Complex Trauma and Shame: Somatic Interventions
Full Course Description

Modules 1 – 4
Somatic Interventions for Treating Complex Trauma with Janina Fisher, Ph.D.

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Presented by internationally renowned trauma expert, Janina Fisher, Ph.D.
You won't want to miss this workshop on learning proven Somatic techniques for treating trauma with international expert and author Janina Fisher, PhD!
The techniques you’ll learn during this workshop will make even the most complex clients easier to treat - and the interventions you’ll learn directly address the underlying causes of post-traumatic stress.
Dr. Fisher will give you tools from Sensorimotor Psychotherapy, a body-centered talking therapy. These simple body-oriented interventions can be easily integrated into traditional talking therapies to address trauma-related challenges such as:
- Dysregulated autonomic arousal
- Overwhelming affects and sensations
- Intrusive images and memories
- Impulsivity and acting out
- Dissociative phenomena
- Numbing and disconnection

This workshop will cover recent neuroscience research that explains how traumatic experience becomes deeply embedded in both mind and body. Learn how to better assess and make sense of trauma-based symptoms and then how to apply neurobiologically informed treatment techniques in clinical practice.

OUTLINE

The Neurobiological Legacy of Trauma
- How the mind and body react to threat and danger
- Autonomic arousal and affect tolerance
- Inability to feel safe in the body
- Loss of the ability to self-witness

The Nature of Traumatic Memory
- "The body keeps the score" (Van der Kolk)
- Implicit memories: is it memory?
- Remembering situationally: ‘here’ or ‘there’?

Neurobiologically-informed Trauma Treatment
- Regulating the traumatized nervous system and restoring a witnessing self
- Psychoeducation: knowledge is power
• Reframing the symptoms
• Avoid ‘self-defeating stories’ (Meichenbaum)
• Treat the symptoms, not just the event

Sensorimotor Psychotherapy
• Trauma and procedural learning
• Tracking the body as a source of information
• Use the language of the body
• Body-centered techniques into talking therapy treatments

Mindfulness and Neuroplasticity
• Mindfulness practices in therapy
• Differentiate thoughts, feelings and body experience
• Dual awareness of everyday experience
• Teach mindfulness to clients

Challenges of Trauma Treatment
• Secondary symptoms: anger, self-harm and suicidality, aggression, substance abuse, and eating disorders
• Treatment-resistant depression and anxiety
• Complex symptoms as manifestations of animal defense responses

Therapy as a Laboratory for the Practice of New Actions
• Dis-identifying with the symptoms
• Develop a new language and a new story
• Capitalize on somatic resources for modulating the nervous system
• New resources that address specific trauma symptoms

The Role of Neuroplasticity
• Neuroplastic brain change
• Principles of neuroplasticity
• Treatments to enhance neuroplastic effects

Somatic Resolution of Traumatic Events
• Repair and transformation rather than re-processing
• Address uninvited memory
• Tell the story to ourselves: creating internal safety
• Right brain-to-right brain communication: feeling safe with others

OBJECTIVES
1. Describe the neurobiological effects of traumatic experience.
2. Identify implicit and procedural memories of trauma.
3. Recognize role of autonomic arousal in exacerbating symptoms.
4. Discuss how “the body keeps the score”.
5. Describe basic principles of Sensorimotor Psychotherapy.
6. Integrate mindfulness-based techniques in traditional treatments.
7. Identify animal defense survival responses in trauma patients.
8. Delineate role of substance abuse, eating disorders and self-destructive behavior as trauma symptoms.
9. Implement ‘top-down’ and ‘bottom-up’ interventions to address unsafe behavior.
10. Describe a somatic approach to resolving traumatic experience.
11. Differentiate past experience from present moment experience.
12. Utilize right brain-to-right brain communication to improve the effectiveness of trauma treatment.

**ADA Needs**
We would be happy to accommodate your ADA needs; please call our Customer Service Department for more information at 1-800-844-8260.

**Satisfaction Guarantee**
Your satisfaction is our goal and our guarantee. Concerns should be addressed to: PO Box 1000, Eau Claire, WI 54702-1000 or call 1-800-844-8260.

### In-Session: Working with Somatic Components to Overcome Trauma Related Fears of Feeling Good

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“M” is a 45-year-old woman who feels ready for a relationship but paralyzed by an inability to express positive feelings. Years of talking therapy have given her insight into this pattern as a legacy of early childhood trauma—without resolving it. During the session, client and therapist notice M’s shoulder twitching each time something positive is mentioned. Assuming that the shoulder is communicating specific beliefs or fears that can be addressed through internal dialogue, we ‘befriend’ the shoulder and explore the fears it warns her about. M experiences a relaxation in her guardedness—until a clinical error by the therapist triggers her at the very end of the session.

**OUTLINE**

1. Introduction of client
2. Psychological Trauma Flip Chart
   a. The Split Brain
3. Client Questions
4. Recap and Analyzation with Janina
5. Expressing Emotions
6. Recap and Analyzation with Janina
7. Anger
8. Recap and Analyzation with Janina
9. Accepting Anger
10. Recap and Analyzation with Janina
11. Safe feelings
12. Recap and Analyzation with Janina
13. Client Feelings Survival
14. Recap and Analyzation with Janina
15. Trusting the Protective Parts
16. Recap and Analyzation with Janina
17. Communicating with your Body
In-Session: Steps Toward Healing Traumatic Attachment & Borderline Personality Disorder

Copyright : 01/01/2017

“KW,” a 22-year-old mother of two, diagnosed with borderline personality disorder, wants to work on stabilizing a volatile relationship to the father of her children and learn to manage her rage and impulsivity. Adopted at 18 months after being removed from her abusive parents’ care, she has always exhibited classic signs of traumatic attachment: separation anxiety, fear of abandonment, rejection sensitivity, fight and flight responses to disappointment or betrayal—and equal difficulty tolerating distance and closeness. In this session, healthy attachment to her children is used as a resource to help her gain insight, develop control over impulsive behavior, and facilitate internal compassion and self-soothing.

OUTLINE

1. Introduction of Client
2. Psychological Trauma Flip Chart
   a. The Split Brain
3. Client Background
4. Recap and Analyzation with Janina
   a. Domestic Violence in Pregnancy
5. Attachment
6. Recap and Analyzation with Janina
   a. Domestic Violence and Attachment
7. Anger in Relationships
8. Recap and Analyzation with Janina
   a. Structure Dissociation Model
9. Childhood Attachment
10. Recap and Analyzation with Janina
   a. Earned Secure Attachment
11. Internal Attachment
12. Recap and Analyzation with Janina
   a. Internal Attachment

OBJECTIVES
1. Utilize right and left brain communication to improve the effectiveness of attachment treatment.
2. Describe the Structural Dissociation model.

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BONUS: Shame and Self-Loathing in the Treatment of Trauma

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Presented by internationally renowned trauma expert, Janina Fisher, Ph.D. Shame often prevents your traumatized clients’ recovery and hampers their ability to find relief and perspective despite effective treatment. Feelings of worthlessness and inadequacy interfere with taking in positive experiences, leaving only hopelessness. Don’t miss this rare opportunity to learn effective experiential exercises drawn from Sensorimotor Psychotherapy, from internationally renowned trauma expert Janina Fisher, Ph.D. Dr. Fisher will show you how to help clients relate to their symptoms with mindful dual awareness and curiosity rather than automatic acceptance. If you are frustrated with the lack of treatment success in your traumatized clients, this workshop will provide the solutions for long-term healing.

Despite your best efforts, unshakeable feelings of shame and self-hatred often undermine treatment: your clients repeatedly take two steps forward, then one step back. In this one of a kind workshop you will understand shame from a neurobiological perspective—as a survival strategy driving somatic responses of automatic obedience and total submission—enforced by the client’s punitive introspection. Attend this seminar and learn to integrate traditional psychodynamic and cognitive-behavioral techniques with Sensorimotor interventions that emphasize posture, movement and gesture. With these new techniques, issues of shame can become an avenue to transformation rather than a source of stuckness.
OUTLINE

The Neurobiology of Shame
- The role of shame in traumatic experience
- Shame as an animal defense survival response
- Effects of shame on autonomic arousal
- Why shame is so treatment-resistant

Shame and Attachment: Its Evolutionary Purpose
- Shame and the attachment system
- Rupture and repair in attachment formation
- What happens to shame without interpersonal repair

The Meaning of Shame in the Treatment of Trauma
- Disgust, degradation, and humiliation interpreted as “who I am”
- Cognitive schemas that exacerbate shame
- Internal working models predict the future and determine our actions

Treating Shame: Working from the “Bottom Up”
- Sensorimotor Psychotherapy: Physiological state as the entry point for treatment
- Regulating shame states with somatic interventions
- Using mindfulness-based techniques to inhibit self-judgment

Healing Shame: Acceptance and Compassion
- Re-contextualizing shame as a younger self or part
- Dual awareness of who we are now and who we were then
- Getting to know our “selves”
- Bringing our adult capacity to our childhood vulnerability

OBJECTIVES
- Describe the role of shame and self-loathing as symptoms of trauma.
- Identify the neurobiological effects of shame.
- Describe the role of negative cognitive schemas in perpetuating shame.
- Assess the physiological and cognitive contributors to shame.
- Apply somatic interventions drawn from Sensorimotor Psychotherapy that decrease shame.
- Practice memory processing, cognitive-behavioral and ego state techniques.

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