manifestations of Disorganized Attachment, cont.

- •Hypervigilent attention to the therapist's manner and tone of voice, perhaps even policies or office environment [Fight]
- •Strong, out of proportion reactions: unable to tolerate therapist imperfections/limitations [Attach and Fight]
- •Repeated requests for changes in treatment [A & F]
- •Disproportionate distress around staff absences [Attach]
- •"Destructive entitlement" to special treatment [Fight]
- •Constant crises, self-harm, suicidality
- •Issues of trust and mistrust

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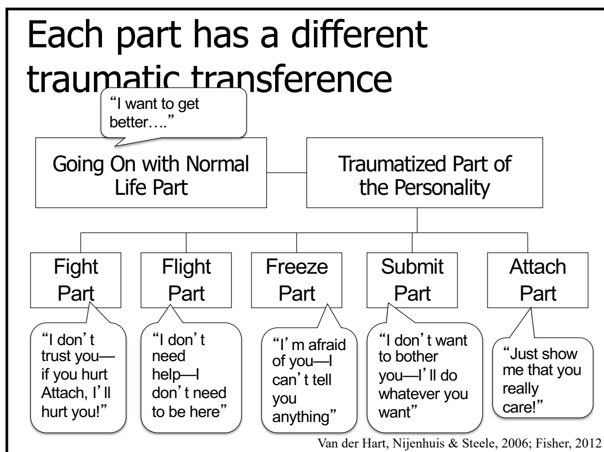

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Addressing disorganized attachment in the therapy

•**Attune to the effects of disorganized attachment on the therapeutic relationship**: begin by accepting that the therapy relationship poses **as much threat as hope**, avoid induction into the system, recognize countertransference (especially anxiety, the pull to help, wish to connect)

•**Strive for equal validation of both defensive AND attachment drives:** allowing distance, validating mistrust, "going with" resistance rather than opposing it

•**Emphasize mastery instead of relationship:** avoid doing too much for the patient, try taking a "consultant role," increase your tolerance for crisis/stuckness, be curious

Fisher, 2011

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Right-brain strategies for neurobiologically regulating clients

•Varying voice tone and pace: soft and slow, hypnotic tone, casual tone, strong and energetic tone, playful tone

• Energy level: very "there" and energetic versus more passive

•Empathy vs. challenge: how does the client respond to more/less empathy? to challenge? Does s/he need limits to regulate?

•Amount of information provided: noting the effect of psychoeducation or therapist self-disclosure

•Titrating vs. encouraging affective expression

•"Dancing" with the client: adjusting pace, tone, affect, language to "repair" client's dysregulated states

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Social Engagement System [Porges, 2005]

- **The social engagement system is an innate system connected to the vagus nerve, which regulates movements of the eyelids, facial muscles, middle ear muscles, laryngeal and pharyngeal muscles, and head tilting and turning muscles**
- As the caregiver interacts with the infant in a responsive manner, she or he elicits social engagement responses from the infant or capitalizes on those that occur spontaneously
- The development of an infant's social engagement system is dependent upon the caregiver's ability to stimulate and interactively regulate social interaction

Ogden, 2006; Fisher, 2007

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Increasing capacity for social engagement in the therapy is a precursor to repairing attachment patterns

- In the therapy hour, **the therapist must make use of his or her own social engagement muscles**, making sure to utilize facial expression, head movements, intonation, and gaze to evoke the client's social engagement system. Talking about social engagement does not in itself engage the ventral vagal system
- **The social engagement system is body-oriented**: it relies upon the "muscles that give expression to our faces, allow us to gesture with our heads, put intonation into our voices, direct our gaze, and permit us to distinguish human voices from background sounds." (Porges, 2004, p. 21)

Ogden, 2004; Fisher, 2007

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Expecting the best brings out the best in all of us . . .

"If I accept you as you are, I will make you worse; ***if I treat you as though you are what you are capable of becoming****, I help you become that."*

--Johann Wolfgang von Goethe

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