Treating Complex Trauma in the Context of Relationships: Adapting "Trauma Center Trauma-Sensitive Yoga" as a Couples Therapy Intervention.

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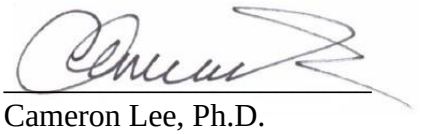

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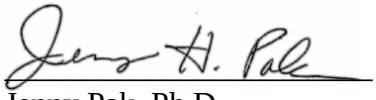

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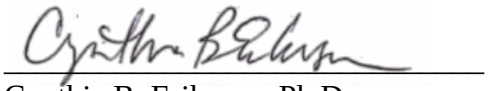

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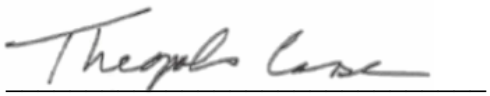

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Treating Complex Trauma in the Context of Relationships: Adapting "Trauma Center Trauma-Sensitive Yoga" as a Couples Therapy Intervention.

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Abstract

Couples therapy can be valuable context for addressing complex trauma by establishing a secure attachment between partners and a systemic understanding of trauma's impact. Clinicians must take a holistic approach that integrates somatic and relational modalities to address complex trauma within couples therapy. This can enhance healing and improve partner satisfaction and reduce trauma symptoms. However, treating complex trauma in couples therapy can be challenging when one or both partners have a history of trauma. Mentalization, a vital relational capacity, is negatively affected by complex trauma, hindering individuals' ability to understand and interpret thoughts, feelings, and behaviors. Increasing neuroception, the body's ability to detect safety and threat cues, can enhance mentalization. Clinicians can facilitate functional interoception, the perception and interpretation of internal bodily sensations, by using interventions that include emotional and physiological states leading to stronger neuroception. Incorporating Trauma Center Trauma-Sensitive Yoga (TCTSY) and Partner Yoga in couples therapy can enhance interoception and mind-body connection. TCTSY promotes agency and empowerment through bodily experiences and awareness, while Partner Yoga encourages attunement and communication between partners, promoting safety and trust. The goal of this project was to adapt TCTSY and propose Trauma-Sensitive Yoga for Partners (TSY-P). TSY-P aims to address complex trauma in the context of couples therapy. Ten TSY-P sessions were designed to enhance each partner's interoceptive capacity, practice making choices, take effective action, and experience rhythm together which can effectively address the unique needs of partners with a history of complex trauma.

Keywords: complex trauma, couples therapy, mentalization, neuroception, interoception, Trauma Center Trauma-Sensitive Yoga, partner yoga

Treating Complex Trauma in the Context of Relationships: Adapting "Trauma Center Trauma-Sensitive Yoga" as a Couples Therapy Intervention.

Treating complex trauma is a challenging task, and it can be difficult for clinicians to find effective methods that address the multifaceted impact of trauma. Although psychotherapy has been the mainstay of trauma treatment, research shows that incorporating embodied/somatic interventions can be an effective way to promote healing (Emerson, 2015; Fay, 2017; van der Kolk, 2014). Additionally, a securely attached relationship can provide a safe and supportive environment for survivors of trauma to heal (Chu, 2011; Herman, 2015; MacIntosh, 2019). However, the presence of trauma within a relationship can also lead to interpersonal difficulties, including challenges with intimacy (Dalton et al., 2013). Furthermore, partners of trauma survivors can experience secondary traumatization, also known as vicarious trauma, which can cause its own set of problems (Balcom, 1996; Henry et al., 2011; Herman, 2015; Maltas & Shay, 1995).

Couples therapy provides a unique context for therapists to address complex trauma, by facilitating a secure attachment between partners and a systemic understanding of the impact of trauma. To address complex trauma within the context of couples therapy, clinicians need to take a holistic, systemic, and contextual approach that incorporates both somatic and relational modalities. By doing so, they can help each individual heal and promote positive outcomes such as increased intimacy, partner relationship satisfaction, and a reduction in trauma symptoms (Hecker, 2007; Zala, 2012). While couples therapy provides a unique context in which to treat complex trauma, it can also complicate dyadic treatment when one or both partners have a history of trauma. This is because complex trauma can negatively affect the development of mentalization,

a vital relational capacity that enables individuals to understand and interpret their own and others' thoughts, feelings, and behaviors (Fonagy et al., 2002; MacIntosh, 2019). To enhance mentalization, clinicians need to focus on facilitating an increase in neuroception, which is the body's ability to detect safety and threat cues in the environment (Porges, 2011).

Improvements in functional interoceptive awareness, or the ability to sense and interpret internal bodily signals, lead to changes in neural activity related to social cognition and emotion regulation, which are related to neuroception (Ernst et al., 2013; Fukushima et al., 2011; Price & Hooven, 2018). These improvements can be accomplished through somatic approaches like Trauma Center Trauma-Sensitive Yoga (TCTSY), which emphasizes interoceptive awareness and self-regulation (Emerson, 2015). Although TCTSY has been shown to be effective in treating individual trauma survivors (van der Kolk et al., 2014), there is a lack of trauma-informed couple treatment modalities that incorporate somatic interventions when one or both partners have a history of complex trauma.

Therefore, the purpose of this project is to adapt TCTSY for use with couples where at least one partner has a history of complex trauma and propose Trauma-Sensitive Yoga for Partners (TSY-P). This paper will A) acknowledge some value assumptions from a cross-cultural perspective; B) provide an overview of key concepts, C) discuss the importance of utilizing relational modalities for the treatment of complex trauma, D) address traumatic stress' impact on key relational capacities, E) touch on the nervous system's and brain's response to trauma, F) explore the connection between interoception, neuroception, and mentalization, G) demonstrate importance of utilizing somatic

modalities for the treatment of complex trauma, H) provide rationale for using TCTSY in a partner yoga framework, and finally I) present an adaptation for using TCTSY for with partners. By integrating somatic and relational modalities within the context of couples therapy, TSY-P has the potential to provide a new approach to treating complex trauma that promotes healing and positive outcomes for both partners.

Cultural Considerations

It is important to recognize the responsibility of identifying and addressing underlying assumptions within one's research methodology and theoretical framework. Similarly to the concept of reflexivity within qualitative research, the purpose is to make the complexities that shape the research as explicit as possible (Lazard & McAvoy, 2020). One specific area of consideration is the influence of cross-cultural differences on the presentation and management of relationship problems, shaping partner's attitudes towards each other, and their engagement in couples therapy (Bhugra & De Silva 2000). For instance, emotional regulation and mentalization are important relational processes that differ between individualistic and collectivistic cultures (Aival-Naveh et al., 2019; Bebko et al., 2019). Emotional regulation strategies relied upon (e.g., suppression vs re-appraisal), emphasis on autonomy or interdependence, and the degree to which one focuses on mental states within the self versus others are some of the cross-cultural differences to consider (Aival-Naveh et al., 2019; De Leersnyder et al., 2013). Although it is beyond the scope of this paper to discuss these differences in detail, it is important to acknowledge some of the underlying values. Specifically, individualistic cultural values underly the assumptions about which type of partners may benefit most from the proposed intervention such as the importance of equality of power within the

relationship, mentalizing self and other, and vulnerably expressing emotions directly. It is crucial to recognize that these values shape the assumptions underlying this paper's proposed intervention and the potential implications for couples from different cultural backgrounds.

Key Concepts

Stress and Traumatic Stress

Stress refers to emotional, mental, and/or physical tension in response to a challenge (Ford & Courtois, 2020). When the nervous system perceives a stressor as a threat, the individual's metabolic demands shift, and the fight-or-flight response activates to manage the stressor (Porges, 2011). After the stressor is gone, and the nervous system detects safety, the individual can return to their pre-stressor state (Ford, 2020; Porges, 2011).

Acute Trauma

Acute trauma occurs when a stressor "greatly exceeds an individual's capacity to control, cope with, or withstand," and disrupts their "psychophysiological equilibrium or stasis" (Ford & Courtois, 2020, p. 4). It can cause "fundamental and life-altering" psychological trauma to the individual (Ford & Courtois, 2020, p. 4). A diagnosis of PTSD accounts for the accompanying symptoms of acute trauma and includes intrusion symptoms, avoidance symptoms, negative alterations in cognitions and mood, and alterations in arousal and reactivity (American Psychiatric Association, 2022). When an individual experiences repeated and/or prolonged traumatic stressors, it can result in complex trauma (Cook et al., 2003; Courtois et al., 2020; Herman, 2015).

Complex Trauma

Complex trauma results from childhood abuse, chronic neglect, or missattunement from primary attachment figures (Johnson & Courtois, 2009; MacIntosh, 2019; van der Kolk, 2014). Complex trauma can also result from experiences of systemic oppression, domestic and interpersonal violence, dehumanizing exploitation, and other horrific experiences (Ford & Courtois, 2020). Complex trauma is the result of exposure to multiple, repeated and/or ongoing traumatic stressors and can be considered to be a profound and chronic misattunement, resulting in a failure to have vital attachment needs met. It involves emotional or physical abandonment, neglect, and/or harm and occurs during "developmentally vulnerable times" or during "transitions in the person's life, especially (but not exclusively) during childhood, and thus becomes part of the person's "biopsychosocial development" (Courtois et al., 2020, p. 63).

Feeling safe and cared for by attachment figures in childhood allows individuals to achieve age-appropriate developmental milestones, such as establishing a sense of self, communicating needs, feeling comfortable and safe in their body, and developing vital relational abilities, such as emotion regulation, empathy/vulnerability, and mentalization (Bromberg, 2011; MacIntosh, 2019). Complex trauma disrupts these systems and other important domains that allow an individual to feel safe in their own body and desire connection with others (Porges, 2011). Research has identified impairments in seven domains of functioning related to complex trauma (see Cook et al., 2003, and Courtois, 2004 for a list and complete description of each). These impairments, along with PTSD symptoms, often lead to survivors experiencing symptoms in three other domains, including disturbances in affective dysregulation (e.g., dissociation, numbing to emotions, difficulties with emotional engagement), negative self-concept (e.g., ongoing

negative perception of oneself, enduring experience of guilt and shame), and disturbances in relationships (e.g., difficulties experiencing closeness in relationships, maintaining social engagement). These symptoms are all described as disturbances in self-organization (DSO; Knefel et al., 2015).

Secondary Trauma

Secondary trauma refers to the negative impact of the primary trauma experienced by the survivor on their partner (Oseland et al., 2016). This experience is similar to concepts such as vicarious trauma (Pearlman et al., 2020), compassion fatigue (Sprang et al., 2019), and trauma exposure response (van Dernoot Lipsky & Burk, 2009). Secondary trauma is theorized to have multiple causes, but it generally results from the deeply empathetic, embedded, and embodied nature of the partnership. Partners may begin to identify with and internalize the survivor's experiences to the point that they experience traumatic symptoms themselves (Nelson Goff & Smith, 2005; Oseland et al., 2016; Sprang et al., 2019). Even when partners explicitly discuss the trauma and its impact, non-verbal communication can continue to transmit aspects of the survivor's trauma.

Mentalization

Mentalization refers to the imaginative mental process by which one perceives the actions of oneself or others and then understands and interprets their intentions in terms of needs, feelings, thoughts, beliefs, wishes, goals, and desires (Górska & Marszał, 2014; MacIntosh, 2013; Mitchell & Steele, 2021). According to Siegel (2020), mentalization is the process of "making maps of the mind of oneself and others for insight and empathy" (p. 196). The extent to which individuals engage in mentalization is culturally dependent

and thus the individual's cultural background should be considered when assessing mentalization capacity (Aival-Naveh et al., 2019).

When individuals have a good-enough ability to mentalize, they can recognize, reflect on, and understand different mental states, leading to the stabilization, regulation, and integration of emotions. They can accept their inner experiences instead of numbing or avoiding them, develop a more integrated sense of self and identity, and pause, flexibly stepping back from their feelings to reflect on the bigger picture. This, in turn, enables them to have stronger self-control over impulsive actions (Mitchell & Steele, 2021; Steele & van der Hart, 2020).

Strong mentalization helps guard against overly identifying with emotional mental states, which can cause emotional dysregulation and other impairments that are detrimental to the individual and their relationships (MacIntosh, 2013; Mitchell & Steele, 2021). Strong mentalization contributes to strong emotional regulation, which supports the expression of vulnerability and empathy, two vital relational abilities that contribute to a healthy relationship. It's important to note that the relationship between mentalization and emotion regulation is reciprocal. Although strong mentalization can enhance one's ability to regulate emotions, emotional dysregulation can hinder the ability to mentalize others effectively. Nonetheless, with the help of therapeutic interventions, individuals who struggle with emotional regulation can develop and strengthen their mentalization skills (Luyten & Fonagy, 2019; MacIntosh, 2019).

Neuroception

Neuroception describes the way the autonomic nervous system (ANS) evaluates others and the environment for cues of safety, danger, or life threat (Porges, 2011). It is

the process by which the brain and body constantly scan one's surroundings for information about potential danger or safety, and then automatically respond by activating the appropriate physiological and behavioral responses. These automatic responses can include 1) detecting danger in order to activate the fight-flight-fawn or freeze-faint defensive response to keep the individual safe or, 2) if the environment is judged as safe, inhibit the defensive response in order to self-regulate and activate the social engagement system (Porges, 2011; Walker, 2013). Neuroception is important because it describes the way in which the ANS inhibits or promotes the desire to connect with others.

Interoception

Interoception is a critical process involved in neuroception, as it refers to an individual's awareness of sensations inside their own body and how they interpret those sensations as feelings for the purpose of taking effective action either consciously or unconsciously (Fowler, 2003; Levine, 2015; Porges, 2011; Siegel, 2020). Essentially, it is the ability to perceive what is happening within the boundary of "our own skin" and use that information to guide actions (Emerson, 2015, pp. 44, 46). When functioning well, interoception provides an embodied sense of agency that helps individuals take effective action within their environment.

Interoception plays a particularly significant role in responding to sensations related to emotional pain, affection, intimacy, and anger (Price & Hooven, 2018). In fact, it is closely linked with empathy and emotional regulation, as individuals with good interoceptive skills are better able to recognize and manage their own emotions, as well as understand and respond appropriately to the emotions of others (Ernst et al., 2013;

Fukushima et al., 2011; Price & Hooven, 2018). A healthy self-other boundary involves a clear and flexible distinction between oneself and others, while a lack of differentiation can result in a fusion of self and other and an inability to recognize and respect the boundaries between oneself and others. Interoception plays a role in this process by providing individuals with a clear sense of their own bodily sensations and emotional experiences, which can help them to recognize their own needs and boundaries, as well as distinguish between their own emotions and those of others (Fukushima et al., 2011; Price & Hooven, 2018).

In contrast, individuals with poor interoceptive awareness may struggle to recognize and manage their own emotions, which can lead to difficulties with emotional regulation and interpersonal functioning. This may contribute to a lack of differentiation and a tendency towards emotional fusion with others, as well as difficulties with recognizing and respecting the boundaries between oneself and others (Fukushima et al., 2011; Price & Hooven, 2018). By understanding the role of interoception in the larger process of neuroception, we can better comprehend how one’s own physical sensations and emotions impact their interactions with others. This knowledge can help us develop better emotional regulation and empathy skills, ultimately leading to healthier relationships.

Secure Attachment and the Benefits of Couples Therapy

The Importance of Secure Attachment

Difficulties with emotion regulation and mentalization have been identified as major contributing factors to many problems in couple functioning (MacIntosh, 2019). Mentalizing, or the ability to understand and interpret one's own and others' behavior in

terms of underlying mental states, is critical for building a sense of safety, connection, and security in personal relationships (Mitchell & Steele, 2021). By experiencing mutual mentalization with their partner, survivors of complex trauma can begin to dissolve the isolation and abandonment they may have experienced in the past.

While the therapeutic relationship has long been recognized as a key component in trauma healing (Cohen et al., 2017; Courtois, 2020a; Courtois et al., 2020; Gelso & Silberberg, 2016; Kezelman & Stavropoulos, 2019a; Oseland et al., 2016; Schore, 2019), its importance has traditionally been limited to the context of therapy (Oseland et al., 2016; Zala, 2012). However, secure attachment in personal relationships has also been associated with positive outcomes in the treatment of trauma and is considered necessary for treating complex trauma (Chu, 2011; Emerson, 2015; Herman, 2015; Kezelman & Stavropoulos, 2019b; MacIntosh, 2019; Wallin, 2007). Therefore, it is reasonable to assume that a secure attachment between survivors and their partners can also be a source of healing. When partners work together to address their individual traumas, they not only strengthen their attachment to each other, but also create a unique opportunity for mutual healing in the context of their relationship (Dalton et al., 2013; Hecker, 2011; Johnson & Courtois, 2009; MacIntosh, 2019; Zala, 2012). Decades of research and clinical experience confirm that relationality must be a focal point for effective treatment of complex trauma.

Incorporating a trauma survivor's partner into their therapy can provide a wealth of support that may otherwise be unavailable. Research involving United States military veterans indicates that trauma survivors often desire services that include their partners (Blow et al., 2020; Erbes et al., 2008; Khaylis et al., 2011; Meis et al., 2013). When

survivors engage in individual trauma therapy, their partners may feel excluded and experience attachment ruptures that exacerbate existing trauma symptoms (MacIntosh, 2019). However, involving partners in therapy allows them to receive education about the impact of complex trauma, learn how to support their partner, and receive support themselves (Blow et al., 2020).

The Benefits of Couples Therapy for Attachment Security

For couples where one or both partners have a history of complex trauma, MacIntosh (2019) explains that they can become trapped in "trauma-embedded" cyclical patterns or "Dyadic Traumatic Reenactments" (DTRs; pp. 60-63). These patterns emerge from past traumatic experiences and are engaged in unconsciously by partners, hindering their ability to make necessary changes to heal their trauma and have satisfying relationships (MacIntosh, 2019). By intervening at the couple level, therapists can directly address the patterns that emerge between partners and limit DTRs from playing out, thereby reducing the chance of re-traumatization for the survivor and secondary traumatization for the partner (Blow et al., 2020; MacIntosh, 2019; Wallin, 2007; Zala, 2012).

Including the partner in trauma therapy can provide a valuable opportunity for therapists to assist couples in addressing intimacy and sexuality issues that may not be tackled in individual therapy for trauma (MacIntosh, 2019). When partners communicate openly and safely about their past traumas, it can lead to greater intimacy, improved communication, and increased marital satisfaction (Nelson Goff et al., 2006). Couples therapy can also result in positive outcomes, such as decreased negative mentalization and increased positive mentalization over time (MacIntosh et al., 2019). For complex

trauma survivors, receiving a "loving, accepting response…to their internalized shame" from their partner can be a powerful and restorative experience (Zala, 2012, p223). Additionally, when partners become more responsive, supportive, and better able to regulate and express emotions with each other, they may experience mutual post traumatic growth (Blow et al., 2020; Canevello et al., 2016; Manne et al., 2004; Weiss, 2004). Fortunately, in the last two decades, various couples treatment modalities have been developed specifically for the treatment of trauma (Catherall, 2004; Hecker, 2011; Johnson, 2002; Miehls & Basham, 2004), including complex trauma (Johnson & Courtois, 2009; MacIntosh, 2019; Zala, 2012).

Relational Lens

Among the few theoretical frameworks that take into consideration the entire partnership system, the Couple Adaptation to Traumatic Stress (CATS) model stands out (Nelson Goff & Smith, 2005). Nelson Goff and Smith (2005) identified principles for trauma healing in partnership, emphasizing predisposing factors, resources affecting each partner, and the impact of trauma on the survivor, partner, and the relationship functioning. By considering the effect of primary trauma on the whole couple system, the CATS model provides structure and form to the elements contributing to DTRs.

It is important to note that how a therapist perceives and speaks about the dyadic dynamic is important clinically. Because survivors of complex trauma often have impaired mentalization capacities, they often overidentify with negative emotions, leading to significant impairments in self-esteem, self-worth, and relationship satisfaction. Survivors find it challenging not to identify with the shame they feel about the trauma inflicted upon them, which can further traumatize the survivor or partner, or

even end the relationship. It is essential for clinicians and researchers to understand that the survivor is not bad, flawed, or at fault for the trauma inflicted upon them and, by proxy, their partner and their relationship (Miehls & Basham, 2004). Therefore, it is vital to continually work to decentralize the survivor as the identified patient and focus on how the trauma impacts the whole system—it is not them [the survivor]; it is what happened to them (Courtois, 2020b). At the same time, the survivor is still responsible for the impact of their actions, and through healing will hopefully learn how to hold space for feeling remorse for the impact of their actions instead of self-blaming shame. Emerson (2015) says it perfectly,

> Our traumatic experiences, being aberrations themselves, perform an insidious sleight of hand and effectively replace our free choices with [mal]adaptive responses. To the external observer there is no difference but to those who understand trauma the difference is everything and is in many ways the crux of the whole problem. If we are stuck constantly adapting to trauma, and the systems around us (society) are treating us like people making free choices from a completely open slate of options, then we have the recipe for pathologizing the traumatized person instead of the trauma itself (p. 65).

By keeping a systemic framework in mind, such as the CATS model, clinicians can work towards empowering survivors to take effective action through the process of choice.

Impact of Complex Trauma and Complications in Dyadic Treatment

Impact on the Individual

The ANS plays a crucial role in preparing individuals to respond to threats and relax once a threat has passed. The sympathetic nervous system (SNS) and the

parasympathetic nervous system (PSNS) work together to achieve this balance (Dana, 2018; Porges, 2011). Activation of the SNS triggers the fight-flight-fawn response, while the PSNS's dorsal vagal complex (DVC) activates the freeze-faint response when a stressor is overwhelming. The PSNS's ventral vagal complex (VVC) helps the body re-regulate after a stressful event or when the threat is perceived as gone, promoting rest and recovery (Justice et al., 2018; Porges, 2011; Walker, 2013). The VVC also enables an individual to feel safe, open to connection with others, and aware of their internal bodily sensations, which promotes the desire to engage in intimate connection with others (Porges, 2011; Villani et al., 2019). However, activation of either the SNS or the DVC results in inhibition of social engagement and disconnection from internal bodily sensations until the system can re-regulate (Dana, 2018; Porges, 2011).

Repeated chronic trauma can cause dysregulation of the entire ANS, leading to difficulty in interoceptive awareness and impairments in the ability to show up authentically in a relationship (Levine, 2015; Porges, 2011; van der Kolk, 2006). Exposure to complex trauma can cause an individual's SNS to become fixed in a state of hyperarousal, making it difficult for the VVC to regulate and inhibit defense strategies (Levine, 2015; Porges, 2011). If the SNS response continues to escalate, the DVC reacts by shutting down the entire SNS in a numbing, fainting, or dissociation response (hypoarousal; Justice et al., 2018; Levine, 2015; Porges, 2011).

A high level of dysregulation in the ANS has important implications regarding a survivor’s relationships. A perpetual state of hypervigilance can result due to interoceptive awareness continually misinterpreting bodily sensations, leading the neuroceptive process to continually detect danger when none is present. As a result,

defensive strategies are triggered unnecessarily which results in inhibited social engagement, emotional dysregulation, reduced mentalization capacity, and in dissociative symptoms.

Affective Dysregulation and Negative Self-Concept

Survivors often experience a significant disconnection between their mind and body, making it difficult for them to feel safe and grounded (Courtois, 2004; Fisher, 2017). This disconnection can be especially insidious for survivors of childhood sexual abuse, as their own body was the site of the trauma and can serve as a constant reminder of the abuse (Kezelman & Stavropoulos, 2019a). Survivors may view their bodies as "repulsive, terrifying, [and/or] the enemy," leading to a storehouse of shame that can make it challenging to feel good about themselves (Ogden, 2020, p. 514). As a result, they struggle to form a positive sense of self and may struggle to experience a sense of self at all (Eidhof et al., 2019; Kezelman & Stavropoulos, 2019a).

The intense feelings of disgust, shame, and other indescribably overwhelming emotions directed internally can lead to an "affective tsunami," making survivors believe that they are as bad as they feel (Bromberg, 2011, p.5). This overidentification with negative emotions can result in a good-bad split in their self-concept, with one self-state being "me" (good self) and the other being "not-me" (bad self; Bromberg, 2011). Survivors may feel like they cannot experience their body as a part of themselves because it is "bad," leading them to disconnect from their body in order to feel like they are their true selves. They may describe this process as feeling like they are their body, but because their body is bad, they must disconnect from it to be themselves.

The Body and Brain

Many individuals who have experienced complex trauma often feel estranged from their bodies, struggling to make sense of their internal experiences (Courtois, 2004). They often become experts at trying to control their visceral warning signs and ignore their gut feelings, which can cause them to disconnect from their bodies, "they learn to hide from their selves" (van der Kolk, 2014, pp. 99). Trauma can "shock the brain, stun the mind, and freeze the body," leaving survivors in a state of helplessness and despair (Levine, 2015, p. 20). As bodily sensations are linked to emotions, survivors who are disconnected from their bodies may have difficulty regulating their emotions and expressing their feelings (Fay, 2017; van der Kolk, 2014). The result of ignoring what the body is saying is losing the ability to distinguish between what could actually cause harm and what could provide safe care (van der Kolk, 2014).

During triggering events, Broca's Area, the part of the brain responsible for expressive communication, shuts down, which can exacerbate survivors' difficulty in communicating their internal emotional experience (van der Kolk, 2014). This can cause them to become dysregulated and unable to communicate their emotional and physiological states, leading to further difficulties in relationships which is a source of potential regulation via VVC induced social engagement (Porges, 2011). The survivor's ongoing defensiveness may become generalized to other situations, even when there is no external threat (Ford & Courtois, 2020; Porges, 2011). Difficulties in threat perception can make it challenging for survivors to form and maintain healthy relationships (Briere & Spinazzola, 2009; Chu, 2011; Cook et al., 2003; Courtois, 2004; Ford & Courtois, 2020). Even if a survivor can establish a relationship, it may be marked by significant distress, poor communication, problems with intimacy, decreased capacity for empathy,

vulnerability, and mentalization, which can lead to re-traumatization for the survivor and secondary traumatization for their partner (Johnson & Courtois, 2009; MacIntosh, 2019).

Impact on the Relationship System

Impact of Primary Trauma on the Survivor

There are unique relational impairments that impact the primary trauma survivor's ability to be in relationships. The survivor often has trouble building and maintaining safe, trusting, and intimate relationships with others as trauma from the past impact the survivor's current relational functioning (Courtois, 2020a; Dalton et al., 2013; Ford & Courtois, 2020; Kezelman & Stavropoulos, 2019a; Nelson Goff et al., 2006). As a result, significant strain is placed on partners of survivors which, consequently, threaten the vital attachment bonds needed for trauma healing to occur (Blow et al., 2020).

Survivors often experience relationships as dangerous and struggle to respect the safety needs and relational boundaries of others (Alexander, 2020). Complex trauma impairs a survivor's sense of self and identity, particularly as it involves how they see themselves in relationships. They often have an overly negative self-image and self-esteem, as well as difficulty in accepting positive regard from others (Courtois et al., 2020; Ford & Courtois, 2020a; Oseland et al., 2016). Additionally, complex trauma severely diminishes the capacity for self-reflection and mentalization (Alexander, 2020; Ford & Courtois, 2020a). Struggling with sense of self leads to various problems including difficulties with relational boundaries such as impairments in differentiating between self and other (Alexander, 2020). As mentioned above, the tendency for a survivor to operate in a perpetual state of negative emotions, combined with the tendency to overly identify with their emotional states (MacIntosh, 2013; Mitchell & Steele, 2021),

results in significant turmoil for the survivor who struggles to understand how to resolve and regulate their intense emotions (Blow et al., 2020). Suffering in this way makes it very difficult for the survivor to be fully emotionally present in their relationships.

Impact of Trauma on Partner Functioning

Complex trauma can have a significant impact on the functioning of partners in a relationship. Research has shown that partners of primary trauma survivors are at risk of experiencing lower marital satisfaction, relationship anxiety, relationship depression, fear of relationships, sexual intimacy issues, family adjustment issues, parenting problems, low stability, negative communication, lower commitment to the relationship, heightened conflict, anger, and violence (Blow et al., 2020; Dorahy et al., 2013; MacIntosh, 2019; Nelson Goff & Smith, 2005; VanBergen et al., 2020). Moreover, partners of traumatized individuals can develop secondary trauma reactions from being exposed to the impact of trauma on the survivor, which can further exacerbate the symptoms of primary trauma in the survivor (Balcom, 1996; Henry et al., 2011; Maltas & Shay, 1995; Nelson & Wampler, 2000).

It is important to understand that treating trauma victims in isolation may overlook the consequences for couples, and the potential for interactional patterns to worsen the symptoms of primary trauma in the survivor (Nelson Goff et al., 2006). A systemic understanding of trauma is necessary to provide a holistic approach to healing trauma, as it considers the impact of trauma on the whole system in which the survivor and partner are both a part (Blow et al., 2020; Nelson Goff & Smith, 2005; Oseland et al., 2016; Zala, 2012). This approach avoids blaming the impact of secondary trauma on the survivor and instead acknowledges how trauma has affected the entire system. When

survivors and partners are both debilitated by the effects of trauma, it becomes crucial to address the needs of the couple as a unit (Nelson Goff & Smith, 2005).

Impact of Secondary Trauma on the Partner

Understanding the impact of trauma on relationship functioning is crucial, but it is equally important to recognize the potential impact on the partner. Failure to understand trauma through a relational lens runs the risk of overlooking the unique impact on the partner and could lead to secondary traumatization. The symptoms of secondary trauma experienced by partners tend to resemble the primary trauma symptoms of the survivor, including extreme stress, feelings of helplessness, confusion, depression, anxiety, numbness or avoidance, hypervigilance, somatization, loneliness, isolation, hostility, impaired social relations, and loss of meaning/hope (Alexander, 2020; Henry et al., 2011; Oseland et al., 2016; Pearlman et al., 2020; Sprang et al., 2019). Furthermore, partners may develop additional symptoms based on their own trauma histories and life experiences.

Because survivors of complex trauma have had to develop adaptive strategies to protect themselves, these once adaptive strategies may create defensive boundaries that make regular relational interactions challenging for them as adults in a partnership (Oseland et al., 2016). Survivors may engage in approach-avoidance behaviors, where outbursts of anger or emotional withdrawals push their partners away, only for them to fear abandonment and attempt to cling to their partner (Oseland et al., 2016). The survivor's unpredictable and inconsistent behaviors can be confusing to their partner and damaging to the relationship's attachment bond. Additionally, these behaviors may directly trigger a partner who has their own history of complex trauma, leading to a

deterioration of the relationship and poor outcomes for both the survivor and partner (Alexander, 2020; MacIntosh & Johnson, 2008; Oseland et al., 2016).

Impact of Complex Trauma on the Development of Mentalization

The relationship between mentalization and emotional regulation is bidirectional. Mentalization relies on the ability to regulate one's own emotions to accurately perceive and interpret the emotions of others, and individuals with emotional dysregulation often struggle with mentalizing (Luyten & Fonagy, 2019; MacIntosh, 2013). This can result in difficulties recognizing and interpreting their own and others' mental states, leading to further emotional dysregulation and relational problems.

Impaired Mentalization

Allen and colleagues (2008) explain how impaired mentalization, or psychic equivalence, is characterized by a rigid mental state in which a person assumes that what is in their mind is genuinely the objective truth, even in the absence of proof. As a result, it can be challenging to distinguish between reality and experiences like dreams, flashbacks, emotional triggers, and paranoid delusions. It can also result in a tendency to idealize or devalue others based on one’s own internal experiences rather than on the actual circumstances of a situation. Further, an individual experiencing impaired mentalization may struggle distinguishing between thoughts and feelings, leading to confusion and difficulties in communicating. The process of psychic equivalence forms as a process to protect the individual from overwhelming and conflicting emotions they may face.

Individuals with impaired mentalization often lack self-reflection, have distorted automatic assumptions, struggle with regulating their own and others’ distress, have rigid

certainty of mental states of self and others, experience difficulties considering their own and another's perspective, have difficulties with giving and receiving empathy, and are uninterested or defensively responsive to mentalization requests from others (MacIntosh, 2013). This may be due to the necessary resistance to taking in the mind (empathy) of an abuser and/or allowing the abuser to take in their mind (vulnerability; MacIntosh, 2019). During childhood, an unconscious shutdown of the ability to mentalize and miss attune to the mind of the abuser is an adaptive strategy designed to protect the survivor. Unfortunately, this interferes with the survivor's ability to form and maintain satisfying relationships throughout their life. In part, the survivor experiences mental states of others, as well as others attempting to experience the survivor's mental states, as threatening and something to defend against at all costs (Huang et al., 2020).

Impact of Impaired Mentalization on Relationships

The impact of impaired mentalization on relationships can be particularly problematic for couples. Complex trauma survivors with poor mentalization struggle to differentiate their partner's needs from their own and may perceive expressions of need or concern as criticisms, pointing out the survivor's deficiencies and triggering feelings of primitive fear and shame that overwhelm them (Alexander, 2020; MacIntosh, 2013). This creates a barrier to attuning to their partner's needs, leading to miscommunication and an inability to meet each other's needs, which can leave both partners feeling uncared for and alone (Alexander, 2020). The resulting sense of misattunement can undermine attachment security in the relationship, as feeling a sense of affective attunement is necessary for its development. It is essential to consider the concept of impaired mentalization in the context of complex trauma treatment, as it is a core feature of

complex trauma (Brown & Elliott, 2016; Gumley & Liotti, 2019; Luyten & Fonagy, 2019; Mitchell & Steele, 2021; Steele et al., 2017).

Impaired Interoception, Neuroception and the Connection to Mentalization

If a situation or person is perceived by neuroception as a threat, the fight-flight-fawn-freeze-faint systems will activate, and the person may act defensively, behave aggressively, become compliant, or withdraw (Porges, 2011; Walker, 2013). This process happens completely unconsciously where one begins to respond to a threat even if the individual is not aware of any threat (Porges, 2011). When the defensive system is active, the social engagement system (the desire to draw near to someone else to connect) is inhibited, leading to difficulties in the ability to develop or maintain a social bond—a secure adult attachment (Ogden & Fisher, 2015; Porges, 2011). However, if neuroception determines that the individual is safe, the defense strategies will be inhibited creating a felt sense of safety in the individual and the ability to engage in social bonding (Porges, 2011). Most importantly, if someone who feels safe is near (i.e., secure attachment figure), their very presence can cause the neuroceptive assessment to shift from unsafe to safe (Porges, 2011).

When interoception is impaired, an individual may not be able to accurately detect internal sensation leading to neuroception misreading a situation. When neuroception is impaired, an individual may experience a safe environment as dangerous leading to emotional dysregulation or experience a dangerous situation as safe and not have the necessary awareness to defend or escape (Porges, 2011). Thus, it would seem that neuroception can be considered to underly an individual’s process of mentalization.

Neuroception is responsible for detecting social cues that help us infer others' mental states, such as facial expressions, tone of voice, and body language (Porges, 2011). Properly functioning neuroception contributes to strengthening an individual's mentalization capacities leading to better outcomes in trauma-focused couples therapy. Since improvements in interoceptive awareness strengthen an individual's neuroceptive functioning, incorporating treatment approaches which focus on interoception would be useful.

Somatic Approaches

Until two decades ago, trauma treatment methods mostly relied on talk therapy, which addressed survivors' cognitions, emotions, and insight, but did little to incorporate the survivors' physical bodies into the therapeutic process (Courtois, 2004; Fisher, 2017). This approach could be problematic for complex trauma survivors, who already feel a divide between their mind and body and may be so dysregulated that they cannot communicate effectively. In such cases, asking survivors how they feel may even be counterproductive until they develop the necessary regulatory skills, as they may move outside their "window of tolerance" and become overwhelmed (Siegel, 2020). Once survivors can self-regulate and receive co-regulation, traditional talk therapy interventions may not feel safe.

While it is beyond the scope of this project to do so, it is important to recognize the benefits and limitations of both top-down and bottom-up approaches and to explore how body-based interventions can complement existing evidence-based top-down treatments based on current research (Kezelman & Stavropoulos, 2019a). The goal is not to discard talk therapy, but rather to integrate somatic concepts and interventions or use

adjunct somatic therapies to strengthen survivors' ability to mentalize, regulate emotions, express themselves authentically, and extend empathy to others. For survivors to access these abilities, they need to feel safe in their bodies first.

Body-Based Interventions

Research suggests that incorporating somatic interventions can lead to more comprehensive recovery for trauma survivors, as talk therapy alone has limited efficacy in helping them reconnect with their bodies (Caplan et al., 2013; Levine, 2015; Lopez, 2011; Ogden & Fisher, 2015; Porges, 2011; van der Kolk, 2006). In fact, many trauma survivors have sought out complementary and alternative treatments due to disappointing results from traditional therapies (Justice et al., 2018). Fortunately, in recent years, somatic-based approaches have become increasingly prominent in trauma treatment (Fisher, 2017). Research has shown that body-based treatments can help alleviate symptoms of PTSD, such as insomnia, anxiety, depression, hostility, psychosomatic symptoms, suicidality, and dissociation (Citron, 2013; Jindani et al., 2015; Khalsa et al., 2015; Koemeda-Lutz et al., 2008; Warner et al., 2014). Moreover, studies indicate that body-based interventions can promote positive affect, relaxation, sexual functioning, quality of life, and interoceptive bodily awareness. Additionally, research has demonstrated improvement connection between mind and body, physical relationship with self and others, felt sense of safety with their body, increases in interoceptive bodily awareness, and increased comfort with receiving touch while reducing the negative impact of traumatic events on the ANS (Berg et al., 2010; Citron, 2013; Jindani et al., 2015; Khalsa et al., 2015; Langmuir et al., 2012; Levine & Land, 2016; Price, 2005). Perhaps most importantly, body-based interventions have been shown to improve

interpersonal functioning by enabling survivors to express their emotions and thoughts more safely, better understand the impact they have on others, and experience greater intimacy (Langmuir et al., 2012; Levine & Land, 2016). These findings strongly suggest that body-based interventions can play a vital role in the treatment of complex trauma.

Yoga as an Intervention to Treat Trauma

Many individuals who seek treatment for trauma experience high rates of recidivism and may seek alternative treatments such as yoga (Emerson et al., 2009; Justice et al., 2018). Research shows that yoga can be an effective intervention for trauma treatment. Studies have demonstrated its ability to engage the parasympathetic nervous system (PSNS) and promote interoception, reducing PTSD symptoms such as depression, anxiety, dissociation, and hyperarousal (Cushing et al., 2018; Macy et al., 2018; Sullivan et al., 2018). Some clinicians even integrate yoga into their regular treatment approach (Fay, 2017). As mentioned earlier, trauma survivors often struggle with interoception, mentalization, dysregulated ANS leading to hyperarousal, and emotional regulation. Yoga is uniquely positioned to help with these challenges by promoting self-reflection, self-regulation, and calmness through various physical postures and breath work that activate the PSNS (Cushing et al., 2018; Nguyen-Feng et al., 2019).

Trauma Center Trauma-Sensitive Yoga

One specific style of yoga designed for trauma survivors is TCTSY. It is a protocolized yoga practice that implements somatic research to provide an embodied treatment option for those recovering from trauma (Emerson et al., 2009; Emerson, 2015). The practice aims to foster present-moment focus, embodied awareness, choice-

making, taking effective action, experiencing rhythm, and feeling safe in one's own body (Emerson, 2015).

TCTSY has demonstrated efficacy in reducing the frequency of PTSD symptoms, complex trauma symptoms, and hyperarousal symptoms compared to other empirically supported treatments (Kelly et al., 2021; van der Kolk et al., 2014). Longitudinal follow-up studies also show that TCTSY continues to be effective in reducing PTSD symptoms over time (Nguyen-Feng et al., 2020; Rhodes et al., 2016). Other studies suggest that TCTSY effectively reduces trauma symptoms by increasing affective regulation and creating a sense of safety within one's own body, allowing individuals to feel safer experiencing present-moment emotions (Cushing et al., 2018; West et al., 2017).

In an interim randomized controlled trial (RCT), TCTSY was compared to Cognitive Processing Therapy (CPT), a gold standard PTSD treatment used by the Veterans Administration (VA), for the treatment of PTSD related to military sexual trauma (MST) among women veterans (Kelly et al., 2021). The results showed that there was no difference in PTSD symptom reduction between the TCTSY and CPT groups. Additionally, the TCTSY group demonstrated quicker symptom reduction, a higher treatment retention rate, and a lower attrition rate after treatment ended compared to the CPT group (Kelly et al., 2021). An additional RCT study also demonstrated similar results, showing that TCTSY was effective in reducing symptom severity and showed improvements earlier than the CPT group (Zaccari et al., 2022).

Partner Yoga

The physical practice of yoga typically involves an individual moving through various physical forms or asanas alone. In contrast, partner yoga involves practicing yoga

directly with another person, which could involve side-by-side or concurrent movement where partners are in constant physical connection. This practice could include synchronized movement and breathing, stretching assists, or co-acrobatics. Partner yoga has the potential to foster important relational dynamics (Nemer, 2022). Most styles of partner yoga include consensual touch to direct one's partner, communicate needs and limitations. Touch is an essential form of communication that encourages the practice of expressing oneself and listening without words (Nemer, 2022; Williamson, 2004). Practicing yoga with a partner requires mutual communication of needs to achieve the desired forms. Synchronized breath practices enhance self-other identification in the present moment, interoceptive awareness, and emotional regulation (Chapman, 2003; Swart, 2011). By focusing on their own breath while syncing it with their partner's, practitioners create a co-regulation dynamic while also identifying themselves as separate from their partner (Swart, 2011). Partner yoga promotes healthy boundaries and differentiation by teaching practitioners to stay present with their own autonomous self while simultaneously connecting with their partner through the tangible barrier of touch (Nemer, 2022; Williamson, 2004). According to Swart (2011), "Partner yoga can help the differentiation process by encouraging clients to listen to their internal experiences and regulate their emotional reactiveness to external situations, including their partner's emotions, while engaging with their partner during the asana practice" (p. 124).

Adapting TCTSY

Elements Retained

Emerson (2015) provides a portfolio of various yoga forms in which to contextualize the core themes described below. These are provided with instructions so

that therapists without Yoga teaching training can utilize them with ease. The purpose of the portfolio is not to pair certain forms with specific symptoms or therapeutic goals; rather, Emerson (2015) invites the reader to utilize TCTSY with the intention of "giving your client an opportunity to notice a feeling in her body and then be able to interact with what she feels in various self-directed ways" (p.151). TCTSY operates on six key themes: interoception, choice, taking effective action, being present, muscle dynamics and breathwork, and rhythm (Emerson, 2015).

Interoception is described similarly to the above description and emphasizes an awareness of what is going on inside one's own body with the purpose of prompting action (Emerson, 2015). For example, noticing a tight muscle might result in stretching, and feeling hunger pangs might prompt getting food.

The core theme of choice is emphasized throughout TCTSY as a response to the lack of agency and choice often experienced by survivors of complex trauma. The language used is invitational, with no commands or coercion, and the absence of physical and verbal assists distinguishes TCTSY from traditional yoga classes (Emerson, 2015). For example, instead of saying, "move into a forward fold," the facilitator might say, "you might experiment with moving into a forward fold" or "when you are ready…" (Emerson, 2015, pp. 66-67). The words used are intentionally chosen to reduce potential triggers, such as using "form" instead of "pose" when referring to bodily postures.

A focus on effective action allows trauma survivors to build on interoception and choice by noticing a feeling in their body and then feeling the ability to make a choice to act upon it (Emerson, 2015). For example, noticing a discomfort in their body and making a choice to move in a way that feels more neutral.

Being present, or practicing mindfulness, is another core theme of TCTSY, inviting clients to explore different yoga forms and become aware of their bodily sensations without triggering traumatic experiences (Emerson, 2015). Muscle movements, such as strengthening and contracting, stretching and lengthening, and rest, along with various breath work practices, help to increase awareness of bodily sensation.

Rhythm is disrupted in three ways for traumatized individuals: an internal sensation of immobilization, a disruption in the passage of time, and isolation and disconnection from others (Emerson, 2015). TCTSY facilitators practice movement and breath work alongside clients to create a sense of togetherness and shared rhythm, counteracting the power dynamic of trauma where one person's agency was reduced by being acted upon (Emerson, 2015). The goal is to provide a corrective shared authentic experience by acting *with* the survivor in order to counter an abusive power dynamic where one person's agency was reduced by being acted *upon* (emphasis mine; Emerson, 2015).

Elements Adapted

This project aims to provide a resource guide for couples therapists who work with partners where one or both are survivors of complex trauma. The goal is to adapt the TCTSY model by focusing on Emerson's (2015) relational themes, creating a new approach called TSY-P. Emerson (2015) emphasizes the importance of relationships in resolving trauma. While he refers to the facilitator/therapist-client relationship, as has been reviewed above research suggests that the relationship with a romantic partner can also have a positive impact (Johnson, 2002; MacIntosh, 2019; Zala, 2012). Although contact comfort through physical touch can increase self-regulation and attachment

security, this proposal will not include mutual touch invitations for partners due to the challenges some trauma survivors have with touch (Johnson et al., 2013). Once TSY-P without touch is established as a viable treatment method, incorporating safe and consensual touch could be explored.

In adapting TCTSY for use with couples, it's important to consider the six key themes. The emphasis on choice is especially important in working with couples. The therapist should invite both partners to explore movements and poses in a way that feels comfortable and safe for them, with language that is tentative and invitational rather than commanding (Emerson, 2015). Effective action through noticing muscle dynamics and internal sensations is also important. Both partners should be encouraged to notice their own sensations and make choices to act on them rather than acting based on what their partner is doing (Emerson, 2015). For example, if one partner notices discomfort in their body while in a certain form, they may choose to adjust or move to a different form regardless of the form their partner is choosing to take.

Present moment awareness practices through muscle dynamics and breathwork can also be utilized to help increase bodily awareness and enhance interoceptive awareness. These practices promote self-other boundary by increasing self-awareness in the presence of their partner (Swart, 2011). This could involve inviting partners to become aware of what they are each feeling in their own bodies, while being present with each other in the moment. The theme of rhythm can be especially important in working with partners. The therapist can invite both partners to choose to move and breathe together, creating a sense of togetherness and shared experience (Emerson, 2015). Inviting the partners into a shared authentic experience can be especially helpful for

couples who have experienced disruptions in their connections with each other due to past traumas.

With each of the key themes, the therapist may also introduce the choice to notice an element of interaction with their partner even if they are not in rhythm. Noticing ways in which the partners are in rhythm with each other can be corrective due to the isolative impact of trauma by offering a chance to experience acting with each other. Additionally, noticing ways in which they are out of rhythm with each other (e.g., choosing different forms or movements, breathing in different patterns) while still practicing together can be just as corrective by providing the experience of autonomous decision making without abandonment. The therapist will need to use clinical judgment when utilizing this intervention as survivors are often hypervigilant to others in their environments—experts at being aware of what others are doing and then adapting or reacting to what they believe is happening (Emerson, 2015). For example, the therapist could use this intervention when they observe that one partner is holding a form for a longer duration or moving differently than the other partner. When this happens the therapist could say something like, “You might choose to notice the way in which your partner is [moving, breathing].” Next, depending on the clinical judgment of the therapist, they could say something like, “If you do, you could choose to adjust what you are doing to build rhythm with your partner.” Or they could say something like, “If you do, you could choose to notice if any internal sensation is happening for you and choose to move in whichever way feels useful for you.” Another option is, “If you do, you could choose to bring your awareness back to your [internal sensations, breath, movement].” By co-

practicing with their partner, each individual can experience a mutual sense of agency and togetherness, both of which can be healing and restorative.

Purpose of the Project

The aim of this project has been to make the case that TCTSY can be utilized in couples therapy, taking into consideration issues identified in working with trauma survivor partnerships such as attachment security, emotion regulation, mentalization, physical intimacy, and secondary traumatization in order to provide trauma treatment in the context of a partnership (Johnson, 2002; MacIntosh, 2019). Similarly, to Emerson (2015), the intention is to: give each partner an opportunity to notice a feeling in their own body and then be able to interact together with what each are feeling in various self- and co-directed ways.

Clinical Application

TCTSY has been studied extensively in a group format consisting of 10 sessions with a focus on individual outcomes (Kelly et al., 2021; Zaccari et al., 2022). For the adapted intervention, the 10-session format will remain but with a focus on couples in which one or both have a history of complex trauma. Although the exclusion criteria used in Kelly et al. (2021) and Zaccari et al. (2022) would still be applicable, additional factors for couples would need to be considered as well.

Participant Criteria/Fit for the Group

Certain elements are generally accepted as contraindicated for couples therapy, however, the nuance of how to move forward is debated by couple therapists on many issues (Margolin et al., 2023). These issues include ongoing infidelity, in which the partner involved in an outside relationship refuses to discontinue the extra-relational

affair while the other partner is committed exclusively to the relationship, active aggressive or abusive behaviors, and when one or both partners do not want the relationship to continue. These may suggest that couples therapy could cause more harm than good (Margolin et al., 2023). Each of these issues requires a nuanced approach in their assessment in order to ensure safety. For the sake of TSY-P, it is recommended that therapists assess the commitment level of each partner to the relationship to determine if TSY-P is a good fit for them. Additionally, therapists should assess the presence of violence in the relationship and only proceed if there is a lower-level present (MacIntosh, 2019; Margolin et al., 2023). Ideally, the benefits that are suggested above would contribute to a reduction in violent dynamics. Due to the physical movement that is involved with the practice of yoga, couples where one or both partners do not want to engage in physical movement would not be a good fit. Finally, this is not meant to be an exhaustive list, but a starting place in determining appropriateness of TSY-P as a treatment recommendation. Taking into consideration cross-cultural elements, for example, need to be kept in mind.

It is recommended that the therapists conduct an assessment session of the factors mentioned above to determine if the partners are a good fit. An assessment session would allow the therapist to decide if the partners are appropriate for TSY-P and provide them with information about the treatment. In line with TCTSY's emphasis on choice and taking effective action, will allow the partners an opportunity from the beginning to have agency in their decision to participate (Emerson, 2015). Thus, it is recommended that the therapists share with each partner an overview of TSY-P and the types of practices they would engage in so that they can determine goodness of fit for themselves. In this

assessment session, the therapists should review informed consent and limits to confidentiality. Because TSY-P is not a talk therapy participants may not realize that mandated reporting guidelines still apply. Thus, informed consent and limits to confidentiality should be adapted to emphasize that even off-handed comments made regarding child or elder abuse and self or other harm still fall under mandated reporting guidelines. Finally, while the physical movement practice involved in TSY-P is primarily low impact, participants should obtain a physical from their primary care physician to determine any contraindicated movements that could cause harm.

Qualifications for Therapists

In addition to addressing guidelines for participation in TSY-P, it is also important to consider the qualifications of couples therapists when working with partners with a history of complex trauma. Due to the unique struggles for these partners including the risk for re-traumatization and secondary traumatization, it is not recommended that someone without specified training utilize TSY-P. Therapists need to have supervised experience and/or training working with partners where one is survivor of complex trauma and even more important if both are (Alexander, 2020; Courtois, 2020a; MacIntosh, 2019). Partners can often trigger each other's safety responses leading to overwhelm, and the therapist must be alert to these reciprocal triggers and be able to navigate the reactions while guiding them through the yoga forms (Alexander, 2020). Simply having experience, being licensed, or certified in working with couples is not enough for utilizing TSY-P with this population.

Therapists should possess an understanding of TCTSY to effectively incorporate TSY-P into their practice. The Trauma Center offers a comprehensive 300-hour

certification training program which would be the requirement for therapists to gain an understanding of the theoretical underpinnings of TCTSY, including complex trauma, attachment, and the impact of complex trauma on neurobiology (Emerson, 2015). It is also crucial for therapists to recognize the significance of language in TCTSY. As Emerson (2015) notes, "The language of the TSY facilitator is critically important and must be chosen with great care and precision" (p. 7). Couples therapists guiding partners through TSY-p must utilize tentative and invitational language while being mindful of cues that direct the partner's awareness to interoception, choice-making, taking effective action, and rhythm (Emerson, 2015). Overall, the qualifications of couples therapists working with partners who have a history of complex trauma must not be overlooked. The therapist's experience and training in working with trauma survivors are crucial in guiding partners through TSY-P as they navigate their triggers and reactions to create a safe space for healing. Having a solid understanding of the theoretical and practical aspects of TCTSY, including the importance of language, is additionally essential for therapists to effectively incorporate into their practice to promote healing for the partners.

Ten Session Format

In accordance with the three-stage model for trauma recovery as outlined by Chu (2011) and Herman (2015), TSY-P focuses on the initial stage of building an embodied sense of safety. The program consists of ten sessions that progressively increase in complexity, providing couples with an opportunity to enhance their interoceptive capacity, practice making choices, take effective action, and experience rhythm. By connecting with their internal dynamics, individuals can improve their ability to make choices, empowering them to take effective action (Emerson, 2015). Additionally,

enhancing their ability to safely sense what is happening in their own bodies and act in self-directed ways lays a foundation for partners to communicate their needs, engage in mutually beneficial behavior, and strengthen their mentalization capacities. This increased awareness allows couples to notice how they are in rhythm with one another, fostering a sense of safety and security in the relationship.

While the facilitator will tailor the interventions to each session's theme, certain elements will be present throughout the ten sessions. The facilitator will consistently use tentative and invitational language before providing cues, creating a safe and non-threatening environment (e.g., the facilitator will begin each session with “You may choose to begin your practice by…”). At the start of each session, the facilitator will briefly introduce the theme and invite partners to participate in a way that feels most useful for them. Appendix A provides a sample form sequence, but the facilitator has the freedom to choose the specific forms in line with TCTSY's emphasis on how the forms are offered, rather than the specific forms themselves (Emerson, 2015).

The first session focuses on creating a welcoming atmosphere and introducing partners to the practice with simple invitational language. The second and third sessions emphasize present-moment awareness through muscle dynamics and breath, which helps participants build awareness of their internal sensations. The fourth and fifth sessions emphasize making choices in the expression of the forms to provide a sense of safety in decision-making. Sessions six and seven focus on taking effective action based on awareness of internal sensations and safe decision-making. Sessions eight and nine are designed to promote awareness of internal and external rhythms, giving partners an experience of feeling synchronized with themselves and each other. Finally, session ten

integrates all the previous themes as a way to integrate the lessons learned throughout the practice.

Session 1: Welcome the Group

Session one starts with a brief introduction to TSY-P and what participants can expect. The facilitator uses tentative and invitational language before each cue and emphasizes that the practice is about cultivating a sense of safety, rather than perfecting the forms. They also mention that they will be modeling the forms, but participants are free to practice or not practice them as they see fit. The aim is to create an environment that encourages participation in a way that feels useful for each person.

The element of TCTSY emphasized is the use of tentative language to establish a foundation for a non-coercive and invitational environment where both partners can move in self-directed ways. The adapted element is the focus on how this type of movement sets the stage for partners to experience rhythm together. While rhythm is important, it's not yet directly emphasized in order to highlight the self-directed yet together elements of the practice.

Sessions 2 and 3: Present Moment Experience

Sessions two and three focus on cultivating present moment awareness through interoception. The facilitator introduces the theme for each session and reminds participants that they are free to participate as they wish. Both sessions include tentative and invitational cues, as well as muscle dynamic awareness interventions. Session three adds breath awareness interventions. These sessions aim to build interoceptive capacity and self-reflective abilities.

The element of TCTSY emphasized in the second session is use of cues to direct partners to notice sensations within their bodies, which begins the process of cultivating internal body awareness. Building on these themes, the third session introduces invitations to notice breath. This approach is designed to avoid overwhelming each partner with too many new things to focus on. The adapted elements involve utilizing the elements of both sessions to enhance self-other boundary awareness. These elements are intended to enhance interoceptive awareness and begin to enhance the mentalization capacity.

Sessions 4 and 5: Practice Making Choices

Sessions four and five emphasize the importance of making choices. Participants are encouraged to choose their level of participation, and tentative and invitational cues are used. The choice for breath awareness is introduced as a possible way to begin the practice, but it is not specifically emphasized throughout the sessions. The interventions in these sessions provide opportunities for participants to make choices in the presence of their partner. This allows them to experience safety in making similar or different decisions as their partner during the practice.

The element of TCTSY added in the third and fourth sessions is the suggestion of options for various ways to move and hold forms to cultivate choice making. In order to titrate the experience, the amount of choices offered can be increased in the fourth session. The adapted element of experiencing making similar or different decisions as their partner continues to enhance the self-other boundary awareness and also begins to build awareness of rhythms in their practice with their partner. Experiencing safety in

making choices alongside of their partner is intended to enhance the neuroceptive safety detection ability.

Sessions 6 and 7: Taking Effective Action

Sessions six and seven focus on taking effective action. The facilitator introduces the theme and emphasizes that participants are free to modify or adjust what they are doing in each form based on what is most useful for them. Breath awareness is introduced as a possible way to begin the practice, but it is not emphasized throughout the sessions. The interventions include tentative and invitational cues and suggestions for taking effective action. Participants are encouraged to become aware of their internal sensations, make a choice, and act on that choice in the presence of their partner. This helps build an awareness that acting towards what is useful for oneself, regardless of what others around them are doing, is possible.

The element of TCTSY added in the sixth and seventh sessions begins to build on prior session elements by connecting choice making with internal body awareness. The elements adapted also build on prior sessions. By the facilitator suggesting that choices be made based on one's own internal sensations, self-other boundary and rhythm awareness is further enhanced. Similarity in the prior two session, the amount of cues used can be increased from the sixth to the seventh session. These adapted elements are intended to enhance interoceptive awareness, neuroceptive safety detection, and cultivate mentalization capacities.

Sessions 8 and 9: Rhythms

Sessions eight and nine introduce the concept of rhythm. In both sessions, participants are invited to notice different aspects of the practice that emphasize rhythm,

and the interventions focus on building rhythm within oneself. Breath awareness is introduced as a possible way to begin the practice, but it is not emphasized throughout the sessions. In session nine, interventions are added that bring awareness to the rhythm of moving or breathing alongside one's partner. The facilitator continues to use tentative and invitational cues and encourages participants to practice at their own pace. Noticing one's own rhythm allows for opportunities to take effective action and shift the rhythm based on what is most useful. The addition of a partner provides an opportunity to experience being in and out of rhythm with an important other, which can enhance self-other boundaries.

The element of TCTSY added in the eighth and ninth session is the invitation to become aware of various aspects of rhythm. This is accomplished by invitations to notice rhythm within the self in the eighth session, followed by adding awareness of rhythm between partners in the ninth session. The elements adapted continue to build on prior sessions regarding self-other boundaries. This is accomplished in the eighth session by building awareness of each partner's own rhythms. The ninth session provides partners with an opportunity to directly cultivate awareness of rhythms between each other. These elements are intended to enhance neuroceptive safety detection and social engagement along with cultivation of mentalization capacities.

Session 10: Present Moment Experience, Choice-Making, Taking Effective Action, Rhythms

The final session brings together all of the themes from the previous sessions. The facilitator reminds participants that they are free to participate in a way that feels useful to them. The interventions used in this session include tentative and invitational cues, as

well as opportunities for muscle dynamic awareness, breath awareness, making choices, taking effective action, and noticing rhythm. The aim is to provide a counter-narrative to the disruptions that complex trauma can cause, showing that being out of sync with others does not necessarily mean that one is alone or abandoned. Participants can act in ways that place them back in sync or choose to remain out of sync, and both options can feel safe and good.

The final session combines all the elements of TCTSY to enhance interoception, cultivate choice and taking effective action, and build awareness of rhythms. The elements adapted bring all the elements of TCTSY together with the added element of noticing oneself and one's partner throughout the practice. The intention of this session is to continue to enhance mentalization capacities and cultivate safety within oneself and with one's partner.

Discussion

The objective of this project was to adapt TCTSY to be used with couples where one or both have a history of complex trauma in order to provide a couples therapy intervention for treating complex trauma in the context of relationships from a systemic and somatic framework. The study demonstrated that by improving interoception, a person can more accurately understand and regulate their own internal states, which can help improve their ability to accurately detect and interpret social cues (Porges, 2011). A more accurate understanding of one's own internal states and social cues leads to an increase in the accuracy of neuroception. Improving interoception and increasing accuracy of neuroception leads to improvements in mentalization, as a person will have a more accurate understanding of their own internal states and can use this knowledge to

more accurately infer the mental states of their partner (Ogden & Fisher, 2015). Ultimately, improving interoception can help heal the impact of complex trauma by improving an individual's ability to accurately perceive and interpret internal and external signals. This can lead to improved communication, empathy, and emotional connection, which are essential for secure attachment within their partnership.

The study also highlights the importance of addressing trauma in the context of relationships, as many individuals who have experienced trauma struggle with interpersonal relationships and may benefit from working on healing with a partner (Hecker, 2007; MacIntosh, 2019; Zala, 2012). Thus, the goal of the project was accomplished by focusing on incorporating TCTSY into couples therapy which can help build a sense of safety and connection between partners, a necessary component in the healing of complex trauma—"Recovery can take place only within the context of relationships; it cannot occur in isolation" (Herman, 2015, p. 133). The use of TSY-P in a couples therapy context provides a unique opportunity to address both individual and relational healing somatically.

Implications

The implication of this project fills an important gap in the treatment of complex trauma as there are no resources available that integrate couples therapy with somatic interventions. Adapting TCTSY for couples therapy provides a unique and effective approach to treating complex trauma within the context of relationships. Many individuals who have experienced trauma struggle with interpersonal relationships (Alexander, 2020). By incorporating TSY-P, couples therapists can create a safe and supportive environment where partners can work together to heal from their past

experiences. In the context of couples therapy, this can translate to improved communication and emotional connection between partners through increasing trust, vulnerability, and empathy. By improving interoception and the accuracy of neuroception, couples can build a deeper understanding of their own internal states and those of their partner (Ogden & Fisher, 2015). This will lead to partners more accurately interpreting their partner's signals and as a result, be better equipped to understand each other's needs and respond appropriately to each other's emotions, ultimately building a stronger, more secure attachment (Johnson & Courtois, 2009). Additionally, by working on healing together as a couple, partners can provide each other with the support and understanding needed to overcome the challenges of complex trauma.

The somatic approach of TCTSY can help individuals release trauma stored in the body, which may be difficult to access through talk therapy alone (Emerson, 2015; Levine, 2015; van der Kolk, 2014). One of the unique benefits of using TSY-P in couples therapy is that it provides a holistic and somatic approach to healing that addresses both individual and relational trauma. The focus on interoception, present moment experience, choice-making, taking effective action, and rhythms can help couples build a sense of safety, agency, and connection with each other (Emerson, 2015). Additionally, the use of invitational and tentative language by the couples therapist helps to create and model a safe and non-judgmental interaction style (Emerson, 2015). These skills can then be applied outside of therapy sessions as well, enhancing the couples ability to navigate complex trauma triggers and build resilience.

Limitations

One important limitation of the proposed framework is that it remains theoretical and has not yet been tested in a clinical setting. While the principles and techniques of TCTSY have been shown to be effective in individual therapy for individuals with a history of trauma, further research is needed to determine the effectiveness of the proposed framework in a couples therapy context (Kelly et al., 2021; Nguyen-Feng et al., 2020; van der Kolk et al., 2014; Zaccari et al., 2022). Moreover, due to the somatic nature of TSY-P, it would not be suitable for couples who do not wish to engage in physical movement. Additionally, while the framework aims to address complex trauma, it may not be effective for all trauma survivors, particularly those with severe and persistent mental health conditions.

Additionally, working with survivors of complex trauma can be challenging, especially when working with partners who have a history of trauma (Alexander, 2020; Blow et al., 2020; Johnson, 2002; MacIntosh, 2019). Given the unique challenges that survivors often face, such as emotional dysregulation and dissociation, it is crucial for couples therapists to be trained or experienced in recognizing trauma symptoms to intervene effectively. Furthermore, because TSY-P is a somatic intervention, couples therapists need to have foundational training on the embodied nature of trauma at a minimum. Therapists should understand that focusing on a survivor's inner experiences can be overwhelming and that interventions may need to be titrated (Courtois, 2004; Levine, 2015; van der Kolk, 2014). Therefore, the proposed framework is based on the assumption that the therapist is trained and experienced in both TCTSY and couples therapy. It is possible that therapists who are not familiar with one or both of these

approaches may struggle to implement the framework effectively, and additional training may be necessary.

Lastly understanding the signs and impact of working with trauma survivors is essential for therapists. They are at risk of experiencing a "trauma exposure response" (van Dernoot Lipsky & Burk, 2009, p. 4). "If we are to do our work with suffering people and environments in sustainable ways, we must understand how our work affects us" (van Dernoot Lipsky & Burk, 2009, p. 41). Therefore, couples therapists who facilitate TSY-P should be aware of the signs of trauma exposure response and practice proper self-care to prevent vicarious traumatization (Chu, 2011). Van Dernoot Lipsky and Burk (2009) have identified 16 signs of a trauma exposure response and provide guidance on self-care to ensure a sustainable practice when working with survivors. The 16 signs include: feeling helpless and hopeless, a sense that one can never do enough, hypervigilance, diminished creativity, inability to embrace complexity, minimizing, chronic exhaustion/physical ailments, inability to listen/deliberate avoidance, dissociative moments, sense of persecution, guilt, fear, anger and cynicism, inability to empathize/numbing, addictions, and grandiosity related to one's work.

Future Directions and Recommendations

While this study is theoretical, it would be beneficial for future research to empirically test the effectiveness of TSY-P in couples therapy for treating complex trauma. This could involve focusing on measuring outcomes including exploring neuroception, mentalization, or trauma symptoms to evaluate the impact of TSY-P. Moreover, research could investigate the mechanisms of change in TSY-P, including the role of interoception, present moment experience, choice-making, taking effective action,

and rhythms. Additionally, research could investigate the long-term effects of TSY-P in couples therapy for treating complex trauma. This could involve following couples over an extended period of time (e.g., 6 months, 1 year) to evaluate the durability of the intervention and any changes in outcomes over time.

Future research should also explore the effectiveness of TSY-P in different populations including partners of different cultural backgrounds, sexual orientations, gender identities, and relationship structures. Adapting the intervention to meet the unique needs and experiences of these populations could help to increase its accessibility and effectiveness.

Another avenue for future research is to investigate the potential of TSY-P as a complementary intervention to other forms of trauma-focused couples therapy, such as Cognitive-Behavioral Conjoint Therapy for PTSD, Integrative Behavioral Couple Therapy, Emotionally Focused Couple Therapy for complex trauma, or Developmental Couple Therapy for Complex Trauma. This could involve examining the effectiveness of TSY-P as part of an integrative treatment plan and exploring the potential synergies between TSY-P and other trauma-focused couples therapies. Such research could provide insight into how TSY-P can be best utilized in conjunction with other evidence-based treatments to achieve optimal outcomes for couples who have experienced trauma.

Lastly, it may be valuable to investigate the potential of TSY-P as a preventative or strengthening intervention for couples. This could involve working with couples who have experienced trauma but are not currently presenting with symptoms, as well as couples without a history of trauma who are interested in enhancing various aspects of their relationship such as relational satisfaction, sexual satisfaction, and communication.

Adapting TSY-P to focus on building different forms of resilience and strengthening the couples attachment bond could be explored as a means of helping couples navigate future trauma triggers and improving their relationship functioning. Further research is needed to examine the potential benefits and effectiveness of TSY-P as a preventative or strengthening intervention, as well as to identify the most effective adaptations of the intervention for these purposes.

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Abstract for *Dissertation Abstracts International*

Couples therapy can be valuable context for addressing complex trauma by establishing a secure attachment between partners and a systemic understanding of trauma's impact. Clinicians must take a holistic approach that integrates somatic and relational modalities to address complex trauma within couples therapy. This can enhance healing and improve partner satisfaction and reduce trauma symptoms. However, treating complex trauma in couples therapy can be challenging when one or both partners have a history of trauma. Mentalization, a vital relational capacity, is negatively affected by complex trauma, hindering individuals' ability to understand and interpret thoughts, feelings, and behaviors. Increasing neuroception, the body's ability to detect safety and threat cues, can enhance mentalization. Clinicians can facilitate functional interoception, the perception and interpretation of internal bodily sensations, by using interventions that include emotional and physiological states leading to stronger neuroception. Incorporating Trauma Center Trauma-Sensitive Yoga (TCTSY) and Partner Yoga in couples therapy can enhance interoception and mind-body connection. TCTSY promotes agency and empowerment through bodily experiences and awareness, while Partner Yoga encourages attunement and communication between partners, promoting safety and trust. The goal of this project was to adapt TCTSY and propose Trauma-Sensitive Yoga for Partners (TSY-P). TSY-P aims to address complex trauma in the context of couples therapy. Ten TSY-P sessions were designed to enhance each partner's interoceptive capacity, practice making choices, take effective action, and experience rhythm together which can effectively address the unique needs of partners with a history of complex trauma.

Keywords: complex trauma, couples therapy, mentalization, neuroception, interoception, Trauma Center Trauma-Sensitive Yoga, partner yoga

Appendix A

Human Subjects Review Committee Exemption

The current project is exempt from human subjects review committee approval, as the project does not involve human subjects according to the Code of Federal Regulations (45 CFR 46).

Appendix B

List of Appropriate Journals for Submission

1. *Journal of Traumatic Stress*
2. *Journal of Couple & Relationship Therapy*
3. *Couple and Family Psychology*
4. *Journal of Marital and Family Therapy*
5. *Journal of Interpersonal Violence*
6. *Trauma, Violence, & Abuse*
7. *International Journal of Yoga Therapy*
8. *Journal of Alternative and Complementary Medicine*

Letter of Submission

Jeremy Lyne
Graduate School of Psychology
Fuller Theological Seminary
180 North Oakland Avenue
Pasadena, CA 91101

April 2023

To Whom It May Concern,

I am writing to submit an article entitled “Treating Complex Trauma in the Context of Relationships: Adapting “Trauma Center Trauma-Sensitive Yoga” as a Couples Therapy Intervention.” to your journal. This article came about as a result of my dissertation project of the same title.

This is a very important intervention proposal, as it fills in a treatment gap for addressing complex trauma with a somatic intervention within a relationship context. This is the first article to address complex trauma in this way. Implications are discussed regarding the potential impact of this intervention for complex trauma survivors and for couples.

Thank you for your time. I look forward to hearing from you. Please do not hesitate to contact me if you have any further questions or concerns about this study.

Sincerely,

Jeremy Lyne, M.A.

Appendix C

Trauma-Sensitive Yoga for Partners

Intervention Manual

Session 1 – Welcome the Group

- Session Focus:
  - Introduce the practice.
  - Tentative and invitational language before each cue:[1]
    - *You may begin your practice by…*
    - *When you are ready, you might…*
    - *In your own time, you could…*

Introduction[2]

- "*Welcome. This class is for you. My presentation of yoga is meant to provide an opportunity for a present moment experience. If a form or an instruction is uncomfortable for any reason, you are always welcome to modify or adjust in a way that is more useful for you. There is also always an open invitation to come out of a form at any point for any reason. You can always stop what you are doing, pause, take a few breaths, and then return to the rhythm of the class whenever you are ready. I will model the forms so feel free to watch me for guidance. It is also fine to ask me for help and I will do my best to make some possible suggestions. Finally, these yoga classes are less about getting forms perfect and more about experiencing a sense of safety through the practice of choice. I will encourage you throughout the next ten weeks to practice choice about what forms you choose to do, what variation of the form you might choose, and when you choose to finish holding a form. You are welcome to participate in whichever way would feel useful for you."*

Begin Practice:

- *"You may choose to begin your practice by…[Introduce first form]"*

Possible Sequencing: [3]

- Chair Practice
  - Seated mountain form
  - Seated movement
  - Neck movement

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[1] Tentative and invitational language allows for both partners to experience self-directed movement together. An invitation to notice rhythm is not yet introduced in order to emphasize self-safety during the co-practice.

[2] The introductions are a suggested way to start the session, but the facilitator can adapt them for the needs of the partners. The main point is that the instructions are tentative, emphasizing the session focus.

[3] A possible sequencing is provided with each session for how a TSY-P class could look. However, a TSY-P facilitator can use any combination of sequencing that they find useful for the partners they are working with. The *Session Focus* of each session is the most important part.

    - Shoulder rolls
    - Wrist movement
    - Rounding and extending of spine movement
    - Side Stretch
    - Twist
    - One leg out, arm up to side stretch (seated gate form)

- Standing Practice
    - Mountain form
    - Sun breath
    - Fold with hands on chair

- Chair Practice
    - Hip stretch
    - Forward fold hold for 30 seconds
    - Resting form options (2 minutes)

Session 2 – Present Moment Experience

- Session Focus:
  - Tentative and invitational language before each cue[4]
    - *You may begin your practice by…*
    - *When you are ready, you might…*
    - *In your own time, you could…*
  - Muscle Dynamics Awareness[5]
    - *You might notice sensation in your body…*
    - *You might notice the muscles in your [body part associated with form] contracting/stretching…*

Introduction:

- "*Trauma-Sensitive Yoga provides many opportunities to practice being present. The main way you can do that is by noticing what you feel in your body in the different forms. This is called body awareness. In this session there will be opportunities to practice body awareness in different forms. You are welcome to participate in whichever way would feel useful for you."*

Begin Practice:

- *"You may choose to begin your practice by…[Introduce first form]"*

Possible Sequencing:

- Chair Practice
  - Seated mountain form
  - Seated movement
  - Neck movement
  - Shoulder rolls
  - Wrist movement
  - Rounding and extending of spine movement
  - Side stretch
  - Twist
  - Leaning back in chair
  - Leg raise 2x on each side, 3 reps each
  - One leg out, arm up to side stretch (seated gate form)

- Standing Practice
  - Mountain form + Notice where the feet meet the floor
  - Sun breath
  - Fold with hands on chair + Noticing sensations

[4] Tentative and invitational language allows for both partners to experience self-directed movement together. An invitation to notice rhythm is not yet introduced to emphasize self-safety during the co-practice.

[5] An invitation to notice muscle dynamics is to enhance self-other boundaries by providing an opportunity to bring their awareness to their internal bodily sensations.

- Chair Practice
  - Hip stretch
  - Forward fold hold for 30 seconds
  - Resting form options (2 minutes)

Session 3 – Present Moment Experience

- Session Focus:
  - Tentative and invitational language before each cue[6]
    - *You may begin your practice by…*
    - *When you are ready, you might…*
    - *In your own time, you could…*
  - Muscle Dynamics Awareness[7]
    - *You might notice sensation in your body…*
    - *You might notice the muscles in your [body part associated with form] contracting/stretching…*
  - Breath Awareness[8]
    - *You might notice your breath…*
    - *It might be useful to notice your breathing…*

Introduction:

- "*As we learned last week, trauma sensitive yoga provides many opportunities to practice being present. Last week you explored noticing what you feel in your body in the different forms. This week, you can continue to do that, or you could notice your breathing. Both are different ways to practice being present and building body awareness. In this session, there will be opportunities to practice what you feel in your body and notice your breathing. You are welcome to participate in whichever way would feel useful for you."*

Begin Practice:

- *"You may choose to begin your practice by…[Introduce first form]"*

Possible Sequencing:

- Chair Practice
  - Seated mountain form
  - Seated movement
  - Neck movement
  - Shoulder rolls
  - Wrist movement
  - Rounding and extending of spine movement
  - Side stretch
  - Twist
  - Leaning back in chair
  - Leg raise 2x on each side, 3 reps each
  - One leg out, arm up to side stretch (seated gate form)

---

[6] Tentative and invitational language allows for both partners to experience self-directed movement together. An invitation to notice rhythm is not yet introduced to emphasize self-safety during the co-practice.

[7] An invitation to notice muscle dynamics is to enhance self-other boundaries by providing an opportunity to bring their awareness to their internal bodily sensations.

[8] Breath cues further enhances self-other boundaries and interoceptive awareness building a foundation for improving mentalization.

- Standing Practice
  - Mountain form
  - Sun breath
  - Half Vinyasa
  - Fold with hands on chair

- Chair Practice
  - Hip stretch
  - Forward fold hold for 30 seconds
  - Resting form options (2 minutes)

Session 4 – Practice Making Choices

- Session Focus:
  - Tentative and invitational language before each cue[9]
    - *You may begin your practice by…*
    - *When you are ready, you might…*
    - *In your own time, you could…*
  - Choice-Making[10]
    - *You might choose to explore movement in your [body part associated with form]. One way you could do that is by X, another way is by Y… (e.g., …in your neck. One way is by dropping your head forward, another way is by dropping your head backwards.)*
    - *[When a form could be done on either side] … Which side you chose is up to you. (e.g., Next, you might choose to explore a twist on one side of your body, which side you choose is up to you).*

Introduction:

- "*Choice is an important part of Trauma Sensitive Yoga. You always have a choice in this class. Throughout this session, I will emphasize choice and try to offer several opportunities to practice choices in the forms. You are welcome to participate in whichever way would feel useful for you."*

Begin Practice:

- *"You may choose to begin your practice by…[Introduce first form]"*

Possible Sequencing:

- Chair Practice
  - Seated mountain form – option to notice breath.
  - Seated movement
  - Neck movement
  - Shoulder rolls
  - Wrist movement
  - Rounding and extending of spine movement
  - Side stretch
  - Twist
  - Leaning back in chair
  - Leg raise 2x on each side, 3 reps each
  - Knee-to-belly 2x on each side, 3 reps each
  - One leg out, arm up to side stretch (seated gate form)

---

[9] Tentative and invitational language allows for both partners to experience self-directed movement together. An invitation to notice rhythm is not yet introduced to emphasize self-safety during the co-practice.

[10] Inviting partners to make choices regarding their movement in the presence of each other provides an opportunity to experience safety while making similar or difference choices form their partner. This invitation allows for further development of self-other boundary, experience various aspects of rhythm, and enhance neuroceptive safety detection.

- Standing Practice
  - Mountain form
  - Sun breath
  - Half Vinyasa
  - Fold with hands on chair
  - Warrior forms

- Chair Practice
  - Hip stretch
  - Forward fold hold for 30 seconds
  - Resting form options (3 minutes)

Session 5 – Practice Making Choices

- Session Focus:
  - Tentative and invitational language before each cue[11]
    - *You may begin your practice by…*
    - *When you are ready, you might…*
    - *In your own time, you could…*
  - Choice-Making[12]
    - *You might choose to explore movement in your [body part associated with form]. One way you could do that is by X, another way is by Y… (e.g., …in your neck. One way is by dropping your head forward, another way is by dropping your head backwards.)*
    - *[When a form could be done on either side] … Which side you chose is up to you. (e.g., Next, you might choose to explore a twist on one side of your body, which side you choose is up to you).*

Introduction:

- "*During our last week practice, you began exploring choice. I want to remind you that you always have a choice in this class. This week I will continue to emphasize choice and try to offer several opportunities to practice choices in the forms. You are welcome to participate in whichever way would feel useful for you."*

Begin Practice:

- *"You may choose to begin your practice by…[Introduce first form]"*

Possible Sequencing:

- Chair Practice
  - Seated mountain form – option to notice breath.
  - Seated movement
  - Neck movement
  - Shoulder rolls
  - Wrist movement
  - Rounding and extending of spine movement
  - Side stretch
  - Twist
  - Leaning back in chair
  - Leg raise 2x on each side, 3 reps each
  - Knee-to-belly 2x on each side, 3 reps each
  - One leg out, arm up to side stretch (seated gate form)

---

[11] Tentative and invitational language allows for both partners to experience self-directed movement together. An invitation to notice rhythm is not yet introduced to emphasize self-safety during the co-practice.

[12] Inviting partners to make choices regarding their movement in the presence of each other provides an opportunity to experience safety while making similar or difference choices form their partner. This invitation allows for further development of self-other boundary, experience various aspects of rhythm, and enhance neuroceptive safety detection.

- Standing Practice
  - Mountain form
  - Sun breath
  - Half Vinyasa
  - Fold with hands on chair
  - Warrior forms

- Chair Practice
  - Hip stretch
  - Forward fold hold for 30 seconds
  - Resting form options (3 minutes)

Session 6 – Taking Effective Action

- Session Focus:
  - Tentative and invitational language before each cue[13]
    - *You may begin your practice by…*
    - *When you are ready, you might…*
    - *In your own time, you could…*
  - Effective Action Suggestion[14]
    - *You may notice sensations in your body and decide to change what you are doing…*
    - *If you would like to do something different, you are welcome to move in whichever way feels useful for you…*

Introduction:

- *"Your trauma-sensitive yoga can help you become aware of sensations in your body and then decide how to move based on those sensation. Mostly, this can be ways that you use your body—your muscles—to change what you are doing in the forms. You each might come up with your own ways to adjust forms based on what you are noticing, but I will also try to call attention to some places where you might make adjustments within forms. You are welcome to participate in whichever way would feel useful for you."*

Begin Practice:

- *"You may choose to begin your practice by…[Introduce first form]"*

Possible Sequencing:
Chair Practice

- Seated mountain form – option to notice breath.
- Seated movement
- Neck movement
- Shoulder rolls
- Wrist movement
- Rounding and extending of spine movement
- Side stretch
- Twist
- Leaning back in chair
- Leg raise 2x on each side, 3 reps each
- Knee-to-belly 2x on each side, 3 reps each
- One leg out, arm up to side stretch (seated gate form)

---

[13] Tentative and invitational language allows for both partners to experience self-directed movement together. An invitation to notice rhythm is not yet introduced to emphasize self-safety during the co-practice.

[14] Emphasizing taking effective action by connecting internal bodily sensations to making choices enhances partners' self-other boundary awareness. This process also provides more opportunities to make choices based on internal sensations in the presence of each other to enhance neuroceptive safety detection and mentalization.

Standing Practice

- Mountain form
- Sun breath
- Half Vinyasa
- Fold with hands on chair
- Warrior forms
- Standing on one leg balance form

Chair Practice

- Hip stretch
- Forward fold hold for 30 seconds
- Resting form options (3 minutes)

Session 7 – Taking Effective Action

- Session Focus:
  - Tentative and invitational language before each cue[15]
    - *You may begin your practice by…*
    - *When you are ready, you might…*
    - *In your own time, you could…*
  - Effective Action Suggestion[16]
    - *You may notice sensations in your body and decide to change what you are doing…*
    - *If you would like to do something different, you are welcome to move in whichever way feels useful for you…*

Introduction:

- *"Last week you explored ways that yoga can help you become aware of sensations in your body and then decide how to move based on those sensation. You are welcome to explore that during this week's practice as well. As a reminder, you are welcome to come up with your own ways to adjust forms based on what you are noticing, but I will also try to call attention to some places where you might make adjustments within forms. You are welcome to participate in whichever way would feel useful for you."*

Begin Practice:

- *"You may choose to begin your practice by…[Introduce first form]"*

Possible Sequencing:
Chair Practice

- Seated mountain form – option to notice breath.
- Seated movement
- Neck movement
- Shoulder rolls
- Wrist movement
- Rounding and extending of spine movement
- Side stretch
- Twist
- Leaning back in chair
- Leg raise 2x on each side, 5 reps each
- Knee-to-belly 2x on each side, 5 reps each
- One leg out, arm up to side stretch (seated gate form)

---

[15] Tentative and invitational language allows for both partners to experience self-directed movement together. An invitation to notice rhythm is not yet introduced to emphasize self-safety during the co-practice.

[16] Emphasizing taking effective action by connecting internal bodily sensations to making choices enhances partners' self-other boundary awareness. This process also provides more opportunities to make choices based on internal sensations in the presence of each other to enhance neuroceptive safety detection and mentalization.

Standing Practice

- Mountain form
- Sun breath
- Half Vinyasa
- Fold with hands on chair
- Warrior forms
- Standing on one leg balance form

Chair Practice

- Hip stretch
- Forward fold hold for 30 seconds
- Resting form options (3 minutes)

Session 8 – Rhythms

- Session Focus:
  - Tentative and invitational language before each cue[17]
    - *You may begin your practice by…*
    - *When you are ready, you might…*
    - *In your own time, you could…*
  - Rhythm Suggestions[18]
    - *You may choose to hold this form for a count of five… maybe for four… possibly for three…*
    - *As you move in this form, you may choose to notice your breath in relation to your movement…*

Introduction:

- *"There are different kinds of rhythm. One is noticing when things begin and end – like a yoga form. Another kind of rhythm is when you when you move and breathe at your own pace. In this session I will offer some opportunities to practice these different kinds of rhythms You are welcome to participate in whichever way would feel useful for you."*

Begin Practice:

- *"You may choose to begin your practice by…[Introduce first form]"*

Possible Sequencing:
Chair Practice

- Seated mountain form – option to notice breath.
- Seated movement
- Neck movement
- Shoulder rolls
- Wrist movement
- Rounding and extending of spine movement
- Side stretch
- Twist
- Leaning back in chair
- Leg raise 2x on each side, 5 reps each
- Knee-to-belly 2x on each side, 5 reps each
- One leg out, arm up to side stretch (seated gate form)

Standing Practice

- Mountain form
- Sun breath
- Half Vinyasa

[17] Tentative and invitational language allows for both partners to experience self-directed movement together.
[18] An emphasis on one's own rhythm is introduced to provide another opportunity to notice self-other boundary and enhance interoception building stronger mentalization capacities.

- Fold with hands on chair
- Warrior forms
- Standing on one leg balance form

Chair Practice

- Hip stretch
- Forward fold hold for 30 seconds
- Resting form options (3 minutes)

Session 9 – Rhythms

- Session Focus:
  - Tentative and invitational language before each cue[19]
    - *You may begin your practice by…*
    - *When you are ready, you might…*
    - *In your own time, you could…*
  - Rhythm Suggestions[20]
    - *You may choose to hold this form for a count of five… maybe for four… possibly for three…*
    - *As you move in this form, you may choose to notice your breath in relation to your movement…*
    - *You may choose to notice your partner's [movement/breath] in relation to your own.*
    - *An option during this [movement/form] is to notice the co-[movement/form] that is created with your partner.*

Introduction:

- *"Last week you had an opportunity to practice different kinds of rhythm. You may have explored noticing when things begin and end – like a yoga form or when you were breathing. This week, you might explore another kind of rhythm. You could notice what it is like to breathe and move alongside your partner. I will give you opportunities to practice these different kinds of rhythms. You are welcome to participate in whichever way would feel useful for you."*

Begin Practice:

- *"You may choose to begin your practice by…[Introduce first form]"*

Possible Sequencing:
Chair Practice

- Seated mountain form – option to notice breath.
- Seated movement
- Neck movement
- Shoulder rolls
- Wrist movement
- Rounding and extending of spine movement
- Side stretch
- Twist
- Leaning back in chair
- Leg raise 2x on each side, 5 reps each

---

[19] Tentative and invitational language allows for both partners to experience self-directed movement together.

[20] Inviting partners to explicitly notice ways in which they are in and out of rhythm with each other provides partners with multiple opportunities to experience safety during moments of being in and out of sync with each other. It also provides an opportunity to make a decision to move in ways that bring them more in rhythm with their partner, or more in rhythm with their own internal bodily sensations. This addition further enhances the self-other boundary, neuroceptive safety, and mentalization capacities.

- Knee-to-belly 2x on each side, 5 reps each
- One leg out, arm up to side stretch (seated gate form)

Standing Practice

- Mountain form
- Sun breath
- Half Vinyasa
- Fold with hands on chair
- Warrior forms
- Standing on one leg balance form

Chair Practice

- Hip stretch
- Forward fold hold for 30 seconds
- Resting form options (3 minutes)

Session 10 – Present Moment Experience, Choice-Making, Taking Effective Action, Rhythms

- Session Focus:
  - Tentative and invitational language before each cue[21]
    - *You may begin your practice by…*
    - *When you are ready, you might…*
    - *In your own time, you could…*
  - Muscle Dynamics Awareness[22]
    - *You might notice sensation in your body…*
    - *You might notice the muscles in your [body part associated with form] contracting/stretching…*
  - Breath Awareness[23]
    - *You might notice your breath…*
    - *It might be useful to notice your breathing…*
  - Choice-Making[24]
    - *You might choose to explore movement in your [body part associated with form]. One way you could do that is by X, another way is by Y… (e.g., …in your neck. One way is by dropping your head forward, another way is by dropping your head backwards.)*
    - *[When a form could be done on either side] … Which side you chose is up to you. (e.g., Next, you might choose to explore a twist on one side of your body, which side you choose is up to you).*
  - Effective Action Suggestion[25]
    - *You may notice sensations in your body and decide to change what you are doing…*
    - *If you would like to do something different, you are welcome to move in whichever way feels useful for you…*
  - Rhythm Suggestions[26]

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[21] Tentative and invitational language allows for both partners to experience self-directed movement together.

[22] An invitation to notice muscle dynamics is to enhance self-other boundaries by providing an opportunity to bring their awareness to their internal bodily sensations.

[23] Breath cues further enhances self-other boundaries and interoceptive awareness building a foundation for improving mentalization.

[24] Inviting partners to make choices regarding their movement in the presence of each other provides an opportunity to experience safety while making similar or difference choices form their partner. This invitation allows for further development of self-other boundary, experience various aspects of rhythm, and enhance neuroceptive safety detection.

[25] Emphasizing taking effective action by connecting internal bodily sensations to making choices enhances partners' self-other boundary awareness. This process also provides more opportunities to make choices based on internal sensations in the presence of each other to enhance neuroceptive safety detection and mentalization.

[26] Inviting partners to explicitly notice ways in which they are in and out of rhythm with each other provides partners with multiple opportunities to experience safety during moments of being in and out of sync with each other. It also provides an opportunity to make a decision to move in ways that bring them more in rhythm with their partner, or more in rhythm with their own internal bodily sensations. This addition further enhances the self-other boundary, neuroceptive safety, and mentalization capacities.

- *You may choose to hold this form for a count of five… maybe for four… possibly for three…*
- *As you move in this form, you may choose to notice your breath in relation to your movement…*
- *You may choose to notice your partner's [movement/breath] in relation to your own.*
- *An option during this [movement/form] is to notice the co-[movement/form] that is created with your partner.*

Introduction:

- *"During the closing session, I will offer a review the themes of being present, choice, moving based on body sensations, and rhythms. Throughout this session I will offer some opportunities to explore and experience all four themes. You are welcome to participate in whichever way would feel useful for you."*

Begin Practice:

- *"You may choose to begin your practice by…[Introduce first form]"*

Possible Sequencing:

Chair Practice

- Seated mountain form – option to notice breath.
- Seated movement
- Neck movement
- Shoulder rolls
- Wrist movement
- Rounding and extending of spine movement
- Side stretch
- Twist
- Leaning back in chair
- Leg raise 2x on each side, 5 reps each
- Knee-to-belly 2x on each side, 5 reps each
- One leg out, arm up to side stretch (seated gate form)

Standing Practice

- Mountain form
- Sun breath
- Half Vinyasa
- Fold with hands on chair
- Warrior forms
- Standing on one leg balance form

Chair Practice

- Hip stretch
- Forward fold hold for 30 seconds
- Resting form options (3 minutes)

Appendix D

Curriculum Vitae

JEREMY LYNE, M.A., RYT500, TCTSY-F

EDUCATION

Graduate School of Psychology & Marriage and Family Therapy **Doctor of Psychology (Psy.D.)**
(GSPMFT): Pasadena, CA 2018 – Present
Degree (anticipated Fall 2023): **Clinical Psychology**; APA-Accredited Fuller Theological Seminary
Degree (anticipated Fall 2023): **Master's in Theology**; Concentration: Religious abuse and trauma
Honors: Dean's List 2018-2022; GPA: 3.81
Dissertation: Treating Complex Trauma in the Context of Relationships: Adapting "Trauma Center Trauma-Sensitive Yoga" as a Couples Therapy Intervention.
Chair: Cameron Lee, Ph.D.: Professor of Marriage and Family Studies
Proposed: July 2021; Defended: April 2023

Graduate School of Psychology & Marriage and Family Therapy **Master of Arts (M.A.)**
(GSPMFT): Pasadena, CA 2013 – 2016
Degree (Spring 2015): **M.A. Psychology;** APA-Accredited Fuller Theological Seminary
Honors: Dean's List 2013-2016; GPA: 3.86

Friends University **Bachelor of Science (B.S.)**
(FU): Wichita, KS 2009 – 2012
Degree (Spring 2012): **B.S. Human Services/Psychology**
Minor: Religion & Philosophy
Emphasis: Exercise physiology
Honors: See "Undergraduate Honors" section below.

SUPERVISED CLINICAL EXPERIENCE

DEPARTMENT OF VETERANS AFFAIRS
Columbia VA Healthcare System, South Carolina Aug 2022 - Present
Pre-Doctoral Psychology Intern
APA Accredited Clinical Psychology Internship
Training Directors: Lyndsey Zoller, Psy.D. & Amy Untied, Psy.D.

- One-year predoctoral internship with a 12-month rotation in the General Mental Health Outpatient Clinic (45%), two specialty rotations (six months) in Trauma Recovery Program (25%) and Suicide Prevention Coordination (25%), and completion of three integrative psychological assessment reports (5%).
- Training Activities: Formal didactic trainings based on core competencies, common diagnoses and problems found in a VA population, and feedback/goals that emerge among the year (including teaching two didactics, one on an intervention and one on an assessment, focusing on case presentation/conceptualization as relevant to the didactic), journal club, cultural diversity group supervision, professional development with the Training directors, leadership seminar series, and peer group supervision. Other

professional activities include the completion of three integrative psychological assessments.

- Population: Veterans of varied cultural and diverse backgrounds, including intersectionality of race/ethnicity, age, gender, sexual orientation, socioeconomical status, etc. in the sociohistorical context of the Southeast. Varied clinical populations ranging from PTSD/military sexual trauma and severe mental illness to mood and psychosocial problems.
- Voluntary accomplishments:
  - Provided a 20-minute demo and presentation of evidence-based Trauma Center Trauma-Sensitive Yoga (TCTSY) to both the multidisciplinary TRP and OPMH team and a 2-hour TCTSY version as part of my teaching didactic.
  - Developed two TCTSY therapy groups for Veterans with complex presentations of trauma.

General Mental Health Outpatient Clinic (Aug 2022 – July 2023); Supervisor: Robert Howell, Ph.D.

- Treatment provided to individuals, couples, and groups utilizing a transdiagnostic approaches to addressed various clinical issues including adjustment disorders, PTSD, military sexual trauma, complex trauma, depression, bereavement, BPD, ADHD, GAD, sexual assault, childhood sexual abuse, self-esteem, anger management, relationship conflict, and infidelity. Facilitates OPMH orientation groups and intake assessments to connect Veterans with various resources found at the VA and in the community including but not limited to psychotherapy.
- Modalities utilized include various evidence-based therapeutic interventions based on Veterans needs including but not limited to: ACT, EFT, EFCT, TCTSY, Sensorimotor Psychotherapy, and Developmental Couples Therapy for Complex Trauma (DCDCT).
- Participate in interdisciplinary team meetings to discuss assessment and treatment issues for complex Veterans.

TRP (Aug 2022 – Jan 2023); Supervisor: Lyndsey Zoller, Psy.D.

- Provided individual psychotherapy for Veterans with a primary diagnosis of PTSD due to combat trauma, sexual trauma, childhood-related events, interpersonal physical trauma, and other serious accidents.
- Interventions utilized include Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).
- Working towards becoming certified in CPT once licensed.
- Engaged in measurement-based care using various self-report measures and psychosocial assessments to determine needs including but not limited to the Patient Health Questionnaire 9 (PHQ9), Columbia-Suicide Severity Rating Scale (C-SSRS), Clinician Administered PTSD scale (CAPS) and the PTSD Checklist for DSM5 (PCL-5).
- Provided orientation sessions including psychoeducation on PTSD and the various Evidence-Based Practices (EBPs) for PTSD.
- Co-facilitated of CPT aftercare group.
- Participation in multidisciplinary team meetings to ensure optimal care for the Veterans.

SPC (Feb 2023 – July 2023); Supervisor: TBD

- Working with a multidisciplinary team for the assessment and suicide risk reduction in the veteran population.
- Providing crisis intervention, case management for high-risk Veterans, trainings to other VA employees.
- Providing individual and group counseling, facilitating safety planning, and teaching Veterans coping skills.
- Receiving training in and providing consultation services, program development, and community outreach.

DEPARTMENT OF VETERANS AFFAIRS
Loma Linda VA Healthcare System, Redlands, California Sep 2021 – July 2022

Psychology Practicum Student, Pre-Internship Practicum

- First rotation: Behavioral Health Interdisciplinary Program (BHIP); Second rotation (Begin March 2021): multidisciplinary PTSD Clinical Team (PCT).
- Attended weekly multidisciplinary team meetings to discuss patient care.
- Attended weekly individual supervision and tiered supervision with a clinical intern/Post Doc supervised by Dr. Farrell (BHIP), and Dr. Tracy (PCT).

BHIP (Sep 2021 – Jan 2022); Supervisor: Nancy Farrell, PsyD, DrPH, BCB

- Co-led lifestyle management therapy groups for outpatient Veterans including MOVE! weight and lifestyle management, Diabetes Empowerment, and Tobacco cessation support
- Provided weekly check-in calls with Veterans in the MOVE! group utilizing Motivational Interviewing to ensure Veterans were accomplishing their SMART goals.

PCT (Feb 2022 – July 2022); Supervisor: Kendra Tracy, PhD

- Provided a 20-minute demo and presentation of Trauma Center Trauma-Sensitive Yoga to multidisciplinary PCT team.
- Received training in evidence-based PTSD treatment (CPT, PE) to Veterans.
- Provided individual therapy teaching coping skills to Veterans with PTSD.
- Co-facilitated Skills Training in Affective and Interpersonal Regulation (STAIR) groups for managing trauma symptoms.

FULLER PSYCHOLOGICAL & FAMILY SERVICES
Pasadena, California Aug 2020 – July 2021

Personality Assessment Trainee, Assessment Clerkship
Supervisor: Ashley Holcomb, Psy.D

- Conducted psychodiagnostic testing (clinical interview, administration, scoring, integrated report-writing, & feedback) in a graduate school clinic/community mental health setting.
- Produced integrated multi-assessment reports across multiple domains and delivered:
  - Comprehensive profiles of diagnostic impressions, interpersonal strengths, growth areas, and psychological functioning.
  - Recommendations on interpersonal functioning and psychological well-being.
- Administered various assessments including:
  - **Objective:** MMPI-2, PAI, NEO-PI-3, 16PF, SII.
  - **Projective/Performance-Based:** TAT, RISB, K-D-F, TCTS (Thurston-Cradock Test of Shame), Rorschach (Exner comprehensive system).

    - **Symptom Measures:** PATHOS, DSM5 Cross-Cutting, BSI, MSSCQ (Multidimensional Sexual Self-Concept Questionnaire), ASRS v1.1 & 5., SCL-90-R
- Attended monthly multi-disciplinary grand rounds with neuro-assessment team providing feedback to presenters each month.
    - Presented one multi-assessment comprehensive personality profile and received feedback.
- Attended weekly group supervision with additional individual supervision as needed.

FULLER PSYCHOLOGICAL & FAMILY SERVICES
Pasadena, California Aug 2019 – July 2021
Advanced Psychotherapy Trainee, Additional Clinical Experience
Supervisors: Lisa Finlay, Ph.D., Alita Lombardo, Ph.D., Joy Velarde, Psy.D., Katherine Jazyk, Psy.D.

- Provided long-term individual and couples psychotherapy to adults in a competitive graduate school clinic/community mental health setting.
    - Primarily utilized interpersonal, attachment, and psychodynamic modalities.
    - Trauma informed and behavioral/somatic interventions also utilized as supervision allowed.
    - Addressed various clinical issues including adjustment disorders, PTSD, complex trauma, depression, bereavement, BPD, ADHD, GAD, sexual assault, childhood sexual abuse, eating disorders, self-esteem, anger management, relationship conflict, and infidelity.
    - Provided co-therapy for couples with other students interested in providing couples therapy.
- Administered psychodiagnostics assessment (DSM-5 cross-cutting) to all clients at intake.
- Utilized A collaborative outcome resource network (ACORN) routine outcome measure each session to measure therapeutic progress.
- Attended and presented at bi-weekly couples consultation group lead by Irene Rapp, LMFT.
- Attended and presented at weekly psychodynamic reading group lead by Brad Strawn, Ph.D.
- Utilized video recordings of session in weekly group supervision.

FULLER PSYCHOLOGICAL & FAMILY SERVICES
Pasadena, California Aug 2018 – July 2019
Practicum Student Trainee, Practicum II
Supervisor: Andrés Chou, Psy.D.

- Provided long-term individual and couples psychotherapy to adults in a competitive graduate school clinic/community mental health setting.
    - Addressed clinical issues regarding anxiety, mood, trauma, personality, sexuality, and spirituality through psychodynamic, client-centered, & CBT interventions (e.g., mindfulness).
    - Completed SOAP notes and conceptualizations from attachment and psychodynamic frames.
- Utilized Prepare/Enrich with engaged couples and couples desiring a relationship check-up.
- Administered psychodiagnostics assessments to all clients at intake and at least once more per quarter to measure therapeutic progress, along with others as needed (DSM-5 cross-cutting).
- Administered various psychological symptom measurements as needed to track client goals (e.g., PCL-5, DSM-5 cross cutting level 2).

- Attended and presented at bi-weekly couples consultation group lead by Irene Rapp, LMFT.
- Attended and presented at weekly psychodynamic reading group lead by Brad Strawn, Ph.D.
- Utilized video recordings of sessions in weekly individual supervision.

GATEWAY TO SUCCESS
Mark Keppel Highschool: Alhambra, California Aug 2014 – May 2015
Practicum Student Trainee, Practicum I
Supervisor: Rizaldy R. Ferrer, Ph.D.

- Provided long-term and short-term individual psychotherapy to adolescents and collateral sessions with parents.
    - Addressed concerns such as mood, anxiety, depression, suicidality, self-harm, self-esteem, and motivation through interpersonal, humanistic, and CBT (e.g., mindfulness) interventions.
- Attended weekly multidisciplinary team staff meetings to present cases and to coordinate care.
- Coordinated ongoing client care with a multidisciplinary team comprised mainly of marriage and family therapists, social workers, school psychologists, teachers, and guidance counselors.
- Assisted crisis response team and evaluated students who endorsed self-harm items on PHQ-9.
- Attended weekly individual supervision (1 hour) reviewing current cases and processing experiences from Humanistic, Mindfulness, and Interpersonal modalities.

FULLER GSPMFT
Pasadena, California Sep 2011 – June 2014
Student Trainee, Practicum 0
Supervisor: Rebecca Burnside, M.A. & Stephen Simpson, Ph.D.

- Provided client-centered therapy (CCT) with an emerging adult experiencing depressive and anxious symptomologies, individual self-worth issues, and spiritual concerns.
- Attended weekly group supervision (2 hours) and didactic training focused on delivering CCT.
- Reviewed recorded sessions of fellow supervisees and examined utilization of CCT.

SUPERVISION EXPERIENCE

FULLER GSPMFT
Pasadena, California Aug 2019 – June 2020
Student Clinical Supervisor, Practicum 0
Supervisor: Jenny Pak, Ph.D.

- Supervised the clinical work of 4 first-year practicum students.
- Coordinated with actor-client on weekly symptom and session content.
- Provided instruction on conducting client-centered therapy, legal/ethical issues, professionalism, note-writing, and case conceptualization.
- Observed students provide live therapy, reviewed session notes and videos, and facilitated discussions designed to enhance their emerging therapeutic skills.
- Provided weekly group supervision (2 hours) utilizing various supervision models including: Competency Based, Humanistic, and Psychodynamic.

- Participated in weekly group supervision of supervision (2 hours) with a licensed psychologist.

RESEARCH EXPERIENCE

FULLER GSPMFT
Pasadena, California Aug 2018 – Present
Doctoral Dissertation
Committee: Cameron Lee, Ph.D. (advisor); Jenny Pak, Ph.D.
Title: Treating Complex Trauma in the Context of Relationships: Adapting "Trauma Center Trauma-Sensitive Yoga" as a Couples Therapy Intervention.

- Purpose: To develop a somatic based approach to address complex trauma within a couple dyad as an adjunct intervention to pair with separate couple therapy provided by a couples therapist.
- Theories utilized: TCTSY, Attachment, EFT, DCTCT, Polyvagal, Neurobiological, and stage-based trauma treatment.
- The development will employ:
  - Mindful movement and breath practices from a yogic psychological perspective.
  - TCTSY to provide scaffolding for the development of the practices and stages.
  - Attachment, developmental, and neurobiological theory to serve as a theoretical foundation.
- Preliminary stages includes: Literature review, exploring various somatic interventions that could be adapted as couple interventions, and outlining research proposal.
- Final phase involved integrating themes from literature reviews and utilized theories to form both structure and application of interventions.

FULLER GSPMFT
Pasadena, California May 2014 – Nov 2014
Attachment Lab
Supervisor: Maria Wong, Ph.D.

- Research on examining attachment mother-child attachment relationships.
- Attended weekly lab meetings discussing research interests and updates on attachment project.
- Gathered data for children's emotional development study, conducted interviews and recorded parent-child interactions, and entered survey data into SPSS.

FULLER GSPMFT
Pasadena, California Aug 2013 – Jan 2016
Couples Conflict Lab
Supervisor: Cameron Lee, Ph.D.
Title (Prior Dissertation): Prepare/Enrich Couple Types Predict Couple Conflict Patterns When Examining Differentiation Level

- Coordinated with local community counseling center that conducts Prepare/Enrich regularly.
- Designed research project to examine potential relationships between Prepare/Enrich couple types, Differentiation of Self, Couple Conflict, and sexual shame/guilt.
- Prepared HSR proposal, literature review, outlined research proposal, designed an online survey, and coordinated with the Director of the local counseling center to setup the necessary steps to begin data collection.

FRIENDS UNIVERSITY
Wichita, Kansas Aug 2011 – June 2012
Senior Research Thesis
Advisor: Donna Stuber, Ph.D.
Title: The Effects of Video Games: Can Depression be Reduced?

- Conducted a senior research project including literature review, research proposal, IRB approval process, online data collection, data analysis, and final paper utilizing APA format.
- Explored the impact of playing video games on depression symptoms.

TEACHING EXPERIENCE

FULLER GSPMFT
Pasadena, California
Teaching Assistant, *Research Methods* (Marriage and Family Therapy) Winter 2018
Professor: Alison Wong, MFT, Ph.D.

- Lead review sessions prior to each exam.
- Graded assignments including quizzes and SPSS assignments.

Teaching Assistant, *Foundations of Christian Therapy* (Clinical Psychology) Spring 2015
Professor: Siang-Yang Tan, Ph.D.

- Prepared, organized, and structured online student interface through Moodle
- Provide grading and feedback on student's case conceptualization papers from a Christian therapy perspective utilizing various theoretical modalities (e.g., CBT, Psychodynamic).

Teaching Assistant: *Cognitive Behavioral Therapy* (Clinical Psychology) Winter 2015
Professor: Siang-Yang Tan, Ph.D.

- Track student's participation in CBT related weekly discussion groups.
- Provide grading and feedback on student's CBT case conceptualization papers.

Teaching Assistant, *Research Methods* (Marriage and Family Therapy) Winter 2015
Professor: Cameron Lee, Ph.D.

- Lead review sessions prior to each exam, graded assignments.
- Taught classes instructing research models and developed walk-through guide for SPSS.

FRIENDS UNIVERSITY
Wichita, Kansas
Adjunct Professor
Dean: Bill Allan, M.A.

Abnormal Psychology Fall 2016 & 2017

- Organized and developed lesson plans designed to instill critical thinking skills regarding the diagnosis and assessment of psychopathology.
- Covered historical and current theories regarding Abnormal Psychology.
- Informed students of current and established practices for treating mental illnesses.
- Directed students to volunteer with local human service agencies to gain experience working with individuals experiencing a variety of mental health issues.

Psychology of Personality Spring 2016 & 2017

- Organized and developed lesson plans to develop critical thinking skills regarding human nature and personality.

- Covered historical and current theories regarding Psychology of Personality.
- Utilized personality theories to help students confront their convictions and reflect upon their own beliefs by assigning content relevant reflection papers.

Teaching Assistant, *Research Methods & Practicum* Sum 2012 - Spring 2013 & Sum 2015 - Fall 2015

Supervising Professor: Donna Stuber, Ph.D.

- Assisted teaching and grading Methods of Social Science Research.
- Worked with students to develop research ideas and hypotheses.
- Taught three classes under supervision and lead two exam review sessions.
- Edited papers and assisted students in preparation for presentation at regional psychology conferences.
- Worked independently to develop presentation for teaching various topics in class including Validity and Reliability, T-Tests, and Levels of Measurement.

RELATED VOLUNTEER EXPERIENCE

WHAT WERE YOU WEARING, SEXUAL ASSULT EXHIBIT

Friends University, Wichita Kansas Nov 2017

Principal Organizer

- Organized art exhibit designed to bring awareness to the myth that sexual assault can be attributed to a person's choice of clothes.
- Coordinated and delegated responsibilities between Friends University Psychology club students, and staff from service agencies, therapy clinics, and domestic violence shelters.

MARRIAGE PREP & TUNE-UP

Lake Avenue Church's Counseling Center, Pasadena California Aug 2013 – Apr 2015

Volunteer and Organizer

Overseer: Tsega Worku, LMFT.

- Assisted with the organization of the Marriage Prep & Tune-Up program.
- Directed and supervised other volunteers during weekend seminars.

CLINICAL FOUNDATIONS III (Marriage and Family Therapy)

Fuller GSPMFT**,** Pasadena, California Spring 2014

Actor Client – Individual and Couple

Supervising Professor: Sharon Hardgrave, LMFT.

- Role-played child client and spouse in couple seeking counseling to assist MFT students learn foundational clinical models of therapy.

FULLER PSYCHOLOGY GRADUATE UNION

Fuller GSPMFT, Pasadena, California Sep 2013 – June 2014

Assistant Director of Student Life

- Assisted in planning events, which fostered community within the student body.
- Organized monthly student gatherings to connect multiple year cohorts.

DIVORCE-CARE SUPPORT GROUP

Central Community Church, Wichita, Kansas July 2012 – Aug 2013

Certified Group Facilitator

- Facilitated weekly psychoeducational group utilizing DivorceCare curriculum.
- Helped individuals experience and process their feelings in a structured group setting.

PSI CHI CHAPTER/PSYCHOLOGY CLUB
Friends University, Wichita Kansas Apr 2009 – June 2012
President/Treasurer/Student Government Rep

- Created a tutoring/mentorship program that helped students increase their grades and understanding of upper-level psychology classes.
- Expanded and improved roles and responsibilities for the officer positions.

RELEVANT WORK EXPERIENCE

ALPHA WAVE CONSULTING & EDUCATION
Virtual Aug 2022 – Present
Independent Contractor and Consultant
Supervisor and CEO: Brenna Steiner

- Alpha Wave Consulting & Education is developing a curriculum designed to provide mindfulness, social emotional learning, and healthy lifestyle skills to high school students and teachers. Educational topics include but not limited to:
  - Healthy relationships skills, communication, stress management, and emotion regulation.
- Responsibilities: Serve on the advisory board helping to guide the development of the curriculum and training materials from a trauma informed lens.
  - Provide education on various topics including gender, sexuality, and racial diversity.
  - Editing training materials (e.g., teacher guides, presentation slides, exercise guides) to ensure trauma informed and inclusive language.

CATHOLIC CHARITIES: INFORMATION TECHNOLOGY DEPARTMENT
Dioceses of Wichita, Kansas July 2012 – Apr 2021
Information Systems Analyst
Supervisor: Jenni Buckmaster, MIS

- Project manager for transition to a new EHR/MIS in collaboration with 10 program directors to improve data efficiency and outcome tracking procedures for multiple grants.
- Designed a pre/post-test assessment, measuring the effectiveness of the healthy relationship education workshops for lower SES couples utilizing PREP from University of Denver.
- Created reports for program directors and regional coordinators, tracking client progress.

OPTI-LIFE VITALITY CLUB + SPA
Wichita, KS Apr 2018 – Aug 2018
Yoga Group Instructor
Supervisor: Kim Moses

- Developed and taught weekly Yin/Mindfulness Yoga and Hatha Yoga group classes.
- Developed and taught special event classes including relationship-enhancing Partner Yoga and Aerial Yoga group classes.

CATHOLIC CHARITIES: INFORMATION TECHNOLOGY DEPARTMENT
Dioceses of Wichita, Kansas July 2012 – Apr 2021
Program Co-Director
Supervisors: Jenni Buckmaster, MIS & Jenny Foster-Farquhar, MBA

- Evaluated Cana Counseling Center (community mental health agency) and implemented operating procedure improvements as a temporary project at the request of Catholic Charities leadership
- Redesigned and improved clinical reporting and billing operational procedures for Cana Counseling Center, eliminating unneeded steps and improving efficacy.
- Evaluated and developed more efficient intake and termination procedures, note taking practices.
- Evaluated and implemented new outcome measurements via the development of a new logic models to track outputs and outcomes for grant and United Way reporting.

THE MATTRESS HUB
El Dorado & Newton, Kansas July 2008 – Dec 2012
Co-Founder & Owner

- Provided a comfortable, client-oriented environment, designed to educate clients on products and services.
- Empathetically listened to customer frustrations while seeking a mutually beneficial solution.
- Set sales goals for associates and provided ongoing training.

RELEVANT GRADUATE CLASSES

FULLER GSPMFT
Attachment Theory and Clinical Application Fall 2018
Instructors: Katherine Jazyk, Psy.D.

Introduction to Family Systems Fall 2018
Instructors: Cameron Lee, Ph.D.

Marital Therapy (Emotionally Focused Couples Therapy focus) Winter 2015
Instructors: James Furrow, Ph.D., LMFTA,; Terry Hargrave, Ph.D.

Narrative Therapy and Family Life Summer 2014
Instructors: Cameron Lee, Ph.D.; James Furrow, Ph.D., LMFTA

OTHER RELEVANT TRAINING EXPERENCES

EMBODY EMERGE
Virtual Aug 2022
Sex, Sexual Orientation, Gender Identity and Expression Diversity Training
Instructor: Terra Anderson, M.A., R-DMT, LPC Associate

- Three month (2hr/week) didactic/discussion group format.
- Topics included but not limited to: Queer Friendly Fundamentals, LGBTWQIA2+ Fluency & Gendered Language, Traversing Transitions, Queer Friendly Business, Self-Application & Identity Exploration.

DEPARTMENT OF VETERANS AFFAIRS
Columbia VA Healthcare System, South Carolina Aug 2022
VA Cognitive Processing Therapy for PTSD Training Program
Instructor: Elizabeth Codega, LCSW

- Two-day intensive training covering the steps of providing CPT to veterans with PTSD.
- Weekly consultation with Elizabeth Codega working towards certification.

TRAUMA CENTER AT THE JUSTICE RESOURCE INSTITUTE
Acton, Main Mar 2022
Trauma Center Trauma-Sensitive Yoga (TCTSY) Facilitator Certification
Leadership Team: Jenn Turner, LMHC, RYT, TCTSY-F, David Emerson, YACEP, TCTSY-F, Sydney Spears, Ph.D., LSCSW, RYT, TCTSY-F

- 300hr Evidence-based adjunctive treatment for complex, developmental trauma or chronic, treatment-resistant PTSD.
- Topics included but not limited to: trauma theory, attachment theory, and intersectionality.

ASPERGER/AUTISM NETWORK (AANE)
Virtual Jan 2022
Case Presentations & Advanced Topics in Neurodiverse Couples Therapy – Cert 201
Instructor: Grace Myhill, MSW.

- Certificate training covering topics such as explaining neurodiversity to individuals or couples, dealing with conflict and meltdowns, apologizing, perspective-taking, and physical intimacy.
- Live Q & A with neurodiverse couples and with therapist working with neurodiverse couples.
- Case presentations and consultation regarding working with neurodiverse couples.

ASPERGER/AUTISM NETWORK (AANE)
Virtual Nov 2021
Fundamentals of Working with Neurodiverse Couples in Therapy – Training 101
Instructor: Grace Myhill, MSW.

- Didactic training in how to work with neurodiverse couples.
- Overview of common Autism traits and unique factors when working with neurodiverse couples.
- Therapist panels of therapists currently working with neurodiverse couples and case studies.

DEPARTMENT OF VETERANS AFFAIRS
Columbia VA Healthcare System, Loma Linda, California Aug 2022
VA Cognitive Processing Therapy for PTSD Training Program
Instructors: Jason Goldstein, Ph.D., Christina Larson, Ph.D., Kendra Tracy, Ph.D., Ashley Wilkins, Ph.D.

- Three-day intensive training covering the steps of providing CPT to Veterans with PTSD.

EFT RESOURCE CENTER
Virtual Apr 2021
Introduction to Emotional Focused Therapy for Couples
Instructors: Lisa C. Blum, Psy.D.; Silvina Irwin, Ph.D.

SONIC BEING SOUND HEALING
Venice, California Nov 2018
Sonic Being Sound Healing Training Level 1 – 8hr
Lead Trainer: Michelle Berc

HOME HOLISTIC YOGA STUDIO
Overland Park, KS Mar 2018

Trauma-Informed Yoga Training – 40hr
Lead Trainer: Hala Khouri, M.A., SE, E-RYT500

EVOLVE TO HARMONY
Omaha, Nebraska Feb 2018
Yin Yoga Level I Teacher Training – 40hr
Lead Trainer*: Carole Westerman, M.A., E-RYT500*

HEARTWOOD YOGA INSTITUTE
Bradenton, Florida Jan 2018
Hatha Yoga Teacher Training, – 200hr
Lead Trainers: Ginny Shaddock, C-IAYT, E-RYT500, RCYT and Denver Clark, LMT, C-IAYT, E-RYT500, RCYT

CERTIFICATIONS

- Certified Neurodiverse Couples Therapist
- Certified Prepare/Enrich facilitator.
- Certified Erotic Blueprint™ Sex Coach.
- Registered 500hr Yoga Instructor.
- Certified facilitator in TCTSY
- Certificate in Trauma Informed Yoga.
- Certificate in Yin Yoga.

PROFESSIONAL AFFILIATIONS

- Student member of:
  - **APA –** American Psychological Association
    - **Div. 43:** The Society for Couple and Family Psychology
    - **Div. 44:** Society for the Psychology of Sexual Orientation and Gender Diversity
    - **Div. 56:** Division of Trauma Psychology
  - **GAINS –** Global Association for Interpersonal Neurobiology Studies
  - **AASECT –** American Association of Sexuality Educators, Counselors, and Therapists
  - **IARPP** – International Association for Relational Psychoanalysis and Psychotherapy
  - **LACEFT –** Los Angeles Center for Emotionally Focused Therapy

UNDERGRADUATE HONORS

- Graduated with Honors (Cum Laude), Friends University 2012
- President's Honor Roll, Friends University 2009 – 2012
- Sheldon-Louthan Award for Outstanding Undergraduate in the Field of Psychology 2012
- Human Services/Psychology award, 2012 – Friends University. 2012
- Psi Chi International Psychology Honor Society 2010

PUBLICATIONS AND PRESENTATIONS

Lyne, J. (2012, March 9–10). *Effects of video games: Can depression be reduced?* [Conference presentation]. 32nd Annual Great Plains Students' Psychology Convention, Maryville, MO.

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