**PHASE 1 EXERCISES, STABILISATION. (All exercises are for regulation)**

**Guiding Principle Start at the end**

* Only ask client to give the briefest outline of the trauma – how/when
* Start at the end, who helped, etc, & work with how any element of safety was –

e.g. how were things at the start/end of the day.

* Touch the edge of the trauma only – interrupting the client if necessary if he/she

gets into details.  Explain why you are doing this (psychoeducation).

* If client becomes distressed, etc, immediately bring in their resources
* Once client is back within the window of tolerance ask if he/she can continue.
* Go back and forward integrating piece by piece.
* Stay away from the core of the trauma until the end – no details.
* Once a person can handle what happened by touching and re-touching the edge

slowly and gingerly then resilience will increase.

* Gauging and pacing hyperarousal is very important.
* Remember this is slow work.

**Path 1: when client has moved slightly outside of their window of tolerance then we *Observe the body & stop the hijacking by reducing physical arousal through unbuilding physical sensations from emotional ones***

1. **Notice the client’s body**.

* Notice the tone and speed of voice. As you listen to your client look at how the body is moving – is it static (frozen), moving easily or jerkily? Is the breath held, fast, shallow? We help client to tolerate mild distress by becoming mindful of their body. E.g. “I’m noticing your breath has sped up a little as you speak, can you notice if anything is happening in your body?”
* The person may say they are anxious/panicked, etc. Ask them to tell you what it physically feels like e.g. that they have a knot in their stomach, their breath is very high in their chest, their shoulders are very tight.
* Ask them what happens when they bring their attention to it – does it move up/move down/get stronger/weaker, etc. You are now helping the client to become mindful of their body in a very safe way – you are just being curious together.

***(Remind me why I’m doing this again?! In trauma, people feel many of their inner sensations are threats – by helping them distinguish physical sensations from trauma-based emotions the previous hi-jacking of their bodies will reduce and symptoms will stabilise. Alone, bottom-up processing doesn’t resolve trauma, but if the client is directed to track their experience little by little while purposefully holding back their awareness of emotions and interpretations people become less afraid of their bodies.)***

**2. Reflect**

* Reflect what the person is saying and what you are seeing e.g. “ok, so when you focus on it, it moves a little/gets bigger or smaller, etc.
* Again, once the client is not overwhelmed, ask the client to stay with it a little and notice what’s happening. Once the person can stay with the physical sensations without becoming overwhelmed by them, they are beginning to self-regulate.

**3. Concrete the learning - psychoeducation**

* Notice signs of relaxation/reduction in arousal and point it out to your client. E.g. “I notice your shoulders are dropping/your breath is a little deeper now”, etc.
* Remind the client that when they paid attention to what was happening the symptoms reduced and point out that this a way for them to help themselves should it happen again. The client now has an additional tool to help them regulate.
* Additionally help the client to resource themselves with questions such as – “what would happen if you took another breath right now?” If the client finds it helpful remind them it is another tool to help them self-regulate – e.g. “Perhaps when you notice yourself getting a little lightheaded/you notice you start to speak fast or your heart starts to beat a little faster you could try taking a breath like that?”
* Also look out for any repeated gestures like rocking or touching parts of the body, which may be attempts by the client to soothe themselves and reflect these also and develop them as extra tools for regulation.

**Path 2: when client goes out of window of tolerance**

**Putting on the Brakes (Babette Rothschild)**

**1.** Firstly you insist that the client makes eye contact with you – ask them to describe the colour of your eyes and clothes.

2. Ask client to describe the room (colour, fixtures, fittings, plants, etc).

3. Ask client to tell you what is going on in their body.

4. Get client to put their hand on their tummy and to get in contact with their breathing, heart rate, body temperature and describe them to you.

5. Get client to change position in the room and look back at where they were.

6. Use muscle toning/stretching exercises.

7. Make judicious physical contact – e.g. put your hand on client’s lower back or get client to hold your hand\*

\*Note from Patricia: Be careful with this – traumatised clients have suffered their boundaries and space being invaded – always seek permission and always remind clients when they give their permission that you are now going to touch – e.g. “Marie, since you have said it is ok that I touch you, I’m just going to put my hand on your arm, etc”.

**Phase 1 Exercise: Helping hypoaroused clients** Try not to be afraid of hypoarousal/numbness – keeping it safe will help. Remember the number one aim is to bring the client into connection with you so they are not alone in a very shutdown world – this activates their social engagement system.

**To keep it safe:**

* Use your own relational system – “Can you look at me, we are in the here and now – can you sense that? How?”
* Similar to ‘putting on the brakes’ encourage more here and now awareness by asking the person to describe the room, your clothes, etc. Be directive if necessary asking them to name e.g. a specific colour they see in the room.
* Don’t overuse the breath as it can activate the parasympathetic nervous system which the person may be using too much which is keeping them dissociated.
* When a person can’t access what is going on in their body from the past – keep it in the here and now.

**When things are safe for the client:**

* If someone says they feel e.g. ‘numb’ ask the person to take a moment to notice the sensation of numbness and ask which parts of the body feel numb and ask them to really describe what numb feels like.
  + - localise it/focus on main area of numbness first. Ask where does the person feel the disconnection or numbness?
    - Ask the client to rub their hands together to the rhythm of a few breaths until they begin to feel some heat/warmth in their palms.
    - Then ask the client to place the palms of their hands over the part of the body which feels numb and bring their awareness to that part of their body, gently, with no judgement and no need to change anything.
    - Ask their client to bring their awareness to the area that was/is numb and ask them to notice any small or subtle changes in sensation.
* Open the possibility of things changing by staying with what might happen next? If further hypoarousal occurs and it feels unsafe go back to first four points above.
* Validate how resourceful hypoarousal is – it kept the person safe.
* Look at resources the client may use in their life when hypoarousal/dissociation happens and try to use it in the session.
* Bring general resources in and see what happens to e.g. the numbness.
* Move around so that the body no longer feels collapsed.

**Phase 1 Exercise: Resources**

**My Resources, Internal and External**

**Psychological:** (Internal such as feeling safe, strong sense of self, sense of being ok, etc.  External may include: having a therapist, using groups and workshops, etc).

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| 1. |  |
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| 4. |  |
| 5. |  |

**Spiritual:** (May include: ability to connect to something outside of self, deep connection with self, meditation, having a faith community, family prayer, etc).

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**Relational:** (Knowing I am worthy of love, knowing others can be supportive, ability to set boundaries, having friends, a primary relationship, being part of a group, etc)

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**Somatic:** (Having good health, being able to tune into the body, exercising, yoga, massage, acupuncture, etc).

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**Creative:** (Internal can include: being able to access our inner musician, dancer, writer, etc.  External can include having people to share creative endeavours with, etc).

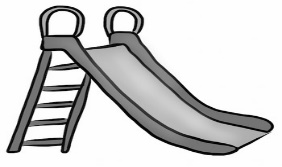
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Root these resources in the body – ask client to envisage and feel them and reflect on how body feels as they do this.

**Additional exercise:** Some clients struggle with having resources particularly if the client was pre-verbal when the trauma started/occurred. Peter Levine suggests using the power of imagination to imagine alternative endings (imagination will free up once the client can regulate – if we have no imagination then the client remains stuck in terrible experiences).

**Exercise: Getting to know your Autonomic Nervous System Responses using a Polyvagal Intervention - Psychoeducation**

This exercise will allow your client to get to know their nervous systems in a very visual way – it will help them to put a language to their experience. (It is based on Deb Dana’s image of a ladder but your client may prefer to use other imagery such as an elevator, a mountain, etc, I have found more of my clients like the idea of a slide as a visual representation)



Think about an image of a slide as your Autonomic Nervous System, this system guides our responses. The top of the slide represents when we in the **ventral vagal** area which responds to feelings of safety and helps us to feel grounded. Here we are open to others who care for us and whom we care for, breathing and heart rate are good and in harmony, things are going well for us socially and in work, the world feels interesting and I feel like I’m managing aspects of my life well. At the top of the slide I feel connected to myself, my experiences and others. I am optimistic and planful and I can look after myself healthily.

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As we move down the slide our **sympathetic nervous system** with its fight or flight response starts to activate, we feel some danger, our body reacts with shallower breath, heart rate increasing, our muscles tensing – we are on the lookout for danger. I no longer feel as safe or connected as I did, I start to see danger and less help in the world and in those around me. Self-protection kicks in and I feel the stirrings of panic, fear and sleep may become problematic and my immune system becomes compromised. Stress enters my life and I feel I need to protect myself from life.





As we reach the bottom of the autonomic nervous system slide we are in **dorsal vagal state**, the oldest and slowest part of the system and the hardest to climb out from. Everything is dark and slow, we shut down and feel nothing or foggy or a physical sense of non-being. This part is hard to reach and the beliefs that accompany the bottom of the slide is that there is no way out, the only way to survive is to shut-down, I am in despair and the world and everyone in it is unsafe.

**Exercise: Helping your client get to know their thoughts, feelings, beliefs and behaviours of their Slide**

When I am on top of the slide (in **Ventral Vegal):** 

|  |
| --- |
| **I feel (physical and emotional description)** |
| **1.** |
| **2.** |
| **3.** |

|  |
| --- |
| **I believe (about myself and the world)** |
| **1.** |
| **2.** |
| **3.** |

|  |
| --- |
| **I act/behave** |
| **1.** |
| **2.** |
| **3.** |

When I am moving down the slide (in **Sympathetic Nervous System Fight or Flight):**



|  |
| --- |
| **I feel (physical and emotional description)** |
| **1.** |
| **2.** |
| **3.** |

|  |
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| **I believe (about myself and the world)** |
| **1.** |
| **2.** |
| **3.** |

|  |
| --- |
| **I act/behave** |
| **1.** |
| **2.** |
| **3.** |

When I am at the bottom of the slide (my **Dorsal Vagal has shut down):**



|  |
| --- |
| **I feel (physical and emotional description)** |
| **1.** |
| **2.** |
| **3.** |

|  |
| --- |
| **I believe (about myself and the world)** |
| **1.** |
| **2.** |
| **3.** |

|  |
| --- |
| **I act/behave** |
| **1.** |
| **2.** |
| **3.** |

Anything else to add:

**Exercise: My anchors when I feel connected and safe**

1. **Person I feel safe with**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical Description:**

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**Good situation I have been in with them:**

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**How I feel when I’m with them:**

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**2. Things I do that bring my ventral vagal system into play (e.g. talking to friend, using essential oils, hobbies I enjoy, etc)**

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**3. What time of day feels good (and why)**

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**4. Which places do I feel good in?**

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***Note: Ask client to bring all of these to mind when they have completed their information and consciously deepen then by using the body***

**PHASE 2 EXERCISES: Beyond Regulation, initial stages of processing - *bringing the thinking brain back online and developing the ability to stay with difficult sensations through gentle, resourced exposure to them***

**1.Developing Dual Awareness (Babette Rothschild)**: when clients pay attention to their trauma they can get flooded by inner sensations. Dual awareness allows clients to bring in external awareness by paying attention to environment outside of their bodies & helps the client address the trauma safely - learning the current environment is trauma-free

**1.** To help client learn dual awareness ask them to remember a mildly distressing event **and** to pay attention to what happens in their body – their gut, does breathing change, is there a difference in heart rate, do they get warmer/colder?

2. Now ask the person to bring their awareness back to the current room and ask them to notice the fixtures, colours, texture of the carpet, smells within the room, etc. Ask them if their body changes as their focus of awareness changes?

3. Ask if it is possible to keep this awareness of where they are now physically as they remember that event? “I’m feeling scared now” (experiencing self’s reality) AND “I’m looking around and I see that I’m not in actual danger now” (observing self’s reality).

4. Always finish with their awareness focused on their current situations.

***2. Using Somatic Tension***

1. As the client speaks, pay close attention to their body.

* E.g. “I’m noticing (e.g.) that your shoulders have tensed up. Can you tighten them more?”
* “Can you stay with that a moment?”
* “As you stay with that can you notice how it physically feels?

1. Next ask the client to describe to you what that, e.g. tightening, is like. You are looking for physical descriptors only at this stage – e.g. “it feels hard/it makes it hard to breathe, my muscles are tight,” etc.

***(Remind me why I’m doing this?! Before we can integrate body sensations, we must experience it with our frontal lobes/cognitive brain ONLINE otherwise the original trauma is just playing out again it isn’t processing, it is just being reinforced. Having the frontal lobes online & asking the person to describe their instinctive/brain stem response to you means they are developing the ability to observe their reaction rather than being in it. The key difference is in the original trauma the primitive brain over-ruled everything but when a person can describe e.g. tightening/physical sensation they start to process the trauma not re-live it).***

**Reflect, Validate & Remind**

* Reflect to the client the progress they have made – remind them (if its true!) that previously they would become quite dysregulated/upset, etc, when you asked them to stay with their body and now they are really developing an ability to regulate themselves. Their body is now not as unsafe.
* Remind the client that they can do this when they feel a strong sensation begin and that they will not get lost in it now.

**Caution:** If the person cannot report the body sensations/dysregulation & stay engaged in the present moment you need to stop & go back to helping the client regulate.

**PHASE 2 EXERCISES: Furthering somatic processing; use body’s movement to complete**

**1. Noticing how the client’s body is moving (i.e. without a specific trauma memory)**

* Reflect e.g. “As you say that, I see your head seems to turn to the left” or “I can see your arm moves a little as you say that”. Continue to ask your mindful questions such as “where exactly do you feel that?”, “what are you noticing about the sensation?”. If the client starts to attribute meaning explain you are just looking for the physical at the moment (and that the body will often become peaceful if we can stay away from the emotional content).
* Bring in the whole body experience, ask the person to tell you what they notice in the rest of their body as they feel the movement/tightening/tension/impulse.
* Don’t rush! Allow the person to feel into what is happening for them (once they are regulated) and remember that during the trauma (a) memory went offline so allow the body movements to organically evolve and (b) the body was unable to process everything at the time of the trauma so it needs time now.
* Ensure the client is in control with questions such as “are you ok to continue with this?” or “if at any time you want to stop, that’s fine, if you are ok to go on then just let this movement/sensation, etc, move through your body.”
* Listen out for any thoughts or emotions which may go with the movement – e.g. “when you start to talk about being in work can you notice what happens in your body”, or “you sound angry right now, can you feel that anger in your body?”. Allow the body to take centre stage, ask the person to focus on physical sensation & possible movement only.
* When focusing on sensation use psychoeducation if necessary; remind the person (once you know they can tolerate sensation) that the body will settle down if its allowed to e.g. anxiety will rise and fall if we follow its physical pattern and that often our thoughts or being afraid of the sensation will maintain it.
* Draw gentle attention to apparent contradictions; do the person’s words contradict the movement ie is voice soft but movement is strong or vice versa, etc?

2. T**he body & specific trauma memories**

* All general safety rules apply - touch the edges of the trauma, look for elements of safety before & after the event, make sure the client is resourced and can regulate.
* Ask the client to tell you about the moment just before the main part of the trauma because it is this moment that often holds the movements that need to come forward.
* You are looking for defensive movements of fight or flight such as turning away to avoid or fend off a blow, hands gathering into a fist, pushing, pulling, legs activating to move (remember that some people will have the impulse to do this rather than doing it so watch for minute movements). These are the movements that didn’t have a chance to complete and so keep circling in the body’s systems.

***Remind me why I’m doing this again?! These defensive movements may have become stuck at the time of the trauma and didn’t get the chance to complete so they remain as fragmented ‘symptoms’. Allowing the movements to deepen and to follow through helps the trauma to process and move through the body, the body no longer has to be on high alert, all of its systems can begin to relax and this then allows for integration and meaning-making.***

* Remember that movements may be small not huge. They may evolve into something bigger but start with the small, possibly repeated ones. Don’t be tempted to move quickly.
* Ask the person to focus on the movement that looks defensive and notice all the sensations as they develop. Allow it to move in whatever way it needs to and follow it through asking the person how their body feels as they do this.
* Ensure the client is in the here and now and able to describe what is going on.
* Move through the each part of the story in this way asking the person to stay in touch with their body as much as possible.

Help the client to discover what helps them to stay with any emotions and/or body sensations that arise as they are processing memories – moving from purely motor activation to beliefs and thoughts. You can use questions like:

* Can your breath help to support the feeling of …. ?
* I wonder are there any movements that can support the feeling of …. ?
* What happens when you push into your feet/legs/thighs/hands?
* What happens when you sit up straight and breathe in deeply?
* Is there something you need to say to help you stay with this feeling?
* Is there something you need to say to …..?
* Can you say something to help the part of you that is scared right now?

**3. Validate & help person trust their body**

* It is very possible the person may feel overwhelmed with anxiety, etc, normalise whatever the reaction was at the time – the body was doing what it needed to.
* Treat the body as an ally and encourage the person to do the same by inviting him/her to let the body do what it needed to at the time but wasn’t able to. E.g. “That’s great, lets follow and trust your body, lets find out what your body wanted to do. Perhaps there are words that come with the tension?”
* Thoughts and emotions as well as movements are likely to arise as you do this work. Ask for a physical sensation in the body when thoughts such as “He shouldn’t have done it, I want to lash out at him”, etc. You could say e.g. “So your body wants to take action, what does it want to do?”
* This isn’t abreaction/acting out/cathartic release. Work with the client to notice the impulses behind the movements, help them stay very connected to the movements.
* When the movements are completed remember to focus on how the body is now – there is a lot to be learned from the new sensations in the body. Also remember that people may need to re-visit these moments in subsequent sessions.

**4. Focus on Survival Skills**

This is all about appreciating the skills the clients used to survive their trauma.

1. If someone survived a trauma they had survival resources. Once they are stabilised and don’t dysregulate ask them to talk about them.

2. Notice them in their narratives and appreciate them – it could be how they handled relationships/work, etc.

This will shift the focus to how well they did and are doing which brings balance to the painful memory. By validating what was done the person can start to move from victimhood.

**PHASE 3 EXERCISES: Integration Phase, Re-connection, Making Meaning**

1. **Changing Cues and Triggers from the past: Moving from survival to being alive (based on an exercise by Christiane Sanderson)**

* Ask the person to look for the sensory cues in their story - If e.g. abuse/rape/domestic violence took place indoors ask them to identify if it was light/dark, loud or silent, what temperature was the room? Ask them to remember smells associated, was it hard to breathe, were they restrained.
* Link to current circumstances - Ask the client to do the opposite of their trauma story. E.g. if they remember the room was dark, switch on the light and ask them how they feel in the light. E.g. If it was difficult to breathe, open a window and ask the client to consciously breathe in when the air is flowing and ask them to note how they feel and pay attention to how this change feels. Look for something within their story that they can change, ask them to reflect on how their body feels now.

Work with the client to identify what they could change at home/work, etc.

Aim: Replacing the negative sensory cues with positive ones should improve their everyday experiences and well-being. It also gives a sense of agency back.

**2. List obstacles/fears**

It is really important not to discount client’s fears, they are real and can get in the way of recovery – this is completely understandable. Fears might include their emotional distress may go up again in the future or they may start again to use destructive behaviours to self-medicate and numb out the trauma, etc.

Ask the client to list the fears and obstacles.

Ask the client to create a second list focusing on how they may overcome them.

Ask the client to create a ‘commitment statement’ to use these overcoming strategies.

**3. Develop a resources Toolkit (use previous ‘Resources’ exercise if its helpful)**

**4. ‘Think in ink’ –** Write these resources down, make a commitment to consciously use them with a view to raising their self-care.

**5. Strengthening the adult self – physically, emotionally & rationally**

* Ask the client to stand up really tall and touch the top of the door frame and really feel their height as an adult.
* Ask the client to look at their hands & feet – these are the hands and feet of an adult.
* Look at a clock, a diary or a calendar – to remind them they are in the present.
* Ask the client to list all the things they can do as an adult that a child can’t do – e.g. go out to work, drive a car, vote, buy things with a credit card, etc)

**6. Inner Critic Exercise Script (May take several sessions)**

**Part 1:**

* Close your eyes. Think about something, a talent or a skill, of yours. Now I want you to think about how you are going to tell the person beside you about this skill that you have. What will you say about how good you are at this skill.
* Did you notice any negative or critical voices coming in?
* Print some of the things the critical voice said so they are not in your usual handwriting and leave space underneath each one.

**Part 2: (I have used ‘her’, change to ‘him’, ‘them’, ‘they’ as necessary)**

* Sit down, get comfortable and work on visualizing your critic. Picture her face, her hair, her clothing, her expression—really give your critic a three-dimensional body in your mind’s eye.
* Hear her voice and what she sounds like. Does she sneer out her words or does she have a deadly whisper?
* Does she provoke a feeling in the pit of your stomach? Does the air grow colder when he shows up? Create all the aspects of this character, to the full extent of your imagination.
* Open your eyes and draw your inner critic.

**Part 3:**

* Ok, so close your eyes again. Ground yourself by visualising someone who really supports you and see that person beside you so you have room to breathe and find your centre again. Feel safe enough to access your curiosity about this. Your Inner Critic parts are often trying to help and protect you. We are going to try to develop compassion for your Inner Critic and the Criticized part of you it hurts.
* In your imagination tell your critic you find him or her harsh and although you are happy to hear constructive help, you want him/her to find a different way of talking to you.
* Tell him/her that you suspect he/she might be afraid of something in you and in your imagination ask him/her “critic, what are you afraid of for me?
* Listen and write down the answers.
* Go back to what you first wrote that your critic said and put the words “I’m afraid that you will X” in front of them.
* See if there is a different sense to the words now?

**Part 4**

* Close your eyes again, say to your critic you appreciate they are afraid for you but you can’t hear the concern through the criticism. Ask your critic to look out for you but invite him/her to talk to you about their fears for you, rather than lashing out.
* Listen for any answers
* Come back to the room.

**7. Nurturing person from childhood**

1. Think about some nurturing people from your childhood. Name them. How did they show their love and affection? Focus on one of these nurturing people.
2. With your non-dominant hand, write about a time in childhood when you felt nurtured. Describe a time when you were a child that this person offered care and friendship.

**8. Meeting The Inner Child – This will take more than 1 session**

**Part 1:** Sometimes as adults we treat our inner child badly by being thoughtless or not finding the time for him/her but to get to know them we need to build trust. Sometimes the child may not want to come out at first so take it slowly. Bear in mind nothing shuts down communication with our inner child quicker than criticism/shoulds.

1. You are about to meet your inner child. Sit quietly and close your eyes and picture in your mind’s eye a beautiful place where the two of you can meet in your imagination. Be sure it is a place that is safe and comfortable for your inner child. It might be out in nature surrounded by trees and flowers, or near water or mountains. Or you can imagine a warm, cozy room, etc
2. Visualise this place now. Flesh it out. Picture it. Now, again in your imagination, invite your inner child to come and sit opposite you. Picture him/her in this place with you. Ask him/her to hang around with you for a bit.
3. Look at this inner child of yours – what is he/she wearing, how tall is he/she, what colour hair and eyes has/he/she. Take in all his/her physical aspects.

4. When you have finished thank your inner child and tell her you are going to leave for a little bit but you will be back.

**Part 2: Drawing the Inner Child**

1. With your non-dominant hand draw a picture of your inner child. Take your time and let this drawing unfold from your inner child. Do not plan it or try to picture the outcome in advance. It may feel awkward and slow. Just be patient. This is your inner child speaking through pictures, a language of the heart and the innermost self.

Now - look at your finished drawing.

How do you feel about it?

What does the child in the picture seem to be saying to you?

On a separate piece of paper and with your dominant hand write down any reactions or comments about the drawing**.**

**Part 3: Talking with your inner child**

1. Look at the drawing of your inner child that you did. Now you are going to write a conversation using both of your hands. You, as the adult, will use your dominant hand to write and your inner child will write or print with your non-dominant hand.
2. Before we begin, close your eyes once more and re-invite your inner child to sit down opposite you. Tell him or her that you would like to spend the next little bit of time talking to him/her, trying to get to know him/her better so you can take better care of him/her.
3. Now open your eyes and ask your inner child for his/her name and anything else he/she might want to tell you – their age, how they feel, what they like, what they don’t like and what he or she wants from you. As before, write your questions with your dominant hand and use your non-dominant hand for the answers.

**Part 4: Saying goodbye to your inner child**

1. Close your eyes.
2. In your imagination, go back to where you first met your inner child, that beautiful place in nature or the warm cozy place.
3. Tell him/her that you really enjoyed meeting him/her today and that although you are saying goodbye now so you can go back out into the world, that you will not forget him/her and you will talk to him/her again and you will treat him/her well.
4. In your imagination look at him/her and see them stand up and walk away from you and before they go, see them wave at you and in your imagination wave back.

**Active Defence H/OUT**

**Exercise 1: Cushion between yourself and client**

1. Hold a cushion up between yourself and the client.
2. Have client stand with one foot forward the other pointing slightly outwards (to help balance)
3. Ask client to put some pressure on the cushion, almost in a wave-like fashion, breathe in, push, breathe out and reduce pressure.
4. Match the pressure.
5. Ask the client to be very aware of this somatically.
6. Ask the client to push with some pressure again and this time feel it in their back leg
7. Ask client to let the pressure go incrementally and in awareness.

**Note:** This is NOT about catharsis, when you feel client increasing pressure a lot ask them to reduce the pressure and bring their full awareness to how it feels to be holding the pressure and then when they are incrementally letting it out.

**Exercise 2: Using the wall, cushion/swiss/pilates ball**

1. Ask the client to put the cushion/ball against the wall at shoulder height.
2. Ask the client to push against the cushion/ball on the wall with some pressure.
3. Ask the client to mindfully squeeze their arms as they apply the pressure and at the end of their out breath to let the squeeze out slowly.
4. Ask the client to mindfully squeeze their back as they apply the pressure and at the end of their out breath to let the squeeze out slowly.
5. Ask the client to mindfully squeeze their pelvis as they apply the pressure and at the end of their out breath to let the squeeze out slowly.

**Client is effectively re-instating the defence they did not have.**