

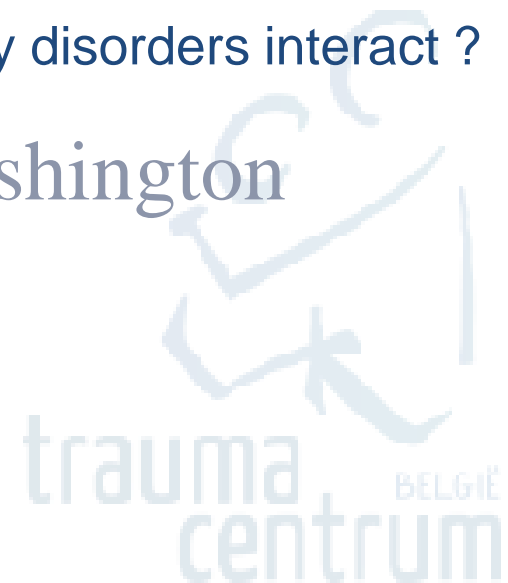


PRE CONFERENCE: MARCH 30-31, 2017
CONFERENCE: APRIL 1-3, 2017
CRYSTAL GATEWAY MARRIOTT, WASHINGTON DC

# “Mom, there’s a monster in the closet”

How do attachment, trauma and anxiety disorders interact ?

ISSTD Congress Washington





***What has been seen***



***Cannot be unseen***

# Trauma?

- The classic vision of trauma



- from the perspective of a traumatizing event



- characteristics

# Trauma ?

## – PTSD (Posttraumatic Stress Disorder)

- Criterion A: (traumatic event)

“exposure to actual or threatened death, serious injury, or sexual violence”

## – Leonore Terr

“ a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaults the person from outside”

# Trauma ?

## – **Van der Kolk: Developmental trauma disorder**

- “Significant disruptions of protective caregiving as the result of repeated changes in primary caregiver repeated separation from the primary caregiver or exposure to severe and persistent emotional abuse”

## – **Bowlby**

- “any event that seriously threatens the attachment relationship”



# “Hidden traumas”

The form of traumatization



Child's experience of threat



Totally dependable on his caregiver



limited behavioral and cognitive coping capacities

# “Hidden traumas”

Experiences of threat



include the threat of



separation  
from the caregiver



having little  
response to  
the signals of distress.



# “Hidden traumas”

In the interaction between child and caregiver



Not an obvious event



Caregiver's  
unavailability

the

affective  
dysregulation



Caregiver's  
inability to  
modulate

# Relational trauma

- Allen Schore
  - “Exposure to chronic misattunement and prolonged states of dysregulation in the context of the Early attachment relationship”
  - “It refers to unobvious, invisible trauma”
  - “It results in an altered development and deficient functioning of the primary affect- regulating system”
  - “Early relational trauma is a likely precursor of later developmental trauma”



# Attachment

- Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969).
  - Persistent and ongoing (from the cradle till the grave)
  - Directed toward a specific person
  - Emotionally significant
  - Characterized by seeking security, comfort and pleasure

# THE ABC OF ATTACHMENT

## (Siegel & Hartzell, 2004)

### Attunement

- parents use of their own internal state to help regulate the infant

### Balance

- a child's achievement of balance between its body, emotions and state of mind

### Coherence

- sense of internal integration and interpersonal connectedness to others acquired by the child through its relationship with its parents

# Attunement



# Attunement

- Sensitive responsiveness
- Mentalization
- Reflective functioning
- Containment
- Shared pleasure/ play



# Balance



# Balance

## Mother as external regulator

growth-facilitating emotional environment



a child to develop an internal system



adaptively regulate



arousal



psychobiological states  
(affect, cognition, and behavior)

# Balance

## Mother as external regulator

Contingent responsiveness



she appraises the nonverbal expressions of



infant's internal arousal

affective states



regulates them



communicates them to the infant

# Coherence



# Coherence

## Sense of self

The availability of a reflective caregiver



Secure attachment



Facilitates the development of theory of mind



"She thinks of me as thinking and therefore I exist"



Child "find itself in the other"



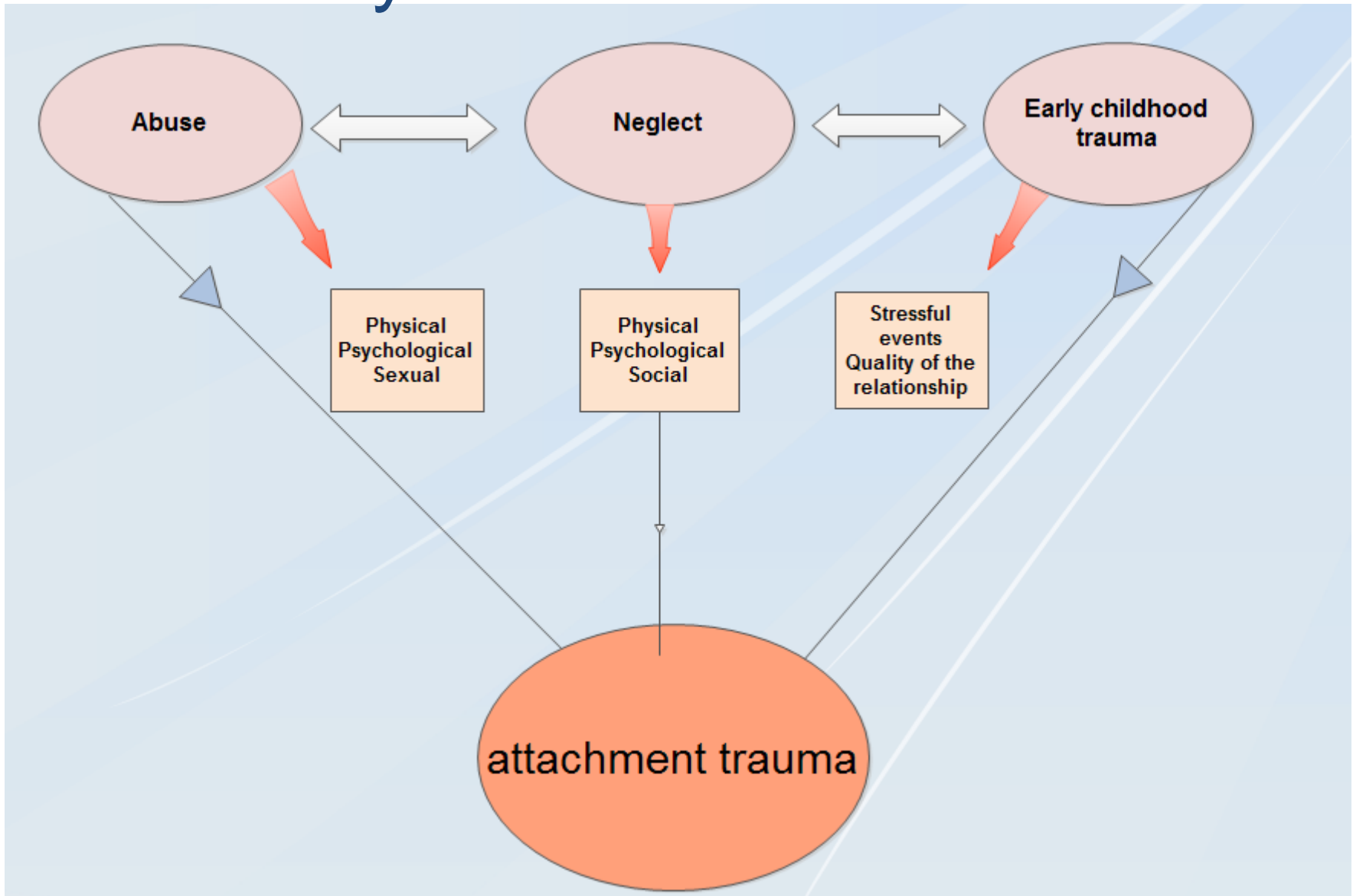
"giving back to the baby the baby's own self"

(Winnicott, 1967)

# Early attachment trauma

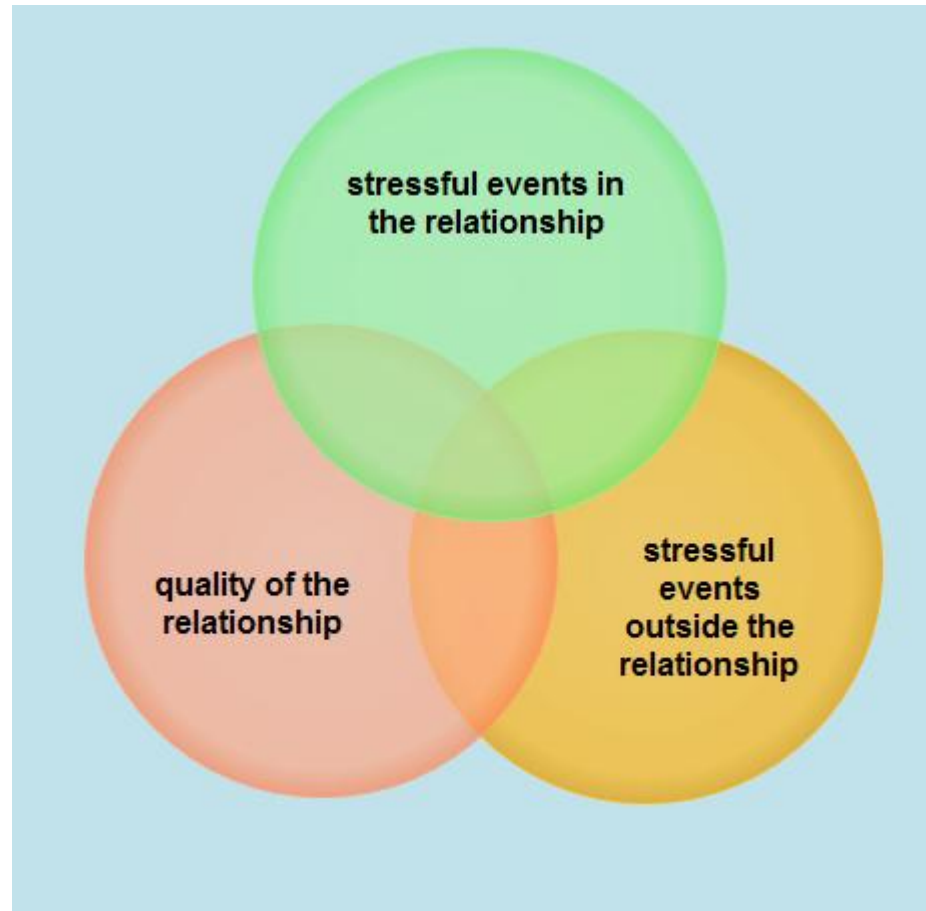


# Early attachment trauma





# Early attachment trauma



# EAT and stressful events in the relationship

- **Prenatal trauma**
- **Birth trauma**
- **Disruptions in the attachment bond**
  - by physical unavailability/ inaccessibility
  - by psychological unavailability/ inaccessibility

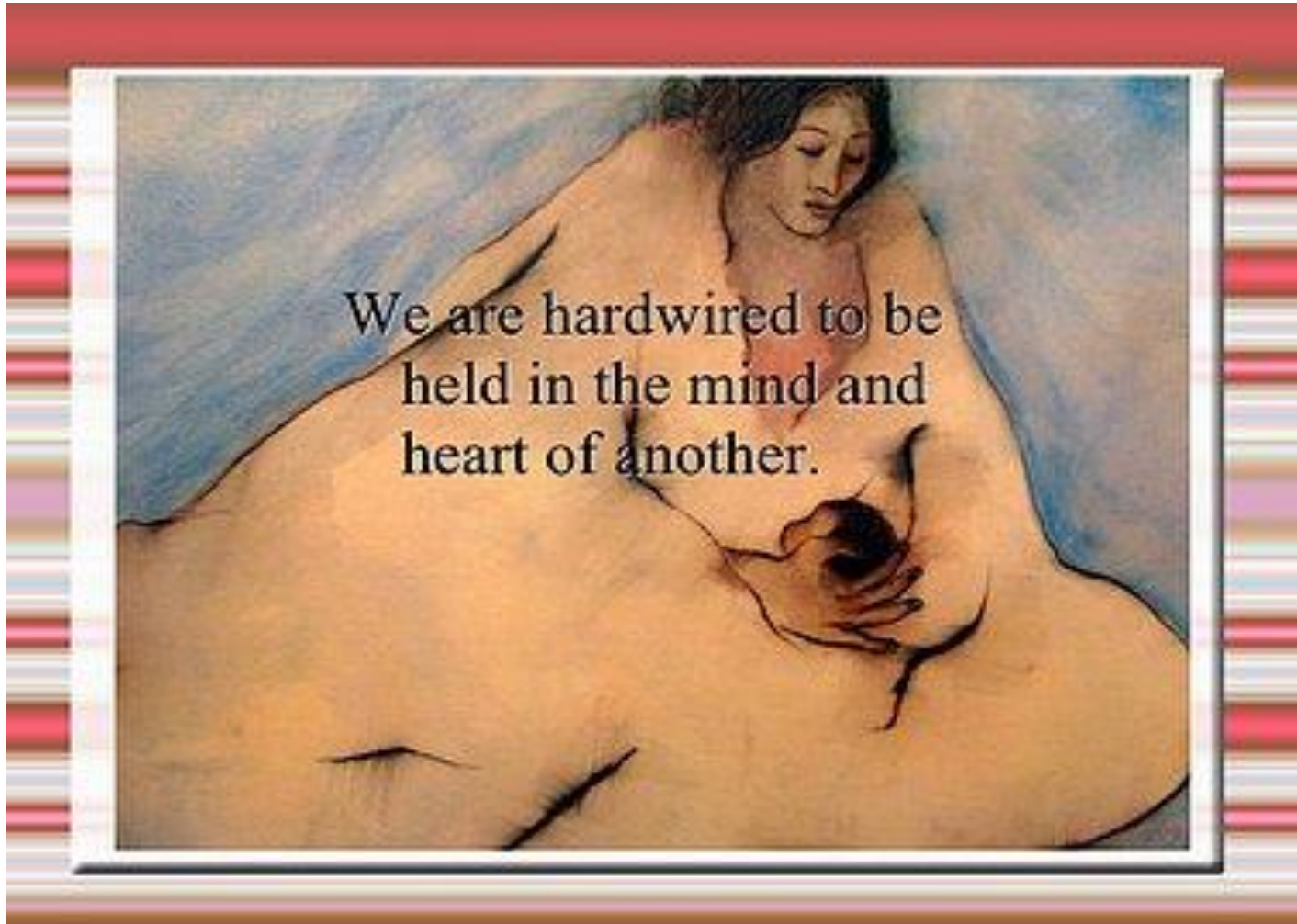
# EAT and stressful events outside the relationship

- Frequent moves or placement.
- Undiagnosed or painful illness.
- Early medical interventions.
- Absence of the father.
- Bereavement.
- Parental stress.
- Fearful or chaotic environment.
- Traumatic childbirth.

# Quality of the attachment relationship

- Attachment style of the parent
- How do parents mentally process attachment-related information
- Quality of parenting

# The quality of parenting



# The quality of parenting

## – Attunement

- Sensitive responsiveness
- Reflective functioning
- Mentalization
- Containment
- Play

## – Balance

- External regulation



# Features of EAT ?

- Early attachment trauma?
  - Caregiving relationship
  - Early
  - Repetitive
  - Chronic (over time)
  - Multiple
  - Adverse impact on the development of a secure attachment relationship



# Severity of EAT

- EAT and the overlap with complex trauma
  - Interpersonal stressor
  - Multiple
  - Repeated
  - Cumulative
  - Developmentally vulnerable times
- Early stage:
  - The impact on the brain
  - Developmentally
    - Margret Mahler: Individuation –separation model

# Developmental Consequences of EAT

- Developmental immaturity along five core dimensions of development: (Pia Mellody)
  - self esteem (less than versus better than),
  - boundaries (too vulnerable versus invulnerable),
  - reality issues (bad/rebellious versus good/perfect)
  - dependency (too dependent versus needless/wantless)
  - moderation (too little versus too much self-control)

# Consequences of EAT

- Affectregulation
- Attachment style ( IWM)
- Body
- Neurobiology
- Sense of self
- Cognition
- Dissociation

# EAT and affect regulation



# EAT and affect regulation

## Effective regulation

### Effective Emotional Regulation



Over time, when the child experiences this on *most* occasions (it does not need to be all of the time) they acquire the capacity, through developing neural networks, to regulate their own emotions.

# EAT and affect regulation

## Ineffective regulation

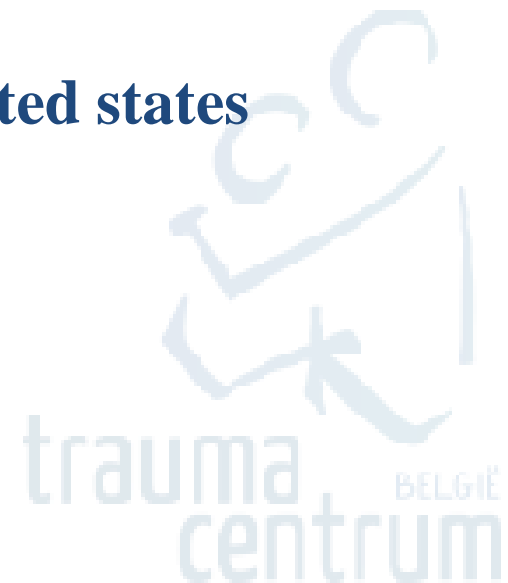
### Ineffective Emotional Regulation



Over time, when the child experiences this on *most* occasions, the child fails to develop capacity to regulate their own emotions.

# EAT and affect regulation

- Jaak Panksepp (1998, 2009) Affective Neuroscience
  - 7 emotional circuits at birth
  - Subcortical neurocircuitry of the mammalian brain
  - Environmental experiences.
  - EAT → the circuits don't flow
  - EAT → no integration → **dissociated states**
  - EAT → no self
  - EAT → no embodiment





# EAT and affect regulation

EAT: disruption in the attachment bond



Over activating the panic-grief brain network



Increased activation of the SEEKING system  
 (“protest”)

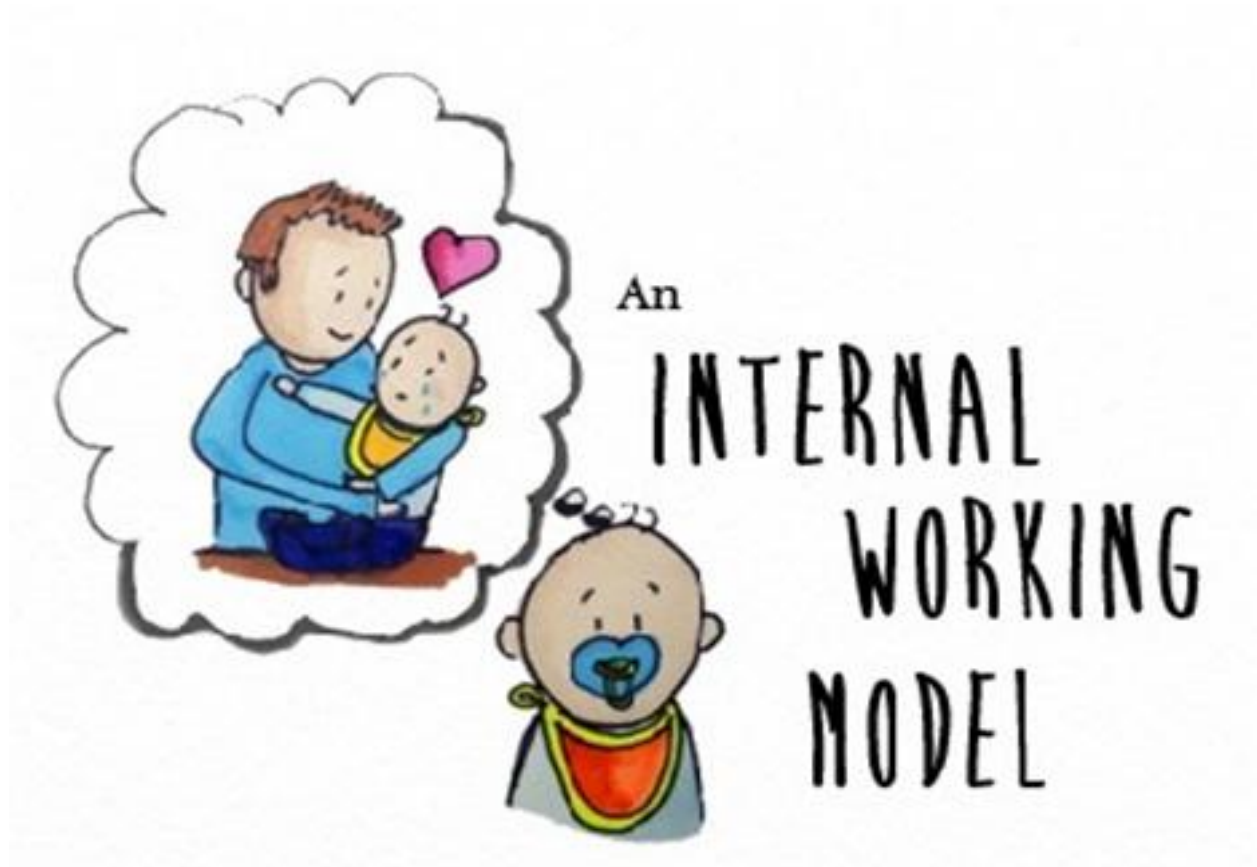


Increased hopelessness and withdrawal ( “ despair” )



Decreased SEEKING behaviors ( “ detachment”)

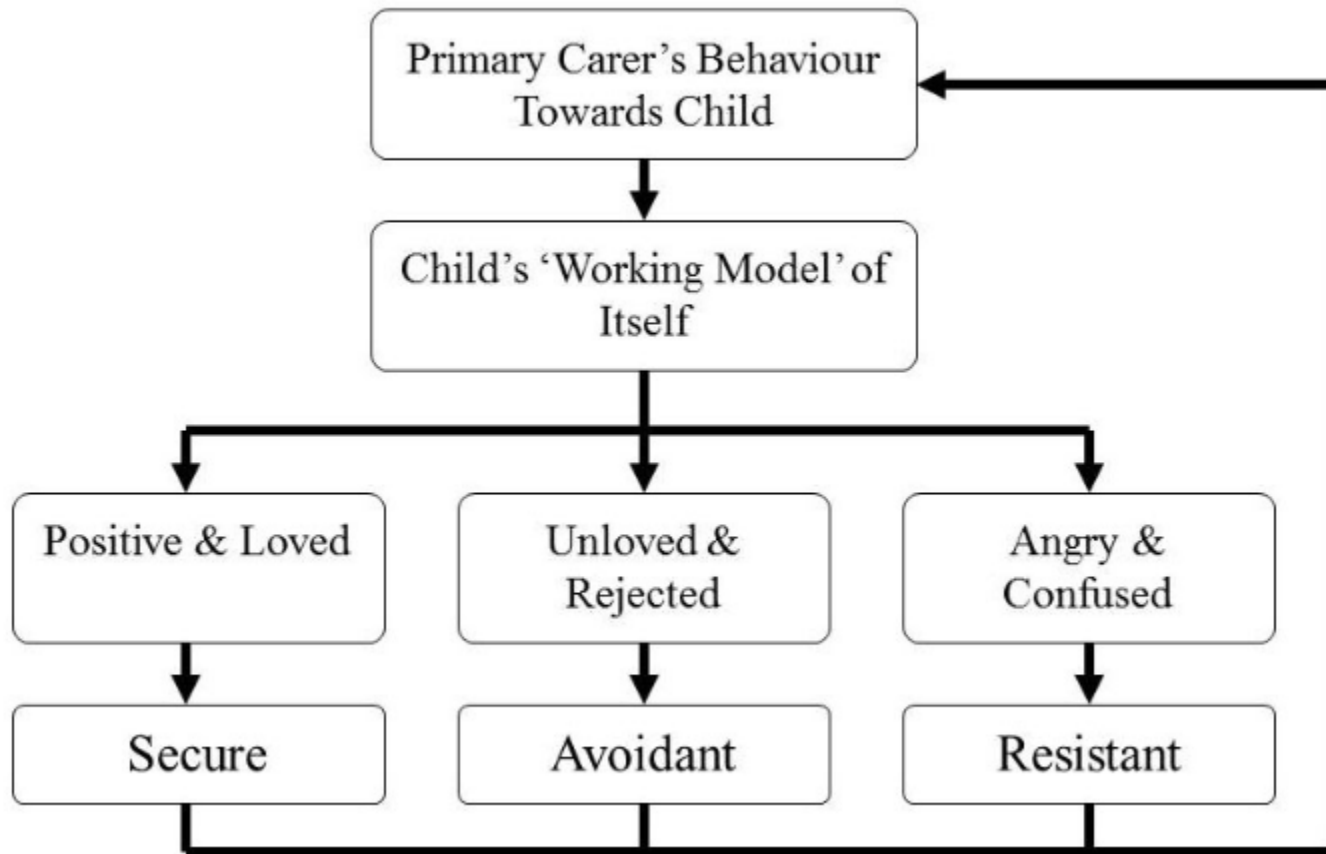
# EAT and Internal Working Model



# EAT and Internal Working Model

- Internal working model (IWM)
  - Memories of attachment interactions → accessibility
  - Mental representations of self/others
  - Cognitive structure
  - Typical emotions
  - Implicit memory
  - Open to modification

# EAT and Internal Working Model



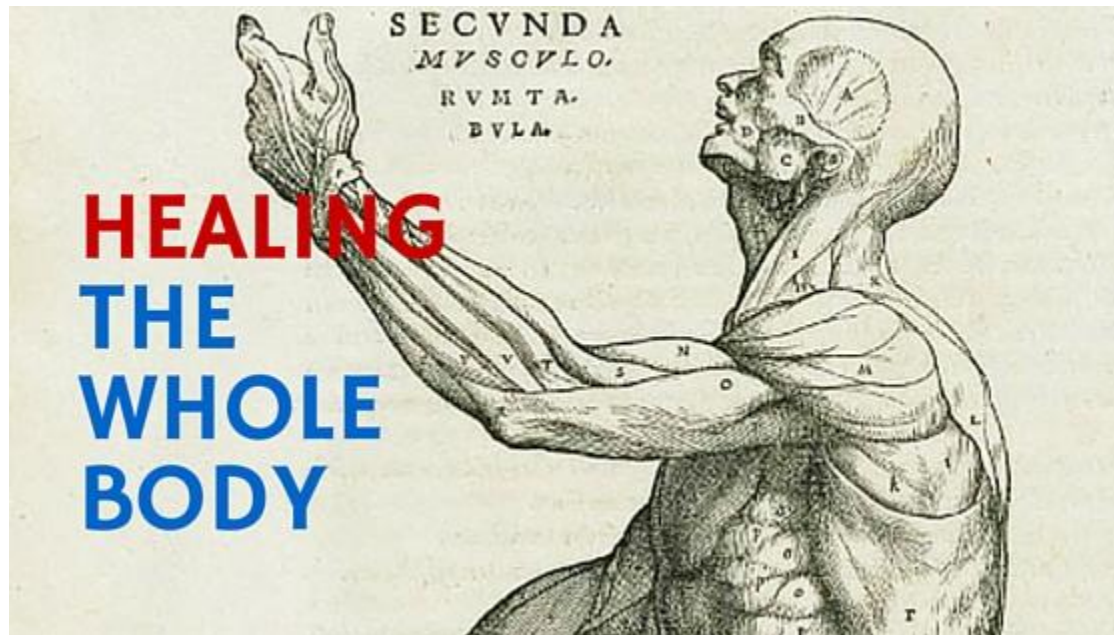
# EAT and cognition



# EAT and cognition

- Negative IWMs of self:
  - Increased appraisals of normal life circumstances as threatening
  - Difficulty in suppressing thoughts
  - A tendency to devalue oneself in threatening situations
- Negative IWMs of others:
  - failure to suppress when the individual is experiencing high cognitive loads

# EAT and the body



# EAT and the body

- Attachment dynamics play out at the physical level
- Via the body-to-body communication
- The nature and quality of the attachment relationship.
- Ways in which a mother relates to and responds to her own physical and bodily needs
- The child relate to his own body.
- Sense of bodily sense



# EAT and dissociation



# EAT and dissociation

Early attachment trauma



Attachment insecurity



Disorganized attachment



Dissociation



# EAT and dissociation

Dissociative phenomena



Hyper-aroused



Flashbacks

Full immersion  
in the experience



Hypo-aroused



Freeze

Detachment  
from the experience  
Depersonalization/  
Derealisation

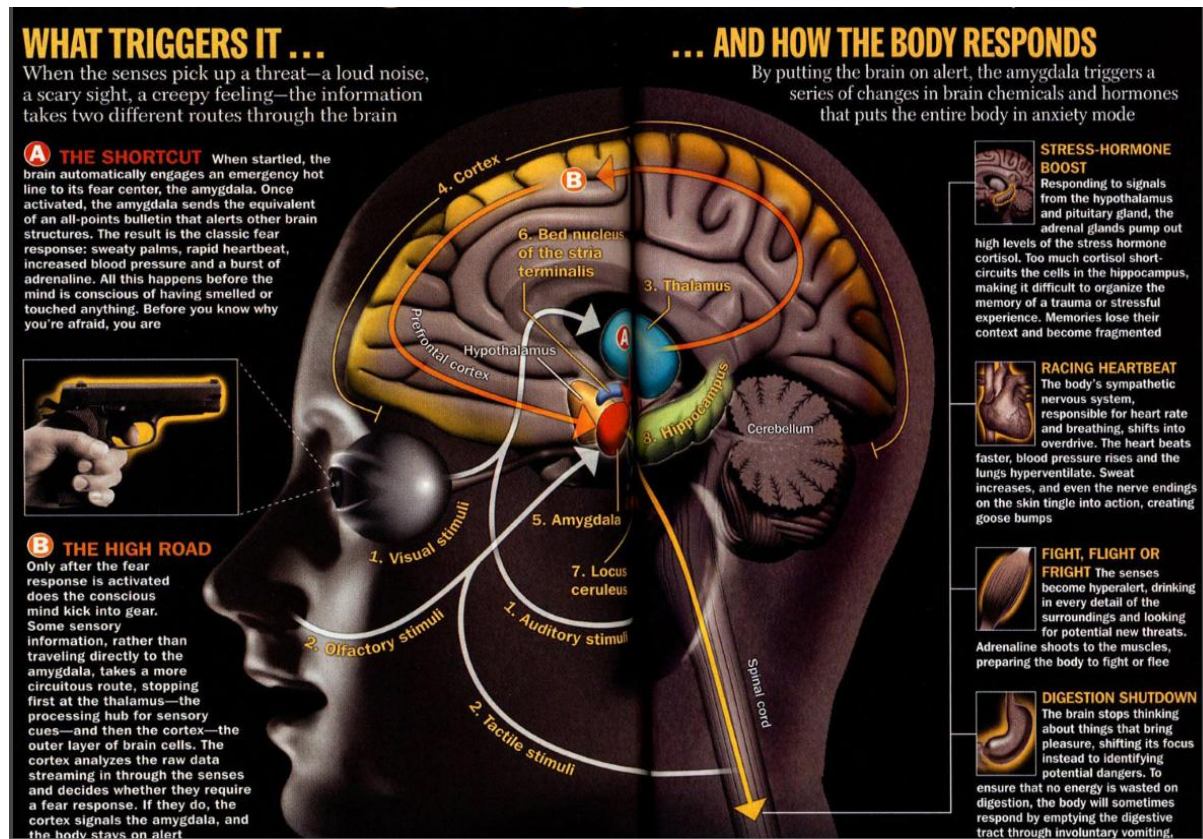


# Anxiety

- “Anxiety” and “fear”
- Separate entities in the neuroscientific community.
- Fear is the physiological reaction to something in our external or internal environment.
- Anxiety on the other hand is the psychological and emotional reaction to the afore mentioned environmental stimulus.
- Anxiety is the conscious worry and sense of subconscious unease

# The anatomy of anxiety

- Short cut or The high road



# Short cut/ Emergency hot line

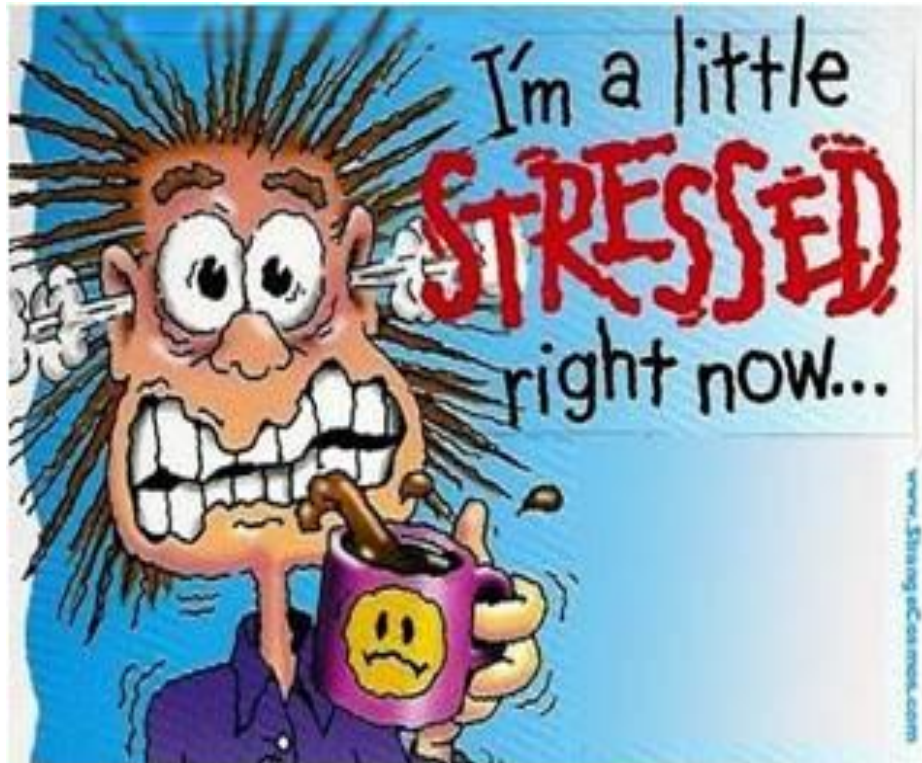
- Quickly getting the body to be alerted
- Sensory information
- Thalamus (processing hub for sensory cues)
- The amygdala ( fear center)
- The locus coeruleus
- Responsible for a lot of the classic symptoms of anxiety
- Evolutionary method of survival
- The fight or flight

# High road

- Conscious mind comes into gear
- Sensory information
- Thalamus (processing hub for sensory cues)
- Cortex
- Analyzes the raw data coming in
- Decision if a fear response is required



# Anxiety and stress regulation



# Anxiety and stress regulation

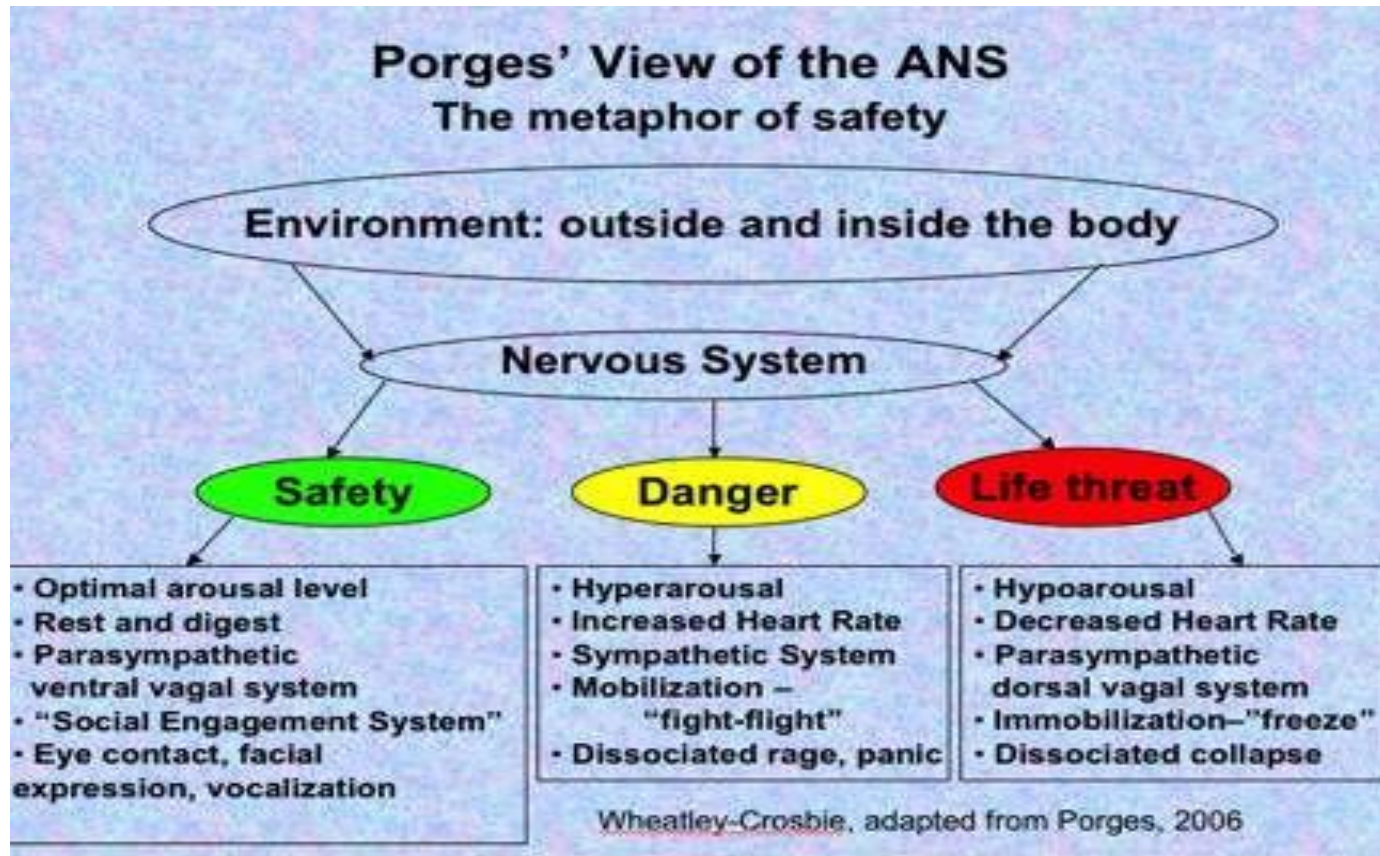
- Autonomic nervous system (ANS)
  - It regulate the autonomic, somatic aspects of the stress responses
  - Specific behavior and physiological responses
  - ANS: = system of balance
    - Sympathetic = “accelerator” = fight/ flight
    - Parasympathetic = “brakes” = rest /digest

# Anxiety and stress regulation

- Stephen Porges (2001)
  - The Polyvagal Theory:
    - ANS = hierarchical system that responds to environmental challenges
    - Three different subsystems
      - Parasympathetic ventral vagal (Social engagement system)
      - Sympathetic arousal (fight/flight )
      - Parasympathetic dorsal vagal (freeze responses )

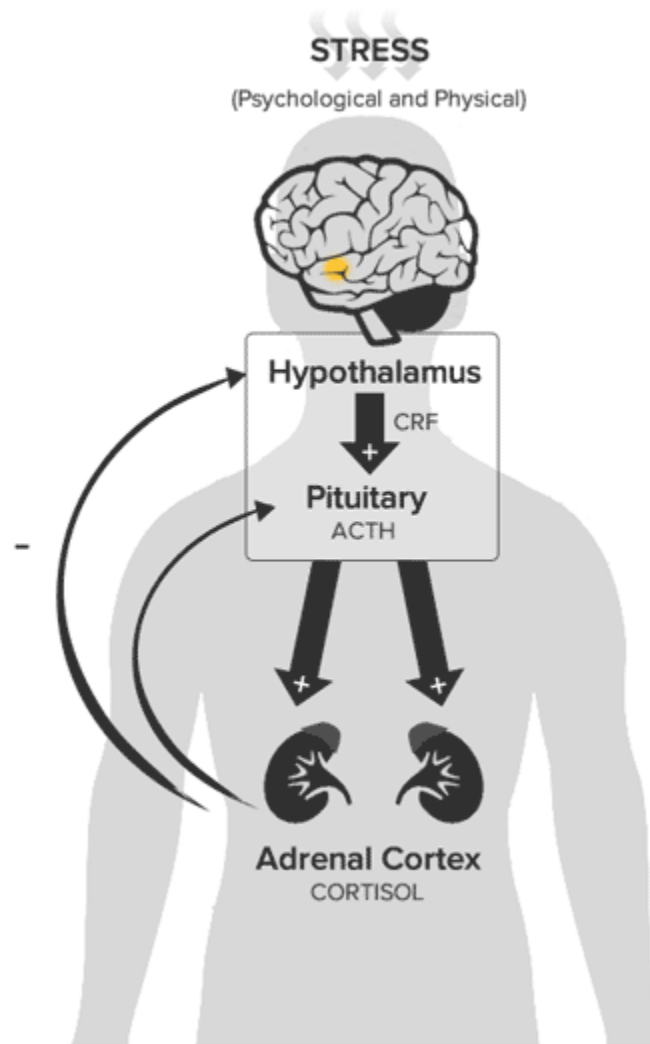
# Anxiety and stress regulation

## Porges



# Attachment and neuroendocrine responding

- HPA -axis



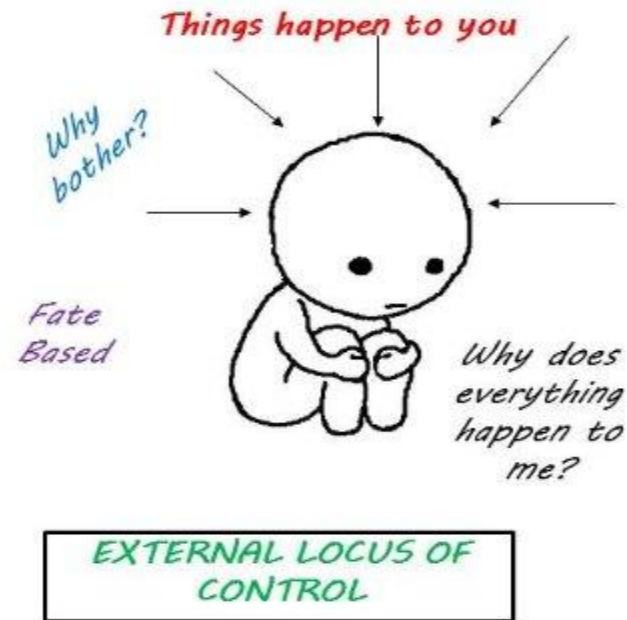
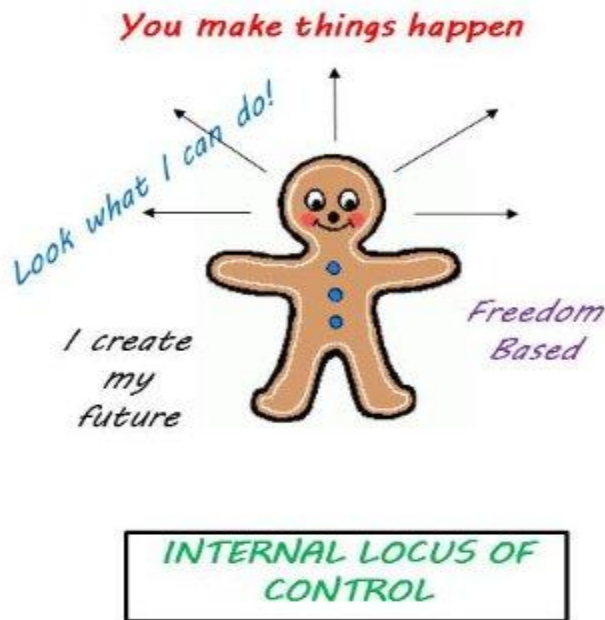
# Attachment and neuroendocrine responding

- Early life experiences program the HPA- axis
- Context of caregiving and the quality of this
- Features of the parent- child relationship can potentiate or inhibit the HPA stress response
- Gunnar ( 1994) separation from parents as
  - evolving loss of control over proximity
  - loss of the mother's help in controlling/ regulating the internal and external environment
- EAT activates the HPA -axis



# Anxiety and Locus of control

- The extent to which an individual perceives personal control over events in one's environment.



# Early environment and control-related beliefs

- Parenting :
  - Secure base: Care versus indifference  
Care: consistently and contingently responsive  
↓  
Internal locus of control
  - Safe haven : overprotection versus autonomy  
Autonomy: independence and encourage the development of new skills  
↓  
Internal locus of control



# Secure base: Attachment behavioral system

Bowlby (1982)



Attachment bond



Maintenance and regulation of safety



Caregiver as a secure base



Child's sense of safety



Allaying his fear



# Safe haven: The exploratory system.



# Disruptions in the attachment bond



# Crucial role of fear

Fear



It activates attachment behavior and curtails exploration.



“Especially activated by the mother being or appearing to be inaccessible” ( Bowlby, 1998)



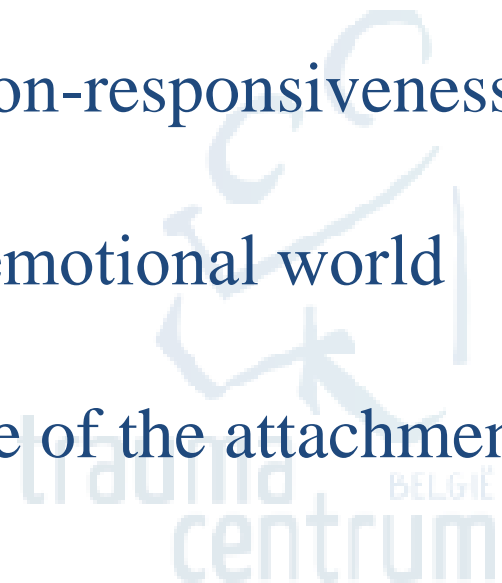
Caregiver's inaccessibility and non-responsiveness



Primary danger in the child's emotional world



Anxiety becomes the driving force of the attachment system



# Disruptions in the attachment bond

- Fear of abandonment is among the most anxiety-provoking situations in childhood
- Psychological/ emotional disruptions:
  - Inappropriate response
  - Stressful life episodes
  - Suicide threat
  - “Ghosts in the nursery”
  - Parent psychopathology
  - Relationship problems

# Defensive exclusion (Bowlby 1980)

Strategy of the child



Excluding all aspects of his experience



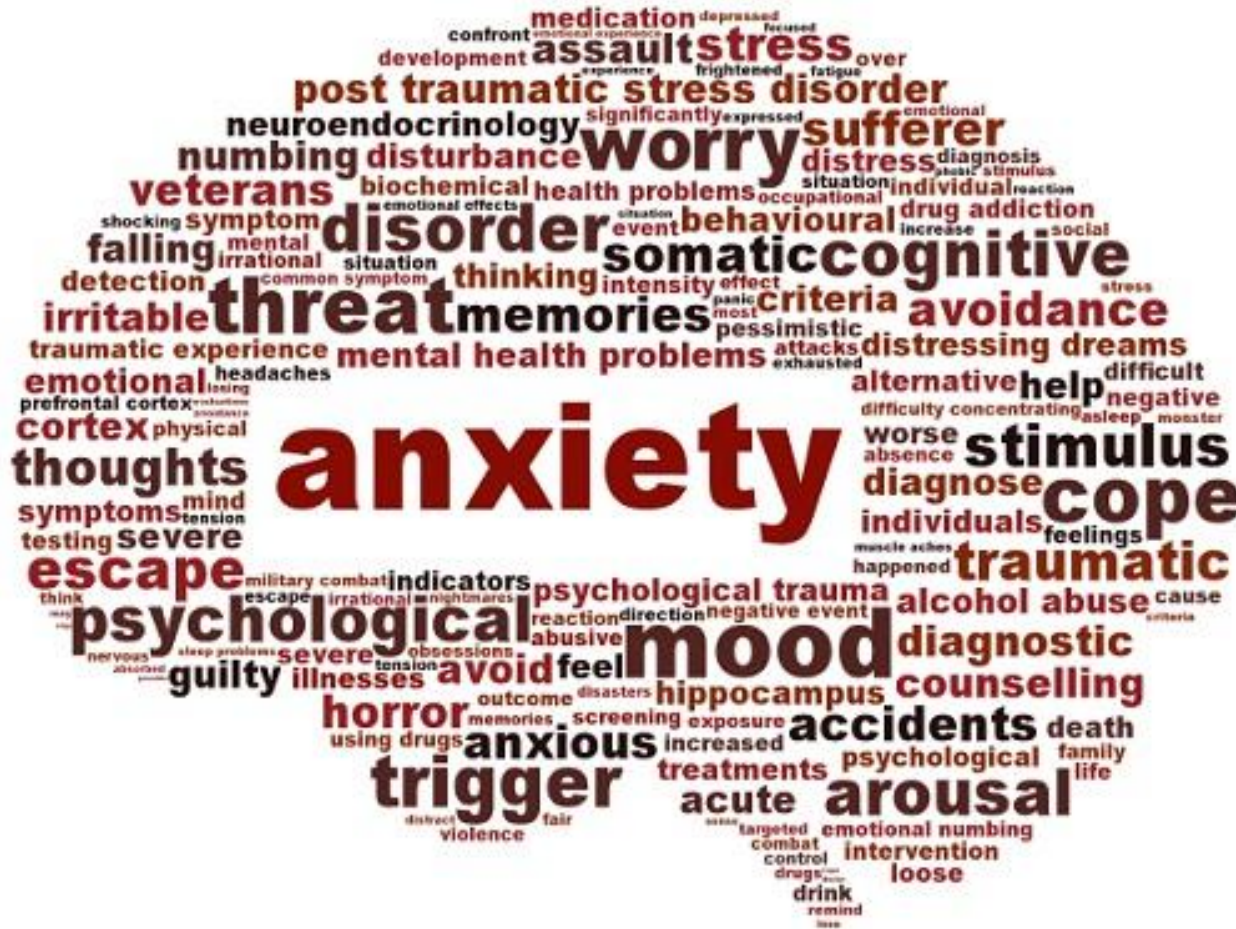
The child sacrifice:

- ➔ fullness of his reality
  - ➔ relationships
- ➔ affective inner life

# Defensive exclusion (Bowlby 1980)

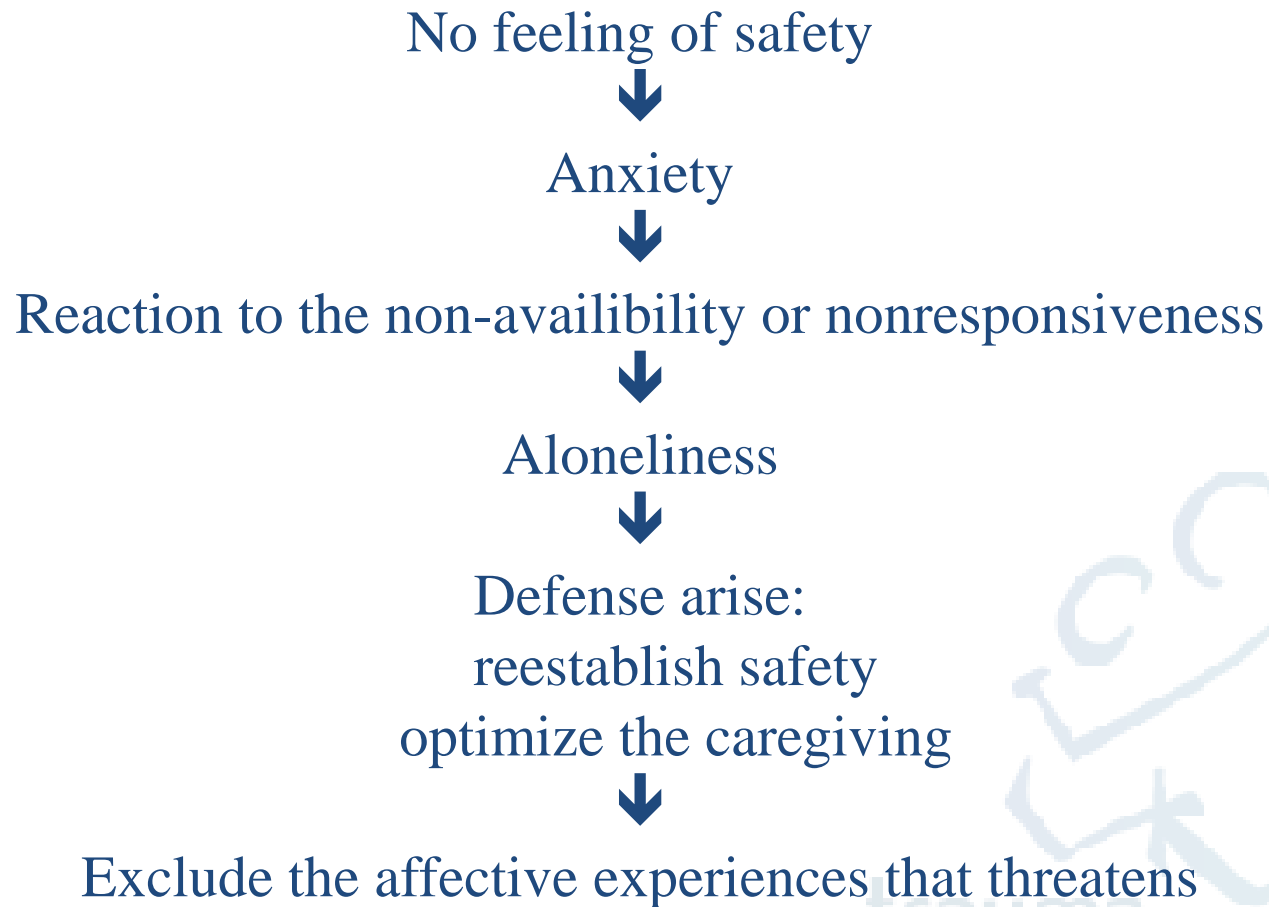
- Goal:
  - To deal with alarm and fear of relational loss
  - Maintain relational closeness
  - Compensate for the failure of the affect-facilitating environment
  - Deal with anxiety produced by the failure of the AT figure to help the child to feel safe

# Anxiety : the mother of all psychopathology





# Anxiety : the mother of all psychopathology



# Subtypes of anxiety

- Central defenses that serve to manage and contain anxiety/ fear
  - Panic disorders with or without agoraphobia
  - Phobias, including specific phobias and social phobia
  - Social anxiety disorder
  - OCD: unwanted, intrusive, persistent thoughts or repetitive behaviors.
  - Stress disorders: post-traumatic stress disorder (PTSD) and acute stress disorder
  - Generalized anxiety disorder (GAD).
  - Anxiety disorder not otherwise specified

# Consequences of EAT resulting in anxiety disorders

- Affectdysregulation → Affectphobia
- IWM → Social Phobia/ Fear of failure
- Cognition → OCD
- Body → Hypochondria/ Health anxiety
- Dissociation → Anxiety disorders

EAT → Affectdysregulation →  
Affectphobia



# EAT → Affectdysregulation → Affectphobia

- Affect regulation
  - awareness of the feeling
  - identifying what it is
  - the modulation of that affective experience
- When not achieved



the arousal generated by that affect remains unmodulated as well



Anxiety

# EAT → Affectdysregulation → Affectphobia

- EAT = lack of contingent and responsive mirroring
- Affectdysregulation
- Emotions are feared
- Anxiety prompts an defensive reaction
- Defense push the feeling back down
- Safety is restored

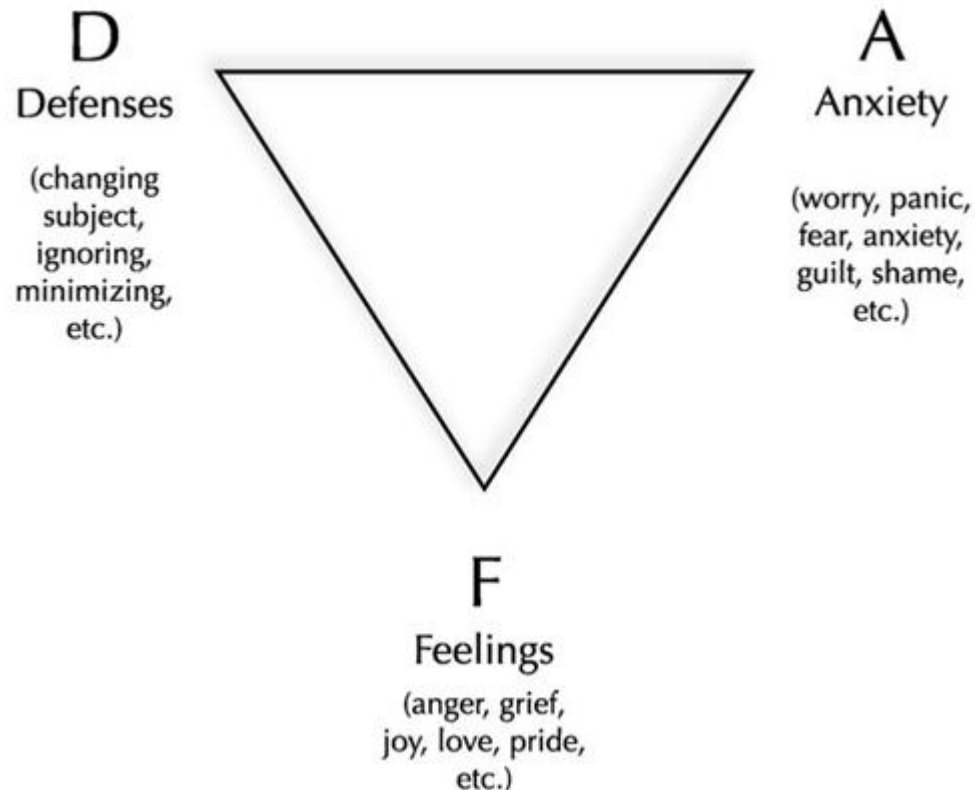
# EAT → Affectdysregulation → Affectphobia

- Triangle of conflict



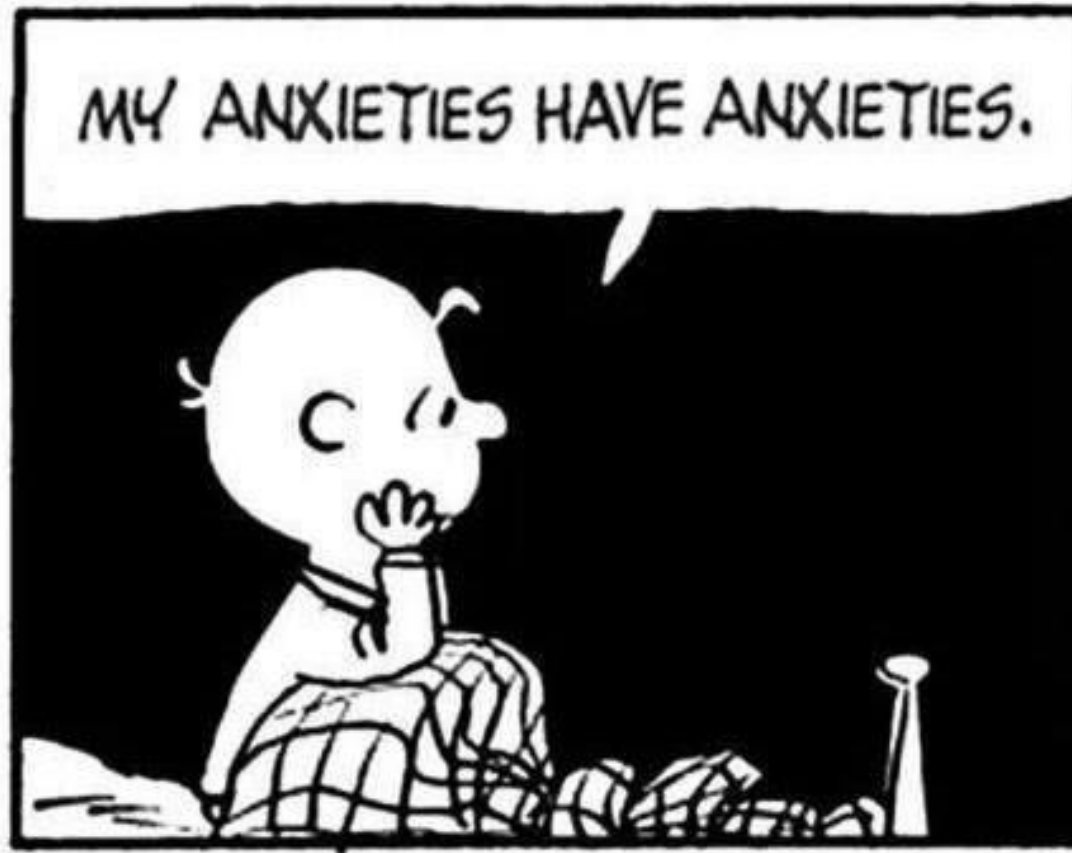
# EAT → Affect dysregulation → Affect phobia

- Triangle of conflict





EAT → IWM → Anxiety



# EAT → IWM → Anxiety

- Dismissive style and anxiety= dealing but not feeling

Sacrifices his affective life



Minimize the importance of the relationship

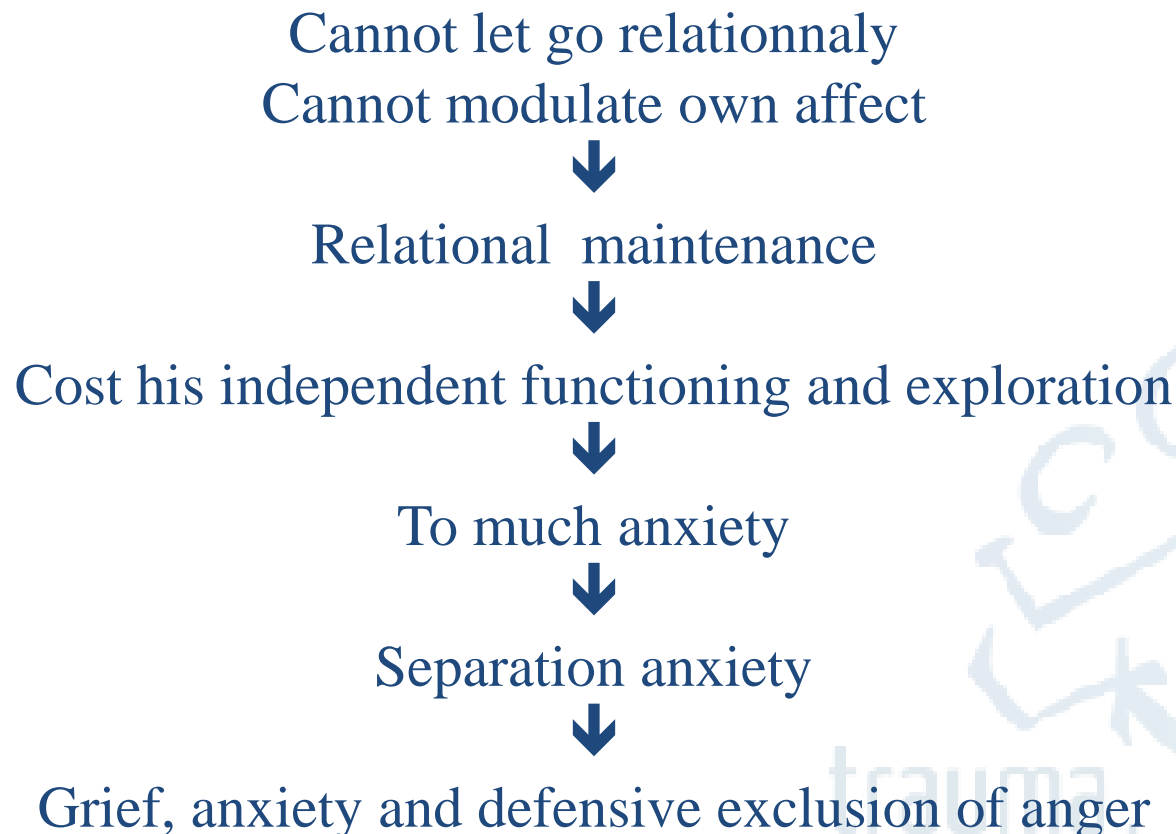


Fear of closeness

Suppressing his emotional charge

# EAT → IWM → Anxiety

- Preoccupied style and anxiety = “feeling but not dealing”



# EAT → IWM → Anxiety

- Fearful style and anxiety= “not feeling not dealing”

Intense anxiety



Rupture the organization of:

→ cognition

→ Behavior



Fragment the integrity of the self



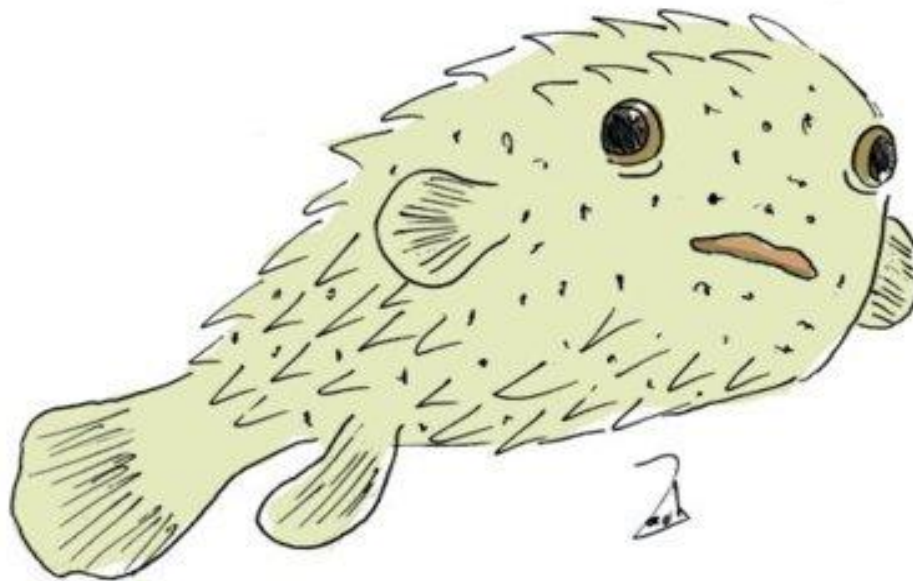
Dissociation and splitting



Prevent more dis- integration

# BLOWFISH WITH SOCIAL ANXIETY DISORDER

DON'T PUFF UP LIKE AN IDIOT.  
DON'T PUFF UP LIKE AN IDIOT.  
DON'T PUFF UP LIKE AN IDIOT.



[www.animalshaveproblems.com](http://www.animalshaveproblems.com)

# EAT → IWM → Social Phobia

- EAT
- Lack of appropriate response when the child is
  - Frightened
  - Threatened
  - Seeks proximity
- World = threatening and unsafe
- Self = incompetent in different life domains

# EAT → IWM → Social Phobia

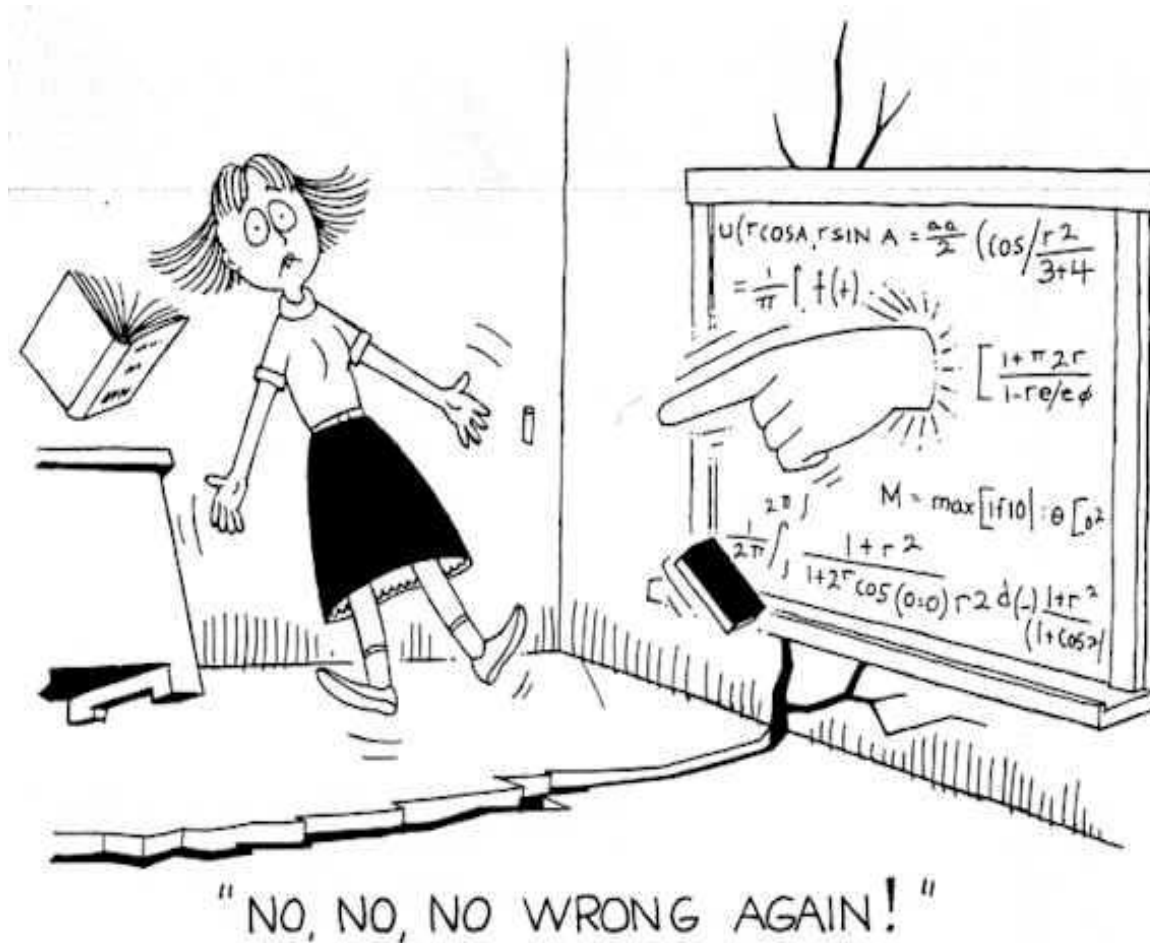
- Attachment anxiety
  - Negative feelings about the self
    - Low self esteem
    - Worthlessness
  - Negative feelings about others
    - Others will lack acceptance and support
- Give rise to perfectionism
  - Perfect social performance
    - To assure acceptance
    - To ensure loss will not happen
  - Hypervigilance to threat

# EAT → IWM → Social Phobia

- IWM:
  - Feelings
  - Thoughts
- Projection of feelings and thoughts to another person
- Believe the other feels/ think that way about you
- Causes anxiety
- Withdrawal and avoidance



# EAT → Insecure attachment → Fear of failure



# EAT → Insecure attachment → Fear of failure

- Lack of secure base
- Ongoing concerns about attachment security
- The caregiver not being available, accepting or unconditionally responsive
- Not safe enough to explore
- Avoidance of danger
- Avoidance of failure
- Fear of failure

# EAT → Parent- child role- reversal → Fear of failure

- EAT
- Lack of secure base
- Disorganized attachment
- Role reversal (the child behaves like a parent towards the caregiver)
  - Punitive behavior
  - Caregiving behavior
    - e.g., the child assists, guides, encourages, soothing, or is overly cheerful or solicitous
- Failure experiences

# EAT and health anxiety



# EAT and health anxiety

- Caregiver not securely attached to his body
- Child is deprived of the safety, security, and containment
- Physical needs left unattended
- Resulting in an insecure body attachment
- Vulnerability to concerns about bodily functioning
- A way to seek help from those who were unresponsive ( “attachment cry”)

# Anxiety disorders and attachment cry



# Anxiety disorders and attachment cry

- EAT
- Dissociation
- Traumatic memories
- EP ( emotional parts)
- The action system of defense
- Panic system (Panksepp, 1998)
- A desperate call for closeness and reconnection

# EAT and Obsessive Compulsive Disorder (OCD)

- OCD → Intrusive thought
  - appraised as dangerous or threatening
  - need to be neutralized
  - obsession
- Attachment fundamental in formation of IWM of self and others.
- May influence the development of obsessive beliefs



# EAT and Obsessive Compulsive Disorder (OCD)

- 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

# Dissociation and anxiety disorder



# Dissociation and anxiety disorder

- Dissociation from
  - Emotion
    - ➔ affectphobia
  - Body
    - ➔ health anxiety
- Panic disorder
  - ➔ depersonalization/ derealisation ( hypo-aroused)
- Agorafobie
  - ➔ avoidance ( hyper- aroused)



# Anxiety treatment = Trauma treatment

- Phase-oriented:
  - Stabilization phase:
    - FAFA
    - Improving daily life
    - Emotion focused therapy
    - Affectregulation
    - Mentalization
    - Restructuring IWM
    - The therapeutic alliance
    - CBT
    - Presence
  - Confrontation phase
  - Integration phase

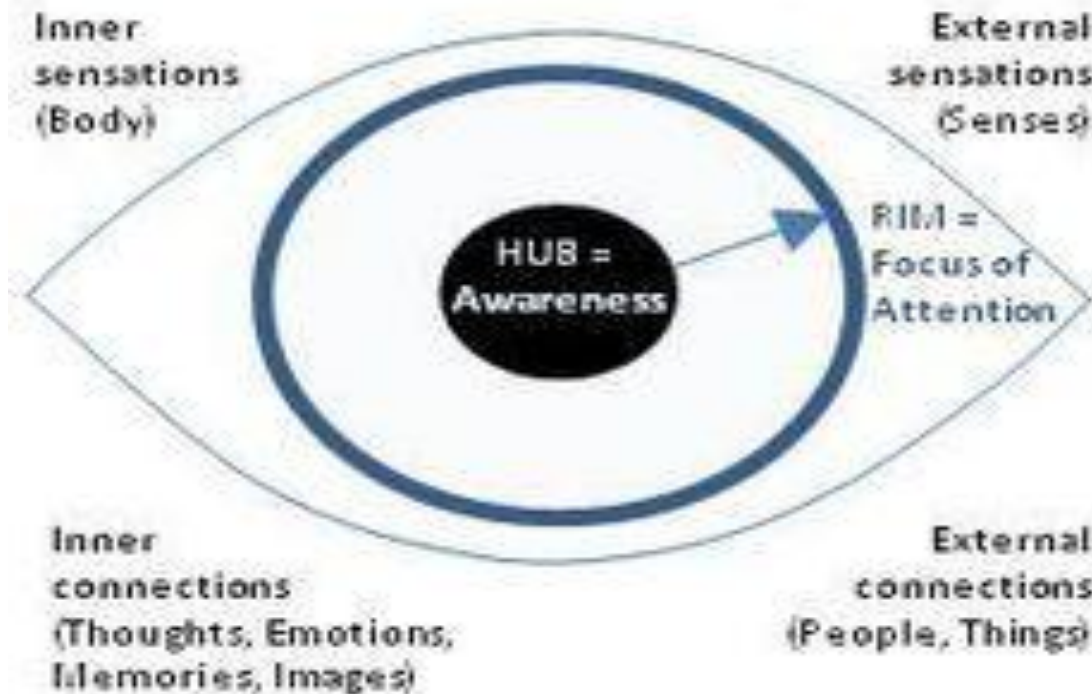


# Anxiety = 4 levels

- Physiology:
  - Heart rate/ fatigue/ stomach pain/ muscle tension/ numbing/ nausea
- Cognitive:
  - Self- critical/ fearful/ catastrophizing/ forgetfulness/ concentration
- Emotional
  - Fear/ worry/ anger
- Behavioral
  - Avoidance/ impulsivity/ trembling voice/ avoiding eye contact/ fight- flight- freeze

# Wheel of awareness

## Wheel of awareness (Dan Siegel)



# Upstairs / Downstairs brain

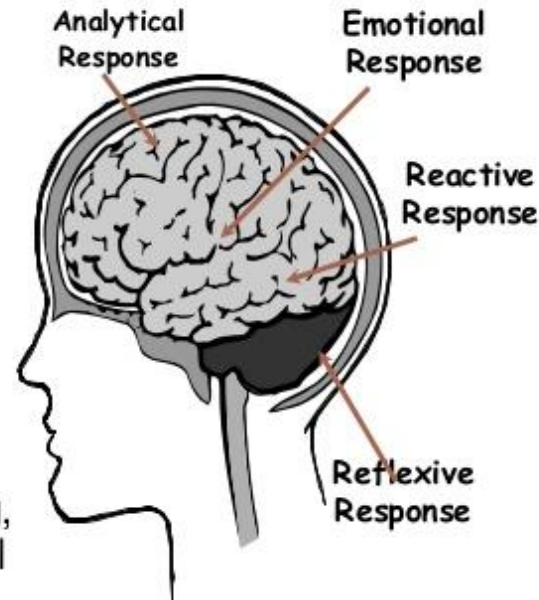
## UPSTAIRS/DOWNSTAIRS BRAIN

### ✘ Downstairs brain:

- **Brain stem and limbic region**
- **Basic bodily functions, emotional reactivity, attachment, fight/flight/freeze**

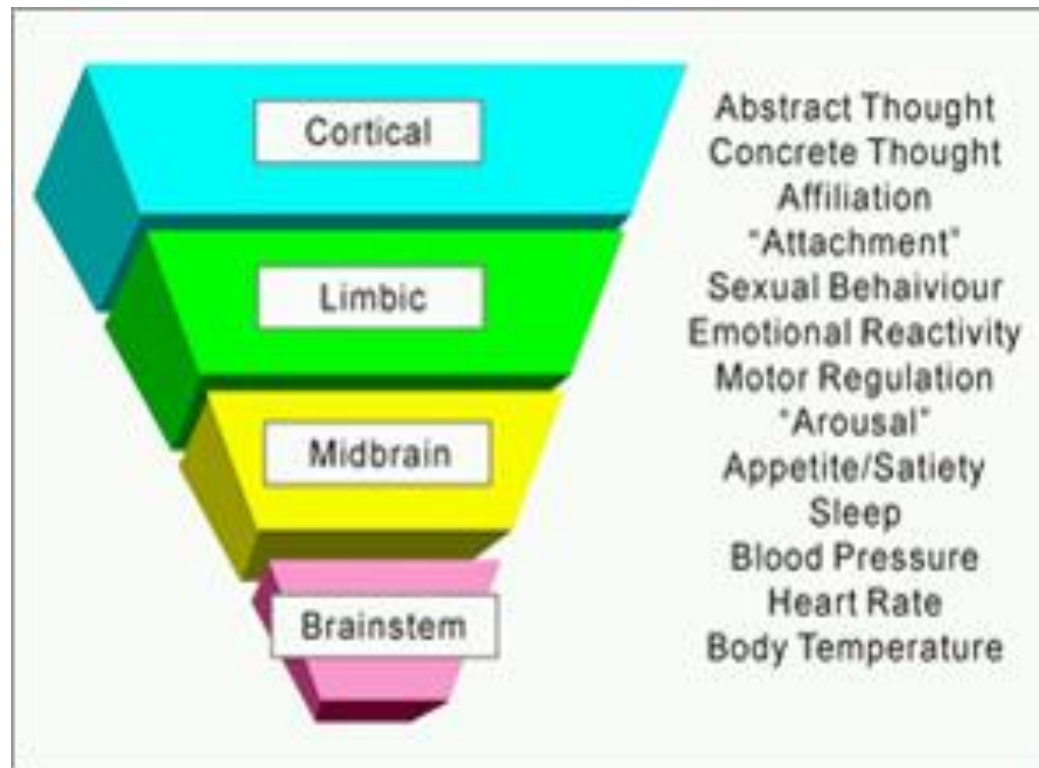
### ✘ Upstairs brain:

- Cerebral cortex
- Decision making, planning, self-understanding, control over emotions and body, empathy, morality, executive functioning





# Vertical integration



# Psychotherapy interventions

- Bottom up
  - Grounding
  - Breathing
  - Movement
  - Touch
- Top down
  - Interoception
  - Mindfulness
  - Mentalization
  - Engaging the upstairs brain
- Brain to brain

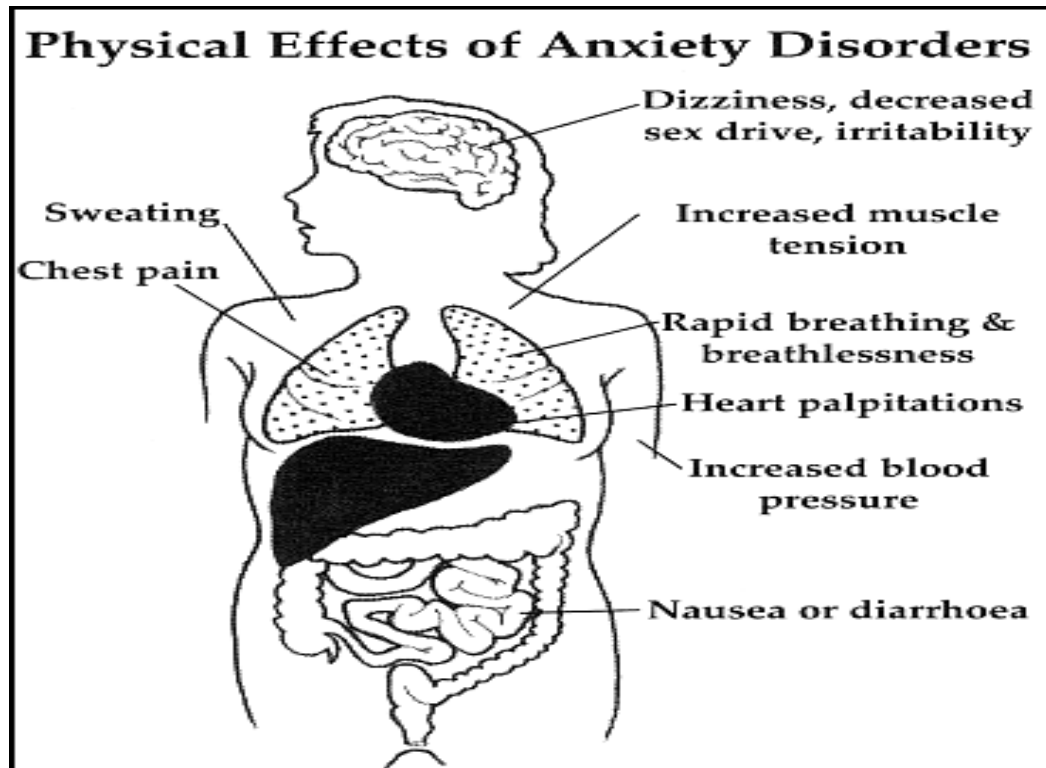


# Stabilization

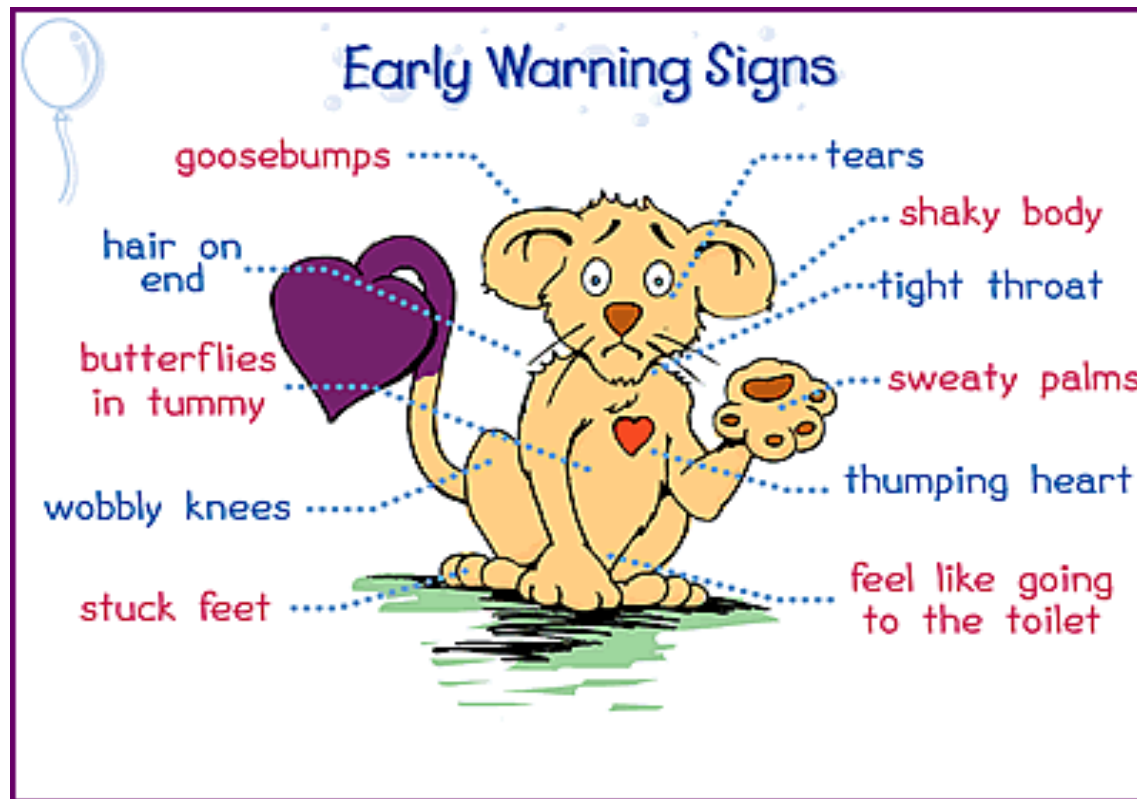


# Therapy: Calming the physiology

- Recognition



# Therapy: Calming the physiology



# FAFA: First aid for anxiety

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



# Therapy: calming the physiology

- Grounding:



# Therapy: calming the physiology

- Grounding: the tree exercise





# Therapy: calming the physiology

- Grounding: the tree exercise



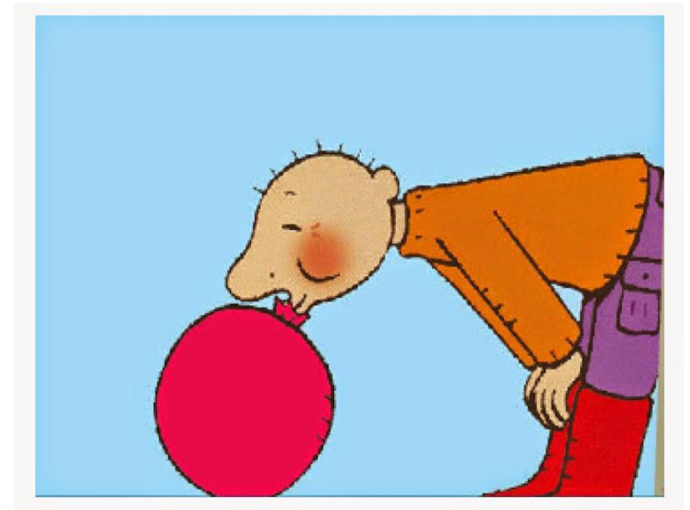
# Therapy: calming the physiology

- Diafragmatic breathing



# Therapy: calming the physiology

- Diafragmatic breathing



# Therapy: 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.

©NotSalmon.com

# 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.

# Safe place





# 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

# Safe place script





# Therapy: calming the physiology

## Long term

- Meditation
- Relaxation
- Yoga
- Safe touch
- Sports/ movement

# Therapy: Affectregulation

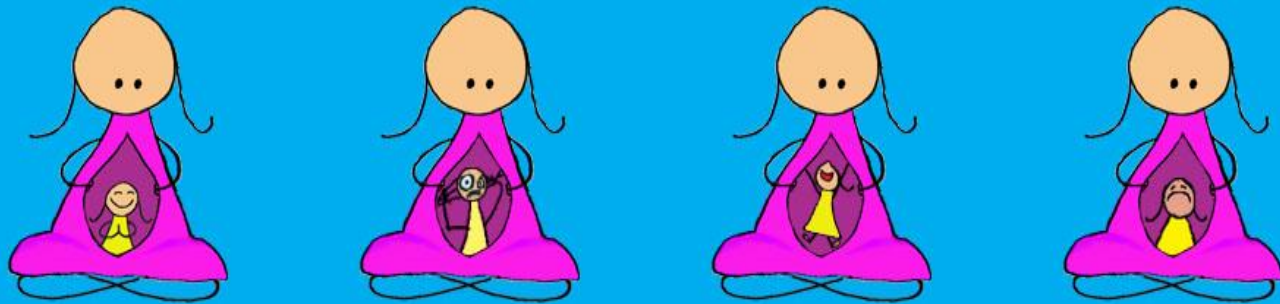


# Therapy: Affectregulation

- Identifying ( awareness + naming)
- Regulating
- Expression

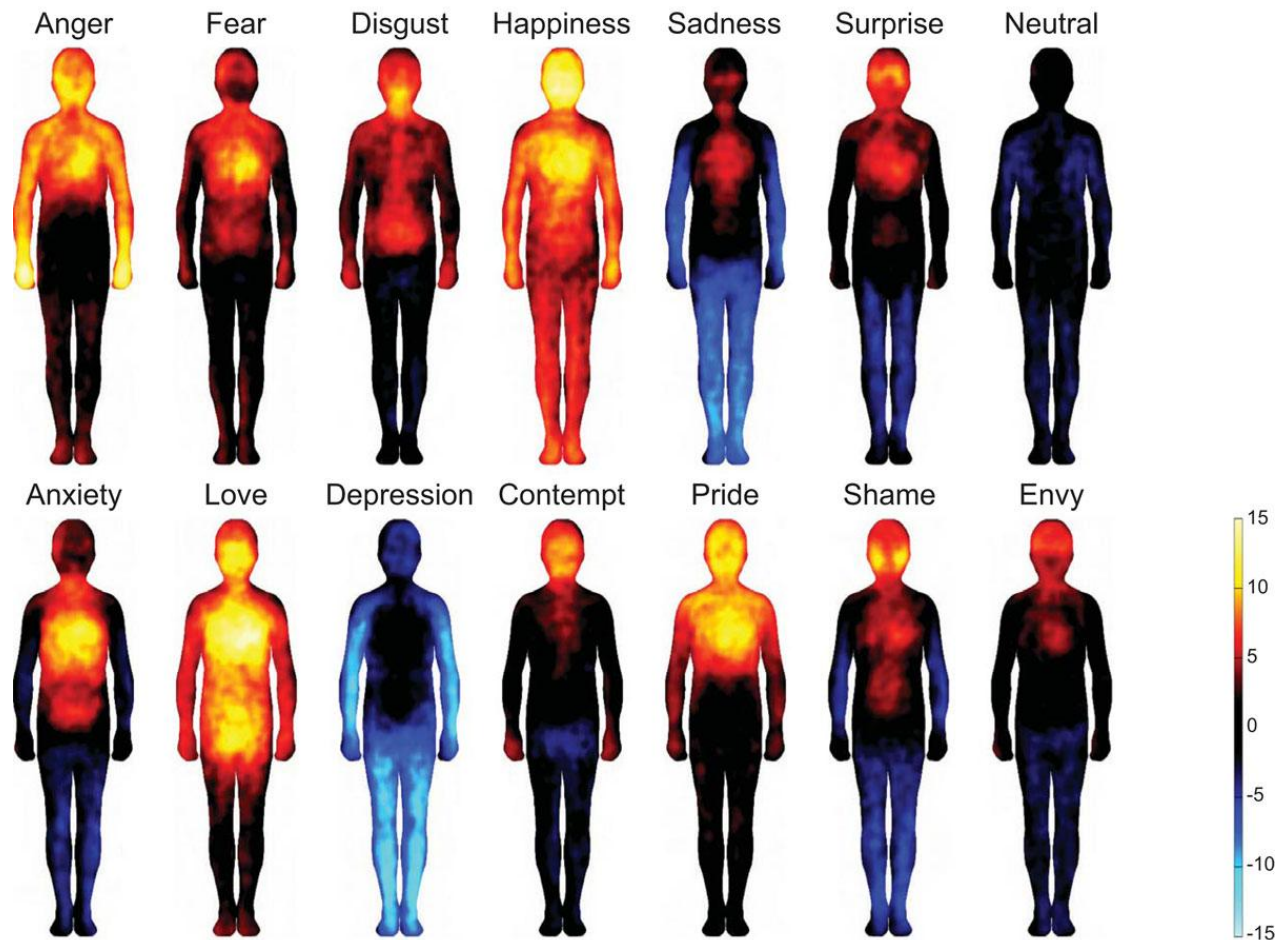
# Affectregulation: Awareness of the feeling

**WHAT'S GOING ON INSIDE ME AT THIS MOMENT?**



Don't analyze, just watch. ~Eckhart Tolle

# Affectregulation: Awareness of the feeling in the body



# “Name it to tame it”

- Dan Siegel
  - Integrating the right and the left brain
  - Feeling in the right side of the brain
  - To make sense of what happens, use the left and link it to the right.
  - Name the inner experience
  - The left hemisphere names what’s going on to the right
  - The whole system calms down

# Affectregulation: Awareness of the feeling in the body



# Emotional flooding

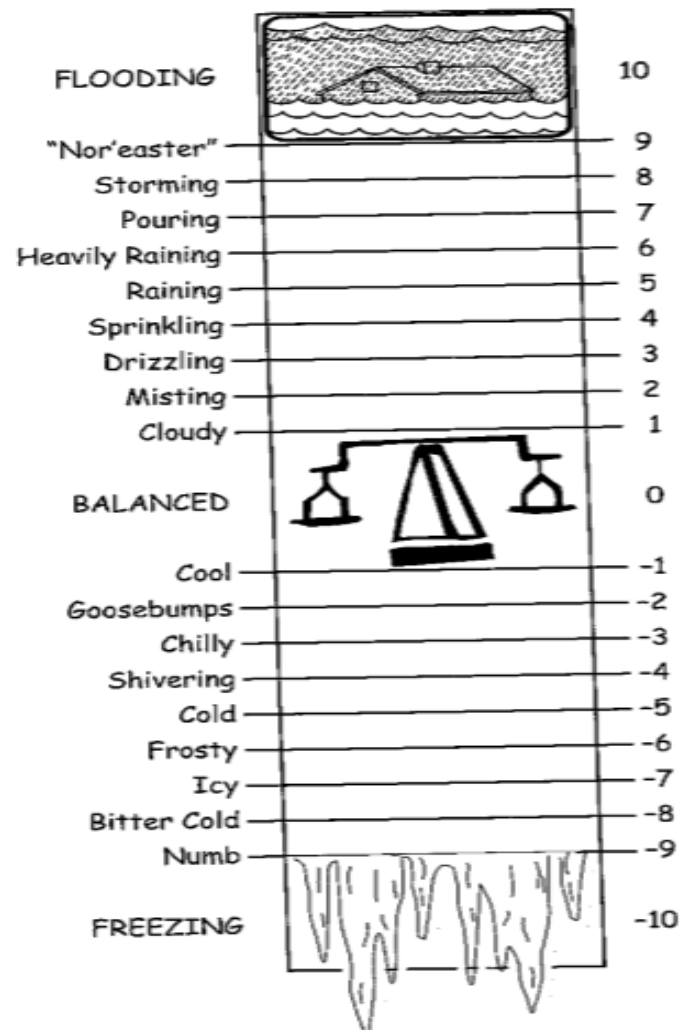




# Emotional blocking



# Emotion barometer



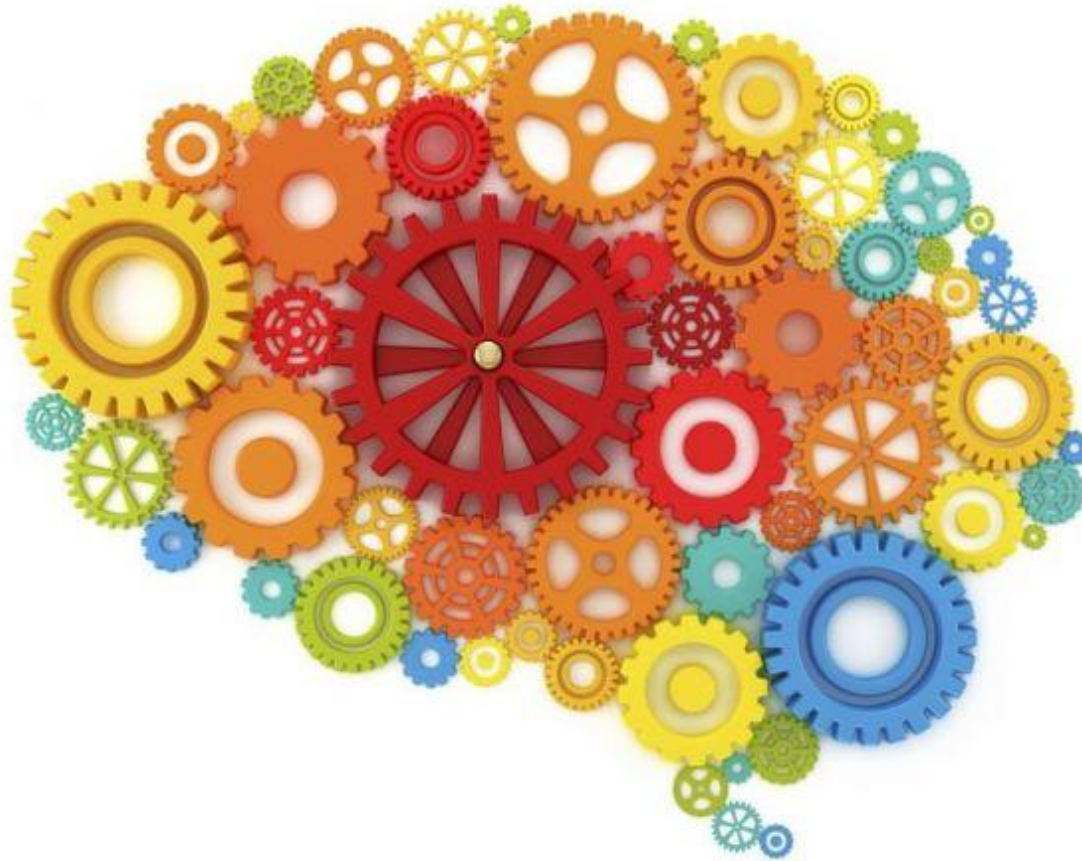
# Up- regulation

- 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.

# Down regulation

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

# Therapy: Cognition



# Therapy: Cognition

- EAT:

Stuck in the actual mode



No differentiation between in- and outside world



Thoughts = reality (obsessive thoughts)

- Pretend play
- Here and now
- Presence

# Therapy: Cognition

- Stop!



- Container exercise



# Therapy: Cognition

- Distraction (do something!)



7	8		4			1	2	
6				7	5			9
			6		1		7	8
		7		4		2	6	
		1		5		9	3	
9		4		6				5
	7		3				1	2
1	2				7	4		
	4	9	2		6			7

- Another thought





# Restructuring the internal working model



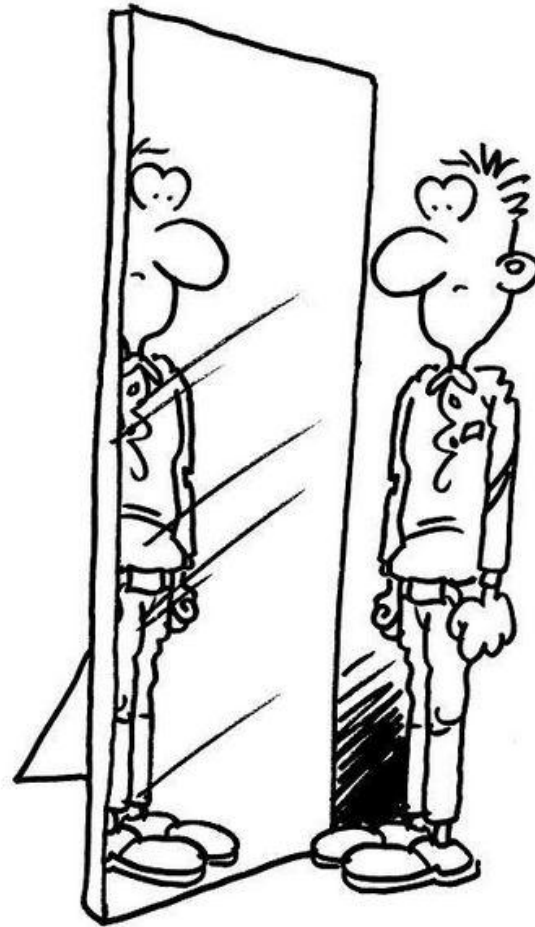
# Restructuring the internal working model

- Corrective relational experiences
- Affect regulation
- Dual awareness
- Dis- identification
- Resource development
- Inner child work

# Restructuring the internal working model. Therapist as secure base

- (Bowlby, 1977). The therapist as an attachment figure
- assist the client in exploring past and present attachment relationships
- understanding how such relationships contribute to current internal working models and his or her difficulties.
- Through such exploration, client can revise internal working models and develop adaptive views of self and other.

# Dis-identification



# Dis- identification

- *I have a body, but I am more than my body. I am the one who is aware: the self, the center. My body may be rested or tired, active or inactive, but I remain the same, the observer at the center of all my experience. I am aware of my body, but I am more than my body.*
- *I have emotions, but I am more than my emotions. Whether I feel excited or dull, I recognize that I am not changing. I have emotions, but I am more than my emotions.*
- *I have an intellect, but I am more than my intellect. Regardless of my thoughts and regardless of how my beliefs have changed over the years, I remain the one who is aware, the one who chooses--the one who directs my thinking process. I have an intellect, but I am more than that.*
- *I am a center of pure awareness. I am the one who chooses. I am the self.*

# Resource development

- Resource-focused interventions can be conceptualized as including a wide range of methods and foci encompassing
  - 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...)

# Resource development

- ‘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.

# Inner child work

- Gestalttherapy: “ Empty chair”
- John Bradshaw ( “ Homecoming”)
- Inner child writing
- Imagine your inner child



# Reconnecting with the body



# Reconnecting with the body

- Safe touch
- Bodyscan
- Chacrawork
- Peter Levine
- Pat Ogden



# Reconnecting with the body/ Peter Levine

- The goal of Self- Holding:
  - To calm the nervous system
  - Bring the Self back into the body
  - Develop more body awareness
  - Train one's own nervous system to remember what normal is like.

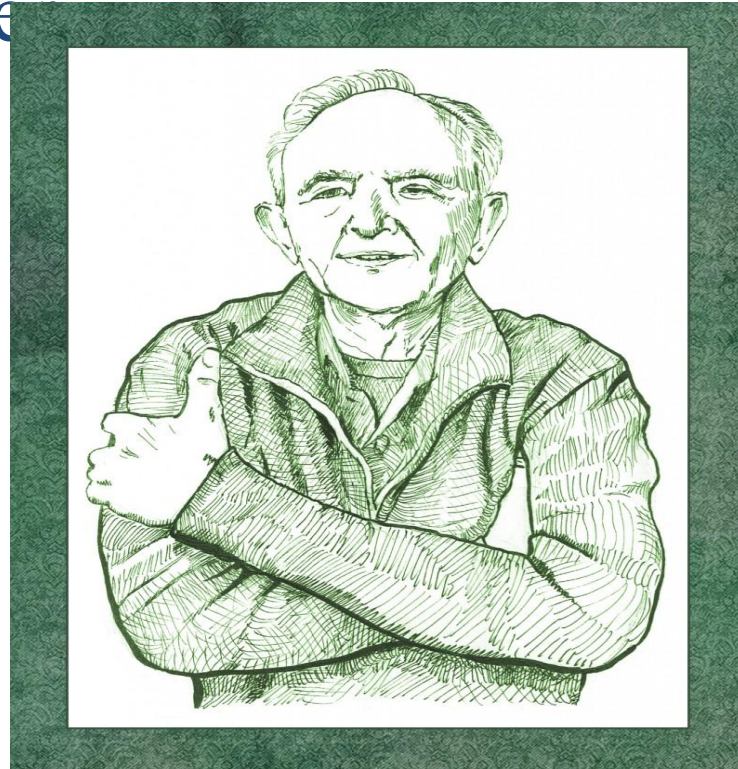
# Somatic experience/Peter Levine

- Self- holding



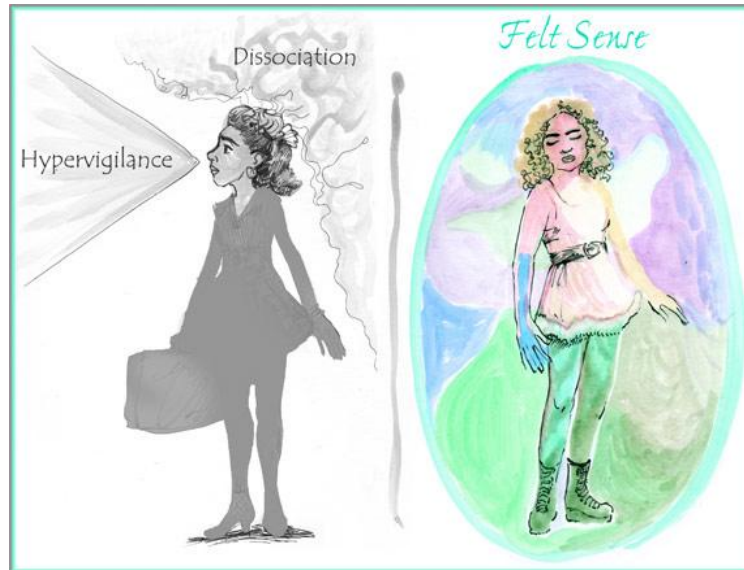
# Somatic experience/ Peter Levine

- Self hug
- **Goal:** To feel the body as container. To develop our container



# Somatic experience/ Peter Levine

- The felt sense = awareness of sensations, energies and emotions
- **Goal:** Develop the ability to be in tune with and describe your felt sense



# Sensorimotor Psychotherapy/ Pat Ogden

## **Auto and Interactive Somatic Resources**

- **Somatic Resources for Interactive Regulation**

  - Proximity

  - Boundaries and Defense

  - Reaching out, holding on and letting go

- **Somatic Resources for Auto Regulation**

  - Grounding

  - Alignment

  - Containment

  - Centering

Ogden 2002



# EMDR



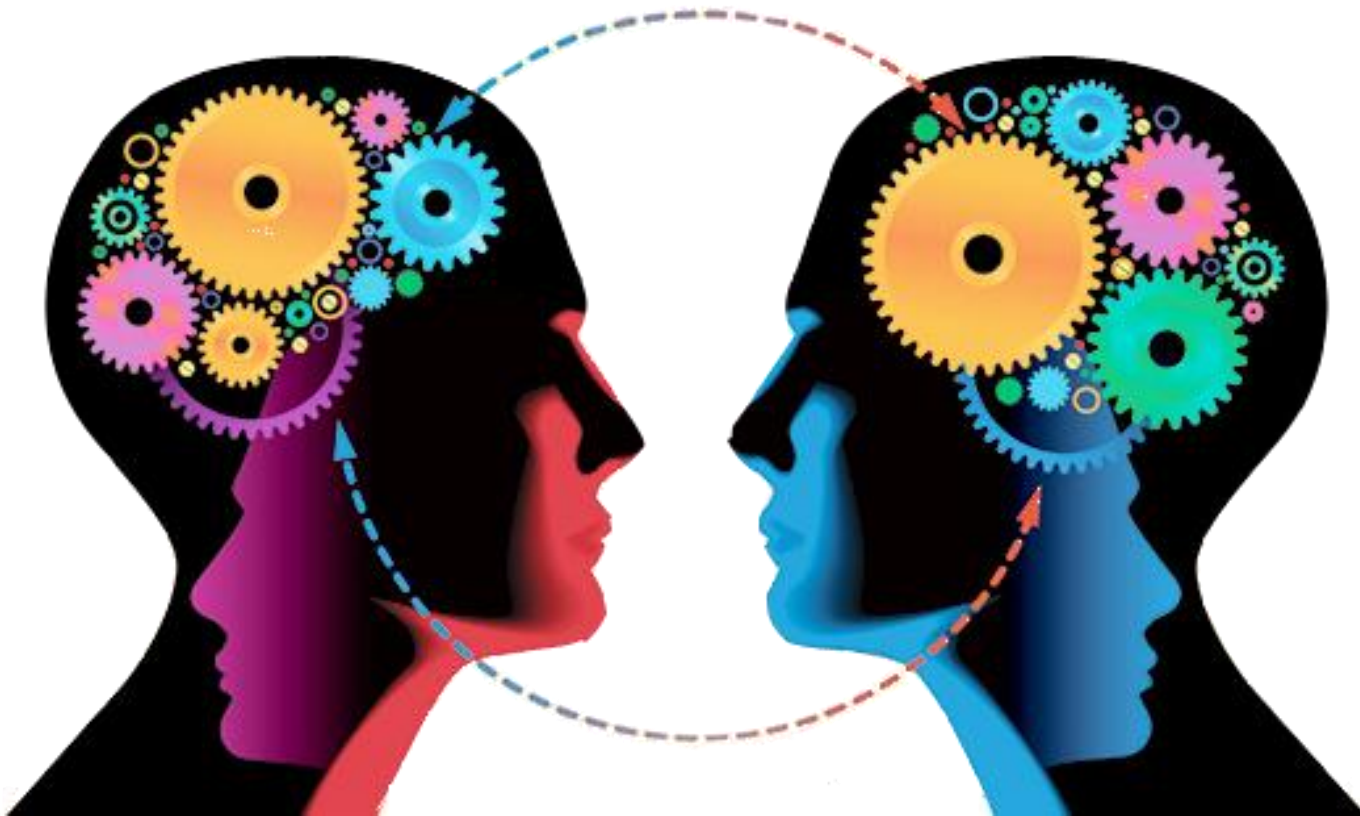
**E**ye  
**M**ovement  
**D**esensitization &  
**R**eprocessing



# EMDR

- Identify the event that started the fear, and subsequent events that contributed to the fear, and place these on a timeline
- The first, the worst , the last
- Future template
- Video check/mental video
- Homework assignments

# Therapeutic relationship



# Therapeutic relationship

- Vitalizing attunement
- Attunement = psychobiological synchrony



Right- brain to right- brain



Implicit self tot implicit self



Sense of safety

# Right brain to right brain

- becoming an adaptive attachment figure to the client
- create new experiences of the client's self in relation to the therapist
- Being reliable, available, attuned, empathic, helpful in the therapeutic alliance
- Those repeated experiences over time will grow new neural patterns
- Will internalize a secure base

# Right brain to right brain

- help clients learn to regulate their feelings
- feel safe to experience them
- learn to empathize with other people's feelings
- be able to manage and shift their inner emotional states
- be able to respond to other people in appropriate connecting ways
- help clients be more comfortable with feelings/intimacy /connection
- help them deal with all feelings and all relationships in an open undefended way.



