Trauma-Informed Stabilization Treatment

(TIST): a New Approach to Working with Self-Destructive and Addictive Behavior

MODULE ONE LIVE SESSION

Janina Fisher, Ph.D. www.janinafisher.com

1

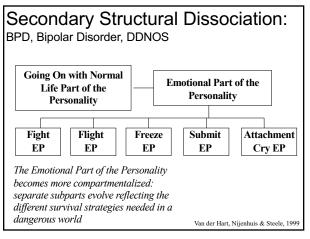


2

Triggered and dysregulated, the body continues to anticipate danger

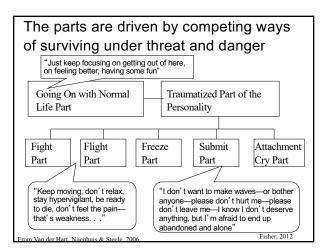
"When neither resistance nor escape is possible, the human system of selfdefense becomes overwhelmed and disorganized. Each component of the ordinary response to danger; having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is over."

3





4



5

The parts are not experienced as 'parts of **me**' but as:

•Overwhelming emotions: desperation, despair, shame and self-loathing, hopelessness and helplessness, rage

•Chronic expectation of danger: hypervigilance, fear and terror, mistrust, "post-traumatic paranoia"

•Body sensations: numbing, dizziness, tightness in the chest and jaw, nausea, constriction, sinking, quaking

•Impulses: motor restlessness, 'hang-dog' posture, impulses to "get out," violence turned against the body

•Beliefs: "I hate myself," "No one cares," "I' m not safe here"

6

Or the parts are experienced as:

•Loss of ability to communicate: client becomes mute, shut down, unwilling to speak, can't find words

•Voices: usually shaming, punitive, controlling

•Constriction: withdrawal, social isolation, agoraphobia

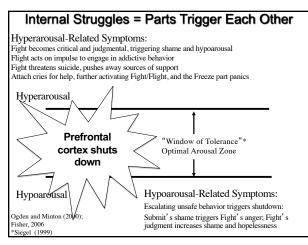
•Regressive behavior: loss of ability for well-learned skills, personal hygiene, ADLs, social engagement

•Increasing preoccupation with helpers: the only safe/unsafe place becomes the office/hospital/house

•Alternating dependence and counterdependence

•Unchecked self-harm, suicidality and addictive behavior

7



8

"De-coding:" identifying "parts"

•Signs of internal conflict: inability to make decisions, stuckness, trying to stay safe alternating with acting out, alternating sobriety and relapse

•Emotions: intrusive, overwhelming and out of proportion

•Noticeable shifts in mood or behavior: e.g., from neutral or fearful states to anger and acting out; asking for extra appointments, then not showing up; trust alternating with mistrust

•Autonomic arousal patterns: collapsed, numb, passive states versus angry or desperate or suicidal states

•Cognitions: "I am worthless and hopeless," "I know you are going to leave me," "I can't trust you," "I trust you completely"



Noticing 'who I am' moment to moment

•We assume that 'we are what we feel:' but what "I feel" could be a spontaneous response to the present moment, the implicit memory of a part, or a survival response. Further, what we make meaning of feelings which then affects what we feel about what we feel

•To resolve trauma and to increase impulse control, survivors need an active prefrontal cortex. Asking the client to notice with curiosity and avoid interpretation facilitates prefrontal activity. Noticing thoughts, feelings, physical reactions and impulses as 'parts' also increases activity in the prefrontal cortex

10