Using Neuroception in SOST Groups to Activate Engagement, Reduce Defensiveness, and Improve Self-Regulation

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Workshop **Goals**

1) Learn social and environmental features that can bias neuroception toward threat or toward safety and how this non-conscious neural process impacts defensiveness and openness in group therapy.

2) Learn group techniques to promote neuroception of safety in order to down-regulate defensiveness and provide opportunities for exercising each member's social engagement system.

3) Learn how innate neuroceptive tendencies are triggered by body language, voice, facial expression and intentionality of movements and how to use it for more effective group therapeutic process.

In vivo **demonstration**

Observations

- Gut-level
- Preconscious
- Non-verbal
- Sensitivity
- Perception
- Lower order safety needed before higher order engagement and learning can occur

Effective group **therapy is managing two innate** neuroceptive systems

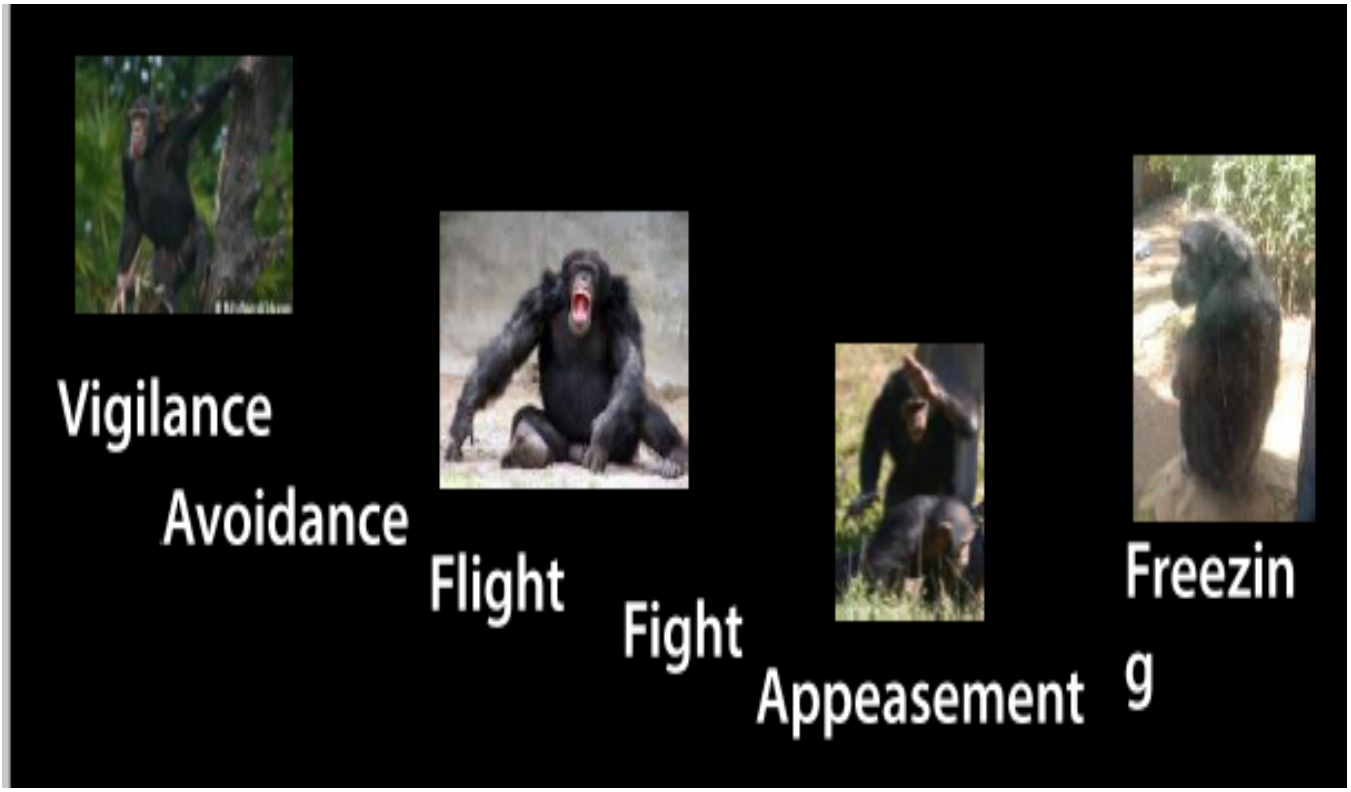
Techniques and principles for –

FIRST preventing the activation of neuroceptive defense system – as the prerequisite condition for social engagement

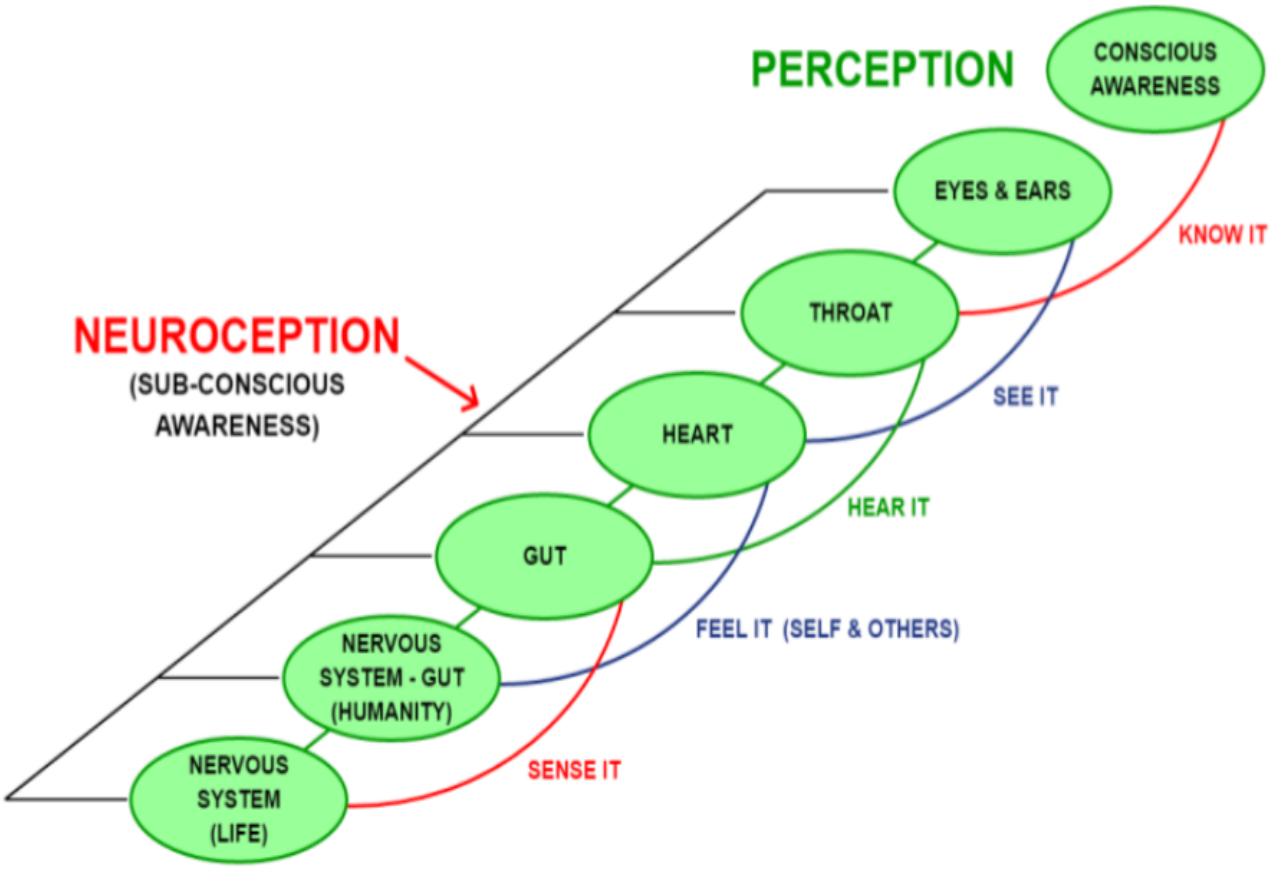
In order to, SECOND, facilitate the social engagement system for growth and change.

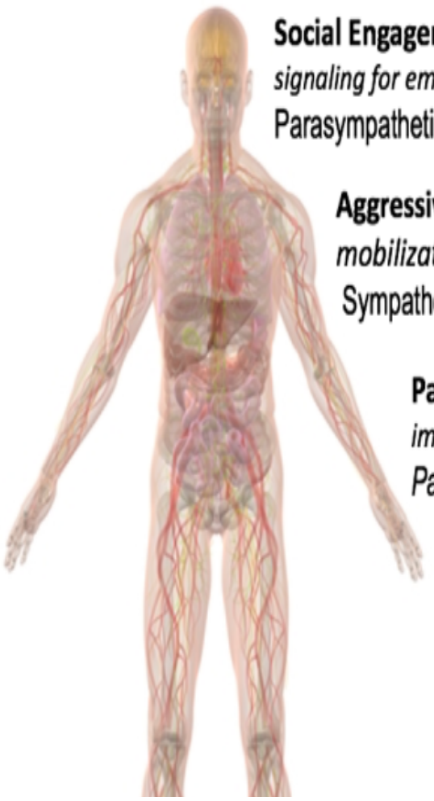
Cannot do the second before the first.

Range of primal **responses to danger**



Polyvagal - Neuroception





Social Engagement System
signaling for emotion, motion, communication
Parasympathetic Ventral Vagal Complex

SAFE
optimal relaxation & activation (*rest, digest, relate*)
eye contact, facial expression, voice

Aggressive Defensive System
mobilization for fight or flight
Sympathetic Nervous System

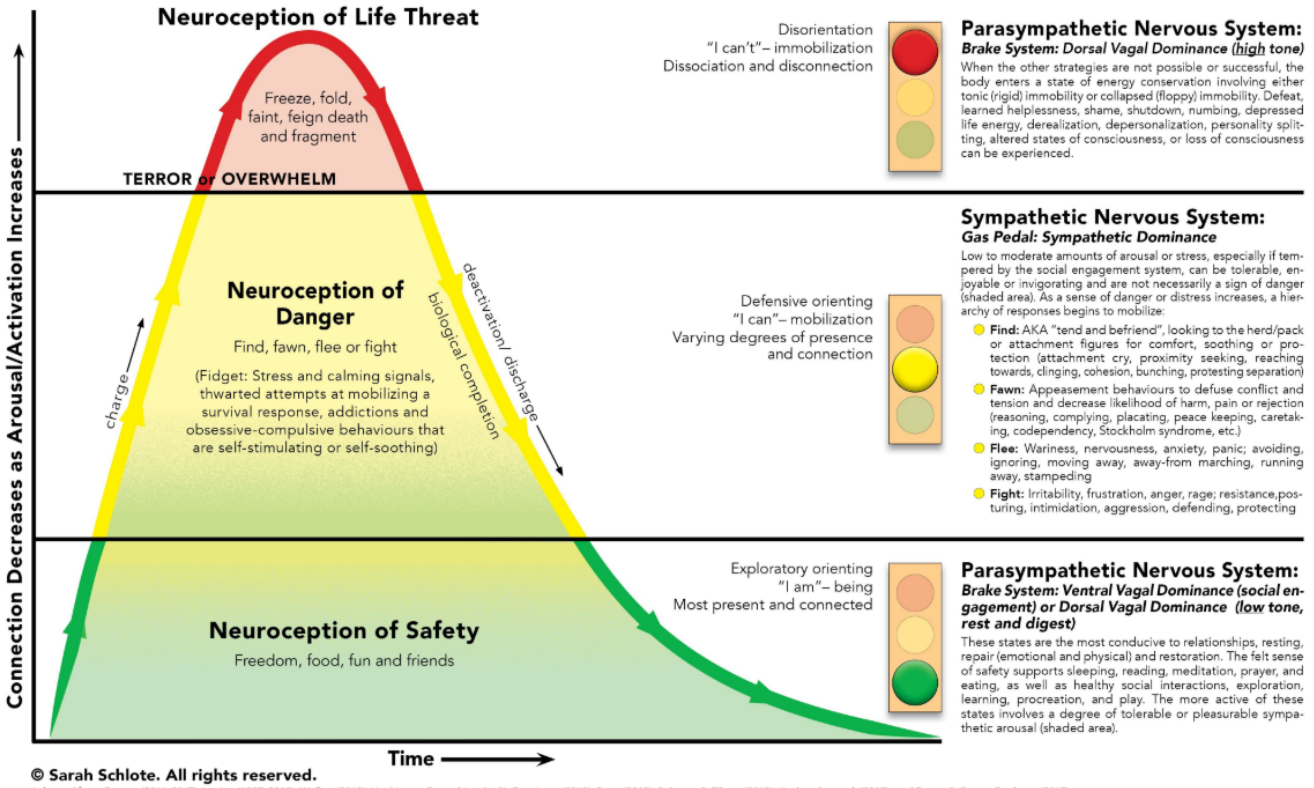
DANGER
↑ arousal, ↑ *heart rate, stress, muscle tension*
fear, anger, aggression, rage

Passive Protection System
immobilization for freeze or feint
Parasympathetic Dorsal Vagal Complex

LIFE THREAT
↓ arousal, frozen activation, ↓ *heart rate,*
dissociated, frozen, collapsed, limp

Poly Vagal Theory

by Stephen Porges PhD



Adapted from Porges (2011, 2017), Levine (1997, 2010), Walker (2013), Hoskinson Consulting (n.d.), Draaisma (2018), Rees (2018), Schauer & Elbert (2010), Koslowska et al. (2015), and Payne & Crane-Godreau (2015).

Summary

Humans are pre-wired to be on the alert for danger and threat.

Rapid (pre-conscious) arousal and responsivity to fight or flee.

Also passive protection system of immobilization for freeze or feint.

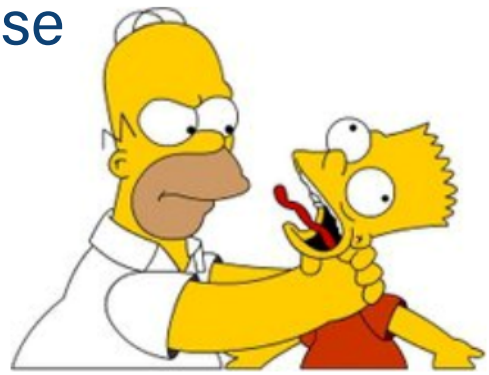
But also...

Pre-wired to connect interpersonally when we experience safety, familiarity, and proximity with another “safe” person(s).

Adverse Childhood **Experiences**

Levinson, Willis and Prescott (2015) gave Adverse Childhood Experiences (ACE) Scale to 679 adults who had sexually abused:

- 3x the rate of child sexual abuse
- 2x the rate of physical abuse
- 4x the rate of emotional neglect and broken homes, and
- 13x the rate of verbal abuse



Trauma, attachment and affect regulation

Imperfect caretaker and mis-attunements

Neurobiological impact on child: interrupted development of emotional and intellectual capabilities

RNR = responsivity issues that can impair ability to engage in or benefit from treatment

Sex Addiction as Affect Disregulation: *A Neurobiologically Informed Holistic Treatment* (Alexandra Katehakis, 2016)

Group Therapy **Rationale**

Our clients are social beings who live in relationships – some prosocial, some hostile, some lonely.

A sex offense is, in part, a problem of relationships:

- Lacking relationships/alienation/loneliness
- Exploitative/status/power
- Unstable
- Unhealthy

Group *therapy* can be a *relationship experience* – opportunity to experience safe, meaningful, rewarding, and consistent relationships, ***If……***

First

Promote a neuroceptive expectation of safety, familiarity, and acceptance – which prevents the activation of (innate) defensive responses and enables (innate) social engagement.

Second

We innately connect interpersonally when we experience safety, familiarity, and proximity with another “safe” person(s).

Group can be a unique and ideal modality for this experience.

Putting the two **together**

But, it is not as simple as creating an environment that is always safe and predictable, it requires a group leader who is monitoring and managing the emotional environment to ensure that it is safe enough to have members disagree, challenge each other, to feel emotions more fully, to be vulnerable, to be authentic...

= Therapeutic change

Learning self-regulation by repeatedly working through a range of charged emotional states – within the safety of the group – by consistently receiving positive responses and maintaining emotional calm/stability without loss of control

This is neuroplasticity !!!!

The wisdom of **group therapy**

Group therapy has an extensive base of empirical support the modality.

We believe that the “best practices” of group therapy are perfectly aligned with the principles of neuroception – beginning with the basics….

Master chart

Pre-Group **Preparation**

- Beginning therapeutic alliance
- Provide info, what/who to expect
- Agreement about goals and tasks of group
- Confidentiality

Group **composition**

- Heterogeneity of styles, personalities, energy levels, etc.
- Homogeneity of IQ and level of functioning
- Open vs Closed group

Group Physical **Environment**

- Warm and inviting room
- Protection from intrusion
- Seating in equidistant circle
- No barriers (e.g., tables)
- “On-the-wall” visual cues/reminders

Basic Group
Structural Rules

Start on time, every time, as scheduled

Finish on time, every time

Arrive on time, remain for the entire session

No eating, drinking

Assignments prepared

Fees paid per tx agreement

Basic Group
Behavioral Rules

- No interruptions
- Respectful behavior
- No yelling, threatening, put-downs
- Pay attention
- Participate by listening and speaking

Roving Eye Contact and Body Language

- Roving eye contact
- Positive body language and intentionality of movements
- Voice tone
- Verbal reinforcement

Emotional **Climate**

- Emotionally safe environment – leader and members
- Emotion in the here and now
- Emotional intensity – full range
- Shared emotion – universality, intimacy

Group Process

- Confrontation?
- Giving constructive feedback
- Receiving feedback
- Redirecting (-) communications to group
- Illuminating shared moments
- Facilitating altruism, cohesion
- Facilitating emotional expression
- Use of silence

What's wrong with this group?

Group-centered **interventions**

Therapist warmth, empathy, encouragement and support.

Group must be safe & protected place

Avoid confrontation which is counter-therapeutic.

Maintain structure of rules and respectful behavior.

Establish cohesion as the secure base.

Nurture occurrences of connection.

Reframe negative expressions of connection.

Facilitating group interaction and relatedness

Roving eye contact

Facilitate member to member **interaction**

The most important action you can do in a group is to facilitate cohesion

The most important action you can do in a group to facilitate cohesion is to facilitate member to member interactions and emotional expression within a safe and predictable structure

Facilitating **interaction**

Facilitating (=reinforcing) meaningful social interaction and bonds

Facilitate interactions between group members.

Group-focused interventions that engage the whole group or multiple members of the group rather than a given individual.

Affirm honest disclosure/sharing with peers.

Affirm emotional disclosure/sharing with peers.

Illuminate commonalities and shared experiences among group members.

Affirm the occurrence of caring acts and bonding interactions among members.

Develop the sense of belonging to the group.

Facilitate **cohesion**

support occurrences of connection

SOs lack experience with healthy interpersonal relationships of trust, respect & caring.

SOs have learned to be distrustful & detached & to operate in self-absorbed and selfish manner.

So, they need help to recognize when they experience the positive effects of acts of altruism, caring (cohesion), respect, universality, bonding and trust.

Facilitate **cohesion**

by reframing intent and by making a “second try”

Given their issues, often blunder in their efforts to give feedback and support to peers.

Point out the altruistic intention of the advice or feedback as caring behavior – to the giver and the recipient (and the observing peers).

Encourage the giver to try a second time to better articulate his effort to help.

“I’m not a monster”

the powerful redemptive influence of peer support roles

Every member in the therapy group can have the positive prosocial experience of being a peer-supporter and or a peer-mentor.

Established members welcome incoming members and share their knowledge and experience with newer members.

Summary

Our clients come to tx with well documented social and interpersonal deficits and histories of trauma or insecure attachment experiences that are responsivity issues and barriers to treatment

We can construct and facilitate groups to reduce primal and pre-conscious reactions to threat and reduce client defensiveness by constructing groups to maximize safety and engage the natural human inclination to engage and relate

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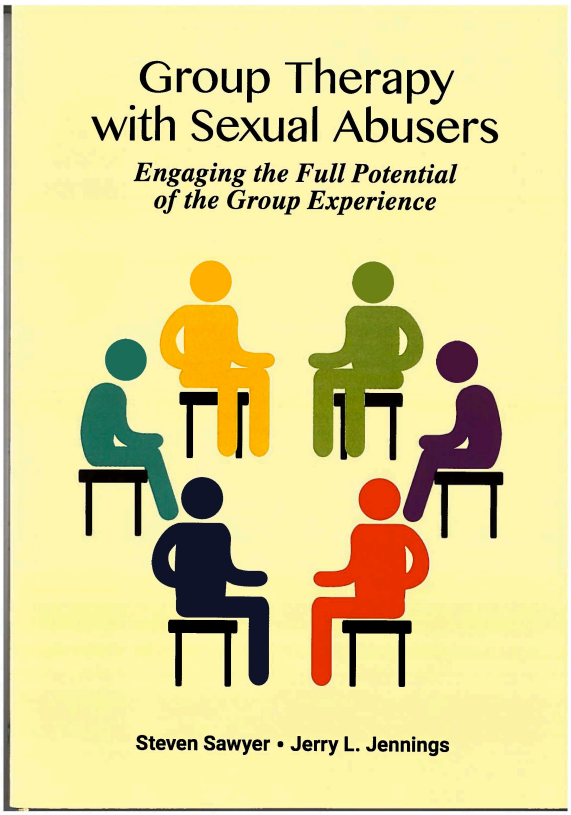

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