Healing PTSD both Physically and Emotionally with Bernstein Healing Protocols (BHP): An Archival Study of Patients from 2014-2016

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ABSTRACT

An archival study was conducted on client data between 2014 and 2016 to determine the effectiveness of a multifaceted team-based therapy, called the Bernstein Healing Protocols (BHP). Clients often presented symptoms of *Armoring*, which is the restriction over time of muscular structure and thought processes due to unresolved emotional trauma. Armoring is a form of dissociation, a common coping mechanism during traumatic events, where persons feel disconnected from their body to escape emotional and physical injuries. Using physical release techniques, Dr. Bernstein and staff provided care for 22 clients, with 759 hours of treatment. A chi-square test of independence found a greater likelihood for persons receiving BHP/Physical Release to have achieved improving mental health status, compared to those who received BPH without physical release therapy, than by chance. The authors concluded that classical talk therapy was only one aspect of successful treatment and that physical and emotional release addressed the physical vestiges of traumatic experiences in a more thorough way.

Background

The Bernstein Institute for Trauma Treatment (BITT) in Petaluma, California provides clinical mental health care, specializing in healing mental, emotional, and physical trauma. Clients served include military service members suffering from service-related trauma and mainstream civilians suffering from developmental or shock trauma. For a client cohort beginning treatment between January 2014 and March 2016, this article provides a summary of the disorders presented and analysis of client data as extracted from client notes and accounting records. All personally identifiable information has been removed from the data set.

BITT is led by Dr. Peter Bernstein, who has been treating clients for over 45 years with a proprietary technique called Bernstein Healing Protocols (BHP). Subject to continuous refinement, BHP uses a multifaceted approach which emphasizes a unique physical release therapy (BHP/PR) and reduced dependence on medication. Dr. Bernstein and his staff also use a team-based approach with clients to ensure high standards of professional accountability, as well as provide a safe and confidential place for clients to begin their healing process. Veterans are of particular concern to Dr. Bernstein, as many of his veteran clients believe the Department of Veterans Affairs (VA) mental health system is insufficient for their needs.

Past Therapy

Conventional therapy for disorders such as Major Depressive Disorder, Post-traumatic Stress Disorder, and Generalized Anxiety Disorder often involve a combination of anti-depressant medication (Pande et al., 1996), Cognitive-Behavioural Therapy (CBT; Dobson, 1989) and Interpersonal Therapy (IPT; Collins et al., 1990). A combination of these empirically-supported therapies represent the standard for treatment of these disorder clusters (Thase et al., 1997). In Dr. Peter Bernstein's experience, however, veterans often receive only psychotropic medication with inadequate follow-up, due to VA staffing or funding shortages. Recent reports find that veterans often run into months-long wait times for appointments for

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mental health treatment (Griffin et al., 2015), and are unhappy with the quality of care when they receive it (Zoroya, 2014).

Dr. Bernstein understands the limitations of the VA system, having worked with them in the past to train clinicians in his methodology. Cognitive therapy alone is insufficient to resolve the effects of trauma locked in the body (Rothschild, 2000). Dr. Bernstein observes that the body is the reservoir for all unconscious trauma. Without accessing the body, specifically the autonomic and fascial systems, Dr. Bernstein does not believe that true healing will occur.

Bernstein Healing Protocols/Physical Release

BHP therapy involves a multifaceted approach based on principles of clinical psychotherapy, the trauma response, family systems therapy, group therapy and dynamics, and physical release therapy. BHP addresses two key concepts implicated in mental health disorders: dissociation; and armoring.

Dissociation is a defensive detachment from reality, where an individual is trapped within memories of the past and feels a disconnection with the present, their physical body, the persons around them, and the potential future (Butler et al., 1996). Dissociative symptoms often occur during and after a traumatic event as a common coping mechanism, leaving emotional and somatic injuries unresolved. Dr. Peter Bernstein uses a combination of the above therapies to help ground clients in reality, and bring them to a mindful state physically and emotionally.

The term armoring refers to the tightening over time of muscles and fascial tissue due to unresolved emotional trauma, as described in the following excerpt from Dr. Bernstein's book (Bernstein, 2015).

> The body remembers everything that has ever happened to it. When a person has experienced unpleasant situations or trauma that overload the ability to cope, the body in an attempt to protect itself from further harm, effects a dissociation or amnesia of the event. Time does not heal emotional wounds; it simply covers them up with an adaptive fascial layer, tightening over time. These buried [or repressed unconscious] memories in the fascial system are uncovered during the "physical unwinding process," reversing the amnesia or dissociation that was not available to the person's consciousness. This is called state dependent learning, memory, and behaviour, a concept that can be expanded to include "position dependent" learning, memory, and behaviour. This theory states that when a particular state or position is attained, all physiological responses, memories, and beliefs at that event become conscious and can be re-experienced. This places the client in a state of awareness, allowing for a change of beliefs, emotions, holding or bracing patterns that are responsible for perpetuating physical restrictions and their resultant symptoms.

This current archival study presents BITT staff observations of Sonoma, Napa, and Marin County individuals seeking private psychotherapy between 2014 and 2016. Clients sought treatment as a result of overwhelming emotional duress in their present life. All data was derived retroactively from Dr. Bernstein's diagnoses and client notes, and the efficacy of BHP and BHP/PR was evaluated in the context of their ongoing treatment.

Methods

Participants and Procedures

This study utilized data collected at BITT, 501 2nd St, Petaluma, CA 94952. Twenty-two clients started in treatment with Dr. Peter Bernstein between January 2014 and March 2016. Each of the 22 participants received BHP therapy, which included clinical psychotherapy, the trauma response, and, in most cases, BHP/PR. In addition, some of the participants utilized family systems therapy, and group therapy and dynamics.

Clients seeking services initiate treatment by making an appointment by phone. BITT treatment hours span weekdays from 9:00 AM to 9:00 PM. Treatment rooms include either comfortably furnished sitting rooms for talk/group therapy or rooms where physical release therapy takes place. At least two clinicians were present during therapy sessions, which lasted for 1.5 hours. The multi-clinician system helped improve professional accountability and integrity.

Semi-Structured Interview Initial Intake Procedure

At intake, information was gathered during the initial interview and evaluation process. This process appeared to be informal and unstructured, but in fact is designed to overcome client stigma and its accompanying defenses. The client was asked to give their age, address, marital status, business or special interests, and their reason for seeking help from the clinic. From there, the interview progressed to what was currently happening in their life and usually worked toward events and experiences in their early life. Dr. Bernstein used this information to form his approach for each client's treatment. He also observed the client's walking style, dress, and posture, as well as their attitudes and relational style, to reveal clues to how the client lives and interacts with others.

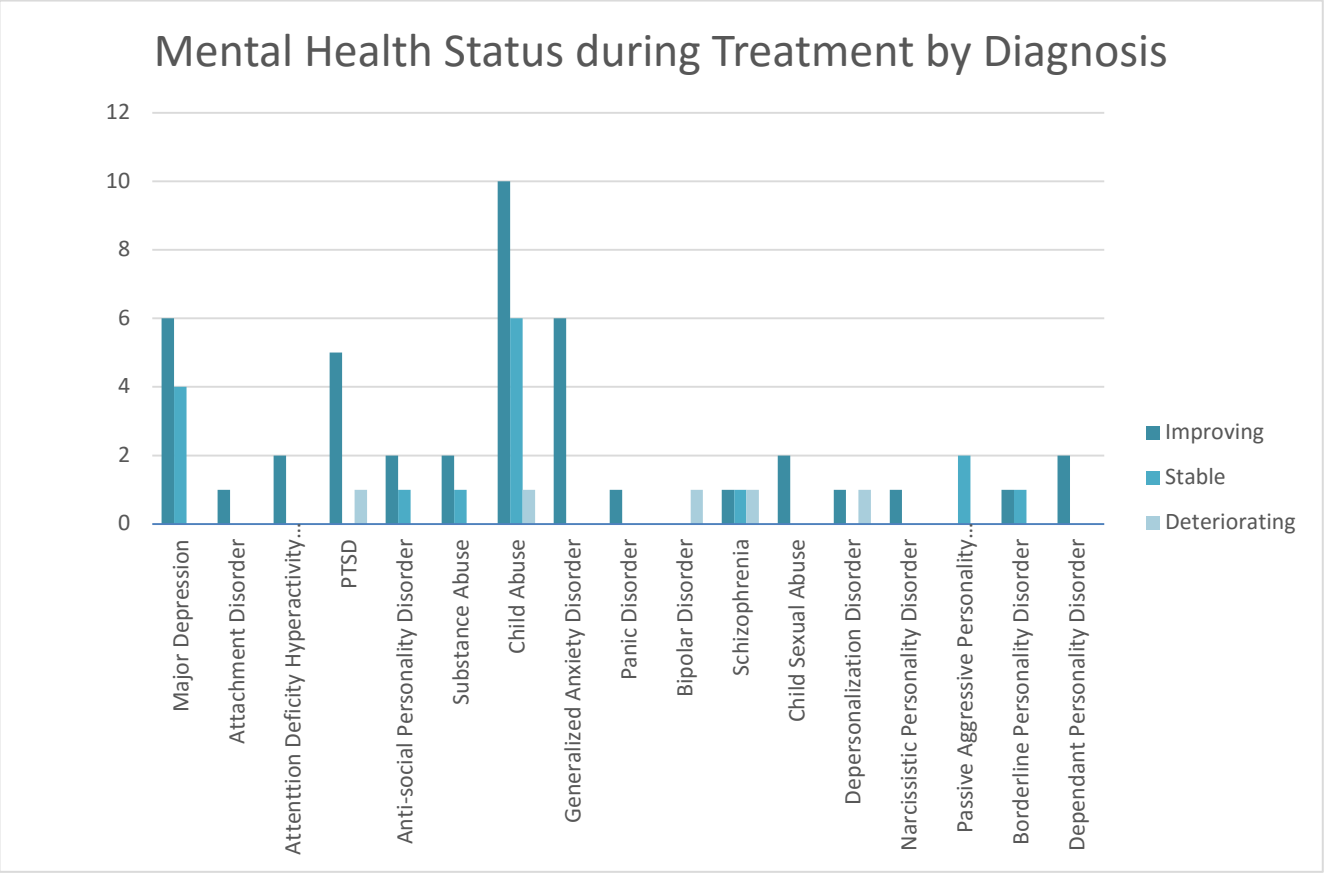
The client was observed from three perspectives. First, the therapist gathered relevant facts: the client's symptoms, history, life situation, and current issues. Next, the therapist observed how and where the client manifested emotional repression in their physical structure, to determine where the client's body was physically armored. Lastly, the therapist observed the client's characterological armoring, the defensive emotional attitudes incorporated into the client's character which motivate their responses to the world and others. All this information gave the therapist an indication of the appropriate diagnoses and course of treatment.

Results

Between January 2014 and March 2016, 506 in-person appointments, totalling 759 hours were provided to clients within this study cohort. The entirely Caucasian population had an average age of 48. There were 12 females and 10 males. Client participation averaged 23 appointments, with one outlier with 154 visits. Two veterans were treated, along with six family members of veterans. Nineteen clients received BHP/PR, while three did not receive the physical release therapy. The therapist decided whether to place clients into BHP only or BHP/PR condition. Eleven clients had individual-only therapy, while six had individual and family therapy. The remaining five had a combination of group/family/individual services based on need.

A chi-square test of independence was performed to examine the relation between client's mental health status during Treatment and Therapy Type. The relation between these variables was significant, $x2$ (2, $N = 22$) = 7.44, $p = 0.024$. There was a greater likelihood for persons receiving BHP/PR to be in an improving mental health status, compared to those receiving BPH without BPH/PR, than by chance.

Of the clients who were given treatment at BITT, 86.4% received BHP/PR treatment. Of these, 74% were improving, 21% were stable, and 5% were deteriorating. Graph 1 displays the mental health status of clients by their mental health state while undergoing treatment, regardless of therapy type. Most clients had comorbid disorders.



Graph 1: Mental Health Status as Observed by Clinicians during Treatment Period by Diagnosis.

Discussion

The primary finding of this current study is that persons receiving BHP/PR therapy were found to be in better mental health status than persons receiving BHP without BHP/PR therapy.

The diagnosis with the greatest occurrence was childhood abuse. Varieties of this complex developmental trauma were frequently disclosed. Exposure to such types of traumatic experiences during youth can have significant and long-lasting effects in adulthood and predispose the individual to PTSD upon subsequent re-exposure (Cohen et al, 2007). Subsequently-experienced traumas, while often milder, can still trigger hypervigilance and other maladaptive reactions. Without stable and emotionally supportive family and friends, these acute or chronic stressors can result in long-lasting developmental deficits through puberty into adulthood (McEwen, 2007). Persons with this background may not have the emotional and cognitive skills to handle challenging life changes (Amato, 2005).

Major Depressive Disorder was the second most common diagnosis. After one session of BHP/PR, clients often felt a relief from symptoms. Karl Abraham's classic paper of 1911 first theorized that depression was a form of self-directed anger. Often, anger from early childhood stems from physical and emotional abuse, and a sense of "unfairness". Abused children often presume that they are somehow inadequate and blame themselves for their mistreatment, creating a sense of guilt and self-hate (Abraham, 1991). Generalized Anxiety Disorder, the third most common disorder, has similar origins and patterns of relief after BHP/PR.

BHP/PR therapy works on the mechanism of releasing trapped energy from an unresolved trauma. This trapped energy, the source of a chronic hypervigilant state, will distort or interfere with normal self-regulation in the autonomic responses, and prevents normal decompression. Without achieving decompression and self-regulation, the client will continue to suffer painful emotional reactions and psychological symptoms. These clients often suffer painful physical symptoms and disease states, as well. Classical talk therapy is only one aspect of successful treatment; BHP/PR also addresses the physical vestiges of traumatic experience.

Future studies conducted at BITT will ask clients to complete well-validated symptom scales specific for each disorder. As a control condition assigning a less effective treatment would be unethical, a single-subjects research ABAB design would be implemented. In this design, clients are given symptom scales at intake, after 5 sessions, and after 10 sessions. Treatment would be suspended for two weeks immediately prior to the expected timing for the 10th session. Repeated measures analysis would be conducted to determine efficacy.

Limitations

A significant limitation of the interpretations of these findings is that random assignment of clients into treatment conditions was not utilized. In addition, the primary outcome variable was derived from client notes and clinician recollection, which are subject to bias. There was also a lack of symptom scales pre- and post-treatment, reducing the options for analysis.

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