

RESOLVING TRAUMA WITHOUT DRAMA



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FUTURE TALK

Method #1 Expectancy Talk

Use phrases that create expectancy, such as “yet,” “so far,” “up to now,” and “when.”

Example: So far you haven't figured out any way to live and not be in misery.

Example: When you've gotten a handle on your anger, you won't have so much trouble at work.

Method #2 Problems into Goals

Turn problem statements into goal statements.

Statement: I can't stand this depression.

Your response: So you'd really like to find some way to feel better and be less depressed.

Method #3 The Crystal Ball

Ask people to envision a future in which the situation is better, a problem is resolved or a goal is reached. Then work backwards from that future to the present.

Example: I know you sometimes feel it's impossible, but let's just imagine it's a year from now and you are feeling better, what kinds of things would you be doing if the depression weren't dragging you down?

Method #4 The Miracle Method

Ask people to imagine that the barriers to reaching the goal are eliminated by a miracle while everyone is sleeping. Then ask them what things would be happening once the miracle had occurred. This does not involve hoping for a miracle, but freeing imagination and action from unnecessary limitations.

Example: Imagine that while you are asleep tonight, a miracle occurs and the depression has vanished. How would things change? What is the first thing you would notice or do when you woke up that would let you know the depression was gone?

Method #5 First Signs of Change

Ask people to tell you what the first signs of change will be that will indicate that they and the company are moving in the direction of the goals, the crystal ball vision or the miracle. [Hint: The first signs may already be happening.]

Example: What's the first thing you would think or do when you are on the right track or have you already done something before we met that let's you know you are heading in the right direction already?

A Letter From The Future

Write a letter from your future self to your current self

From six months, one year or five years (or whatever time period you sense is appropriate) from now

Describe where you are, what you are doing, what you have gone through to get there, and so on

Tell yourself the crucial things you realized or did to get there

Give yourself some sage and compassionate advice from the future

PROBLEMS INTO PREFERENCES: A FUTURE-ORIENTED ACKNOWLEDGMENT METHOD

When people first seek therapy, they are often focused on the past and what isn't working. How does the therapist gently and respectfully invite them into the future without minimizing their suffering or invalidating them? I use a method that owes a lot to both Carl Rogers (for the acknowledgment and reflection of people's experience and feelings) and Milton Erickson (for the indirect shifting of attention and frame of reference). This method helps people re-orient their attention from what they cannot change (the past) and what hasn't been working (the complaint) to what they can change (the future) and what they would prefer to have happen (their goal or direction or desire). If done respectfully and skillfully, most people do not even notice the shift consciously, but many report feeling more hopeful after it is used through the interview.

- **Rephrase from what is unwanted to what is desired or preferred**

Client: I think I'm just too shy to find a relationship. I'm afraid of women and being rejected.

Therapist: So you'd like be more comfortable around women and to be able to get into a relationship.

- **Redirect from the past or present to the future**

Client: We argue all the time.

Therapist: So you'd like to be able to work out conflicts without having so many arguments and even to have fewer conflicts if possible.

- **Mention the presence of something rather than the absence of something**

Client: He never does anything we ask him to.

Therapist: You'd like to see some cooperation from him.

- **Suggest small increments rather than big leaps**

Client: I can't stand this depression.

Therapist: You'd really like to find some way to feel a bit better and be a bit less depressed.

INHIBITION AND INTRUSION: Polarities of Troublesome Aftereffects of Trauma

The aftereffects of trauma often come in one of two polarities: 1.) Inhibited experience, sensations, perceptions or activities; or, 2.) Intrusive experience, sensations, perceptions or activities. These aftereffects may occur occasionally or with regularity. A person might only experience one side of the polarity or may experience both sequentially or simultaneously.

Inhibited aspects are missing or lacking from the person's life or experience. The person has no room for or space for the aspect.

Intrusive aspects dominate the person's experience at times. The person also might feel compelled to experience or do something.

In the table below are some examples of commonly reported aftereffects of both varieties.

Inhibited/lacking	Intrusive/compulsive
No sexual response/sensations	Compulsive/"addictive" sexuality
No anger	Rage
No memories (Might be lacking only visual, auditory, gustatory, olfactory, or kinesthetic or some combination)	Flashbacks (Might be visual, auditory, gustatory, olfactory, or kinesthetic or some combination)
No body awareness; lack of connection with certain body parts (e.g., the arms)	Somatic/medical symptoms; eating disorders; self-mutilation

Inhibited aspects of a person may be dealt with by having the person approach rather than avoid the aspect in whatever way makes sense to them and is acceptable. For example, a person might look through family scrapbooks or talk to family members to begin to approach missing memories. Or a person who rarely experiences anger may be given the suggestion to think of something that angers him or her and just let the anger be there without having to get rid of it, justify it or do anything about it. A person who lacks body awareness may get a massage.

Intrusive aspects can be dealt with in (at least) three ways: 1.) Time delays—putting a delay between the impulse to act and the action (e.g., having the person walk around the block five times before bingeing); 2.) Externalizing—putting the experience out into the world so the person can get some distance from it and some perspective on it (e.g., having them draw their flashbacks or cut a doll instead of themselves, naming the problem and coaching them to stand up and fight against its domination in their life); and, 3.) Agreements to limits—having the person agree to experience the impulse but not act on it (e.g., have them feel like cutting themselves but not act on that compulsion).

USING INCLUSION IN TREATING DEVALUED ASPECTS OF SELF

Injunctions

Determine the injunctions that may have dominated the person. These are conclusions that the person has made about himself or herself or ideas that other people have suggested to them or told them are true. They can usually be thought of in two forms:

- ❖ Have to/Should/Must (as in, “You must always be perfect,” or “I have to hurt myself.”) or
- ❖ Can’t/Shouldn’t/Don’t (as in, “You shouldn’t feel sexual feelings,” or “I can’t be angry.”)

Binds

Sometimes the person is stuck with dueling or seemingly opposite injunctions operating simultaneously. For example, “You must be perfect,” paired with “You never do anything right!”

Self-Devaluing

Sometimes the person has come to the conclusion, consciously or unconsciously, that he or she is bad or that parts of him/her is bad. He might say, “If you only knew what I am like inside, you would see that I am evil.” She might have the sense that anger is bad and she shouldn’t feel it or show that she is angry. If she does she thinks she is very bad or anger is very bad.

Valuing, permission and inclusion as antidotes

1. Give the person **permission to and permission not** to have to experience or be something. For example, “You can feel angry and you don’t have to feel angry.” Or, “It’s okay to be sexual and you don’t have to be sexual.” Be careful when giving permission about actions.
2. Suggest the **possibility of having seeming opposites or contradictions coexist** without conflict. For example, “You can tell me and not tell me about the abuse.” “You can forgive and not forgive at the same time.”
3. **Allowing for the opposite possibility** when speaking about the way it was, is or will be. “You’ll either get better or you won’t.” “That was either a terrible thing or it wasn’t.” “I’m shy except when I’m not.”

FOUR PLACES FOR INTERVENTION IN THERAPY

BEING	VIEWING	DOING	CONTEXT
<ul style="list-style-type: none"> ❖ Feelings ❖ Sense of self ❖ Bodily sensations ❖ Sensory experience ❖ Automatic fantasies and thoughts ❖ Imagery and intuition 	<ul style="list-style-type: none"> ❖ Points of views ❖ Attentional patterns ❖ Interpretations ❖ Explanations ❖ Evaluations ❖ Assumptions ❖ Beliefs ❖ Identity stories 	<ul style="list-style-type: none"> ❖ Action patterns ❖ Interactional patterns ❖ Language patterns ❖ Nonverbal patterns ❖ Time patterns 	<ul style="list-style-type: none"> ❖ Community (church, neighborhood, clubs) ❖ Social relationships (friends, non-nuclear relatives, teachers, mentors, neighbors, role models/heroes) ❖ Physical environment/spatial location ❖ Cultural/racial background and propensities ❖ Family/historical background and propensities ❖ Biochemical/genetic background and propensities ❖ Gender training and propensities ❖ Spirituality
<p>Give messages of acceptance, validation and acknowledgment. There is no need to change or analyze experience as it is not inherently a problem.</p>	<p>Challenge problem views that:</p> <ul style="list-style-type: none"> ❖ <i>Blame</i> ❖ <i>Impossibility</i> ❖ <i>Invalidation</i> ❖ <i>Non-accountability.</i> <p>Offer new possibilities for attention.</p>	<p>Find patterns that are part of the problem and that are the “same damn thing over and over.” Then suggest disrupting the problematic patterns or use solution patterns.</p>	<p>Suggest shifts in the context around the problem (e.g. changes in biochemistry, time, space, cultural habits and influences, etc.) Use these areas to normalize (and therefore value and validate).</p>

First, acknowledge and validate clients’ experience and sense of themselves as okay (if you don’t do that, they probably won’t be available to change). Then, when working on change, focus on the three other columns: Changing the viewing, changing the doing and changing the context. There are typically two ways to change these areas. One is to find out what hasn’t been working or is problematic in these areas and shift clients out of those unworkable patterns. The other is to find out what works, has worked or that clients would imagine would work in these areas and encourage clients to increase the workable patterns.

DESIGNING PATTERN AND FRAMING INTERVENTIONS

Pattern Interventions

De-patterning - Alter current patterns of action around the complaint

Re-patterning - Provide alternate new patterns as substitutes for the complaint

- Change the **frequency/rate** of the complaint or the pattern around the complaint.
- Change the **duration** of the complaint or the pattern around the complaint.
- Change the **time** (hour/time of day, week, month or time of year) of the complaint or the pattern around the complaint.
- Change the **intensity** of the complaint or the pattern around the complaint.
- Change some other **invariant quality** of the complaint or the pattern around the complaint.
- Change the **sequence** (order) of events involved in or around the complaint.
- **Interrupt** or otherwise prevent the occurrence of the complaint.
- **Add a new element** to the complaint.
- **Break up** any previously whole element of **the complaint into smaller elements**.
- Have the person **perform the complaint without the usual accompanying pattern** around it.
- Have the person **perform the pattern around the complaint** at a time **when they are not having the complaint**.
- **Reverse the direction of striving** in the performance of the complaint [Paradox].
- **Link the occurrence of the complaint to** another pattern that is a **burdensome activity** [Ordeal].
- Change the **body behavior/performance** of the complaint.

Framing Interventions

De-framing - Challenge current frames of reference

Reframing - Offer new frames of reference

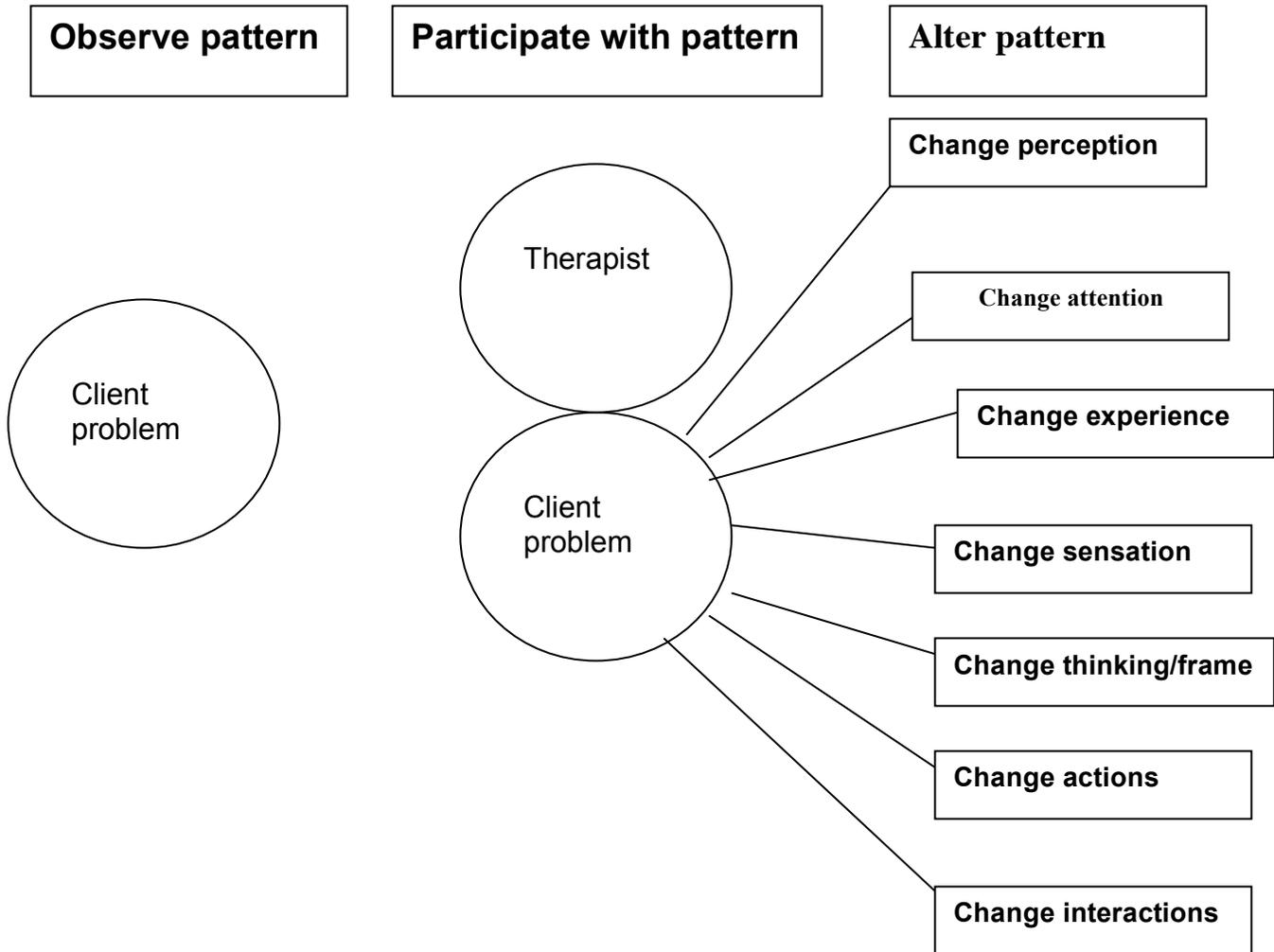
- Offer a new evaluation (either positive or negative) of the complaint or situation.
- Offer a new causal explanation for the complaint or situation.
- Use puns and humor to make new associations [Linking].
- Make distinctions [Splitting].
- Use analogies, anecdotes to normalize, open up new possibilities or suggest new associations [Linking].
- Orient the person's attention to some aspect of their situation or complaint they haven't been attending to previously.
- Give their complaint a new name.
- Externalize their complaint.

CHANGING ATTENTION

What is the person consistently paying attention to in the problem situation? What are they focused on that is not helpful?

Find anything else to have them attend to. Some possibilities:

- Changing their sensory attention. Shift from seeing things to listening; or from listening to touching.
- In memory, have them try to recall other aspects of the situation they are remembering.
- If they are stuck on some thought, have them think of one thing that would challenge that thought or get you to doubt it. Or every time they have the recurring thought or obsession, have them think of at least three things they could do in the present or the future that could change their situation for the better.
- Shift from focusing on the past to focus on the present.
- Shift from focusing on the present or the past to focus on the future.
- Shift from focusing on internal experience to focus on the external environment or other people.
- Shift from focusing on others or the external environment to focusing on their inner world.
- Get them to ask themselves some different, more helpful questions than the ones they have been asking. What and How questions tend to be more productive than Why questions.
- Focus on what has worked rather than what hasn't.



EVOKING CLIENT SOLUTIONS AND COMPETENCE

The idea is not to convince clients that they have solutions and competence, but to ask questions and gather information in a way that convinces you and highlights for them that they do.

1. Ask clients to detail times when they haven't experienced their problems when they expected they would

- ❖ Exceptions to the rule of the problem
- ❖ Interruptions to the pattern
- ❖ Contexts in which the problem would not occur (e.g. work, in a restaurant, etc.)

2. Find out what happens as the problem ends or starts to end

- ❖ What is the first sign the client can tell the problem is going away or subsiding?
- ❖ What has the person's friends/family/co-workers, etc. noticed when the problem has subsided or started to subside?
- ❖ What will the person be doing when their problem has ended or subsided different from what he or she is doing when the problem is happening or present?
- ❖ Is there anything the person or significant others have noticed that helps the problem subside more quickly?

3. Find evidence of choice in regard to the problem

- ❖ Determine variations in the person's reactions or handling of the problem when it arises. Are there times when he or she is less dominated by it or have a different/better reaction to it or way of handling it than at other times?
- ❖ Have the person teach you about moments of choice within the problem pattern.

4. Resurrect or highlight alternate identity stories that don't fit with the view that the person is the problem

- ❖ Find out from the person (or from his or her intimates) about times when the person has acted in a way that pleasantly surprised them and didn't generally fit with the view that the person is the problem.
- ❖ Get the person (or intimates) to trace back some evidence from the past that would explain how or why the person has been able to act in a way that doesn't fit with the problem identity.

5. Search for other contexts of competence

- ❖ Find out about areas in the person's life that he or she feels good about, including hobbies, areas of specialized knowledge or well-developed skills, and what other people would say are the person's best points.
- ❖ Find out about times when the person or someone he or she knows has faced a similar problem and resolved it in a way that he or she liked.

6. Ask why the problem isn't worse

- ❖ Compared to the worst possible state people or this person could get in, how do they explain that it isn't that severe? This normalizes and gets things in perspective.
- ❖ Compare this situation to the worst incident and find out if it is less severe. Then track why or how.

7. Get clients to teach you how to do what they do when things work

- ❖ Could they teach you or someone else how to do what works?
- ❖ Play other people in the situation and get them to coach you on how to act in a way that would produce better responses.

RE-CONNECTION

Seven Pathways to Connection

1. *Connection to the soul, the deeper/core self, the spirit.* The deepest level within. This involves having a connection with oneself that is beyond the rational, logical or even the emotional. Many people find that meditating, journaling or just spending time alone helps them find this connection.
2. *Connection to through the body.* This may come through dancing, sex, athletics, yoga, eating fine foods, etc. Seeing Michael Jordan in the air about to make a basket or other great athletes in action can show the spiritual through the body—they seem to do things that are beyond usual human abilities and that seem transcendent.
3. *Connection to another.* Intimate one to one relationships. Martin Buber calls this the I-Thou relationship. This pathway does not always need to refer to a relationship with another person; it could be with an animal. For example, I know someone who is suicidal and the only thing that keeps her alive is her connection with her dog.
4. *Connection to community.* This pathway involves one's relationship to one's group, causes greater than oneself that contribute to the community or the planet. If you have ever felt part of a family, extended family group, neighborhood, church group or workplace, you have taken this pathway.
5. *Connection through nature.* Being in and noticing nature and the physical environment. How many of us need to spend time in the outdoors every so often or we begin to feel small and disconnected? "I believe in God, only I spell it Nature," said Frank Lloyd Wright. One may also experience this sense of connection through a deep understanding and appreciation of the laws of nature, such as physics, mathematics. Being a liberal arts major, I think I'll stick with mountains and forests and lakes for my nature connection.
6. *Connection by participating in making or appreciating art.* Ever seen someone standing in front of a painting in a museum and being moved to tears or listening to a piece of music and feeling energized or moved? Depending on one's preferences, this may come through literature, painting, sculpture, theater, movies, photography, dance, etc. Many artists refer to a sense that they are not making the art they produce, but that it is coming to or through them.
7. *Connection to the Universe or higher power or God or Cosmic consciousness or bigger perspective* or whatever word one uses for the sense that there is a greater being or intelligence than ourselves at work in life. This connection can happen through prayer, conversion, meditating, etc.

CONNECTIVE OR CONTINUITY RITUALS

- Regularly repeated activities
- Connect or re-connect one to self, others or something beyond
- Activities that give people a sense of continuity from one time or setting to previous times or settings
- Something one can count on
- Something that functions as social, personal or cultural connective tissue
- May have special sensory elements associated with the ritual: particular clothes, smells, tastes, colors, movements, sounds and so on

One may need to:

- ***Remind people of their rituals***
- ***Work to restore or adapt previous discarded or disrupted rituals***
- ***Create new rituals***

POST-TRAUMATIC SUCCESS

- Connection
Does the person connect or re-connect in the wake of trauma?
- Compassion
Does the person develop a softening or kindness toward themselves and others in the wake of trauma?
- Contribution
Can the person find a way to transform the pain or suffering of the traumatic event into something that makes a contribution to the world or prevents or relieves the suffering of others?

Mitzvah Therapy

What social or charitable causes or world problems are near and dear to your heart and soul?

Where or to whom could you make amends or restitution for some wrong you have done?

Try linking some positive service activity to a personal problem you have. Every time you experience some problem, take one action step to help contribute to solving that social problem. Make a list of the problem and some actions you could do when it occurs.

COMPASSION

This is the place where we can feel love towards others, and there is a softening of the usual mistrust, harshness or judgmental attitude we usually feel.

Here are some areas to examine and questions to consider regarding **Compassion**:

- Does your life create an atmosphere of compassion, rather than being judgmental or harsh? How could you create or enhance an atmosphere of compassion and kindness?
- If this person (or you) were your child or best friend, how would you view them or relate to them?
- Think of the most serene, compassionate or wise person or figure you know. How would he or she view this situation or deal with it?
- Remember a time when you were judgmental or critical of someone and then softened or were more compassionate. How did you make that shift? What changed after you made that shift? Can you apply any of that to your current situation?

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- EMDR[®] Institute, P.O. Box 51010, Pacific Grove, CA 93950, 408.372.3900; fax 408.647.9881; www.emdria.org**