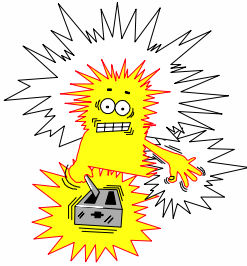
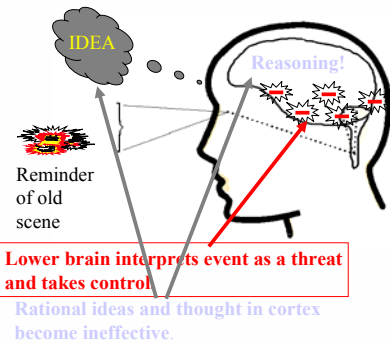


Trauma Recovery



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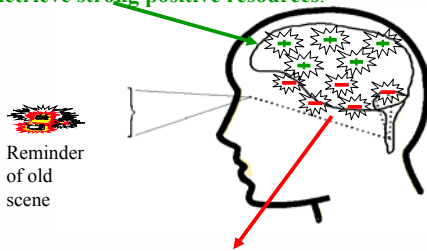
Threat and thought



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Changing the experience

Retrieve strong positive resources.



Negative experiences are occurring in a novel context and having reduced threat.

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Type 1 - Simple

1. Unavailability of resources in certain situations where they are needed
2. No significant problems with muscle flexibility
3. No significant problems with perception
4. No significant attitudinal alterations
5. Person is successful in most other areas of life (according to his or her potential)

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Type 2 - Complex

1. Noticeable developmental learning problems in a specific area of coping.
2. Unavailability of resources has generalized beyond trauma area.
3. Problems with perception and attitude related to avoidance and responsibility.
4. Problems with muscle tension used to prevent the breakdown of defenses such as reaction formation and denial.
5. Person may experience loss of certain muscle groups (such as related to sexual organs or independence).
6. There may be frequent outburst of violence, anxiety attacks, child abuse, etc.
7. Intrusive memories may break into consciousness.
8. Coping skills may be greatly diminished.
6. Severe use of denial and potential panic may be handled by alcoholism, avoidance of family, occasional collapse, or institutionalization.

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Type 3 - State Learning

1. Being immersed in a mental state from which one can not easily recover.
2. Typified by a persistent and troubling mind set.
3. Severely limited by compartmentalized ego states.
4. There are problems in nearly all areas of development which follow the trauma(s).
5. They show excessive fear, amnesia for large areas of past experience, usually feel helpless (not just for areas related to the trauma but for life in general).
6. This group may use defenses such as identification with the aggressor (i.e., self mutilation). Impairments are often obvious in a wide range of areas including muscular development, perception, attitude, emotional growth, and social skill.

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Comparison Between Dissociation and Abreaction

	<u>Diss</u>	<u>Abr</u>
Corrective emotional experience	can	can
Attitude change(s)	yes	can
Focus on past		yes
Focus on present/future	yes	
Redistribution of energy	can	can
Encourage regression	yes	
Reduce denial	can	yes
Risk pain of retrauma		yes
Build additional defense	yes	
Learn to accept part of self	can	can

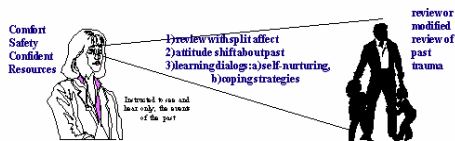
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Comparison Between Dissociation and Abreaction

	<u>Diss</u>	<u>Abr</u>
Learn to use part of self	yes	
Intra-psychic		yes
Inter-social	yes	
Risk distancing family of origin	can	yes
Risk distancing self	can	
Increases stress on current system		can
More likely to be resisted		yes
Builds self-support	yes	
Risk increase reliance on therapist		yes
Construct the reality of the past	can	can
Connect with personal resources	yes	yes

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Simple association/dissociation



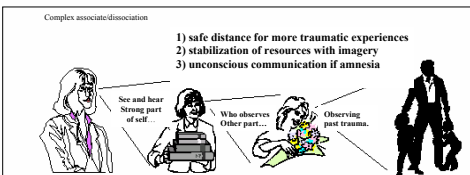
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Simple association/dissociation

- A. establish a safe environment
- B. teach trance induction to facilitate a conscious frame-break
- C. retrieve sufficient safe and secure resources
- D. aid in constructing a dissociative review
 1. review traumatic situation in words and pictures only
 2. establish groundwork for integrating the dissociated part
 - a) establish communication
 - b) nurture the child and accept self represented by it
 - c) trade resources between parts for a more creative adjustment between parts
 - d) practice
 3. integration strategies to conclude review
 - a) visual symbolic observation of a combining and blending
 - b) holding the fantasized part and feeling an absorption
 - c) participatory action with aid of using hands coming together
 - d) auditory imagination - hear the voices blend
- E. link learnings to future uses

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Complex associate/dissociation



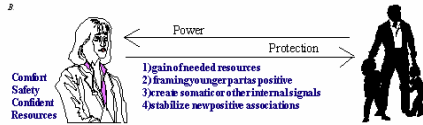
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Complex association/dissociation

- A. Establish a safe environment
- B. Retrieve necessary resources
- C. Ask client to imagine a "grown self" in the middle of the room
 1. this person is a representation of the current aware self
 2. this person is conscious and knows what the conscious mind knows
 - a) this conscious mind is to be the only "part" which communicates with the client
 - b) client imagines communication taking place between this part and him or herself
 - c) ideo-motor signaling is established for the therapist to continue
- D. Ask client to ask the projected part to further dissociate
 1. projected part (part 1) is asked to see another part
 2. this second part (part 2) is not seen by the client
 3. part 2 represents the unconscious and can only communicate via the ties with part 1
 4. part 1, therefore, becomes a buffer between the memory and the client
- E. Have the client ask part 1 to ask part 2 to review the trauma from a comfortable distance
 1. only by means of dialogue or signaling
 2. conduct a careful elaboration of part 2 reviewing the scenes and sharing with part 1 only that which it is safe to share
- F. Repeatedly review and communicate with self from past
- G. Remove the intermediate parts gradually
- H. Work to achieve the desired and agreed upon goals in a one level dissociation

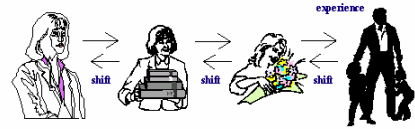
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Swapping resources



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Managed revivification or regression



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Destructuring state specific learnings

- Induce trance
- Retrieve desired and agreed upon resources
- Offer dissociation for added safety
- Stabilize current resource set
 - use of therapist's voice and posturing
 - this is most easily done with eyes open creating a reality check
 - proceed in small steps
 - open and close eyes and verify the resources remain
 - look at others in room, therapist, objects, etc. and verify the resources remain
- employ client's normal method of projection and stabilize positive content
 - using therapist or others (imaginary) present, ask client to make eye contact
 - request that the client withdraw and again verify that the resources remain
 - ask client what he or she believes the other person to be thinking and verify the projection is one of acceptance
 - again have the client verify that the desired feelings remain
- reciprocally inhibit the habitual negative projections and preconscious thoughts
 - ask the client to attempt to recall unpleasant events from the negative state
 - begin with a very complex result of such a memory to aid in being unable to create bad feelings
 - select wording carefully with attention to phrasing such as "try"
 - repeat instructions often so that positive content continues to flood the projection mechanism
 - lead the client in a successive approximation of increasingly more difficult memories
 - remember to continually repeat instructions so the client stabilizes the positive state

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