

## COGNITIVE THERAPY

I'm starting with CBT's because

1. The emphasis in CBT of stepping back from experience and observing it, especially emotional and mental states, and intentionally shifting them through changing one's thinking or one's behavior, is a natural dove-tail with mindful awareness.
2. Tons of empirical research has proven CBT's to be effective in helping client's shift afflictive states like depression and anxiety.
3. CBT exercises are immediately applicable in clinical sessions and relatively easy for clients to grab onto and learn.

### Mindfulness

- 1) Emotional reactions and mental thought patterns are the third foundation of mindfulness, Along with bodily sensations, the feeling tone of pleasant, unpleasant or neutral; mind states and mood states are also objects of mindfulness, as are the states of consciousness and insight that arises from them. Along with bodily sensations and feelings, we can become aware that we are thinking, and aware whether what we are thinking wholesome or unwholesome thoughts, whether our thoughts are accepting or afflictive.
- 2) M cultivates the capacities to step back from thoughts and feelings, reflect on them, see them as patterns, and
- 3) cultivate new positive patterns to antidote the negative patterns, or simply choose to let them go. Letting go of the unwholesome and cultivating the wholesome is considered Wise Effort, one step of the Eight-fold path to Enlightenment. One list of wholesome patterns - the 10 paramitas or 10 perfections of the heart, wisdom (clear seeing) generosity, integrity, renunciation (letting go) effort, patience, truthfulness, determination, loving kindness and equanimity. When we choose to antidote a negative thought or perception, qualities like generosity, gratitude, compassion give the brain something to pair the unwholesome quality with and re-wire them.
- 4) M gives us a place to anchor our awareness as we let go of thoughts we have identified with. If I'm not a depressed, anxious, obsessive creature of habit, who am I? We let go of negative (and positive) thoughts, identify with awareness itself, that gives us a platform and leverage to let go.

### Cognitive Behavioral Therapies

Becoming aware of the thought and feeling patterns that drive behavior and intentionally changing them is the heart of CBT. Changing ANTs – automatic negative thoughts – to PATs – positive automatic thoughts. CBTs are skills based rather than relationally based;

clients harness the power of our reflective minds through a multitude of cognitive exercises to consciously know and consciously re-program automatic thoughts and thus behaviors, substituting more wholesome thought patterns for less wholesome ones. You are probably familiar with CBT journaling exercise of noticing a negative thought as a negative thought and immediately writing down five positive thoughts to antidote it.

I'm too fat. I live in a body that is healthy, complex and beautiful.  
 I love to feel my body move gracefully as I walk down the street.  
 My body allows me to do all the things I want to do in my life.

MBCT's There's an alphabet soup of MBCBT's now.

1. MBSR. Pioneered by Jon Kabat Zinn, who developed MBSR 30 years ago. MBSR is not a therapy per se; it's a M based protocol for managing chronic pain and stress; taught in community education departments of hospitals world-wide. Teaches M meditation, yoga and body scan to help patients relax into state of calm awareness and wholeness. Still one of the best adjunctive resources ever. I've referred dozens of clients to training at UCSF; also Kaiser, CPMS, SF General, every single person it changes their life.
2. Jon Kabat Zinn helped clinicians develop MBCBT. Already proven to be one of the most effective tools around to prevent relapse into clinical depression. Mindful Way Through Depression excellent resource to client and ourselves. [handout – mindful way through depression]
3. One of the most effective and most empirically validated treatment modalities ever, Dialectical Behavior Therapy, incorporates M as one of the four core skills taught to clients in groups and individual., the other 3 being emotional regulation, distress tolerance and inter-personal skills. [handout on core skills of DBT] DBT was developed to treat borderline personality disorder, the mindful awareness and self-reflection essential for patient to take self-responsibility for their emotional states, behaviors, and relationships.
4. A newer MBCBT is Acceptance and Commitment Therapy; mindfulness taught in first phase to help patients non-judgmentally acknowledge and accept what is before attempting to change feelings, thoughts, and behaviors. [handout on acceptance and mindfulness]

All of these MBCBT's help clients identify old patterns of thinking, feeling, behaving that may have developed for good, at least understandable, reasons, that helped them survive at one time, but now no longer work so well or carry too high a cost. Therapy helps clients see them clearly, no shame, no blame. And helps them identify new, different, more wholesome thoughts, feelings, behaviors that antidote the old patterns, focusing on trust rather than anxiety, on acceptance rather than shame, compassion rather than hostility. This is completely consistent with M practice that trains us to cultivate the wholesome and let go of the unwholesome. Wise Effort part of the 8-fold path to enlightenment.

## RELATIONAL PSYCHOLOGY M & Psychodynamic Therapies

It is an axiom in therapeutic training that you have to do your own work, heal your own issues, to be a clear vessel to receive and process information, projections, transference from a client, to know what's theirs and what's ours. We do our own therapy to help someone else do theirs. We also practice our own M to become aware of and non-judgmentally clear issues, triggers, reactivity, patterns, moods, biases, assumptions, to help our clients do the same.

Psychodynamic therapies emphasize the rhythm of experience-reflection. We create safety in an empathic, attuned relationship, which activates the exploration system; it's possible to have experience, be with it, unconditional acceptance of it and neural integration of it. We also cultivate the self reflective function, the capacity to step out of experience and view it from a place not embedded. Therapist maintains perspective of participant-observer, and encourages client to develop rhythm of experience-reflection as well. There is a progression of noticing experience, experiencing empathy and self-empathy, stepping back, reflecting, inquiring into possible causes and possible choices.

Cutting edges of relational psychodynamic therapies: relational psychoanalysis, intersubjective, AEDP, STDP, Internal Family Systems,

[reading] David Wallin – in Attachment in Psychotherapy – says this rhythm of experience reflection is what moves client from “me” -- embedded in experience, fear, shame, anger, this is happening to me and I can't help it. I'm recipient or victim of experience. This experience is the truth, is no other experience, no other perspective from which to view this experience. I'm stuck, and from outside observer, client appears stuck. – to “I” . I am experiencing this experience but this experience is not the only experience I have ever had, not even only experience I am having in this moment, not only experience possible. I see experience clearly as one possible option. to “I” – I see this is happening and I can take action. AND how am I contributing? What can I do differently? Sense of agency and efficacy. From there, dis-identification with experience. David does integrate Mindfulness into his model, opening clients to experience of non-self, or identifying with spacious awareness.

We do this by integrating M into P

1) We create sense of safety and trust for the client by our presence, by a sense of connection and acceptance, non-judgment COAL of M.

2) We attune to direct experience in the moment, of our clients and of ourselves – our bodily, emotional, relational, mental, behavioral experience and theirs. We especially focus on direct experience of non-verbals, as we do in M. the facial expressions, the gestures, shifts in body posture, tone of voice, attuning to our own, asking them to attune

to their own, to us. Dan Stern in the Present Moment suggests how to work relationally and mindfully in 8-second moments that are present moment.

3) in safety and trust and acceptance of the co-created relationship, therapist and client collaborating together, help client to deepen into their experience under all the defenses, feel it fully, accept it fully, without judgment, blame or shame. Of course, given what has happened, you would feel this way; it's perfectly natural and understandable. If useful, help client explore experience fully for meaning, links to other experience

4) We allow experience of client we are attuning to to resonate in our own being; we feel what they are feeling, sometimes entering a mental state or an energy state similar to the state the client is in. We remain being mindful of our own states, our own experience, using resonance - countertransference as important information, but being able to stay anchored in our own awareness; be with client in their experience without being embedded in their experience; participant observer. This is re-parenting of healing attachment trauma. We cultivate empathic resonance; feeling felt. We communicate our felt understanding of their experience so that they feel seen, heard, understood, feel felt.

5) We focus attention on the flow of energy in the inter-subjective field (where early patterns are being enacted.) Is there a sense of safety or danger? Of closeness or distance? Of openness or defensiveness? These dynamics become the focus of awareness and reflection. What's it like to be exploring these dynamics here with me? Knowing power of mirror neurons and emotional contagion, how is the experience of ourselves and each other changing right here, right now.

6) when wave of experience or exploring feels complete, helping client step back, reflect on what just happened, We can help clients open their awareness, Step back, look at experience from larger perspective dis-embed themselves from being stuck in one view or perspective or story or tape about their experiences to a larger awareness that this point of view, this interpretation of events or narrative of self, as understandable as it might be, is one view among many, this pattern is only a pattern – perspective, not the whole story of who we truly are – heart of wisdom of M practice. Recover a larger view of who we are or can be, create conscious choice points.

Once a client can step back and dis-embed even once, know they can do it again, not a fluke. Meta-reflection of that process, essential to client moving from me to I, agency and resilience.

7) help clients share the experience, helps integrate it in the brain. What was experience of experience like, what was experience of sharing like, what was experience of reflection like. Bringing richness of so much non-verbal experience into verbal articulation is essential to lock new experience in conscious accessible memory experience of being witnessed, being part of co-created experience; sharing, witnessing catalyzes re-structuring of self and other; becomes reference point to compare to self and other schemas in other relationships, in past relationship, even intra-psychic relationships

(inner critic). Meta-processing of experience, the sharing the acceptance is what creates the integration; in client's brain and therapist's brain.

Brains do change in interactions with other brains. The resonance circuitry does re-wire itself from new experiences repeated enough and reflected on enough. The deep diving and mindful reflection together in the safety of an empathically resonant relationship, will change the clients brain, giving them a platform that will change the sense of self and other; thus change their life.

## SOMATIC THERAPIES

Some modality of somatic therapy is essential for working with trauma because trauma is processed and stored in the body, often out of conscious awareness. Mindful awareness of the body, direct experience of body sensations, without judgment, is an essential gateway to bringing trauma memories conscious awareness where they can be processed, discharged, re-organized into client's sense of self without re-traumatizing the client. [reading – Scaer on trauma]

Several very effective somatic therapies available now for dealing with trauma:

1. EMDR, developed by Francine Shapiro, now called AIP, Accelerated Information Processing. EMDR has many protocols for identifying a target - visual image or memory, emotions, body sensations, and negative thoughts about self while holding that target. EMDR then uses alternating stimulation of left and right hemispheres of the brain, through eye movements, sounds on headphones, palm pulsers, tapping on the knees, to stimulate the brain to re-process the information and integrate it into the brain in a new way. Protocols for trauma, anxiety phobias, but also addictions, grief, peak performance coaching, etc. Most empirically validated of all trauma therapies.
2. Sensorimotor Psychotherapy developed by Pat Ogden. Sensorimotor uses mindfulness of body sensations to access and process unresolved trauma, with a special emphasis on early attachment trauma.
3. Somatic Experiencing developed by Peter Levine. SE also uses awareness of body sensations to integrate trauma memories with non-trauma memories in the body-brain.

Mindfulness of body sensations is the gateway, in all three modalities, to accessing the neural networks that hold the trauma memories split off, unintegrated with the rest of the brain.

In all three modalities, the therapist provides the safe container, the witnessing, the guiding of the processing, monitors the window of tolerance, and helps the clients install inner resources the trauma memories can be paired with and transformed by.

Trauma work is done in a window of tolerance. Too much arousal and client becomes hyper-vigilant or panicky. Too little arousal, the client stays shut down, numbed out. Therapist helps client stay within window of tolerance for optimal access of trauma without re-traumatizing.

The trauma is accessed and processed through to completion, until the “charge” about the trauma is completely gone. 0 on a scale of 0-10. If the trauma is not completely resolving, each modality has protocols to intervene and get the processing moving again.

None of these modalities are analytical or interpretive. There are directives to focus attention here or there; when those thoughts arise, what happens in your body; when feelings arise, where do you feel that in your body; is there any place in your body where you’re not feeling that right now? What is your body wanting to do right now; the stance is always what are you noticing? Go with that.

[reading: mindfulness in relationship]