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The Impact of the NeuroAffective Relational Model (NARM) on Client Agency

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ABSTRACT

The NeuroAffective Relational Model (NARM) is a therapeutic model designed to treat Complex Post-Traumatic Stress Disorder (C-PTSD) integrating top-down (cognitive) and bottom-up (somatic) methods. Reinforcing client agency is one of the four pillars of the NARM model. This Interpretative Phenomenological Analysis investigated how NARM impacts client agency from the perspective of NARM Therapists. Fourteen NARM Therapists participated in a focus group to describe their work as a NARM trained trauma therapist treating clients who have experienced C-PTSD. The study revealed four themes that represent the phenomenon of client agency supported by the NARM model from the perspective of NARM Therapists. The emergent themes that support client agency include Connecting to Present Moment Awareness, Reflecting and Reinforcing Client Choices, Acknowledging Client Insight, and Contracting with the Client. Social workers can support clients experiencing C-PTSD by reinforcing client agency and utilizing trauma-informed approaches such as NARM to advance NASW standards for clinical social work practice standards one, two, and eleven (i.e. values and ethics, specialized practice skills, and interventions and professional development).

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Agency; Complex Post-Traumatic Stress Disorder (C-PTSD); complex trauma; Neuro Affective Relational Model (NARM); trauma therapists

This study seeks to provide vital insight into the first-hand experience of the concept of client agency through the lens of licensed trauma therapists. Licensed trauma therapists include licensed psychotherapists, counselors, social workers, and marriage and family therapists who work with clients that have experienced complex trauma. Agency is defined as the feeling of control over actions and consequences (Moore, 2016). The participants in this study are trained in the NeuroAffective Relational Model (NARM) which was specifically designed to support clients who have experienced complex trauma resulting in Complex Posttraumatic Stress Disorder (C-PTSD). This study used Interpretive Phenomenological Analysis (IPA) to examine the impact of NARM on client agency from the perspective of NARM practitioners through a focus group. The study revealed four key themes where practitioners can

support client agency: Connecting to the present moment awareness, reflecting and reinforcing client choices, acknowledging client insight, and contracting with the client.

The World Health Organization added C-PTSD to the 11th edition of the International Statistical Classification of Disease and Related Health Problems (ICD-11) (Rosenfield et al., 2018). C-PTSD is a similar diagnosis to Posttraumatic Stress Disorder (PTSD), but it is focused more on the traumatic events that occurred in childhood (Cloitre, 2020). Current research is examining the phenomenon of C-PTSD in relation to its effects, prevention, and intervention options, as well as how C-PTSD relates to other disorders (Abdul & Al-Kubaisy, 2021; Blackie et al., 2024; Dokkedahl et al., 2022; Lawless & Tarren-Sweeney, 2022; Salter & Hall, 2022).

The criteria for PTSD in the Diagnostic and Statistical Manual of Mental Disorders (DSM 5), is categorized by eight different clusters (Cloitre, 2020). Having a combination of criteria from these eight clusters qualifies an individual to receive a diagnosis of PTSD. The clusters relate to whether the trauma was reoccurring, whether the trauma caused an individual to avoid context related to the traumatic event, whether the trauma provokes negative thoughts, feelings, and arousal, and how an individual experienced the trauma (Cloitre, 2020; National Center for PTSD, n.d.). In addition to these criteria, the traumatic event must cause lasting distress or impairment (Gonda et al., 2022; National Center for PTSD, n.d.). C-PTSD builds upon the criteria of PTSD by adding additional components related to self. These consist of emotional regulation troubles, having a negative self-concept, and having difficulties with relationships (Cloitre, 2020). C-PTSD is focused more on prolonged or reoccurring traumatic events that mostly occur in childhood rather than one-time traumatic events that can occur anywhere in the lifespan like PTSD (Rosenfield et al., 2018).

Trauma affects the brain and can alter neurobiology, especially in a growing brain of a child experiencing trauma (Gonda et al., 2022). “Positive and adverse social and relational experiences have concrete biologic impacts that shape child development, social and emotional skills, mental health, and overall well-being” (Bethell et al., 2022, p. 46). This can have varying effects on the individual and research has examined how neurobiology and treatment inventions interact (Gonda et al., 2022). Bethell and associates found that among US children, those who have experienced complex trauma are also likely to experience mental, emotional, and behavioral health problems (2022). Complex trauma and childhood maltreatment impacts resilience, the ability to thrive, and overall functioning in adulthood (Volgenau et al., 2023). It also has the potential to cause negative mental and physical health problems later in life including increased risk for suicidality (Yıldız et al., 2023). Additionally, trauma caused by abuse in childhood raises the likelihood of experiencing chronic health conditions as an adult (Fitzgerald & Notice, 2023).

The research on neurobiology related to PTSD supports that similar techniques and models used to treat PTSD can be very beneficial for clients who have experienced complex trauma (Gonda et al., 2022). The NeuroAffective Relational Model (NARM) specifically aligns with the growing research in the field of neurobiology (Heller & Kammer, 2022). NARM also directly influences the categories of self that were added to the PTSD diagnostic criteria to differentiate the C-PTSD diagnosis (Cloitre, 2020). Treatment that is mindful of both the effects of complex trauma on neurobiology and how it affects the client's sense of self can be highly beneficial in the resolution of C-PTSD (Cloitre, 2020).

Literature review

Client agency

Agency is the “feeling of being in the driver seat when it comes to our actions, in control, and in charge of our actions and their consequences” (Moore, 2016, p. 1272). The creator of NARM describes agency as one's internal working model of how they make decisions and take action (Heller & LaPierre, 2012). Client agency is the notion of one's understanding of self and connection to oneself (Heller & Kammer, 2022; Heller & LaPierre, 2012; Jennissen et al., 2021; Owler, 2023; Vaga & Kutsar, 2022). Heller and Kammer describe agency as aliveness and being best defined by lived experience rather than written definitions (2022). Others have described agency as people being actors who “make sense of their environment, initiate change, and make choices” (Vaga & Kutsar, 2022, p. 1975). Jennissen and colleagues expand on these ideas of agency as an interpersonal motive (Jennissen et al., 2021). This interpersonal motive influences personal narrative and control as well as the perception of others and the environment (Jennissen et al., 2021).

Heller and LaPierre state that agency and one's sense of self are relational (2012). They also state that agency shows up in the context of relationships (Heller & LaPierre, 2012). Not only does agency appear in the context of interpersonal relationships, but agency is also apparent within one's relations with their environment (Owler, 2023). Interpersonal relationships and the environment play a role in an individual's ability to form their sense of agency as well as their capabilities to exercise it (Vaga & Kutsar, 2022). Owler notes that even with barriers that may exist within one's past or current environment, everyone still holds the capacity to employ personal agency or self-action (Owler, 2023).

A fundamental construct of agency is free will (Feldman, 2017; Moore, 2016). Free will is the belief that people act freely, have options to choose from, and do so without internal or external constraints (Feldman, 2017). Other well-established constructs of agency include “self-efficacy, locus of control,

self-esteem, self-control, implicit beliefs, mind-body dualism, autonomy, and intentionality” (Feldman, 2017, para. 4). Moore (2016) explains, “The relevance of sense of agency to free will is that it is these experiences of agency surrounding our voluntary actions that give rise to the general feeling that we are conscious, rational free agents” (para. 44).

Agency can be measured through implicit and explicit measures (Dewey et al., 2014). Implicit measures focus on the differences between self and environmental “action-effects” (Dewey et al., 2014). Explicit measures focus on the direct judgment of causality (Dewey et al., 2014). One example of a measurement tool is temporal binding which is considered an implicit measure (Dewey, 2024). Temporal binding works by shortening the interval between actions and consequences (Dewey, 2024). Temporal binding is used to measure a sense of agency, or the subjective sense of causing something to happen (Dewey, 2024).

The impact of trauma on client agency

Agency is the link between our past and our present (Heller & Kammer, 2022) in which “past habits and routines are contextualized” (Vaga & Kutsar, 2022, p. 1795). The present reflects the routines and adaptations made in the past (Heller & Kammer, 2022; Vaga & Kutsar, 2022, p. 1795). For example, if an individual learns early on in childhood or adolescence that their decisions are not valid, then this can transcend into adulthood as possibly unwillingness or inability to make decisions for themselves. Agency can be affected early in life as children are learning, growing, and building skills (Heller & Kammer, 2022). Adverse experiences early on in life negatively affect development (Kamara El, 2018). An infant’s early attachment and neurobiology impact the infant’s development of self-regulation and thus agency (Heller & Kammer, 2022). If an infant cries and an attachment figure responds, the infant learns that crying brings a caregiver, reinforcing a sense of agency. If the protest is unmet, overtime, the infant eventually stops crying, learning that their actions are ineffective in soliciting a caregiver response, reinforcing a lack of agency. Heller and Kammer state that “agency is always at the heart of psychological growth and development” (2022, p. 9). Adverse experiences in adolescence can also have negative impacts on psychological growth and thus agency as well (Nunes et al., 2023). Even in adulthood, agency can be affected by negative social and cultural experiences (Heller & Kammer, 2022; Webb & Widseth, 2009).

Agency in psychotherapy

Agency is an essential factor in psychotherapy. It is widely noticed that client-agency promotes changed behaviors and leads to more successful therapeutic

outcomes (Acke et al., 2022; Heller & Kammer, 2022; Huber et al., 2021; Lind et al., 2019; Webb & Widseth, 2009). Huber and colleagues break agency down into two factors, autonomy, and connection (2021). They describe how imbalances in these areas can often lead individuals to begin therapy (Huber et al., 2021). Heller and Kammer discuss how agency drives behaviors and how this plays a significant role in the therapeutic environment (2022). Agency can both be a target of therapeutic intervention and a supporting factor in the entire therapeutic process (Kristmannsdottir et al., 2019). Benight and colleagues found that agency can promote personal transformations within the therapeutic context (Benight et al., 2018). However, it is important to note that when agency is negatively affected in the therapeutic process it can cause regression (Heller & Kammer, 2022).

The NeuroAffective Relational Model

The NeuroAffective Relational Model was created by Dr. Laurence Heller and was first introduced in 2012 (NARM Training Institute, n.d.). The NARM therapeutic model was created to address complex trauma and adverse childhood experiences (ACEs) (Heller, n.d.; NARM Training Institute, n.d.). ACEs are traumatic experiences that occur in childhood and cause lasting negative implications on one's health and well-being (Boullier & Blair, 2018). NARM addresses this trauma in a unique way in that NARM does not directly address the traumatic events that occur in one's life (Heller & Kammer, 2022; Heller & LaPierre, 2012; NARM Training Institute, n.d.). Instead, NARM focuses on the survival skills that were learned and adapted in response to the trauma. These survival skills stay with a person until they learn how to process adverse experiences and move on to more appropriate strategies. Addressing the old behaviors that are stunting someone's relationships with others and themselves allows them to be free from the adaptations they made in times of trauma and move into their true self (Heller & Kammer, 2022).

While few studies have investigated the impact of NARM, existing literature demonstrates NARM is intended to be used with individuals who have experienced C-PTSD or related issues (Gruber et al., n.d.; Heller, n.d.; NARM Training Institute, n.d.). NARM is designed specifically to address trauma integrating a revolutionary top down (cognitive) and bottom up (somatic) approach (Vasquez, 2022). Konermann explored the depths of NARM as it relates to the realm of psychotherapy (Konermann, n.d.). He determined that the relational understanding that NARM brings to the table provides a vital element to healing that clients are missing in other forms of psychotherapy (n.d.).

The effectiveness of using NARM specifically with this population has been assessed by Gruber and associates (Gruber et al., n.d.). NARM Therapy was found to be effective in treating twelve of thirteen characteristics of complex

trauma (Gruber et al., n.d.). Characteristics were chosen from across symptom clusters of Complex PTSD and DTD including Negative Self-Concept, Disturbance in Relationships & Affective Dysregulation (Gruber et al., n.d.). They found that the NARM model is effective for resolving issues related to C-PTSD and is beneficial to clients who are treated through the NARM model (Gruber et al., n.d.).

The NeuroAffective Relational Model uses four core principles (NARM Training Institute, n.d.). The principles include “supporting connection and organization, exploring identity, working in present time, and regulating the nervous system” (para. 5). These principles allow NARM practitioners to guide their clients along a healing journey that supports connection and agency, and the feeling of aliveness (Heller, n.d.; Heller & Kammer, 2022; NARM Training Institute, n.d.).

Additionally, NARM focuses on the “interconnection of biological and psychological development” (Heller & LaPierre, 2012, p. 5). NARM addresses distortions of identity (Heller, n.d.) that can come from a disconnect in the mind and body because of complex trauma through bodywork addressing the core conflict within an individual (Gruber et al., n.d.; Heller & Kammer, 2022). Heller states that the use of the body is essential in NARM, and it assists the client in creating positive connections (2019). Heller and Kammer describe the focus of NARM, “on connection including the connection between client and therapist, the connection between client and the outside world, and the connection of the client to themselves” (2022, p. 55). Heller and Kammer discuss the notion of aliveness that comes from connection building using NARM. They state that connection drives the feeling of aliveness, and that NARM addresses the distortions of one’s sense of aliveness that come from survival adaptations made in childhood (2022).

NARM Therapist training

The NARM Therapist training is an advanced clinical training for licensed psychotherapists, counselors, social workers, and marriage and family therapists who work with clients who have experienced complex trauma. NARM Therapists complete 120 contact hours in 18 days over the course of one year. Following the training, participants must complete a minimum of 20 additional training hours that include case consultation sessions, experiential consultation sessions, and active coaching to demonstrate mastery of the NARM model and complete the requirements for the NARM Therapist certification.

Client agency in NARM

In Heller and LaPierre’s *Healing Developmental Trauma*, they lay out a 4-pillar framework for NARM that consists of clarifying the therapeutic contract,

asking exploratory questions, reinforcing agency, and reflecting psychobiological shifts (2012). Not only is one of the pillars of NARM directly focusing on client agency, but the four principles of NARM are also in place to reinforce client agency. Heller and Kammer stated that “agency is used with clients to promote connection (adult consciousness) and decrease the strategies of disconnection (child consciousness)” (2022, p. 142), thus removing the survival strategies that clients adapted in their childhoods and allowing them to adapt to more mature and efficient forms of connection. The strategies of disconnection were formed during childhood as survival strategies (Heller & Kammer, 2022). The goal is to adjust these strategies so that they support and promote connection in adulthood (Heller & Kammer, 2022).

Heller and Kammer state that agency involves taking what someone believes to be their reality and identifying the “unconscious identifications” that are shaping that reality, which are the immature strategies from childhood, and then altering the clients’ mind-set from there (2022, p. 143). The NARM therapeutic model employs client agency throughout the process, building upon all the different factors in NARM, including connection, aliveness, and agency, creating a more “cohesive self-structure” (Heller & Kammer, 2022, p. 142). Reinforcing and supporting clients throughout the therapeutic process results in increased agency and a cohesive self-structure.

Complex trauma causes individuals to create survival strategies in their childhood that they carry with them throughout adulthood (Heller & LaPierre, 2012). These strategies compromise relationships and individuals’ agency. When an individual’s sense of agency is disconnected, other problems may begin to arise (Heller & LaPierre, 2012). Client agency is a critical factor in therapeutic outcomes (Heller & Kammer, 2022). Knowing this, NARM integrates client agency into the therapeutic process to allow the client to have more autonomy and to create their own journey through therapy that results in fulfillment and increased agency (Heller & Kammer, 2022). NARM is a model that addresses complex trauma from childhood and guides them to create new strategies that increase their sense of self and foster connections and relationships (Heller & Kammer, 2022). Building back these relationships and a healthy sense of agency allows individuals to overcome their complex trauma and thrive.

NARM in clinical social work

Clinical social workers encounter clients who have experienced trauma across many practice settings (Vasquez, 2022). Skills to work effectively with traumatized clients are required for competent social work practice. The use of trauma informed methods aligns with ethical social work practice (NASW, 2005). NARM is a trauma-informed therapy model which was specifically designed to support clients who have experienced C-PTSD (Heller & LaPierre,

2012). Current research on NARM shows that social workers and other professionals as well as their clients can benefit from the use of NARM in their work with trauma survivors (Gruber et al., n.d.; Vasquez, 2022).

Methods

Design

This study utilizes the Interpretive Phenomenological Analysis (IPA) research method to describe the participants' lived experience of the phenomenon of the NARM model for the resolution of complex trauma and to develop a cohesive description of these common experiences (Creswell & Poth, 2018; J. A. Smith, 2004). IPA was selected because it is, "interpretative, interpersonal, and interactive in nature, endowed with features that help equip its studies and researchers with rich abundance of data insight, holistic flavor to the stories that are being explored, all the necessary tools and mechanisms needed to conduct a rich and thick descriptive research study" (Alase, 2017, p. 13). Through utilizing IPA with a focus group, more experiential insight and reflection can be derived from the questions (Bush et al., 2019).

The researcher developed an interview guide utilizing an open-ended question formula. The focus group questions in this research study inquired about what the participants have experienced and how they have experienced it, to arrive at the essence of their experience (Creswell & Poth, 2018; J. Smith, 2011, 2017). The questions were developed based upon the researcher's professional knowledge of the NARM model and in consultation with Brad Kammer, NARM Lead trainer, in a personal interview conducted by the researcher. The open-ended questions in this study ask what NARM Practitioners perceive specifically about the NARM model that reinforces client agency.

The phenomenological research tradition recommends a participant group of between 2 and 25 members who are representative of the homogeneity that exists among the participants' sample pool to gain an understanding of the depth of the subject matter (Alase, 2017). The purposive sampling method used in this study because participants offer insight into their unique experience with the phenomenon under investigation (J. Smith, 2017). The participant group sample size ($N = 14$) was sufficient according to the tenets of IPA.

Sample

The participants in this study ($N = 14$) were Licensed Therapists (Social Workers, Professional Counselors, and Marriage and Family Therapists)

who participated as a cohort in a first-generation, 140-hour training in the Neuro Affective Relational Model (NARM) one year prior. Of the original training cohort of 28, sixteen registered and attended the continuing education event. Participants who registered for the training were notified that an optional, one-hour focus group would be held during an afternoon break from the training, for the purposes of conducting a research study on the concept of agency, as it relates to the NARM model, from the perspective of NARM Therapists. All members of the possible sample pool of NARM Therapists from the NARM training cohort were invited to participate in this voluntary research study with no exclusionary criteria, no incentives for participating, and no consequences for not participating.

Of the 16 attendees, one declined to participate, and one was the interviewer, which left 14 participants in this study ($N = 14$). This allowed the researcher to capture the perspectives of 50% of the entire cohort in the focus group. The sample largely consisted of female participants, which closely reflected the original training cohort. The sample was comprised of participants from Middle Eastern, Hispanic, Jewish, and Anglo cultures. Data concerning the demographics of NARM training participants as a whole is unavailable.

In the IPA tradition, the researcher must have a true and deep understanding of the participants' lived experiences for the stories of the participants to make sense interpretively (Alase, 2017; Pietkiewicz & Smith, 2014). As a member of the cohort and a NARM Therapist, the researcher is familiar with the participants and has a unique perspective of and insight into the experiences of the participants in this study. The perceptions of the focus group participants were identified through the process of IPA data collection and analysis. This study utilized a small focus group rather than an individual to give a general account of commonality while highlighting the unique experiences of multiple participants as IPA should.

Data collection

IRB approval was obtained by the researcher. An informed consent form was signed by participants prior to the start of the focus group. The researcher notified participants that the focus group would be recorded and transcribed verbatim by the researcher. The focus group was recorded using two devices to obtain complete data for transcription. The researcher notified participants that the researcher would ask the group questions until the timekeeper alerted the group that 5 minutes were remaining. Seven of the ten questions were asked in the 60-minute time frame allotted for the study. These questions reflect the in-depth exploration of personal experiences (Pietkiewicz & Smith, 2014). Focus group questions are listed below.

NARM Focus Group Question Guide

- Question 1 Have you noticed an increased sense of agency in your clients after using the NARM model?
- Question 2 What about the NARM model contributes to a client's increased sense of agency?
- Question 3 How do you feel NARM pillar #1 *Establishing a Therapeutic Contract* might lead to a client's increased sense of agency?
- Question 4 How does the therapeutic relationship component of NARM impact client agency?
- Question 5 How does the therapeutic stance of the NARM relational model impact client agency?
- Question 6 How does the 50/50 concept of NARM impact client agency?
- Question 7 How does collaborating with clients on clarifying the therapeutic contract to focus on client's desired internal state rather than behavioral change such as reducing anxiety reinforce agency?
- Question 8 How do you feel NARM is different in regard to supporting client agency than other models you've been trained in?
- Question 9 What have your clients told you verbally or demonstrated non-verbally that shows an increased sense of agency after using the NARM model?
- Question 10 What else would you like me to know about your perception of client agency when using the NARM model?
-

Data analysis

The focus group was transcribed by the researcher, coded, and prepared for thematic analysis. This analysis involved the researcher remaining open to the phenomenon revealing itself through all available means including the audio recording of the focus group, the transcript, field notes, and reflections on the interaction between the researcher, participants, and the phenomenon using the IPA method developed by J. A. Smith (2004). The phenomenon, as described by NARM Therapists, in this study was understood through an extensive review of the focus group transcript, thorough analysis, and reflective interpretation by the researcher to identify themes. This immersive analysis was vital for the validation of this study through IPA focusing on the lived experience of participants (J. Smith, 2017).

Data analysis incorporated methods to identify the core themes and excerpts that best convey the experience of the participants in relation to the phenomenon. Listening to the audio recording of the focus group supplemented the transcript review in the quest for themes. The transcript was analyzed in conjunction with the original recordings and interview themes were identified. Only after the researcher became immersed in the text and recordings did themes begin to emerge and be documented. IPA requires that researchers fully immerse themselves in the data in order to see themes in their totality and exceptionality (Pietkiewicz & Smith, 2014).

Quotes that represented the core of the identified themes were selected to tell the story of the participants in their own voice using their own words. Using identified themes and quotes that brought these themes to life, the researcher conveyed the lived experience of the participants' description of their encounter with the phenomenon. Through the use of quotes the researcher is able to tell the story of the participants with deep significance

while upholding transparency (Nizza et al., 2021). Through the framework of IPA, the researcher discussed the identified themes as they relate to the therapeutic model under investigation as well as guiding psychological theories underpinning the model and the therapeutic concept of agency.

IPA acknowledges that the research is an interaction between the researcher and the participants. This study used reflexivity and bridling to acknowledge the role of the researcher in the study and minimize the involvement of the researcher's preexisting beliefs and goals for the study prior to data analysis. Data analysis provided for efforts to minimize researcher bias in the process of identifying themes and methods to verify that researcher interpretations are grounded in the data to improve the accuracy of theme identification. This is supported by data organization in NVivo software to facilitate efficiency, accuracy, and data organization, and assist the researcher in examining relationships in the data.

After themes were identified, the researcher grouped related themes together. After the relationships among themes were identified, the organized themes were arranged and presented using a table that provides a visual description of the themes identified in this study ([Appendix A](#)). The relationships evoke strong experiential themes, which are examples of an adequate IPA study (Nizza et al., 2021). Through data analysis, the final product revealed the themes that represent the core of the phenomenon of the impact of NARM on client agency from the perspective of NARM Therapists.

Rigor

The framework for IPA research supports the evaluation of the quality of the study and demonstrates validity in IPA research. Sensitivity to context was approached through familiarity with the model and group participants, deep exploration of related literature on therapeutic agency, as well as development of the interview guide in consultation with the NARM Lead trainer.

Commitment and rigor were addressed by an in-depth study of and close adherence to the theory and method of IPA. The researcher engaged intensively with the phenomenon and selected a purposive, homogenous sample of NARM Therapists, reflecting the ideographic nature of the IPA model. Rigor was demonstrated by the multiple processes of reading and re-reading the transcript, thorough analysis, and interpretation to reveal the phenomenon from the descriptive accounts of the focus group participants, told through the participant's narrative using their own words. Member checking was completed to support the validation of the findings and support rigor.

The transparency of the study honors the IPA method by describing the steps of the researcher's process. The data analysis relied upon the reflections and coding of one researcher to identify themes. The IPA method is inherently

subjective. This study has maintained an epistemological commitment to the method and its acknowledgment of reflexivity.

Measures were taken to protect study participants by informing the participants that their participation was optional, they would not be penalized in any way for declining participation, and they were not obligated to answer any questions at all. Participants were provided an informed consent form, group confidentiality, and disclosure agreement.

Results

The study revealed four themes that represent the phenomenon of client agency in the NARM model from the perspective of NARM Therapists (see [Appendix A](#)). The NARM Therapist's input gives insight into the first-hand experience of client agency. The themes identified include Connecting to Present Moment Awareness, Reflecting and Reinforcing Client Choices, Acknowledging Client Insight, and Contracting with the Client. These themes are significant because they reflect the relationship between client agency and the NARM model.

Connecting to present moment awareness

Connecting to present-moment awareness was identified as a key theme of client agency. Study participant 4 shared, "you're not as much lost in the story of what happened, you're in the present moment, and see how you're doing it now, and what you're doing yourself." Connecting to present-moment awareness creates an opportunity for the client to engage from their adult consciousness and disengage from their victimization patterns that are often reinforced by the story that clients tell in session. Taking a moment to pause the story, connect to the present moment, and reengage supports the client as they experience agency from the place of present-moment awareness.

Reflecting and reinforcing client choices

Another theme that emerged was reinforcing and reflecting client choices supports client agency. Study participant 7 explained, "the dynamic upon which that process hinges is the intervention of the continued 'what is it that you want?' which engages the client in this inner reflection of what that is, and then each time connecting a little bit more and more and more solidifies, it establishes agency, their right to choose, their ability to choose as a viable option, and a necessary option. And that is the medicine." The process of noticing and naming clients making choices holds a mirror up for the client to see that they are capable of making choices in their own

lives and are doing so. This reinforces client agency and counters the client's belief that they are a victim of their experience rather than the creator of it.

Acknowledging client insight

Acknowledging client insight was an additional theme that NARM Therapists described as key to client agency. Participant 5 shared that there was, “an internal sense of locus of control. Like, I, the therapist, not telling them how the session will go, but engaging them to have insight as to what they desire.” The insight comes when the client identifies what they want for themselves as well as what they don't want for themselves. The client insight is an expression of agency and the therapist acknowledging the insight reinforces it.

Contracting with the client

Another theme that emerged was the critical component of creating a therapeutic contract with the client supports agency. Participant 14 described it as, “consent. The act of contracting is consenting. And that is the agency that was missed in their developmental traumas.” Establishing a therapeutic contract that the client creates by identifying what they want for themselves reinforces agency. It allows the therapist to reflect to the client what may be getting in the way of the client's desired state as expressed in the contract. Establishing the contract allows the client an opportunity to practice setting boundaries and giving voice to their wishes and desires. That expression is a demonstration of client agency.

Limitations

A limitation of this study was that the researcher was a coordinator of the participants' NARM training, which could impact what participants shared in the focus group. An additional limitation was that the NARM Lead trainer was present during the focus group which could also affect what the participants felt comfortable saying. Additionally, the researcher was only able to ask seven of the ten questions from the interview guide and stuck to the order of the questions as written, rather than having the questions serve as a guide that was flexible to adapt to the flow of the conversation as it unfolded.

Further limitations include that the participants, while fully licensed and experienced trauma therapists, had only been trained in NARM for one year prior to the focus group. Additionally, all participants were part of the same NARM Training cohort and thus had established group dynamics prior to the focus group.

Implications for social work practice

This study suggests that using NARM as a practice model can empower both the client with the ability to access their own sense of agency and the therapist with the clinical skills to work with clients who have experienced trauma and may have a diagnosis of C-PTSD. The modality of NARM supports client agency as it is built into the framework. The principles of agency can be used in therapeutic settings with clients who have experienced C-PTSD to promote autonomy and healing in the therapeutic process.

This research supports the Standards for Clinical Social Work in Social Work Practice standard 1 Ethics and Values, standard 2 specialized practice skills and interventions, and standard 11 professional development (NASW, 2005). Social Work standard 1 ethics and values, including dignity and worth of the person, align with the NARM pillar of reinforcing client agency which supports the client in recognizing their ability to make decisions that align with their values and support their goals (NASW, 2005). Social work standard 2 of specialized practice skills and interventions supports the acquisition of additional knowledge and skills through seeking appropriate training when required to address clients' needs (NASW, 2005). The needs of clients experiencing C-PTSD are unique and specialized training should be sought to appropriately support the needs of these clients. This study also aligns with standard 11 professional development which states to practice effectively, clinical social workers must remain knowledgeable about emerging interventions (NASW, 2005). Clinical practice can build upon the foundations of NARM and client agency to improve current practice techniques and assist clients in finding their sense of agency and supporting self-determination, and their inherent dignity and worth.

NARM focuses on supporting clients reach the states and capacities they desire for themselves (NARM Training Institute, n.d.). An example of this type of goal would be a client who would like to feel a greater sense of peace. In that case, a client contract could involve exploring what's getting in the way of the client experiencing peace. As a result of this clinical approach, clients whose therapeutic goals center on behavioral goals or strategies may not be the best fit for NARM. For example, a client who is focused on quitting smoking may identify their therapeutic goal as quitting smoking and may not be able to effectively identify a state of being that they would like for themselves since the behavior is top of mind.

While emerging research on NARM shows promise as an emerging psychotherapeutic modality designed specifically to treat symptoms of complex trauma (Bethell et al., 2022; Gruber et al., n.d.; Konermann, n.d.; Vasquez, 2022), NARM Therapist training requires a significant investment. Certification as a NARM Therapist takes 140 total hours across 4 modules over one year and costs a total of approximately \$6,450 for the 4 required modules, 8 consults and 4 active coaching sessions at the time of this publication.

Discussion

The objective of this study was to understand how trauma therapists trained in the trauma-informed intervention NARM perceive the impact of the NARM model on client agency and highlight how NARM can be used by clinical social workers and other trauma therapists working with clients who have experienced trauma and C-PTSD. Research on NARM is emerging and has shown to be effective for treating 12 of 13 characteristics of C-PTSD, and particularly effective for negative self-concept and relational difficulties (Gruber et al., n. d.). This study brought to light four themes that support client agency through the lens of NARM therapists. The emergent themes capture the story of the therapeutic relationship and how professionals can support agency in their clients using the NARM model. The presented themes show how agency can be supported in clients who have experienced trauma. While research on the effectiveness of the NARM model is emerging, this study is concurrent with other research around C-PTSD, NARM, and agency through similar processes and findings (Acke et al., 2022; Blackie et al., 2024; Jennissen et al., 2021). Further research should be conducted on the intricacies of clinical practice with C-PTSD and how it relates to agency from a NARM client's perspective.

Recommendations for future study

Recommendations for future study include asking the participants to define what agency means to them, conducting individual interviews with NARM Trainers to learn their perspective of agency in the NARM model, interviewing the creator of the NARM model Dr. Lawrence Heller to understand how the concept of client agency in the fourth pillar of the NARM model was developed, and studying how NARM has impacted clients themselves, if they have experienced a greater sense of agency since engaging in NARM Therapy and if so, what about the therapeutic process they attribute that to specifically.

Conclusion

Agency refers to the feeling of control a client feels in their life, and it is an essential aspect of psychotherapy (Moore, 2016). The NARM model is an innovative approach to psychotherapy and aims to support clients on their healing journey in an alternative manner (Vasquez, 2022). The NARM model focuses on building client agency throughout the therapeutic process and allows therapists to focus on supporting clients through relationship (Heller & Kammer, 2022). By using the NARM approach, therapists are able to support the agency of their clients in a variety of ways. This study identified the ways that NARM therapists identified as being imperative to supporting client agency.

This study used IPA to understand the phenomenon of how the NARM model of resolving complex trauma supports client agency from the perspective of NARM Therapists. The theory that NARM therapy serves to enhance client agency was supported by NARM Therapists during the focus group. The researcher used the words of the participants to illustrate how the themes organically expressed themselves in the study. The themes uncovered by the study to reveal how NARM supports client agency were connecting to present moment awareness, reinforcing, and reflecting client choices, acknowledging client insight, and creating a therapeutic contract. Study participants shared descriptive and meaningful examples from their client work to illustrate how they have witnessed client agency supported by the NARM model.

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Notes on contributor

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Appendix A

Table A1. Data analysis from focus group.

Emergent themes	Original transcript
Connecting to present moment awareness supports agency	<p>“So it’s not as much, you’re not as much in the – lost in the story of what happened, you’re in the present moment, and see how you’re doing it now, and how, what you’re doing yourself.”- Participant 4</p> <p>“I think also looking at exceptions, or being able to realize, Oh, wait, I’m doing this thing that I want to be doing. So it’s that present moment like, Oh, wait, I’m doing it!”- Participant 3</p> <p>“That that being able to realize that that may be where I am right now, like, maybe that’s the impulse to get some place else. But that right there is a really useful thing for us to sit and explore and meditate on, that yes, my strategies have been useful and there are other choices. Okay, now, I can choose what I want to do.”- Participant 7</p>
Reflecting and reinforcing client choices supports agency	<p>“I do think that choices exist in their responding. And whether or not. . . And it’s not about what they do. It’s about the fact that there’s lots of choices about what they can do.”- Participant 10</p> <p>“Like, you can either choose to kind of be shut down as a way of functioning in the situation, or you can choose to be uncomfortable and decide whether or not you want something to change. Like, it-it-it really leaves a lot of space for the clients to feel, um, I don’t know, like they, um, they’re alive in what’s happening to them, as opposed to, um, being kind of passive or helpless in what’s happening.”- Participant 1</p> <p>“I think the dynamic upon which that process hinges is the question as the intervention of the-the continued what is it that you want? What is it that you want? Um, engages the client in this inner reflection of what that is, and then each time connecting a little bit more and more and more solidifies, solidifies, I mean, that it establishes agency, or their right to choose, their ability to choose as a viable option, and a necessary option. And that is the medicine.”- Participant 13</p>
Acknowledging client insight supports agency	<p>“I think insight into where they’re not using agency sometimes. It’s like, Oh, I actually can do it, just kind of seeing instead of, you know, kind of making it like something happened to them, there’s a, but it’s different than telling them”- Participant 2</p> <p>“I think their agency comes through an insight that they get from exploring and having curiosity about what it is that they’re not comfortable with that they need to work on.”- Participant 12</p>
Emergent Themes	<p>Original Transcript</p> <p>“And again, there being an internal sense of locus of control. Like, I, the therapist, not telling them how the session will go, but like engaging them to have insight as to what they desire.”- Participant 5</p>
Contracting with the client supports agency	<p>“I think the contracting really helps support agency because it’s asking the client to-to, uh, become aware and connect to their intention, which is often displaced for people. So that can be very potentially empowering for clients to realize that they’re actually, you know, like you talked about before, they’re not just screwed up, but they actually have something that they want for themselves.”- Participant 11</p> <p>“The act of contracting and her naming, ‘I don’t want to go there, I don’t want to remember that, I don’t want to acknowledge this part of myself,’ is her consenting – and thus not consenting – is her power, her agency that she did not get then, and it actually becomes a huge part of the trauma work of just, you set a boundary and I’m acknowledging it in that moment.”- Participant 9</p> <p>“Consent. So, the act of contracting is consenting. And that is the agency that was missed in their developmental traumas.”- Participant 4</p>