



Trauma-Informed Care with Experiential Psychotherapies

The Body Responds to Collective Trauma
The Body Remembers What the Mind Forgets
Honoring the Body For Resilience in Times of Stress

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What is trauma?

The word “trauma” is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless. Trauma has sometimes been defined in reference to circumstances that are outside the realm of normal human experience. Unfortunately, this definition doesn’t always hold true. For some groups of people, trauma can occur frequently and become part of the common human experience.

Trauma theory represents a fundamental shift in thinking from the idea that those who have experienced psychological trauma are either “sick” or deficient in moral character to the reframe that they are “injured” and in need of healing.

— Center for Nonviolence and Social Justice (www.nonviolenceandsocialjustice.org)

What is psychodrama?

Psychodrama — meaning “psyche in action” — helps us explore our inner and outer worlds with action.

This versatile action method uses role play and is based in a complex theory of roles, relationships, spontaneity and creativity. It is easily adaptable to psychotherapy, education, business, law, organizational training, consulting, community, theater and worship settings. Sociometry, its associated field, is helpful for enhancing relationships of all kinds and especially valuable for effective team-building in any work place or group.

The method was created by J.L. Moreno, a European-born physician, starting in the 1920s. Through the years, he developed and refined the method with his wife and collaborator Zerka T. Moreno, and it has been expanded further by later trainers and practitioners.

What is the Therapeutic Spiral Model?

The Therapeutic Spiral Model was developed by clinical psychologist Kate Hudgins, Ph.D., TEP, as an integration of classical psychodrama, object relations and recent advances in trauma theory and understanding to provide additional safety and structure when working with trauma.

It was developed during a period of years with a core training group and other psychodramatists and follows the goal of providing safety and containment at every step for the client as well as the helping professional. It focuses on strength-building and containment with the help of concretization and specific roles and role-playing techniques, including the Containing Double and the Body Double, among other interventions.

What is experiential psychotherapy?

Experiential psychotherapy comes from the notion that a person cannot make a significant change until he, she or they experiences a change, or feels a change internally.

The practitioner of an experiential therapy session focuses on facilitating a transforming experience to the client; to experience the difference from how it was before, and how it is now.

Most all of us “do” experiential therapy to some degree, in that what the client experiences in the here-and-now therapeutic relationship to us, makes a real, significant difference in their life. The lasting nature of that change is almost always subject to the testing of time.

Various therapeutic modalities are on a continuum as to what degree they rely on the “experiential” in their relationships with clients. The most experiential of the modalities has long been agreed to be psychodrama, the method developed by Dr. J.L. Moreno starting in 1921 and continued to be refined by his wife and collaborator Zerka Moreno.

There is Gestalt, its derivative as adapted by Fritz Perls; Bioenergetics, Transactional Analysis, and the creative arts therapies (art therapy, movement therapy, music therapy, drama therapy) have experiential components. Then there are the longstanding “auxiliary-therapies” of recreational and occupational therapy, stemming from the long-term-hospitalization years.

Now, new alternative healing methods have emerged, including the energy work therapies of cranial sacral therapy, Reiki and tapping to the latest modality making its way on to the stage, Family and Systemic Constellations. We do not seem to lack new ones popping up, and it becomes difficult to stay with them all. A few examples of experiential therapies:

- Psychodrama
- Bioenergetics
- Gestalt Therapy
- Transactional Analysis
- Art therapy
- Movement and dance therapy
- Family and Systemic Constellations
- Guided imagery
- Poetry therapy
- EMDR
- Bilateral stimulation
- Music therapy
- Play therapy
- Sandplay and sand tray
- Drama therapy
- Somatic Experiencing

The view from Bessel van der Kolk:

- “Trauma victims cannot recover until they became familiar with and befriend the sensations in their bodies.”
- “In order to change, people need to become aware of their sensations and the way their bodies interact with the world around them.”
- “Self regulation depends on having a friendly relationship with your body. Without it, you have to rely on external regulation — from medication, drugs like alcohol, constant reassurance, or compliance with the wishes of others.”
- “Study after study shows that having a good support network constitutes the single most important protection against becoming traumatized.”
- “Our attachment bonds are our greatest protection against threat.”

Ways the body responds to trauma

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Body experiences to be claimed	Feelings	A few references
<ul style="list-style-type: none">• Tension• Gastrointestinal pain• Chest pain• Headaches• Light-headedness• Tingling sensations• Shortness of breath• Unspecified muscle pain• Chills• Numbness• Tired• Exhausted• Extreme or continuous hunger• Feeling “sick”• Crying for no “reason”• Sleep changes — too much or too little• Pressure• Heat• Feeling hollow• Difficulty with eye contact	<ul style="list-style-type: none">• Fear• Grief• Anger• Loneliness• Sad• Confused• Overwhelmed• Disoriented	<ul style="list-style-type: none">• The Body Keeps the Score (van der Kolk, 2014),• The Body Bears the Burden (Scaer, 2007),• The Body Remembers (Rothschild, 2000)• The Body Never Lies (Miller, 2006) are listed in the References.
Consider <ul style="list-style-type: none">• How can identify the link between the physical sensations we feel and the emotions we feel?		

Collective trauma is a cataclysmic event that shatters the basic fabric of society. Aside from the horrific loss of life, collective trauma is also a crisis of meaning. The current paper systematically delineates the process that begins with a collective trauma, transforms into a collective memory, and culminates in a system of meaning that allows groups to redefine who they are and where they are going.

For victims, the memory of trauma may be adaptive for group survival, but also elevates existential threat, which prompts a search for meaning, and the construction of a trans-generational collective self.

For perpetrators, the memory of trauma poses a threat to collective identity that may be addressed by denying history, minimizing culpability for wrongdoing, transforming the memory of the event, closing the door on history, or accepting responsibility.

The term collective trauma refers to the psychological reactions to a traumatic event that affect an entire society; it does not merely reflect an historical fact, the recollection of a terrible event that happened to a group of people. It suggests that the tragedy is represented in the collective memory of the group, and like all forms of memory it comprises not only a reproduction of the events, but also an ongoing reconstruction of the trauma in an attempt to make sense of it.

- Adapted from the writings of Gilad Hirschberger

“Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.” — **Judith Herman**, *Trauma and Recovery*

“Traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from their selves.” — **Bessel A. van der Kolk, M.D.**, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*

“Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives.” — **Bessel A. van der Kolk, M.D.**, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*

“Not all addictions are rooted in abuse or trauma, but I do believe they can all be traced to painful experience. A hurt is at the center of all addictive behaviors. It is present in the gambler, the Internet addict, the compulsive shopper and the workaholic. The wound may not be as deep and the ache not as excruciating, and it may even be entirely hidden—but it’s there. As we’ll see, the effects of early stress or adverse experiences directly shape both the psychology and the neurobiology of addiction in the brain.” — **Gabor Mate, M.D.**, *In the Realm of Hungry Ghosts: Close Encounters with Addiction*

“I have come to the conclusion that human beings are born with an innate capacity to triumph over trauma. I believe not only that trauma is curable, but that the healing process can be a catalyst for profound awakening—a portal opening to emotional and genuine spiritual transformation... In so doing, we will significantly increase our ability to achieve both our individual and collective dreams.” — **Peter A. Levine**, *Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body*

3 areas of strengths (Therapeutic Spiral Model)

(as discussed in "Healing World Trauma with the Therapeutic Spiral Model: Psychodramatic Stories from the Frontlines" edited by Kate Hudgins & Francesca Toscani)

Personal (Self)	Interpersonal (Other)	Transpersonal (Beyond Self & Other)
Qualities of self that you value, are proud of or hold in high regard...	Supportive individuals and others (groups, pets, etc.) in your life or those persons that you have a positive relationship with -- in any way, past or present, with personal acquaintance or not, living or dead, actual or fictional...	Connections that go beyond self and other people only -- and to what is that are larger than any human: God, Jesus, Buddha, Higher Power, nature, the life force, sunsets, the creative force...

Personal Resources

These are inner resources that we carry within ourselves. Often mistaken for the catch-all word of self esteem, they are in reality specific qualities that we can name in a distinctive fashion. A few examples:

- Courageous
- Creative
- Intelligent, caring, has a good heart, friendly
- Able to think things through
- Life experiences
- Survived painful experiences
- Persistent
- Self-aware
- Willing to learn and grow

Interpersonal Resources

These are resources that are connections to supportive others, past or present, dead or alive, real or fictional. Whatever their history or place, we have specific relationships with these individuals or groups who we identify as positive, supportive, inspiring. A few examples:

- Family members
- Friends, neighbors
- Movie, book or song characters
- Celebrities
- Minister, pastor, spiritual director
- Therapist, teacher, coach, counselor
- Church members
- Support group members
- Cats, dogs, pets, other animals

Transpersonal Resources

These resources extend, or transcend, beyond the limits of the ordinary world. They are resources that are greater than ourselves; they may be connected to a particular religion and/or may be what is soothing to the spirit and soul. A few examples:

- God
- Jesus
- Buddha
- Holy Spirit, Great Spirit
- Angels
- Life Force, creative force, universal force
- Nature, trees, water, the ocean, the lake
- Music, art

Helpful responses:

Praise and validate the decision to disclose painful information or painful feelings.

- "I'm glad you told me about your experience."
- "This must be hard to talk about. You're doing a good job of telling me about this."
- "That must have been very tough to handle."

Normalize the trauma response rather than making it pathological. When you do this, you are providing specific information and education as well as validating the traumatized person's experience.

- "People who have experienced painful events often have those kinds of dreams/anger/feelings/thoughts/whatever."
- "I've talked with many (children) (teen-agers) (people) who..."
- "It makes sense that you would be angry/sad/hurt/disappointed about that experience."

Provide hope and the idea that options, resources and choices are available. These may include referrals, groups, books, programs, internet sites and other resources that may be available in various locations, including school and work.

- "We can find someone who can help you with that..."
- "Is there someone else you would like to talk to about that?"

Find ways to remind the person of his or her strengths and whenever possible, help him or her integrate these strengths within the self.

- Discussion
- Art, music, drama, poetry, journaling and other creative arts
- Concretizing with objects
- Containing voice/supportive voice
- Read children's books (age appropriate): "Today I Feel Silly" by Jamie Lee Curtis and "Peach And Blue."

Check back or monitor the individual for other changes, needs difficulties as time passes.

- Keep the door open regarding ongoing communication.
- Encourage the person to report back.
- Don't try to handle this all by yourself.

Resources

Healing World Trauma with the Therapeutic Spiral Model edited by Kate Hudgins and Francesca Toscani. How this adapted psychodramatic model is being used and adapted throughout the world, with chapters by diverse practitioners. Some psychodrama knowledge required for best use of this resource.

Trauma and Recovery by Judith Herman. Another classic, this book discusses what trauma is and how it affects an individual as well has information on the recovery process.

Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society edited by Bessel van der Kolk, Alexander McFarlane and Lars Wiesaeth. Collection of writings edited by renowned experts.

The Truth About Depression: Choices for Healing by Charles L. Whitfield. Psychiatrist tells how depression is often a result of trauma, particularly childhood abuse, and how drugs alone will not solve the problem. Includes discussion of neurobiology of trauma.

Food and Behavior by Barbara Reed Stitt. Fascinating book that demonstrates that what people eat affects their behavior and can contribute to violence and other criminal behavior. Stitt, a former probation officer, changed lives by changing diet of her probationers.

Children and Trauma: A Guide for Parents and Professionals by Cynthia Monahan. Informative guide that provides information for both the layperson and those who specialize in this field. This book is clearly structured so that one may go to the sections which may be most applicable to the child you are wanting to assist.

The Scared Child: Helping Kids Overcome Traumatic Events by Barbara Brooks and Paula M. Siegel. Specific focus on children who are anxious due to trauma; typical reactions for each age group.

Children Changed by Trauma: A Healing Guide by Debra Whiting, Ph.D. Alexander, Debra Whiting Alexander. Practical guide for interacting with children who have been traumatized primarily for parents and caregivers.

Trauma in the Lives of Children: Crisis and Stress Management Techniques for Counselors, Teachers, and Other Professionals by Kendall Johnson, Charles Figley. Using a solutions-based interdisciplinary approach, this book explains how children react to trauma and how to work with a traumatized child.

War And The Soul: Healing Our Nation's Veterans From Post-Traumatic Stress Disorder by Edward Tick. Innovative expert in PTSD with veterans considers PTSD a spiritual disorder that must be addressed; he employs experiential activities and native rituals for healing.

Another Chance: Help and Hope for the Alcoholic Family by Sharon Wegscheider-Cruse. A classic book that delineates the survival roles that evolve in an addictive family -- and other chaotic family systems: enabler, hero, scapegoat, lost child and mascot.

Invisible Heroes: Survivors of Trauma and How They Heal by Belleruth Naparstek. Imagery scripts for healing trauma focuses on new leading-edge experiential healing.

Websites

National Child Traumatic Stress Network (www.nctsn.org)

Acesconnection (www.acesconnection.com)

The Therapeutic Spiral Model (www.therapeuticspiralmmodel.com)

The American Society of Group Psychotherapy and Psychodrama (www.asgpp.org)

The American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy (www.psychodramacertification.org)

Introduction to the Therapeutic Spiral Model

By Karen Carnabucci

MSS, LCSW, TEP

When working with survivors of trauma, the main objective of every clinician is the creation of a structure that supports safety and containment.

With the practice of action therapy, this objective becomes more crucial. Action therapy, including even what appear to be rather benign techniques, is a powerful tool that can trigger unprocessed material in survivors of trauma, resulting in flashbacks and dissociation.

The Therapeutic Spiral Model was developed by clinical psychologist Kate Hudgins, Ph.D., TEP, as an integration of classical psychodrama, object relations and recent advances in trauma theory to provide additional safety and structure when working with trauma. It follows the goal of providing safety and containment at every step for the patient as well as the helping professional.

Aspects of the model can be employed in both individual and group sessions and pieces may be easily adapted by talk therapists. The model identifies safety and containment in five specific areas:

Warming up. Participants first identify personal strengths they bring to the session by the use of props to build positive energy and provide a psychological and visual container for the work that is to follow.

The use of Containing Double and other prescriptive roles. The Containing Double, a variation of the classical psychodramatic Double,

prevents regression and dissociation with patients. Other roles, such as the Body Double, the Keeper-Manager-Holder of Defenses and the Observing Ego, support healthy and conscious functioning as well.

Types of dramas.

Patients are assessed according to the type of drama that will be produced and are not permitted to address core trauma material until clinically appropriate. Types of dramas include Restoration and Renewal, Dreams and Metaphors, Initial Discovery and Accurate Labeling, Exploring and Expressing Core Trauma, Conscious Re-experiencing with Developmental Repair and Letting Go and Transforming.

Controlled step-by-step regression.

Trauma dramas are divided into specific pieces of work that have clear boundaries and contracts for where the action will go. When the contract for a drama touches directly on core material, the director follows the Principles of Conscious Re-experiencing that take the protagonist through a controlled process with six action steps: talk, observe, witness, re-enact, re-experience and repair.

Team approach. An action trauma team consists of at least four people: the director, the assistant leader and at least two trained auxiliaries. Trained auxiliaries play roles of perpetrators in core trauma dramas as well as Containing Doubles and other important roles that advance the session. The team meets for warming up and post-processing for planning and support.



The Therapeutic Spiral Model integrates psychodrama, object relations and advances in current trauma theory.

Hudgins is the co-editor with Peter Felix Kellermann of "Psychodrama With Trauma: Acting Out Your Pain," published in 2000 by Jessica Kingsley Publishers. It features a chapter on the model as well as other chapters from 17 psychodramatists from around the world explaining how they have used psychodrama to address trauma of all kinds, including family abuse, political torture, rape, traffic accidents, significant loss and war.

Hudgins' first book, "Experiential Therapy for PTSD: The Therapeutic Spiral Model," was published in 2002 by Springer Publishing Company and details the typical action interventions of the model. Further books have shown additional applications and expansions of the model.

The model has been adapted by diverse clinicians in working with treatment of eating disordered people, sex offenders and addicts and alcoholics in various stages of recovery.

Information about the model and papers to print or download are available online at www.therapeuticspiralmodel.com.

Why psychotherapy and yoga make a good fit

By Karen Carnabucci, LCSW, TEP



As a psychotherapist, coach and educator -- and sometime yoga practitioner -- I've repeatedly observed that yoga is an excellent adjunct to psychotherapy.

Indeed, yoga is an excellent adjunct for any kind of path of growth because it helps stabilize us, allowing us to take in learning, accelerate change and advance spiritually.

Contemporary psychotherapy has become more interested in neurobiology -- the interaction of the many hormones and other chemicals in our brains -- which impacts emotions and behaviors. We know the chemicals can be shifted and changed in a variety of ways -- by medication, by certain experiential therapies, and by physical practices such as yoga.

Many people benefit from yoga, often in surprising ways: a teen-ager who denies the effects of marijuana on her body learns that she cannot breathe very well during a posture; an overwhelmed care-taking mother learns to slow down and take time for herself; a business man who is experiencing high blood pressure begins to relax and feel more in control of his body.

A study in the Psychology of Women Quarterly reported that mind-body exercise, such as yoga, is associated with greater body satisfaction and fewer symptoms of eating disorders than traditional aerobic exercise like jogging or using cardio machines.

Yoga practitioners reported less self-objectification, greater satisfaction with physical appearance, and fewer disordered eating attitudes compared to non-yoga practitioners.

Here are ways that yoga is helpful:

- Sometimes we think too much. Our thoughts fill our heads and seem to control our entire reality with "When..." and "What if..." Yoga, as a method of uniting mind, body and spirit, seems to bring the thoughts in the body. When you are focusing a posture with a good stretch, mindful of hand and feet placement and taking a breath, there is little time to ruminant and worry.
- Yoga postures aid in releasing emotions in a healthy way. If it is stress, your boyfriend or your job making your emotions go wild, the postures



help contain the emotions and release them safely and appropriately.

- Yoga reduces stress and helps us slow down in this fast, fast world. When we are calm, we are able to make decisions, large and small, with more clarity. Sleeping better, and feeling more rested, contributes to optimism and energy rather than exhaustion and irritability.
- Yoga reduces pain. It's hard to be cheerful and optimistic when you have physical discomfort. For many people, the pain and the limitations that it causes in each person's personal life creates depression.
- Yoga is self caring. People who have few self-care habits can learn to appreciate their bodies and what their bodies can accomplish. Motivation and dedication, rather than expensive equipment, increases a person's ability to care for self, and some of the benefits can be experienced almost immediately.
- Yoga offers a comforting philosophy that complements psychological principles. It gives attention to the body while also identifying the importance of the mind, the spirit and numerous lifestyle choices.
- If you practice in a group, you have a ready-made support group. Your teacher and fellow students will be glad to see you -- or they should be glad to see you in a good and well-run yoga class! -- and you will widen your support network. Community helps us feel more connected and less isolated; research studies have shown that people who enjoy a wide social network appear to be more healthy and live longer.

There are times when yoga is not suitable for someone in the therapeutic process, either at a specific moment in time or for that person due to other reasons. Nevertheless, yoga is a very good thing. I am always looking to refer people to yoga. When I know people are practicing yoga, I trust that they will move forward more quickly with their personal growth goals in psychotherapy.



The Body Double

In ordinary in-person sessions, the Body Double takes a position next to and slightly behind the protagonist.

The Body Double speaks as the voice that is mindful and aware of the moment-to-moment body experience and speaks to identify the body experience.

In virtual sessions, we do not have the opportunity to sit directly next to the person, so we will improvise.

Be Your Own Body Double

Sit in your chair, breathe and ground.

Rise from chair, walk around chair.

Breath and allow mindfulness.

When you sit again, you are your own Body Double.

Speak as body awareness

For instance:

“I can feel my feet in my shoes.”

“I can feel the air coming in my nose.”

“I can feel the rise and fall of my lungs.”

“I can feel my hands resting on the top of my legs.”

Etc.

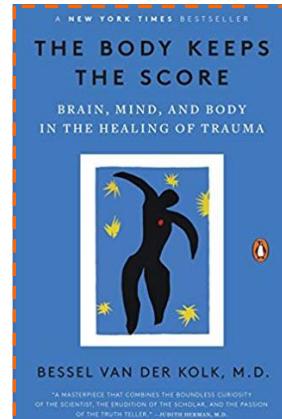
(See longer handout for info on the Body Double.)

Resources

The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma

By Bessel van der Kolk

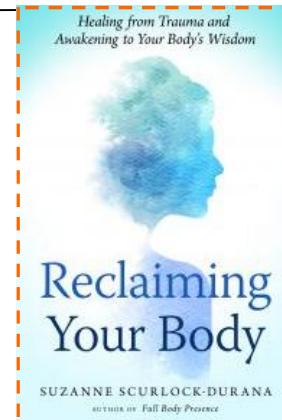
Well-known psychiatrist and trauma expert shows how trauma literally reshapes both the brain and the body and how body-oriented treatments like psychodrama, yoga and other modalities offer a new path to recovery. You may also find a one-hour lecture by Bessel van der Kolk on YouTube.



Reclaiming Your Body: Healing From Trauma and Awakening to Your Body's Wisdom

By Suzanne Scurlock-Durana

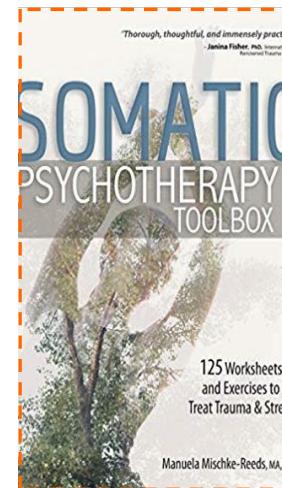
Explains as a bodyworker and craniosacral therapist, how trauma impacts the body and how we can heal and awaken our "wisdom centers" to reclaim our inner guidance system. She has also written "Full Body Presence" especially geared to self-healing for helping professionals and others in care-giving positions. See www.healingfromthecore.com, where you may find many podcasts with Suzanne.



Somatic Psychotherapy Toolbox: 125 Worksheets and Exercises to Treat Trauma and Stress

By Manuela Mischke-Reeds

Psychotherapist (MFT) offers targeted somatic interventions for trauma, stress and PTSD, including steps to incorporate the body into your current therapeutic approach, mindfulness techniques and breath work, plus starting guidelines, safety concerns and keys to success, and getting to know your own body to better use body work with clients.



YouTube: Amy Cuddy, Peter Levine, Dan Booth Cohen

YouTube is a great resource for videos for experiential therapies and other experiential ways of working with and healing the body. Places to visit:

Amy Cuddy, psychologist and author, talks about and demonstrates body postures that give us power and confidence. Look for the "TED Talk" video especially.

Peter Levine, developer of Somatic Experiencing and author of "Waking the Tiger," demonstrates simple body postures that calm the traumatized or anxious nervous system.

Dan Booth Cohen, a trainer in Family Constellations, talks about "representative perception" and how it is activated in Family Constellations.

