



SCOPE OF PRACTICE

Materials that are included in this course may include interventions and modalities that are beyond the authorized scope of practice for your profession. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

LIMITATIONS OF THE RESEARCH AND POTENTIAL RISKS

It is important to practice discretion and individualized treatment as each client presents with differing experiences of trauma, shame, and coping mechanisms.



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8-WEEK SCHEDULE

January 26 - The Neurobiology of Trauma

February 2 - Polyvagal Theory

February 9 - Creating a Safe Environment for Treatment

February 16 - The Role of Shame in Healing Trauma

February 23 - Empathy in Trauma Treatment

March 1 - Emotional Literacy and Agency

March 8 - Treatment Strategies to Reconstruct Emotional Safety

March 15 - Grief, Loss, Compassion Fatigue, Self-Care, and Q&As

OBJECTIVES FOR NEXT 8 WEEKS

- Develop an understanding of the neurobiology of trauma and shame.
- Recognize how trauma and shame impact the autonomic nervous system's sense of safety and connection.
- Become competent in working with Polyvagal Theory.
- Recognize the sensory aspects of trauma and develop fine-tuned co-regulation skills.
- Utilize techniques that facilitate healing body memories of trauma and shame.
- Identify non-verbal, sensory, and implicit cues of shame related to trauma treatment.

JANUARY 26 – THE NEUROBIOLOGY OF TRAUMA

- Definitions of Trauma
- Degrees of Trauma
- Body Memories
- Trauma and the Nervous System
- Reenactment
- Impact of COVID and Secondary Trauma on the ANS

WHAT IS TRAUMA?

Any unresolved autonomic nervous system response to an event. It is not the event itself.

Levine (2010)

“Trauma is not what happens *to* you but what happens *inside* you.” Mate (2022 p.20)

TRAUMA-INFORMED APPROACH

- Introduced in 2001
- Integrating aftereffects of trauma on mental health
- “What happened to you?”

Perry & Winfrey (2021) & Dolezal, L., Gibson M. (2022)

DEGREES/TYPES OF TRAUMA

- Big traumas (natural disasters, sexual assault, situations that involve threatened or actual injury, etc.)
- Little traumas (divorce, job loss, emotional abuse, etc.)
- Sanctioned mini-traumas (some traditional parenting practices)
- Secondary traumas (an indirect experience of a traumatic event)
- Intrauterine and birth traumas (fetus, pregnancy, mother, instrumentation during delivery, etc.)
- Medical procedure traumas (negative experiences within a medical setting)
- Intergenerational traumas (passed down from ancestors)

Fitzgerald et.al. (2020)

PTSD

- Core etiology—sustained amygdala-mediated hyperarousal, resulting in biological changes in the body and brain
- Threat signals sent out by the amygdala activate ANS into flight, flee, or freeze
- Prolonged arousal signals brain to remain in defensive posture looking out for danger
- Alternately, victims can be locked in parasympathetic and dorsal vagal activation keeping them frozen, withdrawn, and feeling shame and worthlessness
- Symptoms can include nightmares, flashbacks, and intrusive memories
- Results from dissociation of neural networks related to affect, cognition, explicit and implicit memory, and conscious and unconscious processes

To be diagnosed with PTSD, an adult must have the following symptoms for at least 1 month:

- one re-experiencing symptom
- one avoidance symptom
- two arousal and reactivity symptoms
- two cognition and mood symptoms

Cozolino (2020) & Lancaster et al (2016) & Center for Substance Abuse Treatment (2014)

NEUROCHEMICALS IN TRAUMA

- Norepinephrine (adrenalin) -increases bodily arousal and focuses attention to fight or flee-
High levels create anxiety, irritability and a startle response
- Cortisol -inhibits protein synthesis and breaks down complex starches to sugar for energy availability -
High levels decrease hippocampal volume, cause deficits in learning and memory, and suppresses immune system
- Endorphins - analgesic for physical pain if injured-
High levels distort reality and create emotional blunting, depersonalization, derealization, and can have negative impact on cognition, and may disrupt day-to-day life
- Dopamine- drives hypervigilance and cognitive acuity-
High levels can be related to aggression and inability to control impulses
- Serotonin- the one chemical that decreases in PTSD- Needed to support connection to others, safety, and well-being-
Chronically lower levels correlate with depression, irritability, violence, and suicide

Cozolino (2020)

DISTURBED EXECUTIVE FUNCTIONING

- The hyperarousal of the amygdala inhibits executive systems vital to navigating the world
- Parietal-frontal executive system~abstract thinking, problem solving, and intelligence
- Broca's area in the left frontal lobe~systems of expressive language

Default mode network (DMN)- becomes activated when not focused on threat—(daydreaming, self-reflection, and empathic thoughts)

Cozolino (2020)

WIRED FOR CONNECTION

- Theory of Mind (TOM) is the ability to predict intention and actions of other via gaze, posture, movement, facial expressions, and environmental cues
- TOM abilities which are secondary to parietal-frontal and mirror neuron inhibition in trauma
- Key feature of severe trauma is loss of social connection
- If DMN chronically inhibited in early development or severe trauma in adulthood, a coherent sense of self, the ability to regulate affect, be introspective, or have empathy become impaired

Cozolino (2020)

"Connection is why we're here. We are hardwired to connect with others, it's what gives purpose and meaning to our lives, and without it there is suffering." Brown (2015)

ALTERED STATES OF CONSCIOUS

Victim reports from research in *Healing the Traumatized Self* related to the inhibition of the DMN in PTSD-

- Lost, helpless and disoriented
- Detached from others, feeling distant and far away
- Empty shell, nameless, faceless, silenced, and forgotten
- At times feel inhuman
- Abandoned, insignificant, alone and undeserving of human contact
- Disconnection from emotions and body feelings, numb, or in some cases “dead”
- Joy, pleasure, triumph and curiosity cease to exist

Frewen & Lanius (2015)

BODY MEMORIES

- Nervous system may react as if happening now
- Happens faster than mind able to process
- Unable to distinguish if memory or current
- Prefrontal cortex (time-keeper) goes off-line
- Can trigger painful emotions and sensations
- Gut-wrenching and heart-breaking sensations
- The body always wins
- Posture, gait, movement, and body language can give clues
- Somatic memories often override cognitive thought processes

van der Kolk (2014)

REENACTMENTS

- Individuals may reenact past traumas to master them
- They also can occur from psychological vulnerabilities and defensive strategies
- Conscious awareness is key to change
- Energetic discharge
- Renegotiation
- Patience and attention
- Unconscious repetitions

Levy (1998)

FOUR CATEGORIES OF REENACTMENTS

- Attempt to achieve mastery
- Dysregulation and cognitive reactions
- Rigid defenses
- General ego deficits

Levy (1998)

COVID AND SECONDARY TRAUMA

- No one is exempt
- Wars, politics, and global traumas on the news 24 hours a day
- Television, video games, constant exposure to violence
- Survivor guilt

FEBRUARY 2 – POLYVAGAL THEORY

- The Vagus Nerve
- ANS Hierarchy
- Neuroception
- Co-regulation, Emotional safety, and Connection
- Four Therapeutic “R”s
- Repetition, Repetition, Repetition

THE VAGUS NERVE

- Largest of the twelve cranial nerves and is sometimes referred to as the “wanderer,” as it extends from the brainstem into the chest and abdomen
- Influences the throat, lungs, heart, digestion, and elimination
- Provides sensory input from our visceral organs to our brain about how our body is feeling
- Conveys information to the nervous system about safety, or lack thereof, in surroundings



Rosenberg (2017)

POLYVAGAL THEORY- THREE ORGANIZING PRINCIPLES

1. ANS Hierarchy
2. Neuroception
3. Co-Regulation

Dana (2018)

ANS HIERARCHY

Dorsal Vagal ~ immobilization

Sympathetic ~ mobilization

Ventral Vagus ~ social engagement

Dana (2018)

NEUROCEPTION

- Subconscious system for detecting threats and safety in the environment
- Autonomic responses to body cues
- Detection without awareness
- Precedes perception

Porges (2004) & van der Kolk (2014)

EMOTIONAL SAFETY



- Co-regulation is the requirement for feeling safe.
- Every action is a reaction seeking safety and survival.

Porges (2012)

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CO-REGULATION

- loss of co- regulation results in a neuroception of threat
- misattunement violates neural expectancies regarding social connection
- left brain stories then take over such as-“I’m not enough,” “I’m a failure,” “I’ll never get it right,” and “What is wrong with me?”
- prefrontal cortex goes offline, and the amygdala, a primitive part of the brain, goes into overdrive

Porges (2017) & Levine (2010)

SOCIAL ENGAGEMENT SYSTEM AND CONNECTION

- ventral vagal state that promotes connection
- ANS functioning well—openness, positive expectations, and trust
- ANS unsafe—hard to access rational thought, energy moves into defensive, instinctual responses
- face-heart connection

Porges (2011)

SOCIAL ENGAGEMENT SYSTEM



Permission granted by PsychAlive <https://www.youtube.com/watch?v=bs3bw32UY>

THE FOUR THERAPEUTIC “R” S

- Recognizing the autonomic state the client is in
- Respecting the adaptive survival response
- Regulating or co-regulating with the client into a ventral vagal state
- Re-storying

Porges (2009)

WINDOW OF TOLERANCE

- The optimal state of arousal where cortical functioning stays intact
- Clients absorb and process information more effectively
- Outside this optimal zone, the prefrontal cortex shuts down and decreases cognitive processing while increasing sensorimotor responses
- The social engagement system of the vagus nerve helps clients to put on the “brakes” and to work within their window of tolerance.
- Often a dance of co-regulation, noticing when clients may be moving in and out of their window of tolerance and helping them to find the vagal “brake” that slows the car down

Siegel (1999)

SAFE EMERGENCY

Right-brain emotional experiences

Mild to moderate affective arousal, safe enough to tolerate

Leads to integration of dissociated neural networks

Has to happen repeated times

Stay playful, curious and accepting

DeYoung (2015)

REPETITION
REPETITION
REPETITION

FEBRUARY 9 – CREATING A SAFE ENVIRONMENT FOR TREATMENT

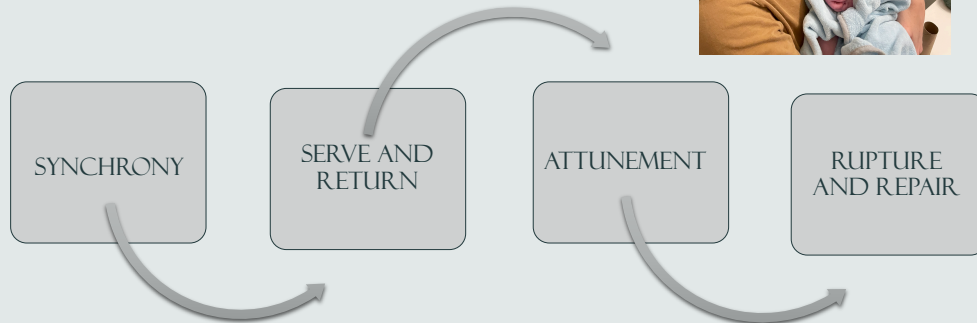
- Attachment Theory and Trauma
- Creating a Holding Environment
- Identifying Developmental Traumas
- Adverse Childhood Experiences (ACES)
- Therapists as Surrogate Attachment Figures
- Epigenetics and Neuroplasticity

ATTACHMENT THEORY AND TRAUMA

- Reciprocal **non-verbal communications** lie at the neurobiological core of attachment.
- **Visual-facial: I SEE YOU**
- **Auditory-prosodic: I HEAR YOU**
- **Tactile-gestural: I FEEL YOU**
- Co-regulating interactions between the infant and caregiver expand the developing right brain regulatory systems.

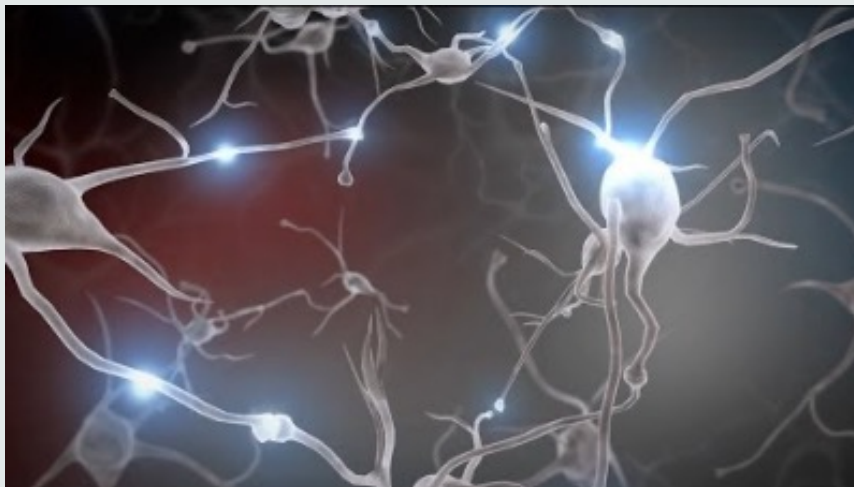
Schore (2012)

CO-REGULATION IN INFANCY



Brazelton & Cramer (1990)

THE CRUCIAL FIRST 3 YEARS



<https://www.youtube.com/watch?v=VNNsN9lJkws&t=2s>

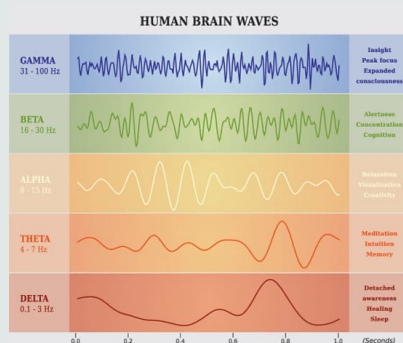
Permission granted by Center on the Developing Child at Harvard University <https://developingchild.harvard.edu>

CREATING A HOLDING ENVIRONMENT

- Top-down approaches, such as talk therapy and cognitive work, in combination with bottom-up approaches that viscerally contradict the trauma response most effective
- When a client has been relationally traumatized, the right-brain sense of self that develops is a psychobiological body-based process
- Therapeutic experiences that promote safety and connection allow for the development of new neural pathways that were previously disconnected or pruned off
- New pathways help connect the damage from the early ruptures in the interpersonal bridges

van der Kolk (2014) & Shore (2012)

IDENTIFYING DEVELOPMENTAL TRAUMAS



THE FIRST SIX YEARS

Theta waves– relaxation, meditation, receptive to information beyond normal conscious awareness. This low frequency state is likened to hypnosis and is highly programmable.

Lalbow (1999)

“The fundamental behaviors, beliefs, and attitudes we observe in our parents become ‘hardwired’ as synaptic pathways in our subconscious mind.”

Lipton (2005)

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ADVERSE CHILDHOOD EXPERIENCES

- CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study 1995-1997
- Traumatic events that occur in childhood can influence physical and mental health long-term
- These events might include violence, abuse, and a family with mental health or substance use problems
- Can change brain development and affect how the body responds to stress
- Linked to chronic health problems, mental illness, and substance misuse in adulthood
- Childhood adversity in 45% of childhood mental health disorders and 30% of adult MHD

Felitti, et.al (1998) & Perry & Winfrey (2021)

ERICKSON'S STAGES OF PSYCHOSOCIAL DEVELOPMENT

CRISIS	AGE	TASK
TRUST VS. MISTRUST	0 TO 1 ½ YEARS	HOPE
AUTONOMY VS. SHAME	1 ½ TO 3 YEARS	WILL
INITIATIVE VS. GUILT	3 TO 5 YEARS	PURPOSE
INDUSTRY VS. INFERIORITY	5 TO 12 YEARS	COMPETENCY
EGO IDENTITY VS. ROLE CONFUSION	12 TO 18 YEARS	FIDELITY
INTIMACY VS. ISOLATION	18 TO 40 YEARS	LOVE
GENERATIVITY VS. STAGNATION	40 TO 65 YEARS	CARE
EGO INTEGRITY VS. DESPAIR	65+	WISDOM

ERIKSON (1968)

THERAPISTS AS SURROGATE ATTACHMENT FIGURES

- Therapist holds space for client to no longer reexperience feelings of shame and disintegration of self
- Client experiences comfort and connection in the therapeutic setting
- New pathways fire that promote healing in the brain

van der Kolk (2014) & Shore (2012)

NEUROPLASTICITY & EPIGENETICS

Neuroplasticity- The nervous system can change its activity in response to stimuli by reorganizing its structure, functions, or connections.

Epigenetics- The new biology that reveals how environment and perception control genetic activity.

Mateos-Aparicio P. & Rodríguez-Moreno A. (2019) & Gustafson C. (2017)

FEBRUARY 16 – THE ROLE OF SHAME IN HEALING TRAUMA

- Defining Shame
- Identifying Implicit Cues to Shame
- The Social Engagement System and Emotional Safety
- Defenses Against Shame
- Strategies of Disconnection
- Shame as an Identity
- Barriers to Relational Presence

“Trauma is not what happens *to* you but
what happens *inside* you.”

Mate (2022 p.20)

GOING BEYOND TRAUMA-INFORMED

- Shame-sensitive practice is essential in trauma-informed work
- Shame is key emotional after-effect of trauma
- Trauma-informed approaches often fail to adequately address shame
- Effectively addressing the post-traumatic state requires a clear understanding of shame
- Shame can be barrier to successful engagement in treatment

Dolezal & Gibson (2022)

WHAT IS SHAME?

“The intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging.”

Brown (2010a, p.39)

CORE SHAME

A primary affect induced from ruptures in the interpersonal bridges that becomes a core part of one's identity.

Kaufman (1992)

SHAME AND DIAGNOSIS

- Mentioned in DSM-V under “persistent negative emotional states” related to PTSD
- Part of a constellation of negative emotions including fear, horror, anger, and guilt
- Negative self-conscious emotions~ shame, pride, guilt, and embarrassment, jealousy, empathy, and envy
- Diagnosis can be shaming!

Lewis, M. (2008) & American Psychiatric Association (2022) & Dolezal & Gibson (2022)

BEGINNING WITH SHAME

“Like a wound made from the inside by an unseen hand, shame disrupts the natural functioning of the self. If we are to understand and eventually heal what ails the self, then **we must begin with shame....**”

Kaufman (1989, p.5)

SHAME HIDES BEHIND “NOT GOOD ENOUGH”

The paradox about shame is that there is shame about shame.

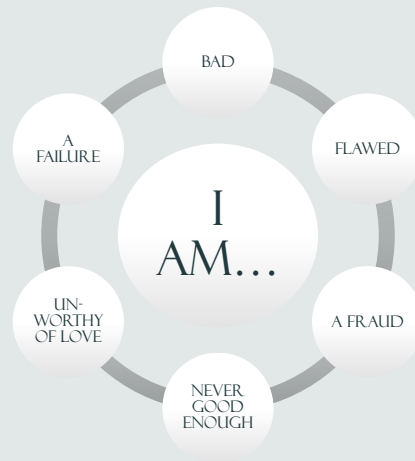
Kaufman (1992)

We all have it. Nobody wants to talk about it. Not talking about it makes it worse.

Brown (2007)

SHAME IDENTITY

GUILT IS "I DID SOMETHING BAD."
SHAME IS "I AM BAD."

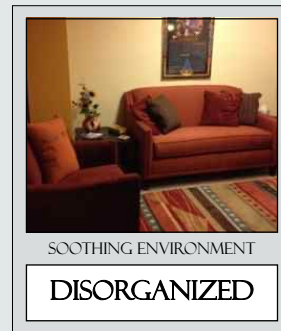


SHAME CLUES

- Verbal—words such as foolish, silly, ridiculous, shy, idiotic, stupid, humiliated, embarrassed, etc.
- Paralinguistic—hesitation, soft speech, silences, rapid speech, mumbling, stammering, etc.
- Non-verbal—covering face, looking down, fidgeting, hunching shoulders, biting lip, gaze aversion, etc.

Retzinger (1995)

SHAME & ATTACHMENT STYLES



DeYoung (2015)

DEFENSES AGAINST SHAME

- When a client has been relationally traumatized, the right-brain sense of self that develops is a psychobiological body-based process
- Coping mechanisms and defenses develop to override the sensory body memory

van der Kolk (2014) & Shore (2012)

DEFENSES AGAINST SHAME

narcissistic self-inflation

projecting

shaming others

lying

perfectionism

denial

minimization

grandiosity

rationalization

blaming

rage

misdirected defiance

hopelessness

avoidance

Yard (2014)

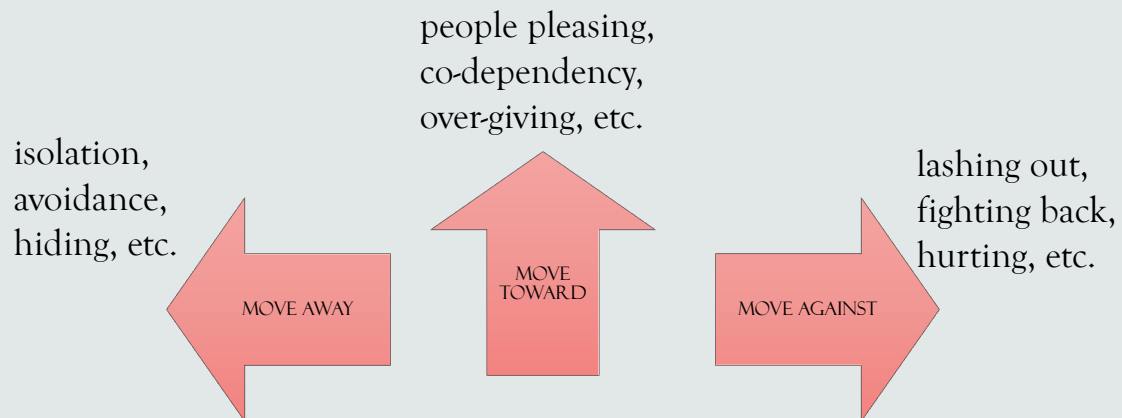
PERFECTIONISM

The perfectionist link to shame is the desire not to be exposed as having a presumed flaw.



Yard (2014) & Chelli, et al (2022)

THREE STRATEGIES OF DISCONNECTION



Hartling, et.al. (2004)

BARRIERS TO RELATIONAL PRESENCE

- Being inflexible
- Imbalance of power
- Unconsciously enacting shaming parent
- Insurance/diagnosis dictating treatment
- Fear of not being good enough

FEBRUARY 23 – EMPATHY IN TRAUMA TREATMENT

- Person-Centered Therapy
- Empathy as a Right-Brain Activity
- Mirror Neurons
- Four Characteristics of Empathy
- Therapist Self-Assessment
- Four Non-Linear Skills

PERSON-CENTERED THERAPY

“To sense a client’s anger, fear, or confusion as if it were your own, yet without your own anger, fear or confusion getting bound up in it, is the condition we are endeavoring to describe...When the client’s world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client’s experience of which the client is scarcely aware.”

Rogers (1957) p. 284

EMPATHY IS A RIGHT-BRAIN ACTIVITY

“Our shamed clients need changes in how their right brains work for them, but they cannot make these changes on their own. They need to be in sustained connection with at least one other person who is close enough to become someone who can regulate—rather than dysregulate—their right brain affective experience.”

DeYoung (2015) p. 87

The principal agent of change is the therapist’s capacity for empathy.

Siegel (2010)

IF EMPATHY
COULD
SPEAK...



MIRROR NEURONS

- the root of empathy
- fire in the prefrontal cortex in response to another person's experience
- automatic during intentional acts
- resonates with feelings and all sensory channels

Siegel (2010)



FOUR CHARACTERISTICS OF EMPATHY

Perspective Taking

Staying out of Judgment

Recognizing Emotion

Communicating Emotion

Wiseman (1996)

LARGE EMPATHY & RIGHT BRAIN CONNECTION

Non-verbal

Tolerating right brain
disconnection

Mirroring

Twinning

Providing attachment
experiences

Linking events and
emotions

DeYoung (2015)

THERAPEUTIC EMPATHY: FOUR SKILLS AT ONCE

1. To share the shame and humiliation of the client
2. To take on our own perspective while regulating affect when feeling with client.
3. To bear and contain the experience of being seen, even if as abuser
4. To co-create a new relational experience where both therapist and patient collaborate and co-construct self-compassion

Knox (2013)

THERAPIST SELF-ASSESSMENT

Stepping into the right-brain experience of our clients may present some challenges. These can include feeling vulnerable; feeling like a fraud; agitation; frustration; worrying about outcomes; sustaining connection when stressed; holding space for whatever comes up; making mistakes; etc. Here are some thought questions for you to explore.

1. Empathy to me feels like...
2. When my client is getting dysregulated I feel my body...
3. Some clues that my client has triggered my own shame is...
4. It is difficult for me to notice my own shame because...
5. What helps me self-regulate is...

MARCH 1 – EMOTIONAL LITERACY AND AGENCY

- All Feelings Are Okay: All Behavior Isn't
- Tolerating Discomfort
- Embracing Paradox
- Six Ways to Express Anger
- Functional vs. Familiar Family Systems
- Emotional Regulation (ABCs, *Fantastic Five*, & other tools)
- Excavation Exercise
- Connecting the Dots to Early Childhood Trauma and Shame

TOLERATING DISCOMFORT

- All feelings are okay
- All behavior isn't

PARADOX

- Holding the tension of the opposites
 - Tolerating pain & discomfort
 - What we resist persists

"Some of you say - joy is greater than sorrow, and others say - nay, sorrow is the greater.' But I say unto you, they are inseparable." Gibran (1923)

SIX WAYS TO EXPRESS ANGER

TURN IT
INWARD

LASH-OUT

NON-
PRODUCTIVE
OUTLET

PRODUCTIVE
OUTLET

TALK ABOUT
IT

PROBLEM-
SOLVE

KERSEY (1983)

WHAT'S FAMILIAR?

Family Lies

1. *What are some of the lies you learned in your family?*
2. *When did you realize something was a lie? How old were you? What event?*
3. *How has the lie impacted your belief about your SELF?*
4. *How else have family lies affected your life?*
5. *What might be different if you were able to be your authentic SELF?*
6. *When are times when you feel you are living your true to SELF?*

WHAT IS FUNCTIONAL?

Freedom of expression
 Unfolding intimacy
 Negotiating differences
 Clear and consistent communication
 Trusting emotions, thoughts & desires
 Individuality
 Openness
 Needs met
 Accountability for problem solving
 Laws that are flexible & allow for mistakes

Bradshaw (1988)

FIVE FREEDOMS OF SELF-EXPRESSION

1. **TO SEE & HEAR** what is here, instead of what should be, was, or will be.
2. **TO SAY** what one feels and thinks instead of what one should.
3. **TO FEEL** what one feels, instead of what one ought.
4. **TO ASK** for what one wants, instead of always waiting for permission.
5. **TO TAKE RISKS** in one's own behalf, instead of choosing to be only "secure" & not rocking the boat.

Satir (1983)

ABCS

Acknowledge feelings

Breathe

Use one or more C Shovels~

- Curiosity
- Courage
- Compassion
- Connection

C SHOVELS

1. **Curiosity:** Ask questions. Can be traced back to the Latin root *cura* ~ meaning care and concern.
2. **Courage:** Be Brave. Can be traced back to the Latin root *cor* – the same root as the word *heart* (coronary).
3. **Compassion:** Let love lead. Can be traced back to the Latin root *com* –meaning with or together, and *pati* meaning to suffer.
4. **Connection:** Come together. Can be traced back to the Latin root *com-* meaning together and *nectere* meaning to bind or tie.

Brown (2010)



THE FANTASTIC FIVE

- Look around and identify 5 things that feel safe.
- Such as *the sun, the birds, your pets, your comforter, a stuffed animal, etc.*
- Pay attention to them throughout the day when in fear.

TEACHING THE PUPPY TO SIT!



WORKING WITH YOUR EMOTIONAL SAFETY (YES)

STOP

- Spiraling
- Thinking
- Obsessing
- Procrastinating

START

- Smiling
- Trusting
- Allowing
- Relaxing
- Taking your time

WHAT IS

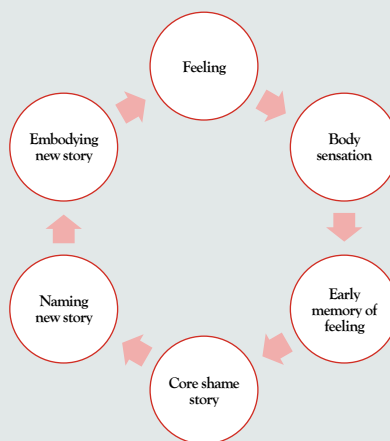
- A coping strategy many people use when stressed is to go through long lists of hypothetical *what ifs* in their mind. Spending a lot of time and energy trying to feel safe by having a plan for every *what if* takes a lot of energy.
- Instead, focusing on **WHAT IS** allows the body to feel safe in present time. Find something true about the current situation and breathe into **WHAT IS** and let the rest go.



EXCAVATION EXERCISE: DEEP SEA DIVE

- Situation
- Emotion
- Aspired Action

CONNECTING THE DOTS TO EARLY CHILDHOOD TRAUMA & SHAME



COME TO YOUR SENSES



If I were to embody my affirmation, it might:



Look like



Sound like



Smell like



Taste like



Feel like

MY THREE-ACT DAY

- Affirm
- Connect
- Trust

3x/Day

GRATITUDE

- A general state of thankfulness and/or appreciation
- Studies indicate there is an association between gratitude and a sense of overall well being
- Individuals who experience more gratitude have lower levels of depression
- Daily practice

Sansone (2010) & Iodice et al (2021)

FORGIVENESS

1. Telling the story
2. Naming the hurt
3. Granting forgiveness
4. Renewing or releasing the relationship

Tutu (2014)

PATIENCE WITH THE PROCESS

Do the math~~

How many negative self-talk messages a day

X 365 days

X how many years on the planet

= the hundreds of thousands of messages that need to be rewritten in the body memory!



MARCH 8 – TREATMENT STRATEGIES TO RECONSTRUCT EMOTIONAL SAFETY

- Genograms, Timelines, and Scripting a New Story
- Writing, Journaling, and Letter-Writing
- Creative Arts
- Mythology, Archetypes, and Dreamwork
- Mindfulness, Meditation, Nature, and Animals
- Prosody in Poetry, Music, and sound
- Yoga, Movement, and Dance
- Laughter and Play
- EMDR, EFT, ACT, Psychedelics, and Brain-Spotting

GENOGRAMS, TIME-LINES, & RE-STORYING

Genograms look
at patterns

Depersonalizes
shame

Time-lines
identify shame
developmentally

Re-storying
ancestral shame
scripts

“

The new story is one
that has never been
written before.

SHAME-INFORMED THERAPY
PATTI ASHLEY, PHD, LPC

RE-STORYING

OLD STORY

"I am a burden."

NEW STORY

"I am a blessing"

Easier to know what we don't want then what we do want.
Find opposite. Look up antonyms.

JOURNALING

Not for everyone

Bring journal to session (if client is interested)

Homework assignments

Old story/new story

Journal prompts

Getting power back through writing

WRITING LETTERS

Letters to and from “little me”

Letters NOT to send

Thank-you notes to SELF

CREATIVE ARTS EXPRESSION

- Might be shaming for some clients
- Find client's interest/medium
- Drawing/painting/other...
- Bring to session or suggest for homework
- Great for groupwork
- Paradox boxes
- Collage/vision boards

*“Often the hands know how to solve a
riddle with which the intellect has wrestled
in vain.”*

Carl Jung

MANDALAS & COLORING BOOKS



METAPHOR & ARCHETYPES

- Working with metaphor and stories
- Archetypes activate the right brain

UNDERSTANDING YOUR INNER HUNGERS



Permission from Anita Johnston https://www.youtube.com/watch?v=_TWu2hgyShE

DREAMWORK, IMAGINATION, & VISUALIZATION

*"All dreams come in the
service of health and
wholeness."*

Taylor (2009)

- Making the unconscious conscious
- Projective dreamwork
- *In my imagined version of this dream...*
- Imagination as compassion
- Guided imagery & visualization

MEDITATION & MINDFULNESS

- Calms nervous system
- Breathing (or sighing)
- Heart-Brain Coherence
- Mindfulness & Meditation Apps
- Mindful moments
- Daily practice

“Moment to moment non-judgmental awareness.”

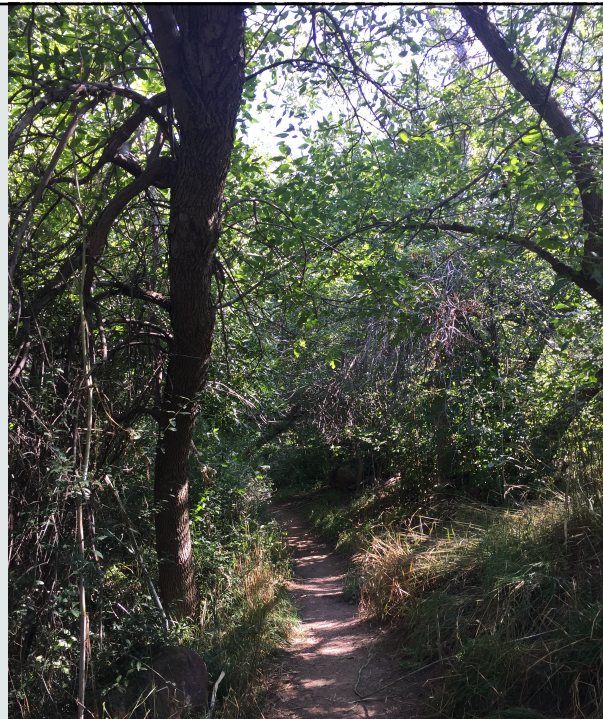
Kabat-Zinn (1997)

Deits-Lebehn, et al (2023) Childre, et al (2000) Gundel, et al (2018) & Keng, et al (2017)

NATURE & ANIMALS

*“We find ourselves in the quiet moments
when the earth pauses, and we are still.”*

unknown



PROSODY, POETRY, MUSIC, & SOUND

Prosodic sound most effective sensory healing modality

Strongest trigger of neuroception

Music or poetry during and after session

Guided imagery/meditation with music

Drumming, toning, chanting, chimes, bowls, gong bath, etc.

Listening to client's music

Porges (2011)

THE GUEST HOUSE

By Rumi

This being human is a guest house. Every morning a new arrival.
A joy, a depression, a meanness, some momentary awareness comes as an unexpected
visitor.

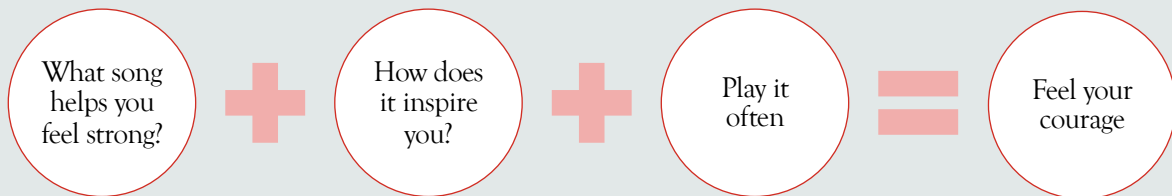
Welcome and entertain them all!
Even if they're a crowd of sorrows, who violently sweep your house empty of its furniture,
still, treat each guest honorably.

They may be clearing you out for some new delight.
The dark thought, the shame, the malice, meet them at the door laughing, and invite
them in.

Be grateful for whoever comes, because each has been sent
as a guide from beyond.

Jalal & Barks (1997)

FIND YOUR BRAVE SONG



Let's be Too Much
Courtesy of Rebecca Folsom



YOGA, MOVEMENT, & DANCE

Yoga and mindfulness have comparable effectiveness in reducing trauma-related symptoms.

Taylor et al (2020) & Esfeld et al (2021)



FEAR MELTERS



Freeze- Shake

Flea- Sumo Stance

Fight- Ooze

Faint- Love Scoops

Hendricks (2016)

LAUGHTER & PLAY

Brown (2010b)

Song Courtesy of Cheryl Wheeler



EMDR, EFT, ACT, PSYCHEDELICS, & BRAIN-SPOTTING

All helpful in somatic reprogramming

What will help clients use tools on their on?

MARCH 15 – GRIEF, LOSS, COMPASSION FATIGUE, & SELF CARE

- Trauma and Shame Related to Grief and Loss
- Rhythm, Routine, and Ritual (3 “R”s)
- Permission Slips
- Vulnerability, Humility, Self-Awareness, and Courage
- Definition of Love and Belonging
- Support Systems
- Self-care, Health, and Fitness
- Healthy Boundaries

GRIEF AND TRAUMA IN THE BRAIN

- ANS activated
- Emotionally dysregulated
- “Widow’s fog”
- Shame related to emotions not expressed

THE COLD, HARD TRUTH

You can’t go around grief

You have to go through it

Feels like walking through molasses

It won’t be this hard forever

ENLIGHTENED WITNESSES

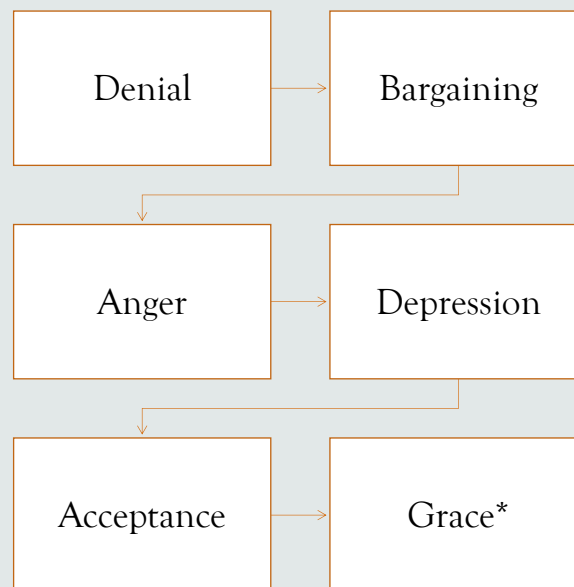
Telling the story at least 100 times

Who is safe to trust with story?

The trouble with friends & family

Therapists, spiritual counselors, support groups, etc.

STAGES OF GRIEF



RHYTHM, ROUTINE, & RITUAL

Circadian Rhythms

Daily Routines

Rituals

"Ritual is the enactment of a myth."

Campbell (1988, p 82)

BOWLS OF LIGHT RITUAL



*"There is a crack, a crack in
everything. That is how the light
gets in."*

Cohen(1992)

Mills (1999) & Willis, et al (1990)



TOLERATING SHAME

Courage

Vulnerability

Authenticity

Self-Awareness

Humility

LOVE

“Love is not something we give or get; it is something that we nurture and grow, a connection that can only be cultivated between two people when it exists within each one of them. We can only love others as much as we love ourselves.”

Brown (2010a, p. 26)



Belonging

“True belonging only happens when we present our authentic, imperfect selves to the world. Our sense of belonging can never be greater than our level of self-acceptance.”

Brown (2010a, p. 26)

SELF-CARE & COMPASSION FATIGUE

Pay attention to your body's needs

Healthy food, exercise, & sleep

Have fun

Ask for what you need

Refuel

Set boundaries on time

Identify support systems

QUESTIONS????