CPI'S TOP 10

DE-ESCALATION TIPS

cpi

CAN THESE TIPS HELP ME?

Whether you work in education, healthcare, human services, business, or any field, you might deal with angry, hostile, or noncompliant behavior every day. Your response to defensive behavior is often the key to avoiding a physical confrontation with someone who has lost control of their behavior.

These Top 10 De-Escalation Tips will help you respond to difficult behavior in the safest, most effective way possible.

TIP 1

BE EMPATHIC AND NONJUDGMENTAL.

When someone says or does something you perceive as weird or irrational, *try not to judge or discount their feelings*. Whether or not you think those feelings are justified, *they're real to the other person*. Pay attention to them.

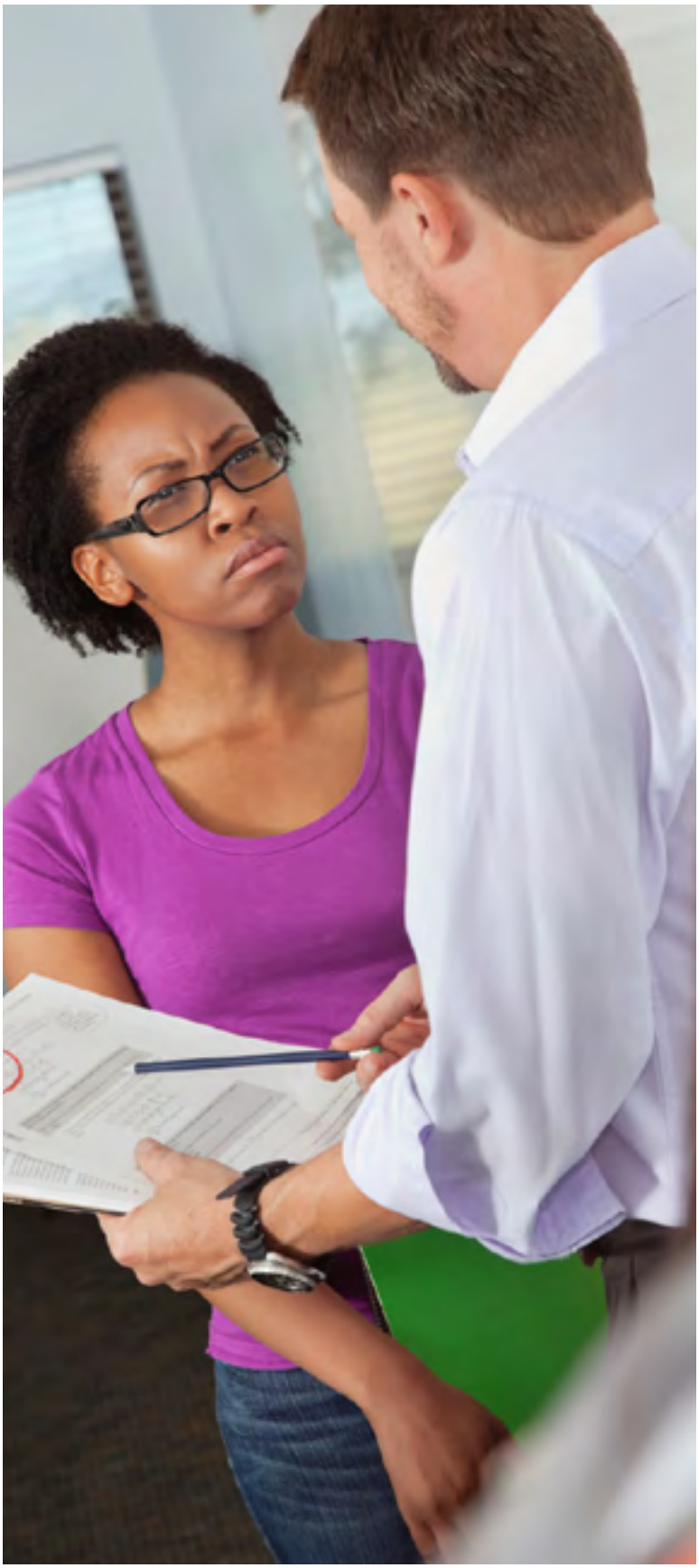
Keep in mind that whatever the person is going through, it may be the most important thing in their life at the moment.

TIP 2

RESPECT PERSONAL SPACE.

If possible, *stand 1.5 to three feet away* from a person who's escalating. Allowing personal space tends to *decrease a person's anxiety* and can help you *prevent acting-out behavior.*

If you must enter someone's personal space to provide care, explain your actions so the person feels less confused and frightened.



TIP 3

USE NONTHREATENING NONVERBALS.

The more a person loses control, *the less they hear your words*—and the more they react to your nonverbal communication. Be mindful of your *gestures, facial expressions, movements, and tone of voice.*

Keeping your tone and body language neutral will go a long way toward defusing a situation.

TIP 4

AVOID OVERREACTING.

Remain *calm, rational, and professional.* While you can't control the person's behavior, *how you respond to their behavior* will have a direct effect on whether the situation escalates or defuses.

Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

TIP 5

FOCUS ON FEELINGS.

Facts are important, but *how a person feels is the heart of the matter*. Yet some people have trouble identifying how they feel about what's happening to them.

Watch and listen carefully for the person's real message.

Try saying something like "That must be scary." Supportive words like these will let the person know that you understand what's happening—and you may get a positive response.

TIP 6

IGNORE CHALLENGING QUESTIONS.

Answering challenging questions often results in a power struggle. When a person challenges your authority, *redirect their attention to the issue at hand.*

Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

TIP 7

SET LIMITS.

If a person's behavior is belligerent, defensive, or disruptive, give them *clear, simple, and enforceable limits*. Offer concise and respectful choices and consequences.

A person who's upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

TIP 8

CHOOSE WISELY WHAT YOU INSIST UPON.

It's important to be thoughtful in deciding *which rules are negotiable and which are not*. For example, if a person doesn't want to shower in the morning, can you *allow them to choose* the time of day that feels best for them?

If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

TIP 9

ALLOW SILENCE FOR REFLECTION.

We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it's the best choice. It can *give a person a chance to reflect on what's happening*, and how he or she needs to proceed.

Believe it or not, silence can be a powerful communication tool.

TIP 10

ALLOW TIME FOR DECISIONS.

When a person is upset, they may not be able to think clearly. Give them a few moments to *think through what you've said.*

A person's stress rises when they feel rushed. Allowing time brings calm.

Thank You!

We hope you found these tips helpful. Please feel free to share this resource with a friend or colleague.

Want to see how CPI training can help you improve your de-escalation skills?

Watch this video ›

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Breathing **R**elaxation **A**utogenics **I**magery grou**N**ding

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Start by getting into a comfortable position, sitting or lying down. Place your hand on your abdomen. As you breathe in, allow your abdomen to rise, lifting your hand. As you breathe out, allow your hand to lower with your abdomen, as it returns to its original position. Continue this process, inhaling and exhaling deeply. Close your eyes and take a deep breath ***in***. Breathe ***in*** relaxation, and breathe ***out*** tension. Allow yourself to sigh gently, as the air flows from your lungs.

With each breath, search your body for tension, and ***melt it away***. Allow yourself to sink back into the chair, couch or bed, feeling the support under you. As you relax, follow your breathing. Go to the deepest, calmest place inside…

Notice your hands… With each breath release more tension in your hands…now release the muscles in your forearms…imagine the tension floating off your forearms…and now your biceps. Let your arms fall to your sides or in your lap, and relax your biceps. Imagine a ***warm, flowing current…***with each breath, melting more of the tension away…----…*soothing* and *smoothing* the muscles…calming. Now notice the muscles in your head and face…allow the tension to lift off your forehead and dissolve around your eyes…Now notice your jaw. Let it slacken, and allow your mouth to open comfortably and relax.

Next, your throat…"*Melt away*" tension in your throat, neck, and shoulders. Go through each of these areas, and *release* more tension each time you exhale…… Let the tension go from your face and jaw …*Lift* the tension off your forehead and face. Let it slowly melt away from your neck and shoulders. Let the tension *dissolve* away. Continue down your body…"*letting go*" of tension and "*breathing in*" relaxation…to your chest…slowly…your stomach… and your lower back. Finally, release the tension in your lower body…with each breath …Relax and smooth the muscles…all the way down to your feet….Let the tension flow out of your feet. Allow the tension to flow out of your body, from the top of your head ***all*** the way down, and out through your feet.
Let go *more*…and *more*…keep *releasing* tension as you breathe, until you find absolutely *no trace* of tension in your muscles.

Now that you're deeply relaxed, go in your mind to your own special retreat for relaxation and rest. It can be indoors or out. You'll need

a private entry or pathway, and it should be peaceful, comfortable and safe. Create protection around you and over you, in your mind. Try imagining a large, plexiglas dome…or high rock cliffs, over and around that special place to protect you. Fill the place with vivid detail using all five of your senses. Notice what is close to you, what is farther away, and what is way in the distance…

As you spend time in that place, gradually become aware of the sound of water & wind. Allow the wind and gentle waves to ebb & flow in time with your breathing… perfectly synchronized with your breathing *in*…and breathing *out*…deep, full, *relaxing* breaths…Your breathing is *deep*… and…*slow-w-w*…and your heartbeat is *slow-w-w*…and… *regular*…

Feel the sun on your skin…If you're inside, notice the warmth of the room…Your hands…and arms…are *so-o-o* warm, and *so-o-o* heavy…and your feet and legs…*so-o-o* warm…and *so-o-o* heavy…

There's a gentle breeze… through your hair… through the trees… and over your forehead. Your forehead…is *cool*…*and*…*dry-y-y*…. A beautiful fragrance is floating on the breeze…*calming…soothing, peaceful*…The fragrance takes you back in your mind to a time when you rested safely…*effortlessly*…to a place where you were *restored* and felt *fully alive,* in the most *positive* way…

Continue to spend time in that calm, restful, safe place…breathing *in*---deeply, and breathing *out*---fully. Breathing is *deep*…and… *slow*. Heartbeat is *slow*…and…*regular*…Notice the colours & movement in that place. Choosing the most calming, soothing colour…and allowing that **colour** to go *all* through your body, from the top of your head to the tips of your fingers and toes…..

As you focus on that colour, allow **music or sounds** to enter your mind that go most naturally with the soothing colour. Let that Music or sound go all through your body, from the top of your head to the tips of your toes.

Focus on the colour, sound, and calm, confident feeling, and think of an **object or shape** and **movement** that goes with those feelings, thoughts, and images. It might be *soaring*, *bubbling*, or *moving effortlessly in slow motion*…Just focus on that sense of movement, and feel it *all through your body.* Also notice the **temperature** that's most comfortable.

Your hands…and arms… are *so-o-o* warm, and *so-o-o* heavy… …feet and legs…*so-o-o* warm…and *so-o-o* heavy…forehead…is

cool…*and*…*dry-y-y*…. That beautiful fragrance is floating on the breeze…*calming…soothing…peaceful*…

Become aware of ***all*** your senses. Notice which sense activates the rest. It might be colour…sound…movement… temperature… fragrance…or touch. Focus on ***one*** of your senses in your environment right now…what you hear…or see…or textures & temperatures you feel with your hands…Block out all of the other senses and just focus…second-by-second…on what you become aware of…as if you're noticing life "floating gently by" on a *slow-moving* river…Feel the support of the chair, couch or bed under you…Feel the weight of your feet and hands…

Enjoy more time in your safe, special place: The colours, sounds, movement, fragrances, and temperature all combine to create a restful, relaxing experience. Breathing *in* relaxation, and breathing *out* tension. Consider returning to the room you started your relaxation session in….gradually, at your own pace. There's no rush….Start noticing the sounds in the room and outside….
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Cross one leg over the other…and then cross your forearms on the leg that is crossed over the lower leg...holding the shin closest to you with both hands. Allow a deep sense of peacefulness and relaxation to flow over you… calming… soothing…restoring. ***Remember*** those feelings as you come back and continue your day or evening. Take that relaxation with you…

How to Build a Trauma-Sensitive Classroom Where All Learners Feel Safe

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In the United States, 34 million children have had at least one adverse childhood experience (ACE) -- ranging from abuse or neglect to parental incarceration or addiction. Children living in poverty are more likely to have multiple ACEs, compounding the effects of economic insecurity. In addition, the current opioid epidemic is devastating families and overwhelming the foster care system, and many school populations include refugee children who have fled dangerous conditions. Many classrooms in America are touched by trauma.

Patricia Jennings, associate professor at the University of Virginia and author of the new book *The Trauma-Sensitive Classroom*, says that childhood trauma can have severe immediate and long-term consequences for students' cognitive, social and emotional development.

Trauma and chronic stress change the way our bodies and brains react to the world. Part of that is protective, said Jennings. "Humans tend to adapt to chronic stress in order to be able to survive and thrive in challenging contexts. But these adaptive behaviors can impede success in the classroom context." In school, children with trauma are more likely to have trouble regulating their emotions, focusing, and interacting with peers and adults in a positive way.

The Power of a Trauma-Sensitive Teacher

There is some hopeful news in the sobering research about kids and trauma. "We know enough about the science to know that teachers can make a huge difference," said Jennings. "The school environment is one of the places where students who are exposed to real challenges at home can find safety and stability."

When infants and very young children experience chronic stress, it affects their sense of security, and this has a ripple effect on future relationships. As Jennings explained, "When we are infants, we are attached to our caregivers – our survival depends on them. Whatever attachment patterns we have with our caregivers, we project onto others. It's our template." If the parent-child relationship is inconsistent, unhealthy or interrupted, "it's hard for kids to know if they can trust other adults." A caring teacher can create a new template about adults, said Jennings, one that says, "Teachers are caring, kind people who want to help me."

In this way, teachers are uniquely positioned to ameliorate some of the effects of early trauma. "The adults in the school environment may be the most stable and mentally well people [some children] have contact with," said Jennings. "Their teachers can become role models for them for what a healthy adult is like. School can become a sanctuary for kids like this."

Preschool and kindergarten teachers play an especially important role because children's early classroom experiences influence their perception of school for years to come. Jennings said that a caring kindergarten teacher can help these children "learn that adults, generally, are people who can provide support to them, even if their parent cannot." That's one reason the preschool suspension and expulsion rates are troubling. They disrupt yet another adult-child relationship and reinforce feelings of instability. As early childhood expert Suzanne Bouffard noted, "Young children who are suspended are

often the ones who need the most social and academic support — and they end up missing opportunities to get it."

Building a Trauma-Sensitive Classroom Environment

Let Go of Zero Tolerance: Zero tolerance policies and harsh classroom discipline models can "trigger reactions that amplify feelings of trauma," said Jennings. Punitive measures can retraumatize children and "reinforce in their mind that the world is a dangerous place, that people don't like them, and that they are no good."

Teachers need the flexibility to de-escalate a situation rather than administer a prescriptive consequence. Ultimately, these students need to learn how to de-escalate situations themselves and regulate their emotions, said Jennings, "and the only way they can learn that is in a place that feels safe."

Reframe Student Behavior: It's easy for teachers to take students' behavior personally or to misinterpret a child's actions as willful defiance. Jennings said that teachers should "remember that behaviors that are disruptive or unhelpful in the classroom might be self-protective responses to chronic stress." This perspective can help teachers make a small but powerful mental shift: instead of asking "what's wrong with him?" ask "what happened to him, and how did he learn to adapt to it?"

For example, "Hypervigilance can really help when you are in a dangerous situation. A child who is hypervigilant may be adept at noticing small changes and reacting quickly." But this same hypervigilance will "make it really hard to focus and dive deeply into the reading material."

Children who experience food scarcity may have a tendency "to quickly grab or hoard things." These kids might fail the famous marshmallow experiment simply because "they don't trust that the second marshmallow is really coming," said Jennings. "In the context of their lives, this is an adaptive response that makes sense."

Cultivating this kind of empathy takes practice, says Jennings. It means developing "the ability to stop yourself from reacting with your habitual tendencies, take a breath and reflect" on the child in front of you. When teachers take the perspective of a student, "things really shift."

Generate and Savor Positive Emotions: Because teachers don't always know which students are coming to school with traumatic backgrounds – and because they have an obligation to teach all learners – educators "have to consider universal approaches that help everybody and embrace those kids who need it most." Developing a strong classroom community is foundational to this work.

When children suffer from trauma exposure, they are on high alert for potential threats. Teachers can intentionally help students "recognize and savor" small, special moments in the classroom, said Jennings. "Help the class pay attention to what it feels like to feel good. Enjoy positive emotions together as a community. Not only do you get to help kids who don't get to feel those positive emotions as much, but you also create bonds between students in your classroom – and that is exactly what they need."

This can be as simple as celebrating acts of kindness, pausing after a good moment to soak up the feeling in the room, and using tools such as morning meetings to foster a respectful classroom culture.

“When teachers cultivate community, students who have experienced trauma come to believe, ‘I am part of this community. They accept me, they care about me, and they want to help me. I belong here.’ That’s something all kids can benefit from,” said Jennings.

Draw on the Power of Story: Children with trauma backgrounds need plenty of opportunities to learn about, experience and practice compassion and resilience. Literature is a powerful vehicle to support this endeavor, said Jennings. Stories and books can broaden students’ perspectives, giving them a window into how other people feel, bounce back from challenges and develop healthy relationships.

“As you read a story to a group of children, ask ‘How do you think this person is feeling in this story? Can you imagine if you were a person in this story? How would that feel to you?’” said Jennings. Reading aloud isn’t just for elementary school classrooms. According to one study, even teenagers benefit from hearing about how scientists approached failure and setbacks. (For two curated lists of books related to kindness and compassion, https://www.kqed.org/mindshift/45121/20-books-featuring-diverse-characters-to-inspire-connection-and-empathy and http://www.pbs.org/parents/expert-tips-advice/2017/10/place-everyone-picture-books-encourage-kindness/)

Put On Your Oxygen Mask First: In Jennings’ work, she focuses first on helping teachers develop resilience, self-awareness, and self-regulation -- and then on how they can teach these tools to children.

She said that teachers need to learn how to manage their own stress that comes with navigating students’ trauma-related behavior. Jennings devotes a chunk of her book to teacher self-care and includes this resilience self-reflection survey (attached) that helps teachers think about their own ability to “navigate and recover from adversity.”

How do we best teach children about compassion and resilience? First and foremost, adults must remember that “kids learn these skills through imitating us,” said Jennings. “If we don’t embody them, our instruction won’t work. It will come off as phony. If we are not behaving the way we want them to behave, we are being hypocritical -- and they know it.”

When teachers consistently model compassion in the classroom, the effect can be transformative. Ultimately, one of the most important, brain-altering messages that trauma survivors can glean from school is simply this, said Jennings: “I know there are people in the world who care about me."

The Neurosequential Model of Therapeutics

Bruce D. Perry and Erin P. Hambrick

Going beyond the medical model, The Neurosequential Model of Therapeutics maps the neurobiological development of maltreated children. Assessment identifies developmental challenges and relationships which contribute to risk or resiliency. Formal therapy is combined with rich relationships with trustworthy peers, teachers, and caregivers.

The developing child is a miracle of complexity. Billions of dynamic processes, internal (e.g., release of neurotransmitter at the synapse) and external to the child (e.g., interactions with caregivers and family), work together to influence, shape, and create the individual. Each person becomes unique, with his or her collection of strengths and vulnerabilities. In some cases the vulnerabilities can be profound, interfering with the capacity to engage others, participate in, contribute to, and appreciate the fullness of life. For centuries scholars have known to some degree that the capacity to express full human potential is related to the balance of developmental opportunities and challenges. In extreme cases of developmental challenge such as maltreatment—threat, neglect, humiliation, degradation, deprivation, chaos, and violence—children express a range of serious emotional, behavioral,

cognitive, and physiological problems. These myriad problems impact the individual, family, community, and society; in the United States these problems are the target of billions of dollars and even more hours of work to educate, protect, enrich, and heal children impacted by developmental maltreatment.

Despite these efforts and expenditures, the results of policy, programs, and practice tend to be ineffective and incomplete. Millions of children remain scarred by childhood trauma and maltreatment, expressing only a fraction of their full potential. The developmental insults create a lifetime of vulnerability to emotional, physical and social health problems (Anda et al., 2006).

The capacity to express full human potential is related to the balance of developmental opportunities and challenges.

One contributing factor in this inefficiency is insensitivity to the fundamental principles of brain organization, development, and functioning. It is the brain, after all, that is the origin of the major problems addressed in education, mental health, child protection, juvenile justice, and substance abuse interventions. Yet without understanding the basic principles of how the brain develops and changes, one cannot expect to design and implement effective interventions. Efforts that are well intended may be developmentally misinformed. This is very evident in therapeutic efforts with traumatized and maltreated children. It is the hope, for example, that some therapy typically provided for 45 minutes, once a week, will reverse ten years of abuse, neglect, humiliation, degradation, chaos, threat, and fear. This is an unrealistic hope. The neural systems that have been altered by developmental trauma (i.e., those systems mediating neuropsychiatric symptoms) have been shaped over years with hundreds of thousands of repetitions. Traditional therapies alone, constrained as they are in time and duration by many factors including medical-economic, provide but a fraction of the reorganizing input required for meaningful and sustained change.

Over the last twenty years, the clinical teams at The ChildTrauma Academy have been adapting their clinical practice to be better informed by the core principles of neurodevelopment and neuroscience. The hope is that by better understanding how the brain changes they will better understand the effects of maltreatment on the child and, thereby, potential strategies for effective intervention. The results have been promising. As teams have moved from a traditional medical model approach to severely traumatized and maltreated children to more developmentally sensitive, neurobiology-guided practices, the outcomes for clients have significantly improved (see Perry, 2006; Barfield et al., submitted). The current iteration of this approach is coined The Neurosequential Model of Therapeutics (NMT).

The Neurosequential Model of Therapeutics

The Neurosequential Model of Therapeutics is not a specific therapeutic technique or intervention; it is a developmentally sensitive, neurobiologically informed approach to clinical work. The NMT integrates several core principles of neurodevelopment and traumatology into a comprehensive approach to the child, family, and their broader community (see below). The NMT process helps match the nature and timing of specific therapeutic techniques to the developmental stage and brain region and neural networks mediating the neuropsychiatric problems. The goal of this approach is to structure the assessment of the child, articulation of the primary problems, identification of key strengths, and application of interventions (educational, enrichment and therapeutic) in a way that will help family, educators, therapists, and related professionals best meet the needs of the child.

NMT Assessment *Where the child has been:* The brain is composed of billions of neurons and glial cells that divide, move, specialize, connect, interact, and organize until they have formed a hierarchical group of functional structures. The "lower" parts of the brain mediate "simple" functions that exist to keep the body alive (e.g., respiration, heart rate, and body temperature), and the "higher" cortical parts mediate such complex functions as language and abstract thinking. Neuronal networks facilitate intra-structure communication that allows an individual to perform daily tasks. Thus, the human brain is continually sensing, processing, storing, and acting in response to information from external and internal environments. The first "stops" for input from the outside environment (e.g., light, sound, and taste) and from the inside body (e.g., temperature) are the "lower" regulatory areas of the brain—the brainstem and diencephalon, which are incapable of conscious perception.

During development, the brain organizes from bottom to top, with the lower parts of the brain developing earliest, the cortical areas entering final developmental processes much later in life, and major changes taking place as late as early adult life. The majority of brain organization, however, takes place in the first four years of life. Because this is the time when the brain makes the majority of its "primary" associations and the core neural networks organize as a reflection of early experience, early developmental trauma and neglect have disproportionate influence on brain organization and later brain functioning. Children exposed to consistent, predictable, nurturing, and enriched experiences develop neurobiological capabilities that increase their chance for health, happiness, productivity, and creativity, while children exposed to neglectful, chaotic, and terrorizing environments have an increased risk of significant problems in all domains of functioning. Dysfunctional symptoms and functional assets in children are both related to the nature, timing, pattern, and duration of their developmental experiences. In a child who has experienced chronic threats, the result is a brain that exists in a persisting state of fear. These trauma-invoked, repetitive alterations have made the child's stress response oversensitive, overreactive, and dysfunctional because of overutilization of brainstem-driven reactions. These primitive reactions, such as dissociation and hypervigilence, were adaptive while the stressor was present. However, the primitive reactions become entrenched over time, and the "lower" parts of the brain house maladaptive, influential, and terrifying preconscious memories that function as the general template for a child's feelings, thoughts, and actions.

In a child who has experienced chronic threats, the result is a brain that exists in a persisting state of fear.

The brain, therefore, is an historical organ. As it is organizing, experiences both good and bad shape its many systems. In order to understand an individual one needs to know his or her history. The NMT assessment is very focused on understanding the developmental history of the child. The NMT Core Assessment begins with a review of the key insults, stressors, and challenges present during development. The timing, nature, and severity of these developmental challenges are systematically reviewed and scored, resulting in an estimate of developmental "load." Because different brain systems and areas are developing at various times throughout childhood, an estimate of the neural networks and functions compromised by the child's developmental challenges can be made (Perry, 2001). For example, intrauterine insults such as alcohol use or perinatal caregiving disruptions (such as an impaired inattentive primary caregiver) will predictably alter the norepinephrine, serotonin, and dopamine systems of the brainstem and diencephalon that are rapidly organizing during these times in life. These early life disruptions, in turn, will result in a cascade of functional problems in the various brain areas these important neural systems innervate (for more, see Perry, 2008). Hence, the rationale for the NMT's primary focus is on developmental history as a key part of the assessment.

In order to understand an individual one needs to know his or her history.

A second important element of the NMT Core Assessment is review of the relational history of the child during development. This NMT Relational Health History provides important insights into attachment and related resiliency or vulnerability factors that may have impacted the functional development of the child (see text in Fig. 1).

NMT Functional Review *Where the child is:* The second component of the NMT process is a review of current functioning which allows estimates to be made of which neural systems and brain areas are involved in the various neuropsychiatric symptoms and the key strengths of the child (see Fig. 2). An interdisciplinary staffing is typically the method for this functional review. This process helps develop a working Functional Brain Map for the individual. This visual representation gives a quick impression of developmental status in various domains of functioning. A ten-year-old child, for example, may have the speech and language capability of an 8-year-old, the social skills of a five-year-old, and the self-regulation skills of a two-year-old. This visual "map" is very helpful when talking about trauma, brain development, and the rationale for various recommendations with educators, mental health staff, caregivers, and clients. It is also very useful to help track progress. Improvement, as shown in changes in the shadings of various brain areas, is quickly seen in the comparison of today's brain map with one from six months ago and is a powerful reinforcement for tired parents and hard-working frontline staff who feel their efforts are for naught.

Developmental History

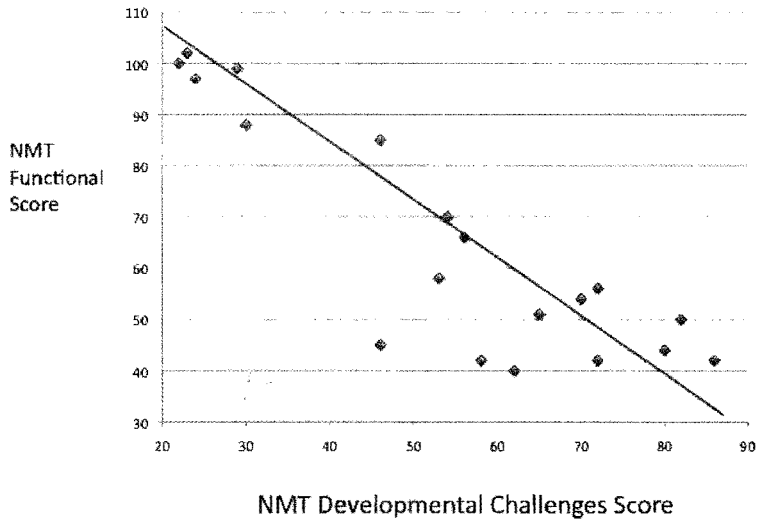

Figure 1: Relationship between developmental insults (trauma and neglect) and functional organization of the brain. Using the NMT Developmental History measure (higher scores indicate more developmental insult such as trauma and neglect) and the NMT Functional Brain Mapping scores (higher scores indicate positive functioning), a linear relationship is seen between number and intensity of developmental insults and the compromise in normal development and functioning of the brain.

It is of interest to note that individuals who fall below the line have more profound relational poverty (e.g., multiple placements, disengaged or unhealthy primary caregiving) during development and those above the line had relatively more protective relational health (e.g., extended family, few placement disruptions, more stable family relationships).

FIGURE 1

Functional Brain Map

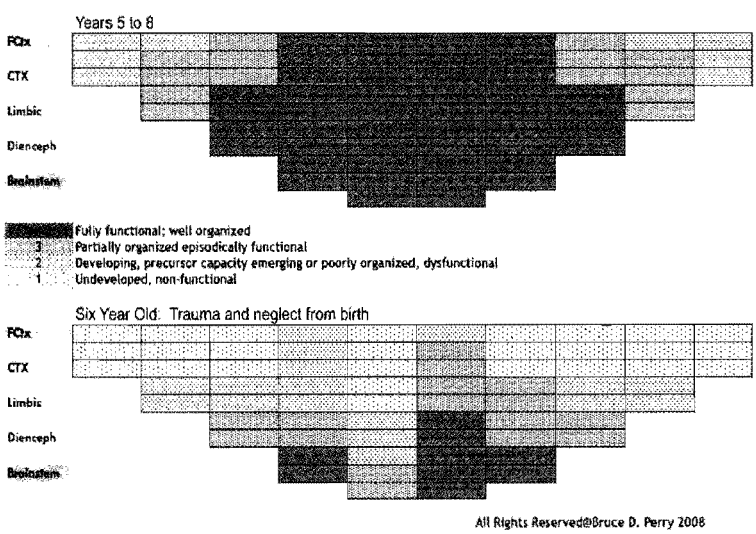

FIGURE 2

Figure 2: NMT Functional Brain "Map": Six-year-old traumatized and neglected child vs comparison child (normal development). This map is generated from an interdisciplinary staffing process examining the presence and functional status of various brain-mediated functions. Each rectangle in the brain triangle diagram indicates a specific brain function. Each rectangle is shaded to indicate functional status (see key above).

Brain functions (e.g., regulation of heart rate: Brainstem; speech and language: CTX; attunement: Limbic) are "localized" to the brain region mediating the core aspects of the specific function (this oversimplification attempts to assign function to the brain region that is the final common mediator of the function with the knowledge that almost all brain functions are influenced and mediated by complex, trans-regional neural networks).

This approximation allows a useful estimate of the developmental/functional status of the child's key functions, helps establish the "strengths and vulnerabilities" of the child, and helps determine the starting point and nature of enrichment and therapeutic activities most likely to meet the child's specific needs. Most important, this functional map helps to document progress and to create a developmentally sensitive sequence to the enrichment, educational, and therapeutic work.

This review requires a working knowledge of neural organization and functioning. In order to "localize" a set of functions to any set of brain networks or regions, the senior clinician leading the interdisciplinary NMT staffing must know child development, clinical traumatology, and developmental neurosciences. This is the major impediment in exporting of NMT approach: it requires a senior clinician to lead the process with a unique combination of clinical and pre-clinical skills.

NMT Recommendations *Where the child should go:* The third major element of the NMT process is providing specific recommendations. The NMT "mapping" process helps determine a unique sequence of developmentally appropriate interventions that can help the child re-approximate a more normal developmental trajectory. As outlined in brief below, these recommendations are made with various principles of neurobiology in mind. While many deficits may be present, the sequence in which these are addressed is important. The more the therapeutic process can replicate the normal sequential process of development, the more effective the interventions are (see Perry, 2006). Simply stated, the idea is to start with the lowest (in the brain) undeveloped/abnormally functioning set of problems and move sequentially up the brain as improvements are seen. This may involve initially focusing on a poorly organized brainstem/diencephalon and the related self-regulation, attention, arousal, and impulsivity by using any variety of patterned, repetitive somatosensory activities (which provide these brain areas patterned neural activation necessary for re-organization) such as music, movement, yoga (breathing), and drumming or therapeutic massage. Once there is improvement in self-regulation, the therapeutic work can move to more relational-related problems (limbic) using more traditional play or arts therapies and ultimately, once fundamental dyadic relational skills have improved, the therapeutic techniques can be more verbal and insight oriented (cortical) using any variety of cognitive-behavioral or psychodynamic approaches.

Neurons are uniquely designed to change in response to activity. Therefore, neural networks change in a "use-dependent" fashion. Because patterned, repetitive activity shapes and changes the brain, chaotic experiences that occur during sensitive times in the child's development create chaotic, developmentally delayed dysfunctional organization. Neural systems, and thus children, can change with dedicated amounts of focused repetition. For example, a neural system cannot be changed without activating it, just as one cannot learn how to write by just hearing about how to write without practicing. Moreover, therapeutic efforts must activate the neural systems that mediate that particular child's symptoms. To date, most therapeutic interventions do not achieve this goal. Because the brain is organized in a hierarchical fashion, with symptoms of fear first arising in the brainstem and then moving all the way to the cortex, the first step in therapeutic success is brainstem regulation. The process of administering repetitive experiences that allow a neglected or traumatized child to regain functioning is not time-limited. It is long, frequent, and requires a global understanding of development. Children must receive care that is developmentally appropriate, but also not age-inappropriate (or at a minimum age-acceptable), and therefore the balance can be difficult to achieve, especially as children age.

An example of a repetitive intervention is positive, nurturing interactions with trustworthy peers, teachers, and caregivers, especially for neglected children who have not had enough neural stimulation to develop the capacity to bond with others. Other examples are dance, music, or massage, especially for children whose persisting fear state is so

overwhelming that they cannot be expected to improve via increased positive relationships or even therapeutic relationships until their brainstem is regulated by safe, predictable, repetitive sensory input. Appointed hours of developmentally sensitive therapy are not detrimental to the child, but they are rarely enough. Ideally the care of the maltreated child must extend to every influential person the child encounters.

An example of a repetitive intervention is positive, nurturing interactions with trustworthy peers, teachers, and caregivers.

A major element of the NMT staffing process and the resulting set of recommendations is reviewing the current relational milieu of the child. A primary finding of years of clinical work is that the relational environment of the child is the mediator of therapeutic experiences. Children with relational stability and multiple positive, healthy adults invested in their lives improve; children with multiple transitions, chaotic and unpredictable family relationships, and relational poverty do not improve even when provided with the best "evidence-based" therapies. The healing environment is a safe relationally enriched environment. The NMT Relational Health measure makes a simple determination of whether there are sufficient relational supports present to actually provide the safe, nurturing, and attuned environment required to deliver effectively the recommended therapeutic, educational and enrichment activities with sufficient repetition. In many cases, the specific interventions required to help the child are obvious, but the relational environment is so chaotic, so empty, and so transitional that the outcomes will be poor.

Future Directions

The application of the NMT in various clinical settings and with all age groups has resulted in positive outcomes as reported by multiple clinicians using this approach (Perry, 2006) and in independent application of the NMT in a therapeutic pre-school setting (Barfield et al., submitted). The ChildTrauma Academy is currently training individuals and programs in the use of NMT, and an NMT certification process has been developed (see www.ChildTrauma.org). The major challenge, as mentioned above, is developing a cadre of senior clinicians who are capable of leading NMT staffings in their home programs. In order to help with this process, the CTA has been developing both Train-the-Trainer models and Advanced NMT Certification for Senior Clinicians. While in its "infancy" the NMT, along with other neurobiologically-informed, developmentally-sensitive clinical approaches, offers much promise. Continued learning creates hope that this biologically-informed, developmentally-sensitive approach will help professionals better understand and heal maltreated children.

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The Crisis Kit

5 Tools for Helping Clients Through Turbulent Times

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Index

Foreword

Dear mental health practitioner,

We have created this Crisis Kit in order to help you help your clients through tough times like these.

This Crisis Kit contains five of the most relevant tools from our Positive Psychology Toolkit that you can use to help your clients:

- use their mental resources well
- connect to a place of inner peace
- become aware of factors within and beyond personal control
- practice acceptance-based coping
- remain calm and composed in the face of stress

These tools are all based on scientific research and you will find the references included.

They're also developed to be highly practical and can be applied in many different therapeutic, coaching, and counseling settings.

We hope that you will join us on this mission to foster mental health and well-being wherever we can.

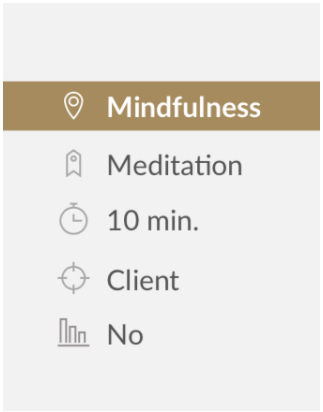
With loving kindness,

Seph Fontane Pennock
Hugo Alberts, Ph.D.

This Kit

This kit contains five different positive psychology exercises. Each exercise is structured in the same way, consisting of a background section, a goal description, advice for using the exercise and suggested readings. On the first page of every exercise, a legend is shown, consisting of several icons (see fig. 1).

Fig.1 legend of the exercises



The first icon displays which topic the exercise addresses. The second icon shows the type of exercise. The following options are available:

- Exercise (an exercise that describes an activity that is done once, during a session)
- Assessment (an exercise that aims to assess a trait or characteristic of a person)
- Overview (an exercise that provides an overview or list of something; research findings, facts, etc.)
- Advice (an exercise that is directed at the helping professional providing advice on how to carry out a certain activity)
- Meditation (an exercise that describes a form of meditation)
- Intervention (an exercise that describes an activity that needs to be done more than once during a certain period)

The third icon provides an estimation of the duration of the exercise. In other words, how long it takes to complete the exercise. This is always an estimation of the total time it takes. Note that for some exercise types, like overview, advice, protocol and intervention it is difficult if not impossible to provide an estimation of the duration. In these cases n/a (not available) is written.
The fourth icon describes the intended audience for this exercise; available options include client, coach or group.

The last icon indicates whether this specific intervention has been tested at least once in a scientific study

and has been published in a peer reviewed journal (yes or no). Note that if there is a strong theoretical and scientifically tested basis underlying the tool, but the tool itself in its current form has not been directly addressed in research, the icon will still indicate “no”.

Using the exercises

Note that you are advised to use these exercises within the boundaries of your professional expertise. For instance, if you are a certified clinician, you are advised to use the exercises within your field of expertise (e.g. clinical psychology). Likewise, a school teacher may use the exercises in the classroom, but is not advised to use the exercises for clinical populations. PositivePsychology.com B.V. is not responsible for unauthorized usage of these exercises.

Eye of the Hurricane Meditation

Mindfulness
Meditation
10 min.
Client
No

Mindfulness practice offers a way for clients to disengage from the hectic world around them by focussing attention inward. In mindfulness practice, clients learn to use their breath as a vehicle create more inner peace. By connecting to their breath, clients can disconnect from upsetting thoughts, emotions and other stressors that disrupt inner peace. However, like many abstract concepts, the concept of inner peace may be difficult for clients to understand.

In this meditation, the concept of inner peace is clarified by using a hurricane as a metaphor. Within the strong, turbulent winds of a hurricane is the eye, a calm, quiet, centered space. The goal is to help clients to explore inner peace by using their breath to become like the eye of the hurricane; the silent part of themselves that can notice difficult or challenging experiences without getting caught up and carried away by them.

A large body of research supports the use of mindfulness meditation for psychological distress and emotional wellbeing (Grossman, Niemann, Schmidt & Walach, 2004).

Author

This tool was created by Hugo Alberts (PhD) and Lucinda Poole (PsyD).

Goal

The goal of this tool is for clients to connect to a place of inner peace and calm. This tool uses the metaphor of a hurricane to guide clients to a state in which they become an observer that is able to notice what is happening from moment to moment with a sense of calm and clarity.

Advice

- The concept inner peace is reasonably abstract, and thus clients may need to try this exercise more than once to fully grasp the metaphor. Clients will likely be very familiar with the thinking self - the part of them that generates thoughts, beliefs, memories, judgments, dreams, plans, and so on - and less aware of and unfamiliar with the silent, observing self - the aspect of them that is aware of whatever they are thinking, feeling, sensing, or doing at any moment.
- If this meditation causes the client's mind to feel unsettled, the client may return to the breath as an anchor.
- It is advisable to incorporate real-time stimuli from the surrounding environment into the flow of meditation guidance. For example, sirens or jackhammers, hallway happenings or the sound of heating and air conditioning, can be incorporated into the hurricane metaphor. Comments like "Notice the sound of the siren, and see it become swept into the winds of the hurricane" and "Can you notice the stillness within you as the sound of the ambulance surrounds you?" can strengthen the observing mode of the client.
- In this meditation, the client allows the mind to observe whatever surfaces during the meditation. This may cause issues that have been deeply repressed to begin to rise to the surface. This provides clients with the opportunity to address them consciously. Allow the client to discuss any issues that have arisen after the meditation, during the reflection.

Suggested Readings

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of psychosomatic research, 57(1),* 35-43.

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Tool description

Instructions

Part 1: Read mindfulness script (Eye of the Hurricane)

- Find a comfortable meditation position, either sitting on a cushion on the floor, or on a chair. Sit tall with your back straight, but shoulders relaxed. And let your hands rest in your lap, and gently close your eyes.
- Let's take three deep, slow breaths to begin.
- Become aware of your body, sitting here. Notice the sense of contact between your body and the seat beneath you... notice your feet on the floor... notice your clothes against your skin.
- Now let's consider a metaphor. Within the strong, turbulent winds of a hurricane, the eye, the center of the hurricane, is quiet. There is no wind and no movement there. For a moment, picture this idea in your mind. Can you visualise the strong, turbulent winds of a hurricane, and the inner core that is peaceful and quiet?
- Let's see if you can become like the centre of the hurricane. Your current circumstances, your thoughts, your feelings, and the sensations throughout your body, can be compared to the winds of a hurricane. Is it possible for you to let go of all of these things for a moment, so that you are no longer taking part in them... like the centre of the hurricane is not taking part in the turbulent surrounding winds.
- To do this, start by focusing on your breath. Simply breathe in and breathe out. Focus inward.
- Just like the eye is deep within the hurricane, your eye is deep within you. Use your breath to connect to this part of you. Simply breathe in and breathe out.
- Stay connected to your breath. If anything stressful happens in this moment, such as negative thoughts, unpleasant feelings, annoying sounds, difficult life events, memories... try to look at them as if they are the turbulent wind of the hurricane; whirling around, continually changing, unpredictable in nature...
- Notice that you are not them. You are the silent centre of the hurricane, the part that is peaceful, despite what is happening around you.
- You are the silent centre of the hurricane, peaceful and at ease.
- You are not reacting, you are simply observing. Like the wind of the hurricane, these experiences are constantly moving and changing. You, on the other hand, are stable. You are not moving or being carried away by them.
- As you are breathing, notice how you move more and more towards the centre of the hurricane, towards the eye. Just like the turbulent wind of the hurricane, your thoughts, your feelings and whatever is happening outside yourself is still going on, but you are no longer part of it. You are in a safe, peaceful place... Breathing in, breathing out.
- As you sit here, connected to your eye, notice whatever arises. Notice the wind of the hurricane, but do not participate. Stay in the eye. Notice thoughts... notice feelings... notice sensations... continue to watch the ever-changing nature of the world inside and outside you. Watch from a distance, with curiosity, and without judgment... without reacting to what you see.
- No matter how intense or bad the hurricane gets, the eye is always centered, calm and at ease. Even the most turbulent hurricane cannot hurt or harm the eye; the eye is safe. Whenever you feel you need to restore your inner peace, use your breath to connect to this silent part of yourself. Just breathe in and breathe out. It may help to visualise the hurricane, with yourself in the centre.

- It can be difficult to see the eye of the hurricane at times, and sometimes we forget the eye is there... however, it is always there. If we examine closely enough—even the strongest, darkest hurricane—sooner or later we'll see the eye, centered and constant.
- Now, when you feel ready, slowly open your eyes.

Part 2: Reflection

- What was it like to connect to the observing self?
- How do you feel now?
- Did you resonate with the metaphor of the eye of the hurricane? If not, can you think of another metaphor that would resonate with you more?
- Sometimes during meditation, issues that have been suppressed for some time begin to rise to the surface. Where there things that you noticed that you may have repressed in the past? If so, what kind of experiences did you notice? What was it like to notice them? How did you deal with them?

Dealing With Uncontrollable Circumstances

Coping
Exercise
30 min.
Client
No

Increasing people's sense of control has been argued to be one of the most, if not the most, important goal in therapy: "It is the purpose of therapy not to solve all of the patient's problems, but rather to increase the patient's ability to solve his own problems …" (Rotter, 1956, p. 342). Clinical practice is therefore aimed at increasing personal control by helping clients to "take charge" of situations.

However, there are limits to one's personal control in any situation. We cannot fully control other people's reactions or what they think of us. We cannot control certain thoughts from occurring or actively fall asleep. In these situations, the only way to enhance personal control is by letting go of control: the paradox of surrender. Rather than trying to control the uncontrollable, surrender involves noticing that there is nothing one can do to change the situation. However, surrender does not mean giving up. When there is nothing that one can do to change a given situation, this does not mean that one cannot deal with the situation in an active way. One may still deal with the emotions that result from the experience, reframe the meaning of the situation or engage in other activities to cope with the consequences of the situation.

The key to develop a "healthy" level of personal control seems to be by gaining accurate understanding of one's possibilities and limits of control. This accurate self-knowledge about personal control allows the individual to invest time and energy in actions that lie within the spheres of personal control and avoid wasting time on actions that cannot be controlled.

Goal

The main goals of this tool are to:

- Increase the client's awareness of factors that are within and beyond personal control.
- Examine the extent to which the client is able to surrender to things that are beyond personal control.
- Examine how the client surrenders to things that are beyond personal control.
- Examine the extent to which the client is able to actively cope with the consequences of the uncontrollable events.
- Examine how the client actively copes with the consequences of the uncontrollable events.

Advice

- This exercise can be very valuable for clients dealing with difficult life situations that trigger feelings of fear and induce an urge to exert control, like disease or the end of a relationship. This exercise can help clients to carefully analyse their current situation and help them to accept the uncontrollable and invest in the controllable.
- This exercise can also be valuable for clients who believe they have less control than actually is the case (external locus of control). Research has shown that although it is important to be aware of the limits of personal control, it is equally important to be aware of the ability to influence situations through one's own actions (see for instance Zimmerman, 2000). Because this exercise also includes the identification of factors over which one can exert control, it can help to increase self-efficacy in clients with a strong external locus of control.
- The practitioner is advised to avoid framing surrender in terms of utility. Although the goal may be to decrease distress and increase adaptive functioning, that goal runs counter to the very essence of surrender. One cannot surrender control to intentionally gain control.
- Explaining surrender to clients is often difficult, because for many clients it feels like "giving up" and triggers a great fear of losing control. This is especially the case for clients who tend to engage in over-control. It is important to stress that surrender does not mean that one cannot influence or deal with circumstances. It means that the occurrence of these circumstances lies beyond the will and control of the individual.
- It is also important for the practitioner to be alert to problematic behaviours that are masquerading as surrender. Some behaviours, like deferral, pleading and relinquishing control are in fact more akin to "learned helplessness." At first glance, these responses to uncontrollable events may look like surrendering. However, unlike true surrender, these responses are likely to reflect passive coping and undermine active problem solving. It is advisable to assist the client in differentiating surrender from these other approaches and to explore the implications of each for effective coping. Some degree of active problem solving is possible and desirable in most, if not all situations. Clients should be helped to find the common ground where surrender and active problem solving meet.
- One way to introduce surrender to clients who are engaging in over control is by focusing on the benefits of their attempts to control. Questions that can be asked are: "So far, what have your attempts to control brought you?" and "How successful have you been in dealing with these circumstances using your current strategies?" The last question is often answered in this way by clients: "Well, not very successful, otherwise I was not seeing you." A more radical approach that is often used in Acceptance and Commitment Therapy is to not advise the client about acceptance and surrender. Instead, the practitioner pretends that he does not know how to deal with the situation and suggests that the client proceeds with exerting control. The idea behind this approach is that clients will notice that their attempts of control are really unhelpful. When clients have experienced that control is unhelpful, they are believed to be more willing to let go of control. In other words, this latter approach

is focused on letting the client experience him/herself rather than convincing him/her, that his/her efforts to control are ineffective. Although this approach can be very effective, for some practitioners it feels unnatural to pretend not knowing what to do and to let their clients struggle even more.

- Clients who suffer from habitual over-control with regard to private states (e.g. emotions, feelings, thoughts) may benefit from practicing mindful acceptance. Rather than automatically changing certain states, cultivating acceptance can empower clients by allowing them to experience that less control can sometimes be more effective than more control. This experience may reduce the need to engage in over control, which is often guided by fear.

Suggested Readings

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Tool description

Instructions

In order to successfully apply the instructions of this tool, it is important to understand the difference between effective and ineffective ways of dealing with external, uncontrollable circumstances. An overview of effective and ineffective coping styles is provided in the appendix.

Step 1: Identifying desired change

First, ask the client to consider something that he/she would like change.

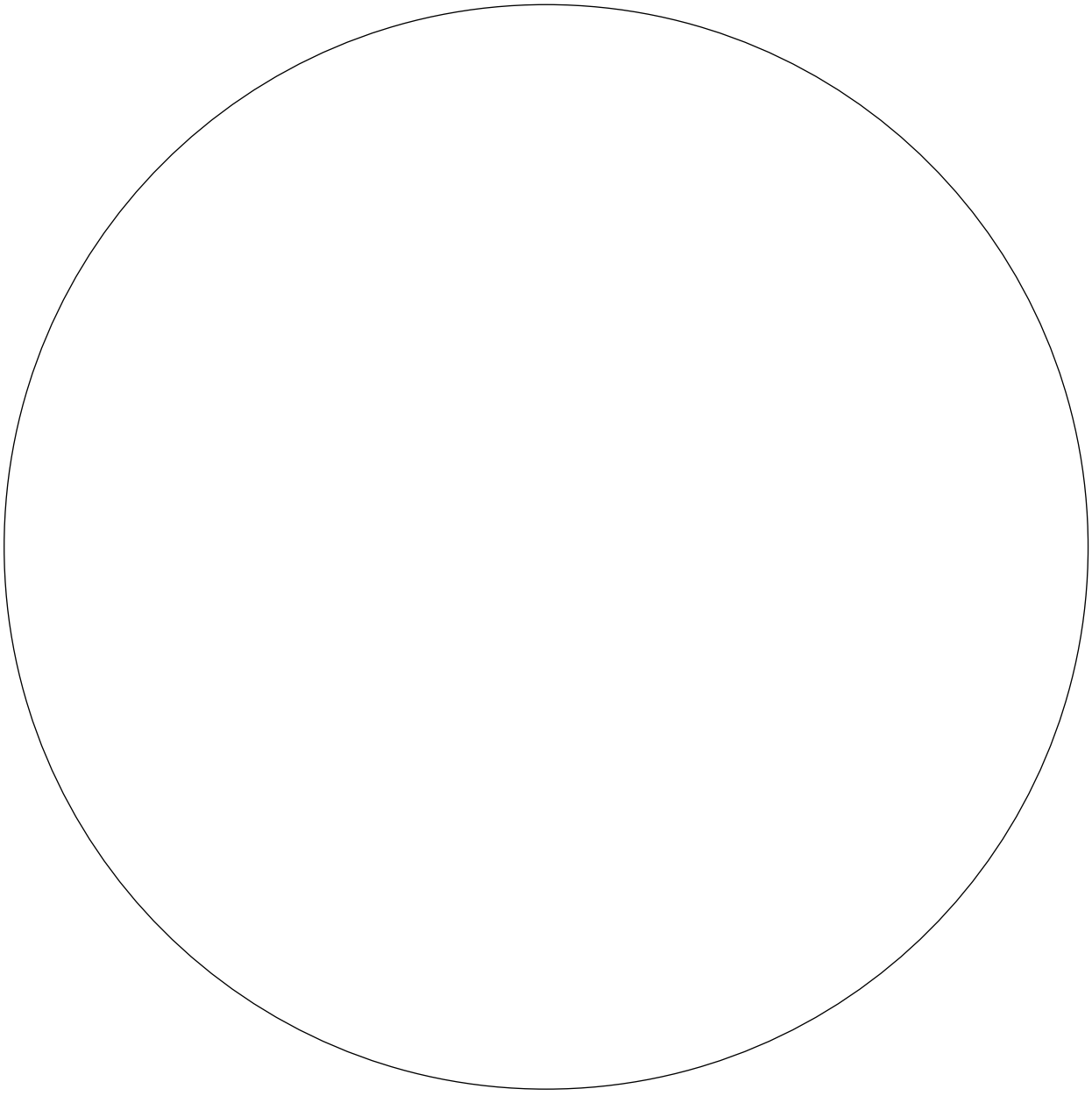
Make sure to formulate the desired change in a way that specifies a direction towards an outcome (e.g. I want to feel more relaxed), rather than in a way that specifies a direction away from an undesired outcome (e.g. I want to experience less stress).

My client wants to change:

Step 2: Identifying things under the client's control

During Step 1, your client identified something he/she wishes to change. Now consider this thing and invite your client to think of actions that he/she has complete control over and will help him/her to realize the desired change. In other words, discuss actions that are fully within the power of your client and do not rely on other people or circumstances to be effective. List these actions in the first circle on the next page.

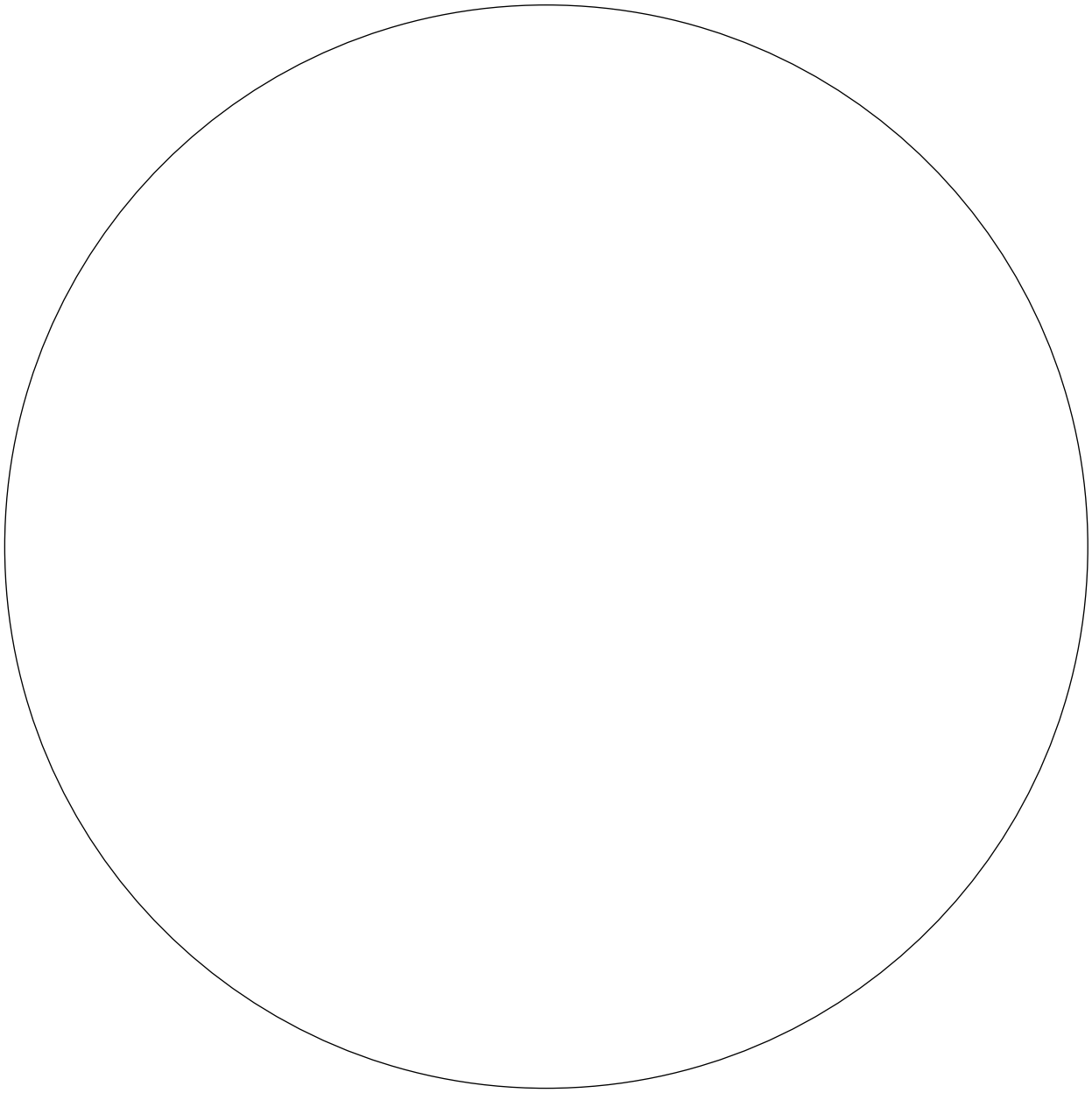
Circle 1: Things under the client's control:



Step 3: Identifying things that are not under the client's control

Now discuss with your client all of the things over which he/she does not have full control. Ask the client to consider things that lie beyond his/her personal control and list them in the second circle.

Circle 2: Things not under the client's control:



Step 4: Dealing with things under personal control

In Step 2, the client identified several things on his/her pathway to change that are within his/her control (Circle 1).

Together with the client, take a look at the controllable things in circle 1. Ask your client if he/she can think of times when he/she actively dealt with one or more of these things? Ask for some examples of situations.

How did your client take action? How did he/she deal with the things that were under his/her personal control?

Which actions were helpful?

Which actions were less helpful?

How would your client rate the extent to which he/she is generally able to deal with the things that are under his/her personal control (the things in circle 1)?
(0= not able at all, 10= very able)?

If your client feels he/she is unable to deal or does not deal enough with the things under his/her control, what is preventing him/her from doing so?

What would it be like for your client to deal in the most optimal way with the things under his/her control?

Step 5: Dealing with things beyond personal control

In Step 3 your client identified several things on his/her pathway to change that are outside his/her control (Circle 2). Here, the client's ability to surrender is examined. Before proceeding with the questions, it is advisable to explain what surrender means to the client:

"Surrendering means letting go of unproductive efforts to control the uncontrollable. It involves accepting that there is nothing one can do to change the situation. Surrendering is not the same as becoming a victim and passively being overtaken without choice. Surrendering means you make the decision to let go of things that you cannot control and focus on the things you can control."

Together with the client, take a look at his/her uncontrollable things in Circle 2. Ask your client to think of times when he/she tried to control one or more of these things, despite the fact that he/she did not have control over them. Ask for some examples of situations.

Take a look again at the uncontrollable things in Circle 2. Can your client think of times when he/she was able to let go of control and surrender? Ask for some examples of situations.

How did your client surrender? How did he/she let go of the uncontrollable?

How would your client rate the extent to which he/she is generally able to surrender to the things that are beyond his/her personal control? (0= not able all, 10= very able)?

If your client is not able to surrender or wishes to surrender more often, what is preventing him/her from doing so?

What would it be like for your client to fully surrender to the uncontrollable?

What step(s) can your client take to surrender more to the uncontrollable?

Appendix: Effective and Ineffective Ways of Dealing with Uncontrollable circumstances

Ineffective Ways of Dealing with Uncontrollable circumstances

Over-control

Given the importance of personal control, one might assume that it is important to increase the level of personal control of clients as much as possible. However, past research findings have revealed that levels of self-control that are too high (i.e. over-control) are associated with psychopathologies, such as obsessive-compulsive tendencies. Perfectionists, for example, have been found to perseverate on the uncontrollable aspects of failed goals (Sirois, Monforton, & Simpson, 2010).

Tangney and colleagues (2004) suggest that self-control might be better conceptualized as self-regulation – i.e. the ability to regulate the self strategically in response to goals, priorities, and environmental demands. The authors state that: "Rigid 'over-controlled' individuals suffer from problems regulating and directing their capacity for self-control. Such over-controlled individuals might lack the ability to control their self-control. In contrast, individuals with a genuine high self-control have the ability to exert self-control when it is required and to suspend self-control when it is not".

Indeed, many clients spend a great deal of time trying to control and to get a grip on factors that are in fact beyond their personal control. For instance, they believe that they can control their spouse, their child, friends, co-workers. They believe they can control their thoughts, sleep and even their health. Although a certain level of influence and control may apply, in most cases clients have very little control over how others think or how they react and behave. Although one may eat healthy, exercise frequently and do everything else to be in perfect shape, there are many other factors that determine one's health that reach far beyond personal control, including genetic dispositions, involvement in accidents, etc. The limits of control are also shown by an abundance of studies demonstrating paradoxical process underlying control. For example, insomniacs have been found to try to control their pre-sleep thoughts more than good sleepers. Moreover, a study by Harvey (2003) showed that participants who suppressed their pre-sleep thoughts took longer to fall asleep and rated their sleep as more restless than participants who merely relaxed without trying to control their thoughts. In a similar vein, research on thought control has revealed that trying to control thoughts actually leads to an increase in the frequency of these thoughts after control (Wenzlaff & Wegner, 2000).

Over-control is also often reflected by obsessive thinking. In attempts to control the uncontrollable, the individual finds him/herself trying to solve problems in his/her head. Plagued by thoughts and images of disastrous outcomes that in reality may never come to be, the individual becomes trapped in an endless process of "figuring it out." In sum, the above described findings and processes illustrate that being able to let go of control when it is ineffective is an essential skill for well-being.

Passive Coping

Passive coping refers to not taking any action at all. Whereas people who engage in over-control typically experience a strong sense of responsibility to modify or control situations, people who engage in passive coping deny responsibility and relinquish to others the control of the stressful situation and of their reaction to that situation (Field, McCabe, & Schneiderman, 1985). Thus, responsibility is given to an outside source and feelings of helplessness typically emerge. Passive coping is associated with poor outcomes, depression

and poor psychological adjustment. Examples of passive coping strategies include complaining to others either to cope with difficult feelings, get sympathy or elicit their help, withdrawing from challenging activities, or relying on medication to cope with the situation.

Effective Ways of Dealing with Uncontrollable circumstances

Surrender

The uncontrollability of events is perhaps most directly experienced in life's most extreme moments: the death of a loved one, violent assault, sexual abuse, or being stricken with a life-threatening disease. In situations like these, the options for personal control are severely limited. Other, less extreme examples in which uncontrollability is experienced include: the inability to deliberately fall asleep, the inability to influence what other people think and how they react, and the inability to stop thoughts from occurring. In all these examples, attempts to exert control may not only be unproductive but may even counter-productive. The person who tries to control his/her sleep may find him/herself awake for many hours. Likewise, the person trying to "get out of his/her head" and stop thoughts may find him/herself producing more thoughts and spending even more time "in his/her head". In other words, the solution here is not to exert more control, but less. The solution here is to surrender to the uncontrollable and to accept that there is simply nothing one can do to change the situation.

It is important to note that surrendering differs from being overtaken by emotions or being controlled by others. Being overtaken occurs without choice; surrendering is an active, intentional process: people agree to surrender. Moreover, surrendering also differs from giving up and losing hope. Surrender means letting go of unproductive efforts to control the uncontrollable while at the same time focusing on dealing with what lies within the boundaries of personal influence.

Active coping

When there is nothing that one can do to change a given situation, this does not mean that one cannot deal with the situation in an active way. Active coping refers to strategies that are directed at problem solving, and entails taking direct action to deal with a stressor and to reduce its effects (Zeidner & Endler, 1996). These strategies aim to either to change the nature of the stressful situation or to modify how one thinks and feels about it. In sum, people who engage in active coping rely upon their own resources to deal with a situation. Examples include solving problems, investing more effort, seeking information or reframing the meaning of the problem. Active coping is an adaptive way of dealing with events and an important component of resilience in the face of stress, health problems, and other adversity.

When confronted with uncontrollable circumstances, it is thus important to engage in active coping, focusing on the aspects of the situation that are within the bounds of personal control. In most low- or no-control situations, this means dealing with emotions and feelings that are present (emotion-focused coping), rather than trying to control aspects of the environment (problem-focused coping). Indeed, research has shown that using an emotion-focused, compared with problem-focused copying style is perceived as more helpful in low-control situations (e.g., Strentz & Auerbach, 1988).

In a social setting, active coping can also involve communicating about one's feelings or emotions. Note that the person takes full responsibility for the emotions that are experienced as the result of a certain uncontrollable

situation, and does not attempt to control or to manipulate the situation by communicating about personal feelings. Rather, the goal is to inform the other person about the consequences of his/her actions and the intention is to improve the situation for all parties involved. In sum, effective coping with uncontrollable circumstances requires the individual to acknowledge that he/she has little or no influence over the external circumstance and that he/she has a choice in how to deal with the feelings that emerge as a result of the uncontrollable situation.

The Unwanted Guest

Coping
Metaphor
n/a
Client
No

Coping with negative emotions is often accomplished by means of control-based strategies (Hayes, Follette, & Linehan, 2004). Control-based strategies, like suppression, aim to decrease the frequency and intensity of unwanted emotions. Deliberate avoidance of internal states is conceptualised as experiential avoidance (Hayes et al., 1999) and has been linked with a great diversity of negative outcomes (see Hayes, Wilson, Gifford, Follette, & Strosahl, 1996, for a review). A different way of dealing with emotions is through acceptance. In contrast to control-based strategies, the individual accepts and experiences the emotion fully, without attempting to alter, avoid or control it (Hayes, Strosahl, & Wilson, 1999).

The aim of acceptance-based coping is to cultivate a different relationship with emotions. For many clients, this sounds very abstract. What does it mean to have a certain "relationship" with emotions? Rather than using difficult psychological jargon to explain what is meant, it is often more effective to use very concrete examples in the form of a metaphor to illustrate the principle. This metaphor-based tool was designed to increase understanding of acceptance-based coping.

Author

This tool was designed by Hugo Alberts.

Goal

The goal of this metaphor is to explain the long-term consequences of emotional avoidance and importance of acceptance-based coping. It was designed to clarify the meaning of the function of acceptance-based coping, namely to cultivate a different relationship with emotions.

Advice

After explaining this metaphor, the client can be asked to reflect on his/her own way of coping by using the metaphor:

- How do you typically deal with unwanted guests?
- What could you do to deal more effectively with difficult emotions?
- What would it be like to open the door for every kind of guest?
- What would it be like to give an unwanted guest a hug?

Adding an interactive element to this metaphor can strengthen the understanding for the client. Some sample questions that can be answered by the client after explaining the metaphor include:

- Rather than keeping the door shut for the negative person, what are other options? *Acceptance of emotions means that you open the door for both the positive and negative person. You allow both of them to have a seat at your kitchen table.*

- Imagine you decide to invite the negative person in. Do you think it will be a good time? *Probably, the client will answer "no". Note that the goal of acceptance-based coping is not to create positive emotions or to make the negative emotions go away. The goal is to cultivate a different relationship with these emotions.*

Suggested Readings

Hayes, S. C., Follette, V. M., & Linehan, M. M. (Eds.). (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition.* New York, NY: Guilford Press.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York, NY: Guilford Press.

Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Emotional avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*, 1152-1168.

Tool description

Instructions

Both positive and negative experiences are inevitable parts of life. In general, we have no problem dealing with positive experiences. Negative experiences can be more challenging. To a great extent, negative experiences are experienced as challenging not because of our actual experience, but because of our attitude and relationship with those feelings. Although pleasant and unpleasant situations are both parts of life, many of us have developed a completely different relationship with them: we tend to accept and embrace pleasant experiences and fight against or resist negative experiences. In the long term, this tendency to deal differently with both types of experiences creates a certain relationship with each of them. The following metaphor can help to explain what is meant by this.

Imagine, the doorbell rings. As you open the door, there is someone standing in front of you. He is in a good mood, smiles, and has a positive attitude. You have a nice chat and then he leaves. The next day, he shows up again. You invite him in for a cup of coffee. You spend the afternoon together and have a lot of fun. Over time, a positive relationship is built. Every time he visits, you open the door and let him in. He is welcome.

On another day, the doorbell rings, and as you open the door, you are confronted with a completely different person. This person is in a negative mood, looks sad, and has a negative attitude. He is having a difficult time and asks if he may come in. You respond that he is not welcome and that he should leave. You immediately shut the door and try to forget that he was there.

After a while, the doorbell rings again, and as you are walking to the door, you are hoping to see the positive person. Unfortunately, it is the negative person again. Slightly irritated, you tell him that is not allowed to come in and is certainly not welcome. It does not matter how much you would like this person stay away, he continues visiting you from time to time. Although you have never allowed the two of you a chance to get to know each other, in your mind he gets more hostile and dangerous. Sometimes, out of the blue, you fear that he might show up randomly. Maybe you even decide to barricade your house or place cameras in front of your house. Over time, a negative relationship has been built.

This metaphor illustrates how we can develop a relationship with positive and negative experiences, even without meaning to. The positive and negative people in this metaphor represent positive and negative experiences. Just as we do not allow the negative person to come in, we are not willing to allow negative or difficult experiences to be present. We try to avoid them by suppressing or ignoring them or wishing they would go away – we do not get to know them. Generally, we develop a relationship with negative emotions that is characterized by non-acceptance and avoidance.

Naturally, there are many reasons why we want to keep the negative experiences out. First of all, they are unpleasant, and by shutting the door, we think we can prevent them from hurting us, at least temporarily. Second, our environment can implicitly or explicitly teach us to keep negative experiences out. A father who tells his son that “big boys don’t cry” is effectively telling his son to block any emotion that can cause tears or emotional pain. There are several problems that emerge as a result of keeping negative experiences out. First, we fail to extract valuable information from the emotion. Emotions are data. They can tell us

something valuable about ourselves. Anger, for instance, can tell us that someone crossed a line. We should be aware and examine this emotion rather than keep it out. It could be a personal value which should not be transgressed, or it could be a submerged belief which is actually erroneous and requires revision. Second, if we never let negative emotions in, we fail to develop what can be referred to as emotional self-efficacy: the belief that you can handle difficult emotions. You are probably not letting them in because you are afraid of what might happen. Third, trying to keep negative emotions out means fighting them. Consequently, in addition to the negative experience itself, the fight and struggle can create additional suffering.

In sum, in order to deal effectively with emotions, this metaphor illustrates the importance of cultivating an acceptance-based relationship with emotions. Rather than keeping the door shut, one should be willing to keep the door open and allow emotions, both positive and negative, to be present.

Window of Tolerance

Emotions
Exercise
15-20 min.
Client or Group
No

Therapeutic change often depends on widening what can be called a Window of Tolerance (WOT). Our WOT is the state at which we function well, remaining calm and composed in the face of stress. It is the optimal arousal state in which emotions can be experienced as tolerable and experience can be integrated (Siegel, 2010). When we are outside our WOT, our nervous system responds by going into survival mode – fight, flight or freeze. We either feel overwhelmed and go into what is known as "hyperarousal" or we can shut down and go into what is known as "hypoarousal." According to Siegel (1999), the WOT can be narrow or wide. When the WOT is narrow, we may more easily fall into rigidity and depression or chaos; when the WOT is wide, we are able to manage stressors with a sense of ease and reason.

We can have multiple WOT's throughout the day, depending on what we are doing and how we are feeling. For instance, one may have a high tolerance for disappointment at one point in the day, continuing to function reasonably well when something does not go to plan (wide WOT), though later in the day, perhaps when this person is tired, or hungry, or running late, he or she may fall to pieces in the face of disappointment (narrow WOT). WOT's also vary between people. For instance, while one person may fall apart after receiving negative feedback (narrow WOT), another person may take the feedback in stride, viewing it as useful, constructive information (wide WOT). Generally speaking, our WOT's reflect our level of emotional tolerance (i.e., how comfortable we feel with specific feelings, bodily sensations, memories, issues) in a given situation. Within our WOT we remain open and receptive; outside of it we become reactive (Siegel, 2010).

Author

This tool was created by Hugo Alberts (PhD) and Lucinda Poole (PsyD) based on Daniel Siegel's concept "the Window of Tolerance".

Goal

The goal of this tool is to increase people's ability to accurately perceive and understand This tool is designed to help clients learn the signs that they are either hyper-aroused or hypo-aroused and how to return to the window of tolerance, the optimal state of arousal for healthy functioning.

Advice

- Practitioners should draw on their expertise in Step 4 to help clients come up with strategies to remain in their WOT. Research has shown that mindfulness skills and grounding skills are useful tools for this purpose. Mindfulness can help clients become aware of fluctuations in their level of arousal and respond wisely rather than automatically. By becoming aware of their body sensations, thoughts, and emotions, clients can learn to recognize when they are in their optimal zone of arousal or going into hyper or hypo-arousal. Practitioners should understand that moving out of a hyperaroused state requires calming the nervous system down (i.e., mindfulness and grounding techniques) whereas moving out of a hypo-aroused state requires behavioral activation and getting in touch with one's emotions.
- Advise clients that a wide window of tolerance means that they are more resilient, meaning that they are more able to bounce back from difficult experiences. By becoming more aware of the different states of arousal in everyday life, and by taking steps toward ensuring they are doing what they can to remain within their WOT, they can work towards widening their WOT.
- Help clients build autonomy by emphasizing the malleability of their WOT. While their WOT may be relatively narrow at the moment, they can take steps to widen it over time (Step 4).

Suggested Readings

Siegel, D. J. (2010). *Mindsight: The new science of personal transformation.* New York, NY, US: Bantam Books.

Siegel, D.J. (1999). *The Developing Mind.* New York, NY, US: Guilford Press.

Tool description

Step 1: Introducing the window of tolerance

Our Window of Tolerance (WOT) is our optimal zone of arousal, where we are able to cope and thrive in everyday life. When we are living within our WOT, we remain calm and composed when stressful things happen. When we are outside of our WOT, by comparison, we can go one of two ways. We either feel overwhelmed and go into what is known as "hyperarousal" or we can shut down and go into what is known as "hypo-arousal." This is because our nervous system kicks in and sends us into survival mode – fight, flight or freeze. In hyperarousal mode, we tend to be reactive and impulsive, and experience an influx of negative thoughts. In hypo-arousal mode, we tend to feel extremely zoned and numb, both emotionally and physically. Learning the signs that we are either hyperaroused or hypo-aroused and then doing things that help us feel calm and safe, is the practice of living within the WOT. The WOT can be narrow or wide and is different for all people and at different times in our lives.

In Appendix A you will find a diagram of the WOT, hyperarousal, and hypo-arousal, along with the behaviors and inner experiences that often go with each of these states.

Step 2: Your experience with the Window of Tolerance

Can you think of a time when you remained within your WOT in the face of something stressful or distressing? Describe this moment in detail below, including what triggered you (e.g., someone cut me off in traffic), what happened in your mind and body (e.g., felt calm, thought that this person must be in a rush), and what the outcome was (e.g. no negative effects, the event was an insignificant blip in my day).

Trigger(s):

Signs:

Outcome:

Step 3: Signs of a narrowing Window of Tolerance

In order to help you stay in your WOT more often, it is helpful to identify signs that your WOT is narrowing (that is, that you are stepping outside of your WOT to either a hyperaroused state or hypo-aroused state).

A. What are the signs that you have entered into a hyperaroused state? For example, you might notice that you become snappy towards loved ones, or have a short temper, or feel agitated and irritable. Write these down in the WOT worksheet in Appendix B.
B. What are the signs that you have entered into a hypo-aroused state? For instance, you might feel disconnected from people around you, have little or nothing to contribute to conversations, and feel emotionally flat or even numb. Write these down in the WOT worksheet in Appendix B.

Step 4: Staying within the Window of Tolerance

Thinking back to that time when you remained within your WOT (Step 2), and thinking about your personal signs of a narrowing WOT (Step 3):

A. What are some practical things that you can do to move back into your WOT when hyperaroused? For example, you might take some deep breaths, or take a time out, or practice meditation. Write these down in the WOT worksheet in Appendix B.
B. What are some practical things that you can do to move back into your WOT when hypo-aroused? For example, you might go for a brisk walk, or call a friend to talk or engage in expressive writing to discover underlying emotions. Write these down in the WOT worksheet in Appendix B.

Appendix A Window of Tolerance Infographic

HYPER AROUSAL

This is when you feel extremely anxious, angry, or even out of control. Unfamiliar or threatening feelings can overwhelm you, and you might want to fight or run away.

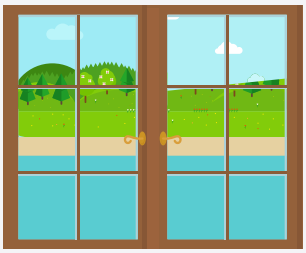
Signs that you are here

You:

- feel overwhelmed
- are shaking or trembling
- react heavily to emotions
- have a lot of negative thoughts
- act on impulses
- act defensively
- feel unsafe
- feel anger or rage

WINDOW OF TOLERANCE

This is where things feel just right, where you are best able to cope with the lemons that life throws at you. You're calm yet alert, and you can think clearly and rationally.



Signs that you are here

You:

- are aware of boundaries (yours and others)
- have feelings of empathy
- react in a way that suits the situation
- can handle your feelings
- feel safe
- are in the present moment
- feel open and curious

HYPO AROUSAL

This is when you feel extremely zoned out and numb, both emotionally and physically. Time can go missing. It might feel like you're completely frozen.

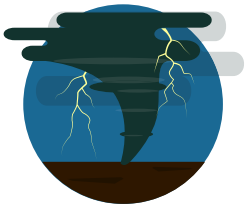
Signs that you are here

You:

- experience very little sensations
- feel numb
- have little or no energy
- feel disconnected (from self and others)
- feel empty
- do not feel like physically moving
- find it hard to think

Appendix B Window of Tolerance Worksheet

HYPER AROUSAL



Signs that I am here:

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Things I can do to move back into my window of tolerance

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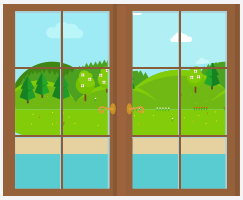
WINDOW OF TOLERANCE



Signs that I am here:

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HYPO AROUSAL

Signs that I am here:

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Things I can do to move back into my window of tolerance

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My Resilience Plan (The Four S's)

Resilience
Exercise
20 min
Client or group
No

How do people overcome challenging life events and experiences, like the death of a loved one, losing a job, or being diagnosed with a serious illness? Most people react to such circumstances with a surge of negative affect and a sense of uneasiness; yet over time, they somehow adjust and adapt. People are able to "bounce back" from adversity, trauma, tragedy, threats or significant sources of stress, because of their inherent *resilience*: "the process of, capacity for, or outcome of successful adaptation despite challenging circumstances," (Garmezy and Masten, 1991, p. 459). According to Abiola and Udofia (2011), resilience is associated with inner strength, competence, optimism, flexibility, and the ability to cope effectively when faced with adversity; and, minimizing the impact of risk factors, such as stressful life events, and enhancing the protective factors, such as optimism, social support, and active coping, that increase people's ability to deal with life's challenges.

Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts, and actions that can be learned and developed in anyone (McDonald et al., 2012). One way to develop resilience is to draw on one's learning from similar challenges in the past, to remember what he or she already knows, but may have forgotten. What was it exactly that enabled a person to get through a period of illness, or a divorce, or being laid off at work? That is, which supports did they call on, what strategies did they use, what sagacity did they hold onto, and what solutions did they find. These resilience resources are also known as the 4 S's.

This tool helps people unpack their personal resources for resilience by giving them a framework (The 4 S's) to bring out what specifically works for them.

Author

This tool was created by Hugo Alberts (PhD) and Lucinda Poole (PsyD).

Goal

The goal of this tool is to help clients devise a personal resilience plan based on their existing resources (that is, what has helped them bounce back from difficulties in the past).

Advice

- The beauty of this tool is that clients trust their resilience plan, given many if not all of the resources have worked for them in the past. No matter how ridiculous it may seem to another person to listen to a particular pop song over and over again, or to buy a bar of particularly expensive chocolate, or to re-read a children's book, the client knows it helps them. In this way, these resilience plans are highly individualized and thus personally meaningful and useful.
- Before trying this exercise with clients, test it on yourself by thinking of an occasion when your resilience was tested, and the different ways (using the 4 S's) that you overcame it.
- In Part B, practitioners can draw on their own expertise to guide clients to come up with ideas for each of the 4 S's.

Resources

- Abiola, T., & Udofia, O. (2011). Psychometric assessment of the Wagnild and Young's resilience scale in Kano, Nigeria. *BMC Research Notes*, 4, 509.
- McDonald, G., Jackson, D., Wilkes, L., & Vickers, M. H. (2012). A work-based educational intervention to support the development of personal resilience in nurses and midwives. *Nurse Education Today, 32*, 378-384.
- Garmezy, N., & Masten, A. S. (1991). The protective role of competence indicators in children at risk. In E. M. Cummings, A. L. Greene, & K. H. Karraker (Eds.), *Life-span developmental psychology: Perspectives on stress and coping* (pp. 151-174). Hillsdale, NJ, US: Lawrence Erlbaum Associates, Inc.

Tool description

Resilience is the ability to cope with whatever life throws at you, and bounce back stronger and more steadfast than before. Resilient people work through life challenges using personal resources, including social support, coping strategies, sagacity (which is the wisdom and insight that we hold onto), and solution-seeking. This exercise helps you draw on your resilience resources to build a personal resilience plan, which you can use to help you combat any future challenges.

Part 1: My Past Sources of Resilience

Step 1. Recall a recent example of resilience

Think about a time recently when you overcome a challenge or set back in your life. Perhaps you injured yourself, or received some negative feedback at work, or had an argument with a friend or family member. Briefly describe this difficulty below.

Step 2. Identify supportive people

What 'supportive people' in your life kept you standing when it would have been easier to fall down? For instance, did you call an old friend, or ask a teacher for advice, or perhaps a parent or grandparent gave you a pep talk. Write down who you called on for support in the top right cell of the table in Appendix A.

Step 3. Identify strategies

What 'strategies' did you use to help yourself cope with any negative thoughts and feelings that showed up in response to the difficulty? For example, did you meditate, or write in a gratitude journal, or go for a walk, or listen to a particular song or type of music, or have a massage to release tension. Write down the strategies you used in the bottom left cell of the table in Appendix A.

Step 4. Identify sagacity

What 'sagacity' helped you bounce back from this difficulty? Sagacity is the wisdom and insight that you hold onto. It can come from song lyrics, novels, poetry, spiritual writings, quotes from the famous, the sayings of one's grandparent, or learning from one's own experience. Write down your sagacity in the bottom right cell of the table in Appendix A.

Step 5. Identify solution-seeking behaviors

What solution-seeking behaviors did you display to help you actively deal with the problem? For example, did you problem-solve, or seek out new information, or plan ahead, or negotiate, or speak up and voice your opinion, or ask others for help. Write down the solution-seeking behaviors you displayed in the top left cell of the table in Appendix A.

Part 2: My Resilience Plan

Step 6. Describe a current difficulty

In the space below, describe a current difficulty or challenge that you are facing.

Step 7. Apply the resilience plan to the current difficulty

Given the social supports, strategies, sagacity, and solution-seeking behaviors that helped you last time, let us look at how you could use the same or similar resources to help you bounce back from this current difficulty you are facing (identified in the previous step). Read through your completed plan (Appendix A) and write down the skills, supports, strategies, and sagacity that could work again for you in the blank resilience plan template in Appendix B. Allow some flexibility here in the sense that the same type of social support/ strategy/ sagacity/ solution-seeking behavior could be tweaked according to your current situation, for instance going to your manager rather than a parent for support in the face of a work-related problem. An example of a completed resilience plan is shown in Appendix C.

Step 8. Carry out your resilience plan

The next step is to put your resilience plan into action. To do this, consider the order in which to use your different supports, strategies, sagacity, and solution-seeking behaviors: which resource is most feasible to start with? Often the most feasible resource is the smallest step that you can take, such as calling your partner. On your resilience plan (Appendix B), place the number 1 next to the first resource you will use. Then, continue to number your different resources in the order in which you would feasibly use them.

Then, go ahead an action your first resource, and continue to work through your resilience plan (in order) until you have overcome this difficulty.

Once you have come through the other side, please move on to the next step.

Part 3: Evaluation

Step 9. Evaluate your resilience plan

Discuss the following:

- How was it for you to carry out your resilience plan? Did it help you bounce back from this difficulty?
- What resources (specific skills/supports/strategies/sagacity) were most helpful to you? Why?
- What resources (specific skills/supports/strategies/sagacity) were least helpful to you? Why?
- Did you not use any resources, and if so, why?
- Is there anything you would like to add to your resilience plan?
- In what other areas of your life could you use your resilience plan? How might things improve for you?

Appendix A: My Past Sources of Resilience

Supports that kept you upright	**Strategies** that kept you moving
Sagacity that gave you comfort and hope	**Solution-seeking** behaviors you showed

Appendix B: My Resilience Plan

Supports that keep you upright	**Strategies** that keep you moving
Sagacity that gives you comfort and hope	**Solution-seeking** behaviors you can show

Appendix C: Example of a completed Resilience Plan

Difficult situation: Stuffed up a job interview and did not get the job

Supports that keep you upright	**Strategies** that keep you moving
Called my partner Joe - 0432182074 *Called my Mum - 0409867222* *Booked an apt with my therapist*	*Went for a walk* *Smiling Mind meditation app* *Calming breathing technique* *Played with my dog* *Did some gardening* *Wrote in my gratitude journal* *Expressive writing*
Sagacity that gives you comfort and hope	**Solution-seeking** behaviors you can show
Remembered that growth comes from mistakes *"This too shall pass" - sticky note on the fridge* *Thought about what I could do differently next time and wrote down on paper*	*Asked for feedback from job interviewers* *Applied for 3x new jobs* *Sought professional coaching for job interviewing*