# HUMAN NEURO-ECOLOGY®: ATTACHMENT, SURVIVAL, AND REFLEXES IN COUPLES

Developed and Presented by

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#### MINDSET FOR THE DAY

- Trans-disciplinary
- Brain Models: Triune Brain v Lobes
- Discipline-Theory-Approach to Mental Health & Wellness
- Hypothesis v Theory v Evidence Based
- Inclusive v Excluding
- Brainify Treatment v Genderize Treatment
- Missions: Recognize and Utilize active brain functions to increase electricity in the dormant neurology (increases therapist attunement)

#### WORKING DEFINITIONS

- Experience all sensory inputs and perceptions
- Felt-Sense mind body awareness
- Prongs Differentiating Past-Present-Future
- Code fragmented sensory perceptions of past experiences that alter in expression based on the present chrono-neuro-ecological factors
- Information Processing a complex process involving multiple systems in the brain to translate sensory information into understandable and usable data
- **Dual Awareness** being conscious of 2 prongs simultaneous (i.e. past & present)
- Complex Couples Living with Attachment Injuries and Traumas that lead to multiple couple and individual complaints.
- Holistic Continuum of adaptive to maladaptive activity of the human systems

## OBJECTIVES

- Participants will:
  - understand the neuro-ecological systems impacting attachment, survival and transactional reflexes.
  - gain and practice skills to assess arousal of neurological activation during couples counseling
  - gain and practice skills to differentiate between misattunements, attachment injuries, and traumas in couples.
  - gain and practice structured interventions promoting healing by resolving, blocked processing, emotional escalation, and shame.

## Process of Day

- 1. Brain Lecture
- 2. Break
- 3. Q & A
- 4. Assessment
- **5**. Conceptualize
- 6. Lunch
- 7. Experiential Exercise
- 8. Prescribe
- 9. Break
- **10**. Preparation
- **11.** Intervention
- 12. Q & A



# Learning styles

## Auditory

Reorienting: Speech and Sound ignites the connection between the Left Frontal Lateral Cortex (Broca area) and the Pre-Frontal Cortex (left & right)...the reorienting to new auditory information incites change

#### Visual

• Cognitive, Emotional, and Visceral reactions first (i.e. transactional reflexes) followed by a thoughtful interchange between one and other (Evocative picture)















## LEARNING STYLE

## Kinesthetic

 Incites communication between the reflex brain and the bonding cells of the brain (limbic) to relay information to the cortex in order to increase understanding



# HUMAN NEURO-ECOLOGY® TENETS

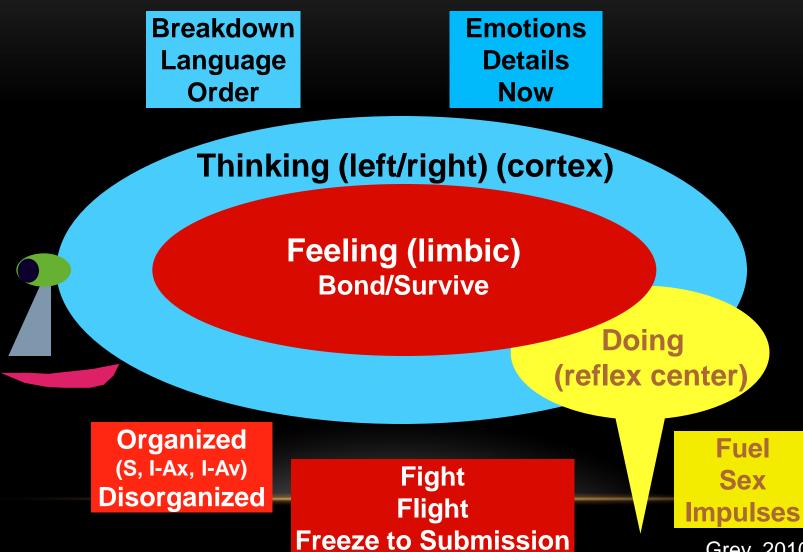
- I. Mammals have an innate ability, capacity, and system to heal
- II. Triune Brain synthesized with the functions of the brains' transactional, structural, anatomical, physiological, and chemical interchanges within a systemic model
- III. Inclusive of culture, age, diagnosis, sex, gender, capacities, orientations, development, spirituality
- IV. Trans-disciplinary
  - I. Neuro: chemistry; physiology; anatomy; psychology; genetics
  - II. Application Nurses, Counselors, Psychologists, Social Workers, Marriage & Family Therapist, Psychotherapist)
  - III. Nature AND Nurture
- V. Transactions are dictated by the Rules Of the Brian 1<sup>st</sup>, experience 2<sup>nd</sup> (1-Survive, 2-Bond, 3-Do NOT Change)
- VI. All components of experience is purposeful. (Cognitions, emotions, body sensations, and behavior)

## HUMAN NEURO-ECOLOGY® TENETS CONTINUED

- VII. Experiences are coded into 5 cycling developmental holistic categories, Responsibility, Safety, Power, Value, and Choices (RSPV-C)
- VIII. Synthesizing present experience with past and future development promotes one's ability to accurately prescribe treatment. (Neuro-science + Holistic Coding)
- IX. Developing a methodic art of treatment produces more adaptive neural networks versus relying on instinct/intuition heavily or alone
- X. Methodic treatment produces efficient outcomes supporting human relief while respecting the present neurology of the client
- VII. The most efficient way to change is to add something new v taking something away (i.e. removal incites instinctual loss/grief and blocks or slows the change process
- VIII. "Non-compliant/resistant" clients are simply living what they know and can only view the world through perceived reality. Their goal is not to make the therapeutic process difficult

## **TRIUNE BRAIN**

#### (GREY, 2008;2010 SYNTHESIZED WITH MACLEAN, 1990)



Grey, 2010

#### HUMAN NEURO-ECOLOGY® (GREY, 2008; 2010 SYNTHESIZED WITH BRONFENBRENNER, 1979)

Chrono-Neuro-Ecology (interactions and transaction from one Whole brain to another whole Brian) Macro Triune

#### **Neuro-Surgeon**

**Exo- Anatomy** 

Therapist

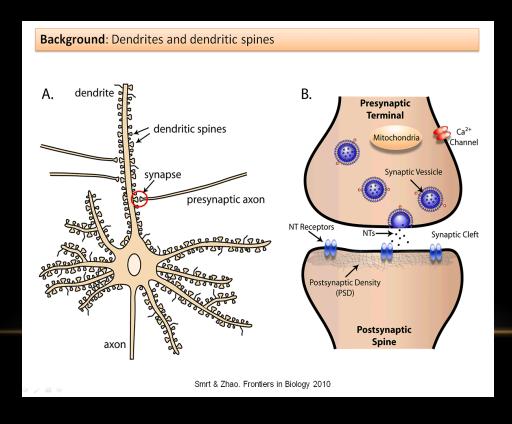
Meso- Cellular

#### **Psychiatrist**

Mirco -Chemical

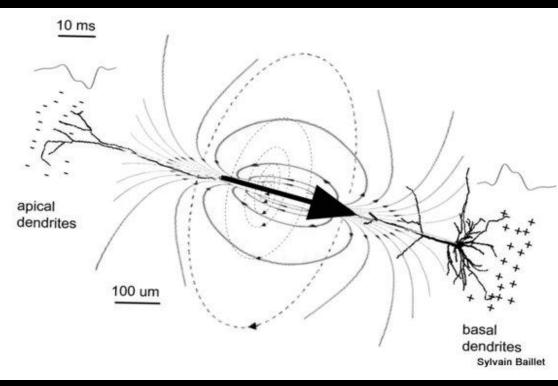
# MCRO-NEURO-ECOLOGY

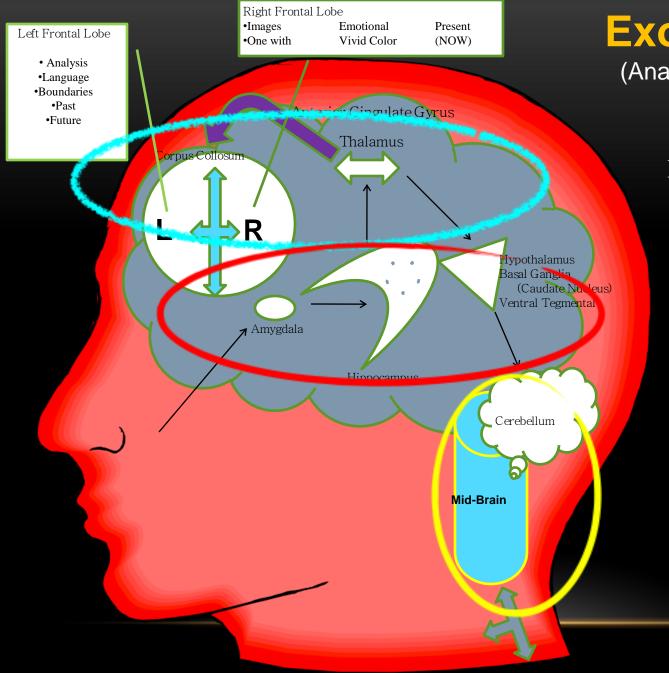
- Mirco = Neuro Chemical/Hormone reactions
- Serotonin, (Ep)Neopeneftine, Dopamine, Oxytocin, Cortisol
- Libido, metabolism, blood pressure, thyroid, endocrine, nervous
- Psychiatrist are those who are trained to do this and warrants a referral.



# MESO: NEURO-ECOLOGY

- Cellular Ensemble:
- Cellular spilt to grow, synchronize in ensembles to incite electrical energy
- Networks of past, present, or future
- Content
- Psychotherapists
- Psychiatrist





#### Exo-neuro-ecology (Anatomy & physiology)

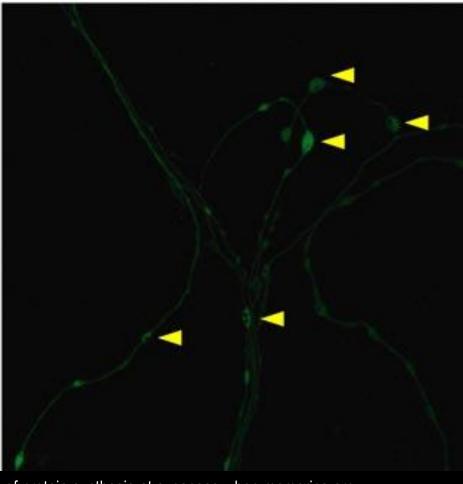
Neutral Information Processing (B)

#### **IMAGING OF MEMORY FORMATION**

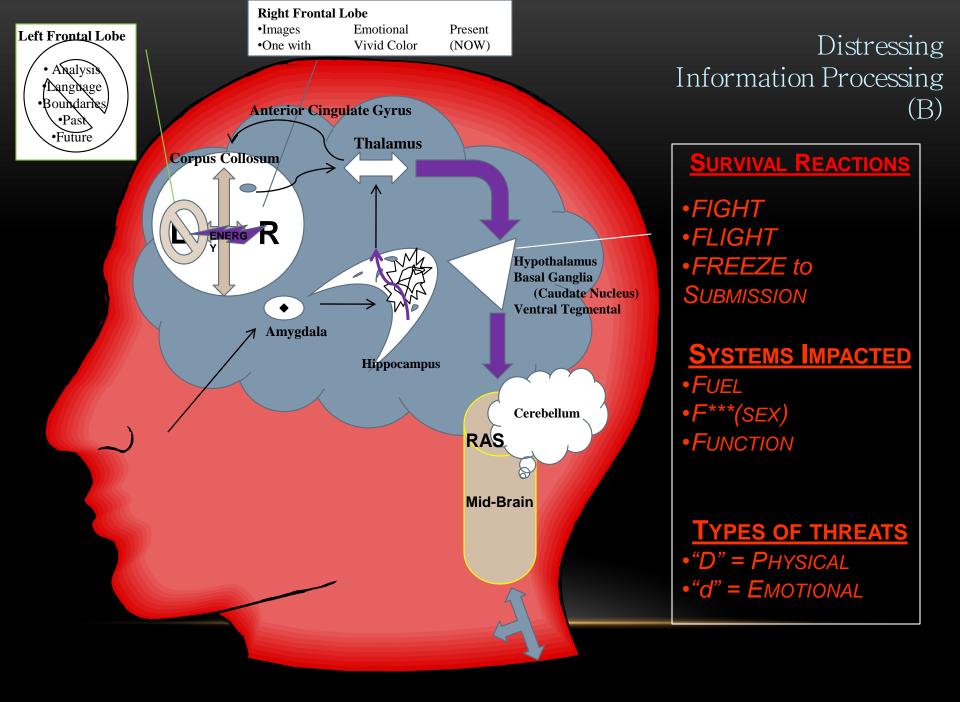
#### Pre-5X5HT

#### Post-5X5HT



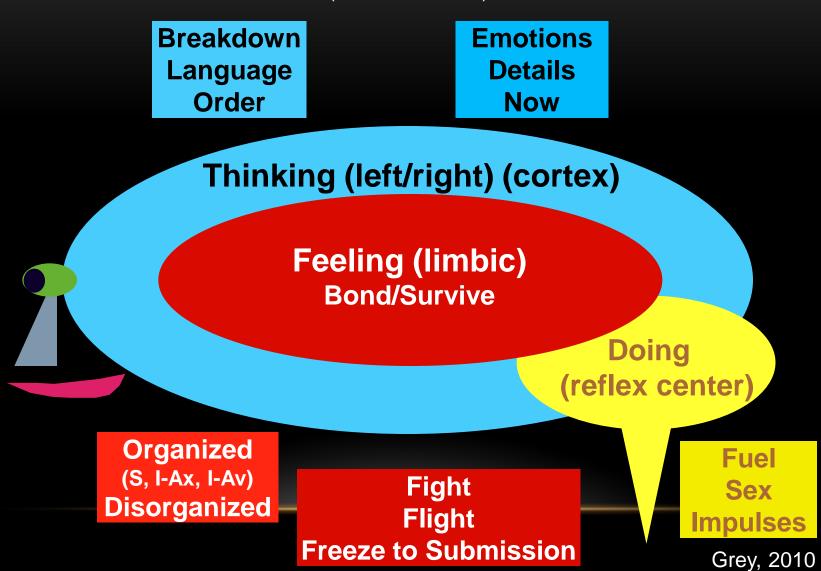


The increase in green fluorescence represents the imaging of protein synthesis at synapses when memories are made. Credit: Martin et. al (http://www.livescience.com/health/090626-memory-image.html)

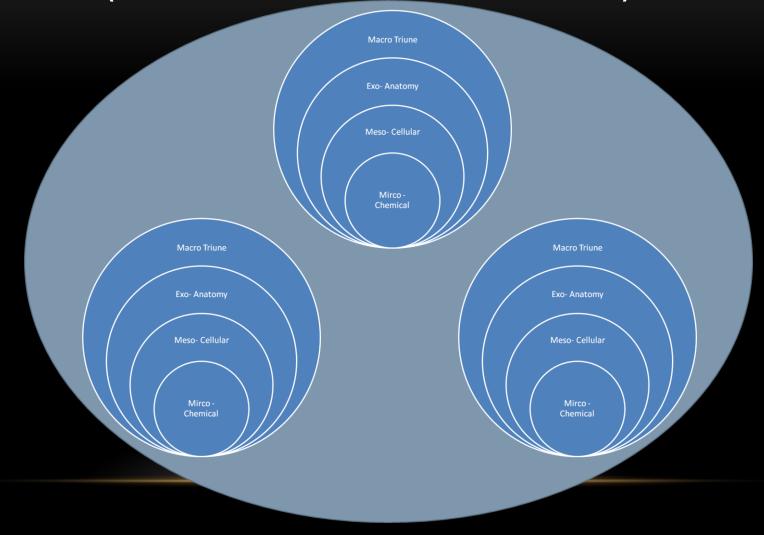


# MACRO-NEURO-ECOLOGY

(TRIUNE BRAIN)



# CHRONO-NEURO-ECOLOGY (SOCIAL/RELATIONAL DYNAMICS)



# QUESTIONS



## TREATMENT PROCESS FOR COMPLEX COUPLES

# METHODOLOGICAL TREATMENT

1. Assess (collect)

2. Conceptualize (past, present, future)

3. Prescribe (stress-brain based)

4. Methodologically Intervene (triadic evolution - TCS)

5. Re-evaluate (progress)

6. Manage (tempo-rhythm and passion)

## 1. ASSESSMENT

#### SCOPE OF PRACTICE

- Confidence
- Competence
- Training
  - Trauma
  - Attachment
  - Dissociation
  - Addictions/Compulsions
- Code of Ethics AAMFT Princial III 3.1, 3.7, 3.11
- Consultation/Supervision

# **REFLEXIVE TRANSACTIONAL CONTINUUM**

1) R-T Dyr Authentic	namics Understanding	Awareness	Misattunement	Attch Injury	Trauma
,	Reactivity Mostly Accurate	Hyposensitive	Sensitive	Hypersensitive	Overactive
3) Brain Ac Lft - Rt	ctivation Rt - Lft	Right Left ShotGn		Atth – Srviv Lft Bnd & Gag	Srviv-Rflx Lft in Trunk
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#### DEVELOPMENTAL MANIFESTATION OF HOLISTIC STRESS

Adaptive		Maladaptive
Accurate Responsibility Assignment	R	Overly responsible : Guilt or Blame
Protecting Protect Protected	S	Vulnerable Danger Death
Actual Probable Possible	Ρ	Weak Helpless Trapped
Ability: Skill building		Ability: Lack of Skills (can't) - Inadequate
Capacity: Utilize Strengths		<b>Capacity</b> : <i>Fixated on Limits</i> – Damage,
Purpose: I amWorthwhile as I amGoodOK	V	Defective, Unlovable <b>Purpose</b> – Worthless

Having Options is Purely Adaptive. Knowing what options are supports health and wellness

## LIMBIC INSTINCTUAL REACTIVITY

#### **Survival Reactivity**

- Over active Fight = assertive or Defensive
- Over active Flight = "forgetful" or avoidant
- Over active Freeze to Submission = Appearing Philosophical, all talk no action, people pleasers with no follow through

#### **Bonding Reactivity**

- Style transaction
- Survival Transactions
- Need/Reliance Transactions
- Amount of dissonance in interchanges indicates the level of Maladaptive transactions (misattunement to traumas)
- "T" = physically threatening
- "t" = emotionally threatening

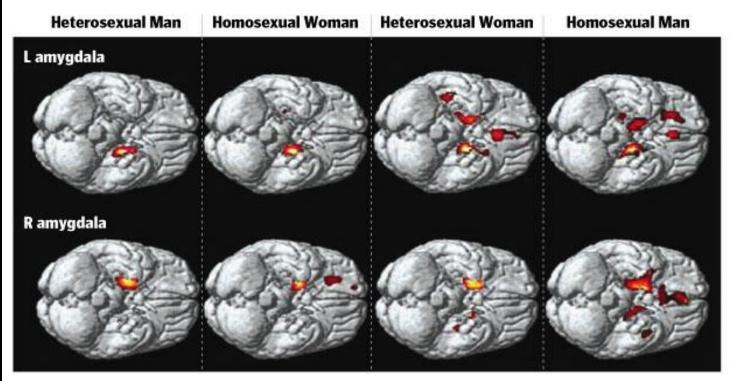
# WELCOME BACK

#### BRAINIFIED V GENDERIZED

Genograms neglect the continuum of humans...

#### What if you are not a square or a circle?

#### What if you are a <u>SQUIRCLE</u>?



Savic & Lindstrom, 2008, http://news.bbc.co.uk/2/hi/health/7456588.stm

## THERAPEUTIC CONSIDERATIONS

- Non-traditional Roles
- Impact on Bonding
- Stimuli that activates
- Gender versus Sex Assignment
- Definition of dynamics
- Style of transactions
- Increases level of social stress
- Repressed Expressions of love

- Bi-sexual in Heterosexual Relationships
- Transgendered views of orientations
- Increased Risk of compulsions, anxiety, & suicide
- Impact of III-equipped therapists

#### TRANSACTIONAL DYNAMICS

#### Alignment

#### Misalignment





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## 2. CONCEPTUALIZE

### CASE CONCEPTUALIZATION

- Presenting Complaint
- Attachments History: (see Target Sequencing Plan Handout)
  - Identify Individual (maladaptive/adaptive) life events
    - The reactions/response to the event now (MAKE NO ASSUPTIONS) (age, event, Disturbance (SUDs), Impact on Attachment/Relational/Transactional Dynamic)
  - Identify couple (maladaptive/adaptive) life events (suspension bridge)
    - The reactions/response to the event now (MAKE NO ASSUPTIONS) age, event, Disturbance (SUDs), Impact on Attachment/Relational/Transactional Dynamic)
    - \*Dissociation natural protective capacity and reflex to disconnect self form physical being (Tuned in to the moment, leave emotionally, dual awareness, stable labial, state, trait, consistency and inconsistency – the other is gonna complain of, never be about me)
- Habitual/Compulsive patterns (Individual/Couple) (R-complex) (Self-soothing ability)
- Evaluate Logistical Factors (i.e. financial, time, insurance coverage, etc.)
- 3 prongs

#### MARY AND SAM

- "We fight about the same things, not getting anywhere."
- Mary: must organize every detail, telling everyone where to be and when; complains that Sam cannot handle her stress and Sam is not there for her; He forgets everything I ask of him
- Sam says Mary is a control freak and makes a mountain out of a mole hill all of the time.
- HX: 16 year marriage, 2 kids, 12 and 14; prior to engagement there was an unplanned pregnancy, Mary terminated pregnancy against Sam's wishes; Mary expresses feeling guilt and grief regarding the terminated pregnancy
- Mary was sexually abuse by older brother from ages 6-10; parents divorce when she was 5 after significant arguing and lots of chaos. Mom made suicidal gestures
- Sam oldest of 2, parents still married never fight; Sam describe a dinner where mom began to complain and his father slammed his fist on the table yelling "shut up" to mom...from that day forward they ate dinner on TV trays watching TV.
- Sam has difficulty expressing and recognizing distress in himself and in Mary. Mary reports flashbacks during sex.

## 3. PRESCRIBE

## PRESCRIPTION

- Presentation of Conceptualization (Member Check) (Unethical) Informed consent – Starting Point = Presenting Complaint x3
- Clients' Goals
- Building Couple awareness of maladaptive and adaptive Experiences (individual and couple) Impacting Couple ship (TSP)
- Prescription: Negotiate treatments
- Preparation
  - Individual Soothing
  - Couple Soothing (Attunement)
  - Transactional Soothing (Attending/Nurturing/Responding)
- Identify Necessary process management
- 3 Prongs
- Parallel Process: (Clients' job is to focus on content, therapist job is to manage the process)

## PRESCRIPTION TOOLS

Treatment Plan
Target Sequencing Plan
T-I-C-E-S x3

## 4. PREPARATION

## METHODIC TREATMENT STRUCTURE

- **Build** Preparation Therapist = 90% Responsibility with moderate tempo:
- **Protect** Therapist maintains 90% Responsibility to foster the Coupleship as each individual processes experiences (Slower interval tempo, hold the processor more, and maintaining connection with observer
- **Grow** Therapist shares Responsibility 60/40 to foster the Coupleship (Increase interval tempo, hold the processor, and maintain connection with observer) by engaging client/couple in experiential work in the office and education/application of skills in the office (limited homework if applicable)
- **Synchronize** Therapist shares Responsibility 50/50 to foster the Coupleship -(Increase interval tempo, the processor/observer roles are fluid during the session - partners are able to hold each other instead of the therapist holding) Therapist task oriented assigning outside of the office. Increase in homework. Sessions focus on re-evaluation, adding new adaptive layers, and validate applied adaptive dynamics Also, empower the partners to rely on individual/self adaptive skills to manage maladaptive reactions in the present (relapse)
- **Witness** Therapist relinquishes Responsibility 25/75 to foster the Coupleship The therapist is witnessing the new adaptive attachment and bonding patterns that have been procedurally learned. When the therapist is witnessing the new coupleship, the frequency of the meetings declines:

## FACTORS FOR COUPLE STABILITY

The Coupleship is the top priority no matter who is in the room with the therapist

- Tolerance (honesty)
- Management (push-pull & Tempo)
- Therapeutic Bond
- How to experience Dual Awareness & Mindfulness
- 3 Prongs
- Developing anti-dotes for RSPV
- Re-evaluate

## SOOTHING

#### Individual Soothing Preparation

- Skill Building: Dimmer switch while keep the light on
  - Containment (Limbic)
  - Grounding (present) Right Brain (5 sensory input)
  - State change (past /future) Left Brian
  - Transitional Object (i.e. cue word, symbol etc.) Reflex Brain (touch)

#### **Couple Soothing Preparation**

- Attuning (Therapist Define for couple)
  - Eye contacting (Right)
  - Facing (Reflex)
  - Neutral facial expressions (Limbic)
  - Reflective listening (Left)
- Soothing (Defined by Individual to other)

#### Communication Skills Building

- See me (left/right)
- Feel Me (limbic)
- Touch Me (reflex)
- Hear Me (left)

When you do this, I feel...

- Like a WE (limbicattach)
- Encouraged (left)
- Celebrated (Right)
- Connected (Physical Touch) (Reflex)
- Love Emotional Needs (Limbic Survival)

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## 4. INTERVENTION

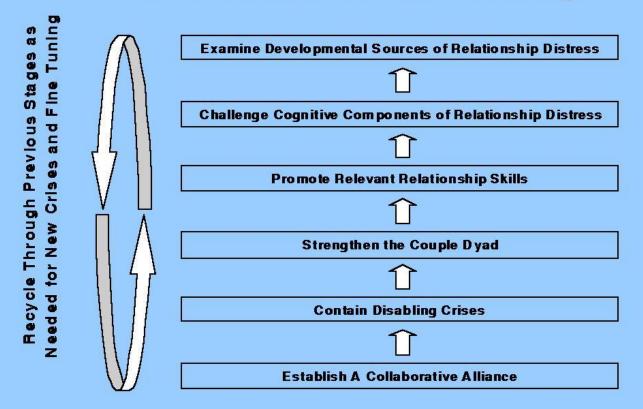
## CORE PROBLEMS OF COUPLES

- Fear of abandonment and isolation
- Skills deficits
- Maladaptive ways of thinking
- Restrictive narratives about relationships
- Problems of self esteem
- Unsuccessful handling of normal life cycle transitions
- Unconscious displacement onto partner conflicts with one's Family of Origin
- Inhibited expression of normal adult needs
- Unresolved Trauma
- Compulsion/Addiction
- Affairs
- Grief

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A Pluralistic Model of Change



**Primary Therapeutic Task** 



## SESSION STRUCTURE

- 1. Rapport/Re-evaluate
- 2. Session Focus\* (identify transactional alignment) (Tempo and Level of Responsibility) (Maladaptive first)
- **3**. Review of Soothing Tool (Adaptive second to assure access)
- 4. Session Conceptualize– Theory(Brain and Training)
- **5. Intervention\*** Technique or intervention(prescription) (Brain and Training and Contract)
- **6. Closure\*** (Summarize and Assign, Stabilize)

## WHY STRUCTURE IS NECESSARY

- Higher level of distress; High level of Structure/Intervention/Care:
- Structure increase pre-frontal lobe communication as it activated an internal healing mechanism in the brain

<u>Consistency</u> Time =Change



#### **Therapist Brain Processor Brain** (permission to be 'Self-centered) Confidence (Right) Competence (left Opportunity Expressing what they needs during processing Value Observer role • identify the block that will derail the processing) • Value Processor Role Safe Enough/Protected Enough Honor the processing's impact on the relationship Include Observer non-intrusively in the Therapeutic process Focus on self and not other • Ensure processor is and perceives to be Safe (Ex-LOC) • Tolerate Vulnerability to their Partner/Therapist ۲ Ensure Couple can Preserve the containment of the work between of the session Aware of pain, attunement, support, sooth Direct the speed of the Tempo (Phase of Treatment) Manage Ebb and Flow on intensity on a given topic (Cycle back in the phase Stop Signal Treatment) Keep going signal Guide the Rhythm to adjust maintaining tolerance of experience

#### Observer Brain

(Permissions to be Self-preserving)

- Tolerating processing of other
- Manage sooth enough (Rt)
- Distance (Left)
- Empathize (Rt)
- Not over-Sympathize (attachment)
- Survival low enough (Grounding)
- Remain NOW

- Be attuned to the needs of the Processer
- Observer aware of self in relationship to processor while the processor is activated
- Aware of the need to process in processor
- Soothing is not intrusive or distracting to the processor
- Share self as a resources as needed
- Accurately see processor and check conclusion with the process

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## HNE<sup>®</sup> -GUIDED INTERVENTIONS

Left Pre-Frontal Cortex Analysis, Language, Individuation, Past/Future	Right Pre-Frontal Cortex         Sensory, Vivid, Emotion Labels, NOW
Limbic – Survival Ensembles Protect, Boundaries, Limits	Limbic-Bonding Ensembles Consistency, Need, Support, Celebrate
Reflex – Fuel, Process, Function	

## **PROCESSING SPEED BUMP**

- **Blocking** survival brain kicking in to protect the established long-term neural-networks
- Shame action tendency avoid
- Emotional Activation the capacity to manage my activation in response to my partners process

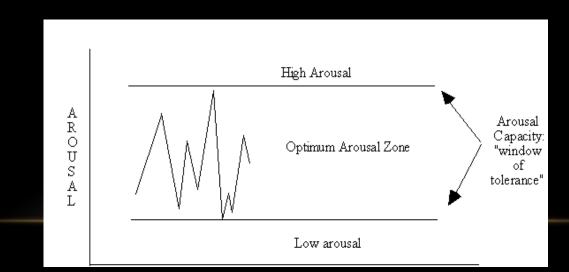
## "BLOCKING" (REFLEX-LIMBIC)

#### Windows of Tolerance

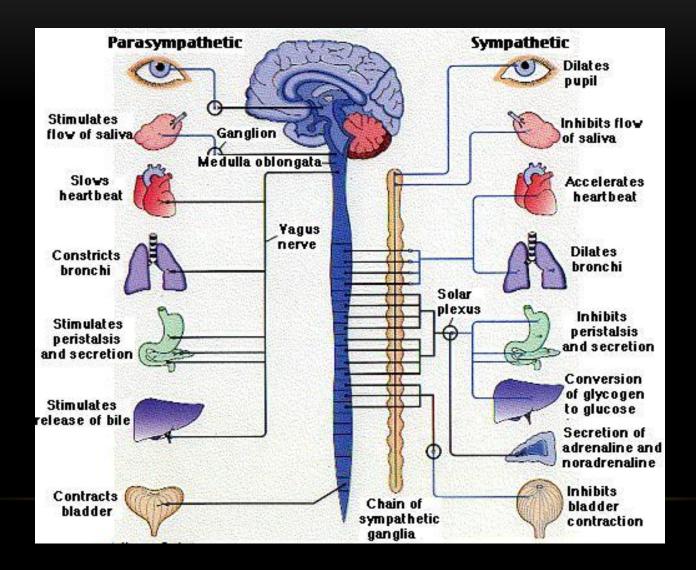
<u>Chemical</u>



#### **Therapeutic**



## **NERVOUS SYSTEM**



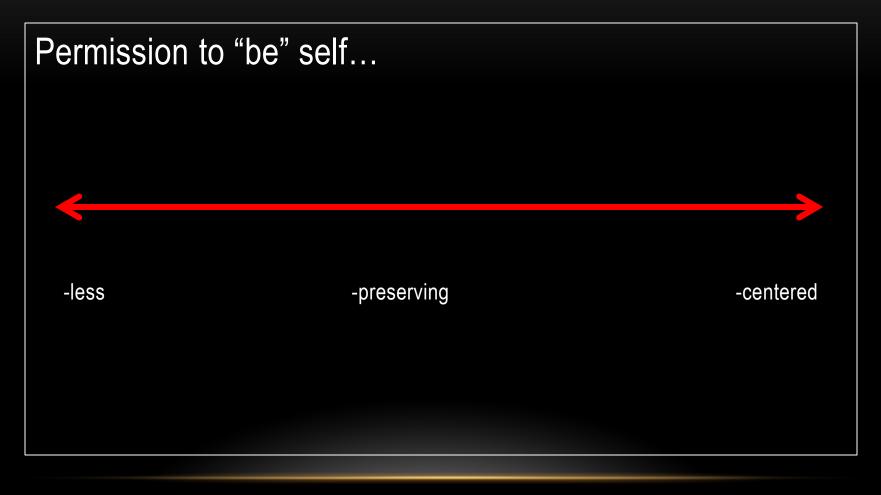
## "EMOTIONAL REACTIVITY" MALADAPTIVE EMOTIONAL REACTIVITY (LEFT OR SURVIVAL)

- Maladaptive Transactional Reflexes (Money-Intimacy-Communication)
- Lash out (reflex)
- Withdraw (survival)
- Dismiss (Left)
- Numb (Survial (freeze)
- Over-analyzing (Left)
- Philosophical (Left)
- Abusive (Attachment)
- Forgetful (Survival freeze)
- Confuses (Survival-Flight)
- Compliance (Survival Freeze)
- Shutting down (shame) L-S-FI)
- Disengaging Dissociating (example protective

survival reaction) (A & R)

- Saving face (Rtight)
- Abandon (Atamet)
- Dictating what to think and feel (Left)
- Over-soothing (Right-Att)
- Fixing (left)
- Pleasing (I-s-fr)
- Other Focused/selfless (Attachment)
- Giving-solution (Left)
- Rejection (Attachment)
- Neglect (attachment)

## SHAME



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## QUESTIONS



# THANK YOUIIII