

Treating Trauma Master Series

How to Help Clients Who Are Stuck in a Trauma Response

a Bonus Session with

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How to Help Clients Who Are Stuck in a Trauma Response

Dr. Buczynski: In the midst of trauma, the body and the nervous system respond immediately, before the thinking brain can even take in the danger. This automatic response is what helps people survive the trauma.

“After the trauma has passed, our clients can sometimes get stuck in their body’s response.”

In that way, our client’s trauma response is incredibly adaptive.

But here’s the problem - after the trauma has passed, our clients can sometimes get stuck in their body’s response.

Dr. Lanius: When you move into the aftermath of trauma, the responses then become maladaptive because you're trying to function in the present but you're still using the responses that you used at the time of the trauma to survive.

Dr. Buczynski: Now remember, people don’t get to cognitively choose their trauma response. That’s because their nervous system takes over.

Let’s look at an example of one potential trauma response – and in this case, it’s an experience of dissociation – and let’s see how this adaptive response can cause problems later on.

“You're trying to function in the present but you're still using the responses that you used at the time of the trauma to survive.”

Dr. Lanius: At the time of the trauma, if you had an out of body experience – for example, while you were gang raped, that's incredibly adaptive.

I have a client who told me that when she was repeatedly gang raped, she would see herself up in the tree, looking down at her own body, feeling empathy for that body, but the body not feeling like it was hers because she had this out of body response.

So, at the time of the trauma, that response is incredibly adaptive.

Dr. Buczynski: For Ruth’s client, coming out of her body helped her survive a terrible situation. But, when she continued to experience dissociation, it impaired her ability to function normally and to experience emotions normally.

So, you see, this response in everyday life may not be so helpful.

And here's what else can happen . . .

“Having out of body responses detaches yourself from your own body and your own inner emotional life.”

Dr. Lanius: Of course, having out of body responses really detaches yourself from your own body and your own inner emotional life.

She felt detached from positive and negative emotions – she really didn't know what she was feeling.

Dr. Buczynski: And of course, there are many responses—not just dissociation – that can lead to these types of feelings.

So when a patient is stuck in a trauma response that is no longer protecting them—like Ruth's client was—we can do several things to help them.

First – we can help them come into the present.

Second – we can help that client reconnect with the body, and feel grounded in their body.

And finally – we can help the client begin to feel a wider range of emotions.

So backing up, let's begin with that first task. What are some effective ways to help a person come into the present?

Dr. Lanius: It really depends on the maladaptive response that is now being used in the present.

For example, a person couldn't protect herself or fight back during a rape. She couldn't engage in that active defensive response at the time of the rape because she would have been hurt even more.

These defensive responses have been blocked, which again, at the time of the trauma, was adaptive because if you had fought back, you would have been hurt even more.

But now, in the present, you're trying to help people complete the action that wasn't completed at the time of the trauma.

Sensory motor psychotherapy does this.

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For example, bringing up the image of the rape now and helping the person engage in that defensive response can help the person overcome the intense emotional distress and lack of appropriate defensive

responses at the time of the rape.

“Positive emotions are liberated when the person learns to engage in these defensive responses now.”

What often happens is that positive emotions are liberated when the person learns to engage in these defensive responses now and really completes the action that was not completed at the time of the trauma.

Once they are able to engage in those completed defensive responses, you'll see people starting to laugh, starting to be able to experience joy again.

Dr. Buczynski: Bringing a person back into the present is the first thing we can do to help them ease out of a response that has become maladaptive.

Now, a few minutes ago we mentioned how it's important to help clients reconnect with their bodies after trauma—and we'll talk about that in a moment—but before we get there, we're going to start with emotions.

A lot of people might have a feeling of numbness after trauma. They sometimes feel no emotions at all. Why is that?

Dr. Lanius: I think emotional numbing comes from the fact that during the trauma, emotions were often useless, right? So, people couldn't run away when they wanted to.

People couldn't fight back, and so emotions became useless and so people disconnected from them.

Dr. Buczynski: Emotions can be overwhelming during trauma.

Often, the brain and the body can't tolerate such intense emotions over a prolonged period of time. So, shutting down feelings is actually quite adaptive for some clients in a moment of trauma.

Dr. Lanius: So, what happens as a protective mechanism is that the person disconnects from their feelings and their own body, and starts just to function from their head. Often people will describe, "My head felt like it was completely cut off from my body. I had no feelings, I felt emotionally dead."

We often see this in people with childhood trauma, but we also see it very often in our paramedics and our veterans—it was very adaptive for doing the job.

You can't be a paramedic, or you can't be a firefighter or policeman, or a military personal and feel all the

feelings all the time. It's a necessary component of the job to disconnect from your feelings.

The problem is when you come home and you're going to be with your family, how can you reconnect?

That's often the difficulty. You have to have these two lives. One where it's really adaptive to be disconnected, but one where it's really maladaptive.

Dr. Buczynski: So again, something that is adaptive in one context becomes problematic in another.

So how can we help people when their numbness has become maladaptive? When a patient doesn't feel, how do we help them reconnect with their emotions?

Well, this gets back to what we mentioned a few minutes ago. Because to help clients reconnect with their *emotions*, the first step is sometimes helping them reconnect with their *body*.

And to do *that*, we need to help them connect with their bodily sensations.

But this can be tricky, because bodily sensations can be overwhelming for a person who's experienced trauma.

Let's look at an example. In her clinic, Ruth guides clients through body scans. But she has adapted the practice for people recovering from a trauma. And one of the keys is to go much, much more slowly, at a pace that feels safe for the client.

Dr. Lanius: What we find useful in our clinic is to have people do body drawings. They start drawing in what they feel in their body, which corresponds with different emotional states.

So – when I feel sad, what do I feel in my body? Color that in.

When I feel anxious, what happens in my body? Color the whole body from head to toe.

When I feel happy, what happens in my body?

Over time, we're figuring out what part of the body's affected and how that relates to each emotional state.

That's important for people learning how to regulate their emotions, because the sooner you become aware of an emotional state, the

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quicker you can intervene.

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So, if you can learn to figure out some of the earliest signs of anger – for example – in your body.

For example, for one of my clients, the first thing he feels is a bit of heat in his hands, and his hands starting to make a fist. He learned by becoming in touch with those sensations, very early on, this could then help him to intervene in decreasing those feelings before they become too intense.

Becoming in touch with your body's sensations not only helps you to get out of the state of numbness, but it also increases your emotional awareness. You can use skills to intervene early before the emotions become too intense.

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If you're not emotionally aware, then you can't regulate your emotions. It's an out of control feeling that you act on without awareness.

Dr. Buczynski: That's how reconnecting with the body can help people reconnect with their emotions. That can help a patient get beyond feeling numb, and it's also often the first step in learning to regulate emotions.

But we should be aware that sometimes it's not as simple as it sounds.

Dr. Lanius: Often their sense of self is perceived as bad, as very negative. Often, with the most traumatized clients, even the thought of just engaging in self-soothing is something that repulses people.

It's really important to take a history and really being aware of how difficult it is for a person to use self-soothing skills.

Dr. Buczynski: Taking a history can give you a window into where and when a client's emotions get unmanageable.

So, what would you say to assess how a client is adapting? How do you figure out how difficult it might be for a particular client to self-soothe?

Well, there are a few ways to get at this. First, you can gauge how wide their emotional range is.

Dr. Lanius: I would say, "Often people who've been severely traumatized have great difficulties feeling anything positive. Can you tell me about that? What's that like for you?"

They may say, "Oh yeah, that's really hard for me."

Then I may ask, "What happens when you experience positive emotion? What happens for you?"

Often, people would say, "Oh, well, first of all, I don't try to do that because I don't feel I deserve it, but when I do experience something positive, usually what happens is, I get really bad flashbacks coming in right away."

That already gives me an idea that this person doesn't have a big capacity to experience positive emotion.

Dr. Buczynski: So first, you can explore their tolerance of positive emotions. Now, second, you can evaluate how much emotion is too much.

Dr. Lanius: I would ask them about experiencing an emotional rollercoaster. Telling me what's that like for

"Ask them about experiencing an emotional rollercoaster."

them. I would ask them about how aware are they of their feelings. Do they have difficulty putting words to feelings? Knowing what they feel?

If they tell me no, then I already know that they're very disconnected from their feelings.

Dr. Buczynski: And finally, another way to assess someone's emotional standing is to see how comfortable they are engaging their body in the task of self-soothing.

Dr. Lanius: I may ask, "What would it be like if I asked you just to put your hand on your heart?", which is sort of a self-soothing strategy.

If they sit in the chair and go, "Oh, god no, I could never do that," that gives me an idea this person really has difficulties tolerating positive emotion.

Dr. Buczynski: Once we've got an understanding of where a client is emotionally, next, we can take stock of how they cope. This can give us a glimpse into how their trauma response may have become maladaptive, and how equipped they are to deal with that.

Dr. Lanius: I usually ask whether they self-harm – that often results from experiencing an intense emotional rollercoaster and wanting to calm that down a little bit. I ask whether they engage in eating

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disturbances – for example, whether they starve themselves.

Often, people will say, "Yes, I starved myself for certain periods of time because that will stop me from feeling, and the second I eat again, then I feel again."

I ask them about binge-purging because often people will say, "If I binge and purge, at least that calms down that intense emotional rollercoaster for a little bit even though it doesn't last."

I ask about overeating because people often feel very empty and eat to fill that emptiness, which is again, often part of that emotional rollercoaster.

I ask about substance use, because again, people often use substances in an attempt to regulate those intense emotions. So, I ask what substance they use.

Often, asking about substances can be very shaming, so I always frame it in a way that I say, "Often people use substances to help them with their difficulties. Do you find that this happens for you?"

Then I ask what substance they use and how that affects their emotional state.

I ask, do they pick their skin? Some people really pick their skin when they feel emotionally dysregulated.

I ask about stealing; some people only feel when they engage in risk-taking behaviors such as stealing. I also ask about other risk-taking behaviors. I ask people what happens when they engage in risk-taking behaviors.

I ask people whether they engage in prostitution because that also often can be triggered by emotion dysregulation.

Dr. Buczynski: There's a lot of information there, so let's pause to recap.

The emotional rollercoaster someone experiences after trauma can result in destructive behaviors- self-

"The emotional rollercoaster someone experiences after trauma can result in destructive behaviors."

harm, disturbances in eating patterns, substance abuse, skin picking, risk-taking behaviors, and even prostitution.

We can also see the effect of emotional dysregulation in another form—dissociation.

Dr. Lanius: I ask about dissociation because again, dissociation often results from experiencing very intense emotional feelings and that can really be dysregulating for a person.

So, I ask whether they zone out, whether they lose chunks of time, whether they find themselves going to places, not knowing how they got there.

Dr. Buczynski: Self-harm and dissociation can be debilitating.

But we can't just say "manage your emotions better" – it's not that simple.

So how do we break it down into a more manageable goal?

Dr. Lanius: We talk about the whole goal of trauma treatment is to help people feel safe in their bodies, feel like they can be aware of their feelings and regulate their feelings.

"The whole goal of trauma treatment is to help people feel safe in their bodies."

You really want to get people better and better at identifying the emotion with just a slight physical sensation and then intervene before it becomes too big, and it becomes very difficult to intervene with.

Dr. Buczynski: That's often the key: work with the sensation before it becomes too big.

So, what are some ways to do that?

Dr. Lanius: We start with emotional awareness exercises where people get in touch with what emotion they feel – identifying emotions using body scans, figuring out how each different emotion is represented in the body – and how they can recognize these emotions early before they become too overwhelming.

Then we work on different self-regulation skills.

For example, engaging in active defensive responses. Saying no, setting boundaries, or self-soothing skills, putting your hand on your heart.

Or some people find this really helpful – when they intense anger, actually pushing their one hand against the other hand as a means of containment rather than punching the wall.

Or, breathing exercises are absolutely critical when emotions become intense. People will find different breathing exercises very helpful.

For example, continuous breathing is very helpful. Often when people become very emotionally aroused, the breath can also freeze. So, helping people to breathe continuously through intense emotions is incredibly helpful.

Breathing in on the count to five and then breathing out on the count of five with your mouth open. Engaging them in that continuous breathing.

Then moving to more cognitive strategies, really helping people to figure out how to think more rationally.

Getting them to question how much is the present really triggering my anger right now, or how much is what my friend just did to me affecting triggering my relationship with my father.

How much of the emotion is really coming from the past and how much of the emotion is really in the present?

“How much of the emotion is really coming from the past and how much of the emotion is really in the present?”

I think as soon as people become more aware of the fact – that, *yeah, what my friend just said to me really triggered how my father used to talk to me and this is why I'm becoming so upset* – it helps them to settle because they can make meaning of what's happening now, and they can put it in perspective.

These are just *some* examples of skills that can be very helpful in people feeling more regulated.

Dr. Buczynski: Ruth just shared **four types of approaches:** **emotional awareness** exercises, **self-regulation** skills, **breathing** exercises, and **cognitive** skills.

Now, there are many combinations of these four strategies that can make a major impact.

After all, each client is different—what works to help “unstick” one person might be completely different than what “unsticks” another.

That said, these approaches can do *exactly* what we talked about at the beginning of this session –

These strategies can help clients do three things in particular –

They can bring our clients back into the present.

They can reconnect them with their bodies.

And they can restore their tolerance for experiencing a range of emotions.

Okay, that wraps up this bonus session with Ruth Lanius. I hope you've heard some things that you'll use in your work with clients. Thank you for watching.



About the Speakers . . .

Ruth Lanius, MD, PhD is a professor of Psychiatry and the director of the PTSD Research Unit at the University of Western Ontario. She established the Traumatic Stress Service and the Traumatic Stress Service Workplace Program, both specializing in the treatment and research of PTSD and related comorbid disorders. She currently holds the Harris-Woodman Chair in Mind/Body Medicine at the Schulich School of Medicine and Dentistry at the University of Western Ontario.

She has authored more than 100 published papers and chapters in the field of traumatic stress, regularly lectures on the topic of PTSD nationally and internationally, and has published *Healing the Traumatized Self: Consciousness, Neuroscience, Treatment*, together with Paul Frewen.



Ruth Buczynski, PhD has been combining her commitment to mind/body medicine with a savvy business model since 1989. As the founder and president of the *National Institute for the Clinical Application of Behavioral Medicine*, she's been a leader in bringing innovative training and professional development programs to thousands of health and mental health care practitioners throughout the world.

Ruth has successfully sponsored distance-learning programs, teleseminars, and annual conferences for over 20 years. Now she's expanded into the 'cloud,' where she's developed intelligent and thoughtfully researched webinars that continue to grow exponentially.

