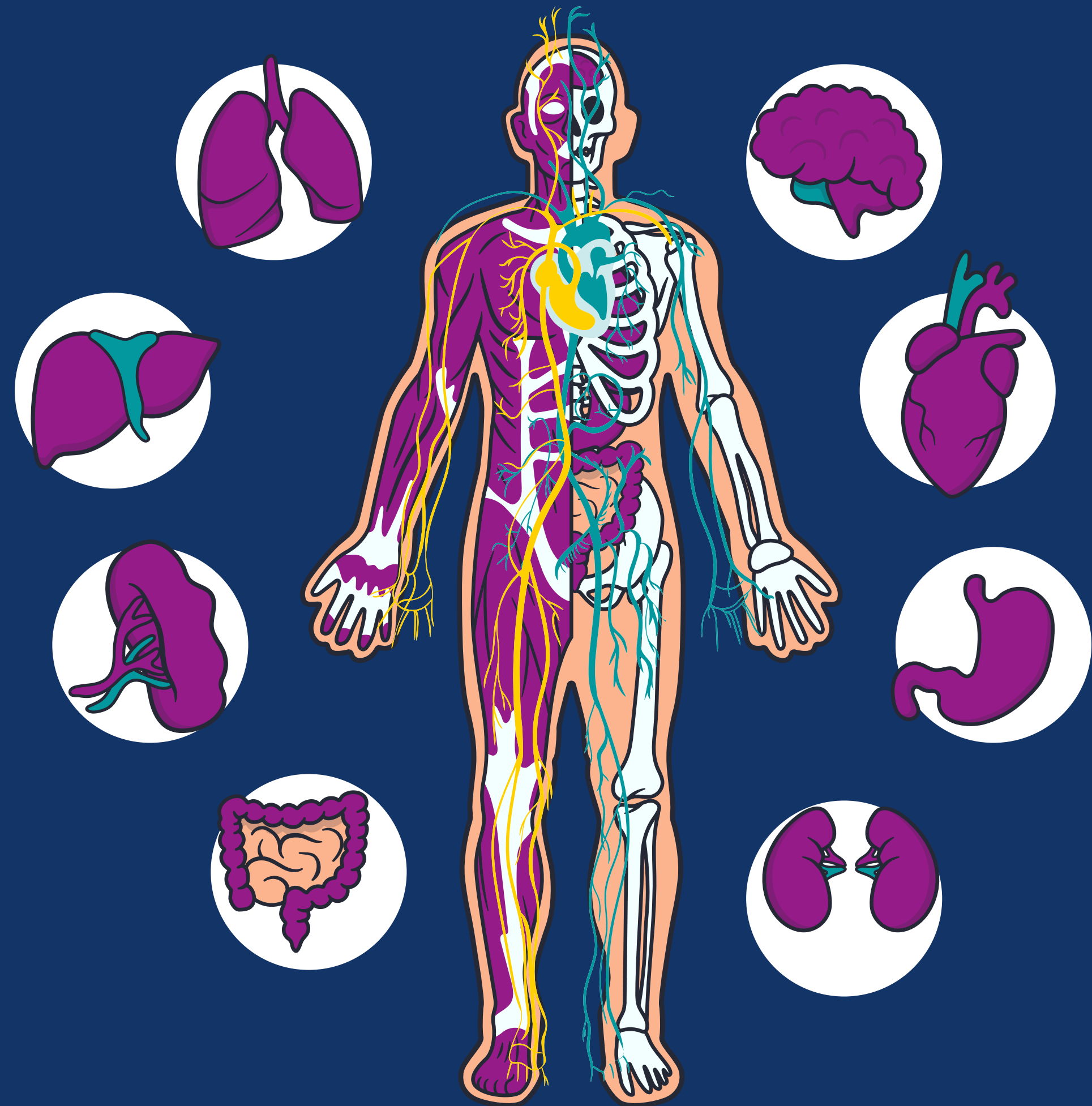


Highly Successful, Secretly in Despair and Suffering with Gastro Intestinal.

PHYSIOLOGY OF BODY PSYCHOLOGY



AN INTRODUCTION

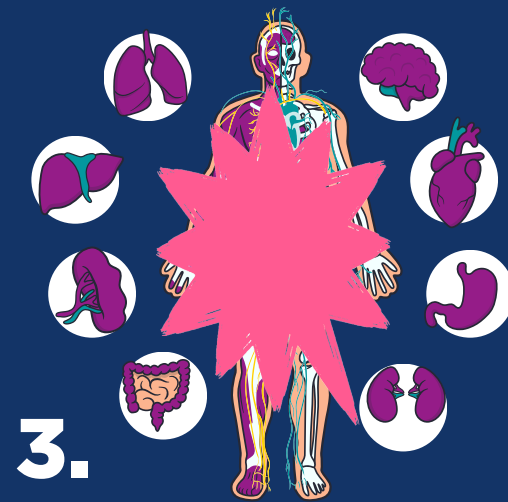
PHYSIOLOGY OF BODY PSYCHOLOGY



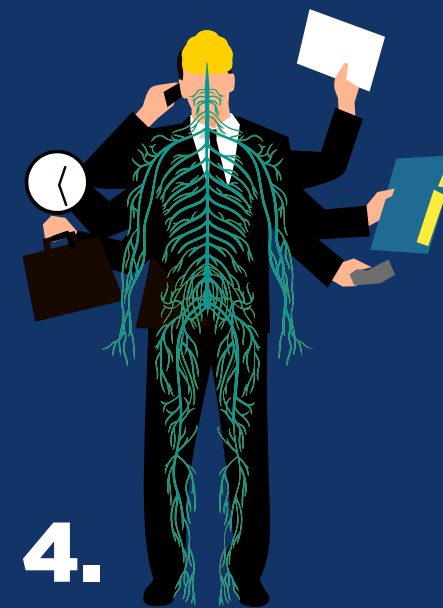
1.



2.



3.



4.



5.

6.



CLINICAL CASE, DEMOGRAPHICS, AND HISTORY OF UNDERLYING CAUSE

PHYSIOLOGY OF BODY PSYCHOLOGY



1. 55yrs old British, Caucasian Male
2. Married w/2 children
3. Professionally Successful
4. Childhood sexual abuse (age 4-7), (Dye, 2018).
5. Estranged mother passed away, Aug 23
6. Diagnosed C-PTSD (ICD 11 64B1), Dec 23

Physiological Symptoms, (Doney et al., 2021).

- Irritable Bowel Syndrome (IBS)
- Chronic Fatigue
- Hyper vigilance

Psychological Symptoms, (Doney et al., 2021).

- Emotional Numbing
- Anxiety
- Flashbacks

Clinical Overview:

- Taking high street supplements
- Not seen a doctor until Dec 2023 due to situation at work
- Addictions, Self Soothing and Coping Mechanisms
- Public Outburst at work driving Self Loathing, Shame, Fear
- Strained relationship with family, friends, colleagues

Based on my personal experience, this clinical case is the most common form I've observed in the Financial Services industry.

COMPARE & CONTRAST WITH ICD 11 64B1

PHYSIOLOGY OF BODY PSYCHOLOGY

ICD-11 64B1 - Summarised Overview

Complex Post Traumatic Stress Disorder

C-PTSD results from prolonged exposure to traumatic events, which is a key factor in our clinical case. The ICD-11 criteria for C-PTSD include:

1. Exposure to an event or series of events of an extremely threatening or horrific nature.
2. Severe and persistent problems in affect regulation.
3. Beliefs about oneself as diminished, defeated, or worthless,
4. Accompanied by feelings of shame, guilt, or failure related to the traumatic event.
5. Difficulties in sustaining relationships and feeling close to others.

These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

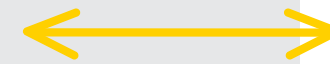
Client LY34X - Hypothesised Cause, Maercker (2021).



Sexual abuse by his father ages 4 - 7.



Lifetime w/ addiction, self soothing behaviour, coping strategies.



Concealed Self Loathing, Shame and Fear about past and current work situation, and the state of the family.



Emotionally Numb compromising relationship with spouse, children, colleagues and friends.

There are a wide range of psychosomatic symptoms, with IBS and Emotional Numbing being the most disruptive to his day-to-day life (Dye, 2018).

This presentation will focus exclusively on IBS and Emotional Numbing as symptoms of C-PTSD.

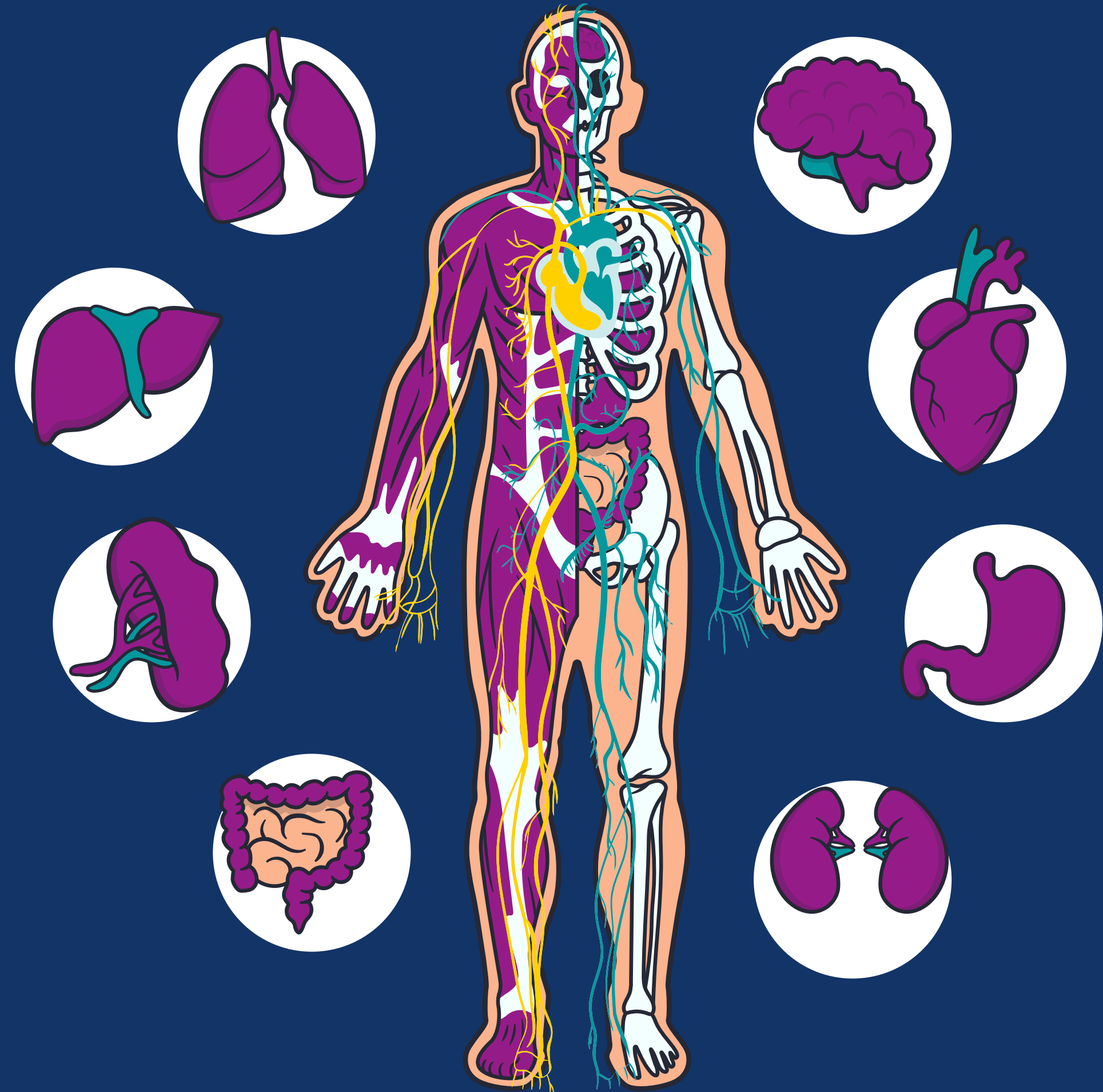


BODILY SYSTEMS AFFECTED BY C-PTSD

PHYSIOLOGY OF BODY PSYCHOLOGY

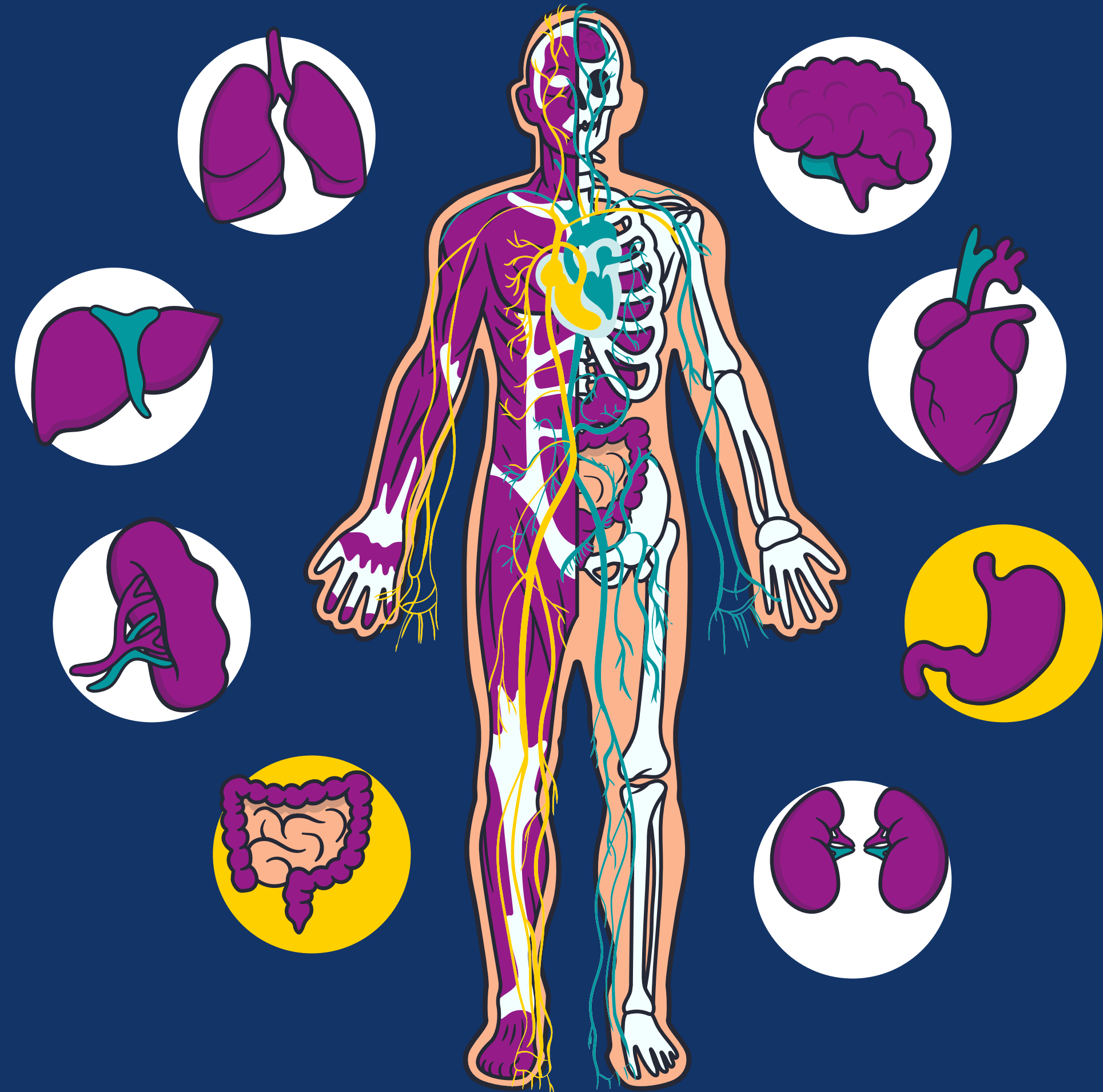
The bodily systems affected in this clinical case include (Kolacz & Porges, 2018), (Doney et al., 2021):

1. Nervous System
2. Cardiovascular System
3. Gastrointestinal (GI)
4. Musculoskeletal
5. Immune
6. Endocrine
7. Integumentary
8. Reproductive

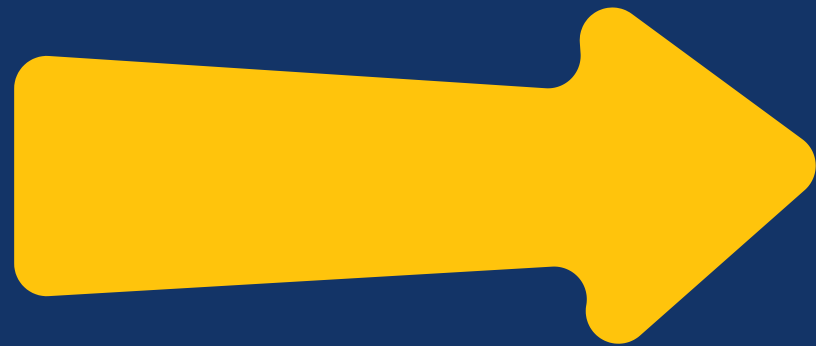


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1. Nervous System
2. Cardiovascular System
3. Gastrointestinal (GI)
4. Musculoskeletal
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6. Endocrine
7. Integumentary
8. Reproductive



A closer look at one of those systems:
The Gastro-Intestinal (GI) Bodily System

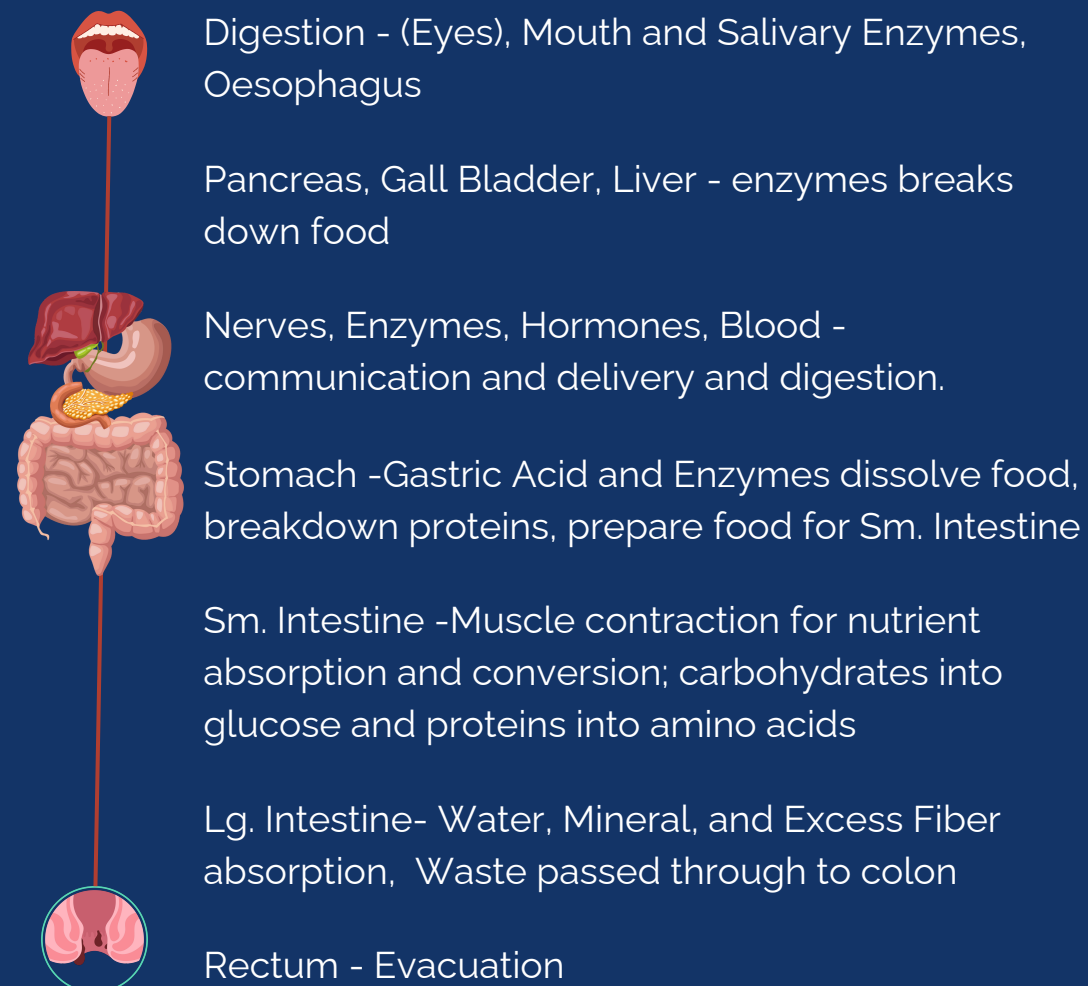
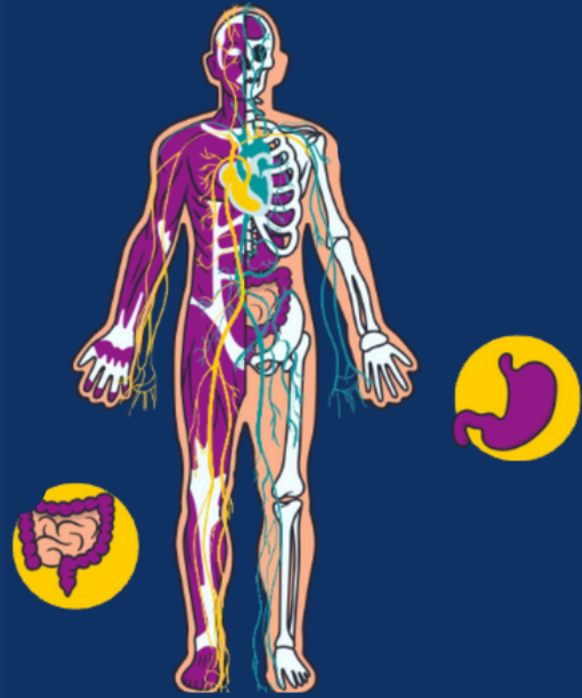


THE GI SYSTEM

HEALTHY

Enteric Nervous System (ENS), part of the ANS, (Second Brain): is an extensive network of neurons and neurotransmitters, regulating: digestive function, gut motility, enzyme secretion, blood flow, and interaction with the immune system. It adapts to different physiological states communicating (Geng, Zhu, Li, Zhao, & Zhou, 2022).

The ENS coordinates with the CNS by sensing and reacting to its environment and then communicating through sensory nerve endings in the gut via the Vagus Nerve and Spinal Cord (Kolacz & Porges, 2018). This bidirectional communication, is crucial for linking emotional and cognitive centers of the brain with peripheral intestinal functions (Doney et al., 2021), (Fleming II et al., 2020).



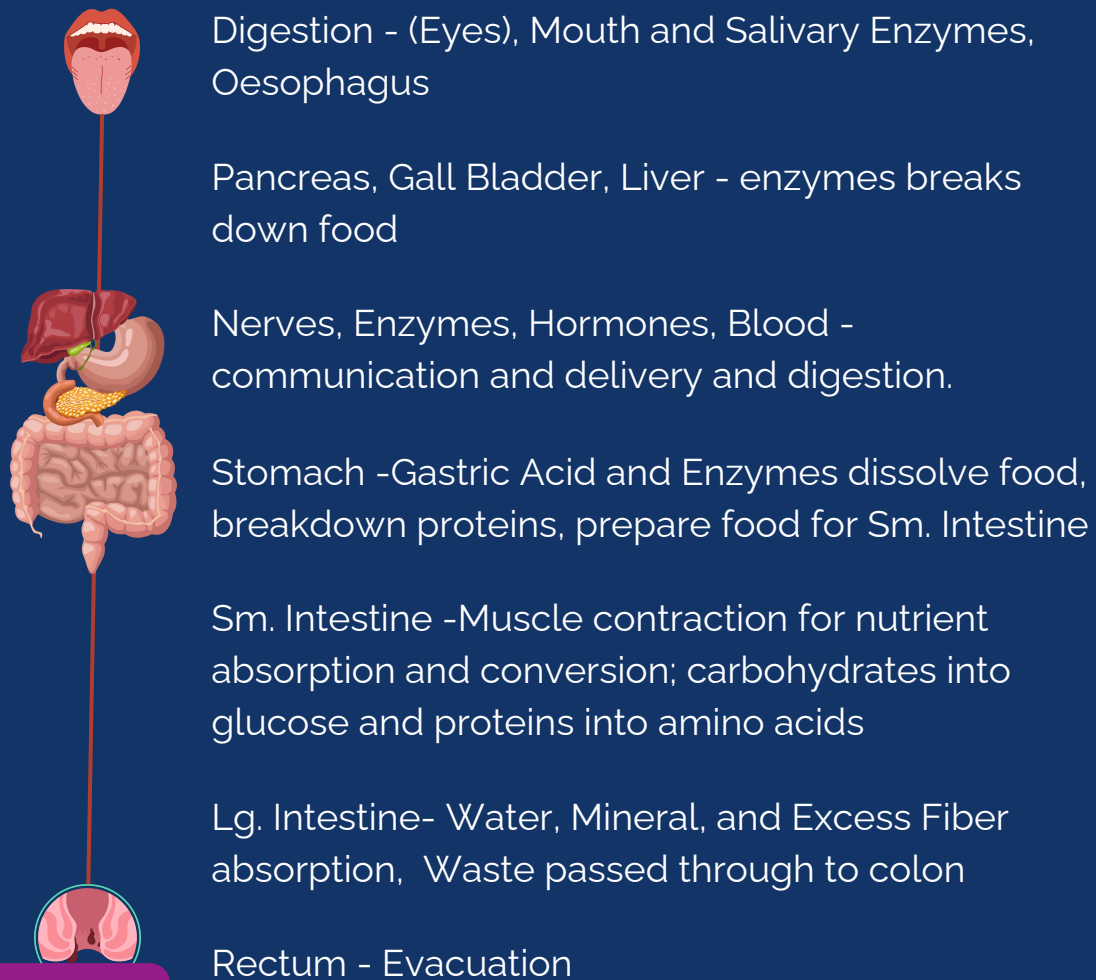
C-PTSD AND THE GI SYSTEM



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DYSREGULATED

Inflammation

Cortisol

Dysbiosis

Interoception

Cognitive Function

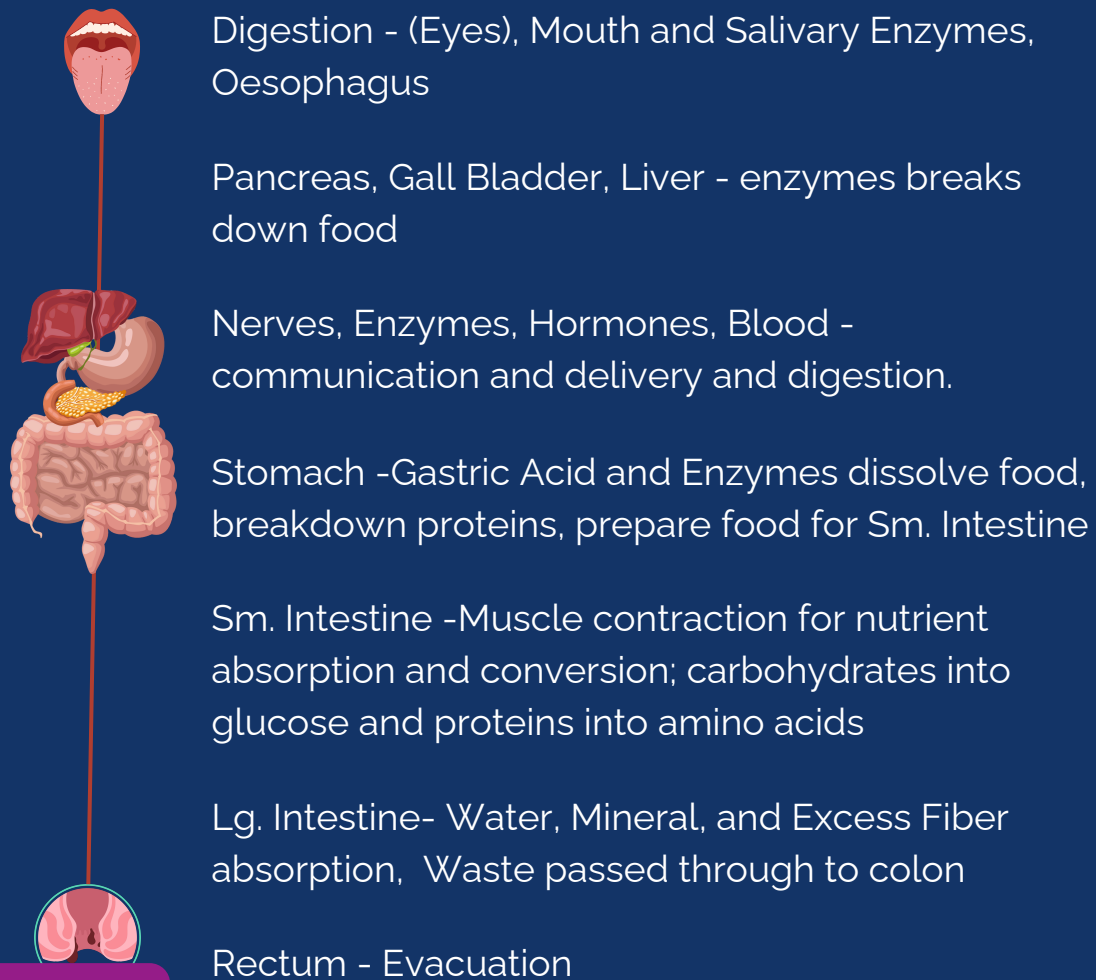
Resilience

C-PTSD AND THE GI SYSTEM

HEALTHY

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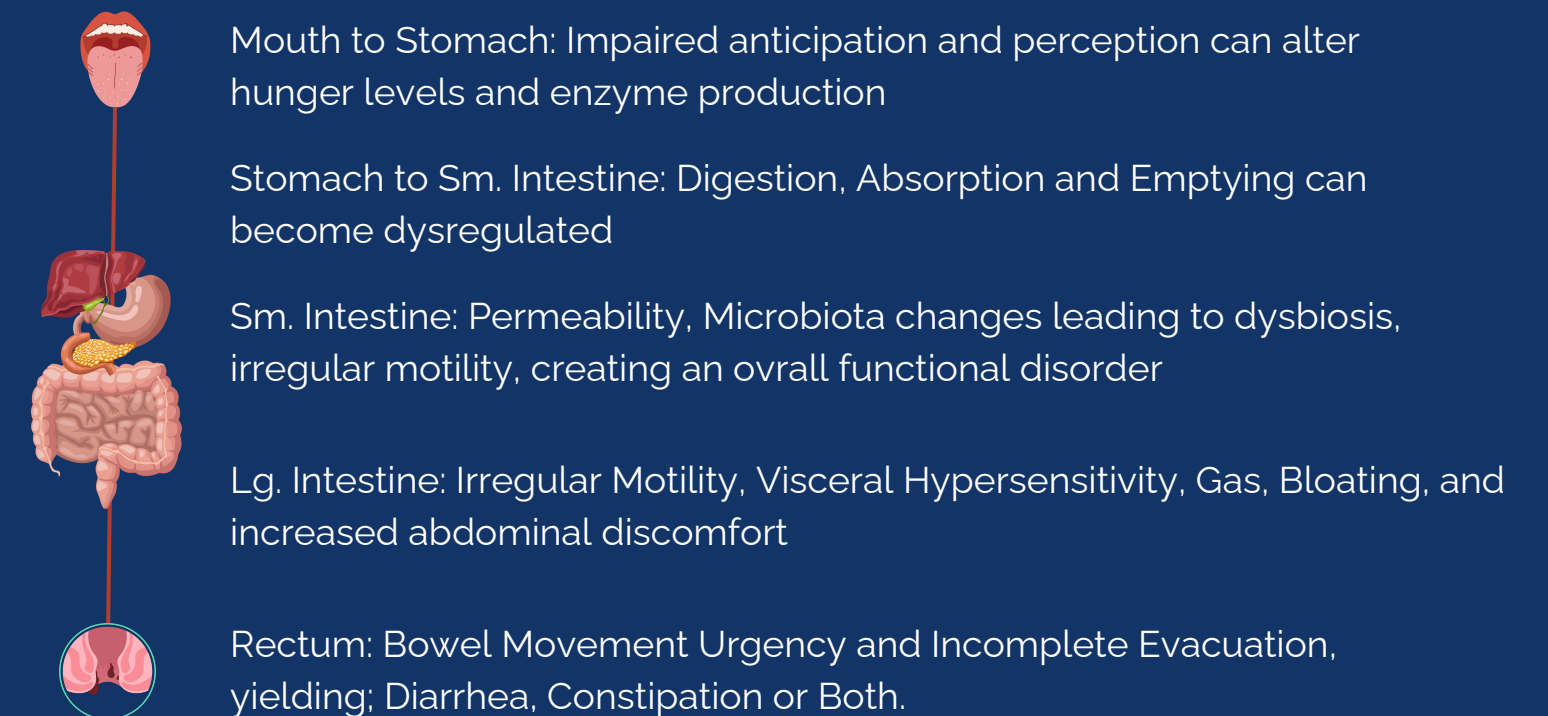


DYSREGULATED

Enhanced Stress Response & Impaired Neurotransmitter Production impairs the Brain-Gut Axis (Doney et al., 2021), (Gray, 2020). IBS is influenced by a complex interplay between psychological stress, neuroendocrine pathways, and neurotransmitter dysregulation (Dye, 2018). C-PTSD related stress activates the hypothalamic-pituitary-adrenal (HPA) axis, leading to increased cortisol, which affects gut motility, permeability, and pain sensitivity, manifesting in symptoms like abdominal pain and altered bowel habits (Geng et al., 2022).

Concurrently, stress-induced ANS dysregulation promotes sympathetic dominance, disrupting normal gastrointestinal functions (Fleming et al., 2020). Critical to IBS's pathophysiology is serotonin (5-HT), predominantly found in the gut, where its imbalance alters bowel movements and sensitivity (Geng et al., 2022). Additionally, the gut-brain axis underscores the bidirectional communication influenced by stress and negative gut microbiota changes (Dysbiosis), contributing to IBS's complex symptomatology (Kolacz & Porges, 2018).

CPTSD uniquely exacerbates IBS due to chronic activation of the HPA axis and can lead to Visceral Hypersensitivity. The heightened vigilance and emotional dysregulation characteristic of C-PTSD further impair neurotransmitter balance, particularly serotonin in the gut, intensifying IBS symptoms such as abdominal discomfort and sensitivity, bloating, and creating urgency for evacuation.



EMOTIONAL NUMBING AS A DEVIATION FROM NORMAL FUNCTIONING

PHYSIOLOGY OF BODY PSYCHOLOGY

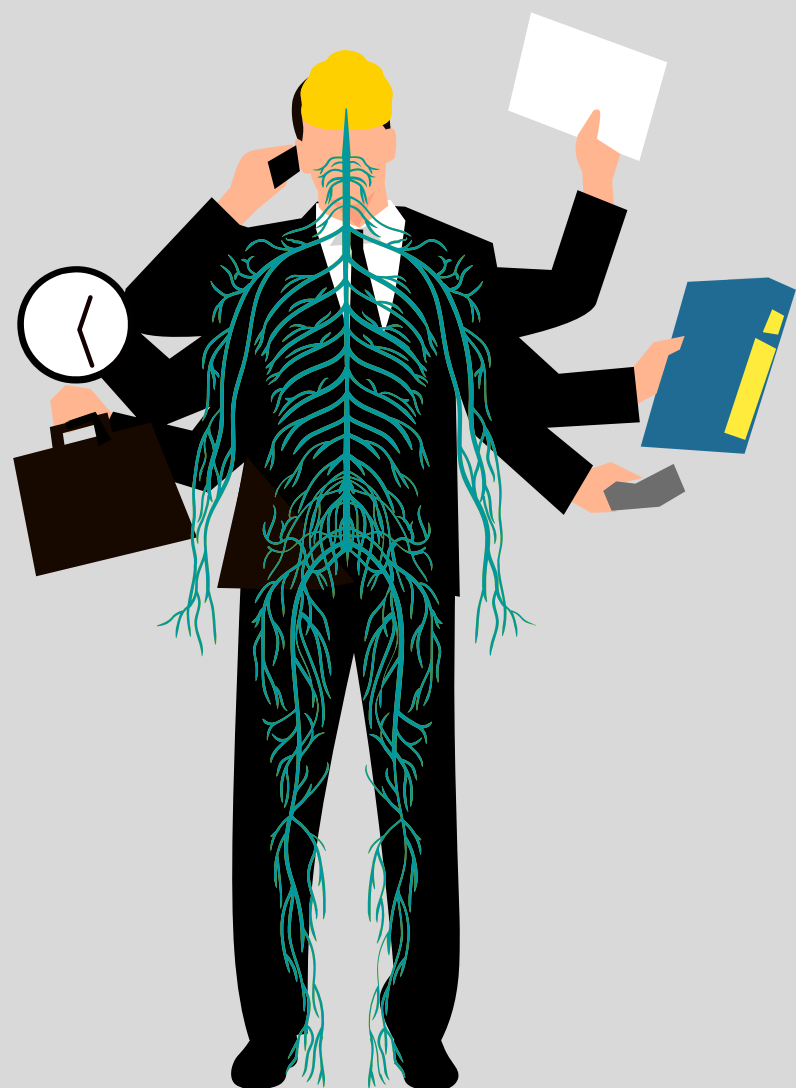
Emotional Numbing, the CPTSD symptom that indicates a deviation from normal physiological and psychological functioning.

Physiological Symptoms

Irritable Bowel Syndrome (IBS)

Psychological Symptoms

Emotional Numbing



Emotional Numbing as a Deviation

Sympathetic

Impulsive

Avoidance

Parasympathetic

Cognitive Function

Self Regulation



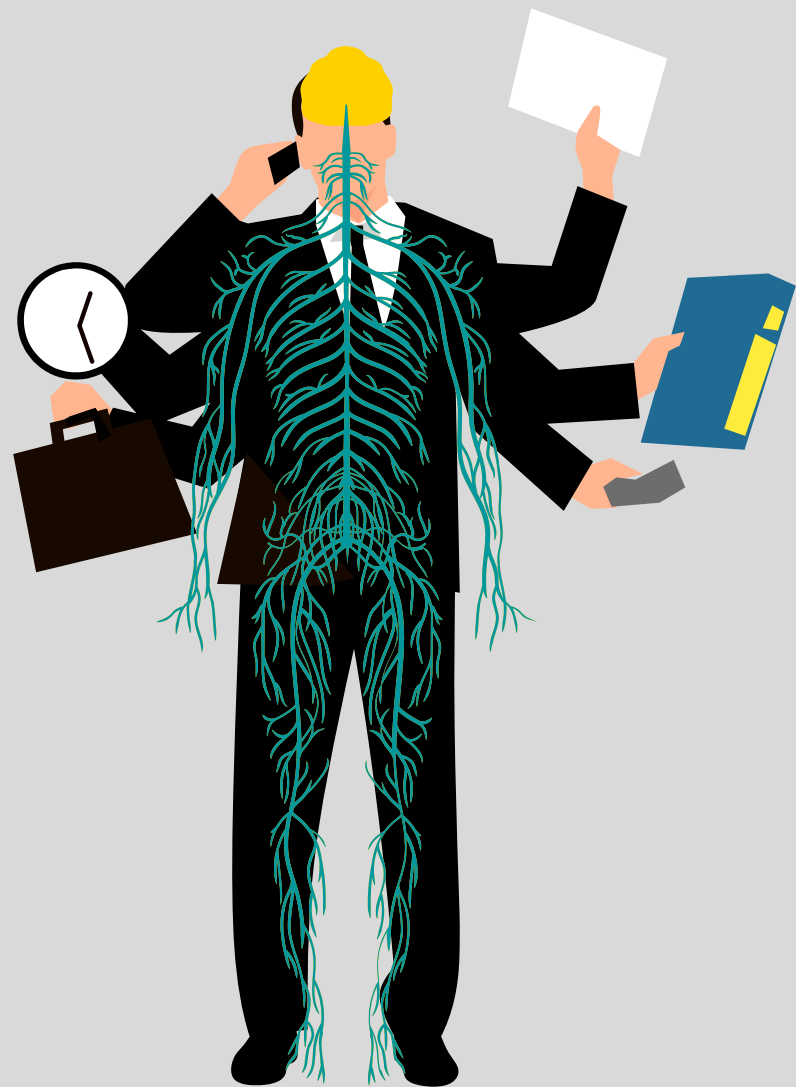
Emotional Numbing, the CPTSD symptom that indicates a deviation from normal physiological and psychological functioning.

Physiological Symptoms

Irritable Bowel Syndrome (IBS)

Psychological Symptoms

Emotional Numbing



Emotional Numbing as a Deviation

ANS Dysregulation

The person will be locked into Fight/Flight and/or Freeze States, so they will not have access to adequate recovery, and will have an impaired perception and a dysfunctional response to perceived threat (Maercker, 2021), (Gray, 2020).

Impaired Cognitive Functioning

Emotional numbing can affect the brain's structure and functioning, particularly in areas involved in emotional processing and memory, such as the amygdala and prefrontal cortex. As such, decision-making, impulse control, and the ability to connect with one's emotions can be impaired (Doney et al., 2021).

Avoidance Behaviour and IBS

Avoidance Behaviour: we can observe the person self Isolating, detaching and avoiding spaces, places and faces associated with past trauma, that affect the person's ability to meaningfully engage with their outside world. Disruption across family, friends, community, employment, is present. Avoidance behaviours can inadvertently create interactions with strangers to feel confrontational, overwhelming or socially awkward (Shapiro, 2018), (Riordan, Blakeslee, & Levine, 2019).

Emotional numbing can make regular eating patterns and stress management practices difficult, further exacerbating IBS symptoms. The diminished interoception abilities can disrupt the recognition of bodily cues, such as hunger and fullness, and greatly reduce the motivation to maintain a balanced diet or seek medical assistance.

Sympathetic

Impulsive

Avoidance

Parasympathetic

Cognitive Function

Self Regulation

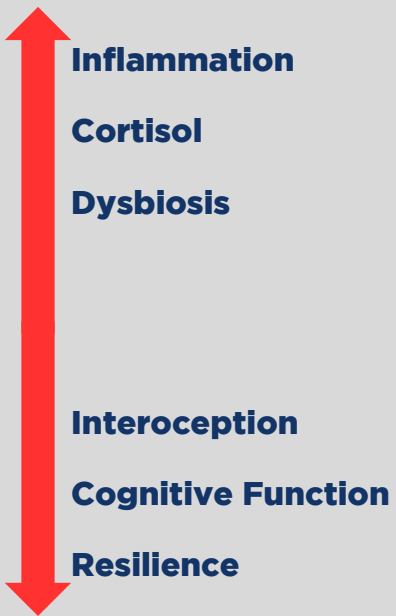
PROPOSED INTERVENTION

PHYSIOLOGY OF BODY PSYCHOLOGY

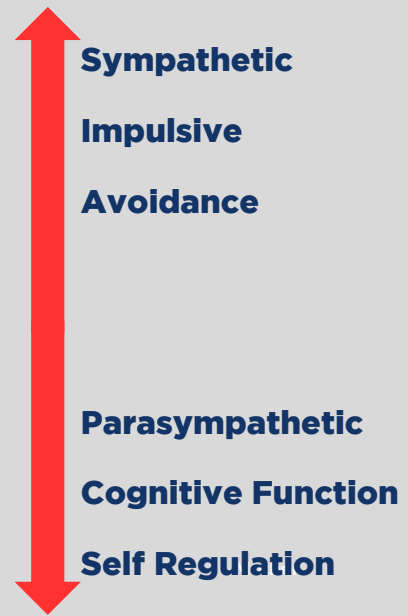
Possible interventions for C-PTSD, IBS and Emotional Numbing symptoms and underlying cause, will move this patient through 3 key stages:

1. Psycho Education
2. Triage & Treatment
3. Therapy & Recovery Stages

IBS



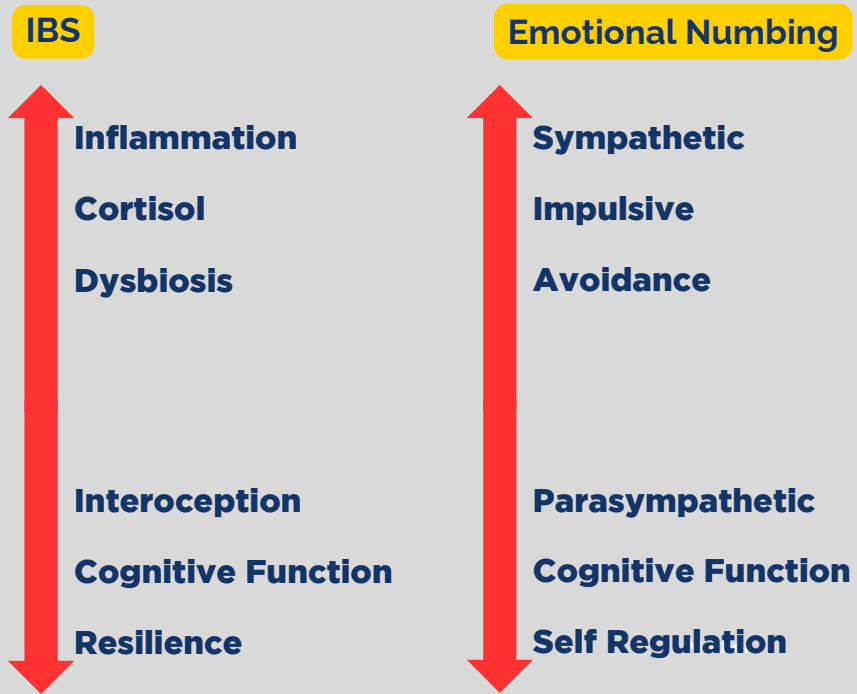
Emotional Numbing



Proposed Intervention

Possible interventions for C-PTSD, IBS and Emotional Numbing symptoms and underlying cause, will move this patient through 3 key stages:

1. **Psycho Education**
2. Triage & Treatment
3. Therapy & Recovery Stages

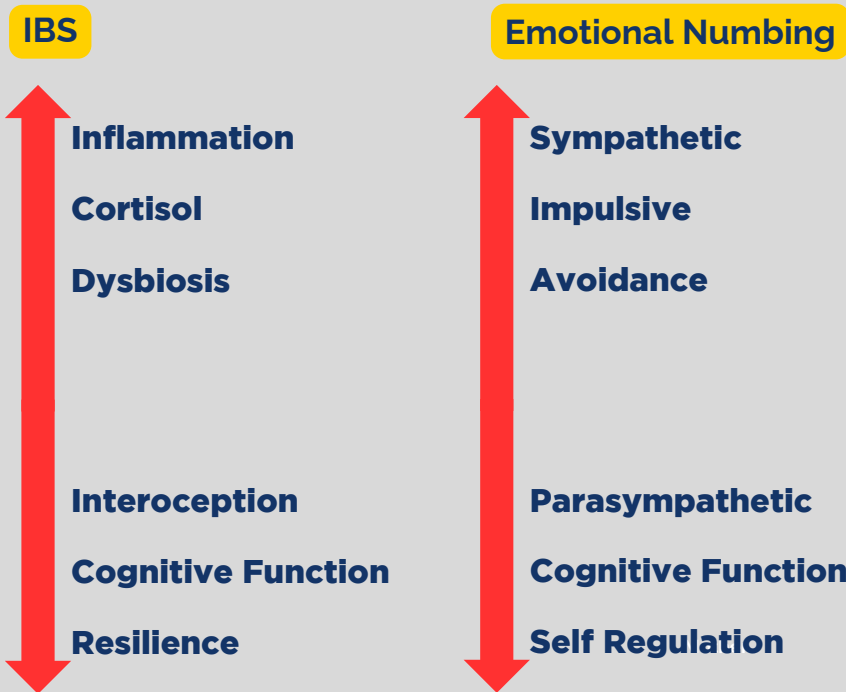


Psycho Education



Possible interventions for C-PTSD, IBS and Emotional Numbing symptoms and underlying cause, will move this patient through 3 key stages:

- 1. Psycho Education
- 2. **Triage & Treatment**
- 3. Therapy & Recovery Stages



Triage & Treatment



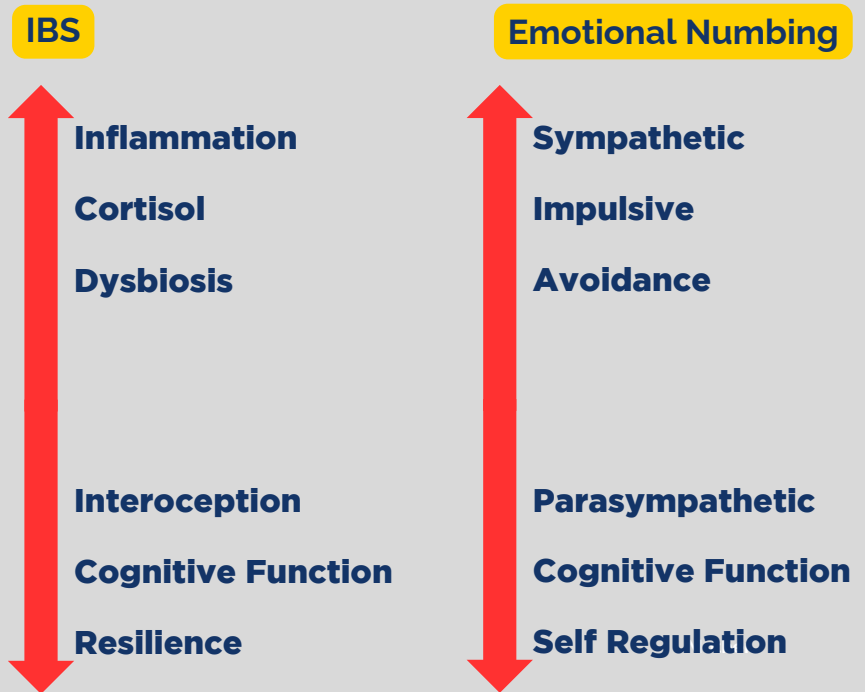
Clinical Profile to Assess & Address Prominent Issues

Diagnostics & Test Results Gathered to inform a Holistic Treatment Plan

Trauma-Informed Gastroenterologist to advise on IBS

Possible interventions for C-PTSD, IBS and Emotional Numbing symptoms and underlying cause, will move this patient through 3 key stages:

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Triage & Treatment



Clinical Profile to Assess & Address Prominent Issues

Diagnostics & Test Results Gathered to inform a Holistic Treatment Plan

Trauma-Informed Gastroenterologist to advise on IBS

Holistic Treatment Plan: Practitioner Supported:

Phase 1: Safe, Stable, Supported, Months 1 & 2

Phase 2: Combination of Practitioner led therapy that begins to address the underlying issues, aided by Body Work practices to support the release of processed issues (Dye, 2018). Months 2-6

Phase 3: Group Therapy, then Family Therapy. Months 3-6

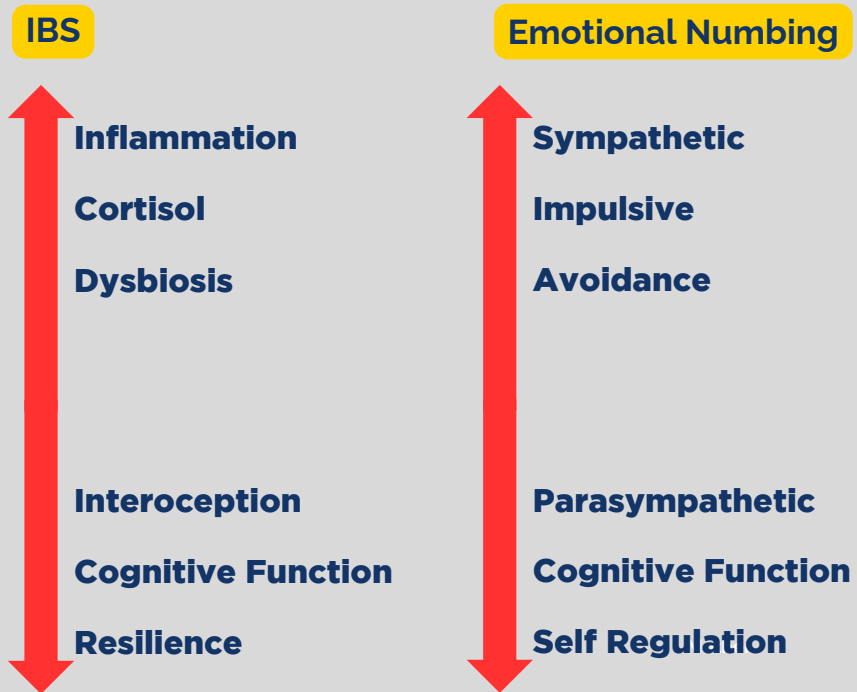
Ongoing: Monitoring and Evaluation done monthly: EEG scans, HRV testing (Drury, Porges, Thayer, & Ginsberg, 2019), Wearable Device and Patient Feedback.

Co-create a new and Holistic Treatment Plan from months 7 onwards.

(Clinton, 2005), (Pinel & Barnes, 2021), (Rothbaum & Rauch, 2020), (Dana, D. (2020).

Possible interventions for C-PTSD, IBS and Emotional Numbing symptoms and underlying cause, will move this patient through 3 key stages:

1. Psycho Education
2. Triage & Treatment
3. **Therapy & Recovery Stages**



Therapy & Body Work

(Shapiro 2018), (Payne et al. 2015), and (Porges & Rossetti 2018).

1 Nervous System Reset, (PVT), (Kolacz & Porges, 2018), Payne, Levine, & Crane-Godreau (2015). - 6 Sessions over first 6 weeks (Promotes Regulation of ANS, Cardio, Digestive, Immune, Psychological, Emotional Systems.)

2 PVT Yoga Therapy, (Kolacz & Porges, 2018), Payne, Levine, & Crane-Godreau (2015). - 2x Week for 12 Weeks. (Promotes Regulation of Cortisol.)

3 Safe & Sound Protocol (SSP) x EMDR, (Gray, 2020), (Shapiro, 2018). - 6 Sessions over weeks 7-12. (SSP Promotes Regulation of PNS, Respiratory, Cardio, Psychological, Emotional) (EMDR Promotes Regulation of CNS, Endocrine, Emotional and Psychological Systems.)

4 Sensorimotor Psychotherapy (SP), Gray (2020). - Fortnightly Sessions across Months 4 and 5 (Promotes Regulation of ANS, Musculoskeletal, Respiratory, Endocrine, CNS, Digestive, Emotional and Psychological Systems)

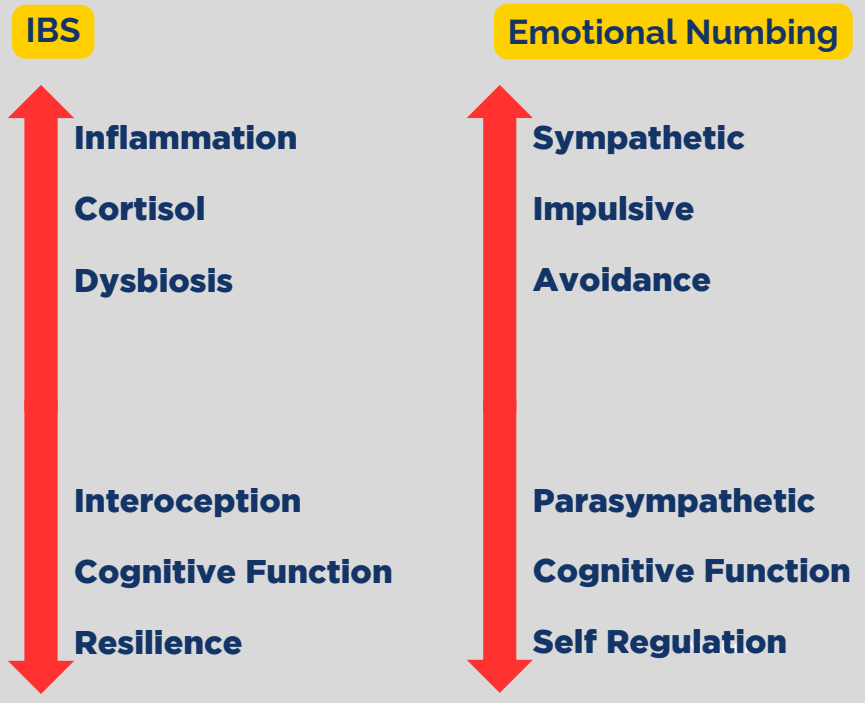
5 Trauma-Focused CBT, Gray (2020). - Fortnightly Sessions across Months 5 and 6. (Promotes Regulation of CNS, ANS, Endocrine, Musculoskeletal, Emotional and Psychological Systems.)



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Possible interventions for C-PTSD, IBS and Emotional Numbing symptoms and underlying cause, will move this patient through 3 key stages:

1. Psycho Education
2. Triage & Treatment
3. **Therapy & Recovery Stages**



Therapy & Recovery Stages Months 1-6

Month 1: Phase 1

Nervous System Reset, (PVT), (Kolacz & Porges, 2018), (Payne, Levine, & Crane-Godreau, 2015). - 6 Sessions over first 6 weeks (Promotes Regulation of ANS, Cardio, Digestive, Immune, Psychological, Emotional Systems.)

PVT Yoga Therapy, (Kolacz & Porges, 2018), (Payne, Levine, & Crane-Godreau (2015). - 2x Week for 12 Weeks. (Promotes Regulation of Cortisol)

Month 2: Phase 1

Month 3: Phase 2

Safe & Sound Protocol (SSP) x EMDR, (Gray, 2020), (Shapiro, 2018). - 6 Sessions over weeks 7-12. (SSP Promotes Regulation of PNS, Respiratory, Cardio, Psychological, Emotional)

(EMDR Promotes Regulation of CNS, Endocrine, Emotional and Psychological Systems.)

Support The Body: Anti Inflammatory Paleo Diet, 90-Day Diet Journal, Supervised Exercise Months 1-3

Self Directed Daily Practice - Month 2-3

1. Emotional Freedom Technique (EFT) (Tapping)
2. Music or Art Therapy of his choice (Porges & Rossetti, 2018).
3. Mindful Walking noticing the soles of the feet (Buddhist)

Family Support & Therapy - Internal Family Systems - Month 3

Ongoing Monitoring and Evaluation

Month 4: Phase 2

Month 5: Phase 3

Month 6: Assess

Sensorimotor Psychotherapy (SP), Gray (2020). - Fortnightly Sessions across Months 4 and 5 (Promotes Regulation of ANS, Musculoskeletal, Respiratory, Endocrine, CNS, Digestive, Emotional and Psychological Systems)

Trauma-Focused CBT, Gray (2020). - Fortnightly Sessions across Months 5 and 6. (Promotes Regulation of CNS, ANS, Endocrine, Musculoskeletal, Emotional and Psychological Systems.

Monitored Group Therapy introduced from Month 4

90-Day Introduction Diet Begins

Self Directed Daily Practice - Mth 4-6

1. Trauma-Informed Yoga (cortisol) x15 min morning and night
2. Music or Art Therapy of his choice (Porges & Rossetti, 2018).
3. Mindful Walking or Tai Chi - 30-minutes a day

Medically Supervised 14-day Detox during Month 6

Assess & Design Holistic Treatment Plan Months 7 - 12.

Ongoing Monitoring and Evaluation

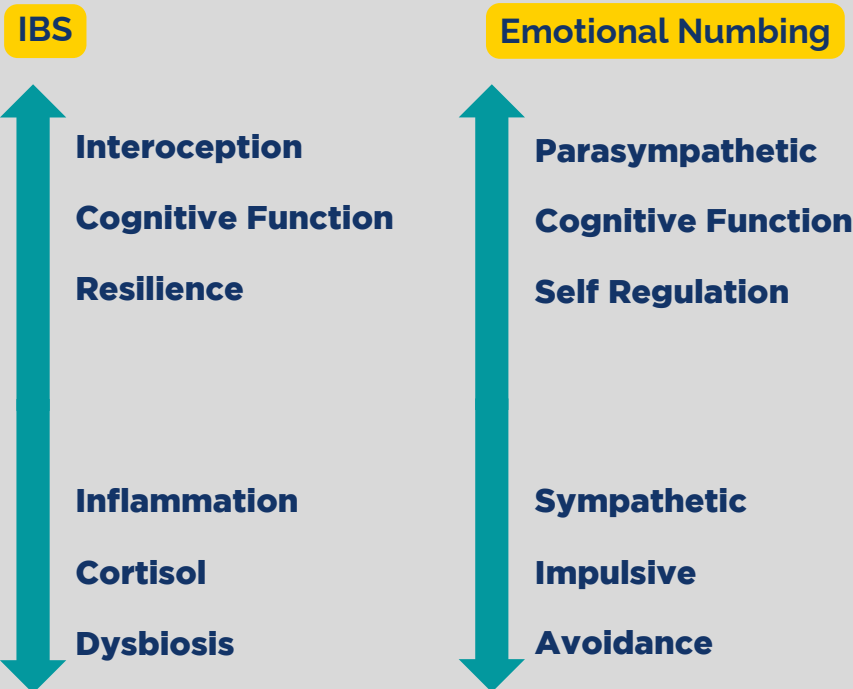
(Clinton, 2005), (Pinel & Barnes, 2021), (Rothbaum & Rauch, 2020), (Dana, D. (2020).

EXPECTED OUTCOMES

PHYSIOLOGY OF BODY PSYCHOLOGY

Predict the outcome of these interventions with respect to both the psychological and physiological systems of CPTSD: IBS & Emotional Numbing

- 1. Month One
- 2. Month Three
- 3. Month Six



Traction:

IBS has dramatically reduced, Interoception has increased in tandem with the body's ability to feel more safe, more stable and thus more able to address the underlying causes that contributed to C-PTSD and the range of symptoms. Energy is increasing, Sleep is improving, Cognitive Function has increased, Mood Stabilising, and Social Connections are repairing and feeling more meaningful. The client has greater access to resilience, and has become more mindful of his triggers, and better able to access tools and strategies to support him in resolving these moments of dysregulation. A new Treatment Plan has been co-created with the client for the upcoming 6-months.

6 Mths



3 Mths



Interventions & Validation

Noticeable improvements in brain-body-mind-social are being experienced and operating as validation that this course of treatment is well suited to the client. Nutrition has made a big difference in body and mood. HRV has marked improvements: evidence of ANS, Cardio and Emotional Regulation, Cortisol levels are down, dysbiosis improving.

1 Mth



Safe, Then Stable

Moments of Self Regulation are experienced in the present moment. Education on ANS, PVT and how to access Self Regulation, remain in Self Regulation for longer. Nutrition and Self Care Practices are going through a transitory period. Education on C-PTSD informing on what happened, what is happening, and what is possible in time, is being more deeply understood.

KEY FINDINGS

PHYSIOLOGY OF BODY PSYCHOLOGY

Key Findings:

The holistic treatment plan for a 55-year-old male with CPTSD, as outlined in the presentation, incorporates a comprehensive approach over an initial six-month period, promoting: Psycho-Education, Co-Regulation for Self-Regulation, Practitioner Led therapy, and Self Care Practice for recovery. This Holistic Treatment Plan aims to address both the psychological and physiological symptoms, before addressing the underlying core issues. Special care has been made to recognise the need for the body to dissociate and numb, and the current status of the GI system, while allowing both the body and the GI system to safely return to Regulation before any steps are taken that may trigger the body into deeper states of dysregulation. Eg. Therapy that addresses the underlying cause. Therapy to address underlying issues is scheduled for Phase 2.

Key Findings:



BODY FIRST: The dysregulated systems in effect today want to be gently supported through a combination of nutrition, exercise, CNS regulation through Co-Regulation available through a Regulated Practitioner. Supporting the body to feel safe, then stable, will foster more ideal outcomes from the combined therapeutic approaches that will eventually allow for Therapies that may feel overwhelming to begin. Eg. Group Therapy and Family Therapy.



TITRATION: This Treatment Plan will need to be carefully monitored to allow for Titration of the plan to emerge in real time. From the Practitioner selected, to the 90-day nutrition plan, to the Self Care practice. What is being proposed considers the 2 dominant symptoms most disruptive to the patient's day-to-day, but the numerous other symptoms, including, flashbacks, avoidance, and depression will need to be considered as part of this titrated, holistic approach.



EXPECTATIONS: This Holistic Treatment Plan is comprehensive as it relates to the 2 dominant symptoms, yet incomplete when considering the overall situation. The Plan itself can feel overwhelming to the client who is likely to have predisposition to a solution that offers more instant gratification. The client's expectations will need to be set in tandem with effective psycho-education materials that encourage the client to undertake these first 6-months.

Throughout the treatment, the plan underscores the importance of addressing the interconnectedness of psychological and physiological systems affected by CPTSD. The proposed interventions, grounded in both clinical and holistic practices, are designed to support the body's move from dysregulation to self-regulation, aid in the recovery and revisioning of past traumatic experiences, and facilitate post-traumatic growth.



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