



Building Professional Excellence- Part 3

Session 8: Neurobiology of Counseling: Application and Interventions for Clinicians

Webinar Follow-up Question and Answer Session with Kathy Shoemaker.

1. Question from George Vera

How this second process is called? Please said it again the word you used.

Answer

Please refer to the PowerPoint, since I am not sure where in the presentation this question was asked.

2. Question from Daniel Burrell

Any comments regarding PTSD? Neurobiology?

Answer

Researchers from various neuroscientific disciplines are exploring the neurobiology and interventions aimed at treating complex PTSD. I would point you to the article by Lanius and colleagues (2011) for a thorough review. The neurobiology of PTSD would make a great webinar in its own right. Key social cognitive and affective neuroscience findings suggest two pathways in the development of PTSD. Fear conditioning through stress sensitization is one pathway. Early life trauma may also set the stage for PTSD. People with PTSD tend to describe emotional “numbing” and difficulty identifying and labeling emotions and bodily sensations. They have been shown to have behavioral and neurobiological impairments. Through neuroplasticity, neural pathways develop in ways that lead to problems in emotional and self-awareness, emotion regulation, self-referential processing, and social emotional processing (Lanius et al., 2011). As key brain regions impacting PTSD are identified, new and enhanced interventions can be developed. A wonderful resource is Bessel van der Kolk’s book, *The Body Keeps the Score*.

3. Question from Allen Vosburg

The client can see their well-being in one way where the counselor may see the negative aspects of the client with the direction they see as better than another. How can you help that client along for their own betterment?

Answer

This is a complex question. First, a client must feel safe and accepted. A growing area of focus in neuroscience-informed therapy has been around attachment style and the impact on the way clients approach relationships. Starting with modeling aspects of secure attachment and building the therapeutic relationship, Linda Graham (2013) indicates that counselors can help clients develop mature functioning of the PFC. Helping clients understand their attachment style and the way brains respond based on it can help make implicit responses more explicit. It can also help to rewire the brain through neuroplasticity to become “earned secure” (Badenoch, 2008; Siegel, 2010). Graham’s book has specific exercises that can be used with clients. She also recommends the work of Bonnie Badenoch, Janina Fisher, and Richard Schwartz.

4. Question from Audrey Peppers

Would you speak more to how neuroscience supports narrative therapy?



Answer

A great explanation of IPNB and narrative therapy can be found in the article by Beaudoin and Zimmerman (2011). A brief synopsis is that the processes of externalization and deconstruction help clients separate the problem from identifying themselves as being the problem allowing for the possibility of several states of being based on the situation. This can shift brain firing away from the limbic area. As Dan Siegel points out that naming emotions, tames the amygdala and promotes neural functioning in the PFC (2010) which can activate the social engagement network (Porgues, 2011).

References

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