



Simplified Wellness Designs

CIRS and Overwhelm

Jenny Johnson, PT, FMCHC

CIRS Coach, Consultant, and Shoemaker Proficiency Partner

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Simplified Wellness Designs

Disclosures / Conflicts of Interest

- Nothing to disclose



Overview

- "Overwhelm" and its relevance to CIRS
- The relationship between overwhelm and trauma
- The physiological effects of overwhelm and perceived lack of safety and how this can serve as an obstacle to CIRS recovery
- Questions and correlations to consider
- Identifying patients at risk of pathological overwhelm
- Strategies for helping patients prevent or break the positive feedback loop of overwhelm, inflammation and nervous system dysregulation



Defining "Overwhelm"

- "The numb feeling of desperation we experience when life seems to be spinning out of control"
- "Incapacitating emotional or physical stress"
- "The subjective sense of being overpowered, overloaded or defeated"
- "Feeling unable to cope with the demands placed upon us"

** From Merriam Webster, Dictionary.com, Britannica Dictionary, and writer Maeve Maddox*



Are CIRS Patients Overwhelmed?

"Overwhelmed" is the #1
descriptor I hear from
CIRS patients!





Sources of Overwhelm

- **Sensing that our safety is in immediate danger, but that we don't have the resources to protect ourselves** (insufficient physical energy, executive functioning, finances, social/emotional support, professional support)
- **A complicated treatment plan, environmental plan, or daily regimen**
- **Too much information, not enough information, or conflicting information!**



Overwhelm and Previous Trauma

- Having a history of unresolved trauma can cause an altered stress response, a hypervigilant limbic system, and a lower threshold for overwhelm.
- The subjective perception of overwhelm can be a trigger for previous trauma/PTSD, inducing a trauma response in our nervous system.



When CIRS & Overwhelm Become a New Trauma

- "Trauma is the response to a stressful or disturbing experience that overwhelms our ability to cope."
~ Ross Duncan, Trauma Specialist
- "Trauma is not an event, but a felt experience that causes overwhelm on a cellular level."
~ Dr. Amy Apigian, MD of Biology of Trauma / Trauma Healing Accelerated

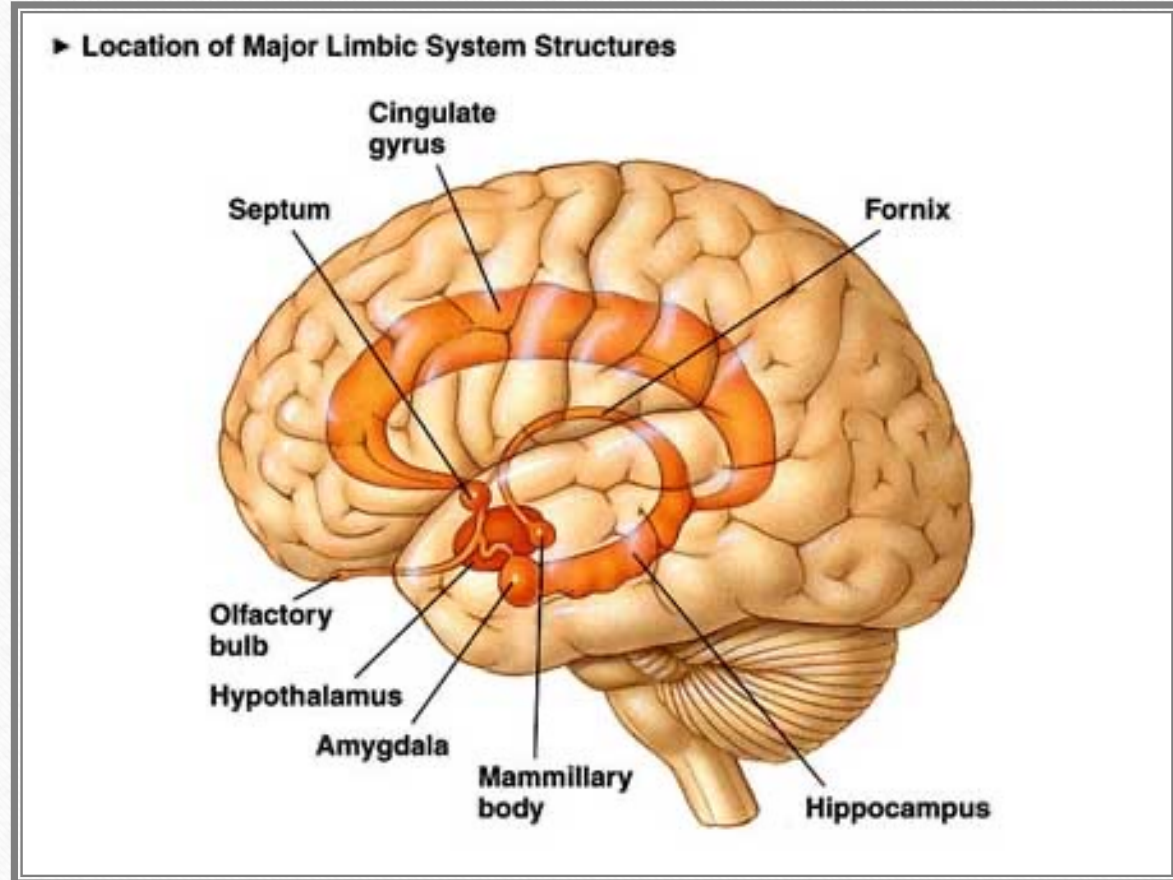


The Pathophysiology of Overwhelm

- Limbic System Impairment (Altered Neuroception) and a Heightened Stress Response
- Autonomic Nervous System Dysfunction and The Polyvagal Theory and
- Overwhelm and the Freeze/Trauma Response
- Emotional Dysregulation and the Heart-Brain Connection

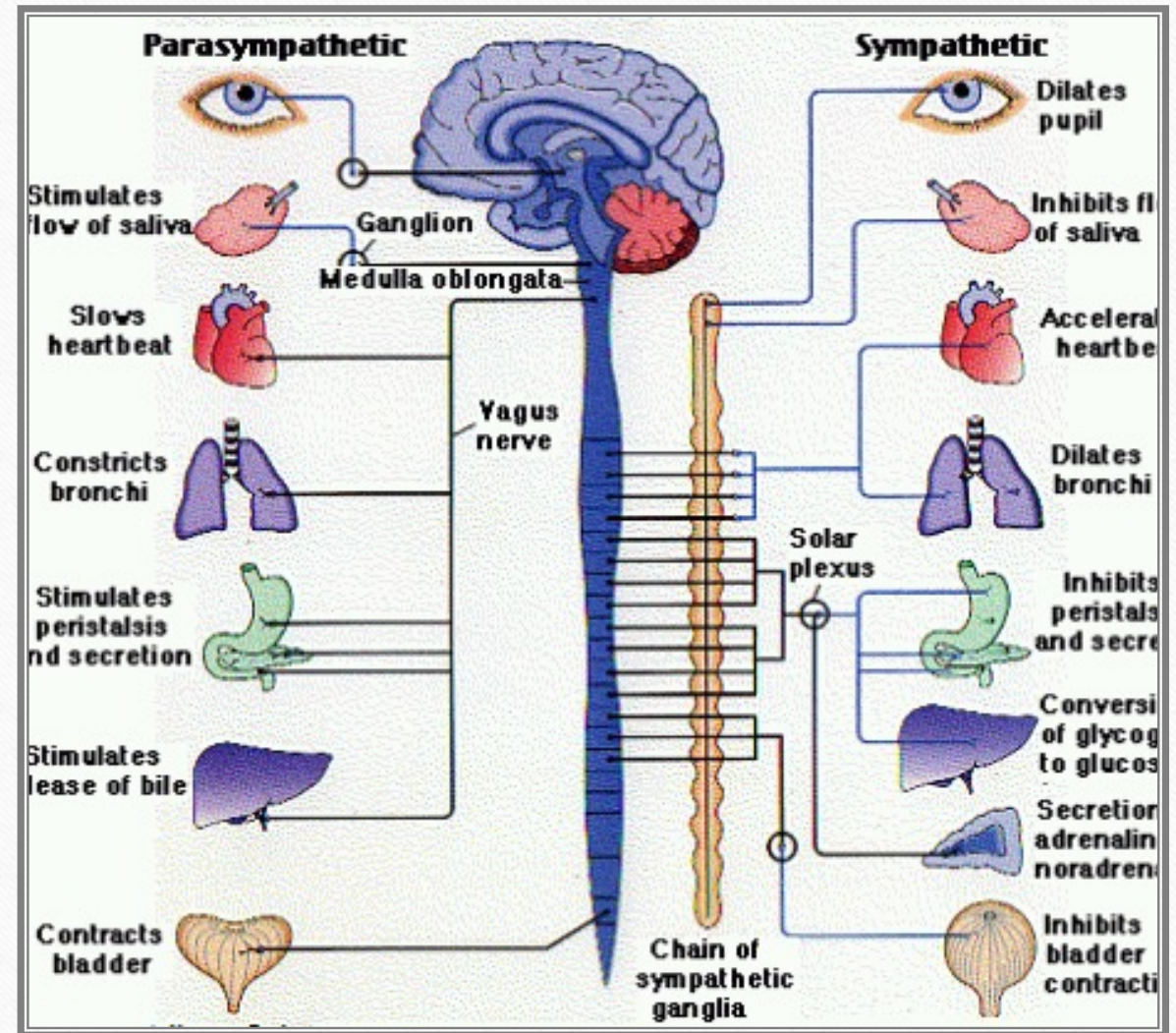
Limbic System Impairment & Stress Response

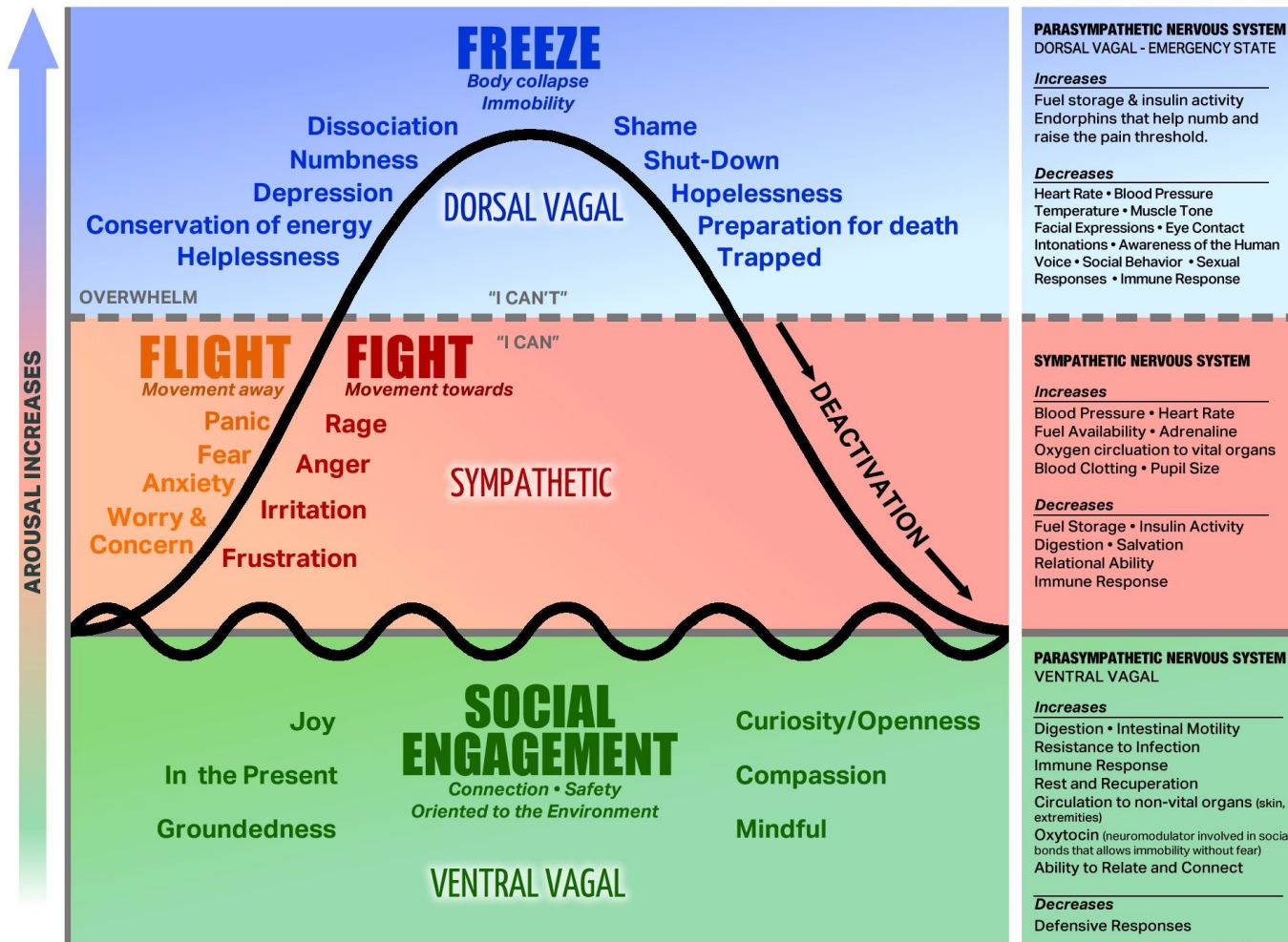
- Hypervigilant limbic system
 - Previous physical or emotional trauma/memories
 - Neuroinflammation/primed microglia
 - Perceived lack of safety/fear
- Downstream effects of HPA axis activation, production of excitatory neurotransmitters, activation of sympathetic nervous system (fight/flight)



Autonomic Nervous System

- Sympathetic Nervous System:** Dominant during times of stress or perceived stress and enhances blood glucose, heart rate, blood pressure, and skeletal muscle blood flow to meet the challenge of a stressor. Blood is shunted away from digestion and detoxification. Associated with panic, anxiety, sleep disturbances and indigestion.
- Parasympathetic Nervous System:** Dominant during times of perceived safety and social connection. Activates detoxification, tissue repair, digestion, reproduction, and blood sugar balance.
- Homeostasis is achieved by normal fluctuation and balance between these states, influenced by internal and external triggers and perceptions.*





Polyvagal Theory

- **Sympathetic: fight or flight responses**
- **Ventral branch of Vagus nerve: rest, digest, heal, social engagement.** Synonymous with the parasympathetic state.
- **Dorsal branch of Vagus nerve: freeze or trauma response.** Protective response when stress turns to overwhelm. Shut-down, dissociation, low cortisol, low DHEA, low dopamine, low serotonin, depression, "shock", low muscle tone, POTS, indigestion, chronic pain, chronic fatigue, insomnia, brain fog, executive dysfunction, chronic inflammation, low metabolism, swallowing difficulties, suicidal ideation, etc.

Questions to Consider...



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- Could overwhelm be contributing to CIRS inflammation and multi-systemic symptom presentation through its impact on the autonomic nervous system?
- Does the inflammation caused by CIRS predispose us to a dysregulated nervous system and the experience of overwhelm/trauma?
- Does perceived overwhelm during CIRS treatment play a role in upregulating our FKBP5 (PTSD) gene?
- How can we identify patients most at risk for pathological overwhelm?
- Can we prevent or mitigate overwhelm/new trauma in the way we care for patients? Does this impact their rate of recovery/outcomes?



Identifying "At Risk" Patients

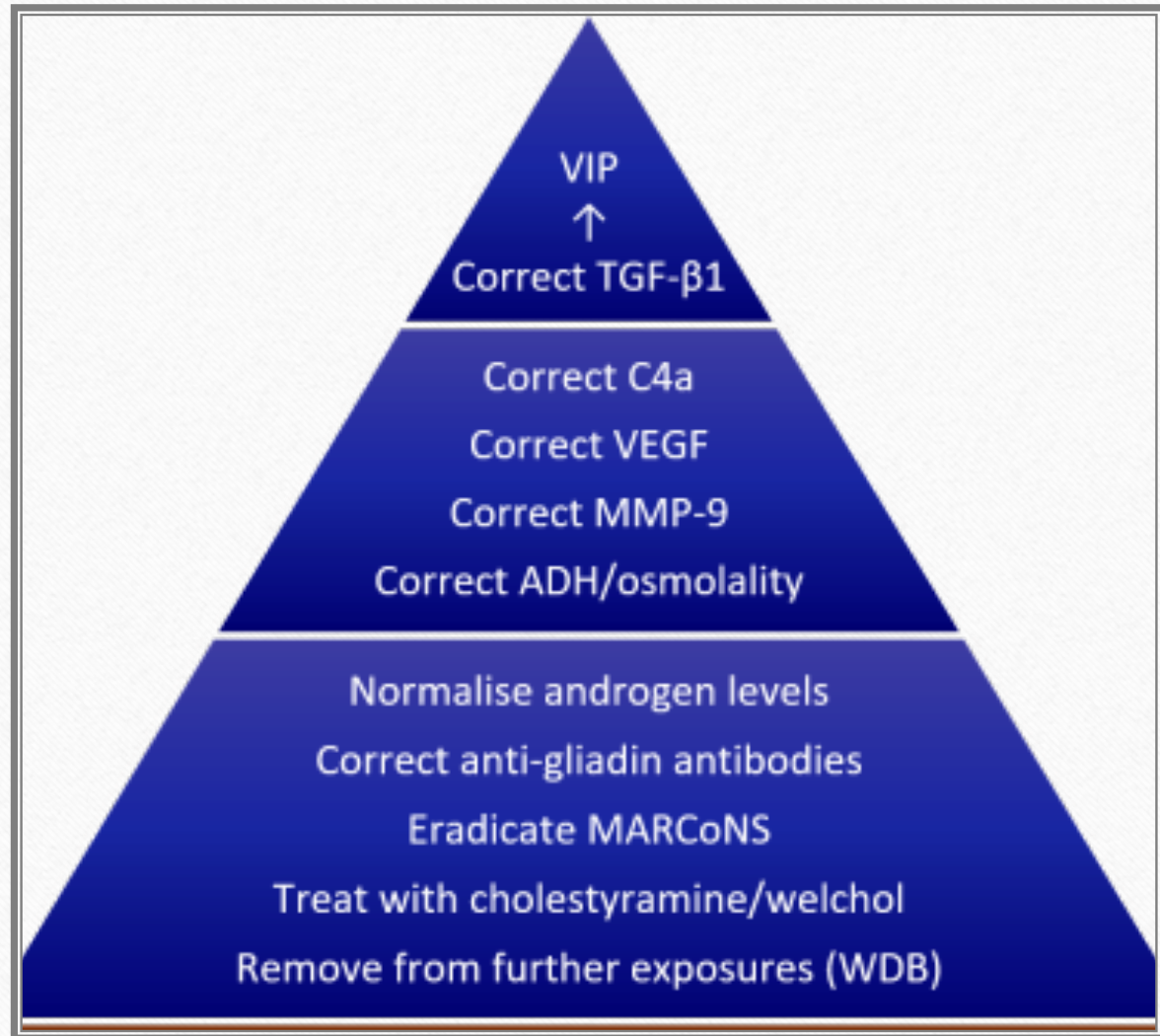
- ACE score
- International Trauma Questionnaire
- Brief Resilient Coping Scale
- Brief COPE
- Stress Management Survey
- Ask them! How are they feeling about everything? How are they coping? What resources do they have? If they use the word "overwhelmed" to describe themselves, that's a great indicator.



Breaking the Positive Feedback Loop...

Role of Shoemaker Protocol

- CIRS environmental treatment
- CIRS medical treatment





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- Complimentary Approaches

Professional Nervous System Therapies

- Somatic Experiencing
- EMDR
- Psychotherapy; Internal Family Systems
- Safe and Sound Protocol (increases capacity and resilience of ANS)
- Neurotherapy/Neurofeedback (balance brainwaves based on QEEG)
- Myofascial Release/Craniosacral Therapy/Acupuncture/Chiropractic to release stored trauma and improve integrity of nervous system, structural alignment and soft tissue

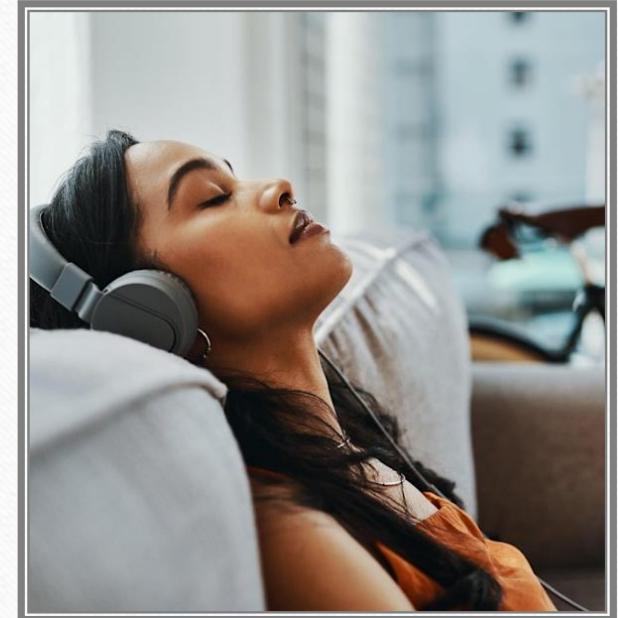




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Self-Care to Enhance "Inner Safety"

- Neuro-Emotional Regulation Activities
 - breathwork, somatic practices, tapping, Vagus nerve stimulation, essential oils, deep pressure, limbic retraining, visualization, meditation, HRV/HeartMath, rhythmic movement, music.
- Diet/Supplements
- Prioritize Restorative Sleep





1

Consider altering appointment durations to minimize overwhelm

2

Offer written, well-organized treatment plans with action steps clearly outlined

3

Offer coaching support between appointments

4

Record sessions so that patients can listen to them again

5

Be aware of how your language may be received by someone prone to a trauma response or limbic system hypervigilance

Clinical Support to Enhance Outcomes

Coaching Support to Enhance Coping Strategies



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- **Decrease weight of burdens**
 - Break up relevant information into bite-sized pieces, identify priorities, organize personalized action steps
 - Mindset work: reframe perceived stressors & fears
- **Enhance inner and outer resources**
 - Connect with inner strengths, personal values, spiritual resources, previous successes and self-efficacy
 - Access to positive social support
 - Access to professional resources



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Thank You!

Jenny Johnson, CIRS Coach

*Physical Therapist

*National Board-Certified Functional Medicine Health Coach

*Shoemaker Proficiency Partner

*Enhanced trainings and certifications in The Biology of Trauma, Functional Nutrition, HeartMath, the Safe and Sound Protocol and the Bredesen Protocol (brain health)

Jenny@simplifiedwellnessdesigns.com

www.simplifiedwellnessdesigns.com