LI PTSD Protocol, original version by Peggy Pace

The LI PTSD protocol is used for people of all ages who experienced a trauma and who present with PTSD symptoms. PTSD symptoms can include flashbacks, intrusive memories, recurring distressing dreams of the event, avoidance, and hyper vigilance. If the client does not present with PTSD symptoms, do not use this protocol. Instead use standard protocol LI with expanded trauma cues.

Posttraumatic stress is a condition which results when the body 'believes' that a traumatic danger is still imminent. When a person has flashbacks and other PTSD symptoms of a particular trauma, his body is still guarding against the re-occurrence of that trauma. The client has obviously survived the trauma, but part of him doesn't know this. The LI PTSD protocol is very effective in proving to the client's body-mind system that the trauma is over. The therapist needs to trust that the process of staying attuned to the client while leading him through the past trauma again and again will give the client's body-mind the 'information' it needs to let go of the trauma and move on. If a therapist and client decide to use this protocol there must be an agreement between them to continue through multiple repetitions until the client's activation about the trauma diminishes. The client and therapist must understand that beginning this process and stopping midway will not help, and it may make the client feel worse.

The LI PTSD protocol is simply an adaptation of the LI Time Line. As the client's body begins to understand that 'it' is no longer trapped in the traumatic situation, breathing will deepen and other signs of bodily release and relaxation will be evident. The therapist watches the client's body closely during the repetitions of the LI PTSD Time Line. The client's body shows the therapist when to move faster and when to slow down while reading the cues. The client needs to re-experience each memory scene only long enough for the related neurons to become slightly activated. In order to clear the trauma and heal, the person must touch lightly on each aspect of the trauma, and quickly move forward in time. The client could be re-traumatized if he stays with any one image for more than a fraction of a second after the cue is read. The subsequent PTSD cue is what will move the client out of the part of the memory where he is stuck, and onward through his internal visual 'narrative' of the trauma. It doesn't matter if the next cue is even worse, as long as the client moves there, and then on through all the memory cues of the trauma, and into present time.

Before beginning this work, the therapist should be certain that there is enough time in the session to both write the cues for the trauma details, and have enough time left for ten or more repetitions of the PTSD cues, leading the client through the trauma and into present time. In most cases a longer than normal session is needed - usually 1.5 hours minimum.

First step for LI PTSD protocol:
The therapist writes the trauma cues.

The therapist asks the client to describe what he was doing just before the traumatic event (the week before or month before). The therapist writes a phrase that will help the client remember what was happening in his life before the trauma. This will be the first memory cue. This 1st cue links the client to his life as it was before the traumatic event. The therapist then asks the client to remember what he was doing just before the trauma occurred – for example: "I was shopping at the mall". This is the 2nd cue. Now the therapist asks the client to remember the first thing he remembers about the trauma. Some examples are: "hearing a loud noise" or "seeing someone approach with a gun" or "getting a diagnosis of cancer". This will be the 3rd cue. Note: The trauma cues should be in present tense. The client continues narrating the story of the trauma. As the client talks, the therapist takes notes, writing down key words or phrases that will bring the client back, in his mind, to each stage of the trauma.

If the client gets stuck in the middle of the trauma story or stops talking, the therapist asks "And then what happened?" The therapist writes quickly. It is important to keep the client moving through the story to prevent activation. The therapist should not ask the client to stop the story to allow the therapist time to write the trauma cues. The therapist writes down key phrases or words which describe important stages of the trauma. The therapist leaves spaces in the narrative which can be filled in later when the client remembers more details. At first the client's memories will be sketchy. After several repetitions the client will remember more details about what happened. As the client remembers more, the therapist can make revisions to the cue list.

It is not necessary to include cues for all the details of the trauma. Too many cues will make it impossible to get in enough repetitions. The cues are 'stepping stones' which the therapist uses to lead the client repeatedly through each important scene in the 'video' of the trauma. The memory cues will focus the client's mind on each stage of the trauma. As the client 'watches' and 're-lives' the trauma in his body-mind, more details will emerge on each repetition.

After the client has narrated the details of the trauma, the therapist asks what happened in the days, weeks, and months following the traumatic time period. The therapist writes one cue for each week or for each month following the trauma, depending on how much time has passed since the time of the traumatic event. The cues end in present time.

As the therapist writes the cues, the therapist must stay attuned to the client, and keep in mind that going through the details of the trauma will activate the client's emotions related to the trauma. Even while the PTSD cues are being written, the therapist needs to keep the client moving through time to keep the client within his window of tolerance and avoid flooding. Writing the cues is actually the 1st repetition of the PTSD Time Line.

Continue with repetitions of the PTSD Time Line

After writing the cues, the therapist asks the client to relax and 'watch', in his mind, the replay of the trauma, beginning before the trauma and coming all the way into present time. The therapist allows the client to choose if he wants to go through remembering the trauma with his eyes open or closed. If the client begins with his eyes closed and becomes too activated at any point, the therapist asks him to open his eyes. The therapist doesn't stop when the client becomes activated, but rather continues reading the memory cues, leading the client through the memory of the traumatic event as he keeps his eyes open.

During each repetition of the memory cues the therapist stays attuned to the client, and reads the memory cues, bringing the client through each stage of his traumatic memory, and all the way to present time. This allows the client to re-live the trauma in the presence of the therapist. The therapist's attunement protects the client from being re-traumatized. The therapist doesn't comfort the client or ask how the client is doing. The therapist simply stays attuned and reads the client's cues, moving the client through time, 'proving' to the client's body-mind that time has passed and he is no longer in the trauma. The therapist's ability to 'push' and 'pull' the client forward in time, through his trauma cues and into present time, is key to the client's healing. As soon as one repetition is finished, the therapist begins again at the beginning, leading the client through his memory of the entire trauma and into the present. The therapist does not allow the client to stop and talk about details of the trauma, even if the client wants to do this.

With each repetition of the PTSD cues, as the client brings up, in his mind, the images and emotions related to the trauma, more details of the traumatic time period will surface. At each short break the client can report briefly on this expansion. The therapist can add any significant new memories to the cue list, and can incorporate them during the next repetition. It is not necessary to add every new detail.

The therapist may need to read through the cues ten or more times before the client's body is convinced that the trauma is over. There is no need for any talking. This is not standard protocol. It is not necessary to bring the current (older) self into the trauma scene. It is not necessary to go to the peaceful place. The PTSD protocol is like doing many repetitions of Step 6 of Standard Protocol LI, with very short breaks in between repetitions.

The therapist reads through the cues very quickly on the first few repetitions, gradually giving more and more time between cues, until on the last repetition the client is able to watch the internal 'video' of the trauma in slow motion without having an emotional reaction. While reading through the trauma cues, the therapist should watch the client closely for signs of emotion. To prevent flooding, move faster through the cues. The trauma is clear when the client is able to watch from a detached place, and he understands, on a bodily level, (not only intellectually) that the traumatic event is over. When the trauma is clear, the client

will be able to 'watch' it from a distance even if the effects of the trauma (injuries from an accident for example) are still affecting the client.

Differences from Standard Protocol Lifespan Integration

With the PTSD protocol there is very little need for talking. There are more cues specific to the actual trauma scene and for the time period immediately after the trauma. The client's older self does not enter into the trauma scene. It is not necessary to go to the peaceful place. When using the PTSD protocol the therapist must make use of the time in the session to maximize the number of repetitions.

Note: Clear only one trauma at a time (one trauma per session), even if several different traumas occurred in sequence*. Trauma memories are encoded in the body-mind in separate networks. Some clients may have experienced many separate traumas all within a relatively short time frame. Therapists will have better results if they separate the traumas and clear them individually. It usually works best to clear the most recent traumas first. The trauma cues for the most recent trauma will bring the client from the recent trauma back to present time without going through all the previous traumas.*

Brief Imaginal Releases of Emotion during PTSD session (Optional)

Sometimes the nature of a targeted trauma requires the release of pent up emotion. This process is similar to the interventions with Standard Protocol, but much briefer. It is very important to note the timing of these imaginal releases of emotion. The therapist must watch first for signs of less activation in the client including a more relaxed body posture, deeper breathing and/or the cessation of tears. The therapist may at this time notice signs of anger include body sensations in the throat, jaw and/or base of the skull, or the client may spontaneously report his/her anger. As the therapist notices these signs, the therapist can ask, "What are you noticing?" Or, "What is coming up for you?"

If signs of anger appear and/or are reported, the therapist should always first ask who the client is angry with. If the client is angry at his/herself, then do a few more timelines before coaching the client to release anger. The anger should be directed outward towards another person(s) before being released. Some clients who do not yet have a solid enough core will not be able to move beyond anger toward self. In this case, do not use these brief imaginal releases of emotion. Instead, simply follow the PTSD protocol maximizing repetitions of the Time Line.

Anger is expressed in the active imagination through *brief* verbal and/or physical anger releases when indicated by a memory cue. The therapist coaches a client that when a memory cue makes him/her feel angry to *briefly* express the anger by saying something or doing something in the active imagination. Anger can also be released when the client simply squeezes his/her body (i.e. making fists, curling toes, etc.) as if s/he is pushing the anger out. A stress ball or pillow can be useful for this type of bodily anger release. If the client

gets stuck not knowing how to release anger, the therapist can coach the client similar to interactions in the source memory during standard protocol. The majority of the time clients do not need any coaching. When the imaginal release of anger is over, the client spontaneously takes a deeper breath and the next cue is read. During this stage the timeline is read more slowly to allow time for the anger releases. Attunement to the client is very important to determine pace. On average, three repetitions of anger releases are necessary. The first repetition involving imaginal emotional releases the pace moves somewhat slowly, whereas subsequent repetitions generally move at a moderate pace.

While anger is a common emotion within the PTSD protocol, sometimes grief or sadness is the primary emotion needing release. Clients can be coached to squeeze his/her body, a pillow, a stress ball when the intensity of the sadness is felt. The timeline will usually be read at a moderate pace, (not too fast or not too slow), for this type of release. As always, stay attuned to your client to determine the pace for each repetition.

If these optional imaginal releases of emotion have been used, it is recommended to do at least two repetitions after the releases when the client is able to go through the Time Line without emotional activation, 'watching' the trauma from a distance, and breathing deeply.

How to vary the PTSD protocol when using with children

- The Time Line pattern for children is the same as for adults – many cues close to the event, spacing the cues farther apart as the TL progresses, ending in current time.

- A one year gap between ages can be too large for young people. EX: a trauma at 10 years old for a 16 yo client would have several cues from ages 10-11, and 11-13. With an adult, the therapist might begin using the client's standard TL after three years from a trauma, but only one cue for ages 14, 15, and 16 would be too few for a 16-year-old. Instead, a cue for 14, 14.5, 15, 15.5 and 16 would be better for a 16-year-old client.

- Some young clients need an expression of anger, as described above, after the initial repetitions of their PTSD timelines. This can smoothly be added in for a repetition or two, followed by straight PTSD repetitions again.

- Younger children can experience their PTSD timelines by acting out "the story of what happened…" with projective objects such as stuffed animals or play figures. Using projective objects is also very effective for the expression of anger.

- Parents can be in the room according to the preference of the young client. Many adults are a comforting resource when needed. Taking the young person through the PTSD timeline does not heal the adult in the room, even if they experienced the same event.

- Young people are surprisingly more fatigued by LI than adults, and they will begin to tire after 3 repetitions. Kids' capacity may be limited to 5 to 7 repetitions, depending on their ages and ability.

- Kids may regress to the age being targeted for a couple of days after LI, which generally resolves on its own. Gentleness and kindness help resolve the temporary regression.

- Youngsters of all ages are commonly very hungry after LI.