

- WESTERN CANADA MENTAL HEALTH SUMMIT -

# IMPROVING SKILLS & COMPETENCIES FOR MENTAL HEALTH & EDUCATION PROFESSIONALS

WEDNESDAY, MAY 24, 2023 – FRIDAY, MAY 26, 2023

Best Western Premier Calgary Plaza Hotel & Conference Centre  
1316 33 St NE, T2A 6B6, Calgary, AB

ALEXIA ROTHMAN, PH.D.

## WORKSHOP #6

Polyvagal Theory: Healing Through Compassionate Connection

Day One | 12:45pm - 4:00pm



ALEXIA ROTHMAN  
PH.D.

Alexia Rothman, Ph.D., is a clinical psychologist in private practice in Atlanta, GA, since 2004. She is a Certified Internal Family Systems therapist, an international speaker and educator on the IFS model, and a professional consultant for clinicians seeking to deepen their knowledge and practice of IFS through theoretical discussions, case consultation, technique practice, and deep, personal experiential work with their own internal systems. Dr. Rothman has received extensive training in the IFS model, primarily from IFS developer, Dr. Richard Schwartz. podcast, Explorations in Psychotherapy.



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## IFS & POLYVAGAL THEORY

Healing Through Compassionate Connection <sup>TM</sup>

Alexia Rothman, PhD

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### Disclaimer

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

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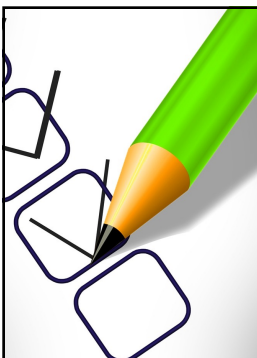
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### OBJECTIVES

- 1 How can understanding PVT help us implement IFS more safely & effectively?
- 2 Basic principles of IFS and Polyvagal Theory
- 3 Impact of therapist's internal state on clinical work
- 4 IFS techniques to shift clients' nervous systems towards regulation and healing
- 5 Help clients foster attuned, trusting relationships with parts that live in and/or utilize adaptive survival states
- 6 Video Example

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## BASICS OF IFS THEORY

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### Internal Family Systems Therapy

- Developed over 40 years ago
- **Non-pathologizing** model of the organization and operation of the psyche
- Empirically validated psychotherapy
- Can facilitate healing and transformative change



Richard C. Schwartz,  
Ph.D.

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## Parts

### • Subpersonalities

- Can understand them as tiny people inside you.




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## 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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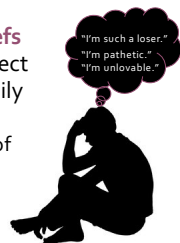
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## Burdens

- **Negative/extreme emotions or beliefs** that enter your system from some direct experience in your life or through family line or culture.
  - Arise from **the meaning** parts make of external events.
- Can also be body sensations.




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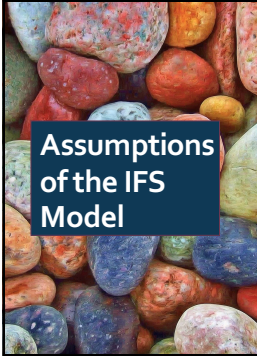
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### Assumptions of the IFS Model

- Multiplicity is the natural state of the mind**
  - Trauma does not create parts but can force them to take on extreme roles, burdens
- Everyone has an undamaged Self**
  - Constraint-release model
- No bad parts**
  - Parts can be wounded, burdened, stuck in extreme roles, trapped in trauma time
  - Can be unburdened, released from extreme roles
- No part operates in isolation**
  - This is an internal system

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## IFS & Polyvagal Theory

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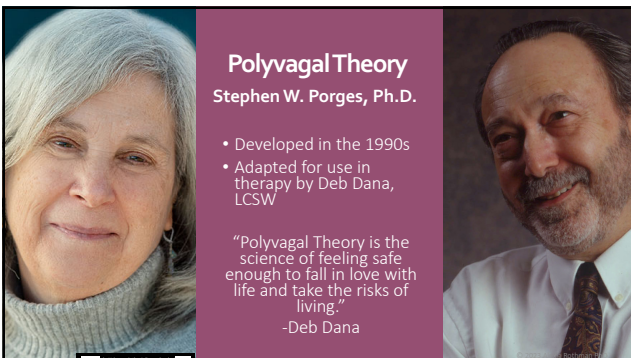
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### Polyvagal Theory

Stephen W. Porges, Ph.D.

- Developed in the 1990s
- Adapted for use in therapy by Deb Dana, LCSW

“Polyvagal Theory is the science of feeling safe enough to fall in love with life and take the risks of living.”  
-Deb Dana

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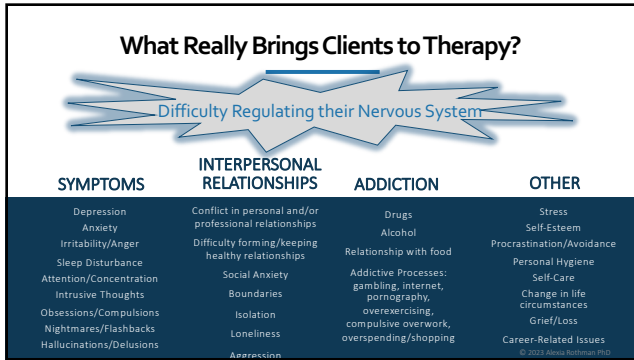
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### Why consider the nervous system?

Dysregulation of the nervous system and associated suffering brings clients for treatment.

Can't think our way out of trauma/survival responses

**PVT:** How the ANS operates and can be reshaped.

**IFS:** Relational, experiential therapy for healing and transformation.

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## Trauma

Dr. Stephen Porges

There are great individual differences in outcomes to traumatic experiences.

"...it is not trauma as an event that is the primary determinant of outcome."

"...it is the re-tuning of the neural regulation of the autonomic nervous system to support threat reactions that is the primary determinant of outcome."

**It's not *what* happened.  
It's how the nervous system was *impacted* by what happened.**

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Polyvagal Theory	Internal Family Systems Therapy
<ul style="list-style-type: none"> <li>• Not a psychotherapy; can underlie any therapeutic modality</li> <li>• Structure and operation of ANS</li> <li>• Non-shaming, non-pathologizing</li> <li>• Helps us design &amp; implement safe, effective therapeutic interventions</li> <li>• Hope and possibility                             <ul style="list-style-type: none"> <li>• Can <b>reshape</b> nervous system towards flexibility and resilience</li> <li>• Don't have to remain stuck in survival responses</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Empirically validated psychotherapeutic modality</li> <li>• Organization and functioning of the psyche</li> <li>• Non-shaming, non-pathologizing</li> <li>• Compassionate, relational way to interact with internal systems</li> <li>• Hope and possibility                             <ul style="list-style-type: none"> <li>• Can <b>heal and unburden</b> wounded and traumatized parts</li> <li>• Bring/Restore Harmony and Balance to Internal system</li> </ul> </li> </ul>

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**Trauma Disrupts Connection**

What happens to us when we aren't treated as we should be?

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Consistent, Reliable, Safe Co-Regulation	Polyvagal Theory	IFS Translation
	<ul style="list-style-type: none"> <li>• Effective co-regulation leads to effective self-regulation</li> <li>• Ample opportunities to exercise circuits of connection</li> <li>• Well-tuned vagal brake</li> <li>• Able to safely engage with others in a rewarding and regulating way</li> <li>• Able to engage with the world</li> <li>• Connection to spirit</li> </ul>	<ul style="list-style-type: none"> <li>• Consistent co-regulation with Self-led others helps prevent parts from taking on burdens and being exiled</li> <li>• Protectors do not have to step into extreme roles, as the presence of Self (ours and that of co-regulating other) is available to the system.</li> <li>• Can connect with our parts, others, the world and spirit.</li> </ul>

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Absent or Unpredictable Co-Regulation	Polyvagal Theory	IFS Translation
	<ul style="list-style-type: none"> <li>• More difficult to self-regulate</li> <li>• Missed opportunities to exercise circuits of connection</li> <li>• Poorly tuned vagal brake</li> <li>• Self-regulate for survival</li> <li>• Disrupted connection to self, others, the world, and spirit</li> </ul>	<ul style="list-style-type: none"> <li>• Wounded parts more likely to take on burdens and be exiled</li> <li>• Protectors more likely to take on extreme roles.</li> <li>• Very difficult for protectors to trust Self, so they run our lives.</li> <li>• Disconnection from Self/parts, others, the world, and spirit.</li> </ul>

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<b>Presence of the Therapist</b>	<p>"I've found that the most important variable in how quickly clients can access their Selves is the degree to which I'm Self-led. When I can be deeply present to my clients from the core of my being...clients respond as if the resonance of my Self were a tuning fork that awakens their own."</p> <p>- Dick Schwartz</p>
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<b>Presence of the Therapist</b>	<p>"I have...learned that my relationship with clients is terribly important to our success... because my ability to be in Self helps their protective parts relax so their Selves can flow in."</p> <p>-Dick Schwartz</p>
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## Co-Regulation in IFS Therapy

Consistent, co-regulating presence of therapist's Self

Lending our Self-energy to client's system to facilitate access to their own

Direct Access when needed

### Exercising the Circuits of Connection

- In the moment**, helps make deep work safer and possible
  - Critical mass of Self allows us to be compassionately and effectively present WITH our parts
- Long-term**, helps shift client's nervous system towards flexibility and resilience
  - Increases access to Self and ability to return to being Self-led when parts are activated

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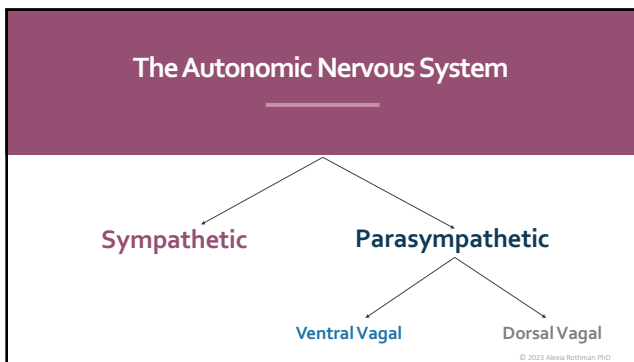
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## Parasympathetic Nervous System

*Two Bi-Directional Pathways via the Vagus Nerve*

DORSAL VAGAL	VENTRAL VAGAL
Travels from brainstem down, primarily receiving information from and regulating organs below the diaphragm, including the digestive system	Travels from brainstem <u>up</u> through nerves in the neck, throat, eyes, and ears, and <u>down</u> through lungs and heart (organs above diaphragm)

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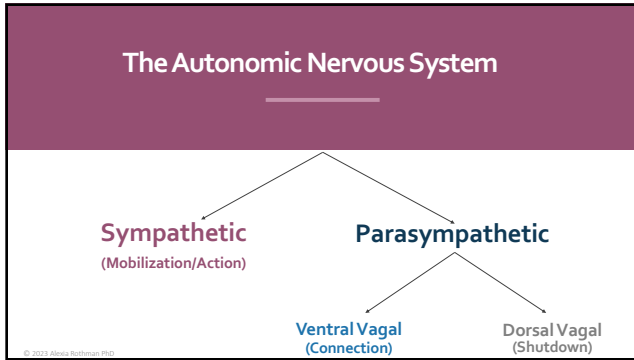
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### Neuroception

- How the ANS takes in information
- Detection without awareness
- Constantly scanning – inside, outside, between

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HIERARCHY	
Three Predictable Pathways of Response	
<b>VENTRAL</b>	<ul style="list-style-type: none"> <li>• Feel safe and connected</li> <li>• Able to engage with life: self, others, the world, spirit</li> <li>• Can send and receive cues of safety</li> <li>• Perspective, possibility, hope</li> <li>• Associated with physical health and well-being</li> </ul>
<b>SYMPATHETIC Survival</b>	<ul style="list-style-type: none"> <li>• Sense of impending danger</li> <li>• Hypervigilant/alarmed/uneasy</li> <li>• May misread/not notice signs of safety but more easily notice signs of danger</li> <li>• Disrupted connection from ourselves, others, world, spirit (me vs. you, us vs. them)</li> </ul>
<b>DORSAL Survival</b>	<ul style="list-style-type: none"> <li>• Do not feel connected at all</li> <li>• Shut down, no energy, don't care</li> <li>• Hopeless</li> <li>• Feel unsafe and surrounded by unsafe people</li> </ul>

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**Sympathetic Survival State**  
(Mobilization/Action)

Release of adrenaline & cortisol

Chaotic Energy, Angry, Anxious

Hyperalert for cues of danger

Can take action to fight or try to escape to safety

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**Dorsal Vagal Survival State**  
(Immobilization)

Oldest pathway

Immobilization, collapse, shut down, numb, not present

Drained, hopeless, give up

Extreme danger - feel trapped, can't escape, life threat

Takes us out of connection and awareness

More difficult to recover from than sympathetic

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**Protectors**  
Preferred vs. Extreme Roles

MANAGERS	FIREFIGHTERS
<p><b>Preferred Roles:</b> Support stability, good functioning, productivity, personal Improvement</p> <p><b>Methods when Extreme:</b> Harsh criticism, perfectionism, restriction, striving, controlling, driving (taskmaster), evaluating, caretaking, terrorizing, organizing, managing image, worrying, obsessing, seeking approval, pessimism</p>	<p><b>Preferred Roles:</b> Support rest, relief, comfort, fun, pleasure, novelty</p> <p><b>Methods when Extreme:</b> Substance abuse, sexual activity, compulsive cravings, self-harm/-mutilation, binge-eating, starvation, overspending, excessive video games/TV/internet, gambling, violence, suicide attempts, lashing out, fighting, hoarding, dissociating, procrastinating, oversleeping, restricting</p>

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## Exiles

### BURDENED/SUFFERING

- Wounded
- Carrying burdens like shame, worthlessness, physical sensations, extreme emotions
- Trapped in “trauma-time”
- Re-experiencing the trauma repeatedly
- Existing in extreme distress/suffering

### UNBURDENED/HEALED

- Released burdens they took on at the time of wounding
- Reclaimed their wholeness
- Regained access to their own Self and associated qualities – joy, creativity, connectedness, courage, compassion, peace, freedom, comfort, etc.

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## Adapting for Survival

### Internal System (IFS)

- Parts are wounded
  - Some wounded parts are exiled
- Protectors take on extreme roles
  - Rigid, can't step down, afraid to leave us unprotected
- Lose access to Self/Self-Energy (constrained)

### Nervous System (PVT)

- Survival responses
- Autonomic rigidity
  - Get stuck in survival responses
  - Incompatible with feeling safe
  - Block ability to seek and benefit from connection

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## Polyvagal Theory

### Adaptive Survival States

Sympathetic Survival  
Fight-or-flight

Dorsal Survival  
Disconnect, shutdown, collapse

Sympathetic/Dorsal Survival  
Freeze (“deer in the headlights”)

### Regulated States

Regulated Sympathetic = Play  
Ventral + Sympathetic

Regulated Dorsal = Stillness  
Ventral + Dorsal

Ventral

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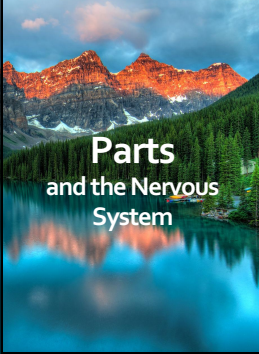
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**Parts and the Nervous System**

- 1 Parts are *not* states
- 2 Parts can live in states
- 3 Parts can make strategic use of survival states
- 4 Parts can make strategic use of regulated states
- 5 Parts can be affected by and react to states
- 6 Parts "have their own nervous systems"

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**Ventral Vagal Pathway**

**Safety & Connection**

Newest pathway	Unique to mammals
Supports being in safe engagement with others	Responds to cues of safety
Feel safe, connected, calm, social	Our Self-energy can facilitate client's returning to this state

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**Self / Self-Energy**


Emergent Quality of Ventral?

Qualities that emerge/become accessible when parts open space (8 C's) are also emergent qualities of VV activation.

- Curiosity, compassion
- Deb Dana: "We have a home in ventral."
- IFS: "This is who I really am. This is my Self."

IFS is a **constraint-release** model

- Self present/undamaged in everyone but may be obscured by energy and burdens of parts
- Help clients access Self through unblending and healing/unburdening
- PVT (Deb): "Ventral is where our nervous system longs to be. Our job is to uncover the pathways that take us back there."



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Self-Energy	Ventral Vagal Activation
<ul style="list-style-type: none"> <li>• <b>8 C's:</b> Curiosity, Compassion, Connectedness, Clarity, Courage, Calm, Creativity, Confidence</li> <li>• <b>5 P's:</b> Presence, Patience, Persistence, Perspective, Playfulness</li> <li>• Openness/spaciousness in chest</li> <li>• Open-heartedness</li> <li>• Energy running down arms into hands</li> <li>• Sense of connection to all around you</li> <li>• Clear mind</li> <li>• Sense of ease in the body</li> <li>• Sense of being completely present</li> </ul>	<ul style="list-style-type: none"> <li>• Curiosity, Compassion</li> <li>• Grounded in realism but aware of possibility and options</li> <li>• Can reach out for &amp; offer support</li> <li>• Feel safe</li> <li>• Able to communicate effectively</li> <li>• Able to adapt more easily to changes (go with the flow)</li> <li>• Open for connection to Self, others, the world, and spirit</li> </ul>

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Critical Mass of Self	
<p>Anchor in Ventral</p> <p>May have to start with therapist's Self</p> <p>Can go to Sympathetic or Dorsal while anchored in Ventral</p> <p>New experience: parts in extreme roles/states connected to Self</p> <p>Makes even the deepest work safe and possible</p> <p>Makes the work effective, rather than damaging or retraumatizing</p>	

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HOW ARE YOU **FEELING** TOWARD THE [PART]?

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WORK PROCEEDS MORE SMOOTHLY AND WITH LESS RESISTANCE IF YOU



**IFS – Access at Least a Critical Mass of Self**

- Prioritize Self-to-Part relationship
- Information/content less important than connection
- Make sure connection established in both directions
- Work unfolds more smoothly and with less resistance
- Circle back to this step whenever needed

**PVT – Anchor in Ventral Before Visiting Survival States**

- Stories emerge from states
- Enter process at state rather than fight against it
- Micromoments of regulation help survival relax
- Stories, feelings, behaviors begin to shift organically

**Slower can be Faster**

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**The Vagal Brake**

- 1** Ventral vagal circuit to the pacemaker of the heart – medulla (in brainstem) to sinoatrial node of heart
- 2** Speeds up and slows down heartrate
- 3** Allows access to more sympathetic energy
- 4** *Not a survival response* – still regulated by ventral, feel safe
- 5** Can respond rather than react – do what is needed in the moment

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**The Vagal Brake**

Becoming Active Operators of our Nervous Systems


Vagal brake may not work as efficiently if consistent co-regulation opportunities were not available in childhood.




Keeps us between sympathetic and ventral (regulated sympathetic)



Vagal Brake releases somewhat to allow in some sympathetic energy to meet demands of moment/task.



Vagal Brake engages, heart rate slows



Vagal Brake Disengages

- HPA axis engaged (cortisol & adrenaline)
- Sympathetic Survival State

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## IFS PERSONAL TRAINING FOR THE NERVOUS SYSTEM

### Repeated Opportunities for Neural Exercise



- Increase access to Self-Energy through:
  - Unblending (Anchor in Ventral)
  - Befriending (Glimmer to Glow)
  - Healing of Exiles (Retrieving wounded parts from existing in survival states)
  - Helping protectors shift into preferred roles (Releasing protective parts from being in or using survival energy)

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## IFS PERSONAL TRAINING FOR THE NERVOUS SYSTEM

- Tone Vagal Brake/Improve its Efficiency
  - Helps us access mobilizing energy when needed
  - Help us decrease sympathetic activation when not needed
- Makes it easier to find our way home (Self/Ventral)
- **Appropriate amount** of challenge for ANS

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### Three Essential Elements



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*"Befriending is learning to **tune in and turn toward** autonomic state and story with curiosity and self-compassion."* – Deb Dana



## Befriending

Glimmer to Glow



- Extending curiosity/compassion to target part
- How is part responding?
- Establishing bi-directional connection
- Inviting part to share
- How is client reacting to part's sharing?
  - If more Self-energy → extend to part
    - Appreciation, gratitude, compassion
    - Honoring part for its intention and service (protector)
- Allowing part to take in presence of Self and not being alone anymore

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### How Can PVT Help us Implement IFS More Safely and Effectively?

- 1 More safely → More effectively
- 2 Deeper understanding of why and how our Self-led presence facilitates healing
- 3 Deeper understanding of why we respect protectors
- 4 Pacing, Timing, & Choice of Interventions
- 5 Appropriate level of challenge for nervous system; Repeatedly exercising and toning Vagal Brake

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If you would like to access other **IFS live and on-demand workshops** and **podcast episodes**, including my interview with Deb Dana on IFS and Polyvagal Theory

Please subscribe on my website:

**DrAlexiaRothman.com**



My cat, Tamino ©  
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