



Child & Adolescent Complex Trauma Conference
August 7th & 8th, 2019
Manchester, Vermont

Neuropsychotherapy as tool in working with
Complex PTSD in Children who have been
affected by “ Invisible” Attachment Trauma.

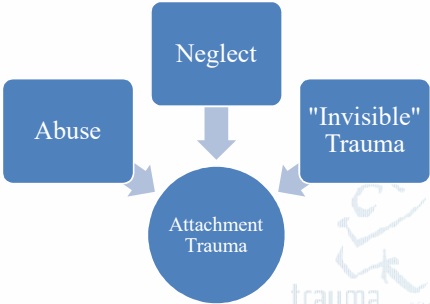
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“ Invisible” Attachment Trauma



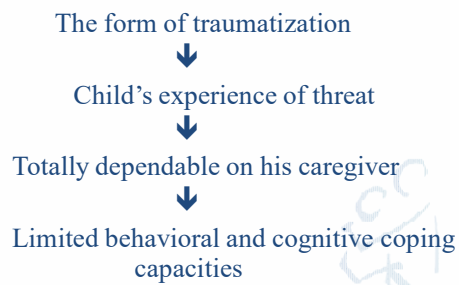
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Attachment Trauma



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“Invisible” Attachment Trauma

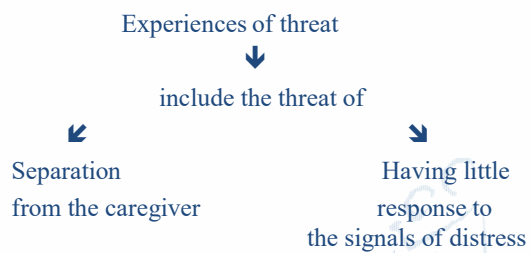


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“Invisible” Attachment Trauma

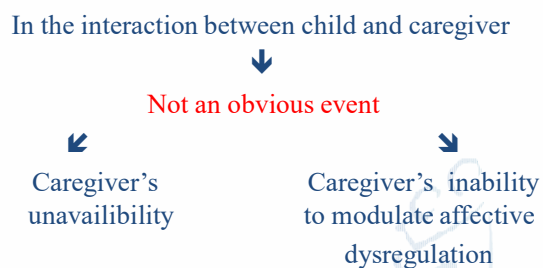


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“Invisible” Attachment Trauma

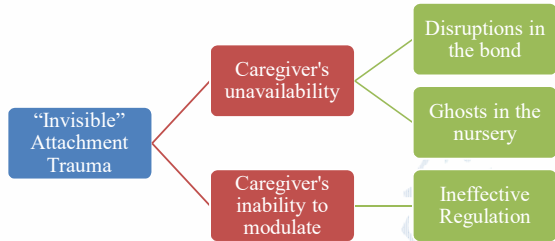


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"Invisible" Attachment Trauma



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Disruptions in the Attachment Bond



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Disruptions in the Attachment Bond

- Fear of abandonment is among the most anxiety-provoking situations in childhood
- Bowlby
 - Continious relationship



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Physical Inaccessibility

- Forced separation very early in life from the primary caregiver
- Prolonged separation resulted from parental illness
- Early loss of primary caregiver
- Changes in primary caregiver
- Or other family disruptions: divorce

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Psychological Inaccessibility

- Psychological/ emotional disruptions:
 - Inappropriate response
 - Stressful life episodes
 - Suicide threat
 - Parent psychopathology
 - Relationship problems

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Ghosts in the Nursery



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Caregiver's Unavailability Ghosts in the Nursery (1975)

- Selma Fraiberg (1918–1981)
 - Child psychoanalyst, author and social worker.
- Parents unresolved trauma- and attachment history
- Parent's lack:
 - Reflective functioning
 - Mentalization

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Caregiver's Unavailability Ghosts in the Nursery

– Reflective functioning:

- Reflect upon their own history (trauma, attachment)
- Influence
- Trigger



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Caregiver's Unavailability Ghosts in the Nursery

– Mentalization (Fonagy)

- A theory of mind (ToM)
- Oneself and others as psychological
- Mirroring
- Sense of self



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Ineffective Regulation



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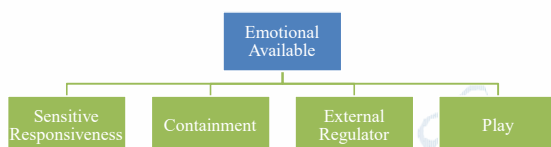
Attachment Theory as a Regulatory Theory

- Regulatory theory (Allen Schore)
- Mother as external regulator
- Be attuned to the internal state
- Able to regulate the own arousal state
- Down- Up regulate

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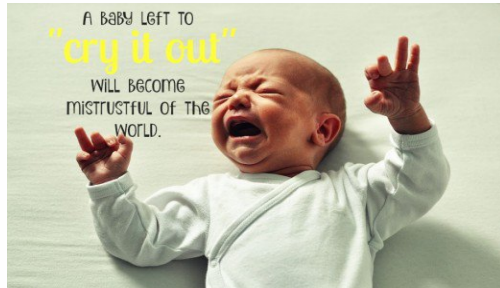
Effective Regulation = Emotional Available



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Effective Regulation Sensitive Responsiveness



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Effective Regulation Sensitive Responsiveness

– Sensitive Responsiveness

- Ainsworth and others (1974)
- The infant's point of view

– Four essential components:

- Her awareness of the signals
- An accurate interpretation of them
- An appropriate response to them
- A prompt response to them



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Effective Regulation Containment

– Containment (Bion, 1959)



- Receive and understand
- Without being overwhelmed by it
- Communicates back

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Effective regulation = Emotional available

- Emotional available:
- Mother as external regulator

-Play



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You can spend a
lifetime trying to
forget a few minutes
of your childhood.



HealthyPlace.com

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PTSD: Misdiagnosis

- PTSD diagnosis does not capture the developmental effects of complex trauma exposure
- C- PTSD is often misinterpreted as:
 - ADHD/ ODD/ RAD/Anxiety- eating- sleep disorder/ Depression...
- These diagnoses captures a limited aspect of:
 - Complex self-regulatory
 - Complex relational impairments

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C- PTSD

- Rarely a single traumatic event
- Rather several episodes of traumatic exposure
- To sustained, repeated or multiple traumas
- In early childhood years
- Interpersonal
- Result in a complex symptom presentation
 - Posttraumatic stress symptoms
 - Disturbances in
 - Affective
 - Interpersonal self-regulatory capacities

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Eight Contributing Factors to the Development of C- PTSD

- Intensity, duration and timing
- Genetics
- Environment
- In- utero influence
- Family dynamics
- Modeling
- Presence of learning disabilities
- Lack of resilience factors.

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Differences Between PTSD and Complex PTSD

Differences Between PTSD / Complex PTSD

PTSD	Complex PTSD
One or few trauma, short lived trauma	Chronic inter-personal trauma caused by abuse, neglect in captivity, child abuse
Visual & Somatic flashbacks	Visual, Somatic & Emotional Flashbacks
Avoidance of Triggers, Isolating	Avoidance of triggers & relationships, Chronic Isolation
Nightmares about trauma, sleep disturbance	Nightmares/night terrors, chronic insomnia, major sleep disturbance
Dissociation issues may occur	Several dissociation disorder types
Hypervigilance about environment	Hypervigilance about environment & about people - need to work people out
Anxiety & Depression, some difficulty in emotion regulation	Considerable difficulty with emotion regulation, abandonment depression
	Self perception - helplessness, severe shame, guilt, feeling different to others
	Fear of trust, repeated search for rescuer, loss of faith, despair
	Distorted perceptions of perpetrator, pre-occupied with perpetrator

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Healing From Complex Trauma & PTSD/CPTSD
Website @ www.healingfromcomplextraumaandptsd.com/

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Seven Primary Domains of Impairment in C- PTSD

SIDEBAR 1

Domains of Impairment in Children Exposed to Complex Trauma

I. Attachment	II. Dissociation	III. Cognition
Problems with boundaries Distrust and suspiciousness Social isolation Interpersonal difficulties Difficulty attuning to other people's emotional states Difficulty with perspective taking	Distinct alterations in states of consciousness Amnesia Depersonalization and derealization Two or more distinct states of consciousness Impaired memory for state-based events	Difficulties in attention regulation and executive functioning Lack of sustained curiosity Problems with processing novel information Problems focusing on and completing tasks Problems with object constancy Difficulty planning and anticipating Problems understanding responsibility Learning difficulties Problems with language development Problems with orientation in time and space
IV. Biology	V. Behavioral control	VII. Self-concept
Sensorymotor developmental problems Anxiety Problems with coordination, balance, body tone Somatization Increased medical problems across a wide span (eg. pelvic pain, asthma, skin problems, autoimmune disorders, preadolescence)	Poor modulation of impulses Self-destructive behavior Aggression toward others Pathological self-soothing behaviors Sleep disturbances Eating disorders Substance abuse Excessive compliance Oppositional behavior Difficulty understanding and complying with rules Reenactment of trauma in behavior or play (eg. sexual, aggressive)	Lack of a continuous, predictable sense of self Poor sense of separateness Disturbances of body image Low self-esteem Shame and guilt
VI. Affect regulation		
Difficulty with emotional self-regulation Difficulty labeling and expressing feelings Problems knowing and describing internal states Difficulty communicating wishes and needs		

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"Invisible Attachment Trauma" Consequences

- Attachment: Disorganized attachment style
- Dissociation
- Relational: Drama triangle (IWM)
- Affectregulation
- Cognition
- Body
- Neurobiology
- Sense of self

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" Invisible Attachment Trauma" and C- PTSD

- Overlap with C- PTSD
 - Interpersonal stressor
 - Multiple
 - Repeated
 - Cumulative
 - Developmentally vulnerable times
- Early stage:
 - The impact on the brain
 - Developmentally
 - Margret Mahler: Individuation –Separation model
 - Erickson's 8 Stages of Sociopsychological Development

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The Neurobiology of Attachment



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Brain Development

Importance of Relationships

- Attachment relationship and the brain
 - Early relational experiences
 - The attachment relationship
 - The nurturing interaction
 - » normal maturation of the brain and the brainsystems that mediate the coping capacity
 - » nervous system
 - » child's sense of self
- Regulatory theory
- Mother as external regulator of the internal world of the child

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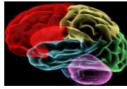
Brain Development in Childhood

Neurological principles:

- The brain develops in a sequential and hierarchical fashion
- Critical period concept
- Experience-dependent
- Use-dependent
- Neuroplasticity of the brain

The Neurobiology of Attachment Trauma

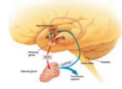
Reaction to Trauma



Multiple Brain Regions
(PFC, Amygdala)



Autonomic
Nervous
System



Hypothalamic -
Pituitary-Adrenal Axis

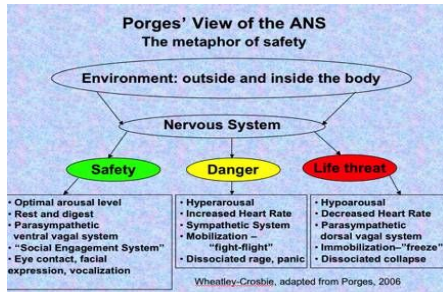
The Neurobiology of Trauma Prefrontal Cortex .

- Brain regions in the prefrontal cortex → increased risk to the effects of trauma
- These brain regions → development of executive function
 - which refers to a variety of interrelated abilities
 - Attention
 - Working memory
 - Self-regulatory and monitoring skills
 - Behavioral inhibition
 - Cognitive processing speed

The Neurobiology of Trauma Amygdala

- The amygdala = anxiety center
- "Invisible" attachment trauma → anxiety
- The amygdala is over- stimulated
- Less neural connections between deeper brain structures and the prefrontal cortex
- The organism is constantly "alert".

The Neurobiology of Trauma Autonomic Nervous System



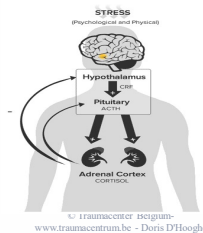
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The Neurobiology of Trauma HPA- axis

- With repeated exposure to stressors, the organism habituates to the stressors with repeated and sustained HPA axis activation.



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Neuropsychotherapy

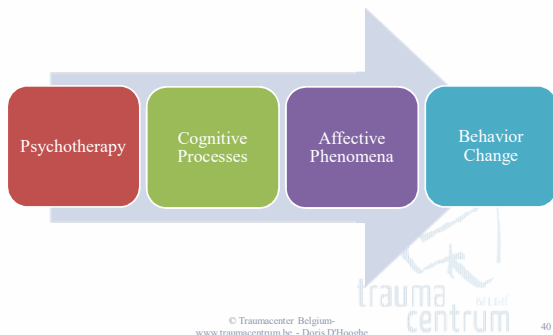


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Shift in Psychotherapy



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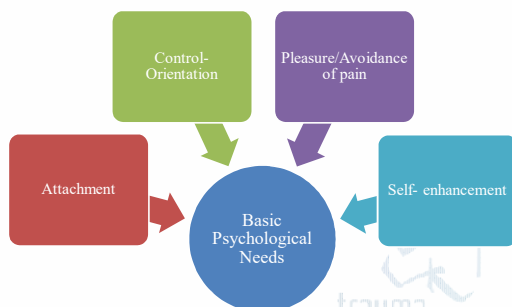
What is Neuropsychotherapy?

- Neuropsychotherapy is:
 - An integrative approach to therapy
 - Takes into account the dynamic interplay between the mind, body, social interaction, and the environment on a person's well-being
 - A focus on neuroscientific research.

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Basic Psychological Needs



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Attachment

- The basic need → the physical proximity of a caregiver
- Actual experiences of the caregiver.
↓
- The expectations a child has
↓
- Trust or lack of trust in the availability
↓
- Anxiety
↓
- Attachment patterns

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Attachment

- Attachment patterns
→ the first months of life
→ brain development is extremely rapid
→ the sympathetic nervous system is dominant
→ right-hemisphere limbic learning is critical
↓
- foundation for motivational schemas
↓
- drive behavior

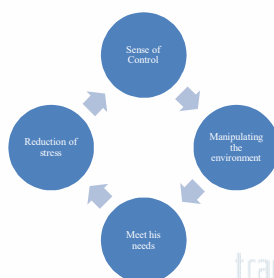
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Orientation and Control

The most fundamental of all needs



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Pleasure Maximisation and Pain Minimisation

- Core need
 - Attain pleasant experiences
 - Avoid unpleasant or painful ones
- Physical, psychological, emotional, or social
- Neurologically is a continual monitoring of our experiences (implicit)
- Depends on both prior experience and momentary state.
- Evaluation triggers an approach or avoidance tendency

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Self- Esteem Enhancement

- “Master sentiment”.
- Self- perception and culturally driven
- One need may be sacrificed for onther need

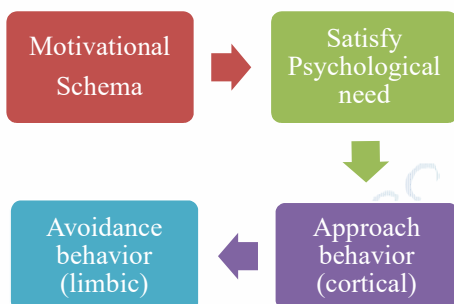


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Motivational Schema

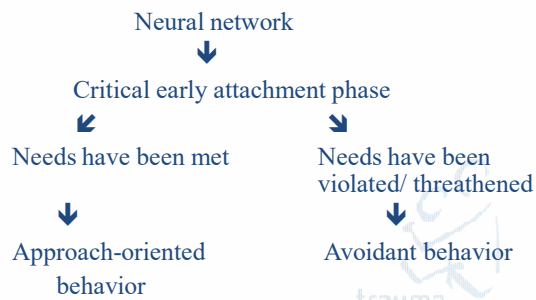


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Motivational Schema



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Motivational Schema

The Two Broad Neuro-Behavioral Systems

Behavioral Activation System

- Orients toward approach goals
- Expend energy to acquire resource
- Focus on "benefit" side of behavioral equation
- Positive affect
- Positive reinforcement
- Left prefrontal

Behavioral Inhibition System

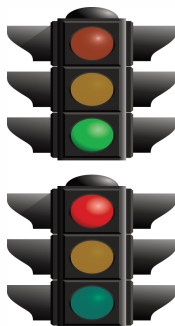
- Orients toward avoidance goals
- Conserve acquired resource
- Focus on cost/loss/threat
- Negative affect
- Punishment and its avoidance (negative reinforcement)
- Right prefrontal

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Neuro- Behavioral Systems



(a) BAS

- Sensitivity to rewards
- Pleasure seeking
- Positive affect
- Linked to extraversion

(b) BIS

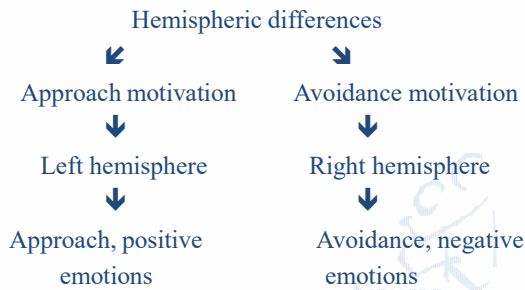
- Sensitivity to punishment or rejection
- Increase in anxiety
- Negative affect
- Linked to neuroticism

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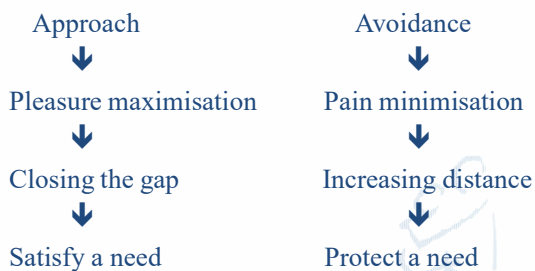
Motivational Schema



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Motivational Schema



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Motivational Schema

- The motivational schemata that are the cause of distress
- The target for change.
- Changed in a therapeutic setting by intersubjective right brain-to-right brain regulation
- Controlled incongruence to shift neural and memory reconsolidation,
- Thereby transforming existing neural networks.

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The Consistency Theory Model Consistency.

- A foundational principle of neuropsychotherapy.
- Consistency :
 - “compatibility of many simultaneously transpiring neural/ mental processes”
- The nervous system function optimally → various elements of the system remain in harmony and not conflicted → harmonious neural flow

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The Consistency Theory Model Inconsistency

- Inconsistency:
 - The incompatibility, disagreement of simultaneously activated mental/ neural processes.
- Internal inconsistency:
 - an individual's experience of the world
 - internal model of the world
 - Beliefs/ expectations/ goals
 - meeting of needs are in conflict

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The Consistency Theory Model Inconsistency

- The human nervous system strives to avoid inconsistency
- Develops various mechanisms → more harmonious state.
- Consistency regulation is predominantly unconscious.
- The mechanisms an individual uses:
 - defence mechanisms
 - coping strategies
 - affect regulation.

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Controllable Incongruence

- Congruence:
 - Harmony between motivational goals and actual perceptions of reality.
- Incongruence:
 - Discrepancies between perception of reality and activated goals, expectancies, beliefs.
 - This incongruence leads towards inconsistency in mental functioning.

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Controllable Incongruence

- Controllable incongruence:
 - Is a situation of incongruence that one believes is within their capacity to cope with.
- The mechanism of change
- Within the therapeutic dyad.

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Uncontrollable Incongruence

- Arousal beyond one's window of tolerance
- A hyperactivated HPA-axis
- Inhibit the formation of new synapses
- Degenerating existing ones
- Inducing changes in various brain regions

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Window of Tolerance

Window of Tolerance



Somatic Signs
Regulation
Repair and clean up
Ease
Grounded/settled
Pain symptoms lower

Mental-Emotional Signs
Calm
Curious
Playful
Relaxed
Relational

Behavioral Signs
Cooperation
Completion of tasks
Spontaneity
Empathy is available
Creativity emerges

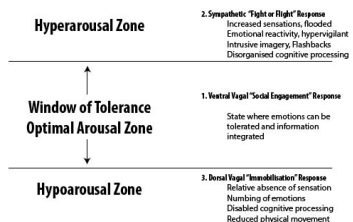
Bandwidth can be very narrow — our goal is to expand it, but first we have to be in it!

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Uncontrollable Incongruence

Window of Tolerance



Adapted from Ogden, Minton, & Pain, 2006, p. 27, 32; Carls, Fisher, & Nutt, 2010, p. 2

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Neuropsychotherapy: Clinical Application

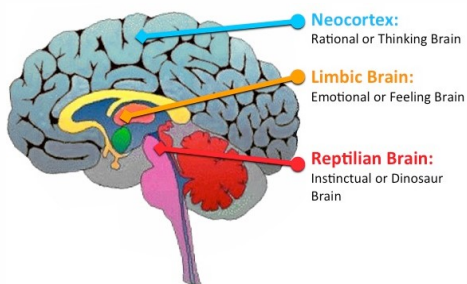
- Reducing any stigma or self-blame
- Establish a “safe” therapeutic alliance
- Focus on strengthening clients’ resources
- Reduce and weaken avoidance goals
- Promote and reactivate positive approach goals
- Satisfy basic needs

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The Triune Brain



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Bottom- up Approach



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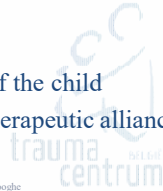
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Bottom- up Approach

- Working with the physiological stress response
- Before the facilitation of effective neural change
- ↓
- Brings change and control over uncontrollable incongruence
- ↓
- Reconstructing the strenghts of the child
- Learned through trust in the therapeutic alliance

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Bottom- up Approach

- Calm and stabilize lower brain and midbrain activation
- Quieting states of hyper- arousal of the SNS
- Promoting stability and reconnection in states of hypo- arousal of the PNS
- It allows :
 - Memory consolidation
 - Integration
 - Increases neural connection
- Leads to self- regulation
- Operate within the window of tolerance

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Safety



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Neuropsychotherapy: Safety

- Safety:
 - Key to the facilitation of approach motivational schemata
 - Activated in terms of meeting basic needs for:
 - Orientation/Control
 - Attachment
 - Pleasure maximisation/ Pain minimisation
 - Self- esteem
 - Provision of external safety is key to neural development and integration

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Safety in a Healing Relationship

- “The core experiences of psychological trauma are disempowerment and disconnection from others.
- Recovery therefore, is based upon the empowerment of the survivor and within the context of relationships.
- Recovery can take place only within the context of relationships; it can not occur in isolation”
(Judith Herman, Trauma and Recovery p. 133)

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A Healing Relationship and the Brain

- Traumatic experiences and therapeutic experiences impact the same brain.
- Limited by the same principles of neurophysiology.
- Traumatic events impact the multiple areas of the brain that respond to the threat.
- Therapeutic interventions must activate those portions of the brain that have been altered by the trauma.

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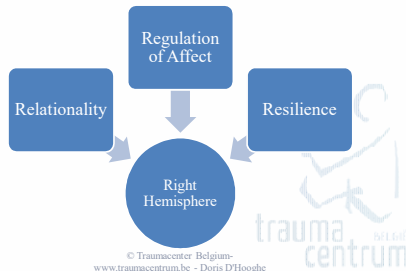
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Right Brain to Right Brain



Importance of the Therapeutic Relationship

- Right brain to right brain therapy
- Allan Schore: 3 R's



Importance of the Therapeutic Relationship

- 3 R's
- Created in the moment by moment interactions between infant and therapist.
- The foundation of all exploration, learning and growth.
- Forming internal working models of
 - Attachment
 - Affectregulation
 - Coping styles.
- Internal secure base

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The Therapeutic Relationship as a Secure Base

- We are wired to connect and we are wired to care. (Siegel, 1999)
 - Experience shapes the brain
 - Therapist is
 - Present emotionally
 - Sensitive
 - Resonate empathically
 - Attuned
 - Containment
- ↓
- Client "feel felt"

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Right Brain to Right Brain Therapist as Attachment Figure

- Therapist = adaptive attachment figure to the client
- Create new experiences of the client's self in relation to the therapist
- Those repeated experiences over time will grow new neural patterns
- Will internalize a secure base



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Safe Therapeutic Alliance



"Doctor, I'm not sure I can trust you."

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Safe Therapeutic Alliance

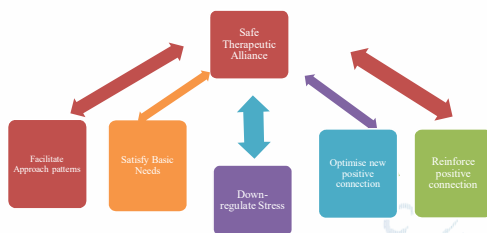
- In the beginning of the work
- Child is hold in a space of trust and security
- Child is in the window of tolerance
- Enables brain natural plasticity
- The therapy becomes more effective

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Safe Therapeutic Alliance



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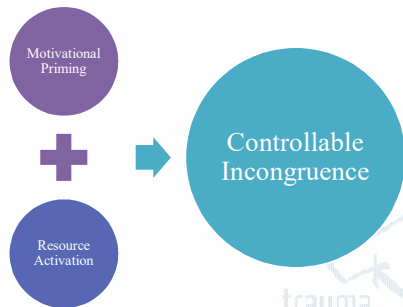
- Come to a controllable incongruence learning state
- Key elements
 - Motivational priming
 - Resource activation
- The feeling of safety is fundamental
- A safe, enriched environment → New neural patterns → Enhanced attachment and control
- Stress reduction

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Controllable Incongruence



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Motivational priming

- Priming of the approach system
- Positive emotional experiences
- Focus on positive need-satisfying experiences of:
 - Orientation/control
 - Attachment
 - Pleasure Maximisation
 - Self-esteem enhancement needs
- Compatible with the client's goals

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Priming of the Approach System

Of central importance to the therapeutic process.

- Dopamine (Neuromodulator)
 - Is the intrinsic motivator and energiser of approach/avoidance schemas
 - Motivates to take action toward goals, desires, and needs
 - It boosts your drive, focus, and concentration.
 - It enables you to plan ahead and resist
 - Dopamine is in charge of your pleasure-reward system.
 - Feelings of enjoyment, bliss, and even euphoria.
- Serotonin (Neuromodulator)
 - Regulate sleep/ mood and digestion
 - Placating, calming effect

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Increasing Dopamine/ Serotonin

- Yoga
- Exercise
- Meditation
- Gratitude
- Touch/ massage
- Music
- Remembering happy events

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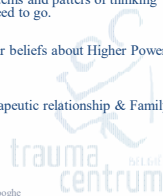


85

Safety

- **Feel as safe as possible:**
 - Physical safety:
 - Means that your body is not in danger.
 - You feel safe in your body
 - Emotional safety:
 - That you are able to identify how you feel and regulate the feelings
 - Mental safety:
 - Means that you are able to choose belief systems and patters of thinking and awareness that get you where you want or need to go.
 - Spiritual safety:
 - When you learn and identify and trust in your beliefs about Higher Power, God.
 - Core Values
 - Relational safety:
 - Feeling safe in relationship with others (therapeutic relationship & Family therapy)

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Safety Connect with the Internal World



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Safety : Connect with the Internal World

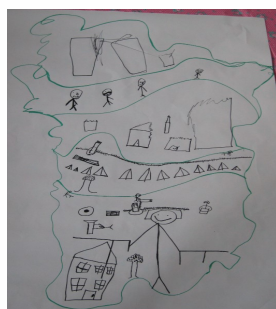
- Internal world as a metaphor for the mind. (Dan Siegel, 1999)
 - Within each of us there is an internal mental world, filled with thoughts and feelings, memories and dreams, hopes and wishes...
- Visualize the Internal world as an island:
 - Let het child draw an island
 - There are 4 States:
 - Body
 - Feelings
 - Thoughts
 - Needs



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Internal World



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Physical Safety: The Body



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FAFA: First Aid for Anxiety

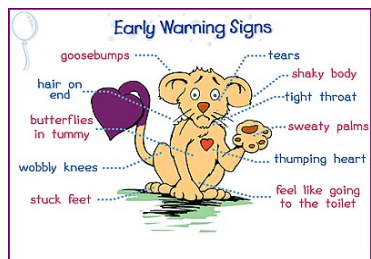
- Grounding
- Breathing
- Here and now
- Dual awareness
- Safe place



91

Physical Safety: The Body

- Recognition



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Physical Safety : Calming the Physiology

- Grounding:



93

Physical Safety : Calming the Physiology

- Grounding: the tree exercise



94

Physical Safety : Calming the Physiology

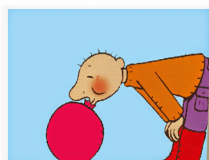
- Diafragmatic breathing



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Physical Safety : Calming the Physiology

- Diafragmatic breathing



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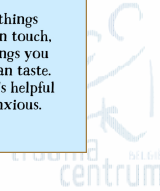
Physical Safety : Calming the Physiology

Feeling anxiety?
Do a "grounding" tool.



Look around you. Find 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste. This is called "grounding." It's helpful to do whenever you feel anxious.

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Safe Place



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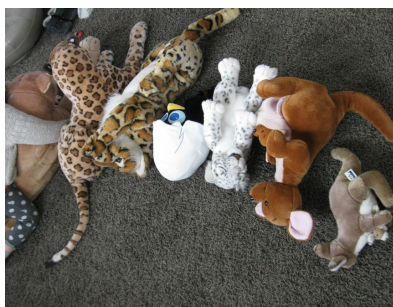
Safe Place Script

- Image an Actual or Imaginary place with positive associations, where s/he feels safe, comfortable, peaceful or calm.
- Enhancement
 - What do you see/ hear/smell/taste/feel
- Say: "I know that I'm safe"
- Say: "I feel safe"
- Which sensations do you experience in your body right now?
- Cue word



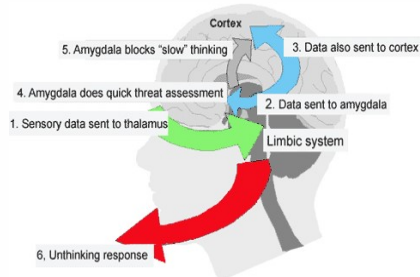
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Safe Place Script



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Triggers



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Dual Awareness

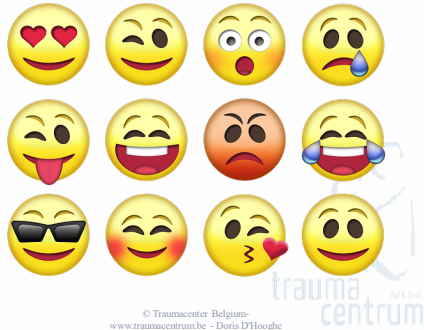
Another Grounding Technique

Dual Awareness Protocol

Right now I am feeling ... <i>Current emotion</i>
And sensing in my body ... <i>3 sensations</i>
Because I am remembering ... <i>Name only</i>
However, I am here now ... <i>Place, date, time</i>
And I can see ... <i>3 things you can see around you</i>
And I can hear... <i>3 things you can hear around you</i>
And I can feel ... <i>3 things you can feel on your body</i>
So I know that ...name only... is not happening anymore.

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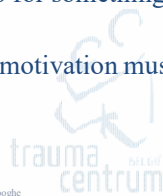
Emotional Safety: Emotions



Develop Self- Control

- The foundation of self-control is trust.
- Learn emotional regulation
- Practice
- Choose to give something up for something you want more
- Self discipline, meaning the motivation must be internal.
- Set empathetic limits

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Emotionregulation

- Affect recognition
 - Affect diary (work backward)
 - Awareness of the feeling



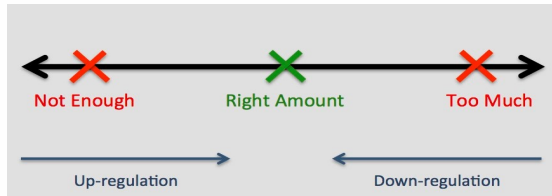
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Emotionregulation

- Name it to tame it!
 - Lists of emotions
- Up or down- regulation



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Emotionregulation

- Down regulation
 - Emotional toolbox
 - Perceive bodily signals (interoceptive sensitivity)
 - Use reappraisal
 - Name the emotion
 - Increase the opposite feeling
 - Changing our bodies (rest)

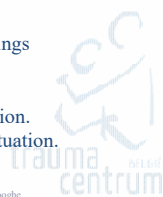


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Emotionregulation

- Up- regulation
 - Focus on humor
 - Think about a positive experience
 - Focus on a certain aspect of the situation
 - Express positive feelings
 - Share your feeling with others
 - Build on positive experiences
 - Increase the number of pleasant things
 - Focus on goals
 - Build a life worth living
 - Changing our appraisals of a situation.
 - Modulating our responses in the situation.



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Emotionregulation

- Expression
- Creating a safe space where people can express authentic feelings
- Not using emotions to manipulate or control others

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Crying



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Grief System



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Grief System

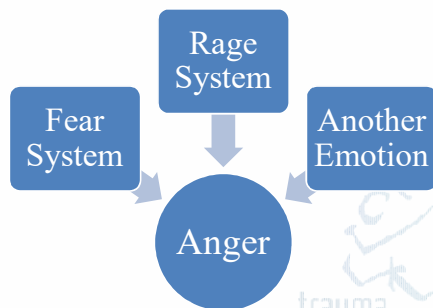
- Develop emotional resilience
 - Emotion regulation:
 - Release
 - Cry
 - Share
 - Up- regulate opposite emotions
 - Gratitude
 - Joy
- Soothing:
 - Self- soothing
 - Music
 - Relaxation
 - Soothed by others
 - Safe touch/ hug/ massage

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Anger



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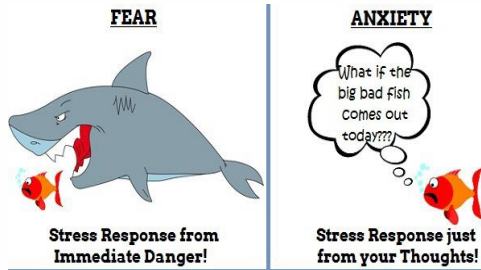
Fear System



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Fear versus Anxiety



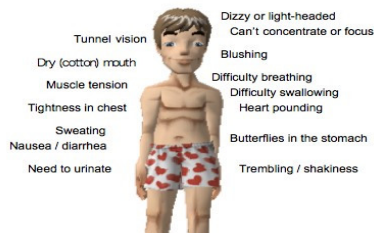
www.gostrengths.com

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Calm Down The Fight Response

The Physiology of Fight or Flight What we know is happening...



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Fear System Down Regulation

- Bottom- up
 - Grounding
 - Breathing
 - Here and now
 - Dual awareness
 - Safe place
 - Meditation
 - Relaxation
 - Yoga
 - Sports/ movement
 - Increase endorphins (laughter/ humor)

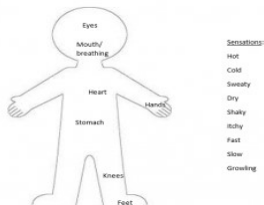
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Fear System Down Regulation

- Top down
 - Interoception (add sensations with corresponding body parts and begin to label these sensations with meaning)



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Fear System Down Regulation

- Top down approach:
 - Mindfulness
 - Mentalization
 - Engaging the upstairs brain
 - Decision making
 - Planning
 - Control over the body
 - Control over the emotions
 - Self-understanding
 - Empathy
 - Morality

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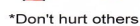
Rage System



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It is o.k. to be angry but...



*Don't hurt yourself

- *Don't hurt property

Talk about how you feel...



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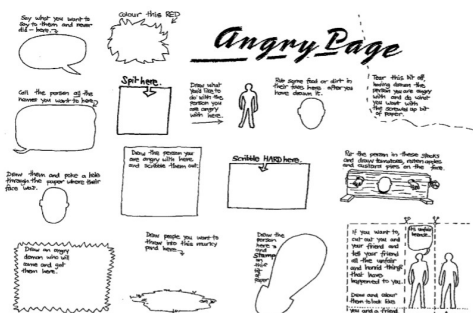
Discharge the Anger

- Safely discharging anger:
 - Physically:
 - Sports
 - Kicking a ball
 - Trampoline...
 - Visualization
 - Writing

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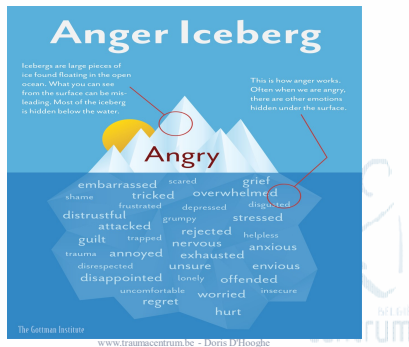
122

The Angry Page

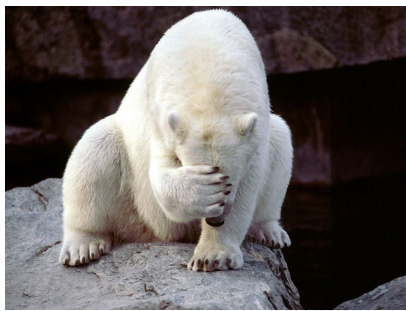


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Anger Covers other Emotions



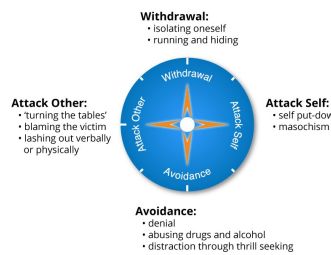
Shame

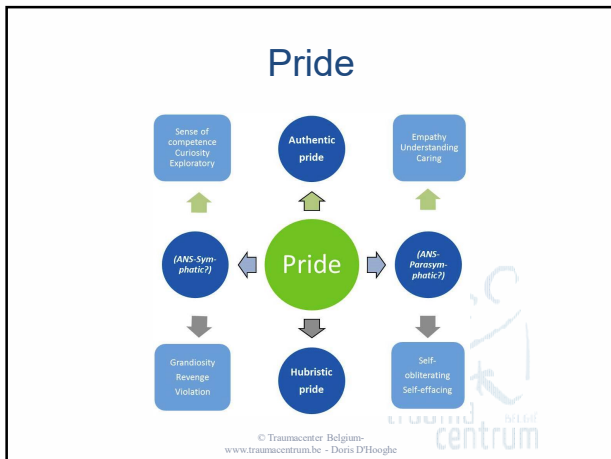


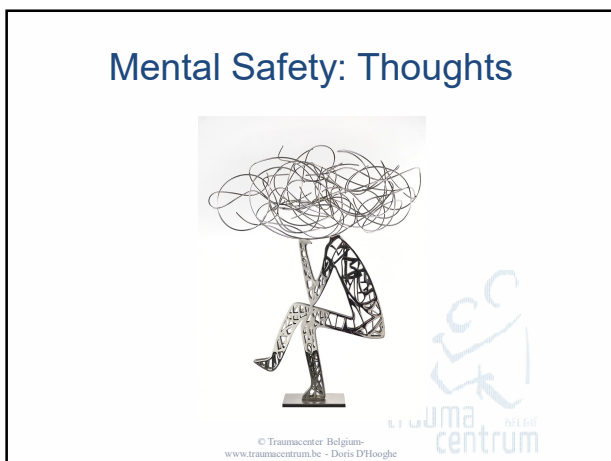
Shame

The Compass of Shame

Adapted from DL Nathanson, Shame and Pride, 1992







- ### Increasing Awareness of Thoughts
- **IWM :4 domains**
 - Self- esteem:
 - I'm bad
 - I'm worthless
 - Competence
 - I'm a failure
 - I can not
 - Safety
 - I'm in danger
 - I will die
 - Responsibility
 - It is my fault
 - I am guilty
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Mental Safety: Thoughts

- Stop!



- Distraction (do something!)



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Container Exercise



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Containment of Thoughts



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Mental Safety: Thoughts Installing Positive Cognitions

- About:
 - Competence
 - Qualities
- Thinking about Positive experiences

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Spiritual Safety



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Spiritual Safety

- Learn to know the child beliefs about Higher Power, God...
- Identify
- Build trust
- Use these beliefs to:
 - Protect you
 - Lead you through decisions in life.

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Enhance Experiences of Control

- Children can be given opportunities to:
 - Foster their willpower
 - Develop a sense of their ability to control their choices
 - Work over the long-term to achieve a goal.

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Foster Willpower

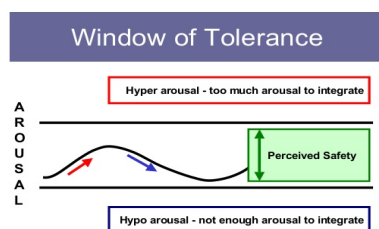
- Plan 'age-appropriate milestones and objectives
- Change 'must do' into a positive 'want to' task with a beneficial outcome
- Teach to be compassionate towards themselves
- The art of distraction
- Focus on the present

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Expanding the Window of Affect Tolerance



Adapted from: Empowering the body in the treatment of trauma: The role of Somatic Experiencing in trauma, by P. Ogden, 2006. Paper presented at the conference: The Embodied Mind: Integration of the Body, Brain, and Mind in Clinical Practice, Los Angeles, CA. Slide by Sophia Deborah Erez © 2008 520-302-5859

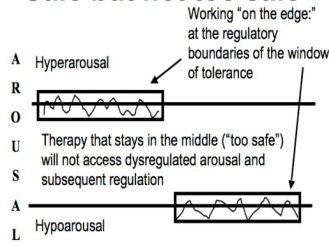
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Expanding the Window of Affect Tolerance

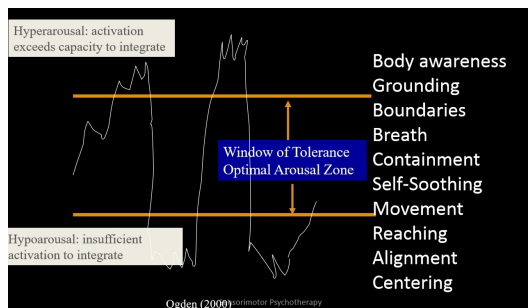
"Safe but not too safe"



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Expanding the Window of Tolerance Somatic Resources



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Expanding the Window of Affect Tolerance

- Hyperarousal:
 - Avoid stimulating additional
 - Emotional
 - Physiological arousal
 - Execute physical actions that cause further dysregulation
- Hypo-arousal
 - Addressing traumatic memories
 - Expressing painful emotions
 - Implementing new, empowering physical actions

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Resilience



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Resource Activation

- Therapists skill of identifying and emphasizing:
 - existing resources, characteristics, and abilities
- Enhance the child's feelings of
 - Control
 - Self-esteem
- Focus on the child's healthy psychological attributes
- Reactivate the experience of self-effectiveness

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Resource Activation

- Resource-focused:
 - Physical well-being
 - Spiritual well-being (meditation, prayer...)
 - Creativity (creative arts, movement and music therapies...)
 - Ego resources (assertiveness training, mentalization, self-care, empowerment techniques...)
 - Self-capacities (self-regulation skills, such as relaxation training...)

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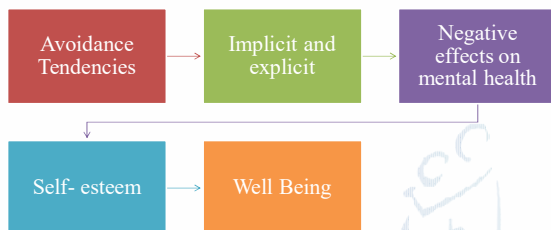
Resource Activation

- ‘Resources’ are defined phenomenologically as anything that helps the client’s autonomic nervous system return to a regulated state.
 - The memory of someone close to them who has helped them
 - A physical item that might ground them in the present moment
 - Other supportive elements that minimize distress.

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Avoidance Tendencies



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Avoidance behavior

- Constant control
- Continuous attention
- Anxious tension
- Fewer positive emotions
- Less satisfaction of need
- High amount of energy

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Weaken Avoidance Goals

- The longterm practice of mindfulness
- Attending to sensations in the here-and-now
- Enhance positive feelings
- Reducing anxiety
- Satisfying of the basic needs

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Weaken Avoidance Goals

- Avoidance reinforces mental schemas that prolong our clients' suffering.
 - Thinking out of the box
- Working with defensiveness:
 - Enhance curiosity
 - Enhancing the seeking system
- Avoidance goals are too emotionally charged:
 - Emotionregulation
- They are connected to fear
 - Anxiety reduction

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Stimulating the Seeking System



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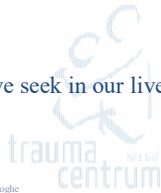


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Stimulating the Seeking System

- The seeking system is integral to our:
 - Motivation
 - Urge to explore
 - Desire to understand.
- Responsible for
 - Our feeling alive and alert
 - For the positive experiences we seek in our lives.

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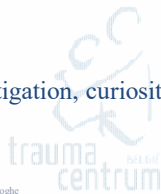


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Stimulating the Seeking System

- Increasing Dopamine
 - Exercise
 - Gratitude
 - Touch/ massage
 - Music
 - Remembering happy events
- Play
- Social joy
- Encourages exploration, investigation, curiosity, interest and expectancy.

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“Invisible” Attachment Trauma and Violation of Needs



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Satisfy Basic Needs

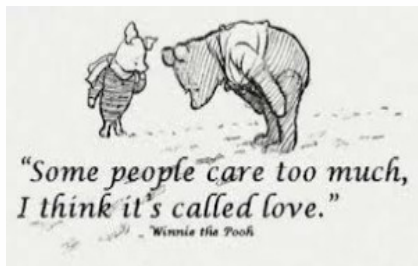


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Love and Belonging



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Love and Belonging

- Become:
 - Non-defensive by exploring the thoughts and the roles you are identified with
 - Non-controlling/ non-manipulative/ non-threatening
 - Understand the other (mentalizing capability)
 - Open
 - Allow physical affection

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Self- esteem

- Set Goals
- Achievements: by doing things you're good at and enjoy
- Make Choices
- Learn skills: music, sports, art...
- Practice favorite activities

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**TAKE CARE OF
YOURSELF**

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