

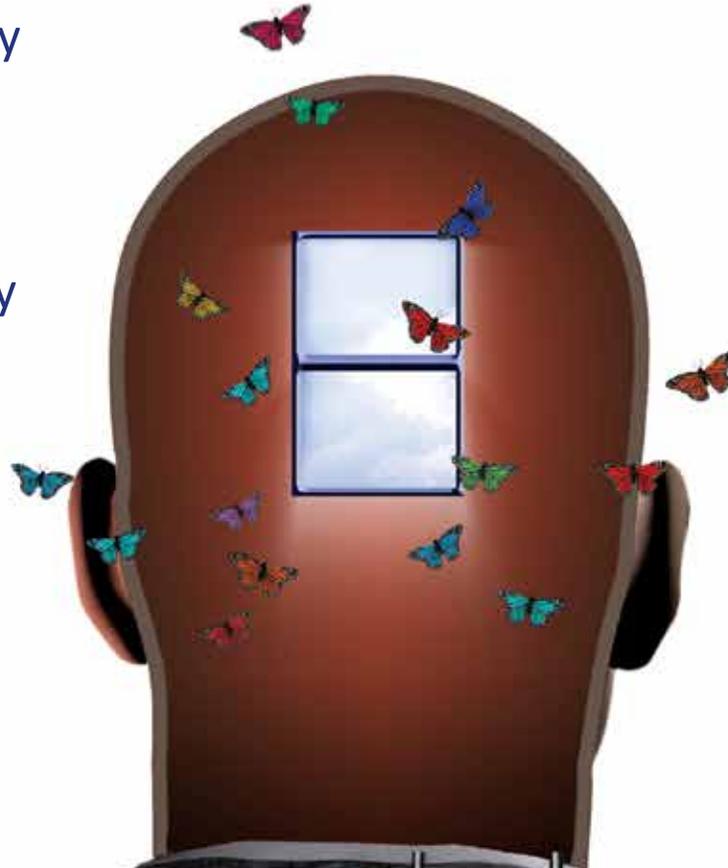


THE ADVOCATE

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Understand the
neurobiology
of trauma
to help
clients heal
permanently
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Understanding Neurobiology of Trauma Will Enable Counselors to Help Clients Heal Permanently From It



Anxiety. Panic. Depression. Every client who is in therapy for trauma suffers from a subset of these symptoms. Traditional therapeutic approaches that rely on using the thinking brain alone to resolve traumatic content have limited success and often fail to permanently resolve the symptoms, leaving the client feeling stuck and hopeless and the therapist feeling inadequate and discouraged.

As neuropsychological advances have given researchers greater access to the structure of the traumatized brain, answers about why traditional therapy doesn't completely resolve trauma have emerged, and with them, new and more successful paradigms for trauma treatment. This article adds to these advances in trauma research by proposing that trauma has structure and that understanding that structure is essential to permanently healing from its effects.

By Judith A. Swack, PhD, and Wendy Rawlings, LMHC

Judith A. Swack, above left, originator of Healing from the Body Level Up™ methodology, is a biochemist/immunologist, master NLP practitioner, certified hypnotherapist, mind/body healer, visionary, and leader in the field of Energy Psychology. She has presented her dramatic results live on national TV and at international conferences. In addition to having a private practice in Needham, MA, and being widely published, she offers trainings nationally and abroad (see www.hblutrainings.com). Visit her website at www.hblu.org, and contact her at judith@hblu.org.

Wendy Rawlings, above right, has been a counselor for 35 years specializing in trauma and related issues; bariatric and health success; and collaborative law. A former Western Region director for AMHCA, she is a past president of the Washington Mental Health Counselors Association (WMHCA) and maintains offices in Federal Way and Tacoma, Wash. Visit her website at www.wendyrawlings.com.

Through research and testing, this article's coauthor Judith A. Swack, PhD, observed that many of her clients' presenting problems boiled down to two types of trauma: loss and violence. She also noted that each of these types of trauma has its own structure and is organized in layers. When the trauma was treated layer by layer—like peeling an onion—the trauma cleared and stayed clear. If a layer was left untreated, some of the symptoms returned.

ONE TRAUMATIC ACCIDENT, TWO PEOPLE, TWO VERY DIFFERENT BRAIN SCANS

To better appreciate the significance of this discovery, it is important to understand what trauma does to the brain and to the body. The fight/flight/freeze response has been well-documented, but the work of Bessel van der Kolk, MD, using fMRI imaging makes it easy to visualize and understand these responses. In his book "The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma," he shares the brain scans of a couple, Stan and Ute, who had been involved in a severe car accident on a Canadian highway. They had been trapped in the 13th car of an 87-car pileup and though they were physically uninjured, they still displayed symptoms of trauma many months later.

Stan's brain scan, which was created during a flashback as he recalled details of the accident, shows limbic activity in its display of the fight/flight response. The scan clearly shows the predominance of right-brain activity over left, and heavy activity in the right amygdala. It also shows absence of activity in two bilateral areas of the brain—the Lateral Nucleus of Thalamus, the area responsible for correlating information from the five senses to help understand what happened, and the Dorsal Prefrontal Cortex, which puts the experience into chronological order. Because these critical areas of the brain had gone "offline," Stan literally had no way to make sense of his senses, and to put a beginning, middle, and end to his trauma.

Stan's wife Ute, on the other hand, had gone into "freeze" mode in response to the trauma. Her brain scan shows little activity during her flashback, indicating that she became depersonalized and split off from the experience. In fact, her scan reflects what she actually experienced at the scene of the accident. She froze in her seat after the accident, and her rescuers, after breaking the car windshield to get to her, literally had to carry her out of the front seat since she was incapable of moving on her own.

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THE BODY HAS ITS OWN RESPONSE TO TRAUMA

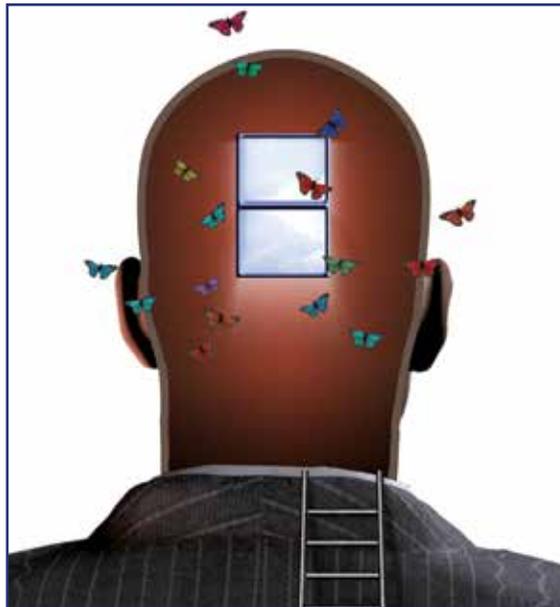
Traumatized clients often display somatic symptoms such as stomach problems, headaches, and unexplained body pain. Sometimes trauma creates physical illnesses or immune system deficits, heart palpitations, infertility, and sleep and energy deficits. This is due to the body's inbred response to threat—perceived or real—which stimulates the sympathetic system and causes the body to produce adrenaline, cortisol, and endorphins that stimulate the body to move more easily without pain to escape danger. The body also reroutes the blood supply to the brain and torso to protect these organs.

Once the threat is resolved, the body activates the parasympathetic system and the body's functions return to normal. In the case of trauma or prolonged threat, the sympathetic system remains full on (like pushing on the gas pedal in a car), the body remains in protective mode, and over time negative physical symptoms like those described above start to appear. Not until the trauma is treated and resolved will the body be able to fully activate the parasympathetic system (like putting on the brake in a car) and relax.

UNDERSTANDING THE STRUCTURE OF TRAUMA LEADS TO MORE EFFECTIVE THERAPY

When therapists understand and appreciate that their clients' trauma lives in and can only be fully accessed through their limbic brains and their sympathetic systems, the ineffectiveness of traditional therapy becomes evident. Despite some benefits, traditional therapy can't begin to access and resolve all the places in the mind and body affected by the traumatic event.

Consider the cases of Stan and Ute, the couple who survived a horrific car accident. We know from their brain scans that both would have difficulty discussing the traumatic event—Stan because he would be flooded with the experience and be easily pulled into a flashback or abreaction, and Ute because she would



be completely disengaged and split off from the event. When their traumatic body responses are factored in, the likelihood is low of resolving their trauma without accessing their limbic and sympathetic systems.

Understanding how trauma is structured and organized allows for a more effective therapeutic solution. In her research, Dr. Swack found that trauma organizes itself in five layers:

1. Major negative emotions
2. Limiting beliefs
3. Feeling of loss (for trauma caused by loss), or “pollution” i.e. feeling dirty, contaminated, or violated (for trauma caused by violence)
4. Anticipatory phobias
5. Other possible thoughts, identities, and messages

Each layer has several subcategories (see Trauma Caused by Loss or Violence chart on page 10, or online at goo.gl/qxQaBA.) The client may be affected by all the categories in each of the five layers, or only a few. The point is to assure each layer is cleared.

While the entire protocol for HBLU is too extensive to present in this short article, the Natural Bio-Destressing technique (a variation of the Emotional Freedom Technique and other meridian-tapping therapies based on the work of Roger Callahan, PhD), is an intervention that effectively clears each layer of trauma. It's been 30 years since the discovery of meridian-tapping techniques for the resolution of traumas, and there is now a well-developed body of research validating its efficacy. The authors have been using this intervention successfully since the early 1990s. (See the diagram on page 11 or online at goo.gl/ZLRBSE.)

HOW WE USE THIS METHOD TO TREAT A CLIENT WHO IS TRAUMATIZED

In this approach, clients, while being firmly grounded in the present, are asked to remember the scene where they first experienced the trauma and focus on the predominant negative emotion they experienced in that moment (usually

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Clear Clients' Trauma Caused by Loss or Violence

Choose the type of trauma you want to help clients clear. Decide which outline below, "Trauma Caused by Loss" or "Trauma Caused by Violence," best describes the client's trauma that you want to clear. Muscle-test each line of the appropriate outline, and ask if the client has unbalanced (i.e., exaggerated, irrational levels) of negative emotion on that line. If so, ask the client to focus on that feeling or belief, locate it in his or her body, and treat it with the Natural Bio-Destressing technique (page 11).

TRAUMA CAUSED BY LOSS

I. MAJOR NEGATIVE EMOTIONS

- A. Initial Shock/Fear
- B. Anger/Rage
- C. Sadness/Sorrow
- D. Hurt/Pain

II. LIMITING (CORE) BELIEFS

- A. Responsibility (guilt/shame/blame)
 - 1. It's my fault because ____.
 - 2. It's other people's fault because ____.
 - 3. Disconnection from God. It's God's fault because ____.
- B. Anxiety about who will take care of me?
- C. People leave me. I can't trust them.
- D. I am powerless or helpless/I have no control.
- E. I am bad/unlovable/unwanted/undeserving-unworthy.

III. FEELING OF EMPTINESS (also known as loss or grief)

IV. ANTICIPATORY PHOBIAS

V. OPTIONAL

- A. Bitterness/hate
- B. Other negative emotions
- C. Parts that feel "I'm already dead"
- D. Other limiting beliefs
- E. Irrational thoughts
- F. Limiting decisions
- G. Limiting identities
- H. External messages
- I. Amend-making or forgiveness?
- J. ROOT CAUSE: Was there an earlier trauma, grudge, or underlying belief that predisposed you or set you up to incur this trauma?

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TRAUMA CAUSED BY VIOLENCE

I. MAJOR NEGATIVE EMOTIONS

- A. Initial Shock/Fear
- B. Anger/Rage
- C. Sadness/Sorrow
- D. Hurt/Pain

II. LIMITING (CORE) BELIEFS

- A. Responsibility (guilt/shame/blame)
 - 1. It's my fault because ____.
 - 2. It's other people's fault because ____.
 - 3. Disconnection from God. It's God's fault because ____.
- B. Safety issues
 - 1. My boundaries have been violated or breached.
 - 2. I don't feel safe. I feel vulnerable.
 - 3. I am a victim. I am a target.
 - 4. People/men/women are dangerous and/or crazy.
 - 5. I don't trust anyone.
 - 6. I can't receive from anyone.
- C. Power and control issues
 - 1. I am powerless/helpless. I have no control.
 - 2. Power is bad.
 - 3. I am afraid of power (mine and/or other people's).
- D. I am bad/unlovable/unwanted/undeserving-unworthy.

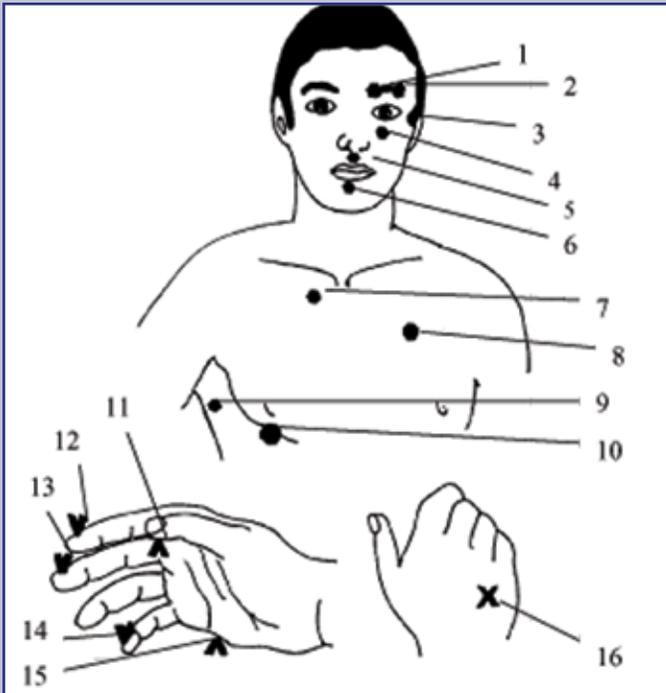
III. FEELING OF POLLUTION

IV. ANTICIPATORY PHOBIAS

V. OPTIONAL

- A. Bitterness/hate
- B. Other negative emotions
- C. Parts that feel "I'm already dead"
- D. Other limiting beliefs
- E. Irrational thoughts
- F. Limiting decisions
- G. Limiting identities
- H. External messages
- I. Amend-making or forgiveness?
- J. ROOT CAUSE: The setup

Natural Bio-Destressing (*modified EFT* process*)



A. Concentrate on a specific feeling and notice its location in your body. On a scale of 1–10+, rate how severe the feeling is.

B. Tap the Karate Chop Point, #15, while saying three times: “I totally and completely accept myself, even though I have this (problem, feeling of fear, guilt, anger, etc.).”

C. Stimulate nerve endings #1–15 by tapping with fingertips for a few seconds.** If you feel a lot of energy moving, or the scene is changing, stay on that point till the activity plateaus. If nothing happens on a specific point, move to the next one. Use your intuition about how long to stay on a point.

1-4. Tap around the entire eye socket starting at the bridge of nose by eyebrow

* Emotional Freedom Technique

** At any point, feel free to add deep breathing, pacing back and forth, gently stamping your feet, or massaging or shaking the tension out of your body.

5. Under nose
6. Under mouth
7. Under collar bone
8. Sore spot on chest (rub gently)
9. Under arm on rib (ouchy spot)
10. Bottom rib below nipple
11. Side of thumb
12. Side of index finger
13. Side of middle finger
14. Side of little finger
15. Karate-chop spot

D. Do the 9-Gamut

Tap the Gamut Point, #16, on back of hand through the following steps:

1. Close eyes
2. Open eyes
3. Look down to one side
4. Look down to the other side
5. Roll eyes around in a circle in one direction
6. Roll eyes around in the other direction
7. Hum a tune
8. Count to 40 by 2's
9. Hum a tune

E. Repeat Step C

F. After every round, recheck how severe the feeling is.

It should be gone altogether or very low on the scale. Think about what you learned and what feels or seems different about the situation to you now. If the level of that emotion still seems high, notice what else about the situation makes you feel frightened, angry, sad, etc. Focus on that subject and repeat the process.

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CACREP Endorses Joint Licensure Portability Plan Developed by AMHCA and Other Counseling Groups



“Safe, clear, reasonable portability process for all current and future counselors”—that’s the goal of the licensure portability plan that the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) approved in July. The April 2017 joint statement proposing a National Counselor Licensure Endorsement Process (see criteria below) was developed by a Portability Task Force created by AMHCA and the National Board for Certified Counselors (NBCC), the American Association of State Counseling Boards (AASCB), and the Association for Counselor Education and Supervision (ACES).

National Counselor Licensure Endorsement Process: Any counselor licensed at the highest level of licensure for independent practice available in his or her state may obtain licensure in any other state or territory of the United States if all of the following criteria are met:

1. The licensee has engaged in ethical practice, with no disciplinary sanctions, for at least five years from the date of application for licensure endorsement.
2. The licensee has possessed the highest level of counselor licensure for independent practice for at least three years from the date of application for licensure endorsement.
3. The licensee has completed a jurisprudence or equivalent exam if required by the state regulatory body.
4. The licensee complies with *one* of the following:
 - Meets all academic, exam, and postgraduate supervised experience standards as adopted by the state counseling licensure board.
 - Holds the National Certified Counselor (NCC) credential, in good standing, as issued by the National Board for Certified Counselors (NBCC).
 - Holds a graduate-level degree from a program accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP).

For more information, visit amhca.org/portability2017 and goo.gl/xYzuqH.

Understanding the Neurobiology of Trauma

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Initial Shock/Fear). They are asked to find the location of that feeling in their body to tune their mind (especially their limbic brain) and their body’s awareness. For pre- and post-intervention assessment, clients are asked to rate their feelings on a scale of 1-10+, with 1 being, “I am perfectly calm,” 10 being panic, and 10+ being, “I am numb, frozen.”

They are next instructed to tap the karate-chop point (shown on the Natural Bio-Destressing technique chart on page 11) and to say out loud three times, “I totally and completely accept myself even though I have this (problem, fear, feeling, etc.).” This helps “unfreeze” their emotional state and prepares their limbic and sympathetic systems to release their reactions to the trauma and activate the parasympathetic system.

The next steps involve having the client tap with his or her fingertips on certain acupuncture points that have been found effective in releasing emotions and stimulating the flow of energy in the body. To synch the left and right brain, clients are instructed to perform movements with their eyes, hum, count, and hum again. Then the acupuncture points are re-stimulated once the brain is brought back online. Following this first round

of tapping, clients are asked to locate their feelings and notice any changes, rating their feelings on a scale of 1-10+. Very often, the feeling intensity drops to a 1, but if doesn’t, the client can perform another round of tapping.

Once each emotion or belief on the trauma outline is cleared, the client moves to the next one. Once clients have learned this technique, they can easily use it on their own whenever they are feeling anxiety or other negative emotions—in the present or when they are recalling traumatic events in the past.

WE COUNSELORS HOLD THE KEY TO PERMANENT TRAUMA RELIEF

When therapists understand that trauma is an event experienced in the limbic and sympathetic system, that it has structure and layers, and that it needs nonverbal interventions in order to fully clear, they hold the keys to effective and permanent trauma treatment. Using a neurobiological approach to treating trauma results in healed clients and happy therapists. Isn’t that why we do this work?