1. How to Help a Patient Remember the Past Without Reliving the Trauma

When someone without a trauma history remembers the past, they are able to maintain awareness of their present self - even while they’re revisiting the past memory. So how can we help patients who struggle with flashbacks stay grounded in the present? Dr. Lanius shares how she works with clients to help them regain their sense of time.

When we think about traumatized clients who often have flashbacks of reliving experiences, what we're seeing is recall that is not by choice – people are triggered. They're dragged back into reliving the past.

In essence . . . we've lost that present self. We can't voluntarily go back to recall those memories, but rather the past self is predominant now, and the I-self, or the ego, is located in the past self.

Implications for treatment are two-fold. If this hypothesis is correct, the first part of dealing with reliving flashbacks would be to strengthen the self.

We teach people grounding skills – for example, helping them to use the five senses to bring them
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back to the present.

We teach people to become more aware of their own body, again, as an anchor to learn to be in the present.

We teach emotion regulation skills. What skills can they use? What emotions become too intense?

We teach them distress tolerance skills, and we teach them to use relationships, including, of course, the therapeutic relationship, to strengthen their sense of self.

Once we have accomplished that strengthening of the self, then we often move on to exposure-based treatments that can help to move that timeless traumatic material into memories of the past that are no longer relived, but that can now be remembered. (pp. 11 – 12 in your transcript)

2. How to Help Clients Shift from a Fragmented to a Coherent Sense of Self

Negative thinking about one’s self is a common presentation following trauma. In the following, Dr. Lanius describes how to help clients create a narrative in order to strengthen their sense of self. She also addresses the challenge of working with an individual who experiences multiple selves and hears multiple voices.
For the dimension of thought, if you have a non-dissociative individual, it's about creating a narrative and helping them to cognitively restructure some of that negative self-referential processing as well as other negative referential processing.

Of course, it becomes much more complicated when you now have a dissociative presentation of thought – when you have voice hearing.

This may be one voice or this may be many voices. When people have this experience of having multiple selves, potentially, in the extreme case, the focus now becomes on creating a shared narrative.

This can be done through identifying the strengths of each voice in the present and encouraging awareness and communication among different voices or parts of the self.

Over time, this can create a shared narrative where a person experiences his/her sense of self no longer as fragmented or experiencing more than one self, but as a more coherent, integrated sense of self.

(pp. 12 – 13 in your transcript)

3. How to Help Clients Work through Trauma That Is Held in the Body

Traumatic memories are often experienced as bodily sensations. Yet it can be challenging to help a
client access these memories without triggering reactivity and fear. Here, Dr. Lanius describes how she adjusts a typical body scan when working with a client who has experienced trauma.

If you do a normal body scan with a non-traumatized person, you would start at the toes and move up very rapidly and cover the entire body in one session.

With a traumatized client, and it depends on the client, you may just stay with the foot for quite a period of time until the person becomes more comfortable covering other parts of their body. You may start with the hands if the foot is very triggering.

Getting a person to feel comfortable with the starting point of the body scan, helping them to be aware that the body holds a tremendous amount of pain, and then titrating the pace of the body scan are all key ideas.

That can give you a lot of information on how to work with a client.

It’s harder to get at that information by just working cognitively. But if you use the body as a kind of bottom-up approach to working in psychotherapy – once the client is willing to engage in such a body scan – then it can give you a wealth of information, and from there, you can work cognitively.

You can take a bottom-up approach from the body and a top-down, cognitive approach to integrate the
difficulties you find through a body scan. (p. 15 in your transcript)

4. How to Help Clients Awaken Their Emotions from a Shut-Down State

Not every client experiences traumatic memory with the same level of intensity or in the same part of the body. Dr. Lanius highlights the necessity of exercising caution when helping clients identify these sensations.

Again, we have to do this in a very much titrated fashion, depending on our client.

It takes us back to the body scans and to linking physical sensations with feeling states and emotions, keeping in mind that each feeling state or emotion has a body map.

For one person, sadness may be associated with a tight throat or a lump in the throat and a tensing of the neck, whereas others may experience sadness as tightness in the stomach and a feeling of heaviness in the shoulders.

We work with clients to identify what physical sensations are associated with what feeling states and emotions, very slowly and at a rate they can tolerate.
They don't have words for their experiences – they can't put their feelings into words – they don't know what they feel. We have to assess that and really go at a pace that is comfortable. (p. 16 in you transcript)

5. How Drawing Can Help Clients Identify and Access Their Emotions

Dr. Lanius describes how she has used drawing as a means of helping clients identify feelings and emotions.

When we start to work with feeling states and body scans, I first start with psycho-education.

We talk about how each feeling state and emotion is associated with certain physical sensations in the body. Then, we have photocopy outlines of the body.

I say, “If you are interested, you can use these photocopies, or you can draw your own body. I want you to think about what physical association may be associated with sadness, fear, or anger. Start coloring in those bodies.”

Over time, as people become more aware of different feeling states, these drawings become more complex.

At first, they may associate sadness with just a feeling of heaviness in their shoulder, but as they
become more aware of sensations in their body, they may also notice a heavy chest and a tension in their face.

As these physical maps become more complex, they can identify feeling states and the emotions they relate to much quicker. (p. 17 – 18 in your transcript)

6. How to Apply Mindfulness Practice to Help Clients Experience Safety in “the Now”

Dr. Ron Siegel describes how mindfulness practices can be adapted to help clients find refuge in the present. He also emphasizes a specific mantra and several types of meditations that can promote safety when trauma memories are triggered in the body.

I’m a big fan of helping people to take refuge in the present moment. Since in the extreme ways, things like reliving the trauma, having flashbacks, or having the effect of the past trauma suddenly overwhelm us now, is very disruptive. Often it’s much subtler than that.

In fact, every time that any one of us identifies with our thought stream, or believes in our thoughts of the past and the future, we’re, in a little way, taking flight from the present. And, in a little way, we’re probably acting in a post-traumatic sense – there’s
something painful we’re hoping to avoid; some past memory that was difficult, some fantasy of something happening in the future that resonates with some pain in the past which is difficult, because it’s all the thoughts of, “How am I going to feel better or avoid pain?” that bring us out of the present in our general life.

I’m very interested in talking with clients or patients about the fact that right here and now in this room, things are actually okay. It is really only our thoughts about the past or the future that are making it not feel okay – most of the time when I’m in the office with somebody, there isn’t a bomb about to go off.

We don’t have a predator at the door. So one way to extend that outside of the office is really trying to take refuge in the present moment and in the sensations of the present moment.

Thich Nhat Hanh, the Vietnamese Zen teacher, likes to build in the mantra into mindfulness practices of just saying, “Here now.”

With every step, “Here now.” With each breath, in-breath and out-breath, “Here now.”

It seems kind of simplistic, but I actually do this with folks a lot as a way of helping them — I do it myself a lot — as a way of helping me take refuge in the present moment.

And the other thing that’s helpful is to obviously beware when taking refuge in the body in some way
as to whether that particular part of the body is triggering or not.

You need to find safe parts of the body if you’re going to be “here now” with those body parts. For most people, it’s pretty safe to do things like walking, nature meditation, eating meditation, things where we’re bringing our attention into some safe external world, again, with the “here now” mantra. (pp. 5-6 in your Talkback transcript)

7. How to Teach Patients Distress Tolerance Skills

According to Dr. Ron Siegel, mindfulness practice can be effective in helping clients notice the emotional impact of trauma as somatic events – sensory experiences that are held in the body. He also outlines specific mindfulness practices that can help clients build skills to tolerate physical and emotional pain.

If you’re teaching people mindfulness practice, this starts with simply sitting on the chair or on the cushion and having an itch or an ache arise, and inviting the person to turn their attention to the itch or the ache rather than scratch the itch or change posture.

Initially, it intensifies a bit, and that can be a little bit challenging. But often, it will transform in some way. It will change texture. It will change form.
Itches can come and go.

We start to notice that sensory discomfort is somewhat transient. It’s not a solid thing. It only appears solid when we label it as “my pain,” or “my itch.” But when we really stay with it moment by moment, we see it as much more fluid, and this starts to develop a kind of confidence in our ability to be with physical discomfort.

I’ll often also do some exercises — I believe Marsha Linehan does this in DBT as well — of holding an ice cube as a mindfulness practice and just feeling what this feels like and noticing what in Buddhist circles is called the two arrows.

The initial arrow, if you will, is the moment-to-moment pain sensations that come from feeling the ice. The second arrow is sorrow, grieving, and lamenting. It’s all of the protestations that arise in the mind to the pain sensation.

And if you do it with something like an ice cube, which is unpleasant but not life threatening, you can start to see those two components. You can see, “Oh, there’s the moment-to-moment pain. And then there’s my aversion response to it.”

And you can practice relaxing the aversion response, simply feeling the pain.

You can do the same thing, by the way, with just digging a fingernail into your thumb a little bit.
So I do that a good deal, helping people to learn how to do it physically, pointing out that the emotional pain actually is physical pain, and then inviting them to do it with the next wave of sadness, with the next wave of anger, with the next wave of frustration of whatever it might be that we tend to resist. (pp. 8-9 in your Talkback transcript)