



# **Essential Preparatory Work for Processing Complex Trauma: Techniques for you and your client**

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# Stabilization-Phase

- One goal is for clients to recognise early stages of stress arousal and learn how to effectively stabilise themselves in preparation for confrontation
- There are often different emotional states clients experience in therapy
- Therapists should prepare the patient for traumaintegration phase
- Therapists must reflect: being eager  $\neq$  stabil
- Some clients are eager to really start confrontation and work through their experience
- Some clients really want the symptoms just to stop
- Doing the ground work on stabilization before going in EMDR or intensive trauma processes
- + “Systemic interventions before trauma recovery”



# Plan

- Up's and Down's
- What is too much?
- Emotional rollercoaster

Control and responsibility

Self-efficacy

Know what's coming



## Following Material

**I created my working material. You see part of it in these following slides.**

I based it on Porges (Polyvagal Theory), Reddemann and Bohus. I took my liberty put my creative thoughts in it, so created an own curve instead of using Bohus and Porges graphic.

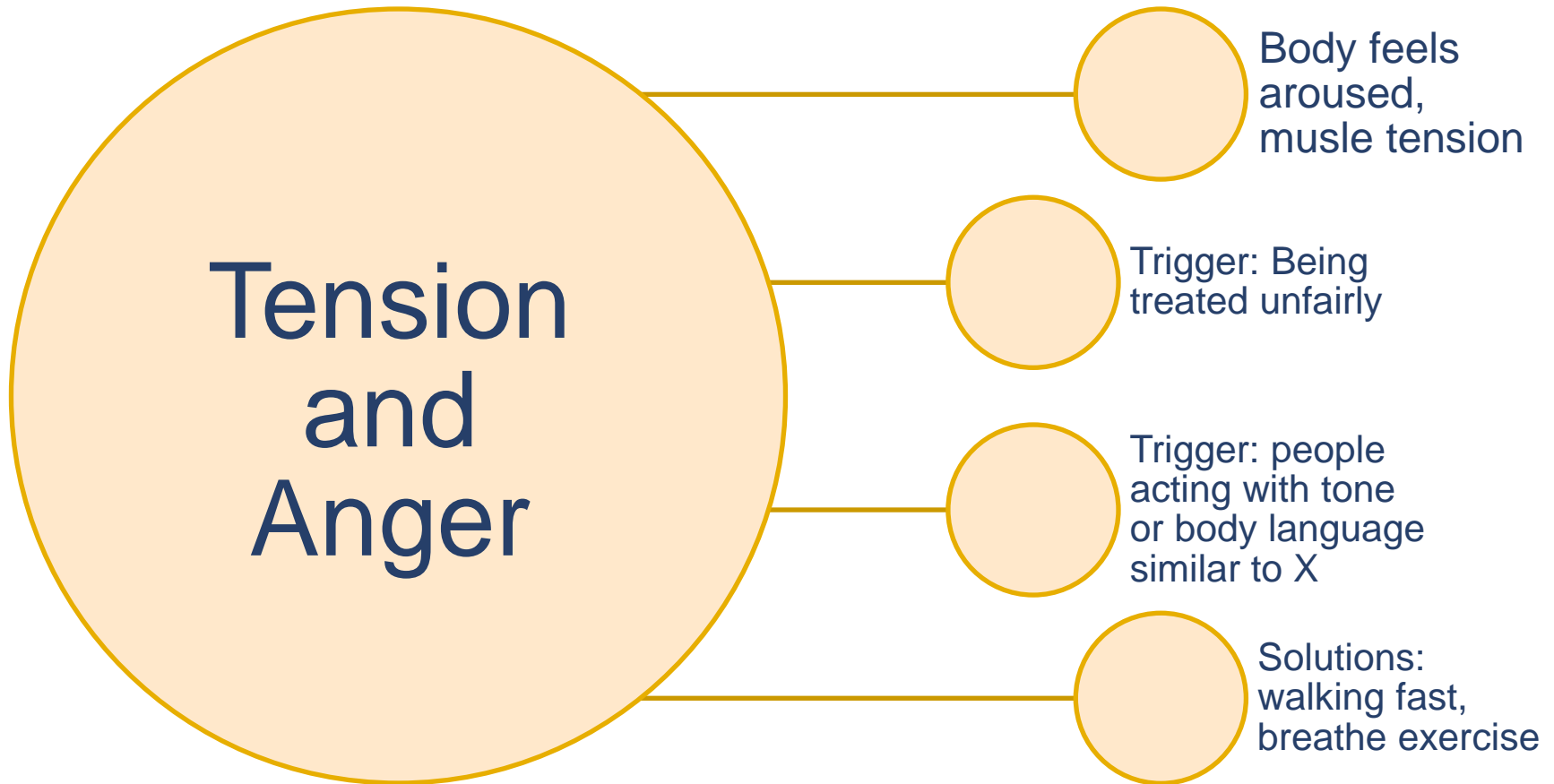
I use this in my work with trauma patients or clients. In systemic approach we use „clients“ more than „patients“.

When working with clients it feels concrete, easy and good accepted by client. The clients are motivated and feel moving forward to understand and influence themselves.



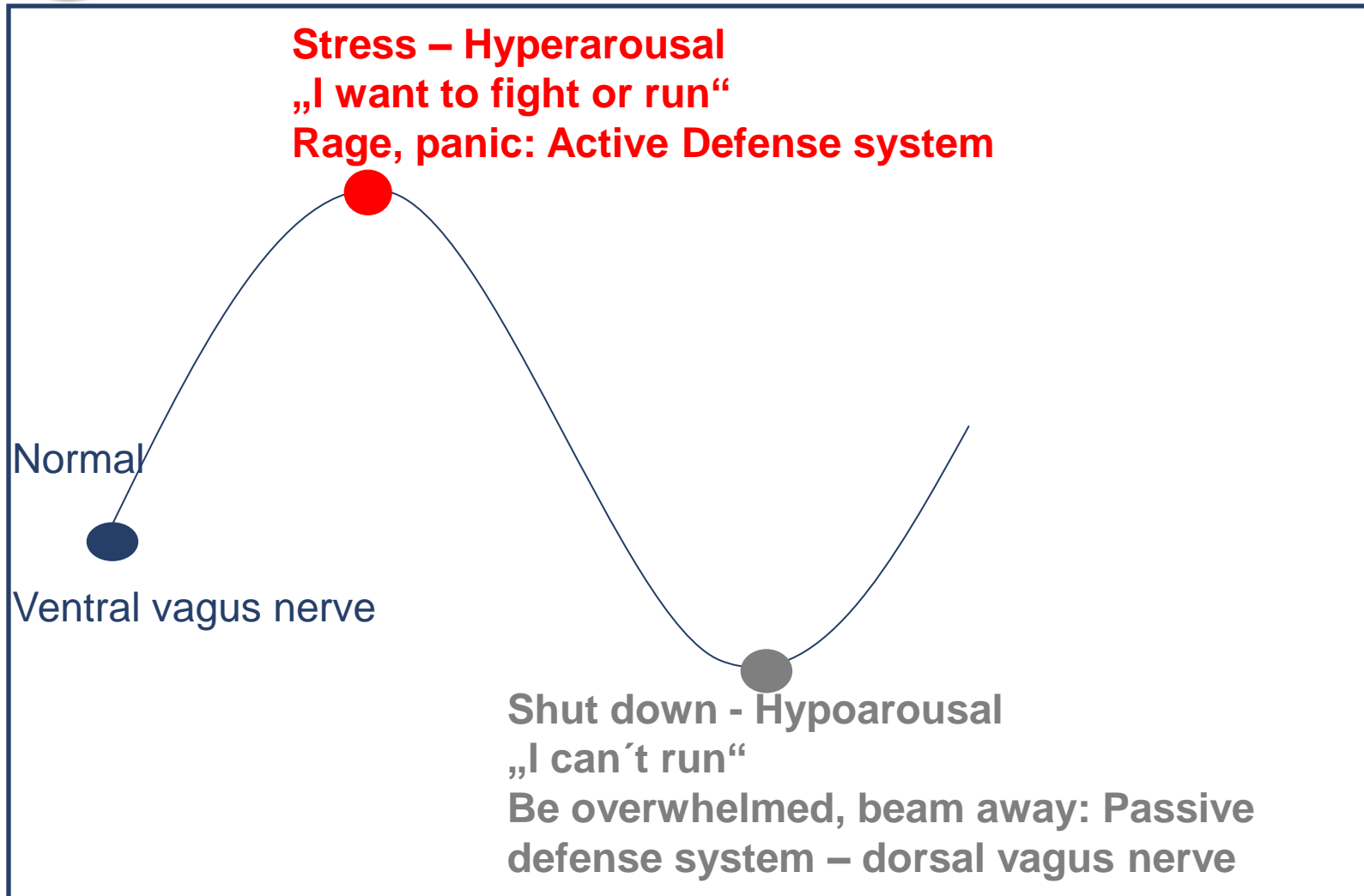
## Explore.

Start with an example: Situation of clients experience





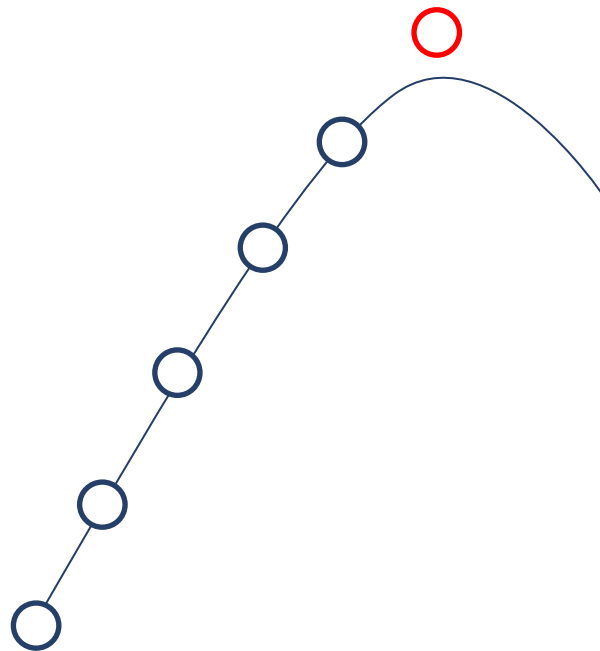
# Emotional Curve



created  
by Isa  
Julgalad  
2020



# Shaping the curve



*Hey lets talk about „X“  
And experience what's  
in between...*

**Stresslevel: 1-10**

**Body**

**Emotion**

**Thought**

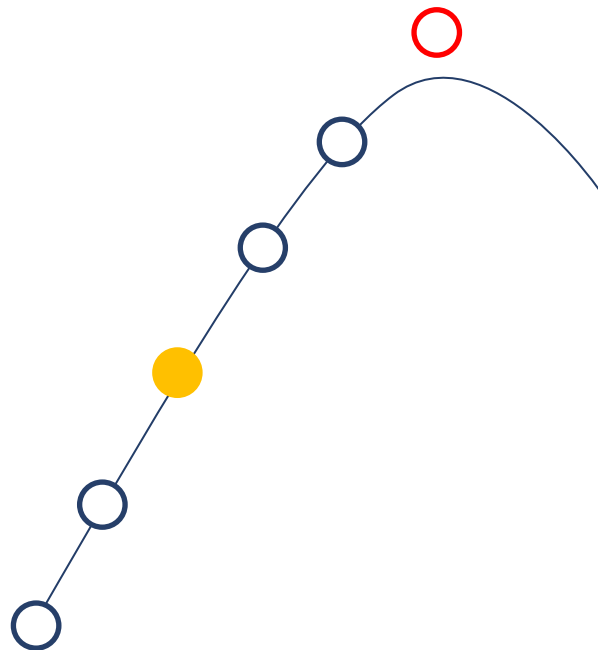
**Situation**

- Please check how your clients thinks and feels about it
- Stresslevels 1, 5, 7, 10
- This can depend a lot previous situations experienced
- Maybe your client... have never experienced a 10
- Maybe she/ he is very avoiding
- Maybe the opposite is the case, so maybe the client is just feeling the body when it is already too much and intense





# Shaping the curve



*Hey lets talk about „X“  
And experience what's  
in between...*

## Stresslevel 4

**Body:** *Breathing different (describe)*

**Emotion:** *Anger*

**Thought:** *„I am pissed“*

**Situation:** *Experiencing the Feeling be  
treated unfairly and having no a good  
way yet responding to it*

*> What's next: Does feeling of not  
having control exaggerates ?  
Towards a 6 or 8*





- Numbers can be used differently
- You can relate to the curve and have a good understanding this way



# Shaping the curve

↗ **What happens from 4 to 10?**

What needs to happen?

*Client: X, Y, Z makes me go to 10.*

## Stresslevel 10

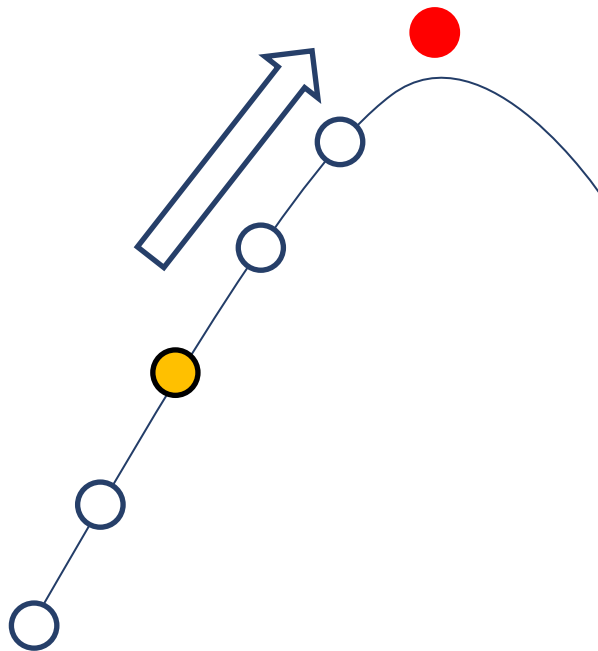
**Body:** *Breathing heavy, Muscles contracted (describe)*

**Emotion:** *Anger - Rage*

**Thought:** *„I am pissed. I don't want to stop.“*

**Situation:** *Experiencing the Feeling be treated unfairly and having no a good way yet responding to it. After a intervention of standing up for me fails...*

*Expressing a 10 in ways ... Acting on 10 ...  
After this behaviour: feeling good/ at least better/ neither good nor bad/ both / a little bit regret, shame or something else afterwards / feeling worse*



Normal

*Hey lets talk about „X“  
And experience what's  
in between...*



# Systemic Intervention

- You can take a turn on interventions here: Anger
- What does the Anger want:
- Systemic approach would be appreciating the goal
- E.g. Goal= protecting yourself, finding a strategy for fighting and keeping a good life-quality.
- Reason it appears: threat to life quality
- Accepting the goal and seeing energy > as two things

Is the energy reminding you of your rights? Helping you feel strong (maybe better angry) than passive?

Is it helping you in ANY WAY?

**How much of this energy do you WANT TO feel?**



# Systemic Intervention

- How much of this Anger - Energy do you **WANT TO** feel?



*Rage-Part is still active, so  
Patient might not only be „angry“  
Rage has lower powerlevel*

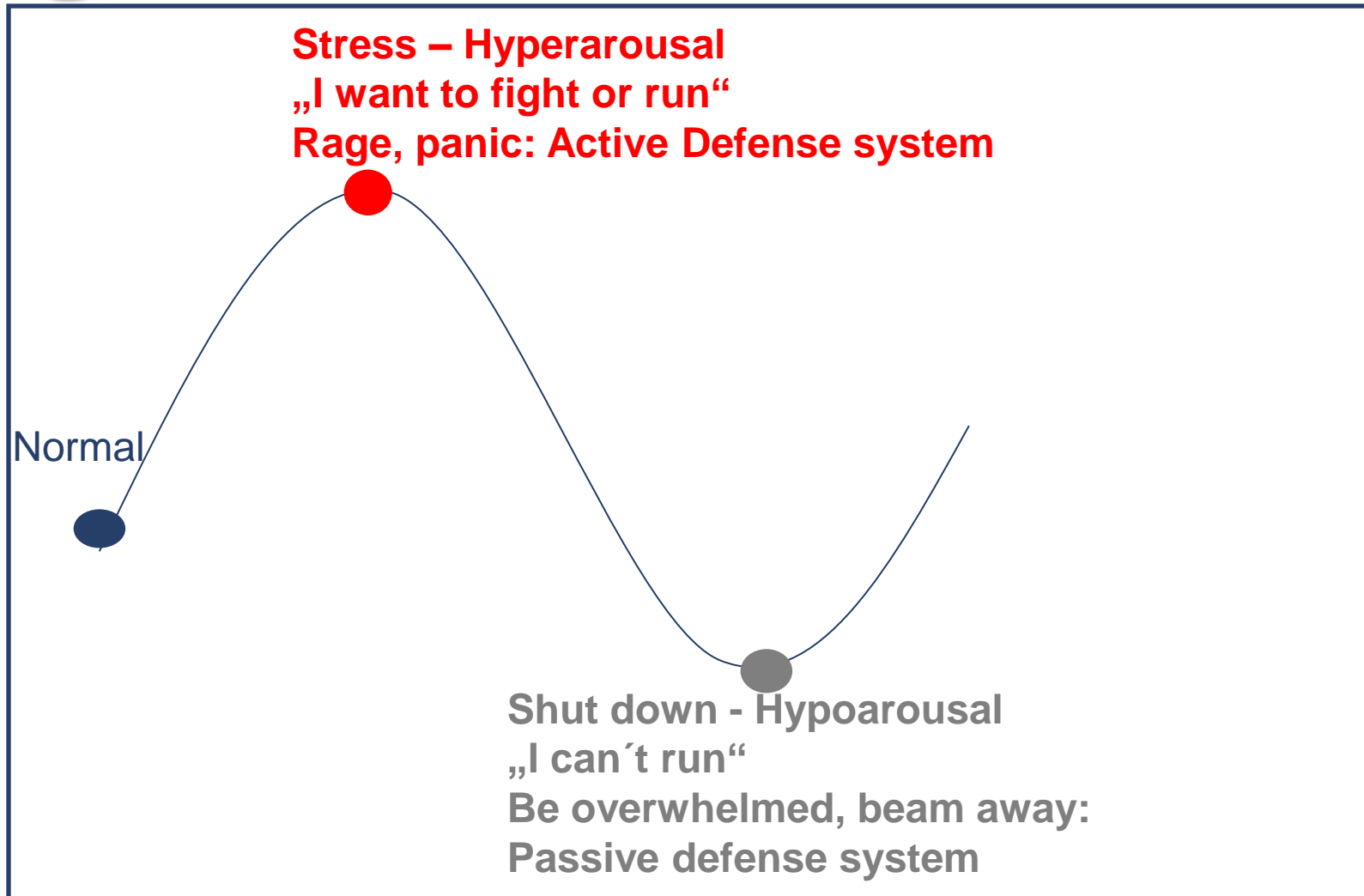


# Systemic Intervention

- Explore with the patient, what the „wants to feel good“-part can say to that situation
  - We can experience different parts and opinions in ourselves. Some people call these „ego-states“ or parts or you could just ask an emotion „ Please tell me, what you think might be a good / better way to feel angry in that situation...?“
  - Can you feel anger and still care about yourself?
  - „Wants to feel good“-part: It is the part of you that is not judging, empathic, has emotional knowledge and inner connection
  - You could also ask a „higher self“
- Let a patient explore in a session in his or her body, where this part is most present and strong in the body
- Intensify that part of her/him as a ressource



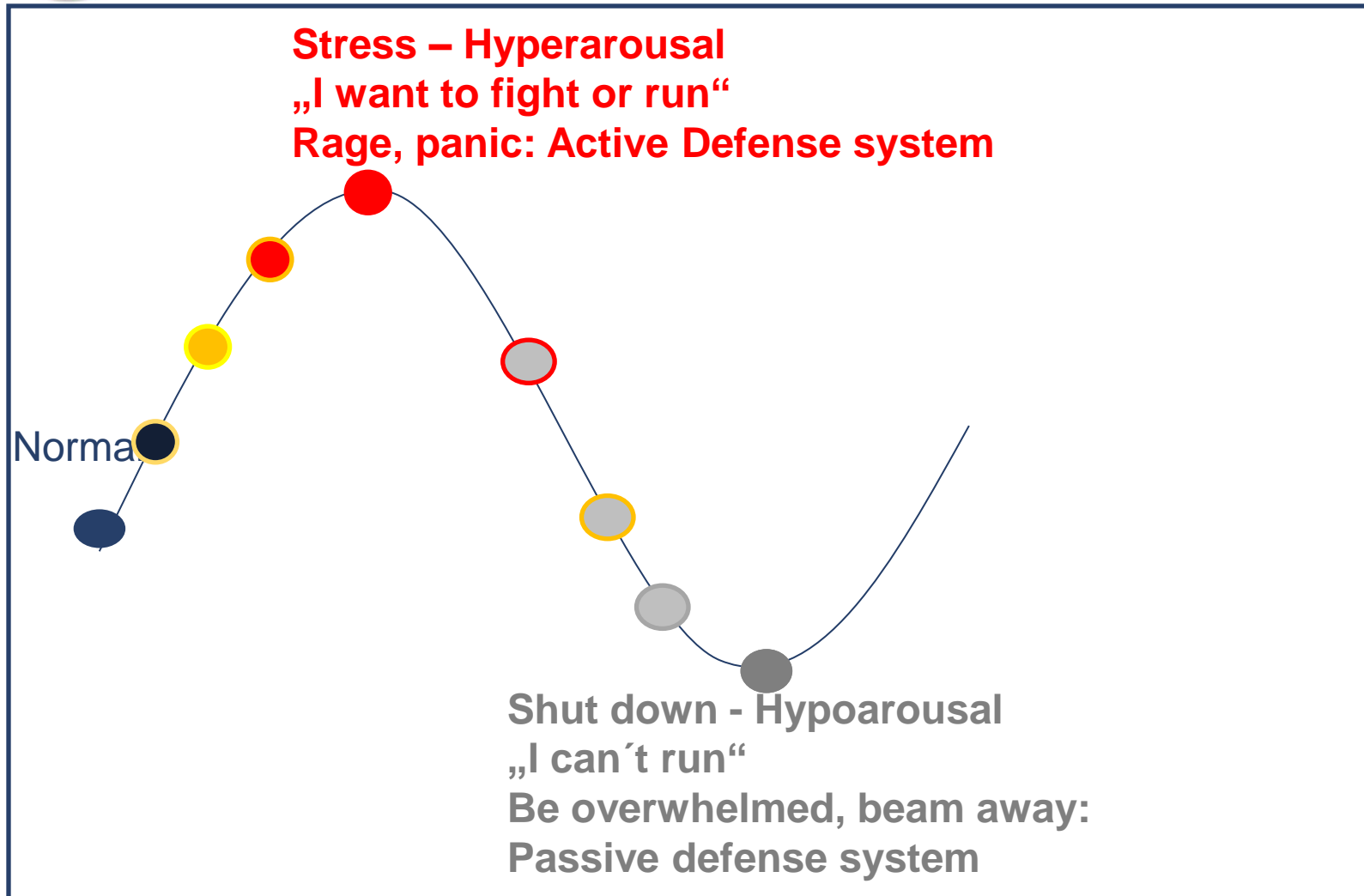
# Emotional Curve



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# Emotional Curve – Patient example



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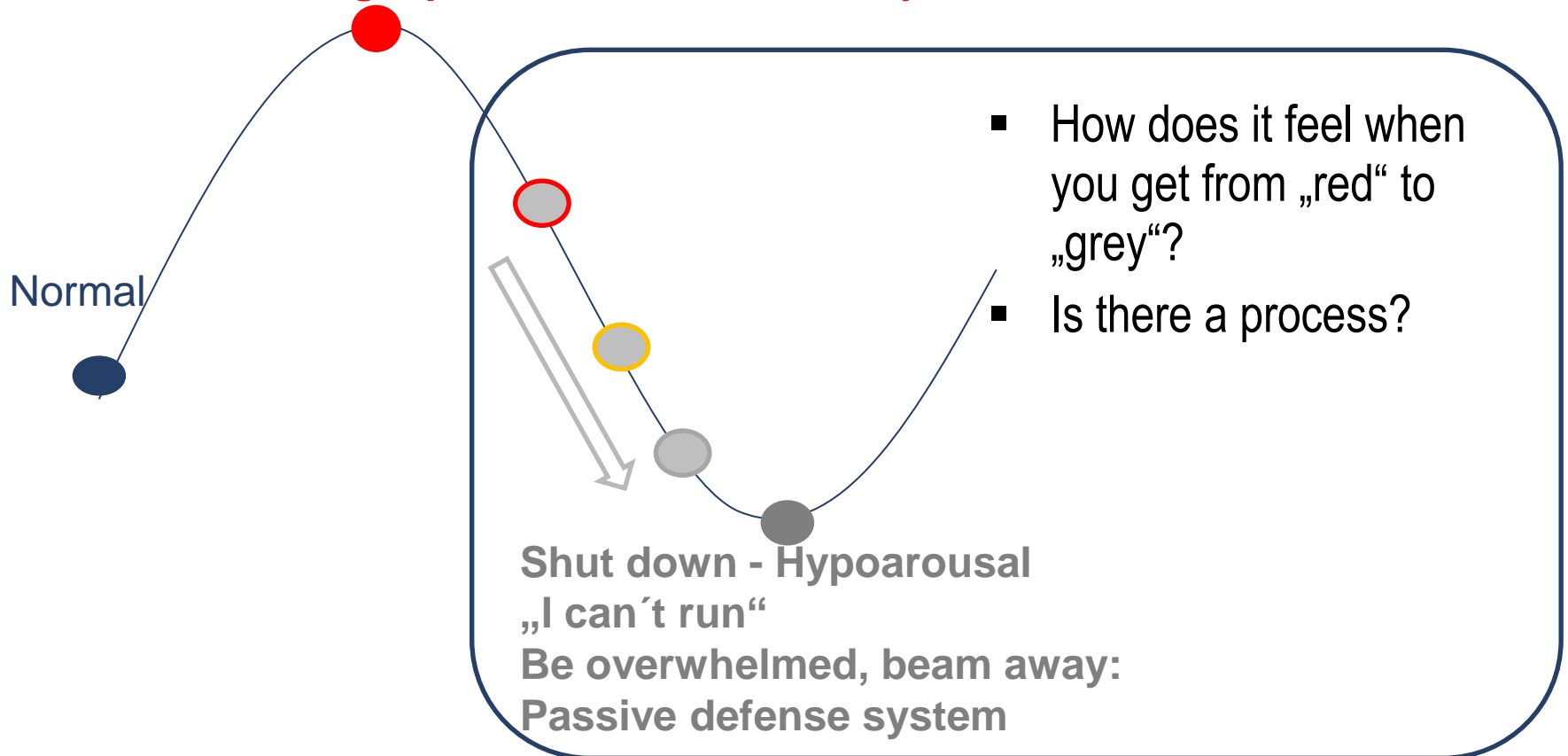


# Emotional Curve

**Stress – Hyperarousal**

**„I want to fight or run“**

**Rage, panic: Active Defense system**





## Explore.

Start with an example: Situation of clients experience  
Feeling can be for example...

# Rage on myself

Body feels furious energy, activity, and feels hard to control. Selfhating rage

Trigger: I fail at something important to me. I fail at something I used to succeed at. I just see my symptoms, I feel am wreck and worthless

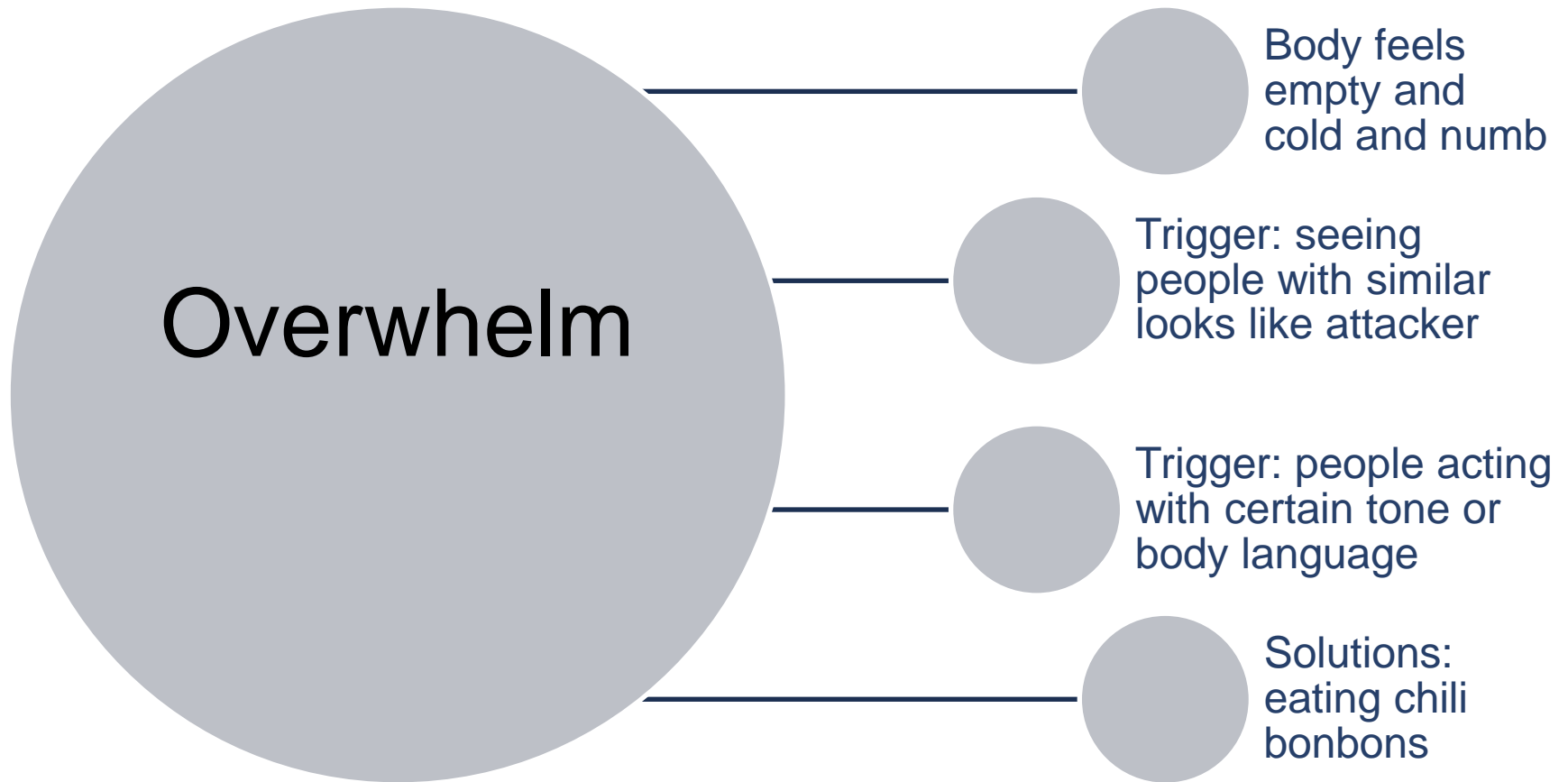
Solutions: Step 1 can be eating chili bonbons. When negative energy is lowered you continue with softer techniques. Because you don't want to overuse strong interventions (chili bonbons)

Solution Step 2: It depends on intensity. Some people rub their body parts with hard massage balls.



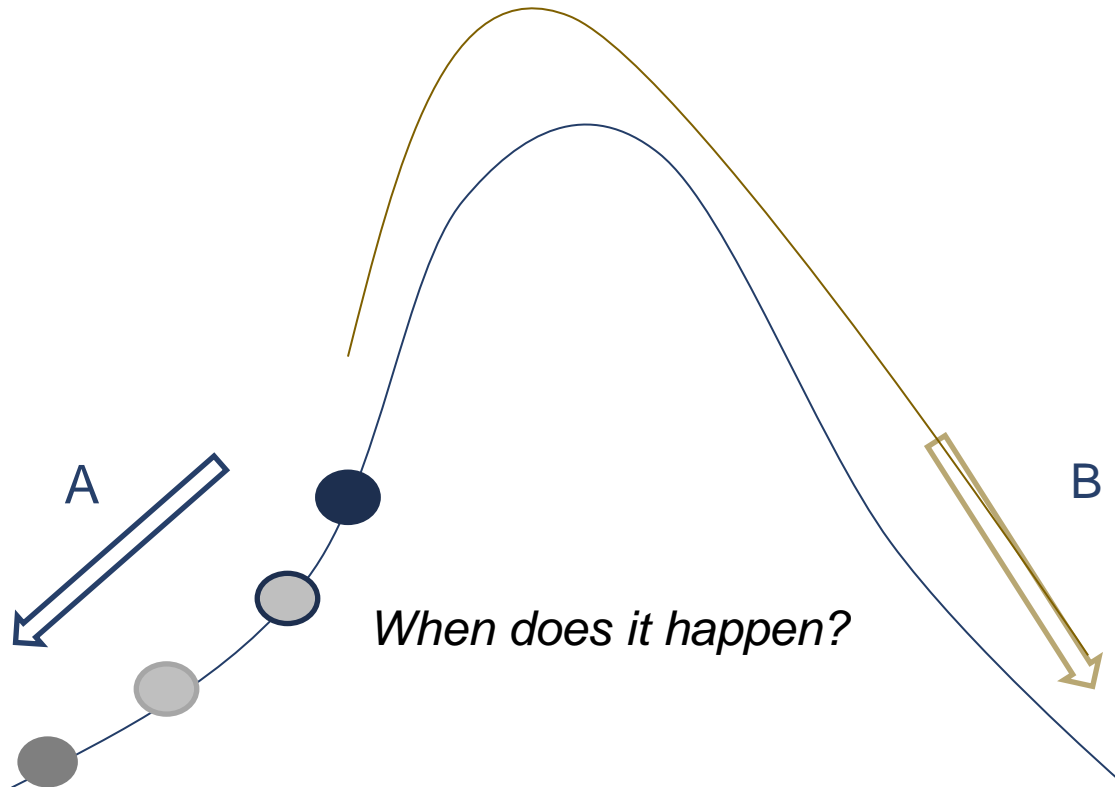
## Explore.

Start with an example: Situation of clients experience  
Feeling can be for example...





# Emotional curve



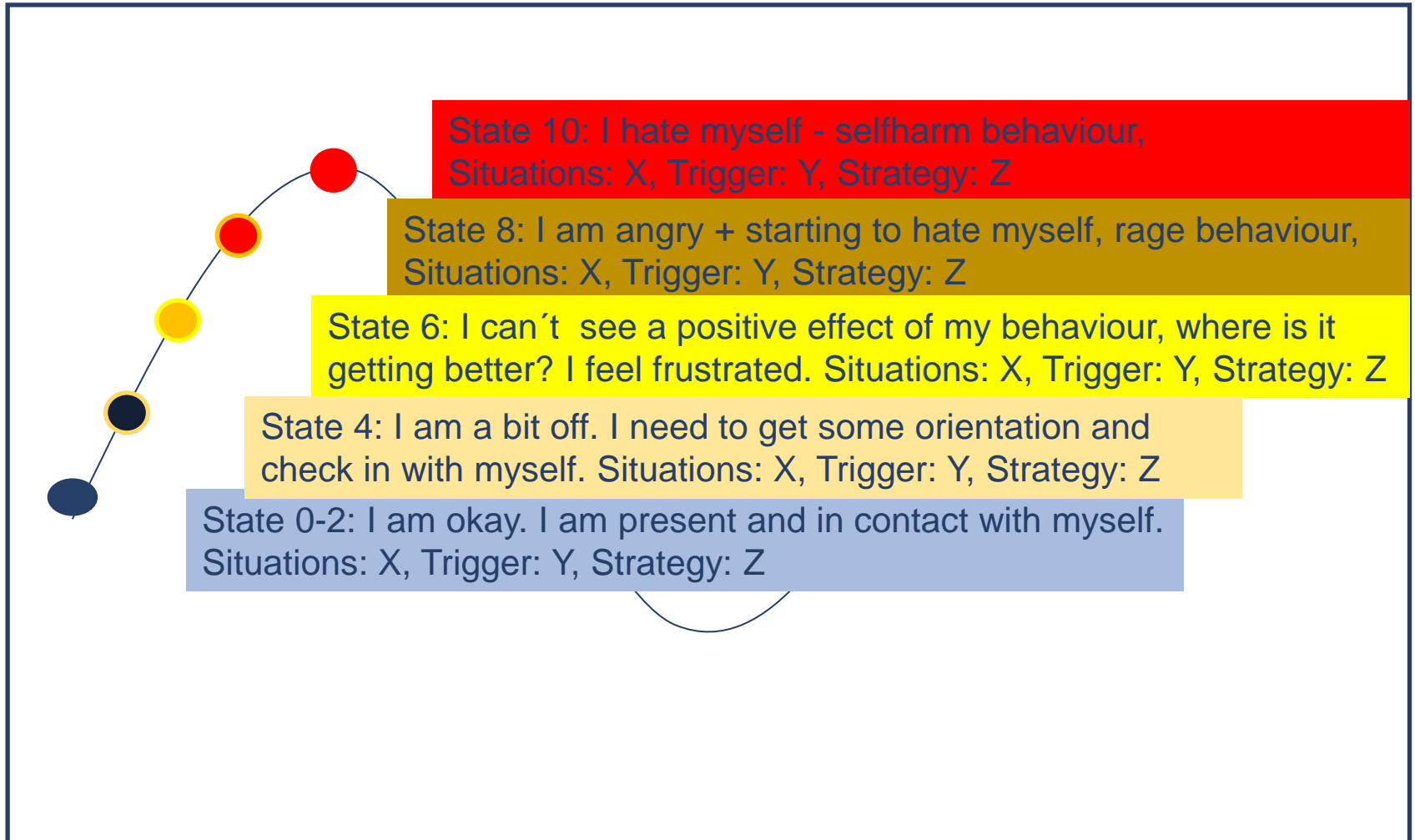
- Some Triggers can just make clients go instant into feeling numb (left, grey A) and shut down. But there are some situations, where clients might be angry first (brown line to B). Be concrete. Find coping-strategies for A and B.



# Drawing with patient

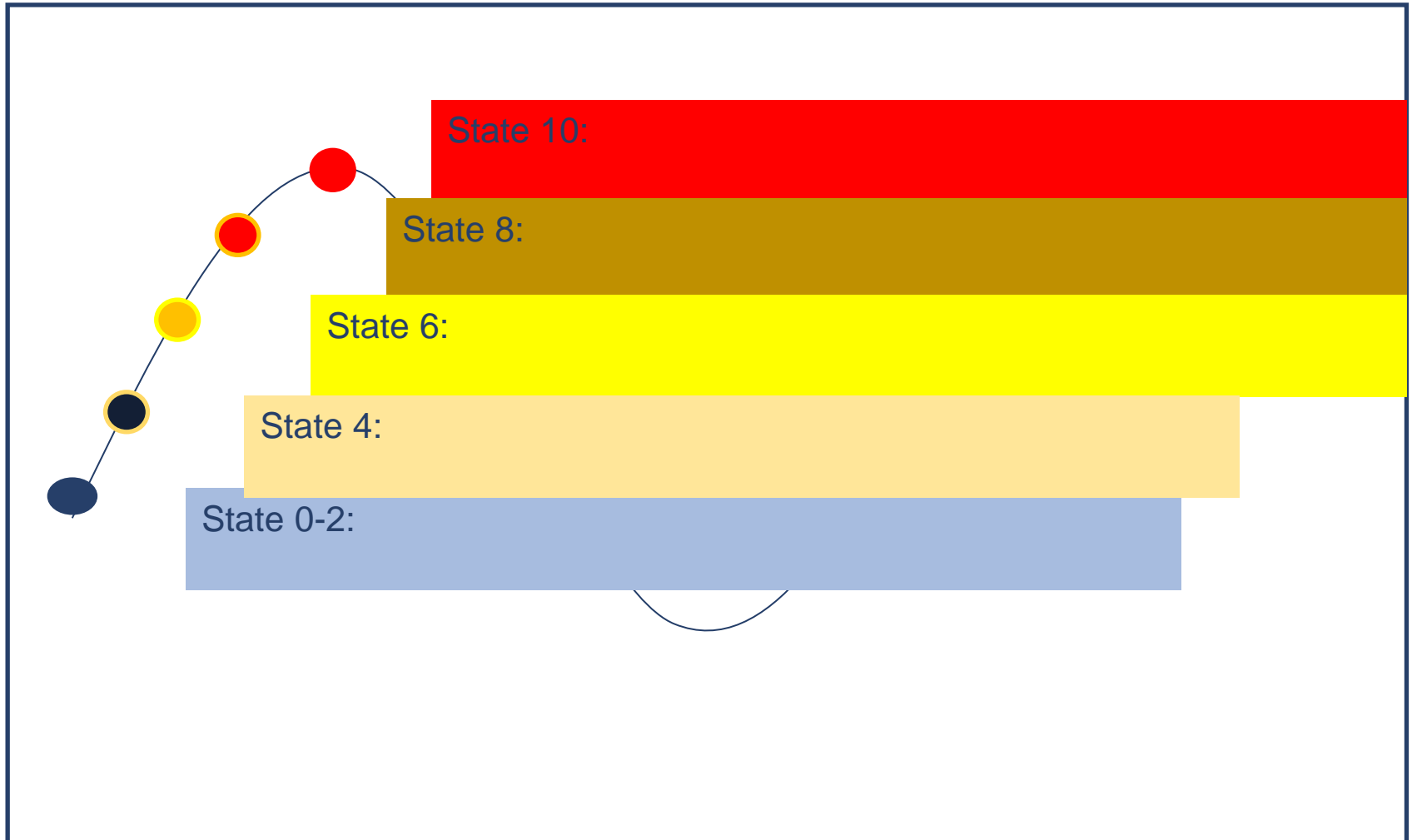
## Example for therapy

Patient: I.





# Worksheet

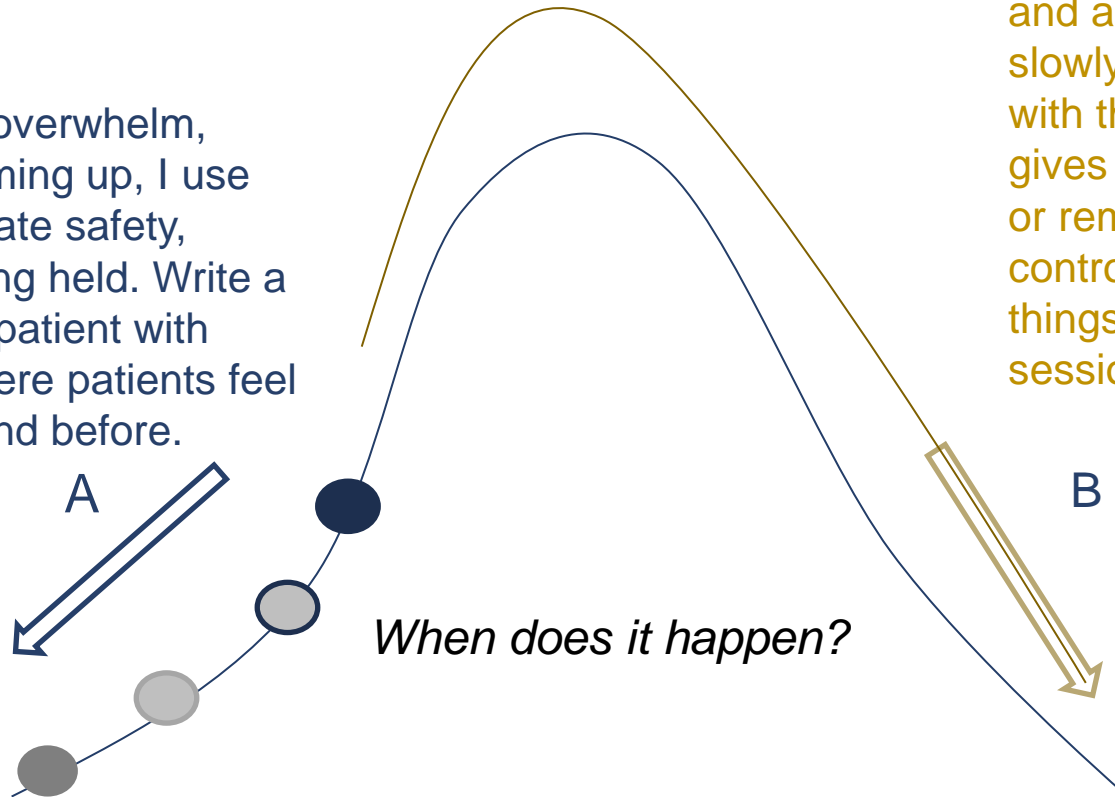




# Emotional curve

## Solution:

I feel instant overwhelm, when it is coming up, I use skills that create safety, feeling of being held. Write a list with your patient with situations where patients feel safe and sound before.



Solution: „After experincing anger I sometimes feel weak and a sense of overwhelm slowly crawling in. I put a list with therapist together what gives me a sense of control or reminds me, that I am in control about important things. (Do the list in therapy session)“

Some Triggers can just make clients go instant into feeling numb and shut down (left, grey A).

There are some situations, where clients might be angry first (brown line to B).





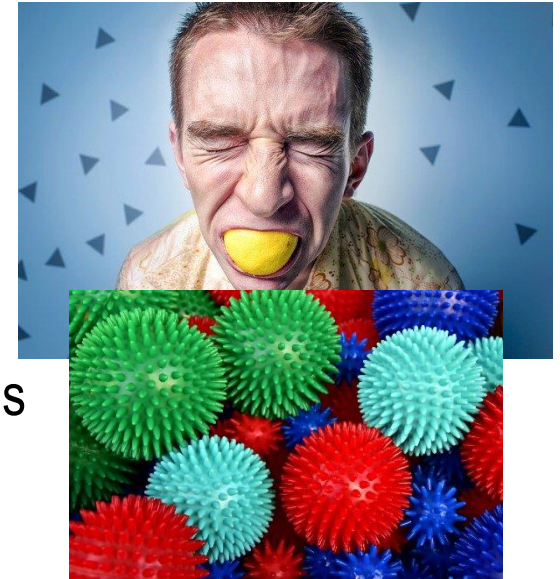
## When and why

- Do this before trauma integration with technique going into heavy feeling, body sensations and thoughts.
- Observe with your patient a competence to reflect and react to various emotional states.
- Allow the patient to grow in responsibility.
- It makes it easier for therapist to know after a session with a relevant emotional „activated charge“ and during processing phase that the patient can take care a lot for him- or herself.



# Present focus interventions

- Present focus creating > stop arousal of fear, panic or flashback, anger
- Smell: Citron Oil (aroma-oil), fruits, parfum  
or aftershave smells, Amoniak appullens
- Taste: Lemons, Chili Bonsbons, Sour Bonbons
- Skin feel: Massage ball, ice cube, rubbing with hands
- Breath: Tactical breathing  
(1,2,3,4 so 4s breathing in, 4 hold breath, 4s breathing out. Repeat.)
- Body feeling: body scan or ressoucre energy
- Grouding exercise: Tree exercise
- Freedom exercise: Flying bird





# Present focus interventions

- Present focus interventions or „Sensory Skills“ based on
  - Dr. A Jean Ayres (1920 – 1988) Sensory Integration Therapy + Sensory Integration Approach
  - Martin Bohus and Martina Wolf Arehult (2012) Skills Training for Complex PTSD
- In Germany we call Present focus intervention just „Skills“
- Don´t get confused by that, some author established that years ago. That could be confusing as german traumatherapists are really using the english word „skills“.



# Personal Recommendation

- **Before I do EMDR, I like to create an experience... where my clients/ patients can see, feel, realize and recognize that she or he really has survived**
  - „When you would have survived, what would you like to do now?“
  - Just allow the brain to bring up some ideas
    - ... If I had survived then I would go swimming, feel my body head to toe
    - ... my body would feel that it is here – a therapist may evoke that feeling with a body ressource exercise like MBSR, Body Scan, Focussing on a ressourceful spot in body
    - ... make sure every possible cell realizes that „Here and Now“ are physical safe & complete.
  - What part of the patient is still doubting that is over? > this gives the therapist a lot to work on. Why does that part not want to arrive in „now“?
  - Is there something now we can do for feeling safe



# Create moments of safety

- Create with client ideal environment adapting their needs
- Place: Where would you feel safe...?
- Imaginery exercise: “Haven”
  - Safe space: Freedom, overview vs. protection and saferoom
  - If you create an inner safe space, you can make a copy of it
- Activate body: What do you feel in your toes... just let it be. Breathe. Observe. Listen to your body (Gendlin)
- Feelings: How do you feel in your body...?  
What feeling is right now living or a guest in your stomach?



# Self-care

- Taking responsibility for strength and weakness
- Seeing + acknowledging both with the patient



It's not weakness.  
There is a need,  
you now can learn  
how to take care  
of it.

>Accepting needs  
>Accepting new  
perspectives on it



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*means firebird, phönix*

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# My background

## Background

- Police
- Prison Staff
- Waldschlösschen-Klinik Dresden (Traumaklinik)
- St. Irmingard Klinik

## Theories influencing my work:

- Fischer & Riedesser (Trauma)
- Hanswille & Kissenbeck (systemic Traumatherapy)
- Krampfl, Andreatta (first responders)
- Stamm, Pearlman, Figley (Secondary Trauma)
- Arndt (Police secondary Trauma)
- <https://www.stephenporges.com/>



## Abstract

Isa draws from her most recent therapeutic experience whilst working at the Waldschlösschen and St. Irmingard Clinic in Germany, for applying a systemic approach in stabilising clients throughout Stage 1 of their recovery from Complex Trauma. The therapeutic goal is for clients to recognise early stages of stress arousal and learn how to effectively stabilise themselves in preparation for confrontation in Stage 2.

During a process of psycho-education you and your client will develop a better indication of frequency and intensity of intrusions, avoidance behaviour, and numbing. Your client will learn to normalise bodily arousal, and how to regulate low, moderate, and strong stress levels; taking back emotional control. Through experiencing self-efficacy, your client gets the chance to influence and choose, what is too much for them to handle by de-escalating levels of arousal. This prepares the way for later work on trauma confrontation, by making it easier to grow expectations on how slow the process will take place.

For experiencing and keeping the emotional feeling and cognitive knowledge of "*I am safe now*", is most beneficial, when intrusions and levels of fear and abandonment are regulated.



## Benefits and Reasons

- When the clients understand their own up's and down's ... that can be relieving and de-stigmatizing, they are becoming part of expert-team (client and therapist are coworking)
- When the clients get to know and accept about „what is too much“ they can take responsibility and control
- When clients know their emotional rollercoasters: they know that even the „rollercoaster rides“ are going to be over at some point, they can learn to reflect triggers and avoid them in some situations when they just right now need to relax and re-energize (e.g. during EMDR-integration)



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When working with clients it feels concrete, easy and high accepted by client. The clients are motivated and feel moving forward to understand and influence themselves.