

WORKING WITH TRAUMATIZED TEENS

HOW TO GET UNHOOKED

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WEBINAR 2018

WEEK FOUR

STRAUS 2018

PLAN FOR SESSION FOUR

ATTACHMENT TRAUMA TREATMENT

- PARADIGM SHIFT: THE RIGHT HEMISPHERE AND EMOTION REGULATION
- DEVELOPMENTAL-RELATIONAL THERAPY (DRT)
- THE FOUR M'S: MINDFULNESS, MIRRORING, MENTALIZING, AND MODULATION
- OPENING WINDOWS OF TOLERANCE
- THE REACT-REFLECT-RESPOND MODEL
- TEN DRT INTERVENTIONS YOU CAN TRY TOMORROW

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A PARADIGM SHIFT



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PARADIGM SHIFT: LH TO RH

- FROM BEHAVIOR TO COGNITION TO EMOTION
- FROM CONSCIOUS COGNITION TO UNCONSCIOUS AFFECT—RH WORKS BEST IF LH GETS OUT OF THE WAY
- FROM PROBLEM-SOLVING TO AFFECT CO-REGULATION
- FROM ONE-PERSON TO TWO PERSON RELATIONAL PSYCHOLOGY (INTERPERSONAL NEUROBIOLOGY)
- FROM WHAT TO DO FOR PATIENT (CONTENT) TO HOW TO BE WITH PATIENT (PROCESS)

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PARADIGM SHIFT: LH TO RH

- FROM ATTACHMENT THEORY TO REGULATION THEORY
 - AFFECT CO-REGULATION IS AT THE CORE OF ALL THERAPY
- FROM DIVIDED BRAIN TO DUAL BRAIN
 - NOT TWO HALVES OF ONE BRAIN BUT DUAL CORTICAL-SUBCORTICAL SYSTEMS WITH UNIQUE STRUCTURE AND FUNCTIONS
 - PROFOUND DIFFERENCES BETWEEN HEMISPHERES: DISTINCT MODES OF FUNCTIONING, CREATES COHERENT, UTTERLY DIFFERENT AND OFTEN INCOMPATIBLE VERSIONS OF THE WORLD WITH COMPETING PRIORITIES AND VALUES

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PARADIGM SHIFT: LH TO RH

- ADAPTIVE RH/UNCONSCIOUS PROCESSING: NOT IRRATIONAL — FREES UP LIMITED PROCESSING RESOURCES—ALLOWS US TO SIZE UP WORLD QUICKLY, MAKE DECISIONS, SET GOALS...MUCH MORE HONEST THAN THE LEFT HEMISPHERE
- ATTACHMENT TRAUMA INTERVENTIONS NOT EXPLICIT, ANALYTICAL, CONSCIOUS, VERBAL LEFT HEMISPHERE (LH)
- BUT IMPLICIT, INTEGRATIVE, UNCONSCIOUS, NON-VERBAL, BODILY-BASED EMOTIONAL RIGHT HEMISPHERE (RH)

HIGHEST FUNCTIONS ARE IN RH: STRESS REGULATION, INTERSUBJECTIVITY, HUMOR, EMPATHY, COMPASSION, MORALITY, CREATIVITY ALL RH FUNCTIONS!

RELATIONSHIP, REGULATION AND RESILIENCE: RH

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DEVELOPMENTAL RELATIONAL THERAPY (DRT)



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DEVELOPMENTAL- RELATIONAL THEORY

HUMAN INTERDEPENDENCE AND CONNECTION NOT SEPARATION AND INDIVIDUATION: SECURE LOVE HEALS

CORRECTIVE RELATIONAL EXPERIENCES TO CHANGE INSECURE INTERNAL WORKING MODELS

EMOTION CHANGES EMOTION: RH THEORY/INTERPERSONAL NEUROBIOLOGY (IPNB)

AUTHENTIC CONCERNED ADULT PRESENCE: EXPERIENCE, OPINIONS, COMMITMENT—THERAPY IS A REAL ATTACHMENT RELATIONSHIP

CO-REGULATION BEFORE SELF-REGULATION

THERAPIST SECURITY: HAVE TO BE MORE SECURE THAN OUR CLIENTS, DO OUR OWN WORK

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THE FOUR M'S MIRRORING, MENTALIZATION MINDFULNESS AND MODULATION

Traumatized clients need relationally based interventions that help them learn to first co-regulate and then self-regulate emotions.

To become more regulated, they first need empathically attuned, mindful, and reflective caregivers.

They need the best-possible YOU.

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MENTALIZATION AND MINDFULNESS

Mentalization: Being able to think about your own thinking, and being able to interpret others' behaviors in terms of underlying mental states.

- 'mind-reading' or 'mindsight'
- Having a theory of mind
- INTERSUBJECTIVITY, "DANCE OF ATTUNEMENT"

Mindfulness: Paying close attention to the present moment without judgment. It means looking freshly at your experience in a non-biased and exploratory manner. In this relationship, here.

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I wish I was their phone...



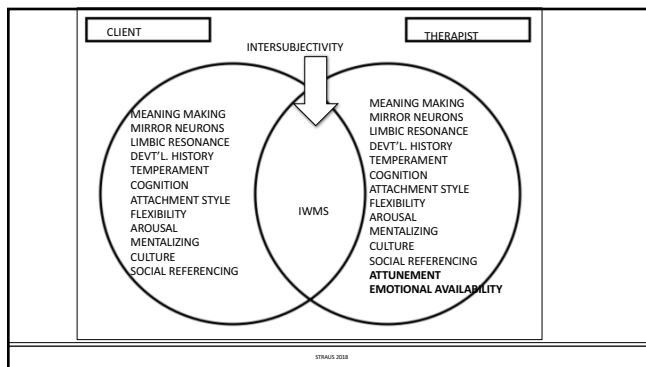
**So they would hold me
and look at me all day.**

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“MENTALIZING IS THE MOST
FUNDAMENTAL COMMON FACTOR
AMONG PSYCHOTHERAPEUTIC
TREATMENTS..PERFORCE CLINICIANS
MENTALIZE CONDUCTING
PSYCHOTHERAPIES AND ALSO ENGAGE
THEIR PATIENTS IN DOING SO.”

-ALLEN, FONAGY & BATEMEN

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PRACTICE EXERCISE: “MINDSIGHT”

EXERCISE: Your *explanation* for behavior actually guides your responses. The key to more attuned and effective responses = MENTALIZATION

- “YOU HAVE A PERFECT LIFE, YOU WON’T UNDERSTAND”
- “NO ONE TRUSTS ME”
- “I TRIED THAT, IT DIDN’T WORK”
- “#\$%& THIS!”

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REMEMBER WITH MIRRORING...

ROOTS OF EMPATHY: PERCEIVE THE EMOTIONAL STATE OF THE OTHER—THEIR PAIN OR JOY IN YOUR HEART AND MIND

OUR MIRROR NEURONS SIMULATE THE MENTAL STATE OF THE CLIENT

OUR BODY CHANGES IN RESPONSE TO THE EMOTIONAL STATE (GETTING HOOKED)—THEY HAVE TO GET TO YOU—AND BOTH OF YOU HAVE TO KNOW IT!!!

WE NOTICE THE PHYSICAL CHANGE IN OUR BODIES (REACTING)

WE LABEL THAT CHANGE (ANGER, SADNESS, FEAR, CONFUSION, TERROR, SURPRISE, DISGUST, JOY, EXCITEMENT)

WE FEEL THE EMOTION—CORE OF EMPATHIC ATTUNEMENT

IS THIS ME OR IS THIS YOU I AM FEELING NOW?

EMOTIONAL EMPATHY INVOLVES LEARNING TO CONNECT WITH YOUR OWN EMOTIONS FIRST!!! NOT SO EASY TO DO BUT ESSENTIAL, THEN MIRRORING BACK THE AFFECT SO THE CLIENT CAN "FEEL FELT"—THEY LEARN HOW THEY FEEL FROM HOW YOU MIRROR FOR/WITH THEM.

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SOME USES OF MIRRORING

•IDENTIFYING AND LABELING AFFECT "THAT SOUNDS REALLY SAD"

•UNCOVERING AFFECT-REFLECTIONS SHOULD BE DIRECTED TOWARD THE EMOTIONAL ESSENCE

•REDUCING DEFENSIVENESS—YOU HAVE TO BE CONGRUENT AND ACTUALLY FEEL EMPATHIC

•CO-CONSTRUCTING A SENSE OF SELF—ASK FOR FEEDBACK, WONDER IF YOU GET IT RIGHT

•OFFERING HEALING VALIDATION AND REPAIRING OLD WOUNDS

NOT JUST REPEATING BACK WHAT YOU HEAR LIKE A PARROT

INFUSED WITH YOUR AFFECTIVE EXPERIENCE, SOME SMALL EMBODIED MAGNIFICATION

- REFLECTIVE LISTENING (ROGERS)
- REFLECTION OF FEELING WITHOUT COMMENT

BEGINS WITH SELF AWARENESS AND REMAINS OPEN TO TEEN CORRECTION: "NO I'M NOT SAD, I'M REALLY PISSED OFF"

WINDOWS OF TOLERANCE

USING THE FOUR M'S TO EXPAND TEEN'S TOLERANCE OF STRONG EMOTIONS

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Chaos/Hyperarousal

- ◆intrusive thoughts
- ◆memories
- ◆hallucinations
- ◆worries
- ◆preoccupations
- ◆impulsive behavior and thoughts that distract the mind

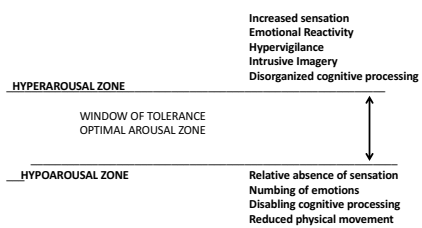
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Rigidity/Hypoarousal

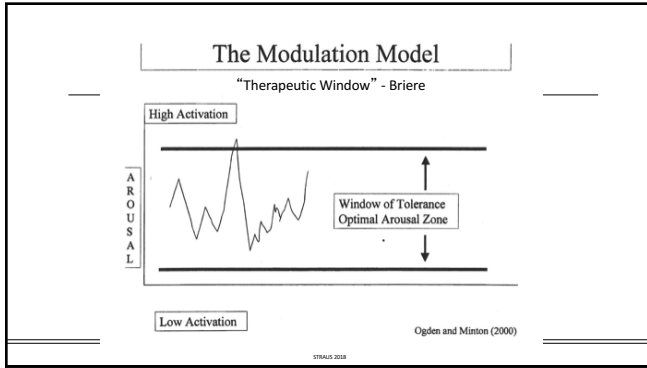
- ◆shutdown
- ◆disconnected from body
- ◆unmotivated
- ◆depressed
- ◆repeated thoughts of obsessive nature
- ◆not able to adapt

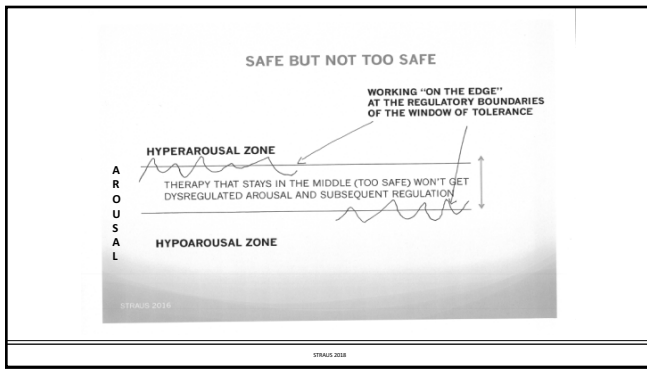
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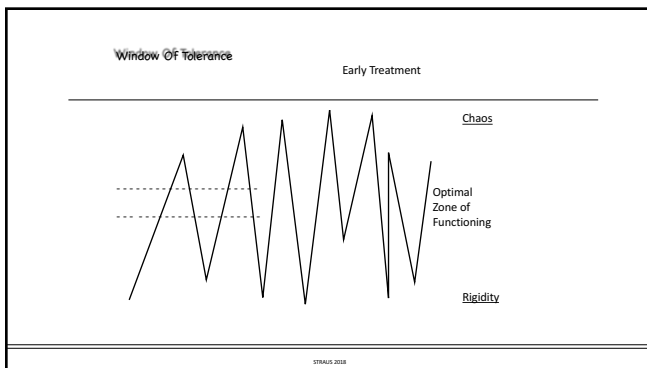
WINDOW OF TOLERANCE

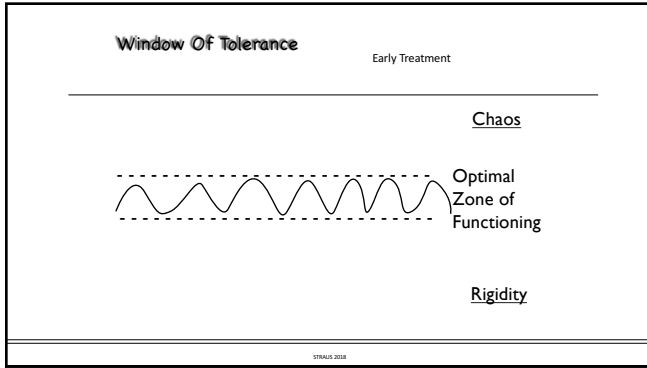


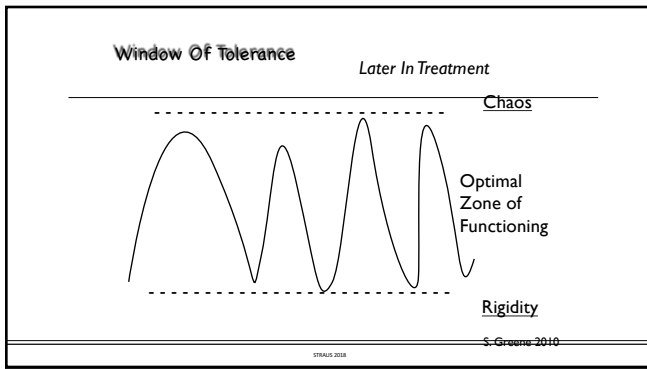
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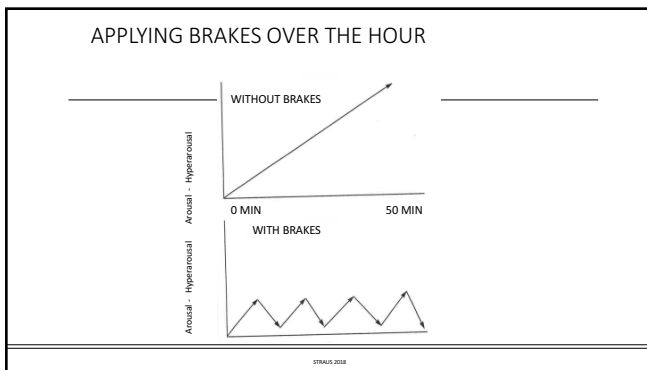








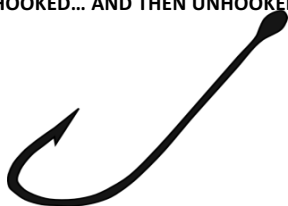




REACT, REFLECT, RESPOND

A MODEL TO HELP YOU
GET HOOKED TO GET UNHOOKED

MIRRORING, MINDFULNESS MENTALIZATION, and
MODULATION OFFER
A "CORRECTIVE RELATIONAL EXPERIENCE:"
GET HOOKED... AND THEN UNHOOKED



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FOUR BIG HOOKS

HELPLESSNESS—what if there's nothing I can do
to make this better?

FAILURE—what if I crash and burn? Make it
worse?

DISSOCIATION—what should I have for dinner?

REJECTION—what if I can't get her to like me?

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HELPLESSNESS

"Sami"-- disconnect: self-harm

THE HOOK: *You can't help me. You don't know how bad my life was, and still is. I have to take care of myself in any way I can. I'm not going to let you take these strategies away. This will probably be a big fat waste of time.*

MY REACTION: *Yes, you are so right! This is much too difficult for me. Maybe your family needs a bigger menu of services, or someone better trained (that book on adolescent girls I wrote is pure nonsense). Your poor mother! But why isn't she taking better care of you? The suffering in this room is debilitating! I don't know what to dooooo!*

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HELPLESSNESS (cnt'd)

MY REFLECTION: *Wait a minute. Deep breath. I am also feeling bad for this kid and this poor, sad, overwhelmed mom. I am scared I can't help them, but I haven't even really tried yet. They are here, right? That's brave of them!*

MY RESPONSE: *"I'm just beginning to see and feel how hard life has been for both of you. I can't promise miracles overnight, but I'd like to try and help you both feel better. You have felt alone for a long time, and being alone makes everything worse. I'm respectful of a little skepticism about what I can do for you, and I certainly don't claim to have a quick fix. Let's meet for four weeks, and then you can decide whether to sign on for more therapy, or something else that might help."*

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FAILURE

"Ian"--disconnect: Video gamer

THE HOOK: *I had the most disappointing relationships with neglectful, unreliable adults, and I found a way to help myself feel better. I'm sharing it with you, because there's nothing else in my life that matters as much, and it's cool: see, I can both shut you out, and let you in at the same time. I'm here trying to tell you about it, but you're just like all the other lousy grown-ups; you don't have a clue about who I am. Maybe you should just be quiet, and let me forget you're here.*

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FAILURE (cnt'd)

MY REACTION: *This is sooo boring, I want to scream. I am bored, who am I kidding? This kid is torturing me and it is working. I want to make him talk to me about something else, feel other feelings, get this relationship going... or why do this at all? I hate it when people "make" me feel incompetent. Maybe I should just nod like a bobble head shrink, or refer him to a guy therapist who can understand him? Adolescent males are just mysterious. Why is this so hard for me?*

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FAILURE (cnt'd)

MY REFLECTION: *I seem to have a lot of feelings about this boy who has had so much failure in his own life. Isn't it interesting that he's talking about something that he understands better than I ever will? I need to reconnect with him now that I have a better sense of what it is like for him in the rest of his life. How can I do that?*

MY RESPONSE: *"I really care about you Ian, and I have a sense of how frustrating this must be for you. You are really expert at this game, and trying so hard to explain it to me. I want to do better than drywall, and I think I can. How about we start over, and you show me an easier game, or the beginning of this one? I'll never get to your current amazing level, I know that for sure, though. Can you try to teach me how to play the easiest game there is? Sometimes people learn better when they practice with an expert."*

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DISSOCIATION

"LUCINDA"—DISCONNECT: SHUT DOWN

THE HOOK: *I don't trust your good intentions. Your so-called therapy is overwhelming and mind-numbingly boring. I don't see the point in your questions, and I don't even know why you're asking them; do you? I've defeated other lousy treatment plans, as you probably read somewhere. Do you know how many people have let me down when I got close to them? No you don't; I can't even remember them all-- that's how many. So I will do whatever it takes to keep you from hurting me. Leave me alone! Oh, you won't go away? Okay, I will.*

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DISSOCIATION (cnt'd)

MY REACTION: *What a dull hour this is. I can barely stay awake myself. She doesn't want to talk to me. Maybe she's correct: therapy isn't for her. It's not for everyone, right? Why does she have to be so obnoxious about it? The family sessions are a lot more fun. I'm a nice person; she needs to give me a chance. Maybe she sees I'm a sham. Goodness, my other sandal needs adjusting, too.*

MY REFLECTION: *Imagine living in the world believing no one is there for you? Her dissociation is her gift to me; now I know a little more how frightened and overwhelmed she must feel. How do I make her simply feel welcome here, and leave the expectations for later? How do I stay present instead of retreating into my own trance state? How do I lend her my most compassionate, engaged self so she feels better in my office, and can learn, in practice, to stay present, and to rely on me more?*

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DISSOCIATION (cnt'd)

MY RESPONSE: *Without a barrage of language that so evidently sends her into hiding, I show Lucinda a new 500-piece jigsaw puzzle of horses grazing (I knew from her mother she was a horse lover). I suggest we might do it together over the next few weeks. She shrugs noncommittally, but takes it from me, and goes over to the table I'd pointed to. She dumps out the box, not bothering to glance at me a second time. But she comes back the next week, if only to do the puzzle. When we are side-by-side at the table, I am as calm and engaged with her as I can breathe myself into, trusting the process, and my adult limbic brain, to bring her into relationship with me, over time.*

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REJECTION

"MARIA" –DISCONNECT: IT CAN'T GET TOO GOOD

THE HOOK: *You are the only person I've ever met who might be safe to get close to. But then again you might not be. If I let down my guard, you will hurt me. That was waaay too intense for me, waaay too fast. Did I see tears in your eyes, too? I have an impact on you? Now I'm completely terrified. Before you betray me, I'm out of here.*

STUDENT'S REACTION: *So I do everything right and you don't come back? What is wrong with this kid? What is wrong with me? My feelings are hurt! I want her to like me. I want everyone to like me. The heck with her. There are plenty of kids out there who will use therapy better than this!*

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REJECTION (cnt'd)

MY STUDENT'S REFLECTION: *I know that therapy can get "too good" for someone with an internal working model of relationships that says people who are supposed to protect you will eventually harm you. I was really disappointed, and I admit it, hurt when Maria blew me off these past two weeks, but it does make sense now that I sit with her mind in my own. I guess I need to apologize, and really persevere to get her back in so I can repair this, and so we can try again.*

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REJECTION (cnt'd)

MY STUDENT'S RESPONSE: *Two phone calls, a letter of apology, and two encouraging messages later, Maria returned, a little more wary, but also immensely relieved that he hadn't given up. He promised to check in with Maria when they talked about harder topics, to be sure the pace and intensity felt safe. He apologized again for moving faster than she could handle, and provided Maria with the gift of their first corrective relational experience.*

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TEN DRT INTERVENTIONS YOU CAN USE TOMORROW

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1. FOSTER DEPENDENCE

THERAPY RELATIONSHIP IS AN ATTACHMENT RELATIONSHIP

MOST RELIABLE NURTURER: DEPENDABLE, ATTUNED, AVAILABLE, FORGIVING, FLEXIBLE, SELF-AWARE

SAY: "SAME TIME NEXT WEEK" "CAN I CALL YOU?"
"I'M HERE" "I WAS THINKING ABOUT YOU" "HERE'S THE POEM I TOLD YOU ABOUT" "I'M GLAD TO SEE YOU" "I'M HERE."

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2. KEEP IT IN THE ROOM

BRING CONVERSATION INTO THE PRESENT WHEN YOU CAN

CONNECT EXPERIENCES OUT OF ROOM/OTHER RELATIONSHIPS TO THIS ONE

SAY: "PEOPLE MADE YOU MAD TODAY, AM I MAKING YOU MAD?" "I'M FEELING CONFUSED, ARE YOU?" "YOU ARE TELLING ME PEOPLE DON'T LISTEN TO YOU, WILL YOU LET ME KNOW WHEN IT FEELS THAT WAY IN HERE?" "YOU AREN'T ALONE NOW."

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3. REPAIR QUICKLY

RUPTURE AND CONFLICT ARE INEVITABLE AND NECESSARY.

ACKNOWLEDGE WHEN YOU'VE MADE A MISTAKE, DISAPPOINTED, MISSED IT: 100 PERCENT YOUR RESPONSIBILITY

BE THE FIRST ADULT EVER TO APOLOGIZE

SAY: "I SHOULDN'T HAVE INTERRUPTED YOU" "I'M SORRY I DON'T UNDERSTAND"
"THANK YOU FOR TRYING AGAIN" "I APOLOGIZE FOR BEING LATE"

IF YOU STILL FEEL DISCONNECTED AFTER YOU APOLOGIZE, THAT MEANS YOU HAVEN'T FIXED IT

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4. OPEN SPACES

DON'T RUSH TO FILL EVERY SILENCE: RESPECTFUL, PLEASURABLE SPACES, TOO
GIVES MESSAGE THEY CAN HANDLE ANXIETY OF NOT KNOWING WHAT TO SAY/DO

CAN CONVEY "I ACCEPT YOU AS YOU ARE"

PAY ATTENTION, BE CURIOUS ABOUT WHAT HAPPENS NEXT WHEN YOU DON'T WORK TOO HARD TO HANDLE

AFFECT/UNCONSCIOUS RIGHT BRAIN NEEDS ROOM TO SHOW UP: ARE RESPONSIVE TO SILENCE

TALKING CAN LET US INTO ADOL WORLD AND CAN ALSO KEEP US FAR, FAR AWAY

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5. STAY CONNECTED

"UNFLINCHING EMPATHY" (MAROTTO): PAY ATTENTION WHEN AROUSAL OVERWHELMING, WHEN THEY ARE TOO VULNERABLE, BEGINNING TO DISSOCIATE

NOTICE CHANGES IN AFFECT, MORE POSITIVE TOO (SHIFTS IN GESTURE, GLANCE, BODY): NOT JUST LANGUAGE—HELP CLIENTS "FEEL FELT"

NOT TOO MANY QUESTIONS—TRY REFLECTIVE RESPONSE: "THAT WAS REALLY SCARY" "SHE'S BEING UNFAIR AND YOU ARE MAD" "THAT'S PAINFUL, NOT KNOWING WHO'S ON YOUR TEAM" "O THAT SOUNDS WONDERFUL!"

SYRAULS 2018

6. BE THE ADULT (w/adult clients, too!)

THERAPY RELATIONSHIP: BOTH REAL AND TRANSFERENTIAL

WE ARE IMPORTANT TO THEM AS CARING ADULTS

THEY ARE NOT GOING TO GET GENERICALLY HEALTHIER: THEY ARE GOING TO BECOME MORE LIKE US.

SAY: "I'M WORRIED ABOUT YOU" "I'M PROUD OF YOU" "CAN I MAKE A PREDICTION HERE?" "I PROMISE IT WILL FEEL BETTER" "YOU ARE ONE OF THE BRAVEST KIDS I'VE EVER KNOWN" "DO YOU WANT TO HEAR WHAT I THINK MIGHT HAPPEN?" "I DO KNOW ABOUT BROKEN HEARTS, TOO"

SYRAULS 2018

7. BE KIND

- IF YOU DON'T KNOW WHAT TO SAY OR DO, THINK ABOUT THIS: WHAT WOULD A FRIEND NEED? VENT AND THEN MAYBE PROBLEM SOLVE (BUT BE SURE)
- BEGIN WITH EMPATHY AND VALIDATION—MIGHT BE ALL YOU NEED TO DO—"UNFLINCHING EMPATHY"
- BUT DON'T BE TOO WORRIED ABOUT FIXING IT AND BEING TRANSFORMATIVE IN EVERY MOMENT. THAT LEVEL OF CHANGE COMES FROM LIMBIC CONNECTION
- LISTEN FULLY: ALLOW YOURSELF TO FEEL FOR AND WITH THEM
- IT NEVER HURTS TO BE KIND: FOR THESE CLIENTS, THAT'S AN INTERVENTION

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8. KEEP GUESSING ABOUT EMOTIONS

DON'T ASK "HOW DID YOU FEEL ABOUT THAT?"

YOU DO ALL THE NAMING, GUESSING, WONDERING ABOUT EMOTIONS FOR A WHILE

OFFER A COUPLE SUGGESTIONS, BE PREPARED TO BE WRONG "YOU SEEM KIND OF WORRIED, OR MAYBE ANGRY, IS THAT RIGHT?"

NAME CUES, NORMALIZE, GENERALIZE, USE YOUR EXPERIENCE

GOAL: LISTEN, OBSERVE, BE CURIOUS, GUESS COMPASSIONATELY, BRING FEELING LANGUAGE INTO ROOM AS INTERESTING AND SAFE

MR. ROGERS: "IF IT'S MENTIONABLE, IT'S MANAGEABLE"

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9. TALK ABOUT SMALL DETAILS

ADOLESCENTS AND YOUNG ADULTS LIVE IN SMALL DETAILS OF THEIR LIVES. JOIN THEM FULLY

AFFECTIVE ENGAGEMENT—BRING COHERENT NARRATIVE TO LIFE

COLLECT AND CONNECT DOTS: "HE SAID THAT?" "WHAT HAPPENED NEXT?" "YOU TOLD HER THAT" "NO WAY, THAT'S TERRIBLE" "THEN WHAT?" "THAT DMV LADY DIDN'T KNOW WHO SHE WAS DEALING WITH!"

ADD DRAMA: PLAY PARTS, HAVE THEM DO BOTH PARTS, KEEP IT GOING UNTIL THERE IS NO MORE

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10. HAVE FUN

JOY AND LAUGHTER ARE HEALING, TOO!!!

ATTACHMENT TRAUMA INTERFERES WITH EXPLORATION/PLAY: UNPREDICTABILITY AND NOVELTY OF PLAY TOO MUCH LIKE TRAUMA, POSITIVE AFFECT ASSOCIATED W/ VULNERABILITY

BE ON ALERT FOR MOMENTS OF JOYFUL ENGAGEMENT

LAUGHTER IS ATTACHMENT AFFECT, TOO: BROADER PLATFORM OF FEELINGS LEADS TO RESILIENCE

MICRO NOW-MOMENTS, NOTICE WHEN CONNECTION SEEMS LIGHTER, AMPLIFY POSITIVE EMOTION

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WRAPPING UP

DRT AND OTHER MORE INTEGRATIVE AND RELATIONAL THERAPIES ARE PART OF A PARADIGM SHIFT TOWARD WORKING WITH THE EMOTIONAL, CREATIVE, INTUITIVE, AND REGULATORY RIGHT HEMISPHERE.

IN A TWO-PERSON SYSTEM ENGAGING BOTH OF OUR MINDS, BRAINS, AND BODIES IN THE DANCE OF CONNECTION AND ATTUNEMENT

THE FOUR M'S OF MIRRORING, MENTALIZATION, MINDFULNESS, AND MODULATION CONSTITUTE SOME OF THE ESSENTIAL SKILLS IN DRT

THE REACT-REFLECT-RESPOND SYSTEM HELPS US CHANGE OLD IWMS BY RESPONDING DIFFERENTLY TO CLIENTS THAN WE MIGHT AT FIRST

SUCCESSFUL TREATMENT WORKS AT THE EDGE OF THE WINDOW OF TOLERANCE SO THAT OUR CLIENTS LEARN TO HANDLE STRONG FEELINGS IN RELATIONSHIP WITH US

MANY OF THE DRT INTERVENTIONS YOU MIGHT USE ARE DECEPTIVELY SIMPLE: WE TALKED ABOUT 10 OF THESE TODAY

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