Exploring *NARM: A Complementary Model for* Healing C-PTSD

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EHN Webinars Series

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LEARNING OBJECTIVES

1. Welcome & Optional Arriving Exercise

2. Introducing NARM

3. Exploring the Various Adaptation Styles, Core Needs & Capacities for Wellness as seen
    from NARM

4. NARMS' 4 Pillars, Treatment Protocol & Disidentification process

5. Reflect on Transference Strain

6. Reflective Questions

7. Q & A

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➤ Developed in 2012 by Dr. Aline Lapierre and Dr. Laurence Heller

➤ **Dynamic embodied model** for addressing **attachment, relational and developmental trauma**, by working with the **attachment patterns** that cause life-long psychobiological symptoms and interpersonal difficulties

  ➤ **These early, unconscious patterns of disconnection deeply affect identity, emotions, physiology, behavior and relationships**

➤ **Relational process** and protocol informed by a humanistic, psychodynamic, attachment theory and cultural humility to promote compassion, kindness, resilience, and well-being in our personal lives, our relationships, and our communities

➤ At the heart of NARM is the concept of **"integration"** linking different aspects of our "3 brains"

➤ Ultimate goal of NARM recover capacities and sense of identity and to guide client to track their capacity for connection and bring compassion and understanding to the adaptive strategies. While guiding the "structuralization" process – moving from "child consciousness to adult consciousness"

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Exploring *NARM: A Complementary Model for* Healing
Developmental Trauma

A NARM Clinical Approach *is*	A NARM Clinical Approach *is not*
Primarily present-focused	Historically/past focused
Focused on the Adaptations to Trauma	Focused on trauma narratives (content driven)
Grounded in here and now (adult consciousness)	Regressive (child consciousness focused
Containment oriented	Cathartic
Resources oriented	Pathology-oriented
Inquiry driven	Goal driven
Internal state focused	Behaviourally-focused
Focused on shifting underlying patterns that are driving the symptoms	Focuses on symptom reduction
Client driven, with practitioner providing new opportunities for exploration	Practitioner lead, client being directed

Common/Traditional View	Trauma Informed
What's wrong with you?	What happened to you? And how have you adapted from what happened to you?
Symptoms/problems are pathological/ disease model	Symptoms/problems are survival strategies clients use to deal with unresolved trauma
Use labels to describe client pathology	Humanize clients by understanding trauma
Helping professionals are the experts providing services to survivors	Helping professionals collaborate with clients, supporting choice, agency and control in the healing process
Goals are defined by helping professionals and focus on symptom reduction and behaviour change	Goals are defined by client and focus on recovery, self-efficacy and healing

Bottom-Up and Top-Down

➢ **Bi-directional** loops of information going from the body to the brain and from the brain to the body. There are similar loops within the lower and higher structures of the brain, that is between the brain stem, limbic system, and cortex.

➢ **Top-down** approaches emphasize cognitions and emotions as the primary focus. **Bottom-up** approaches, on the other hand, focus on the body, the felt sense and the instinctive responses as they are mediated through the brain stem toward higher levels of brain organization.

➢ **Using both bottom-up *and* top-down orientations is integral of NARM.**
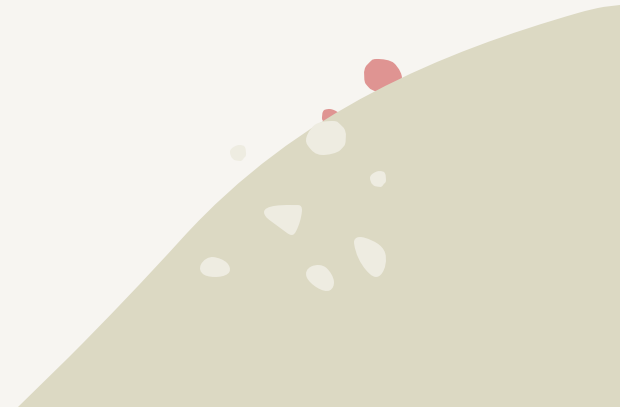
NARM is a **mindfulness-based** clinical treatment, as its method is
grounded in a phenomenological approach to addressing
identity and consciousness of self – who we are
beneath patterned/coping strategies.

Neuro - informed by neurobiology teachings and Polyvagal
Theory.

Affective - informed by a dynamic model of understanding
Attachment relationships and styles (grounded in Bowlby and
Mahler's work)

Relational - holds that central to interventions, a core component
is the element of intersubjectivity and relationality between the
client and therapist.
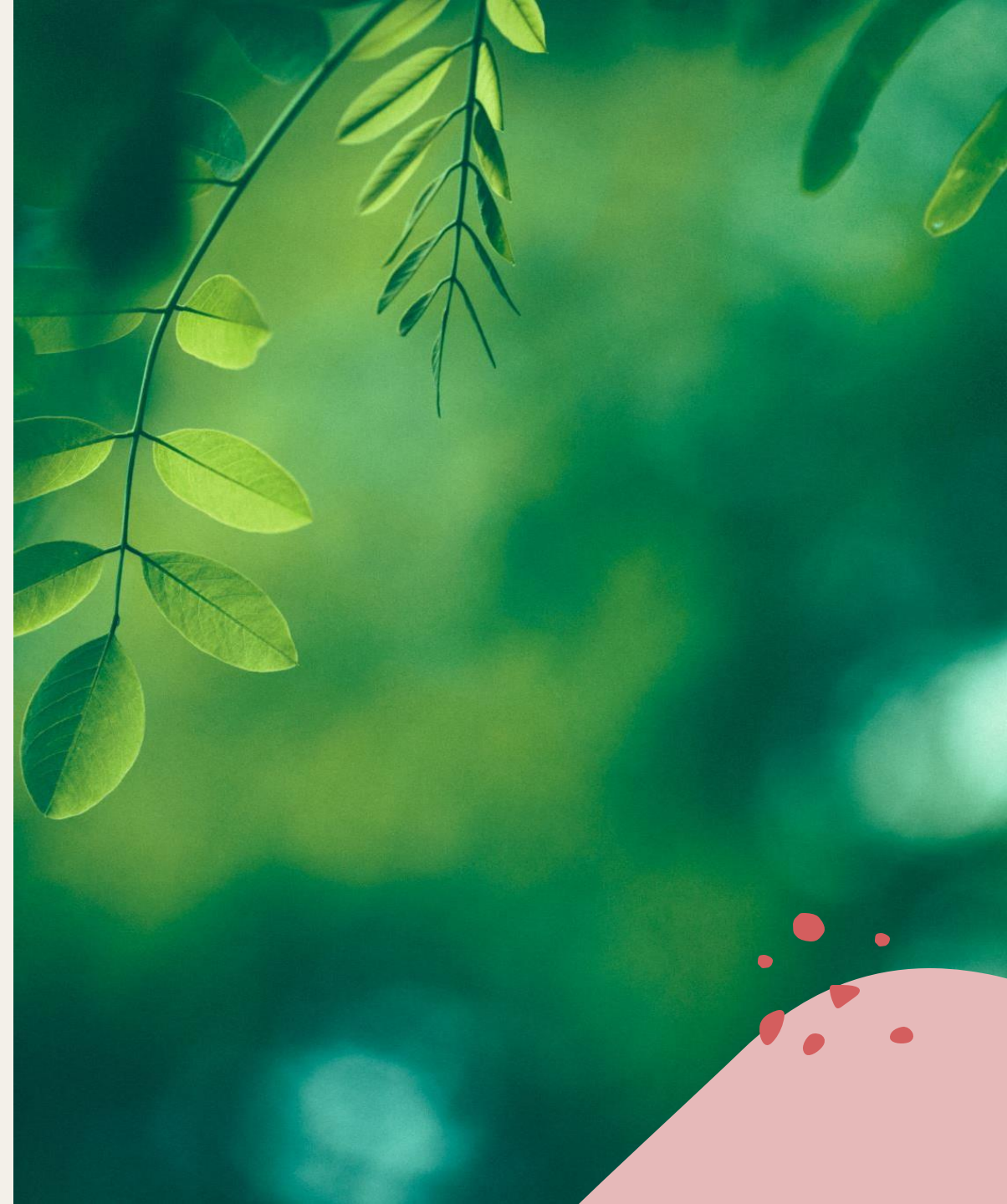
1. **Symptoms as survival/coping strategies** – serving to manage the psychobiological patterns of disconnection

2. **Resolving these patterns of Disconnection and related symptoms needs compassion** and therapy cannot be successful when clients perpetuate their self-hatred through shame based identification (client cannot get better when they feel they don't deserve this).

3. **Moving Beyond Symptoms**: Exploring underlying psychobiological patterns that are driving the symptoms (and that are reinforced by self-rejection and shame).

4. **Moving from "Child Consciousness to Adult Consciousness" ("Disidentification process)**

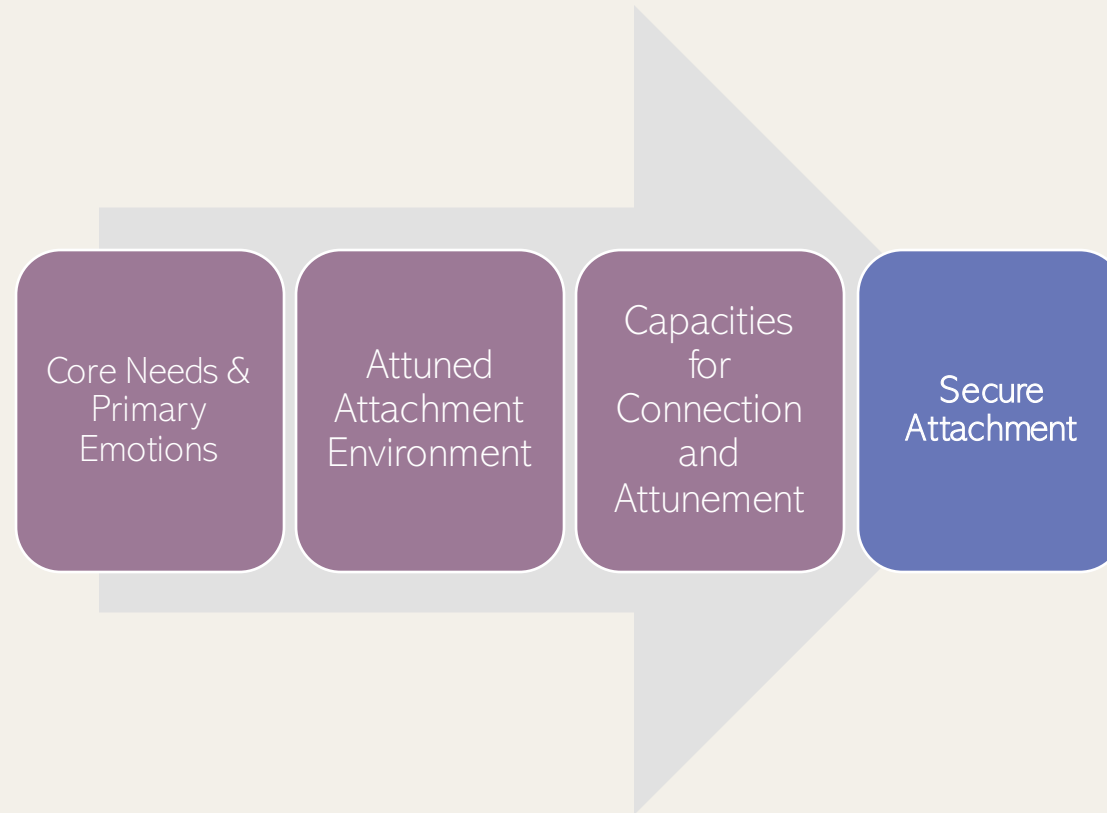# NARM's 4 Primary Organizing Principles

1. Supporting Connection and Organization
2. Exploring Identity
3. Working in Present Time
4. Co-Regulation - 50/50

Five Organizing Developmental Themes

1. *Connection*

2. *Attunement*

3. *Trust*

4. *Autonomy*

5. *Love/Intimacy*

➢ To the degree that these five basic needs are met, we experience **regulation and connection.** We feel safe and trusting of our environment, flexible and connected to ourselves and others. We experience a sense of regulation and expansion.

➢ To the degree that these basic needs are not met, **we develop coping/*survival styles*** to try to manage the disconnection and dysregulation.

Five Organizing Developmental Themes

Five Organizing Developmental Themes

Core Needs/Primary Emotions

Capacities/Default Emotions

Attachment/ Environmental Failure

Disconnection

Compromised Core Capacities

Adaptive Coping Strategies

Core Need	Core Capacities Essentials to Well-Being
Connection	Capacity to be in touch with our bodies and our emotions, capacity to be in connection with others
Attunement	Capacity to be attuned to our needs and emotions, capacity to recognize, reach out for, and take in physical and emotional nourishment
Trust	Capacity for healthy dependence and interdependence
Autonomy	Capacity to set appropriate boundaries Capacity to express self without shame or fear
Love/Expression of Intimacy & Sexuality	Capacity for heartfulness Capacity to integrate a loving relationship with vital sexuality

Adaptive Survival Styles	Core Difficulties
The Connection Survival style	Disconnected from physical and emotional self, difficult relating to others.
The Attunement Survival Style	Difficulty knowing what we need, feeling our needs do not deserve to be met
The Trust Survival Style	Feeling we cannot depend on anyone but ourselves, feeling we have to control relationships
The Autonomy Survival Style	Feeling burdened and pressured, difficulty saying no directly and setting boundaries
The Love-Sexuality Survival Style	Difficulty integrating heart and sexuality, self-esteem is based on looks and performance

Therapeutic Skill

Pillar 1: Clarifying the Therapeutic "Contract"

Setting the intention for the therapeutic process

Pillar 2: Asking Exploratory Questions

Inviting an inquiry-driven process

Pillar 3: Reinforcing Agency

Reflecting on one's relationship to organizing internal & external experience

Pillar 4: Reflecting Psychobiological Shifts

Tracking connection-disconnection & supporting psychobiological capacity

(Level 2 Training, NARM 2022)

NARM PROTOCOL

Pillar 1 – Therapeutic Contract - Attunement

❖ **Intention:** Guide client to clarify intention and sense into client's experience.

❖ **Intervention:** support client clarify intention

❖ **Self-Inquiry:** notice how this lands for client.

Pillar 2 – Asking Exploratory Question - Acceptance & Exploration

❖ **Intention:** Being with client and complexity, Understand how client organizes inner experience.

❖ **Intervention**: Asking exploratory questions, clarify core dilemma.

❖ **Self-Inquiry**: Notice impulsive tendencies to rush or figure out/case conceptualize or pressure to "fix", lightly hold "working hypothesis".

Pillar 3 – Exploring Agency - Mindful Intervention

❖ **Intention:** Hold Possibility of a new way for client relating to self, others and world

❖ **Intervention**: Support increased sense of agency

❖ **Self-Inquiry**: Notice tendency to be goal-oriented.

Pillar 4 - Emotional Completion - Integration

❖ **Intention:** Support client's increase in psychobiological capacity.

❖ **Intervention**: reflect psychobiological shifts, guide client to learn to track connection and disconnection**.**

❖ **Self-Inquiry:** Notice capacity to be present with client's shifts

(NARM Therapist Training Level 2, 2022)

NARM Therapeutic Skills

- Compassionate Inquiry

- **Asking Open Questions**

- Tracking Organization and Disorganization

- Developing Positive Resources

- Evoking Positive Experiences of Connection

- Tracking Somatic Connection

- Relationship to Internal States

- Containment & Pacing

- The Challenges of Transference (t and T)

- The Challenges of Countertransference (c
  and C)

- 50-50

Asking Open Questions
(Pillar 2)

At the beginning of the process, questions are as open as possible:

"What do you notice in your experience right now?"
while paying attention to whether referencing the body is organizing or disorganizing

Early in the therapeutic process, we reference the body when:
• The reference is to a positive—not a painful—state.

• The client is in touch with a resource or is in the process of discharging shock energy.

• There is sufficient capacity for containment.

Once clients begin to experience their body sensations again, the NARM therapist:

• **Pendulates between regulated and dysregulated states, emphasizing regulated states.**

• **Anchors positive states in the felt sense.**

Transference and Therapeutic Presence

- Being mindful of the use of the therapist in therapeutic alliance & Intersubjective process. Every Intervention is Intentional.

- Capacity to work with transference and countertransference along with attunement and empathy – **crucial for supporting clients heal from relational trauma.**

- Being **Aware of the Risks** of Countertransference Strain.

(*NARM Therapist Training Level 2,* 2022)

Transference and Therapeutic Presence

Healthy Engagement: Authentic Empathy

Versus

Caretaking: Unmanaged Empathy

How do these feel different?
What do you notice about the different impact on your clients

WORKING WITH EMOTIONS

➢ **"Going with the resistance"** – Not rushing to have clients "feel their feelings"

  ➢ Key to acknowledge and work with client's fear of feeling than to get to the feeling themselves

  ➢ Once they acknowledge their fear leads to(self-validation/Agency).

➢ In NARM just as we do not push for emotional feeling and expression, we also do not resource emotions away – even if they seem distressing and scary .

  ➢ Support relating to these emotions from adult consciousness where there is greater awareness, flexibility and stability.

  ➢ NARM's Pillar 3 (agency) and 4 (emotional integration) supports clients increased capacity to regulate.

(*NARM Therapist Training Level 2*, 2022)

Countertransference Strain

Reflective Exercise

Anger & Grief: What is our relationship to our own anger and grief and what are the strategies we use to avoid or minimize or avoid anger/grief?

Helplessness: What is our relationship to helplessness and what are the strategies we use then we feel helpless?

Countertransference Strain

Therapist may have a well intentioned compassionate wish to support client but their own strategies of adaptations may collide with those of clients:

1. Pressuring self to get client to trust them

2. Wanting to get the client to see that they are truly caring and "get them"

3. Get the client to open up and let me help them

4. Get client to see "what's going on"

5. Figure out what I need to do to better support them..
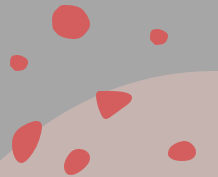
Reflective Exercise

1. What does your Inner quiet look like to you?

2. How do you imagine it might impact your clinical work and personal life if you met the world with greater Inner Quiet?

People have two needs: Attachment and authenticity. When authenticity threatens attachment, attachment trumps authenticity.

- Gabor Maté

The spontaneous movement in all of us is toward connection and health. No matter how withdrawn and isolated we have become, or how serious the trauma we have experienced, **on the deepest level, just as a plant spontaneously moves towards the sun, there is in each of us an impulse moving toward connection.**

- Laurence Heller

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Q & A

RESOURCES

NARM books and Podcasts: Resources – NARM Training Institute

Neuro Affective Relational Model (NARM) for Healing Developmental and Shock Trauma: What is NARM? – NARM Training Institute

Transforming Trauma Podcast: Transforming Trauma Podcast – NARM Training Institute

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