

Developmental Counseling and Therapy (DCT)

- Brain-based integrative approach
- A Piagetian adaptation
- Validated by fMRI brain scans.

Clients come to use with a unique view of the world, derived from a unique array of life experiences.

Our task is to empathically be with their thoughts, feelings, and style of making meaning.

Lets start by looking at some specific ways that we and our clients can experience the world more positively.



positive thoughts
generate
positive feelings
and attract
positive life
experiences

INDIVIDUAL

1 Synthesis and storage of neurotransmitter molecules in synaptic vesicles

2 Release of neurotransmitter molecules into synaptic cleft

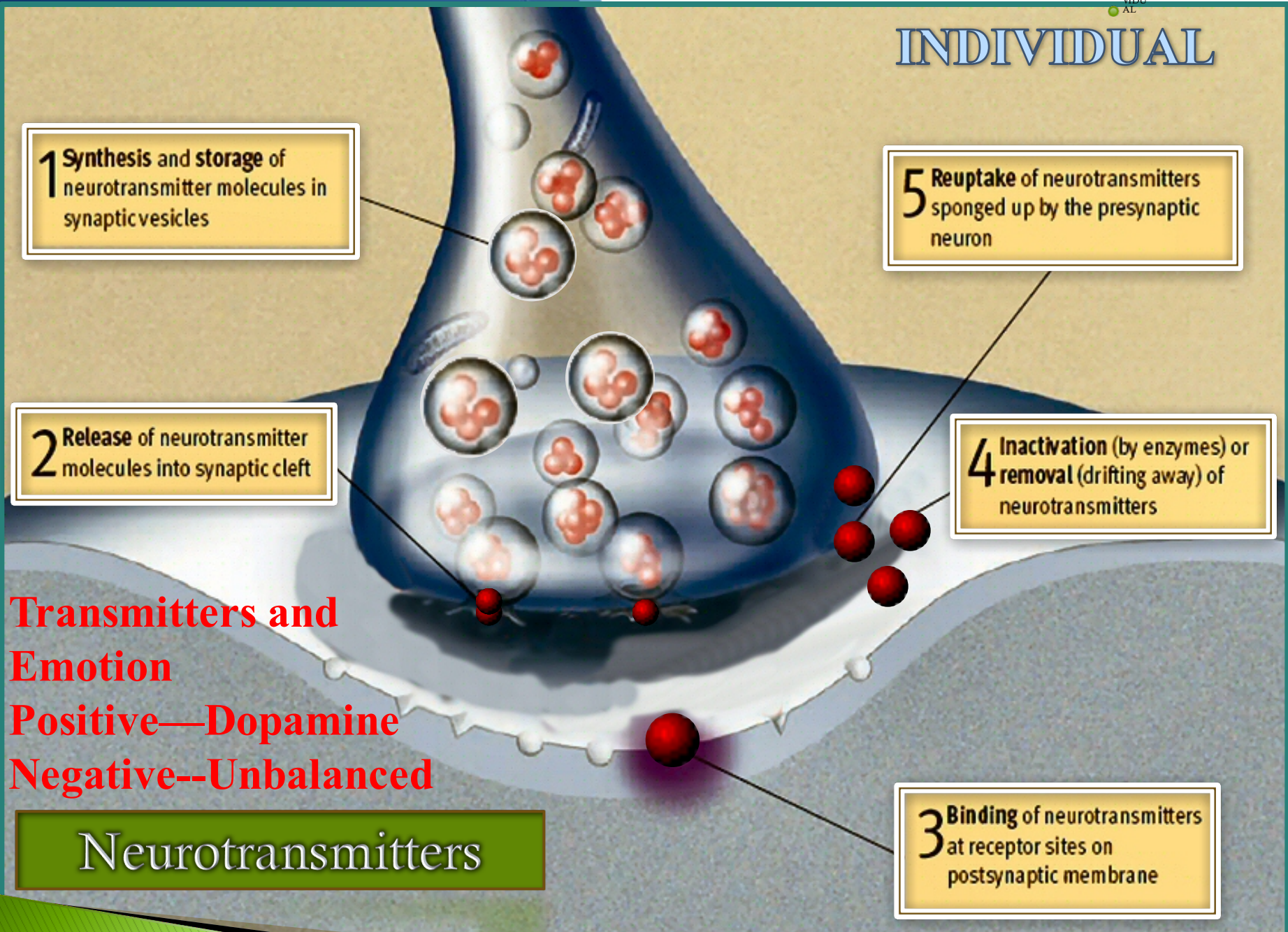
5 Reuptake of neurotransmitters sponged up by the presynaptic neuron

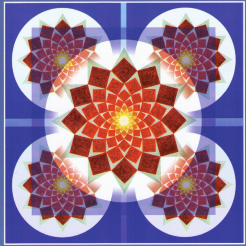
4 Inactivation (by enzymes) or removal (drifting away) of neurotransmitters

3 Binding of neurotransmitters at receptor sites on postsynaptic membrane

Transmitters and Emotion
Positive—Dopamine
Negative--Unbalanced

Neurotransmitters





Why the positive? Think 10 to 1

In a relationship, it takes 10 (or more) positives to counteract one negative.

The limbic system is there to protect us and, as such, is very sensitive to potential hurts. HOWEVER, IT CAN TAKE OVER FROM THE PREFRONTAL CORTEX AND EXERT NEGATIVE CONTROL.

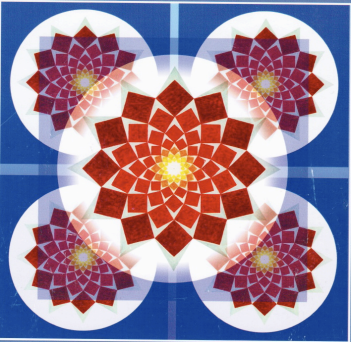
Too much counseling focuses on problems.

A “YES” or a “NO” approach to therapy?

What occurs for you as you see this picture?
Then please close your eyes and note what comes to mind.



Now please share your experience with someone nearby.



DCT's Four Levels of Experiencing

(Inspired by Piaget)

- Sensorimotor—here and now **experience**, bits and pieces, crying, slow talk, see, hear, feel **LOCATE POSITIVE FEELING IN THE BODY.**
- Concrete/situational—**description**, linear story telling, examples. **POSITIVE STORY OF STRENGTH, RESOURCES THAT YOU RECALL.**
- Formal/reflective—**reflection**, thinking about—**WHAT DOES THIS SYMBOL AND POSITIVE MEAN? IS THERE A PATTERN IN YOUR LIFE? CAN YOU DRAW ON IT?**
- Dialectic/systemic—**multiperspective/integrative** **HOW DOES THE SYMBOL/STORY REFLECT YOUR CULTURAL BACKGROUND, GENDER, SPIRITUALITY, COMMUNITY?**



Developmental Styles

No cognition without emotion, no emotion without cognition

Piaget

Sensorimotor

Preoperational

Concrete

Formal

Post formal

DCT

Sensorimotor

(Late sensorimotor)

Concrete/situational

Formal/reflective

Dialectic/systemic

DCT and Neural Substrates of Emotional Processes

With thanks to the fMRI work of
Richard D. Lane, MD, PhD



Department of Psychiatry,
University of Arizona

Dr. Lane developed these same
concepts and treatment
methods about the same time
as Allen did and they
published independently

Neural Substrates of Emotion

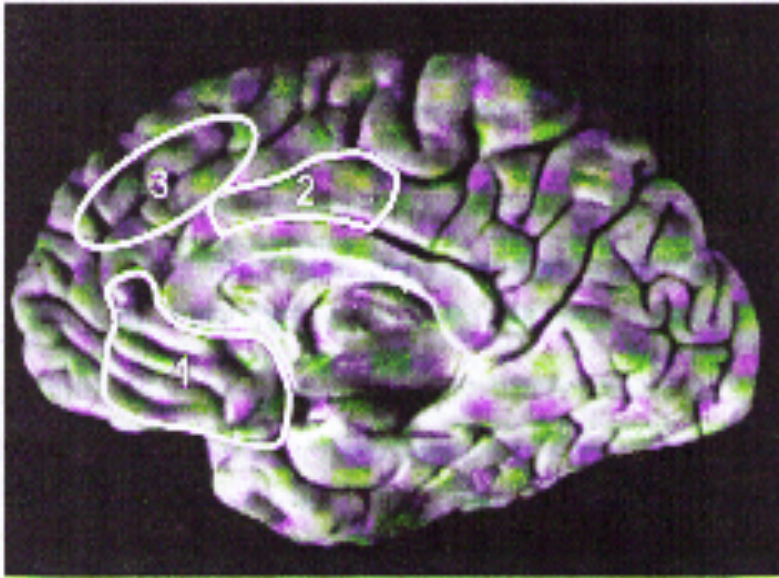


Figure 2. Structures on the medial surface of the frontal lobe that participate in 1) background feelings, 2) attention to feelings and 3) reflective awareness of feelings.

1. Background feelings

Sensorimotor-ACC, mPFC
without conscious awareness

2. Attention to feelings

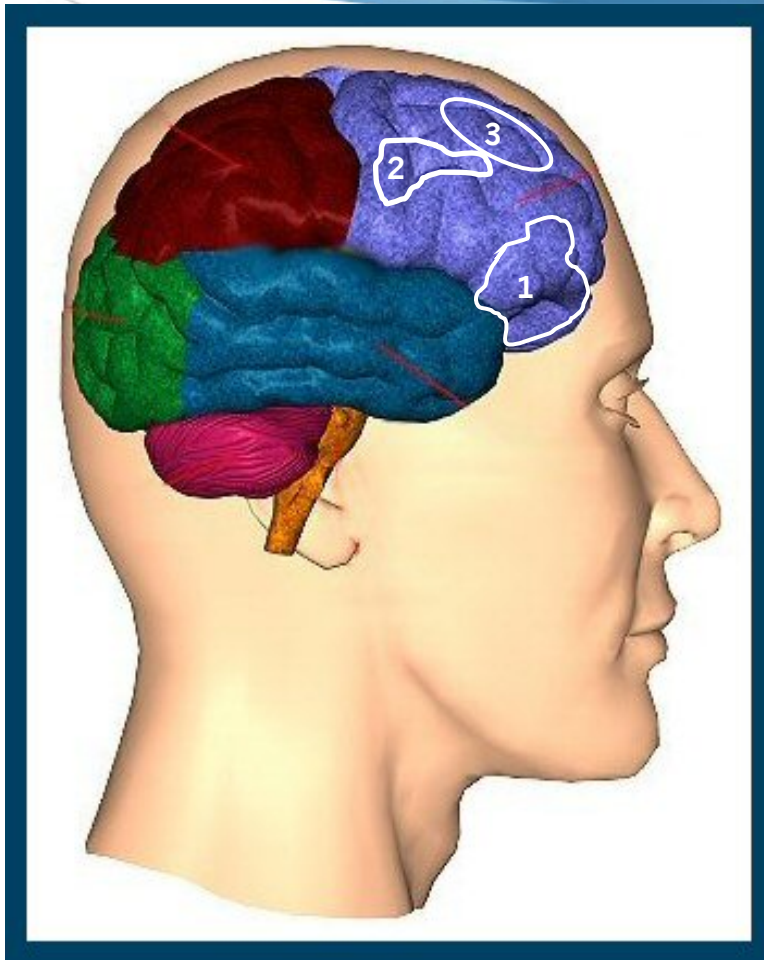
Concrete-dACC

3. Reflective awareness

Rostral ACC, vACC, mPFC

4. (Dialectic/systemic)

Different Areas of Frontal Lobe Activated by each DCT Processing Style



1. Background feelings
[primarily sensorimotor]
2. Attention to feelings
[concrete]
3. Reflective awareness
[formal & dialectic/systemic]



Implicit Emotion

(Also called unconscious emotion)

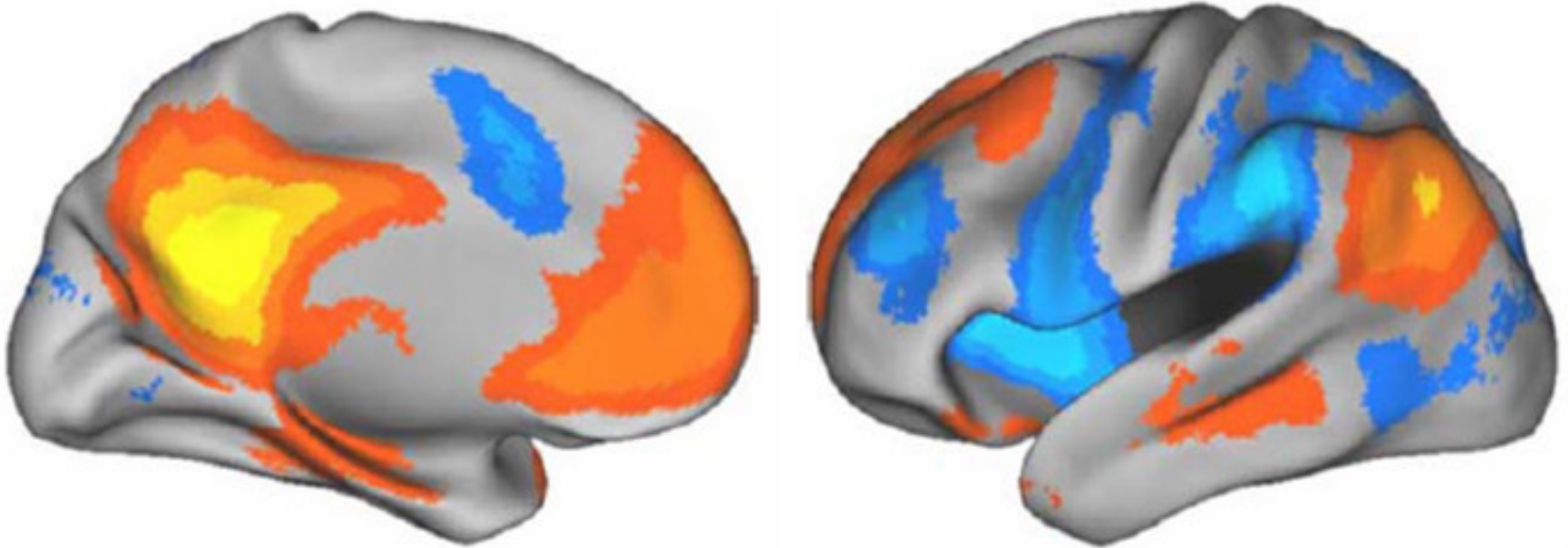
- **Background feelings**—body states that color conscious experience, but are not noticed—also in long-term memory
- Can locate in specific body parts
- **Goal is to bring unconscious to awareness**

The Default Mode Network (DMN)

AKA The “Resting State” Brain

Is this the unconscious?

(Uses 60-80% of brain's energy--Orange areas)



DMN relates to all styles, but Sensorimotor and D/S important

What is the Default Mode Network (DMN)?



- ▲ “A great deal of meaningful activity is occurring in the brain when a person is sitting back and doing nothing at all.” (Raichle)
- ▲ DMN Activates when we are not focused on external environment.
- ▲ Core areas: PCC, MPFC, IPL (inferior parietal lobule), TPJ. Also Hippocampus, MTL (med. Temp. lobe), LTC (lateral temporal cortex), and TP (temporal pole).
- ▲ Task positive brain (TPB), has been our focus in counseling. It is daily life, doing, feeling, behaving. Uses only 10-20% of brain metabolism.

What's going on in the default state? (Awake and Sleeping)



- ▲ Connecting thalamus activates multiple brain networks
- ▲ Unconscious thought, introspection, mind wandering, mapping, organization
- ▲ Key to decision making, long-term memory
- ▲ fMRI evidence: Freud's consolidation of "day's residue"
- ▲ In emergency works with amygdala

Brain Activity and Moral Decisions:
Default and HPA Limbic reacts first without our awareness, then later TAP verbalization and action often different.



Carlos Zalaquett



DMN, ADHD, Neurofeedback

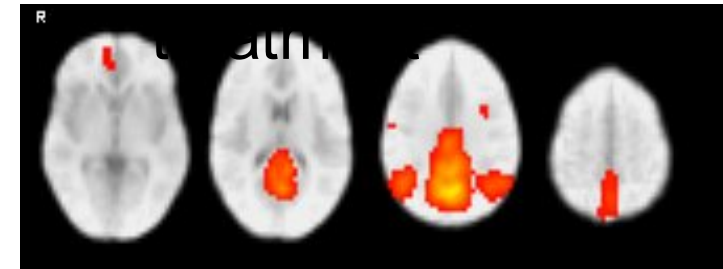
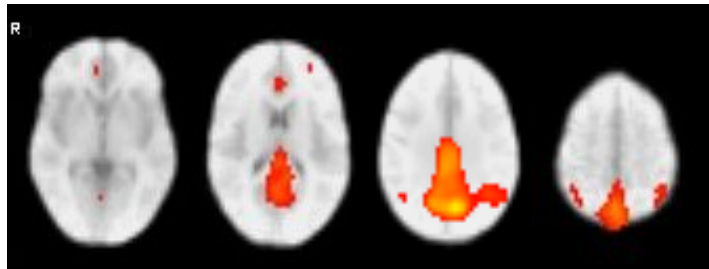
Lori-Russell Chapin



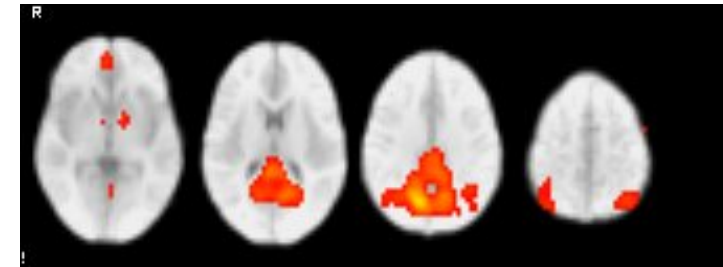
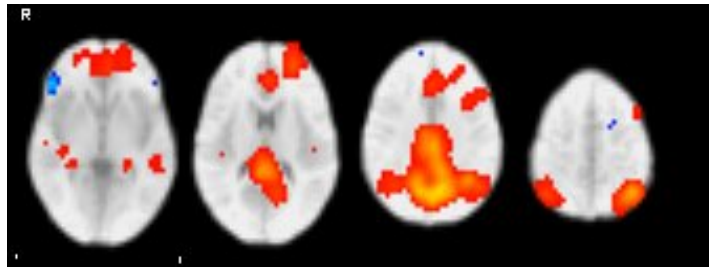
Pre-treatment

Post-

Control
Group



Experimental
Group



Excess prefrontal activity
decreased
DMN is consolidated.

Sensorimotor skills for “here and now” emotions Best for DMN

Use body focus

Search for positive image

Focus, breathe, perhaps close eyes

Experience it fully

Where are you feeling this in your body?

Anchor the feeling

There is danger in anchoring the negative



Inpatient Work wth Depression

Vietnam Vets

- Sensorimotor relaxation
- Concrete skills training via video and feedback
- Formal Reflective “can do”
- System awareness

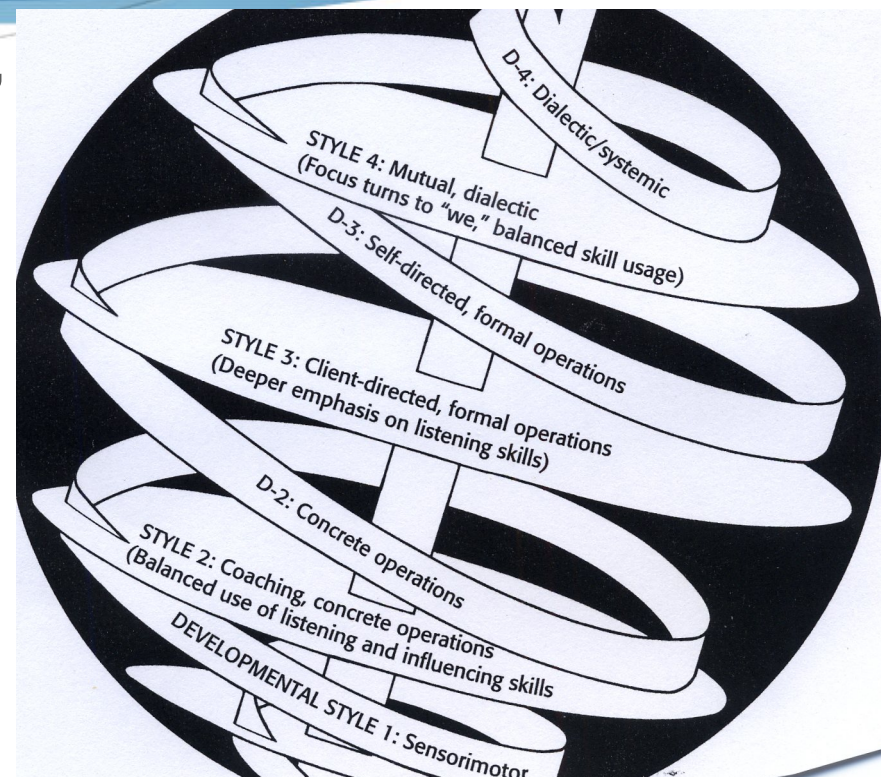
Psychiatric Inpatients (Rigazio-DiGilio)

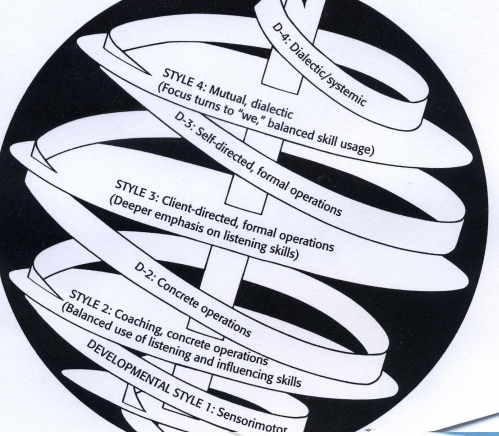
- System/contextual awareness led to externalization

DCT Brain-Based Holism:

Expand client development within all styles

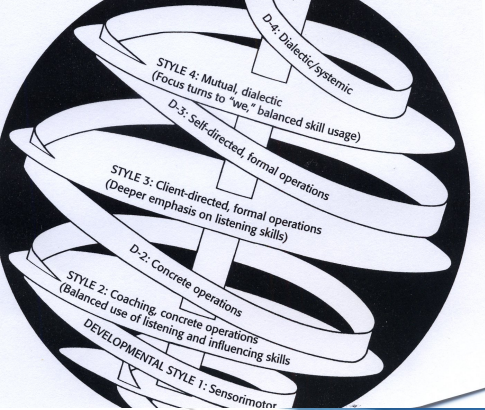
- SM: Exercise, meditation, nutrition, Gestalt, NLP, Gendlin's focusing, play & sand therapy
- Concrete: Behavioral, storytelling, skill training, motivational interviewing
- Formal: Rogerian, narrative psychodynamic, CBT
- D/S: Social justice, multicultural, family, feminist, DCT contextual





DCT Questioning: A Demonstration

- What's new and good?
- (Concrete) What significant positive story can you share from your childhood or adolescence?
- (S/M) What are you seeing? Hearing? Feeling? Can you locate it in your body?
- (Concrete supplement: Draw out more concrete stories
- (Formal/Reflect) As you think back on the positive story, what occurs to you? Are there patterns in your life that seem to repeat?
- (D/S) What systems (family, comm, cult.) affect this? How might you integrate this in your daily life?



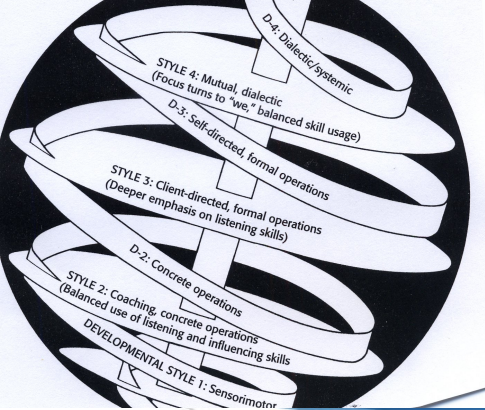
Let us Practice:

An important childhood or adolescent event?

- What is your strength story? Where is the image located in your body? (Not all will locate the image)
- *Concrete*: What is the challenging story?
- *Sensorimotor*: Image? See? Hear? Feel? (Careful with negative images. Avoid or be very brief.)
- *Formal/Reflective*: What happens when you think about (reflect on) the story? What are the patterns? How does it affect your life now?

----WHAT DOES THE POSITIVE IMAGE/STORY SAY?

- *Dialectic/systemic*: How can we think about the story differently? Other perspectives. How can we think/act in new ways?

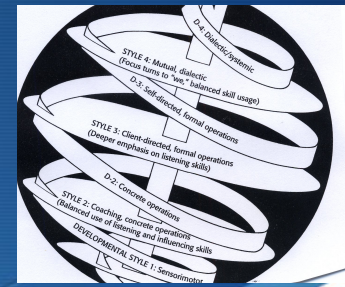


Obtaining Dialectic/ Systemic Thought and Feeling

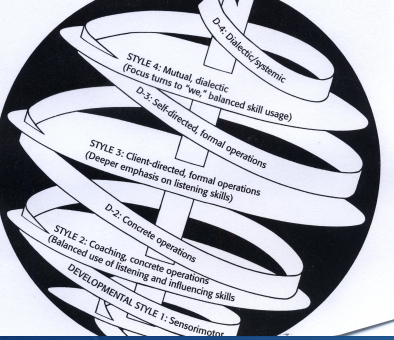
- How does this story relate to family/culture/gender/developmental history?
- What are other ways to tell/think about the story? (As others might see it? From theoretical perspectives? Etc.)
- Does the story speak to multicultural/social justice issues?
- What feelings go with each frame of reference?
- How would you integrate all this move to action?



Therapeutic Implications

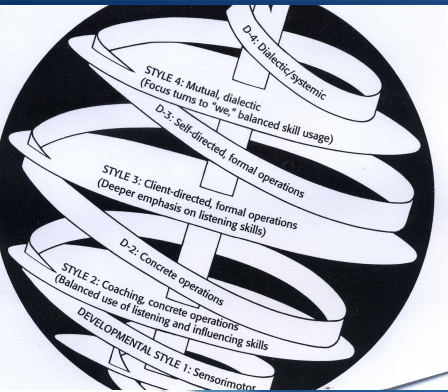


- Meet individual's cognitive/emotional style—Have multiple interventions available
- Strengthen positive emotions and cognitions (TPA)+hippocampus and wellness activities to combat negatives (HPA+hippocampus)
- Look for somatosensory body and awareness—hypertension, heart rate, muscle tone
- Encourage dialectic/systemic thought—the route toward liberation and social justice counseling



Children, Adolescents, Adults

- Children: focus on sensory and concrete experience, But they can see patterns and systems
- Adolescents: Concrete stories, details, and early formal
- 50% of adults may not reach full formal operations. Complex dialectic thought difficult for many people.
- If you sequence DCT stories and questions, many can engage in dialectic/systemic thought.



DCT in a Nutshell

- Seek out positives and strengths early in the session
- Assess client cognitive/emotional language style
- Match your language and strategy to their style
- Mismatch style for further development
- Clients may have multiple styles
- Multiple narratives often enough for significant change—all that may be needed

***Clients come to us with a
unique view of the world.***

***It is our task to enter into
their way of being in the world***



