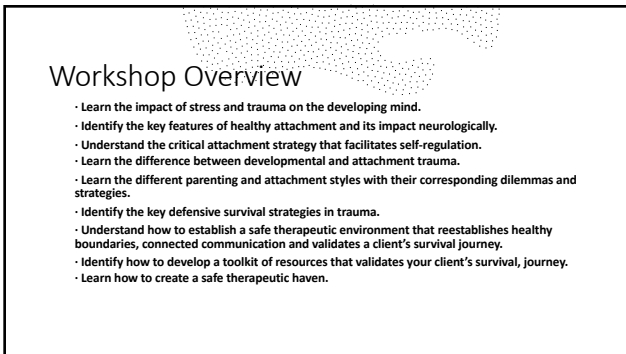
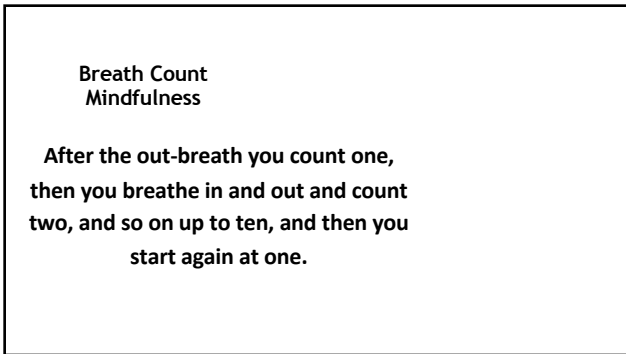


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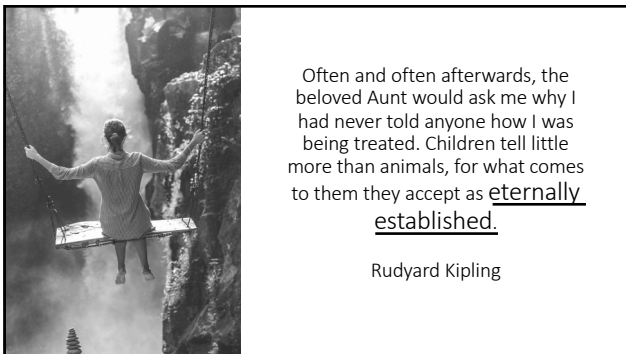
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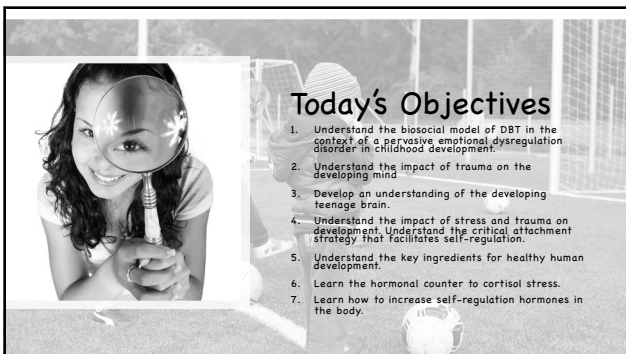
4



Often and often afterwards, the beloved Aunt would ask me why I had never told anyone how I was being treated. Children tell little more than animals, for what comes to them they accept as eternally established.

Rudyard Kipling

5



Today's Objectives

1. Understand the biosocial model of DBT in the context of a pervasive emotional dysregulation disorder in childhood development.
2. Understand the impact of trauma on the developing mind.
3. Develop an understanding of the developing teenage brain.
4. Understand the impact of stress and trauma on development. Understand the critical attachment strategy that facilitates self-regulation.
5. Understand the key ingredients for healthy human development.
6. Learn the hormonal counter to cortisol stress.
7. Learn how to increase self-regulation hormones in the body.

6

The Neurobiological Building Blocks of Trauma

7

7

The vagus nerve is the largest nerve in the body and controls our body's ability to detect danger, sense safety, experience rest/relaxation, and connect socially. It is refined through connection from birth and innervation of touch.

The Polyvagal Theory (Porges, 2011)

8

8

What is Trauma?



9

Types of Dysregulation

- Emotions
- Interoception
- Sensory
- Behavioral
- Cognitive

10

- In utero assaults
- Delivery difficulties
- Health of both parents during conception
- Mental illness
- Abandonment via adoption
- Learning difficulties
- Divorce
- Prolonged separation from parents and/or siblings
- Frequent moves
- School transitions
- Bullying (Cyber, physical, etc.)
- Identity disturbances
- Racial issues
- Inside threats
- Sexual assaults
- Accidents (falls, vehicle, etc.)

11

Overview

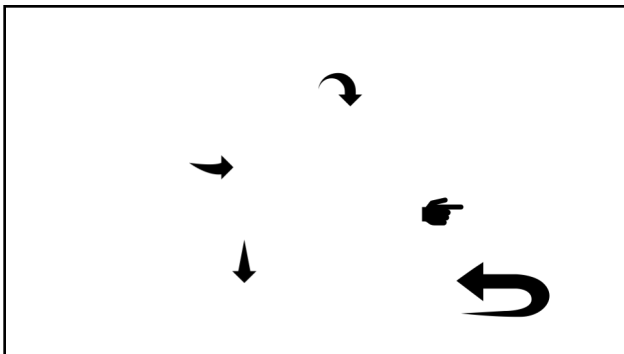
- Children can suffer from emotional vulnerabilities
- Emotional vulnerabilities can come from many sources (e.g., attachment issues, loss, trauma), but is often assumed to be biological
- Chronic and consistent invalidation exacerbates emotional vulnerabilities
- An ongoing, reciprocal relationship exists between emotional vulnerabilities and environments

12

Common Types of Invalidation

- . Abuse and neglect
- . Being ignored
- . Open rejection of thoughts, feelings, and behaviors
- . Making "normal" responses "abnormal"
- . Failing to communicate how experience "makes sense"
- . Expecting behaviors that one cannot perform (e.g., due to developmental level, emotionality, or behavioral deficits)

13



14



Excessive Cortisol Effects

- Neurotoxicity to Hypothalamus
- Neuron Death
- Clogging of the corpus callosum connecting the left and right hemispheres
- Suppression of the immune system

15

The Powerful Amygdala



Key Features

- Reactionary
- Triggers Sensory System (Smell and Touch are the most direct pathways)
- Controls autonomic responses

16

The Teenage Brain



17

The Adolescent Brain

(Adapted from *Brainstorm* by Daniel J. Siegel, MD)

- Ages 12-24
- Heightened experience of boredom
- Impulsivity
- Hyper-rationality
- Gist thinking
- Intense social engagement
- Seeking new experiences despite the strangeness of the situation
- Enables leaving the nest
- Risk-taking
- Exploration
- Curiosity
- Identity



- Increase in the development of pleasure and reward centers in the brain
- Lower baseline of dopamine levels until a new experience occurs which flushes the brain with heightened dopamine
- Neural fiber integration
- Neural pruning

18

Acute Response to Threat Study

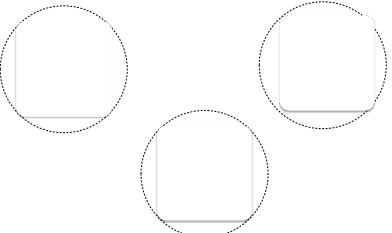
Hyperaroused Continuum	Rest (Male Child)	Vigilance (Crying)	Resistance (Freeze)	Defiance (posturing)	Aggression (hitting, spitting)
Dissociative Continuum	Rest (Female Child)	Avoidance (Crying)	Compliance (Freeze)	Dissociation (Numbing)	Fainting (checking out, mini-psychosis)
Primary Brain Areas	Neocortex	Subcortex	Limbic	Midbrain	Brainstem
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Mental State	Calm	Arousal	Alarm	Fear	Terror

"In the brains of people who have been abused, the genes responsible for clearing cortisol were 40% less active"
(Morse & Wiley, 2012)

Acute Response to Threat; (Perry, Pollard, Blakely, Baker & Vigilante, 1995). Adapted from study results for teaching.

19

What Happens During A Stress/Trauma Response?




20


20

Neuroception


Safe



Danger!



Life Threat

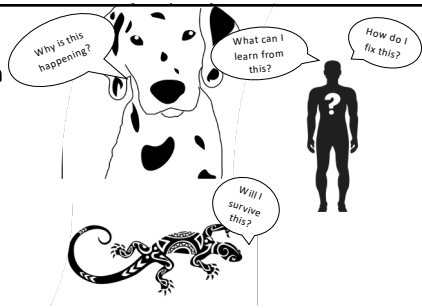


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21

The Triune Brain

- Prefrontal Cortex
 - Observing
 - Thinking
 - Decision-Making
- Mid Brain
 - Emotional Center
 - Memory
- Lower Brain
 - Survival defenses
 - Automatic processes






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Essential Developmental Target:
Self-Regulation

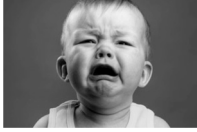
23

How do we live and thrive as humans?


		
<p>Secure Base Parents, Grandparents, Extended relatives, mentors, teachers, leaders</p>	<p>Safe Harbor Neighborhoods, churches, community centers, schools, service providers (e.g. health, legal, mental health), government</p>	<p>Proximity Maintenance Attunement, presence, accountability, direction, protection, correction, and connection.</p>

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Dyeregulation



Co-regulation



Self-regulation




25

25

Social Engagement System

- Eye-gazing
- Language
- Prosody
- Touch
- Proximity



26

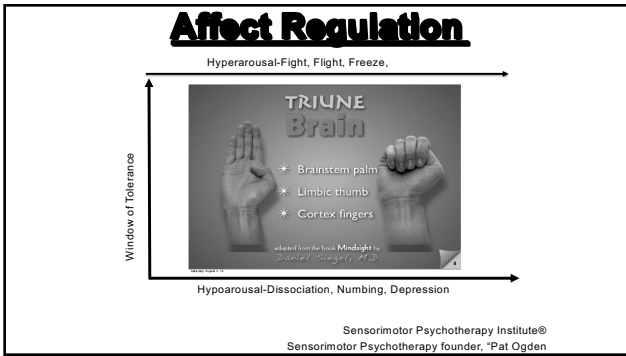
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Stress Management

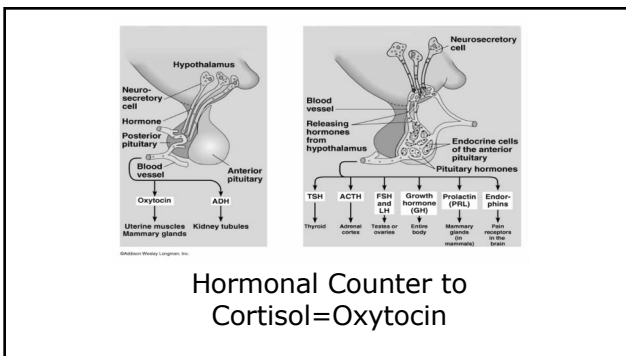
Our Body's Natural Defense

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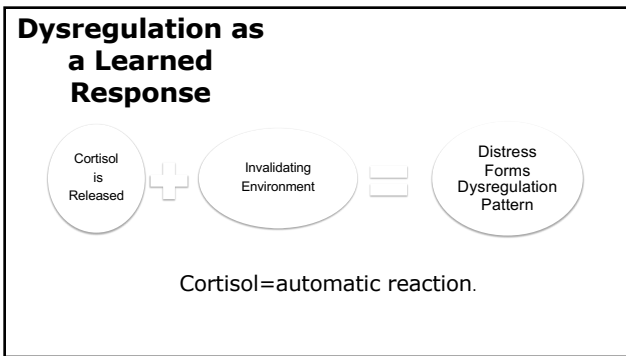
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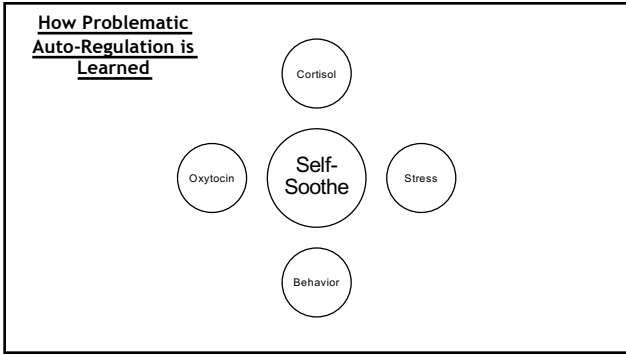
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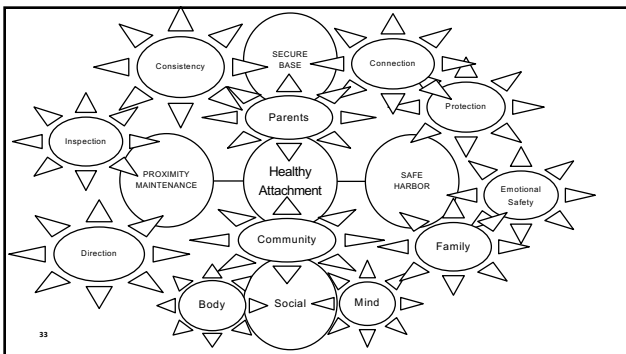
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31

- Treatment Targets to Increase Oxytocin Without Problem Behaviors**
- Activities**
- . Hugs
 - . Sing in a choir
 - . Give a back rub/foot rub
 - . Hold a baby
 - . Stroke a dog or cat
 - . Perform a generous act
 - . Pray
 - . Make positive eye contact
 - . Breath work
 - . Listen without judgment
 - . Positive touch
 - . Proximity
 - . Laugh/Dance

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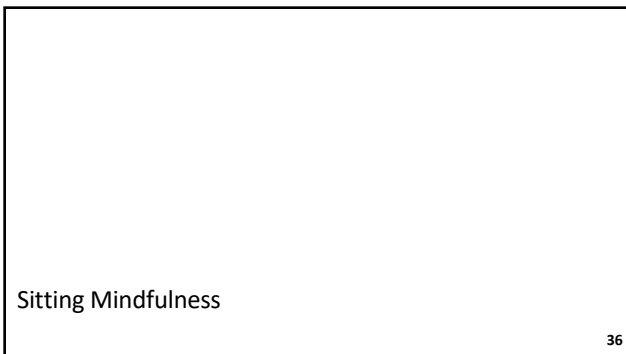
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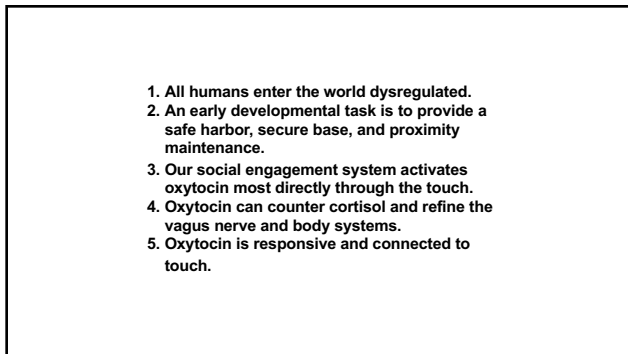
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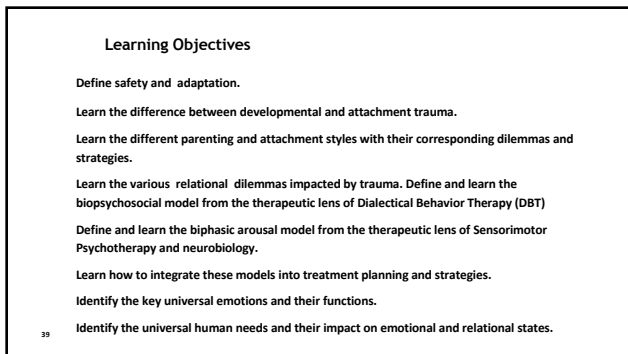
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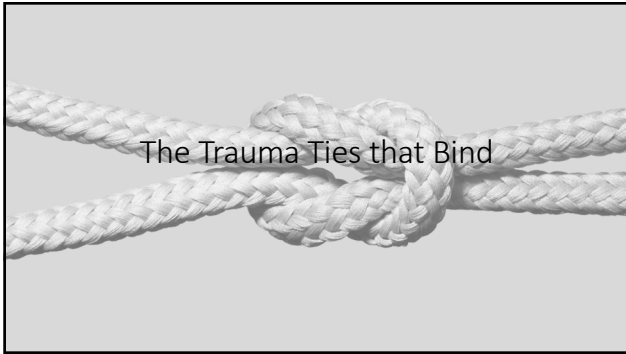
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<p><u>Democratic-Authoritative Parenting</u> High nurturance, expectations, and control Moderate communication</p>  <p>44</p>	<p><u>Abusing-Authoritarian Parenting</u> High expectations and control Low nurturance and communication</p> 
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<p><u>Neglecting-Uninvolved Parenting</u> Low nurturance, expectations, control and communication</p>  <p>45</p>	<p><u>Indulgent-Permissive Parenting</u> High nurturance, moderate communication, low expectations, and control</p> 
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Parent Attachment Style & Adoption

Parent Attachment Style	Childhood Attachment Type	American Population %	% of Low-Risk Adoption	% of Troubled Adoptions (e.g. trauma, abuse, illness)
Autonomous/Free (Authoritative)	Secure	15%		
Dismissing (Authoritarian/Uninvolved)	Avoidant		20%	42%
Entangled (Permissive/Anxious)	Ambivalent		20%	42%
Unresolved (Authoritarian/Neglecting)	Disorganized	1-2%		

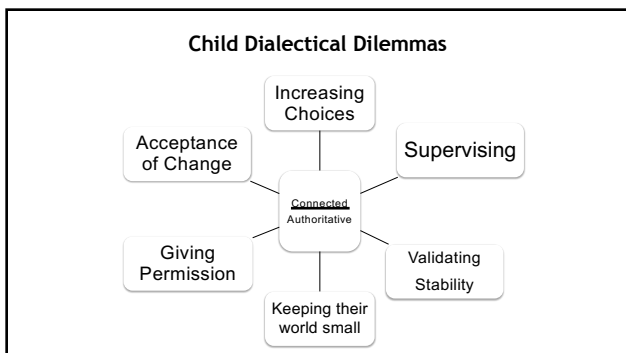
TCU Institute of Child Development . (Producer). (n.d.). *Attachment Dance* [DVD]. Available from TCU.

46

Attachment Style: Child (Chara, 2005)

Characteristics	Secure	Avoidant-Insecure	Ambivalent Resistant Insecure	Disorganized Insecure
Reaction to caregivers' absence	Moderate Distress	Little Distress	Strong Distress	Confusion and Distress
Reaction to caregivers' presence	Seeks comfort and contact	Comfort and contact not strongly desired	Desires, but often rejects, comfort and contact	Desires, but wary of, comfort and contact
Caregiver's typical interactive style	Loving, involved, disciplining	Rejecting and unavailable	Inconsistent in meeting child's needs	Neglectful or abusive

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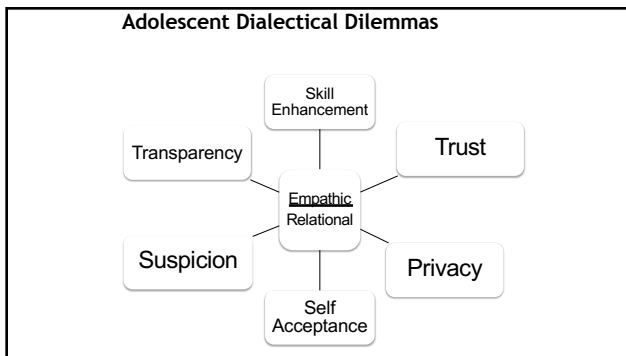


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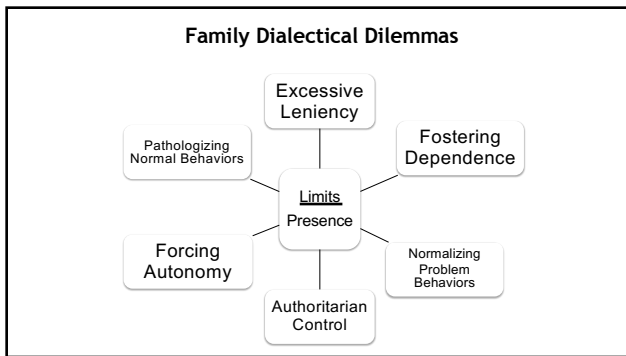
**Attachment Style: Adolescent
(Chara, 2005)**

Characteristics	Secure	Avoidant-Insecure	Ambivalent Resistant Insecure	Disorganized Insecure
Predominant Emotions	Optimism; mature emotionality	Detachment; callousness	Anxiety, anger	Fear, doubt
Ability to Trust	Desires trust; finds it easy to trust	Indifferent toward trust mistrustful of others	Desires trust; but mistrustful of others	Desires, but wary of trust, suspicious of others
Ability to be Intimate (mutual self-disclosure)	Desires intimacy; able to be intimate	Avoids intimacy; difficulty being genuinely intimate	Desires intimacy, but doubtful intimacy is sincere; difficulty being intimate	Intimacy desires mixed with fear and doubt; difficulty being intimate
Fear of Abandonment	Low; finds security in relationships	Low; indifference born of self-reliance	High; fears being rejected	High; strong fears of rejection

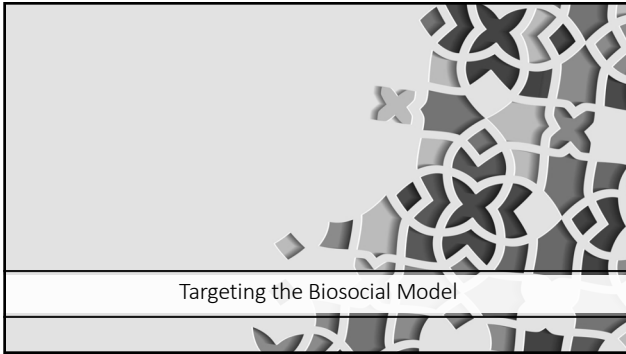
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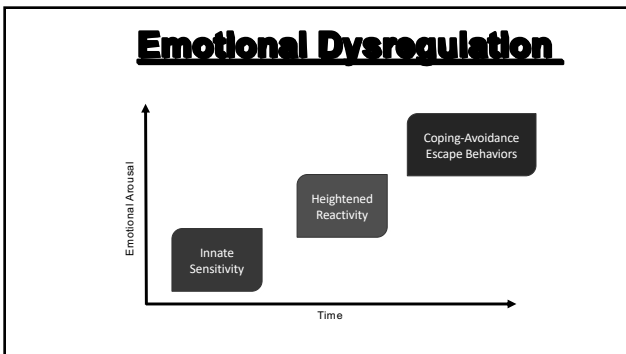


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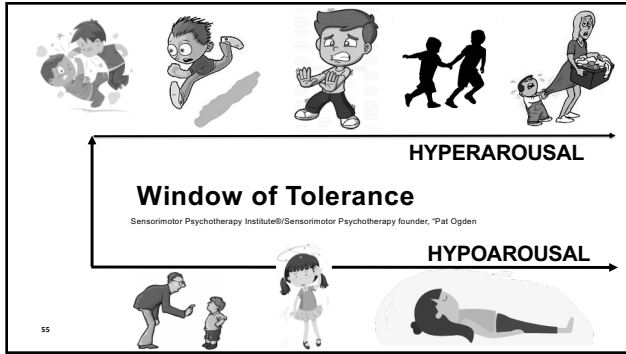
The Biosocial Model

- . Emotional vulnerabilities are characterized by:
 - . Emotional sensitivity
 - . Emotional reactivity
 - . Slow return to emotional baseline
- . Over time emotions get sensitized, leading to a "kindling" effect
- . This emotionality (and associated invalidation) is associated with many problems (disorders)
- . Emotionality leads to escape and avoidance that leads to chronicity

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Biosocial Theory Coherently Guides Treatment Targets and Strategies


- Validation is a primary intervention to:
 - Reduce acute emotionality
 - Provide gentle exposure to emotions
 - Provide a corrective validating environment (and new learning)
 - Create a bridge to learning self-validation
 - Open the client up to change interventions
- Emotion regulation is taught to:
 - Understand how emotion happen
 - Reduce vulnerability to intense emotions
 - Increase opportunities for positive emotions
 - Assist in stepping out of ineffective mood-congruent behaviors



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Biosocial Theory Coherently Guides Treatment Targets and Strategies

- Mindfulness (non-judgment and acceptance) is taught to:
 - Reduce amplifying emotions
 - Reduce escape and avoidance of emotions
 - Create qualitatively different and effective experience of emotions
- Distress Tolerance is taught to:
 - Provide healthy ways of coping with emotions when needed
 - Use the theory to conceptualize the purpose of the interventions used



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**Universal Emotions and Function
(Adapted from Linahan, 2014)**

Emotion	Function	Action Urge
Anger	Boundary, Identity, Injustice	Attack, Define a boundary
Disgust	Protect from contamination/influence	Reject, Separate
Envy	Obtain something not currently possessed	Obsess, Aspire
Fear	Survival, Life Threat	Survival Defenses
Guilt	To signal a threat to personal morality	To make amends or apologize
Happy	Connect with pleasure	Maintain
Jealousy	To signal a threat to an important relationship	Possess, Posture, Protect
Love	Connect relationally	Connect, Sustain
Sadness	To signal a loss (relationship or expectation)	Isolate, Withdraw
Shame	To signal a threat to social standards/expectations	Hide, Conform

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Intrinsic Universal Needs (Keating)

- Safety
- Security
- Affection
- Pleasure
- Esteem
- Power
- Control



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**Development of Universal Needs
(Adapted from Keating, 1982)**

Need	Age of Development	Healthy Development	Unhealthy Development	Key Emotions Impacted
Survival	0-2	Emotions	Threat Response	Fear, Happy, Anger
Security	2-3	Self in Relationship	Diffuse Boundaries	Fear, Jealousy, Love
Pleasure	0-3	Body-Self Development	Body Shame	Shame, Disgust, Envy, Love, Guilt
Affection	4-5	Capacity for love, sense of love and belonging, worthiness	Inhibition from autonomous connection	Love, Anger, Envy, Jealousy
Esteem	5-6	Recognition, Acknowledgement, Self-Acceptance	Lack of trust in self	Sadness, Shame, Guilt
Control	3-7	Choice	Compulsion, Impulsivity	Jealousy, Anger, Fear
Power	7+	Intention	Invulnerability	Envy, Guilt, Fear

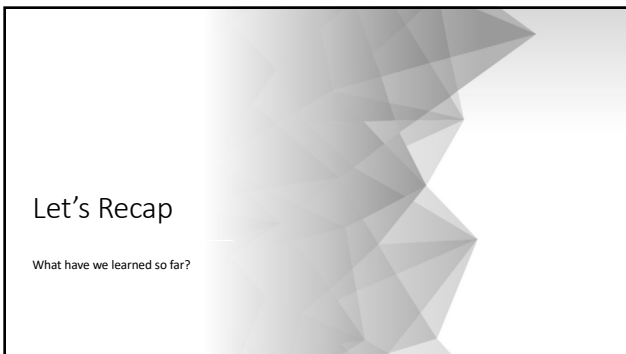
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Recap

1. The biosocial model helps explain the three critical factors of innate sensitivity, heightened reactivity and a slow return to baseline.
2. All of our clients are seeking to regulate their emotions through various coping/avoidance solutions that can be skillful or problematic.
3. The Window of Tolerance helps us to understand our survival defenses that are either hyper or hypo aroused.
4. Emotion naming begins the taming of a trauma response.
5. We must help our clients identify how their basic developmental needs intersect with trauma.

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Let's Practice!

1. Recall an event that is emotionally charged for you.
2. Close your eyes and sit yourself in the situation with all the emotions and all the details.
3. Wrap your arms around yourself, head down and allow whatever emotions you have to flow in until you hear the bell chime.
4. After you hear the chime, sit up and place your hands palm up on thighs.
5. Practice holding a half smile.
6. Eyes will remain open.
7. Lift eyebrows and frown the fully.
8. Continue recalling the emotionally charged event until you hear the chime again.

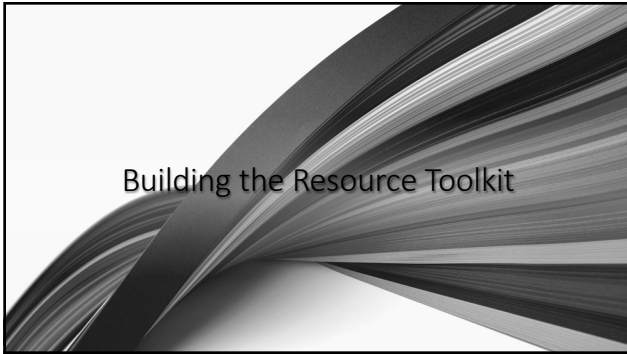
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Learning Objectives

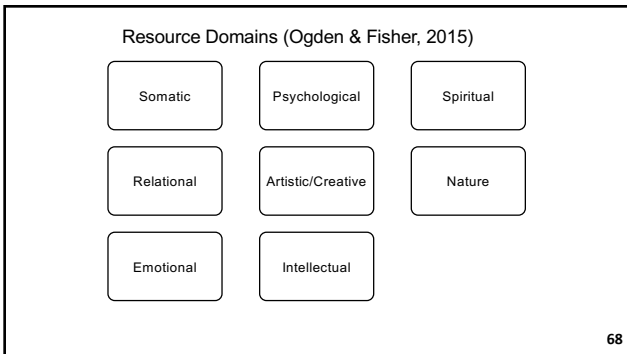
- Define internal and external resources.
- Identify how to develop a toolkit of resources that validate our client's survival, somatic, and creative resources.
- Learning how to work proximity maintenance: Restructuring boundaries
- Define Prosody: Modulating vocal intensity
- Learn how to create a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

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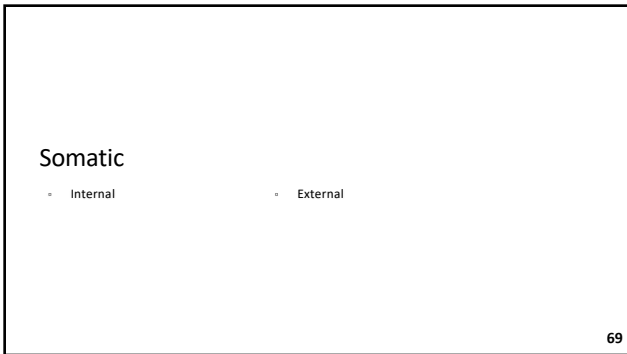
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Relational

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

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70

Emotional

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

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Intellectual

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

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72

Artistic/Creative

<p>Internal</p> <ul style="list-style-type: none"> ▫ Capacity to access creative processes ▫ Imagination ▫ Vision 	<p>External</p> <ul style="list-style-type: none"> ▫ Art materials ▫ Creative writing groups ▫ Cooking classes ▫ Music (e.g. cds/access to music) ▫ Museums
---	---

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Material

<p>Internal</p> <ul style="list-style-type: none"> ▫ Ability to work (e.g what I get to do and have to do) ▫ To enjoy the comforts of life ▫ Experiencing pleasure 	<p>External</p> <ul style="list-style-type: none"> ▫ Jobs ▫ Home ▫ Comfortable bedding ▫ Life hacks
--	--

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Psychological

<p>Internal</p> <ul style="list-style-type: none"> ▫ Strong sense of self ▫ Self-awareness ▫ Esteem ▫ Compassion ▫ Nonjudgmental ▫ Resiliency 	<p>External</p> <ul style="list-style-type: none"> ▫ Access to a therapist ▫ Workbooks ▫ Manuals ▫ Support groups
--	--

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75

Spiritual

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

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Nature

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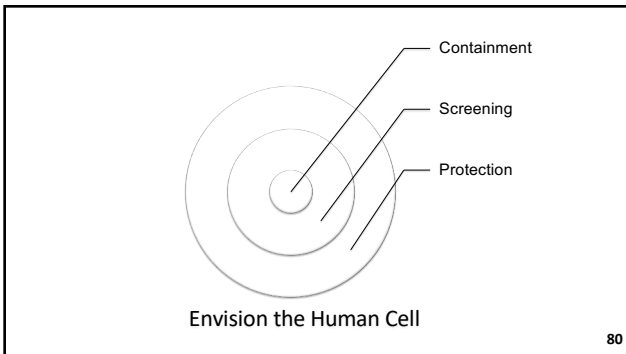
Critical Interventions: Building the Therapist's Resource Toolkit

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Boundaries
 Authoritative Therapy:
 Proximity Maintenance

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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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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
- 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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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"

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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