Embodied Practices in Trauma Work: Bringing yoga into the therapy room

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Definitions

Trauma

- Life threatening event in which a person’s ability to cope is overwhelmed
- Objective and subjective experience
- Little “t” and Big “T” trauma
- Emotional, cognitive and physical systems affected
Adverse Childhood Experiences Study

- Study conducted by Kaiser Permanente and CDC in 1995-1997. Over 17,000 surveyed:
  - 28% had physical abuse
  - 21% had sexual abuse
  - 40% had 2 or more
  - 20% had 3 or more
  - 12.5% had 4 or more
- Every year >3 million reports of child abuse are made in the U.S.
- Strongly associated with risks for variety of negative outcomes—health, alcoholism, depression

Post Traumatic Stress Disorder

- First entered into DSM in 1980
- Function of Vietnam Veterans returning, exhibiting lot of problems

DSM-5 Diagnostic Criteria:

- Exposure to stressor
- Re-experienced intrusion symptoms
- Avoidance
- Negative alterations in cognition or mood
- Arousal and reactivity
- Duration, Impairment
PTSD Dx: Exposure to stressor

- Direct exposure to actual or threatened death, injury, violence
- Indirect exposure— first responders; exposure to details of the event

PTSD Dx: Re-experienced Intrusion Symptoms

- Flashbacks
- Nightmares
- Dissociation
PTSD Dx: Avoidance

- Avoidance of distressing trauma-related stimuli
- Trauma-related thoughts and feelings
- Trauma-related external reminders

PTSD Dx: Negative alterations in cognition or mood

- Dissociative amnesia
- Negative beliefs about self and the world
- Distorted blame of self or others
- Loss of interest in activities
- Alienation
- Constricted affect - unable to experience positive emotions
PTSD Dx: Arousal and Reactivity

- Irritable or aggressive behavior
- Hypervigilance
- Startle response is exaggerated
- Self-destructive or reckless behavior
- Sleep disturbance
- Difficulty concentrating

PTSD Dx: Duration, Impairment

- Dissociation—loss of time, out of body, no consciousness
- Depersonalization—sense of detachment from oneself
- Derealization—experience of unreality
Complex PTSD

- Judith Herman (1992): Interpersonal element of trauma results in different and more severe symptomatology
- Prolonged and repeated trauma involving abuse or neglect from a caregiver or another in an uneven power dynamic—INTERPERSONAL element of trauma
- Diagnosis is not included in DSM-5
- Overlap with BPD

Complex PTSD- Alterations in:

- Affective regulation—self-destructive, suicidal impulses
- Attention or consciousness—amnesia, dissociative episodes and depersonalization
- Self perception—chronic sense of guilt and responsibility
Complex PTSD - Alterations in:

- Relationship to others—trust issues, revictimization
- Somatization and/or medical problems
- Systems of meaning—despair, psychic anguish

Pause and Notice

Breath awareness
Trauma and the Brain

Neuroscience Findings

- 1990’s—Advances in technology (PET scans, fMRI) allowed scientists to observe the brain functions and structure during a trauma response
- Activity was primarily on right side of brain; unable to use the left side to integrate the experience semantically
- Limbic system disturbance—amygdala on fire. Dysregulation is happening on a brain stem level; this is the system that regulates AROUSAL
Neuroscience Findings

- High hormonal output—cortisol flooding occurs, destroying neurons especially between the prefrontal cortex (PFC) and limbic system. PFC is responsible for present-moment experience—MINDFULNESS.
- Midbrain impact—medial posterior cingulate (MPC) doesn’t activate in traumatized people. Hippocampus is learning and memory center, with highest receptors for cortisol flooding.
- Awareness and tolerance for internal sensations and perceptions is impacted—INTEROCEPTION.

Bessel van der Kolk’s Research

Clinical Implications of Neuroscience Research in PTSD (2006)

- Lose ability to take effective action in the present. “Frozen in Time.”
- Difficulty modulating arousal—low HRV in individuals with PTSD
- Limited interoception—tolerance for recognizing and responding to internal sensations/emotions
- Talk therapy is limited due to disconnect between language and inner experience
Clinical Implications

- Talk therapy isn’t sufficient. Responsible trauma treatment includes addressing the physical and neurobiological impact of trauma. Bottom up vs top down interventions. “The issues are in our tissues.”
- Trauma is present in the body for all of us—big “T” vs little ‘t” trauma. Consider the level(s) of traumatic “injury” when bringing in embodied practices.
- SELF-REGULATION strategies to manage arousal, make effective choices
- INTEROCEPTION tolerance for feelings and emotions, is essential.
- AROUSAL modulation is necessary target of treatment.
- MINDFULNESS STRATEGIES help activate PFC, facilitate present-moment experience.
Dr. Dan Siegel

- Neurobiological applications to psychiatry
- Whole Brain approaches to child rearing, adolescents and adults
- Mindfulness and Interpersonal Neurobiology
- Window of Tolerance model
Yoga

Yoga: “The quieting of the chatter of the mind”

Literally means “union” or to “yoke”— means of connection to self
Eight limbed path includes:

- **Yamas**— moral restraints
- **Niyamas**— observances
- **Asana**— poses
- **Pranayama**— breathing techniques
- **Pratyahara**— turning inward
- **Dharana**— concentration
- **Dhyana**— meditation
- **Samadhi**— spirituality, tranquility
Yoga Practices as Intervention

- Reduce arousal—breathing and grounding practices
- Provide a physical connection to body
- Create opportunity to make choices via action in the body
- Facilitate awareness to present-moment experience via movement, noticing
- Spiritual—post-traumatic growth over time

Research on yoga as intervention for trauma

- Macy et al. (2015)—Meta review of 13 literature reviews and 185 studies.
- Gulding and Jennings (2016)—Small n (11)—Positive outcomes on spiritual growth, self acceptance, alleviation of trauma-related symptoms
- Van der Kolk et al. (2014)—RCT, n=64: 10 weeks of TSY vs women’s health education.
  - Results: 52% of women in TSY group no longer met criteria for PTSD on CAPS scale (vs 21% in other group).
Research on yoga as intervention for trauma

- Price et al. (2017): Extended TSY (20 weeks)
- West, Liang & Spinnazzola (2017): 10 week TSY class, n=31
- Rhodes (2015): analysis of interviews post RCT study

Pause and Notice
Seated Mountain
Introducing Yoga to your Client

Introducing yoga to your client

- Helpful to educate about the brain—way of decreasing shame.
- Offer choice from the beginning
- Educate about yoga—not about standing on your head and bending into a pretzel shape
- Neuroplasticity—areas that fire together, wire together. Need to repeat in order to change the patterns (normalizing that this takes time and practice).
Dan Siegel’s Hand Model of the Brain

http://www.playroomlubbock.com/blog/2015/3/17/flippin-a-lid

Timing and Pacing

- Early phase— safety and stabilization— grounding, breathing practices can be helpful
- Middle phase— processing memories, creating coherent narrative
- When therapeutic relationship feels well established
- Therapist comfort with the practices
Yoga Interventions
Grounding practices

Seated Mountain

- May need to shift forward on the seat to have the knees over the ankles.
- Let the feet be parallel.
- Shift feet forward, back, in and out until you can come into stillness, feeling the feet in contact with the floor.
- Feel your hips in the chair, moving front, back, side to side, until you come into stillness, feeling sense of hips in the chair.
- Lengthen through the spine, allowing the crown of the head to lengthen up, letting the chin be neutral.
- Feel a sense of the core helping you stay upright, and feel yourself grounded with the floor and your chair.
Slowing and Deepening the Breath

- Counting breath— notice without changing anything. Ok for attention to wander. Notice where you feel movement, sensation, temperature of breath
- Even breath count— matching inhale and exhale
- Extended exhalation (only after able to cultivate even breath count)
- Seated vs Supine— much easier for many to access depth when laying on the back, support the knees or knees bent.
- Diaphragmatic breath— softening the belly, hands on belly
- CAUTION— for clients with Complex PTSD, some breathing practices can trigger flashbacks. May have physical defenses in place that help protect from implicit memories-so move gently and slowly. For some clients, it may be easier to access breath changes when paired with physical movement.

Present Tense through Present Sense

- Look around the room and name 5 things that you see.
- With eyes open or closed, notice and name 5 sounds that you hear.
- Notice and name sensations on the skin— temperature, connection with fabric, texture.
- Can continue with sense of smell and taste.
Pause and Notice

Counting Breath

Trauma Sensitive Yoga
Trauma-Sensitive Yoga

- Developed at Trauma Center starting in 2002 by David Emerson. Collaborated with van der Kolk.
- Evidenced-based practice. [www.traumasensitiveyoga.com](http://www.traumasensitiveyoga.com)
- [Overcoming Trauma through Yoga.](http://www.traumasensitiveyoga.com) (2011)
- Geared toward those with Complex PTSD

TSY Framework

- Reclaim the body
- Notice your body/have a body (physical connection)
- Befriend your body—curiosity
- Body as a resource for self-regulation
Key Themes in TSY

- Experiencing the present moment
- Making choices
- Taking effective action
- Creating rhythms

FEELING → CHOOSING → ACTING

Pause and Notice

Seated Sun Breath
Language of TSY

- Invitational language vs command language
- Notice…(bring into present)
- Focus on…(attention-guiding)
- If you like…(choice, taking action)
- As you are ready…
- Experiment with…
- Explore…
- You may wish to…
- Allow…
- Feel…

- Be curious about…
- You can always modify to suit your experience
- Feel free to come out of this form if it’s uncomfortable
- You are welcome to…
- You may or may not…

Therapist Attributes and Attitudes
Therapist attributes and attitudes

- Experience with embodied practices
- Staying present in face of extreme emotions—have to be able to regulate our own affect to help clients regulate theirs
- Witness consciousness—manage voyeuristic tendencies and desire to help
- Willing to not be the expert

Therapist attributes and attitudes

- Shift from interpretation/making meaning to bringing your client back to their inner experience
- Bringing relationship/transference issues into the yoga practice, and staying with the yoga—resist the urge to process during the practice
Final Thoughts

Resource List at end of handout
Restorative yoga for self-care
Social support as stress reliever

Pause and Notice

Standing Mountain
Appendix

TSY Practice

Breath awareness and deepening
Seated Mountain
Seated Neck Rolls
Seated Cat/Cow
Seated Twist
Table and Cat/Cow
Child’s Pose

Standing Mountain
Forward Fold
Bridge Pose
Reclined Twist
Extension/Hug In
Final resting pose
Grounding Practices

Seated Mountain

Standing Mountain

- Experiment with finding a comfortable seated form, eventually coming into stillness.
- Explore moving your feet forward and back, perhaps rocking onto heels and toes, and notice how they feel in connection with the ground. As you are ready, come into stillness in the feet.
- If you like, move your hips gently from side to side, or forward and back, and notice how they feel in the chair.
- As you are ready, begin to move toward stillness in the hips.
- Experiment with growing the spine long, perhaps lengthening up through the top of your head, feeling the feet in contact with the floor.
Standing Mountain

- Come to a standing position; let your feet be hip width distance apart, and parallel to each other.
- As you are ready, notice your feet on the ground. Experiment with what helps you feel your feet in connection with the ground, perhaps rocking back and forth, or tapping your heels or toes.
- Begin to shift attention to the top of your head, and if you like, gently lift through the top of your head as a way of experimenting with standing tall.
- As you are ready, draw attention to the center of your body, and experiment with gently drawing in the lower belly toward your spine.

Breathing Practices to Regulate Arousal

Breath Awareness

Counting Breath

Slowing and Deepening the breath
Breath Awareness

- Check in with body, notice the breath in the body, perhaps experiment with lengthening your spine as you sit.
- Let the eyes soften, resting on spot in front of you on desk/floor, or allow the eyes to softly close.
- Experiment with breathing in and out through the nose and mouth, noticing which feels more comfortable and natural to do.
- Perhaps notice the breath in nostrils, chest, or abdomen.
- Perhaps notice the inhale...and the exhale...noticing the experience of this.
- If you like, place a hand on chest or abdomen, and noticing how that affects your awareness of breath.
- Perhaps noticing if your breathe has slowed a bit, or deepened, or not...no right or wrong, just notice.

Counting Breath

- Check in with body, notice the breath in the body, perhaps experiment with lengthening your spine as you sit.
- As you notice the breath, begin to add a silent count to the inhale, and to the exhale. There is no right or wrong, simply notice the count of your breath.
- As you are ready, experiment with creating an even breath count, so the pace of the inhale matches the pace of the exhale. Allow yourself to stay relaxed, not straining to change the count beyond what is comfortable for you.
- Remember that you can stop at any time and return to simply breathing in your natural way, letting go of the count as you are ready to do so.
Slowing and Deepening the Breath

- Check in with body, notice the breath in the body, perhaps experiment with lengthening your spine as you sit.
- As you are ready, bring awareness to your center, and notice the breath in the center of the body, the area just below the navel. Experiment with placing a hand on your belly and notice how that feels. Perhaps notice the sensation of the hand moving as you breathe in and out.
- If you like, notice the breath slowing down a bit as you continue to breathe into the belly. Allow the exhale to be as slow as the inhale.
- Remember you can remove your hand at any point, and continue with this slower and deeper breath until you are ready to return to your natural breath.

Movement practices

Seated cat/cow (flexion/extension)
Seated neck rolls
Seated Sun breaths
Seated Cat/Cow

- Begin in Seated Mountain
- As you are ready, place your hands on your thighs or knees.
- As you inhale, gently lift the chin and chest and allow the tailbone to press back behind you.
- As you exhale, gently round your spine and allow the chin to drop toward the chest.
- If you like, experiment with the pace of this rhythm, changing the pace of the inhale and exhale as you do so.
- Feel free to experiment with the hand and arm position, perhaps allowing the elbows to bend and hands to slide back as you inhale, and the arms to straighten as the hands slide forward as you exhale.

Seated Neck Rolls

- Start in Seated Mountain
- Allow the chin to drop gently toward your heart, and as you are ready, let the left ear roll toward your left shoulder.
- Roll your head gently from side to side, letting the chin drop towards your chest as you pass through the middle.
- Allow your breath to move freely, and take time to experiment with rolling the head gently from side to side.
- Feel free to make the movements smaller, or slower, stopping whenever you are ready.
- Lift the chin when you are done.
Seated Sun Breath

- Let's experiment with moving in connection with the breath.
- Allow the hands to rest on your thighs or toward your knees. As you inhale, lift your hands a few inches, and as you exhale, allow the hands to return to rest on your legs, wherever it feels best to you. Explore moving and breathing here for a few cycles.
- If you like, feel free to try an alternative movement of the hands. Begin with your palms together at your heart, and as you inhale, extend your arms out to your sides, and as you exhale, bring the palms back together at the heart. Experiment with this movement, perhaps varying how widely you spread the arms away from you.

Seated Sun Breath (continued)

- Feel free to stay with either of these movements, or if you like, experiment with a more different version of this breath.
- As you inhale, sweep your arms wide and over your head, and as you exhale, let the hands come back to your thighs or knees. Let the movement be as wide or high as is comfortable for you.
- You can return to any variation of this breath, noticing what feels more comfortable to you and choosing the movement that feels best to you.
Paired Practice

Select the form you would like to offer

Present invitation/rationale to your client

Practice the language of choice

Give feedback: What did you like? What did you notice? As recipient and as guide?

Switch roles—same or different practice

References/Resources


References/Resources


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