

Simple versus Complex Trauma: A Clinician's Guide to Indications, Treatment Plans, and Therapeutic Methods

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Abstract :

This clinical report is intended to guide practitioners in the identification and treatment of simple and complex trauma. It addresses questions such as: How can the clinician distinguish between a simple trauma and a complex trauma? How can attachment disorders be managed, and what impact do they have on the processing of traumatic memories? What type of treatment plan is indicated once the nature of the trauma has been identified? Once these questions are answered, treatment can proceed in the most efficient manner. A structured approach for assessing trauma is presented, starting with the defining characteristics of simple and complex trauma. A three-stage treatment plan is presented for each of the two types of trauma. This structure can identify interventions that are safe and appropriate for the client, operating within a therapeutic range that avoids both the extremes: abreaction (overwhelming emotional release), and dissociation from emotional and physical sensation. Intervention includes elements drawn from energy psychology, heart coherence, Internal Family Systems, and compassion focused therapy. This approach successfully remediates most psychological trauma.

Keywords: Simple trauma, complex trauma, energy psychology, treatment plan, client safety

One of the challenges that therapists face in mapping out a treatment plan for a new client is identifying the trauma at the heart of the behavior or problem for which the client is seeking treatment. Crucial to this venture is differentiating between a simple and a complex trauma—a task that is not always easy but can determine how efficiently you help your client.

Clients often present with a request that seemingly has nothing to do with the trauma itself: They might want to stop smoking, to weaken an addiction, to address an obsessive behavior, or to remediate an underlying, nagging anxiety, for example. One of the advantages of a more clinical approach, then, is that it recognizes the actual scope of the client's trauma, apart from the client's self-identified symptoms. In so doing, therapists can redefine the problematic behavior by helping clients identify the connection between earlier traumas and presenting symptoms—thereby helping restore their autonomy and regain real control over and contact with their internal selves.

In this article, I offer ways of identifying between simple and complex traumas and present steps for creating treatment plans that are tailored to these traumas.

Simple Traumas (Type I)

Definition

A trauma comprises a physical or psychological wound inflicted on a person as well as the local or general consequences of that wound.

A simple trauma can be seen as the trace, the emotional imprint, accompanied by physical sensations and negative cognition, that embed a traumatic event within the individual. In general, a simple trauma stems from a single event, not one repeated over time.

It seems easy to identify but sometimes the complexity of the trauma is hidden by the resilience of the client. The resilience is his own skill to adapt himself quickly to every new situation that could cause difficulties. It is the survival instinct.

Treatment Plan

The treatment plan for a simple trauma is itself relatively simple. Ideally, the therapist works on the oldest event related to the problem.

A *floatback* is a tool that is used to reactivate the individual's access to his or her oldest memories that are directly connected with whatever is triggering the individual today. The therapist can use a floatback to assist the client's subconscious and memory to effortlessly return to that core memory or event.

When the client is clearly fully in contact with those emotions and the cognition has been clarified, the therapist should ask her to close her eyes and quickly ask her what age she

remembers herself as being on the first occasion she experienced this emotion. When the client's floatback is guided properly, an image, feelings, or particular thought will instantly emerge. This very often enables her to identify a core scene, from which the therapist can start to treat past events.

Once the target event from the past has been desensitized, we can move back to the present and desensitize the triggers there as well. As a last step, we check a future projection by asking the client to envision herself in the situation from the past and then to imagine herself reexperiencing the same type of event. If the treatment has been effective, there will be no doubt, no negative emotion, no limiting thoughts, and no unpleasant feelings related to the situations addressed.

Summary of Treatment Plan

1. Past (floatback): Work on the past by focusing on the most emotionally reactive event.
2. Next, focus on the present.
3. Finally, ask the client to visualize him- or herself in the future, faced with a similar problem.

Complex Traumas (Type II)

Definition

Complex trauma stems from an accumulation of traumatic events endured or repeated over time. These events may be of the same nature or different. They may be concentrated in time or, on the contrary, spread out over many years.

Some of the different types of trauma, and the symptoms that identify them, are summarized below.

Acute stress is characterized by the following symptoms:

- Distress
- Brief psychotic episodes
- Occurring up to 1 month after the traumatic event.

Posttraumatic stress (lasting more than 1 month), *chronic stress* (lasting more than 6 months), and *delayed stress* share the following symptoms:

- *Reexperiencing*: Can include recurring thoughts on the violence endured; dwelling on negative thoughts; experiencing intrusive memories of all or part of the event (e.g., feelings, pain, noise, or words); having flashbacks, illusions, recurring dreams, or intense nightmares that are perceived with a high level of

anxiety and distress; or reacting suddenly as though the event were going to happen again. Childbirth can activate reexperiencing symptoms.

- *Avoidance*: Individuals may avoid all situations related to the trauma or those situations that may remind them of it, or they may avoid thinking of the trauma or putting themselves in any potentially painful or stressful situation. They may develop an imaginary world, experience a dulling of emotions or a loss of positive anticipation of the future, or withdraw from interpersonal relationships.
- *Hyperreactivity*: Characterized by hypervigilance, a constant state of alertness and control, the ability to be easily startled, insomnia, nocturnal awakening, hypersensitivity, irritability, explosive anger, and poor concentration and focus.
- *Dissociation*: Often strong, it includes a state of altered awareness; poor memory, concentration, and focus; feelings of strangeness; the impression of being a witness of one's own life; depersonalization; and even conjuring an imaginary companion.

Complex posttraumatic stress disorder refers to the consequences in victims of interpersonal violence that occurred repeatedly over a long period. It is defined by several criteria, some of which are also part of the definition of borderline personality:

- Altered ability to regulate emotions, with pronounced impulsiveness and self-destructive behaviors
- Disturbance of awareness and focus, which can lead to episodes of dissociation
- Altered perception of oneself, with constant feelings of shame or guilt and a feeling of emptiness
- Altered perception of the attacker, who may be idealized
- Disturbed interpersonal relations, with an inability to trust or to have intimate relations with others
- Symptoms of somatization
- Cognitive dissonance with a loss of hope.
- (*Website : Mémoire traumatique et victimologie*
<http://memoiretraumatique.org/psychotraumatismes/generalites.html>)

Some people may also be more sensitive when they suffer from attachment disorder stemming from a childhood where emotional attachment was not reassuring and failed to give the child a sense of security. The result will be either an anxious attachment or detachment.

Treatment Plan

All of these different shades of a client's psychological profile will make it more complicated to determine a treatment plan and the order in which to work in therapy. This order is particularly important as it will ensure that the therapist works in the most ecological (i.e. respectful and fitting with the client's overall life values and direction) and safest way possible for the client.

It is important to remember that, in contrast to simple trauma, complex traumas are not treated by starting with the past. A properly structured treatment plan will avoid overwhelming the client as is generally the case when the targeting or assessment of the problem is not accurate. Note, too, the difference between the treatment plan, which covers all the subjects, events, relationships, and so forth that have to be treated in a series of therapy sessions, and the plan for each individual session, which prescribes how a therapist will approach the focal event or topic to work on during a single session.

It is possible and may be necessary to revise the treatment plan in relation to whatever appears during treatment sessions. Sometimes certain material appears for the first time during a session, either because the relationship—the therapeutic alliance—improves or because certain layers that prevented access to information have been resolved. When these barriers break down, or other parts of the client's psyche appear during the session (parts which represent the different emotions that co-exist with the trauma and exist to protect the client from being overwhelmed by the traumatic material), the treatment plan must be reassessed and possibly revised.

One of the key elements of treatment is to keep the client, as far as possible, within a comfortable “window” by seeking to avoid *abreactions* (an overwhelming and painful emotional release) as well as the opposite, *dissociation* (the blocking out of all emotional or physical feeling).

Summary of Treatment Plan

1. Assess the strength of Self and availability of resources
2. Identify triggers in the present.
3. Work on past events.

Treatment Plan in Practice: Detailed Protocol

Treatment for complex trauma begins by assessing the client's ability to create and maintain resources. The therapist may also begin by creating a space of security or serenity. *Resources*, in this context, are events, situations, thoughts, and people that may have been

positive forces in the client's life. It is best to choose resources that are related to the negative cognition that is the focus of treatment. The therapist should first seek to identify that negative belief, take its positive opposite (positive cognition), and next identify an event, situation, symbol, or person that illustrates this positive cognition in the client's life.

Below I describe nine steps based on the work of Korn and Leeds (2002) to illustrate, with sample treatment dialogue, how therapists can institute this approach in practice. At each stage, therapists can select the questions or instructions that correspond best to their respective clients.

1. Identify the resources needed for a current problem.

Think about a particularly challenging situation in your current life. Perhaps you would want to think about therapy and the challenge of facing your trauma. Perhaps you're facing a challenging situation with a particular person in your life. When you think about this situation, what qualities, resources, or strengths are you missing? What do you need? What would you like to believe about yourself in this situation? How would you like to feel? What would you like to be able to do?

Sample answers:

I'd like to feel stronger.

I'd like to feel more attached.

I'd like to feel more rooted in the ground.

I'd like to have more self-confidence.

I'd like to feel braver.

I'd like to feel more decisive.

I'd like to feel more flexible.

I want to increase my trust in the healing process.

I want to congratulate myself.

I want to be able to manage my emotions.

I want to be able to set my limits better.

I want to feel loved.

I want to be able to state my needs.

2. Identify the types of available resources.

2a. Identify successful experiences and associated images.

Think of a time when you felt _____ (e.g., strong, safe, confident, soothed, able to tolerate your feelings). Think of a time when you were able to behave with more _____ (e.g., courage, self-trust, flexibility). What experiences capture that desired quality or feeling?

Are there parts of yourself that you rely on (e.g., your wise self, professional self, warrior self)? Can you see an image of yourself in the future possessing the qualities or resources that you desire?

2b. Identify relational resources (models and reference figures).

Think of people in your life, now or in the past, who possess or embody this quality. Think of who you would want in your corner, cheering you on, coaching you, helping you to feel _____ (e.g., stronger, supported, more confident, etc.). Think about friends, relatives, teachers, caregivers, therapists. Think of any people out there in the world who possess or embody this quality, who serve or could serve as a role model for you (e.g., TV stars, public figures, or characters in books, movies, or cartoons). Think about your mentors, people who have made a difference in your life. Do you have a spiritual guide, someone or something that gives you hope or strength along the way? Are there any animals or pets that you associate with these positive feelings or qualities?

2c. Identify metaphors and symbolic resources.

Think of any other images, symbols, or metaphors that would help you to feel _____ (e.g., soothed, loved, connected, protected, contained, peaceful, etc.). Think of any positive images or symbols that have come up in your artwork, dreams or daydreams, or guided imagery exercises (e.g., a strong yet flexible tree).

3. Develop resources.

Work on one resource at a time:

When you think about that _____ (e.g., experience, person, symbol, etc.), what do you see? What do you hear? What do you smell? What emotions do you notice as you focus on this image or memory? What sensations do you experience in your body?

Note the client's exact words so as to be able to carry on using them throughout the treatment process.

4. Check the resource.

When you focus on _____ (repeat description of image) and notice the _____ (repeat description of feelings, sensations, smells, sounds, etc.), how do you feel?

Check that the resource selected can help the client to deal with the problematic (target) situation, by asking:

When you focus on (the problematic situation), how true or supportive do (repeat the description of the image and feelings) sound, on a scale of 0 to 10, where 0 is completely false and 10 is completely true or useful?

5. Feel the resource.

Take the time to pause on this image _____ (repeat the description of the image) and observe _____ (repeat the description of the sounds, smells, sensations and feelings, etc.).

Repeat the words that the client has used for the image, sounds, sensations, and feelings and vary the order of the sentences. Check whether the client is able to maintain this resource without there being negative associations, interferences, or emotions. Do not carry on with this resource if the client reports negative associations or emotions. In that case, start over again, with a different resource.

6. Install the resource.

While you remain focused on _____ (repeat the words the client used to describe the image and the associated emotions and sensations), take the TAT pose (i.e., the Tapas Acupressure Technique) (or tap).

Clients should hold the pose or tap for only about 10 seconds. This should be repeated several times; every time after, ask the client: *What are you feeling or noticing now?*

Do not carry on with the TAT pose or tapping if the client reports negative associations or emotions. The negative material must be compartmentalized in an imaginary way, for example, in a safe or container, before carrying on. Otherwise the process must be started over again with another resource.

7. Strengthen the resource by means of associations or verbal or sensory points of reference.

The client should hold the TAT pose or tap briefly after each answer, as long as the effect remains positive:

Imagine going a step further in connecting with this resource. As you remember that experience (e.g., for mastery experiences), what are the most positive words you can say about yourself now? Imagine that person (i.e., models or supportive figures) standing near you and offering you what you need. Imagine that he or she knows exactly what to say to you, exactly what you need to hear. Imagine merging with this person or stepping right into his or her body. Imagine holding this resource (i.e., a metaphoric or symbolic resource) in your hands. Imagine being surrounded by this image or feeling. Breathe this feeling in. Notice where you feel the positive quality in your body.

If possible, identify the positive belief and ask the client to say it during the pose.

8. Project the resource into the future.

Think about possessing this resource in the future as you face _____ (describe the challenging situation identified earlier). Imagine possessing the _____ (e.g., courage, strength, boundaries) you need to cope effectively. Imagine feeling _____ (e.g., confident, peaceful, grounded) in the scene. Imagine feeling connected with _____ (name their supportive person or relational resource) as you face this challenging situation. Notice what that would be like for you. Hear your resource person saying exactly what you need to hear. Feel your resource (i.e., metaphoric or symbolic resources) in just the way you need to feel it. Be aware of your resource in just the way you need to experience it.

Carry on with brief TAT poses or tapping, as long as it has a positive effect. Check whether the installation and the future projection with the selected resource helps the client with his impression that he can do better in that situation. Ask: *Now, when you focus on _____ (the problematic situation), how true or supportive do you find _____ (repeat the description of the image and feelings) on a scale of 0 to 10, where 0 is completely false and unsupportive and 10 is completely true or supportive?*

This process can be repeated for each of the qualities that the client wants to strengthen.

Example of work session on the resources: all during the sessions tapping points are stimulated (EFT or REMAP):

Yves explains to the audience that in the first part there are complicated troubles, with clearly attachment disorders and adds that what happens when you take directly an event from the past is that you can take out layers, but we observe that the work follows an up and down plan: it's better,

it's getting up again, it's going away, it's coming back. He then says that there is another way to work. So, we are going to swap to a more provocative approach.

Second part of the demonstration : Part of the sessions with the the good treatment plan to follow – begin with IFS approach to find the "Self" and the "pendulation" (within 30 minutes) between the triggers and the "Self" and then the "resource" with REMAP®, Provocatrice Energy Therapy (Steve Wells and David Lake) and IFS

Céline : Is it not done yet ?

Yves : No, it's starting now. I would like you to thnik again about the angry part.

Céline : It's all me.

Yves : What do you feel for her ?

Silence.

Céline : She pisses me off, because I am angry too against this angry part.

Yves : Ok. Could you tell her that you're angry against her and ask her what would she need ?

Silence.

Céline : To go over. Cut the bond which makes me angry.

Yves : Is it more cut the bond or clean it ?

Céline : It's complicated because I had the belief that cleaning was having relationship with her and when I expressed my needs of having news from her one every 3 weeks, it did end nowhere.

Yves : It's normal. Einstein said that if you always starts with the same things, you will always get the same results.

Céline : But I changed as before I was always yelling at her. Now I talked to her with empathy but it didn't change a thing..

Yves : But you were still waiting the same thing.

Céline : Unconsciously yes.

Yves : It's the whip, the stick ... Repeat just that : « Even if a part of me was waiting that she would change, I love and accept myself with my fragilities and my beliefs. A mother should love her child normally. »

Céline is repeating simultaneously.

Céline : Normally yes.

Yves : « Or not. On the other hand, I was a great person, even if I assassinated my cat. Actually, I did not assassinated the cat myself. I went away. I couldn't have saved my cat. »

Céline is repeating simultaneously.

Céline : Actually, there were 3 more. (laughing) They all died 6 motnhs after my departure from the house.

Yves : You are a serial cat killer (laughing). I won't look at you the same way as from now. Have you tried dogs after ?

Céline : I Have a cat now.

Yves : Ok. « I open myself to the possibility of living things in a different way. »

Céline is repeating simultaneously.

Yves : Observe what happens.

Céline : It's bizarrely quiet.

Yves : Yes bizarrely quiet. Weird ... mummy.

Céline : Oh my God.

Yves : Not my God, mummy.

Silence.

Céline : I have the belief that I need to keep this anger.

Yves : Steve would say : « Of course, sure, 30 years at least »

Céline : No, it's enough.

Yves : Sure, 32 years ?

Céline : No, 31 (laughing).

Yves pretends to spit in his hand and says : "deal".

Yves : If you think back about the firemen, about your mother ?

Céline : It's fairly quiet.

Yves gives explanation to the audience. He believes that one of the big cores is disactivated.

Céline : It's going to come back.

Yves comments indicating to the audience that he is now going to check if the famous resource is holding. It's the famous « pendulation ». Yves asks Céline to stimulate still the point stomach 36 to avoid it to come back.

Yves : You're not going to make me look ridiculous in front of the audience. (laughing)

Céline : I would not take that risk.

Yves : Otherwise I would need to change volunteer. You know that when I take off my glasses it gets very serious. So, what kind of resource do you think you would need to be at peace ?

Silence.

Yves : A baby dolphin ? A boat full of dolphins ? A massacre of dolphins ? Something else ?

Céline : I'm thinking. And I just saw the white chocolate Galak pack with the dolphin on it (laughing).

Yves : Oum ? That's the name of the dolphin on the white chocolate pack Galak. A man ?

Céline : I have already one.

Yves : Damned it. So what would you need ?

Céline : Acutally to let go this bond.

Yves : Is it true ?

Céline : Yes.

Yves : Ok. What does it mean for you to let go this bond ?

Céline : Not think constantly about that, that it is like that and that's all.

Yves : You know there is a belgian hero named Tintin.

Céline : It was my mother favorite character. (laughing)

Yves : No coincidences, it's the field. So, in the Blue Lotus, there is a mad person with a sword and he runs after Tintin because Lao Tseu said that to find the way, he needs to cut his head. If we cut your head ...

Céline : I'm in a deep trouble.

Yves : And that we put your husband's head instead ...

Céline : Do you realise what you just said (laughing). Poor him.

Yves : Or you keep it or we can put also the cat's head. You choose (laughing) rare, medium, well done.

Céline : And the dog in the middle. (laughing)

Yves : Hot dog. (laughing) What resource would you need ?

Céline : I don't know.

Yves : Imagine you mom. Look. I'm going to play a role. Dring, dring ...

Silence.

Yves : You need to pick up.

Céline : It's not possible. She never phones.

Yves : We play a role. I push your point. (GI 4)

Yves (in the mother's role) : Hello sweetie.

Céline : What do you want ?

Yves (in the mother's role) : Happy birthday.

Céline : It was 2 weeks ago.

Yves (in the mother's role) : Happy non-birthday, happy non-birthday to you.

Yves : It's in Alice in Wonderland. You've got 364 non-birthdays and only one birthday. Think back about you mother. Dring Dring ... (in the mother's role) Hello sweetie.

Céline : No actually I believe that I don't pick up the phone.

Yves : Aaahhh, this is letting go.

Céline : Yep.

Yves : Think back about this resource that you can say no.

Céline is laughing.

Céline : Difficult to say no.

Yves : Think about your husband.

Céline : To him, I always say no.

Yves : I was sur about that.

Céline : Poor him.

Yves : Facebook a little later (Céline is laughing). Think back a little to the resource you would need to be able to say, set some rules and a limit.

Céline : I have no resource coming in my mind, but ...

Yves : Think about the last time that you said no to someone and not to me.

Céline : That's why I was looking. (laughing)

Yves : I saw it in your eyes.
 Céline : I did it not long ago, but I don't remember it.
 Yves : Was it not about a coffee ?
 Céline : Yes, I refused a job to respect myself.
 Yves : Can you think about that ?
 Céline : I was under pressure.
 Yves : But you did it and now how does it feel ?
 Céline : I'm happy.
 Yves : So you are going to anchor this. Take that point (ear relaxation). I would like you to anchor that feeling.
 Céline : Yes, I was very proud of myself.
 Yves : Ok. Stimulate that , stay with the feeling and think back a little about you mother and the firemen.
 Céline : Something is getting up again, nausea again.
 Yves : Stimulate this point. (Pericarde 6 : sadness and point to help calming nausea) What do you notice ?
Yves comments for the audience to explain that the important thing in here is to find the right resource and to test it. This is why he asks again to Céline to think back about her mother and the firemen. And as something is getting up again, this comes to block the resource, even if the resource is a right one, so we need to clean what is polluting the resource. And we do get a stronger level of resource, we come back to the trauma or the beliefs we were dealing with.
 Yves : What do you notice ?
 Céline : It went down.
 Yves : Ok. Come back to the resource, you pride to say no.
 Céline : No, It's getting up again.
 Yves : Ok. What is getting up ?
 Céline : I cannot be proud of me.
 Yves : Aaah, that's another problem ? what is related to ?
 Céline : I don't know.
 Yves : Ok. Could you tell this part which cannot be proud that I would interested to know her better. Are there things she would like to share with me ? What would she need to explain ?
Silence.
 Céline : She wants to say that it's not part of my values to be proud of me. I was never taught to. I was constantly reduced and criticised even when I had good marks at school.
Yves comments for the audience: we see clearly here that these are complex traumas with clear attachment disorders and many aspects are coming out. So, here the best thing to do is to calm this part to be able to continue working with the resource that we need, to make it stronger. So, the solution is to work on the Self 's access first.

9. Monitor resources.

In subsequent sessions, the therapist must reassess the resources installed to check whether they have remained stable. When the client is ready for the second phase of confrontation with the trauma, the therapist can start the session by asking him to select the resources (installed previously or new ones) that he needs to face the trauma, and then reinforce them in the TAT pose or by tapping (e.g., by using Emotional Freedom Techniques or Reed Eye Movement Acupressure Psychotherapy [REMAP]).

Resources can be reinforced by means of tapping on acupressure points while revisualizing the associated scene. If negative elements appear during this reinforcement tapping (as expressed in thoughts, sensations, or negative emotions), they must be deactivated as they arise.

Therapists should also check whether this resource is always present and strongly anchored. If it is not, it can be reinforced by reinstalling it again and tapping and visualizing to strengthen it (see Steps 7–9 above).

If the client is unable to find a resource, or if the resources cannot be maintained throughout treatment sessions, the therapist must check for the presence of the Self. In this context, the Self is the space within each person that is spontaneously serene and filled with compassion. It has no intention other than being.

Richard Schwartz's (1995) internal family systems (IFS) model identifies eight qualities of the Self (the 8 C's):

- Calmness: comprising appeasement and composure
- Curiosity: the ability to welcome anything or hear anything
- Compassion: the ability to resonate with the experience of the other without being over-identified
- Clarity: characterized by perceptiveness, clear vision
- (Self-) Confidence: trust in one's capabilities and skills
- Creativity: the drive to seek alternatives and new solutions
- Courage: the ability to move forward, to expose oneself
- Connectivity: the tendency to connect with others and with one's internal parts.

The qualities of the Self are always there, even after multiple traumas. The Self may be represented outside the body, and may appear to be hidden or damaged, and may also be denied, or repressed, but it is always there. All its knowledge and competence are always intact, and one simply has to allow for the natural flow to happen. There is a spontaneous motivation to be healthy, for the Self is a natural healer. And it is also the natural leader of the internal psychological system, which establishes harmony. It is above all the Self's curiosity and compassion that are useful to the therapist.

When we talk to the person, we always seek to communicate with their Self. If the Self is present, there is flow, and there are no barriers to communication. Otherwise, another part of the psyche may manifest and block the treatment process. We can then metaphorically converse with this part and ask it to move aside for a while. In this process the therapist asks the client to focus inwards and report their responses to questions directed towards any parts of the client's psyche which have appeared during the therapeutic process. For example, the client becomes angry and sad. The therapist directs his or her questions to the angry or sad parts of the client to ascertain how to proceed and help the client to resolve the issues.

*The key thing to ask the client in order to check if you are connected with their Self is “**What do you feel for this part?**”. If their response includes the 8 qualities of the Self (compassion, calmness, confidence, etc.) then we have connected with the Self. Otherwise it’s a part that’s reacting. If there is a particular intention to do something, you’re dealing with a part.*

Example: (this is the follow of the session supra)

Céline : She wants to say that it's not part of my values to be proud of me. I was never taught to. I was constantly reduced and criticised even when I had good marks at school.

Yves comments for the audience : we see clearly here that these are complex traumas with clear attachment disorders and many aspects are coming out. So, here the best thing to do is to calm this part to be able to continue working with the resource that we need, to make it stronger.

Yves : Could you repeat this to this part : « Even I had never had the right to be proud of me, it's not part of my values, I was never taught to, I was always criticised even if I had good marks at school. I cannot love and accept myself, but I open myself to the possibility to try. And there is another reality, it's that here and now, I can be proud to be in front of an audience, on the stage. It was not easy for me, even more as it is going to be on Youtube within one hour. And I open myself to the possibility to live things differently. » (reframe in 5 points)

Céline is repeating simultaneously.

Yves : Simply notice what is happening. (*Yves asks Céline to stimulate at the meantime the ear relaxation point : anxiety, trauma*).

Céline : I believe that 2 years ago, I wouldn't have been on the stage.

Yves : What do you feel in your body ?

Céline : It's very quiet.

Yves : Ok. Think a little about this resource of having the power to say no and to feel ok with it. How do you feel now ?

Céline : It's weird, there is nothing anymore.

Yves : Think back about the situation with your mother (*Yves asks Céline to change ear relaxation point side*), the firemen ... How do you feel now ?

Céline : Very quiet.

Yves : Ok. Think a little now about ... dring dring. Oh it's mummy. (we check in the future if it is ok too)

Céline : I think that I would need to know what to do, without ruining my life ever again. I would love to have a ready solution that would be right for me.

Yves takes a bottle and balancing it in front of Céline. (laughing).

Yves : Imagine that this is a crystal ball. You can call me Madam Irma. (*he's covering the bottle with a tissue and rubbing it like a crystal ball as if he could see inside and predicate the future*).

Yves : I see that you can do it, but in 10 life from here, maybe 9. It depends, if you stop eating all that chocolate and stop smoking cigarettes (*Céline is smiling*). Just to tease Yves.

Céline : It's funny.

Yves : For me, yes. Think a little about dring dring dring ... how do you feel ?

Céline : I start to understand that even if I love to anticipate things, seeing all the possibilities ... (*Yves takes back the bottle with the tissue on top of it and rebalance it in front of Céline*).

Céline : maybe the police will call me. (*laughing*).

Yves : Maybe.

Céline : Or maybe not.

Yves : Ok. How do you feel ?

Céline : I feel good. (*Smiling*).

Yves : Mummy. Miaou (*Céline is laughing and Yves imitates a cat*). What sensation do you feel ? Think about the situation from the beginning.

Céline : Everything is ok.

Yves : what am I going to do with you (being ironic and smiling) ? It's not possible.

Céline : It's peculiar.

Yves : OK. Then I thank you Céline.
Céline : Thank you.
Yves and Céline are hugging.

A few months later, Céline changed totally her life in a new and happy way. We are now one year later she is ready to have a baby and she is pregnant (what was impossible before in despite of several years of medical treatment)

If the Self is not accessible, it will be necessary to temporarily work via the therapist's Self. If the therapeutic relationship is sound enough, this Self will be the one through which the client will be able to hear what he might have felt and recognized. And from this recognition or reconnection, the therapist should be able to gradually link the client to his own Self and, from there, continue the reconstruction and freeing of this space that all individuals have within themselves. In practice, this means that, from her Self, the therapist will express what she feels for those of the client's parts that are present and, in this way, seek to reconnect the client with his own Self.

This roundabout way should ideally only be temporary, for the idea is not to risk an unhealthy transference from the client to the therapist, but instead to use the transference relationship in a beneficial way so that the client can reconnect with himself—and thus with that internal space of serenity of the Self.

If this does not happen, it is first necessary to verify the quality of the therapeutic relationship and to enhance it through better therapist–client communication. In this case, client-centered, Rogerian approaches can be used.

The therapist can also suggest that the client uses various self-help techniques between sessions, such as self-hypnosis, meditation, Energy Psychology techniques, and mindfulness. This will enable the therapist to ensure that the client's resources are properly installed and that the Self is present, for if the client is able to do this work, it means that the Self is present and free. And if the client is not yet able to do so, the therapist must first verify the Self and carry on reinforcing the resources, before anything else. When the resources are strong and firmly rooted, the client will start taking care of himself.

These are ways of checking whether the treatment is working and whether the benefits of the sessions are becoming part of the client's daily experience.

If the Self is present and accessible, the therapist can now start looking for a trigger in the present. First, identify the negative cognition in order to identify a positive cognition, that

is, a resource, to install or reinforce, and from there the therapist should go back and forth between reinforcing the resource and desensitizing the trigger.

When enough triggers in the present are deactivated, attention can then turn to events from the past. Depending on the client's sensitivity, it is advisable to start from the least traumatic events in the past and work toward the most traumatic ones that trigger the strongest reactions. If the Self and the resources are sufficiently present, the therapist can try to work directly on a sensitive or difficult event from the past. If in doubt, first look for "lighter" events from the past to check the stability of the resources and the presence of the Self.

- Question and reaction : *In link with what you just said, I would like to ask Céline if you could give her inside perspective of the session as there are different things between the voice, the support, the good will, but also provocation from Yves and the acupressure point. We notice 2 different things from the audience: the quality of the alliance, the verbal therapy, the exchanges, the provocation, the time, the request for stimulating different acupressure points. So as an observer, I notice many things and I would like you to indicate if you feel different.*

Céline's answer : when there are silent moments, when Yves asks me to focus on what is happening, when he's asking me if it's stable, increasing or descending, it is really physical and with the acupressure points, I feel it inside my body. There he's not intervening anymore and this is inside the body that something is moving. The sensations were increasing or descending. And he was just making me change points and I was feeling it moving
Yves comments indicating that what is important to notice is that the process is working alone and we need to let it do because an intervention can only slow down the process or put the people who are very mental in their mental, which I didn't want.

The approach of the treatment plan is thus the opposite to that of simple traumas.

If the subject is highly sensitive, it is also possible to use an eye-movement treatment (e.g., REMAP, Eye-Movement Desensitization and Reprocessing, or eye-movement integration) to accelerate or slow down the process and help maintain the client within a "window" of comfort where it is possible to work. This will avoid unnecessary discomfort for the client and will ensure that that no abreaction or dissociation occurs.

If the client tends to dissociate or intellectualize, I advise that the therapist first verify the presence of a space of security and the presence of or access to the Self, because dissociation is a defence mechanism. If the subconscious has deemed dissociation necessary, it is for a good reason. So the therapist must proceed with caution and ensure that all steps are carried out to verify a space of security and the presence of resources or the accessibility of the Self.

Once these preliminary steps have been taken, therapists can ask the client to tell her story or share their own feelings by acting out or through gentle provocation, linking the event to the emotions that it is normal to feel in such cases. Paul Gilbert, in his book *Compassion Focused Therapy*, advises the therapist to really mirror the client's emotions. These are gateways that can facilitate reconnection. When the therapist sees that the client is reconnecting with her own emotions, the next step is to check for the presence of negative sensations, emotions, and cognition.

Caution should be taken in cases of complex trauma: It may be useful to divide the anamnesis into several parts to ensure that the client is not triggered too strongly. It is usually better not to stimulate any acupressure points during the anamnesis. However, sometimes when patients shift very quickly from abreaction to dissociation and vice versa, the stimulation of acupoints will amplify the effect of resonance and aid the reconnection while maintaining the person in the zone of comfort needed to work (see the video demonstrating this process at: <http://www.youtube.com/watch?v=bKWtfVdS-Rw> and the second part: http://www.youtube.com/watch?v=Rkw_Dm9rdwo)

Remember that in a case of trauma, it is important to avoid asking for details; the first step is to stabilize the client (mainly by reframing) and then integrate the memories using Energy Psychology techniques such as EFT and REMAP. Finally, in the third phase, the growth and development of the significance of the event, meaning and the ability to move toward the future are added.

If the subject is so sensitive that at the slightest reference to his situation the client has an emotionally overwhelming reaction, it is better to work directly on the Self, the space of security, the envisioned container, and the client's resources. The therapeutic relationship will obviously also be a guarantor of the maintenance of this zone of comfort.

In case of very strong reactions, the therapist should immediately consider stimulating acupressure points such as those of Quick REMAP (Large Intestine 4, Stomach 36, Ear relax point, Extra point 1—but it is important to remember that LI4 and S36 are not recommended for pregnant women; the location of these points is demonstrated in a short video by the author at: <http://www.youtube.com/watch?v=QMVfSKngPO0>). In such a situation, the therapist should aim to bring the client back to the here and now, with his eyes open, getting him to focus on objects surrounding him and talking to him calmly and firmly. The therapist may also use reframing techniques, such as REMAP, in which the client is guided through a process of self-acceptance, by articulating the following series of statements:

1. "Even though I have this problem . . ." (be specific)

2. “I completely accept myself” (or “I am open to the possibility of deeply accepting myself”).
3. “And it is normal, logical, or natural that I feel . . .” (a phrase describing this feeling).
4. “On the other hand, another reality is that . . .” (use a real, verified positive element, by default—for example, “it’s over and I’m safe here and now”).
5. “I am simply open to the possibility of being able to digest and manage these things differently” (or “to be at peace with this”).

- Question on the reframing: *In the process you use, there is one part with the points, but also a part that is mixing with not EFT, but acceptance : « I love myself, I do not love myself » and you mix it with the opening by saying : « there is a situation, and at the meantime, there is another situation » and it's possible as anytime you put that in place, you went to check how she was feeling. Is it truly Remap or is it something that you add ?*

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Yves' answer : In the first place, this is part of the reframing in Remap and EFT, but Steve does deal a lot less with complex trauma with attachment disorders. Therefore, if we reframe following the classical process in Remap or EFT, which is : « even if I have this problem, I love and I accept myself (step 2), but in reality I'm here on the stage (step 3) ». It does not work here. You can try, but the parts are so much in opposition, that if you say for example : « even if I almost died in that building and I hate my mother, I love and accept myself ... » this didn't work out. And then continue : « in reality I am here alive ». (Céline is laughing). Here is the answer. It would not work. You have that in the notes that you've received per email. So I have built a reframing in 5 steps. The 2 first one are the same that you use in EFT or Remap : « even if I have this problem, I love and accept myself ». and the 3rd one is the recognition of what is happening, so that the parts that have not been recognised until now, can be heard as they need to be heard. So just say to them : « it's normal that I am completely angry against this worthy mother that I hate ». This way, the parts heard are calming down. This is however one particularity on step 4, at the right moment, that you can check, in reference to the event/the problem : « in reality, I was a great child and I am a great person now » between brackets, it does mean : « I am not a hateful person, even if I did not receive all the love that I needed ». The, the fact that we give a real element allows the person to connect the resource to the system. As I don't want to close the unconscious, the unconscious know better than I do, therefore I open the possibility and I remain the most general possible : « I open myself to the possibility of living things in a different way, of being able to feel things differently, of being able to breath and feel freedom » and I let the unconscious do its job, but as we just gave a real element before, the unconscious is searching the positive elements and he finds some, what I could not possibly do. All the therapists who tried the reframing method in 5 points say that : « it is changed their way of working » as it is really helpful.

The therapist should keep in mind that dissociation and abreaction are defense mechanisms that suggest that work should proceed cautiously. Also remember to check medical aspects and, if you have the slightest doubt, advise your client to consult a medical practitioner or mental health specialist (physical symptoms by example).

Working via the Self is essential, as it will enable the therapist to install or reinstall this space of security. Note that in the case of children or adults who have experienced early

childhood trauma, the first thing to do is to stabilize them and then to create a space of security within a safe therapeutic relationship.

Finally, therapists should remember that if they are not comfortable with a “complex trauma” client, they should seek out immediate supervision or even refer the client to a colleague who is more experienced in this respect. Our main concern must be to deal with the client’s needs as ecologically and safely as possible.

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