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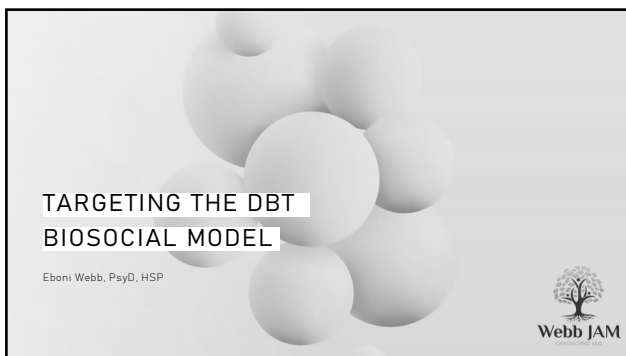
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- Understand DBT in the context of the biosocial model regarding pervasive emotional dysregulation disorders
- Understand the impact of trauma on the developing mind
- Develop a conceptualization plan that focuses on key biological and attachment factors within the framework of DBT



### LEARNING OBJECTIVES

Targeting the Biosocial Model 4

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## The Biosocial Model of Emotional Dysregulation

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## BORDERLINE PERSONALITY DISORDER

### Key Characteristics

### Attachment Disturbances

Pattern of Impulsivity	Instability in interpersonal relationships
Instability in life	Hypersensitive to abandonment
Unstable self-image and emotions	Pattern of undermining success in relationships



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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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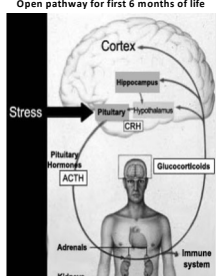
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### HYPOTHALAMIC PITUITARY ADRENAL AXIS

Open pathway for first 6 months of life



#### Excessive Cortisol Effects

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



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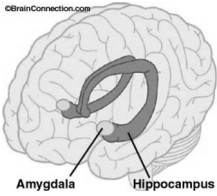
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### AMYGDALA: FIGHT, FLIGHT, AND FREEZE



**Features**

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

©BrainConnection.com  
Webb JAM

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### WHAT HAPPENS DURING A STRESS RESPONSE?




**Blood Flow Decreases**

- Frontal Lobe
- Nondominant Hemisphere



**Sensory System Activates**

- Hypervigilance
- Heightened 5 senses



**Blood Flow Increases**

- Heart
- Extremities
- Decreases to Gut
- Digestive Issues

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- 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)

Targeting the Biomedical Model  
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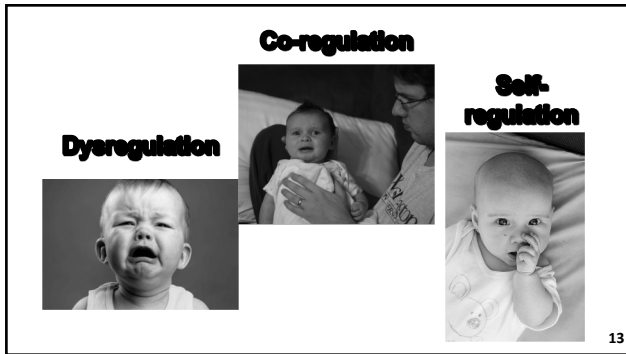
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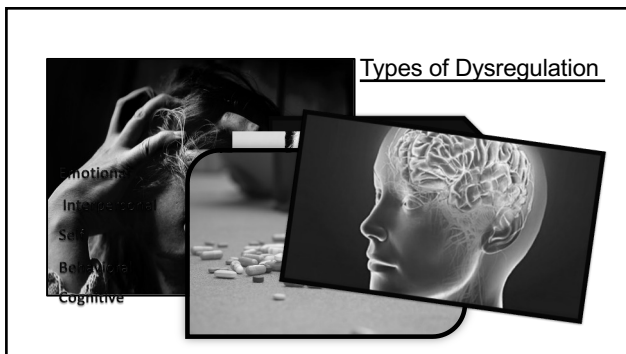
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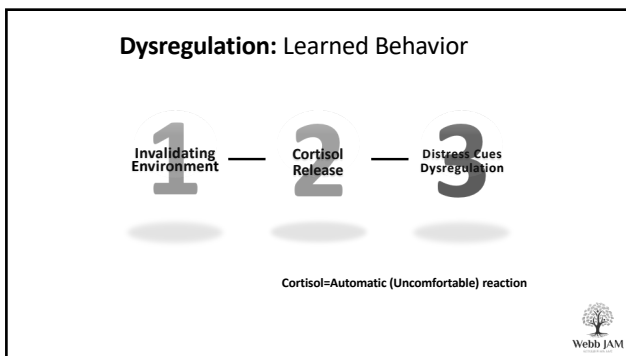
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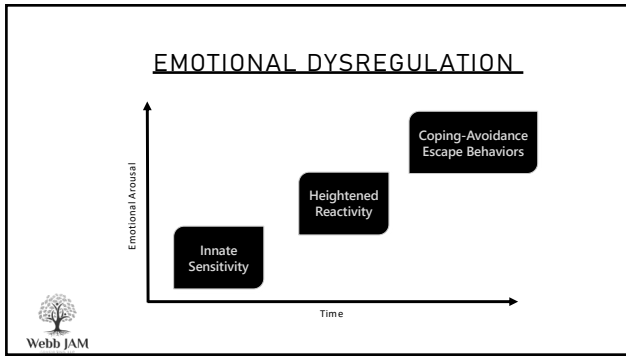
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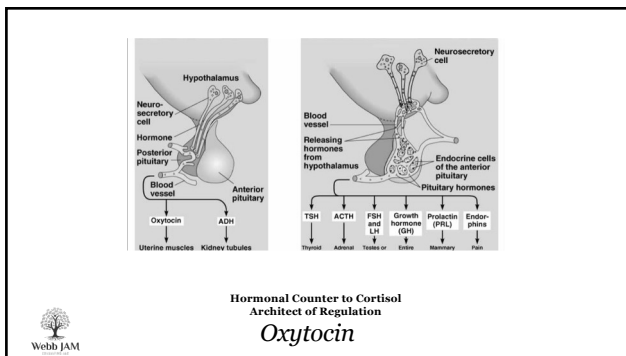
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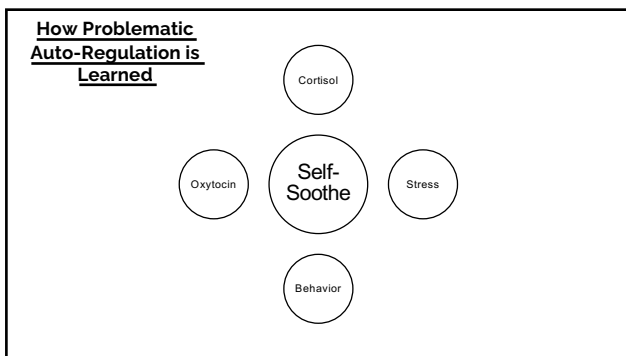
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### TREATMENT TARGETS TO INCREASE OXYTOCIN WITHOUT PROBLEM BEHAVIORS

- 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

- Build Positive Experiences
- Self-Soothe
- IMPROVE the Moment
- DISTRACT
- Nonjudgmental Stance
- Mindful Breathing
- GIVE



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### Social Engagement System

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



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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
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#### 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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HEALTHY ATTACHMENT

From Bowlby and Beyond

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ATTACHMENT GOAL  
SECURE AND AUTHORITATIVE PARENTING  
PRODUCES  
AUTONOMOUS AND INTERDEPENDENT ADULTS

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**ATTACHMENT  
RULE**

ATTACHMENT IS  
NOT FIXED OR  
ABSOLUTE.  
GROWTH AND  
CHANGE ARE  
DRIVEN BY ONE'S  
SEASON OF LIFE.



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Self- Concept	Affect Regulation
Cognition	Behavioral Regulation

**DEFINITION:  
ATTACHMENT**

"AN IN-BORN SYSTEM IN THE  
BRAIN THAT EVOLVES IN  
WAYS THAT INFLUENCE AND  
ORGANIZE MOTIVATIONAL,  
EMOTIONAL AND MEMORY  
PROCESSES WITH RESPECT  
TO SIGNIFICANT CAREGIVING  
FIGURES." (BOWLBY)

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How do we live and thrive as humans? (Bowlby to Ainsworth)



**Secure Base**  
Seeking, monitoring, and attempting to  
maintain connection to a protective  
attachment figure.



**Safe Harbor**  
Fleeing to an attachment figure when in  
situations of danger or alarm



**Proximity Maintenance**  
Attunement, presence, accountability,  
direction, protection, correction, and  
connection.

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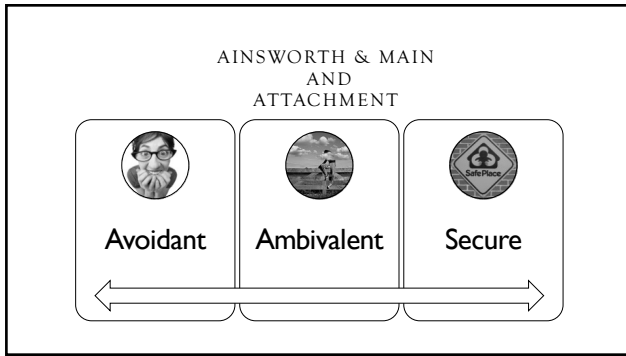
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**THE STRANGE SITUATION  
SECURE ATTACHMENT**

- Reunion behaviors are more insightful than separation behaviors.
- Immediate reassurance from the return of their secure base (distress is natural and expected at separation).
- Reconnection prompts return to independent exploration and play.
- Child Behaviors: Flexibility and resilience
- Secure Parent = Sensitivity, attunement, acceptance, cooperation and emotional availability



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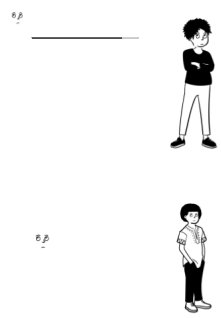
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**THE STRANGE SITUATION  
AVOIDANT ATTACHMENT**

- Reunion behaviors are more insightful than separation behaviors.
- Apparent lack of distress should not be mistaken for calm. Superficial indifference is a trauma defense.
- Reconnection displays active rejection of bids for connection by parent resulting in limp physical connection.
- Parent Behaviors: Withdraw and Rebuff
- Avoidant Parent = Inhibited emotionality, aversion to physical contact, and brusqueness



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### THE STRANGE SITUATION AMBIVALENT ATTACHMENT

- Reunion behaviors are more insightful than separation behaviors. Looking for their absent parent even when the parent is present.
- Two presentations: Angry or Passive
- Reconnection displays overt bids for connection and expressions of rejection (e.g. full-blown tantrums, leaning away, etc.) to implicit bids for solace displayed in helplessness and misery. Lack of exploration. Parent Behaviors: Unpredictable and Intermittently available
- Ambivalent Parent = Inconsistent signaling, neither verbal or physically rejecting while discouraging autonomy



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

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### AINSWORTH & MAIN INFANT TO ADULT

			
Secure/Autonomous	Preoccupied	Dismissing	Disorganized



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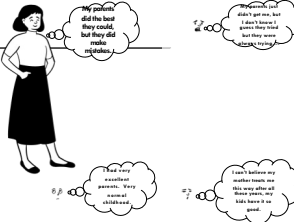
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### ADULT STATE OF MIND WHAT TO LOOK FOR

- Secure: Values attachment, objective, collaborative, consistent even in unfavorable experiences.
- Dismissing: Inconsistent, high efforts to normalize experiences and relationships, overly generalized and unsupportive or contradictory evidence.
- Preoccupied: Fixated on past grievances often appearing angry, passive or fearful. Long winded and still vague in descriptions.
- Disorganized: Lapses in reasoning and coherent discourse especially when discussing trauma, loss, or abuse. Time is fluid.



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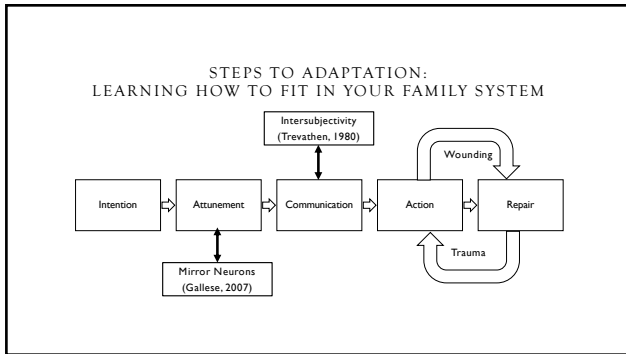
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**Democratic-Authoritative Parenting**  
 High nurturance, expectations, and control  
 Moderate communication

**Abusing-Authoritarian Parenting**  
 High expectations and control  
 Low nurturance and communication

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**Neglecting-Uninvolved Parenting**  
 Low nurturance, expectations, control and communication

**Indulgent-Permissive Parenting**  
 High nurturance, moderate communication, low expectations, and control

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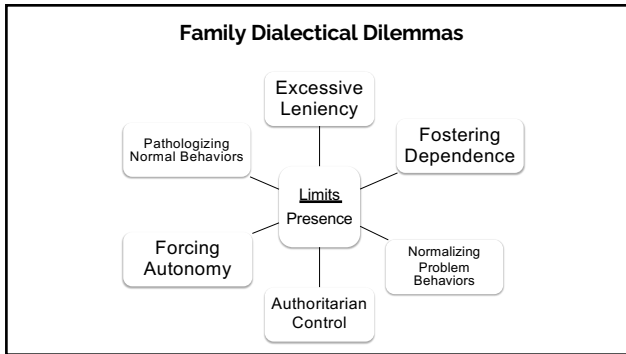
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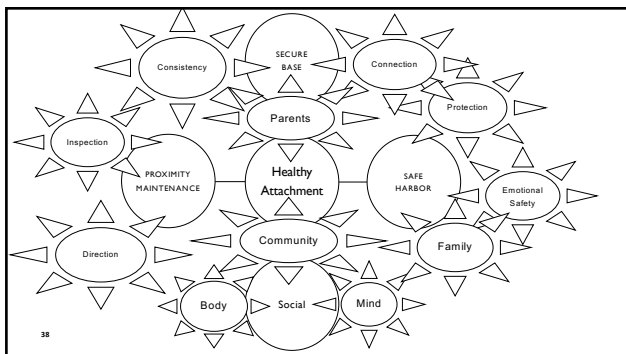
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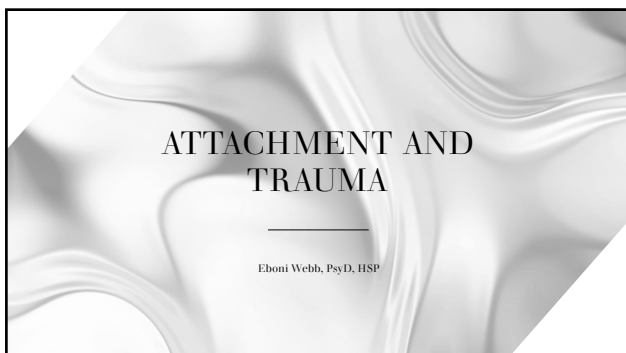
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What is Trauma?




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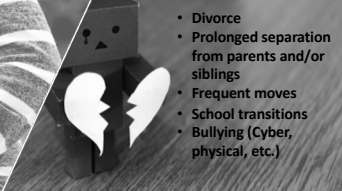
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- In utero assaults
- Delivery difficulties
- Health of both parents during conception
- Mental illness
- Abandonment via adoption
- Learning difficulties



- 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.)

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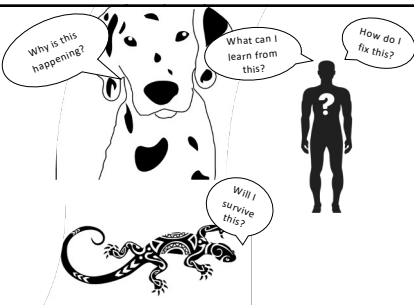
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### The Triune Brain

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




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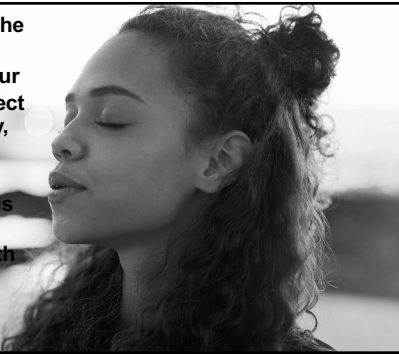
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The vagus nerve is the largest nerve in the body and controls our body's ability to detect danger, sense safety, experience rest/relaxation, and connect socially. It is refined through connection from birth and innervation of touch.

The Polyvagal Theory (Porges, 2011)



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### Neuroception

Safe  


Danger!  


Life Threat  


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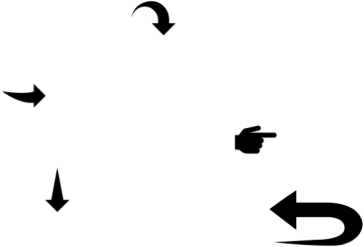
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Attachment vs. Developmental Trauma

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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.

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Unraveling the Trauma Bond

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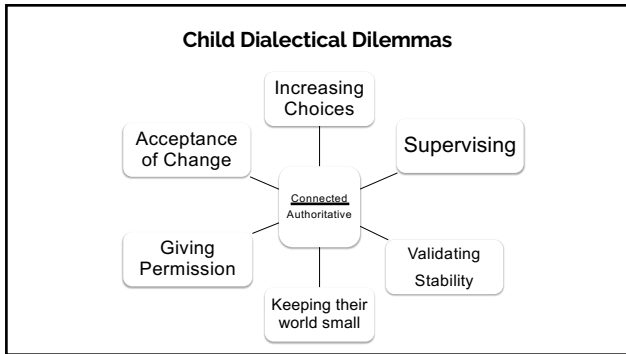
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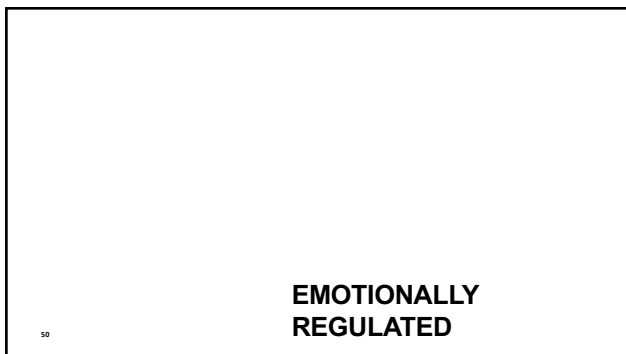
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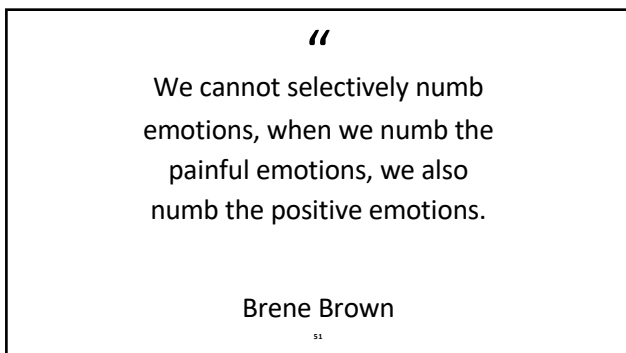
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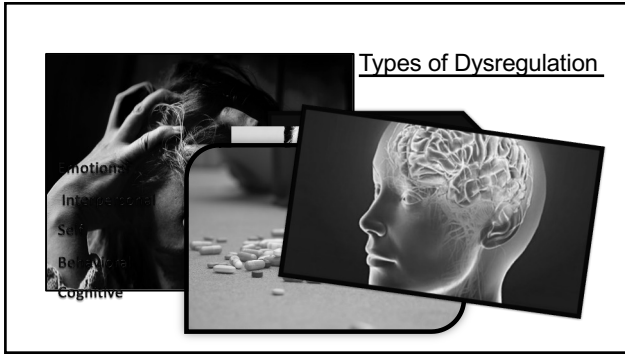
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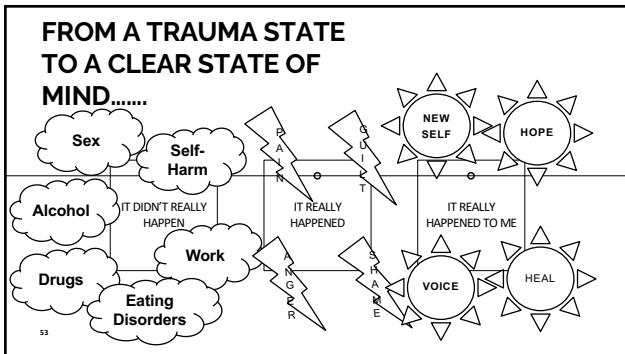
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Repairing the Trauma  
Bond

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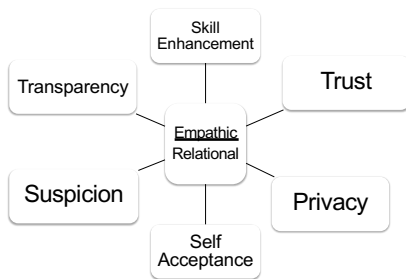
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Adolescent Dialectical Dilemmas



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**RESET  
SURVIVAL  
DEFENSES**

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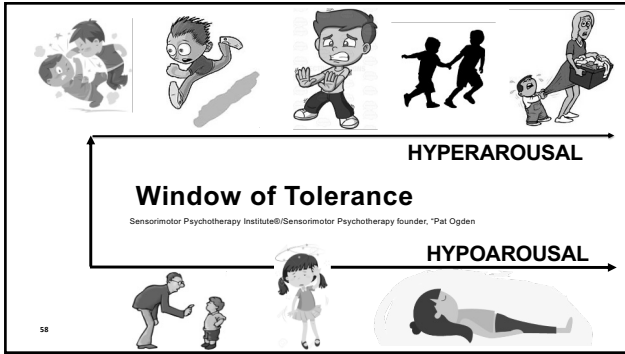
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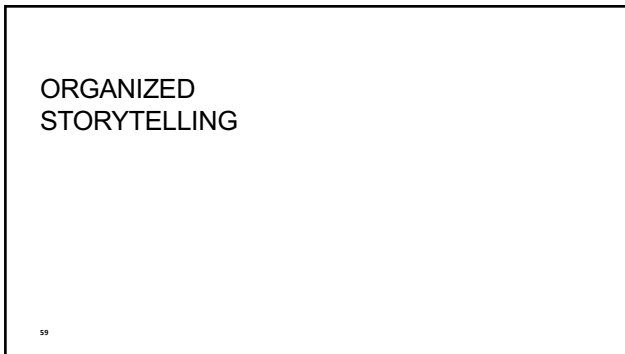
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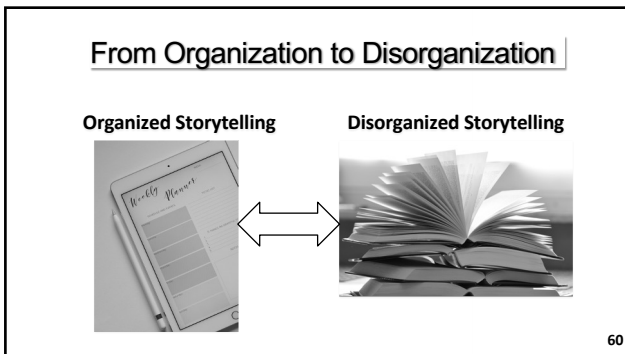
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### How Do We Create Our Stories?

- . Thoughts
- . Emotions
- . Sensations
- . Urges
- . Movements

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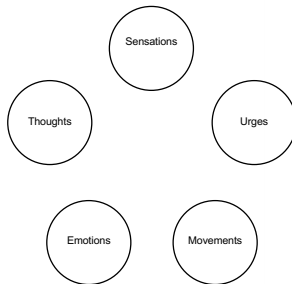
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### How the Brain Organizes Our Experiences



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### What Does Earned Security Look Like?

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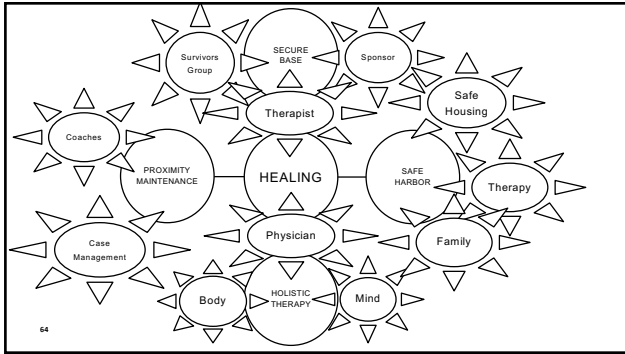
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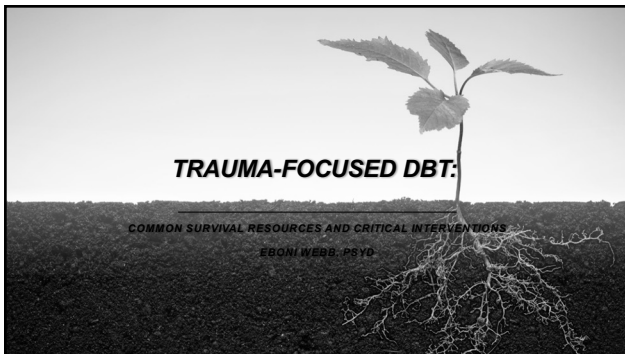
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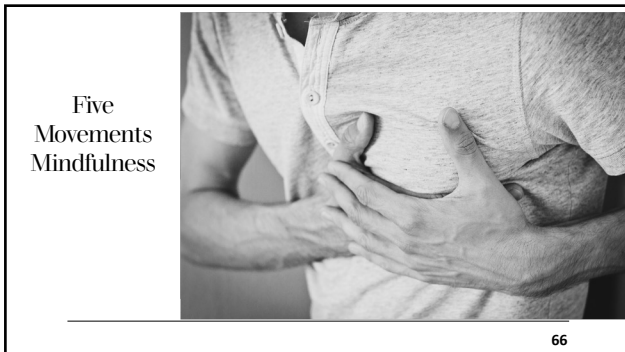
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Learning Objectives

- 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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Let's Practice!

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Recall an event that felt emotionally-charged for you.

Close your eyes and see yourself in the situation with all the emotions and all the details.

Wrap your arms around yourself, head down and allow whatever emotions you have to flow in until you hear the bell chime.

After you hear the chime, sit up and place your hands palms up on thighs.

Practice holding a half smile.

Eyes will remain open.

Lift eyebrows and breathe fully.

Continue recalling the emotionally-charged event until you hear the chime again.

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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)



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# Neuroception

Safe

Danger!

Life Threat

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# 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.

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# Social Engagement System

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



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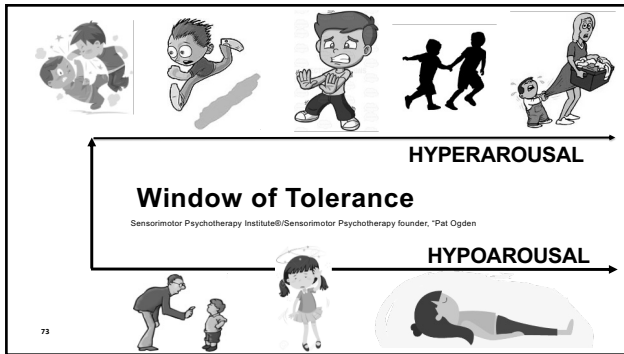
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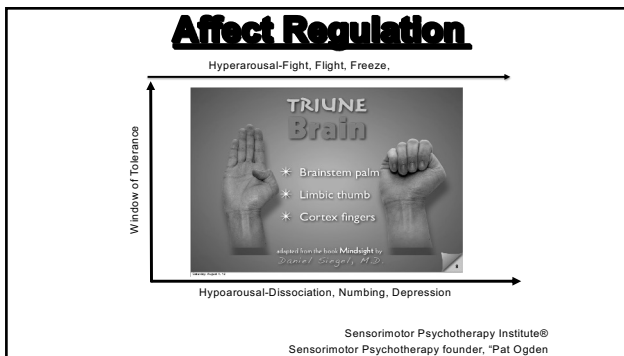
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Emotion	Function	Action Urge
Anger	Boundary, Identity, Injustice	Attack, Define a boundary
Disgust	Protect from contamination/influence	Reject, Separate
Envy	Obtain something not currently possessed	Obsess, Aspire
Fear	Survival, Life Threat	Survival 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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## Oxytocin

Hormonal Counter to Cortisol  
Architect of Regulation

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### Treatment Targets to Increase Oxytocin Without Problem Behaviors

- 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

#### DBT Skills

- Build Positive Experiences
- Self-Soothe
- IMPROVE the Moment
- DISTRACT
- Nonjudgmental Stance
- Mindful Breathing
- GIVE

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### Signs of cPTSD: What to Look For

Self-Invalidation

- Self-hate/criticism of ethnicity, culture
- People-pleasing/assimilation behaviors
- Perfectionism/Procrastination/Proving worth

Emotional Vulnerability

- Anger, Bitterness Towards Others
- Fragility, Vulnerability

Traumatized Experiencing

- Active avoidance
- Passive avoidance, dissociation

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### How to Help

Self-Invalidation

- Modeling and owning failure
- Communicating validation

Emotional Vulnerability

- Teach culturally-sensitive body positivity and self-care
- Create a safe environment for dialogue

Traumatized Experiencing

- Model Emotions
- Display authentic reactions without minimizing

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Signs of  
cPTSD:  
What to  
Look For

Unrelenting Crises

- Uncontrollable Events (e.g. COVID-19)
- Ongoing televised racial trauma
- Constant trauma cues in family of origin

Active Passivity

- Willfulness, Demandingness
- Helplessness

Apparent Competence

- Disconnect between verbal and non-verbal behavior
- Contextual Competence (mood/situational)

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How to Help

Unrelenting Crises

- Control the Controllable in the Safe Harbors
- Establish curfews and limit access to media outlets without supervision and increase dialogue

Active Passivity

- Cheerlead
- Encourage problem-solving
- Establish deescalating space

Apparent Competence

- Highlight effective behaviors observed
- Lose the assumption of how the loved one "should" behave in all contexts based upon one.

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Whole Body Healing

"Pain is important: how we evade it, how we succumb to it, how we deal with it, how we transcend it." Audre Lorde



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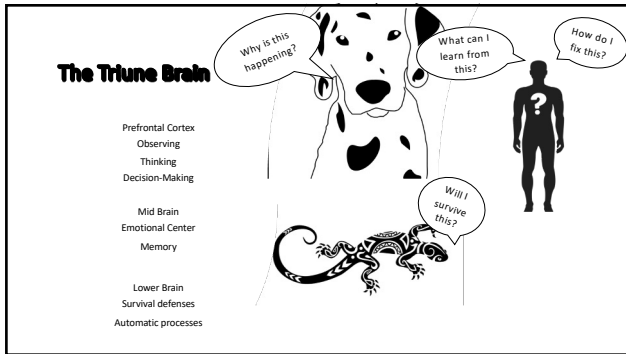
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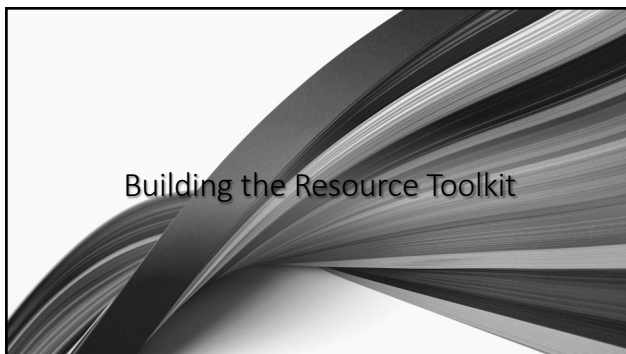
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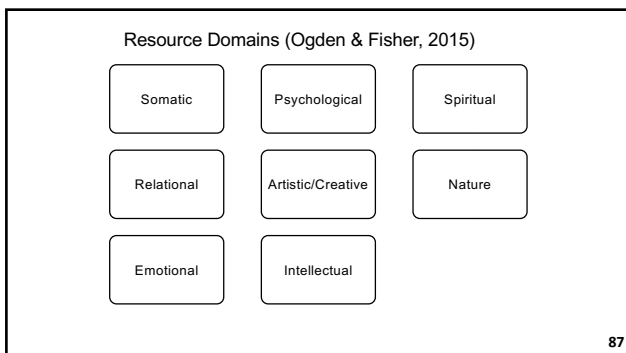
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## Somatic

- Internal
- External

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## Relational

- |  |                    |
|--|--------------------|
| Internal   | External           |
| ◦ Sense of "love and belonging" (Brown)          | ◦ Friends          |
| ◦ Ability to reach out and experience connection | ◦ Family           |
| ◦ Establishing healthy boundaries                | ◦ Mentors          |
|  | ◦ Spouses/Partners |
|  | ◦ Pets             |

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## Emotional

- |   |   |
|---|---|
| Internal  | External  |
| ◦ Access to the full range of emotions, expressions, and sensations | ◦ Relationships to give and receive emotional support   |
| ◦ Ability to modulate high to low arousal                           | ◦ "Sister or Brother"-circles                           |
| ◦ Ability to tolerate intensity of emotionality                     | ◦ Activities that elicit high and low emotional arousal |

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Intellectual

- Internal

  - Creative thinking
  - Dreaming
  - Imagination
  - Learning
- External

  - School
  - Classes
  - Study groups
  - Puzzles
  - Books

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Artistic/Creative

- Internal

  - Capacity to access creative processes
  - Imagination
  - Vision
- External

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

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Material

- Internal

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

  - Jobs
  - Home
  - Comfortable bedding
  - Life hacks

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## Psychological

- |                        |                         |
|------------------------|-------------------------|
| Internal               | External                |
| ▫ Strong sense of self | ▫ Access to a therapist |
| ▫ Self-awareness       | ▫ Workbooks             |
| ▫ Esteem               | ▫ Manuals               |
| ▫ Compassion           | ▫ Support groups        |
| ▫ Nonjudgmental        |                         |
| ▫ Resiliency           |                         |

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## Spiritual

- |   |                        |
|---|------------------------|
| Internal  | External               |
| ▫ Ability to develop connection with a Someone or Something greater than one's self | ▫ Meditation           |
| ▫ Capacity to connect with one's own spiritual essence                              | ▫ Contemplative Prayer |
|   | ▫ Shabbat              |
|   | ▫ Spiritual mentors    |

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## Nature

- |   |                      |
|---|----------------------|
| Internal  | External             |
| ▫ Utilizing your senses to take in the world around you | ▫ Gardens            |
| ▫ Sensory bathing                                       | ▫ Parks              |
|   | ▫ Hiking             |
|   | ▫ Plants in the home |

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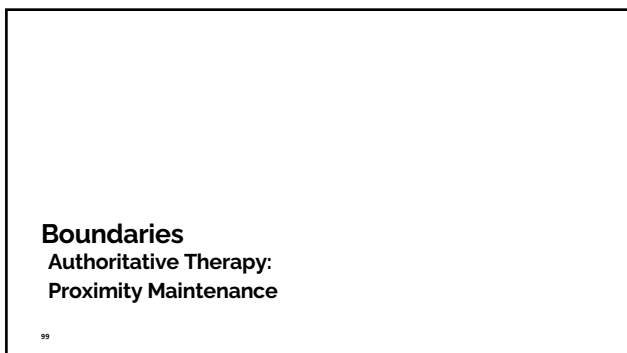
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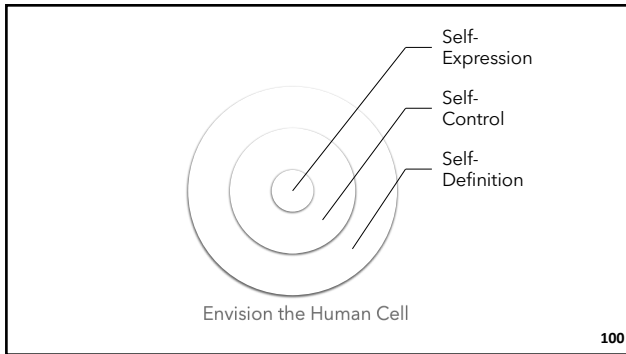
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**Boundaries (Limits)**  
**Core Assumptions**  
**(Pederson, 2011)**

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

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**Boundary (Pederson, 2011)**

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

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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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### **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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Safe Spaces to Heal

Authoritative Home Life

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Healing Environments

Windows

Lighting

Smells

Fidgets

Food

Weighted blankets

Spacing

Security

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- Validation is the non-judgmental acknowledgement of a person's experience
- Validation creates the conditions of acceptance that usually precede change
- As a rule, start with validating the person, and return to validation when the person is "stuck."

Validation:

The Keys to the Kingdom

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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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### 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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### 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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Questions?

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Thank-You

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