Expanding the Frame of Individual Psychotherapy:

What Happens Outside the Office, and Outside of Language, Need Not Stay Outside the Treatment Part I

Yellowbrick Annual Conference:
"Beyond Boundaries:
Exploring the Multidimensional Landscape of Psychotherapy"
November 9, 2023

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Disclosures

- No disclosures or conflicts of interest.
- No member of the Yellowbrick Professional Staff has ever received any monetary payment, material gift or service from industry.

Goals of this Presentation Part I

- Describe the concept of dissociated self states and how they can make important parts of patients' experience inaccessible to traditional outpatient therapy.
- Understand the role of enactment, a neurobiologically-based co-created experience wherein dissociated affect is experienced by the therapist
- Explore the ways an open therapeutic model can give individual therapy access to non-verbal, including behavioral, expressions of these dissociated affects

Traditional Outpatient Model of Psychotherapy

- Outpatient practice: Entirely a 1:1 experience
- Available to the process:
  - Verbal material, including descriptions of behavior, by patient.
    - Includes transference.
  - Patient's behavior inside, and relative to boundaries of, the structure of therapy
    - "Time and money"
    - Behavior in the office
  - Verbal participation by therapist, based on:
    - Formulation
    - Counter-transference
    - Careful, appropriate "boundary-crossing" (different from boundary violation)
    - Interpretation, including:
      - If using an enactment-informed approach: Sharing emotional experience as a basis for interpretation

Traditional Outpatient Model of Psychotherapy

Why not just use this model with the population we see?

- More symptomatic, including risky behaviors
- One half have made a serious (potentially lethal) suicide attempt; one half of these have made more than one
- Two thirds have a substance use disorder in addition to multiple psychiatric diagnoses per DSM V
- On average have been to 3.5 capable intensive programs before coming to YB (not a requirement!)
- All of above is associated with *dissociated self states*
- These make establishment of safety/connection more challenging

Dissociated Self States

- Schore (2009): "…experiences with a traumatizing caregiver negatively impact…attachment security, right brain maturation, and sense of self [lead to] *pathological dissociation in various self-pathologies* [emphasis added]."
- This includes either lack of awareness of, or lack of connection to, the affects that drive problematic and sometimes life-threatening (always relationship-undermining) behaviors.
- The dissociated affect or "self-state" (differs from "alters" in DID which is more extreme), is primarily communicated behaviorally and through right brain to right brain shared emotional experiences
- This includes shared with the therapist and others in treatment

Schore, A. N. (2009). Relational trauma and the developing right brain: An interface of psychoanalytic self psychology and neuroscience. In W. J. Coburn & N. VanDerHeide (Eds.), *Self and systems: Explorations in contemporary self psychology.* (Vol. 1159, pp. 189–203). Wiley Blackwell.

Intensive Outpatient Treatment Model Including Supported Residence (e.g., Yellowbrick)

- All treatment remains outpatient: Residence is supported, not supervised
- Therapeutic Community, interdigitated with a semi-urban university town
- Risk is explicitly (incl. in writing) shared among providers, patients and families

Intensive Outpatient Treatment Model Including Supported Residence (e.g., Yellowbrick)

- Boundaries of privacy are maintained but only about speech, not behavior.
- All treatment private from those outside YB (equiv. to any IOP/PHP setting)
- Private from parents and peers not present:
  - Individual psychotherapy
  - Process groups
  - Discussion Groups with sensitive content
    - Trauma
    - RAP (Reward Alternatives Program, i.e., addictions)
    - Soma and Self (troubled relationship with body incl. ED, chronic pain, ongoing medical conditions)
    - Narrative Group (telling each other parts of, or larger arc of, life story)
    - Sexuality, Intimacy and Dating
    - "Queer Group" ("local dialect" patient-named, aka "LGBTQ Group")

Dissociated Self-states and Enactment

- The enactment experience is when the other (the therapist) experiences a strong affect, wish, or even physical sensation, that is “not me” relative to their usual felt experience
- This is the window into the patient’s dissociated self-state
- Enactment DISRUPTS the current steady state of the relationship.
- Diversity of staff is a crucial clinical tool—each person may experience different aspects of the patient’s dissociated self-states, different personal and demographic backgrounds make this both likely and valuable

Dissociated Self-states and Enactment

- Enactment is driven by patient's needs
  - To be known
  - To not be alone
- Right-brain/emotional engine of this behavior is dissociated/disconnected from left, where cognitive/verbal processing occurs
- The process of communicating oneself to others is prevented
- This has a neurobiological basis both when working well and when affected by attachment-based trauma

Dissociated Self-states and Enactment

- Enactment also occurs when affective experience is primarily communicated through misbehavior:
  - Substance use
  - Coupling
  - Secret-keeping (danger here!)
  - Trespassing of these or any other YB "Community Agreements"
- Agreements, not rules! When emerging adults/late adolescents are faced with imposed authority they:
  - Go underground emotionally
  - Feign compliance to get out from under it
  - Aren't making authentic choices (EtOH availability example)

Dissociated Self-states and Enactment

- Trespassing agreements is understood as communication that requires "decoding"
- Referred to at Yellowbrick as "Public Behavior" since all behaviors are in the parts of treatment defined as "public" within the model and within the agreements (behavior, not private session speech)
- Patients are asked to complete a worksheet in collaboration with their Advocate, using DBT-derived principles for behavior analysis, to better understand the behavior as it relates to their usual pattern of enactments.
- They present this in a Community Meeting, held twice weekly
- This pattern of behavior/enactment is known within YB as "Core Enactment"
- Presenting a PB and discussing its effects on relationship with therapist helps to repair the disruption caused by the enactment or enacted behavior

Dissociated Self-states and Enactment: Advantages

- Not exerting power invites vulnerability and willingness to expose shameful self-states and experiences
- This model affords multiple points of access to that which otherwise is hidden from both patient and staff; allows for repair of disruptions
- Further raises the value of peer relationships: The enactment experience may activate complementary/shared emotions in peers, who are each encouraged to share their authentic emotions with others.
- These multiple points of access result in a non-linear, sometimes “messy” process; this corresponds to DISRUPTION of default brain network functions that have become wired in maladaptive, often dangerous patterns.
- Absent disruption there is no “inside-out” change
- Occurs in an environment where there are many choices of how to seek and find support

Dissociated Self-states and Enactment: Challenges

- But patients don't always tell their therapist (Advocate) about their misbehavior!
- This is where the specific boundaries of privacy come into play: Advocate is not only authorized, but required by the model, to raise known misbehaviors within the session when the patient stays silent about them
- Gives patient and Advocate, and eventually a supportive community, greater access to where the trouble actually resides: In the dissociated relationally traumatic experiences that have led to the pattern of engagement, attachment troubles, and maladaptive/potentially dangerous behavior

Dissociated Self-states and Enactment: Advantages

Dissociated Self-states and Enactment: Advantages

- Why are these "advantages" when they seem to undermine treatment (and drive parents crazy!!)?
  - The requirement that the Advocate—sometimes uncomfortably—bring these behaviors into sessions, give both patient and Advocate, and eventually the whole therapeutic community (AND parents) access to where the core disrupted self-experience is located.
  - The treatment can proceed, if by fits and starts, as the patient gains more fluent and stable access to these same self-experiences, gaining more flexibility and choice about how to cope when painful life experiences occur

Enactment: Disruption/Rupture and Repair

- The repeating rhythm of enactment, disruption, and repair correlates with a neurobiological process of memory reconsolidation
- Example (implicit, dissociated experience):
  - When I misbehave, my mother gets angry--leads her to humiliate, criticize, and ultimately shun and avoid me.
  - This leads me to take behavior underground to avoid shame
  - I expect others to react to me the same way
- Advocate responds to this with honest expression of frustration, but also with curiosity and genuine interest in "why is this happening?"
  - Opposite of shaming; interpretive of the behavior as containing anger at mother
  - Disruptive to implicit strategy/prediction of the patient
  - Allows repair of the rupture which was prevented in the past

Dissociated Self-states and Enactment: Challenges

- In this model, those who are "loudest" and have some of the most non-linear, frequent bumps-in-the-road experience, often have the best outcome: It's the most disruptive to their established patterns
- But...

- What about those who don't best process verbally?

That's what Part II of this presentation will be about!

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Yellowbrick

Treatment Outside Language: Nonverbal Interventions

What is a nonverbal intervention?

- Does not require language to be effective
- Does not require patient to "believe"

Why incorporate nonverbal interventions?

- To access dissociated self states
- To learn and apply bioregulatory techniques
- To integrate developmental stages
- To diversify and expand movement/experience

Nonverbal Interventions: The Brain

<u>Neurobiological interventions:</u>

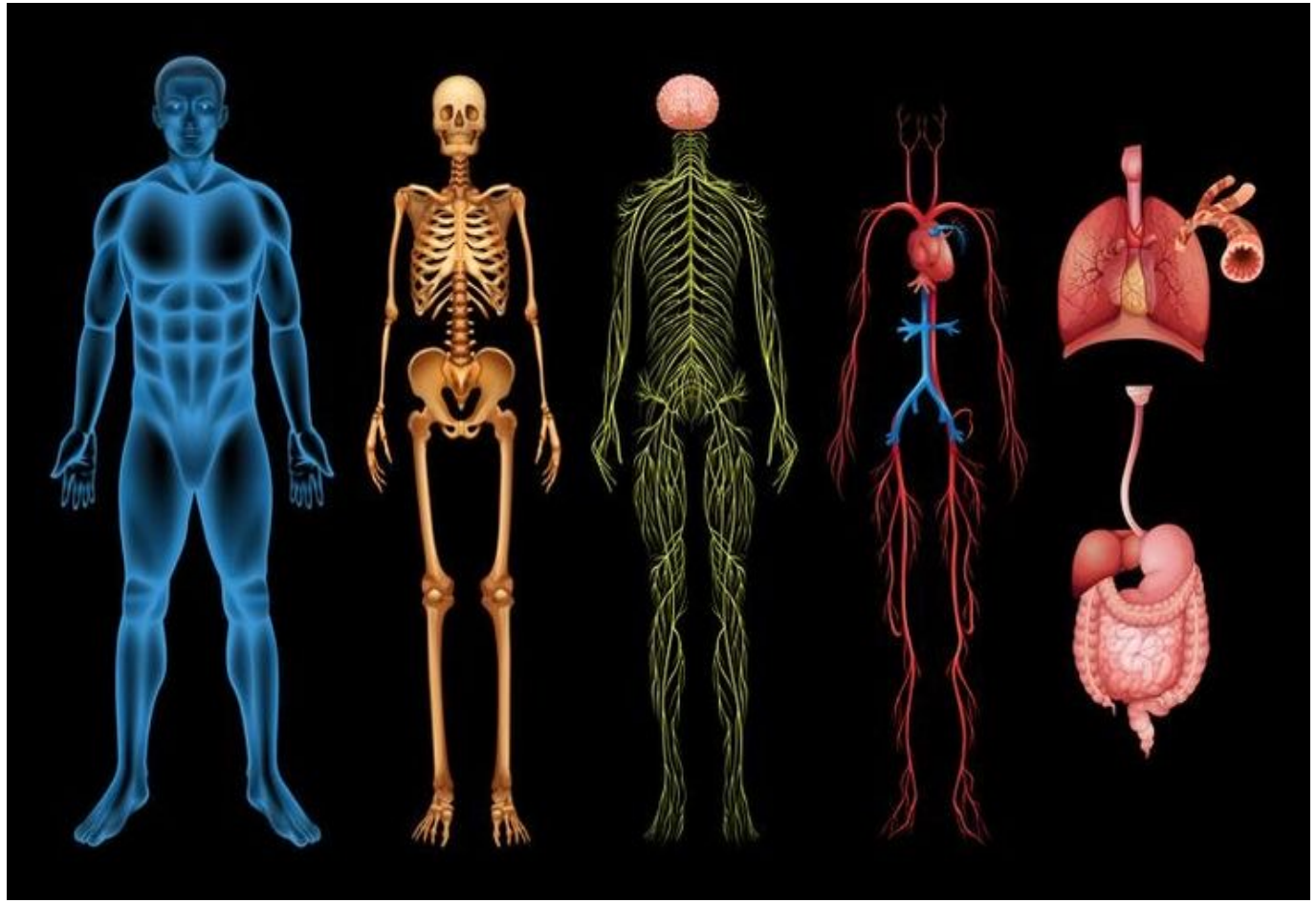
- Medication Management
- Synchrony (TMS / Neurofeedback)
- Recognition (“brain games”)
- *“The brain is the organ of the mind”*

Nonverbal Interventions: The Mind

Mindfulness

- Develops concentration and awareness
- 4 basic types of mindfulness practice
  - Open Awareness (tracking, SIFT)
  - Anchoring (focus)
  - Generative (visualization, mantra)
  - Contemplative (theme)

Nonverbal Interventions: The Body



The body is home.

The body is the interface,

vehicle,

process,

storage facility,

sustainer,

regulator.

The body is you!

Nonverbal Interventions: The Body

<u>Body-focus:</u>

- Breath
- Voice
- Shape
- Movement

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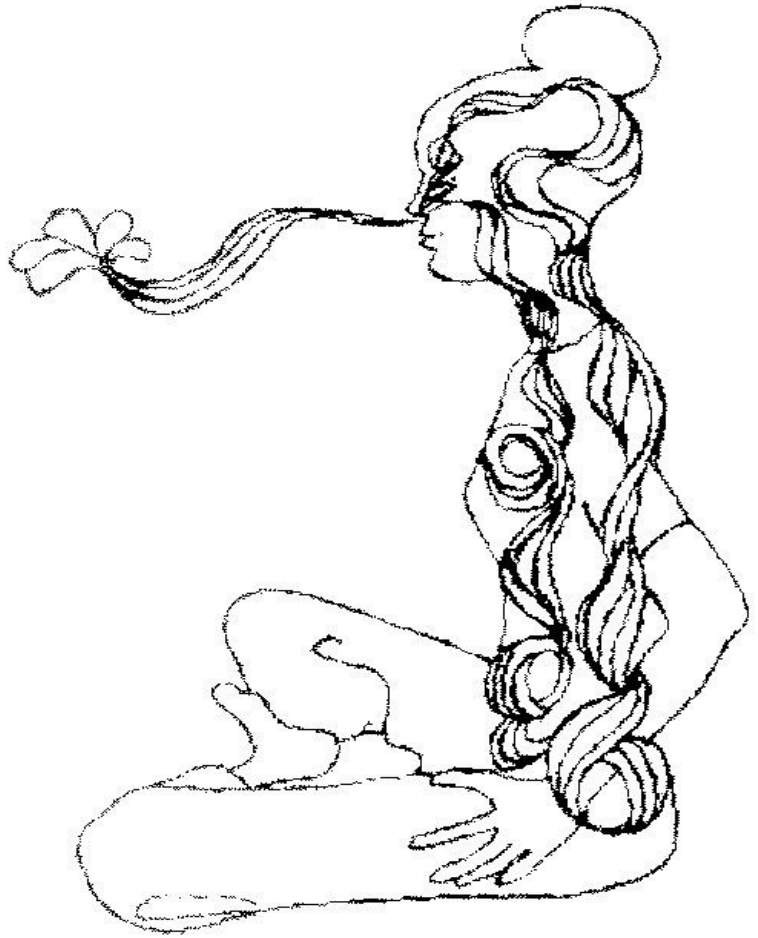
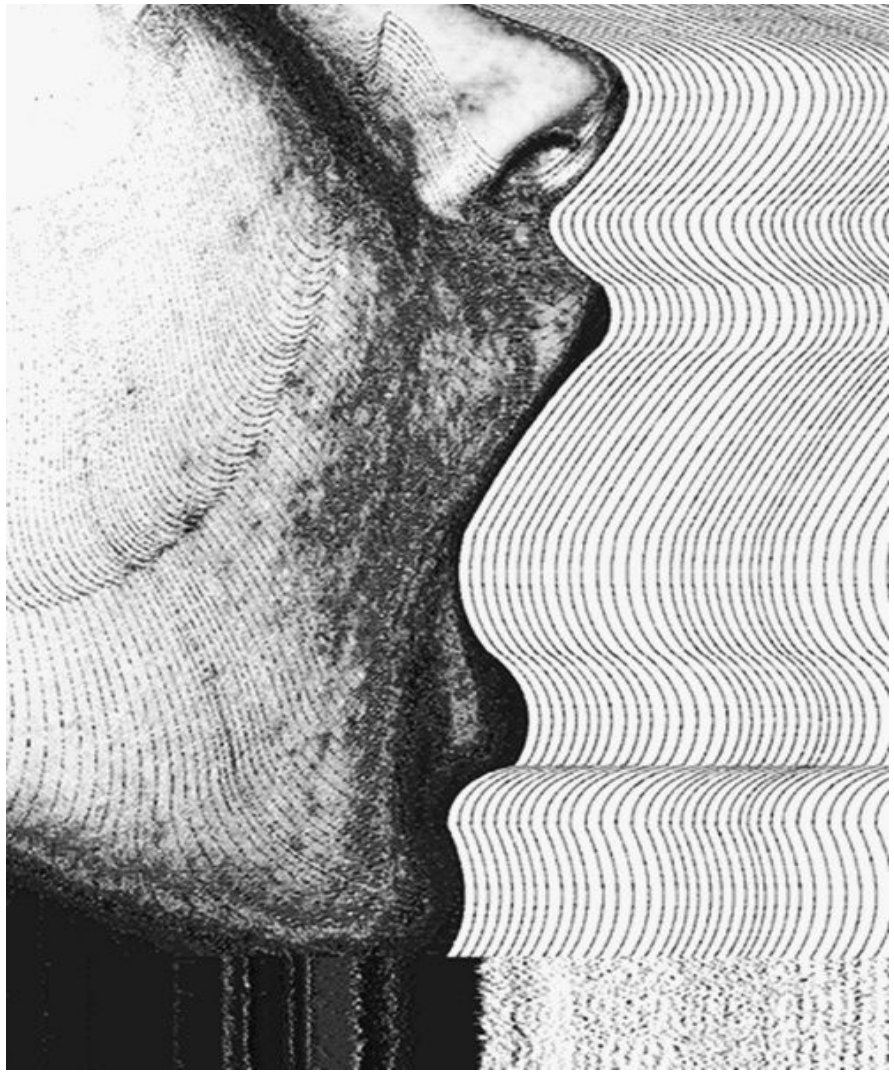
The Body: Breath

- Breath as Anchor
  - Mindful Intentions
- Breath as Regulatory Technology
  - Self-regulation modules
- Breath for Connection
  - Self-connection and group-connection
  - Intro to Sensation
  - Intro to Movement
  - Intro to Boundaries



The Body: Voice



"The human voice is the organ of the soul"

- Henry Wadsworth

- Self-massage through vibrations!
- Voice production as regulating activity
- Entry to body for the body phobic
- Group chanting
- Singing
- The voice speaks

The Body: Shape

- Shape is self-perception in three dimensions
- Shape communicates experience
- Shape is determined by boundary

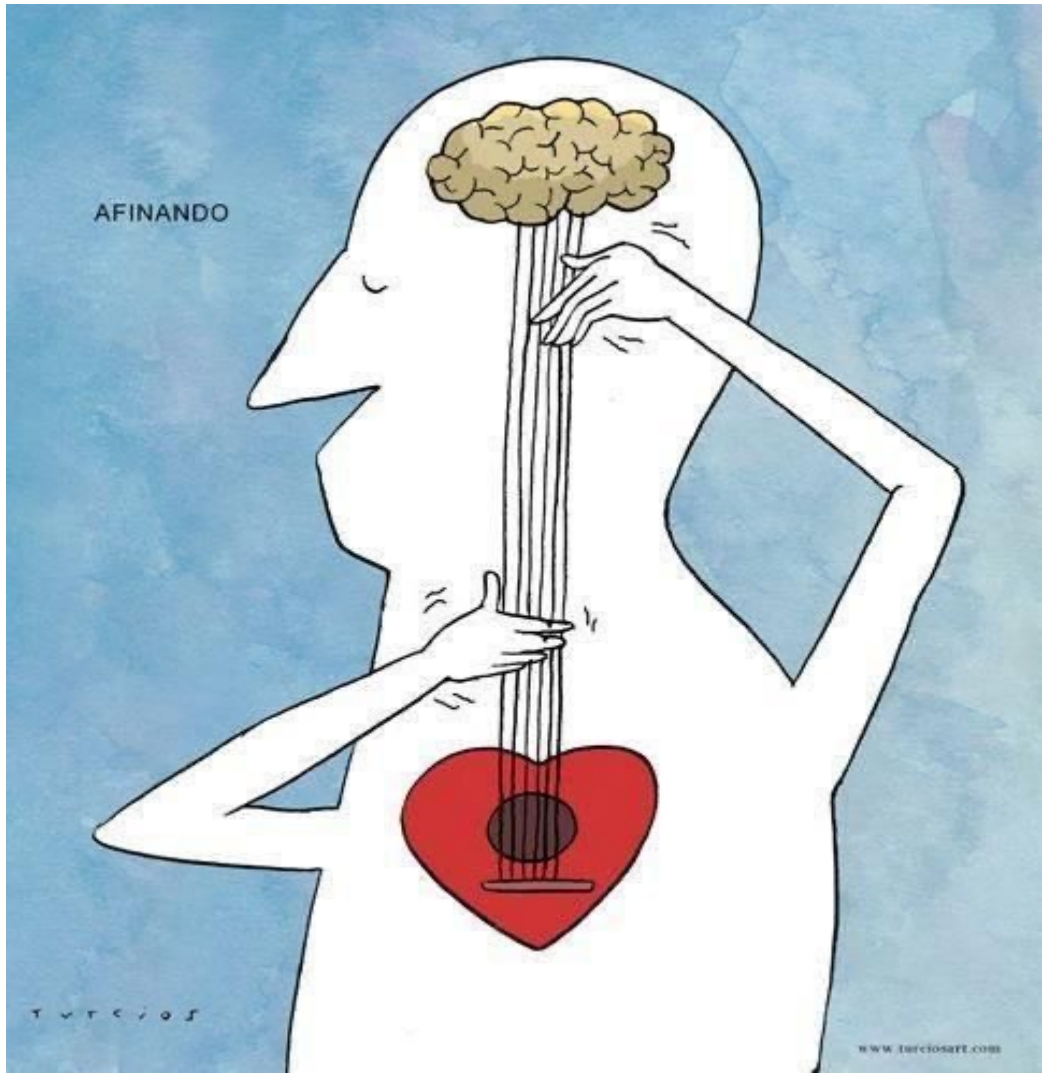
The Body: Movement

- Regulatory Tool (“biohacking”)
- Rehabilitative
- Diversify movement/experience
- If it happened it’s real

Nonverbal Interventions: Integrative Services

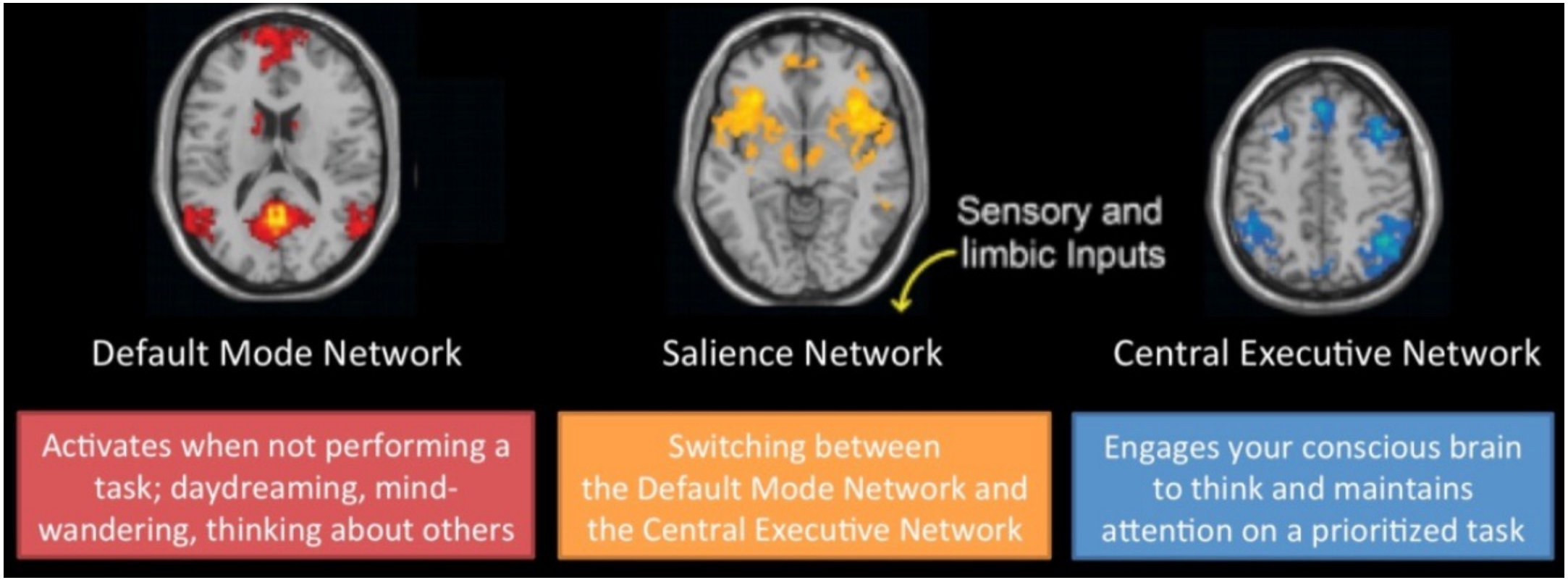
Integrative Services

- Art, Drama, Music, Play
- Creative Process is whole-system activity
- Collaborative
- Non-linear



Nonverbal Interventions: Integrative Services

Creative projects recruit the WHOLE BRAIN



Nonverbal Interventions: Integrative Services

There is a vitality, a life force, an energy, a quickening, that is translated through you into action, and because there is only one of you in all time, this expression is unique. And if you block it, it will never exist through any other medium and will be lost.

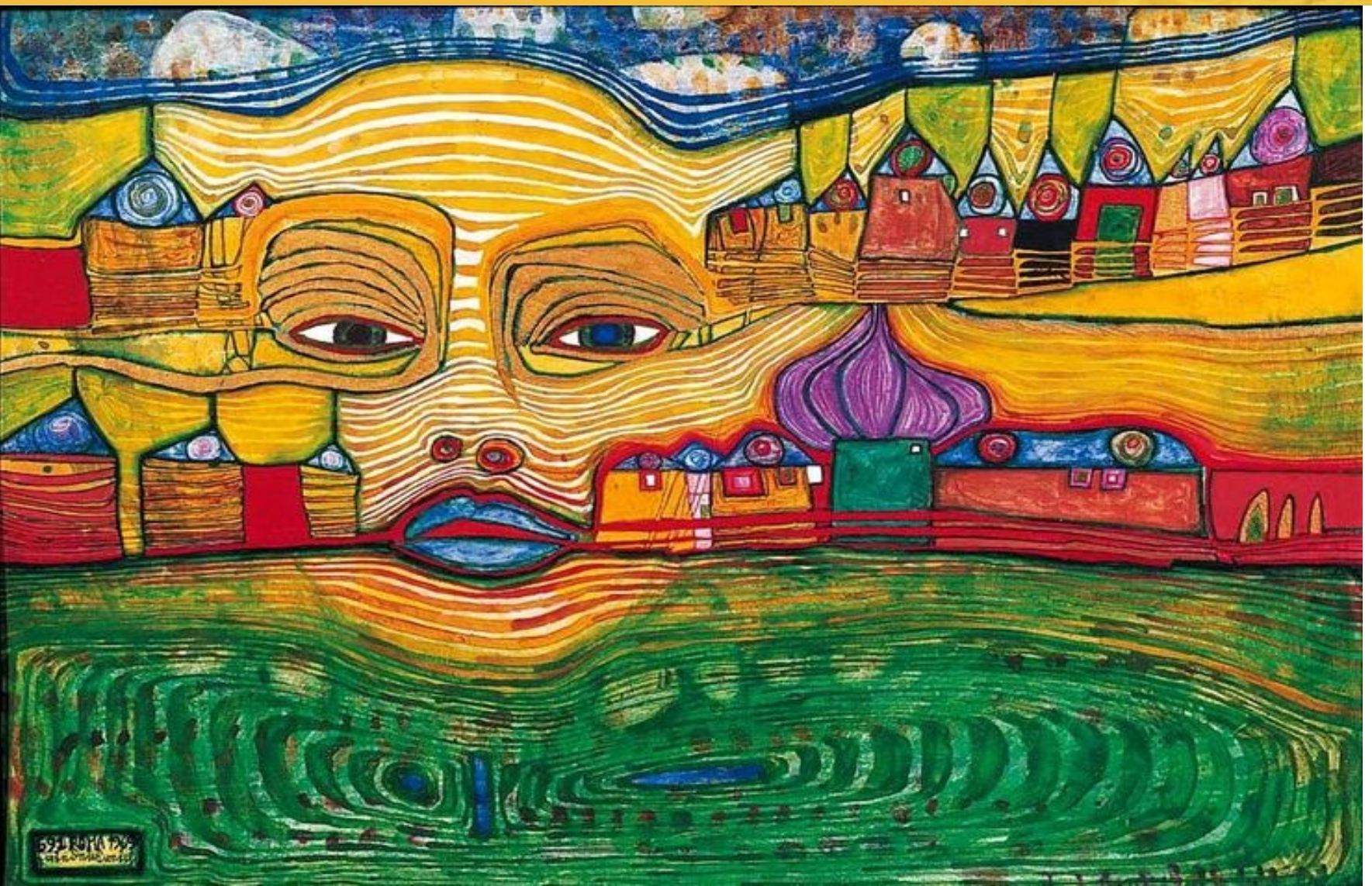
(Martha Graham)

Nonverbal Interventions: Integrative Services

<u>Creative Expressions:</u>

- Art Therapy
- Drama
- Music
- Play

Nonverbal Interventions: Environment



Environment:

- CTC
  - Makor
  - Common Space
  - Distinct offices
- Residence
  - Apartments
  - Self healing room
  - Makom
- Travel
  - Morning route
  - Chicago Ave
  - Lake Michigan

Nonverbal Interventions: Time

Time

- Duration
- Repetition
- Speed
- Sequence
- Simultaneity

Nonverbal Interventions: RECAP

Nonverbal Interventions:

- Brain
- Mind
- Body
- Integrative Services (Creative Process)
- Environment
- Time
- **COMMUNITY**

Nonverbal Interventions: COMMUNITY

COMMUNITY

- YBCM
- Community dinners
- PAP weekend
- Community day
- Holiday events
- Art show
- Talent share
- Daily community process