

Therapeutic Collaborations
C o n s u l t a t i o n a n d T r a i n i n g
– LLC –

Presents

FROZEN in TIME

**Advances in Brief, Respectful Therapy
for Sexual Abuse and Trauma**

Bob Bertolino, Ph.D

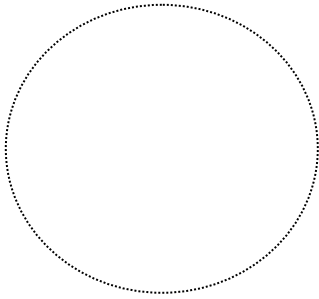
TCCT, LLC
287 North Lindbergh – Suite 105
St. Louis, Missouri 63141 USA
+01.983.9861 phone/fax
bertolinob@cs.com – tcctinc@aol.com
www.tcctinc.com

February 27, 2004

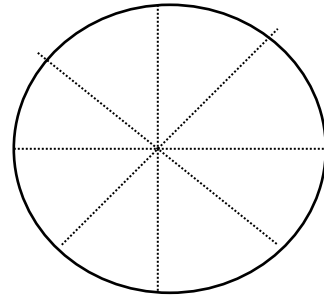
**Monsanto Room
Maryville University
St. Louis, Missouri**

Bob Bertolino, Ph.D.
TCCT, LLC
P.O. 1175 – St. Charles, Missouri 63302
+01.314.852.7274
bertolinob@cs.com – www.tcctinc.com

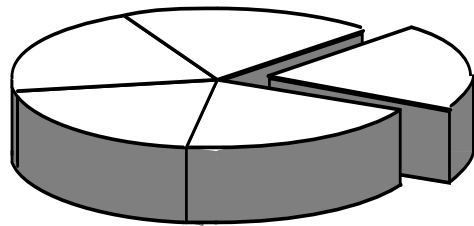
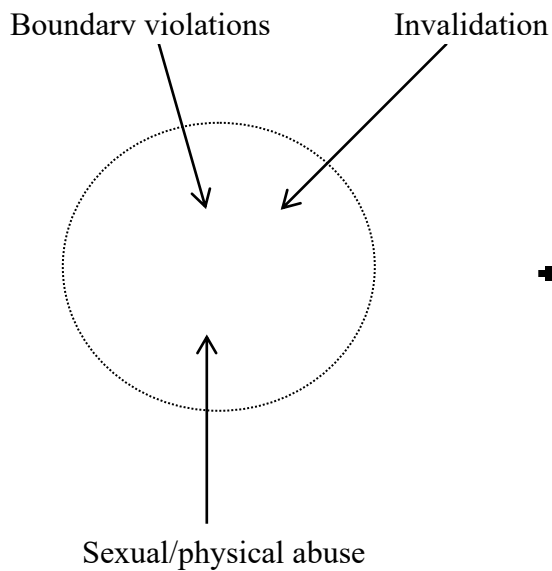
Trauma and Shame Aftereffects: The 3-D Model



Diffuse sense of self and boundaries



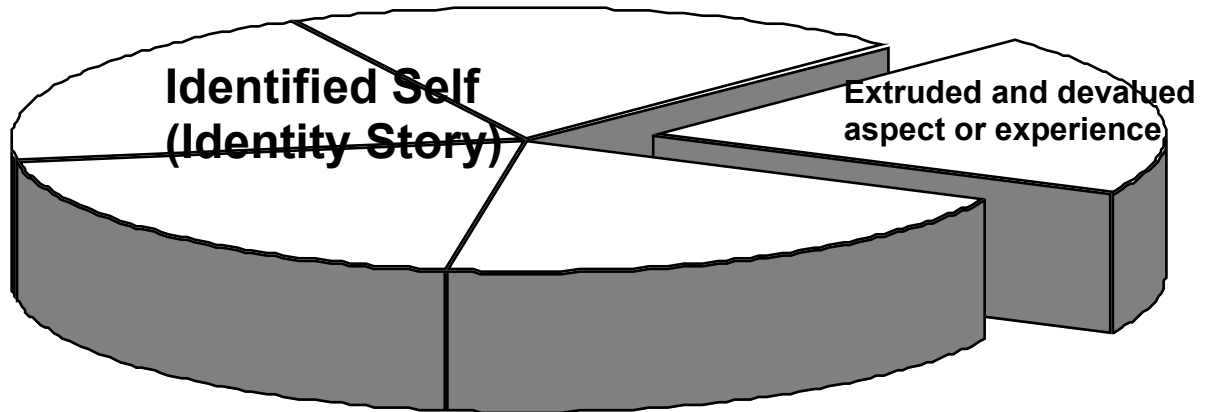
Integrated self with boundaries and various aspects of self



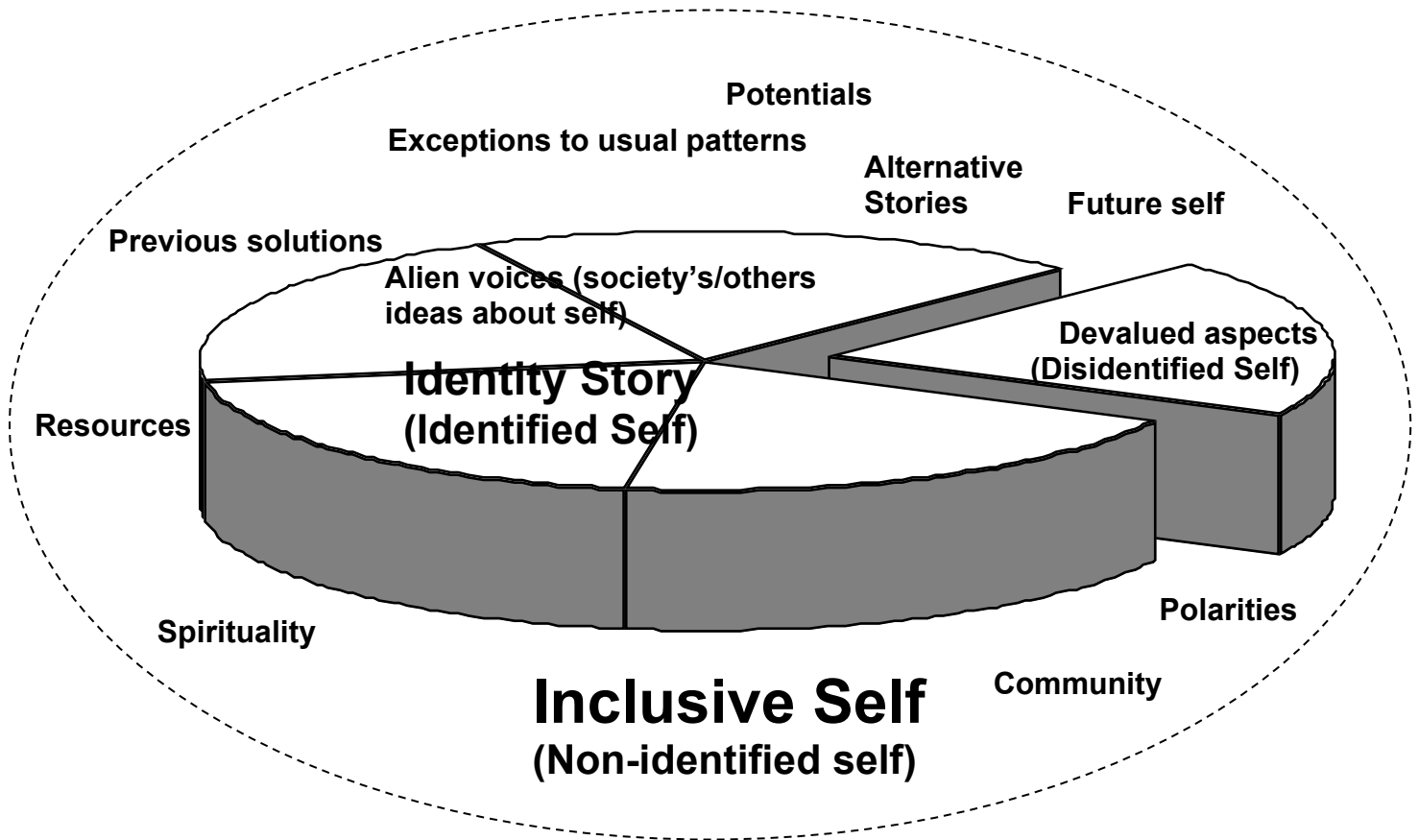
Identified self
(identity story)

Dissociated/devalued
and disowned aspects

**THE 3-D MODEL: DISSOCIATED, DISOWNED AND
DISSOCIATED ASPECTS OF EXPERIENCE**



THE INCLUSIVE SELF



Inhibition and Intrusion: Polarities of Troublesome Aftereffects of Trauma

Inhibited/Lacking

- ▶ No sexual response/sensations
- ▶ No anger
- ▶ No memories (might be lacking only visual, auditory, gustatory, olfactory, or kinesthetic, or some combination)
- ▶ No body awareness; lack of connection with certain body parts (e.g., the arms)

Intrusive/Compulsive

- ▶ Compulsive/“addictive” sexuality
- ▶ Rage
- ▶ Flashbacks (might be visual, auditory, gustatory, olfactory, or kinesthetic, or some combination)
- ▶ Somatic/medical symptoms; eating disorders; self-mutilation

Symptomatic Trance → Healing Trance

Symptomatic Trance is repetitive and self-devaluating, and closes down possibilities. It is a repetition of past states of being that are not updated to fit with the current contexts. Self as more than symptom is forgotten.

Symptom Induction

- ▶ Invalidation; blame; violating; boundaries
- ▶ Mystification; binds; double binds
- ▶ Coalitions; secrets; negative dissociation
- ▶ Predictions of failure or trouble; threats
- ▶ Rigid role assignment
- ▶ Repetition of negative experiences/injurious/self-injurious behavior
- ▶ Repression; amnesia

Healing Induction

- ▶ Validation; permission; respecting boundaries
- ▶ Possibility words and phrases
- ▶ Helpful distinctions
- ▶ Posthypnotic suggestions; presuppositions of health/healing
- ▶ Positive attributions; avoidance of intrusive interpretations
- ▶ Opening of possibilities for changes in experience or behavior
- ▶ Empowering permissive affirmations (You can, it's okay, you may, you could, you have the ability to, you don't have to)
- ▶ Reversible forgetting/remembering

Healing Trance is validating, empowering, and opens up possibilities. It is responsive to current contexts. Self as more than symptom is remembered.

COLLABORATIVE, CHANGE-ORIENTED THERAPY

Clients as Agents of Change

- The client is the single most important contributor to therapeutic outcome
- Clients have abilities, strengths, and resources
- Not the “hidden gem theory”
- Ask, “Who is this person?”

Honoring the Therapeutic Relationship and Alliance

- The therapeutic relationship *is* treatment
- Client ratings of the relationship are the *most* consistent predictor of improvement
- The strength of the therapeutic bond is not highly correlated with the length of treatment.
- The therapeutic alliance is a more encompassing term that emphasizes a collaborative partnership
- Consult with clients about their preferences, goals, and methods for accomplishing those goals

Clients’ Orientations and Theories as Guides to Change

- Orientations – Both problems and solutions can be influenced by family, social relationships, genetics, biology, cognition, culture, race, society, gender, religion/spirituality, economics, etc.
- Invite, Learn, Honor, and Match clients’ theories—ideas about how positive change may come about
- Let clients determine the validity of new perspectives

A Change-Orientation

- The average length of time that clients attend treatment is 6-10 sessions
- All large-scale meta-analytic studies indicate that the most frequent improvement occurs early in treatment
- Work efficiently and maximize effectiveness by searching for openings with possibilities for solutions
- Identify and amplify spontaneous and “everyday” change

Directions, Goals, and Outcomes

- One of the best predictors of negative outcome is a lack of structure in therapy
- Goals should in some way translate into clear, observable actions on the part of clients. Work with clients to clarify what they mean by their words, so realistic and achievable ends can be worked toward. Goals are malleable and may change from session to session
- Outcomes are distinguished from goals in that they indicate the impact of services provided, from the perspective of clients, on major areas of their lives (i.e., individually, interpersonally, socially, etc.).

Expectancy, Hope, and Placebo

- Most begin therapy with the expectation that it will help. Hope accompanies this expectation
- The presence of hope can make a significant difference in how people deal with stress, difficulty, and problems
- Placebo relates to the effect that therapy or some aspect of it can have on client improvement simply because clients *and* practitioners believe in its healing or change properties
- Therapists can promote expectancy and hope by using processes and practices that include clients, are encouraging, and are consistent with their ideas about concerns and how to resolve them

Means and Methods

- All therapy approaches involve the use of methods and techniques
- The effectiveness of methods and techniques is highly contingent on the degree to which they match clients’ ideas about their concerns or problems and the means and/or methods necessary to resolve them
- Means, methods, and techniques ought to arise out of client-therapist interactions and make use of the general effects that are the most significant contributors to outcomes
- If therapists have ideas about methods that may assist in facilitating change, they should be *offered*, not imposed

Adapted from:

Bertolino, B. (2003). *Change-oriented therapy with adolescents and young adults: The next generation of respectful and effective processes and practices*. New York: Norton.

Bertolino, B., & O'Hanlon, B. (2002). *Collaborative, competency-based counseling and therapy*. Boston: Allyn & Bacon.

PATHWAYS TO CREATE CHANGE

EXPERIENCE	VIEWS	ACTIONS
<ul style="list-style-type: none"> ◆ Feelings ◆ Sense of self ◆ Bodily sensations ◆ Sensory experience ◆ Automatic fantasies and thoughts 	<ul style="list-style-type: none"> ◆ Points of view ◆ 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 ◆ Spatial patterns



EXPERIENCE	VIEWS	ACTIONS
Give messages of acceptance, validation and acknowledgment. There is no need to change or analyze experience as it is not inherently a problem.	Identify and challenge views that are: Impossibility Blaming Invalidating Non-accountability or determinism. Also: Offer new possibilities for attention.	Find action and interaction patterns that are part of the problem and that are the “same damn thing over and over.” Then suggest disrupting the problematic patterns or find and use solution patterns.

POSSIBILITIES FOR MELTING THE FREEZE OF ABUSE AND TRAUMA

- **Internal Experience**
 - Take care to avoid platitudes and glib explanations
 - Acknowledge and validate throughout
 - Use acknowledgement with possibility-laced language
 - Listen deeply and sit with clients' pain and suffering
 - Give permission for all internal experience, not all actions
 - The Inclusive Self: Address binds and injunctions in internal experience
- **Changing Patterns of Viewing**
 - Search for counterevidence, exceptions, and unique outcomes
 - Search for qualities and actions that reflect resilience
 - Explore for alternative stories
 - Suggest changes in sensory attention (e.g., visual to auditory, internal to external, etc.)
 - Help to create or rehabilitate a sense of the future
 - Use self-disclosure, metaphor, stories, and music
 - Explore sensory and perceptual modalities through visual, auditory, and/or kinesthetic (tactile) processing
- **Changing Patterns of Action and Interaction**
 - Depatterning: Altering repetitive patterns of action and interaction involved in the problem
 - Repatterning: Establishing new patterns in place of problems by identifying and encouraging solution patterns of action and interaction
 - Encourage therapeutic rituals that promote transition, continuity, and connection

Resources

- Bertolino, B. (2003). *Change-oriented therapy with adolescents and young adults: The next generation of respectful and effective processes and practices*. New York: Norton.
- Bertolino, B. (1999). *Therapy with troubled teenagers: Rewriting young lives in progress*. New York: John Wiley & Sons.
- Bertolino, B., & O'Hanlon, B. (2002). *Collaborative, competency-based counseling and therapy*. Boston: Allyn and Bacon.
- Bertolino, B., & Schultheis, G. (2002). *The therapist's notebook for families: Solution-oriented exercises for working with parents, children, and adolescents*. New York: The Haworth Press.
- Dolan, Y. M. (1991). *Resolving sexual abuse: Solution-focused therapy and Ericksonian hypnosis for adult survivors*. New York: Norton.
- Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. New York: Basic Books.
- O'Hanlon, B., & Bertolino, B. (2002). *Even from a broken web: Brief, respectful solution-oriented therapy for sexual abuse and trauma*. New York: Norton. [Paperback Edition]
- O'Hanlon, B., & Bertolino, B. (1998). *Even from a broken web: Brief, respectful solution-oriented therapy for sexual abuse and trauma*. New York: John Wiley & Sons.

Upcoming Training Schedule

March

- 4th – Wenatchee, Washington – *Collaborative, Strengths-Based Client Engagement* – Northwest Institute for Children and Families
- 5th – Moses Lake, Washington – *Collaborative, Strengths-Based Client Engagement* – Northwest Institute for Children and Families
- 13th – St. Louis, Missouri – *Everything Has a Context: Using Client Orientations as Compasses for Change* – Missouri Association for Marriage and Family Therapy
- 29th – Riverside, California – *Brief, Collaborative Therapy* (Private Training)
- 31st – Newport Beach, California – *Effective, Time-Sensitive Therapy with Challenging Adolescents* – Ben Franklin Institute

April

- 1st – Kansas City, Missouri – *Maximizing Therapeutic Effectiveness with Challenging Clients: Collaborative, Change-Oriented Therapy* – American Counseling Association National Convention
- 5th – Santa Fe, New Mexico – *Putting H.O.P.E. in Motion: Collaborative-Based Approaches to Therapy* – The 18th National Conference on the Family in Stress and Crisis – The Institute for Integral Development
- 22nd – Reno, Nevada – *Change-Oriented Therapy with Adolescents, Young Adults, and Families* – Professional Training Associates
- 23rd – Las Vegas, Nevada – *Change-Oriented Therapy with Adolescents, Young Adults, and Families* – Professional Training Associates
- 29th & 30th – Montreal, CANADA – *Collaborative, Change-Oriented Therapy*

May

- 6th – Milwaukee, Wisconsin – *Change-Oriented Therapy with Adolescents, Young Adults, and Families* – Professional Training Associates
- 7th – Chicago, Illinois – *Change-Oriented Therapy with Adolescents, Young Adults, and Families* – Professional Training Associates
- 13th – Seattle, Washington – *Topics to be Determined* – The Institute for Integral Development
- TBD – Wenatchee, Washington – *Collaborative, Strengths-Based Client Engagement* – Northwest Institute for Children and Families
- TBD – Moses Lake, Washington – *Collaborative, Strengths-Based Client Engagement* – Northwest Institute for Children and Families
- 20th – Lake of the Ozarks, Missouri – *Topics TBD* – Missouri Department of Mental Health
- 21st & 22nd – Springfield, Missouri – *Therapeutic Approaches with Adolescents and Families* – The Forest Institute

June

- TBD – Wenatchee, Washington – *Collaborative, Strengths-Based Client Engagement* – Northwest Institute for Children and Families
- TBD – Moses Lake, Washington – *Collaborative, Strengths-Based Client Engagement* – Northwest Institute for Children and Families
- 17th & 18th – St. Louis, Missouri – *Ericksonian Hypnosis and Inner Healing* – TCCT – **Limited to 10 spaces (7 spaces remaining)**
- 30th – Birmingham, Alabama – *Working with Challenging Adolescents and Families* – Mountain Brook School District