



Using Neurobiology To Address Trauma

By Dr Hans Watson D.O.



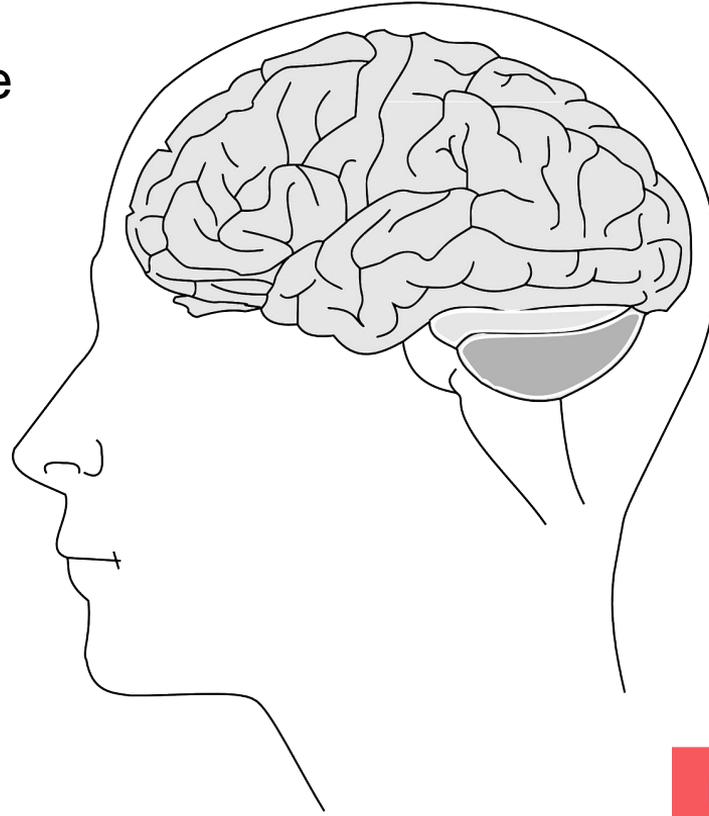
Today You Will...

- **Learn the two major parts of the brain that are involved in Anxiety and PTSD**
- **Understand how these two parts of the brain interact in healthy individuals and those struggling with mental illness**

Today You Will...

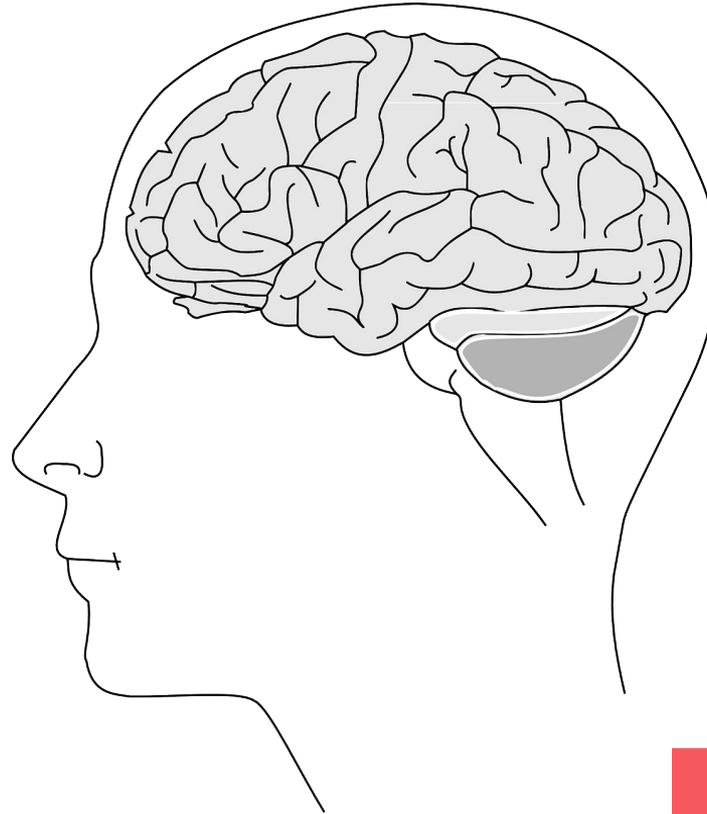
- **Learn how therapy, behavioral interventions and medications affect these brain parts**
- **Understand the general things therapy must do to help people heal from PTSD or Anxiety**

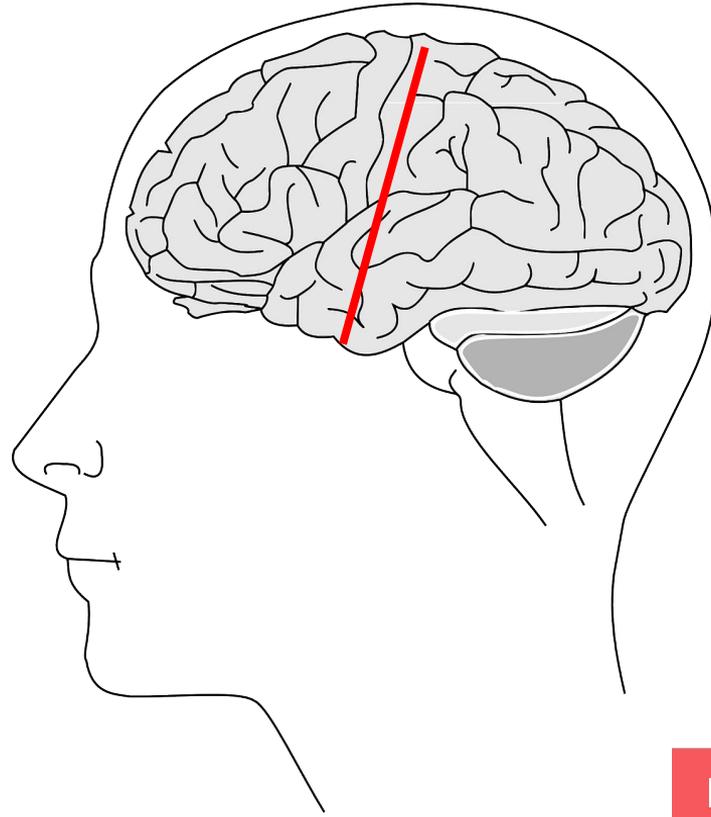
The information is accurate, but we are going to simplify when necessary



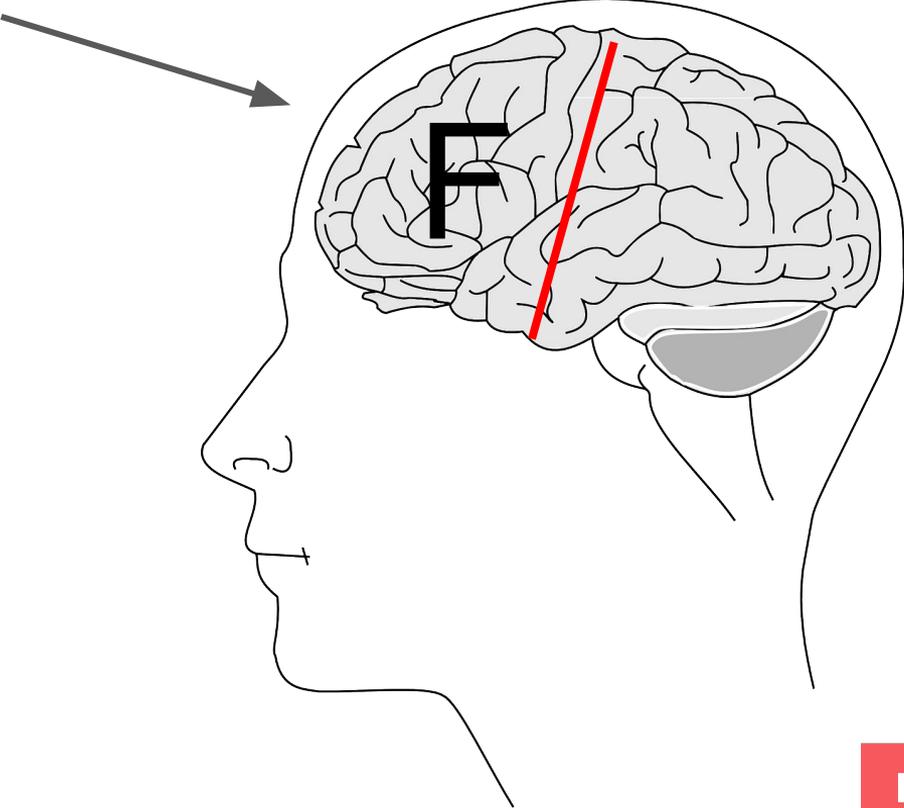
Your Brain is a
collection of
neurons.

AKA: Nerves





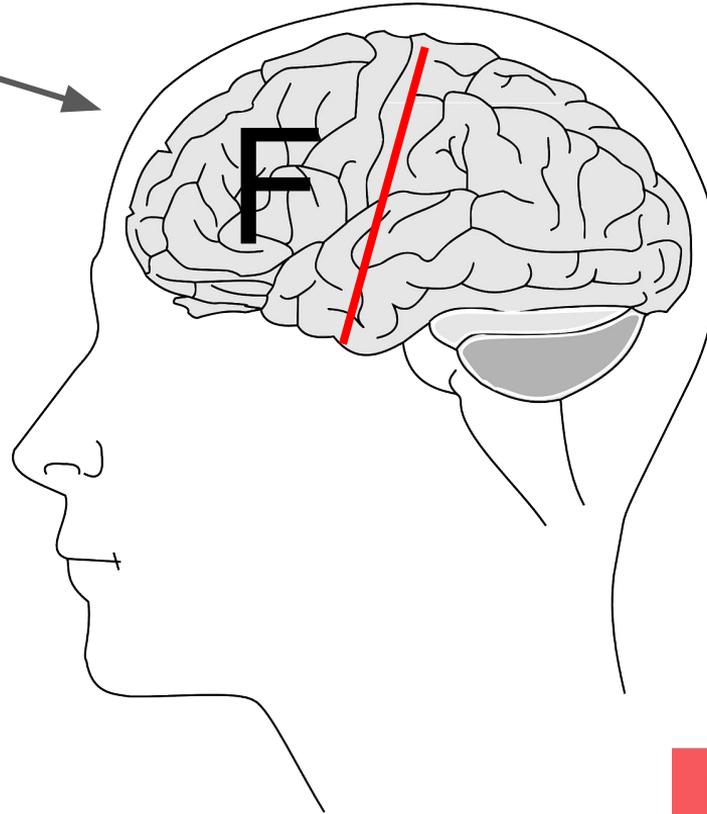
Frontal Lobe



Frontal Lobe

Conscious part of the brain

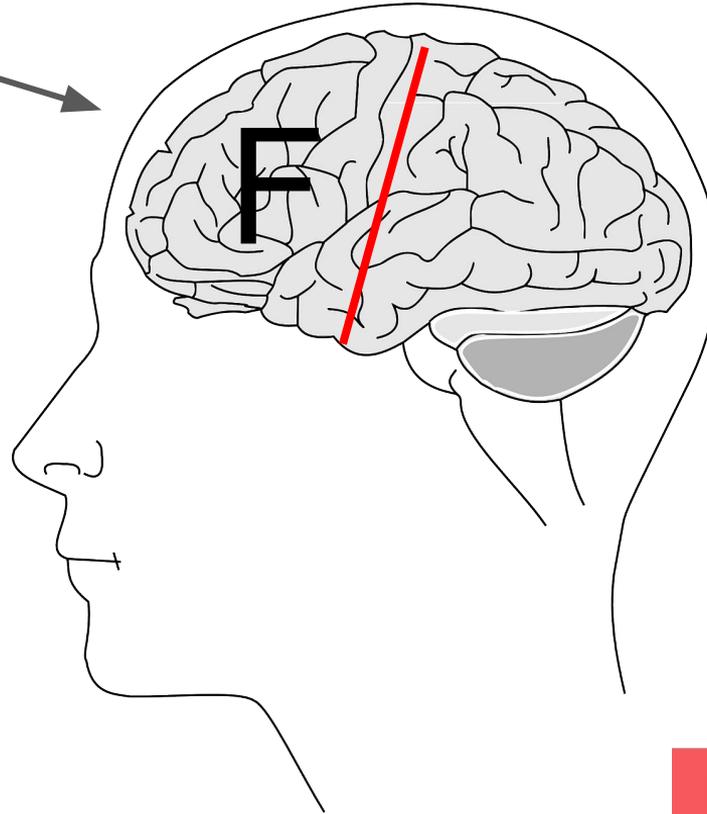
Where analysis and reasoning happen (smart part)



Frontal Lobe

Conscious part of
the brain

Where analysis and
reasoning happen
(smart part)

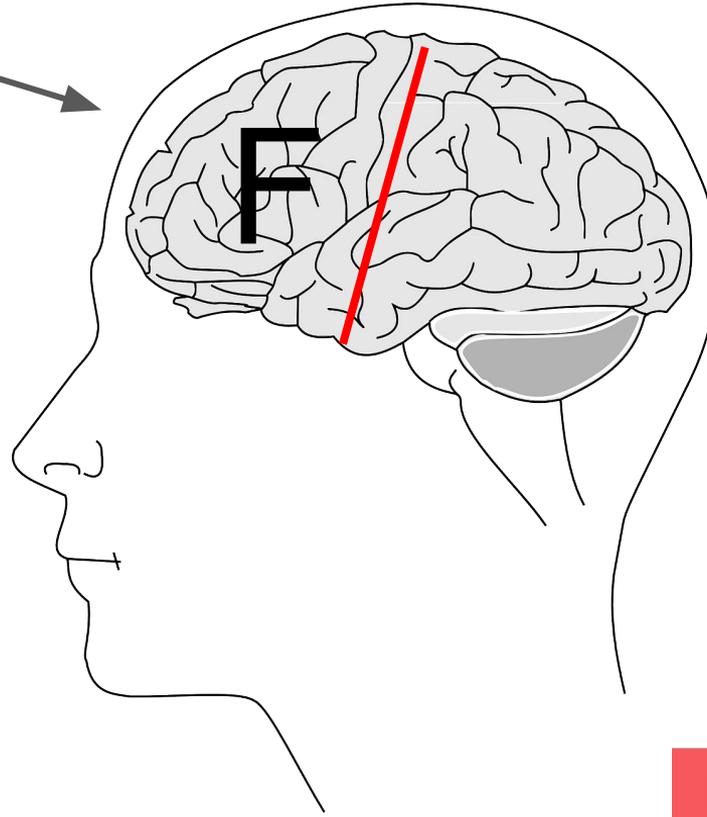


The Rest Of The Brain

Frontal Lobe

Conscious part of the brain

Where analysis and reasoning happen (smart part)



The Rest Of The Brain

Unconscious part of the brain

Only makes associations

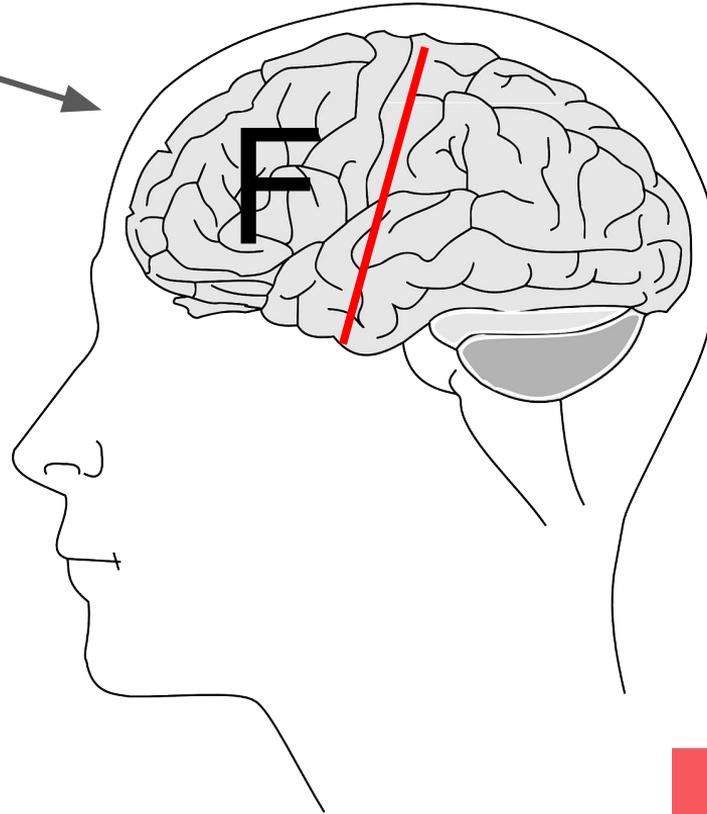
Creates emotions and impulses

Vital unconscious body functions

Frontal Lobe

Conscious part of the brain

Where analysis and reasoning happen (smart part)



The Rest Of The Brain

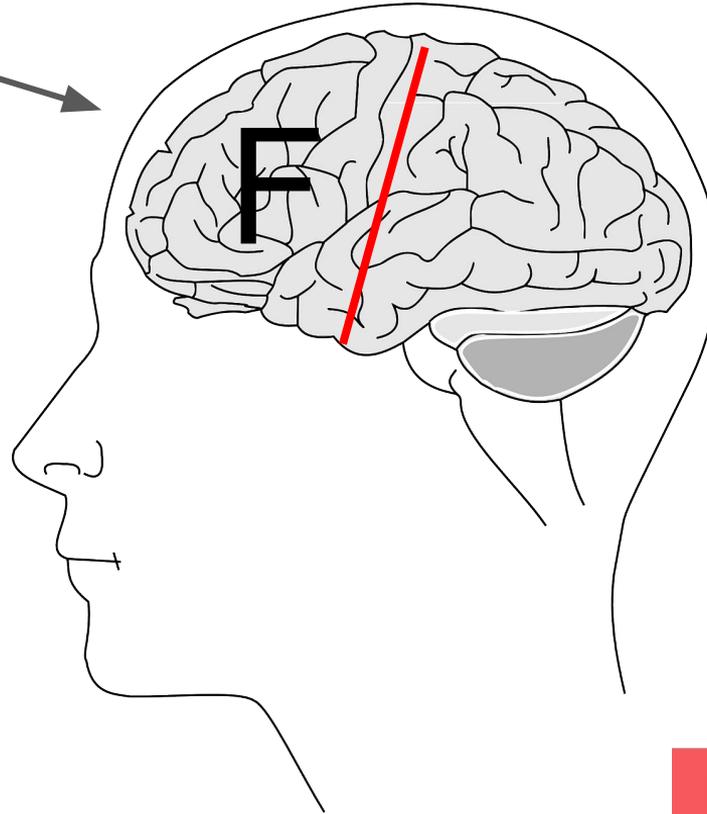
Unconscious body functions

- Heartbeat
- Breathing
- Hormone Release
- Emotions....

Frontal Lobe

Conscious part of the brain

Where analysis and reasoning happen (smart part)



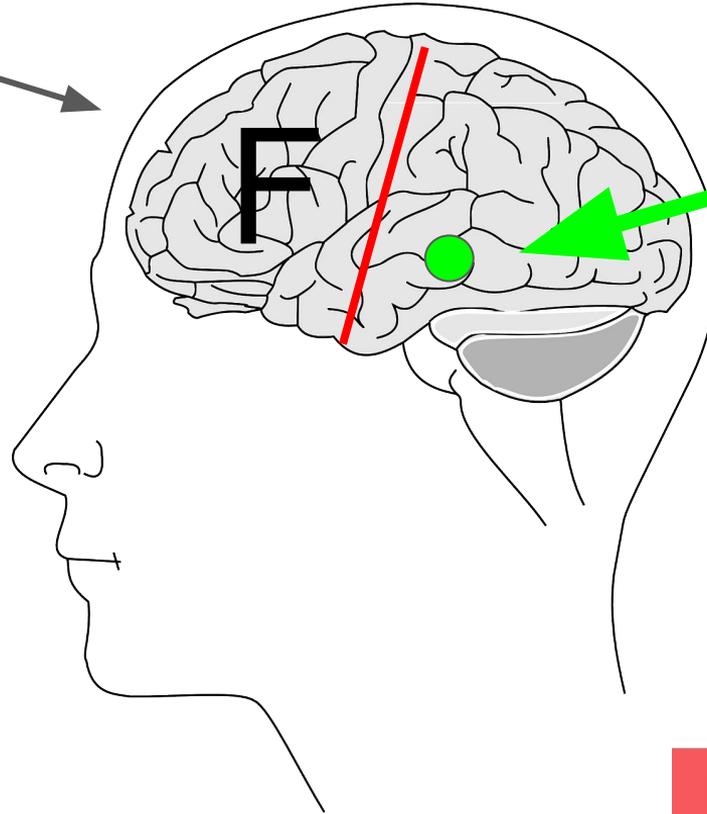
The Rest Of The Brain

Inside the unconscious is a small center called the Amygdala

Frontal Lobe

Conscious part of the brain

Where analysis and reasoning happen (smart part)



The Rest Of The Brain

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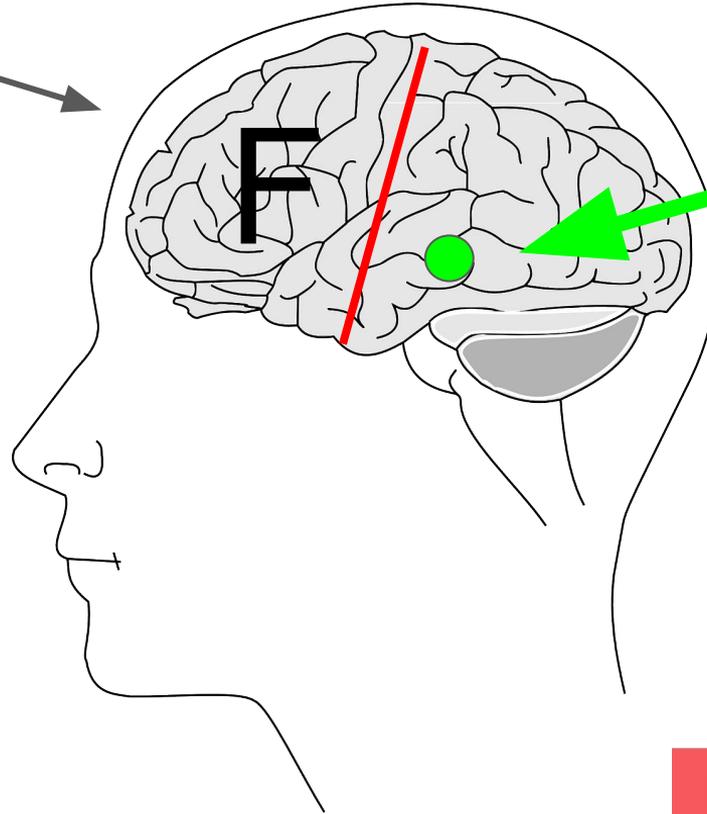
Amygdala

It is located roughly above the brainstem

Frontal Lobe

Conscious part of the brain

Where analysis and reasoning happen (smart part)



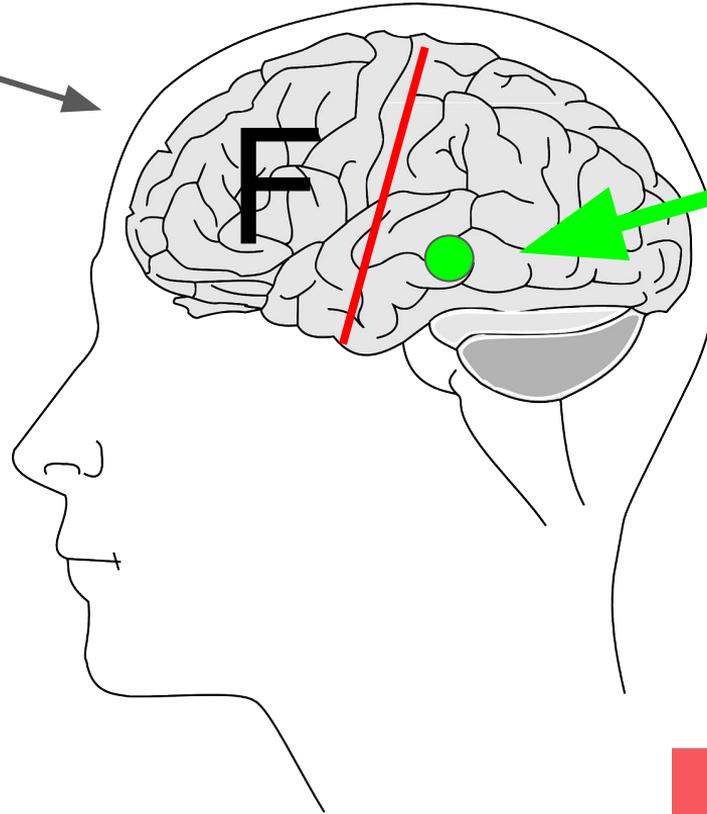
The Rest Of The Brain

We are going to focus on the primary and secondary jobs of the Amygdala

Frontal Lobe

Conscious part of the brain

Where analysis and reasoning happen (smart part)



The Rest Of The Brain

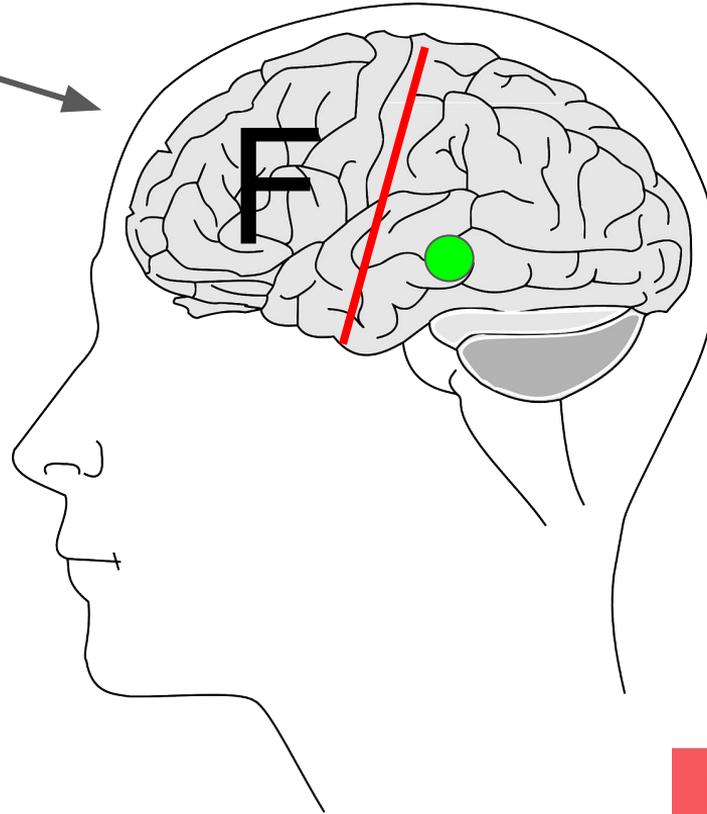
Think of the Amygdala as being similar to a

Very Responsible
College Student

Frontal Lobe

Conscious part of
the brain

Where analysis and
reasoning happen
(smart part)

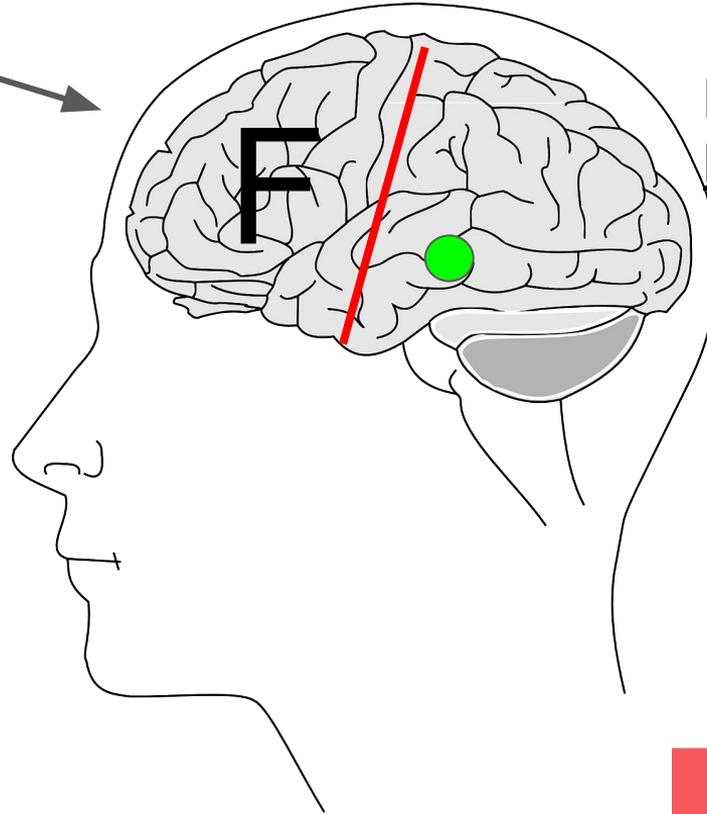


The Amygdala's Jobs

Frontal Lobe

Conscious part of
the brain

Where analysis and
reasoning happen
(smart part)



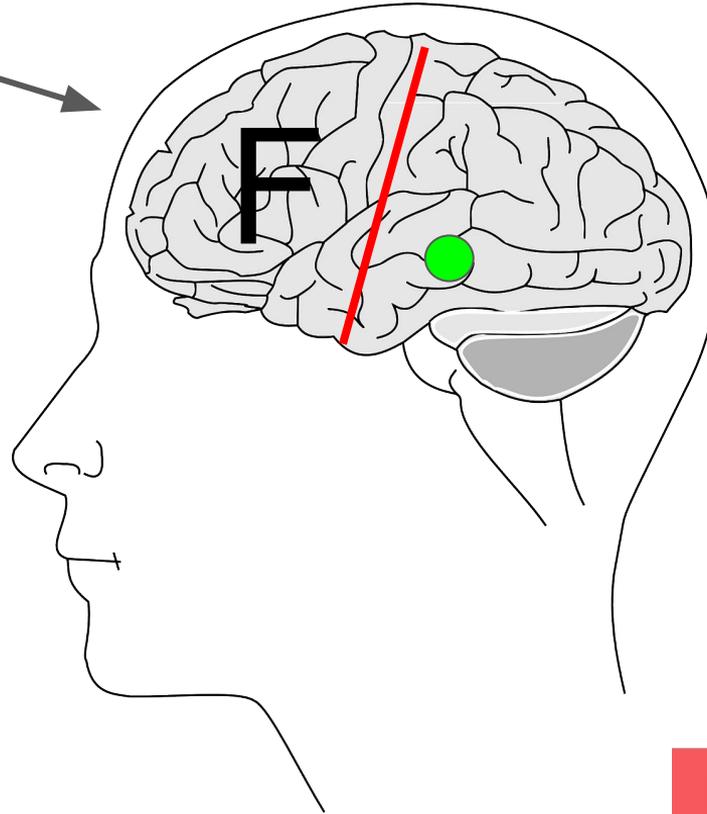
The Amygdala's Jobs

First: Generate
Emotions

Frontal Lobe

Conscious part of the brain

Where analysis and reasoning happen (smart part)



The Amygdala's Jobs

First: Generate Emotions

Both positive and negative emotions

Amygdala's Positive Emotions

- Happiness
- Connected
- Feeling Accepted
- Loved
- Joy
- Having Fun



Amygdala's Negative Emotions

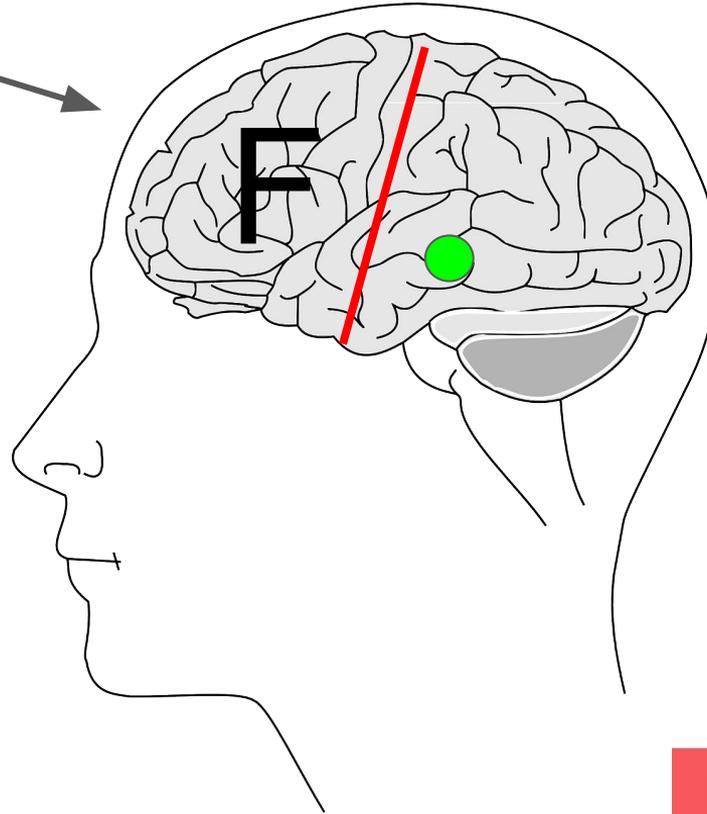
- Sadness
- Feeling Alone
- Feeling Rejected
- Unloved or Embarrassed



Frontal Lobe

Conscious part of the brain

Where analysis and reasoning happen (smart part)



The Amygdala's Jobs

First: Generate Emotions

Second: Scan For
POTENTIAL
Threats.

(think of this like its on call duty)

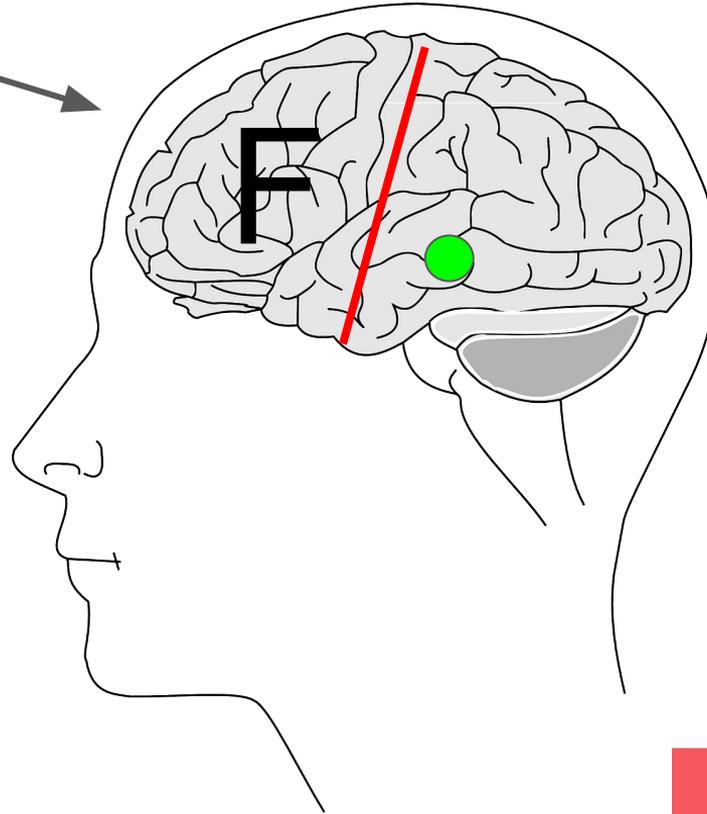
Scan For POTENTIAL Threats.

- Physical Threats
- Embarrassment
- Emotional Harm/abuse
- Rejection
- And More...

Frontal Lobe

Conscious part of
the brain

Where analysis and
reasoning happen
(smart part)



The Amygdala's Jobs

Remember that the
Amygdala does not do
analysis....

It is just good at
recognizing

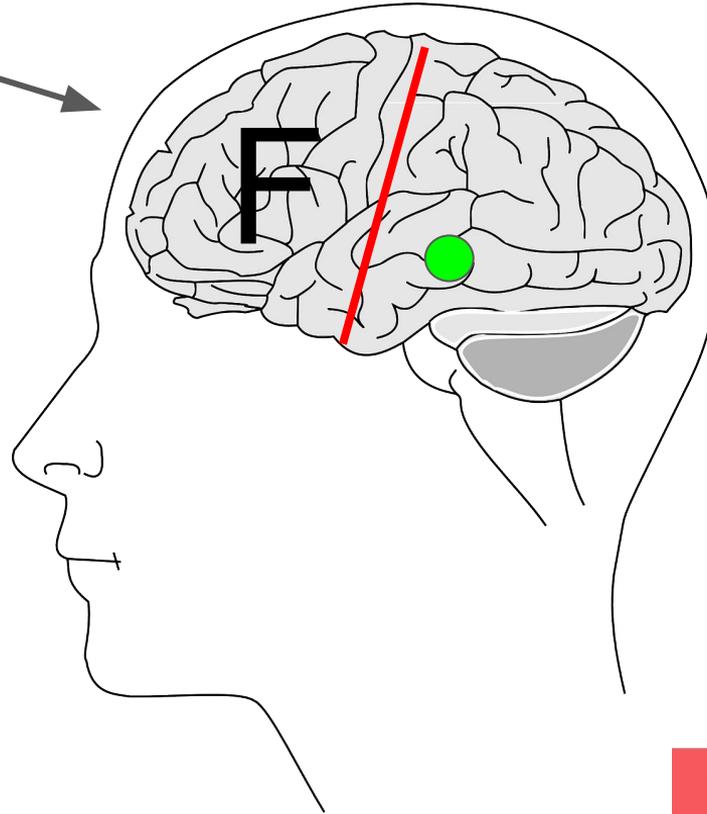
POTENTIAL

Threats.

Frontal Lobe

Conscious part of the brain

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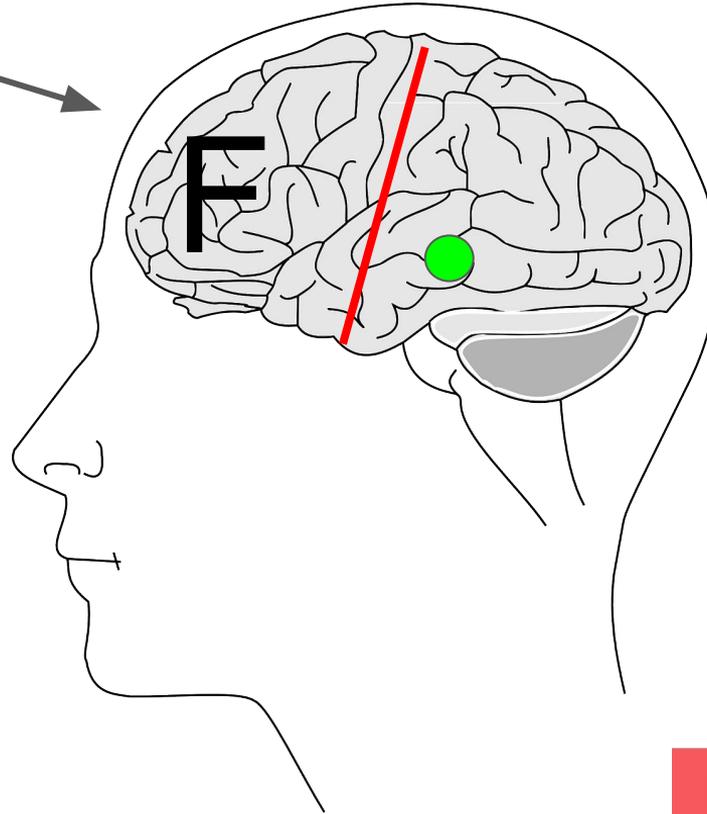
The Amygdala's Jobs

When there is a **POTENTIAL** threat, the amygdala leaves the party and focuses on the “on call” duties.

Frontal Lobe

Conscious part of the brain

Where analysis and reasoning happen (smart part)



The Amygdala's Jobs

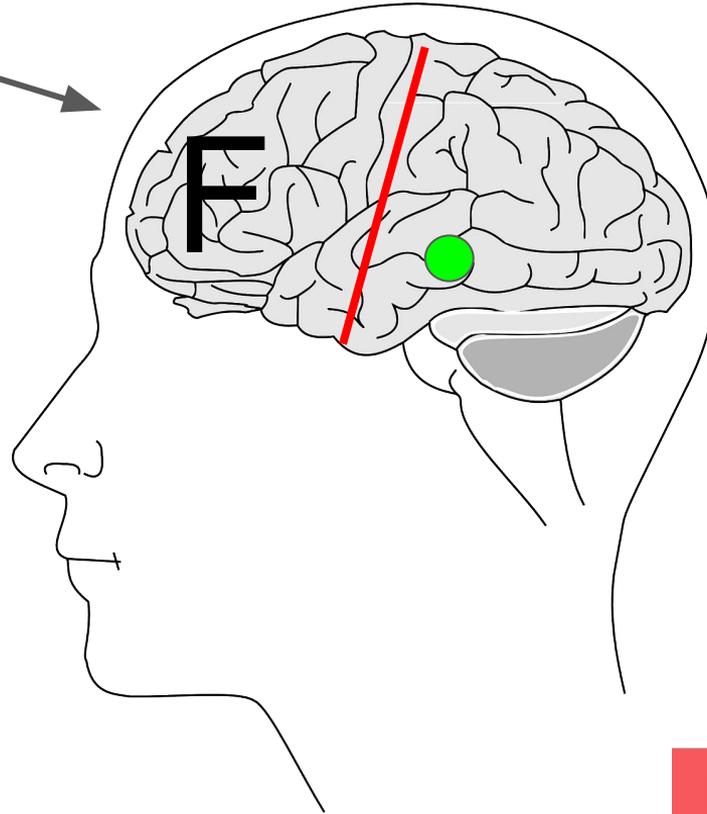
The Amygdala only returns to the party when the Frontal Lobe gives the “all clear”.

Frontal Lobe

Conscious part of the brain

Where analysis and reasoning happen (smart part)

Evaluates whether a **POTENTIAL** threat is realistic for a situation



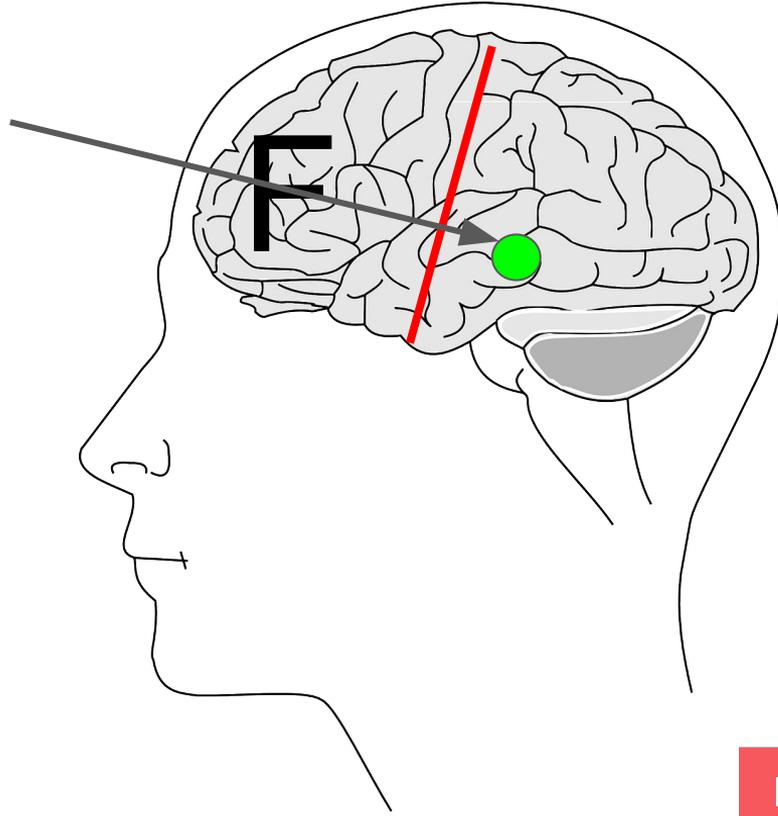
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First: Generate Emotions

Second: Scan For **POTENTIAL** Threats.

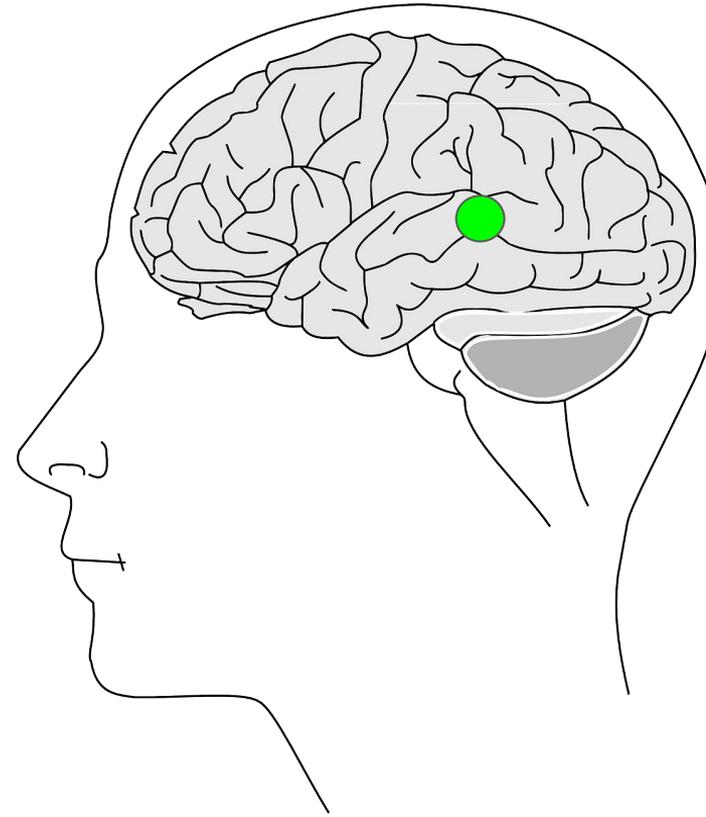
Step 1:

Emotional Center
(amygdala) identifies a
potential threat



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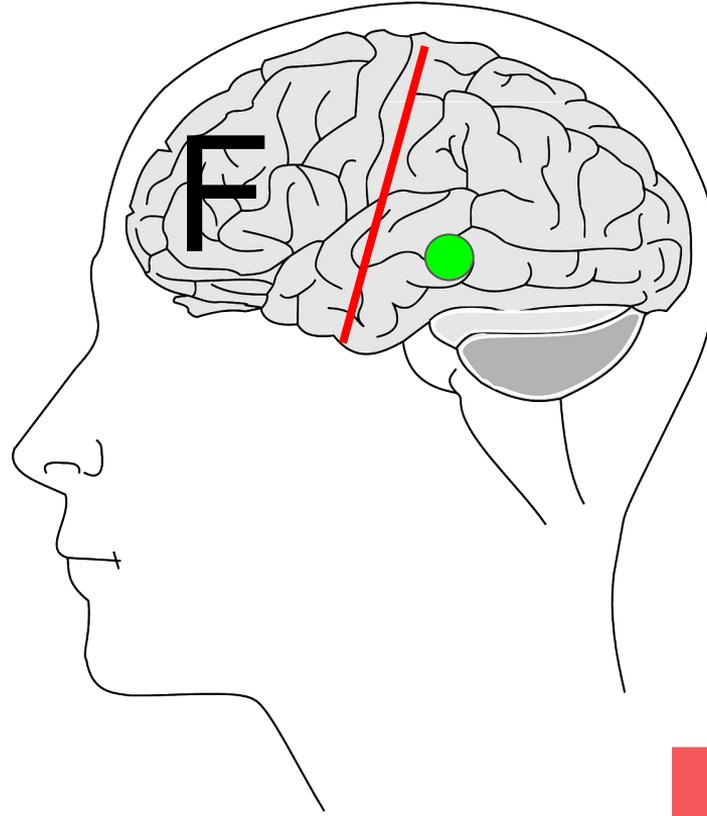


Step 1:

Emotional Center
(amygdala) identifies a
potential threat

Step 2:

Frontal Lobe analyzes
whether the potential
threat is dangerous for
the current situation

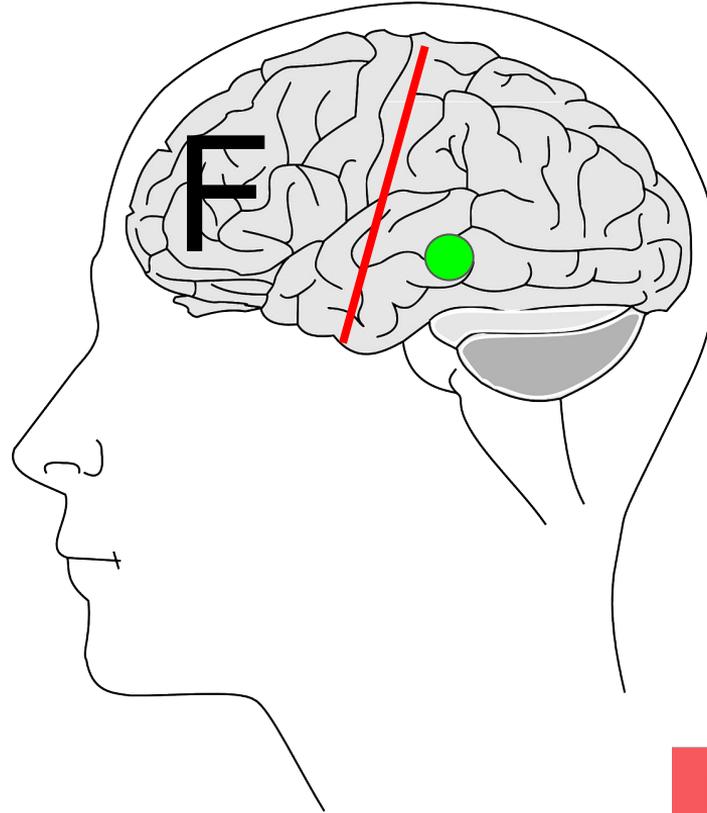


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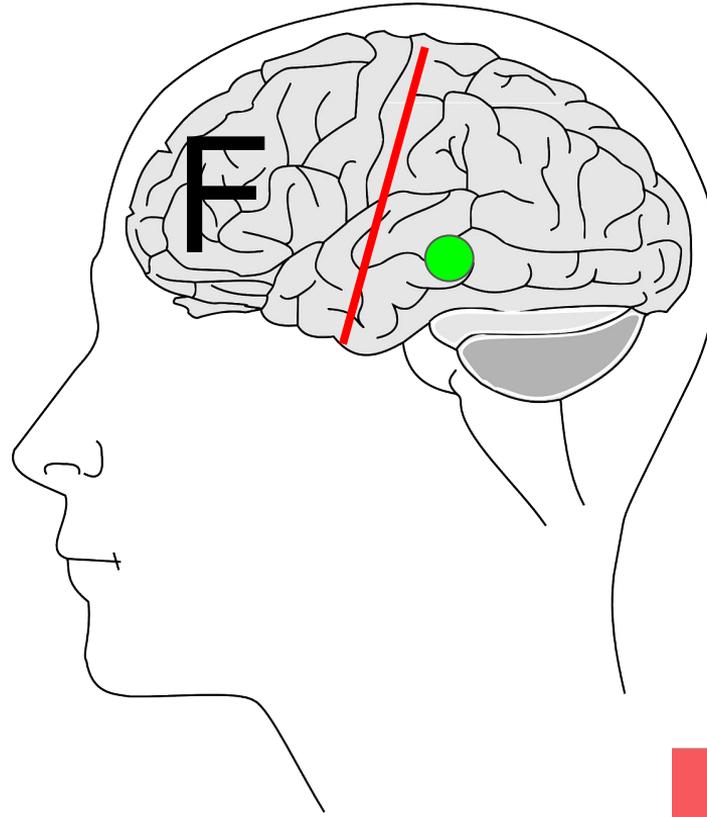
Step 3:

The Emotional Center
listens to the analysis
and

- a) stays on call when
we are in danger
- b) Returns to the party
when there's no
danger

The frontal lobe's analysis is the only thing that can calm the Amygdala in a healthy way.

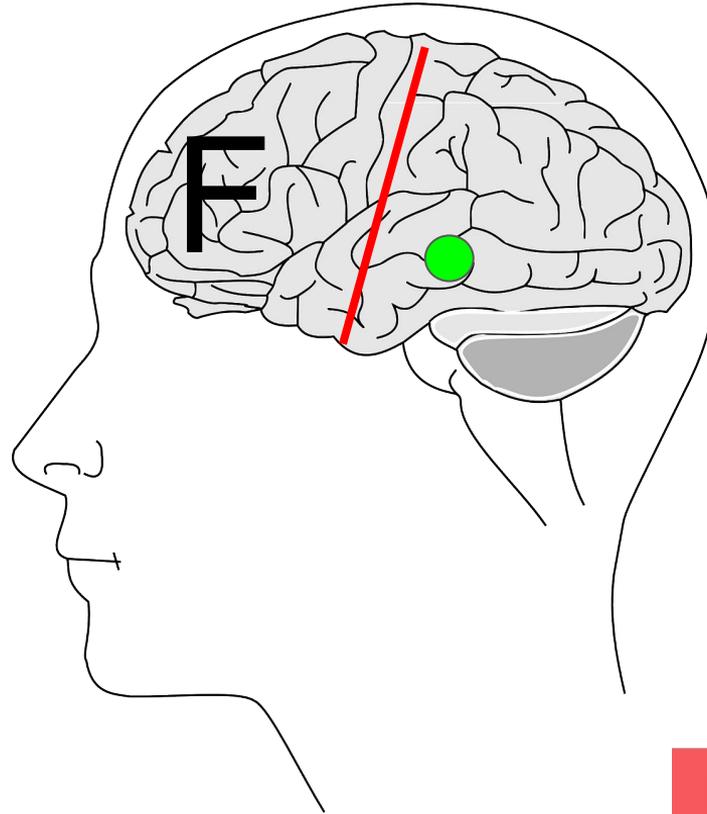
The Frontal Lobe's Calming effect is called **“FEAR EXTINCTION”**



Communication

The frontal lobe is the
Conscious part of the
brain

The Amygdala is the
Unconscious part.



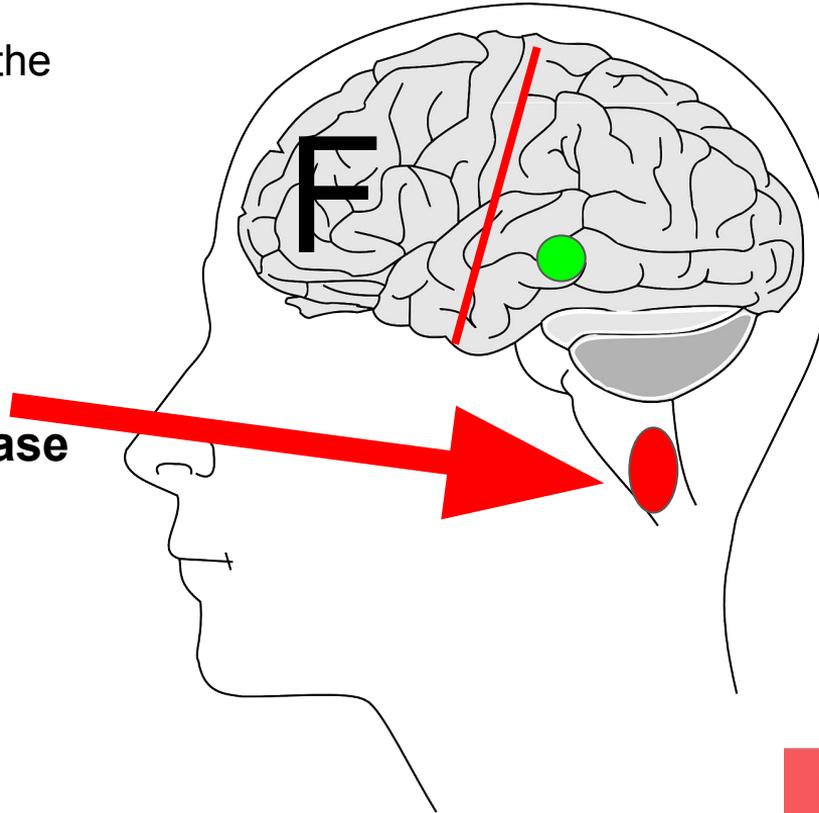
**SO HOW DOES THE
UNCONSCIOUS
AMYGDALA
COMMUNICATE WITH
THE FRONTAL LOBE?**

Communication

The Amygdala is near the brain stem....

It has many nuclei that control

- **Heart Rate**
- **Breathing**
- **Hormone Release (Adrenaline)**

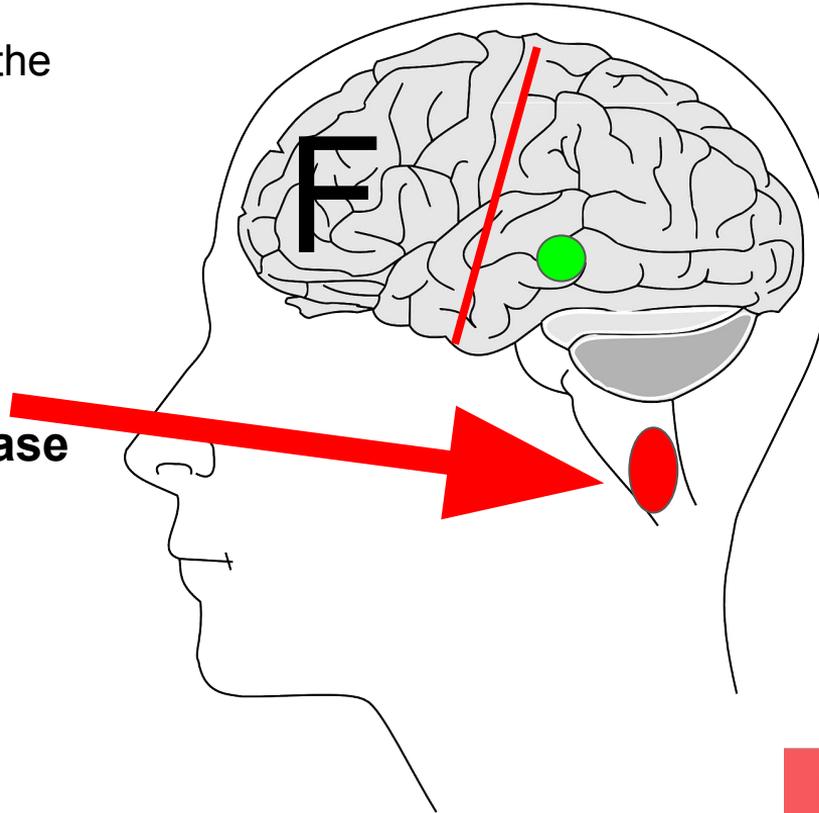


Communication

The Amygdala is near the brain stem....

It has many nuclei that control

- **Heart Rate**
- **Breathing**
- **Hormone Release (Adrenaline)**



Results of Adrenaline

- **Increased Heart Rate**
- **Rapid Breathing**
- **Eye Dilation (extra light causes tunnel vision)**
- **Big Muscle Tension**
- **Small Muscles tremble**
- **Nerves tingle**

Results of Adrenaline

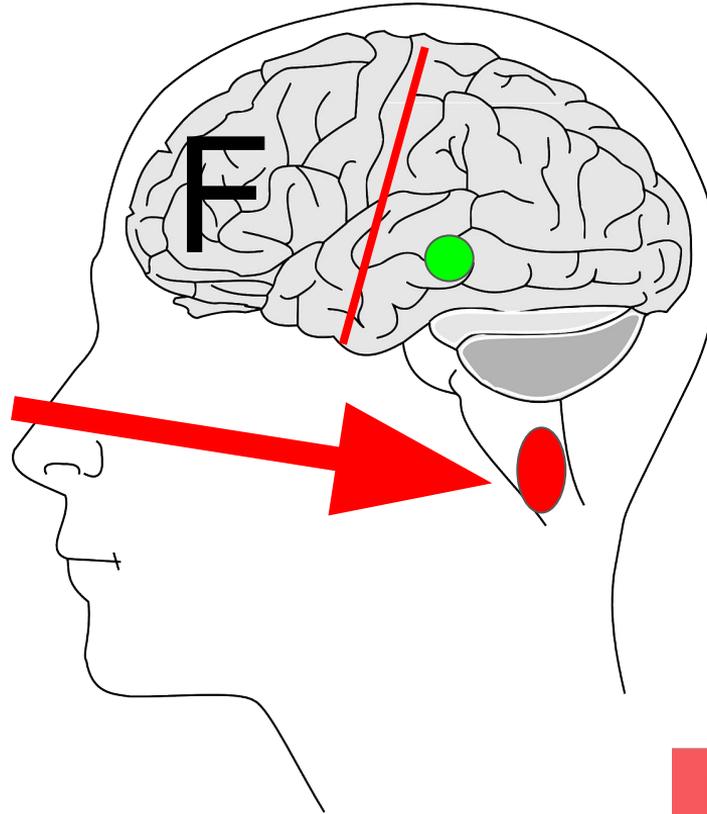
- **Sweaty In High Blood Flow Areas**
- **Clammy In Low Blood Flow Areas**
- **Racing Thoughts/Difficulty Concentrating**
- **And More**

Communication

The Amygdala is near the brain stem....

And uses these physical symptoms as a communication to the Frontal Lobe

Thus, anxiety is...



Anxiety

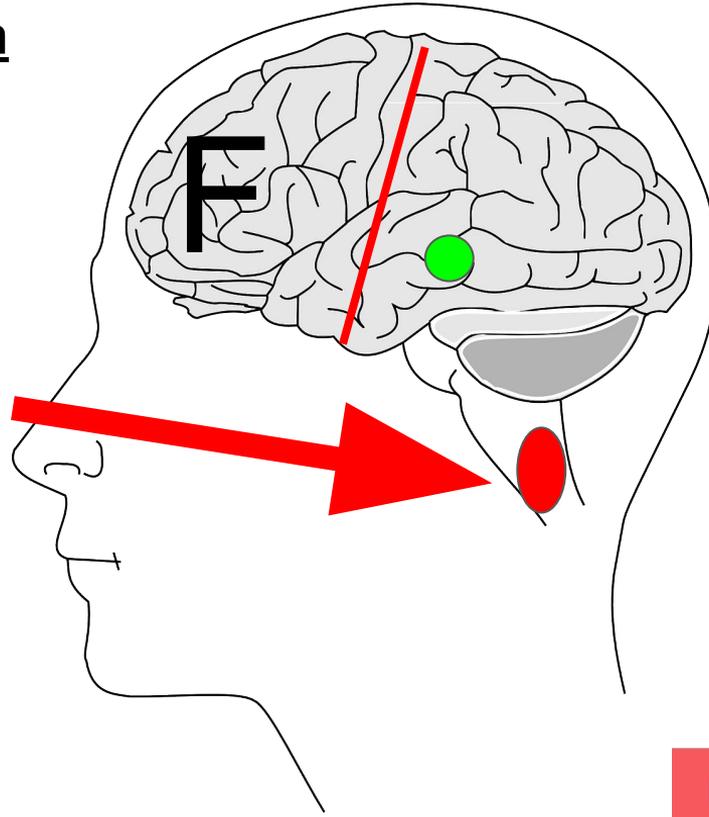
Anxiety communicates that something is a **POTENTIAL** danger needing to be analyzed

THE LIE THAT WE TELL OURSELF IS THAT ANXIETY ALWAYS REPRESENTS A CONFIRMED THREAT!

Response to ANXIETY Determines Our Health

If we avoid, then we teach the amygdala that there was a real danger

This becomes PTSD and Anxiety Disorder



Types Of Avoidance

- Isolation
- Drug or Alcohol (or Benzos)
- Bad Therapy (more on this next week)
- Distractions
- Self Harm
- Video Games
- Risky Behavior
- And More...

WEEK 2





The Traumatic Impacts Of Covid 19 On Youth And Families

By Dr Hans Watson D.O.



Anxiety

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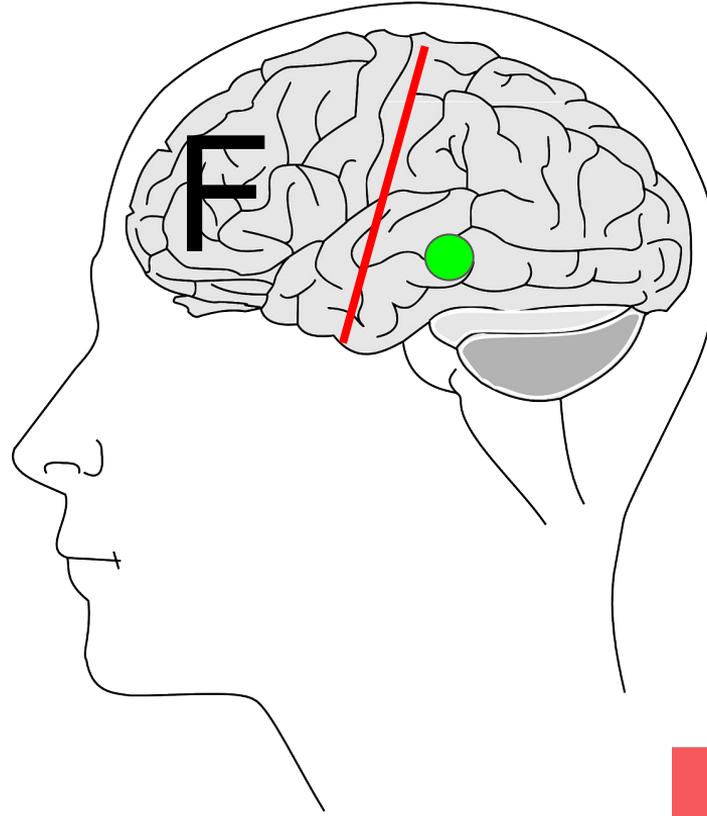
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Step 1:

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Step 2:

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Step 3:

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- a) stays on call when
we are in danger

- b) Returns to the party
when there's no
danger (FEAR
EXTINCTION)

How To Tell If Frontal Lobe Is Working Well

You can get a SPECT Scan or a Functional MRI
Or....



How To Tell If Frontal Lobe Is Working Well

Or.....

You can list the things the Frontal Lobe does and see if these things are going well for the patient

Frontal Lobe Functions

- Mood Regulation
- Anxiety Tolerance
- Libido
- Memory
- Concentration
- Energy/strength
- Sleep Regulation
- Healthy Appetite
- Motivation
- And More...



Frontal Lobe Functions

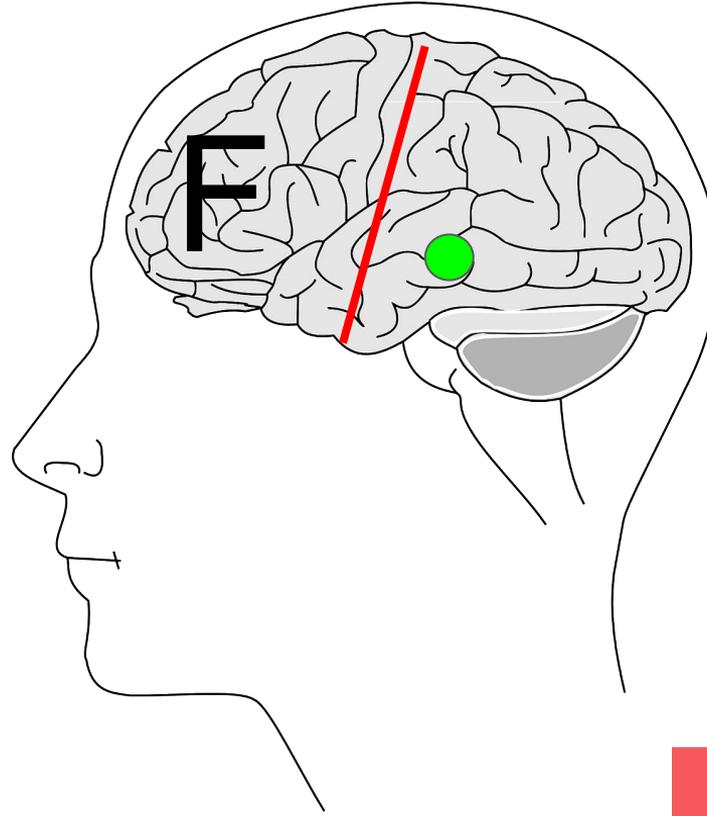
If the patient tells me that less than half are working well enough.... We discuss the need to get the Frontal Lobe working again!

- 1) We discuss how this prevents Fear Extinction
- 2) We discuss the treatment options

20%:

Using Medications

Often, the best ones
are antidepressants



Iproniazid



Found that it caused
happiness and reduced
depression

Thus: the first antidepressant



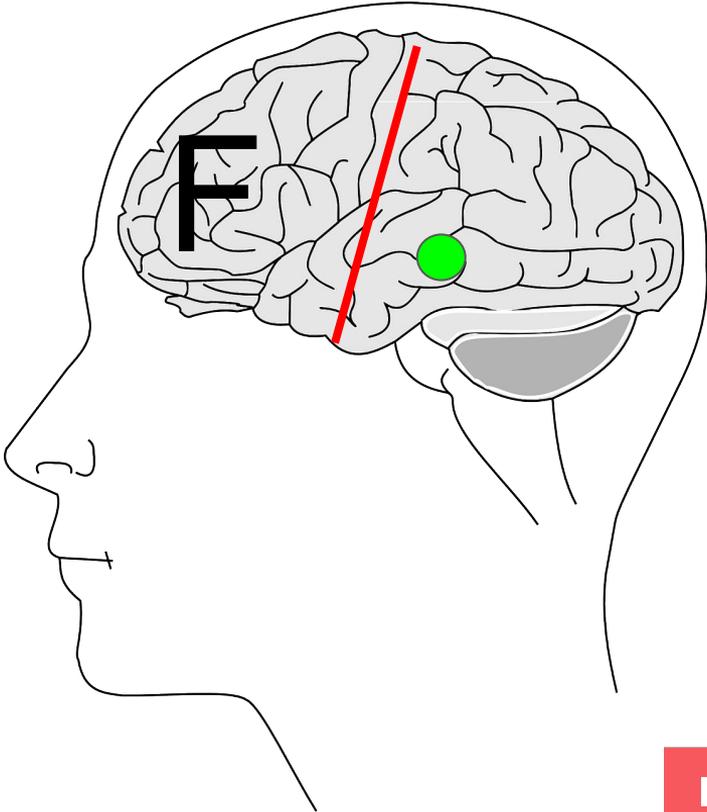
Frontal Lobe Functions

- Mood Regulation
- Anxiety Tolerance
- Libido
- Memory
- Concentration
- Energy/strength
- Sleep Regulation
- Healthy Appetite
- Motivation
- And More...



Activating the Frontal Lobe

20% Meds:
Using Medications



Activating the Frontal Lobe

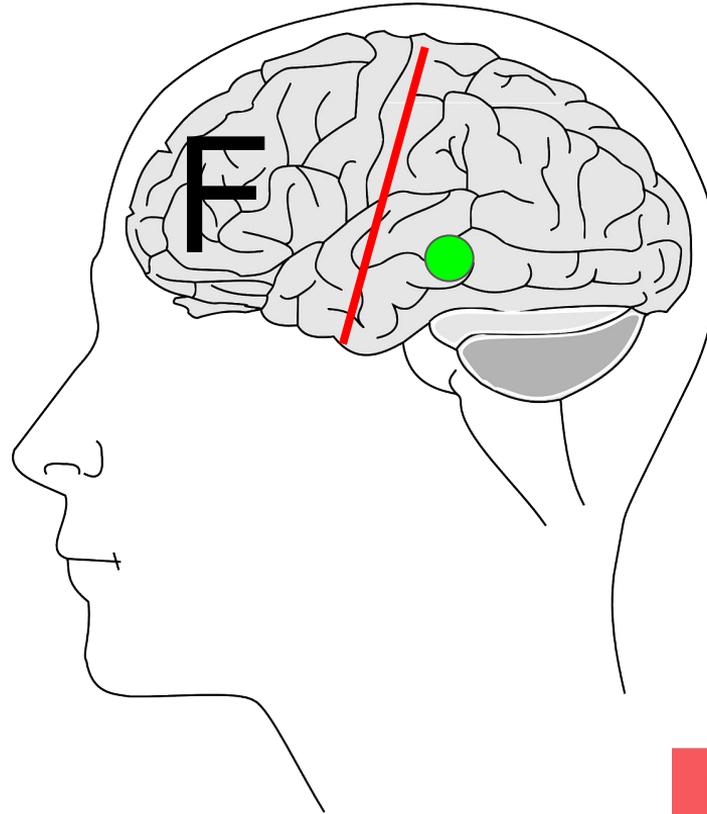
20% Meds:

Using Medications

80% Good Therapy:

There are 2 groups of therapies

One is good and one is bad



How Was Your Week Therapy

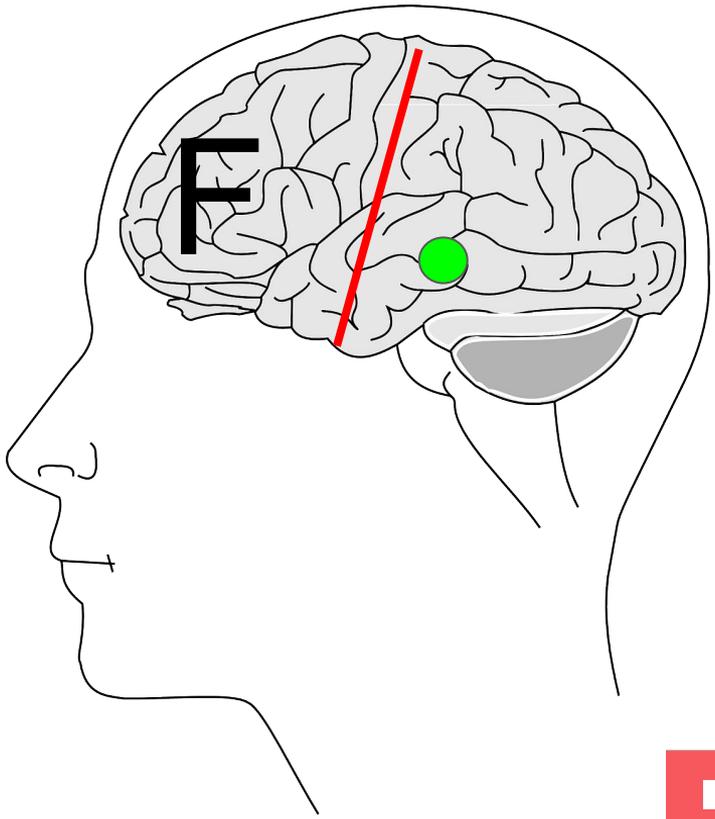


This type of therapy is
harmful to the patient

How Was Your Week Therapy

EMDR,
Psychodynamic,
Equine or any other
modality that fails to
evoke emotions in
session is
AVOIDANCE!

It is initially stress
relieving but long term
is very harmful



**This is much more
uncomfortable for
the therapist**



Good Therapy = Watching the Scary Movie



This type of therapy is
harmful to the patient

1st Time Watching It In Session



100% Scared



2nd Time Watching It In Session



50-30%
Scared



3rd Time Watching It In Session



10% Scared



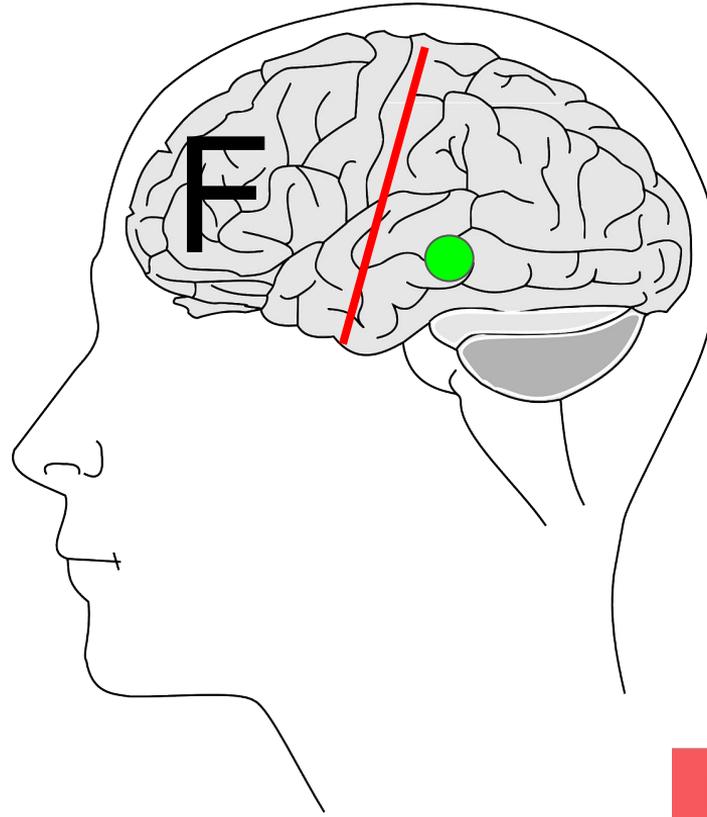
4th Time Watching It In Session



0% Scared



Neuro Changes From The 1st and 4th Time?



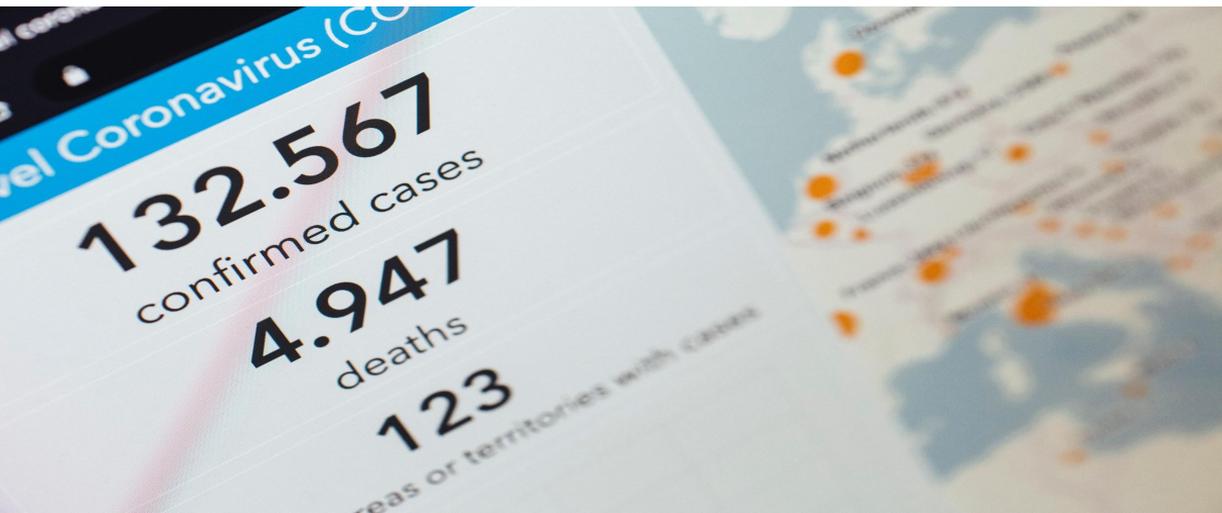
**This didn't make
comfortable but did
make stronger**

Avoid The Comfort Cocoon



Weakenes The
Patient

Covid 19 Is Having Traumatic Impacts on Families



Impacts On Families

Teenagers: Friends are #1



Impacts On Families

Teenagers: Friends are #1

Now add mandatory isolation...



Impacts On Families

Teenagers: Friends are #1

Now add mandatory isolation...

And media that overreacts...



Impacts On Families

Teenagers: Friends are #1

Now add mandatory isolation...

And media that overreacts...

And sickness & death...



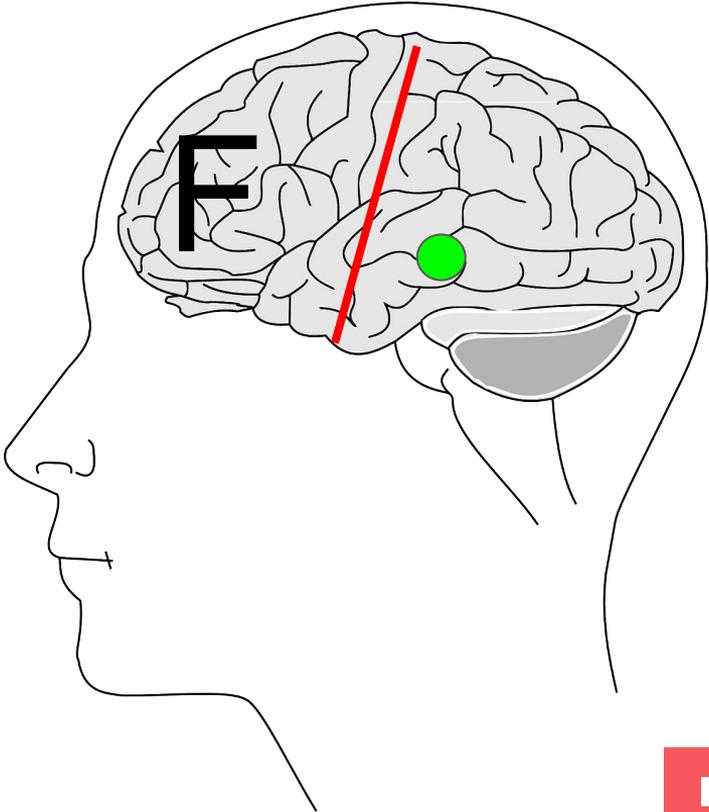
Impacts On Families

This leads to feelings of rejection → depression/anxiety



Teenage Frontal Lobe

Still developing but
Amygdala is in full
effect



Impacts On Families

Depression/anxiety lead to panic and irritability



Impacts On Families

Fear combined with a limited ability to tolerate adversity (avoidance) is the **MOST DANGEROUS COMBINATION**



Avoidance as a coping mechanism:

- Video Games
- Risky behaviors (driving too fast, etc)
- Imitating adult relationships (sex)
- Substance use (alcohol, tobacco, illicit drugs)

- SUICIDE



Irritable Teenagers Affect The Whole Home

Parents Must Make Home Predictable And Much Like Pre-Covid

- Same Rules Apply
- Exceptions to normal rules are explained prior to changes
- Familiar Foods
- Appropriate Familiar Activities



The Home Can Become A Refuge

Increased Connectedness through

- Increased Communication
- Make New Memories
- Have Open Discussion That Balance Positives and Negatives
- **Have Something To Accomplish!**
 - Must Be Something That Is Hard
 - Have A Reward For Accomplishing Things During Covid



Watch For Increased Avoidant Behavior

This signals they are getting desperate

- Using new avoidant behaviors
- Changes in common personality traits
- Disobedience becomes more risky
- No longer choosing to do the traditionally enjoyed things
- Talk about Suicide or not caring



How A Therapist Should Respond

Start with an evaluation of emotional strength (ego strength)

- Can they still self reflect
- Can they balance their strengths and weaknesses
- Are they still as open as usual
- Do they feel like they have someone who is an ally



How A Therapist Should Respond

If they are in danger due to a lack of emotional strength (ego strength)

- Do not use the comfort cocoon
- Help them to overcome a simple adversity
 - Then build on that simple victory
- Highlight that in spite of the discomfort, that there was a win
- Seek higher level of care or peer consultation
- **Keep dialogue open**



WEEK 3



Coping Strategies, Therapy Models & Support For Trauma and Grief

By Dr Hans Watson D.O.



All Trauma Treatment Modalities Work

Long-term efficacy of psychotherapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials★

Author links open overlay panel

[Alexander C.Kline](#), [Andrew A.Cooper](#), [Nina K.Rytwinks](#), [Norah C.Feeny](#)

“All active interventions demonstrated long-term efficacy.”

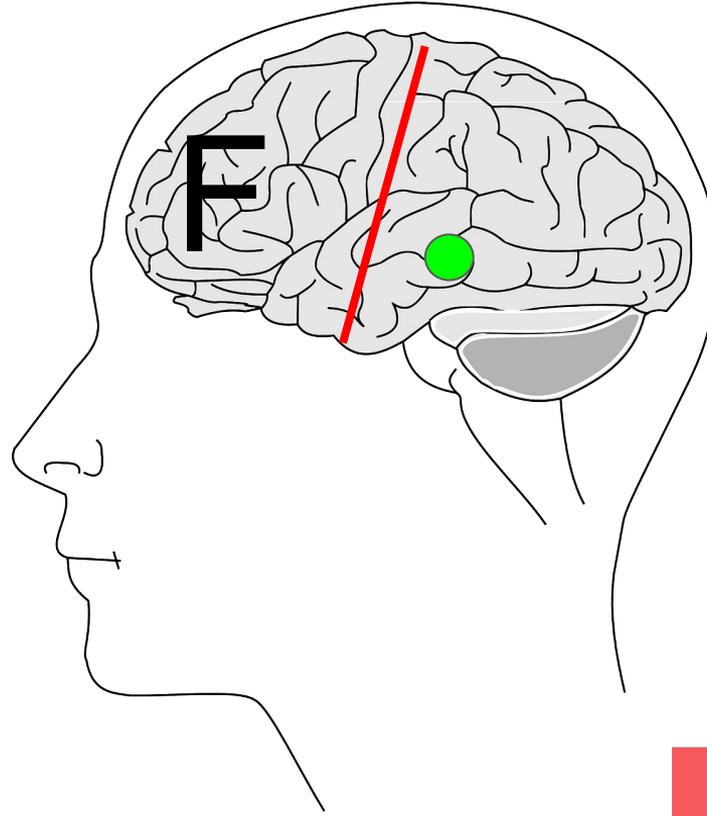


Step 1:

Emotional Center
(amygdala) identifies a
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Step 2:

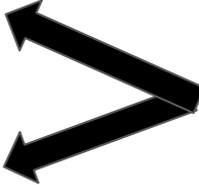
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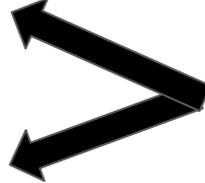
 **Adversity**

Confront until overcome



Confidence

Confront until overcome



Adversity

Confidence

Confront until overcome

Give Credit

Adversity

Self Esteem

Confidence

Confront until overcome

Give Credit

Adversity

Happiness and Resiliency

Self Esteem

Confidence

Confront until overcome

Give Credit

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Confidence

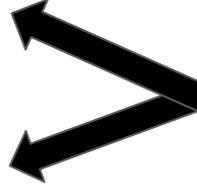
Confront until overcome

Avoidance



Give Credit

Adversity



Happiness and Resiliency

Self Esteem

Confidence

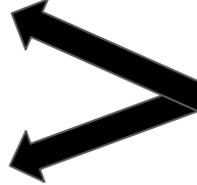
Confront until overcome

Avoidance
Lose Confidence



Give Credit

Adversity



Happiness and Resiliency

Self Esteem

Confidence

Confront until overcome

Avoidance

Lose Confidence

Lower Self Esteem

Give Credit

Adversity

Happiness and Resiliency

Self Esteem

Confidence

Confront until overcome

Avoidance

Lose Confidence

Lower Self Esteem

Depression/Anxiety

Give Credit

Adversity



Happiness and Resiliency

Self Esteem

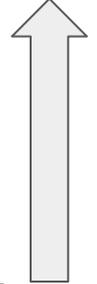
Confidence

Confront until overcome

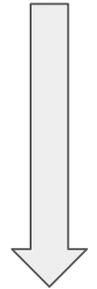
Avoidance
Lose Confidence
Lower Self Esteem
Depression/Anxiety

Give Credit

Adversity



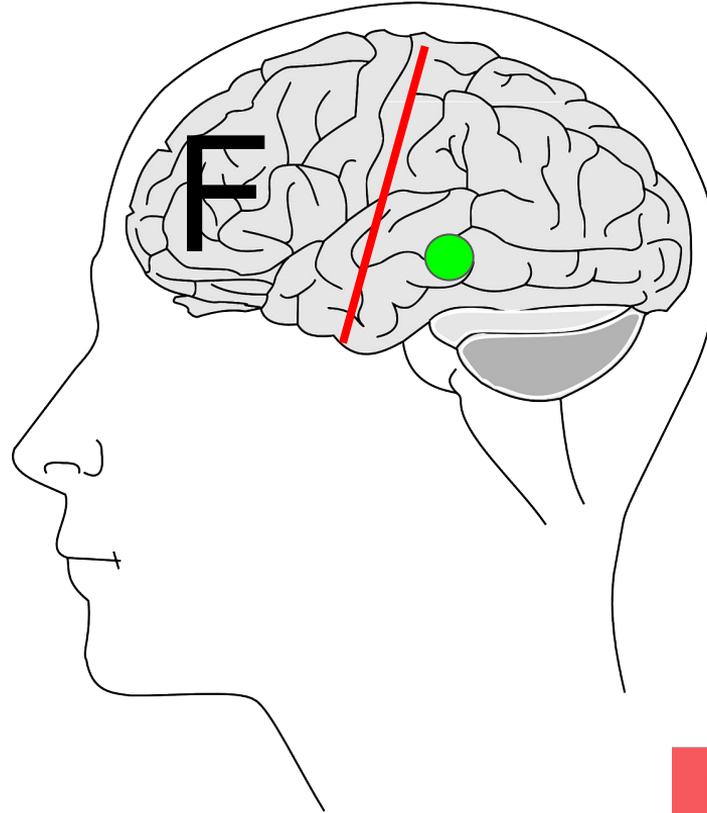
Energy
Required



More You Perform FEAR EXTINCTION:

The Happier You
Become!

This is the only way to
stop the flashbacks
and nightmares



Different Therapies Activate Frontal Lobe in Different Ways:

- a) EMDR
- b) CPT
- c) DBT
- d) Psychodynamic

Eye Movement Desensitization & Reprogramming (EMDR)

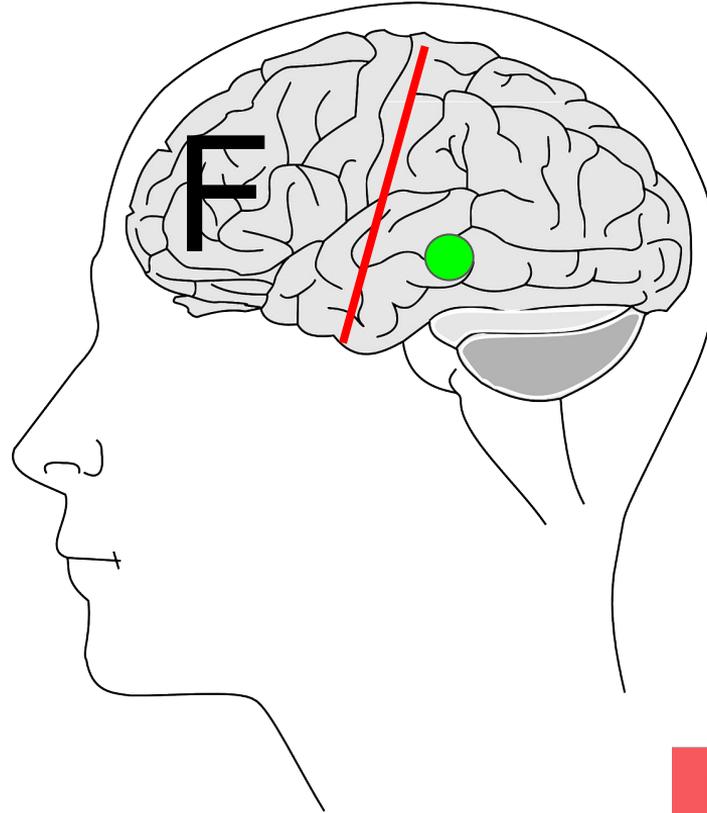
- **Developed by Francine Shapiro In the 1980's**
- **Frontal Lobe activation is accomplished by imagining the traumatic event but introducing new sensory stimuli**
- **The new stimuli then activates the Frontal Lobe to distinguish memory from current life situation**
- **The “scary movie” can be “watched” and reframed.**



More You Perform FEAR EXTINCTION:

The Happier You
Become!

This is the only way to
stop the flashbacks
and nightmares



Different Therapies Activate Frontal Lobe in Different Ways:

- a) EMDR
- b) CPT
- c) DBT
- d) Psychodynamic

Cognitive Processing Therapy (CPT)

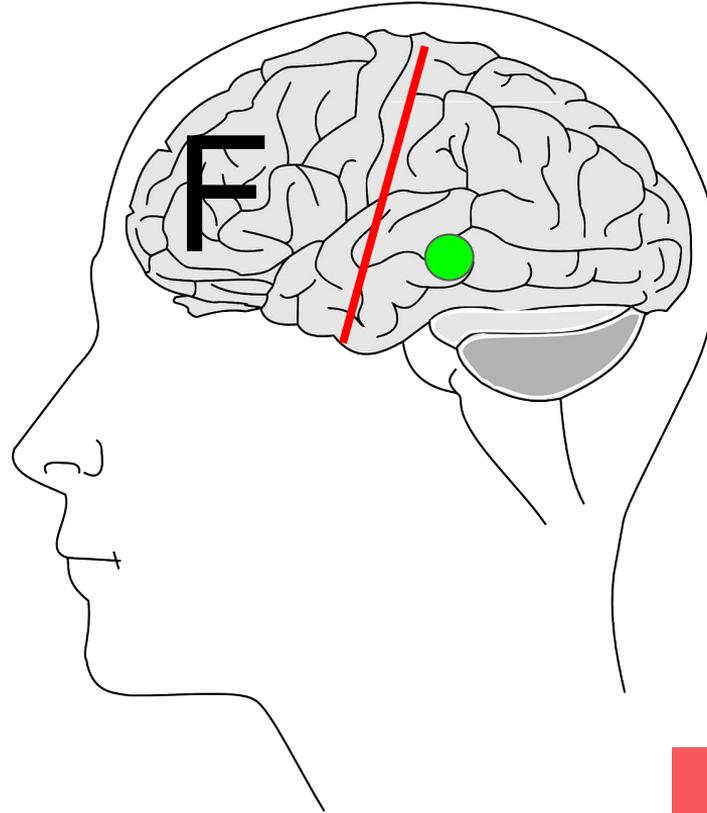
- Developed by Patricia Resick in the 1980's
- Frontal Lobe activation is accomplished by watching the “scary movie” by telling their story multiple times and reality checking the emotional messages for accuracy
- This focuses on strong negative assumptions (Stuck Points) about the World
- This often uses writing as safe way to Watch the scary movie



More You Perform
FEAR EXTINCTION:

The Happier You
Become!

This is the only way to
stop the flashbacks
and nightmares



Different Therapies
Activate Frontal
Lobe in Different
Ways:

- a) EMDR
- b) CPT
- c) DBT
- d) Psychodynamic

Dialectical Behavioral Therapy (CPT)

- Developed by Marsha Linehan in the 1980's
- Frontal Lobe activation is accomplished by therapist teaching patient to recognizing logic vs emotional thinking (Mindfulness)
- This focuses on negative beliefs about themselves and delaying a maladaptive emotional reaction
- Teaches patient to delay responding to Amygdala long enough to activate Frontal Lobe



Psychodynamic Therapy

- **Developed by Sigmund Freud in the 1890's**
- **Frontal Lobe activation is accomplished understanding how experiences create conscious and unconscious motivations (Drives)**
- **This focuses on incorporating the whole life experience into understanding why we act a certain way**
- **Teaches patient to activate the frontal lobe by recognizing conscious and unconscious reasons underlying their emotions and actions**



All Trauma Treatment Modalities Work

Long-term efficacy of psychotherapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials★

“All active interventions demonstrated long-term efficacy.”

**Choose the therapy based on your patient
and your strengths**



WEEK 4



Vicarious Trauma

By Dr Hans Watson D.O.



Vicarious Trauma Symptoms

Physical Signs:

- Exhaustion
- Insomnia
- Headaches
- Increased susceptibility to illness
- Sore back and neck
- Irritable bowel, GI distress
- Rashes, breakouts
- Grinding your teeth at night
- Heart palpitations
- Hypochondria



Vicarious Trauma Symptoms

Behavioral Signs:

- Increased use of alcohol and drugs
- Anger and Irritability at home and/or at work
- Avoidance of clients/patients
- Watching excessive amounts of TV/Netflix at night
- Consuming high trauma media as entertainment
- Not returning phone calls at work and/or at home
- Avoiding colleagues and staff gatherings
- Avoiding social events
- Impaired ability to make decisions
- Feeling helpless when hearing a difficult client story
- Impostor syndrome - feeling unskilled in your job

Vicarious Trauma Symptoms

Emotional Signs:

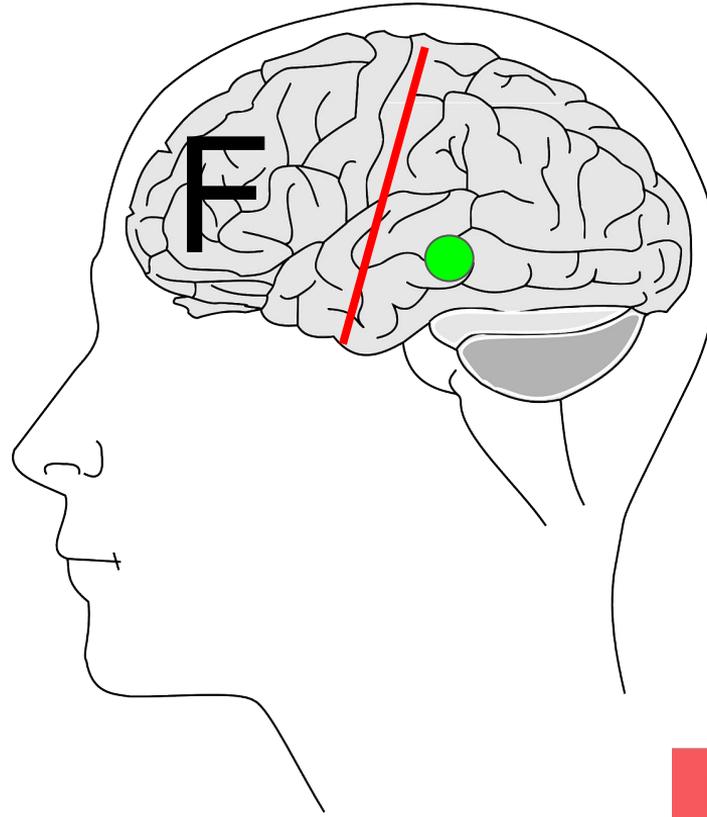
- Emotional exhaustion
- Negative self-image
- Depression
- Increased anxiety
- Difficulty sleeping
- Impaired appetite or binge eating
- Feelings of hopelessness
- Guilt
- Reduced ability to feel sympathy and empathy towards clients or family/friends
- Cynicism at work

Vicarious Trauma

- The term Vicarious traumatization was coined by Laurie Pearlman & Karen Saakvitne in 1995
- They explained how vicarious trauma is a countertransference reaction
- It is due to experiencing a shift in the therapist's world view that occurs in response to patient's trauma
- Hearing trauma alone won't cause it!

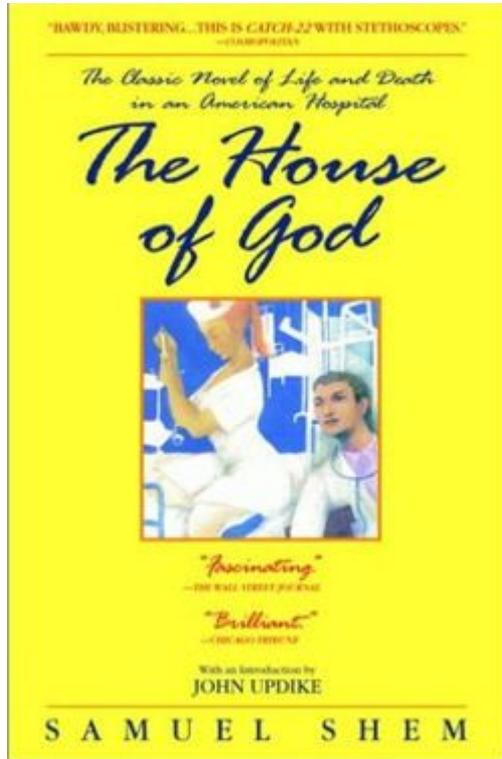


**Vicarious Trauma Is
A Sign Of Your
Frontal Lobe Being
Overwhelmed!**



**The Amygdala Is
Identifying A Danger
For You Where There
Is None!**

Vicarious Trauma Antidote



- *The House of God* is a satirical novel by Samuel Shem (psychiatrist Stephen Bergman), published in 1978
- At a cardiac arrest, the first procedure is to take your own pulse.
- The patient is the one with the disease.

Ways To Activate The Frontal Lobe

- Become aware of your own baggage
 - This means to identify similarities between your life and your patient's life
- Teach your emotional center the difference between your life and having sympathy for your patient's situation!
 - Remind yourself that “the patient is the one with the disease”
 - Very often done via talking with colleagues
- Establish a physical buffer between work and personal life
 - Can be commute, gym, shopping, etc...



Ways To Activate The Frontal Lobe

- Give your “emotional center” (amygdala) a break
 - Take vacations that are relaxing (not necessarily adventure)
- Include those that you love in your struggles while maintaining HIPAA/healthy boundaries
 - You must grow together so that you don’t grow apart
 - This gives you an ally and safe space
- You must confront the scary movie
 - Sometimes our own medicine is the hardest to take



Examples of Activating The Frontal Lobe



- Veteran nurse working in substance abuse struggling with anger, somatic complaints and dreading work
- Parents struggled with alcoholism
- Mother died of cirrhosis and had to care for father
- Stopped ability to finish NP School

Examples of Activating The Frontal Lobe



- Firefighter/paramedic avoiding medical calls, taking passive role, dreading mentoring/training
- Father died of heart attack in child's youth
- He took on male responsibilities at home
- lost a father to MI at same age with son present

Examples of Activating The Frontal Lobe



- Firefighter/paramedic avoiding medical calls, taking passive role, dreading mentoring/training
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Examples of Activating The Frontal Lobe



- Teacher that is often assigned the “troubled youth” who is drinking and using marijuana excessively
- Grew up in poor neighborhood with friends from abusive/neglectful homes
- Most childhood friends are now addicted or in prison

Create A Resilient Workplace

- Normalize the idea of vicarious trauma and the ability to build resiliency
- Ensure the workplace is supportive while avoiding a comfort cocoon
 - Trauma symptoms result in help. NOT ENABLING of avoidant behaviors!
 - Accommodations help increase production, not relieve responsibility.
- Allow for healthy disagreement and diversity
 - It is a safe space for both those suffering and those who are currently strong
- Support Professional Care
 - Therapy and psychiatry



WEEK 5

Overview For All Therapy Models



By Dr Hans Watson D.O.



Knowing The General Therapy Patter = Ability To Customize

- Frame
- Shared Goals
- Vent
- Validate
- Come to an Understanding
- Accept that it is real
- Search for meaning
- Analyze Defenses
- Navigate Compromise Formations
- Termination



The Frame

- All therapy modalities depend on the therapist being able to “walk in the patient’s shoes” (Empathize)
- To be able to understand the patient, the therapist must eliminate as many variables as possible
- The patient must feel safe before they will allow the therapist to see the “real story”
- The Frame makes therapy predictable.

(Predictability = **SAFETY**)



The Frame

- The Frame should be agreed upon before any formal therapy starts
- Establish expectations, boundaries and ground rules for therapy
- Start time, session length, payment, therapist disclosure, cancel policy, # of sessions, etc.
- Patients will usually reveal their true struggles via “Frame Deviations”
- Often is the first experience with both boundaries and **genuine regard**



Neglecting The Frame

- Not establishing a clear frame or allowing frame deviations to be ignored is poison to the therapeutic alliance
- Usually puts the therapist in a transference role
- Prevents both parties from identifying and working through a therapeutic rupture
- Most common neglected item when I perform “peer consultation” for a stuck therapist



Knowing The General Therapy Patter = Ability To Customize

- Frame → Most important step
- Shared Goals
- Vent
- Validate
- Come to an Understanding
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- Search for meaning
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- Termination

Shared Goals

- An extension of the Frame (predictability)
- Allows the patient and therapist to know what success looks like
- Usually established within the first sessions
- While therapist might propose the goals... the should be finalized and approved by the patient
- Often ideal to put into writing and copy given to the patient



Shared Goals

- Forces the patient to consider confronting their true “scary movie”
- Time limited psychotherapy = pointed and simple goals
- Unlimited psychotherapy = might tolerate more general goals
- Can change mid treatment with unlimited psychotherapy
- Dangerous to change mid therapy with time limited (avoidance)



Knowing The General Therapy Patter = Ability To Customize

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Vent

- Vent = therapeutic complaining (full and free expression of feelings/emotions)
- Rich material to understand a person's locus of control, coping, etc.
- Where you will get most examples for use in latter stages (accept, meaning, defenses)
- Often the first time someone has shown genuine interest and kindness
- Frequently a time where the patient is testing the therapist

Validate

- Validate = recognition and acceptance of the patient's thoughts, feelings, emotions and actions
- First and foremost is being totally present
- Normalizing thoughts in the context of the patient's experiences
- Often demonstrated by curious reflection
- This is NOT expressing that they are Right!



Vent and Validate

- Venting and validation are the major steps for establishing a therapeutic alliance
- A minimal amount must be accomplished before trust will be extended
- Trust must be extended before interpretations can be offered
- Often where immature therapists get stuck (comfort cocoon)



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Therapeutic
Alliance

Understanding

- The therapist must have a sound understanding before leaving the vent and validate stage
- Many Ways to help patients reach an understanding
 - Interpretations
 - Metaphors
 - Blunt descriptions
 - And countless other ways
- Care must be taken to ensure understanding is accurate while not destabilizing for patient



Knowing The General Therapy Patter = Ability To Customize

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**Therapeutic
Alliance**

Accept That The Understanding Is Real

- Understanding reality might overwhelm the emotionally fragile patient
- Be prepared to allow the necessary time for the patient to acknowledge reality
- Regression during this step only means that more time is needed. It does not mean that you are wrong

Knowing The General Therapy Patter = Ability To Customize

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Therapeutic
Alliance

Search For Meaning

- Once reality has disrupted the created fantasy world they must redefine parts of themselves
- You must help them balance their strengths and weaknesses at this stage
- Finding meaning only happens when overcoming adversity
- Regression during this step only means that more time is needed. It does not mean that you are wrong



Knowing The General Therapy Patter = Ability To Customize

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**Therapeutic
Alliance**

**Regression Is
Possible**

Analyze Defenses

- This is finally the step where it is safe and appropriate to analyze defenses
- Analyzing defenses too early can lead to additional maladaptive coping or suicide
- Success during defense analysis is strongly dependent on a sound **acceptance** of reality and finding **meaning**
- Immature therapists often try to skip to this step directly after reaching an **Understanding**



Knowing The General Therapy Patter = Ability To Customize

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**Therapeutic
Alliance**

**Regression Is
Possible**

Navigate Compromise Formation

- As patient's progress, they often don't fit into previous social circles
- They often lose their pleasurable past times
- This is often the reason that people will have a "flight to health"
- Immature therapists often become impatient because regression is common



Knowing The General Therapy Patter = Ability To Customize

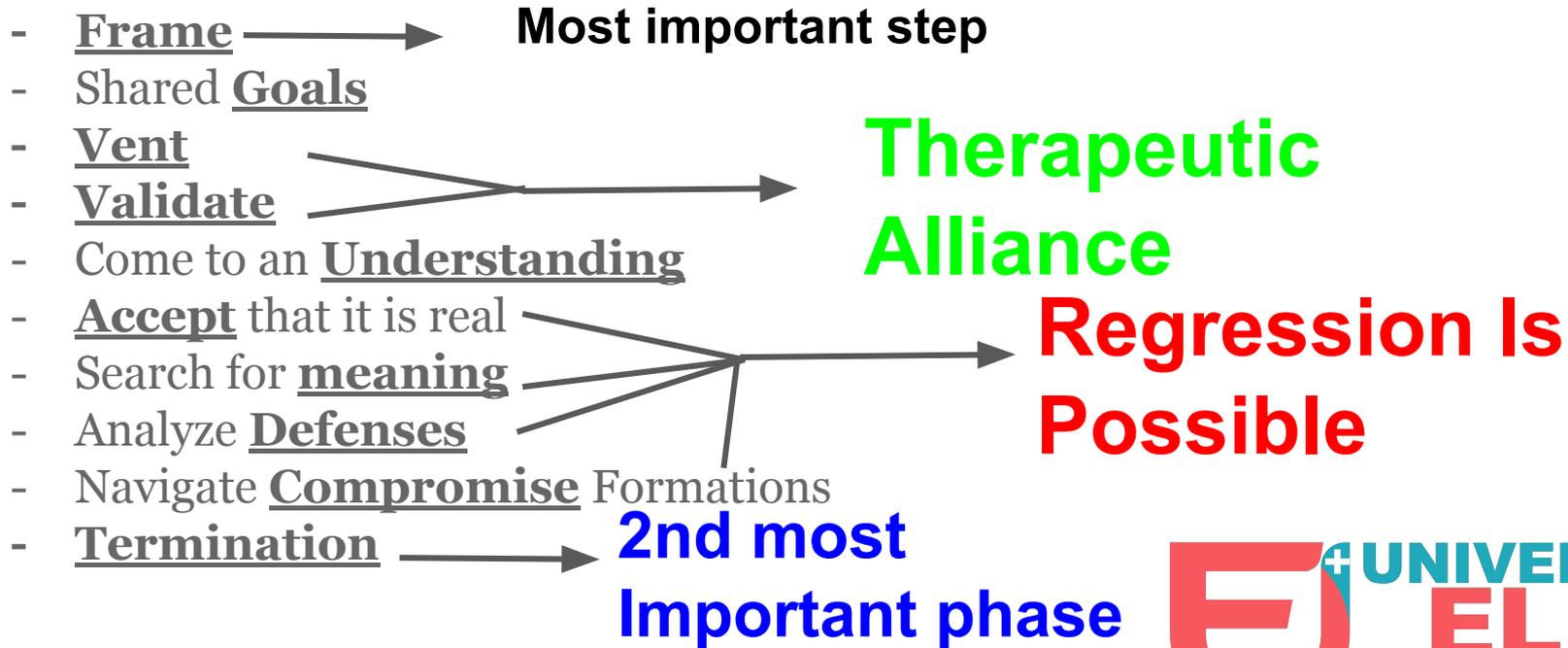


Termination

- Time when patient is ready to practice skills learned in therapy
- Must terminate when skills are sufficient. Not when struggles are eliminated
- Accomplished by reviewing accomplishments, progress and goals not yet achieved.
- Will be emotional for both if true progress has been made



Knowing The General Therapy Patter = Ability To Customize



WEEK 6

Applying Learned Skills



By Dr Hans Watson D.O.

