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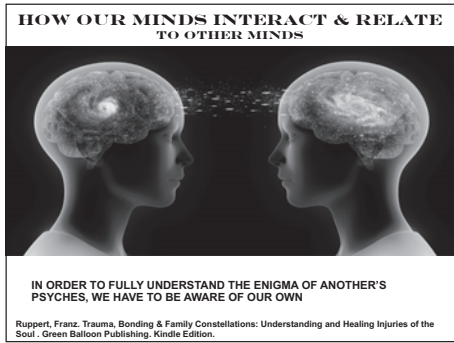
(GOMEZ, 2013) **CREATING THE HEART JAR**

MY INNER JAR

- IT BECOMES A SACRED SPACE
- WHEN YOU FIND A RESOURCE, ASSET, GIFT YOU POSSESS, PLACE IT INSIDE THE JAR
- KEEP IT OPEN THROUGHOUT THE TRAINING
- BREATHE AND PLACE IT INSIDE THE HEART JAR

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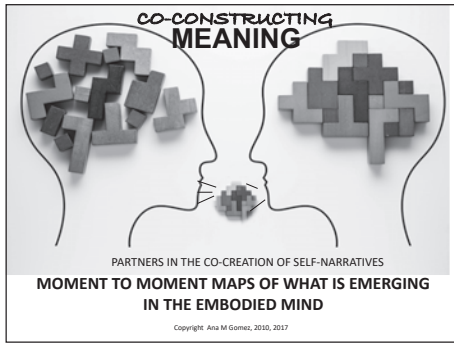
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THE SOCIAL BRAIN AND THE MIRROR NEURON SYSTEM

- "our internal organs are automatically linked to our facial expressions to give others a real-time readout of our internal biological state" Cozolino
- "...mirror neurons create an internal representation of the actions, expressions, and emotions of others within our own bodies" Cozolino,

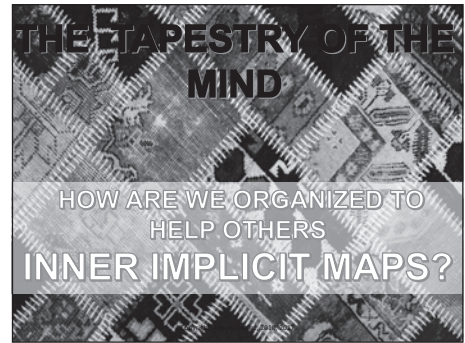
THE CLINICIAN'S MIND

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MY CONTAINER



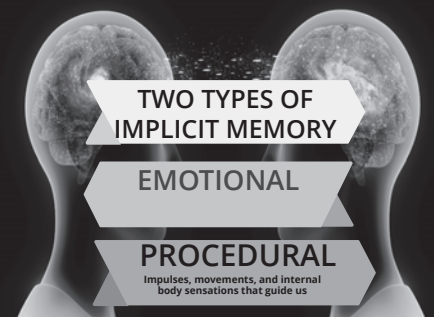
- CREATE YOUR CONTAINER: COLOR, SHAPE, SIZE, TEXTURE & OTHER FEATURES
- MAKE SURE IT HAS A LID OR A WAY TO OPEN AND CLOSE
- FIND A SPECIAL PLACE
- BREATHE AND PLACE THE ITEM INSIDE THE CONTAINER WHEN NEEDED
- FIND A PROTECTOR- OPTIONAL

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TWO TYPES OF IMPLICIT MEMORY


EMOTIONAL

PROCEDURAL
Impulses, movements, and internal body sensations that guide us



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THE CLINICIAN'S MIND



- PERSONAL IDEOLOGY**
Cultural
✓ Religious
✓ Racial
✓ Social
- MENTALIZING CAPACITIES**
- CLINICIAN'S OWN HISTORY AND HOW IT HAS BECOME INTEGRATED BELIEF SYSTEM**
- MEANING MAKING & CASE CONCEPTUALIZATION**

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PROCEDURAL MEMORY

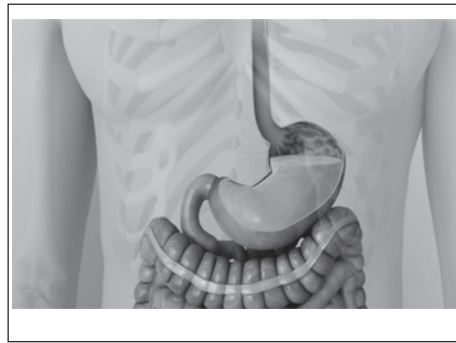
Journal: PhD, Peter A., Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory (p. 17). North Atlantic Books, 2016 Edition.

- LEARNED MOTOR SKILLS**
Learning to ride a bike
- VALENCES OF APPROACH & AVOIDANCE**
Stiffening, retracting, and contracting.
- SURVIVAL REACTIONS**
Appear in times of distress. Deepest and most compelling. Override the other implicit and explicit memory subtypes.

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The Green, Red and Blue Roads



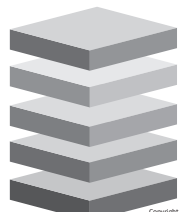
Blue Cold Road Immobilization and Shut Down Detachment Dissociation	Red Hot Road Mobilization Agitation Feeling overwhelmed Feeling unsafe	Green Road Engagement Connection Feeling safe
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IMPULSES

WHEN THE CLIENT CHILD....WHAT IS YOUR FIRST IMPULSE? HOW DOES YOUR BODY EXPRESS IT?



- OPEN UP OR CLOSE DOWN
- APPROACH OR DISTANCE
- ENGAGE OR DISENGAGE
- FIGHT OR RUN
- PROTECT OR DEFEND USING AFFECTIVE DATA THERAPEUTICALLY




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INTERNALLY CONFIGURED & ORGANIZED TO CONNECT OR DEFEND


Immobilization	Mobilization	Safety
		

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What Takes Me to the Red Road?
Triggers

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

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How do I act & respond when I am on the Blue Road?

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

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What Takes Me to the Blue Road?
Triggers

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

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How do I act & respond when I am on the Green Road?

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

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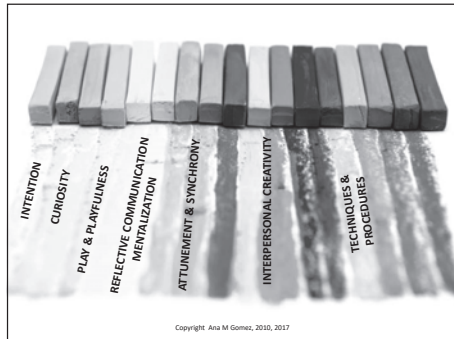


What can I do to return to the Green road?

- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____
- ❖ _____

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FOCUS ON CHILD'S CUES
Capacity to mentalize is present

FOCUS ON MINDFULLY ON INTERNAL PROCESSES

GIVES MEANING REFLECTS AND MIRRORS CHILD'S MIND
RESPONDS INTENTIONALLY & CONTINGENTLY DURING THERAPEUTIC SESSIONS

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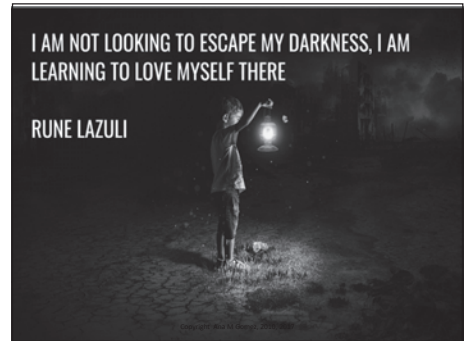
Field of Consciousness

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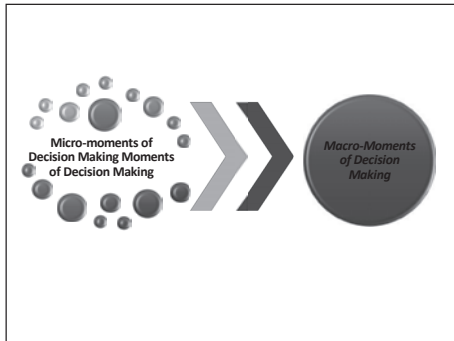
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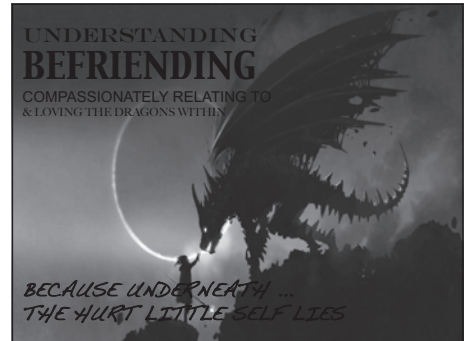
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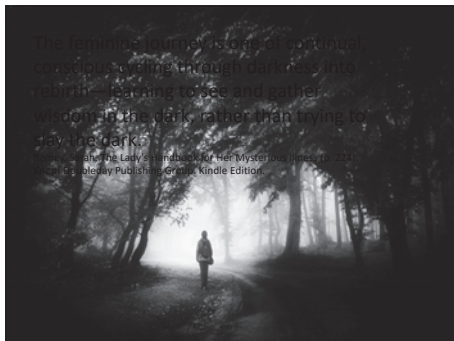
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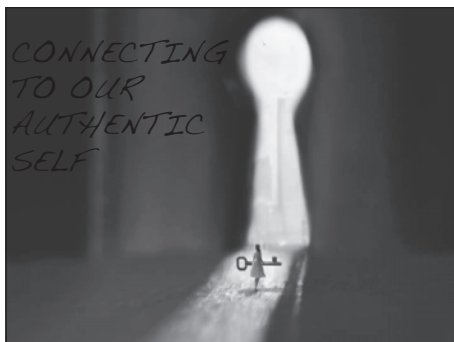
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MY COMPANIONS	(GOMEZ, 2013) > WHO WILL BE BY YOUR SIDE AS YOU ACCEPT & EMBRACE SELF EXPLORATION?	
	> INVITE YOUR COMPANIONS	
	> PHYSICALIZE THEM	
	> PLACE THEM NEAR YOU WHERE YOU CAN SEE THEM	
	> IF POSSIBLE, INVITE YOUR BIGGER, WISER, OLDER SELF	

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	FRAGMENTED STORY ❖ Fragments live in the body and the NS ❖ In the form of images, sensations, emotions ❖ Cut off from a coherent narrative ❖ Not located in time and space ❖ When activated they are experienced as occurring in the present and not as an experience occurring in the past
COHERENT NARRATIVE AND AUTOBIOGRAPHICAL STORY	

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THE FRAGMENT/BIT THAT FORGOT ITS OWN STORY

Isolated in implicit memory subjectively felt as if it belonged to the present even though it is rooted in the past

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COMING BACK HOME

WHAT WOULD HAPPEN IF YOU KNEW, IF YOU FELT, IF YOU SAW...?

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THE MIND THAT CAN'T SEE ITS FRAGMENTS/BITS

IMAGE
THOUGHTS
EMOTIONS
SENSATIONS

NOT LOCATED IN TIME & SPACE

DOES NOT BELONG TO A COHERENT, COHESIVE, INTEGRATED NARRATIVE

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COMING BACK HOME

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COMING BACK HOME

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COMING BACK HOME

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COMING BACK HOME

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FROM UNCERTAINTY & NOT-KNOWING TO REALIZATION & KNOWING

PATIENT AND CONSISTENT CURIOSITY

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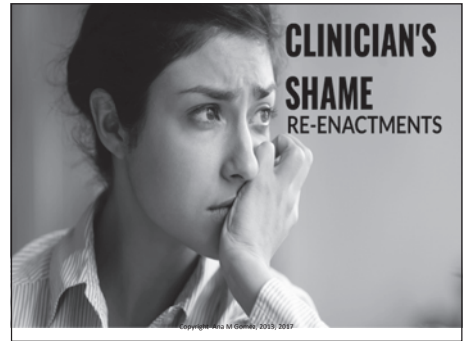
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“to know what you know and feel what you feel”

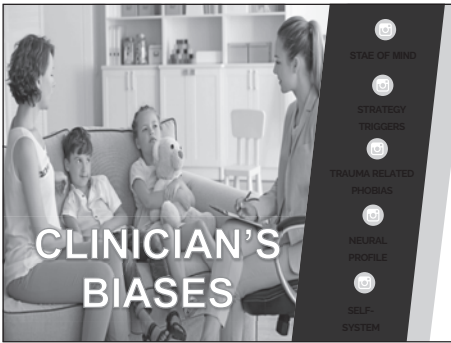
Zucchetto, Joanne. Understanding the Paradox of Surviving Childhood Trauma (p. 15). Taylor and Francis. Kindle Edition.

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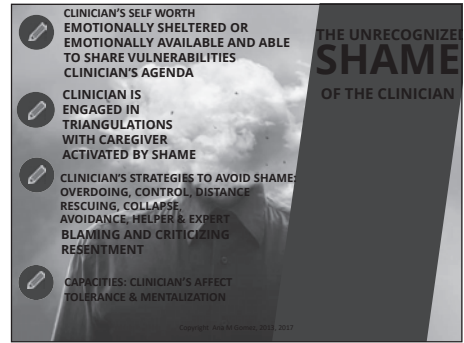
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ANXIOUS AMBIVALENT Unpredictable, intrusive and undependable care Care that prevents and hinders differentiation	AVOIDANT Not showing needs will protect the relationship with the caregiver Avoidance is a defense developed to stay in relationship with a distant, cold and neglectful caregiver	DISORGANIZED Internal conflict between defending against the person they want connection from The world does not only invalidate the child's inner experience but distorts it

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THE CLINICIAN WITH AVOIDANT-DISMISSING TENDENCIES

- Biased towards the left brain: Logic capacities are better developed than their capacities to connect to their emotions
- Low reactors (Gerhardt, 2004) that tend to shut down their emotion

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THE CLINICIAN WITH AVOIDANT-DISMISSING TENDENCIES

- May tend to be non-reciprocal
- May lack attunement and empathy
- May be more distant and cold
- May tend to minimize negative experiences and interprets them positively
- May downplay the importance of events that could cause distress
- May withdraw at the time client needs their presence
- The therapeutic relationship may lack depth and connection and are superficial.
- Lack of attunement to the inner world of the client
- May be “superficially sensible”
- May tend to have lower emotion tolerance

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THE CLINICIAN WITH ANXIOUS-PREOCCUPIED TENDENCIES

- May be more willing and sometimes even too eager to rescue the client
- May be very giving and works hard for the client, but feels other people are obligated to reciprocate. Becomes resentful when they are not reciprocated
- Inconsistent
- May be more willing to go beyond to help the client
- May tend to either blame the self or the client if therapy goals are not achieved
- May tend to be intrusive and invasive. Tendency towards enmeshment
- Sensitive to any imagined abandonment and rejection
- Therapist may be pulled into re-enactments and could be placed into double binds

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CLINICAL CASE SCENARIOS

- Th working on a very challenging case, putting his/her 150%
- Clients start to improve
- Parents and adolescent attribute all the positive changes to meds
- Therapist feels resentful, feels empty, lack of recognition of their work
- Clinician decides to put less effort during client's sessions
- Clinician has history of neglect and rejection in family of origin

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THE CLINICIAN WITH UNRESOLVED TRAUMA & DISORGANIZED TENDENCIES

- Prone to dissociation
- Easily triggered and either dysregulated or shut down when attachment needs are activated in the therapeutic process
- May use control as a strategy and they may collapse when this strategy breaks
- The attachment system and with it fear, shame and defenses may be activated in the therapeutic process.
- More prone to having trauma-related phobias on their own which will impact the direction in the moment to moment decision making in therapy

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THE CLINICIAN WITH ANXIOUS-PREOCCUPIED TENDENCIES

- May be more willing and sometimes even too eager to rescue the client
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- Sensitive to any imagined abandonment and rejection
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HOW AM I INTERNALLY CONFIGURED TO HELP?



- ◆ WE SEE OUR CLIENTS FROM THE LENSES OF OUR OWN EMBODIED MINDS
- ◆ APPROACH AND DISTANCE
- ◆ MOMENT TO MOMENT DECISION MAKING
- ◆ WHERE MY MIND ENDS AND THE MIND OF MY CLIENT'S BEGIN?
- ◆ BOUNDARY ISSUES ARE ATTACHMENT & TRAUMA ISSUES

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- ◆ ENMESHMENT
- ◆ UNDERRESPONDING
- ◆ DOING TOO MUCH
- ◆ DOING TOO LITTLE
- ◆ RESCUING BEHAVIORS
- ◆ SHAMING BLAMING
- ◆ LACK OF BOUNDARIES
- ◆ CRITICISM AND ABANDONMENT
- ◆ FEELING OVERLY RESPONSIBLE FOR THE CLIENT
- ◆ TOO MUCH EMOTIONAL DISTANCE

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SOCIALLY CONDITIONED METAPERCEPTIONS



- YOU ARE A THERAPIST, YOU ARE SUPPOSED TO NOT HAVE ISSUES OR IF YOU HAD THEM THEY SHOULD BE RESOLVED
- YOU ARE A THERAPIST? YOU PROBABLY HAD SECURE ATTACHMENT AND NOW YOU HAVE SECURE STATES OF MIND
- YOU CAN HANDLE ANY EMOTIONAL ISSUES
- YOU ARE ALWAYS CALM

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ENTERING THE THERAPIST'S INNER CONFIGURATION




- ◆ WHO AM I SUPPOSED TO BE?
- ◆ HOW SHOULD OTHERS PERCEIVE ME?
- ◆ WHAT ARE THE EXPECTATIONS I HAVE OF MYSELF AS A HELPER?
- ◆ HOW EFFECTIVE I SHOULD BE?
- ◆ WHERE DID I LEARN THIS?
- ◆ WHAT MAINTAINS IT?

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RESTORING SAFETY



- ◆ INTERNAL SAFETY
- ◆ EXTERNAL SAFETY
- ◆ RELATIONAL SAFETY
- ◆ EMOTIONAL SAFETY

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THE ART OF SELF-PROTECTION THE MINDS THAT DEFEND AGAINST THEIR OWN STORY

COLLECTIVE & GENERATIONAL DEFENSES
"NOT ME-NOT MINE"

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SURVIVAL & DEFENSES

- Clients are in constant crisis mode, demanding etc.
- Clinician works long hours
- Clinician is going through personal turmoil
- CI may be perceived as needy, too much...
- Clinician's regulatory capacities are stretched
- Strategy and defenses are activated
- If strategy breaks, then memory networks become fully activated

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DEFENSES

- OVERANALYZE, PREOCCUPIED WITH FIXING THE CHILD, CATASTROPHIZING
- OVERPROTECTIVE, CONTROLLING, POOR BOUNDARY AWARENESS, AVOIDANCE
- DOER, ACHIEVER, PERFECTIONIST SHAMING, CRITIZING, DISSOCIATING
- AVOID, NOT FEEL AND NOT KNOW (NOT ME, NOT MINE)

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Lack of Session Organization

- Leaving the child dysregulated or a younger dysregulated part in charge at the end of the session
- Moving too fast into trauma work guided by pressure, the need to please, meet expectations or clinician's own belief system
- Lengthy treatments and inability to enter trauma due to clinician's own phobias and window of affect tolerance

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ALLIANCE WITH CAREGIVER: BAD CHILD

- Parent activates clinicians unresolved attachment traumas
- Clinician focuses on the work that will meet the needs and expectations of the caregiver
- Clinician grew up with a demanding narcissistic parent working now with a demanding and narcissistic parent
- Clinician is in self-preservation and survival which means the focus is on self. Mentalizing capacities are off line
- Is this ethical?

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THE VERY COMFORTABLE CLIENT

- Profile of your most comfortable client and therapeutic situations
- What makes this client and client's actions so comfortable for you?
- What needs if any do they fulfill in you?
- How does it affect the therapeutic outcome?
- How do you act towards this client that is different from the uncomfortable client?

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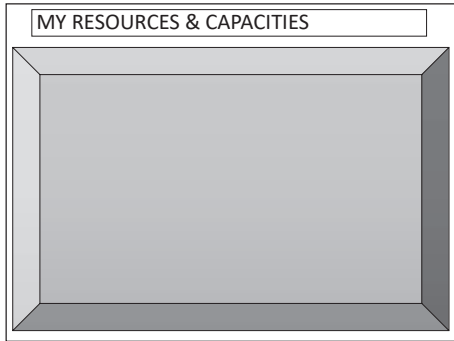
THE UNCOMFORTABLE CLIENT

- Profile of your most uncomfortable client and therapeutic situations
- They will present with the greatest ethical dilemmas and the greatest potential for growth
- They will activate IWM and cognitive, emotional and somatic schemas
- Clinician's defenses

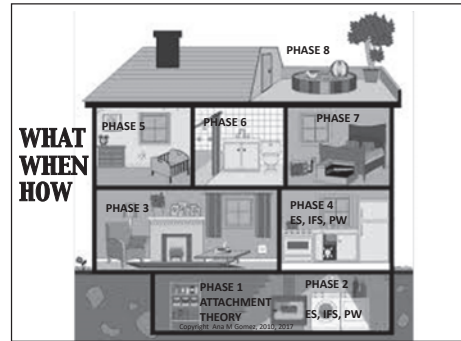
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MY SURVIVAL STRATEGIES

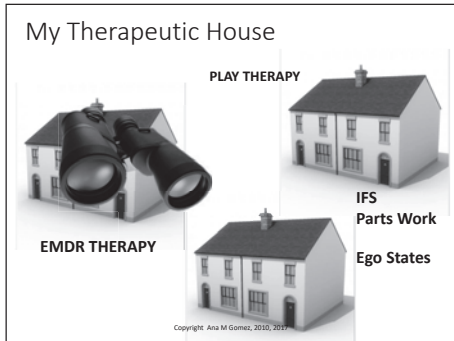
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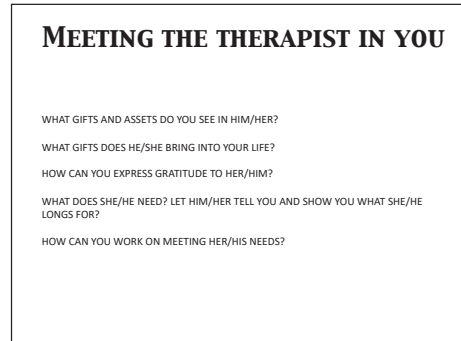


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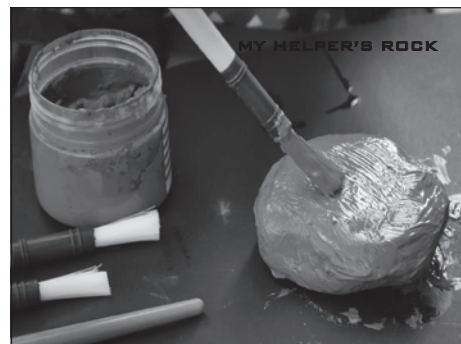


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