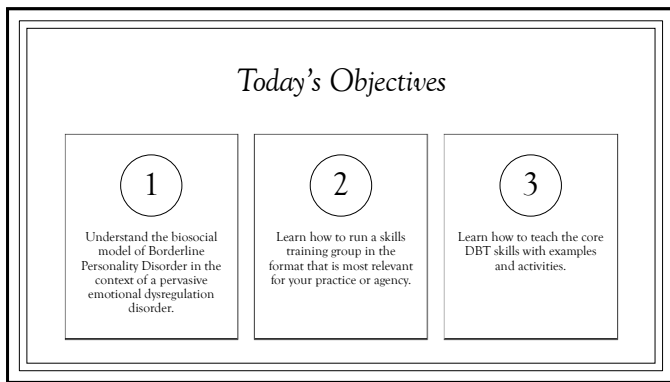
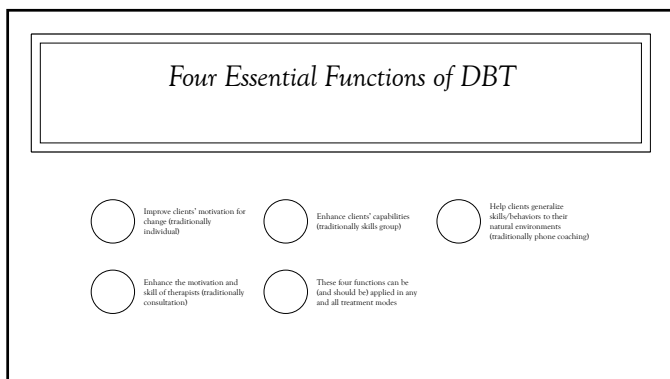


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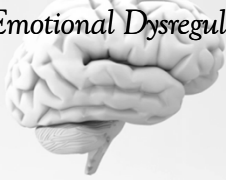


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The Biosocial Model of Emotional Dysregulation



4

Types of Dysregulation



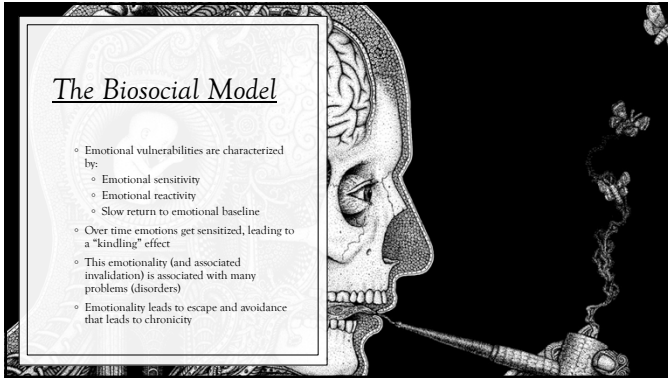
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Overview



- Clients 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

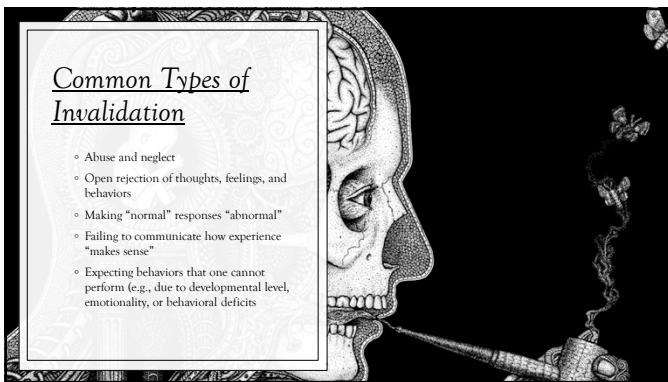
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The Biosocial Model

- 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

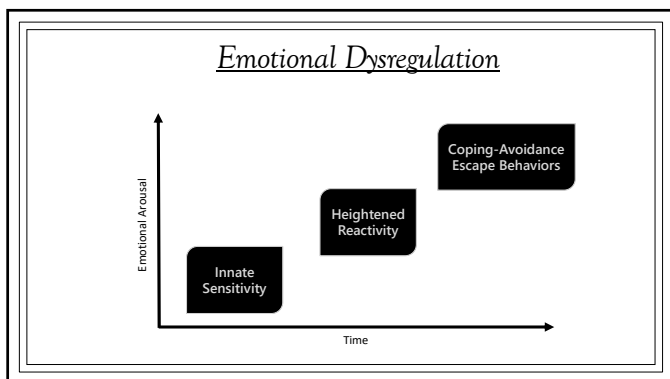
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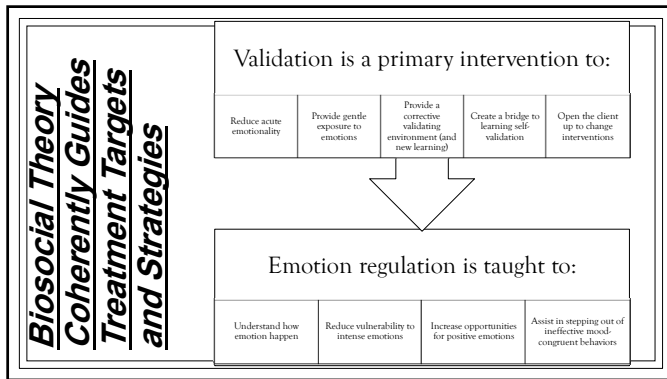
Common Types of Invalidation

- Abuse and neglect
- 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)

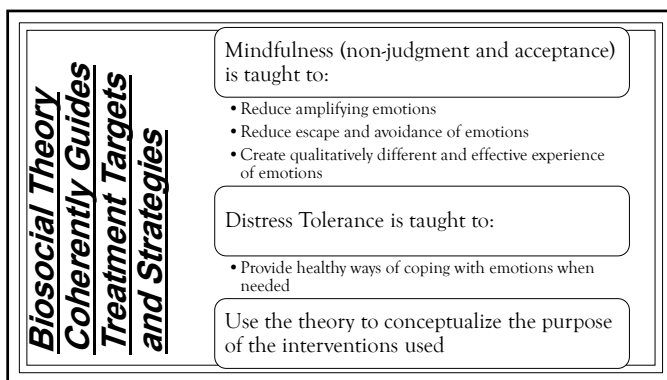
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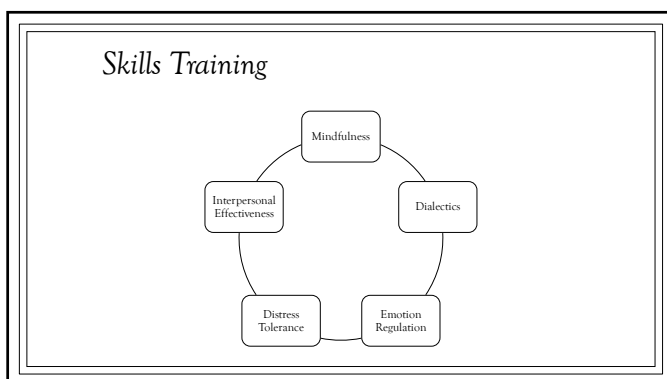
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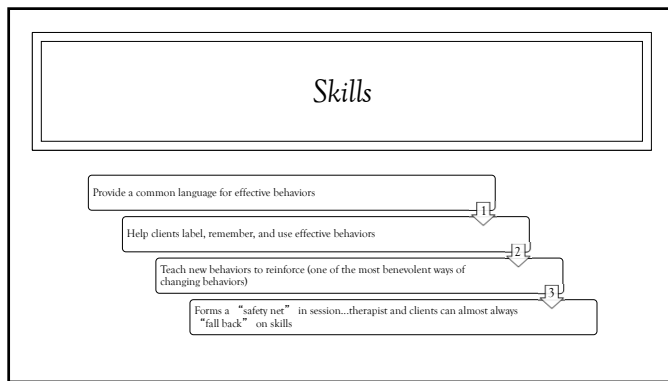
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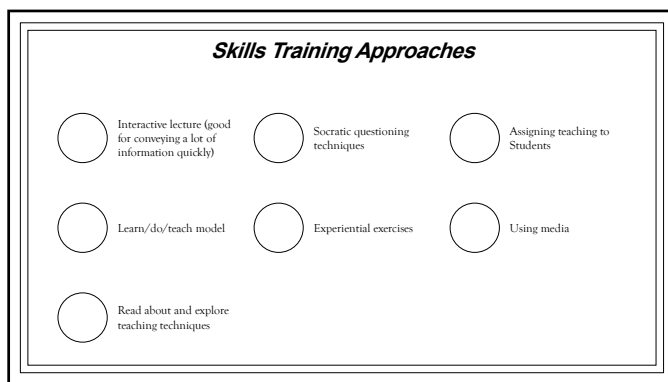
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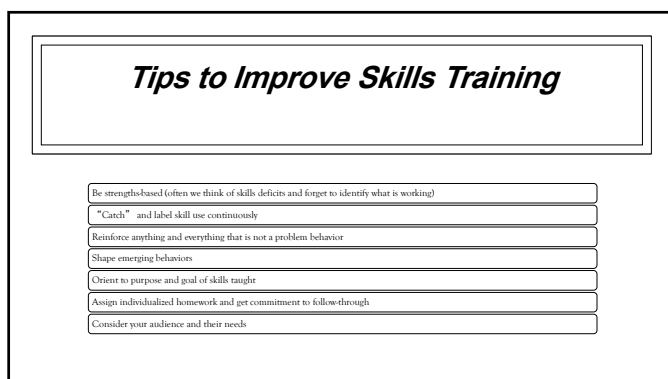
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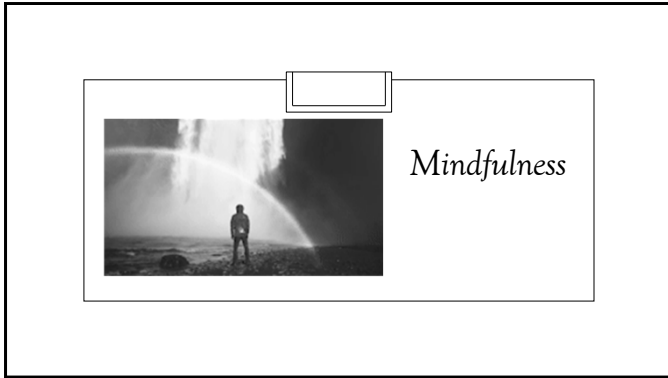
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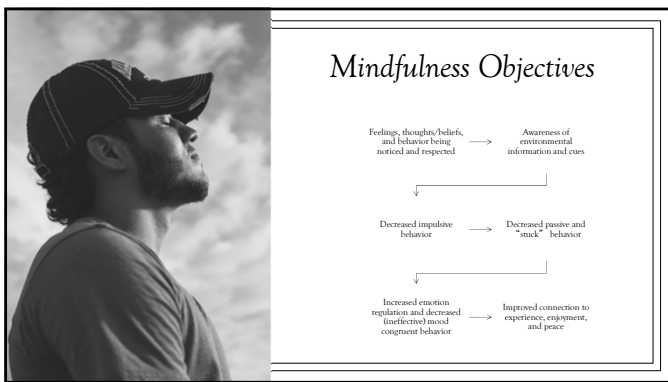
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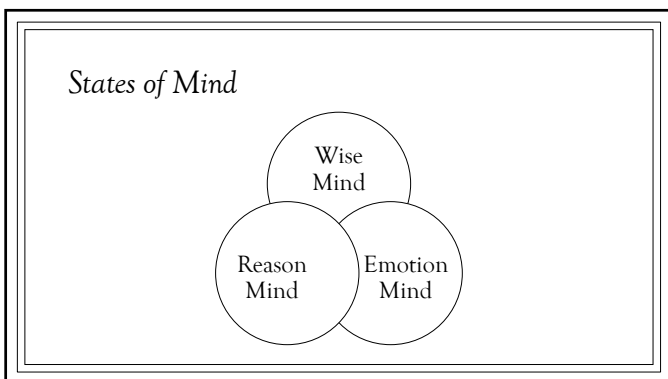
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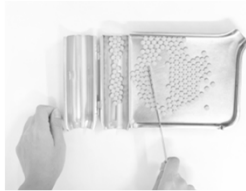
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What Skills: What is Mindfulness?
How Skills: How do I know that I am being mindful?

What: Observe



How: One-Mindfully



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Observe

("What Skills")

◦ Observe (watch and become aware)

- Feelings, thoughts, urges, physical sensations, behaviors, information from senses, etc..
- Environment...what information is around me?
- Experience integrated (i.e., life here and now)



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One-Mindfully

("How Skills")

◦ **One-mindfully**

- Choose, direct, and focus your attention and concentration on one thing
- Gently let go of distractions, refocusing over and over



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What: What is Mindfulness?
How: How do I know that I am being mindful?

What: Describe



How: Nonjudgmentally



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Describe

("What Skills")

◦ Describe (Factual and Observable)

- Put your experience into words (and vice versa)
- Words make it clear for you and others



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Nonjudgmentally

("How Skills")

◦ **Non-judgmentally**

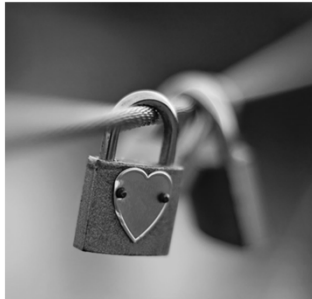
- Describing without attaching a label or opinion
- Being open to continued evaluation, based on facts
- Focus is on "what is" not the "goods," "bads," "shoulds," and "should nots"



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No One Has Ever Observed....

- Others' Thoughts
- Others' Intentions
- Others' Emotions
- Causes
- Concepts
- Meaning



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What: What is Mindfulness? *How: How do I know that I am being mindful?*

What: Participate



How: Effectively



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Participate

- Make a mindful choice about what you are doing
- Practice your skills until they are a part of "you"
- Immerse yourself and be one with your experience

Effectively

- Focus on what the situation or moment requires
- Remember your goals and do what "works" to meet them
- Play by the rules
- Do not "cut of your nose to spite your face"

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Mindfulness Practice and Application

Must practice daily (multiple times)

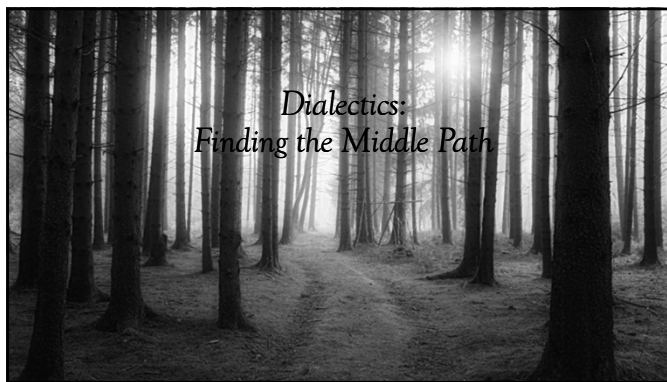
Goal: Twice daily, 20 minutes

- Beginning and end of each session helpful
- Address barriers to mindfulness (e.g., judgments, environmental, etc.)
- Make it relevant, interesting, and enjoyable

Adaptation: Centering Prayer

- Mindfulness is essential to effective skill use...it is a "gateway skill"
- When skills lack effectiveness, often concurrent mindfulness is what is needed

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Origin

- Dialectics originated with early philosophers
- No position is absolute; each position has its own wisdom or truth (if only a kernel at times)
- Opposite tensions are interconnected, interrelated, and defined by each other
- The synthesis of opposites, through understanding varying contexts and seeking a workable balance, leads to change
- Change is continual, so dialectics require fluidity

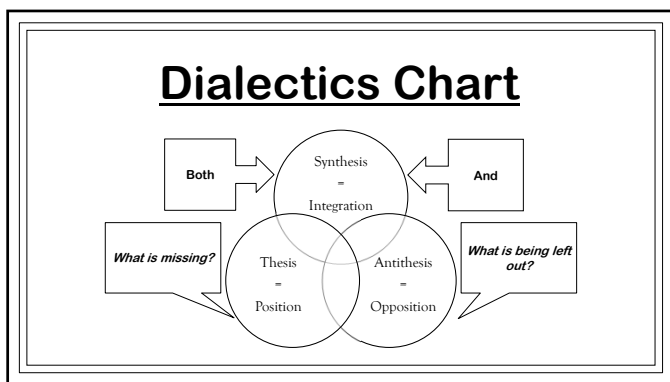
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What Are Dialectics?

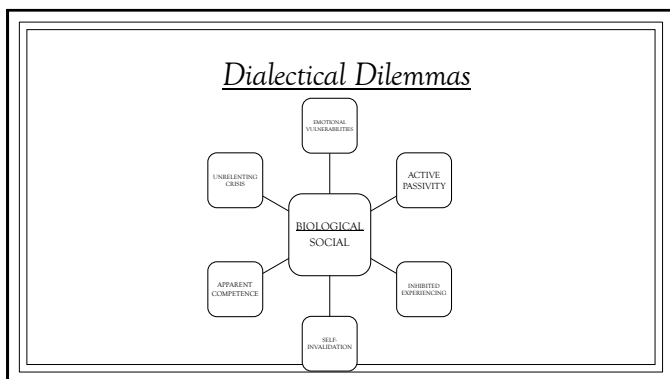
- Opposites, extremes, or polarities (e.g., each thesis has an antithesis)
- Neither position is absolute, and in fact, are interconnected
- Each position has a wisdom or truth
- Movement toward a synthesis is sought
- Movement (and conflict) produces change
- Change (e.g., working the dialectic) is constant and continual



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What to Look For	
Self-Invalidation	<ul style="list-style-type: none"> • Self-hate/criticism • People-pleasing • Perfectionism
Emotional Vulnerability	<ul style="list-style-type: none"> • Anger, Bitterness Towards Others • Fragility, Vulnerability
Inhibited Experiencing	<ul style="list-style-type: none"> • Active avoidance • Passive avoidance, dissociation

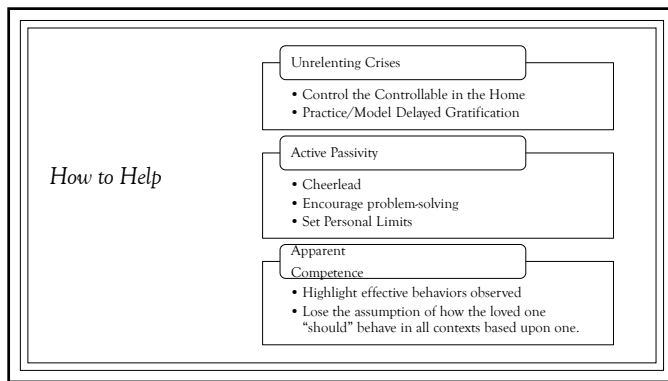
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How to Help	
	<p>Self-Invalidation</p> <p>Model failure Communicating validation</p>
	<p>Emotional Vulnerability</p> <p>Model self-care Create a safe home environment</p>
	<p>Inhibited Experiencing</p> <p>Model Emotions Display authentic reactions without exaggeration</p>

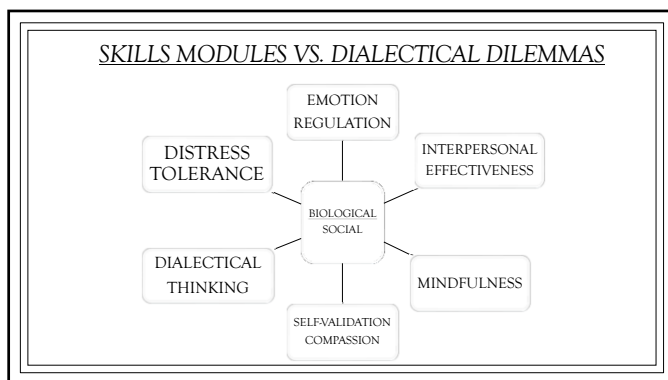
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What to Look For	
Unrelenting Crises	<ul style="list-style-type: none"> • Uncontrollable Events • Crisis-Generating Behavior
Active Passivity	<ul style="list-style-type: none"> • Willfulness, Demandingness • Helplessness
Apparent Competence	<ul style="list-style-type: none"> • Disconnect between verbal and non-verbal behavior • Contextual Competence (mood/situational)

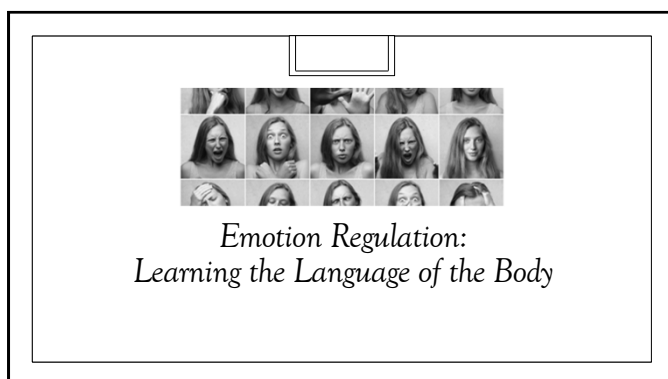
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Goals

- Proactive skills
- Short- and long-term skills
- Understand how emotions work
- Reduce emotional vulnerability
- Increase events to create positive emotions
- Step out of ineffective mood congruent behaviors
- Develop and maintain emotional balance

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Universal Emotions

Emotion	Action Urge
◦ Anger	◦ Attack, Defend
◦ Disgust	◦ Reject/Separate
◦ Envy	◦ Desire/Obsess
◦ Fear	◦ Avoid Harm
◦ Guilt	◦ Repair/Make Amends
◦ Happy	◦ Maintain
◦ Jealousy	◦ Protect/Possess
◦ Love	◦ Connect
◦ Sadness	◦ Isolate/Withdraw
◦ Shame	◦ Hide/Conform

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Opposite-to-Emotion Action

Break ineffective emotional cycles by acting opposite to behaviors that are mood congruent

Opposite action may also create a different emotion

Often a "gateway" skill

Examples include activity when depressed, approaching when anxious, and being kind when angry

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PLE.A.S.E.D SKILLS

- Physical health
- List resources and barriers (each area)
- Eat three healthy, balanced meals
- Avoid mood altering drugs
- Sleep between 7 to 10 hours
- Exercise at least 20 minutes
- Daily
- Address Barriers
- Develop a plan/track on diary card

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Build Positive Experience

- Must be planned/scheduled
- Must include mindfulness skills
- Address distractions that interfere with BPEs
- Address judgments that interfere with BPEs (e.g., not deserving, etc.)
- Address concerns about expectations

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Build Mastery

- Engage in activities of daily living
- Accomplish tasks that need to be done
- Take steps toward a challenging goal
- Build a sense of control, confidence, and competence
- Give yourself credit!

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DISTRESS TOLERANCE


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Goals of Distress Tolerance

- Ability to tolerate painful emotions
- Distraction without avoiding
- Paths to other skills
- Action instead of reaction
- Managing crisis without making it worse

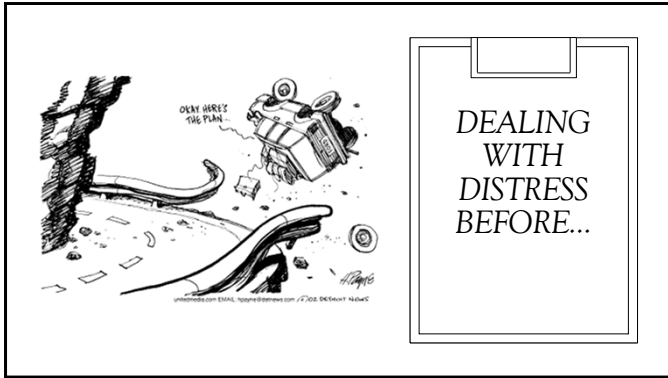
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When to Use Distress Tolerance

- Am I able to solve the problem (Y/N)?
- Is now a good time to solve it (Y/N)?
- Am I in Wise Mind enough to solve it (Y/N)?
- If "yes" to all three questions, solve the problem
- If "no" to any of the three questions, distress tolerance may help

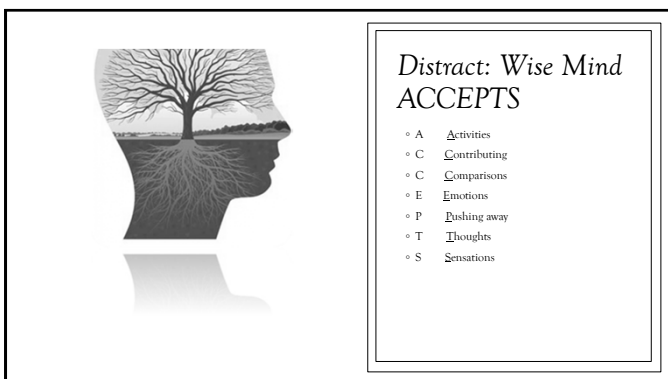
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IMPROVE the Moment

- I Imagery
- M Meaning
- P Prayer
- R Relaxation
- O One thing at a time
- V Vacation (mini)
- E Encouragement

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Pros and Cons

List positive consequences

List negative consequences

Weigh short-term vs. long-term consequences

Is it worth it?

Make a decision

Pros and cons are dialectical and activate Wise Mind

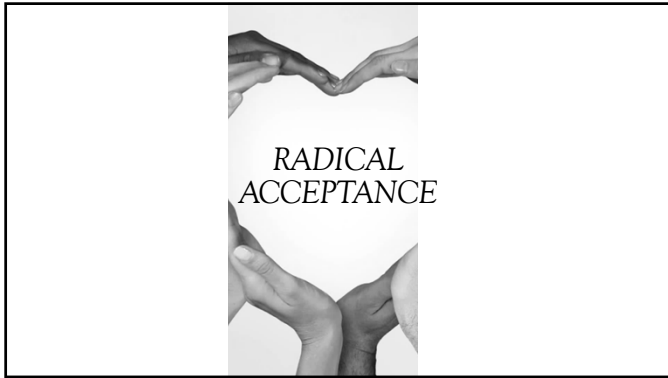
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“Acceptance must come from deep within.”

Marsha Linehan

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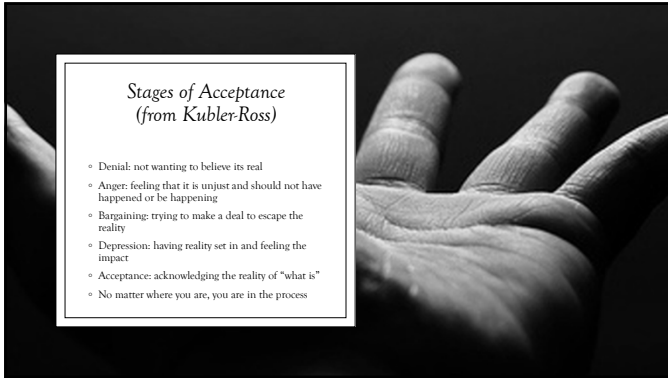


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Accepting Reality Skills

- Radical Acceptance
 - Freedom from suffering requires acceptance of "what is" from within. Letting go of fighting reality ends suffering
 - Acceptance may still mean tolerating pain
 - Acceptance frees psychological and emotional resources to move forward
- Turning the mind
 - Continuously recommit to accepting reality...over and over again

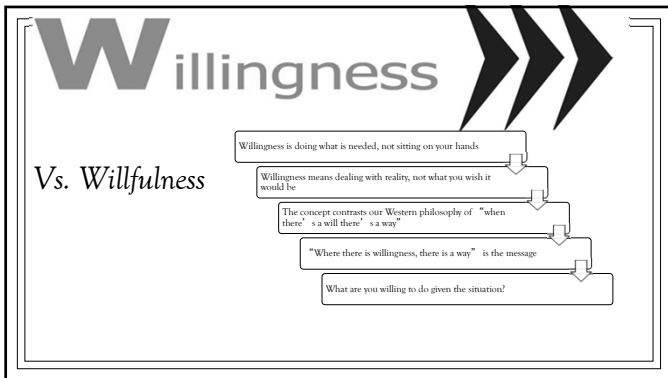
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Stages of Acceptance
(from Kubler-Ross)

- Denial: not wanting to believe its real
- Anger: feeling that it is unjust and should not have happened or be happening
- Bargaining: trying to make a deal to escape the reality
- Depression: having reality set in and feeling the impact
- Acceptance: acknowledging the reality of "what is"
- No matter where you are, you are in the process

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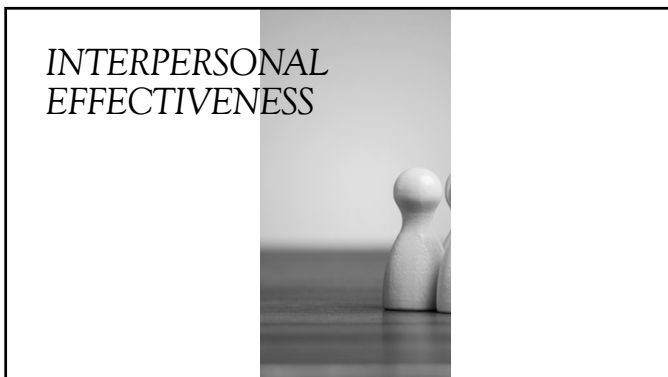


Willingness >>>

Vs. Willfulness

- Willingness is doing what is needed, not sitting on your hands
- Willingness means dealing with reality, not what you wish it would be
- The concept contrasts our Western philosophy of "when there's a will there's a way"
- "Where there is willingness, there is a way" is the message
- What are you willing to do given the situation?

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**INTERPERSONAL
EFFECTIVENESS**

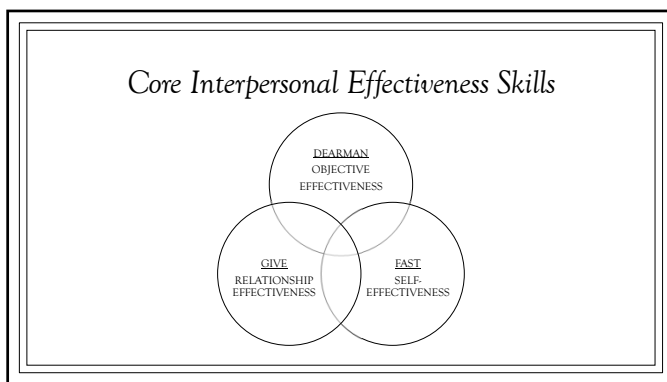
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Effective Interpersonal Skills
lead to:

- Increased ability to meet wants and needs
- Increased ability to set effective boundaries (limits)
- Increased ability to say "no"
- Increased ability to make and maintain positive relationships (including resolving conflict)
- Help clients to build self-respect because interactions are grounded in values


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Self-Respect Effectiveness
E.A.S.T.

- **E**air: be fair to self and to others
- **A**pologies: no unnecessary apologies or apologies for your beliefs, opinions, or for being you
- **S**tick to your values: know your values and what is non-negotiable. Resolve value conflicts effectively
- **T**ruthful: Avoid exaggerations, excuses, and lies. Be accountable to yourself and others



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Relationship Effectiveness:
GIVE

Genuine: be authentic and real, and act from your true self

Interest: make eye contact, show interest to **b**e interested, allow reciprocity in interactions

Validate: acknowledge what you heard without judging or fixing. Focused on the other person!

Easy manner: use humor, smile, and be easygoing



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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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Objective Effectiveness:
DEAR MAN

Describe the details of the situation

Express your emotions and thoughts

Assert by asking for what you want (or saying no)

Reinforce by rewarding, not punishing

Mindful: Stay focused on the issue

- Avoid attacks, distractions, and side tracking
- Broken record: assert again and again and again

Appear confident

- Talk, walk, and act with confidence (act "as if" if needed)

Negotiate

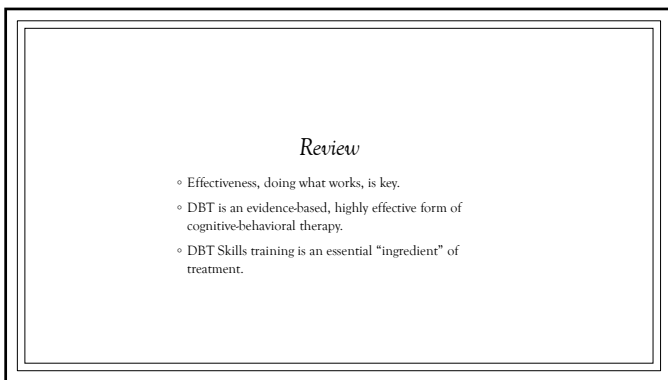
- Be willing to offer an alternative
- Be willing to ask for an alternative
- Turn the tables



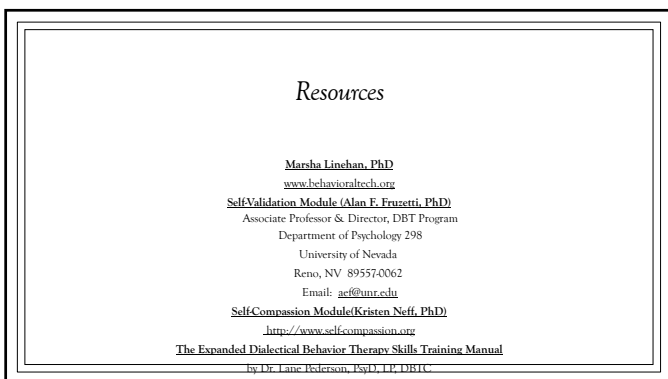
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Resources Continued...

- Behavioral Tech, LLC-Marsha Linehan's website:
<http://behavioraltech.org/index.cfm?CFID=54493378&CFTOKEN=48711039>
- Loving Someone with Borderline Personality Disorder: How to Keep Out-of-Control Emotions from Destroying Your Relationship-Shari Manning (2011)

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Thank-You

◦ Ebony Webb PsyD, HSP
ewebb@webbjamconsulting.com
615-589-1018

The Village of Kairos
1451 Elm Hill Pike, Suite 250
Nashville, TN 37210

367 Riverside Drive, Suite 104
Franklin, TN 37064



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Practical Treatment of Worry and Generalized Anxiety Disorder

by Jennifer L. Abel, Ph.D.
abelshrink@gmail.com

My Definition of Worry

- Worry: Thoughts that cause anxiety or prevent relaxation that are not productive.
- Problem solving and planning are not worry. While they may cause some anxiety, anxiety is not necessary in order to find solutions and motivate.
- Generalized Anxiety Disorder is characterized by excessive and uncontrollable worry with various symptoms including....

Five Reasons People Worry:

1. Attempt to decrease bad things/increase good.
2. Superstitious
3. Coping
4. Guilt/Caring
5. Contrast Avoidance (Newman et al., 2019)

The Importance of treating Worry/GAD

- Worry is Transdiagnostic.
- One of the most common comorbid conditions among other anxiety disorders and mood disorders (Brown and Barlow, 1992).
- Other anxiety disorders and mood disorders appear to emerge from GAD.
- Related to significant health problems.
- Predictive of developing Coronary Artery Disease 3 yrs later (Liu et al., 2019) and improvement protective.

Importance of treating GAD

- Irritable Bowel Syndrome (Lee et al., 2009)
 - IBS 5X more likely to have GAD than non IBS.
 - GAD 4.7X more likely to have IBS than non GAD.
- Comorbid conditions remit when GAD is treated (Borkovec, Abel, and Newman, 1995).
- Meta-Analyses on CBT targeting GAD is as effective for depression as treatment targeting it (Cuijpers et al., 2014).



Wegner, 1989

IF YOU DON'T
WANT IT, YOU
WILL (HAYES)

White bear research

Fighting Anxiety Fuels It!

●SIX SOLUTIONS:

1. Moving toward relaxation vs. resisting anxiety
2. Process (States) vs. Command
3. Postpone Worry
4. Mindfulness & Mindful Acceptance
5. Problem Solving
6. Cognitive Therapy

Moving towards relaxation vs. Resisting Anxiety



- OLD - Let go of your thoughts, push the thoughts out of your mind, clear your mind.
- NEW - Gently shifting your attention to the surfaces beneath you, noticing what you hear.



PROCESS vs. Command

- OLD - Let go, shift your attention to the sounds that you hear, notice the surfaces beneath you, relax.
- NEW - Letting go by gently shifting your attention to the sounds you hear, noticing the surfaces beneath you, relaxing.

Postpone Worries

STEPS in postponing worries:

1. Make a decision to postpone the worry.
2. Decide on a time to problem solve.
3. Use a coping strategy or two
4. Follow through with problem solving at that time.

Mindful Acceptance - Use of Metaphor



Presenting this metaphor resulted in greater reductions in avoidance, anxiety symptoms, and anxious thoughts than breathing retraining! (Eifert and Heffner 2003)

Case Example
"Jane"

More Metaphors

- BEES
- CHARLEY HORSE
- AWARENESS CURES TRYING FAILS
- ANTAGONISTIC SIBLING
- UNDERTOW
- HARRY POTTER: The Devil's Snare

Observation vs. Acceptance

- Difference in Observation and Acceptance
- Observation of Physical Sensations
- Observation of Emotion
- Why Observation First
- Observation of Thought

Labeling

- THOUGHTS (Abel, 2010)
 - New/Repeat - Demonstration
 - Useful/Useless/Neutral
 - Wanted/Unwanted
 - Past/Present/Future
 - Be creative!
- EMOTIONS/Physical Sensations (Abel, 2014)

Mindfulness as Relaxation

1. Passive/Quiet Relaxation
 - A. As is Add Stimulation
 1. Sitting outside
 2. Adding candles or incense
 3. Instrumental, Music, favorite beverage (coffee, wine),

Mindfulness as Relaxation

II. Active Relaxation/Mindfulness

- A. Walk - way to combine with exercise
- B. Shower
- C. Dishes
- D. Yard-work
- E. No matter where you are or what you're doing!
 - ☐ Focusing on your senses "like a baby would."
 - ☐ 1, 2, or drifting between the senses demonstration.

Labeling Game

When active mindfulness doesn't work due to persistent thoughts or distractibility, label experiences as a bridge to enjoying the moment without labels.

1. Expect that thoughts will interfere.
2. When they do, "tasting" them and gently shifting toward the present - Remember the White Bear!
3. Labeling experiences as needed.

Mindfulness as Relaxation

BREATHING

1. "Letting go" of what you've heard about how to breathe. Instead, just observing your breathing.
2. Feeling the air coming in and out of your nose, noticing if the air you breathe in is cooler....feeling the air expanding and relaxing your lungs. Noticing the sound, quiet pauses...
3. Thinking the word "peace" as you breathe in, "calm"
4. Visualizing a cool color as you breathe in, a warm color as you breathe out.

Mindfulness as Relaxation

Breathing + Ocean Imagery

- Noticing the sound of your breathing
- Noticing your breathing sounds like waves on the ocean...
 - Visualizing the waves rolling in as you breathe in....
 - Noticing the time of day. Imagining everything you see, hear, feel, and smell (taste).

Fighting Anxiety Fuels It!

INVITE IT, DON'T FIGHT IT

OBSERVING AND ACCEPTING

AWARENESS CURES, TRYING FAILS

TRY SOFTER NOT HARDER

BEING COMFORTABLE WITH BEING UNCOMFORTABLE

OK TO NOT BE OK

Worry Spiral

● Worry and Anxiety occur in a spiral of interactions between:

- Thoughts
- Images
- Physical sensations
- Emotions, and
- Behaviors

Worry Spiral

- What we think affects how we feel, what we feel affects how we behave, how we behave affects us physically, etc.
- Not everyone experiences all 5.
- They follow a similar course each time and spiral out of control
- The habit is strengthened or maintained each time they occur.

Example of a Worry Spiral



Nip
anxiety
in
the bud!

A stitch in
time, saves
nine

An Ounce of Prevention is
worth a pound of cure



THREE ADVANTAGES

1. Catch it when it's weakest.
2. Prevent it from being strengthened in memory, thereby weakening it.
3. A new habit is strengthened.

Example of Early Cue Detection

- Without catching it early
 - Seems late, worry he has been in an accident, worry about caring for children without him, pacing, fear, irritability, heart pounding, pit in stomach, tension in neck and shoulders, images of wrecked car and him in the hospital.
- Catching it early by putting a sticky-note on the clock
 - Seems late, tension in neck and shoulders.

Specific Reminders

1. Sticky notes
2. Rubber-band or hair band
 1. wrist
 2. water bottle or mug
 3. smart phone, etc.
3. Change wallpaper on phone, computer, tablet
4. Change sounds - text tones, ring tones, e-mail alert

Specific Reminders

5. Name called - Or "mom," "honey," "%^* \$"
6. People who typically cause stress.
7. Nervous Habits
8. APPS -

Sticky Notes

1. Teachers
2. Parents
3. Change colors
4. Change spots slightly (change other reminders too!)
5. Draw Something on them?



Anxiety Caught Early What now?

- Any coping strategies you use.
- Relaxation Strategies (e.g. differential relaxation, mindfulness, breathing)
- Observation and Acceptance Strategies
- Cognitive Strategies
- Behavioral Strategies (e.g., problem solving)

Self-Control Desensitization (SCD)

- A way to practice catching anxiety early and weakening the spiral habit in session.
- Typically a weakening of the spiral will be observed within minutes.

SCD, How to:

1. Rationale and instruction to the client...
2. Guided relaxation of any kind
3. Introduce:
 - worry
 - image
 - physical sensations of anxiety
 - combination

SCD How to:(cont'd)

4. Once their finger goes up...
5. Utilize:
 - observation/acceptance
 - relaxation patter
 - cognitive therapy
 - combination
6. Once their finger goes down, repeat steps 3-4

SCD

- Helps to assess what works.
- Begin by guiding relaxation once their finger goes up.
 - Next - "letting go on your own"
 - Home practice

In Session SCD

- Begin the session with relaxation
- Hold up a sticky note periodically throughout the rest of the session
- Encourage client to avoid stopping
- Utilize a variety of simple techniques
- Assess which works best
- Give the client 10-15 of those stickies
- Demonstration

active relaxation (applied Relaxation)

- Rethinking of meditation, mindfulness, and relaxation.
- OLD: Quiet Relaxation - eyes closed, being still. (Keep doing) And when anxious.
- NEW: Active Relaxation - Several times throughout the day - taking no time to maintain relaxation and prevent spirals.
- As well as purposeful active relaxation practice.

active relaxation
examples

- Walking and all exercise
- Household chores
- In a Meeting
- Talking
- Working
- Waiting - red light, doctor's office, friend, in line
- All day - regardless of what one is doing.



Cognitive Therapy

Cognitive Therapy



Mom! Can I ride
my bike with my
friends?

I'm afraid you'll get
hurt?

OLD Way
Not Believable

- I'm sure he'll be fine.
- WHY won't that be helpful?
- Not believable, b/c it is NOT true!



OLD Way
Too Complex!

1. What's the thought?
I'm afraid he'll get hurt or even get killed.
2. What's the Thought Style? Catastrophizing?
Filtering? Emotional Reasoning?
3. What's the antidote?

Determine the likelihood that your thought will come true.

4. Construct a new thought.
"There's less than a 5% chance he'll get hurt."

B³

Better But Believable
Thoughts (Abel, 2010)

- B3's ARE:
 - Simple, yet...
 - Effective
 - Catchy
 - Pragmatic

What if he get's hurt?

- There's a better than 95% chance he'll be fine.
- Simple technique to do on the fly...
- Except for persistent worries or when a client is very distressed:
 1. separately brainstorm B3s
 2. They read all B3s
 3. You read all B3s aloud as client rates 0-10 on helpfulness
 4. choose 2-4 to memorize, etc.

The 4 "SHOULDs"

1. I SHOULD!
2. I NEED TO!
3. I HAVE TO!
4. I MUST!

Finding "The Want"

(abel, 2010)



I Need to Clean the Toilet!

Finding "The Want"

I *Want* the Toilet to be Clean!

I *Could...*

Cognitive - Socratic Approach

- What do you think the likelihood is that you'll make a mistake?
- When will it no longer matter?
- If it won't matter in a week, a month, or even next year, why should it matter now?
- How often do things turn out as bad as you fear?

Worry and Golf

- **GOLF** - bad shot, okay shot, bad shot, okay shot, okay shot, **great shot**, okay shot, bad shot.
- **WORRY STREAM** - worry, worry, worry, worry, worry, **good idea**, worry worry, worry.
- **BOTH** are intermittent reinforcement. These habits are the most difficult to extinguish.

Worry Interferes with Problem Solving

- Worriers tend to think myopically. Difficult to see alternatives.
- Dugas et. al 1995 - People with GAD have just as good of problem solving skills as those who don't worry excessively.
- But, when they feel anxious they don't problem solve as well. Ironical.

Four Ways to Problem Solve

1. What can I do about this?
2. Awareness Cures Trying Fails - Observe thoughts and label as Useful or Useless.
3. Get deeply relaxed and observe the problem.
4. Brainstorm possible solutions including others' ideas - without judgment or feasibility.

Problem Solving Sheet (Abel, 2014)

What I'm worried about...	What am I gonna do about it before bed?
(Write Worry Here)	<ol style="list-style-type: none"> 1. Something 2. Nothing 3. Plan Something

Problem Solving Sheet (Abel, 2014)

What I'm worried about...	What am I gonna do about it before bed?
saying too much and offending Barbara	Nothing
Application	I'll do it this evening.
Cleaning the House	I'll clean it Saturday

Problem Solving Sheet with B3s (Abel, 2014)

What I'm worried about	What I'm going to do about it before...	B ₃
My Interview	1. practice 2. come up w/?s	Worst case: It will be good practice.
I'm afraid I'll get nervous and blow it	I'll use my relaxation skills	It's normal to get nervous in interviews
	Put the address in my GPS	Things usually turn out better than I fear.

CATASTROPHIZING/ FEAR OF UNCERTAINTY

- What if catastrophe strikes? Focus of worry/panic.
- False sense of control - point out the fact that the worry will not change the outcome.
- Point out the ways in which compulsions or worry make that specific individual more out of control.
- Imagine you're in your 90's with your spouse and look back on all the wasted energy.

CATASTROPHIZING/ FEAR OF UNCERTAINTY

- Note Futility - will worry help you to change it? If feared thing happens will you be glad you worried? If so is it worth it?
- Postpone the worry to:
 - to IF it happens
 - Scheduled worry: daily, 3X/wk, 1/wk?
- Alternate reality - when you worry it will happen it becomes your alternate reality and you feel as if it were happening. Artificial Reality, Fiction

Superstitious Beliefs

- Socratic Method: Can you explain how your worrying can change events?
- What is the evidence?
- Behavioral Experiment - See if reducing worry by applying the strategies leads to worse outcomes.

Worry Outcome diary

Empirical Data using similar diaries with clients with GAD, indicate that worried-about outcomes rarely happen and when they do, clients handle them much better than they think they will (Borkovec, Hazlett-Stevens, Diaz, 1999)

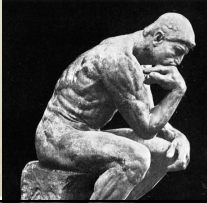
WORRY	Reality - description	Outcome Rating	If 3 or above how handled

Rating
 1 = Much better than feared
 2 = Better than feared
 3 = About the same as feared
 4 = Worse than feared
 5 = Much worse than feared.

The Clinical Research - Treatment Resistant

Borkovec, Newman, Pincus, & Lytle (2002)

#1. Avoidance of emotional processing.



Similar findings with Depression (MDD)
(Castonguay et al., 1996)

Implications

- Access emotion in ways you know how.
- Emotion Regulation for GAD; more robust findings than with CBT (Mennin et al., 2018) and significant improvement with MDD.
- Experiential Therapies (e.g. Open Chair)
- Parts of Schema Therapy

Solutions to Worry Types

Five Reasons People Worry:

1. Attempt to decrease bad things/increase good - Problem Solve
2. Superstitious - Covered
3. Coping - Access Emotion; Alternative Coping strategies; maybe address PTSD
4. Guilt/Caring - Socratic plus Problem Solving
5. Contrast Avoidance (Newman et al., 2019) - Socratic and Worry Postponement.

IFS

INTERNAL FAMILY SYSTEMS THERAPY

ALEXIA ROTHMAN, PH.D.

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1

What
is
IFS?

1

2

3

4

5

Non-pathologizing model for understanding the organization and operation of our psychological systems

Empirically validated psychotherapy

Simple, relatable

Comprehensive

Powerful

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2

Developer of the
IFS Model

Richard C. Schwartz, Ph.D.



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3

Do people have an
inner wisdom
that could become a
source of healing?

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4

SELF

Compassion
Clarity
Calm
Creativity
Courage
Connection
Curiosity
Confidence

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5

Multiplicity of the Mind

- Not a monolithic personality
- Our psyche is composed of **multiple "Parts"**
- We have not been taught to be aware of, pay attention to, extend compassion to, or work with these Parts

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Parts

- Subpersonalities
- Can understand them as tiny people inside you.



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7

Types of Parts

Exiles

- Parts that carry unresolved pain.
- Vulnerable
- Wounded

Protectors


- Parts that manage our interactions with the world and defend against underlying pain.
- Managers: PROACTIVE
- Firefighters: REACTIVE

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8

Exiles

- Hold the feelings we never want to feel
 - Pain, shame, sadness, grief, loneliness, anxiety, fear, out-of-control, lost, unworthiness, guilt, humiliation, abandonment, panic, rejected, unloved
- Wounded Parts, very often young.
- Often frozen in time at original point of wounding, and experiencing trauma over and over
- Carry memories, sensations, and emotions of traumas/painful experiences




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9

Protectors: Managers

- **PROACTIVE:** Work to prevent exile activation
- Run our day-to-day life
- Intention to create stability, functioning, improvement, to control environment to preserve safety
- Attempt to keep us in control of situations and relationships to protect parts from hurt/rejection and to protect system from their feelings/memories
- “Never again”



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10



MANAGERS IN EXTREME ROLES	
Striving	Controlling
Perfectionism	Driving (taskmaster)
Criticizing	Obsessing
Seeking reassurance	Seeking approval
Evaluating	Caretaking
Organizing	Terrorizing
Restricting	Manipulating
Avoidance	Procrastination
Guardedness	Pessimism

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Protectors: Firefighters

- **REACTIVE:** Take action when exiles are activated in an effort to **stifle** or **numb** us to their feelings or **distract** us from them
- In *preferred* roles, they seek to balance the system: rest, soothing, novelty, pleasure, fun

FIREFIGHTERS IN EXTREME ROLES

Drug/alcohol abuse, self-harm/mutilation, bingeing/purging, starvation, sex binges, overspending, video games/TV/internet, gambling, violence, suicide attempts, lashing out, fighting, hoarding, dissociating, procrastinating, oversleeping.



12

Burdens

- **Negative/extreme emotions, beliefs, or energies** that enter your system from some direct experience in your life or that are absorbed through the culture or family lineage.
 - Arise from **the meaning** parts make of external events.

13

Goals of IFS Therapy

- Progress toward achieving harmony and balance in clients' systems
- Liberate parts from the roles they've been forced into, so they can be who they're designed to be
 - Decrease the reactivity of the internal system (more choice to *respond*)
- Restore trust in the Self and Self-Leadership
- Help clients become more Self-led in their interactions with the world


14

SELF as Natural Leader of the System

- The Self is the natural leader of our systems and the occupant of the Seat of Consciousness when none of our parts have taken its place.

15

Technique: Unblending



- Recognize and acknowledge when you are blended with a Part
 - Notice how you're experiencing the blending, focus there
- Ask directly if the Part would separate from you and open some space for you to be WITH it
 - If it's flooding, ask it to draw most of its energy out of your body
- Used frequently with any type of part to increase access to Self-energy and open space for Self-to-Part connection

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16

The Six "F'S"

Unblending

- Find
- Focus
- Flesh Out

Relationship Building

- Feel
- BeFriend
- Fears

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17

The Steps of Healing

Differentiation

Develop Self-part relationship

Witnessing

Retrieval

Unburdening

Invitation

Integration

Appreciation

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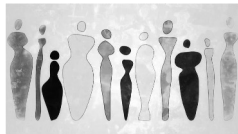
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FROM BODY SHAME TO BODY POSITIVITY

A COMPASSIONATE APPROACH TO WEIGHT AND WELL-BEING
JUDITH MATZ, LCSW



1

"I want to lose weight"

How Does Body Shame Show Up:

- In your professional life?
- In your personal life?



The backdrop is diet culture. We have all been taught to believe that the thinner body is the better body.

2

HERE'S HOW DIET CULTURE LOOKS



3

HERE'S HOW DIET CULTURE SOUNDS:

- I was bad today: I ate too many carbs.
- I'm being good today, so I can't eat dessert.
- You look great - have you lost weight?
- I look too fat in this dress.
- Can you believe how she's let herself go?
- I wish I looked like you in my jeans.
- I'm trying to be healthy, so no more (fill in the blank).

4

And This too:

- ▶ When I lose weight I'll feel more confident.
- ▶ I have to lose weight to be healthy.
- ▶ I need to exercise to make up for the overeating I did yesterday.
- ▶ Eating less is just a matter of willpower.
- ▶ I feel better when I'm thinner.
- ▶ I'm ashamed of my overeating and my weight.

5

THE SIX P'S DIET CULTURE

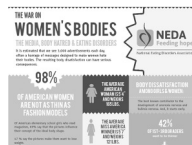
- 1) Prioritizes weight/body size over well-being
- 2) Promises health, happiness and success to those who can conform
- 3) Pressures people to pursue thinness and fear fat at all costs
- 4) Presumes people have control over what they weigh
- 5) Poses as health promoting even as it harms
- 6) Promotes fat shaming and weight stigma



6

1) Prioritizes weight/body size over well-being

- ▶ Adolescents using weight control behaviors are at 3 times greater risk for weight gain, binge eating and other eating disorders compared to peers not using weight control behaviors regardless of initial pre-diet weight. (Neumark-Sztainer, Journal of the American Dietetic Association 2006)
- ▶ Pressure to be thin → internalization of the thin ideal → body dissatisfaction → dieting → development of an eating disorder (Stice, E. And Van Ryyn, M. J., Journal of Abnormal Psychology, 2018).

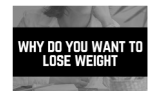


7

2) Promises health, happiness and success to those who can conform

"If you were at the weight you think you should be, what would be different in your life?"

- ▶ Buy a bathing suit/swim with my kids
- ▶ Have sex/have sex with the lights on
- ▶ Start dating
- ▶ Exercise/go swimming/go hiking
- ▶ Be more confident/happy
- ▶ Wear colorful clothes
- ▶ Apply for a new job/go back to school
- ▶ Travel/class reunion/socialize more

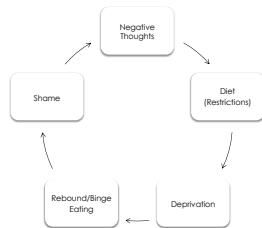


Maybe if I were thin
You would notice me
Maybe if I were pretty
You would admire me
Maybe if I were perfect
You would love me
Maybe if I was like her
I could be yours

S.D.

8

3) Pressures people to pursue thinness and fear fat at all costs



9

AND THE COSTS ARE HIGH:

- ▶ "Most obese persons will not stay in the treatment of obesity. Of those who stay in treatment most will not lose the weight and of those who do lose the weight, most will regain it." (A. Stunkard, 1958)
- ▶ The vast majority of people who go on a diet will gain back the weight, and one-third to two-thirds end up higher than their pre-diet weight. (Mann, American Psychologist, 2007)
- ▶ Alison Fildes (2015): In a study of 278,000 people found that, with 5 years, the probability of regaining all of their lost weight is between 95 – 98 percent.
- ▶ The Biggest Loser: 7 million viewers
- ▶ "Weight cycling was associated with general mortality, mortality from cardiovascular disease, myocardial infarction, stroke, diabetes, high-density lipoprotein cholesterol, higher systolic and diastolic blood pressure, and suppressed immune function." (Reinhold, Slim Chance for Permanent Weight Loss, 2018)

"A small percentage of dieters – something like 5 percent – can do it. And they do it. But they do it by devoting every minute of their life to staying at that weight. Basically, they spend their entire life living like a starving person, fighting biology, and evolution. And to me that seems wrong." (Traci Mann, 2015)

10

4) Presumes people have control over what they weigh

IT'S NOT JUST CALORIES IN AND OUT

- ▶ Metabolic changes
- ▶ Hormonal changes
- ▶ Neurological changes
- ▶ Psychological changes



"When people lose weight on a diet, they call it a success. And if the weight comes back on, they don't say that the diet wasn't successful – they say "I blew it" But that's not correct. It's all part of the diet." (Traci Mann, Washington Post, 2015).

11

5) Poses as health promoting even as it harms

- ▶ Weight fluctuations and health outcomes
- ▶ Eating Disorders
- ▶ Inadequate Interventions
- ▶ Raises setpoint
- ▶ Normalizes disordered behaviors



12

6) Promotes fat shaming and weight bias

- ▶ "In a study of 400 doctors, one of every three listed obesity as a condition to which they responded negatively....They associated [it] with noncompliance, hostility, dishonesty, and poor hygiene."
- ▶ "Psychologists ascribe more pathology, more negative and severe symptoms and worse prognosis to obese patients compared to thinner patients presenting identical psychological profiles." (Weight Bias: A Social Justice Issue Policy Brief (2012) Yale Rudd Center)
- ▶ "I believe the #1 medical complication of BED is sub-standard general medical and surgical care, arising from weight stigma." Jennifer L. Gaudari, MD, CEDS



13

EXPOSURE TO WEIGHT STIGMA/FAT SHAMING

- ▶ Increased risk for cardiovascular disease (Pearl, R. et. al., Association Between Weight Bias Internalization and Metabolic Syndrome Among Treatment-Seeking Individuals With Obesity.)
- ▶ Increased risk for metabolic disease (Pearl, R. et. al., Association Between Weight Bias Internalization and Metabolic Syndrome Among Treatment-Seeking Individuals With Obesity.)
- ▶ Increased risk for cervical cancer (A. Saguay, What's Wrong With Fat?)
- ▶ Increased inflammation and cortisol levels (A. J. Tomiyama, How and Why Weight Stigma Drives The Obesity 'Epidemic' and Harms Health.)
- ▶ 60% increased risk of dying independent of BMI (A. J. Tomiyama, How and Why Weight Stigma Drives The Obesity 'Epidemic' and Harms Health.)
- ▶ 2.5 times as likely to experience anxiety or mood disorders (A. J. Tomiyama, How and Why Weight Stigma Drives The Obesity 'Epidemic' and Harms Health.)

14

WHAT IS SHAME?

- ▶ Connection gives life meaning
- ▶ Shame is fear of disconnection



Is there something about me that, if people know or see it, I will not be worthy of connection.

(From Brené Brown, The Power of Vulnerability, TEDx 2010)

15

SHAME CATEGORIES

- ▶ **Appearance and Body Image**
 - ▶ Money and Work
 - ▶ Motherhood/Fatherhood
 - ▶ Family
 - ▶ Parenting
 - ▶ Mental and Physical Health
 - ▶ Addiction
 - ▶ Sex
 - ▶ Aging
 - ▶ Religion
 - ▶ Surviving Trauma
- ▶ **Being Stereotyped or Labeled**



(from Daring Greatly by Brené Brown, p. 69)

16

WEIGHT BASED BODY SHAME IS INSIDIOUS

- ▶ Culturally induced body hatred
- ▶ Dieting to lose the shame
- ▶ Shame over diet failure

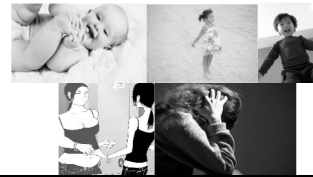
REPEAT...over and over and over



17

FOCUS ON LOSING THE SHAME, NOT THE WEIGHT

Internalized Weight Stigma:
A Natural Reaction to Diet Culture and Weight Stigma



18

FROM BODY SHAME TO BODY POSITIVITY

- 1) Examine your own beliefs about thin and fat
- 2) Learn the steps of attuned/intuitive eating: The antidote to diet failure
- 3) Make a paradigm shift: Learn the Health At Every Size® framework
- 4) Promote body positive strategies and resources



19

FROM BODY SHAME TO BODY POSITIVITY: WEIGHT INCLUSIVITY

Diet culture leads to oppression, discrimination and shaming based on body size.

What would happen if we treated every body with respect and let go of judgements based on body size?

20

1) EXAMINE YOUR OWN BELIEFS ABOUT THIN AND FAT



21

WHAT'S GOING ON HERE?

THIN

happy
successful
sexy
exercise
healthy
confident

FAT

lazy
couch potato
unhealthy
stupid
miserable
out of control

22

LANGUAGE MATTERS

- ▶ BODY MASS INDEX (BMI)
- ▶ OBESITY
- ▶ OVERWEIGHT
- ▶ HIGHER WEIGHT
- ▶ FAT
- ▶ ACE SCORE - BEHAVIORS



23

FROM BODY SHAME TO BODY POSITIVITY: MAKING PEACE WITH FOOD

Diet culture leads to a preoccupation with food and often results in unhealthy eating behaviors.

What would it be like for people to develop a healthy, peaceful and satisfying relationship with food?

24

2) LEARN THE STEPS OF ATTUNED EATING: THE ANTIDOTE DIET FAILURE

- ▶ DIETING = RIGIDITY
- ▶ BINGEING = CHAOS
- ▶ ATTUNED EATING = INTEGRATION

"The river of integration represents the movement of a system across time. When the system is integrated, it is adaptive and harmonious in functioning."

Dan Siegel, The Mindful Therapist



25

DISCOVER THE ANTIDOTE TO DIETING: ATTUNED/INTUITIVE EATING

- ▶ Let go of dieting and wellness plans that seek to reshape the body.
- ▶ Food is a source of nourishment and pleasure.
- ▶ Reconnect with cues for hunger and satiation.
- ▶ Let go of judgement about foods as "good" and "bad."



26

THE DIET MENTALITY VERSUS ATTUNED EATING

There are different values that underlie the diet mindset versus attuned eating. Honoring what you value contributes to making peace with food.

For each pair of words, identify the one that most resonates with your set of values.

Diet Mindset	Attuned Eating
External rules	Internal cues
Rigidity	Flexibility
Deprivation	Satisfaction
Guilt	Pleasure
Fear	Trust
Preoccupation	Engagement
Weight loss	Nourishment
Shame	Compassion
Judgement	Acceptance
Control	Freedom
Feeling in control	Feeling in charge

27

HOW BODY SHAME GETS PERPETUATED IN THE WELLNESS INDUSTRY

"If, as mindfulness/mindful eating teachers, we have not examined our internalized biases – both subtle and not-so-subtle – we will keep holding the belief that weight/a person's body is a problem to be fixed, that mindfulness/mindful eating is the antidote or solution to the 'problem' of 'overweight' and 'obesity.' We will keep expecting that if a person does this practice in the 'right' way an inevitable outcome will be weight loss/weight management. And we will keep doing harm." –Lilia Graue, MD, *Fiercely Embodied Health*



28

3) MAKE A PARADIGM SHIFT THE HEALTH AT EVERY SIZE® FRAMEWORK

BECOME A HEALTH AT EVERY SIZE (HAES) INFORMED PROFESSIONAL

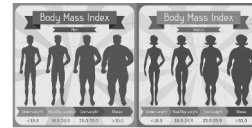
- ▶ Research Based
- ▶ Weight Inclusive
- ▶ Wellness Beyond Weight
- ▶ Social Justice Framework

"The Health At Every Size® (HAES®) approach is a continuously evolving alternative to the weight-centered approach to treating clients and patients of all sizes. It is also a movement working to promote size-acceptance, to end weight discrimination, and to lessen the cultural obsession with weight loss and thinness. The HAES approach promotes balanced eating, life-enhancing physical activity, and respect for the diversity of body shapes and sizes." (ASDAH Website)

29

WEIGHT AND MORTALITY

- ▶ "Overweight" — lowest mortality
- ▶ "Normal" weight and lower end of "obesity" — same risk
- ▶ "Obesity" — slightly higher
- ▶ "Underweight" — highest mortality

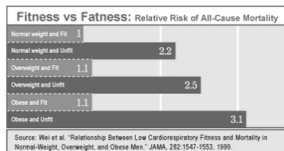


(Centers for Disease Control 2013/Blagel et al. JAMA)

30

WEIGHT AND HEALTH

Men who are fit and "obese" have half the death rate of men who are unfit and "thin."



Source: Wei et al. "Relationship Between Live Cardiorespiratory Fitness and Mortality in Normal-Weight, Overweight, and Obese Men." JAMA, 282:1547-1553, 1999

Video: 23 1/2 Hours by Dr. Mike Evans

31

FIT AND FAT REVISITED



"Epidemiological studies show that CRF [cardiorespiratory fitness] and PA [physical activity] significantly attenuate, and sometimes eliminate, the increased mortality risk associated with obesity. More importantly, increasing PA or CRF is consistently associated with greater reduction in risk of all-cause and CVD mortality than intentional weight loss."

(Obesity treatment: Weight loss versus increasing fitness and physical activity for reducing health risks. Glenn Gaesser 2021).

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HEALTH IS MUCH BROADER THAN THE NUMBER ON THE SCALE

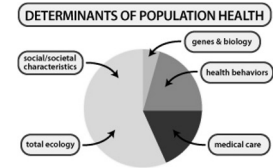
Practice and encourage positive, sustainable behaviors. Every body gets to pursue health to the degree they choose, given what's accessible to them.



"...health is not an obligation, barometer of worthiness, entirely under our control or guaranteed under any circumstances." —Ragen Chastain, *Dances With Fat*

33

SOCIAL DETERMINANTS OF HEALTH



(Tarlov, A.R. (1999) Public Policy Frameworks for Improving Population Health)

"What if your zip code has more of an effect on your health than your weight?" (Powell, T. et. al. 2015, *Journal of Preventive Medicine*)

34

INTERSECTING IDENTITIES



35

LIMITATIONS OF THE RESEARCH AND POTENTIAL RISKS

- **Intuitive Eating:** We need bigger and more diverse testing samples; contraindicated with early stages of anorexia
- **Weight and Health:** Correlation doesn't equal causation. How can we separate the effects of fat tissue from exposure to weight stigma and/or weight cycling?



"Until all research can control for weight cycling and weight stigma, we can't say that being at the higher end of the BMI spectrum causes any health conditions—even if higher weights are associated with these health conditions. Remember the golden rule: Correlation doesn't equal causation. Moreover, even if weight did have some causal effect on people's health (which is possible—but again, we can't know until we control for weight stigma and weight cycling), we don't have a known way for more than a tiny fraction of people to lose weight and keep it off permanently." (Christy Harrison, *July 2021*)

36

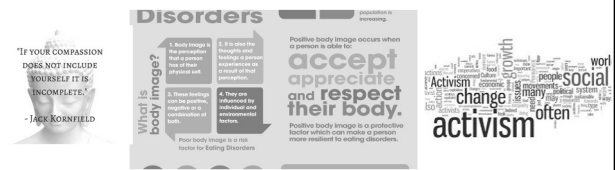
FROM BODY SHAME TO BODY POSITIVITY: HEALING BODY IMAGE

Diet culture keeps people at war with their bodies.

What happens when people accept, appreciate and respect their bodies?

37

4) PROMOTE BODY POSITIVE STRATEGIES AND RESOURCES/REJECT INTERNALIZED WEIGHT STIGMA



38

BODY POSITIVITY...

- ...is for everybody; all sizes, colors, abilities, ages, and gender identities. Body positivity includes rejecting cultural messages related to body shame and weight stigma and replacing them with messages that reflect values of acceptance and inclusiveness.
- ...means relating to your body with acceptance, appreciation and respect rather than self-criticism, shame and body hatred. It doesn't mean loving your body 24/7. Instead, body positivity helps you unhook your body image from your value as a human being and supports you in cultivating practices that strengthen your physical, emotional, and spiritual wellbeing.



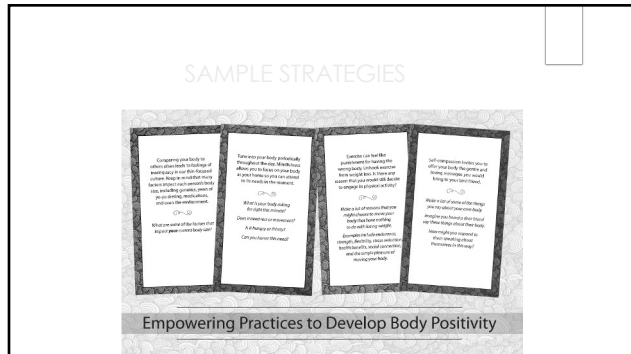
Body Neutrality. Body Trust. Body Confidence. Body Liberation. Body Justice.

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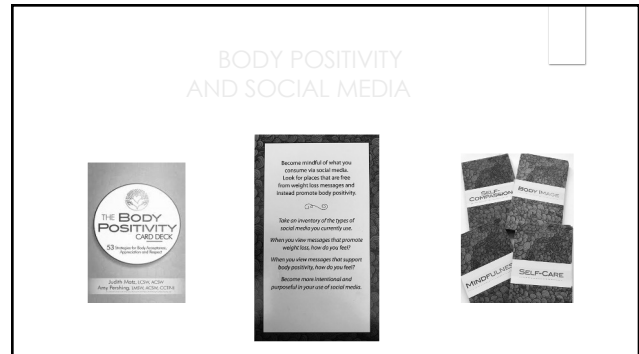
UNDERSTAND INTERNALIZED WEIGHT STIGMA (For your clients and yourself)

- Identify messages that have become internalized.
- Learn strategies to resist those messages.
- Take the Implicit Association Test for Weight Bias: implicit.harvard.edu
- Seek out resources including body positive social media accounts, books, podcasts, blogs, etc.

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BODY IMAGE HEALING

"Body image healing is about learning to live in relationship to your body and body image experience with skillfulness and kindness. It's about being able to unpack the wisdom that is housed in your body to access greater self-understanding and to make choices about how to take care of yourself. With body image healing, there is no "right" or "wrong" way to feel about your body because healing isn't about eradicating negativity. While we would all like to never feel badly about our bodies ever again, that goal is problematic and not at all possible. Our bodies don't conform to beauty standards – they get sick or injured, and they change with age. Getting "rid of" negative body image is sort of like setting the goal to never feel sad, disappointed, grief stricken, or angry every again. It's a nice fantasy but not at all reality. Instead, this process is really about developing skills to support yourself through moments that feel painful. But as it turns out, cultivating things like insight, mindfulness, self-compassion, critical thinking skills, and a values-driven life typically helps to turn the volume down on the feelings of body hatred."


(Marci Evans, RD, The Body Image Tour: Lessons Learned, 2018)



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**BODY POSITIVITY REVISITED
LET'S TALK ABOUT WHAT IT ISN'T**

- ▶ A requirement to feel beautiful and love your body all the time. (Instead, unhook your body image from your worth as a human being.)
- ▶ A marketing campaign with the message that you need to change your body so that you can feel good about your body (Instead, start from a place of acceptance.)
- ▶ A message for people in the mainstream e.g. white, cisgender, slightly fatter (Instead, include marginalized groups such as people in much larger sizes, people of color, people who are disabled, and gender queer people.)
- ▶ Permission to not care about your health or self-care (Instead, understand that you're more likely to take care of what you accept and love, while at the same time, you have the right to choose how you do – or don't – take care of your body.)



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CREATE A WEIGHT INCLUSIVE CULTURE

- ▶ End the legal, widespread practice of weight discrimination.
- ▶ Realize the promise of health care for fat people.
- ▶ Increase access to public spaces.
- ▶ End the approval of weight loss drugs with dangerous – even fatal side effects.
- ▶ Stand up for fat kids.



A Draft Agenda for Fat Justice, www.yourfattiend.com

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HERE'S HOW THAT SOUNDS:

- ▶ I love your new scarf.
- ▶ That tasted delicious and felt just right in my body.
- ▶ No thanks, I'm not hungry.
- ▶ It felt so good to take a walk today.
- ▶ My jeans don't fit anymore. Time to go shopping.
- ▶ I've decided that making sure I get more sleep will be good for my health.

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AND THIS TOO:

- ▶ I feel beautiful in this dress.
- ▶ That joke about weight isn't funny to me.
- ▶ If we're going to celebrate diversity, let's add size weight inclusivity to our list.
- ▶ As I've gotten older, I've noticed my body is changing. Pretty amazing all of the things it's done for me!
- ▶ There's so many interesting things to talk about other than dieting and weight. Tell me about...

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MY RESOURCES

- ▶ Books
- ▶ Podcasts
- ▶ Blogs
- ▶ Facebook Groups
- ▶ Instagram
- ▶ Newsletters

www.judithmatz.com
Diet Survivor's Group Newsletter
@judmatz



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FROM BODY SHAME TO BODY POSITIVITY

Be gentle with yourself. Stay compassionate. But don't stay complicit. Do the work—for your clients, your children, yourself.



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FROM BODY SHAME TO BODY POSITIVITY

What Will **You** Do To Help End Body Shame
and To Promote Body Positivity?



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