

John Preston, Psy.D., ABPP

- **Professor emeritus**
*Alliant International
University*
Sacramento, CA, USA
- **Website:**
www.psyd-fx.com



Building Resilience and Enhancing Treatment Outcomes

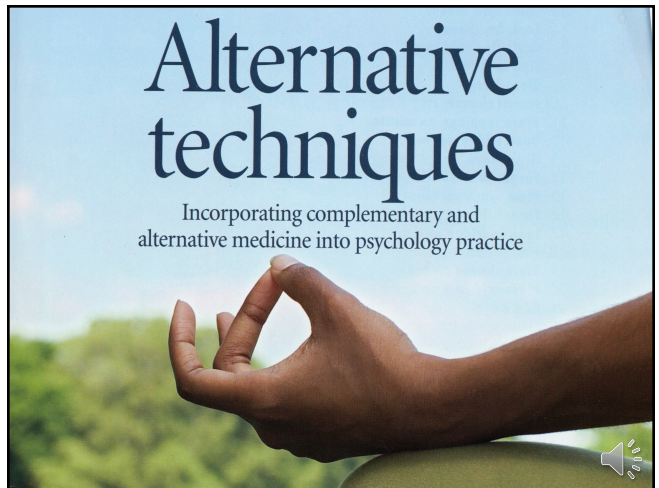


Disclosure



Alternative techniques

Incorporating complementary and
alternative medicine into psychology practice



Not Covered Today

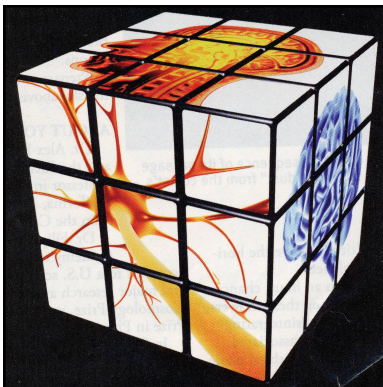
- Chiropractic
- Massage
- Prayer
- Yoga * Recreation Tx
- Tai Chi
- Music; dance
- Art * Homeopathy
- Occupational Therapy
- Psychopharmacology
- Energy therapies
- Grounding
- Equine therapy
- Pet therapy
- Dietary supplements
- Hypnosis
- Nutrition (a bit)
- Spirituality
- Meditation

And a lot more



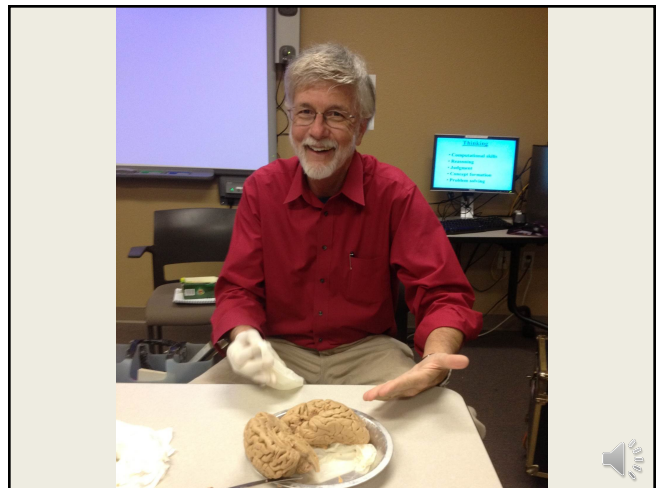
Integrated Models

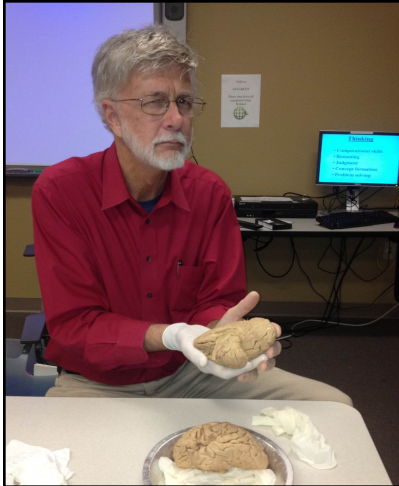
- Psychotherapy
- Neurosciences
- Buddhism (models of the mind) *



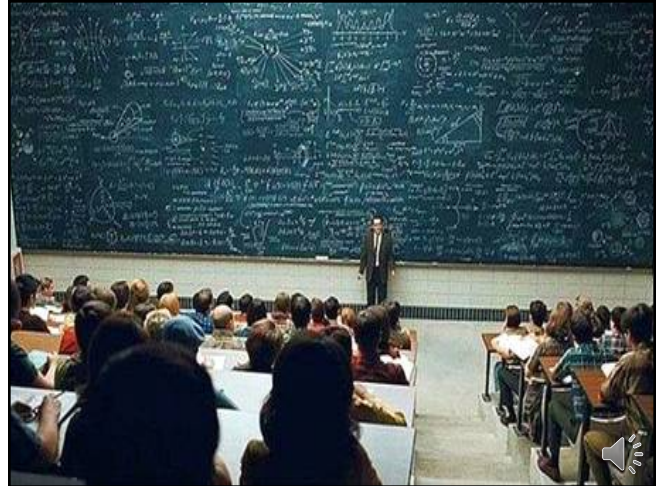
**Why a
focus on
Neurobiology**

?





**Ingrained
Neural
circuits
for
Attachment
and
Affect
Regulation**



**“The great tragedy
of science:
the slaying of a
beautiful theory by
an ugly fact”**

Thomas Huxley (1870)



Limitations of Treatment

**A need for
Integrative Approaches
and Humility**



Psychotherapy Outcome Studies Focus on Symptom Disorders



THE NATIONAL
Psychologist

Vol. 23 No. 1 The Independent Newspaper for Practitioners

2013 Evolution of Psychotherapy Conference

Therapy: No improvement for 40 years

By John Thomas, Associate Editor

Anaheim – The good news is that psychotherapy continues to help around 80 percent of the people who seek the assistance of therapists to deal with their problems.

The bad news is that psychotherapy has not shown any improvement during the last 40 years in how well therapists deliver their services.

The good news/bad news scenario was delivered by Scott Miller, Ph.D., to several hundred therapists attending his

ing three-hour lecture were seeking ways to avoid becoming average therapists and enhance their performance and join the group of so-called top performers who achieve about 50 percent better outcomes than their equally trained and

work up a sweat, but we don't get anywhere." While psychology as a profession seems stuck in the 1970s in terms of its effectiveness, athletic performances have increased by more than 50 percent during the same period of time.

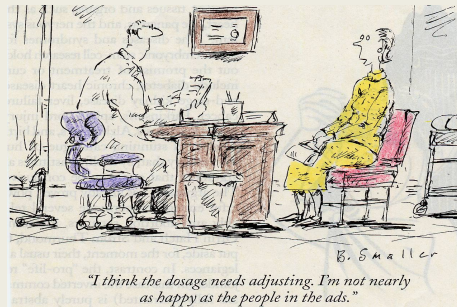
Available evidence, he added, demonstrates that attending a typical continuing education workshop, specializing in the treatment of a particular problem or learning a new treatment model does little to improve therapists

Outcome Studies in Psychopharmacology

Samples used

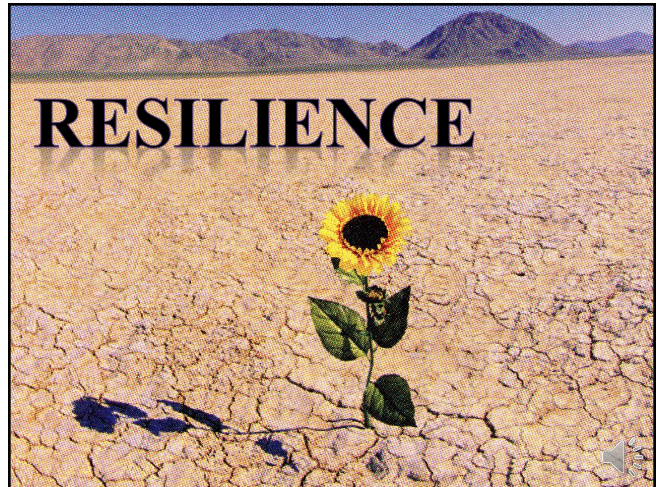


SYMPTOM REDUCTION vs. QUALITY OF LIFE



"I think the dose needs adjusting...I'm not nearly as happy as the people in the ads"

Medication Treatment Outcomes “Best Practices”



Resilience

- Psychological sturdiness
- Successful coping
- Recover, adjust, and **GROW** following misfortune and change



“The world breaks everyone and afterward many are strong at the broken places”

- Ernest Hemingway

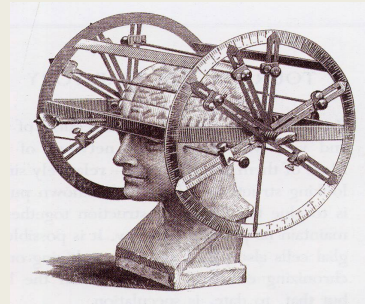


**“What doesn’t kill you
makes you
stronger”**

-Nietzsche



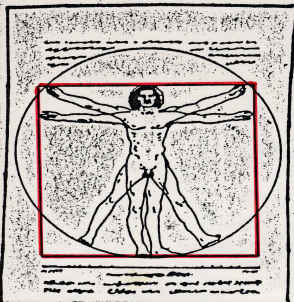
Changing the Brain



“Anatomy is destiny”

...S. Freud

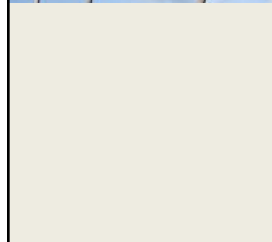
PLAN A

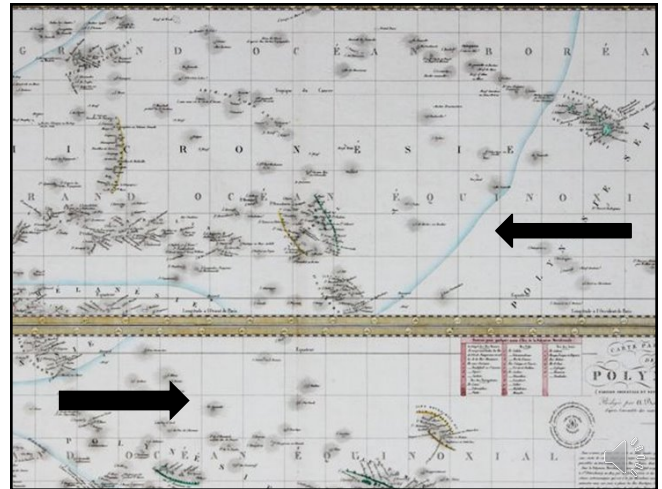
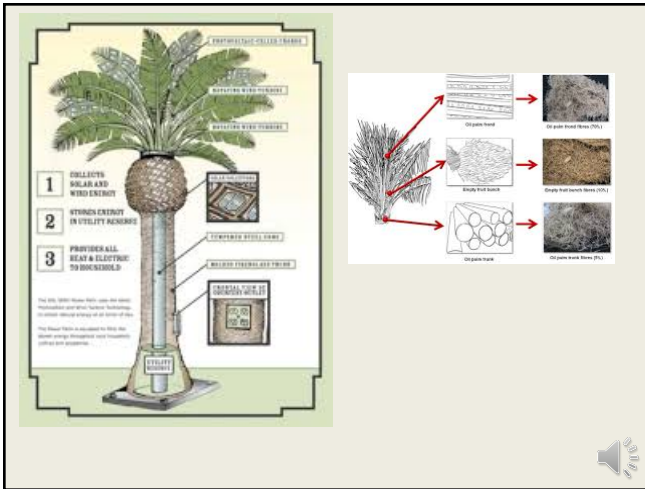


PLAN B



**Epigenetics:
Gene-
Environment
Interactions**





Resiliency

“Those who have not avoided stress, but rather have found ways to face it, learn to regulate emotions and choose to take on challenges: this is the way to ***Build Resiliency.***”



The capacity for significant brain change shows enormous individual variability

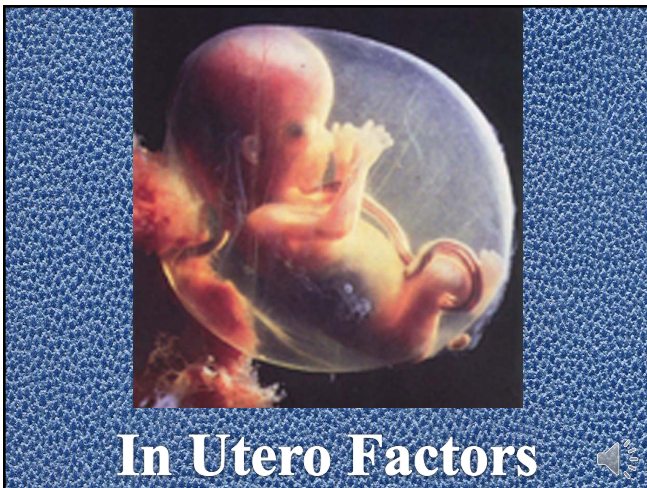




Sources of Resiliency

Let's take a closer look

Nature, Nurture and Luck

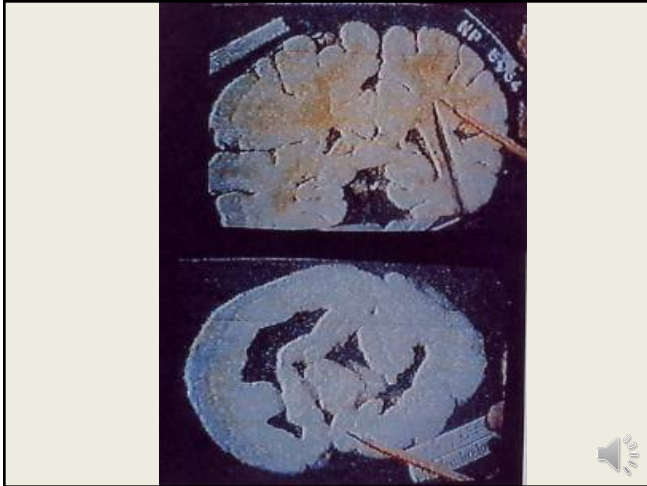


In Utero Factors


In Utero Exposure: Brain Damage

- Maternal stress hormones (cortisol)
- Toxic exposure






The role of Nurturing, the Impact of Severe Early Neglect and Epigenetics



A black and white photograph showing a young child sitting in a cage with a monkey. The child appears to be in a state of distress or fear, looking towards the camera. The monkey is sitting next to the child, and the scene is set in a cage with metal bars.

D. Hubel and T. Wiesel

1981 Nobel Prize



A black and white photograph of two men, D. Hubel and T. Wiesel, standing at a podium. They are both smiling and looking towards the camera. The podium has several microphones in front of them. The background is dark and indistinct.

3 studies



A black and white photograph of a rat sitting on a bed of straw or wood shavings. The rat is surrounded by several small, pink, hairless pups. The rat is looking towards the camera.

SEVERE NEGLECT: NEUROBIOLOGY

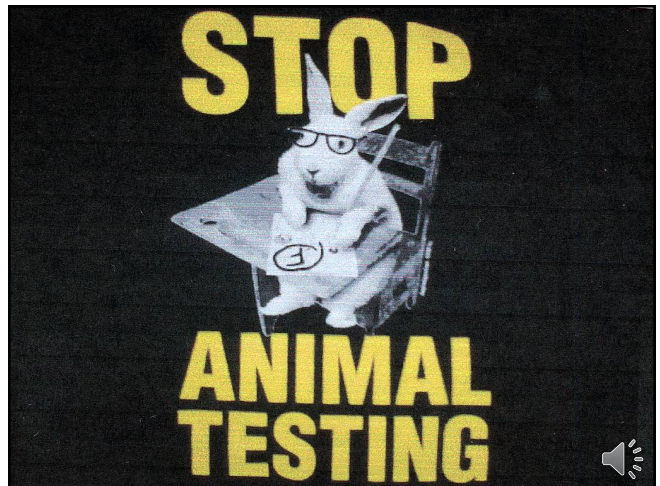


- **↑ CRF** (corticotropin releasing factor)
(anxiety; hyper-reactivity; **↓ deep sleep**)
- **↓ Serotonin** (irritability; impulsivity)
- **↓ Oxytocin** (attachment problems;
impaired ability to inhibit anxiety)



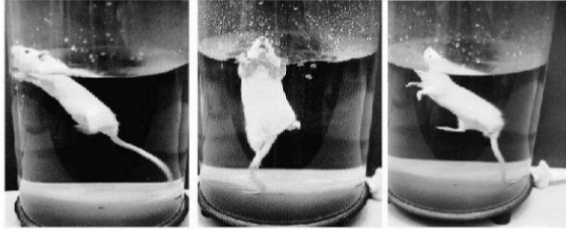
Is more better ?

Rat study
forced swim →



Forced Swim Test

Forced Swimming



Swimming

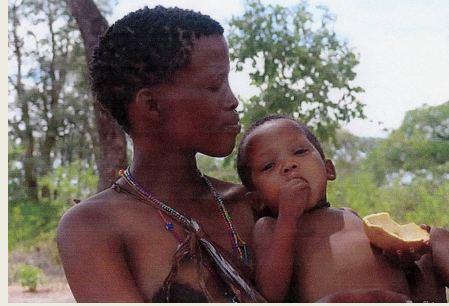
Struggling

Floating



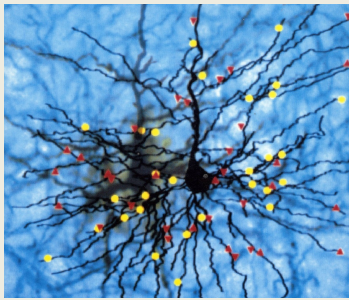
Prolonged Holding and Rocking

Likely the norm for 3+ million years



Fundamentals of Neuro-plasticity:

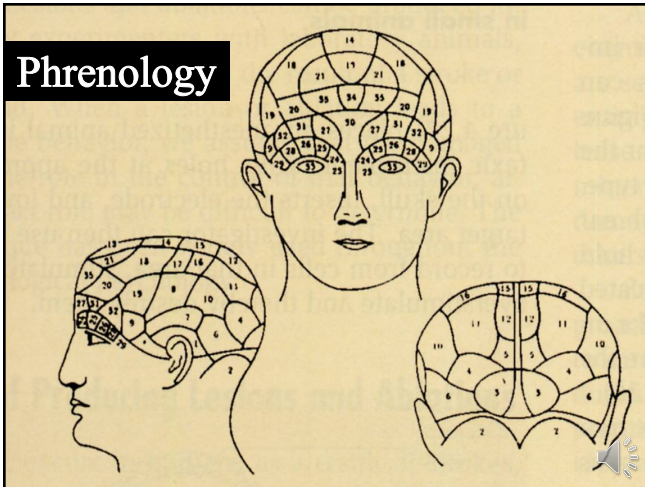
an Overview



Franz Gall (1758-1828)



Phrenology

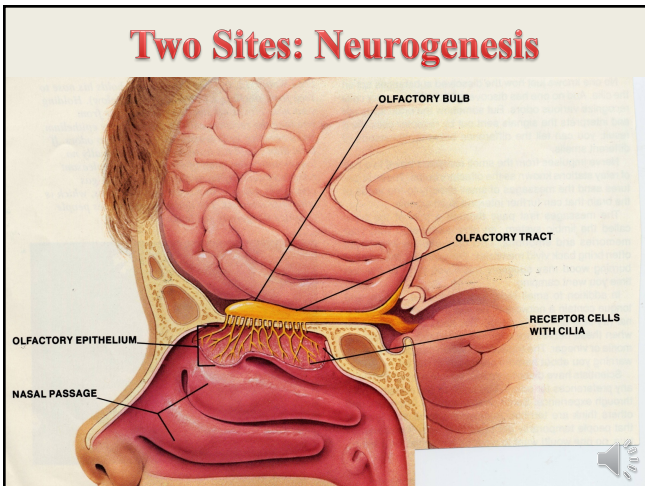


Potentials for Plasticity

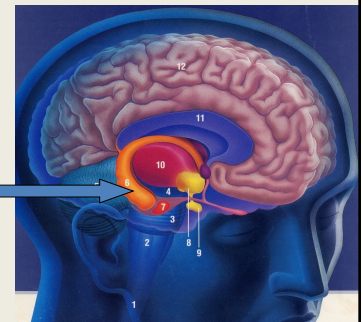
- Neurogenesis: birth of new neurons
- Dendrite proliferation
- Synaptogenesis
- Recruiting top-down control



Two Sites: Neurogenesis



Hippocampus



Memory and emotional regulation



Use it or lose it

Use it a lot...it grows



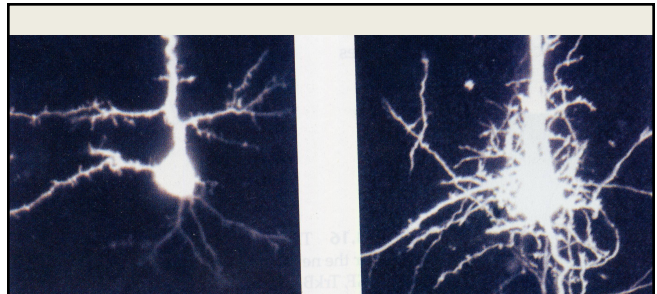
Potentials for Plasticity

- Neurogenesis
- **Dendrite proliferation**
- Synaptogenesis
- Recruiting top-down control



Nerve Growth Factors

- **BDNF**: brain-derived neurotrophic factor
(and other neuro-protective proteins)
- Can activate growth of dendrites



BDNF: Impact on Dendrite growth: 24 hours



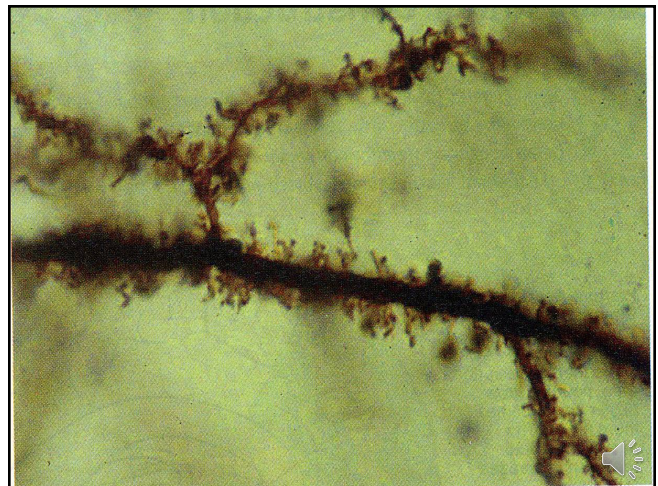
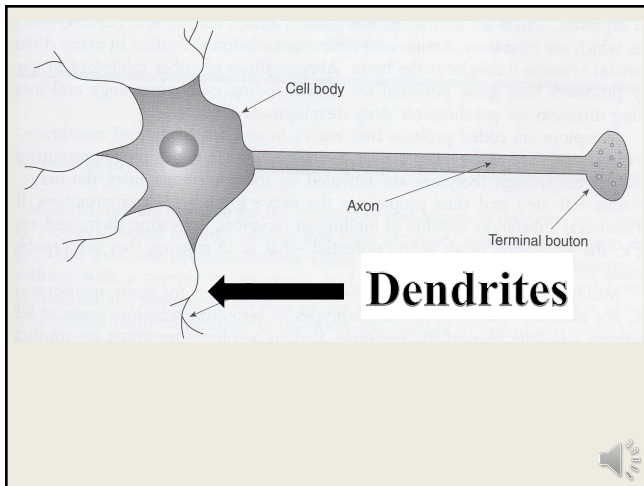
Potentials for Plasticity

- Neurogenesis
- Dendrite proliferation
- **Synaptogenesis**
- Recruiting top-down control

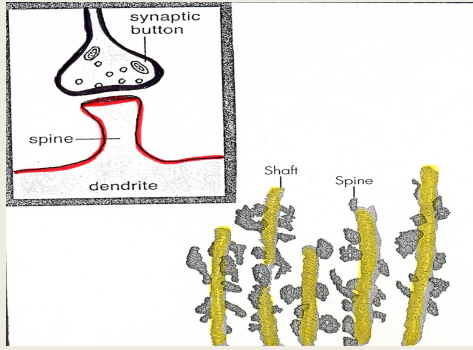


Synaptogenesis

- **Creating and strengthening synapses**

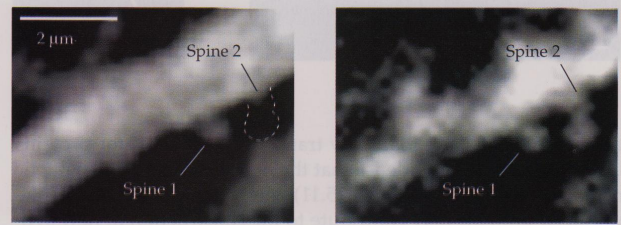


DENDRITE SPINES & SYNAPSES



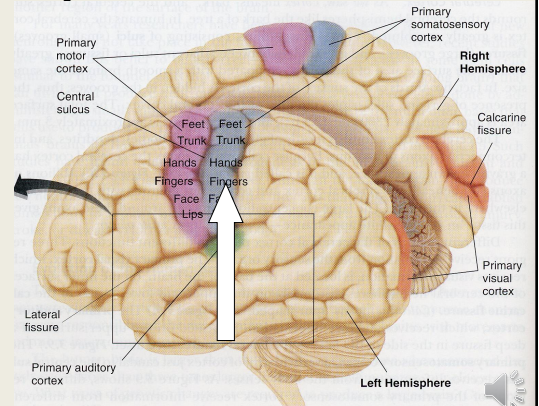
Spine Growth

one-half hour



Targeting *specific* Brain Structures and Circuitry

Primary Tactile Area: Parietal



Increasing Size of Brain Maps

- Most brain areas: increased size via dendrite proliferation
- **Learning braille:**
 - > 2 hours of class, 5 days a week
 - > by 6 months, noticeable increase tactile area

Pascual-Leone, R., et al. (1999)



Clinical Implications



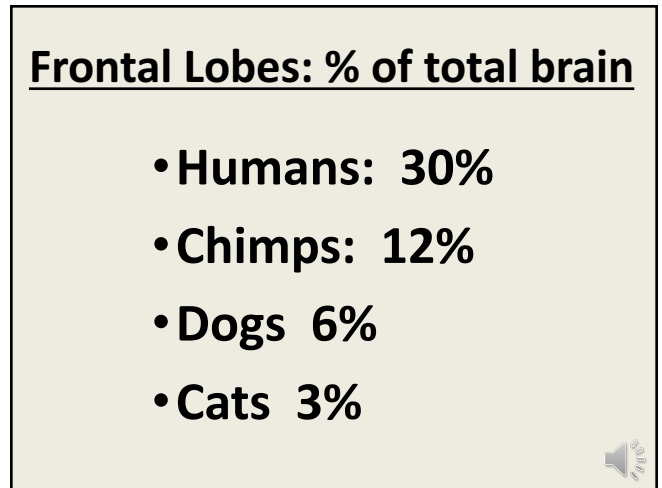
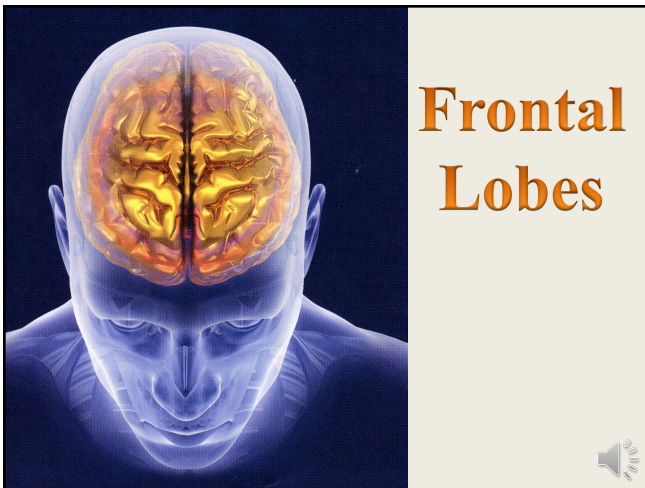
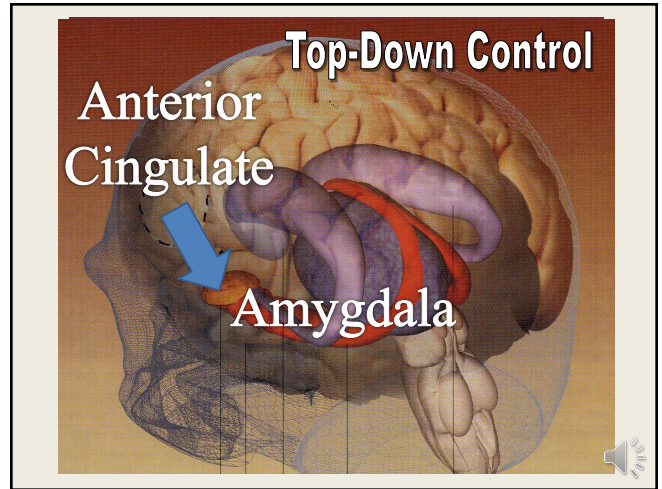
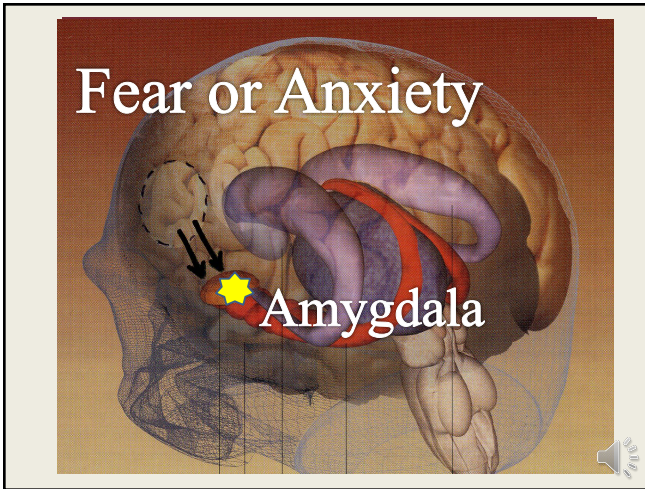
Potentials for Plasticity

- Neurogenesis
- Dendrite proliferation
- Synaptogenesis
- **Recruiting top-down control**




The concept of *Top-Down Control*







Psychopathology, Psychotherapy, Brain Changes and Neuroplasticity



**Facilitating
neuroplasticity**

Three concepts




1



Mindfulness
(Mind-fullness)

it's not just about meditating



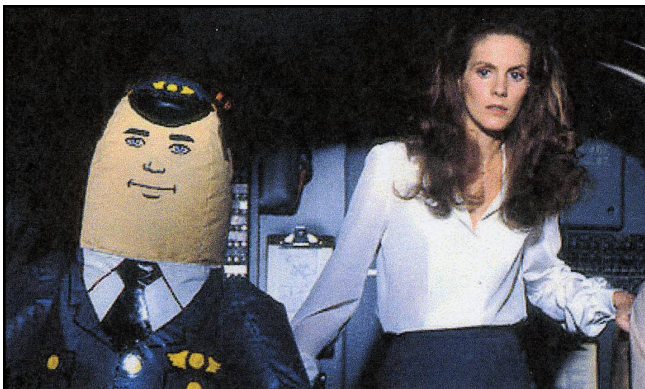
Mindfulness:
is about
Being Awake:
about Awareness
both Internally
and Externally



95% of Human Behavior is
Automatic

J. Bargh and T. Chartrand (1999)

Not “chosen”
Cognitive efficiency &
Energy conservation



Auto-Pilot



Autopilot

- Highway hypnosis
- *Zoned out....missing a lot of life in the moment*



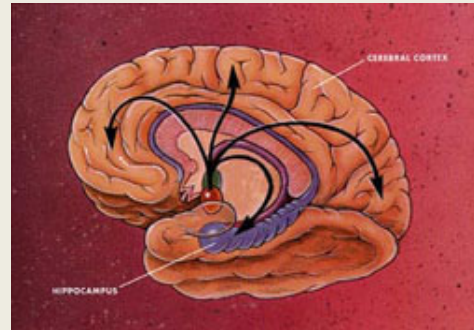
Digression:

**A key to activating
Neuroplasticity**

***Paying Attention
and strengthening
neural networks***



- **Acetylcholine** system
- Activated by paying attention



Acetylcholine System

- Less active with age
- Destroyed: Alzheimer's disease
- **Activate by**
learning novel tasks:
paying close attention,
interoception, mindfulness



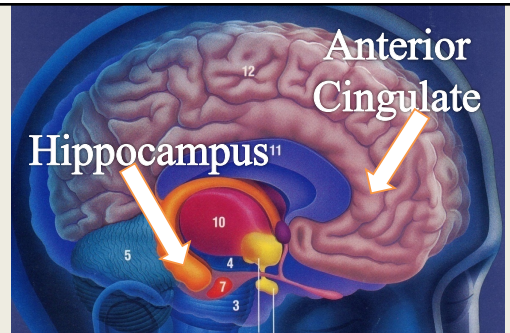
2

**Protecting the Brain
from Stress-induced
Brain
Damage**



Hypercortisolemia

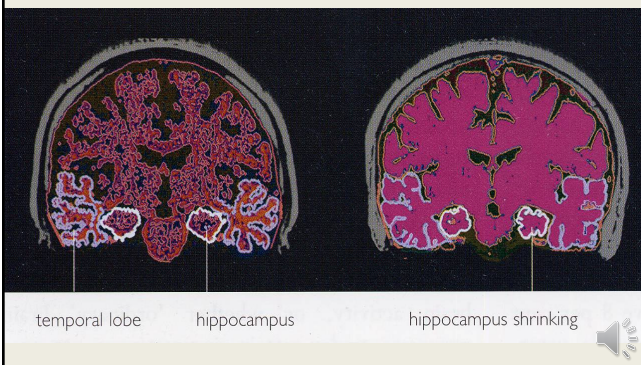
- Depression
- Extremely severe, chronic, inescapable stress
(perception of powerlessness)



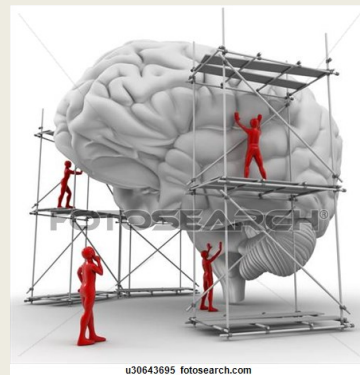
**Toxic level of cortisol:
Impaired Emotion Regulation**



Over time: with Repeated Episodes Progressive Brain Damage



Brain Repair



u30643695 fotosearch.com



BDNF: revisited

Protecting and healing the brain

- Can protect the brain
- Dendrites and strengthen synapses
- Can activate “neurogenesis”
(the birth of new nerve cells in the hippocampus)



Brain Repair

- **New nerve cells:**
“neurogenesis”
hippocampus



Brain Repair

- **Dendrite growth:**
hippocampus &
anterior cingulate



However,
Decreases in BDNF
seen in major depression
and
severe, inescapable stress



**Increased Cortisol
co-occurs with
Decreased BDNF**



Restoring BDNF

**Mastery and
Overcoming
Powerlessness**

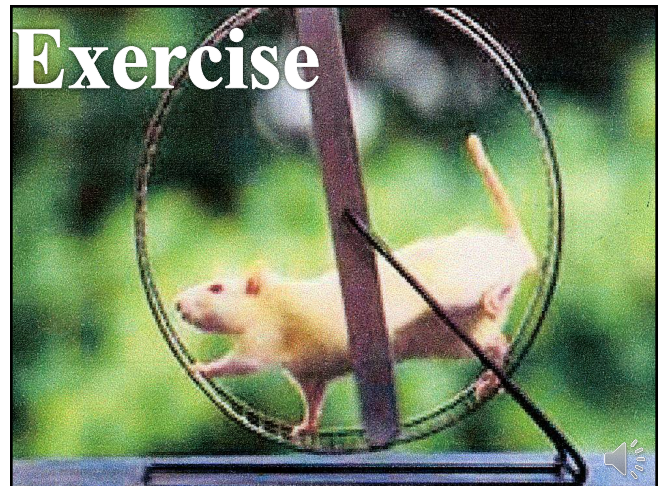


BDNF

➤ **MAY BE ACTIVATED BY:**

- * Antidepressants
- * Lithium, Depakote,
Tegretol, Lamictal
- * Seroquel, Abilify, Latuda,
Saphris

and



Additional Neuro-protective Proteins

- **GDNF:**
glia derived neurotropic factor
- **Myokines:**
from Muscles during exercise *
- **VEGF:** increases capillaries (brain and body)
- **IGF-1:** increases serotonin and glutamate
- **FGF-2:** enhances neurogenesis

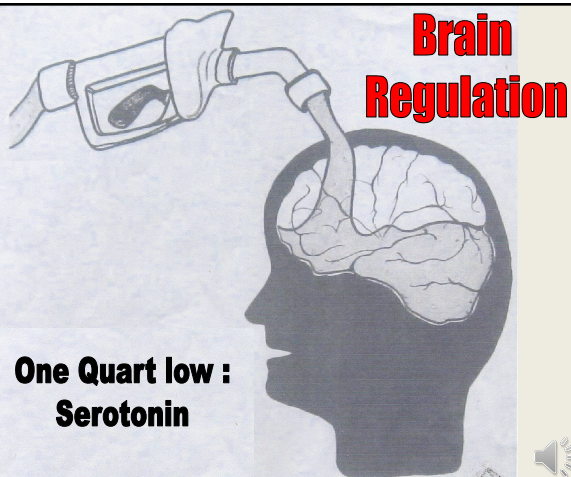
* "Spark"



3 Optimal Brain Regulation



**Coping,
Adapting,
& Healing**

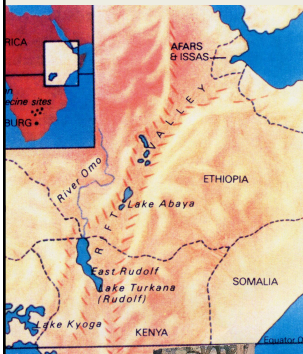


**Nature may
provide keys to
resilience**

**A 3 million year
longitudinal study**



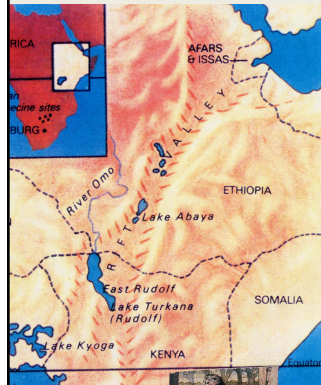
IN SYNCH WITH THE ENVIRONMENT



**Natural
Selection and
Biological
Adaptations**

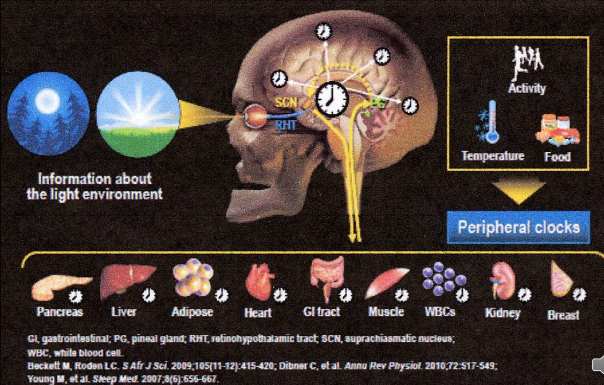
All organisms

LIFE AT THE EQUATOR



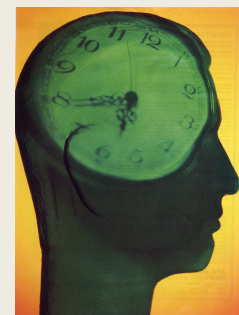
**For 3
million years
Bright Light
Exposure and
Brain
regulation
365 days a year**

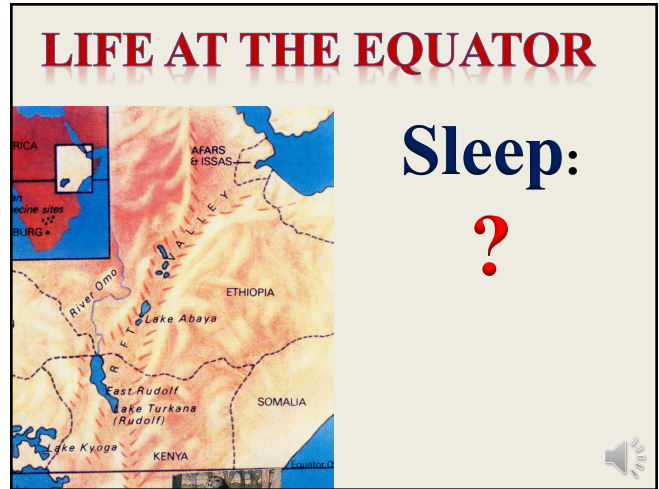
Synchronizing Circadian Rhythms Entrainment of the SCN and Peripheral Clocks



Circadian Stabilization

**& Serotonin
Regulation**

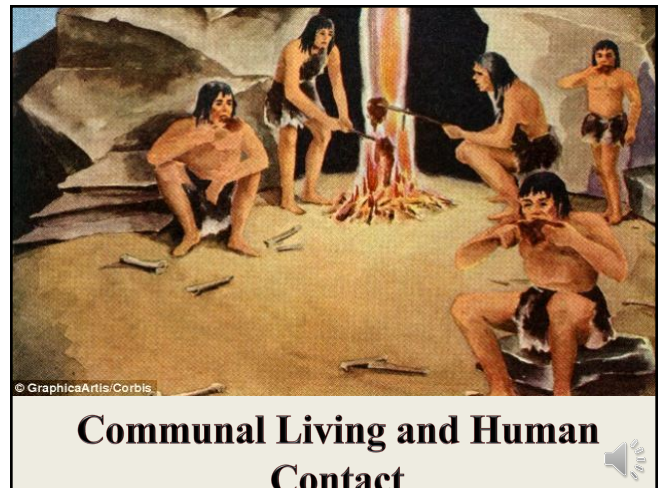




**Americans Today
sleep 1.5 hours less
per night than
100 years ago**

Need for sleep: 7-8 hours

A text box with a light background and a black border. It contains the text "Americans Today sleep 1.5 hours less per night than 100 years ago" in bold black font. Below this, it says "Need for sleep: 7-8 hours".



Environmental Factors Influencing “Natural” Brain Regulation

- Bright Light Exposure
- Exercise
- Sleep
- Communal Living

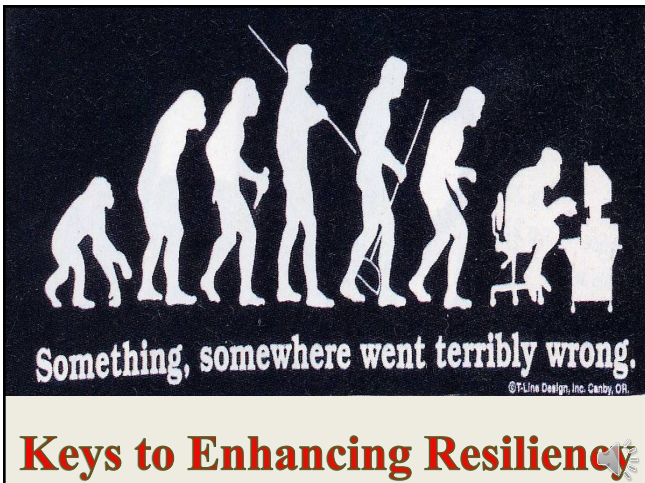
The Test
Of Time



“As a society where lifetime stress is increasing and where evolutionarily ancient homeostatic systems are facing new challenges, we cannot afford to ignore these factors”

Bruce McEwen (2013)

R



Lifestyle
Habits
and
Strategies
that
“Build”
Resiliency



Brain Regulation:
The importance of Sleep

• **SLEEP...THE BATH
AND BALM OF
HURT MINDS**

William Shakespeare



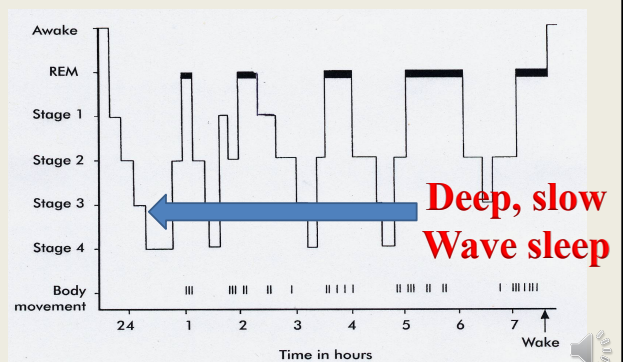
**“I can’t sleep. I think I’ll get up
and solve all my problems”**



**“To Do List”
&
James Pennebaker’s
Approach**



Normal Sleep Architecture

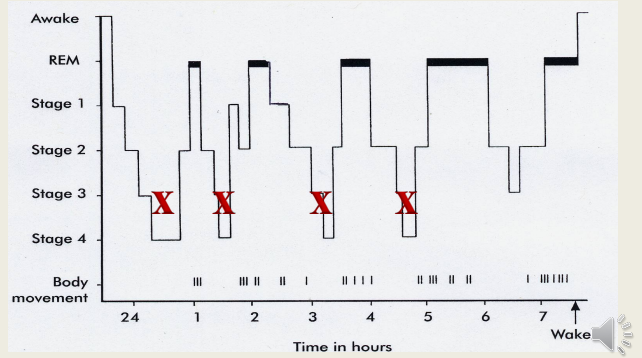


Slow wave (deep) sleep

- Restorative sleep
- Deprivation:
 - > Fatigue
 - > Troubles concentrating
 - > Impaired emotion regulation (irritability or depression)

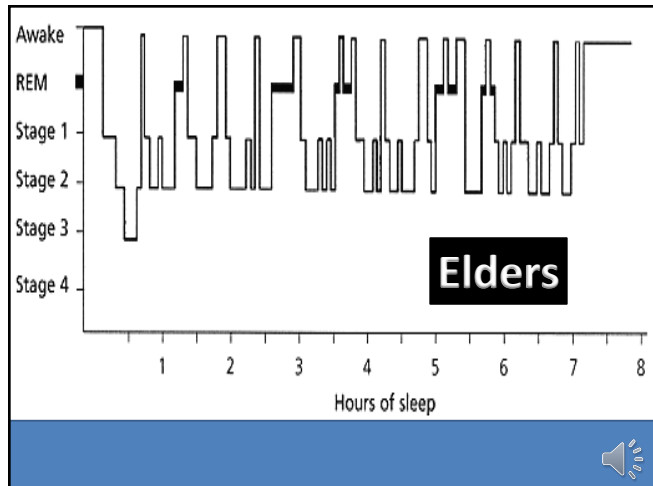
Pathologic Changes in Slow wave sleep

dep, anx, pain, primary sleep D, xsubstance abuse

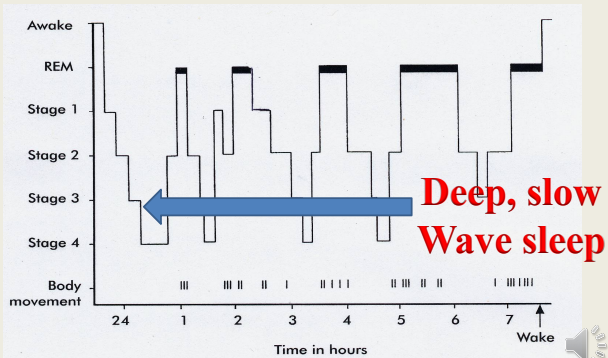


Common causes of sleep disorders

- Depression (cortisol) ★
- Anxiety (adrenalin; norepinephrine)
- Pain * Peri-menopause
- GERD (acid reflux) * Aging
- Frequent nighttime urination
- Sleep apnea * Menopause
- Restless legs * Pregnancy
- Substance use/abuse (caffeine)



Sleep Architecture: Middle Age



Increasing Deep Sleep

- Regular exercise
(not 3 hours before bed)
- Calm evenings
- Dark and quite...
- In bed: sleep and sex (only)
- Sleep cool

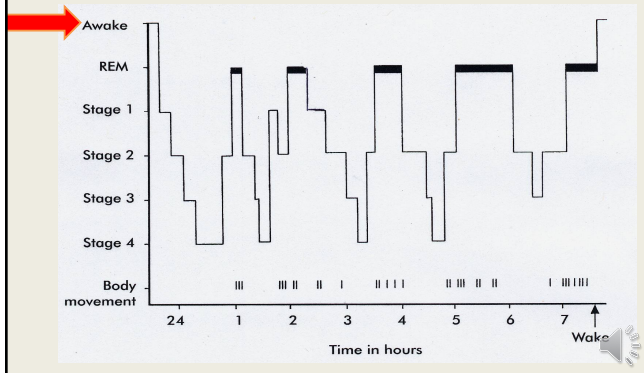
Sleeping Cool

- Environmental Engineering
(thermostat, etc...)
- Melatonin ↓ body temperature
- Blue light suppresses melatonin
- DLMO: dim light melatonin onset

DLMO: Dim Light Melatonin Onset



Pre-Sleep Gradual Cool-Down



Increasing deep sleep

- No “screen time” ½ hour before bed
- Melatonin...low dose:
0.5 mg ½ hour before bed
(Note: does not cause sedation)

Increasing slow wave sleep

- High doses of melatonin:
interfere with circadian
rhythm and can ↑ depression
destabilize bipolar disorder

Increasing slow wave sleep

- Avoid substances that
interfere with
slow wave sleep

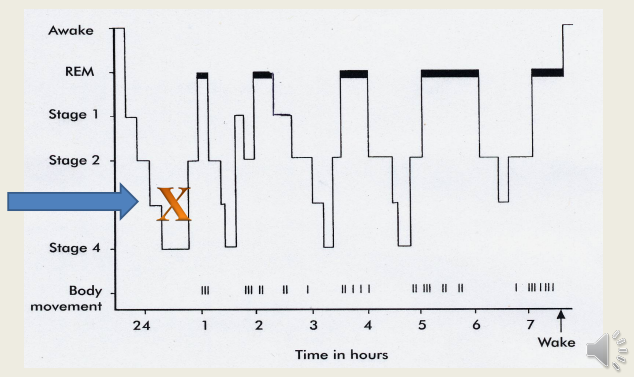
Drugs and Sleep Disturbances

- Caffeine
- Alcohol
- Tranquilizers
- Narcotics
- *Most Rx* Sleeping pills

Half-life of caffeine: 5-6 hours



Impact of Caffeine



**Best to keep
Caffeine
intake
at 250 mg.
or less and
Before noon**

Drugs and Sleep Disturbances

- Caffeine
- **Alcohol !!!!!**
- **Tranquilizers**
- **Most Rx sleeping pills**
- **Narcotics**

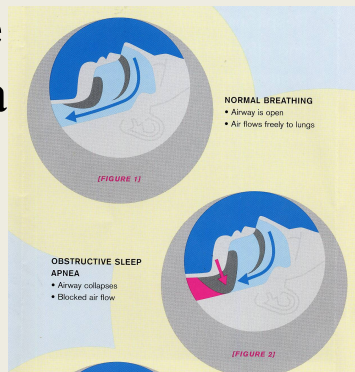


Identify and Treat Primary Sleep Disorders

(very common and
often undetected)



Obstructive Sleep Apnea



Primary Sleep Disorders

- Obstructive Sleep Apnea
 - * 24% of men
 - * 9% of women
 - * 45% have depressive Symptoms
 - * Often: no response to Antidepressants

obstructive →



Apnea Clues

- Depression: 45%
- Impaired affect regulation
- Day time fatigue !
- “Snoring”



Restless Legs

10% of people

& can be an antidepressant side effect 15% (except Wellbutrin)

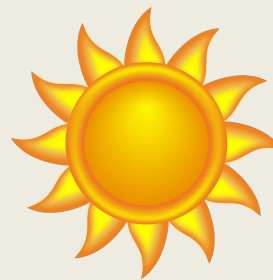
40% develop depression



**Florence
Nightingale**
1820-1910



Bright Light Exposure



- *All forms of depression*
- *Low energy*
- *Anxiety*

Retina...not skin



High-intensity light Exposure



- 10-20 minutes a day
- Light entering the eye
not the skin: don't get melanoma
- Light box or going outside
(without sun glasses)
- **Contraindicated for people
with eye diseases**
- **Caution with bipolar disorder:
can provoke mania**



Exercise



Mood Regulator. "Energy Booster"

- 10 minute brisk walk: ↑ energy
60-120 minutes
- **Rapid reduction: anxiety**
- **30 minutes a day: mood
regulation (10,000 steps a day)**



Dehydration and Mood Regulation

- **Mild dehydration: 1.3% or
greater**
- **Noticeable impact on
cognition and mood**
- **Measuring hydration**

www.ncbi.nih.gov/pubmed/22190027



Neurobiology, Psychopathology & Therapy



Psych
101

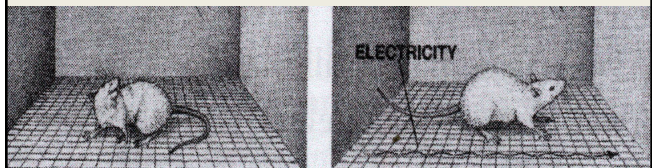


Terms and Concepts

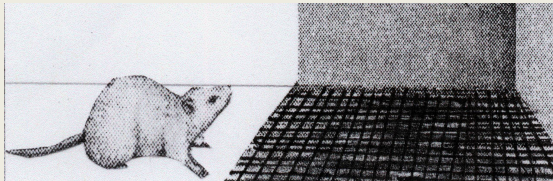
- **Classical conditioning**
- Avoidance
- De-conditioning / extinction
- Avoidance reinforcement
- Response prevention



Fear Conditioning



Acquired fears and phobic avoidance



Terms and concepts

- Classical conditioning
- Avoidance
- **De-conditioning / extinction**
- Avoidance Reinforcement
- Response prevention



Keys to Successful Exposure Therapy in humans

- **Exposure without re-traumatization**
- **Graded exposure**
- **Prolonged exposure**



Terms and concepts

- Classical conditioning
- Avoidance
- De-conditioning / extinction
- **Avoidance reinforcement →**
- Response prevention



Abbreviated exposure and intensification of fear and avoidance (avoidance reinforcement)

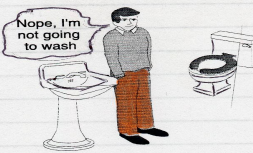


Exposure + Response Prevention

Exposure *In Vivo*



Response Prevention

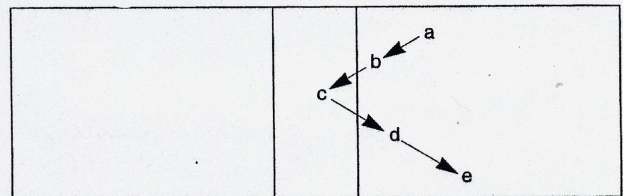


A central feature in all psychotherapies



Dyscontrol

Control



Zone of emotional tolerance





MISSISSIPPI RIVER, ROCK ISLAND, ILL.

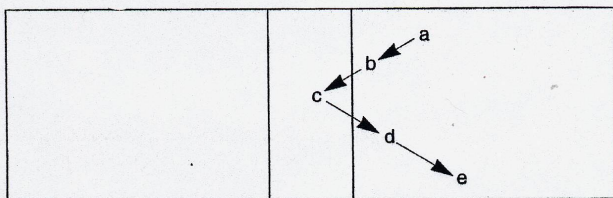
Highlighting certain moments...choice points

Vignette: Fred

- His wife died 4 months ago
- He's collapsed into major depression
- Explore "Fleas and Ticks"
- Case formulation: normal grief and mourning blocked by over-defendedness

Dyscontrol

Control



Zone of emotional tolerance

Better affect regulation

6 Common Resistances

Dealing with Resistances:
Response prevention

Dealing with Resistances

- **Minimizing:**

“ I feel kinda sad” ...

“I feel pretty angry”...

“I think I was pretty upset...”

“Oh, it’s no big deal” really?

Given what you’ve told me...



Dealing with Resistances

- **Changing Passive to Active:**

“Well, I know this is silly, but...”

“I’m just making a mountain
out of a mole hill”



Dealing with Resistances

- **Injunctions:**

“What the hell is wrong with me ?

...I shouldn’t be so upset !”

...maybe in the past it’s been important
given what you have told me....



Dealing with Resistances

>**Intellectualization:** not aware of
emotions or physiological
experiences:

➤ Go with their style for a while

➤ **Bridging:** focus on physiological
sensations or images

➤ Noticing *experiential processing*



John Preston, Psy.D., ABPP



End of part one



Beginning of part two



John Preston, Psy.D., ABPP



Dealing with Resistances

- **Language that creates distance:**

“**It** hurts”...

“That’s how **a** parent
is supposed to feel”

“ Well..these things are hard on
people”



Dealing with Resistances

- **Language that negates:**

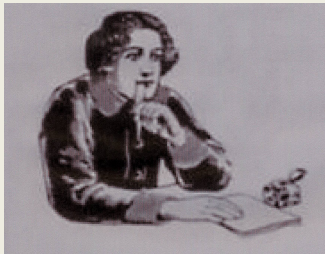
“It hurts, **but** it’s no big deal”

BUT: “Behold the **U**nspoken **T**ruth”



OPENING UP

(James Pennebaker)



Therapeutic Writing



Vignette: Mary

55 year-old widow
complicated bereavement

- > Symptoms
- > Her “pain”
- > Her “problem”
- > Good ego strength
- > Good therapeutic alliance
- > Time limited therapy
- > Session 11 of 15



C: In the last months before Ben died I just thought I was a bad wife.
(tenses up, looks away,
holds back tears)

T: How are you feeling right now, Mary? Right this moment...



C: Well, sad of course..that's how a wife is supposed to feel, right?
(back off from emotions)

T: You are saying that's how a wife is supposed to feel...?

C: (tearful) Crying doesn't help. He's dead and that's just the way it is. I just gotta move on with my life.



T: *Moving on with my life*...Mary, I got a feeling "I gotta move on with my life": that that's a way you're keeping yourself away from your feelings?

C: I don't know (cries)...I just have to get on with my life (silence)
People don't wanta hear a person cry



T: Has that been your experience?
....that people don't want to see you cry?

C: Sure...all they say is, "**oh, with time, everything will be all right...you'll get over it**"



T: Is that true?! Do you think everything will be all right?

C: No! (very tearful) ...God I just miss him so much...
(begins to openly sob)



Points

- Adequate ego strength
- How much to push
- How persistent resistances can be if the time is not right to open up
- The impact for Mary



**“And so each venture
is a new beginning,
a raid on the inarticulate...
There is only the fight
to recover
what has been lost”**

T.S. Eliot



***“Real suffering
burns clean.***

***Neurotic suffering creates
more and more soot”***

- Marian Woodman



Downloading life experiences



Neuro-Circuitry of Threat Appraisal Systems & Acquired Fears



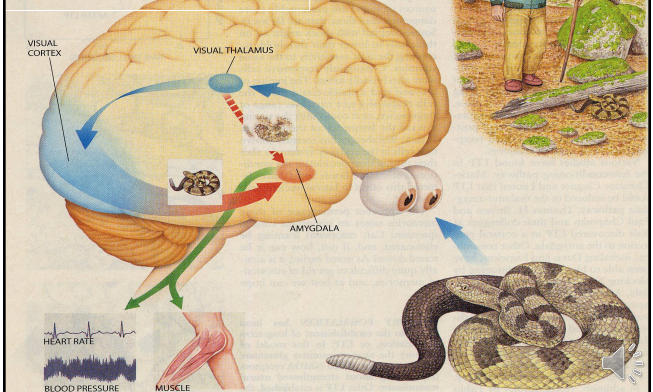
LIFE AT THE EQUATOR



**Wired for
Danger**
Hyper vigilant &
Quick response
Capabilities
(appraisal)



Threat Appraisal Cortical Level



Cortical-level Appraisal

- Multi-sensory integration
- Reflective (vs. impulsive) style
- Can reality testing



Explicit Memory

Survival of the busiest

“Use it or lose it”

Subject to

reconsolidation

PTSD vignette...re-writing

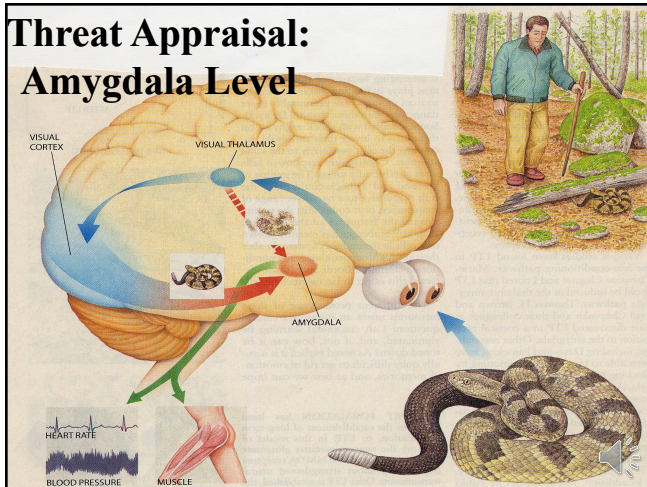


Memory for 911

(Scientific American)

- “Flashbulb memories” ...N: 3000
- Soon after the attack, one year, three years (where were you?)
- Vivid...great clarity and confidence
- One year: 63%...three years: 57%





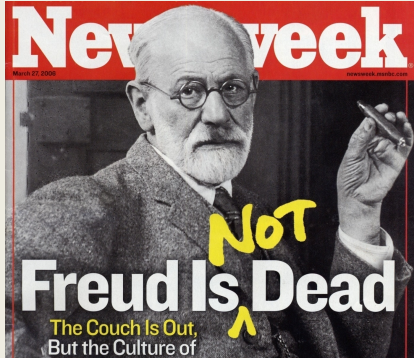
Amygdala Level: Implicit Memory:

One trial learning
no reconsolidation
highly resistant to extinction

Information Processing and Responding: Amygdala

- **Pattern recognition**
(simple and very complex)
- Appraisal ***beneath the radar
of consciousness***
- ***Prone to false alarms***





“Inhibitions, Symptoms and Anxiety”
(1926)

**Cortex-Amygdala
Integrated versus disconnect**

> Unconscious perceptions
leading to symptoms and
inhibitions

child abuse vignette

**From specific fears
to characterological
adaptations**



Long-Standing Characterological Issues

Attachments...Basic Trust
Pervasive fearfulness
Timidity
Non-assertive; afraid of anger
Extreme sensitivity
"Feeling Small"



Stifling Aliveness and Self-expression

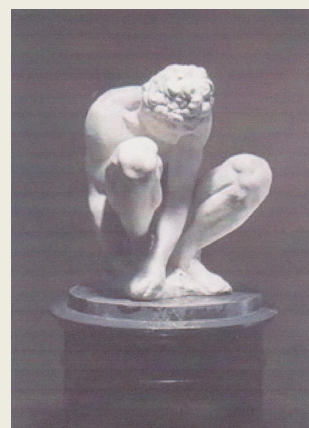
- Openly expressing love
- Unspoken, heart-felt gratitude
- Not setting limits or confronting others about important issues
- Back off from intimacy
- Not pursuing a dream



Pushing Our Buttons

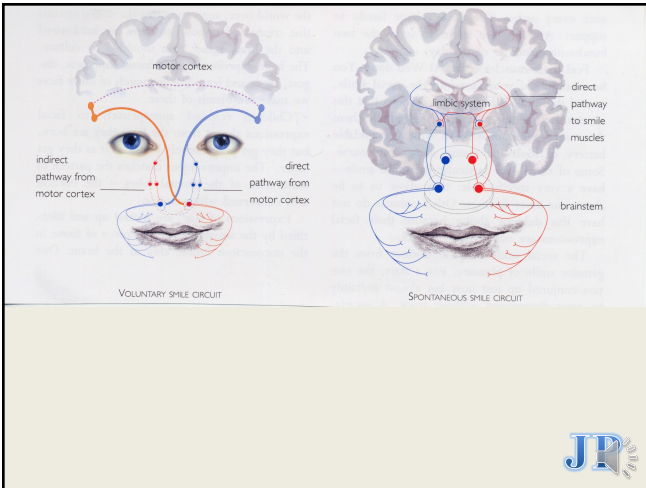
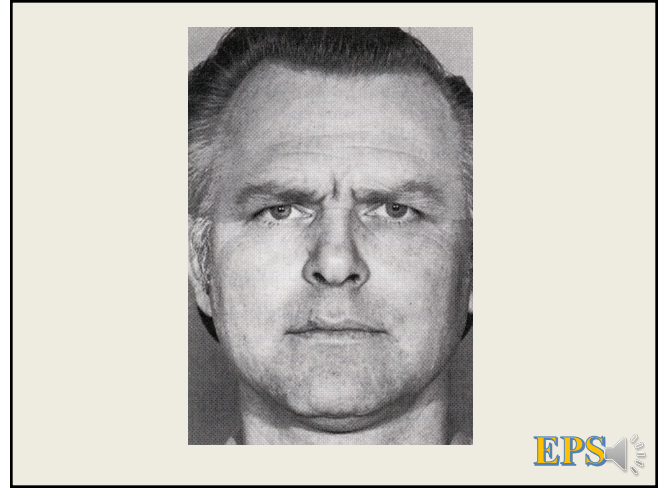
Sensitivity to

- Judgment....criticism
- Rejection...abandonment
- Shaming...humiliation
- Fear of anger



Person Interrupted



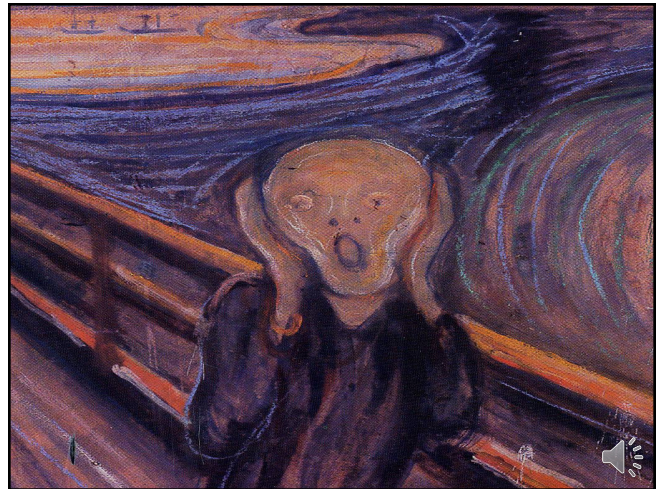
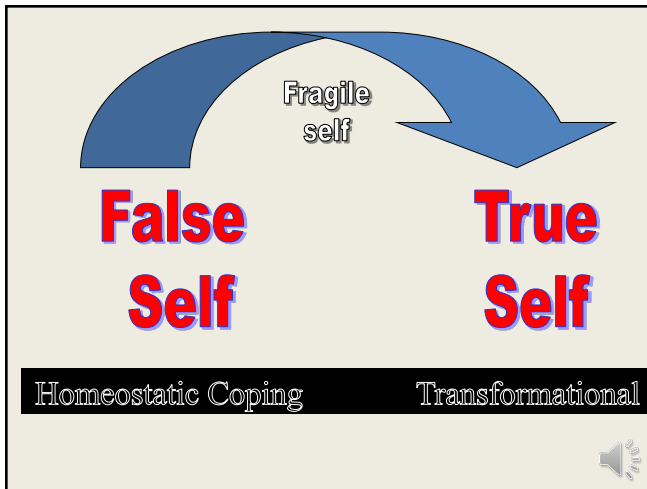




Dark Night of the Soul

- Loss of control:
fought against or surrendered to
- Ambiguity
- But....Eventual clarity
- Leads to transformation

quote



Emotionally Resilient People

- Figure out their triggers
- Make sense of the origin
- Exercise self-compassion
- **Make wise choices and go for it** ✨

(e.g. relationships; occupations)



**9/10ths of
Death bed regrets:**

**Regretting what I
didn't do**



Top Three Death-bed Regrets

- *“I wish I hadn't worked so hard”*
- *“I wish I had stayed more in touch with my friends and loved ones”*



Top Three Death-bed Regrets

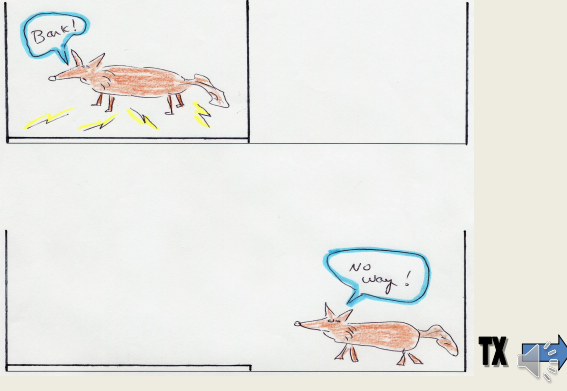
- *“I wish I had lived a life truer to my dreams instead of what others expected of me”*



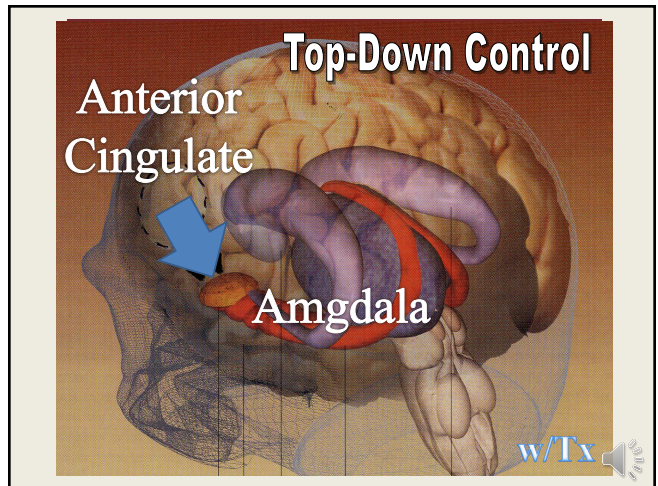
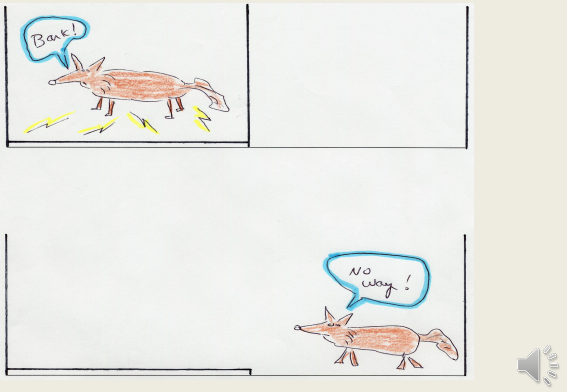
**Treatment
Implications**

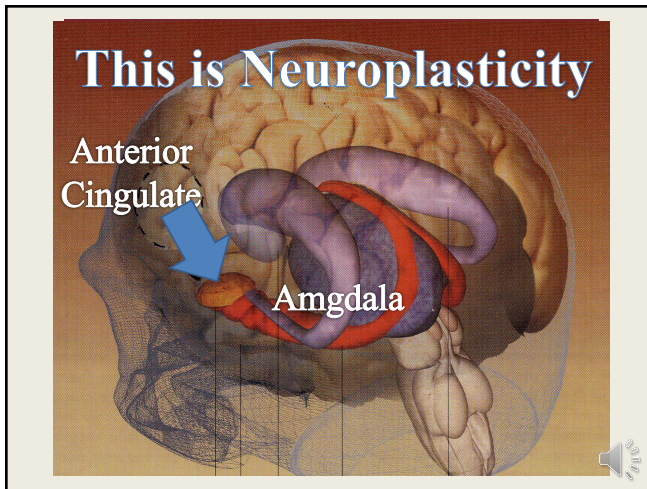


Treatment Implications



Extinction via Exposure-Based Treatment

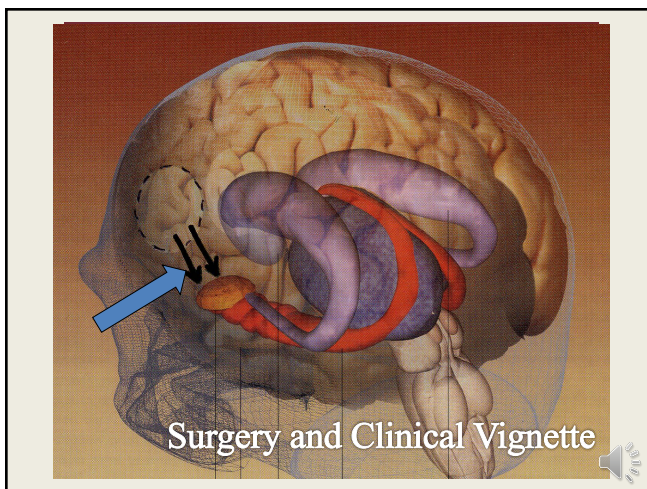




The role of serotonin

- **Antidepressants targeting serotonin**
- **Injecting serotonin into frontal lobes**

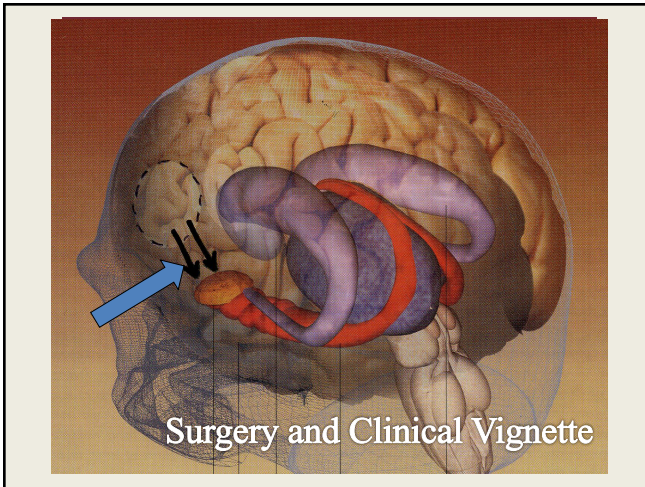
A small speaker icon is in the bottom right corner.



Experiences that Lower Serotonin

- **Major losses**
- **Immobilization**
- **Experiences of “powerlessness”**

A small speaker icon is in the bottom right corner.



**“When we are
tired we are attacked
by ideas we conquered
long ago “**

-Friedrick Nietzsche



Extinction / De-conditioning

- **Not just Symptom disorders**
- **Symptoms as messengers**
- **Re-shaping character**

fundamental ways of
navigating through life



Over-Coming Acquired Fears



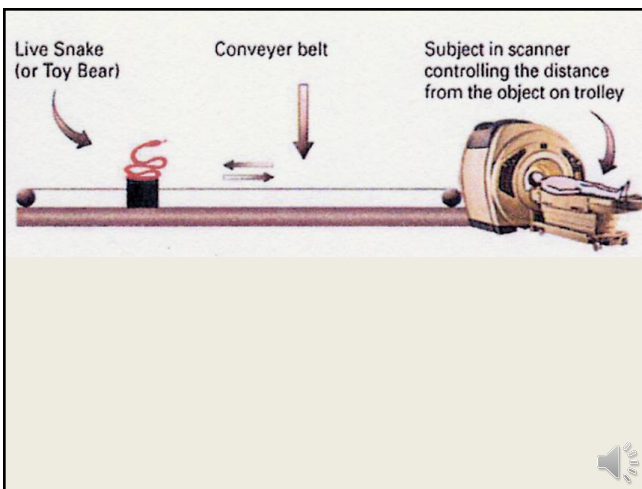
Exposure Techniques and the Will to face fears



“Fear Thou Not” Neurobiology of Courage

Nili, et al., Neuron, 2010

- Ss: > afraid of snakes
> not afraid of snakes
- Functional MRI →



“Fear Thou Not” Neurobiology of Courage

Nili, et al., Neuron, 2010

- Ss: > afraid of snakes: **advance**
> afraid of snakes: **retreat**
> not afraid of snakes

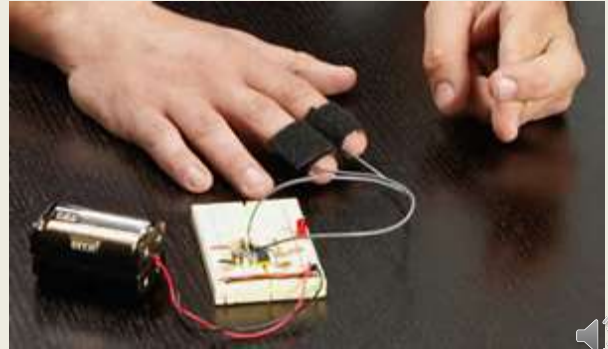


“Fear Thou Not”


- In scanner: asked to move a snake closer and closer to their heads
- Measured metabolic activity, subjective sense of fear, and GSR



GSR: Galvanic Skin Response



“Fear Thou Not”

- **Advancers:** on-going  activity in anterior cingulate (AC)
- Reduced activity in amygdala
- Reduced GSR (galvanic skin response) **despite reported fear**
- **Retreat:** drop in activity in AC



“The absence of fear is not courage... the absence of fear is some kind of brain damage”

- *M. Scott Peck*



The Choice to Face Fears

Impact on two levels:

Activation of PFC
(top-down control)
and cognitive changes
(view of ones self)



Phobia vignette



New Zealand
21 Year Longitudinal
Resiliency Study

- Support and encouragement



Distress Tolerance,
Maintaining
Perspective, &
Acceptance



Human Nature →



**Painful Emotional States
are Amplified by**

**Self focused
Negativity Bias
Loss of Perspective**



Loss of Perspective

Jumping to conclusions

> Often Unexamined



Loss of Perspective

• “What if ?”

Predicting bad outcomes
anxiety provoking thoughts
(job, date, expected call, lab results)



Loss of Perspective

- “It’ll never get better”
“I’ll never”
↑ hopelessness, depression,
feeling defeated



Loss of Perspective

- “It’s not fair !” “This shouldn’t
be happening !”
frustration, anger; helplessness



John Preston, Psy.D., ABPP

- Website:
www.psyd-fx.com



End of Part two



Beginning of Part Three



John Preston, Psy.D., ABPP



Loss of Perspective

- **"I'm a complete loser"**
All or None thinking

depression; low self esteem



Loss of Perspective

- **"I'm a complete loser"**
All or None thinking

depression; low self esteem



Cognitive Approaches to Reducing Misery: In A Nutshell

- Key approaches to managing
 - > Notice a feeling
 - > Increase conscious awareness
(what is going thru my mind ?)



Cognitive Approaches to Reducing Misery

- Key approaches to managing
 - > **Writing verbatim** always helps increase awareness



Cognitive Approaches to Reducing Misery

- Key approaches to managing
 - > Reality testing: are my conclusions 100% accurate ?
 - > Gain clarity and perspective



Anxiety Generating Cognitions

- Loss of perspective
 - > Something bad will happen
 - > Magnify risks:
 - It will be catastrophic
 - > The stress will last a long time



Two Step Strategy: Temporal Perspective

- How bad is a negative outcome *likely to be*?
- How will I feel in the future?



What went well today?

A technique from Positive Psychology

- Each day ask:
“what three things
went well today?”



Buddhist Tradition

- Transforming suffering by the way we relate to it
- Struggling against it
↑ suffering



*Muddy water...
Let stand...
Becomes clear*

- Lao Tzu



vignette



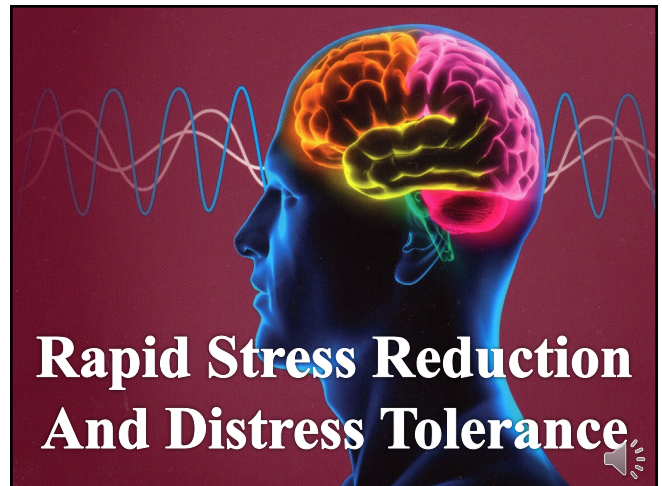
Radical Acceptance

but...not passivity



**“If you must walk through
the Valley of the Shadow of
Death....just don’t stop”**

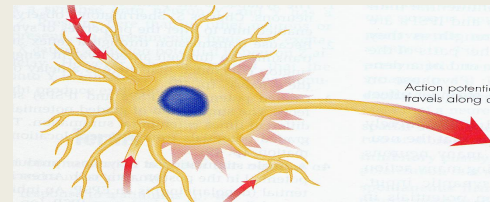
Winston Churchill



**Rapid Stress Reduction
And Distress Tolerance**

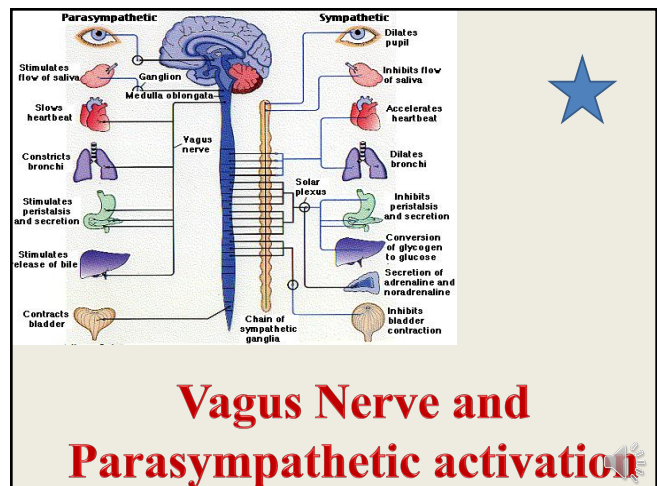
*First:
Offer explanations*

Rapid Stress Reduction Parasympathetic Nervous System

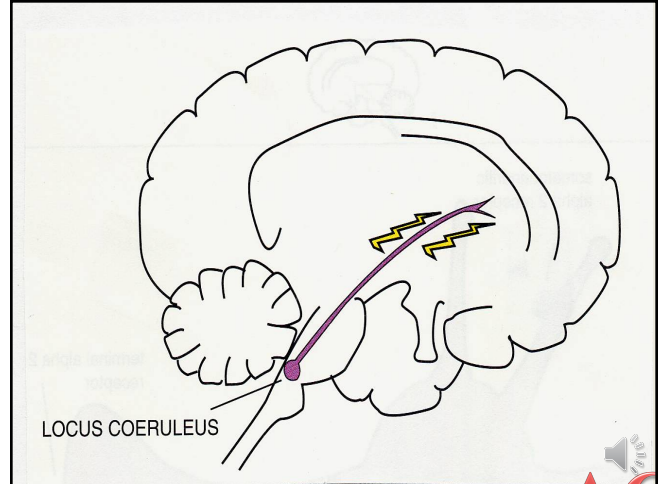


Parasympathetic Dominance

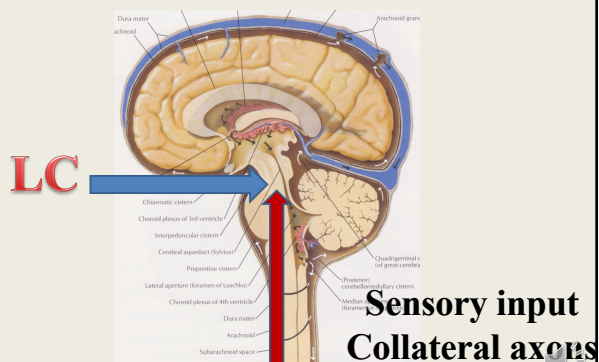
- Decreased:
heart rate, blood pressure,
respiration, perspiration, and
GSR: galvanic skin response



Diaphragmatic Breathing: Stretch



Reduce Upward Arousal



Affect Regulation Techniques:

- **Relaxation Techniques**
(reduce muscle tension)

CRYING

(William Frey)

- A “Good Cry”
- Parasympathetic response
- Emotional Tears →



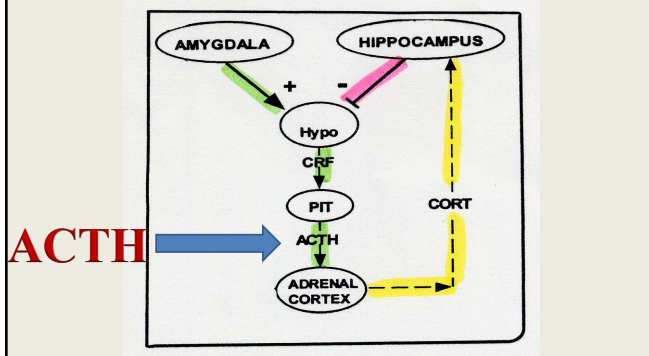
CRYING BEHAVIOR

(William Frey)

- Average Duration of Crying Spells: 1-6 minutes
- Felt better after a “Good Cry”:
Women: 85%
Men: 73%



THE BIOLOGY OF CRYING



And ...Parasympathetic activation

Breathing



Breathing

- Diaphragmatic breath (belly)
...slow exhale
- 4-7-8 breathing
 - > inhale (4) nose...hold (7)
 - > extended exhale (8)



Deep breathing **not** recommended if there is shortness of breath and **hyperventilation**



Hyperventilation

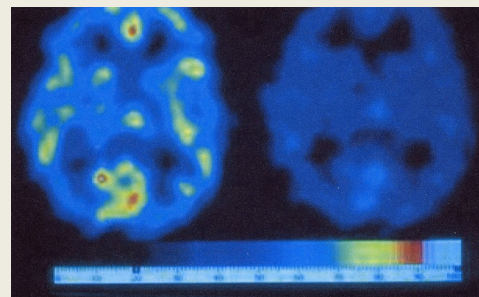
↓↓ CO₂

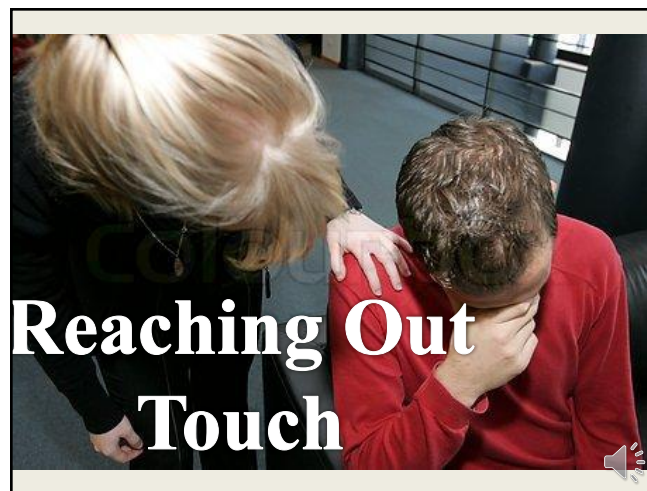
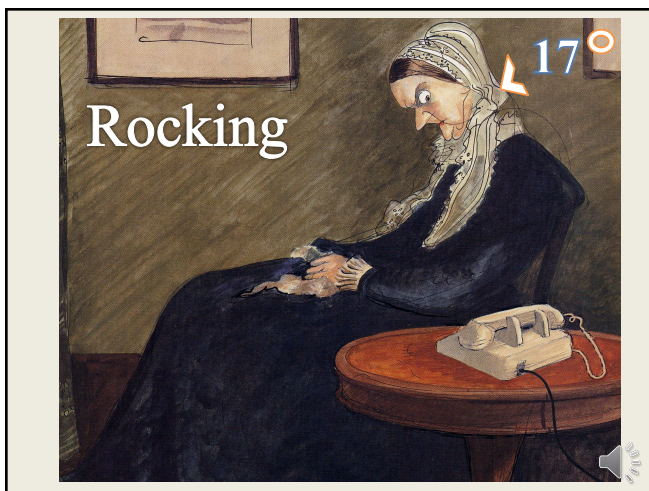
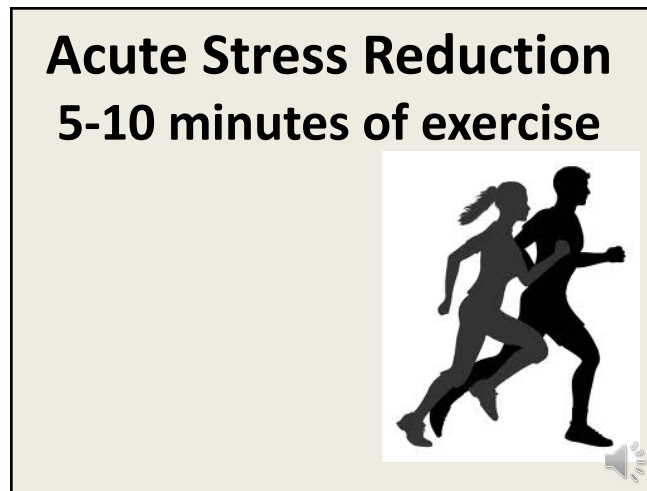
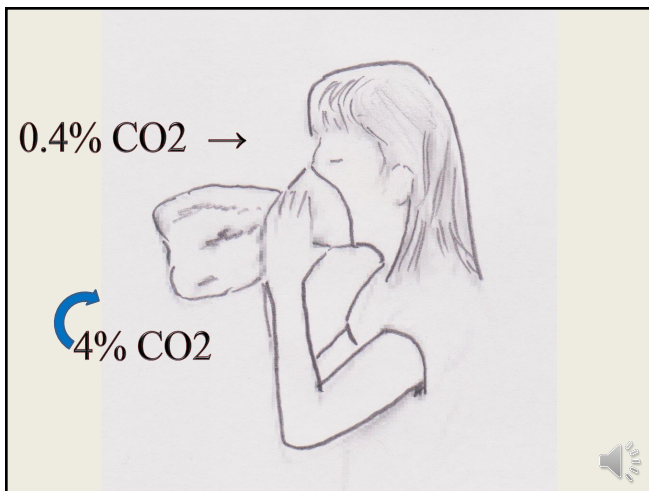
respiratory alkalosis

causes vasoconstriction
in the brain
hemoglobin binds O₂ tightly



Hyperventilation 1 ½ minutes
Vaso-constriction: too little CO₂





...However.....

Excessive
Control
Can Stifle
Aliveness

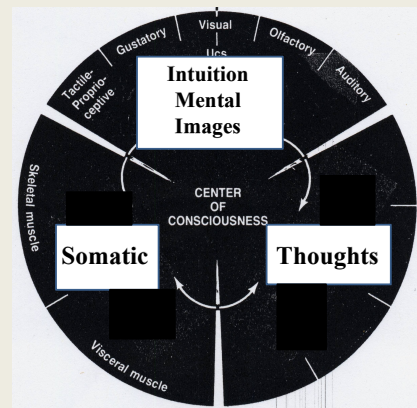


Gateways to
Awareness:

*Cognition, Information
Processing, Life
Choices, and
Emotional Healing*

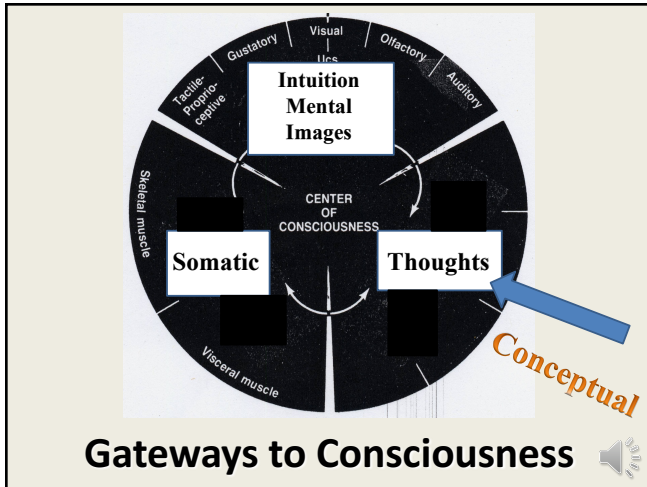


Cognition



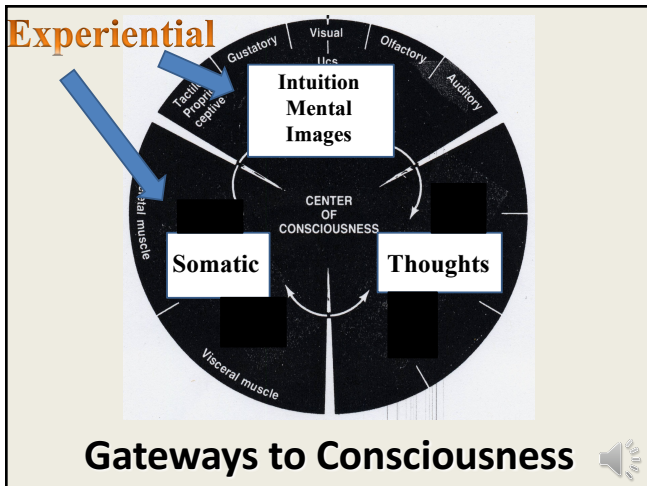
Gateways to Consciousness





Logical goal-directed thinking
Conceptual Processing:
 largely mediated
 by the **left hemisphere**
more likely to be conscious

🔊



Experiential Processing

- Effortless
- Intuitions; hunches
- Gut feelings
- Perceiving others' emotional state

🔊

Why so much in conceptual processing

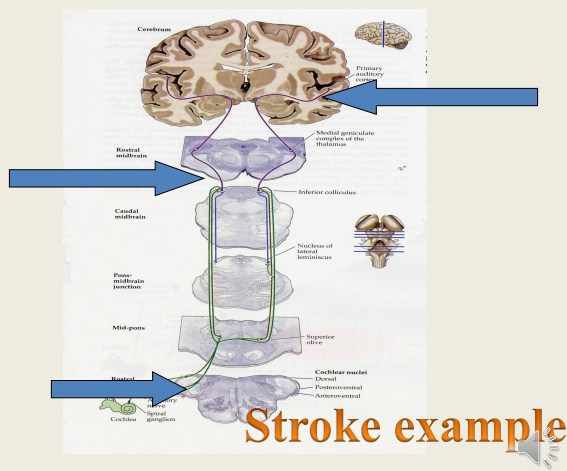


to escape emotions;
emotions are punished.
Emotions pushed away



The role of Disuse

- > stroke recovery
- > L/R disconnect



Often experiential processing does not enter into conscious awareness

A major psych Liability





Constricted Awareness
“Psychological Blindness”

Vignette: Sally

“You know I love you”

Her trip to the doctor

Her symptoms and her story



Symptoms:
A “chemical
imbalance”

?



Clinical Example: Sally

• **Version One of Reality:**

in consciousness

likely left hemisphere

mediated



Clinical Example: Sally

- Version One of Reality: In awareness
 - > pronouncements / beliefs
(my husband is a good man)
 - > *shoulds* (I shouldn't complain)
 - > injunctions
(don't be so sensitive !)
 - > her hopes and dreams



Clinical Example: Sally

- Version Two of Reality:
 - dim awareness at best...
 - likely right hemisphere mediated



Sally: On the Edge Awareness

- > non-verbal cues
- > tone of his voice
- > one's direct experiences
- > intuitions
- > gut feelings

develop internal listening skills



Non-Integrated; Unconscious:

**Dissonance,
ill-defined symptoms,
Inhibitions**

These *are* symptoms but
they also are manifestations
of character



Her Pain and Her Problem

she is gritting her teeth,
defending against awareness
(characterological ?)
what can she do ?



**“Your vision will become clear
only when you
can look into your own heart...”**

**Who looks outside dreams;
who looks inside, awakes”**

Carl Jung 

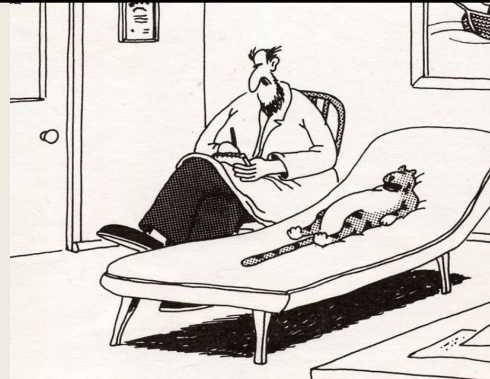
Sally:

**Facing the truth...
...Getting clear**



“Our life transformation is in exact proportion to the amount of truth we can take without running away.”

- Vernon Howard



“Doc...I’m starting to think outside of the litter box”

Over the Counter: Limitations of FDA monitoring

Lack of Quality Control

- BMC Medicine (2013)
- 44 Products...dozens of companies
- 50% contained plant species not listed on the bottle
- 30% had none of the plant listed on the bottle
- One St. John’s Wort product: no SJW... instead: an herbal laxative

Products Endorsed By:

- USP (US Pharmacopia)



General caution:

Anything that treats depression can provoke a manic episode in people with bipolar disorder (except omega 3 and Folic acid)

Self-diagnosing and treatment can be a disaster



Omega-3: Essential Fatty Acids



Families of Fatty Acids

- **Omega-3**
 - > **LNA: seed and nut oils**
(flax and chia seeds, walnut oil)
 - > **EPA: fish & krill oil**
 - > **DHA: fish & krill oil**



Omega-3 and Depression

- **Fish oil:** Much better bio-availability
- **1-2 grams a day (EPA + DHA)**
- **EPA** is the omega 3 that ↓ depression
- **1 gram a day: EPA**
- **15 published studies: major depression**
 - > all: add-on studies
 - > all significant better than placebo



ST. JOHN'S WORT



St. John's wort



Cochrane Data Base: Systematic Studies

- Meta analysis
- St. John's Wort; equal efficacy to prescription antidepressants if high enough dose
- Linde, et al. (2008)



ST. JOHN'S WORT

TREATMENT

- Reasons for use
- 900-1800 mg per day
- Three, divided doses
- Cost: \$1.00 per day
- Warning: drug interactions (birth control pills)



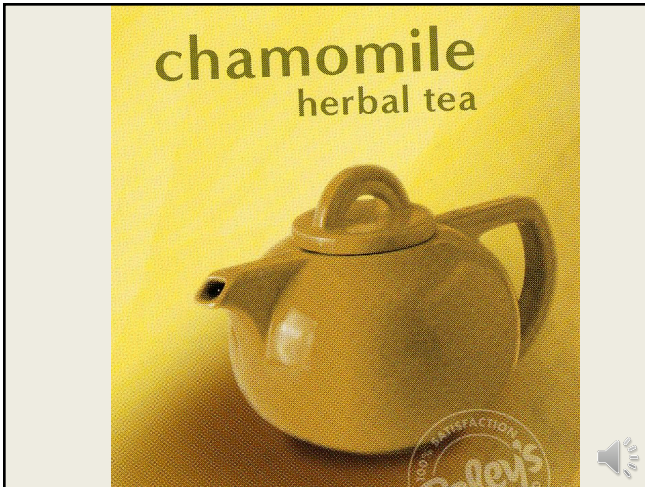
S-Adenosylmethionine



Folic Acid

- Dosing: 500 mcg per day vitamin B-9
- L-methyl folate: Deplin (Rx) or over the counter 7.5-15 mg
- Significant augmenter vs placebo in treatment of depression
- No known risks





Chamomile and GAD

- Significant reduction in anxiety vs. Placebo
- **1500 mg at bed time** (2013)
- Tea: 400-600 mg

(Amsterdam, J.)



Time Magazine Poll (2004)

- 17% report “brimming with happiness just about all of the time”
- 58% “frequently happy”
- About 25 % almost never experience much happiness



Happiness and Beyond

- **Pleasure**...often fleeting
- **Engagement**
- **Meaningfulness**
- **Sacrifice**
- Transcending suffering and psychological burdens
(bigger picture)



Additional Keys to Resiliency



Distinguish Between Grief and Depression



Grief

- Not pathological
- Self esteem is preserved
- No anhedonia (waves)
- Functional
- Engagement in life



Common Sources Of Loss



- Divorce or Separation
- Death of a loved one
- Estrangement; betrayal
- Geographic Relocation
- Miscarriages, Still births, Abortions and Infertility
- Kids leaving home
- Loss of a home...unemployment



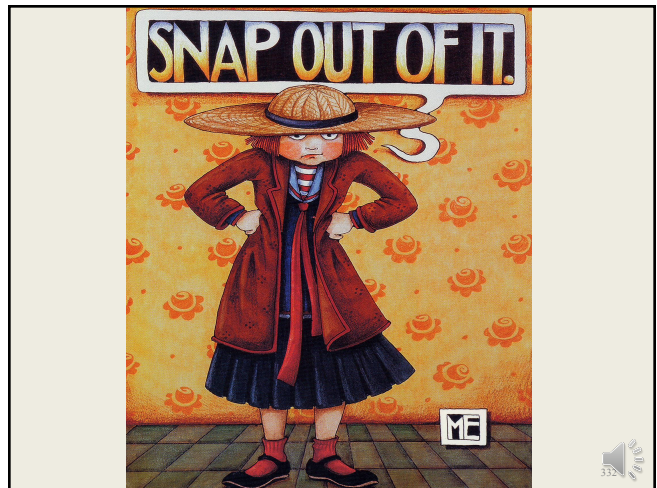
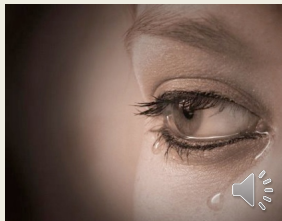
Common Sources Of Loss

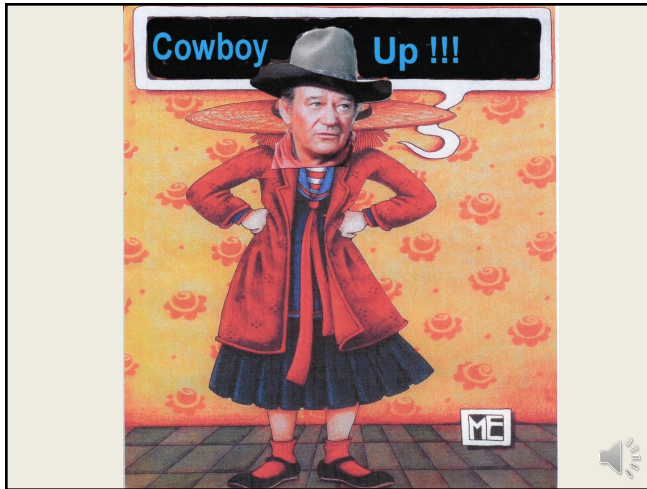


- Brain Injuries/Disease, loss of Vision, Hearing or cognitive functioning
- Loss of a Dream
- Losses associated with retirement, etc.
- Loss of security



“How long does it take to get over the loss of a loved one ?”





Resilient people mourn losses

“To weep is to make
less the depth of grief”
- Shakespeare

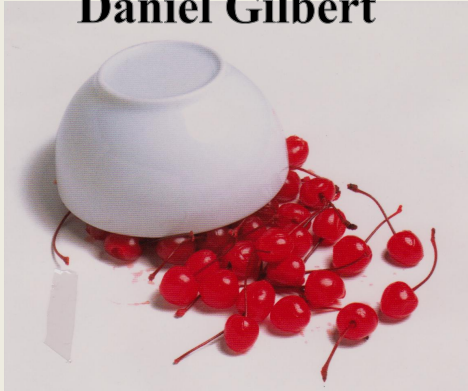


Research:
Habits that are
associated with
greater sustained levels
of well being



“Stumbling on Happiness”

Daniel Gilbert



Aliveness and Doing What Matters

Koyaanisqatsi

“Life out of Balance”

Hopi concept

Keys

Keep it on your
radar screen:

be true to your values

Create effective reminders

(post it)

remind daily

Mindfulness

Increasing awareness
Externally and Internally
Activating Frontal Lobes



Rose smelling



Focused Awareness

- Resilient people take things in:
moment-to-moment
(spend time...take it in)
- Concrete reminders to **savor the moment**
- The problem of habituation **R**



Fun, Humor and Self Nurturing

Survival Mode
and Maintaining
Balance



Re-circulating Joyful States

- The habit of **recapturing positive memories**
 - Photos, scrapbooking, digital photo frames...
 - reminiscing with old friends



Expressing Emotions

- **Happy people express:**
 - Empathy
 - Compassion
 - Gratitude**



“Gratitude is the heart’s memory”

-French Proverb

JUST DO IT.



In Brief...

- Setting Limits...limit “rescues”
- If you are riding a dead horse...
dismount !
(toxic people and obligations)



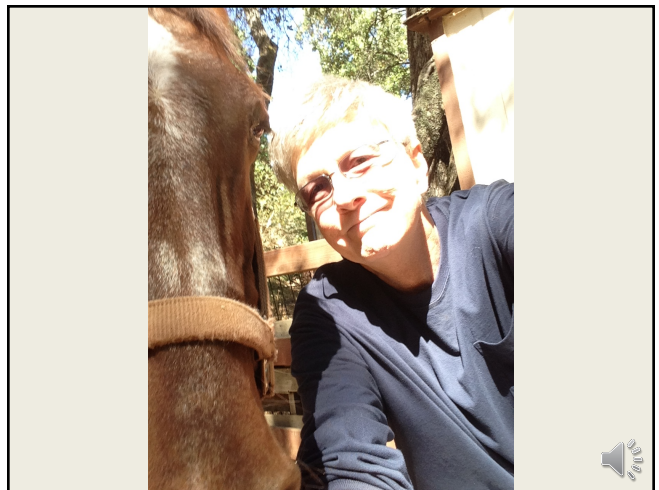
7 Actions that Have Highest Yield in Promoting Well-Being

- The most potent way to improve mood:
Once a day: an act of kindness
- Every day: review: 3 things for which you feel **grateful**



7 Actions that Have Highest Yield in Promoting Well-being

- Ongoing work toward a valued goal (keeping clear about what matters)
- Daily contact with nature and other living creatures

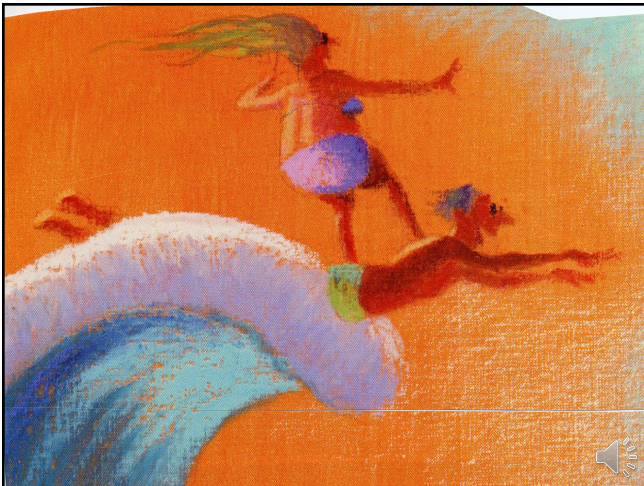


7 Actions that have High Yield in Promoting Well-being

- Establish a daily routine
- Keep your environment cool
- Giving money away



Metaphor and
a piece of
advice



***“You can’t stop
the waves,
but you can
learn to surf”***

- Jon Kabat-Zinn



Finally...One More Piece of Advice

(not empirically supported...yet)



Stay away from Jerks



John Preston, Psy.D., ABPP

