

Human Neuro-Ecology®:

Attachment, Survival, and Reflexes in Couples

Developed and Presented by

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AAMFT Annual Conference

Fort Worth, TX

September 21st, 2011

Purpose: to expand theoretical and clinical knowledge supporting effective and efficient intervention with complex couples guided by systemic human neuro-science.

Mindset for the Day

- Mental Health, Addictions, Medical, Wellness, & Neuroscience
- Brain Models: Triune Brain v Cortex 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 chron-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 **shame, blocked processing, and emotional escalation**

Process of the Day

1. Brain Lecture
2. Break
3. Q & A
4. Assessment
5. Conceptualization
6. Lunch
7. Experiential Exercise
8. Prescription
9. Preparation
10. Intervention
11. Break
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

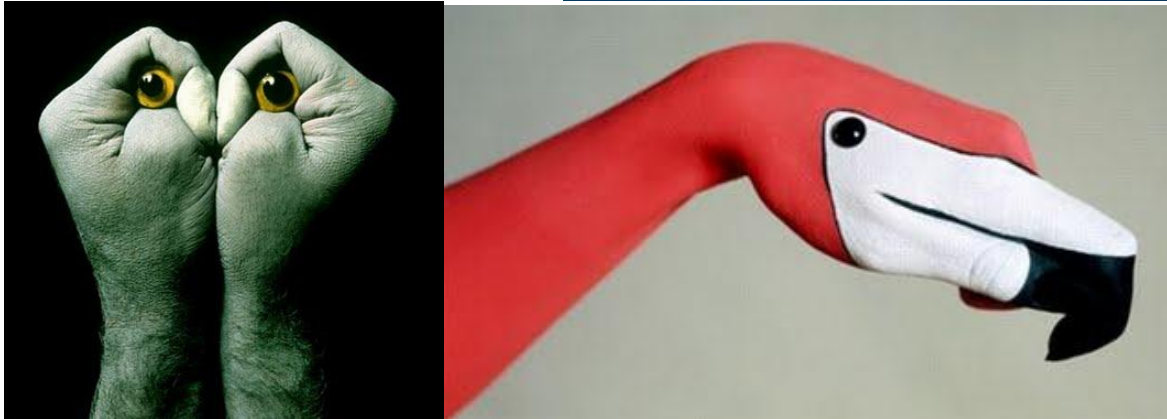
- Cognitive, Emotional, and Visceral reactions first (i.e. transactional reflexes) followed by a thoughtful interchange between one and other (Evocative picture)

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

Brain Activation Experiences

Visual: “Amazing Hands”

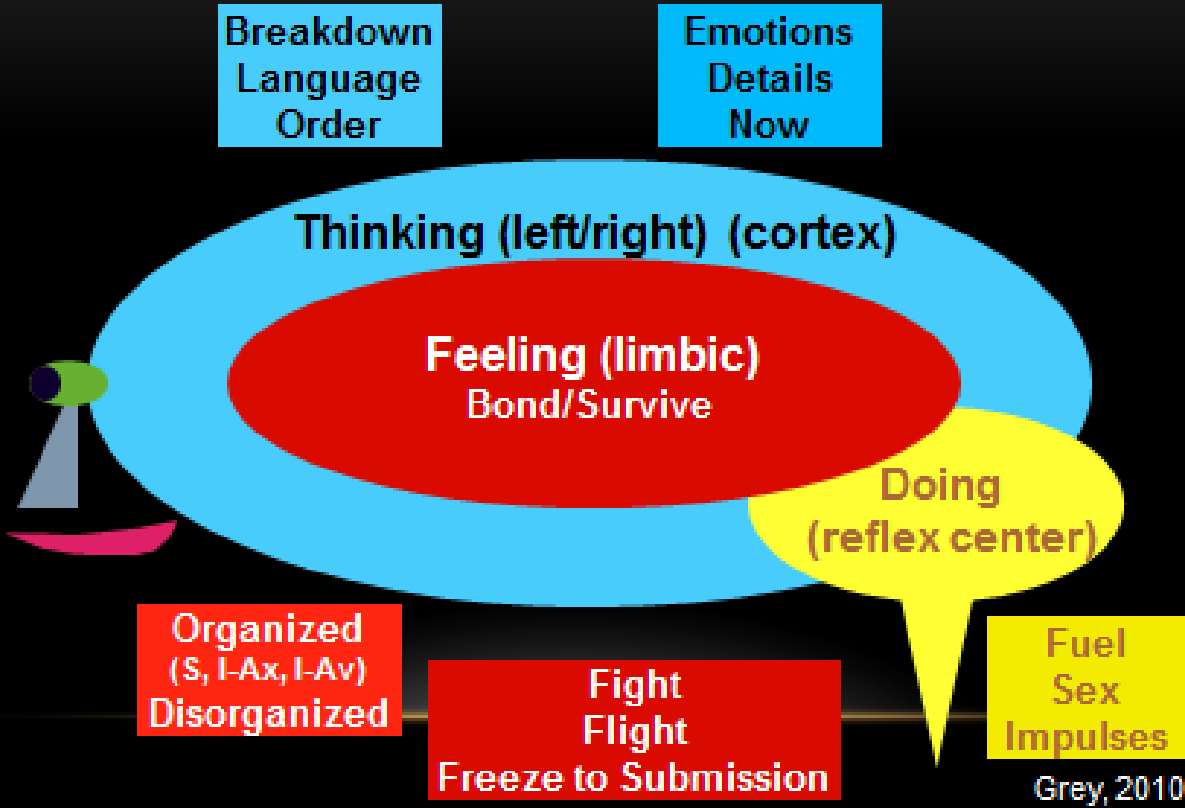


Human Neuro-Ecology® Tenets

- 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
 - a. Neuro: chemistry; physiology; anatomy; psychology; genetics
 - b. Application - Nurses, Counselors, Psychologists, Social Workers, Marriage & Family Therapist, Psychotherapist, Psychiatrist)
 - c. Nature AND Nurture
- V. Transactions are dictated by the Rules Of the Brian 1st , experience 2nd (1-Survive, 2-Bond, 3-Do NOT Change)
- VI. All components of experience is purposeful. (Cognitions, emotions, body sensations, and behavior)
- 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
- XI. 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)
- XII. "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.

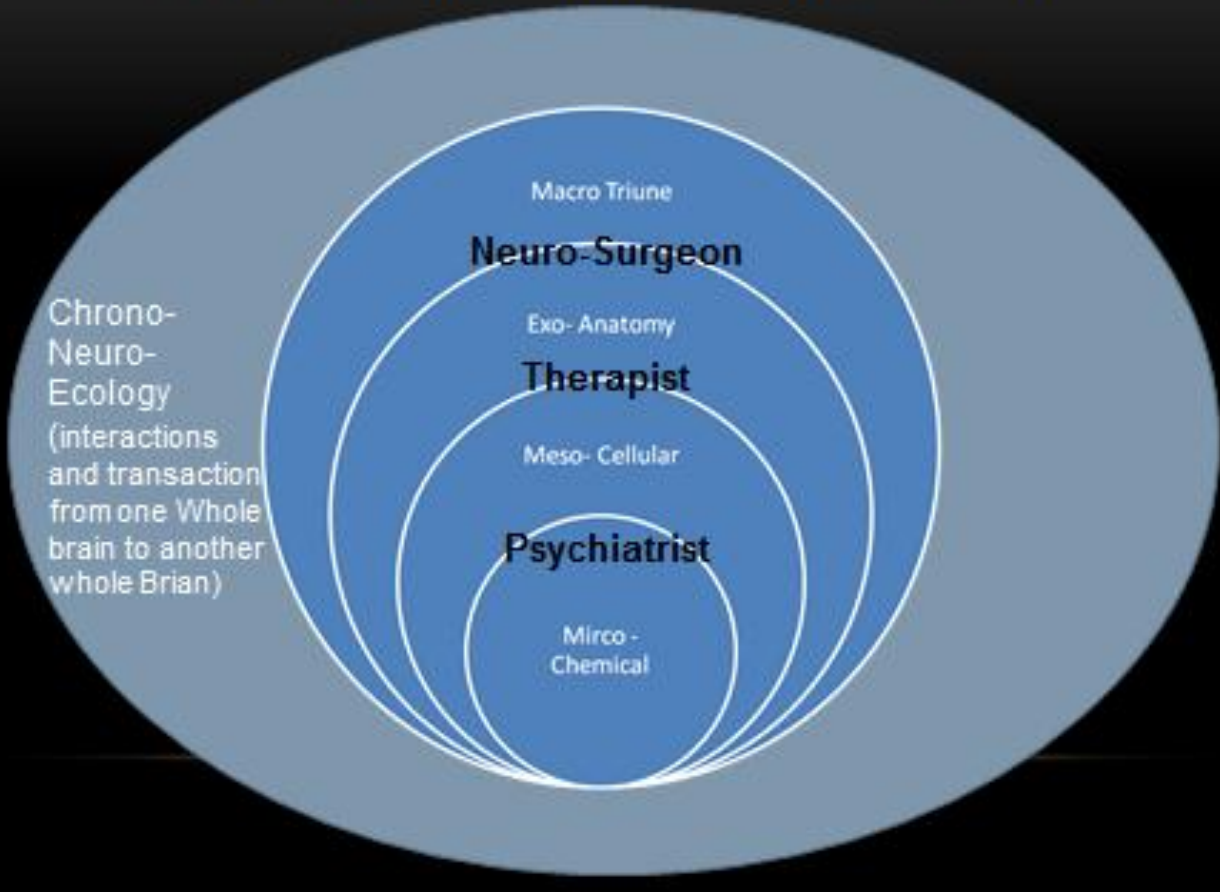
TRIUNE BRAIN

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



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

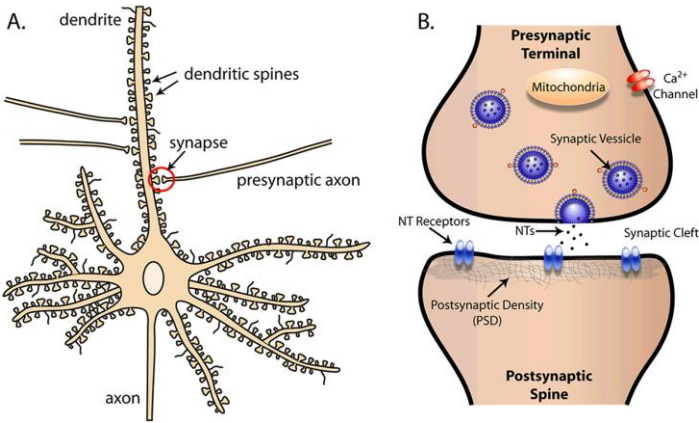
Meso- Cellular

Psychiatrist

Mirco -
Chemical

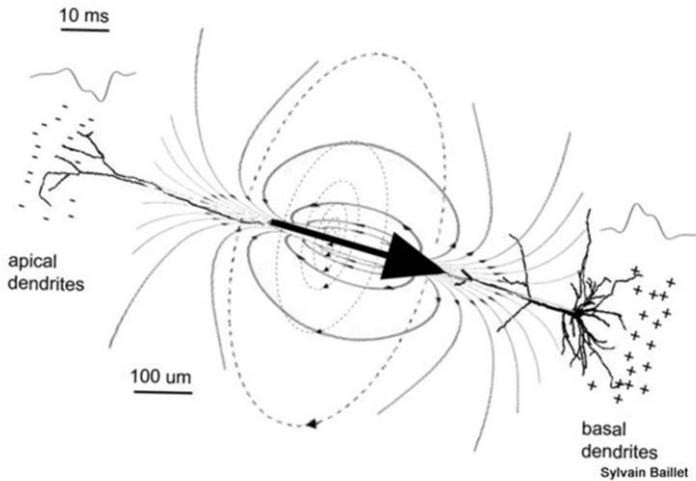
Micro (chemical)

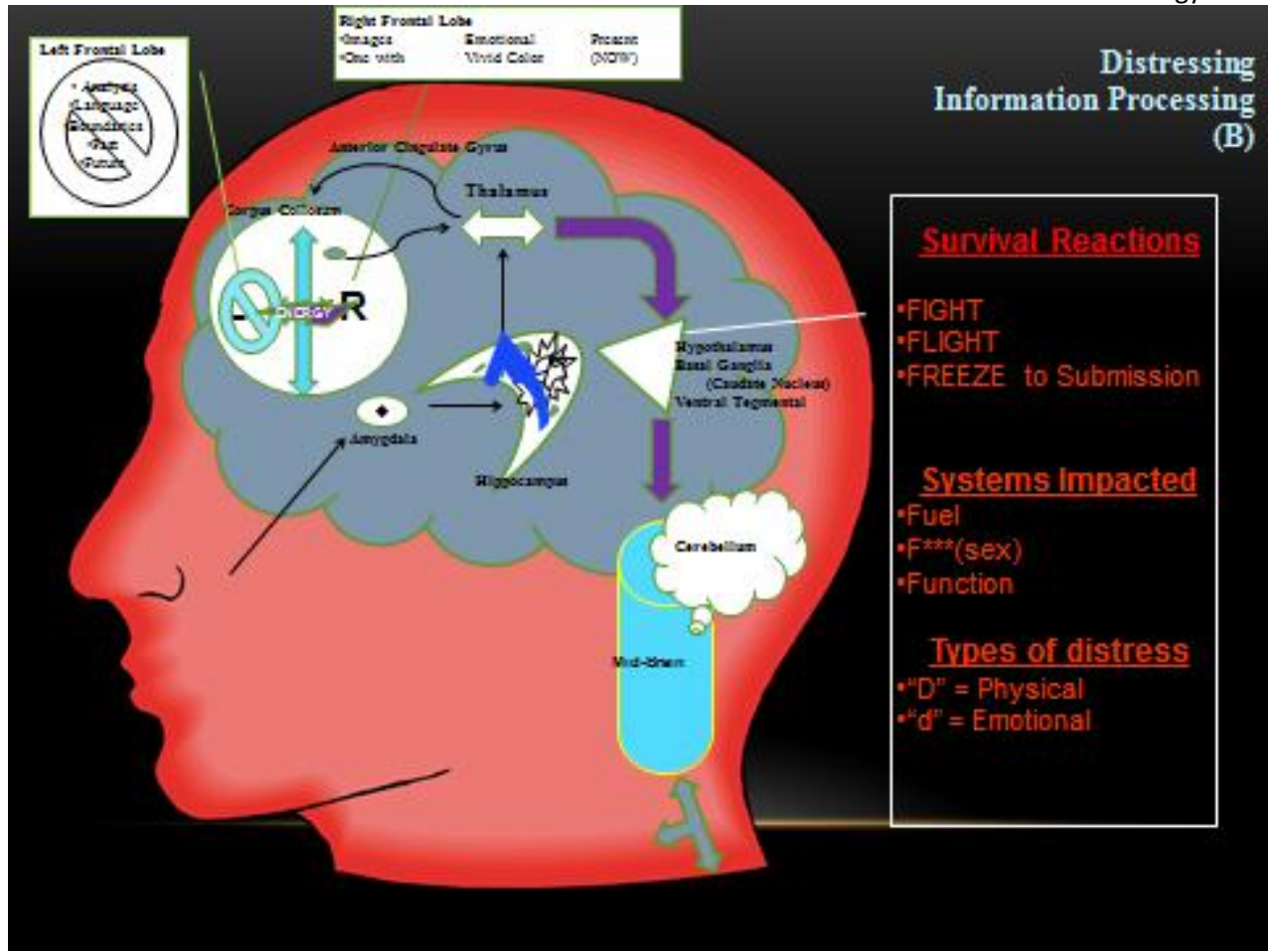
Background: Dendrites and dendritic spines



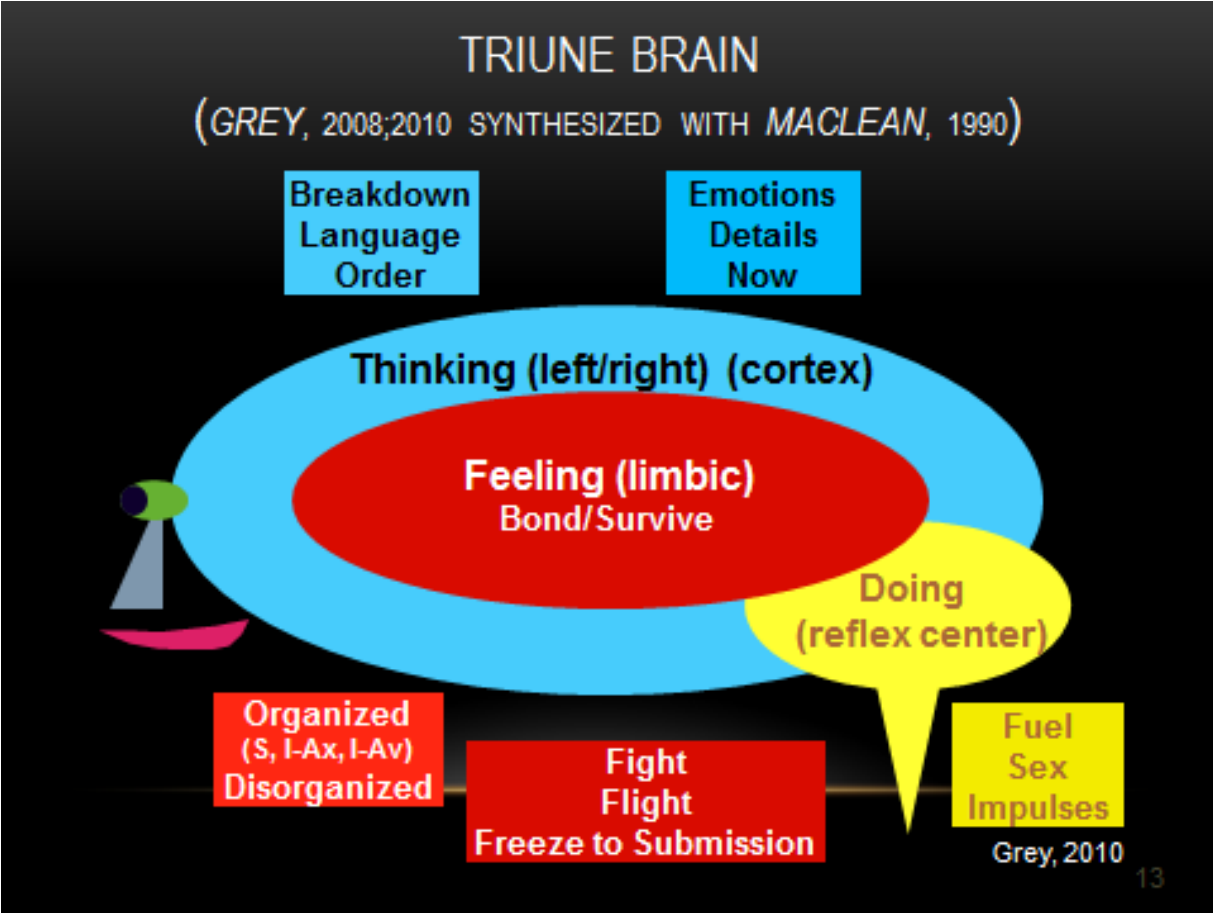
Smrt & Zhao. Frontiers in Biology 2010

Meso (cellular)

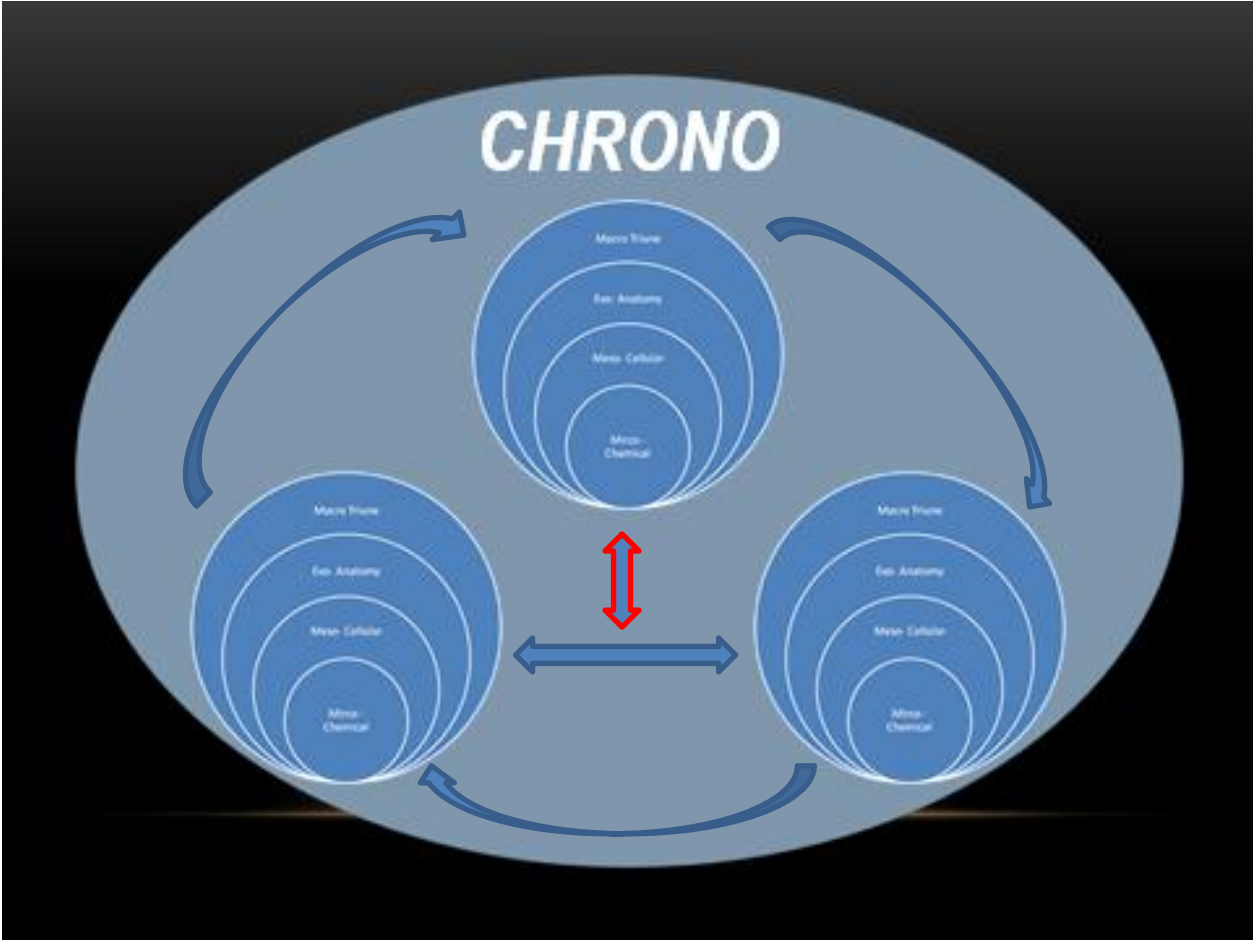




Macro (structural)



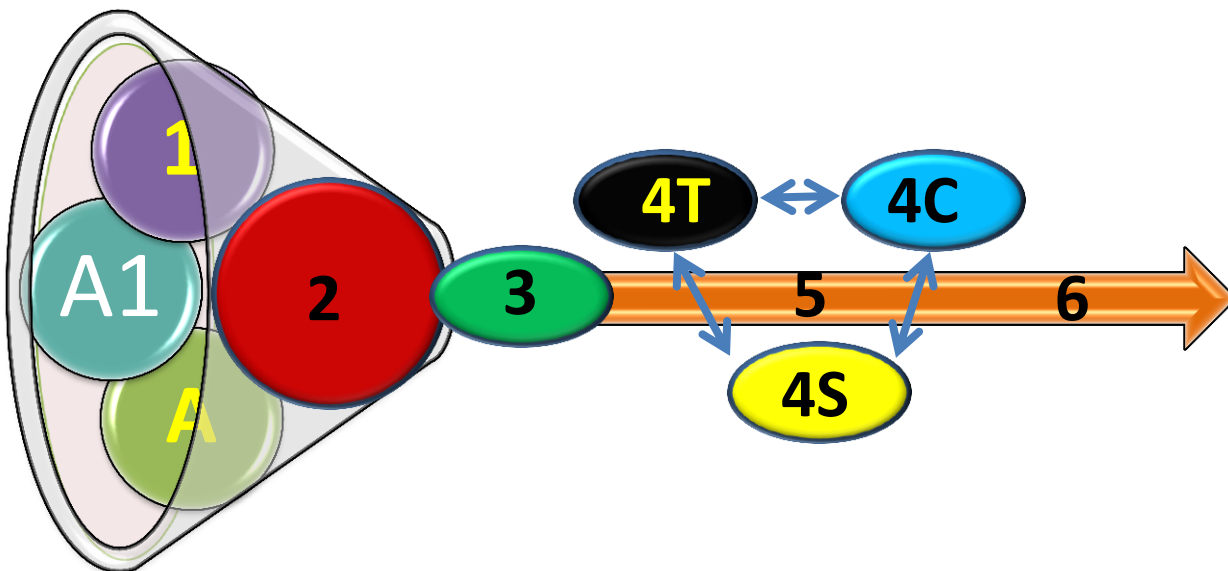
Chrono (systemic)



Human Neuro-Ecological® 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 – Principal III – 3.1, 3.7, 3.11: _____

-
- Consultation/Supervision: _____

REFLEXIVE TRANSACTIONAL CONTINUUM

1) R-T Dynamics Authentic Understanding Awareness			Misattunement Atch Injury Trauma
3) Survival Reactivity Accurate Mostly Accurate Hyposensitive			Sensitive Hypersensitive Overactive
2) Brain Activation Lft - Rt Rt - Lft		Right Left ShotGn	Atch-Rt Atth - Srviv Srviv-Rflx Lft BkSt Lft Bnd & Gag Lft in Trunk
4) Dual Awareness Self & Other----- Code 3-Prongs----- No Prongs			



Developmental Manifestation of Holistic Stress

Adaptive				Maladaptive		
Accurate Assignment			R	: Overly responsible Guilt or Blame		
Protecting	Protect	Protected		S	Vulnerable	Danger
Actual Probable Possible			P		Weak	Helpless
Ability: Skill building Capacity: Utilize Strengths Purpose: I am... Worthwhile as I am Good OK				V	Ability: <i>Lack of Skills (can't)</i> - Inadequate Capacity: <i>Fixated on what we don't have-</i> Damage, Defective, Unlovable Purpose – Worthless	
			C			
<i>Having options is purely adaptive. Knowing what options are support health and wellness</i>						

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 (mis-attunement to traumas)
 - “T” = physically threatening
 - “t” = emotionally threatening

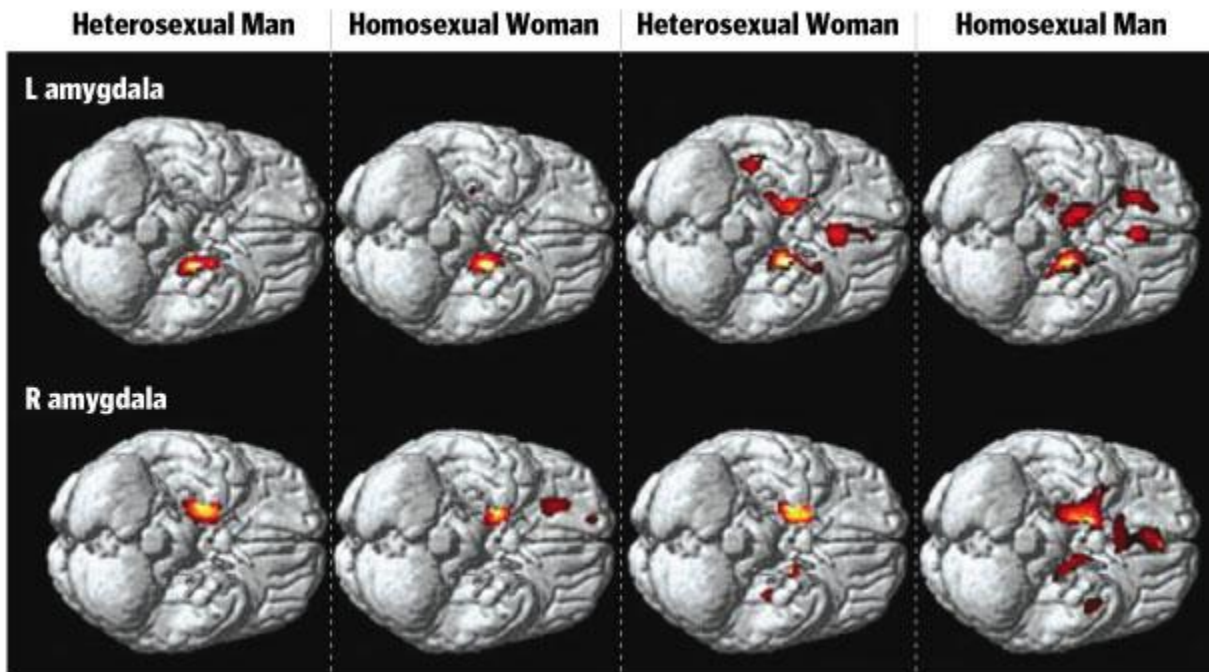
BRAINIFIED V GENDERIZED

Genograms neglect the continuum of humans “being”...

What if you are not a square or a circle?

What if you are a SQUIRCLE?

The Amygdala: Shape, Size, Diameter, Activation

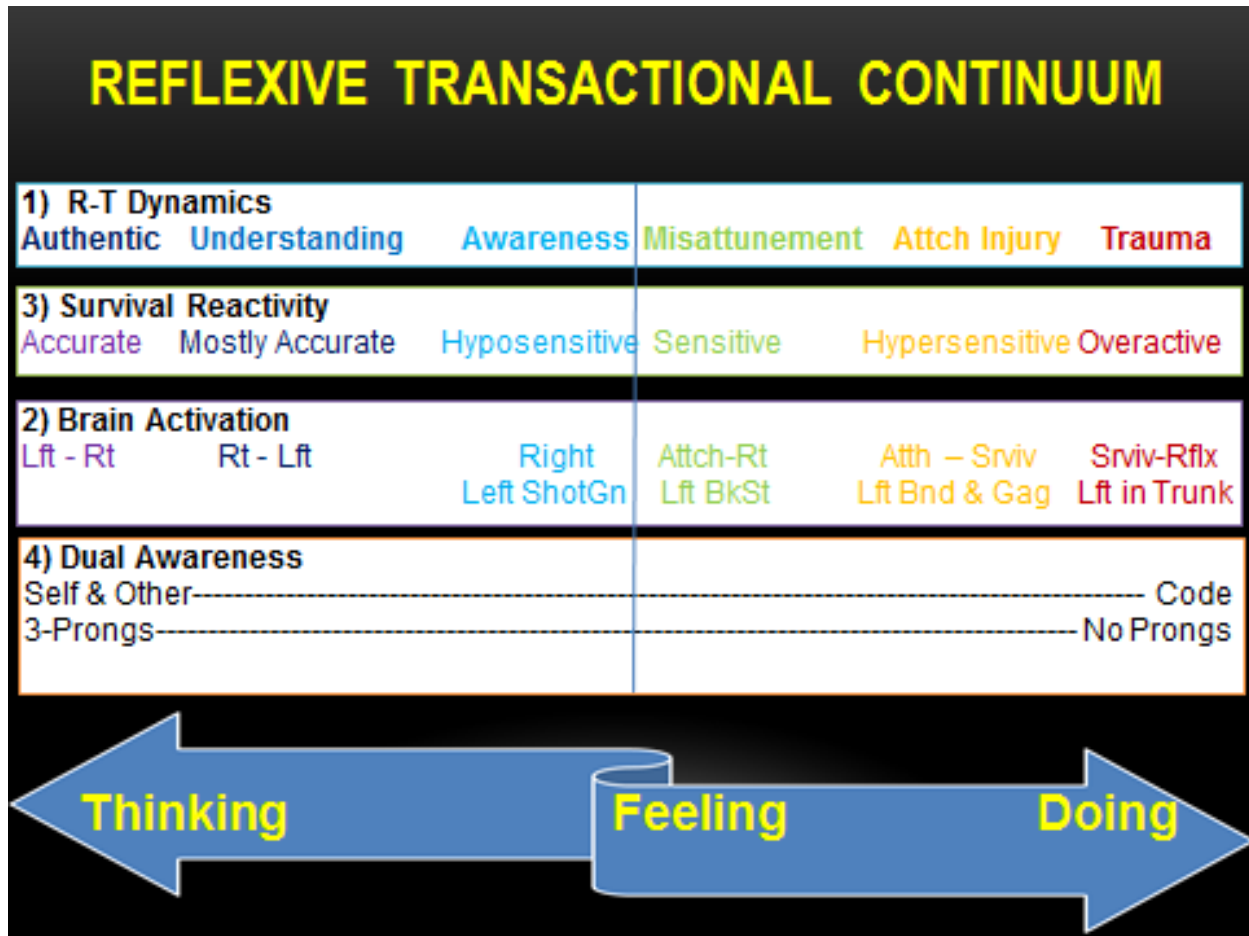


Savic & Lindstrom, 2008, <http://news.bbc.co.uk/2/hi/health/7456588.stm>

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 Ill-equipped therapists

5. Re-Evaluation



Locus of Control



Stress Manifestation

Overly Responsible UnSafe Powerless Valueless

2. Conceptualize

1. Presenting Complaint: _____
2. Attachments History: (see Target Sequencing Plan Handout)
 - a. Identify Individual (maladaptive/adaptive) life events
 - i. The reactions/response to the event now (MAKE NO ASSUMPTIONS) (age, event, Disturbance (SUDs), Impact on Attachment/Relational/Transactional Dynamic)
 - b. Identify couple (maladaptive/adaptive) life events (suspension bridge)
 - i. The reactions/response to the event now (MAKE NO ASSUMPTIONS) age, event, Disturbance (SUDs), Impact on Attachment/Relational/Transactional Dynamic)
 - ii. *Dissociation – natural protective capacity and reflex to disconnect self from physical being (Tuned in to the moment, leave emotionally, dual awareness, stable labial, state, trait, consistency and inconsistency – the other is going to complain of, never be about me)
3. Habitual/Compulsive patterns (Individual/Couple) (R-complex) (Self-soothing ability) _____

4. Evaluate Logistical Factors (i.e. financial, time, insurance coverage, etc.) _____

5. 3 prongs _____

3. Prescribe

1. Presentation of Conceptualization: _____

Informed consent – Starting Point = Presenting Complaint x3

2. Clients' Goals: _____

3. Building Couple awareness of maladaptive and adaptive experiences (individual and couple) and how they are Impacting Coupleship: _____

4. Prescription: Negotiate treatments (Discipline – Theory – Evidence Based Practice): _____

5. Preparation

a. Individual Soothing (self-preserving)

b. Couple Soothing (Attunement)

c. Transactional Soothing (Attending/Nurturing/Responding)

6. Identify necessary process management (*explanation to come*)

7. 3 Prongs (how will you address each?): _____

8. Parallel Process: (Clients' job is to focus on content, therapist job is to witness/manage the process): _____

Treatment Plan

Client's Name: _____ DOB: ____ / ____ / ____ Date ____ / ____ / ____

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: GAF – *Current* _____ *Expected* _____

Services Needed	Anticipated Number of Sessions								Frequency
	0	1	2	3-5	6-10	11-20	21-40	40+	Bi-Weekly, Weekly, Bi-monthly, Monthly
<i>Assessment</i>									
<i>Individual</i>									
<i>Family</i>									
<i>Group</i>									
<i>Reprocessing</i>									

Problem, Issue, Challenge, Obstacle		Goal – Long-term	Intervention – Progressive theoretical application
	A		A1 _____ A2 _____ A3 _____
	B		B1 _____ B2 _____ B3 _____
	C		C1 _____ C2 _____ C3 _____

I have discussed the information listed above, various treatment strategies, and their possible outcomes. I have received and/or read my copy of my rights as a client and procedures for reporting grievances. I concur with the above diagnosis and treatment plan.

Client's signature: _____ Date: ____ / ____ / ____

Client's signature: _____ Date: ____ / ____ / ____

Therapist's signature: _____ Date: ____ / ____ / ____

PRESENTING COMPLAINT (SELF/COUPLE): _____

NEGATIVE CONCLUSIONS OF SELF/COUPLE

Overly RESPONSIBILITY:

- IT IS ALL MY FAULT
- I DESERVE WHAT I GET
- I AM IN TROUBLE
- _____

UnSAFETY:

- I AM VULNERABLE
- I AM IN DANGER
- I AM GOING TO DIE
- _____

POWERLess:

- I HAVE NO CONTROL
- I AM WEAK
- I AM HELPLESS
- I AM TRAPPED
- _____

VALUELess:

- I AM INADEQUATE (s)
- I AM STUPID (s)
- I AM NOT GOOD ENOUGH (s)
- I AM DAMAGED (c)
- I AM DEFECTIVE (c)
- I AM UNLOVABLE(c)
- I AM BAD (c/p)
- I AM VALUELESS (p)
- I AM WORTHLESS(p)
- _____

TARGET SEQUENCING PLAN

NC: _____

Past Experiences: (use NC & body sensation to find the Earliest memory)

Age	Incident	SUDs				
		1	2	3	4	5

Present Triggers (TICES): _____

Future Thinking: _____

Future Feelings: _____

Future Doing: _____

T-I-C-E-S - x3

- **Thoughts** = self-talk & verbal transactions (Left)
- **Inputs** = sight, sound, taste, smell (Limbic/Right)
- **Conclusions** = summation of the felt-sense of experiences (Limbic)
- **Emotions** = Happy, sad, mad, scared, calm (Right)
- **Sensations** = “energy” in the body (Reflex)

Partner 1	Partner A
T: _____ _____	T: _____ _____
I: _____ _____	I: _____ _____
C: _____ _____	C: _____ _____
E: _____ _____	E: _____ _____
S: _____ _____	S: _____ _____
Couple	
T: _____	
I: _____	
C: _____	
E: _____	
S: _____	

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 (C): _____

- Re-evaluate): _____

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 via Psycho-Ed): _____

- Eye contacting (Right): _____

- Facing (Reflex): _____

- Neutral facial expressions (Limbic): _____

- Reflective listening (Left): _____

- Soothing (Defined by self to other):
 1. _____
 2. _____
 3. _____
 4. _____

Transactional Preparation

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 – (limbic): _____

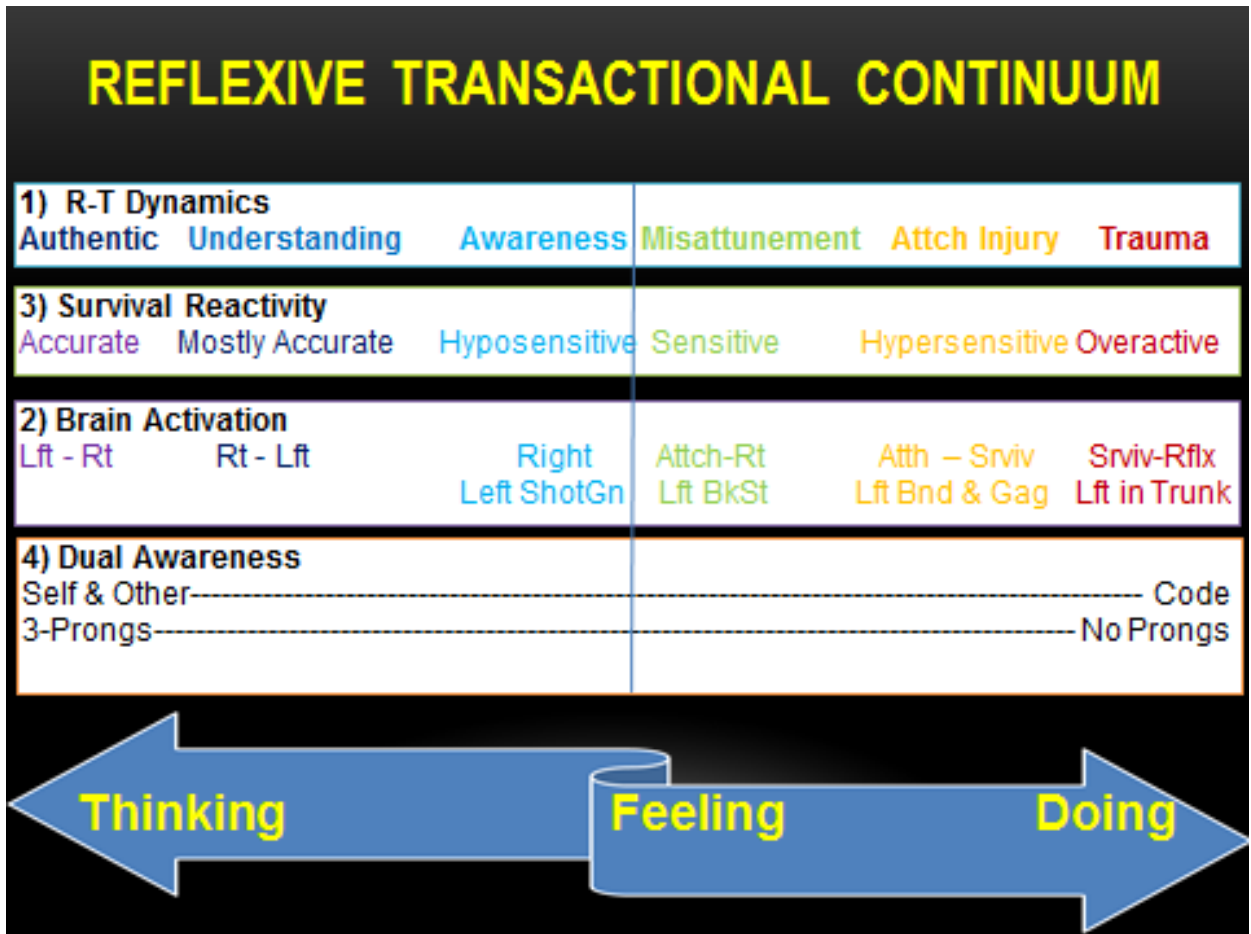
- Encouraged (left): _____

- Celebrated (right): _____

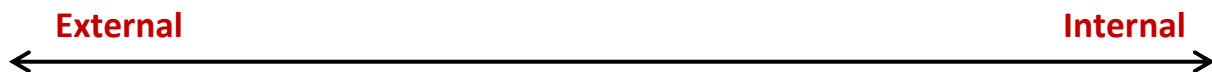
- Connected (Physical Touch) (reflex): _____

- Love - Emotional Needs (limbic): _____

5. Re-Evaluation



Locus of Control



Stress Manifestation

Overly Responsible
UnSafe
Powerless
Valueless

6. 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**

*Exposure – solidifies neural-networks while desensitizes the survival response training the brain to tolerate living instead of celebrating life. The observer is likely traumatized (vicariously) because their brain will create inaccurate sensory data developing into maladaptive neural-networks. Since the sensory data is not founded in accurate concrete reality, there is a lack of capacity to desensitize the survival response due to the abstract nature of vicarious trauma.

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: _____

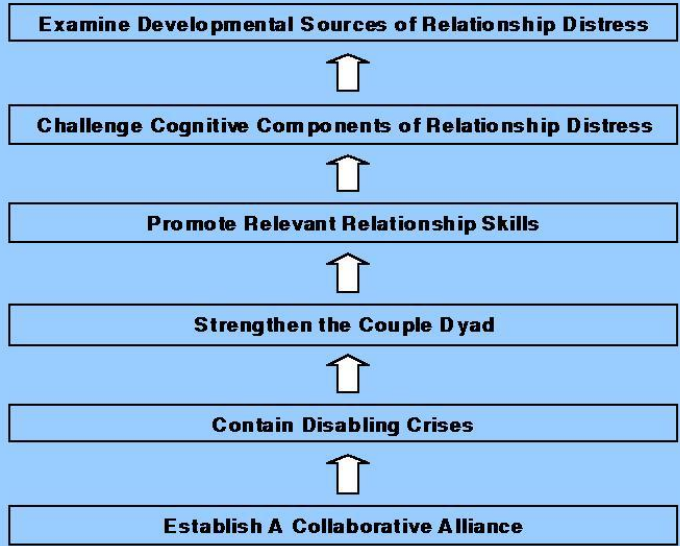
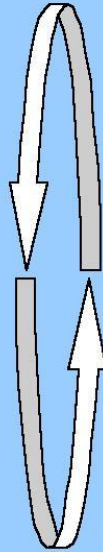
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A Pluralistic Model of Change

Recycle Through Previous Stages as Needed for New Crises and Fine Tuning



Primary Therapeutic Task

Session Structure

1. **Rapport/Re-evaluate***: (right/limbic) _____

2. **Session Focus*** (identify transactional alignment) (Tempo and Level of Responsibility) (Maladaptive to adaptive): (left) _____

3. Review of Soothing Tools (adaptive to assure access): (limbic) _____

4. Session Conceptualize – Theory (Brain and Training): (left/reflex) _____

5. **Intervention*** – Technique or intervention (prescription) (Brain and Training and Contract): (triune) _____

- **Closure*** (Summarize and Assign, Stabilize): (limbic/reflex) _____

* - *minimal structure for a more adaptive coupleship*

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: _____

Consistency

Time

=Change

E

t =CHAOS

T

e = Process

6. Manage

Coupleship AND Processing: *Therapist – Processor- Observer*

Processor Brain (permission to be ‘Self-centered’)

- Opportunity Expressing what they needs during processing identify the block that will derail the processing)
- Safe Enough/Protected Enough
- Focus on self and not other
- Tolerate Vulnerability to their Partner/Therapist
- Aware of pain, attunement, support, sooth
- Stop Signal
- Keep going signal

Therapist Brain

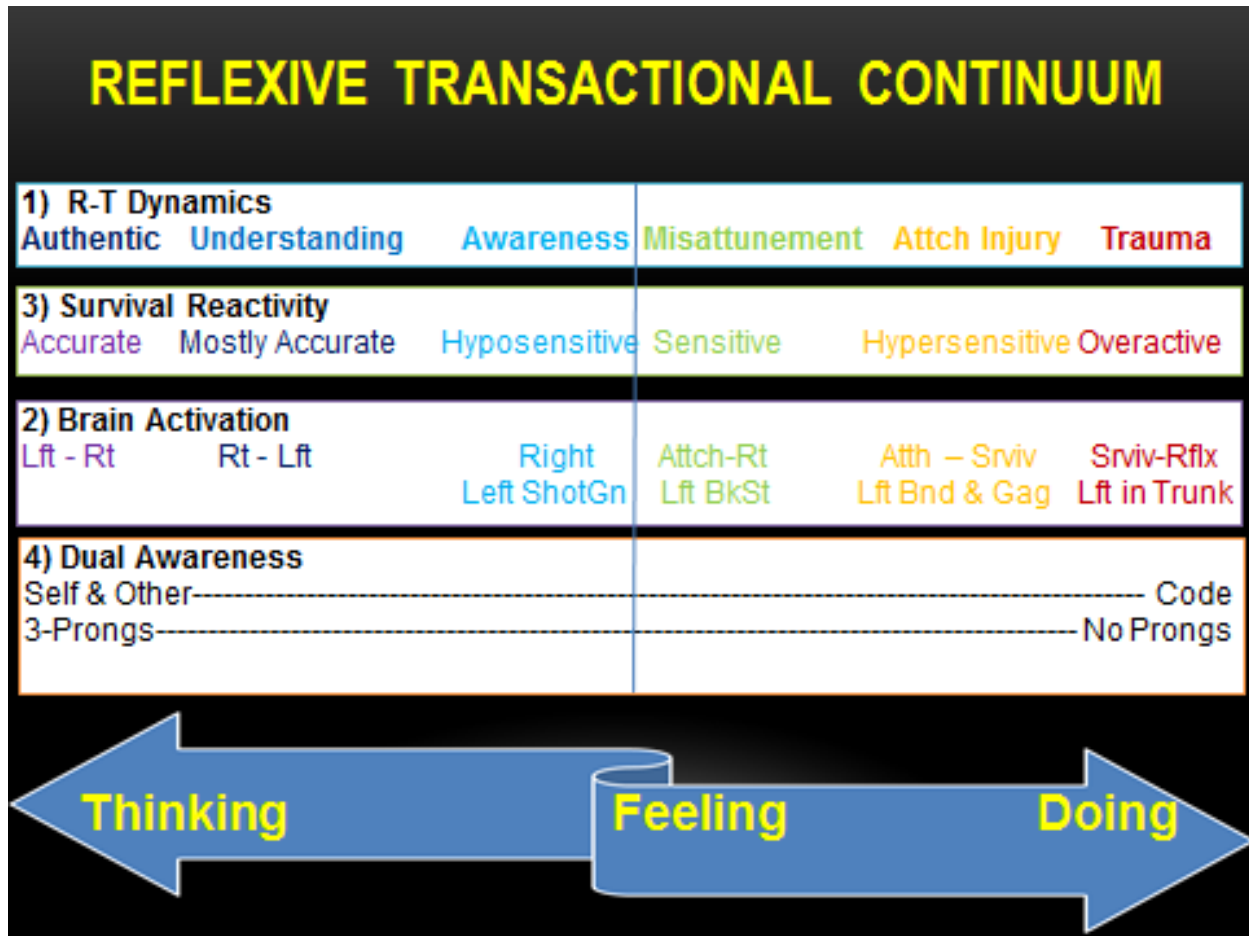
- Confidence (Right)
- Competence (left)
- Value Observer role
- Value Processor Role
- Honor the processing’s impact on the relationship
- Include Observer non-intrusively in the Therapeutic process
- Ensure processor is and perceives to be Safe (Ex-LOC)
- Ensure Couple can Preserve the containment of the work between of the session
- Direct the speed of the Tempo (Phase of Treatment)
- Manage Ebb and Flow on intensity on a given topic (Cycle back in the phase Treatment)
- Guide the Rhythm to adjust maintaining tolerance of experience (Window of Tolerance)

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 Processor
- 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

5. Re-Evaluation



Locus of Control



Stress Manifestation

Overly Responsible UnSafe Powerless Valueless

HNE®-Guided Interventions

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

Processing Speed bump

1. **Blocking** – survival brain kicking in to protect the established long-term neural-networks: _____

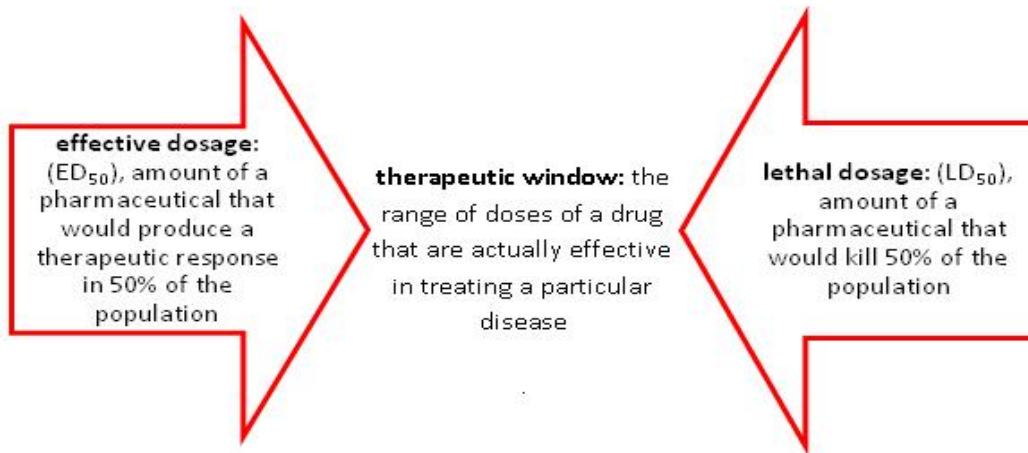
2. **Emotional Activation** – the capacity to manage my activation in response to my partners process: _____

3. **Shame** – action tendency – avoid – State of Being (Value, Limbic A& S, Reflex) : _____

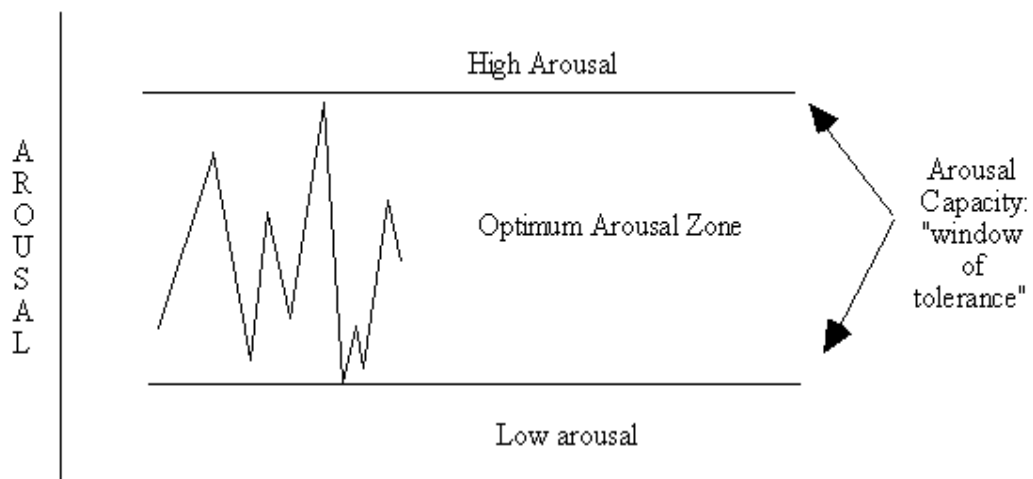
1. “Blocking” (reflex-limbic)

Windows of Tolerance

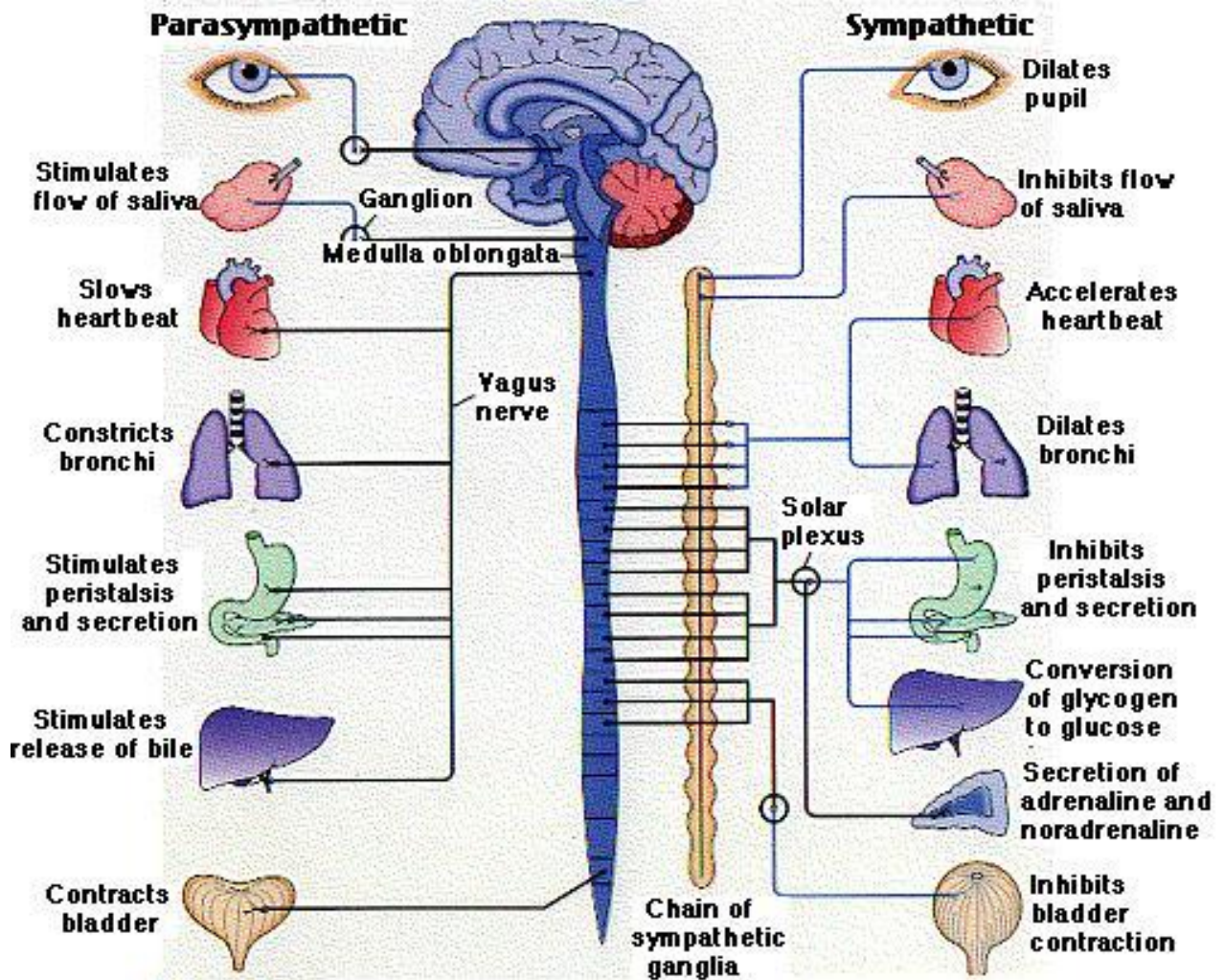
Chemical



Therapeutic



Nervous System



2. “Emotional Reactivity”

Maladaptive Emotional Reactivity (left or survival)

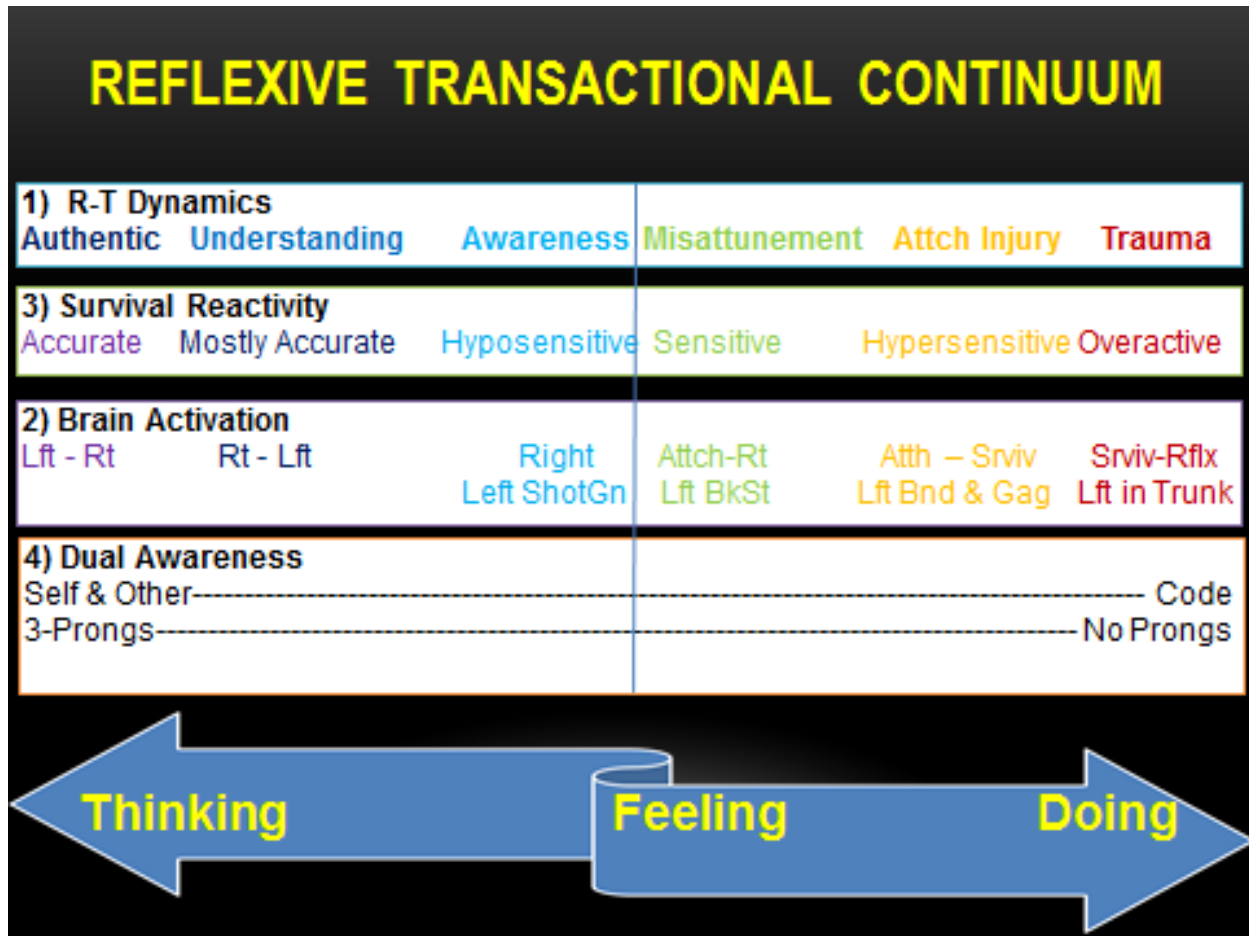
Reflexive Left FL (F-P-F)

- Maladaptive Transactional Reflexes (Money-Intimacy-Communication)
- Dismiss
- Over-analyzing
- Philosophical
- Shutting down
- Saving face
- Dictating what to think and feel
- Over-soothing
- Fixing
- Giving-solution
- _____
- _____
- _____
- _____
- _____
- _____

Survival (F-F-F)

- Lash out
- Withdraw
- Numb
- Abusive
- Forgetful
- Confuses
- Compliance
- Disengaging - Dissociating (example protective survival reaction)
- Abandon
- Pleasing
- Other Focused/selfless
- Rejection
- Neglect

5. Re-Evaluation



Locus of Control



Stress Manifestation

Overly Responsible UnSafe Powerless Valueless

For the complete Power Point
Presentation, References and
Resources please visit:

www.rtpgh.com/human-neuro-ecology-.html