1. Two Ways to Build Safe Attachment with Someone Who Has Never Felt Safe with Another Person

Trauma can disrupt a person’s sense of security. And when a client has never felt safe with another person, it can make recovery more complex. But here, Ruth Lanius, MD, PhD shares a strategy that may help.

**Dr. Lanius:** Imagery of an animal, as well as having an animal, can be extremely helpful.

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For example, I have a client who's severely traumatized with no healthy safe attachment figure at all in her background. She never experienced love. She has a complete inability to experience any positive emotion – but she has a cat.
So, we work with the cat and her being close to the cat – touching the cat, feeling the fur of the cat, feeling a sense of connection to the cat.

This is the first time in her life when she was able to start experiencing some warm feelings in her chest, some positive feelings. She doesn't know what love is because she's never experienced love.

So she began to think, *this is what experiencing love must be like.*

So, for a person like that, working with an animal is helpful. Because thinking about a relationship with another human being would be too dangerous.

Working with an image of an animal can also foster some of those positive emotions. So, bringing up an image of an animal that they feel safe with, for example, a horse or a dog or a cat. Then, while they bring up this image, getting them to think about what the fur would feel like, what the animal would feel like being held close to their body. Getting them to feel a sense of connection to the animal can be a real resource for the person (*found on pg. 20-21 of your Main Session transcript*).
2. How to Create Safety without Triggering Traumatized Clients

Bessel van der Kolk, MD believes that a practitioner’s kindness can sometimes be a trigger for people who’ve experienced trauma. But Pat Ogden has a strategy to help us provide safety without being a trigger.

**Dr. Ogden:** When I have a new client who’s had trauma, the first thing that I think of is choice, because in trauma, choice is lost. A client doesn’t have any choice; it happens to them. Something from the outside injures them, violates them in some way. They have lost their control.

So reinstating choice at the very beginning is essential. Even in little ways, like when a client comes into my office, I might say, "Where do you want to sit?" – rather than have me dictate where they sit.

Those little things are establishing, re-establishing, the control.

When they experience, with you as the therapist, that choice is being offered them and that they’re in charge, that starts to stimulate an inner security *(found on pg. 22-23 of your Main Session transcript)*.
3. How to Help Reverse the Feeling of Victimhood

When working with trauma, Pat Ogden, PhD often finds it useful to think about the different parts of the client – which may have different needs for treatment. Here, she shares the story of how she worked with the body to integrate two distinct parts within her client.

**Dr. Ogden:** As she started to realize that she wasn't just a victim, she also had this other part that had not been able to fight back during the trauma. Then those two parts could start to communicate, and there could be an internal integration.

For her, her left side felt like a victim and the right side felt so empowered. Now this came from her body. This was not a suggestion of mine. She wanted to push out, but she wanted her right hand to support her left hand. There was an integration of the part of her that felt like she could fight back with the part that felt like a victim.

So this is critical for people who feel like a victim. Because when you feel like a victim, you usually keep yourself small, and your body collapses. Feeling like a victim is not this empowered way of living in your body where you're taking up space and you're aligned. So I work a lot with posture.

The thing though is that you don’t want to
override parts of the self. So if somebody is feeling like a victim and you just work with posture to get them all aligned and everything, but you haven't really addressed that part of them that feels like a victim and helped the internal integration happen, then there could be a backlash.

That's why it was so wonderful with that one client, that she found in her body a gesture that supported the part of her that felt like a victim, not just overrode it *(found on pg. 25-26 of your Main Session transcript)*.

4. One Way to Avoid Overwhelming Clients with Unwelcome Emotions

Much like the moment that oxygen touches flame, caring attention where it was previously absent could lead to a flare of emotions. And some of those emotions could feel overwhelming. But Ron Siegel, PsyD shares one approach that can help avoid this problem and build a sense of safety.

**Dr. Ron Siegel:** Timing is critical, and really getting it that other people have different experiences than we do becomes completely critical. One of the tools I use a *lot* to try to figure out how to manage this is trying to lay out...
a psychoeducational map for my client so that they have a sense of the way I’m thinking about things in terms of, “Okay, you’ve had these painful experiences; a lot’s been split off; you don’t have the sense of having been cared for.” I lay that out and say, “I’m going to need you to tell me what feels safe and what doesn’t feel safe. I need you to tell me where we should move and where we shouldn’t move.” And I think that’s often very, very helpful because it’s like their frontal lobes are partnering with us and, indeed, they know much better than I do where to go and when to go there *(found on pg. 7 of your TalkBack transcript)*.

5. How to Down-Regulate Negative Emotions

When a person is dysregulated, it’s important to help bring them back into their window of tolerance. Here, Ruth Lanius, MD, PhD shares a relational way to down-regulate negative emotions.

**Dr. Lanius:** This brings us back to the importance of a therapeutic relationship but also the complexities. I always think about our inpatient unit: when patients become upset, often the first thing that nurses do is run for
medication, run for that antipsychotic and give it to the patient.

I think often we’ve lost the knowledge that it’s actually a relationship that can really regulate people. Just sitting with the person, being with the person, and being able to tolerate their negative emotions. Sitting with them and validating their experience, and helping them to consider, is this negative emotion coming from what just happened in the present, or did what happened in the present just trigger something big from the past and this is why the emotion is so huge and so overwhelming? (found on pg. 8 of your TalkBack transcript).

6. How Understanding Attachment Can Give Clients a Sense of Agency

When a client is unaware of their attachment style, unhealthy behaviors can continue to play out in all their important relationships. Here, Ron Siegel, PsyD explains why helping clients understand their attachment history can be particularly helpful and empowering.

Dr. Ron Siegel: I actually like to help people discover and investigate what their own attachment style is. I lay out that there are these different attachment styles and there are these
different ways we orient toward the world. And they’re usually based on what happened to us as a kid – what kind of caregiving we got and how well it worked.

That helps to help the client see how he or she constructs his or her own universe. Because when we start to notice that we go through the world with a given attachment style, then we start to notice, Oh, we have some agency in what’s actually happening out there.

For one thing, we have some agency in how we construct it: it gives a little bit more of an internal locus of control because we notice that, oh, I’m looking at it this way, rather than it being an external locus of control which is, the situation out there is this way (found on pg. 9-10 of your TalkBack transcript).

7. How to Foster Curiosity

After Trauma

Many clients struggle to feel curiosity after trauma. Here, Ruth Lanius, MD, PhD explains why it’s so important to frame treatment as an exercise in curiosity – and how that can help bring it back online.

**Dr. Lanius:** So often, when my patients come in, they’re terrified that they’ll give the “wrong response” or have the “wrong answer” to
something. And I always say to them, “You know, there is no wrong answer. This is not about right or wrong. This is not a test. Your therapy is an exercise in exploration and curiosity about what’s happening in your body, inside yourself, and what’s happening outside yourself in the environment, and how the two relate.”

So, really, everything we do gets framed as an exercise in curiosity and exploration. So, for example, mindfulness – slowly getting in touch with what’s happening in the body, with what physical sensations are felt, how do they relate to certain actions – all is an exercise of exploration and curiosity. There is no right, there is no wrong.

How does the person relate to another human being in the environment? What are the difficulties? Does the person have difficulty making eye contact? Why do they have difficulty making eye contact? Why is being seen so difficult? What was so difficult in the past about being seen?

This also brings in the nonjudgmental component – right? “We’re just exploring. We’re just simply curious. We’re experimenting in a nonjudgmental way” (found on pg. 11-12 of your TalkBack transcript).
8. A Three-Step Process to Up-Regulate Positive Emotions

There’s a saying that “what you focus on expands.” So Bill O’Hanlon, LMFT has developed an approach to focusing on a client’s strengths and coping skills. It’s a three-step way to upregulate positive emotions.

Mr. O’Hanlon: So, my first question for people who are traumatized is: “Wow. How did you cope with that? How did you get yourself to actually come to a therapist and ask for help? Not everybody will do that.”

I start to focus on their positive coping actions and attitudes. I ask, “How were you able to admit that you had a problem? Some people just deny it and they get defensive.”

I start with that, building the person up, and getting them to recognize they don’t think about it, but it is a strength to admit you need help and to cope better than you do at your worst moments.

So they say, “Well, I’m not very good at it most of the time,” and I go, “Okay – most of the time. Occasionally you cope better. How is that? Tell me about those moments.”

The other thing is: “Usually you cut yourself,” or “Usually you lay in bed and can’t get out of bed because you’re so depressed – but today you got out of bed,” or “The other day you got out of bed.”
I’m looking for exceptions to the problem. So that’s the second way I downregulate those negative emotions and upregulate positive emotions.

The third thing is just to notice what’s working. I’ll sometimes have a client come in – maybe it’s the second or third session – and they’ll say, “Oh, right after I left here I was doing so well. I really loved what we did last time and it really helped me, and then a couple of days later I just crashed.”

And instead of saying, “Okay, well, how did you crash?” I’ll say, “Wait – so you did a little better for a couple of days. Tell me what was going on during those couple of days. What did you do? How were you thinking? How were you coping?”

I don’t go too fast, because I want to go back to those moments, and then we’ll get to how did things crash, and what went wrong. But if you give them that basis for a little praise, and a reminder that they do have strengths and abilities and resources, you’re resourcing them, so when the tough stuff comes and when you do talk about the problems, they have a better floor. They don’t drop down so much (found on pg. 6-7 of your Next Week transcript).
9. A Three-Step Process to 
Up-Regulate Positive Emotions

Joan Borysenko, PhD shares an exercise she’s used to help clients with stress-related disorders. As clients mindfully scan through the body, she asks them to pay attention to two places. And this exercise can help shift their perception of pain.

**Dr. Borysenko:** First of all—“Find a place where it’s tight, tense or painful.” Then we would just stay with that in a mindful way, noticing what we could notice, without any attempt to make the pain or tension go away.

And if you do that, the pain and tension will go away, and people pretty immediately get the idea, “Oh—nothing lasts! Everything changes. Even this pain, which I thought was there forever, actually changes when I really notice it.”

Then we would contrast it with looking in the body for a place of pleasure. Usually the brain is constructed in such a way that we go first to the pain, and we ignore the place of pleasure. That’s because pain represents a threat to survival, so we’re wired to pay attention to it.

But it’s very, very interesting to begin to notice, “Well, what does pleasure feel like? What can I notice about that in a mindful way?” and then to fool around with, “Well, what happens if I try to take that sensation of pleasure and simply allow
that to blossom in the place where there was pain?“

And when we experiment with the body in that way – they have a resource they weren’t paying attention to. Actually, with so many parts of the body they were very happy, and it was pleasant in there, and it’s nice to call the attention to that. And then to recognize that the body is a living system: there’s pleasure, there’s pain, it changes.

But asking them – “What is it that contributes to the feeling of pleasure, and can you move that into, somehow or other, the place where there’s pain?” – gave rise to a great deal of insight that was very helpful to people both in pain management physically but also emotionally, because emotionally there’s that sense of, “Oh, my God, my heart is doing this and my back is doing that and my stomach is upset” (found on pg. 8-9 of your Next Week transcript).

10. Two Questions That Can Spark Optimism and Hope for the Future

For people who’ve experienced trauma, the shadow of the past can loom large. All too often, our clients lose a sense of hopefulness about what their life could look like if they healed. So
in his very first session with a client, Bill O’Hanlon, LMFT asks two questions that can reignite a sense of possibility about the future.

Mr. O’Hanlon: I ask a funny question when a client comes to therapy: “How will we know when we’re supposed to stop meeting like this? That is, how will we know when you’re better?”

And immediately that takes them out of the past and out of repeating problems in the past and the present, to a future with hope and possibility.

And sometimes they can’t answer that – but it doesn’t even matter because I’ve planted the seed of curiosity about how would it be if it were better?

The second thing is: How would life be if you weren’t experiencing these traumatic things? If somehow we work together and we were able to make a difference – using all these things that we’re hearing in this series – if we could make a difference in you, what would your life be like where you weren’t just repeating the old trauma in the ways that you’ve been?

Even if they can’t initially answer those two questions, they come back and tell me, “You know, you asked me last time and I just couldn’t even imagine that, but I’ve been thinking about it all week...” With those two questions, you’ve engaged their curiosity about the possibilities for the future (found on pg. 10-11 of your Next Week transcript).