

Phase 3: Connect the Bottom to the Top





Flow of Treatment

- **Phase 1: Attend to Physiological Reactions**
 - Develop rapport, assess, and conceptualize
- **Phase 2: Build the Brain from the Bottom-Up**
 - Wave1 intervention protocols
 - Special considerations
- **Phase 3: Connect the Bottom to the Top**
 - Wave2 intervention protocols
 - Case closure



Phase 3: Connect the Bottom to the Top

- **Wave2 Intervention Protocols**
- Case closure



Wave2 Interventions

- Connecting Behaviors and Emotions to Physiological States
- Self-Acceptance and Compassion
- Re-Appraisal
- Exploring Implicit Schema



Introduction to Wave2 Interventions

- What is a Wave2 intervention?
 - Promote top-down regulation and meaning making, increasing functioning in the PFC, ACC, and hippocampus
 - Raise awareness of physiological responding
 - Works at the level of conscious (explicit) awareness
 - Goal of modifying appraisal and re-appraisal (meaning making) processes
 - Self-monitoring plays an essential role; Strengthens cortico-limbic connectivity



Introduction to Wave2 Interventions

- Wave1 interventions usually precede Wave2 interventions
- Even in cases when the client is experiencing symptoms from both a Wave1 and Wave2 process
 - Automatic implicit responding (Wave1) will alter appraisal responses (Wave2),
 - Making intervention at Wave2 less helpful



Introduction to Wave2 Interventions

- **Example:**
 - A client with anger outbursts (Wave1 symptom)
 - Can be taught to develop re-appraise their past responding (Wave2 intervention)
 - But this will not prevent further outbursts (Wave1 symptom),
 - And further occurrences of outbursts (Wave1 symptom) will in turn generate further shame, hopelessness, and helplessness (Wave2 symptom)



Connecting Behaviors and Emotions to Physiological States

- Rationale:
 - Self-monitoring is an important step toward self-regulation
 - Client attunement to physiology → acceptance of the body's responses as normal and expected (see Self-Acceptance and Compassion intervention),
 - Thus reducing the potential for negative self-attributions



Connecting Behaviors and Emotions to Physiological States

- Utility:
 - Can be practiced in-session, before practiced outside-of-session
 - Fairly straightforward technique, no technology required
 - Consider using worksheet, “Connecting Emotions and Behaviors to Physiological States”



Connecting Behaviors and Emotions to Physiological States

- In session practice:
 - Observe the client's (and your own) physiological responding. The skills outlined in Phase 1: Attend to Physiological Reactions are particularly helpful
 - When you observe physiological reactions, bring them to the client's attention and ask:
 - Have you also noticed...
 - Next, ask the client to “sit with” the physiological reaction (“observe the feelings and sensations in different parts of your body”)



Connecting Behaviors and Emotions to Physiological States

- Ask client what it was like to observe these physiological feelings
- Assist the client to process how they make meaning of the feelings, by asking:
 - “if your body could talk, what would it say?”
 - I wonder what might be going on that your body responded this way...



Connecting Behaviors and Emotions to Physiological States

- Inquire about any socio-cultural influences on perceptions about physiological feelings
 - how might your understanding of these feelings be linked to your cultural heritage?
 - This helps a client understand how their own cultural background can influence how they make meaning of physiological feelings.
- Eventually, inquire about client's willingness to practice observing feelings outside-of-session



Connecting Behaviors and Emotions to Physiological States

- In some situations, counting pulse can be helpful
 - Becoming aware of when physiological flooding occurs and when the body has returned to homeostasis helps clients consciously decide to avoid making decisions until regulated
 - Counting pulse is itself a distraction from a stimulus/antecedent
 - The time taken for counting pulse helps give the body time to return to homeostasis



Connecting Behaviors and Emotions to Physiological States

- Directions (“How Brain Responds to Threats”):
 - Using a timer, place your index and middle finger onto the wrist of your other arm or your neck. Count your pulse for 60 seconds.
 - Usually, a heart rate above 80 beats per minute for adults (BPM) indicates that epinephrine (adrenaline) has been released into your system, causing you to feel ready for action. You are at-risk of reacting automatically!
 - Walk away from the situation and wait until your heart rate is less than +20 BPM over your average resting heart rate.



Roleplay

- Roleplay (5 mins):
 - In-session observation of physiological response
 - Have you also noticed...
 - Sit with and observe feelings and sensations
 - “If your body could talk, what would it say?”
 - Inquire about any socio-cultural influences on perceptions about physiological feelings
- Roleplay (5 mins):
 - Counting pulse



Self-Acceptance and Compassion

- Rationale:
 - Awareness of physiological arousal must be paired with acceptance and compassion for these experiences,
 - Helps clients “sit with” an experience rather than act, i.e., approach or avoid
 - Protects against shame-based responses



Self-Acceptance and Compassion

- Without developing self-acceptance and compassion, the client may resist self-monitoring
 - Because we often cannot easily change physiological responding,
 - clients are often faced with the choice to either embrace their current experience with compassion and “ride the wave,”
 - or else reject the current experience from shame or disgust.



Self-Acceptance and Compassion

- Directions:
 - In-session: Client becomes aware of physiological responding in the present moment →
 - Attempt to accept and appreciate these responses
 - develop self-compassion
 - Eventually, move to outside-of-session practice



Self-Acceptance and Compassion

- Sample prompts:
 - Your body knows exactly what it needs to be doing right now. What words of gratitude could you share with different parts of your body?
 - Your brain and body has learned to respond this way through past experiences. What words of understanding and compassion could you share with yourself and your body?



Self-Acceptance and Compassion

- Sample self-acceptance and compassion statement, that we hope clients will eventually express:
 - *What happened to me in the past was horrible, and my body remembers to protect me and make sure this doesn't happen to me again. My body is doing what it is supposed to be doing.*



Roleplay

- Roleplay (5 mins):
 - Self-acceptance and compassion meditation:
 - “Sit with” an experience rather than act, i.e., approach (move toward) or avoid (move away)
 - Words of gratitude for different parts of your body?
 - Words of understanding and compassion?



Reappraisal

- Rationale:
 - Some clients develop negative self-appraisals and cognitive distortions in response to past events
 - These negative thoughts can generate subsequent distress and perpetuate/stimulate physiological activation



Reappraisal

- nCBT re-appraisal differs from traditional CBT in several ways:
 - Uses experience to dispute more than logic.
 - Creates entirely new cognitions grounded in the client's experience during the previous phases of treatment.
 - Reappraises past events grounded in physiological experiences.
 - Increases focus on sociocultural variables and enduring activating events.



Reappraisal

- Using **experience** as disputation
- Create new cognitions based upon experience, rather than logical debates about the rationality of the prior cognitions
 - Early stage: “I have no control, it just happens.”
 - Later in treatment: “There are certainly things outside of my control, and my body is going to respond how my body is going to respond. But now, I can notice those responses and regulate them according to what I want to happen.”



Reappraisal

- Let's go through the following handouts:
 - Daily Thought Record
 - Reappraising Past Events (Wave1)
 - Reappraising Past Events (Wave2)
 - Reappraising Old Experiences Thought Record



Guidelines for Reappraisal

- Thoroughly explore wants, wishes, values, and desires (i.e., goals)
- Evaluate the helpfulness of thoughts rather than their rationality
- Pay attention to cultural meaning of wants, wishes, desires
- Help clients imagine goals instead of their “problems.”
- Use a stage of change and successive approximations approach to restructuring



Guidelines for Reappraisal

- Explore various aspects of helpfulness including the following:
 - **Salience:** how present/important is the thought to you at this moment?
 - **Valence:** how attractive is the thought?
 - **Breadth:** what and how many areas of life does this thought appear and affect?
 - **Flexibility:** how willing are you to consider alternatives?
 - **Density:** how often do you think about and/or act upon this thought?
 - **Strength:** how strongly do you believe this thought?
 - **Comfort:** how comfortable is this thought to you?



Roleplay

- Roleplay (5 mins):
 - Use experience to dispute thoughts about a recent stressful situation
 - Create new cognitions about:
 - The emotional experience
 - Collaboration with emotions (new relationship)
 - Capacity and agency to change
 - Compare new to old cognitions to solidify meaning



Exploring Implicit Schema

- Rationale:
 - Most negative self-appraisals and cognitive distortions have deeper underlying beliefs
 - Automatic thoughts are generated by implicit schema
 - “Roots” analogy



Exploring Implicit Schema

- Directions:
 - There are two exercises that help clients go deeper and explore schema:
 - Downward Arrow technique
 - Free Association technique



Downward Arrow

- Downward Arrow technique:
 - What does that mean to you?
 - What's important/significant about...?
 - What's that like?
 - What would that do?
 - What would that help you accomplish?
 - What would that mean?
 - What would you do with that?
 - What would happen next?
- See script in treatment manual



Downward Arrow

- See script in treatment manual
 - The conversation wasn't about what was initially discussed (finances)
 - The automatic thought (finances) had a deeper meaning (freedom, living)
 - The absence of money therefore equates to...



Free Association

- Listen closely for a topic that is clearly emotionally-laden or produces a physiological response
- Once the topic has been identified, ask the client to identify words associated with topic.
- Continue to select emotionally-laden word responses until you hear a repetition of concepts and/or the client arrives at some life/death association.



Free Association

- See script in treatment manual
 - The true issue (grief, fear of death and isolation) was deeper than the initial symptom (sickness)
 - Pair self-understanding with self-acceptance and compassion
 - The counselor should intervene if the client berates themselves for “still being stuck in the past.”



Exploring Implicit Schema

- Desired outcome:
 - greater awareness of what matters most to the client
 - greater awareness of meaning-making process,
 - rather than modification of schema.
- Awareness → operating from values that bring most meaning, and
- understanding why we respond automatically *when those values are not lived.*



Exploring Implicit Schema

- Self-awareness alone is not enough.
- Use this information to identify:
 - What matters most to the client about this issue,
 - Goals based on their meaning making, and
 - Assist the client to achieve those goals.



Roleplay

- Roleplay (5 mins):
 - Downward arrow
 - Free association



Phase 3: Connect the Bottom to the Top

- Wave2 Intervention Protocols
- **Case closure**



Case Closure

- Case closure
 - Discuss case closure directly and in advance
 - Review progress and consolidate gains
 - Encourage generalization of gains
 - Planning for follow-up



Waves of Case Closure Handout

- As we talk about ending counseling (A1), what are you noticing about your body and feeling (C1)?
- Now that you are aware of this (A1), what do you think about this (B2)?
- What are you noticing about your body and feeling (C2)?
- Where is this coming from...what is familiar about this (B2)?
- What does this mean to you?
- What do you want to do next?

Treatment Fidelity





nCBT in a Single Session

- Attend, Build, Connect (ABC)
 - Attend to physiological reactions
 - Observe in-session nonverbals/physiological arousal
 - Bring these to the client's attention
 - Ask the client to “sit with” the experience and observe
 - Assess response process and style
 - Use affective modeling to help ground the client



nCBT in a Single Session

- Build the brain from the bottom-up
 - Re-train automatic responding through Wave1 interventions (in-session, and outside-of-session)
 - Evaluate lifestyle habits that support optimal performance and/or create greater susceptibility for automatic responding
 - Consider “acting opposite” to response style through state-dependent learning and systematic desensitization



nCBT in a Single Session

- Connect the bottom to the top
 - Connect emotions and behaviors to physiological states (“if my body could talk, it would say...”)
 - Given what you thought at the beginning of the session, how has your experience today compared?
 - What have you noticed in how your body is responding now, compared with earlier?
 - How are you making-meaning of these new experiences?