

# **AN INTRODUCTION TO THE THERAPEUTIC SPIRAL MODEL**

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The Therapeutic Spiral Model (TSM) to treat trauma (Hudgins 2015, 2014; Hudgins & Toscani 2014, 2013) was first presented to the expressive arts therapy community at the 2015 IEATA meeting in Hong Kong. The brief workshop demonstrating several of the TSM Safety Action Structures and the main clinical action intervention module of the Containing Double was well received and people have expressed interest in further information.

The basic premise of the Therapeutic Spiral Model is that the information taught in its 8 training modules provides anyone who uses experiential and expressive arts therapies with a solid psychological underpinning of a clinical map to all guide action methods for safety and effectiveness. Anchored into the state of the art research on affective neurobiology, attachment theory and trauma treatment (Cozolino, 2014), TSM provides action interventions drawn from an integration of clinically modified psychodrama, drama therapy, Gestalt and Focusing, and art therapy for practical purposes of change for all creative and expressive arts.

This short article is an opportunity to briefly describe the core principles of The Therapeutic Spiral Model as it integrates many aspects of expressive arts and psychological interventions to increase spontaneity and creativity to heal trauma from the individual to the collective levels. A composite example from TSM in individual therapy demonstrates the use of the Containing Double, which is the most researched clinical action intervention module in TSM. Discussion on TSM uses in education and community practice rounds out the view of the Therapeutic Spiral Model, which has been taught in 30 countries and has over 1000 people certified through the TSI International Certification Program in Trauma Therapy worldwide.

## **Change Your Brain**

Twenty-five years ago when TSM was first being developed as a clinically modified method of psychodrama and expressive arts therapy to treat vulnerable protagonists, none of the current neuroscience research had even been published. While TSM was in its formative years (1992-2001), it developed through clinical knowledge intertwined with classical psychodrama (Hudgins 2001). It was only in 1996 that the first research studies using PET Scans to see the actual structural changes in the traumatized brain were published (Rausch et al. 1996). Today, many prominent psychological researchers and neuroscientists alike are calling for experiential and expressive methods of change for people who experienced trauma due to increasing knowledge about brain development and functioning, and the impact of trauma and healing.

There are several significant findings in the most recent research on affective or interpersonal neuroscience that are particularly relevant to support the use of all expressive arts therapies to treat trauma. When combined with the clinical map of the Therapeutic Spiral Model for safety and effectiveness, all action methods can become powerful tools of changing not only behavior, but changing the brain itself.

The first thing we now know is that the brain develops through interpersonal interaction. Actual neurobiological structures in the brain and the central nervous system, as well as the expression of neurotransmitters are now being shown to be the product of an individual's genetic makeup, greatly influenced by interpersonal interaction from birth until death (Cozolino 2014). As we have long known in clinical therapies, trauma disrupts cognitive processing, distorts emotional expression, and produces profound behavioral changes. Now, MRIs and other brain imaging techniques show that both positive and negative brain development is influenced by interpersonal experiences throughout life. Most importantly, the research now shows that many of the brain changes prescribe experiential and expressive therapies as the treatment of choice for people who have experienced trauma. Research shows the following significant changes:

- Distorted lens of the thalamus.
- Amygdala always on.
- Constant drain on stress hormones.
- Smaller hippocampus.
- Disruption in decision making

As a result of these changes, the left brain that does cognitive processing is disconnected from untreated trauma memories in the sensory and relationships areas of the right brain. What this means is that much of the healing work on trauma needs to be done at the nonverbal levels of change in the right brain, which the expressive arts therapies directly address at all times. However, many practitioners of expressive arts do not come from the fields of psychology or psychiatry where the manifestations of trauma are most understood through normal processes of neurobiological and psychological attachment and development, which emphasize left brain processing to control symptoms. The Therapeutic Spiral Model provides this underlying and needed knowledge and clinical action interventions to guide the safe and effective use of all action methods with trauma, integrating both the right and left brain elements of healing.

### **The Therapeutic Spiral Model**

TSM, as it is commonly called, is a system of experiential psychotherapy to treat trauma that integrates clinical psychology and expressive arts therapies to provide safe and effective treatment. As a thoroughly organized system of modified psychodrama and

other action methods, the Therapeutic Spiral Model provides a clinical map, clinical action interventions, and is supported by a small but solid body of evidence-based research (Hudgins & Toscani 2013).

This article will now describe the beginning of each TSM session, from individual therapy to community action, and follows with a description of the use of the Containing Double.

### **The Observing Ego—Inspirational Cards**

The introduction of the visual arts opens each and every TSM session through the use of inspirational cards and brightly colored and textured scarves from around the world. In a group, large or small, people are greeted with a pile of scarves surrounded by brightly colored cards showing drawings or photographs when they arrive. In an individual therapy session, decks of cards such as our TSM Animal Cards ([www.drkatehudgins.com](http://www.drkatehudgins.com)) are offered to the client to start off the session by picking a card to mark a place for the Observing Ego Role. Scarves are available in a nearby basket.

Clinically, in TSM, we always begin by concretizing the cognitive, neutral, and nonjudgmental role of what we call the Observing Ego. Often in client, education, or community groups it is called “My Witness.” In a drama therapy group that is acting out fairytales, there is usually a character that holds this role of being a neutral observer, whether it is the narrator or another member of the story. Whatever name this role is given, it is the first role to be concretized at the beginning of all TSM sessions to bring in the nonjudgmental attitude that is necessary for change to occur with trauma symptoms that people often experience as shameful such as body memories, flashbacks, and intense affect. It is also a protective role against uncontrolled regression or intense emotion that can unexpectedly overwhelm the brain with expressive arts therapies.

### **The Circle of Safety**

The use of the visual arts continues to expand as individuals and groups find their attention directed to the pile of scarves in the middle of the room. There are many ways to use the scarves expressively, from self- presentations, to mini Playback Moments, to moving sculptures. However, the clinical reason for the scarves is to concretize and externalize the TSM Prescriptive Roles of restoration of individual, interpersonal, and transpersonal strengths through the use of sound, movement, color, and action to help people develop and increase their spontaneity as they begin to work on trauma.

Following the clinical map of TSM, trauma treatment in any experiential format must begin with the building of strengths in order to be able to face the past safely and consciously so the future can be changed through the expressive arts. For example, in a group of 100

people in Beijing, a TSM Action Healing Team broke the group down into small groups based on professions. This allowed the team to get a sense of who the audience was in such a large group TSM training, as well as to have people show the strengths they brought from their chosen profession. We had small groups made up of physicians, psychologists, social workers, educators, actors and actresses, artists, homemakers, and corporate executives, many of them expressing themselves through expressive art for the first time. Each group was given a TSM team member to help guide them in a moving sculpture where they created a scene using their bodies, sounds, and scarves to show the strengths they brought to a workshop on healing trauma using the Therapeutic Spiral Model.

There was a beautiful breadth of expression as shown by the similar yet vastly different moving sculptures shared with the large and by the small groups of physicians and artists. The physician's group offered to go first to present a moving sculpture of TSM strengths to the group. In the sculpture you saw a single person sitting cross-legged on the floor, weak and minimally responsive. Additional characters started to emerge as a young man came in with a clipboard and bowed. Someone else started poking and prodding the patient. A third character ran around the small group calling out, "Help, help, I am not sure what to do to help this person heal." Finally, a group of 5 people covered in beautiful scarves with different textures came into the scene concretizing "a healing force" that bounced from character to character, twirling around each, showing in psychodrama terms the autonomous healing center that each person carries with them at all times.

### **The Art Project**

While TSM then uses spectrograms, locograms, and other forms of sociometry to establish group cohesion and provide assessment in the here and now, the most interesting use of expressive arts comes in the form of an art project that is completed over 3 or 4 days in our workshops.

On the first day, people are asked to concretize their strengths in preparation for trauma work. The next day or two, people are then invited to show their traumas through whatever art medium is being used. Finally, we spiral back up to using art therapy to show transformation and future projections to carry forth the changes found in the workshop. We have used collages, clay, photographs, drawing of mandalas, and such things as the making of a talking stick or another culturally sensitive expression of different cultures. It is this thread of art therapy that provides another connection between the use of the right side of the brain to create visually what needs to be externalized, and the left brain's ability to do that in a contained fashion.

Often these art projects are then used to begin an action piece of work in TSM. Together, the Observing Ego, Circle of Safety, sociometry, and the art project are called the TSM

Safety Action Structures and, like everything else in TSM, are guided by clinical knowledge of working with both left and right brain material at the same time, with containment and safety.

### **The Containing Double**

Finally, this article will present a brief example of a modified classical psychodrama technique we call the Containing Double. Like all doubles, it is an inside voice that expresses what the protagonist cannot. However, unlike the classical double it focuses on holding emotional and nonverbal information through a here-and-now focus on staying in the present with the use of cognitive information from the left brain. The demonstration is with an individual but can be used in small and large groups, couples and family therapy, and education and community work.

*Therapist:* I see you are struggling with flashbacks today. You seem to be having a hard time staying with me. I wonder if I can come sit beside you and be a supportive inner voice, which we call the Containing Double or CD. If it's okay with you, I will talk in the first person and say things to help you be in the present and help you express what you are experiencing. If what I say is correct, put it in your own words and if it isn't, then say what is right for you.

*Client:* Sure, I'll do whatever it takes. Please help me. I am drowning in the past.

*Containing Double (CD):* I am now sitting next to my inner voice of support. I can take a deep breath and hear what this voice says and repeat it out loud if it's useful. I can pick up a scarf of strength and hold it to my heart so that I can feel its soothing nature. I can see the color and feel the texture, knowing I am here in Dr. Kate's healing room.

*Client:* Yes, I can do that. I am picking up a gold scarf because I feel the need for my Higher Power right now, I am so scared.

*CD:* I am scared right now and I can also feel the strength of my Higher Power starting to flow through my heart. I can begin to tell what I am experiencing that is from the past and what is in the present. I feel a bit safer.

*Client:* Yes, I do feel a small bit safer. I can start to see that the images I have been experiencing are not happening again right now, but are memories from the past trying to overwhelm me. I can breathe and trust my Higher Power to help me stay in the present where I am supported and not so scared.

Of course this example could go on, but for the length of this article it is enough to just give the reader a brief introduction to a core TSM clinical action intervention module that can be taught in one weekend workshop.

## **TSI International Certification in Trauma Therapy**

For over 20 years, TSM Trainers around the world have been teaching people using expressive arts how to use clinical map of strengths, trauma, and transformation. Therapeutic Spiral International (TSI), the Institute that certifies people, has given us over 1000 people in 30 countries certified at one of three levels: Auxiliary Ego, Assistant Leader, and Team Leader.

Additionally, each of the 8 certification modules can be used as a stand-alone workshop to gain information on neurobiology, containment, defenses, and other clinical knowledge combined with an experiential intervention module that can be used immediately after the workshop. Please see [www.drkatehudson.com](http://www.drkatehudson.com) for more information. This author can be reached at [DrKateTSI@mac.com](mailto:DrKateTSI@mac.com) for further information.

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