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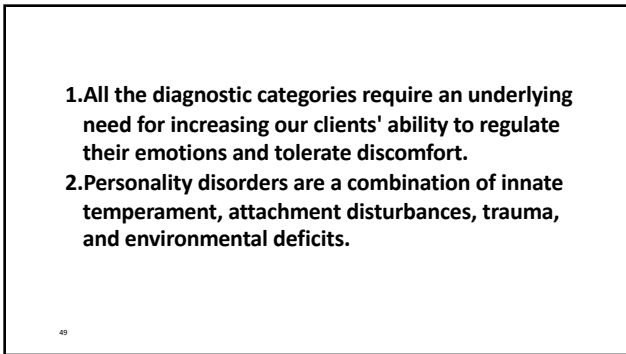
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Let's Practice!

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Learning Objectives

- Define internal and external resources.
- Identify how to develop a toolkit of resources that validate our client's survival, somatic, and creative resources.
- Learning how to work proximity maintenance: Restructuring boundaries
- Define Prosody: Modulating vocal intensity
- Learn how to create a safe therapeutic haven
- Learn how to communicate validation: Connection before Redirection

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Building the Resource Toolkit

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**Reclaiming Our Resources**  
 The Inner and Outer Journey

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Resource Domains (Ogden & Fisher, 2015)

Somatic	Psychological	Spiritual
Relational	Artistic/Creative	Nature
Emotional	Intellectual	

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**Somatic**

- Internal
- External

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**Relational**

<b>Internal</b>	<b>External</b>
<ul style="list-style-type: none"><li>- Sense of "love and belonging" (Brown)</li><li>- Ability to reach out and experience connection</li><li>- Establishing healthy boundaries</li></ul>	<ul style="list-style-type: none"><li>- Friends</li><li>- Family</li><li>- Mentors</li><li>- Spouses/Partners</li><li>- Pets</li></ul>

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**Emotional**

<b>Internal</b>	<b>External</b>
<ul style="list-style-type: none"><li>- Access to the full range of emotions, expressions, and sensations</li><li>- Ability to modulate high to low arousal</li><li>- Ability to tolerate intensity of emotionality</li></ul>	<ul style="list-style-type: none"><li>- Relationships to give and receive emotional support</li><li>- "Sister or Brother"-circles</li><li>- Activities that elicit high and low emotional arousal</li></ul>

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**Intellectual**

<b>Internal</b>	<b>External</b>
<ul style="list-style-type: none"><li>- Creative thinking</li><li>- Dreaming</li><li>- Imagination</li><li>- Learning</li></ul>	<ul style="list-style-type: none"><li>- School</li><li>- Classes</li><li>- Study groups</li><li>- Puzzles</li><li>- Books</li></ul>

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### Artistic/Creative

Internal

- Capacity to access creative processes
- Imagination
- Vision

External

- Art materials
- Creative writing groups
- Cooking classes
- Music (e.g. cds/access to music)
- Museums

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### Material

Internal

- Ability to work (e.g what I get to do and have to do)
- To enjoy the comforts of life
- Experiencing pleasure

External

- Jobs
- Home
- Comfortable bedding
- Life hacks

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### Psychological

Internal

- Strong sense of self
- Self-awareness
- Esteem
- Compassion
- Nonjudgmental
- Resiliency

External

- Access to a therapist
- Workbooks
- Manuals
- Support groups

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**Spiritual**

<p>Internal</p> <ul style="list-style-type: none"> <li>▫ Ability to develop connection with a Someone or Something greater than one's self</li> <li>▫ Capacity to connect with one's own spiritual essence</li> </ul>	<p>External</p> <ul style="list-style-type: none"> <li>▫ Meditation</li> <li>▫ Contemplative Prayer</li> <li>▫ Shabbat</li> <li>▫ Spiritual mentors</li> </ul>
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**Nature**

<p>Internal</p> <ul style="list-style-type: none"> <li>▫ Utilizing your senses to take in the world around you</li> <li>▫ Sensory bathing</li> </ul>	<p>External</p> <ul style="list-style-type: none"> <li>▫ Gardens</li> <li>▫ Parks</li> <li>▫ Hiking</li> <li>▫ Plants in the home</li> </ul>
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**Critical Interventions:  
 Building the Therapist's  
 Resource Toolkit**
  


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**Boundaries**  
 Authoritative Therapy:  
 Proximity Maintenance

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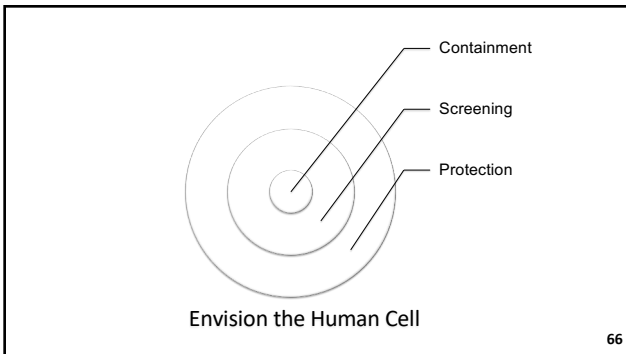
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**Boundaries (Limits)**  
**Core Assumptions**  
**(Pederson, 2011)**

- . Clients often don't recognize boundaries
- . Ineffective boundaries can create dysfunction in relationships
- . Ineffective boundaries can create ineffective responses in therapists
- . Clients want to learn about and practice effective boundaries for themselves
- . Clients need to learn about and recognize the boundaries of others
- . Therapists need to model effective boundaries

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**Boundaries (Pederson, 2011)**

- . Clients benefit from exercises that help them define their boundaries
- . Clients need education about individual differences
- . Clients often need to radically accept individual differences and to learn not to take differences "personally" (also a boundary)
- . Effective teaching will result in healthier connections with less enmeshment, disengagement, and extremes

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**Boundary (Pederson, 2011)**

Be aware  
Observe others  
Understand limits  
Negotiate sometimes  
Differences exist  
Always  
Remember your values  
Your safety first

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**Prosody**

Authoritative Therapy:  
 Attuned and Moderate Communication

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Prosodic Communication

- Pitch
- Intonation
- Rhythm
- Loudness
- Tempo
- Stress

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The Therapeutic Space

Authoritative Therapy:  
Creating a Safe Haven

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The Therapeutic Space

- Seating
- Windows
- Lighting
- Smells
- Fidgets
- Food
- Weighted blankets
- Spacing

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Validation  
The Keys to the Kingdom

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VALIDATION (Pederson, 2011)

- **Value Others:** Seeking the inherent value in others is essential to validation.
- **Ask Questions:** Use questions to draw out others' experience.
- **Listen and Reflect:** Listen to others' answers to your questions and reflect back the major themes.
- **Identify with Others:** Work to see the world through the eyes of others.

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VALIDATION (Pederson, 2011)

- **Discuss Emotions:** Talk about others' feelings and how they affect them from their perspective (not how it affects you).
- **Attend to Nonverbals:** Notice others' nonverbal communication to give you information about their experience.
- **Turn the Mind:** Validation does not mean that we agree with others. Turning the mind is especially important when it is difficult to relate and during conflicts.
- **Encourage Participation:** Validation can be a difficult process at times, so we need to encourage ourselves and others to be engaged with each other.

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Levels of Validation  
(Linehan, 1997)

- Level 1: Being acutely attentive
- Level 2: Reflecting verbal communication
- Level 3: Describing non-verbal communication
- Level 4: Expressing how experience makes sense given history or biology
- Level 5: Expressing how experience makes sense in the present moment and context
- Level 6: Being in genuine, human contact

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VALIDATION PRACTICE

“I went to the store yesterday and I saw these Red Hot candies. I completely lost it and forgot what I went into the store to get. It reminded me of when I was little and my mom wanted to teach me about waiting. I had asked for some of those candies and she said no, but when she tucked me in that night, she forced me to eat a huge bag until my mouth and eyes burned. I thought I was past that, but I am having urges to cut myself again. I get so angry with myself. I keep myself from eating. If I had any pills, I'd take them...you know, just to numb out.”

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Levels of Validation  
(Linehan, 1997)

- Level 1: Being acutely attentive
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- Level 4: Expressing how experience makes sense given history or biology
- Level 5: Expressing how experience makes sense in the present moment and context
- Level 6: Being in genuine, human contact

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Reciprocal Communication

- Engaging and responsive, taking clients wants and needs seriously
- Being authentic and genuine, not staying in a "therapist" role
- Using self-disclosure thoughtfully in the service of therapy

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Reciprocal Communication:  
Self-involving disclosure

- Sharing "benign" and human examples of skill use and practice
- Using examples of how you have approached and solved a problem
- Sharing when you would have felt, thought, or responded similarly to how a client reports in a given situation
- Sharing your reactions to the client in the moment, providing information that manages relationship contingencies (creating new learning)
- Letting the client know about the current state of the relationship, to manage contingencies or address feared reactions

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Self-disclosure of Personal Information

- Personal information may not relate to client or the therapy; if it is not relevant, do not share it as a rule
- Observe and disclose your limits in regard to personal information when needed (ok to explore what personal inquiries mean to the client)
- Never share personal problems/issues!
- Does it pass the "public" test? In other words, would you share it in front of an audience of your colleagues?

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## In Summary

**Trauma:** is broad, self-perceived, and activates survival defenses to cope. It can come in multiple forms including single-incidents and developmental.

**Stress Response:** Dysregulation is a learned response that is neurobiologically driven and socially maintained.

**Attachment:** Human survival and attachment is dependent on communication, eye-gazing, and finding a way to "fit." It is essential when working with trauma to see behaviors as "attachment-seeking behaviors"

**Character Strategies:** We learn how to receive "relational goodies" from our care providers via character strategies. All can be indicative of trauma but the sensitive strategies are always indicative of trauma.

**Whole Body Healing:** We must seek healing of the body in order to heal the mind. Our functioning isn't either or but both and.

**Complex Treatment Strategies:** Treatment must be multifaceted including top-down and bottom-up processing techniques. DBT, EMDR, SP, and somatic therapies must be utilized to address the lasting impact of trauma.

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The impulse to heal is real and powerful and lies within the client. Our job is to evoke that healing power, to meet its tests and needs and to support it in its expression and development. We are not the healers. We are the context in which healing is inspired.

Ron Kurtz



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## Thank-You

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