

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

MODULE TWO

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Traumatic environments leave few
options for attachment or survival

*“If an individual is born into a
malevolent and stress-filled world, it is
crucial for his survival. . . to maintain
a state of vigilance and
suspiciousness that enables him to
readily detect danger.*

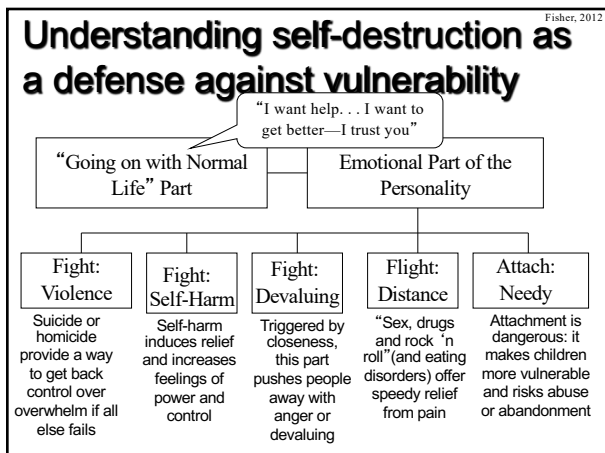
Teicher et al, 2002

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*“[S/he] will need to have the potential to
mobilize an intense flight-fight
response and to react aggressively to
challenge without hesitation. . .” [These
survival responses will] markedly
augment the individual’s capacity to
rapidly and dramatically shift into an
intense aggressive state when
threatened by danger or loss.”*

Teicher et al. 2002

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The key to stabilization is the "Language of Parts"

- The language of parts as the language of therapy increases client ability to be mindfully aware of parts
- That means the therapist translating the narrative from "I" language to the language of parts: *"A part of you feels ashamed," "a part of you feels it was her fault," "a part of you wants to hurt the body."* Naming the symptoms as a part helps keep the frontal lobes 'online' by increasing curiosity and concentration.
- In mindfulness, a thought is "just a thought," feelings are "just feelings," and parts are named as "just a part that feels ashamed/angry/sad"

Fisher, 2012

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Learning parts language as a second language

- Clients speak "I" fluently but not parts language, so we have to provide an intensive language class for them
- The therapist becomes a 'simultaneous translator. Each time the client says, "I feel," the therapist translates the statement into parts language: *"A part of you feels hopeless," "the critical part thinks that's weakness," "a part of you wants to die."*
- As in a language class, the more intensive the use of the second language, the more quickly the student learns. The habit of prefacing each feeling with "I" is automatic for most people but dangerous for some clients

Fisher, 2020

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What to say: the language of the parts

- Notice that sadness as a communication from some part...
- **Does the sad part feel younger or older?** Is it more _____? _____? Or _____?
- Would it be OK to **hang out** with that part? Notice if there is an image or memory that goes with it?
- “Notice what happens for the sadness when you name it as her feeling. . .”
- When you have that thought, what happens to the sad part?

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Mindfully name what you see

- **Imagine that you are a “sports announcer:”** as a therapist, learn to narrate what you notice as you notice it, play by play. When we name the sequence of what’s happening in a tone of empathy, curiosity, and/or enthusiasm, it is rarely met with negative reactions.
- **Be prepared for negative reactions especially from hypervigilant Fight parts!** We are seeing and naming a system that was designed to operate in secret, and it’s threatening to protectors that we are naming it now
- **Use the client’s given name only for the Going On with Normal Life self.** The body is conditioned to respond to the name we use in daily life to be who we are in daily life

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Mindfully Name What We See, p. 2

- **Each time we name a part as a part** (the 13 year old, ‘a young part’) **and the adult client as “Sue”** or as the Going On with Normal Life part, **we are increasing awareness of the whole system**
- **With words, we keep painting a picture of the whole by talking about each part as it arises.** Since we might empathically fail a child part if we do not talking directly to it, we must address child parts like children. But that doesn’t mean we can’t reference other parts: *“Where is the big Sue when you’re so scared like this? Are there any big parts that protect you or take care of you? None?? That’s terrible! I must talk to them about that.”*

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Which "I" ?

- When clients use "I" to speak "from" a part, **we can ask, "Which 'I' feels that way?"** Are there any other points of view inside you?"
- Clients often respond to the language of parts with arguments such as, "Well, wouldn't anyone feel upset about this?!"
- Rather than trying to rationally differentiate child parts from wise minded Adults, it is more helpful to **ask clients if they would be willing to assume for the purposes of their treatment that any distressing feeling, thought, or bodily reaction represents a communication from a part**

Fisher, 2012

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Don't be afraid to be 'relentless' !

- Relentlessness means that we discipline ourselves to consistently use the language of parts** to counteract the automatic assumption of a unified "I." We have to hold the perspective that there is more than one "I"
- It means that we consistently challenge thhabitual interpretations and assumptions by re-framing them in the language of parts:** when the client says, "I hate myself," we respond, "Yes, there's a part of you that hates herself—and is there also a part that judges her—or you?"
- Just as with any foreign language, it is important to **practice to become fluent.** The therapist's fluency reassures the client that it isn't a sign of mental illness to have parts

Fisher, 2010

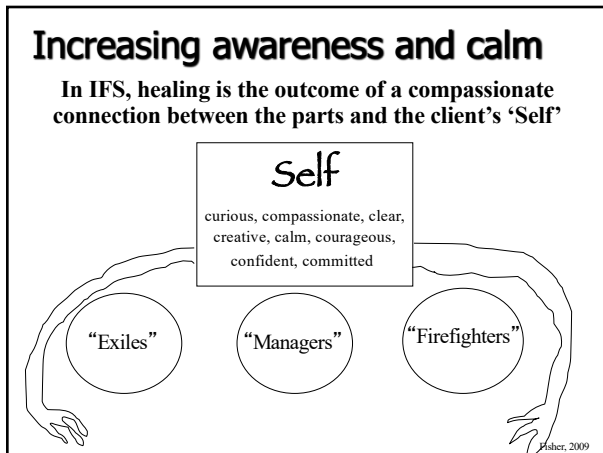
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Relentless re-framing, cont.

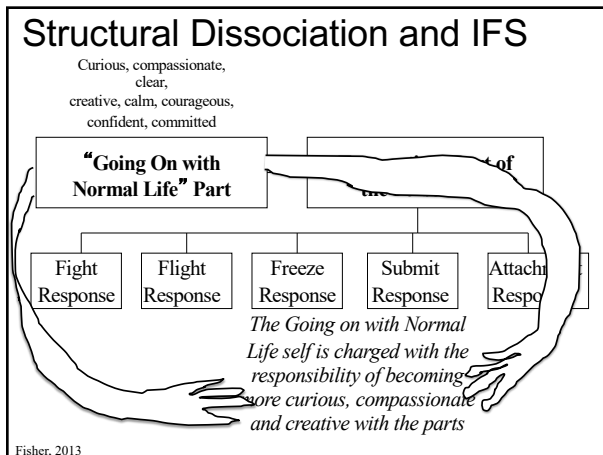
- In "relentless reframing," **the pronoun "I" is used only to refer to the Going on with Normal Life part.** All other parts of the personality are "parts." Mindfulness is automatically engaged when the "I" observes "them"
- Experiments can help clients learn the benefits of differentiating parts:** for example, "Would you be willing to use parts language whenever you feel distress?" [or "whenever you feel ashamed? Or suicidal?" Or "Would you be willing to assume that the part that binges and purges is not you? That 'you' are working hard to change those behaviors, but another part of you is not so sure. What happens if you notice those impulses as that part's?"

Fisher, 2011

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How the Parts Dominate: "Blending" [Schwartz, 2001]

- When the client identifies with or "blends" with a part, **the thoughts and feelings of that part feel like "me."**
- "Unblending"** refers to increasing the ability to hold the parts as separate without acting on their feelings.
- Because the client has no awareness that blended feelings come from parts, **it becomes the therapist's job to help the client recognize blending:** *"You're really blended today with that part who feels utterly defeated and worthless."*
- Recognition that clients are blended has to precede efforts to unblend:** *"When the defeated part feels so worthless, it doesn't help if you seem to agree with her..."*

Fisher, 2001

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“Unblending” [Schwartz, 2001]

- As feelings, thoughts, or body reactions occur, we ask the client to notice them without blending and name them as parts: *“Notice the hopelessness as HER hopelessness. . .”* *“Notice the anger as the angry part reacting to her. . .”*
- The therapist’s job is to simultaneously name the parts and foster empathy for them: *“Of course, the hopeless part feels like giving up. . . There was no hope back then.”* *“Your Fight gets so frustrated when no one listens to the little parts, huh?”*
- As the therapist communicates compassion, calm, and acceptance of the parts, the client often becomes more mindful and less blended

Fisher, 2021

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An Unblending Protocol

1. Assume that any distressing or uncomfortable feeling is a communication from a part of you that’s been triggered.
2. Put the part’s feelings into words using “she” or “he feels _____.” See what happens if you speak for the part by naming the feelings as his or hers.
3. Create a little more separation from the parts by sitting back (or changing position, lengthening your spine, engaging your core), so you can feel both them and you
4. Use your [mother/teacher/manager/chef]’s mind to reassure the part that nothing bad is happening right now. Acknowledge the fear or hurt. Imagine these fears belonged to _____: what would you say?
5. Get feedback: do the parts feel you’re “getting” it?

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Five Steps to “Unblending”

1. First, assume that whatever upsetting or overwhelming feelings you have are a communication from the parts because they have been triggered.
2. Put their feelings & thoughts into words using “they” instead of “I”: “they are upset. . .” See what happens if you speak for them using “they.”
3. Create a little more separation from the parts, just enough that you can feel you & them at the same time. You can lengthen your spine, change position, or ask them to sit back just a little.
4. Use your supervisor’s brain to reassure them or remind them or support them. Acknowledge that they’re afraid. Imagine if these fears were the fears of your colleagues, what would you tell them? Ask them what they need from you as their supervisor & not be so afraid.
5. Ask the parts for feedback or opinions: is it helping even a little bit? What do they think you should take off in therapy? What’s it like to be listened to?

Personalize the steps for each client. Write them down in your own handwriting to provide a transitional object as well as directions for unblending. They will have more power for the client if there is personal touch

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Another Protocol for Unblending

1. Assume that any distressing feeling is a communication from a part. **Remind yourself, “This is not my feeling--it’s a part’s feeling.”**
2. **Put the part’s feelings into words using “they,” “she” or “he” feels _____.** (See what happens if you speak on behalf of the part by naming the feelings as the part’s.)
3. **Create a little more separation from the part by using an object** to represent it so you can see and feel the part
4. **What happens when you assume that the feelings are the part’s feelings, not your feelings?**
5. **What would you say to this child** if they/he/she were standing in front of you right now?

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ATTACH CRIES FOR HELP, TRYING TO ELICIT A CARETAKING RESPONSE



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FREEZE SOUNDS THE ALARM BY COMMUNICATING FEAR- TERROR. FREEZING ALSO PREVENTS MOVEMENT



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**SUBMIT 'FEIGNS DEATH' AT THE COST
OF SHUTTING DOWN ACTION, DRIVE, HOPE,
DETERMINATION**



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**FLIGHT FINDS INGENIOUS WAYS TO
FLEE, INCLUDING SEX, DRUGS, AND ROLL
'N ROLL**



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FIGHT PUSHES PEOPLE AWAY,



**ATTACKS THE
BODY, TAKES
CONTROL BY
THREATENING
SUICIDE, OR
FIGHTS FOR
THE CARE
THE PARTS
SHOULD HAVE
GOTTEN IN
CHILDHOOD**

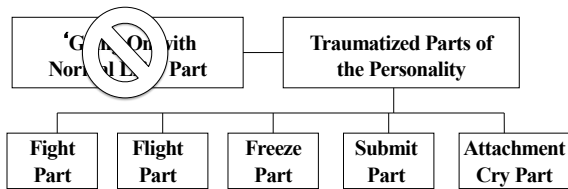
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Understanding Self-Destructive Behavior as a Parts Issue

- Unsafe behavior reflects:
 - Client has been triggered by something obvious or, more often, something subtle, and the prefrontal cortex has shut down
 - If the trigger stimulates the sense of danger or fear of loss, Flight or Fight parts are then triggered to action
 - Fight and flight responses are instinctive automatic responses, not thoughtful choices. If the client is blended with them, the chances of unsafe behavior increase. If the client can unblend, risk decreases

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The Normal Life self is disempowered when parts are triggered

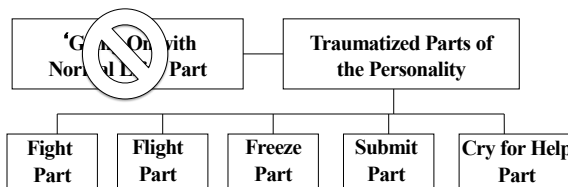


The traumatized parts' hyper- and hypoarousal responses shut down the prefrontal cortex, rendering the Normal Life part unable to function, regulate, or manage their impulses—the parts' self-destructive behavior is unchecked

Fisher, 2014

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The Normal Life self is disempowered when parts are triggered



Especially when the Cry for Help Part is triggered, the Fight part instinctively reacts with violence or threats to violence in order to regain control over vulnerability

Fisher, 2014

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Working with Unsafe Behavior as a Parts Issue

- **Consistently re-frame the suicidality, self-harm, or addictive behavior as the impulse of the Fight or Flight part:** “Notice the suicidal feelings as a suicidal part trying to offer help. . .” “Notice the cutting part wants to shut up the little parts. . .” “Notice the alcoholic part trying to convince you to put whiskey in the baby bottle. . .”
- **Assume that the client is blended:** “Separate from the suicidal part so you can feel him and you can feel you.” “Right now, you are blended with the suicidal part and that gives it more power. . .”

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Working with Unsafe Behavior as a Parts Issue, cont.

- **Ask the client to be curious about how the destructive part is trying to help:** “What is the suicidal part worried about if you live? What is the alcoholic part worried about if you stop drinking?”
- **Differentiate the needs of young distressed parts from the suicidal part:** “Of course, the little parts want the pain to stop, but I’m not sure they want to be killed. . .”
- **Be absolutely confident and relentless:** this is a suicidal PART, not the whole client. ”The suicidal part is trying to offer you an exit strategy, but I’m not sure it wants to be in a hospital. . .”

Fisher, 2021

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Working with Unsafe Behavior as a Parts Issue, p. 3

- **Differentiate the goals of Fight and Flight from the goals of the Normal Life self:** “The alcoholic part doesn’t care if you lose your job—it just wants to put whiskey in the baby bottle and making the crying stop”
- **Encourage the Normal Life self to negotiate with Fight and Flight:** “Ask that part if it would give you a chance to try to manage the feelings on your own. . .”
- **Teach clients to consistently use parts language:** “Every time you say, ‘I want to die,’ you give more power to the suicidal part. . . Is that what you really want?”

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Separating Self from Symptom

- The word “I” intensifies our felt sense of connection to a feeling, making it easy to confuse **who we are** with our **symptoms or triggered responses**. Suicidal patients do better when suicidal thoughts and impulses are connected to a Fight **“part”** rather than named as “I want to die”
- Hopeless clients do better when hopelessness is attributed to just a part**, as do ashamed clients. But if the therapist fails to use parts language, most clients will assume that the feeling or impulse is “what I feel”
- Parts language makes it easier for clients to take responsibility**: it is easier to see one’s actions and reactions when framed in terms of parts

Fisher, 2020

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Insist on Unblending

- The most effective way to ensure clients’ safety is to insist on their unblending from unsafe parts**
- Strategies for motivating the client to unblend:
 - “Every time you blend with these parts, you abandon them—it’s like you’re agreeing with them that it is hopeless and they should die”
 - “So, it’s really OK with you to let the addict part put whiskey in the baby bottle? Really?” “It’s OK with you for the suicidal part to kill the child parts?”
 - “These parts are crying out for help---if they don’t get heard, they will bring you to your knees.”
 - “You can’t kick these parts to the curb—they saved your life! You and I wouldn’t be sitting here if it weren’t for them”

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Resourcing the Defense

- One way of decreasing resistance to working on unsafe behavior is to **“resource” the defense**. **That means that we ally with the behavior as a “Survival Strategy”**
- For example, “resourcing” a client’s intellectualization might consist of admiring the ability to think as a way to survive in a confusing or violent world. ‘Resourcing’ mistrust and secrecy might take the form of validating that secrecy is safer in an unsafe world.
- Resourcing the defense is liberating for the therapist, too!** When we re-frame suicidality as a part’s attempt to achieve relief from overwhelm or have control over emotion, we too feel less intimidated

Fisher, 2020

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Re-framing the symptoms helps clients dis-identify with them

- If the therapist responds as if **every symptom is valuable data about how the client survived**, curiosity is facilitated
- We can use psychoeducation to make educated guesses about the meaning of each symptom: **is it a feeling memory? Or a part trying to save the day?**
- We have to look for what the symptom is accomplishing:** is it increasing hypoarousal? Decreasing hyperarousal? Regulating feelings of hurt or loneliness? Or conveying a sense of power and control over the client's experience? **Admire the symptom as a survival resource!**

Fisher, 2009

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Engender Compassion for Parts

Each part "tries to fix things its way" (Annie)

- Suicidal symptoms:** "Fight keeps a parachute or "bailout plan" ready for you, like the samurai soldiers ready to die before defeat. Fight would rather die than feel powerless and overwhelmed"
- Cutting or self-injury:** "The part that hurts the body learned to stop the overwhelm and get relief—and it worked because it triggers your body to produce adrenaline and endorphins"
- Mistrust and paranoia:** "Fight learned the hard way that it was safer to assume the worst in people . . ."
- Eating disorders and addictive behavior:** "Flight found that alcohol took away the fear of being around people. . ." "It knows that when you restrict, you can't feel... That's what it wants"

Fisher, 2020

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Expect a long, slow learning process and increasing stability

*"[The procedural memory] system involves a relatively slow, incremental learning process. . . . With repetition, procedurally learned processes become increasingly automatic. . . . **Procedurally learned behavior may be altered, albeit slowly, [but] it is relatively 'resistant to decay'.**"*

Grigsby & Stevens, 2000, p. 93

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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, 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 the Normal Life part** to assume that leadership position

Fisher, 2014

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Differentiating the Going On with Normal Life Self

- **Access to the prefrontal cortex**: capable of thought, insight, information retrieval, learning from experience
- **Qualities of wise mind**: curiosity, compassion, clarity, calm, creativity, courage, and connection
- **Functional abilities**: job skills, practical abilities, parenting skills, ability to care for others, responsible, good with animals and children, a hard worker
- **Aspirations**: although they can be affected by difficulty imagining a future, most clients want to have a future different from the past, want independence, stability, a home, relationships---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 ego strengths and capacities** and differentiate them from the parts' responses
- Each time we help clients to connect to the Normal Life self we see, the client'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

Fisher, 2014

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