

WORKING WITH TRAUMATIZED TEENS

HOW TO GET UNHOOKED

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WEBINAR 2018

WEEK SIX

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PLAN FOR SESSION SIX

- TALK ABOUT TRIGGERS AND TRIGGERING IN HYPERACTIVATED TEENS
- GO THROUGH A BIG TOOLBOX OF STRATEGIES AND ACTIVITIES THAT ARE EFFECTIVE WITH HYPERACTIVATING TEENS
- CONSIDER INTERVENTIONS FOR DOWN REGULATION DRAWN ACROSS PSYCHOLOGICAL PARADIGMS AND BEYOND
- MAKE A FEW FINAL COMMENTS WRAPPING UP THE WEBINAR

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TRIGGERS AND TRIGGERING

WHEN WE GET TRIGGERED, WE EXPERIENCE SUDDEN AND OVERWHELMING FEELINGS, SENSATIONS AND IMPULSES THAT CONVEY:

I AM IN DANGER *RIGHT NOW*

NOT THAT I WAS IN DANGER *THEN*

PAST, PRESENT, AND FUTURE BECOME MERGED AND CONFUSED

AS LONG AS TRAUMATIC ACTIVATION IS INTERPRETED AS THREAT, REALITY-TESTING IS DISTORTED

- DECISIONS AND CHOICES ARE MADE IMPULSIVELY IN THE CONTEXT OF *THEN*, NOT *NOW*.
- THE THERAPIST HAS TO KEEP WONDERING "WHAT MIGHT HAVE TRIGGERED THIS RESPONSE."

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A POSSIBLE LIST OF TRIGGERS

(JANINA FISHER, 2017)

BEING SURPRISED	BEING CENTER OF ATTENTION
HAVING TO WAIT	FEELING INFERIOR
MESSY ROOMS	SEEING ALCOHOL OR DRUGS
COMBAT MOVIES	TALK OF GOD, BLASPHEMING GOD
GETTING SOBER	SEEING SIBLINGS TOGETHER
BEING THREATENED	PARTICULAR SONGS
SUICIDE IN THE NEWS	BEING IN MY FAMILY HOME
FEELING GUILT, SHAME	BEING ALONE
BEING WATCHED	FAILURE TO FOLLOW THROUGH
PEOPLE LEAVING	SEEING SOMEONE WHO REMINDS ME OF MY ABUSER, SAYS HIS NAME
BREAK-UPS	ANGER AND ANGRY EXPRESSIONS
FEELING TRAPPED	SEEING PEOPLE SPANK THEIR KIDS
BEING TOLD WHAT TO DO	DISAPPOINTING PEOPLE
CHANGE—GOOD OR BAD	DARK ROOMS
PEOPLE WHO ARE VULNERABLE	THE SILENT TREATMENT
CERTAIN KINDS OF ALTERED STATES	BEING OVERLOADED, OVERWHELMED
WITNESSING OTHERS BEING HARMED	BEING HAPPY
HEIGHTS	NOT BEING HAPPY
	CERTAIN PEOPLE AT AA MEETINGS
	"PITY PARTIES"

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BRAINSTORMING: HOW DO YOU KNOW?
TRIGGERED REACTIONS ARE SUDDEN, INTENSE, AND HARD TO SHIFT

ANXIETY, FEAR
INCREASED HEART RATE
PIT, TIGHTNESS, CLENCHING IN STOMACH
SHALLOW BREATHING, HYPERVENTILATION
OBSESSIVE THINKING
RESPONSE DISPROPORTIONATE TO EVENT, BIG SHIFT
0-60 REACTING
"I'M DOING SOMETHING I SHOULDN'T/DON'T WANT TO DO"
MUSCLE TENSION, TWITCHES, TICS
JUMPING TO CONCLUSIONS, WORST-CASE SCENARIOS
FEELING LIKE THE SKY IS FALLING
SENSE OF NOT BELONGING, ON THE OUTSIDE LOOKING IN
FEAR OF ABANDONMENT, BEING LEFT ALONE
FEELING SMALL

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Another kind of memory: habits of action and reaction

- **Procedural memory is our implicit memory system for functional learning:** skills, habits, automatic behavior, conditioned responses.
- Driving a car, playing an instrument, dance, swimming or playing tennis, riding a bike, shaking hands and making eye contact and other social behavior, are all examples of procedural learning.
- Procedural learning allows us to respond instinctively, automatically, and non-consciously, increasing our efficiency at the cost of a loss in reflective, purposeful action

Fisher, 2012

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Trauma-related Procedural Memory

- **Social behavior:** difficulty making eye contact, asking for or accepting help, expressing feelings in words
- **"Default settings:"** tendencies to automatic self-blame, shame, anger, shutdown, dissociation
- **Behavioral responses:** impulsive acting out, isolation and avoidance, help-seeking, inability to say 'no,' collapse
- **Emotional expression:** emotional disconnection, cathartic expression, overwhelming intrusive emotions
- **Interpersonal behavior:** gets too close too quickly and expects too much from others, becomes the caretaker, or avoids closeness, dependency

Fisher, 2014

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Traumatic Implicit Memories are Experienced as:

- **Overwhelming emotions:** desperation, despair, shame and self-loathing, hopelessness and helplessness, rage
- **Chronic expectation of danger:** hypervigilance and mistrust, fear and terror, "post-traumatic paranoia"
- **Body sensations:** numbing, dizziness, tightness in the chest and jaw, nausea, constriction, sinking, quaking
- **Movements and movement impulses:** motor restlessness, frozen states, impulses to "get out," violence turned against others or one's own body, huddling or hunkering down

Fisher, 2010

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Procedural Learning and Memory

- Procedurally-learned unconscious habits or action tendencies are encoded in our bodies and operate as automatic “default settings”
- Procedural learning theory suggests that **reactivating memories in talking about old experiences “may actually perturb procedural learning”** (Grigsby & Stevens, 2001). When we talk about an experience, its implicit aspects are activated, evoking procedural defensive responses
- To resolve childhood trauma and attachment failure, the theory suggests that **cultivating new experiences in therapy may be more useful in challenging procedural learning than talking about old experiences!** Fisher, 2007

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“Waking Up” the Frontal Lobes

- Increasing mindful differentiation of thoughts, feelings, and body sensations: “When you say, ‘I’m so alone,’ is that a thought or belief? A feeling? Or is it a gut sensation?”
- Evoking curiosity by observing and re-framing old patterns and habitual responses as adaptive “then,” formulating and testing hypotheses, challenging trauma-related assumptions
- Providing accurate information to counter trauma-driven interpretation, empowering the client by providing him/her with psychoeducational understanding
- Helping patient achieve distance from the symptoms: differentiating thoughts vs. ‘truths,’ using neutral terms to describe feelings, universalizing or reframing symptoms Fisher, 2009

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“The most direct way to effect change is by working with the procedural learning system, rather than with declarative memories”

[Grigsby & Stevens, 2000]

We can address “procedural learning” in two ways:

- “The first is to ...observe, rather than interpret, what takes place, and repeatedly call attention to it. This in itself tends to disrupt the automaticity with which procedural learning ordinarily is expressed.”
- “The second therapeutic tactic is to engage in activities that empathically but directly disrupt what has been procedurally learned” and create the opportunity for new experiences

(Grigsby & Stevens, 2000, p. 325)
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Cultivating Mindful Awareness

- Mindfulness in therapy depends upon the therapist becoming more mindful:** slowing the pace of thinking and talking, refraining from interpretation in favor of observation, helping the patient begin to focus on the flow of thoughts, feelings, and body sensations as these unfold
- Because **mindful attention is present moment attention**, we use “retrospective mindfulness” to bring the client into present time: “As you are talking about what happened then, what do you notice happening inside you now?”
- Curiosity is cultivated because of its role as an entrée into mindfulness:** “So, when you talk about your father, your heart beats faster and you feel afraid. . . .” Fisher, 2007

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Noticing the Interplay of Thoughts, Feelings, and Body Sensations

In traditional talking treatments, we tend to talk about thoughts, feelings, and body sensations as if they were one and the same:

For example, when we say, "I feel unsafe,"

- It could reflect a **cognition**: "I am never safe,"
"The world is not a safe place"
- It could mean an **emotion**: "I'm feeling frightened"
- It could mean **bodily sensation**: "My chest is tight;
my heart is racing; it's hard to take a breath"

Fisher, 2004

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Mindfulness Skills

- "Notice . . ."
- "Be curious, not judgmental. . ."
- "Let's just notice that reaction you're having inside as we talk about your boy friend"
- "Notice the sequence: you were home alone, bored and lonely, then you started to get agitated and feel trapped, and then you just **had** to get out of the house"
- "Let's be curious about what triggered you—let's go back to the start of the day and retrace your steps. . ."

Fisher, 2012

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Therapist Must Use Mindful Language

Non-Mindful Statement	Statement in Mindfulness
"Why do you think you have that reaction to your father?"	"I notice when you talk about him, your body tenses up"
"Perhaps you could try telling him that you feel uncomfortable. . ."	"Notice what happens inside when you imagine telling him that?"
"It feels like it is your fault . . ."	"So, the thought comes up: 'It's all my fault,' and then what happens?"
" <u>You</u> feel ashamed—even though you know that he wasn't appropriate?"	"At that moment, all you experience is the feeling of shame and the thought, 'It's all my fault.' The fact that he was not appropriate isn't even in your awareness, then, huh?"

Ogden 2005; Fisher, 2005

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Responding mindfully to non-mindful reports

Non-mindful reports:	Mindful responses:
"My mom had terrible boundaries"	"Are you remembering that right now?"
"I get so mad when my boundaries are invaded."	"What do you notice when you think of that?"
"I feel like a bad person when I set a boundary"	"So, the thought comes up, 'I am a bad person if I set boundaries' "
"My brother used to invade my boundaries . . ."	"What happens inside right here, right now, when you recall that?"

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Ogden, 2005

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OFFER A MENU WHEN BEING CURIOUS

WHEN YOU FEEL THE PANIC, WHAT HAPPENS IN YOUR BODY? DO YOU BECOME MORE JITTERY? MORE FROZEN? MORE TENSE?

AS YOU FEEL THE ANGER IS IT LIKE TENSION, ENERGY, WARMTH? DOES IT WANT TO DO SOMETHING?

WHAT DOES 'NOTHING' FEEL LIKE? IS IT CALM? NUMB? FREEZING?

YOU CAN ALSO ASK CONTRAST QUESTIONS:

- DOES THAT FEEL GOOD OR BAD?
- DOES THAT DANGER FEEL LIKE IT WILL HURT YOU FROM THE INSIDE OR OUTSIDE?
- WHEN YOU SAY IT WAS YOUR FAULT, DOES THAT MAKE YOU FEEL BETTER OR WORSE?

REMEMBER TRAUMATIZED TEENS USUALLY DO NOT HAVE A GOOD VOCABULARY FOR THEIR PHYSICAL OR EMOTIONAL EXPERIENCE. GUESS, OFFER A COUPLE SUGGESTIONS—NEVER TELL THEM HOW THEY "MUST FEEL"—BE PREPARED TO BE WRONG. WONDERING AND REFLECTING INSTEAD OF ASKING "HOW DID YOU FEEL?"

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THINKING ABOUT "TECHNIQUES" THAT CALM THE HOT TEEN BRAIN

GENERAL PRINCIPLES

- CAN BE DRAWN FROM SCHOOLS OF THOUGHT AND APPLIED TRANSTHEORETICALLY
- SHARE COMMON PURPOSE OF BRINGING ENERGY DOWN
- MODULATION/REGULATION OF AFFECT
- INCREASE IN LINEARITY/LEFT BRAIN, EXECUTIVE FUNCTION: ACTIVATE BOTH BRAINS
- USE OF THERAPIST AS CO-REGULATOR
- EXPERIENTIAL TOO—NOT ENOUGH TO JUST UNDERSTAND THE STORY, MUST ALSO FEEL DIFFERENT
- INTERRUPT OLD ENACTMENTS, IWMS, PROCEDURAL MEMORIES

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LET'S TALK ABOUT INTERVENTIONS

Stabilization and Safety

Grounding and Centering

Mindfulness

Experiential Activities/Art Projects

CBT: Affect ID, Management, Logging

Psychoeducation

DBT: Distress Tolerance, Emotion Regulation, Validation

Somatic/Body Work

Safety Nets/Contracting

Survival Kit

Learning to Anticipate Triggers

Play/Playfulness

Activating Left Brain

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Stabilization/Safety

NOTHING MORE IMPORTANT THAN STABILITY AND SAFETY—NOT EVEN FEELINGS

CLIENTS DON'T KNOW WHAT THIS IS—YOU HAVE TO TEACH/GUIDE/SHOW THEM—"THIS IS WHAT SAFETY FEELS LIKE IN YOUR BODY"

MESSAGE: NO HEALING POSSIBLE WITHOUT

- ATTENDING TO ISSUES OF SAFETY
- SELF-CARE AND COMPASSION
- REPARATIVE CONNECTIONS TO OTHER HUMANS
- RENEWED FAITH IN THE UNIVERSE

MANY OF OUR CLIENTS MAY HAVE MINIMAL SAFETY IN THEIR LIVES—HOMES, SCHOOLS, COMMUNITIES—THERE ARE SOME LIMITS TO WHAT WE CAN DO FOR THEM IF THEY ARE ACTIVATED AND UNSAFE...

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Stabilization/Safety (2)

MOST IMPORTANT TOOLS:

- PSYCHOEDUCATION
- MODELING OF ATTENTION TO SAFETY
- SKILL BUILDING
- EMPOWERING BY TEACHING PATIENT HOW TO TAKE CHARGE OF THERAPEUTIC PROCESS

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Stabilization/Safety (3)

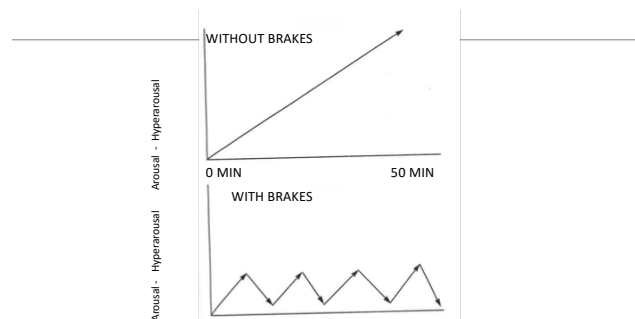
MODELING

- INDIRECTLY TEACHES PT NEW SKILLS
- DIRECTLY OFFERS AN EXPERIENCE OF SAFETY AND PROTECTION—MAYBE FOR FIRST TIME
- MODEL CONSTANT CONCERN, EVEN FROM FIRST PHONE CALL—"ARE YOU SAFE BETWEEN NOW AND WHEN WE MEET FOR THE FIRST TIME?"
- IN CARE ADDRESSING TRAUMA HX: NOT EVEN ALLOWING IT UNTIL STRATEGIES FOR STABILIZATION ON BOARD: "YOU MIGHT WANT TO TALK ABOUT YOUR MEMORIES, AND I WOULD BE REMISS IF I ALLOWED YOU TO DO SOMETHING THAT WOULD PUT YOU AT RISK. I CAN'T STOP YOU FROM HURTING YOURSELF OUTSIDE THIS OFFICE, BUT I CAN STOP YOU IN HERE."

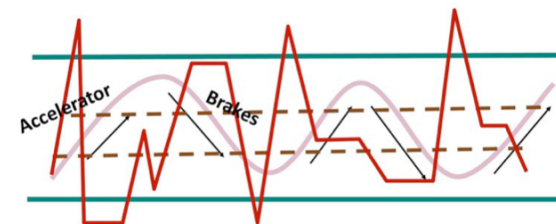
BRING SAFETY AND STABILIZATION INTO THE TRANSFERENCE—EVEN IF PT WANTS TO TALK ABOUT TRAUMATIZING TOPICS—IT'S MORE CARING TO INSIST ON SAFETY AND STABILITY FIRST

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APPLYING BRAKES OVER THE HOUR



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Grounding/Centering

“Grounding” refers to ability to have both feet and mind on the ground

Begin by asking teen to take a deep breath, or to sigh

Change position—notice feeling of feet on the ground, chair under body, look around room, notice old and new things

Give objects to “play with” for sensory grounding—e.g., slinky, nerf ball, stress ball, worry beads, silly putty, Play Doh, stones, coloring, doodling...

Check in w/ what percent in their body they feel. No therapy possible if < 60%

Following are a couple specific Grounding activities we’ll do together

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GROUNDING EXERCISE ONE



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GROUNDING EXERCISE TWO

TAKE THREE DEEP, SLOW BREATHS. BREATHE IN THROUGH YOUR NOSE AND OUT THROUGH YOUR MOUTH

LOOK DOWN AT YOUR FEET AND PAY ATTN TO THE CONNECTION OF YOUR FEET TO THE FLOOR. PAY SPECIAL ATTN TO THE CONNECTION BETWEEN YOUR HEELS AND THE FLOOR

IMAGINE THAT YOUR FEET ARE GROWING ROOTS, LIKE THE ROOTS OF A TREE
IMAGINE THAT THESE ROOTS ARE GROWING DEEP INTO THE EARTH TO GIVE YOU A SOLID CONNECTION TO THE EARTH

JUST NOTICE HOW IT FEELS TO BE IN YOUR BODY AND FEEL THIS CONNECTION

NOTICE HOW YOUR FEET FEEL, YOUR LEGS, AND THE WHOLE CENTER OF YOUR BODY

TAKE THIS TIME TO REALLY EXPERIENCE THIS CONNECTION AND HOW IT FEELS THROUGHOUT YOUR BODY. WE KEEP THIS MEMORY WITH US THROUGHOUT THE DAY AND USE IT WHENEVER WE NEED TO RECONNECT TO OURSELVES AND BE MORE PRESENT AND STEADY.

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Mindfulness

„Paying close attention to the present moment without judgment. in therapy, is a skill for US to develop, too. **NO ONE IS PERFECTLY ATTUNED!**“

Intrusive sensory memory experiences overwhelm the mind: “Feelings flashbacks” aren’t left hemisphere memories... we can also disconnect this way

Emotional yardstick: Evaluate proportion of feelings that fit present context

Current reality vs post-traumatic reality:

Activation is not the same thing as being retraumatized

Cognitive distance from overwhelming affect: Get the left hemisphere into the action via language, linearity [more ideas on this later]

YOU PROBABLY HAVE STRATEGIES: RETURN TO THE BREATH

LET’S GO THROUGH ONE TOGETHER: **Let it R.A.I.N**

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Let it R.A.I.N.

R: Recognition: Three objects of awareness

- sensations, thoughts, feelings in “me”
- the words, body language, mood of the adolescent
- the flow of relationship/connection

A: Acceptance: Roll up your sleeves and embrace trouble

- get out of the space suit
- defenses against pain isolate us from each other

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Let it R.A.I.N.

I: Investigation: Be curious about what is causing you to be reactive, how it is feeling, what’s happening in your body, feelings, thoughts, the familiarity of the response: Learning experience...

N: Non-Identification: It’s not you. This, too, shall pass (a teaspoon of salt in the pond). Hardest lesson: *Don’t take it Personally*

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Experiential Activities/Art

Grounding, breathing, Imagery, noticing senses

Lists, journaling, logs, note cards, rainy-day box

Toss a ball back and forth (cards, building, cat’s cradle—anything that involves turn-taking)

Muscle relaxation

Sand Tray!

Deep pressure, tactile engagement, tapping

Bubbles, peacock feather balancing

Drumming, yoga, movement, dance, activities

Writing (exercise: Dialogue w your child)

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DIALOGUE WITH YOUR KID SELF

ADOLESCENT/ADULT SELF ASK QUESTION WITH
DOMINANT HAND AND PEN

LITTLE KID SELF ANSWER QUESTION WITH NON-
DOMINANT HAND AND CRAYON OR MARKER

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Affect ID, “Management” through compassion (1)

Number scale—how much of a feeling are you having

- Help with naming as they arise
- Help with recognizing body and face and intensity

Circle (or body outline) with color key different feelings

Numerous charts and diagrams and activities for feeling naming

Folded paper feel inside and appear outside

2x2 for complexity and amount (example slide next)

Alternating states regulation: Turn up volume, down, slow mo, start-stop, big-small

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Illustration: we have different feelings, in different amounts, all at the same time



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Affect ID, “Management” through compassion (2)

Cultivate ability to Name internal states

- “Name it to tame it” All on you at first
- “If it’s mentionable, it’s manageable”

NOT JUST MAD SAD GLAD BAD: BE READY TO BE CURIOUS ABOUT

Perceptions of our inner body sensations, including the breath, muscles, and internal organs

Perceptions of the world around us coming through the five senses of sight, touch, taste, smell, hearing

Perceptions of the activity of our own mind - our thoughts, emotions, memories;

Perceptions of others and our experience of connection//disconnection

Guess, wonder, name, mirror, model: **YOU use words**

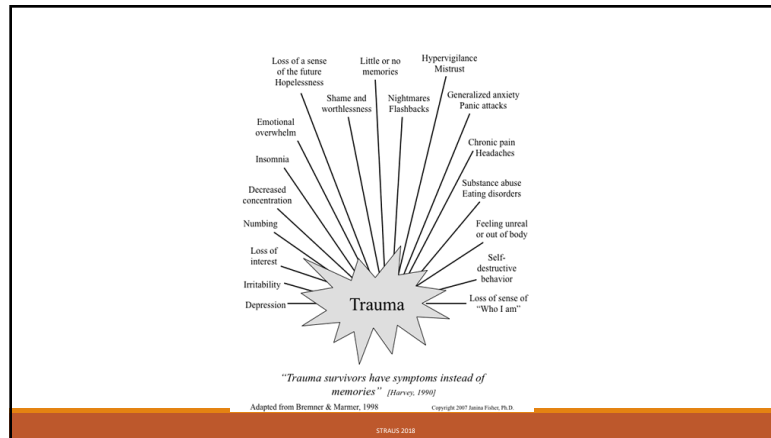
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Psychoeducation (1)

1. Teach teens about symptoms and triggers, how to recognize them, anticipate them, what they mean, how to manage them

- Decrease shame, confusion, feeling crazy
- Use empathic, empowering language—survivor
- This is what is happening to your brain and your body

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Psychoeducation (2)

- Convey: she had ability as child to survive these terrible experiences, so she has all the resources she needs to recover from the symptoms of those experiences
 - The symptoms make perfect sense as a response to traumatic experience
 - Each symptom represents either a deeply encoded memory, or an attempt to solve a challenge or danger she faced as a child
 - Each was an ingenious solution to an overwhelming envt.—that worked, because she's here now
 - Deshame and empower: she's smarter, more creative, resourceful, in control of her destiny than she feels
 - THINK ABOUT/PRACTICE REFRAMING: Suicidality, Self Harm, Aggression, Hypervigilance, Sexual acting out, Self-loathing—ALL ARE STRATEGIES

Psychoeducation (3)

The Complex Trauma Survivor has Symptoms instead of Memories—they are memory equivalents

- Anxiety and Panic as "feelings flashbacks" (If he could remember trauma the way we remember non-traumatic events, he could tell you why he hates a time of day, or a smell, or the way a room looks, or it feels to be touched)
- Thinking of symptoms as memories adds control and develops narrative of survival in face of fear

“

Psychoeducation (4)

2. YOU MAY WANT TO TEACH ABOUT THE DIAGNOSIS OF COMPLEX PTSD

“No, you're not crazy; this is what happens to people who endure what you did.”

- Use developmental information to create empathy for their child self—children internalize soothing, that's how they learn self-soothing. We have to practice this together, because you never learned this when you were a baby.
- If we can help you feel calmer and more relaxed we can help your brain heal

Psychoeducation (5)

3. Teach The Healthy Mind Platter for Optimal Brain Matter (Dan Siegel)



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Psychoeducation (6)

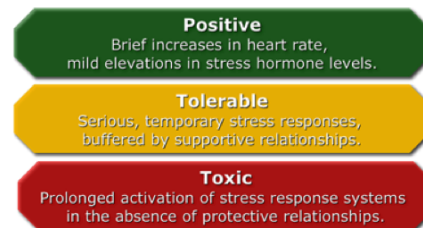
4. Teach a little (or a lot) about the Brain

Internet is awash with great visuals. I usually start with these four:

- there are three kinds of stress (some is good)
- how we respond to toxic stress
- the amygdala hijack
- how stress growing up affects development

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Stress



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7

Positive Stress Response

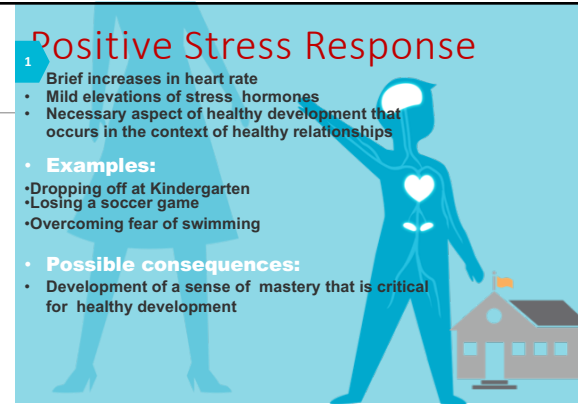
1. Brief increases in heart rate
 - Mild elevations of stress hormones
 - Necessary aspect of healthy development that occurs in the context of healthy relationships

Examples:

- Dropping off at Kindergarten
- Losing a soccer game
- Overcoming fear of swimming

Possible consequences:

- Development of a sense of mastery that is critical for healthy development



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2 Tolerable Stress Response

More prolonged activation of the stress response system


Examples:

- Bullying
- Death of a loved one
- Frightening accident

Possible consequences:

Range from positive to harmful depending on relationships, the environment, prior experiences, and innate factors

Stress responses *could* disrupt brain architecture, but are buffered by supportive relationships. Brain recovers.



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3 Toxic Stress Response

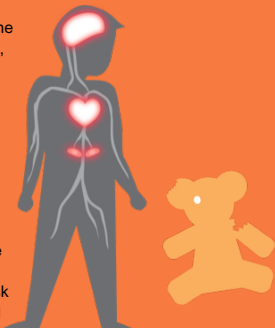
Prolonged activation of stress response systems in the absence of the buffering protection afforded by stable, responsive relationships

Examples: 3 or more ACEs

- Physical or emotional abuse
- Chronic neglect
- Exposure to violence
- Extreme poverty

Possible consequences:

Lifelong impacts on brain architecture and other parts of the body's stress response system that increase the risk of stress-related physical and mental illness later in life



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A LITTLE STRESS IS GOOD

WE ARE SUPPOSED TO REACT WHEN A TIGER SHOWS UP

- Bodies designed to respond to stress
- Adrenalin and cortisol help us run from the tiger or hide
- Threat of short duration, then get safe



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BUT THE TIGER ISN'T SUPPOSED TO MOVE IN



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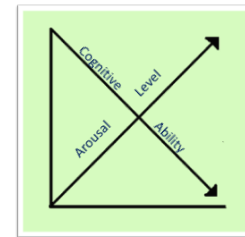
Normative Danger Responses Autonomic Nervous Response System

- Fight
- Flight
- Freeze
- Flock



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AROUSAL AND COGNITION



As arousal increases cognitive ability decreases. Hyper-aroused children may be defiant, resistant and/or aggressive.

They are stuck in survival mode and may freeze, fight, or flee.

A child in a hyper-aroused state can not be reasoned with, she needs you to help her reduce her arousal level.

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The Amygdala Hijack

It interprets messages that there's danger or it's safe. It knows nothing about reasoning or cognitive functions. *And it remembers what you're afraid of in your body...*

Amygdala scans the visual field. Searches for possible threats; a sudden movement, a looming shadow. It monitors every sound, smell, possibility of danger.

The amygdala "hijacks" the other portions of the brain.. It gets you ready to fight or flight.

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Bottom Line for Brain Development

When children experience stable nurturing relationships, they foster the development of healthy circuitry.



When children experience unstable, traumatic, abusive or neglectful relationships, they disrupt the circuitry of the brain's architecture as its being built.



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What does this look like?

Biologically: problems with movement and sensation, hypersensitivity to physical contact, difficulty with balance and coordination.

Physically: stomach problems, fast heart rates, difficulty sleeping.

Socially: relationships can be characterized by boundary problems or distrust. They can have difficulty empathizing with others.

Intellectually: trouble focusing, completing tasks, understanding their part in what happens to them, learning difficulties. Poor working memory.

Emotionally: difficulty regulating mood, knowing their feelings, low self esteem, not a clear sense of self.

Behaviorally: poor impulse control, aggression, or becomes passive and fearful, have a heightened awareness of potential dangers.

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Great Contributions from DBT

Mindfulness teaching wise mind

Distress Tolerance

Emotion Regulation

Validation/Reflection--super important (I'll go through this next)

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VALIDATION

COMMUNICATES THAT HER RESPONSES (FEELINGS, THOUGHTS, ACTIONS) MAKE SENSE, AND YOU UNDERSTAND THE SITUATION

◦ **ACKNOWLEDGMENT.** (OBSERVE AND DESCRIBE, WITHOUT JUDGMENT: "I CAN SEE THAT YOU ARE REALLY UPSET RIGHT NOW."

◦ **ACCEPTANCE.** "I KNOW YOU ARE UPSET." REPLY: "I AM UPSET." (THAT'S IT, SAY NO MORE).

REMEMBER: VALIDATING DOES NOT MEAN YOU LIKE OR AGREE WITH WHAT THE OTHER PERSON IS DOING, SAYING, OR FEELING...ONLY THAT YOU GET IT.

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WHY BOTHER TO VALIDATE?

IT SHOWS YOU ARE LISTENING

IT SHOWS THAT YOU UNDERSTAND

IT COMMUNICATES UNDERSTANDING IN A **NONJUDGMENTAL** WAY

IT IS GOOD FOR RELATIONSHIPS

IT DECREASES THE INTENSITY OF CONFLICTS

IT SHOWS YOU ACKNOWLEDGE FEELINGS AND THOUGHTS AND BEHAVIORS

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HOW TO VALIDATE (SOMEONE / INCLUDING YOURSELF)

ACTIVELY LISTEN AND PAY ATTENTION (MAKE EYE CONTACT, NOD YOUR HEAD, BE MINDFUL OF YOURSELF)

STATE HER FEELINGS DESCRIPTIVELY, WITHOUT PASSING JUDGMENT ("IT LOOKS LIKE YOU'RE UPSET" "YOU HAVE A MAD LOOK ON YOUR FACE.")

RESPOND IN A WAY THAT TAKES HIM (OR YOU) SERIOUSLY—IF HE'S CRYING, OFFER A TISSUE, IF YOU NEED TIME TO COOL DOWN, TAKE IT.

SHOW TOLERANCE; UNDERSTAND HOW THE PERSON'S BEHAVIOR AND FEELINGS MAKE SENSE GIVEN THE CIRCUMSTANCES AND HISTORY—EVEN IF YOU DON'T LIKE IT.

BE MINDFUL OF YOURSELF, THE OTHER PERSON, THE RELATIONSHIP. TRY NOT TO JUDGE.

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VALIDATION IN OFFICE AND HOME: THE SIMPLE SENTENCE RULE

BEFORE YOU SPEAK (PARENTS SPEAK), PRACTICE SAYING THE CENTRAL TRUTH, DON'T HEDGE, OVER TALK, MISS THE POINT...

"STORIES FROM HOME" EXERCISE: HAVE CAREGIVERS BRING IN A TRANSCRIPT ACCOUNT FROM A FIGHT—HELP THEM SEE THEIR CONTRIBUTION TO THE DISCONNECTION/ESCALATION

ONE SENTENCE NOT ENOUGH HAS NO VALIDATION IN IT, JUST THE ANGER, FRUSTRATION, DEMAND, LACK OF EMPATHY

ONE SENTENCE TOO MUCH ADDS THE **BUT**—UNDERMINES AND UNDOES THE VALIDATION.

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ENCOURAGE THE LH TO VISIT

GENOGRAMS

LIFESTORY LINES

LIFE BOOKS

TRACKING CIRCULARITIES and PATTERNS

MAPPING BELIEFS, ACTIONS, AND CYCLES

SCALING QUESTIONS

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Somatic/Body Work

Can begin w/ psychoed about hyperarousal—developmental trauma breaks down the ability to down regulate automatically when distressed, so they have to do it manually

Breathing is GOOD (all kinds of breath exercises count here)

Mantras to keep attn: "I breathe in calm" "I breathe in safety" "I breathe out fear."

For most distressed clients who equate relaxation with danger, add on mantras like, "I breathe in alertness;" "I can calm my body and alert my mind."

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Somatic/Body Work

Play

Sports/Exercise

Dance and Movement

Trauma-Sensitive Yoga

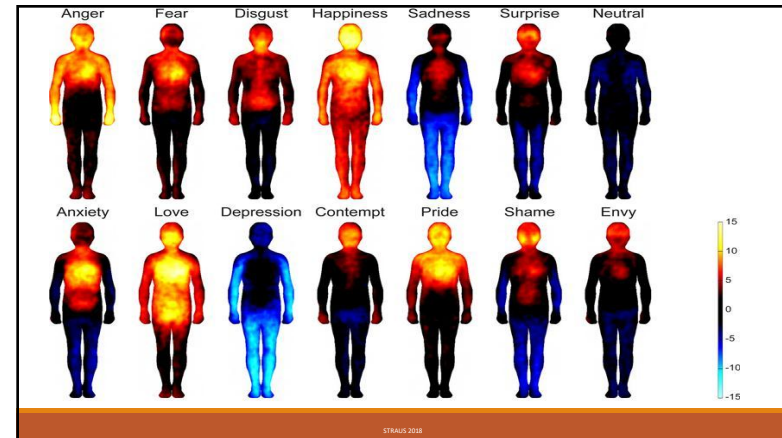
Sensory Integration Activities (from OT)

Recognizing anxiety in your body

"Body Atlas:" new research reveals that emotional states are universally associated with certain bodily sensations, regardless of individuals' culture or language.

- Increase and decrease in reported bodily sensations associated with emotion-laden words, videos, facial expressions and stories—many ways in...
- Can get the Body Atlas and article online-Hari (2013)

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Safety Nets (from Janina Fisher)

Help activated clients to differentiate among

- **Anticipation of feelings/longings**
- **Feelings/longings**
- **Impulses**
- **Intentional behavior**

Diffuses suicidality, self harm: Ideation less likely to become actual threat

Differentiate normal longing for pain to be over from impulsive behavior, or intentional behavior

Hierarchy of coping strategies Inverted triangle—most options up top (We talked about this last week w dissociative treatment, too)

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Safety Nets (sample)

Safety Net 1: Anticipating triggers or unsafe impulses

- Read trigger list at beginning and end of day to anticipate potential triggering and overwhelm
- Read Coping Reminder card
- Stay active during periods of feeling vulnerable and overwhelmed
- Engage in activities that keep you connected to the here-and-now
- Call a friend, stay connected to safe people

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Safety Nets (sample, cnt'd)

Safety Net 2: Self Destructive Thoughts/Impulses

- Do grounding activities (Take a walk, wash dishes, do a jigsaw, brush the dog, walk some more)
- Go over list of coping strategies for unsafe thoughts
- Call a friend, stay connected to present and safe people

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Safety Nets (sample, cnt'd)

Safety Net 3: Intense Impulsivity

- Do NOT be alone (Have someone come over or stay on phone until feeling less impulsive)
- Use “survival kit” to help manage impulses (slides will follow)
- Leave a message on my machine to hear my voice and tell me how you are
- Read over list of intentions (what you will and won't do)

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Safety Nets (sample, cnt'd)

Safety Net 4: Out of Control Impulsivity

- Call Therapist/Emergency On Call person
- Call 911
- Go to ER

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Development of Survival Kit

(Janina Fisher, 1999)

Ask patient to assemble a collection of objects that can ensure survival, no matter how unsafe she feels—needs to be done before a crisis so she has it on hand when she needs it, e.g.,

- Cards or notes written by therapist
- Affirmations
- List of things she could do to stay safe
- Photos of someone or something to live for
- Talisman: favorite stone, object, memorabilia
- Stuffed animal, safe place/shrine in home
- List of ppl to call
- Rainy day box (can have letters, too)
- Letters of love and support from Friends
- List of reasons to live

Update over time, ask about it, find out how it's being used, whether sufficient to the task,

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Contracting

Trauma contracting is delicate—pts are sensitive to issues of power/control

- “You can’t make me” “If it weren’t for you, I’d be dead”
- The ideal contract is one she makes with herself

Can commit to recovery, coming to tx, attending AA, structuring her life in a particular way

Can be specific: “I will use Survival Kit when I feel...”

Psychoeducation if can’t commit: “Healthy families make commitments to their children to keep them safe—you need to learn this now.

Follow up! You have to model and teach this so the contract works.

A good contract includes caregivers and you—what everyone will agree to

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Learning to Anticipate

Focus on triggers when pts talk about stg impulsive/dysregulated

- “What was the trigger?”
- “Did you notice any early warning signs?”
- “Looking back, what do you think were signs you might not have noticed at the time?”
- “Let’s go step by step”
- “What did you do to try to help yourself?”

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Learning to Anticipate (2)

Use prospectively as well as in wake of episode of heightened anxiety/dysreg behavior

- Help anticipate stressful future events
- Problem solve, step-by-step where anxiety might increase
- Children raised in healthy environments learn, as they grow, to anticipate what will be hard—by modeling, support, language
- Can anticipate the worst without expecting it

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Play and Playfulness

“Capacity for play and positive affect is typically diminished or absent in patients who have come to associate positive affect with vulnerability to ridicule, disapproval, disdain, or even danger” —Pat Ogden

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Play and Playfulness (2)

The broad variety of positive affective states depend on the ability to regulate arousal—a “good enough mother” attunes to both positive and negative affect

Track not just trauma and attachment-related issues, but also expressions characteristic of social engagement, positive, affect, play...

- The beginning of a smile
- Meaningful eye contact (now moment)
- More expansive, playful movement

Participate by mirroring, calling attention, playing too, expressing curiosity—expand, linger in that moment if you can so it registers in the room and the adolescent!

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Play and Playfulness (3)

“AFFECT REGULATION IS NOT JUST THE REDUCTION OF AFFECTIVE INTENSITY, THE DAMPENING OF NEGATIVE EMOTION. IT ALSO INVOLVES AN AMPLIFICATION, AN INTENSIFICATION OF POSITIVE EMOTION, A CONDITION NECESSARY FOR MORE COMPLEX SELF ORGANIZATION”

-Allen Schore

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Art Projects

Drawing narratives (events, helpers, what happened next, what you’d like to have happened next, retelling moments in sequence)

Cartooning panels

Build your own board game

Feeling drawings

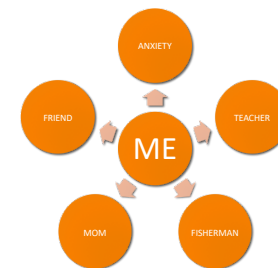
Trauma-informed art therapy (Malchiodi)

Collages

Shields

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PERSONA WORK WE ALL HAVE MANY PARTS—SOME ARE LESS ACTIVATED THAN OTHERS...



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Basic Parts Work from Internal Fam Systems

PREMISES:

OUR INTERNAL SYSTEM HAS DIFFERENT PARTS THAT INTERACT IN SEQUENCES AND STYLES THAT ARE SIMILAR TO THE WAY FAMILIES INTERACT.

ALL PARTS ARE VALUABLE, HAVE GOOD INTENTIONS, AND WANT TO PLAY A PART IN THE SYSTEM




ALL PARTS ARE WELCOME

MALADAPTIVE BEHAVIOR FOLLOWS TRAUMA BECAUSE PARTS HAVE TO TAKE ON EXTREME ROLES TO PROTECT THE "SELF"

WE FEEL MOST BALANCED WHEN THE SELF IS RUNNING THE SHOW. PARTS GET STUCK AT YOUNGER AGES AND KEEP DOING THE JOBS THEY ORIGINALLY SHOWED UP FOR

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

THE PARTS

EXILES	MANAGERS	FIREFIGHTERS
hold the hurt, pain, and shame of the past; want to be seen and heard; protectors are worried their distress will overwhelm the system.	run daily life, are proactive, want us to look good, work to contain the exiles by staying in control of events and relationships.	are reactive and will work to put the fire (pain) out when a triggered exile erupts past a manager.
		

Manager and Firefighters Goals

Managers	Firefighters
Scan for danger Pre-emptive strikes Keep exiles down otherwise the Firefighters will get activated	Reactive, frantic energy Sleep, dissociation Damn the torpedoes Stop the pain at all costs, even if it costs everything

What Managers and Firefighters Say to Each Other

Managers	Firefighters
 Don't you ever stop and think? You are totally out of control! You should be ashamed of yourself! You are hopeless!	 @#\$\$%^ off!! I just felt like it. I deserve this! Try and make me.... I don't give a @#\$\$%^& Watch out!

Helping Firefighters

Often, therapists are scared of firefighters because of their extreme consequences – cutting, starving, suicide can all lead to death.

Helping Firefighters

Ask the firefighter:

What is your job?

What would happen if you didn't do your job?

If you didn't have to have this job, what would you rather do?

If you could do your job (usually protection), without (usually hurting), would that be ok?

Managers

Proactive parts that run the daily life of the person and work to keep the exiles banished by:

- Controlling events, others, the body
- Striving, achieving, pleasing, perfectionism
- Caretaking others
- Critical and judgmental (of self and others)
- Anxiety, worry, apathy, passivity, pessimism



Helping Managers

Ask the manager:

What is your job?

What would happen if you didn't do your job?

If you didn't have to have this job, what would you rather do?

If you could do your job (usually protection), without (usually controlling), would that be ok?

Love the Protectors

As therapists, we may be drawn to exiles, and may want to get rid of protectors because they seem maladaptive.

We can only access exiles by getting permission from the protectors.

Remember – they are just doing their job.



Love the Protectors

Of course that part of you that says don't eat is right – it thinks you will get molested again if you gain weight. Let's thank it for doing its job.

If it could still protect you, and let you eat, how would that be?



Love the Protectors

So the part of you that can't stop eating is trying to numb the pain. Sounds like its been working really hard to help you not hurt so much.

If that part could help you heal the pain, and have a healthy body, how would that be?



NAMING AND WELCOMING OF PARTS

PROVIDES A FRAMEWORK FOR VARYING PRESENTATIONS: TEEN COMES IN DEFEATED "I HAVEN'T SEEN THIS PART OF YOU BEFORE AND I'D LIKE TO GET TO KNOW HER."

GIVES TEEN CONTROL OVER WHAT HAPPENS NEXT: YOU HAVE TO ASK PERMISSION.

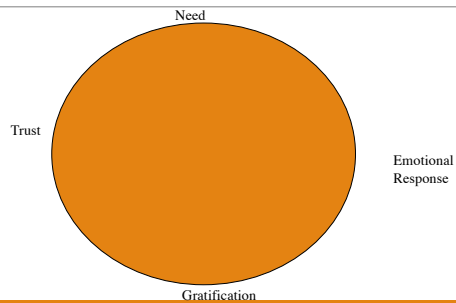
METACOGNITIVE: EXTERNALIZING (NARRATIVE), IFS, PERSONA WORK ALL OFFER A WAY TO BE IN A RELATIONSHIP WITH WHAT'S HARD, HONOR THE COMPLEXITY OF TEENS AND TRAUMA-- BOTH

CO-CREATED: CAN BE A WAY TO VISUALIZE INTERNAL EXPERIENCE FOR BOTH OF YOU TO SEE YOU HAVE PARTS, TOO. YOU CAN SAY THAT PART OF YOU IS WORRIED ABOUT PART OF THEM! THE COMPLEXITY OF SYSTEMS OFFERS MANY WAYS TO CONVERSE. WHAT WOULD YOUR FRIEND PART SAY ABOUT THIS.

SCHWARTZ: THE POINT OF THERAPY ISN'T TO GET RID OF ANYTHING BUT TO HELP IT TRANSFORM

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TEACH The Trust Cycle



BE KIND--AND KNOW THAT COUNTS

- 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
- YOUR SUPERVISOR MAY DISAGREE, 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: MINDFULNESS AND MENTALIZATION

THE SPIRITUAL PATH

NOT JUST ABOUT RELIGION BUT CAN BE
NATURE, CONNECTION, MEANING, PURPOSE
TRAUMA ROBS MEANING...HELP PTS GET IT BACK—LOSS OF FAITH
“MEANINGS” GET ASSIGNED WHETHER OR NOT BELIEF IN A GREATER POWER
BEING PART OF THE WORLD, IMPORTANT, VALUED, AT PEACE
ANXIETY/HYPERAROUSAL VS REFLECTION, MEDITATION, PRAYER, COMMUNION

MORE WAYS DOWN OUT OF TREATMENT

Connecting with the body is critical. Yoga, balancing, theater, dance, sports, martial arts, circus

Animal assisted therapies: Horses/Dogs

Getting into Community

Finding meaning, purpose, looking forward

THE THREE BASKETS (families)

- DECIDE WHAT IS NON NEGOTIABLE AND LET EVERYONE KNOW (Basket 1--smallest)
- DECIDE WHAT YOU CAN GIVE UP STRUGGLING ABOUT AND GIVE IT UP (Basket 3—biggest)
- DECIDE WHAT YOU'LL NEGOTIATE OR COMPROMISE ON AND TAKE THE TIME TO LEARN HOW TO DO IT (basket 2—best)



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TEACH TRAUMA MIND AND WISE MIND

- DIFFERENTIATE BETWEEN TRAUMA MIND SELF-VIEW AND HIGHER MIND SELF-VIEW
- BASED ON PRESENT EXPERIENCE
- IN PRESENT RELATIONSHIP(S)
- ON A 1 TO 10 WHERE 1 IS TRAUMA MIND AND 10 IS WISE MIND, HOW ARE YOU DOING RIGHT NOW? HOW CAN I HELP BRING YOU MORE INTO THE PRESENT WITH ME?

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States of Mind

Rational Mind	Dominated by reason, logic
Emotion Mind	Dominated by emotional reactivity
Intuitive Mind	Perceptions in the absence of perceptible cues, non-verbal encoding and decoding.
Trauma Mind	Extreme distress, high emotional reactivity, vacillating between hyper-arousal and numbness, negative self view, fight, flight and freeze

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STATES OF MIND

Highest Mind	Dominated by intrapersonal coherence and
Aware Mind	internal attunement
Self Mind	of body, brain, mind and
Centered Mind	relationship.
Wise Mind	Coherence and effectiveness.

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SCALING 1-10

- WHEN YOUR PULSE IS OVER 80, YOU WILL NOT SAY ANYTHING WORTHWHILE
- AGREE THAT A 7 MEANS TIME OUT FOR THE CONFLICT
- TRY AGAIN LATER
- SCALING HELPS YOU MONITOR YOUR OWN REACTIVITY IN ALL YOUR RELATIONSHIPS
- BE ABLE TO ASK: IS THIS WORTH IT?
- HOT/TRAUMA BRAIN AND COOL/WISE BRAIN

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

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TRY A DO-OVER

PRACTICE, ROLE PLAY INTERACTIONS, EXPOSURE AND INVITATION TO META-COGNITION

LEAVE ROOM AND TRY AGAIN

COACH EACH OTHER IN HOW IT COULD BE MORE SUCCESSFUL—ASK FOR FEEDBACK

NOTE THE INTERACTIONS THAT GO WELL THE FIRST, SECOND, OR THIRD TIME

IMAGINE THE FILMING OF IT—WHAT'S THE GOAL?

TAKE TWO: THIS TIME WITH EMPATHY! GET MORE PRACTICE BEING IN RELATIONSHIPS WELL

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ASK/DO SOMETHING INTENTIONAL (FOR CAREGIVERS)

-
- "HOW CAN I/WE BEST PROVIDE SUPPORT AND COMFORT TO YOU RIGHT NOW?
 - WHAT'S GOING ON IN YOUR LIFE THAT WE COULD HELP WITH?
 - HOW HAVE WE CONTRIBUTED TO THIS PROBLEM?
 - WHAT SPECIFICALLY SHOULD WE AVOID SAYING OR DOING?
 - WHAT WOULD YOU LIKE US TO CHANGE FIRST THAT WOULD HELP MAKE IT BETTER, MAKE YOU HAPPIER?
 - HOW WILL THAT MAKE A DIFFERENCE IN OUR RELATIONSHIP WITH YOU?
 - WHAT'S MISSING IN OUR RELATIONSHIP THAT WE COULD WORK ON, THAT WOULD MAKE A DIFFERENCE IN US GETTING ALONG BETTER...

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DON'T LET GO OF THE ROPE

BIG PICTURE: LIFE TRANSITIONS CAN BE OPPORTUNITIES FOR GROWTH

"GLUE" OF INTERVENTIONS TAKES A LONG TIME TO HOLD

CAUTIOUS OPTIMISM: BRAIN HEALS IN RELATIONSHIPS

BETTELHEIM: "WE ALL SURVIVE ON TRUST AND HOPE, NOT ON FACT."

LET THEM KNOW YOU WON'T GIVE UP-- IF IT IS TRUE

ADVICE THAT KIDS GIVE UP ABOUT WHAT MADE A DIFFERENCE: SOMEONE HUNG ON, AND BELIEVED.

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BE A TELLER/AND HEARER OF TALES: COHERENT NARRATIVES

HOLDING THE STORY (PAST, PRESENT, FUTURE; ACTUAL, IDEAL, FEARED SELVES—ALL IN THERE)

"ALL TRAUMA IS PRESENT:" A WOUND WITHOUT A STORY IS A LONELY PLACE

GRIEVING IS SOCIAL AND SO IS HEALING. WE ARE WIRED TO TELL OUR STORIES, OR TO BE IN CONTACT CREATING A NEW ONE

EARNED SECURE IDENTITY -- OVER TIME

SELF IS STORIED IN RELATIONSHIP—THE STORY OF ME

BE A HISTORIAN OF THE PAST AND A PREDICTOR OF THE FUTURE:
"WE HAD A GREAT TIME IN GROUP LAST WEEK WHEN YOU SAT NEXT TO ME."

ALLOW THE CLIENT TO TELL HER OWN STORY, IN HER OWN WAY, AND DISCOVER HER OWN HOPE AND TRUTH ABOUT IT

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HELP KIDS TO WORRY LESS

- Teach clients to recognize when they are worrying
- Help them learn that they can relax instead of worrying
- Externalize it—Is anxiety/worry visiting you now?
- Don't focus on it, instead name it and ways to cope with/address it
- Provide alternative: Instead of worrying, let's make a cup of tea, go for a walk, pet the dog.
- Normalize it: some days will be better than others; some will be horrible and terrifying, some less so. The days go on, and so do you.

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SUPPORT MODULATION

BE ATTUNED (NOTICE THE FEELING, TUNE INTO THE ENERGY BETWEEN YOU)

KEEP CENTERED (CHECK IN WITH YOURSELF)

ASK YOURSELF WHAT YOU WANT TO DO (DOES THE ENERGY NEED TO GO UP OR DOWN?)

CUE CLIENT ON SKILLS (WE NEED TO BREATHE, TO GO FOR A WALK, TO TAKE TIME TO BE QUIET)

SUPPORT EFFORTS (I SEE YOU'RE REALLY WORKING TO CALM DOWN)

INVITE EXPRESSION (NOW THAT YOU'RE CALM, I'M HERE AND READY TO TALK TO YOU ABOUT WHAT HAPPENED)

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TEACH/SUPPORT SOCIAL SKILLS

SOCIAL SKILLS PARAMOUNT

FINDING A PEER GROUP: FRIENDS

MULTIPLE CONNECTIONS

- LOOK FOR RELATIONSHIPS IN ALL OF THE CHILD'S PLACES: ATTACHMENTS
- CONSIDER: MENTORS, FRIENDS, BIG-BROTHER/BIG SISTER, NURTURERS, ROLE MODELS, INITIATORS, ELDERS, COACHES, TEACHERS, COUNSELORS, CLERGY...

SOCIAL PRAGMATICS GROUPS

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BUILD TEAMS

HELPING HANDS: HAVE TEEN OUTLINE HAND AND
PUT NAME AND NUMBER OF FIVE ADULTS WHO ARE
THERE FOR THEM, ONE ON EACH DIGIT.
ISOLATION IS THE ENEMY AND IF YOU CAN'T
IDENTIFY FIVE SAFE ADULTS, THAT'S YOUR WORK.
HEALTHY TEEN DEVELOPMENT DEPENDS ON
SUFFICIENT EXTERNAL SUPPORT



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INTERESTS, CONNECTIONS, EFFICACY

DEVELOPING SKILLS FOR RECREATION AND RELAXATION
SHARED INTERESTS WITH FRIENDS
ADVENTURES AND EXPEDITIONS—THE BIGGER WORLD
THE INTERNET/COMPUTER GAMES
OPPORTUNITIES FOR CURIOSITY, EXPLORATION, MASTERY, TEAMWORK,
PASSION
LEARNING THROUGH DOING—APPRENTICING
TO BE OF USE (EXPECTATION/OPPORTUNITY FOR CONTRIBUTION
INCREASES RESILIENCY AND HEALING)

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KEEP A SUCCESS LOG, TOO

DATE	WHAT I DID	OTHERS WHO HELPED (parents, sibs, friends, others)	WHAT HAPPENED

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HEALING TAKES TIME AND SEASONS

EXPECT WOBBLES, REGRESSIONS, FIGURE EIGHTS, DIPS.
IT TOOK A LONG TIME TO HURT THIS BAD, CAN TAKE A WHILE TO MEND
CLIENTS OFTEN GET STUCK IN ONE STAGE FOR MONTHS, AND THEN
MAKE A SOARING, OLYMPIAN LEAP AHEAD, AND THEN FALL BACK
DOWN, AGAIN, MAYBE SHORTER, LESS INTENSELY THIS TIME
THINGS SOMETIMES GET WORSE ON THE WAY TO GETTING BETTER.
TRUST THE PROCESS.
TRAUMA PERMANENTLY CHANGES THE MIND, BRAIN, BODY, HEART:
THERE IS NO SUCH THING AS "GETTING OVER IT"

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BELIEVE IN YOURSELF

DON'T UNDERESTIMATE WHO YOU ARE OR
COULD BE IN THE LIFE OF A TRAUMATIZED
TEEN

TECHNIQUE MUCH LESS IMPORTANT THAN
COMMITMENT, ATTUNEMENT, EMPATHY,
CONNECTION, ATTENTION, HOPE--REALLY
SHOWING UP INTERSUBJECTIVE ENGAGEMENT
OF BRAIN WITH BRAIN, HEART WITH HEART
(EVEN IN CONFLICT) IS BASIS OF ALL THERAPY.
HANGING IN COUNTS

TAKE CARE OF YOURSELF - THE MORE
REGULATED YOU ARE, THE BETTER YOU WILL BE
ABLE TO CO-REGULATE SOMEONE WITH HYPER-
ACTIVATING OR DE-ACTIVATING STRATEGIES!!

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"You cannot save people; you
can only love them"
-Anais Nin

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THANK YOU!!!

IF YOU HAVE QUESTIONS OR COMMENTS ABOUT ANY AND ALL OF
THIS WEBINAR, I'D LOVE TO HEAR FROM YOU.

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