Trauma-Informed Stabilization Treatment

(TIST): Treating Unsafe and Addictive Behavior in Clients with Histories of Trauma

MODULE FOUR

Janina Fisher, Ph.D.

1

From disempowerment to negotiation and communication **Traumatized Parts of** Part Nork the Personality **Fight Flight** Freeze Submit Attachment Part Part Cry Part The traumatized parts' hyper- and hypoarousal responses shut down the prefrontal cortex, rendering the Normal Life part unable to function, regulate, or manage their impulses—the parts' self-destructive behavior is unchecked Fisher, 2014

2

Establishing Relationships Between Adult Self and Parts

- •The relationship between Going on with Normal Life self and child parts begins with mindful curiosity about the parts' feelings, thoughts, and impulses.
- •Curiosity about who these parts really are naturally enhances empathy: "How old might this part be? Very young? Middle-sized? A teenager?" The therapist's curiosity has to be a role model for the patient
- •As curiosity challenges the automatic animosity toward parts and they come to be better understood, the therapist can ask an Internal Family Systems (Schwartz, 2001) question:

"And how do you feel toward that part now?" Fisher, 2011

Establishing Relationships Between Adult Self and Parts, p. 2

- ·As the client expresses empathy, pride, respect or sadness for the part, we can encourage communicating that internally: "Can you let the Fight part know that you understand why it was trying to help you out?"
- •"What is that like for the Fight [Attach/Flight/Submit] part to feel you 'getting' it?" By heightening awareness of the relationship between Adult and younger part, we begin to establish that there is a new resource here for parts
- •Remember that because information flow is disrupted by dissociative compartmentalization, we can't assume that the parts know there is a Going on with Normal Life self!

Working with Conflicts between Vulnerable Parts and Fight/Flight

- Ideally, Fight and Flight first need to be welcomed and befriended before work with Submit and Attach is attempted. Ie, defenses must be addressed first before vulnerability is heightened
- The positive intentions and contributions of Fight and Flight must be acknowledged, no matter how destructive their behavior and how much a threat to safety. Thanking them, appreciating their point of view, generally is always regulating
- The positive intentions of Freeze, Submit, and Attach must also be brought to the attention of Fight and Flight

5

Soothing vulnerable parts = safety

- If unsafe behavior is driven by the Fight and Flight parts in response to some threat or hurt to vulnerable parts, then it makes sense that safety can be achieved by learning to soothe and protect the young parts.
- When the little parts are offered comfort, connection, and protection, the Fight and Flight parts are calmed, too. When the client can keep the prefrontal cortex engaged even when triggered, the Fight and Flight parts are also less activated
- The first steps in TIST are unblending and mindfulness, but the final step is inner compassion and comfort

Internal Communication

- Ask the client to focus on the distressing thoughts and feelings and assume that they belong to a part.
- Ask the client to notice what thoughts, feelings, or beliefs is this part communicating?
- Next, encourage some curiosity: what kind of part would feel or think this way? A very young one? An elementary school child? A teenager?
- Then, ask the client to connect to that part just by letting it know s/he is there: "Perhaps you might want to tell this part that you're here and listening—that you will take the time to listen to whatever she has to say."

7

Internal Communication, p. 2

- If the client is too blended, then he or she can ask the part to 'sit back a bit' and make room for the "Normal Life Part." This step can be repeated whenever the patient becomes 'blended' with parts or starts to report confusion or overwhelm.
- States of confusion, disorientation, overwhelm, and anxiety should always be re-framed as parts—and also depression, shame, sadness, anger, dread, guilt, and self-criticism. Once the patient feels less 'blended,' i.e., less confused or anxious or overwhelmed, we go back to Step 1: establishing awareness of and interest or curiosity in the part that is currently most activated.

8

Internal Communication, p. 3

- The therapist next facilitates an internal dialogue by asking the client to "ask inside," focusing on a series of questions designed to cultivate greater understanding and compassion for the part. Some clients understand the term, "Ask inside," easily, while others will need help.
- "Asking inside" can be taught as a skill: "Let's find out more about this part: did you know you could just ask her questions? All you have to do is just think the questions inside your mind and body."
- The best starting place for most clients is to ask the part in distress what s/he is "worried about."

Learning to "ask inside"

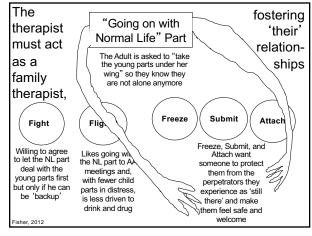
- •"Asking inside" is an ego state technique, a way of gaining access to less conscious internal states, of finding out more about ourselves from "inside sources"
- "Ask that part what s/he's worried about? What is that part afraid will happen if you are curious about the sad part? What is the harm if you comfort the sad one?"
- "Ask the ashamed part: is he judging himself? Or is some other part judging him?"
- •Answers may come in the form of thoughts, feelings or body sensations: "When you ask the scared part what he's worried about, you can feel your body tense..." Fisher, 2012

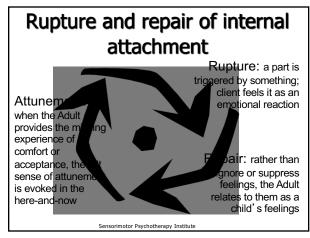
10

Internal Communication, p. 4

- Next, ask the Adult to report the exact words the part has said, rather than give an interpretation because these can be a way of distancing from parts.
- The Normal Life self is asked to asked the part, "What do you need from me right here, right now to not be so afraid of ?"
- In most cases, the answer the part gives is some variant of the following: "I need you to be there," "I need you not to be afraid each time I get afraid." "I need to know that you will be there—that you won't go away."

11





13

Rupture and repair of internal attachment

- •Capitalizing on the moment of compassion felt in response to the IFS question, "How do you feel toward that part?" we now want to "repair" the body memory of early rupture being felt in the part's shame, fear, sadness
- •First, we ask the client to notice a part or a pattern associated with distress: "Can you feel the frightened part here with you now? How can you tell she's there?"
- •Try to elicit a felt sense of the part, not an intellectual interpretation: "Notice how she speaks to you through emotions and body sensations—what words just come up spontaneously—let her know you want to get to know her"

Fisher 2014

14

Repair of internal attachment, p. 2

- •Start with an emphasis on the togetherness of Adult and child: "What's it like for her to feel you here with her? To feel your interest and concern?"
- •Encourage inner communication: "Ask her if she can feel you there with her now? Let her know that we are listening, and we want to understand how upset she is."
- •Cultivate trust: "Let her know you understand: she wants to trust you but it's hard—she's been hurt so much. What's it like for her to sense that you 'get' it?"
- •The Four Befriending Questions naturally follow: "Could you ask that part what she is worried about?"

The Four 'Befriending' Questions

- •"Could you ask the parts what they are worried about *if you go to the party*?"
- •Could you ask them what they are afraid will happen if *people see you*?"
- "And if they don't like what they see, what are they afraid would happen next?"
- •"What do they need from you—right here, right now—to feel less afraid of abandonment and rejection?" Fisher, 2007

16

How Parts Respond

- •Most of the time, the parts respond with a clear request for the Adult to be more present: "to not go away," to "not be afraid," to "not be ashamed."
- •That message directly communicated by the parts typically evokes more compassion from the Adult Self and more effort to intervene to help the parts
- •As one part expresses a worry and is "befriended," often other parts come up—almost as if they have heard that help is now available and want to see if they can be helped
- •The Adult is encouraged to keep asking these same questions over and over to each part as a way to build healthy habits of inner dialogue

17

Repair of internal attachment, p. 3

- •Each response by the part becomes another chance for repair facilitated by the therapist's gentle directives: "So she's telling you that she wants to believe you 'get it' but she's afraid to trust. . . Do you get that, too? Let her know that with your feelings and your body that you understand why it's hard for her to trust you. . ."
 - •"What's it like for her to have you take responsibility? To let him know that you realize you have been pushing him away?"
 - •"Yes, you can feel him relaxing just a little bit when you acknowledge the truth. . . Not many grownups ever did that, huh?

 Fisher, 2013

Somatic communication with parts

- •When the client places a hand over tightness in the chest or a racing heart, it sends a somatic message to the child parts: "It's going to be OK—I'm here for you."
- •When the client makes a circle with his or her arms to communicate making a container big enough to hold all the parts, which opens the chest, it sends a somatic message: "All are welcome--no one will be forgotten"
- •When the client gets highjacked by the activation of the child parts, lengthening the spine or pushing the feet against the floor sends a message: "I can handle this"

Fisher, 2007

19

Repair of internal attachment, p. 4

- •As the questions provide more information about the part, the Adult is asked to respond in reparative ways:
 - "Let her know that you understand why she's so worried about being shamed and humiliated. . . Can she feel you getting it?

To maximize the sense of attunement so that it can be experienced in the body, the therapist facilitates the client's felt sense of compassion for children, small creatures, or identification with being a kind, caring person: "If this little girl were standing in front of you right this minute, what would you want to do? Reach out to her? Take her hand? Or pick her up and hold her? Fisher, 2014

20

Parts and the Missing Experience

- •In psychotherapy, we should not just be interested in what DID happen. We should also be interested in what should have happened but DID NOT. Was the child offered comfort? Explanation? A safe base for exploration? Freedom from fear of abandonment? Acceptance of anger and sadness? What were the "missing experiences"?
- •Each part has had a different missing experience: Submit was not able to say "no" or set boundaries and still be accepted and loved. Fight was not able to defend the body against harm or have control. Flight was trapped; Freeze couldn't move; Attach was abandoned. Fisher, 2012

How to offer "missing experiences"		
•Formulate a hypothesis about the part's missing experience and describe it to the client the way you would describe any child's need: "I think he needs to feel protected?" "Maybe she needs to feel someone's there"		
•Frame an experiment: "Notice what happens when you offer to that part"		
•Have the client notice and report the part's reaction: "He's calmer now I feel my shoulders relaxing" "She's scared I'm going to leave but happy, too"		
•Name the change in relationship: "This is important, isn't it? He really needs to feel you there with him."		

22

Repair of internal attachment, p. 5

- "Feel what that's like to have this little boy in your arms? To feel his hand in yours? Is it a good feeling?
- •"Take in the warmth of his body and the feeling of holding him safely... Ask him if he would feel less scared if you did this every time he got afraid?"
- •Often clients will go back to the more habitual insightoriented discussion, and it's the therapist's job to remind them that there is a child right there who needs to know he or she will not be forgotten again: "As we are talking, check in with that little boy and see how he's doing now. He needs to know that he won't be forgotten this time. . ."

23

Diagnosing the causes of difficulty with clients who are stuck

- •When clients are not progressing, we have to get MORE CURIOUS! (Rather than judge the client as 'stuck')
- •We have to ask:
- Am I assuming that the client is mindful when s/he is **not**? Am I using sufficiently mindful language?
- Have I been making enough of or the right kind of contact to regulate the system? To foster co-regulation and mindfulness, contact is essential. Too much 'support' may not be helpful
- •Did I start with interventions or steps that were too difficult instead of 'baby-steps' that can be built upon?

Fisher, 2014

Diagnosing the causes of difficulty with dysregulated clients, p. 2

•Have I been consistently using the language of parts? Or do I go back and forth from 'parts' to 'you'?

•Have I been too enthusiastic? Too anxious? Am I failing to 'bite-size' interventions?

•Have I offered too much? Has the client become used to being regulated by staff rather than using his/her resources? Have I inadvertently awakened the longing of Attach to be cared for? Or threatened the Fight part??

•Or have I threatened the Fight/Flight parts by increasing emphasis on emotional vulnerability or relying on others in the therapy?

25

Challenges of working with a system, not an individual

•A frequent cause of stuckness or empathic failure is our misperception of the client as a single integrated person

•The key is to always treat the client as a system, not as an individual, consistently communicating to the parts that they are pieces in a larger whole

•At the same time, we must consistently communicate that this system shares one body and mind—not just as a fact or piece of psychoeducation but as a reassurance to parts that they are not alone, that help is nearby: "I want all the parts to notice that Julie is there, making your back strong and your head high."

26

Increasing Therapist Tolerance for Fight and Flight

•Therapist tolerance for Fight and Flight parts is affected by our concerns about safety. If the first goal of therapy is cessation of their efforts to regulate the body, then they are being treated as 'enemies' and alienated by us

•More therapist support OR control of their behaviors are both triggers: we feel too close or too controlling

•The treatment is enhanced if the therapist can tolerate increased risk in order to ally with Fight and Flight: "We' re on the same side here. We both want safety for the ANP and child parts. We both want to make sure that no one messes with her ever again."

Working with Conflicts between Vulnerable Parts and Fight/Flight

- Ideally, Fight and Flight first need to be welcomed and befriended before work with Submit and Attach is attempted. Ie, defenses must be addressed first before vulnerability is heightened
- The positive intentions and contributions of Fight and Flight must be acknowledged, no matter how destructive their behavior and how much a threat to safety. Thanking them, appreciating their point of view, calms the system
- The positive intentions of Freeze, Submit, and Attach must also be brought to the attention of Fight and Flight

28

Using Language that Reaches the Whole System

- •When clients are blended much or all of the time with their parts, we are asking mindful questions of a child whose frontal lobes are compromised, not an adult
- •Asking, "Where do you feel this in your body?" is often too difficult a question for dissociated clients. Body sensation questions require mindfulness and an ability to access internal awareness without dissociating
- •To track internal experience and assess the results of our experiments, we need to ask simpler questions that access less threatening core organizers and require little cortical ability

 Fisher, 2013

29

Attunement/Interactive Regulation

- •Every intervention should be framed in 'parts language' rather than 'you' language. If the client starts to become ungrounded or spacy, assume that is a part: "I notice that the spacy part is here—she must be worried that you can't tolerate the feelings of the little part. . . How nice of the spacy part to come just as the little one's feelings got intense. . . "
- •When confusion, sudden losses of hearing or memory or words occur, also re-frame those as a part!
- "The confused part is here—welcome him," "Isn't the 'eraser part' good at erasing words and ideas you want to remember. . ." Fisher. 20

Attunement, cont.

- •Attuning to the depressed, hopeless Submit: "I'm noticing there is a young, very hopeless part here with us—do you notice her, too, Mary? Yes, she's so very depressed, isn't she? Do you have a sense of how old she is?" [Client says 'no] "Well, ask her how old she is and notice what number comes up? . . . So she's 11, huh? Just at that age when our brains have grown enough to know what's happening around us, to realize that there's no way out."
- •Notice that the language is adjusted to speak to an age range: it doesn't feel regressive to an adult but is kid-friendly. Also notice that internal compassion is cultivated by making empathic ties to the past

 Fisher, 2014

31

Attunement, p. 3

- •Talking about Flight and Fight parts: "I keep noticing a pattern: whenever the little parts get triggered and you get overwhelmed by their feelings, the addict [or eating disordered] part is ready to make the feelings go away. . ." "I notice that the suicidal part always reassures you that you still have a bailout plan . . ."
- •Talking to Flight and Fight: "I notice that you keep trying to help Katy and the parts. . . When the feelings are too much and you think Katy can't handle it, it's really thoughtful of you to offer to help. . . The only problem is that the little parts associate being drugged with bad things happening to them. . ."

 Fisher, 2014

32

Repetition Builds New Pathways

- •Consistent use of these techniques, like the Four Befriending Questions, is necessary to build neural pathways holding the experience of attunement
- •As the client is able to use the Four Questions to build connections to the parts, s/he is asked to become more aware of the many ways that parts communicate
- •Dreams, nightmare, flashbacks, and images are also framed as communications from parts. "If that memory was a communication from a young part of you, what would that part be trying to tell you?" "If that body sensation [or emotion] was a communication from a part, what would s/he be trying to tell you? Fisher, 2013

"Integration requires both differentiation and linkage" [Siegel, 2010]

- •We cannot integrate aspects of ourselves that we have not observed, acknowledged, and "owned" as part of "me"
- •Integration approaches in which the fragmented client is treated "as if" s/he were one integrated person always fail.
- •The parts must first be noticed and identified, then connected or linked so they become essential aspects of one system that is adaptive and "flows." As Siegel (2010) says, "Failure of integration leads to chaos, rigidity or both."

34

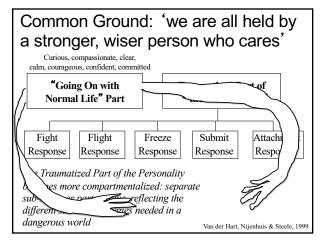
What is "linkage"?

- •Linkage refers to making connections:
 - •Between a feeling and a stimulus: ie, "I got triggered"
 - •Between a stimulus and an impulse: "When I hear footsteps, my Fight part is ready to attack."
 - •Between past and present: "This is a body memory"
 - •Between perception and fact: "I see that I' m in a safe place—but my sense is that I' m not"
 - •Between a child part and Adult: "I see how small she is"
 - •Between part and part: "When the angry part yells, the little part gets more scared"
 - •Between part & whole: "I can feel his anger in my body"

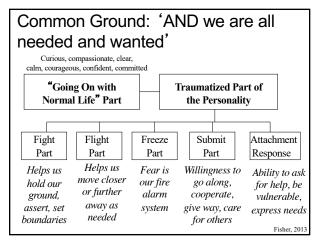
35

Integration = Resolution of Internal Conflicts

- •If the problem is unresolved internal conflicts between parts holding competing animal defenses, then the goal should be a "peace treaty." Conflict resolution = establishing that all parts have mutual priorities more important than winning today's argument
- •The language of team-ship can be used throughout the treatment: "If enough of you are tired of the cutting and wish it would stop, all you have to do is get everyone who doesn't want the cutting together. If there are more of you, you'll be stronger than the cutting part." "If you can make use of the parts who are on the side of normal life, you'll create a different balance of power" Fisher, 2014



37



38

Trauma is overcome through practice, not redemption

"I believe that we learn by practice. Whether it means to learn to dance by practicing dancing or to learn to live by practicing living, the principles are the same. . . . Practice means to perform over and over again in the face of all obstacles, some act of vision, of faith, of desire. Practice is a means of inviting what is desired."

Martha Graham

For further information, please contact:

Janina Fisher, Ph.D.
5665 College Avenue, Suite 220C
Oakland, California 94611 USA
<u>Dr.J.Fisher@aol.com</u>
<u>www.janinafisher.com</u>

Sensorimotor Psychotherapy Institute office@sensorimotorpsychotherapy.org www.sensorimotorpsychotherapy.org