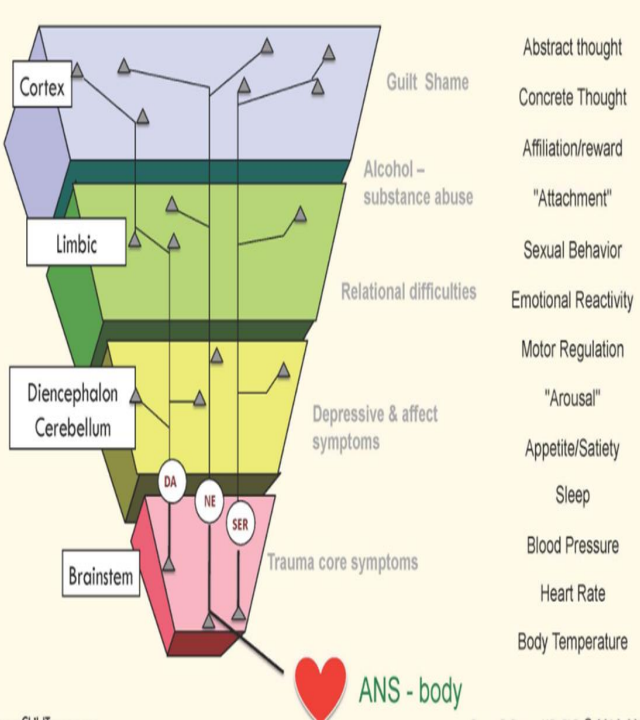


# Workshop: Understanding the Relationship between Physical Symptoms and traumatic experiences

## PART 7- Bottom up approaches to the physical problems linked to trauma



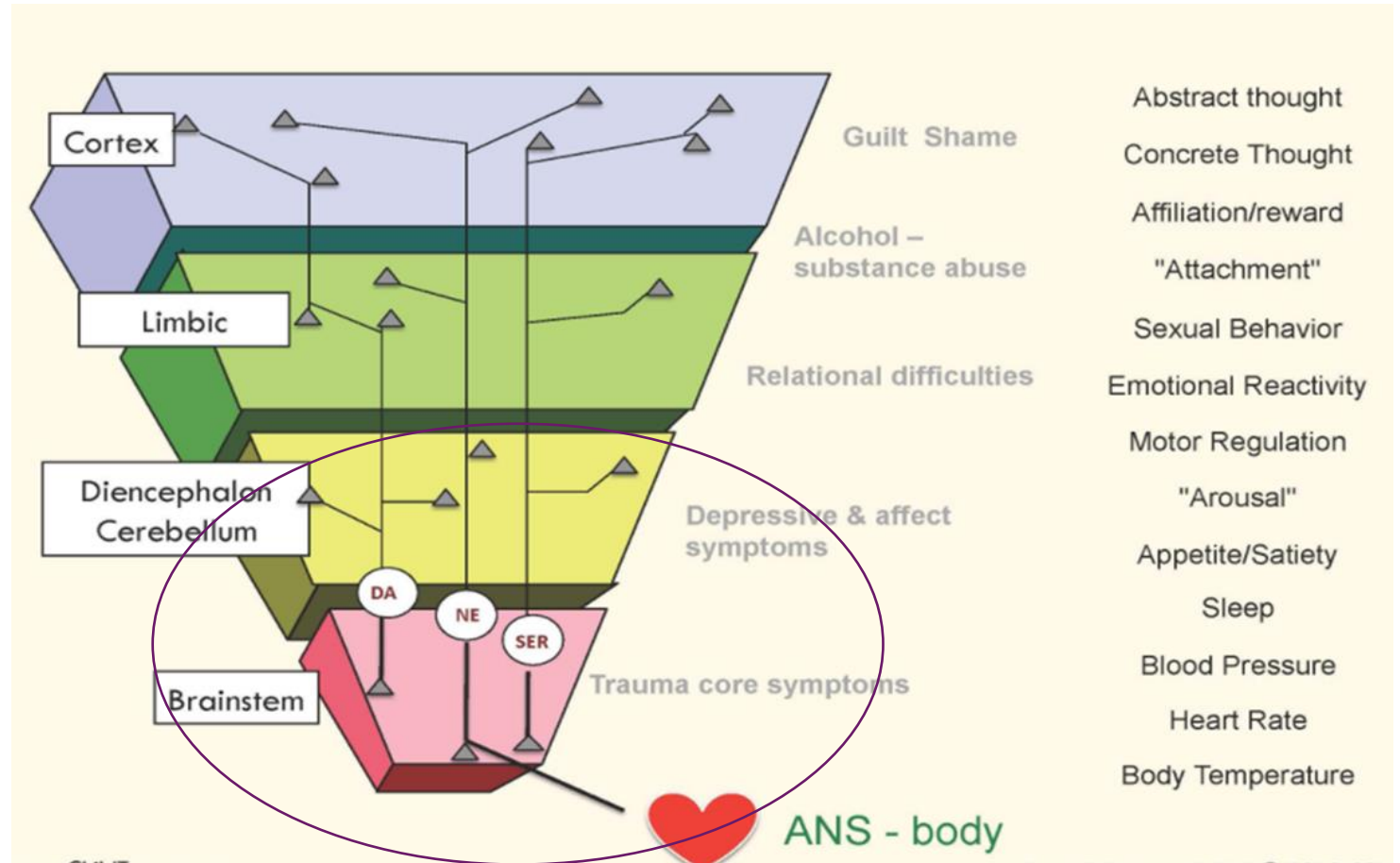
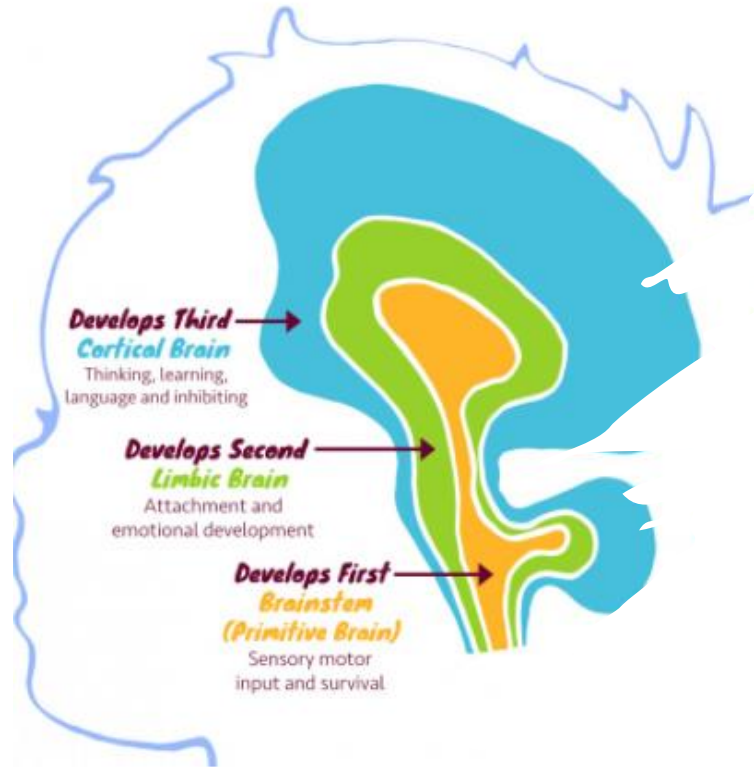
Pride in our adults and specialist mental health services



# Bottom up (body first) strategies

Supporting change through the body.

- Yoga
- Exercise
- Massage
- Sensory approaches
- Sleep
- Breathwork



We can also repair the brain from the bottom up- targeting the amygdala through regulating the body

# The importance of sleep

- Most chronic pain sufferers are affected by some degree of insomnia
- Insufficient sleep leads to fatigue, which then leads to decreased resistance to pain
- Insufficient sleep also disrupts the body's natural rest and repair cycle
- Lack of sleep is associated with decreased immune functioning, decreased ability to metabolize glucose, decreased cognitive abilities (and therefore more stress), and decreased emotional intelligence
- One group found that sleep deprived individuals showed decreased self regard, independence, capacity for empathy and impulse control

Zzz

Zzz

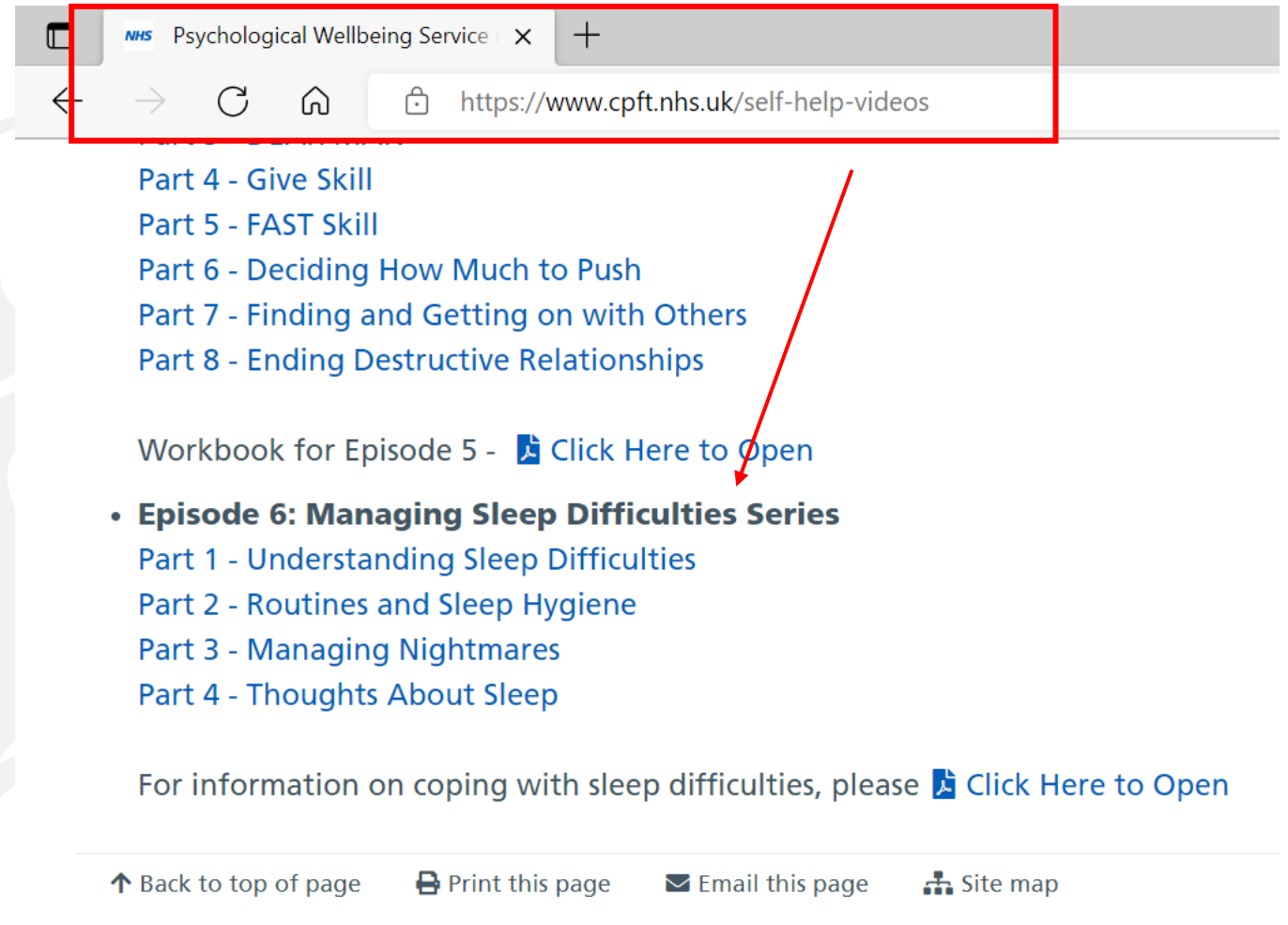


# Where you can get advice on sleep

Self-help videos about managing sleep difficulties have been developed by the Psychological Skills Service and the Psychological Wellbeing Service.

You can access these for free on the CPFT website:

[www.cpft.nhs.uk/self-help-videos](https://www.cpft.nhs.uk/self-help-videos)



Part 4 - Give Skill  
Part 5 - FAST Skill  
Part 6 - Deciding How Much to Push  
Part 7 - Finding and Getting on with Others  
Part 8 - Ending Destructive Relationships

Workbook for Episode 5 - [Click Here to Open](#)

- **Episode 6: Managing Sleep Difficulties Series**
  - Part 1 - Understanding Sleep Difficulties
  - Part 2 - Routines and Sleep Hygiene
  - Part 3 - Managing Nightmares
  - Part 4 - Thoughts About Sleep

For information on coping with sleep difficulties, please [Click Here to Open](#)

[↑ Back to top of page](#)   [Print this page](#)   [Email this page](#)   [Site map](#)

# Recovery College East

Check out the RCE

Wellbeing Hub website for all the information and to complete the fast and easy registration form  
<https://www.cpft.nhs.uk/rce-wellbeing-hub/>

- Contact the team via email on [RCEWellbeingHub@cpft.nhs.uk](mailto:RCEWellbeingHub@cpft.nhs.uk)
- Telephone on 01733 963 219 – this line is manned Monday to Thursday between 9:30am – 2:30pm.

Our address in Cambridge is:



RCE Wellbeing Hub,  
128-130 Tenison Road,  
Cambridge,  
CB1 2DP

Our address in Peterborough is:



RCE Wellbeing Hub  
Eco Innovation Centre  
Peterscourt  
City Rd  
Peterborough  
PE1 1SA

# About Yoga

In yoga you focus your attention on your breathing and your sensations moment to moment. You begin to notice the connection between your emotions and your body- perhaps how anxiety about a pose actually throws you off balance. You begin to experiment with how your feel- will taking a deep breath change the tension or exhaling foster calm?



Yoga and “getting to know your body”  
Bessell van der Kolk:  
Overcome Trauma  
With Yoga

Yoga turns out to be a terrific and safe way of re(gaining) a relationship with your interior world



## Quote from Annie

*“I don’t know why yoga terrifies me so much but I know that it is an incredible source of healing for me. Yoga is about looking inward instead of outward and listening to my body, whereas a lot of my survival has been geared around never doing those things. ..This week I tried doing yoga at home and the words came to me “Your body has something to say... Today in yoga it occurred to me how disconnected I had been from my body over the years. Sometimes you have asked me where I feel things and I can’t begin to locate them, but today I felt those places very clearly and it made me want to cry... It is really interesting to think about how much I have been refusing to listen to my body, as it is such an important part of who I am”*”

# Yoga

- Researchers have shown that mindfulness or purposeful thinking, which is a significant element of yoga, may be beneficial in treating the impacts of trauma as well as anxiety symptoms, sadness, and PTSD.
- Researchers theorize that yoga modifies cognitions through encouraging adaptive thinking and assisting individuals in reducing recurrent, negative thoughts and ruminations, attributable to yoga's emphasis on mindfulness.



# Where can I find yoga?

## Equilibrium Yoga & Wellbeing Centre

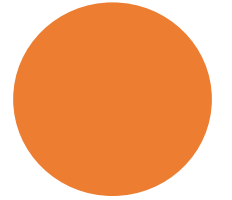
- 31-32 Aston Business Park, Shrewsbury Avenue, Woodston, PE2 7BX
- Telephone: 01733 370002
- Email: [jenny@equilibriumyoga.co.uk](mailto:jenny@equilibriumyoga.co.uk)

## Vivacity

- <https://vivacity.org/contact-us/>

## YouTube

- There are lots of free videos on YouTube, some focus on a specific emotion, area of discomfort, condition, or goal



# Exercise/Tai Chi

Daenen et al (2015) project how exercise therapy has been proven to be useful in the treatment of chronic pain, but it must be customised correctly and individually, with a focus on preventing symptom flare-ups and implementing suitable recovery measures.

Tai Chi offers considerable health advantages, as it enhances aerobic capacity, physical performance, balance, health-related quality of life, and psychological well-being when practiced frequently.

Gemmell & Leathem (2006) found that Tai Chi had significant improvement on trauma:

- Decline in sad feelings
- Decline in anger
- Decline in tension
- Decline in fear
- Increases in energy
- Increases in happiness

## Where can I find this?

### **Simply Chi Wellness Centre**

81 Lincoln Rd, Peterborough PE1 2SH

### **Vivacity**

<https://vivacity.org/contact-us/>

### **Living Sport**

<https://www.livingsport.co.uk/welcome>



# Trauma informed martial arts- on the rise as an effective intervention

---

- Psychiatrist Bessel van der Kolk, a trauma treatment expert who wrote the best-selling book *The Body Keeps the Score*, believes martial arts to be among the best treatments for traumatic stress because they reinstate a sense that the individual “is not a helpless tool of fate”.
- Many traumatized people have had to learn to freeze/ fawn or flop to survive, and this strategy remains the automatic one; they’ve been unable to move. They feel paralyzed, sit in front of the television, and they can’t do anything.
- Programs with physical impact, like model mugging (a form of self-defense training), martial arts or kickboxing, or an activity that requires a range of physical effort where you actually learn to defend yourself, stand up for yourself, and feel power in your body, would be very, very effective treatments. Basically, they reinstate a sense that your organism is not a helpless (tool) of fate. (**Van der Kolk**)

## **'You feel like you're getting your power back': how martial arts helps recovery from trauma**



How regular  
exercise  
changes your  
brain to  
change your  
pain

- **Biochemical**

Increased dopamine, serotonin, BDNF and GABA

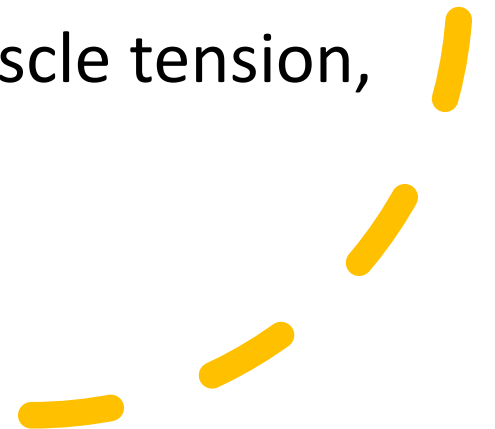
- **Neurological**

Increased brain resources (increased size of hippocampus by 30%!!)

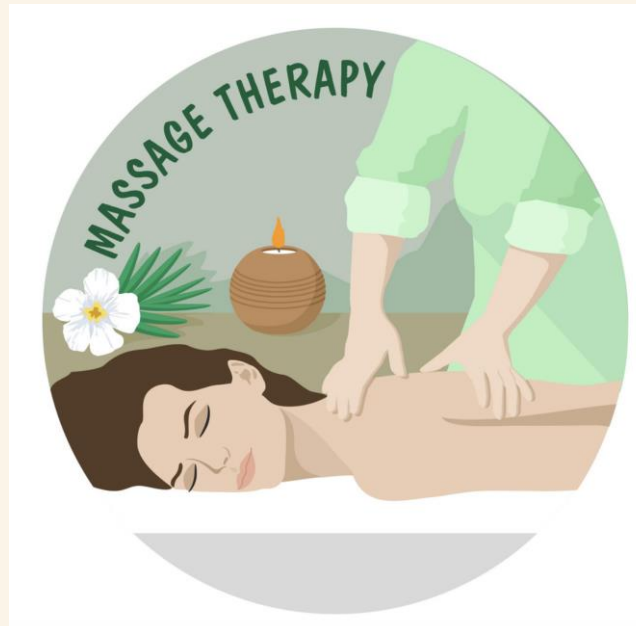
Re rerouting of brain circuits

- **Physiological**

Increased blood flow, reduced muscle tension, increased strength and flexibility



# Massage Therapy



- Physical manipulation of the body's soft tissues is known as massage. Hands, fingers, elbows, knees, forearms, feet, or a device are widely used in massage treatments. Massage is most commonly used to relieve tension or discomfort in the body.
- Massage therapy is an effective and safe treatment for reducing physical and psychological concerns.

Where can I find this?

Broadway Chiropractic Clinic.  
64 Broadway, Peterborough PE1 1SU  
[01733 562638](tel:01733562638)

# Evidence for massage therapy

- Hatefi et al (2015) found that massage therapy is an effective and safe treatment for reducing physical and psychological concerns in patients in critical care units.
- Li et al (2014) found that patients with fibromyalgia who received massage treatment for 5 weeks had rapid improvements in pain, anxiety, and sadness.
- Beard and Aldington (2012) demonstrated how massage not only relieves pain linked with muscular tension, but it also soothes and relaxes the body. This can help with the emotional aspect of pain, and it can even be used in combination with aromatherapy.
- The majority of massage treatment techniques consistently improved fibromyalgia patients' quality of life (Yuan et al., 2015).





**VISION**



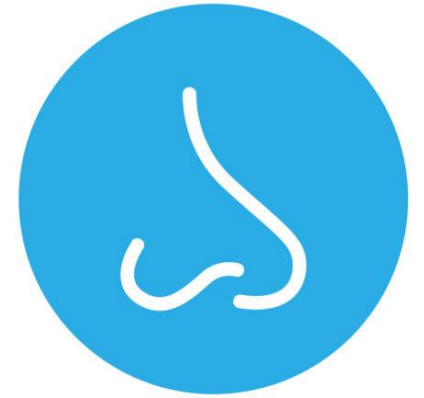
**TOUCH**



**TASTE**



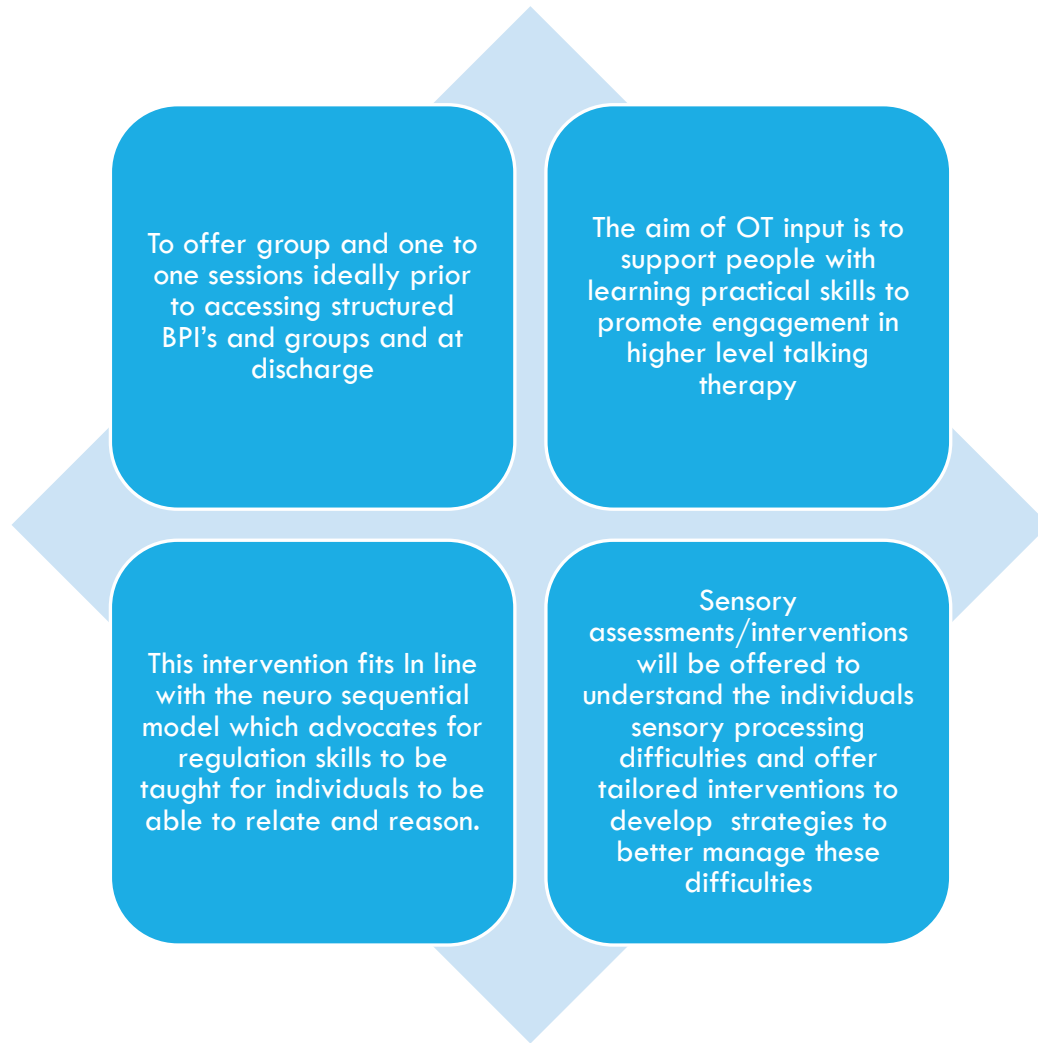
**HEARING**



**SMELL**

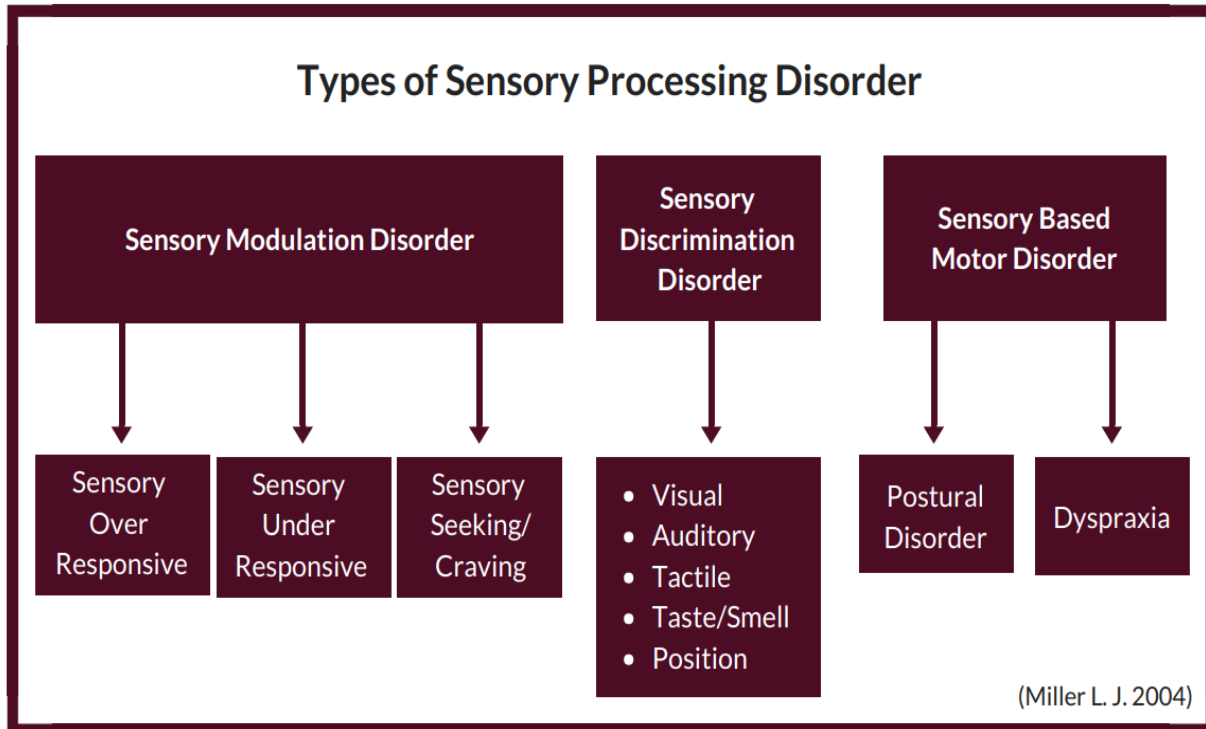
Tackling Physical symptoms using sensory strategies

- Many people exceed the capacity of their window of tolerance because they are in a constant state of sensory overload
- If you have undetected and misunderstood sensory processing difficulties then your nervous system could
  - A- Be overwhelmed and
  - B- Your threat system remains in a chronic state of alert



**IN PSS WE HAVE  
OCCUPATIONAL  
THERAPIST THAT  
PROVIDE SUPPORT WITH  
UNDERSTANDING  
SENSORY SENSITIVITY  
AND STRATEGIES TO  
MANAGE THIS**

# OT CAN HELP WITH SENSORY PROCESSING



# DEVELOPING A SENSORY LADDER TO MANAGE HYPER AND HYPO RESPONSIVENESS

## Hyper (Over) Responsive

Individuals may seek out sensory experiences

Which means they are constantly seeking out movement, noise or tactile sensations

Very little amount of sensation can be over stimulating so person “avoids”

Trouble suppressing information that they receive

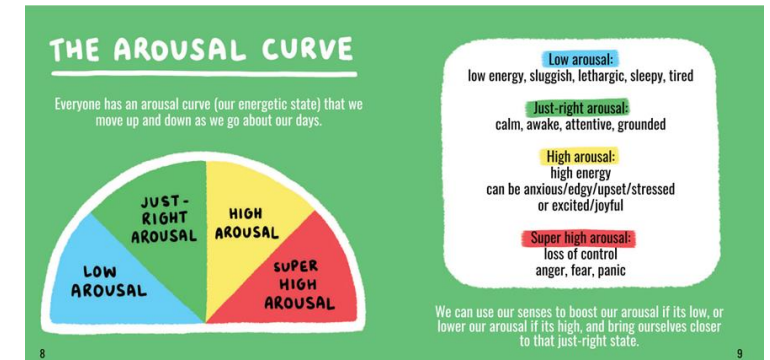
They will over-react to normal amount of sensory stimulation and therefore will feel overloaded and may experience hyper-sensitivity

## Hypo (under) responsive

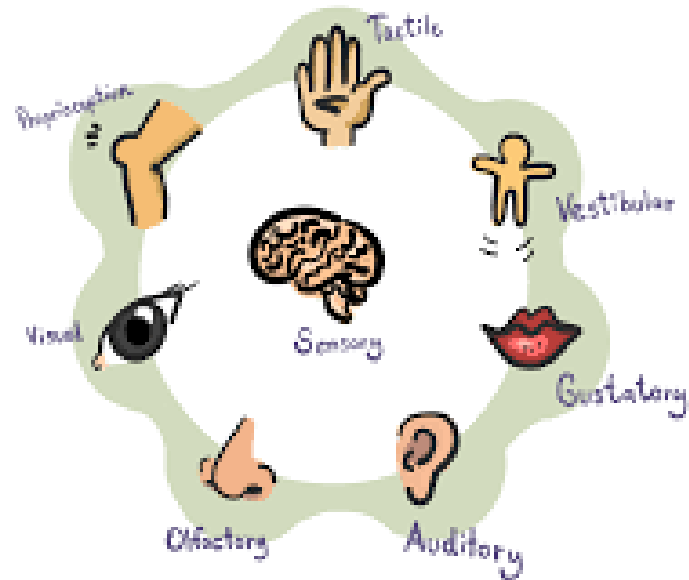
Meaning it takes a lot of sensation before a person feels “just right” so person seeks.

The nervous system is not receiving enough stimulation through one or more sensory organs

They will need additional input to help them be aware of what is happening in that part of their nervous system



# SENSE-ABILITY GROUP



## Criteria:

Does the individual have difficulties with:

- Managing anxiety, stress and regulating emotions/distress i.e. meltdowns?
- Lack basic coping skills to regulate arousal levels to manage distress/anxiety/stress?
- Poor problem-solving skills
- Struggle to interact with others and the world around them?
- Poor self-control i.e. impulsive behaviours
- Sensory sensitivities that impact on ability to function effectively on a daily basis

# GROUP AIMS

- Improve sensory awareness of self, others, and the environment
- Increase self-control.
- Learn healthy methods for reducing stress, tension, and anxiety
- Increase attention, orientation and problem solving.
- Improve energy, motivation, and activity tolerance
- Increase self-esteem.
- Improve social skills
- Increase coping skills

# GROUP STRUCTURE

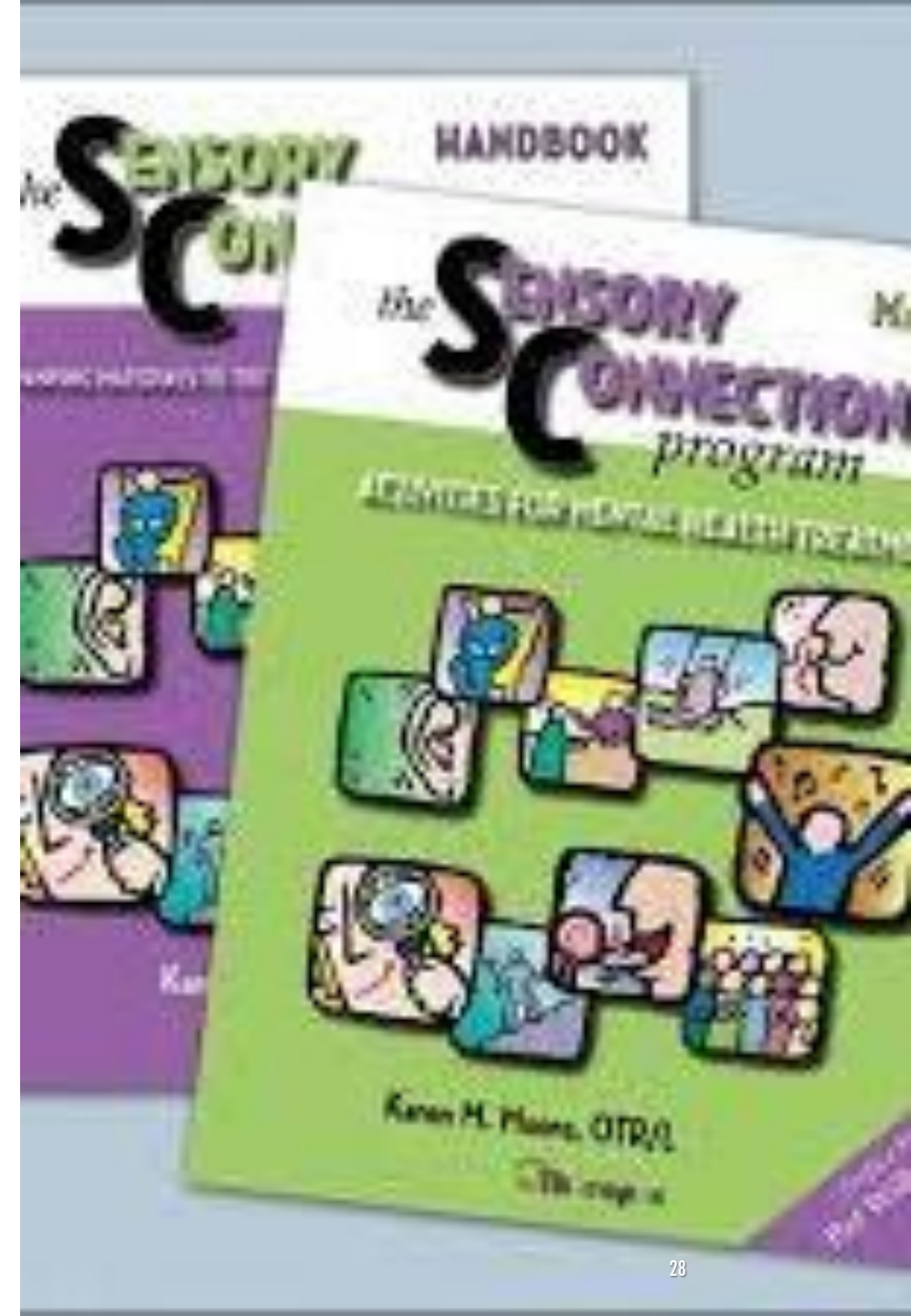
10 group sessions run over 10 weeks.

**Length** – 1 hour 30 minutes with a 10-minute break in between.

**Location:** Face to face at 17 Bridge Street and consist of 6-8 members (not including clinicians). Attendees will be offered a pre and post group session, to discuss goals and safety planning.

## These are the topics covered in each session:

1. Introduction and getting to know you session
2. Taste and Smell sensory systems
3. Visual sensory system
4. Auditory sensory system
5. Tactile sensory system
6. Vestibular and proprioception sensory systems
7. Interoception
8. Arousal ladder—Part 1
9. Arousal ladder—Part 2
10. Celebrations and farewells



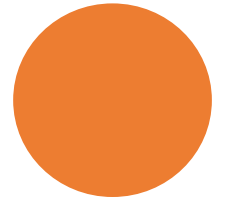
# Other services that offer sensory strategies

The Helping Hands Group  
Charford House  
Padholme Road East  
Peterborough  
PE1 5XL  
[info@thhg.org.uk](mailto:info@thhg.org.uk)



# The importance of increasing social support

- Having adequate social support is one of the best buffers against trauma and pain
- Social support has been found to lead to decreased heart rate, decreased pain and better wound healing in people with PTSD
- Social interactions stimulate the release of Oxytocin which is linked to decreased arousal and feelings of well being (its linked to soothing)
- Increased oxytocin is linked to increase PFC activity and decreased amygdala activity





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## MIND peer groups/ HAY Peterborough

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- Evidence social support is helpful
- Peer groups in mind and through PDCS/REDS – peer support groups for people with emotion regulation difficulties
- General MIND groups
  - Good mood cafes etc

# Useful Resources

- The Body Keeps The Score by Bessel Van Der Kolk
- The Body Remembers by Babette Rothschild



# Trauma processing- how can this help with physical symptoms?

EMDR and CBT-TF

# Why the need to process some memories

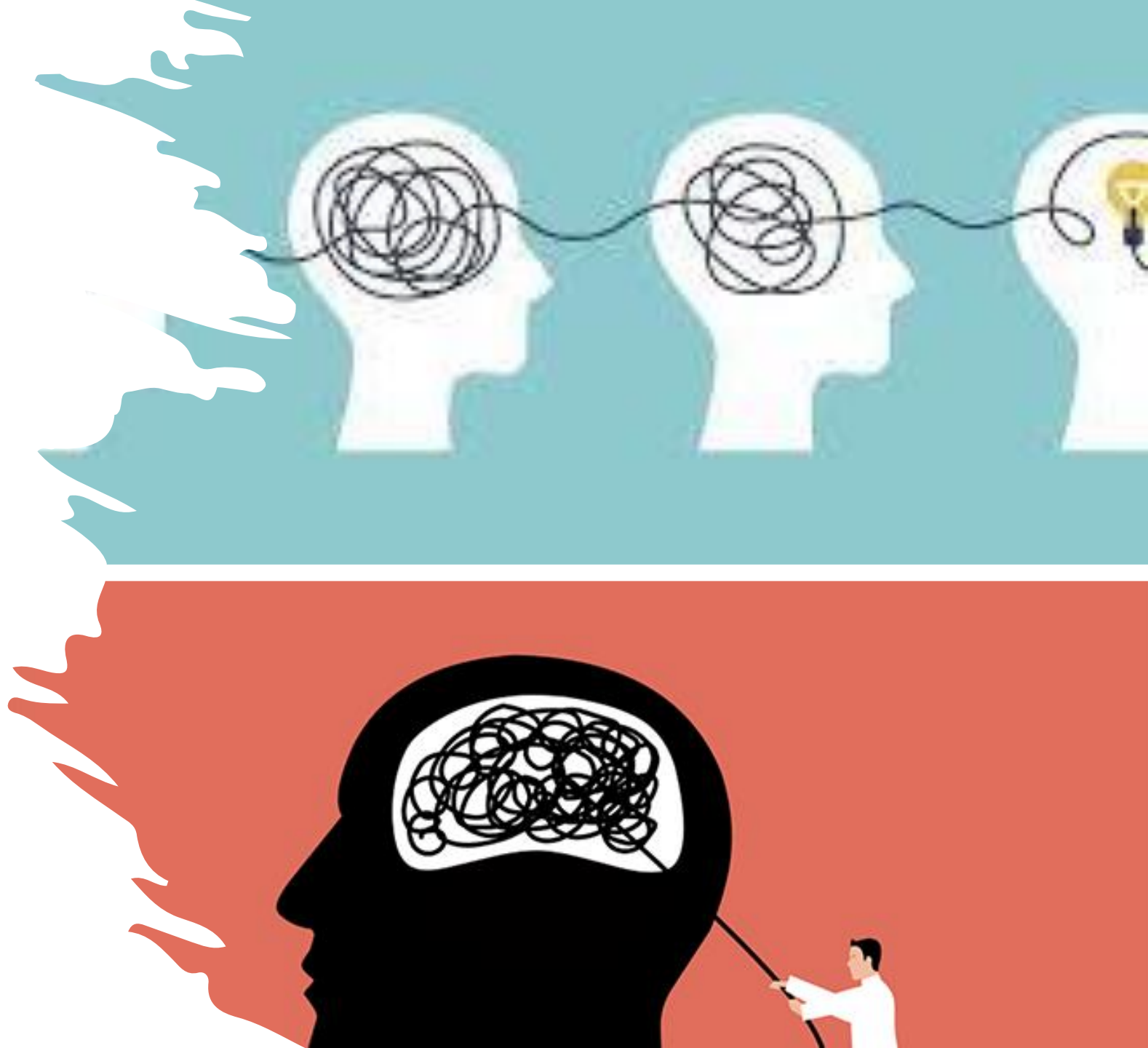
- Traumatic memories become frozen and are fragmented
- Physical symptoms may be a fragmented physical memory (physical pain people felt at the time)
- Physical symptoms can also be a manifestation of emotional memory (the Body Remembers- Babette Rothschild)
- Physical symptoms can be stuck survival responses that never got the opportunity to be enacted (a fight response that had to be suppressed to survive)



# The aim of trauma processing

Trauma processing is thought to stimulate a controlled “unfreezing” of trauma related pain so that the fragments of the trauma can be put in the correct file in the brain (re-integrated and filed in the hippocampus)


The memories are then time stamped, are in the past, have ended and have context





# Trauma focused CBT

## What Is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)?

- TF-CBT is a special type of talking therapy for people who have experienced trauma, and who are suffering from post-traumatic stress disorder (PTSD)
- 

# What will TF-CBT sessions look like?

Components of therapy might include some or all of the following:

## **Grounding and stabilization**

- Practising techniques to manage the overwhelming feelings PTSD brings. These might include relaxation exercises, or other techniques to help you stay grounded in the here-and-now.

## **Work with memories**

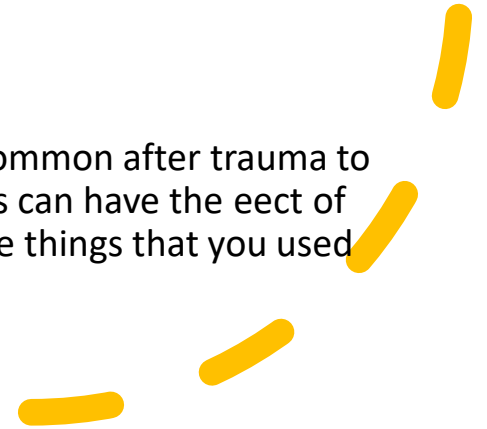
- You will need to approach your memories of the trauma in order to process them properly. This might involve talking through what happened, deliberately imagining the events, or writing or drawing about it. This is called memory processing and is done very carefully and deliberately in TF-CBT.

## **Work with beliefs**

- People always try to make sense of what happens to them. Sometimes events happen that are so catastrophic that we come to see ourselves and the world in a very negative way. Belief work in TF-CBT is about making sense of what you thought at the time of the trauma, and deciding what is a fair way to think about yourself and your situation now.

## **Reclaiming your life**

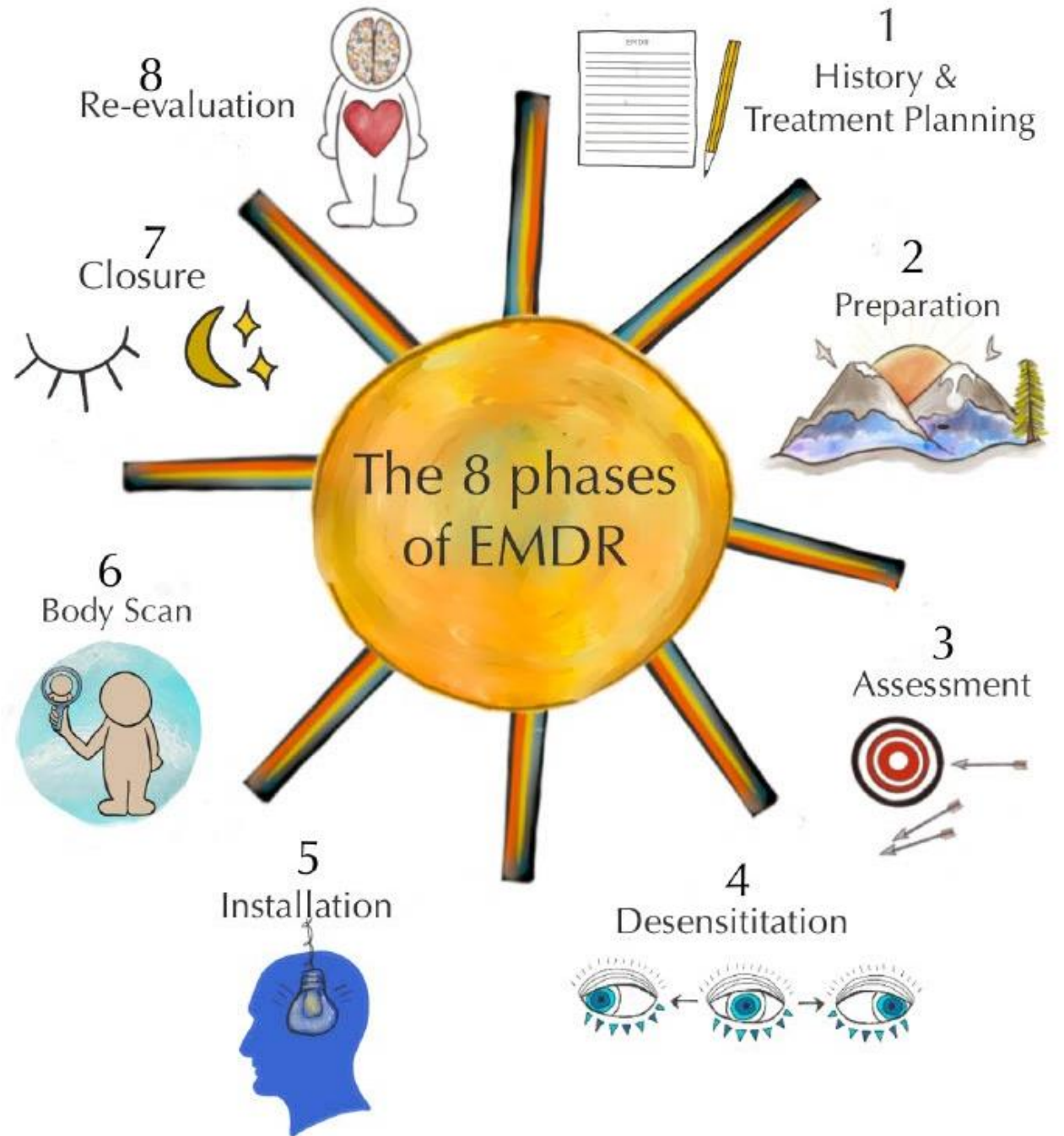
- PTSD often has the effect of stealing people's lives: it is very common after trauma to start avoiding things which make you uncomfortable, but this can have the effect of shrinking your world. Effective therapy is about taking back the things that you used to enjoy, or building a new life that you can va



# What is EMDR and how is it different to other therapies

EMDR stands for Eye Movement Desensitisation and Reprocessing.

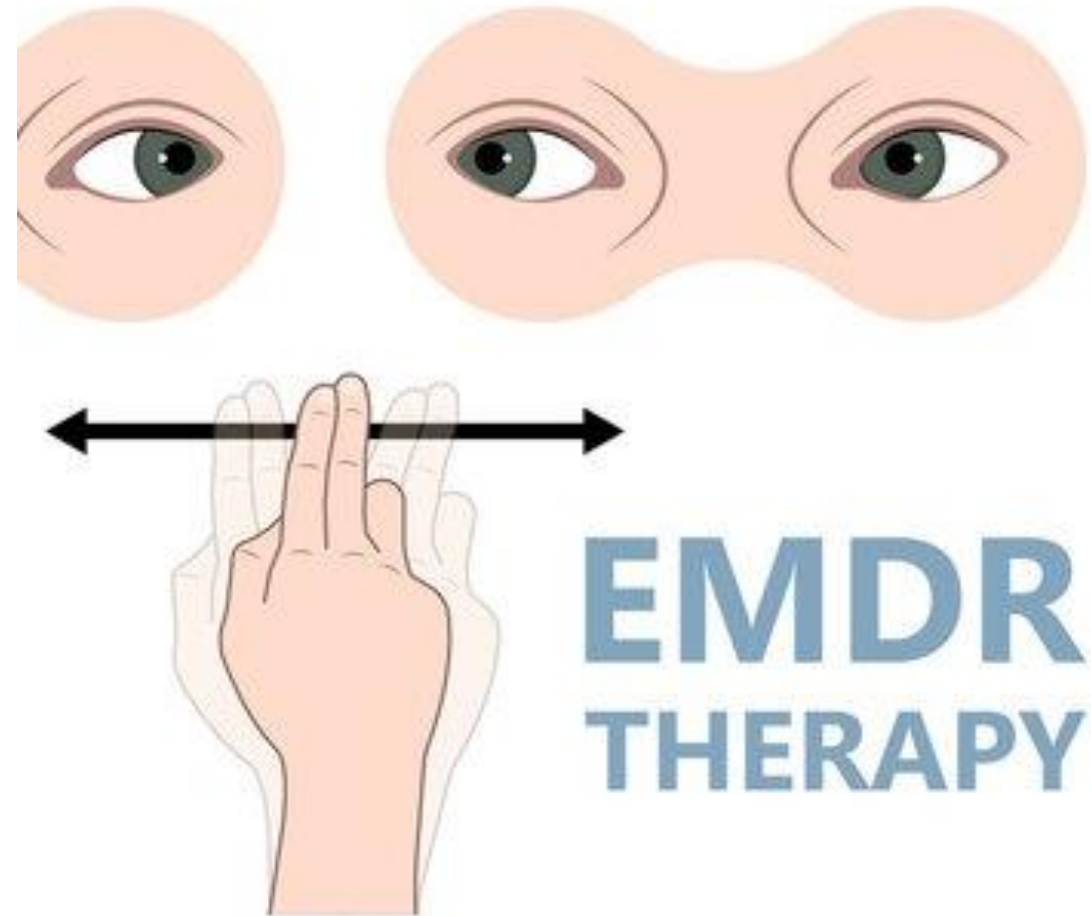
EMDR aims to stimulate the repair of failures in memory integration.



# Bilateral Stimulation- What is it and how does it help?

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- BLS activates an innate sensory processing capacity called the orienting response in ways which decrease pain and emotional distress
- During BLS a person has to attend to side to side movements or sounds. The brain is instinctively programmed to follow the sound or the movement “Where, there, where there”.
- In the early stage of the process the brain stays alert (and therefore a person is unable to dissociate)
- Because the sound or movement is not identifiable the brain can never identify the sound or movement so it does not get filed and the brain remains alert
- As long as your brain is focused on the movement it cannot be overwhelmed by feelings of pain or memories because brains cannot fully attend to two things at once
- After a few seconds of BLS your brain also realises that the thing you are watching is not dangerous and it can relax and you will notice a reduction in muscle tension and distress- thus you experience a relaxed response paired with the memory you are currently processing- thus the feeling of relaxation is now integrated with the memory





## Explanation of EMDR

- "Old disturbing memories can be stored in the brain in isolation; they get locked into the nervous system with the original images, sounds, thoughts and feelings involved..."
- Shapiro, F. (2001). *Eye Movement Desensitization and Reprocessing, 2nd edition, N.Y.: The Guilford Press.*



## Explanation of EMDR

- ... The old distressing material just keeps getting triggered over and over again. This prevents learning/healing from taking place. In another part of your brain, you already have most of the information you need to resolve this problem; the two just cannot connect ...
- Shapiro, F. (2001). *Eye Movement Desensitization and Reprocessing, 2nd edition, N.Y.: The Guilford Press.*



## Explanation of EMDR

- ... Once EMDR starts, a linking takes place. New information can come to mind and resolve the old problems. This may be what happens spontaneously in REM or dream sleep when eye movements help to process unconscious material.”
- Shapiro, F. (2001). Eye Movement Desensitization and Reprocessing, 2nd edition, N.Y.: The Guilford Press.

# How can EMDR help?



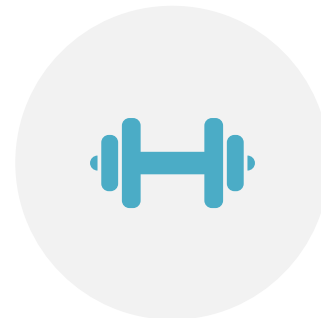
Improved ER due to increased activity in the PFC



Decreased reactivity via increased regulation of the limbic system



Reduction in the intrusion of traumatic memory due to the reduction in temporal lobe activity



More balanced activity between the limbic and prefrontal cortex

# EMDR continues to have a higher success rate for people with adult onset rather than childhood onset trauma

## **A Randomized Clinical Trial of Eye Movement Desensitization and Reprocessing (EMDR), Fluoxetine, and Pill Placebo in the Treatment of Posttraumatic Stress Disorder: Treatment Effects and Long-Term Maintenance**

Bessel A. van der Kolk, MD; Joseph Spinazzola, PhD; Margaret E. Blaustein, PhD; James W. Hopper, PhD; Elizabeth K. Hopper, PhD; Deborah L. Korn, PsyD; and William B. Simpson, PhD

### ***RESULTS:***

- The psychotherapy intervention was more successful than pharmacotherapy in achieving sustained reductions in PTSD and depression symptoms, but this benefit accrued primarily for adult-onset trauma survivors. At 6-month follow-up, 75.0% of adult-onset versus 33.3% of child-onset trauma subjects receiving EMDR achieved asymptomatic end-state functioning compared with none in the fluoxetine group. For most childhood-onset trauma patients, neither treatment produced complete symptom remission.

# The Body Keeps the Score



Thank you



**Questions?**



**Feedback**

# References



# Mindfulness-based therapy for psychogenic nonepileptic seizures (Baslet et al., 2020)

- Twenty-six patients completed a 12 session Mindfulness based therapy program and were included in the analysis. Median PNES frequency decreased by 0.12 events/week on average with each successive MBT session ( $p = 0.002$ ). At session 12, 70% of participants endorsed a reduction in PNES frequency of at least 50%. Freedom from PNES was reported by 50% of participants by treatment conclusion. Seventy percent reported a 50% reduction in frequency from baseline and 50% reported remission at session 12. By treatment end, PNES intensity decreased ( $p = 0.012$ ) and quality of life improved ( $p = 0.002$ ). Event duration and psychiatric symptom severity were lower after treatment, but reductions were not statistically significant.

# Another study



Epilepsy & Behavior

Volume 103, Part A, February 2020, 106534



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## Mindfulness-based therapy for psychogenic nonepileptic seizures

Gaston Baslet <sup>a</sup>  , Alexa Ehlert <sup>b</sup> , Megan Oser <sup>a</sup> , Barbara A. Dworetzky <sup>c</sup> 

### Conclusions

Completion of a manualized 12-session Mindfulness based therapy for PNES provides improvement in PNES frequency, intensity, and quality of life.

Schema  
therapy is  
helpful in  
treatment of  
complex  
trauma

## **'Teaching Me to Parent Myself': The Feasibility of an In-Patient Group Schema Therapy Programme for Complex Trauma**

The study showed how a four week schema programme

**Results:** Drop-out rate for the 4-week program was 11%. Thematic analysis of interview transcripts revealed four major themes: connection, mode language explained emotional states, identifying the origin of the problem and the emotional activation of the programme. Measures of psychiatric symptoms, self-esteem and quality of life showed improvement post-treatment and at 3 months post-treatment. There was a reduction in most maladaptive schema modes pre-/post-treatment.

**Conclusions:** A group schema therapy approach for complex trauma is feasible and demonstrates positive effects on psychiatric symptoms and maladaptive schemas.

Evidence that DBT skills can be helpful in tackling seizures

Study

**Group Dialectical-Behavior Therapy Skills Training for Conversion Disorder With Seizures** (Bulluck et al (2015)

19 adult outpatients diagnosed with video EEG-confirmed seizure type CD were recruited and received weekly group DBT.

17 out of 19 subjects finished an average of 20.5 weeks of treatment. The mean seizure rate decreased by 66%. Cessation of seizures occurred in 35% of the sample. Completion rates reached 90%.



# Evidence for CFT

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- Purdue and Morley(2016)- Compassion harnesses a specific affiliation based affect regulation system that facilitates the release of oxytocin and opioids in response to care and connection (pleasure, soothing and pain relief)
- It activates the soothing system
  - Rockcliffe et al (2008,2011) – - describes how CFT decreases cortisol and increases oxytocin
  - Oxytocin – connection
  - Chemicals linked to connection and decrease in pain experience





# Yoga: What does research say?

- Scientific methods have confirmed that the way one breathes can improve problems with anger, depression, and anxiety, and that yoga can positively affect such wide ranging medical problems such as high blood pressure, elevated stress hormone secretion, asthma and lower back pain
  - Emerson, Moore and Carey- Compared yoga to DBT-Results: Yoga significantly improved arousal problems in PTSD while dramatically improving subject's relationships with their bodies ("I now take care of my body") ("I listen to my body's needs") eight weeks of DBT had no effect on arousal symptoms or PTSD symptoms (In the book *The Body keeps the Score*)
  - Yoga can also increase HRV (a measure of how stressed the body feels)
  - Some more reading: Emerson and Hopper *Overcoming trauma through Yoga: Reclaiming your body*
-

# FND

- Psychotherapy for FND: A case bridging body and mind

[JNP13120359 240..243 \(psychiatryonline.org\)](#)  
(DBT and FND)



# Explaining why someone might feel sick all the time

From a trauma perspective

# Struggling with being sick

## Gemma

- You told us that you struggled with feeling sick and being sick. You described how you would often be sick 4-5 times before leaving the house. You described how you tended to be sick most in the mornings before college, before driving lessons and some planned appointments (including the one with us). When I asked you if you were aware of feeling anxious about any of these activities you said you did not feel anxious about the activity itself but were worried that you might be sick trying to do the activity.
- You told us that you are not always able to identify your feelings. You try not to connect with them or pay attention to them and don't like talking about them. It can be difficult for you to recognize that you might be feeling anxious

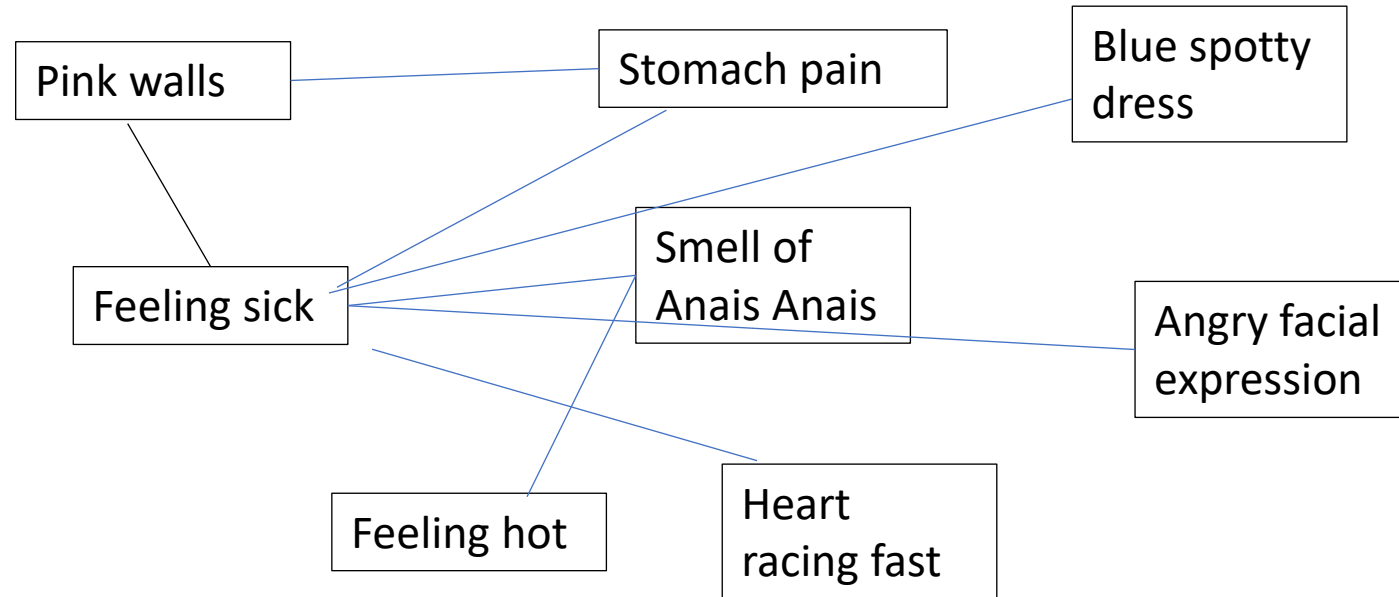
# This is the whole of Gemma's memory

In Gemma's childhood she was often scared. Her mum tried her best but being a single parent, having to work and struggling to cope with anxiety herself. If Gemma got upset or stressed her mum would also become upset so Gemma learnt to try and block things out or her mum was not available so she just had to cope with anxiety. One day Gemma felt really sick. Her mum was busy and so she couldn't ask for help. She felt very hot and really scared and thought she was going to die. She was sick and it was really painful. When she was being sick her mum came into her room. Gemma had a pink room and her mum was wearing a blue spotty dress and Anais Anais perfume. Her mum looked angry and shouted at her. Her stomach really hurt before and after.

# Trauma memories are stored differently to other memories

- Fragmented mostly sensory (physical feelings and emotions)
- Easily triggered by things temporarily linked to the feeling (rather than being linked by cause or meaning)
- Stored in the amygdala
- Affect without recollection
- When recalled feels like it's in the here and now
- Not time stamped
- Not updated by new information

# This is how her memory was stored in the amygdala



These fragments were easily triggered by situations that have (even vague) similarities to them

- Gemma felt sick in a shop one day when she walked past a spotty dress
- She passed a man shouting in the street and she felt sick
- One of her friends had painted her walls pink... she felt sick
- She ordered a new cupboard and it was the same shade of pink (she felt sick)
- She smelled perfume one day and felt sick
- She felt anxious about a job interview, her heart raced- she felt sick

Trauma “feeling” memories get incorrectly associated with new situations (secondary conditioning)

- Because Gemma felt sick in the shop (and didn't know why) – she started to associated feeling sick with being in shops or just crowded places

....Her brain makes new (inaccurate) links based on what it sees

### **Thoughts/ Assumptions**

- “Being around friends makes me feel sick”
- “Going to job interviews making me feel sick”
- “Being out in town – near aggressive people makes me feel sick”

Keeping the feeling going-  
The things we do to try and cope with the  
situation can make things worse

- Gemma tries to avoid situations- this means she is even more out of practice, and feels more anxious and hopeless- anxiety is one of the triggers to feeling sick
- Gemma has developed some safety behaviours (like trying not to eat)- these can make her feel dizzy and anxious and reinforce



# Common things that people do that help avoid their fears (but keep it going)

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## Safety behaviours

Excessive checking freshness of food (sell-by date, prepared) 29%

–Excessive personal hygiene 16%

–Checking health of self & others 16%

–Superstitious behaviours & magical thinking 14%

–Seeking reassurance 12%

–Avoid visiting people or going out 10%

–Excessively cleaning kitchen area 10%

–Excessive washing of food 8%

–Eat or carry sweets

# Common Avoidance strategies

## Avoidance

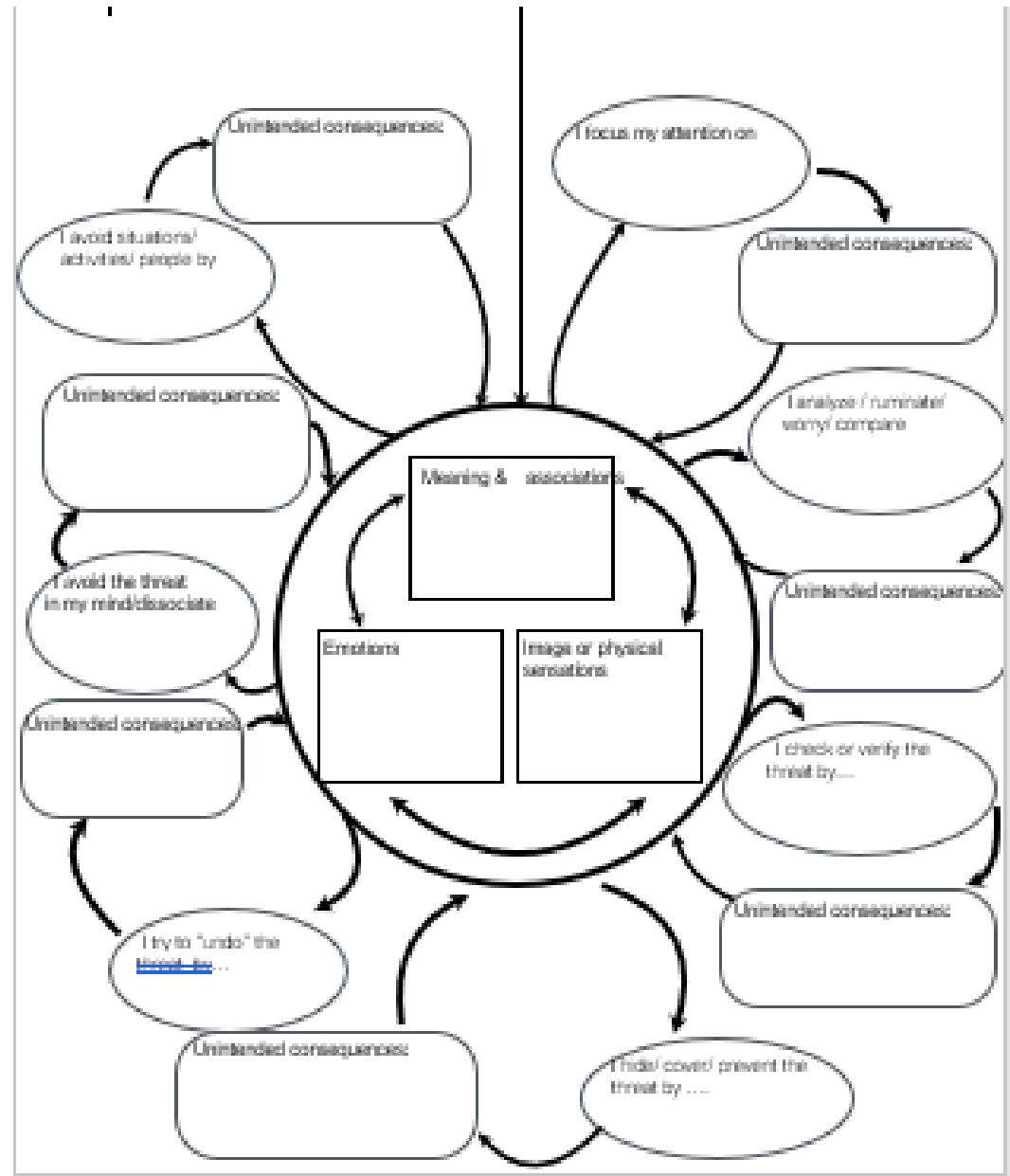
- Illegal substances 92.3%
- Drunks 89.2%
- Fairground rides 86.9%
- People who are ill 82.2%
- Travel by boat 89.3%
- Holidays abroad 72.6%
- Travel by aeroplane 68.7%
- Drinking alcohol 66.1%
- Crowded places 65.1%
- Public transport 64.4

# Other common avoidance

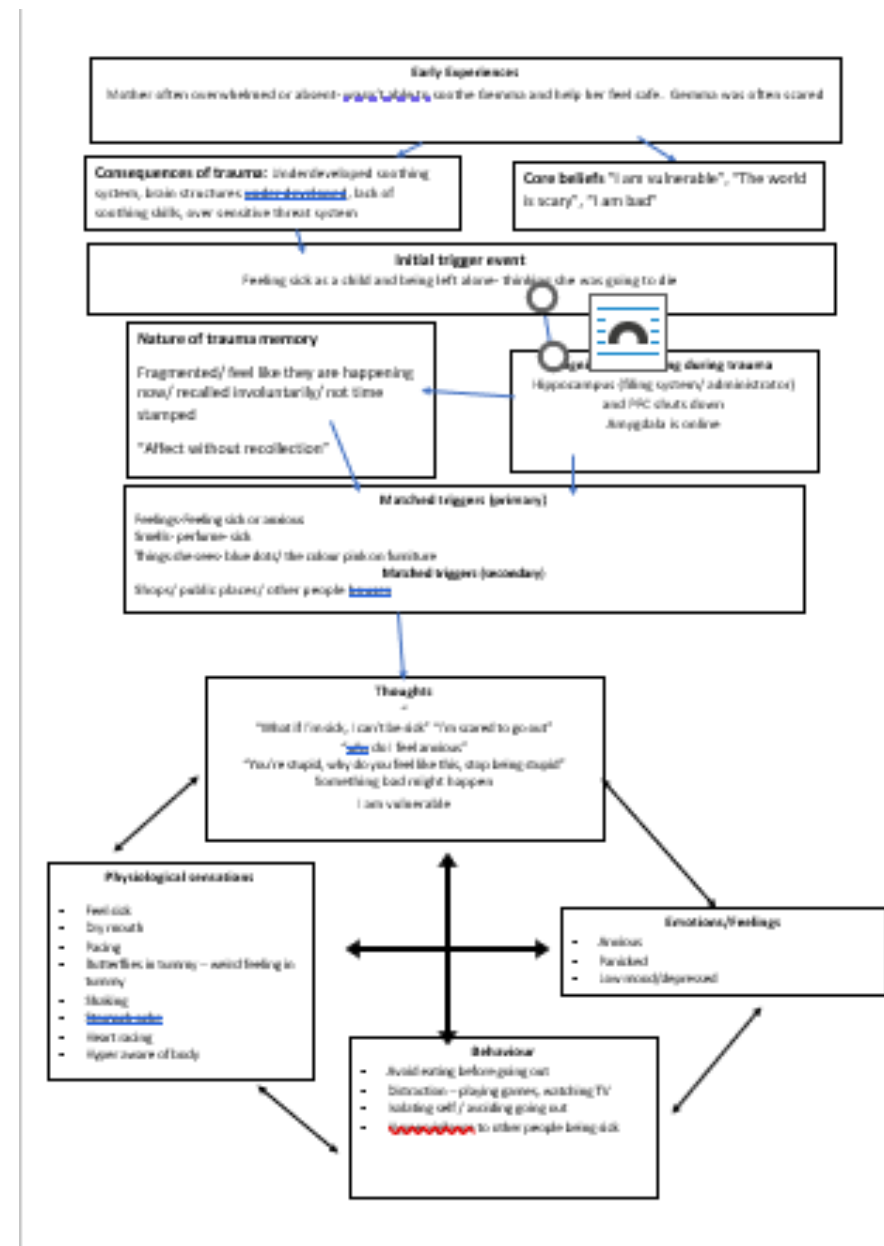
## Avoidance of food

- i) Restricting the amount of food eaten that reaches one's stomach (or until feels "full")
- ii) Restricting food in certain contexts (for example, not eating food cooked by someone else or in a unfamiliar restaurant).
- iii) Restricting certain types of food (for example, shellfish, poultry) or idiosyncratic associations with vomiting or "safe

# Vicious circles



# Formulation and vicious circles (separate document)



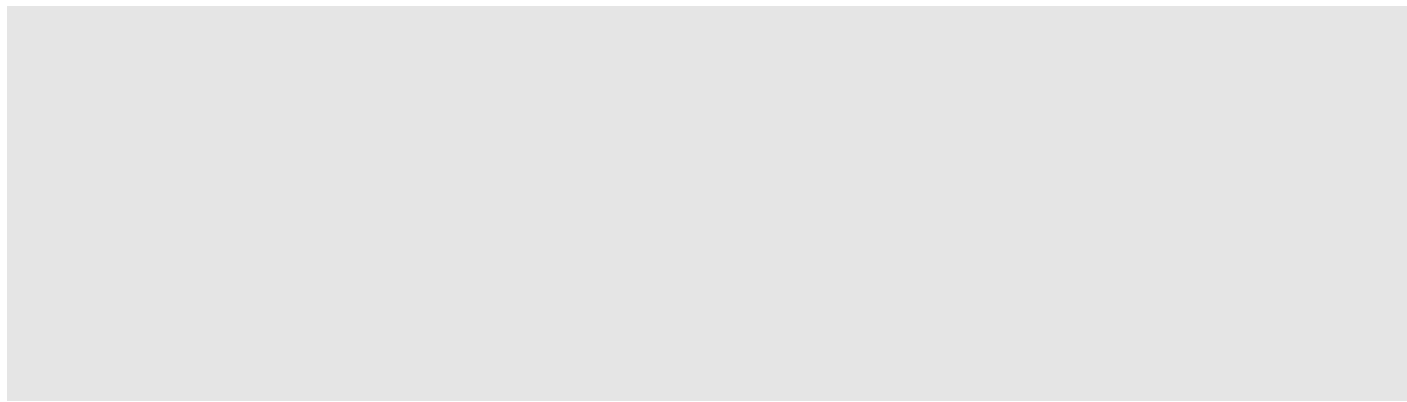
It's harder for Gemma to reality test because her soothing system is underdeveloped

- Remember that chronic exposure to trauma leads to a smaller hippocampus and PFC, less serotonin and GABA
- She is likely to have a smaller WOT and an underdeveloped soothing system
- She hasn't been taught how to regulate her emotions

Her earlier experiences also developed beliefs that she is vulnerable and the world is scary

- Gemma's mum got overwhelmed
- The world is scary, I am vulnerable, there is something bad about me

# Treatment Options



# CBT

CBT for what is commonly known as Emetaphobia contains some of the following


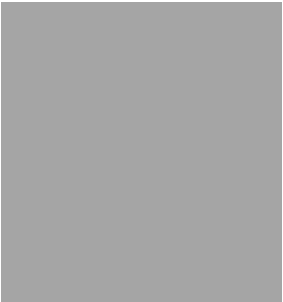
1. Identifying and focusing on values and goals
2. Psychoeducation about why feelings start and how they keep going
3. Theory A vs Theory B
4. Imagery rescripting around the past experiences linked to the original trauma

# Theory A vs Theory B

## Theory A, Theory B

- Theory A is that you are at greater risk of vomiting from germs and believe that you can control whether you vomit by what you avoid and by monitoring others
- Theory B is that you have had a bad experience of vomiting in the past and you now worry a great deal about vomiting and are extremely distressed by it and that your solutions of avoidance or checking will increase your preoccupation, distress and handicap and has no impact on whether you vomit or not from an illness.

# CBT continued

- 
- 
5. Building competence imagery (imagine a competent version of you)
  6. Graded exposure (starting with picture/ sounds/ then feelings)
  7. Resisting compulsions
  8. Coping with worry

# Other therapies

- EMDR- to process the original trauma and replace negative cognitions with positive ones
- Compassion focused therapy- to build a soothing system and a compassionate other to soothe the self
- DBT- for coping with emotions and widening WOT

# References FND and Emotional regulation

- Emotion dysregulation in patients with psychogenic nonepileptic seizures: A systematic review based on the extended process model
- [https://etheses.whiterose.ac.uk/21430/1/2018.09.05\\_Corrected%20Thesis\\_Isobel%20Williams\\_White%20Rose.pdf](https://etheses.whiterose.ac.uk/21430/1/2018.09.05_Corrected%20Thesis_Isobel%20Williams_White%20Rose.pdf)
- <https://eprints.whiterose.ac.uk/127063/1/Proof%20for%20submission.pdf>
- [\(16\) Psychogenic Nonepileptic Seizures \(PNES\) - YouTube](#)

# Information on FND

- [FND Dimensions Home Page - FND Dimensions](#)
- [Functional Neurological Disorder: A Healthcare Professional's Guide - Online Course \(futurelearn.com\)](#)  
(courses for health professionals)
- [About LLTTF | Living Life to the Full](#)- online resources

# FND Resources

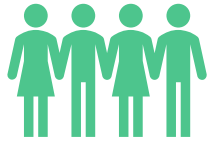


## Websites

[www.neurosymptoms.org](http://www.neurosymptoms.org)

<http://nonepilepticattacks.info/>

<http://www.codestrial.org/>



## FND Groups

FND Hope

FND Action

FND Society



## Book

Overcoming Functional  
Neurological Symptoms – a five  
areas approach – Chris Williams

# Pain references and videos

- Understanding pain in less than 5 minutes: [https://www.youtube.com/watch?v=C\\_3phB93rvI](https://www.youtube.com/watch?v=C_3phB93rvI) or put 'understanding pain in less than 5 minutes' in your search engine
- Lorimer Moseley tame the beast: <https://www.youtube.com/watch?v=ikUzvSph7Z4&vl=en> or put 'lorimer moseley tame the beast' into your search engine
- Lorimer Moseley why things hurt: <https://www.youtube.com/watch?v=gwd-wLdlHjs> or put 'lorimer Moseley why things hurt' into your search engine
- Professor Hyland sharing his understanding of illness: <http://www.bodyreprogramming.org/HylandModel.aspx> (please watch this on chrome and avoid Microsoft edge)
- The Guardian Australia are doing a feature on pain. Here's one of their video's <https://youtu.be/xbSr32OWcX4> or put 'guardian Australia what is chronic pain' into your search engine
- How to explain pain to patients in plain English; [\(158\) How to explain pain to patients in 5 minutes using plain English. - YouTube](#)
- BBC article and link to 'A Life of Pain' documentary by the BBC (available until April 2023); [Chronic pain: The 'unbearable' condition affecting one in four - BBC News](#)
- Introduction to the Flippin Pain Formula: <https://vimeo.com/475349297> and other Flippin Pain resources can be found at <https://www.flippinpain.co.uk/resources/>
- The mysterious science of pain; <https://youtu.be/eakyDiXX6Uc> - talks about psychological factors and use of language from 3 mins in.
- Neuroplasticity; <https://www.youtube.com/watch?v=ELpfYCZa87g>

# More pain references

- The mysterious science of pain; <https://youtu.be/eakyDiXX6Uc> - talks about psychological factors and use of language from 3 mins in.
  - Neuroplasticity; <https://www.youtube.com/watch?v=ELpfYCZa87g>
  - This video is going to hurt: [https://youtu.be/O2hO4\\_UEe-4](https://youtu.be/O2hO4_UEe-4)
  - Slipped disc?; (146) [The myth of a slipped disc - YouTube](#)
  - Peter O Sullivan challenging common beliefs about pain: <https://youtu.be/5bCzajs5VZk>
  - Over/Under activity cycle/Boom and Bust;  
<https://www.youtube.com/watch?v=h8KyUmU0SIY> (2 mins)
  - Joint hypermobility syndrome and physical therapy; [Physical Therapy for Hypermobility Pain | Cincinnati Children's - YouTube](#)
  - BBC radio 4 series; Phantom in the Brain [BBC Radio 4 - Phantoms in the Brain](#) ; Hannah's story is about how psychiatric symptoms may not all be in the mind; Moksha's story is about OCD and the brain; Daljit's story is about FND, Dan's story is about persistent back pain.
  - Here's the video about pacing/baselines: <https://www.youtube.com/watch?v=h8KyUmU0SIY>
- Here's another short video which you may find interesting: [\(51\) Chronic Back Pain Isn't What You Think w/ Lorimer Moseley, PHD - YouTube](#)

# Videos on the Neurosequential model

- [4. Regulate, Relate, Reason \(Sequence of Engagement\): Neurosequential Network Stress & Trauma Series - YouTube](#)
- [5. Understanding Regulation: Neurosequential Network Stress & Trauma Series - YouTube](#)
- [2. State-dependent Brain Functioning: Neurosequential Network Stress & Trauma Series - YouTube](#)

# Videos from Beacon House about how trauma links to sensory symptoms

- [Sensory Memories – YouTube](#)
- [The Repair of Early Trauma: A Bottom Up Approach – YouTube](#)
- [Beacon House Training Medley - YouTube](#)

# Self defence for trauma

- [Model Mugging and the Impact of Trauma Aware Self-Defense | Danielle Rousseau \(bu.edu\)](#)
- ['You feel like you're getting your power back': how martial arts helps recovery from trauma | Mental health | The Guardian](#)

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## Patient Advice and Liaison Service

For information about CPFT services or to raise an issue, contact the Patient Advice and Liaison Service (PALS) on Freephone 0800 376 0775, or e-mail [pals@cpft.nhs.uk](mailto:pals@cpft.nhs.uk)

## Out-of-hours service for CPFT mental health service users

Please call **NHS 111** for health advice and support.

If you require this information in another format such as braille, large print or another language, please let us know.



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