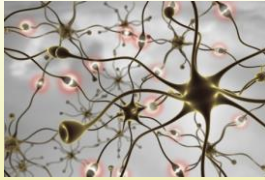


Creating Excellent Organizations through Brain and Body Science



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2020



Thank you



The concepts and therapy worksheets in this presentation have been learned from:
Dana, Deb The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation (Norton Series on Interpersonal Neurobiology) W. W. Norton & Company; 1 edition (June, 2018)
Which is based on the work of Steven Porges

More ideas and exercises available in the book.



The Polyvagal Theory Explains Everything!

And gives us a practical way to improve organizations!



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Explains everything?



Describes our physical system of managing danger and intimacy




The science of safety—the science of feeling safe enough to fall in love with life and take the risks of living.



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What Is the Polyvagal Theory?




Creator Steven Porges

POLY – many

VAGAL – refers to the vagus nerve



The Polyvagal Theory describes the multiple branches of the body's vagus nerve and their role in maintaining our ability to stay safe and to thrive.



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Key principles:

- Not voluntary or conscious
- No separation between our physical selves and our psychological selves
- Applies equally to our clients and our selves

The human paths to intimacy and safety



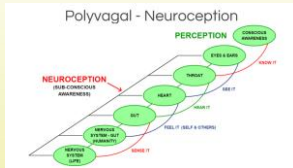
The physical system that connects brain and body

Three levels of reaction to Neuroception



Wait- what is neuroception?

The way our autonomic nervous system scans for cues of safety, danger, and life-threat without involving the thinking parts of our brain.



Concept of Neuroception

NEURO - the nervous system
CEPTION - as in perception

“How neural circuits distinguish whether situations or people are safe, dangerous, or life threatening...Neuroception takes place in primitive parts of the brain, without our conscious awareness.”

Steven Porges



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Dilemma of being human

- To stay alive, it is essential to connect to others
- To stay alive, it is essential to detect danger in others and respond

Cooperate
Protect
Copulate
Raise young

Fight
Flee
Protect young
Freeze

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How do we know which to do when?

Through our **neuroception** which constantly scans for danger and safety monitoring:

- Facial expression
- Noise
- Tone
- Movement
- Familiarity/newness
- And many other aspects of its environment.

Our neuroception is influenced by our experiences. In each of our relationships, the autonomic nervous system is “learning” about the world and being toned toward habits of connection or protection.

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The Vagus Nerve

- The vagus nerve is a primary component of the autonomic nervous system (ANS).
- ANS is the nervous system that you don’t control, that causes you to do things automatically, like digest your food.

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The vagus nerve connects all the input information we gather through neuroception with all the organs that are part of our response.

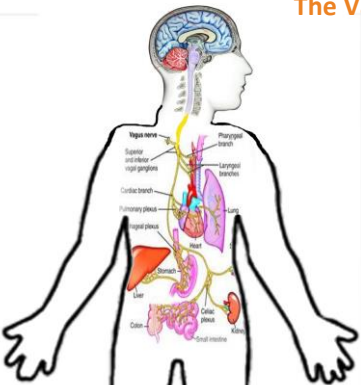

The autonomic nervous system doesn't make a judgment about good and bad; it simply acts to manage risk and seek safety.

Through a polyvagal framework, the important question "What happened?" is explored not to document the details of an event but to learn about the autonomic response.

When we use the ANS too much for defense, it has no time for its other tasks (Don't swim after meals). Using all organs as part of defense response. Hence the association with illness (ACEs).



The Vagus Nerve

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Bi-Directional Communication

- Vagus nerve gathers information from our organs to enhance neuroception: food in stomach, progress of digestion, tension of muscles, heart rate, skin conduction, information from senses

Danger: Cold, upset stomach, pain

Safety: just right temperature, textures, right food

- Vagus nerve communicates instructions to organs: raise blood pressure, stop digesting, slow heart rate, tense muscles, etc. all based on safety or danger



Three parts to poly-vagal system: (hence the POLY)

the dorsal vagus (immobilization)



the sympathetic nervous system (mobilization)

and the ventral vagus (social engagement and connection)



These pathways work in a specified order and respond to challenges in predictable ways.



The Polyvagal Ladder

Ventral Vagal	What would it feel like to be safe and warm? Arms strong but gentle. Snuggled close, joined by tears and laughter. Free to share, to stay, to leave . . .	F L O W
Safe		
Social		
Sympathetic	Fear is whispering to me and I feel the power of its message. Move, take action, escape. No one can be trusted. No place is safe .	C H A O S
Mobilized		
Fight-Flight		
Dorsal Vagal	I'm far away in a dark and forbidding place. I make no sound. I am small and silent and barely breathing. Alone where no one will ever find me.	D A R K N E S S
Immobilized		
Collapsed		



Goal for Organizations



- To engage the resources of the ventral vagus to recruit the prosocial behaviors of the Social Engagement System.
- The Social Engagement System is our "face-heart" connection, created from the linking of the ventral vagus (heart) and the striated muscles in our face and head that control how we look (facial expressions), how we listen (auditory), and how we speak (vocalization).
- It is through the Social Engagement System that we send and search for cues of safety.



In other words...

To be able to use our social system (ventral vagus) to recover from fear, move from fight, flight or retreat/collapse to connection and support.



Humans need connection to thrive

- Humans have always needed to determine if another person is safe
- If safe, they can connect and use each other to co-regulate
- Survival of the fittest: the fittest is the one who can make the most connections



How does our neuroception enter our work environments?



- How safe do our staff feel in our workplace?
- What signals from the clients move staff up and down the ladder?
- What signals from other staff move staff up and down the ladder?
- What signals from supervisors and administration move staff up and down the ladder?



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How can we help promote healthy neuroception??



- Teach theory
- Build awareness of our own ladders
- Tracking and reflecting
- Understanding the our own **biological** over-sensitivity
- Honoring the strategies and teaching new skills
- Techniques like breathing and meditation
- Support connections among staff
- Offer wellness meditation mindfulness programs

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Staff states ↔ Client states

Exercise

- List several ways that client actions might send staff into activated or withdrawn states.
- List several ways that staff actions might send client into activated or withdrawn states.
- List several ways that client actions might help staff stay in a safe state.
- List several ways that staff actions might help clients stay in a safe state.

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The Polyvagal Ladder

Ventral Vagal	Glimmers	F L G W
Safe		
Social		
Sympathetic	Triggers	C H A O S
Mobilized		
Fight-Flight		
Dorsal Vagal	Triggers	D A R K N E S S
Immobilized		
Collapsed		

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Common stimuli for sense of threat

- Newness, change
- Tone of voice
- Bodily postures
- Loud noises, low tones
- Unpredictability

How many of these are characteristics of every day life in your program?



Common stimuli for sense of safety

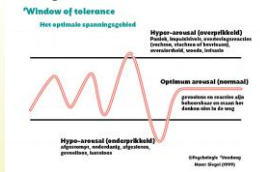
- Familiar people
- Empathy and connection
- Music
- Meditation and yoga
- Time to think
- Good food
- Laughter, play
- Feeling that others see and support you. (I've got your back)

How many of these are characteristics of every day life in your program?



Window of Tolerance

Window of tolerance—the intensity of feeling we can experience while still maintaining connection with another




Window of tolerance is larger when we are safe- if staff do not feel safe they cannot maintain connection with clients or each other.




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When you are in the mobilized or collapsed state, you may not even notice opportunities for connection.



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Exercise

What are three or four small, practical changes you could make in your program to increase **staff** sense of safety?


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Section Two: How Can We Use This Science to Create Stronger Connections Among Staff?

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Social Connections that Support the Work



The role of staff connections

- Safety
- Witness
- Humor
- Support
- Refilling energy
- What else?

Recent research shows that having connections at work is one of the strongest determinants of job satisfaction and longevity.



The role of supervision

- A strong connection
- A safe place
- A quiet place
- A time to think




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What trauma principles are important to create safety in supervision?

- Relationships matter
- We are all doing the best we can at the moment
- Symptoms are adaptations- yes, even for adults
- Current relationships are influenced by the past
- Self awareness is essential
- Relationships are the vehicle of growth
- Parallel process
- Collaboration, empowerment, caring, respect- it matters

In other words, ALL of them.



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Teams that Sustain Treaters




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How does our team functioning matter?

- Our sense of safety is enhanced by belonging to a strong team. Therefore we can stay in our ventral vagal system, be available to connect with clients.
- Clients notice everything we do
- Can't treat clients any better than we treat each other
- Our happiness in our jobs largely influenced by our social surroundings
- Our connection is our strongest defense against VT

Community and outpatient

- Staff form strong relationships with clients while maintaining clear boundaries, and discuss boundary dilemmas with their teams
- Staff have time to connect with supervisor and team and discuss their cases



Choice and Voice- another source of safety and expanding the windows of tolerance



In what areas can employees have choice?

- Work hours
- Decorating space
- Use of treatment methods
- Including own interests (music, meditation, etc.)
- New responsibilities (training, supervise interns)
- Community involvement



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In what areas can employees have voice?

- Agency policies and operations
- Treatment decisions
- Strategic planning
- Moral and ethical decisions
- What else.....



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Section Three: Can We Strengthen Resilient Treaters?

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Embedding Attention to VT



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Summary 1

- Humanity has known these ideas for centuries.
- The fittest survive. The fittest are those who are best at connection.
- Connection is a biological imperative.



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Summary 2

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- Our work is hard
- Science helps us develop more compassion for our clients, each other and ourselves
- The polyvagal theory gives us strategies to increase the likelihood of connection
- Actions we take in our roles as leaders, supervisors and treaters help increase safety, enhance connection and hence increase our windows of tolerance
- We can deliberately increase the resilience of our workers
- Our safety and connection allows us to provide better treatment to the people we serve



“There is no such thing as a ‘bad’ response; there are only adaptive responses,” says Dr. Porges. “The primary point is that our nervous system is trying to do the right thing — and we need to respect what it has done. And when we respect its responses, then we move out of this evaluative state and we become more respectful to ourselves — and we functionally do a lot of self-healing.”



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