SELF-IMAGE

• Heraclitus (5th Century BC) - “Know Thyself”
• People with faulty self-images tend to have...
  – High levels of anxiety
  – High levels of defensiveness
  – High levels of self-doubt
  – High levels of narcissism
• IN OTHER WORDS... CHARACTER DEFECTS
SELF-IMAGE

• WHO AM I?
  – SELF or soul
  – Nothing and Everything
  – I know nothing
  – No motives, judgments or opinions
• If one develops the concept of “I” (ego) for example “I am rich”, “I am beautiful”, I am smart”, “I need a new car to be happy”, this self-image will lead to misery and suffering

SELF-IMAGE

• When someone or something violates your belief about your self-image you will suffer get angry, upset, defensive, etc.
• THINK ABOUT THIS...
  What has your self-image ever done for you?

EGO DEVELOPMENT

• ALTERED WORLDVIEW INITIALLY DEVELOPED BETWEEN TWO AND TEN YEARS OF AGE

0-----2------------------------10-------------------16

0-2: KINESTHETIC, NONLINEAR
2-10: WONDERFUL RECEIVER
10-16: SELF-REFLECTIVE CONSCIOUSNESS
THE EGO
HEINZ KOHUT-EGO PSYCHOLOGY

GRANDIOSE SELF (EGO) IS FORMED BY
INTERNALIZING “ALL GOOD” AND
EXTERNALIZING “ALL BAD”
EXPERIENCES

THE EGO

• Striving for security and certainty
  – Illusions
  – Struggle to gain and to achieve which can lead to
    GREED
  – Always becoming, desiring and wanting
  – Always afraid
  – This fear is often beneath ANGER

THE EGO

• Comparing and contrasting
  – When it believes it is better than others it is
    euphoric
    • PRIDEFUL and ARROGANT
  – When it believes it is worse than another it
    becomes depressed
    • This can lead to ENVY and JEALOUSY

• Is temporal
  – Psychological time
THE EGO

- Personal gain
  - Pride
    - Front man for the ego
    - Always judging others
    - Has motives, opinions and positionalities
  - To possess
    - Lust
    - Always wants more and better
    - Gluttony

THE EGO

- The ego demands attachment
  - In order to love must be free of attachment and character defects
    - Attachment to another (image we have of the other) leads to...
    - Pride of possession which leads to...
    - Sense of security (illusion) which leads to...
    - Fear of losing the other which leads to...
    - Increased anxiety and greater attachment (being possessed by the other)

THE EGO

- The ego demands attachment
  - Attachment separates and causes conflict
    - "I am attached to being a Hindu"
    - "I am attached to being a citizen of Bulgaria"
  - Without attachment
    - No conflict
    - Compassion for the other
    - Beginning of unconditional love as our relationships are based on freedom and compassion
THE EGO

• “I” AM...
  – ONLY WHEN I AM THINKING, IN CONFLICT, SUFFERING, OCCUPIED, JUDGING, COMPARING WITH STRAIN AND CHOICE
  – WHEN OCCUPIED WITH AMBITION OR WITH GOD
  – “MORE” IS THE WAY OF THE MIND KNOWING IT EXISTS
  – SENSATIONS PLUS THOUGHT EQUALS DESIRE

THE EGO

• IN THE STATE OF “I” AM...
  – ONE CANNOT MEDITATE
  – ONE CANNOT HAVE A QUIET MIND

 REMOVING DEFECTS OF CHARACTER

• Story of the Prodigal Son
• Some things psychology and pharmacology cannot effectively treat
• Narcissism is such a problem
• All character defects come from the narcissistic self-image of the ego
• This leads to an altered worldview based on the duality of good and evil that is truly an illusion
REMOVING DEFECTS OF CHARACTER

• WORLDVIEW
  – Grandiosity is a worldview that demands “I need to be better than you”
  – When I perceive I am not better than you it leads to anger and/or depression which in turn can lead to judgmentalism, motives and opinions
  – When I perceive I am better than you, it leads to elation, enhanced self-image and a lack of empathy

REMOVING DEFECTS OF CHARACTER

• THE EGO FUNCTIONS IN THE PAST AND THE FUTURE AND IS FEAR BASED
• CHARACTER DEFECTS CAN BE SEEN AS SPIRITUAL DEFICITS
• CHARACTER DEFECTS RESPOND BEST TO SPIRITUAL METHODS SUCH AS...
  – THE STEPS OF AA
  – BEATITUDES
  – HINDUISM
  – BUDDHISM
  – UNDERSTANDING OF PSYCHOLOGICAL TIME

EGOLESS

• HOW DO YOU KNOW YOUR TRUE SELF?
  – “WHAT I AM” — “WHAT I SHOULD BE”
    • Creates a conflict (duality)
    • Leads to confusion and desire
  – EXAMPLE: “I AM GREEDY” AND I DESIRE TO “NOT BE GREEDY”
    • “I AM GOING TO CHANGE”
      – NOW YOU HAVE INTRODUCED TIME AND THERE IS NO REALITY IN TIME
      – TIME IS ALWAYS ABOUT THE PAST
      – TRANSCENDENCE IS ALWAYS ABOUT THE PRESENT
EGOLESS

• HOW DO YOU KNOW YOUR TRUE SELF?
  – WITH HONESTY, ACCEPTANCE AND PATIENCE
    • THE MIND IS CONDITIONED BY CENTURIES OF EDUCATION
    • CONDITIONED BY PRIMARY CARE-GIVERS, NATIONALITY, RELIGION, CULTURE
      » EXAMPLE: “I AM A CHRISTIAN”
    • SELF-HONESTY LEADS TO SELF-KNOWLEDGE AND IS THE BEGINNING OF WISDOM
    • DON’T CONCENTRATE (MEANS MAKING A CHOICE)

• HOW DO YOU KNOW YOUR TRUE SELF?
  – OPEN ATTENTION
    • AWARENESS AND ACCEPTANCE WITHOUT INTERPRETATION
    • TO OBSERVE WITHOUT JUDGMENT, CONDEMNATION OR EVALUATION HOW ONE IS THINKING AND FEELING NOT JUST SUPERFICially BUT WITH DEPTH
    • TO KNOW ONESelf AS ONE IS FROM MOMENT TO MOMENT

• HOW DO YOU KNOW YOUR TRUE SELF?
  – FIRST, IF ANGRy, GREEDy, JEALOUS, LUSTFUL, ETC.
    • JUST OBSERVE IN THE PRESENT WITHOUT...
      – JUDGING
      – CONDEMNING
      – COMPARING
      – CONTRASTING
      – EVALUATING
    • LET THE FEELING FLOWER AND THEN DISAPPEAR
    • NOW THE MIND IS SILENT AND IN THE MOMENT ALLOWING FOR CONNECTION TO TRANSCENDENT POWER
    • BECOME A LIGHT UNTO YOUR SELF
EGOLESS

• HOW DO YOU KNOW YOUR TRUE SELF?
  – SECOND, END THE SEARCH FOR EXPERIENCES
    • EXPERIENCES BECOME MEMORY (PAST)
    • MEMORY DISTORTS OBSERVATION (CONDITIONING)
      – MAY HAVE VISIONS, EXPERIENCES ACCORDING TO YOUR
        CONDITIONING
    • MUST HAVE NO EXPERIENCER (EGO)
      – EXPERIENCER IS THE CONDITIONED EGO
      – MAY HAVE AN EXPERIENCE BUT IT IS DISTORTED AND
        CONDITIONED
      – COMES FROM THE PROJECTION OF MEMORY, IT IS NOT
        SOMETHING NEW

EGOLESS

• HOW DO YOU KNOW YOUR TRUE SELF?
  – THIRD, OBSERVE YOUR FEARS, PLEASURES,
    SORROWS AND ALL THE COMPLEXITIES OF DAILY
    LIVING IN YOUR RELATIONSHIPS
    • OBSERVE IMPLIES THERE IS NO OBSERVER
    • THEREFORE, NO SUPPRESSION, DENIAL OR
      ACCEPTANCE BUT MERE OBSERVATION
      – THIS DOESN’T DISTORT PERCEPTION

EGOLESS

• HOW DO YOU KNOW YOUR TRUE SELF?
  – NOW THE MIND IS SILENT
  – AFTER DOING THE ABOVE YOU HAVE ARRIVED AT
    “WHAT IS” NOT “WHAT SHOULD BE”
  – THERE IS NO EFFORT TO CONTROL BY
    COMPARISONS
  – IT IS THE “WHAT IS” IN THE PRESENT MOMENT
    THAT UNDERGOES A RADICAL TRANSFORMATION
ANGER AND FEAR

• NO OTHER PERSON CAN MAKE YOU FEEL ANYTHING - YOU DO IT TO YOURSELF
• THERE IS NO ANGER OR FEAR IN REALITY - IT ONLY RESIDES WITHIN YOU
• WHEN WE GET ANGRY AT ANOTHER IT IS BECAUSE THEY DIDN’T LIVE UP TO YOUR EXPECTATIONS
• FEAR OFTEN COMES FROM CONCERN ABOUT LOSING SOMETHING VALUABLE TO US

TREATMENT OF FEAR

• MAY PRESENT AS ANXIETY OR ANGER
  ♦ Want energy but not feeling
  ♦ Disassemble
    • Physical symptoms
      ♦ Can you handle them?
    • Emotional symptoms
      ♦ Can you handle them?
  ♦ Not experiencing fear just a bunch of symptoms
  ♦ “Fear is not you, it is just a symptom

TREATMENT OF FEAR

♦ “You are bigger than your fears.”
♦ Anger and other outward expressions of fear represents a need to control what feels unmanageable
  ♦ PARADOX
♦ “Your fear and anger give people control over you”
♦ “When you lose the fear of fear the world cannot control you!”
THE EGO

- EMOTION, ESPECIALLY NEGATIVE EMOTION ARE “TOOLS” OF THE EGO

- REJECTION
  - EGO → ANGER, PREJUDICE, ETC.

- SECONDARY GAIN → RESENTMENT

THE EGO-LESS SELF

IF THERE IS NO PSYCHOLOGICAL TIME THERE IS NO CONFLICT. THE EGO IS TIME BOUND TO THE PAST AND FUTURE. WITHOUT TIME WE WOULD BE IN THE PRESENT MOMENT-IN A SPACE THAT HAS NO WORDS AND NO CENTER AND NO “ME”. WE WOULD EXPERIENCE PEACE AND JOY AND THE IMMENSE ENERGY OF THE UNIVERSE

THE EGO-LESS SELF

WHEN THE MIND IS STILL, TRANQUIL, NOT SEEKING ANY ANSWER OR SOLUTION, NEITHER RESTING NOR AVOIDING-IT IS ONLY THEN THAT THERE CAN BE REGENERATION BECAUSE THEN THE MIND IS CAPABLE OF PERCEIVING WHAT IS TRUE AND IT IS TRUTH THAT LIBERATES YOU NOT YOUR EFFORT TO BE FREE.
THE EGO-LESS SELF-SOURCE OF CONFLICT

"WHAT IS"               "WHAT SHOULD BE"
TRUTH                  ILLUSION
MOMENT                PAST TO FUTURE
GREAT ENERGY          LITTLE ENERGY

Violent Behavior Multi-determined

• Genetic Tendencies
  – Serotonin transporter gene 5-HTTLPR
  – MAO low activity allele
• Traumatic childhood experiences
  – Orbitofrontal Cortex
  – Reduction in serotonin levels
  – Disorganized Attachment
• Paranoid personality style
  – Organized or Disorganized
• Frontal cortex injury
• Alcohol/Drugs-acute and chronic

Violent Behavior Multi-determined

• Girls and women are not necessarily less violent than boys and men
  – Female
    • Indirect
    • Covert
  – Men
    • Immediate outward physical aggression
• Various Psychiatric Disorders
• Hormones-Testosterone
Anger, Aggression and Addiction

- Alcohol
  - Serotonin
- Stimulants
  - Fight or Flight
  - Increased Dopamine in Prefrontal Cortex
- Arylcyclohexylamines
  - PCP
  - Ketamine

Differential Diagnosis

- Neurological Dysfunction
  - ADHD
  - Autism
  - Dementia
- Brain Damage and Injury
  - Frontal lobe injury
  - Exposure to toxins
  - Maternal alcohol/drug usage

Differential Diagnosis

- Personality traits and disorders
  - Antisocial traits or ASPD (Antisocial Personality Disorder)
  - Paranoid traits or PPD (Paranoid Personality Disorder)
  - Borderline traits or BPD (Borderline Personality Disorder)
- Neurotransmitters and hormones
  - Serotonin
    - Many antiagression meds work thru this system
  - Testosterone
Differential Diagnosis

• Mental Illness
  - With paranoid symptoms
    • Panic Disorder
    • Schizophrenia
    • Mania
    • Depressive Disorder
    • Drug intoxication and withdrawal
  - Mental Retardation
  - Oppositional Defiant Disorder
  - Conduct Disorder
  - Posttraumatic Stress Disorder

Differential Diagnosis

• Medical Diseases
  - Encephalitis
  - Alzheimer’s Disease
  - Cerebrovascular Accident
  - Seizure disorders

Brief Assessment

• Information about past and current behavior
  - Client/Patient
  - Friends and family
• Review of past treatment
  - Successful
  - Unsuccessful
• Clinical evaluation over time
  - Medical
  - Psychosocial
Case Study

29 yo male (Marcus) was physically abused by his father. When his father was drunk he would hit Marcus with a belt. At age 12 Marcus made a decision to never let anyone hurt him again. From that point on whenever he felt threatened by a male authority figure he would “get in their face”.

Case Study

27 yo female (Gina) would listen to her parents scream obscenities and hit each other. One day when she was 11 yo she decided that she would no longer put up with the situation. Every time her parents would fight and scream at each other, she would run away from home.

Learned Coping and Survival Skills

• Fear or threat (real or perceived) of being out of control leads to:
  – Withdrawal
  – Attack of others
  – Avoidance
  – Attack of self
• “Freeze, Flight or Fight”
### Modulation Ratio

**IN ORDER TO USE THE COGNITIVE AND BEHAVIORAL RECOVERY STRATEGIES TAUGHT IN TREATMENT AND SELF-HELP WANT CLIENT TO HAVE:**

**INHIBITION**

**EXCITATION**

<table>
<thead>
<tr>
<th>Clinical Example of Vertical Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can be used with anger and many Anxiety Disorders where lower brain overrides cortical areas</td>
</tr>
<tr>
<td>• “Checker System”</td>
</tr>
<tr>
<td>– Amygdala</td>
</tr>
<tr>
<td>– Basal Ganglia</td>
</tr>
<tr>
<td>– Brain Stem</td>
</tr>
</tbody>
</table>

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<th>Clinical Example of Vertical Integration</th>
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<tr>
<td>• “Checker System”</td>
</tr>
<tr>
<td>– Scans</td>
</tr>
<tr>
<td>– Alerts</td>
</tr>
<tr>
<td>– Motivates</td>
</tr>
<tr>
<td>• Helping the client have a different relationship with themselves</td>
</tr>
<tr>
<td>– Psychoeducation</td>
</tr>
<tr>
<td>– Promotes integration</td>
</tr>
</tbody>
</table>
Clinical Example of Vertical Integration

- Intervention
  - Personify the “Checker”
  - Observe what is going on
    - Cortex
    - Discernment
  - Teach meditation
    - Breathing

- Promote Dialogue
  - Have Cortex communicate with subcortical areas
    - “Thank you for trying to keep me safe”
    - “You are my friend”
    - “Here is the deal, we need to talk about being safe” (contingent communication with self)
  - Cortex and “Checker” as a team
    - Convince “Checker” that it does not have to be hyperactive

Pharmacotherapy

- Aggressive Episode
  - Oral
    - Risperidone 2mg oral soln & Lorazepam 2mg
    - Benzodiazepines
    - Atypical Antipsychotics
  - IM
    - Lorazepam 2mg
      - Diazepam and chlordiazepoxide are absorbed slowly and erratically
      - Pts abusing stimulants are more conducive to seizures and EPS
### Pharmacotherapy

- **Haloperidol 5mg & Lorazepam 2mg**
- **IM Atypical Antipsychotics**
  - **Olanzapine (Zyprexa)**
    - Agitation associated with schizophrenia, bipolar mania and dementia
  - **Ziprasidone (Geodon)**
    - Agitation associated with schizophrenia and schizoaffective disorder
- **FDA approved long-acting form of injected risperidone called Risperdal Consta**

### Pharmacotherapy

- **History of Impulsivity**
  - SSRIs
  - Lithium
- **History of mood swings**
  - Mood stabilizers
    - Lithium
    - Tegretol
    - Depakote

### Non-Pharmacological Management

- Don’t Personalize
- Understand your personal reaction to anger
- Assess the environment for potential danger
- Know where the client is at all times
- Keep an appropriate distance
Non-Pharmacological Management

• Validate the client
• Shift from Emotional to Cognitive or Behavioral Stance
  – What lead up to you feeling this way?
• Give the client a sense of being in control
• Clear the area of other clients or move client to safe place

Case Study

Larry was a 23 yo alcoholic and addict. His therapy group had a new therapist and before he even met the therapist he looked at him and said, “I’m going to break your_______ head.”

What would you do in this situation?

Dialogue between client and clinician

• Larry: “I’m going to break your___head.”
• Therapist: “Whatever you do don’t stop behaving the way you are now because you know and I know that it saved your life-didn’t it?
• Therapist: “I’d like to talk to that part of you that made a conscious decision to never let anyone hurt you again.”
Empirically Proven Approaches

• Relaxation
  – Reduce physiological and emotional arousal
• Cognitive
  – Reduce anger inducing information processing
  – Increase problem-solving ability
• Behavioral
  – Teach adaptive behaviors

Why Change?

• Responsibility and blame
• Other condemnation
• Self-righteousness
• Cathartic expression
• Short-term reinforcement

Therapeutic Relationship

THE ESSENCE OF A RELATIONSHIP OCCURS IN A MOMENT. THE DEPTH OF THE RELATIONSHIP TAKES TIME. WHY IS IT THAT ONE STAFF MEMBER CAN WALK INTO A ROOM AND THE CLIENTS IMMEDIATELY CALM DOWN WHILE ANOTHER STAFF MEMBER WALKS IN THE ROOM AND ALL HECK BREAKS LOOSE? THE ESTABLISHMENT OF THE RELATIONSHIP IS A PRELUDE TO CLINICAL EFFECTIVENESS.
### Relaxation Therapy

- Start early
- Techniques include:
  - Control breathing
  - Voice tone and tempo
  - Progressive relaxation
  - Caution with mental imagery

### Meditation Procedure

- Establish a routine
  - Times
  - Places
- Choose Technique
  - Repeat a prayer or special saying
  - Focus on a word or phrase
    - “One”
  - Directed Breathing
  - Progressive Muscle Relaxation

### Meditation Procedure

- Choose Technique (continued)
  - Warming of the hands
  - Warming of another part of body
    - Chest
    - Feet
  - Focus on a spot on the wall
- As a part of the meditation close with “What am I grateful for today?”
Smell the Flowers, Blow Out the Candle

Case Study
Samantha was a 17 yo female who smoked marijuana because it helped her to “mellow-out”. In early recovery she was having problems with anxiety and anger. Her therapist taught her several strategies that involved tensing and relaxing muscles along with cognitive and behavioral techniques.

Labeling Our Feelings
• Verbalizing our feelings and labeling emotions makes them less intense.
• Photograph of an angry or fearful face causes increased activity in the amygdala
  – Creates a cascade of events resulting in “fight or flight” response
• Labeling the angry face changes the brain response
Labeling Our Feelings

• Labeling the response caused the amygdala to be less active and the right ventrolateral prefrontal cortex to activate.
• Using mindfulness and labeling the feelings one experiences allows the prefrontal cortex to override the amygdala.

David Creswell, UCLA

• “We found the more mindful you are, the more activation you have in the right ventrolateral prefrontal cortex and the less activation you have in the amygdala. We also saw activation in widespread centers of the prefrontal cortex for people who are high in mindfulness. This suggests people who are more mindful bring all sorts of prefrontal resources to turn down the amygdala.”

Cognitive Therapy

SITUATION → AUTOMATIC THOUGHT → BEHAVIORS, EMOTIONS, PHYSIOLOGY
Cognitive Therapy

- Our thoughts, behaviors and emotions are related
- Patients are often oblivious to these connections
  - Example-Client felt despondent but did not realize this emotion was triggered by a friend’s failure to greet him. When asked, “Try to remember what you were thinking when your mood changed to sadness” the patient responded, “I assumed my friend was ignoring me because she does not like me anymore.”

Cognitive Therapy

- Example- Sometimes people infer their mood from their behavior. A speaker giving a presentation on the lower deck of a cruise ship assumed because his legs were shaking he was nervous until he realized the floor was vibrating because it was close to the propeller shafts.
- Controlled experiments show people infer their feelings from their behavior or what they think is their behavior

Cognitive Therapy

- Example- Men looked at nude pictures of women in a Playboy magazine as they listened to what they thought was their heart rate. The men were then asked to rate their attraction to the nudes. Experimenters found men gave the highest ratings when they thought their hearts were beating faster or slower than normal although this feedback had nothing to do with their actual heart rates.
Cognitive Therapy

• Correcting Thinking Errors (distorted thinking can affect mood)
  – Clients overgeneralize from a single failure and assume they are failures
  – Sometimes they extend this distorted thinking with catastrophizing where one negative incident mushrooms into an imagined chain of events ending in disaster.

Cognitive Therapy

• Other common distortions include...
  – Black-and-white thinking, also known as polarized or all-or-nothing thinking is imagining that events will lead to one extreme or another. For example, if I am not a complete success then I am a complete failure.
  – Focusing on the negative involves filtering out the positives from an experience.
  – Mind reading involves guessing what others are thinking and feeling without sufficient evidence.

Cognitive Therapy-Dysfunctional Thought Record

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>AUTOMATIC THOUGHT</th>
<th>EMOTION</th>
<th>ALTERNATE RESPONSES</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMANTHA MET A NEW FRIEND WHO SAID HE WOULD CALL HER AND DID NOT</td>
<td>&quot;HE REALLY DOESN'T LIKE ME&quot;</td>
<td>ANGRY HURT</td>
<td>&quot;MAYBE HE IS BUSY&quot; &quot;MAYBE HE WILL CALL IN THE NEXT TWO DAYS IF HE DOESN'T I WILL CALL HIM&quot;</td>
<td>HER FRIEND DIDN'T CALL SO SAMANTHA CALLED HIM. HE WAS GLAD TO HEAR FROM HER AND THEY ARE GOING OUT ON SATURDAY</td>
</tr>
</tbody>
</table>
Cognitive Therapy-Reframes

CT: “My mother is always angry at me.”
TH: “Let’s see you are 15 yo and have been around you mom for 5475 days. In all of these days she has always been angry at you?”
CT: “Well no-not everyday”
TH: “Tell me about one of the days that you really had fun together.”

Cognitive Therapy-Reframes

CT: “I get so mad when my husband says,’ Are you going out to another meeting?’”
TH: “You have been clean and sober for over 90 days now and you average 4 meetings a week...so that’s 48 meetings. So your husband has said this to you approximately 48 times.
CT: “Yes”
TH: “Why does this still surprise you.”

Behavior Therapy

STIMULUS   RESPONSE

SETTING LIMITS
Behavior Therapy - Changing Response

57 yo male (Lyle) came to treatment with his wife. She said, “My husband gets mad at other drivers, starts to curse and gives them obscene gestures. He is going to get us killed.” Lyle said, “I cannot help it. Those idiots on the highway really make me nuts.” His wife stated, “We drive a VW and last week the driver of a large truck chased us off of an exit ramp.”

Behavior Therapy - Changing Response

CT: “When I talk to my sister on the phone, she keeps telling me that I am not an alcoholic.” She says, “With will power you can control your drinking.”
TH: “How does that make you feel.”
CT: “Angry and Frustrated. She just cannot admit that alcoholism runs in our family.”
TH: “For right now, why don’t you email your sister instead of speaking with her on the phone.”
Behavioral Exposure

CT: “I am afraid to go home for Christmas because everyone will be drinking.”

PLAN:
• Use group role play to provide imaginal exposure
• Incorporate relaxation and cognitive techniques
• Limit “in vivo” exposure
• Create a safety plan

Safety Plan

• On a 3x5 index card
  – If things get too heavy at home during Christmas I will:
    • Call my sponsor
    • Find a meeting to attend
    • Practice my relaxation technique
    • Use the cognitive strategies I have learned in treatment
    • If I need to, I can always leave

Use Of Humor

CT: “My supervisor is a “flaming asshole” and every time I am around him I get angry.”

TH: “I’ve never seen a flaming asshole, can you draw me a picture of one?”

CT DRAWS A PICTURE

TH: “Every time you see your supervisor think of this picture.”
THANK YOU FOR ATTENDING

CHILDREN WANT TO DO WELL AND PLEASE. ADOLESCENTS BELIEVE THEY ARE AS BAD AS THEY HAVE BEEN TOLD.

Bibliography


Bibliography

Bibliography

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