

Do You Know About the 7 Steps?

1. Pause
2. Feel it
3. Notice and sensations in your body
4. Be self-aware
5. Notice your breath
6. Pause again
7. Engage

Chicken or the Egg?

WHAT DO WE WORK WITH FIRST – SHOCK TRAUMA OR EARLY/DEVELOPMENTAL TRAUMA?

- Sometimes, if there is **OLD** charge in the system from shock trauma, we need to release/**DE - ACTIVATE** that trauma first – before we can work on forming new nervous system pathways that are **REGULATED**.
- But sometimes, we need to work at just getting **ORIENTED** to the body and environment first and being embodied.
- Sometimes, we need to work at the **STRESS ORGANS** & **SOMATIC LEVELS** and work towards establishing **CONNECTION TO SELF** and/or a sense of a **SECURE BASE**, also known as a **SAFE HAVEN** (this could be done internally or externally).

Sometimes, we might need to disconnect from it all and take a break!!

Sometimes, we need to **BLEND** bits and pieces together.

Following the lead of the nervous system physiology, being **SMART** with our body and mind, using our resources, and so on, all leads to **GREATER** regulation within the autonomic nervous system.

Back to the Swimming Pool and Balls

- Sometimes we need to let out some of the balls to make space so a person can feel, sense, and be able to orient to their body and environment. This is often what's happening when processing and working with **SHOCK** trauma.
- Sometimes we need to make the swimming pool bigger: This is improving coherence (AKA: **FLOW** and enhancing our **CAPACITY**).
- Sometimes we need to just replace the pool and fill it up with new water: This is **BUILDING** up the foundations of the nervous system - getting **REGULATION** back into the picture.
- There is no strict '**METHOD**' to this work – but there are **FUNDAMENTAL** principles on how to approach the system.

MOVING TOWARDS MORE REGULATION, AND THEREFORE GREATER SAFETY IS THE GOAL, BUT SOMETIMES WE NEED TO WORK ON A SPECIFIC INCOMPLETE PROCEDURAL MEMORY THAT IS HINDERING OUR CAPACITY TO FEEL SAFE.

- We need to **LISTEN** to what the system needs and follow the **IMPULSE**.
- **ADAPT** as necessary.

Bottom Line:

We need to bring as much regulation/safety as we can back to the nervous system, and not **OVERLOAD** this system while doing this.

“Regulation, Regulation, Regulation”

- magical words from Kathy Kain & Stephen Terrell

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"Regulation is the term used to describe our ability to manage our emotional state, to calm ourselves during times of heightened emotion—when we become fearful, deeply sad, angry, or frustrated.

Regulation is a learned process, one we integrate into our own lives by observing others and, importantly, through the attachment phases with our early caregivers."

Nurturing Resilience - Helping Client Move Forward from Developmental Trauma. An Integrative Somatic Approach.

Kain and Terrell (2018)

We want to establish regulation for many reasons:

- Gives us more **CAPACITY** to be in and stay in the body when stressful (and even joyful) events occur.
- Greater opportunity to feel and be with our **INTERNAL SELF** - (that concept of '**INTEROCEPTION**').
- If old **PROCEDURAL** (implicit) and **DECLARATIVE** (explicit) memories surface, then we can handle them a bit more. They won't **OVERWHELM** or **DISSOCIATE** us.
- Regulation means that the autonomic nervous system is functioning **SMOOTHLY**.
- Meaning, the nervous system is not staying **STUCK** in survival stress for too long.
- With **EARLY** trauma – it is quite possible that regulation **DID NOT** happen.

The Car Accident Scenario - Person A compared to Person B

- This is an example of one person, Person A, having solid co-regulation on board from the start, compared to Person B not having received solid co-regulation from the start. [L] [SEP]
- Person A is more able to withstand the stress of a shock trauma and bounce back fairly quickly; whereas Person B's capacity to contain and process a shock trauma is limited as a result of their existing dysregulation. (While this example is an oversimplification, it is a general example that can be extrapolated to many different scenarios, as well as different types of early and developmental trauma.) [L] [SEP]

Window of Tolerance - Real vs Faux

Window of Tolerance (WOT) is a theory about a person's capacity, which is based on nervous system development that is safe, secure, and filled with good co-regulation. Dan Siegel originally coined this term.

The 'faux window of tolerance' is a term coined by Kathy Kain and Stephen Terrell to describe something different:

- A window of tolerance that is **NOT** regulated and is 'false.'
- Meaning, one is able to be in the world, function (often high functioning for many), create, think, work, have families, and so on, but it is being done with nervous system dysregulation underneath, and so the system will eventually crash.
- For some, this false/faux way of living is not functional, but is determined by low energy, chronic illness, mental strife, and other attributes that come with trapped survival stress and general nervous system dysregulation.