

# **Guiding Traumatized Clients to Find Solid Ground**



**Prof. Bethany Brand** 

29 March 2025 | 9.00am - 12.00pm AEDT





#### Guiding Traumatized Clients to Find Solid Ground

Bethany Brand, Ph.D.

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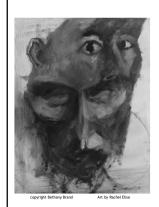


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#### Learning Objectives

- Apply interventions recommended by experts that help stabilize dissociative individuals in the first stage of treatment for complex trauma
- Demonstrate how to work with patients to develop specific skills used in the Finding Solid Ground program
- Assess the functions that self-harm may serve in traumatized individuals



#### Acknowledgement & thanks:

- to colleagues Ruth Lanius, Hygge Schielke & Francesca Schiavone
- To the individuals who live with dissociation who have given us crucial feedback throughout the development of Finding Solid Ground
- to the TOP DD studies' research participants whose Input improved Finding Solid Ground

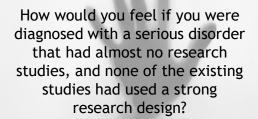
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#### **Topics**

- 1. The "Why" of Finding Solid Ground
- 2.Brief overview of the phase-oriented treatment of complex trauma  $\ensuremath{\mathfrak{t}}$  DID
- 3.Overview of the TOP DD studies and development of *Finding Solid Ground Program*: participant- and research-informed program for complex trauma
- 4. Introduction to the first two modules of  $\it Finding\ Solid\ Ground$

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How would you feel if some mental health professionals said that treating that disorder would cause you *harm*?

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How would you feel if you tried repeatedly to find clinicians who could treat you, but you couldn't find anyone who had real skill and training in treating your disorder?

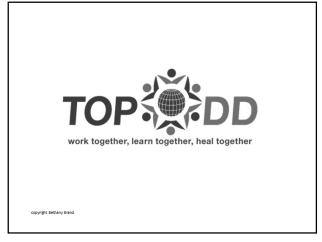
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Lilienfeld (2007) & Sociocognitive/ Fantasy Model colleagues opine:

DID treatment harms patients





#### **TOP DD Study Researchers**

- ▶ Bethany Brand, Ph.D., Principal Investigator, Towson, Maryland, USA
- ▶ Hygge Schielke, Ph.D., Co-Investigator, Toronto, CA

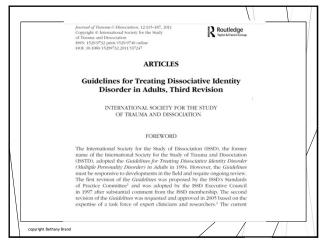
#### Scientific Consultants:

- ▶ Karen Putnam, Ph.D. & Frank Putnam, M.D., Chapel Hill, North Carolina, USA
- ▶ Ruth Lanius, Ph.D., M.D. and Paul Frewen, Ph.D., London, Ontario, Canada
- ▶ Richard Loewenstein, M.D., and Amie Myrick L.C.P.C., Baltimore, Maryland, USA
- ▶ Ellen Jepsen, M.D., Ph.D., Modum Bad, Norway
- ▶ Kathy Steele, M.N, C.S., Atlanta, Georgia, USA
- ▶ Suzette Boon, Ph.D., The Netherlands
- ► TOP DD RAs: Shae Nester, Nick Pierorazio & Jerrica Robertson copyright Bethany Brand



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	We are indebte	d to the follo	wing for funding:		
	Michael Hemmer	Brad Foote, M.D.	Anonymous donation to Sheppard Pratt Health System's Trauma Disorders Research Program		
	Trauma Disorders	ANS Research	Anne Bartoletto and		
	Fund, Sheppard Pratt Health System	Constantinidas Family Foundation	family		
	International Society for the Study of Trauma & Dissociation	Towson University FDRC grant and College of Liberal Arts Grants	Many additional generous donors		
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Brand, McNary, Myrick, et al. (2012). A survey of practices and recommended treatment interventions among expert therapists. *Psychological Trauma: TRPP* doi:10.1037/a0026487

Experts' Recommendations of Interventions to Use at Each Stage of DID Treatment

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Art by Rachel Elise

Intervention	Stage 1 Stabilization & Safety	Stage 2 Trauma Processing	
Establish safety	yes	yes	]
Establish/repair alliance	yes	yes	1
Teach/practice grounding	yes	yes	1
Educate about disorders & treatment options	yes		
Diagnose comorbid disorders	yes		
Teach/practice self-care	yes		1
Develop healthy relationships	yes		1
Develop affect tolerance impulse control	yes	yes	]
Stabilize from current stressors & crises	yes	yes	
Teach/practice containment	yes	yes	1
Teach cooperation with self-states		yes	]
CBT focus on cognitive distortions		yes	Brand et al. 2012 doi:10.1037/a002
Identify/work with self-states		yes	ĺ

Fewer suicide attempts and less self-harm

Fewer hospitalizations

Fewer hospitalizations

Decreased symptoms: depression, PTSD, dissociation, physical pain, general distress, street drug use

Increased engagement in school, volunteer jobs, & relationships

Increased feeling good

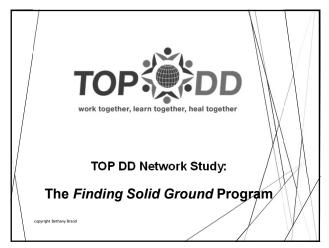
Trend: reduced revictimization

TOP DD Naturalistic Study

Results

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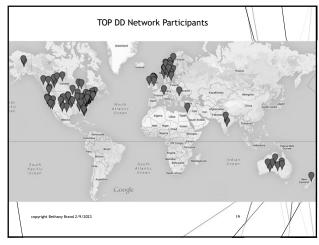


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Second
TOP DD
Study:
Network
Study

N = 111 patients: 1 and/or 2-year data; 71% w/ DID

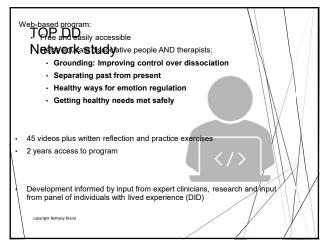
Both therapists and patients had to participate

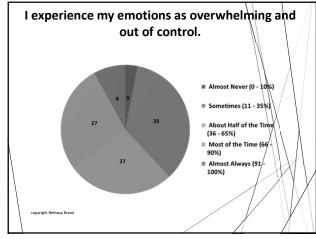


#### Methodology

- · Adjunctive educational program
- <u>No patient excluded</u> based on severity of safety problems, co-morbid disorders, medications
- · No control group

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#### TOP DD Network study

#### Example:

- Video: reasons traumatized people engage in risky or unsafe behavior
- Written: make a list of reasons why you engage in risky, unsafe behavior; make a list of healthier alternatives
- · Practice: use healthier coping list

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#### Does Safety Improve?

#### Most severe self-harm (last 6 mo):

- Patient harmed 100 times: 0 at Year 2
- Patient harmed 125: 10 at Year 2
- Patient harmed 150: 10 at Year 2

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TOP: DD

#### Summary of TOP DD Network Study

#### Improvements in:

- ▶ PTSD & dissociative symptoms
- ▶ Stabilization of self-harm & improved emotion regulation
- ▶ Use of healthier coping
- ▶ Increased awareness of warning signs, reasons for unsafe behavior, healthy ways to manage impulses
- & feelings
- ▶ Treatment costs decreased
- ► Trend for suicide attempts and hospitalizations to decrease

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#### Finding Solid Ground Program

#### Refined through

- > Research
- > Input from those with lived experience
  - > In-person group participant feedback
  - > Participants' feedback

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#### Finding Solid Ground Program

#### Teaches patients 4 crucial skills:

- 1. Grounding
- 2. Separating past from present
- 3. Healthy ways for emotion regulation
- 4. Getting healthy needs met safely

(Brand et al. 2022; Schielke et al., 2022; Loewenstein, 2006)

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#### 8 Modules - Finding Solid Ground

#### Grounding

Prevent getting overwhelmed by learning how to help yourself when feeling too much or too little

#### Separating Past from Present

Noticing when the present is safer than past, being aware of current resources, learning how to contain traumatic intrusions

#### **Additional Foundations**

How best to help yourself make progress towards getting and feeling

#### Getting and Feeling Safer, Part 1

Getting healthy needs met safely; learning how to recognize and interrupt patterns that can contribute to risky, unhealthy, or unsafe behavior, or get in the way of getting and feeling safer

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#### 8 Modules - Finding Solid Ground

#### Addressing Trauma-Based Thoughts

Learning how to shift trauma-based thoughts to healingfocused thinking

#### Getting and Feeling Safer, Part 2

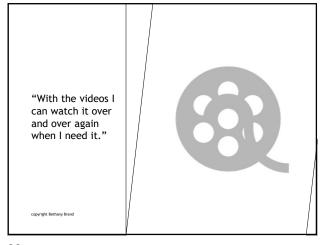
Learning more ways to help yourself recognize, interrupt, and reduce patterns that can contribute to risky, unhealthy, or unsafe behavior

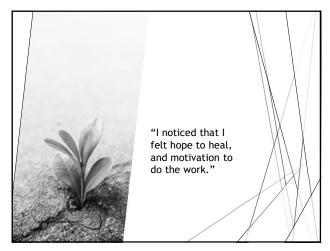
Improving Your Relationship with Emotions, Body Sensations, Aspects of Self

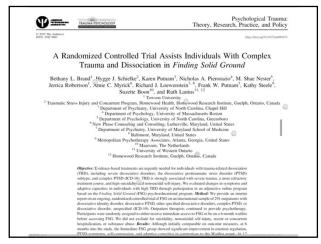
Sticking with the Process and Building on Progress

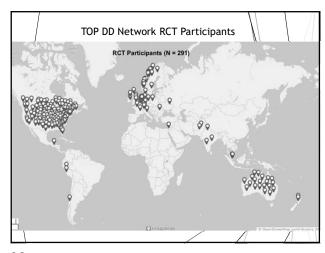
30 Topics (examples) - Finding Solid Ground				
Grounding	Grounding: When, How, Why			
Prevent getting overwhelmed by learning how to help yourself when feeling too	Signs of Getting Ungrounded and Healthy Ways to Get Grounded			
much or too little	101 Healthy Ways to Get Grounded			
Separating Past from Present	Separating Past from Present: When, How, Why			
Noticing when the present is safer than past, being aware	Using Imagery to Help Separate Past from Present			
of current resources, containing traumatic intrusions	Separating Past from Present: Managing 90/10 Reactions			
	More Healthy Ways to Help Yourself When You're Feeling Too Much			
Additional Foundations	How to Help Yourself Heal the Impact of Trauma on the			
Learning additional ways to	Brain			
help yourself make progress	Managing Crisis-Level Feelings			
towards gertfing and feeling safer	The Importance of Self-Compassion in the Healing Process			

# LET'S PRACTICE RCT Video about Risky Behavior









#### <u>Finding Solid Ground (FSG)</u> <u>Randomized Controlled Trial (RCT)</u>

- 291 therapists participated with one patient and both reviewed FSG educational materials
- They watched 30 short (10-15 minute) educational videos
- Each video matched with journaling & practice exercises
- Therapist-patient teams had access to FSG for 1 year

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(Brand et al. 2022; Schielke et al. 2022)

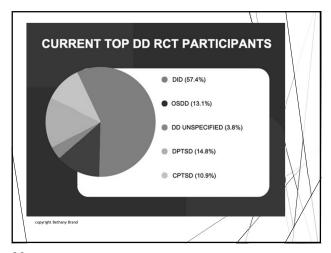
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#### Design of FSG RCT Study

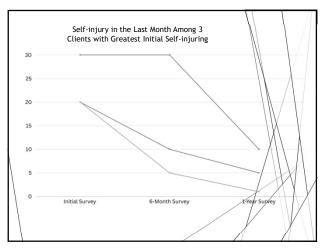
- Therapist-patient teams went at individualized pace
- Patients had to continue in individual therapy to stay in the study
- Therapist-patient teams randomly assigned to get immediate access to FSG program, or to 6month waitlist
- Those in the waitlist continued with "treatment as usual" then after 6 months, they also got access to the FSG program

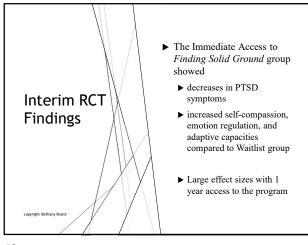
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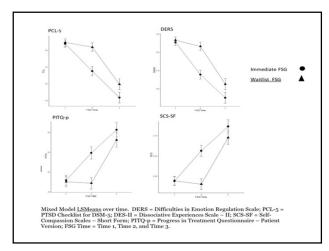
(Brand et al. 2022; Schielke et al. 2022)



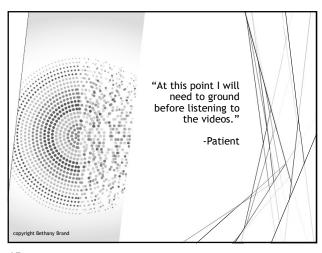
Therapist Reported Initial Patient Safety					
	Any	0	1	2	3 or more
Suicide attempts last 6 months	7.5%	92.6%	3.2%	1.1%	3.2%
Hospital- izations last 6 months	9.6%	90.4%	2.1% <1 week	3.2% Between 1 - 4 weeks	4.3% >4 weeks











### What about the FSG program has been helpful, if anything?

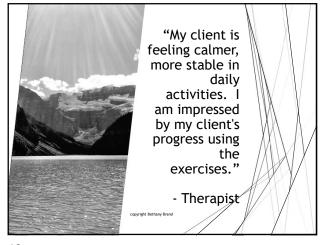
"...I think overall just the really gentle and regular reminders to be compassionate with ourselves along the way and educating us on the very real impacts of living with trauma. It was validating to have so many of my struggles be acknowledged and explained and then taught what could be done about them."

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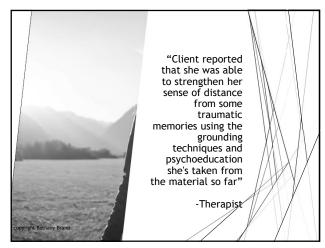
▶"I cannot say enough good things about this program so far. My client has been very receptive to the exercises and Bethany's presence and tone in the videos are just lovely; very validating and extremely supportive. We've been working together for quite some time already, but using the videos ...has really brought something new and valuable to our work. In watching the language used in the videos, I am also learning so much about how to effectively talk about trauma. Thank you for this amazing resource!"

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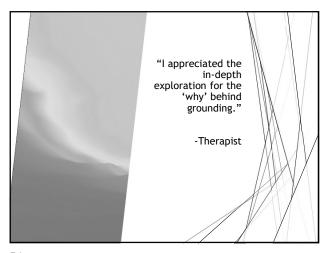
-Therapist

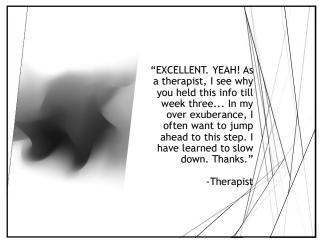
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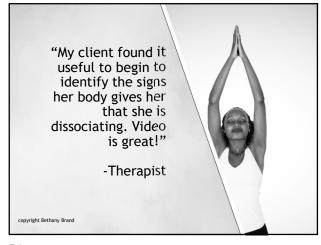


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Nicolás Rodríguez M.D.'s Testimonial about FSG EMDR accredited consultant, Past President of the EMDR Chile Association Faculty at the Trauma and Dissociation Unit of the Department of Psychiatry School of Medicine, Pontificia Universidad Católica de Chile

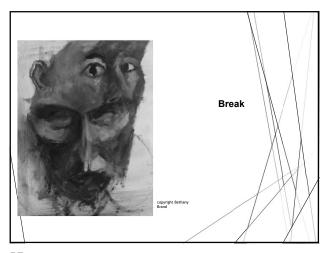
I have seen remarkable changes since my patient learned Finding Solid Ground. She shows much better control and safety. She is much better able to identify when she is dissociating and to know what to do in those moments. There are times when atrocities of the past would come to her fleetingly as sparks. Today she can get out of it quickly, by being able to separate the past from the present. I also observe her being more self-compassionate and better able to tolerate difficult and unpleasant emotions, as well as improving her internal dialogue between her different parts. Without exaggeration, the program saved her life. In a moment of crisis, she remembered Bethany's words (from the videos): "Step by step, you will get there" and just remembering it brought her out of "there and then" and allowed her to activate her crisis plan, also learned in the Finding Solid Ground program.

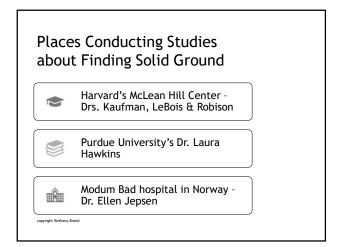
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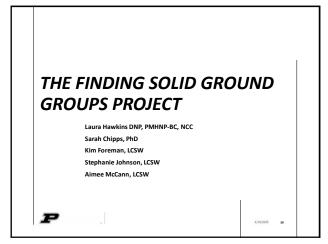
Nicolás Rodríguez M.D.'s Testimonial about FSG EMDR accredited consultant, Past President of the EMDR Chile Association, Faculty at the Trauma and Dissociation Unit of the Department of Psychiatry, School of Medicine, Pontificia Universidad Católica de Chile

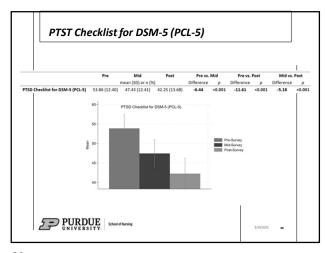
You have given us a great evidence-based treatment. Sincerely, I think Finding Solid Ground will mark a before and after in the treatment of trauma and dissociation. It systematizes therapeutic interventions, allowing the therapist to improve his or her skills and confidence, and to finally help put an end to so much suffering of people who have unjustly experienced trauma.

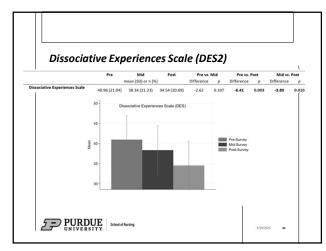
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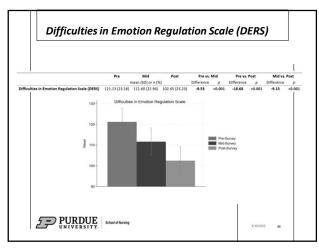


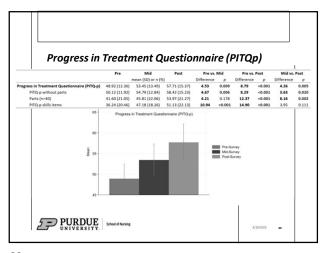












"When I was a little girl, I never learned how to regulate feelings, what the feelings were named. I didn't know how to express or speak because of my neglect at home.

So in my mind I had a color chart for my feelings, and a system that I

understood when feelings took over.

So when I was patient (at Modum Bad hospital in Norway where they had FSG groups and art therapy sessions), that was a groundbreaking moment for me! I could suddenly speak the language I understood and knew how to speak!!

After that, I developed and expressed my inner language/feelings on the canvas.

Colors, brushes and canvas saved my soul in a very a special way.

And I am so thankful."

Ida Hellevammen





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Finally found a way to express feelings



- Artist: Ida Hellevammen
- Facebook/Instagram: art\_bylda

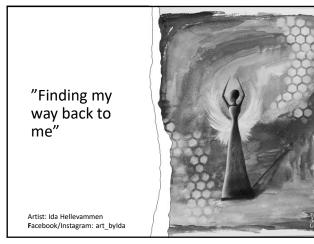
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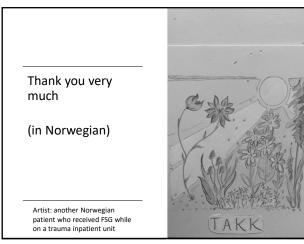
Inner Communication



Artist: Ida Hellevammen Facebook/Instagram: art\_bylda

And I am so thankfull.  Finding a sense of freedom	
Artist: Ida Hellevammen Facebook/Instagram: art_bylda	



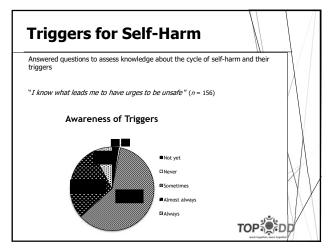


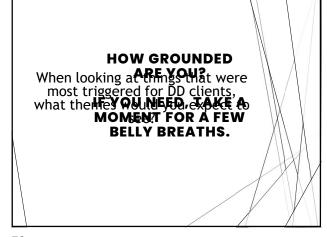
What can therapists do to help stabilize patients' safety?

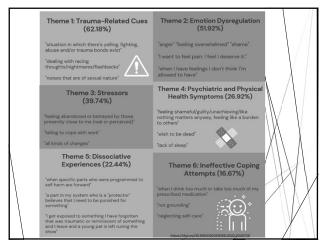
1st: Learn the functions and triggers of self-harm

Nester, M.S., Bol, C., Brand, B.L., & Schieke, H.J. (2022). The Reasons
Dissociative Disorder Patients Self-Injure. European Journal of Psychotraumatology.

Qualitative analysis of data from 156 TOP DD patients answering a question about 3 reasons for self-injury.

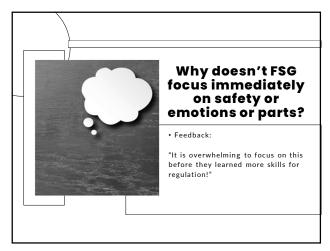


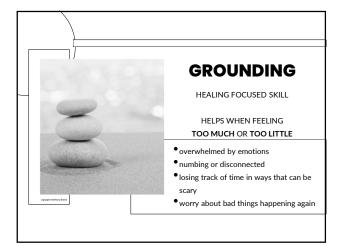




7	Freatment Implications:Unsafe Behavior
	Work towards building awareness and identification of triggers
	Safety plan Explore triggers Plan for managing triggers of various forms
\	Focus on reducing trauma symptoms & improving containment kills
	Enhance repertoire of coping and grounding skills
	Improve emotion regulation capacities

# FINDING SOLID GROUND MODULE 1: GROUNDING





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# BEING GROUNDED ENHANCES SAFETY

- $^{\bullet}$  increases ability to think clearly
- increases awareness of what is happening
- increases awareness of options, choices, and resources available





## BEING GROUNDED HELPS WITH HEALING

- $^{ullet}$  makes it possible to learn new skills
- makes it possible to learn and use adaptive ways of relating to self and others
- helps with noticing when the present is safer than the past



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How much of you is here right now?
What do you need so it feels safe enough to get more of you here right now?

Oxford University Press, 2022

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#### **GETTING GROUNDED**

#### Orient

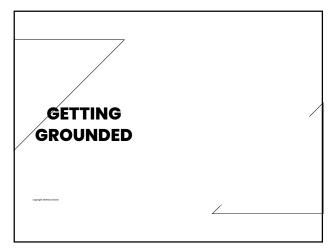
- CURRENT
- YEAR?
   MONTH?
- DAY?
- WHERE AM I?
- HOW OLD AM I?

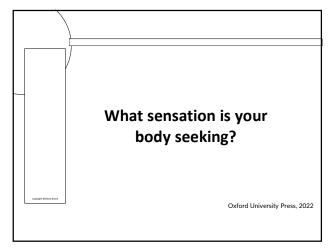


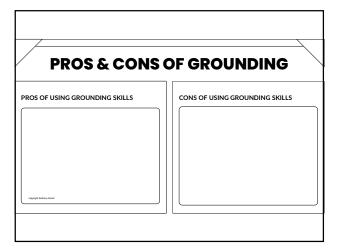
#### Anchor

USE EIGHT SENSES TO CONNECT TO THE HERE AND NOW IN THE BODY.

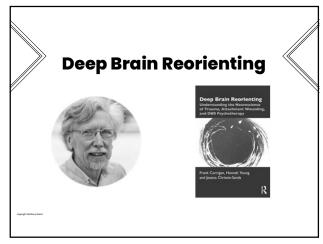




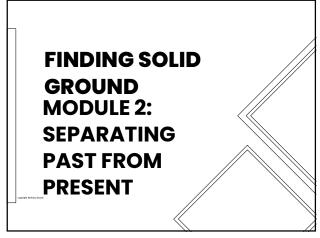




	GETTING GROUNDED	
//	Orienting to "Where Self"	,
	Frank Corrigan's	
	Deep Brain Reorienting	
copyright Bethary Brand		



LET'S PRACTICE
Locating Where Self

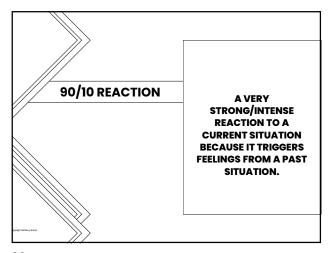


## SEPARATING PAST FROM PRESENT

- Confusion of "here and now" with "then and there"
- Can range from another situation feeling "just like" a traumatic situation to flashbacks



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	capage fortune band	om.			
<u></u>			<del></del>		
	Soo our publi	actions			
	See our publi Make a don	ation			
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