Unified Therapy™:

A Highly Effective and Revolutionary Treatment for Post-Traumatic Stress, Anxiety & Chronic Pain

Seminar Handbook

What is Unified Therapy™?

Unified Therapy™ (UT™), originated by Dr. Paul Canali DC, is a holistic, sensory based somatic approach which restores balance to the nervous system, leading to higher levels of health and well-being. It is supported by recent research in neuroscience, mindfulness-based psychotherapy and somatic therapies. UT™ has shown positive benefits for many conditions, including: chronic pain of all kinds, stress & anxiety, PTSD, panic attacks, depression, migraines/headaches, digestive disorders & insomnia. It also promotes personal psychological development, and teaches mindfulness & meditation skills. Levels of self-awareness & consciousness are developed through experiencing UT™ that have the capacity to treat the current condition, prevent vulnerability to future recurrences. and bring about higher levels of health, consciousness, and peace.

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Course Objectives:

- To learn about the concepts of **homeostasis** & **allostatic load** and how it relates to health and healing.
- To understand the effects of **dysregulation** on the nervous system-and why this can be at the core of many conditions, and its causes and effects.
- To learn about the **Autonomic Nervous System & the Enteric Brain**-how the Parasympathetic and Sympathetic branches function, and signs and symptoms of both dysregulation and re-regulation.
- Causes & effects of **PTS, Anxiety & Chronic Pain** on the nervous system, and how these are affected by the process of *re-regulation*.
- Understanding the effects of the process of **Somatization and Conversion,** and the importance of being able to aces the underlying cause as opposed to treating the symptoms.
- **Somatic Awareness**-how to work with it, and why it is a necessary component of healing trauma, anxiety and chronic pain.
- What the role of **Memory** (Implicit and Explicit) is in Re-regulation?
- How **Unified Therapy™** accesses the ANS to promote Re-Regulation. The concept of **"active diagnosis"** will be explained.
- To **demonstrate Unified Therapy** approach on Patients during the seminar.
- Each student will have **direct experience of Unified Therapy** during the Seminar weekend.

unified therapy™

- **Accesses regulatory processes** that promote safe, fast and efficient ANS & Limbic re-regulation.
- **Teaches interaction** through direct experience with Sensory Processing & Mindfulness (Middle Prefrontal Cortex)
- **Promotes development of Prefrontal Cortex** to gain conscious control over affect of Limbic Structures by directly interacting with fears that arise during the process.
- **Accesses, and teaches how to interact with, Implicit & Explicit memory** in a safe environment.
- **Treats Comorbid Conditions Concurrently**
- **Re-Creates Conditions** (memories, emotions, traumatic experiences) moment-to-moment and returns from this challenging stimulus to a safe baseline (homeostasis).
- **Decreases acquired Allostatic Load.**
- **Supports shift from Dysregulation to Re-Regulation to Self-Regulation.**

What happens in a Unified Therapy™ Session?
During a Unified Therapy™ session the patient is guided (verbally and via specific touch), to become genuinely mindful and practice focusing and surrendering to an innate restorative (homeostatic) process. As the patient taps into authentic mind/body connection, her/his body begins to spontaneously re-balance itself. Physical releases taking form from trapped energy-stores (Allostatic Load) result, and she/he begins to experience this re-setting in the form of sensations changing or moving from one area of the body to another, painless yet sometimes extremely obvious physical trembling, temperature changes, emotional releases such as crying or laughing, memories resurfacing (implicit and explicit memory), and other restorative responses.

trauma
& post traumatic stress ***causes***

Obvious Causes of Trauma*

- **War**
- Severe childhood emotional, physical, or sexual abuse
- Neglect, betrayal, or abandonment during childhood
- Experiencing or witnessing violence
- Rape
- Catastrophic Injuries and illnesses

Less Obvious Causes of Trauma*

- Minor automobile accidents (even fender benders), especially those that result in whiplash
- Invasive Medical and Dental procedures...when restrained or anesthetized
- Falls and other so-called minor injuries, especially with children or elderly people.
- Natural disasters including hurricanes, tornadoes, fires, and floods
- Illness, esp. with higher fever or accidental poisoning
- Being left alone, esp. in young children and babies
- Prolonged immobilization, esp. in children (casting, splinting, for long periods)
- Exposure to extreme heat or cold, esp. children or babies
- Sudden loud noises, esp. children or babies.
- Birth stress, for both mother and infant

•**Physical Abuse:** Overt vs covert, falsely empowering or disempowering, discipline,use of implements, tickling into hysteria, lack of or too much physical nurturing, watching someone else be abused, neglect or abandonment of physical needs.
•**Sexual Abuse:** Physical sexual abuse, non-physical sexual abuse, verbal sexual abuse, disrespecting sexual boundaries, emotional sexual abuse.
•**Emotional Abuse:** Verbal abuse, social abuse, neglect and abandonment, parental physical and mental illness, parental co-dependence, over controlling
•**Intellectual Abuse:** Attacking or ridiculing children's thoughts, not taught that having problems is normal, not telling children about doubts, demanding perfection always.
•**Spiritual Abuse:** Parent replaces a child's higher power: parent is God, mistakes not allowed, abandonment, no information about true spirituality, parents refuse to admit mistakes, addiction to religion, physical, sexual or emotional abuse from a religious representative.**

*__Peter Levine, PhD__. *Healing Trauma* Sounds True, Inc, 2005, pp.14-15
**__Pia Mellody.__ *Facing Codependence* (HarperSanFrancisco, 1989, 2003)

trauma
& post traumatic stress ***effects***

Symptoms of having experienced Trauma can take many many forms, some of which are chronic pain of all kinds, gastrointestinal disorders, all kinds of diseases, insomnia, anxiety disorders and panic attacks, emotional instability, withdrawal and isolation, obsessive compulsive disorders (OCD), inability to concentrate, ADD, insomnia, high blood pressure, susceptibility to stress, migraines and/or headaches, and much much more.

> *"My observations of scores of traumatized people has led me to conclude that post-traumatic symptoms are, fundamentally, incomplete physiological responses suspended in fear…These symptoms will not go away until the responses are discharged and completed…Energy held in immobility can be transformed…"*
> **-Peter Levine, PhD**. *Waking the Tiger* North Atlantic Books 1997

> *"Presumably due to acculturation or neocortical inhibition, the human species frequently will not discharge this high state of autonomic arousal after a freeze response in the face of perceived trauma, but will suppress the discharge phenomenon, resulting in storage of a high state of autonomic arousal, probably in limbic and procedural memory systems of the brain. Memory mechanisms in trauma probably involve both explicit (conscious, declarative), and implicit (unconscious, non-declarative) memory."*
> *-**Robert Scaer, MD,** "Observations on Traumatic Stress Utilizing the Model of the "Whiplash Syndrome""[Online] Available: http://www.traumasoma.com/excerpt2.html 1997 p.1*

Autonomic Nervous System: what are the causes and effects of *dysregulation*?

The concept of disorders of affect regulation is consistent with a growing realization in medicine and psychiatry that most illnesses and diseases are the result of dysregulations within the vast network of communicating systems that comprise the human organism.
-Allen N. Schore, PhD. *Affect Dysregulation and Disorders of the Self* W.W. Norton & Co., Inc. NY, NY 2003 p.241

CAUSES OF DYSREGULATION OF LIMBIC AND ANS

- Early Adverse Developmental Experiences (neurological scarring)
- Attachment
- Traumatic Events (emotional or physical)
- Chronic Stress
- Environmental
- Genetics

EFFECTS OF DYSREGULATION OF LIMBIC AND ANS

- Limbic and Autonomic Hyper-reactivity (inability to adapt to stressful stimuli)
- Prefrontal Cortex (Disuse Atrophy, Lose Higher States of Consciousness, Brain Function)
- Affect Dysregulation: Emotional Imbalance (Anxiety, Depression, Anger, Substance Abuse etc)
- Chronic Pain
- Recurring Health Problems
- PTS, PTSD
- Concurrent Comorbid Conditions (CCC)
- Abuse of Self and Others (Cyclic Nature)

"...most illnesses cause or result from an imbalance in the Autonomic Nervous System."
-The Ansar Group [Online] Available: http://www.ans-hrv.com 2005.

what is a direct experience of ***sensation***? what kinds of questions help access sensation directly?

What words express *thinking about* or *interpreting* sensation?

- *neglected*
- *happy*
- *angry*
- *"wants to move"*
- *"wants to get out"*
- *"wants to...etc."*
- *sad*
- *bored*
- *broken*
- *frustration*
- *indecision*
- *dislike*
- *horrible*
- *stuck*
- *black/red/etc.*
- *overwhelming*
- *heartburn*
- *nausea*
- *crooked*
- *free*
- *wrong*
- *out of place*
- *removed*

EXAMPLES of Invitational Languaging:

what
does "neglected" feel like
in your body?

how
are you experiencing "wanting
to move"?

is
there a center to your "sad"
feeling?

where is
the "anger" in your body?

is there an edge to the
warm feeling you have?

where
does the stretching begin
and end?

is it ok
to stay with that feeling for a
minute?

let's
see what happens next.

What words express *directly experiencing* sensation?

- *tingling*
- *stretching*
- *hard*
- *soft*
- *immobile*
- *gooey*
- *sticky*
- *stringy*
- *warm*
- *cool*
- *cold*
- *metallic*
- *muddy*
- *sharp*
- *fuzzy*
- *burning*
- *itching*
- *lightness*
- *buzzing*
- *constricted*
- *relaxing*
- *tight*
- *pulsing*
- *shaking*
- *trembling*
- *expanding*
- *contracting*
- *bubbling*
- *stabbing*
- *etc...*

What do others say about the value of consciously tracking ***sensations***?

"Once the client has the experience of "going within and coming back out" without falling apart, his or her window of tolerance builds upon itself. This happens through achieving a subtle interplay between sensations, feelings, perceptions, and thoughts. I believe that the *people who are the most resilient, and find the greatest peace in their lives, have learned to tolerate extreme sensations while gaining the capacity for reflective self-awareness.* Although this capacity develops normally when we are very young, one can learn it at any time in life, thankfully."
-Peter Levine, PhD, *The Unspoken Voice, How the Body Releases Trauma and Restores Goodness,* (North Atlantic Books, 2010) p. 137.

"To change the brain, we must interrupt and inhibit procedural patterns, and experiment with new amounts and kinds of sensory stimulation."
-Pat Ogden, **PhD,** www.Sensorymotorpsychotherapy.org.

"What is split off, not felt, remains the same. When it is felt, it changes. Most people don't know this. They think that by not permitting the feeling of their negative ways they make themselves good. On the contrary, that keeps these negatives static, the same from year to year. A few moments of feeling it in your body allows it to change... "
-Eugene T. Gendlin, PhD, Focusing (Bantam New Age Books, 1978)

"Awareness, as opposed to avoidance, of one's internal states allows feeling to be known, and to be used as a guide for action. Such mindfulness is necessary if one is to respond adaptively according to the current requirements for managing one's life. By being aware of one's sensation , one introduces new options to solve problems. This allows people to not react reflexively, but to find better ways to adapt."
-Bessel van der Kolk, MD, Founder and Medical Director of the Trauma Center, and an internationally recognized leader in the field of psychological trauma.

"This split (between the mind and body) can not be overcome by a knowledge of the energetic processes in the body. Knowledge itself is a surface phenomenon and belongs to the realm of the ego. One has to feel the flow and sense the course of the excitation in the body. To do this, however, one must give up the rigidity of one's ego control so that the deep body sensations can reach the surface."
-Alexander Lowen, MD, founder of *Bioenergetic Analysis*

"One of the greatest lesson I learned was how to feel the physical component of emotion. Joy was a feeling in my body. Peace was a feeling in my body. I thought it was interesting that I could feel when a new emotion was triggered. I could feel new emotions flood through me and then release me. I had to learn new words to label these "feeling" experiences, and most remarkably I learned that I had the power to choose whether to hook into a feeling and prolong its presence in my body, or just let it quickly flow right out of me."
-Jill Bolte Taylor, PhD, My Stroke of Insight, A Brain Scientist's Personal Journey (London, England: Penguin Books Limited, 2006) p. 126

How can different types of ***memory*** show up in a session?

How can IMPLICIT MEMORY (Procedural)express itself DURING A SESSION?

- *often as real as the first time we experienced it*
- *no autobiographical memory or explanation*
- *a feeling that is difficult to verbalize*
- *vague and elusive emotions or sensations*
- *bodily sensations can be the beginning of access to implicit memory*
- *perception of chaotic expression of memory*
- *spontaneously arises during process of therapy with no frame of reference*
- *feeling of lack of control*
- *unaware that it is coming from the past*

MEMORY has 2 main parts:

- **short-term memory**
- **long-term memory**

***Short-Term Memory* is your "working memory"**

LONG-TERM MEMORY has 2 main parts:

- **IMPLICIT**
  - memories since birth
  - unconscious memories
- **EXPLICIT**
  - memories after approx. 2 years
  - conscious memories

How can EXPLICIT MEMORY (Declaritive)express itself DURING A SESSION?

- *conscious memory that you can make sense out of*
- *sense of recollection in time line of life*
- *logical series of events*
- *concrete places or events recalled, context-dependent*
- *partial retrieval of memories is possible*
- *emotions can be explained/ rationalized*
- *memories of events can play over and over in the mind*

What do others say about the value of consciously connecting to ***memory***?

"Through repeated experiences with our attachment figures [parents,caretakers], our mind creates ***models that affect our view of both others and ourselves****...These models create a filter that patterns the way we channel our perceptions and construct our responses to the world. Through these filtering models we develop characteristic ways of seeing and being. What is particularly amazing is that our brains can encode implicit memory* ***without the route of conscious attention****. This means that we can encode elements into implicit memory without ever needing to consciously attend to them."*

Without consciously bringing these mental models to our attention, we can become "stuck in reactive responses based upon our past experience...Our automatic adaptations to these earlier experiences then become "who we are" and our life story becomes written for us, not by us...We are no longer making thoughtful choices...but rather are reacting on the basis of experiences from our past."

-Daniel J. Seigel, MD & Mary Hartzell, M.ED, Parenting from the Inside Out (NY,NY: Penguin Group, 2004) pp.22-28

"Everyone is under pressure or stress of some kind or another , and we all have both internal and external reactions to these pressures, and then ***physical symptoms manifest in response to these feelings.***

A realm of feeling exists in the unconscious, and because we are not aware of them, and thus can not control them, the brain automatically induces physical symptoms to prevent the unconscious feelings from becoming overt. This in turn leads to Mind-Body Symptoms."

-John E. Sarno, M.D.*, The Divided mind: The Epidemic of Mindbody Disorders Harper Paperbacks; 1 edition (March 27, 2007)*

"The issue of memory has always been central to the study of trauma. Ever since Psychologists and Psychologists have devoted themselves to the study of trauma's impact on consciousness, they have noted that traumatic memories are stored in a state-dependent fashion, which may render them inaccessible to verbal recall for prolonged periods of time.

When traumatic memories dissociated from other life experiences and stored outside of ordinary awareness, they may be expressed in such seemingly incomprehensible symptoms such as physical ailments, behavioral reenactments, and vivid sensory re-living of experiences..."

-Bessel van der Kolk, MD, Alexander C. Macfarlene, Lars Weisaeth,Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society (The Guilford Press, 2006)

active diagnosis

what does the term "*active diagnosis*" mean?

Practicing *Active Diagnosis* means that you are constantly observing and re-assessing what is going on with the patient. During any given session, symptoms/affect/physical sensations/movements can shift and change their nature within minutes or even seconds. It is important to stay present, and adjust your strategy at any moment depending upon what you observe.

Premises for Practicing UT™:

1. **There is an innate intelligence that you can trust.** If you learn how to support and encourage this innate system it will always engage.

2. **Higher consciousness/awareness/perception is the goal.** *Your level of consciousness dictates how your body and mind react to the world. Make sure the client is at all times focused on the present moment (engaging Prefrontal activity), not distracted, dissociated, or "spacing out". It is absolutely necessary to have the conscious attention of the client, otherwise everything you do together will be less effective.*

3. **Keen observation and presence on the part of the Therapist is KEY.** *You must always be tracking the client's Autonomic Responses like: breathing (patterns and sounds), affect (verbal and physical expression of emotions), movements (are they involuntary or voluntary? What is moving?), temperature changes (sweating? cold?), Mirroring in your own body (are you feeling something empathetically?), Monitor stimulation and sedation pendulation (when do you need to change direction?). Use the pulse oximeter to measure heart rate variability and oxygen levels.*

4. **Know the difference between leading and invitational languaging.** Ask what they are noticing, sensing, experiencing, feeling as opposed to telling them what you feel or see.

5. **Support, encourage, call out the moment when you see the client engage**–the moment when their body lets go–when a spontaneous movement/trembling/softening/shift happens.

6. **Integration time is important-pause-take your hands off-stop talking**. *Allow for time when the client can work on their own as you watch carefully-this allows time to integrate the input they have just received.*

7. **Remember you are reading a different language: Everything You Need to Know is in Front of You-Just Observe**. Maintain your confidence that what needs to happen today will happen, and no matter how fast or slow the process goes, it is right and perfect. You can trust the body

active diagnosis

To see
is to forget
the name
of
the thing
one sees.
-Paul Valéry

"Being mindfully aware, attending to the richness of our here-and-now experiences, creates scientifically recognized enhancements in our physiology, our mental functions, and our interpersonal relationships. Being fully present in our awareness opens our lives to new possibilities of well-being."
-Daniel J. Seigel, MD, The Mindful Brain, 2007

Try to be AWARE AT ALL TIMES of, for example:

- Letting go of any preconceptions you have, or any need to "figure it out" just be present, observe, wait.
- Whether the client is present, dissociating, distracting themselves, trying to distract you.
- When the client is stuck in a pattern (physical, emotional, thought)
- When the client gets stuck in hypoarousal or hyperarousal-notice quality of breathing, repeated movements, no movement, no affect.
- Whether the client is able to stay with what they are sensing or not.
- Any involuntary movements or trembling.
- Changing Emotional States (Affect).
- What is dissociative talking and what is productive dialogue.
- Your own fears or anxieties coming up.
- Your own dissociating.
- Your own bodily sensations.
- The state of the client's breath.
- When to slow the client down, when to speed them up (sedation and stimulation)
- When to leave the client alone for a while (integration)
- Sensing when the client has done enough for one session: closing.

sensory processing

Unified Therapy™ Exercise #1

Following Sensation/Sensory Processing

Objectives:

- Learn how to teach your client to perceive the vast number of available sensations in the body.
- Learn how to draw your patient's attention into the areas they are sensing by using compression, holding, slow movement, for the purpose of following when the sensations change.
- Learn to recognize signs of effective attention and signs of ineffective concentration.

Lesson Steps:

a. Ask Client to lie on their back on the table. Make sure they are comfortable. (a pillow under their knees, a blanket , and a pillow under head if necessary.)

b. Before doing anything, have the patient scan their body-find spots that attract their attention-and describe the sensations they have. One of these sensations can be feeling numb all over, or in parts of the body. Give them time to really feel what is going on in their body. If they do not seem to be concentrating they may need more guidance, like asking them to check their feet, their legs, etc. This gives you and the client a baseline to refer back to later and also gives you a chance to test somatic awareness to see what level you are working with.

c. After you have determined the spots where they are feeling the most, go to one of them and put pressure there, or move the joint slowly. Encourage them to concentrate on feeling, and explore the sensations and how they may change. Explain that the sensations may intensify, or move to another location, or change in character right where they are. There are infinite possibilities, they just have to stay present to see what happens next.

d. Keep your intense attention on the entire body as you look for signs that they are responding and connecting. This can take the form of a deep breath, shaking or trembling, emotional release, softening of the tissue, a change in mobility, among other responses.

e. When the changes or responses subside, have the client check the area again to see what is there now. Feel if you can sense a change yourself.

f. Ask them to scan the body again, and then find the next spot and repeat the steps of sensory processing.

enteric brain

Unified Therapy™ Exercise 2

The Enteric Brain Technique™: Working with the Abdomen

"*The Enteric Brain is a built in biological system to keep us on the path to health and higher consciousness or awareness. It is controlled by an innate network that tells us whether or not it is safe to become fully human and free from fear, or to stay living in fear, survival, and separation.*"
-Dr. Paul Canali, 2006

"The brain in the gut plays a major role in human happiness and misery."
– Dr. Michael Gershon, Professor of Anatomy and Cell Biology at Columbia-Presbyterian Medical Center in New York.

The Enteric Brain Technique™, originated and developed by Dr. Paul Canali, has allowed doctors, therapists and patients to directly affect and balance the Autonomic Nervous System, or ANS, including the Enteric Brain for the first time by way of somatic or body centered therapy. The Enteric Brain Technique™ is a method of somatic sensory input using specific touch and biofeedback in conjunction with focused concentration. This type of mindful attention increases brain-body and brain-Enteric Brain bi-directional communication and feedback.

The practical application is hands-on stimulation and sedation of the abdomen (Enteric Brain) by the therapist, as well as self-imposed work using the weighted exercise balls, along with guided breathing, and mindful interaction with somatic sensations. This method of biofeedback entrains the Autonomic Nervous System, particularly enhancing Vagal nerve function, to respond to conscious or mindful control. This in turn empowers the client to develop a proactive dialogue to somatic or body sensations without becoming overly fearful, aroused, or somatically dissociated.

Objectives:

- Learn how to guide your patient's attention into the abdomen and train them to use mindful observation and recognize different types of responses.
- Learn how to work with stimulating and sedating the ANS through working with the Enteric Brain.
- Learn how to teach your client to let the body express itself (trembling, movement, affect) without fear and somatic dissociation.

enteric brain

Lesson Steps:

a. Ask Client to lie on their back on the table. Make sure they are comfortable. (a pillow under their knees, a blanket , and a pillow under head if necessary.)

b. There is no particular rule, but a good spot to start is in the area of the diaphragm. While watching the client's face carefully, put an even pressure using your fingers. The pressure will depend upon the person's sensitivity. Ask them to breath in, and then to breath out. Have them concentrate on their breath with all of their attention. As they breath in you lift up your fingers, and then push down as they breath out. Guide them to see what they are feeling. Give enough time for them to respond and try to tell by the way they are talking if they are really feeling with mindfulness, or sound like they are just reporting. With experience you will be able to tell if they are present or dissociated. Feel for the heartbeat and ask them if they feel it too. You will notice if it is strong or weak, and ask them for feedback too to see if they are feeling the same thing. This can be a good time to put a weighted ball on their abdomen and have them practice concentrating on their breath and the rhythm of their heart by themselves for a while. This strengthens their ability to keep their minds focused, and also see that they can work independently to build their ability to be somatically mindful.

c. Next, let them know you are going to move around the abdominal area, and tell them about the Enteric Brain if you have not already. It helps to know why we are working in this area since sometimes it is not so comfortable for people.

d. Move around to various spots on the abdomen and press in-always looking at the face of your client. You are looking for a spot which brings a response-emotional, physical, movement, trembling

e. In class we will demonstrate this technique-we use many ways of activating-startle response, myofascial, compression, light touch etc.

"Provided that the Vagus nerve is intact, a steady stream of messages flow back and forth between the brain and the gut. We all experience situations in which our brains cause our bowels to go into overdrive. But in fact, messages departing the gut outnumber the opposing traffic on the order of about nine to one." 4
–Dr. Michael Gershon, MD

"The Vagus nerve, … has been termed the most important nerve in the body because it controls heart rate, digestion, and other fundamental body functions, [and] also controls the immune system." 5 –Kevin M. Tracey, MD

using props

Unified Therapy™ Exercise 3

Working with Props

Props are any tools you use to help you work with the client during the session, such as bands, weighted balls, rollers, inflated balls, etc. Props are used to help the client work with **sensory processing**. They are also a good way for health professionals who do not have a hands-on therapy license to help the patient work with their body's sensations. Another important use of props is that the client can use them at home to work on their own.

Objectives:

- Learn how and when to use various props
- Learn how to leave a client alone using props and why you do it.
- Be creative-always remember the purpose of the props-there are many tools to be discovered.

Example uses of Props:

Rollers:

a. Under the Upper Back
b. Under the hips
c. As a way to stretch the arms when the patient is supine
d. Under the neck

Weighted balls:

e. One in each hand-1 lb or 2lb-patient supine-exercise
f. On the abdomen or chest-or anywhere else-3lb, 4lb. 6lb
g. One in both hands-patient supine-moving in different angles
h. Under the body

Bands:

i. Wrap around wrists-patient supine-exercises
j. Wrap around wrists-prone-exercise-forward and back
k. Wrap around ankles-patient prone-exercise

Inflated balls:

l. between knees-patient supine
m. between hands-patient supine