SW CEU- Dr. George Thompson on Polyvagal Theory-20241211_090437-Meeting Recording

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1h 26m 20s

Joe Beck 0:03

For joining us today.

Thank you for the committee approving the CEU today. Doctor George is the medical director, the crisis medical director, rediscover mental health and among many, many other things.

And he wanted to talk to us today. Or I asked him to talk to us today about applying polyvagal theory in our crisis setting.

I have the privilege of working with George a couple days a week at rediscover and. Just has an incredible amount of knowledge that I think would be helpful in our setting and George, it looks like we have 56 people joined us.

So our idea of sharing, I think George has an exercise where he'll want some people to share. If you can message in the chat that you'd like to do that, we'll just kind of go in order as they show up in the chat.

George Thompson 0:58

OK. We'll we'll try that.

That sounds awesome.

Oh, I see.

Yes, it says 1/4 at the bottom.

Good morning, everybody.

Thanks so much for coming.

And I'm just delighted to be working with you guys.

I so appreciate the partnership with Children's Mercy.

And Joe is the physical embodiment of that partnership.

Because he goes back and forth between our office and then.

Your emergency room.

And it's just been delightful to work with you with our new crisis center at rediscover the urgent care center has been open since August of 2020.

However, we opened the child portion of the urgent care center June 26th of last year and we see kids on a walk in basis 365 days a year, 9:00 AM to 9:00 PM usually.

On holidays, we close a little bit earlier, but we're, but we're actually open on Christmas and New Year's and all of those days.
And we usually have a steady stream of kids, thanks in part to children's mercy 'cause you refer us a lot of kids, which is just awesome for us. And we've seen up to 18 kids in a in a day.
We did have a day about a month or two ago on the adult side where we saw 43 patients on the adult side since it's been going for 40 years.
More people know about it.
As well.
And then last Wednesday, I got to be with a lot of children's mercies. Child psychiatrists, including.
Sheila Sullivan and Bob Batterson and.
Trent Myers, a lot of different ones at the American Academy of Child and Adolescent Psychiatry, our Greater Kansas City chapter meeting, and Bob and Shayla were telling us about all the different initiatives that you guys have regarding mental health and so.
That's just a really huge thing for the community and I guess that the children's mercy Kamber.
Psychiatric Hospital opened last week too.
Is that right?
As well.
So you guys are doing lots of very cool things, so I'm I'm very excited to be here with you today and talk to you about the neurobiology of safety threat and connection, which is something interestingly, that I started teaching about in.
2013 at the time, I was the course director for a course for medical students at UMKC, and.
I taught a course called queues to medical communication.
It was a doctor patient communication course and in that course, believe it or not, there were some medical students that weren't so interested in learning about communication.
I know.
Hard to believe that doctors might not want to learn about communication.
Actually, a number of the students were very excited about the course and some of them waiting for this kind. Of course their whole time.
And the UMKC students, I think you guys work with them.

Some are interesting because they come right out of high school. A lot of them.
Most of them come into their first year right when they graduated from high school.
And I was teaching them in their third year.
So they were like juniors in college. So to be fair, some of them have just been studying science their whole time because they wanted to.
Become doctors and to get into UMKC.
They had to work really hard on their science, but sometimes they would write things on the course evaluation. Like why do I need a course in talking?
I've been talking since I was 2.
And my job was to try and help them understand why they needed a course in talking.
And so I started teaching them about the neurobiology of the doctor patient relationship and.
And that seemed to catch their attention because when I started talking about the brain and how it works.
Then they it it could relate to something that made sense to them.
So in part this talk comes out of that work and.
In 2012, I learned about the Polyvagal theory, which is a a theory about the autonomic nervous system.
So I'll tell you some about that today, but also how I apply it in thinking about the work that I do. And so part of the work that I do is at rediscovers urgent care center, which is just.
Rediscover has been a joy to work with.
I've been there.
Almost two years now. And so it's it's been very amazing.
I also teach excuse me, mobile responders.
And so I just got back from Albuquerque last night, late, where I've been teaching this week.
They have.
A mobile responders that are actually hired by the city after George Floyd, the mayor, created a department called.
Albuquerque Community safety that responds to things like mental health issues in the Community or substance use or conflict or homelessness or things like that.
And they now have 84 responders that are first responders and that department stands side by side with police, fire and medical.

And they have their own department director and.
It's a very amazing part of their community.
And it has a little bit different feel than say, our mobile responders that work for rediscover when they're working for the city. It's like citizens working for citizens.
But anyway, one of the things I'm interested in also is the neurobiology of crisis response.
And so that's what I'll be talking some about today.
Alright, so when we're doing crisis response, we're solving problems and I think what I've come to realize is that I have had this kind of deeply embedded understanding that if I solve somebody's problems, oops, they'll just go away.
Then they'll feel better.
And.
I've come to understand is that that does work some of the time, but sometimes it's the other way around.
I need to help them feel better before I can solve their problems.
So if you're only watching the 1st 3 minutes of this talk, now you've understood the main thing that I'm going to say. I'm going to tell you some about the neurobiology about why I think that's the case.
And I'm going to start off by telling you about a kid named.
Will call him Tanner.
And this story was told to me by a pediatric oncologist. Actually, did his Pediatrics training at Children's Mercy, went to UMKC, graduated, and then did Pediatrics there.
He did some training at MD Anderson and also at St.
Jude and Memphis, and I was his wife as a friend of mine.
She's a psychiatrist and I was telling them some about the polyvagal theory at dinner.
Because that's how weird I am is that I talk neurobiology at dinner and.
You know, don't ever go to dinner with me unless you know you're prepared to talk neurobiology.
So anyway, this kid he told me about when I told him about the polyvagal theory and.
Tanner is a 14 year old boy.
He's got leukemia and he's been on chemotherapy for a while. And on this particular day he had belly pain and a fever.
So he's gotten admitted to the hospital, as you can imagine, the doctors are worried about appendicitis in a.

Context of a suppressed immune system. And so he's been admitted to the hospital.
His mother is there with him and.
Pediatric oncologist has come by to see him, and Tanner says. Can you go away?
Can you come back later?
And the mom said, you know, can you come back later?
And so the oncologist said, OK, A second pediatric oncologist came by and.
Again, Tanner said.
I don't wanna talk to you. And the mom said. Can you come back later?
And they did.
But now it's the.
You know, situation is a little bit dire because this this can be an emergency situation if his appendix ruptures.
Then he doesn't have the internal resources to fight that infection.
And so it's a pretty critical situation.
And in this situation, then we can think about what's going on in Tanner's nervous system.
So in his nervous system.
We can imagine that he's probably gone into a bit of fight or flight in response to the danger of the situation.
I have a friend that made some these slides for me and.
She used AI to make them.
That's her.
Representation of Tanner's fight, or flight state, and you guys are all familiar with fight or flight adrenaline going through the bloodstream.
Heart rate goes up.
Blood pressure goes up, muscle tension goes up.
And so now we have this issue where we need to help this kid. And but he's telling us to go away.
And so we have a situation where the child won't let us help them.
Anybody ever have that situation before? You want to help a kid?
You want to help the parents and they say go away.
They won't let you help them.
So Tanner's nervous system. We can think about it this way.
Tanner's nervous system is totally focused on danger.
And rightly so, because he is in danger.

But the problem is that the nervous system then this is an automatic process, has made a critical error. Things that the doctors are dangerous and I think that's what happens sometimes when you go to a kid's room or you're in the emergency room and you go in.
And to see the kid is that they're shut down or they're in fight or flight because they think you're dangerous.
But there's just thinking that everything is dangerous at that time.
And so here's the nervous system perspective about.
The.
A kid who won't let you help them.
Is that a nervous system that's focused on danger? Can't focus on solutions?
It's totally focused on that dangerous thing, that threat that's there and shifting attention to something else feels like it's going to put you further in danger.
It's the opposite way that the nervous system wants to go in a dangerous situation.
So in order for you to help the child to shift their attention.
Their nervous system first needs to know that it's safe.
I'm going to.
I'm going to tell you a sexist joke.
It's sexist about both men and women, but just to make a point.
This says guys, when a woman is mad, just tell her she's overreacting.
So realize you're right and calm right down.
And this is kind of the situation that I've been in.
I'll I'll tell somebody.
Hey, can you calm down? If they could calm down, they would just calm down.
So this is insensitive, you know, because it says guys are pretty clueless.
It's insensitive because it says women are emotional.
But I think that our I I think we do make this kind of assumption that we can just tell people sometimes that they can calm down.
Anyway, I've been in that situation.
So when we talked to when I talked to 1st responders like the people in Albuquerque the week before I was in Durango.
And in Durango, they have Co responder teams.
Sometimes it's a police officer and a therapist.
Sometimes it's an EMT and a therapist.
Sometimes EMT, therapist and a peer, and they go out into the community too.

And so these are the.
The kind of ways that we explain it to them is that.
They're going out to help strangers in distress and the strangers in distress are often times feeling alone, afraid shutdown hostile. And this is the situation that Tanner is in.
He's probably feeling overwhelmed and he's afraid and he's become a bit hostile.
One way of thinking about hostility is it's a fight response we think about fight.
But I didn't think about the emotions of fight irritability.
Even rage and hostility are part of the fight response.
And I think that a lot of times when we work in the hospital, we're going to help a stranger in distress too.
We have to go in and say I'm Joe. I'm here from social work and I'm here to help, you know? And they're like, get lost, Joe. I don't want to talk to you.
So we're trying to work side by side to discover possibilities with them. You guys are doing that?
The first responders are trying to.
Discover these possibilities.
But it's like there's this chasm or this gap between where they are and where we want to get to, and we have to cross over this gap. So to give you an overview of how we think about that.
Will say that first we're going to do things like we're going to build a safe and trusting relationship, and then once we build a safe and trusting relationship, then we can work together and a safe, safe and trusting relationship can feel like that. The child feels we're in.
Together I'm understood.
I'm in good hands with this person.
And if that happens.
Then we go from, you know, helping a stranger in distress to making a friend. We can help.
And this is the crucial transformation that we try and help the responders understand is that instead of thinking about helping a stranger in distress, can they think about it as making a friend?
We can help and if you can do that.
Then we can work side by side to discover possibilities.
The way that we tell them in the first responders and what I'm teaching, I teach some

of this at rediscover as well, talking about how to communicate in a crisis.
And so to get to that blue circle, we're thinking about things like assessing the situation, trying to understand what's going on, but also.
Our own assessment of the situation, using active listening skills, empathy, rapport, things that you guys are well trained in.
We also teach about conflict resolution or conflict transformation.
We teach about in Group and out group dynamics, implicit biases and cultural humility, because all of those can also be ways that we help to build a safe and trusting relationship.
And again, once we're able to use those skills to build a safe and trusting relationship, then trust can really go from a lower level. Who is this guy?
To this person seems all right.
And I'm in a situation where I need help.
Maybe I can trust them.
And that point then we can influence their decision making their behavior, those kinds of things, which is what we want to do. We want to say, here's what. Here's the things we can do to help you either for the kid or the family.
And now we can work side by side to discover possibilities.
And there's a little picture there of two of the responders talking to somebody from Albuquerque that I got from their website.
So I'm not worried about HIPAA or if I am worried about it, they're they should be worried more that I'm worried about it.
So this is kind of an overview of what we're what we're talking about.
So first the situation. If you see the blue at the bottom and the first thing that we want to do is listen to understand and then later.
We'll take action again.
Can we help them feel better?
And then solve problems rather than solve problems so that they can feel better.
I probably should just jump in right here and say none of this that I'm presenting is meant to say that we should delay lifesaving measures. If somebody is bleeding to death, we're going to stop their bleeding.
We're not going to listen and use empathy and rapport. We're going to take immediate action.
Stop their bleeding.
Get them breathing. Whatever. The thing is that needs to be done.

Somebody's in the middle of the highway.
We're not going to say how do you feel standing in the middle of the highway?
We're going to get them out of the middle of the highway and then.
We're gonna talk to them.
So now I'm going to shift over to talking some about the autonomic nervous system, which is where the polyvagal theory lies.
What it talks about. So the autonomic nervous system is one way of thinking about it is that a regulation system, it regulates our internal organs and it's outside of conscious awareness.
So anybody today think to themselves, my heart's not beating fast enough.
I need to get it beating faster.
I have never had that thought.
But.
My autonomic nervous system is having that thought on a regular basis actually every second.
Autonomic also means automatic self governing.
So this is what's happening is that it's monitoring what's happening in our organs and then it's making adjustments to our organs and the autonomic nervous system has two parts of it, the parasympathetic and sympathetic nervous system.
So this is what it looks like.
There is a brain with a spinal cord.
That's the central nervous system, then coming off the brain and spinal cord or nerves. And that's the peripheral nervous system and the peripheral nervous system.
You can divide into the somatic nervous system that has the nerves that are going to muscles and sensory organs.
So the motor and sensory nervous system and it also has the autonomic nervous system.
On my screen I can't really see that. It says sympathetic on the right hand side of the red, the red ones, and on the blue ones it says parasympathetic.
I may try to did that make it bigger on your side, Joe?
Did wow. OK.
So if we talk about fight or flight, we're thinking about Tanner again now.
The fight or flight?
That's the sympathetic nervous system.
So the spinal nerves.

And adrenaline activate the sympathetic nervous system.
Cortisol also is a sympathetic nervous system hormonal response.
And so we're thinking.
With fight or flight that the body is mobilizing resources.
That can help protect us either by fighting off the whatever is attacking us or whatever is threatening us or fleeing from that from that threat. And so the first thing on the on the top it says I and it says dilates pupil so the pupil gets dilated that.
Let's more light into the back of the eye.
We can see the threat better so that we can defend ourselves against it.
The next thing down is salivary and parotid glands.
This is part of the.
Digestive tract and the parasympathetic nervous system. Just to give you a preview of coming attractions.
The parasympathetic nervous system, one sometimes is called. The rest and digest system.
So the digestion part of.
The our organs is.
Comes online when the parasympathetic nervous system is active, and so one way of thinking about what happens too is that the sympathetic nervous system gets turned on in fight or flight.
But then we're going to turn.
Of things that we don't need.
So we can use all of our energy to escape or fight. And so since we don't need to rest and digest or we don't need to digest when we're fighting.
The salivary glands are inhibited and that's what gives us a dry mouth when we're nervous, when we're feel like a little under threat. If we have to give a talk or go talk to.
A.
A parent about something difficult, like reporting them to Child Protective Services. Something like that.
So the eyes dilate, and then the salivary glands gets turned off, and then there's a series of things.
Which happened that.
Cause rich blood to flow to the skeletal muscle.
So the first one there says the blood vessels dilate in the stelital muscles so that they

get wider, can take more blood to the big muscles in our arms and legs.
I like to say that the big muscles in my arms, they're not as big as they used to be, but I still think of them as the big muscles. If we skip the sweat gland for a minute, we go to the lungs.
So the bronchi dilate more.
Air can come into the lungs and more air can go out of the lungs, exchanging oxygen for carbon dioxide, the heart. The heart rate accelerates.
And it beats stronger too. Again, pumping more blood to the system and then in the liver down there, it stimulates glucose release.
So you've got the heart beating faster, more blood going to the skeletal muscles, and that blood's carrying oxygen and glucose. So it gives us the oxygen and blood sugar that we need.
For our muscles to work work harder.
And then up here, it says sweat glands.
Stimulate sweat secretion.
So a couple of reasons why that could be helpful if we're to threatening situation.
One thought is that it makes us slippery so that we can escape from a predator.
Another is that it can help us stay cool as we're going through all of this activity.
And then down below we have all these organs of digestion, gallbladder, pancreas, stomach, intestines, ******, all of those things get inhibited because we're not going to need to use our energy for digestion.
As a sympathetic nervous system, adrenaline, cortisol and then on the parasympathetic side, we've got the vagus nerve and the vagus nerve is the biggest nerve in the body. Wanders throughout the body.
It's called Vegas because it comes from the same root as Vagabond, which means to wander in Latin.
So it's wandering throughout our our body going to different organs, so and doing.
The opposite kind of things here.
So the people gets constricted.
And the parasympathetic nervous system can come online when we're not in danger, so we don't now need to let more light into the back of our eyes, or people constricts, and we're conserving that energy so that we can use it for digestion.
But we do salivate because we're going to be digesting now all those things that we said before were happening, like the blood vessels dilating.
And the lungs, bronchi, dilating, and they constrict now.

We have inhibited sweat secretion.
Our hands are now dry, heart rate slows down, blood pressure goes back to normal, and we, our liver's not releasing blood sugar.
But our organs of digestion, gallbladder, pancreas, stomach, intestines. They're all getting activated now.
So bile is stimulated. The pancreas is stimulated.
Stomach motility and secretions are stimulated.
Intestinal motility is stimulated stimulated too.
And so this is a little bit about how these two parts of the nervous system of the autonomic nervous system work just to dive in a little bit more. If we think about the heart, there's the heart there, red and blue.
Probably a good model for our politics.
We need red and blue for our hearts to work.
Somehow we got to figure that out in our country.
How can red and blue work together just like it works together in our hearts?
Alright, enough politics.
The now I've got everybody's fight or flight responses going. I will not say anything else.
The aorta is this red thing with the two branches coming off the top.
Those are the carotids.
The aorta has stretch receptors that are the bottom ends of the vagus nerve and then also in the in the carotids where they bifurcate in the neck.
There's stretch receptors too, so this measures.
Basically our blood pressure.
So if I stand up.
It's gonna take more effort for my heart to pump the blood and get it back to the heart and then go up into my.
Up the carotids into my brain. And so if I don't wanna be dizzy somehow, there needs to be an adjustment made.
So these stretch receptors at the end of the Vegas.
80% of the Vegas neurons are a ferret, meaning they go from the body to the brainstem and 20% are E ferret, meaning they come back down. So.
These nerves from that have stretch receptors on them go up to the brainstem, cross to another nucleus. They go back down the Effer branch of the Vegas to the cyno atrial node, and it adjusts the heart rate.

And it takes 250 milliseconds for that whole circuit to happen 1/4 of a second.
The Vega stretch receptors have detected what your blood pressure is doing now. If this happens every time your heart beats.
If it beats once a second, I think that's 86,400 times a day, something like that.
Every time.
Your heart beats. The Vegas is measuring your stretch, sending the signal to the brainstem, sending a signal back to the heart, and tells the heart either speed up or slow down.
So your autonomic nervous system, when I said it's automatic self governing a regulation system, it's doing this on an exquisite basis on a heartbeat to heartbeat basis.
Every time.
Our heart beats while we're awake while we're asleep while we're watching Netflix.
It doing this and it's making these adjustments.
One of the measures of.
Vagal.
Health is called heart rate variability, and so you actually want to see the heart rate varying because this means that this monitoring process is going on in these micro adjustments are getting made on a heartbeat to heartbeat basis.
And so that's some of how the.
The autonomic nervous system makes the.
Adjustments now if we get to polyvagal theory, we can talk about this guy, Steven Porges.
He'll turn 80 in a few weeks next month, so he started his PhD in psychophysiology in 1966 at Michigan State University and.
A psychophysiologist sounds like a crazy physiologist, isn't it?
A psychophysiologist but a psychophysiologist is actually somebody studying this physiologic stuff.
And then relating it to what's happening in our psychology and that's when he was 21, that's what he wanted to do.
Very different than my medical students, I think.
Or maybe he was.
Maybe he didn't.
Wasn't interested in communication.
He was just interested in.

He had some very cool equipment back then anyway.
He's been studying how these systems work since 1966, and in his first project he noticed this heart rate variability thing and is the one that first noticed heart rate variability as a measure of.
Of vagal tone or vagal health. If you have an Apple Watch.
Then.
It will measure your heart rate variability. So usually when I'm teaching somebody in the Class A woman that I talked to yesterday or the day before, she said. Oh yeah, I checked my heart rate variability all the time.
Very amazing kind of thing.
Well, the polyvagal theory originated in 1990.
It started it, you know, really getting into gorgeous consciousness in 1992. And the way that it got into this consciousness is that you got a letter from a NEO nanologist.
And the neonatologist said, hey, Steve, he wrote a letter.
I don't know if she said head Steve, he said.
Doctor Porges, here's something that I've been puzzling over.
The the measure of vagal health is heart rate variability and high heart rate variability is a measure of.
Neonates and premature babies, resilience and.
So.
We're thinking that vagal activity is related to health, but also in the NICU.
Sometimes babies crash and we have to resuscitate them, or sometimes we lose them. And we also think that that's caused by the vagus nerve too, like a vasovagal response.
And so his question was, how can the Vegas both be a measure of your resilience and kill you?
That's a Dang good question.
And Steve portrays has been studying this stuff for 25 years already.
He hadn't thought of this question and nobody else had thought of this question either.
But once the person says it, it's very obvious that that's a a good question.
And so I like to just pause at this point when I'm talking and say you may be confused about why something is the way it is or why it's explained the way it's explained.
And you actually may have one of these kind of questions bubbling up inside of you.

That even experts that have been studying stuff for 25 years haven't thought of.
So don't throw those questions away.
Write them down and ask somebody about them or study it yourself so that you can try and figure out why do these things that don't make sense don't make sense.
And so Steve carried this letter in his briefcase around with him for months.
Because he didn't know the answer to the question, he said.
Good question.
I don't know the answer.
But after a number of months, what he came up with.
And what the polyvagal theory is based on is that there's more than one branch of the Vegas, and they do different things.
So it's not one nerve that can both make you healthier and kill you. It's two different branches that are doing two different things and one branch of the Vegas goes mostly below the diaphragm, mostly the rest and digest response.
But it can also.
In certain circumstances, trigger this vaso vagal response for heart rate and blood pressure drop.
And another branch that's mostly above the diaphragm that can actually put a damper on the sympathetic nervous system and allow.
Mammals to come together without going into fight or flight.
And work together, so especially social mammals can work together and like if you think about a pack of wolves, they're working together without killing each other off.
We don't think about a pack of snakes working together.
And that would be terrifying to think about. A pack of snakes working together, at least for me, my nervous system would not like that idea.
But because this newer branch of the Vegas that appeared in mammals allows for mammals to to put a damper on the nervous, the sympathetic nervous system, it allows mammals to come together and do things like give live birth to their young, to care for young to work to.
Collaboratively. And so we have an autonomic nervous system basis for.
Our ability to collaborate. And So what Steve said is that not only is there this monitoring that happens like in that what's called the Barrow reflex that I was telling you about, that blood pressure reflex, but it also is monitoring our safety with each other on a heart.
To heartbeat basis as well, and that's called neuroception.

Neurosception is an out of awareness.
Process, that is.
Determining whether we're in a safe circumstance or in a threatening circumstance, and Dr. Porges coined this word neuroception to indicate that it's something that is happens outside of awareness as opposed to perception, which has more of a conscious aspect to it. So there's neurosception.
That's this monitoring going on in a heartbeat to heartbeat basis.
And then there are three responses that he talks about.
And there are more that we talk about these days that I'll go into that in a little bit too. But one of them is that fight or flight response that we're talking about a lot.
And then another that we can think about is shutdown.
Playing possum death? Feigning. That's where an animal actually faints, its heart rate and blood pressure. Instead of going up like in fight or flight, actually drops. And it causes the animal to look like it's dead.
Just to think that, like a possum would pretend to be dead and it would be thinking to itself.
I'm just going to lay here, really. Still until the dog goes away or whatever's bothering it, but it actually is fainting.
And if you study people that have fear of needles, about 11% in this one study.
Of people would have signs of fight or flight and another 11% would have signs of this shutdown where they would get dizzy clammy.
And feel faint.
Or even they can faint.
So they're having that.
That kind of vagal response.
But then what's the state that we're in when we're not in fight or flight or shutdown?
Here's another good question.
Steve calls this the social engagement system or relaxed engagement, and relaxed engagement is when the newer branch of the Vegas is putting a damper on sympathetic nervous system.
And that allows us to come together and collaborate with each other like we're doing now.
So if we go back to Tanner, remember Tanner?
We started off talking about Tanner.
All right.

Here's doctor Roberts.
Doctor Roberts has come in.
And the two doctors that got thrown out of the room have gone off duty.
It's change of shift they did.
Report and those doctors are very worried.
They've tried all of their best things.
They probably took my class at UMKC.
They tried all the things that I taught them, but I didn't know about all of the stuff and had never met. Doctor Roberts is really remarkable.
And so Doctor Roberts knows.
This kid could die before the day is over if I don't.
If I don't help him.
Sure, we could take him to surgery against his, his will and his mother's will. But that's pretty complicated.
I've had that happen once in my career where a person was taken to surgery against their will, a pregnant woman with schizophrenia who was psychotic is water and broken, and she had a fever and I talked to her for two hours and couldn't get her to agree to.
Have a life saving procedure until the hospital attorney had to get involved. Huge thing.
Anyway, Doctor Roberts decided.
Going to go in, he looks through the window of the room.
He can see that there's a chair at the foot of the bed and he decides I'm not going to be the one that talks first.
So he goes and he sits in the chair, warm, friendly presents.
That Carl Rogers would be proud of any and he just says hello and sits down.
And he doesn't say anything.
And 15 minutes go by.
How many of you have seen a doctor sit with a patient for 15 minutes without talking?
I'm not sure I've ever seen that, including watching myself.
But Doctor Roberts goes 15 minutes and after 15 minutes, Tanner says. Who are you?
And at that point, Doctor Robert says, I'm doctor Roberts.
I'm the on call Doctor.

And then he shuts up again.
And another 15 minutes go by.
People are in the hallway calling Guinness Book of World Records because this is.
A world record for doctors being quiet in the presence of a patient.
And he's just sitting there, still friendly and at the end of another 15 minutes, Tanner says.
Well, what is it you want to do?
And Doctor Roberts says, well, I'm not going to do anything without telling you about it first.
But I'd like to find out why you're feeling so bad, and I'm going to take my stethoscope and I'm going to listen to your belly. If it's too cold, you let me know.
I'm going to touch your belly.
If it hurts too much, you let me know too.
And Tanner says OK doc.
You can.
You can examine me.
And so.
We can think about this like how did Doctor Roberts do that?
I mean, I don't know how he thought of it.
'Cause I know this is not something they teach you in medical school.
Have you ever seen a doctor do that before?
Maybe he learned it in children's mercy. That could be very well possible.
As well.
So let's see.
Just stop sharing.
That's so risky.
Because I might not be able to get it to share again.
Anybody have thoughts about?
What Doctor Roberts did, how that was helpful.
How it was helpful to Tanner's nervous system in calming down.
How did Doctor Roberts get his nervous system to calm down?
Bonner turned on his video.
Does that mean he has something to say?
You're on mute. If you have something to say.

Or maybe you don't.
Any thoughts? How did Doctor Roberts what he did help out?

Falbo, Ashley, M LCSW, LMSW 40:54
Obviously it made the patient angry to the surgery and maybe they were just looking for somebody to help calm them.

George Thompson 41:03
How did that calm him?
I wonder how that calmed him.

Falbo, Ashley, M LCSW, LMSW 41:06
Calming presence. Calm the patient.

George Thompson 41:11
Yeah. So that's one. That is one of the things that certainly happened because our nervous systems communicate.
I was talking about Neuroception and one of the things that we are monitoring, I say we but again this is happening outside of our conscious awareness where neuroscepting the state of the people's nervous systems around us and so.
A.
Calming a calm, nervous system has a calming effect on our nervous system.
Or it can any other ideas?


Davis, Stephanie, L LSCSW, LCSW, ACM-SW 41:48
What's the time? I mean, minute by minute? His nervous system is perceiving everything around him, determining whether he is safe or not, and after a certain period of time, his system determined he was safe and he felt comfortable to ask a question.

George Thompson 42:03
Right. So Doctor Roberts hasn't done anything threatening and enough time has gone by that now. Tanner's nervous system is predicting. It doesn't seem like this guy's gonna do.

It's not gonna make any sudden movements.
He's not gonna do do something that seems threatening.

CA **Collins, Angelia** 42:23
Apologize for not raising my hand.
I'm not able to at this time, but I agree with the the the two.
I also wonder because his presentation was so different from the previous positions that that also played a part.
What's going on with him?

GT **George Thompson** 42:43
Yes.
That is it, angelia.
That's a cool name, Angela.

CA **Collins, Angelia** 42:50
Angela.

GT **George Thompson** 42:52
That's such a cool name, but I like the way you spell it.
Yeah. So our brain also detects novelty.
Our nervous system detects novelty and gets interested in it.
And so if Doctor Roberts is different from the other two doctors.
The brain will pay attention and then.
If it's a positive thing, then it disconfirms.
The worries that the nervous system has this doctor's just going to be like the other doctors.
All right. I wonder if I can.

JB **Joe Beck** 43:30
But there were a couple of comments.
Jennifer said.
Settled bodies, settled bodies.
Allison said the patient was put in charge.
And also the doctor stayed with him for a longer period of time, which was probably

never happened before.
Doctors usually breeze in and out. And lastly, Tanner could have implemented his vagal break to have mobilizing energy to return to ventral.

GT **George Thompson** 43:58
Yeah. So yeah, so giving Tanner control.

JB **Joe Beck** 43:59
That's very wise.

GT **George Thompson** 44:03
Putting him in charge, we generally feel safer when we're the ones in charge and less safe when somebody's telling us what to do.
And just getting having time to get used to that doctor and then knowing that you're going to have enough time, that certainly a a good idea too.
And then the vagal break.
Koran. If I said that right is right that when I was talking about this newbch of the Vegas, the Vegas putting a damper on the.
The sympathetic nervous system that's called the vagal brake.
And if he's got too much adrenaline going, then this can help his energy return to normal.
But it can take a while for, you know, like if you've had a fright. You ever had that happen where you have a fright, you feel then that adrenaline surge to your body, but then it takes a little bit of time even after you know that the Fr.
Is over for your body to return to normal for it to come back down your heart rate to return to normal.
As well.
Good ideas?
All right.
I think I might.
It might be sharing again.

JB **Joe Beck** 45:24
And there's back.

George Thompson 45:25
Tanner is back.
And I'm either a little bit too oops.

Joe Beck 45:30
Bar.

George Thompson 45:31
OK.
So here's what how Deb Dana draws this autonomic what she calls the autonomic ladder.
So here's a person up here.
They're neuroscipting safety, so they're feeling social. They're feeling like they can connect. They're engaged with other people. They're connected.
They're smiling.
They're doing good.
This is called the ventral Vegas because the origin or the nucleus of this branch of the Vegas is on the ventral side of the brainstem.
That's the belly side of the of the brainstem.
Here's fight or flight.
That's the fighting person.
Here's the fleeing person sympathetic nervous system.
So neurosception of danger.
So they're mobilized, high energy state.
They're taking action.
They're in fight or flight.
Dorsal Vegas this person is in collapse or shut down at the bottom of the ladder.
Dorsal Vegas is called dorsal because it's on the backside of the brainstem.
Like the dorsal fin is on the backside of the of the shark and.
That happens when there's a neurosception of life threat. Person becomes immobilized, shut down, collapse. When Doctor Roberts said that, he walked into the room, he said Tanner had the blanket pulled up to his chin.
His legs were stretched out in front of him stiffly, and he wasn't moving at all, so Tanner probably was in a state of immobilization.

His mother was probably ready for whatever needed to happen.
It was more in the fight or flight state.
One of the things that Deb.
Dana talks about who wrote that.
That made that chart. I'll just tell you a little bit about her.
She's a therapist, a social worker from Maine and amazing person. She started learning about the Polyvagal theory, and she wrote a book called the Polyvagal Theory and Therapy.
And also edited a book called Clinical Applications of the Polyvagal theory.
Which has got like 2021 chapters of different approaches to using the polyvagal theory.
Some of what I'm talking about comes from my chapter in that book, which is about the polyvagal theory and the doctor patient or the therapist patient relationship. But one of the things that Deb did is that she translated a lot of Steve's more technical neuroscience into langu.
That we could understand.
Here's one of her books called anchored how to befriend your nervous system using polyvagal theory.
And we're going to do an exercise that she created.
So if you have paper, that's good, I should have said that earlier, but.
If not, you can.
Write on your phone or whatever way that you want to do that I'm going to will take a few minutes and just get to know your own nervous system. If you're going to befriend another person. If I'm going to make friends with Ashley because Ashley and I haven.
Met in person till this morning.
The first thing I'm going to do is get to know her a little bit.
I'm going to ask her some questions.
How long she been at children's mercy?
Did you grow up in Kansas City?
I'm going to get to know her a little bit.
Same thing if we want to befriend are nervous system. We have to get to know it some and so this is an exercise that helps us to get to know our nervous system.
So we have these three different states relaxed and engage fighting fight and flight and.

Shutdown or collapsed state.
And So what we're going to do is we're going to and the way Deb puts it is di our toe into each of these states.
We'll start off with fight or flight, so dip your toe in, because if you run out of the room and you're in flight, none of us can chase you right now.
So just get a little bit of a sense of what when you know, like if you've had some fright and you can feel that adrenaline.
Surge through your body.
The first thing then to notice is, what's your embodied experience?
In fight or flight?
So what does it feel like in your body?
What are the sensations of fight or flight?
So is it a fluttering?
A trimmering.
And squeezing burning.
Calm feeling?
What's the feeling in your body? And you can just take a note.
You know, fight or flight.
I feel this and maybe where it is like is it in your arms or your belly or your your chest, your legs?
What is fight or flight feel like at the level of sensation?
And then.
What's it feel like at the level of emotion?
What emotion do you have where you're in that you know something has activated your nervous system?
Just taking a minute to get to know your nervous system a little bit.
This dipping your toe in and then we also wanna know what is our mindset? How does how does this set of sensations and emotions affect our mindset? And so.
We can do that by completing 3 sentences.
So how do I feel in this fight or flight state? So you can answer the finish the sentence.
I am so in fight or flight I I am.
Take a moment to answer that.
And then when you look at the world around you, how does the world look from inside the fight or flight state? That can answer the finish this and it's the world is.

Just whatever comes to your mind from this set of.
Sensations and emotions.
And from this set of sensations and emotions, how do people seem? When you look at it?
Other people, how do people say you can finish this sentence? People are.
And then.

Joe Beck 52:10
Or maybe people can even share their comments if they want in the chat.

George Thompson 52:15
Yeah, that's yeah. So that's good.
Yeah, Joe, you did that. That's great.
I was just thinking about that too.
So yeah, if you wanna write either what your mindset is, what the sensations are.
So Joe's written very hopefully.
I am scared.
The world is small and the and people are dangerous.
Not uncommon.
I'm tense and jittery, Jennifer writes.
The world is dangerous.
People want to hurt me.
Yeah, people hurt me, yes.
One of the phrases that Deb Dana coined is that story follows state.
Our stories emerge from states, and you can start to get a sense of the stories that can emerge from a fight or flight state, and these may be the stories that are going through Tanner's head as he's laying there in pain, having, you know.
Having leukemia, you know, people hurt me.
People want to hurt me.
People are dangerous.
Here come some people in white coats.
Tell them to leave me alone.
And so this is some about.
The fight or flight state.
Thank you.

Thank you guys for writing those things out.
And so now we're gonna dip our toe into the collapse state.
So when you're in a a state where.
This can either be.
It's something like really frightening again.
Just dip your toe into the sensation of it or it feels inescapable, or it can feel overwhelming.
So there's so many parts to it that it's overwhelming again.
What is this? You know? Write down for yourself. What are the sensations that you experience in that state?
What does it feel like? Burning. Squeezing.
Shaking.
Can have a temperature to.
It can be.
You can feel hot.
You can feel cold.
You can feel warm.
It can be a flash of something.
And where in your body do you feel that?
Does it have a movement to it? Is it turbulent?
Is it still flowing?
What does it feel like and what's the emotion that goes along with that?
Fat embodied experience.
But what do you feel emotionally?
Just take a minute to connect with how it actually feels in there.
And then again, what's your mindset?
So how do you feel in the in the collapsed or the shutdown state?
Immobilized state, finish the sentence I am.
And then.
How does the world seem when you look out at the world from inside of this state?
The world is what?
And people are.
Yeah, and I'm able to see choices or make decisions.
I was wondering if cushions belonged there.
I am small.

The world is huge.
People are attacking me.
So you guys are empathetic and now you're getting some maybe new ways of emathizing with what's going on with another person is we can help them put their nervous systems sensations into language or the stories that emerge from this state.
Lots of shy social workers at children's mercy.
Now we're gonna do the relaxing engage state, but instead of just dipping your toe in to, you're gonna put your whole self into the relaxed engage state.
So it's like the hokey pokey, you know, put your whole self in.
And you can imagine like being with a group of people that you really love, that love you. It's safe. It's fun.
It's you're having a good time.
You can really let down your guard.
And so what's your embodied experience in that state?
Where you can really let your guard down because you're with people that you know are safe.
You trust them? They know you. They see you.
They're understand you, that kind of thing.
What's your emotional experience?
And then you can finish those three sentences from within that state.
How do I feel?
How does the world look?
How do people seem?
Michelle, I am comfortable.
The world is good. People are kind.
Feeling calm?
I'm free.
The world is safe. People are trusted.
I am relaxed.
The world is open.
People wanna help me. Wow. Beautiful.
I am hopeful the world understands people are reliable.
And we can start to think then about.
What conclusions we can draw after seeing what our three different states are like?
I feel safe, Alison. Yeah.

You can start thinking about what conclusions can you draw from doing this exercise.
I'm not gonna do that.
This is my friend Roddy.
And with his baby.
Roddy actually used to be a surgeon.
And then he quit surgery.
Got a pH. D in flamenco dancing and now lives in Spain and has a flamenco studio.
That's why he looks so happy.
Now he looks so happy. 'cause. He's got his baby and this is the ideal situation, right?
For a parent and child that there's this safety. This is the ventral vagal, the relaxed and engaged state.
Reminds me that not all kids are sick all the time and not all kids are traumatized all the time and.
Some kids are really.
On some days, having really good days.
So one of the things that we can do to communicate safety is we can match the energy and the energy communicates to, as Ashley was saying, a calm, nervous system communicates.
But we can also communicate that we understand what's happening if it in an agitated nervous system. We're actually Doctor Roberts is probably communicating that immobilized state.
He's not talking and his energy is communicating.
So if we match the energy that's one of the ways of creating safety.
We're staying regulated.
We're not getting angry if the person's angry, but we can have our voice be a little bit higher or our energy be a little bit more intense.
And we're watching to see if that's helpful. If there's attunement and calming.
And in this course that I taught, we taught all of these things I was mentioning before.
Open-ended questioning like non focusing skills. Using silence is a non focusing nonverbal skill.
Non verb verbal encouragement like.
Oh.
And those are neutral utterances.
Nonverbal encouragement are gestures.

A friend many years ago used to practice in the mirror.
He was a therapist raising his left eyebrow so that he could just have the person respond to that and then focusing skills, which has the person.
To tell you more about the thing that you're focusing on, echoing back a word that they're saying, making an open-ended request. Tell me more about that.
Can you say more?
Those kinds of things, paraphrasing and summarizing.
These are all active listening skills that you guys learn about.
We would also teach seek the emotion, try and find out what the person is thinking.
These are all things that help a person to feel safer. If we are using these kind of active listening skills that's going from the red circle to the blue circle.
We're seeking what, what the person is feeling directly by asking. How do you feel?
Indirectly we might.
Say if I were in your situation, I would feel this way and then we would teach this acronym to address their emotion, which was nurse. So naming the emotion can also be called affect labeling.
Understand something. Understanding it makes sense to me why you would not be wanting to talk to doctors respecting, you know, I can respect that. You're asking for what you need and supporting.
No matter what happens, you and I are gonna work through this together. And when we do this kind of interviewing, it sends signals of safety to a nervous system and to the nervous system of the person. So in a way, Dr. Roberts is using patient centered interviewing.
By meeting the patient where he is and he's using that silence until the person until Tanner's nervous system is calmed down.
One of the things I would teach the medical students is that.
Patient centered interviewing leads to the strongest doctor patient relationship.
And.
Causes things.
All kinds of good things to happen like.
The in a study with people with diabetes, when you use patient centered interviewing.
It leads to the patient being more adherent to their medication regimen. People that when you do patient centered interviewing, there's less chance that you're going to get sued, for example.

And here's an interesting study with these guys that wrote the textbook on patient centered interviewing Robert Smith.
And so they did, with one group of patients.
They did patient centered interviewing where they asked the patient what brings you in and then talk to them about their experience. So they were creating a sense of safety.
By conveying to the patient that I want to understand your experience, I want to know you.
I want to demonstrate that I understand you.
And then another group of patients just had doctor centered interviewing or clinician centered interviewing where they just asked about symptoms.
Have you had dizziness?
Have you had nausea?
Have you had vomiting but not asking so much about what was that like for you that you had dizziness, nausea and vomiting?
And then they put him in an MRI machine. A functional MRI gave him a little electric shock and.
They were looking at a picture either of the person that interviewed them.
Wearing a white coat or another person in a white coat that.
Hadn't interviewed them and the patients that were interviewed using this patient centered approach that creates a sense of safety.
They had less pain than the people that had.
The doctor centered interviewing, where you just ask about symptoms, but both groups had more had less pain than if you just were looking at a picture of somebody.
That you didn't know, just a random stranger in a white coat and.
There were changes too in brain activation in the left insula as well.
So these were the kind of slides I would show to medical students to say, see if you talk to people in this way, they feel safer and there's a change in their brain as well.
And here's an interesting thing that fits very well with polyvagal theory that comes as a direct quote from the from that research article.
They say taken as a whole, these findings support the hypothesis that the presence or even a visual image of socially supportive figures.
So this person that's done patient centered interview is a socially supportive figure such as a doctor or spouse, provides important biological safety signals resulting in

the attenuation of emotional responses during.
Anxiety producing challenges.
So if we form these kind of relationships.
Then it does a thing called social buffering, where it actually changes our biology.
And has us feel calmer.
David Brooks is a columnist for the New York Times and not in scientist at all.
But he's a person that's very interested in.
Relationships says in his book that he wrote last year how to know a person the art of seeing others deeply and being deeply seen.
There's just one foundational social skill, the ability to understand what another person is going through to see someone else deeply and make them feel seen.
And it turns out that that social skill also has neurobiological.
Impact as well.
So here's the polyvagal theory. These three states, again, that dog is in fight. That one's in shutdown, that one.
Relaxed and engaged.
And here's some the symptoms that go along with the trembling and fight or flight fast heart rate, fast breathing tune.
We tune out voices actually in fight or flight.
The little muscle that goes to the eardrum.
Relaxes and the ear turns to lower frequencies.
Like a growl of a dog.
And so people may not hear us as well. Like Tanner may not hear people as well because his eardrum is tuned to a different frequency.
There's adrenaline stress hormones like cortisol and also are when we do brain scans.
Our thinking brain goes offline and fight or flight, so we can't think we can't learn.
And so I would teach doctor patient communication and.
Part of the goal was to help the patient feel more comfortable, but this also had an impact on on their cognition as well.
Their frontal lobes could come back online and they could think about what I was saying they could.
Tell me better what the sequence of events were of their, you know, this pain started.
Actually it started in my left knee and then it went to my left thigh.
That's fight or flight.
Shut down. We're feeling passive, blending in.

The emotionally numb. This is where dissociation comes from.
Tuned out, disconnected and I think a lot of self harm happens in this shutdown or collapse state.
And I think suicide comes here as well.
Just feels so alone and like things will never get better.
And then the relaxed engage state connected, communicating, collaborating.
We can be creative in this state.
We can learn and healing and growing also happens.
So if we can't get to relaxed engage, I think this is what's happening.
In, in failure to thrive.
Is that there's a baby infant in chronic fight or flight chronic shutdown.
We're regulated in the relaxed engage. This is a same kind of thing from the polyvagal.
Institute.
So here's relaxed up here.
Normal heart rate and muscle tone.
Relaxed engage. Curious. Creative, hopeful.
Down here.
Mobilize sympathetic.
Increased heart rate, blood pressure, hormone flow, muscle tone, fight or flight stress.
Anxious, fearful, but also irritable. Angry, rageful, hostile and then immobilized.
Here, low heart rate, muscle tone, low energy to pressed, unhappy, lonely, hopeless.
And one of the things about.
This diagram is that Steve Port just talks about blended states, so we can have a state that's between relaxed and mobilized. And I think for those of us that respond in critical situations, we're in this state and down here associated emotions.
When feeling safe, we can actually feel mobilized and safe. So as Joe gets called to the Ed, his heart rate may go up. His blood pressure may go up.
U.
But he also knows what to do, and he knows he's got a good team with him and so he's got that energy that he needs to respond.
But he is still regulated and connected.
The more mobilized we get, the more connection it helps us stay regulated.
Marilyn Sanders and I wrote a book called Polyvagal Theory in the developing Child,

and Marilyn's a neonatologist. So she talked about that in the in the NICU that you mobilized.
But you stay connected to each other and then?
Associated emotions when feeling safe, say here.
Energetic, active, playful, motivated, so energetic, active, motivated in this hybrid state.
There's also a hybrid state here between relaxed and immobilized quiet moments, intimacy associated emotions. When feeling safe, blissful, dreamy, tranquil, meditative.
So think about a mom or dad holding a baby.
It's very quiet, it's immobilized, but everything is safe.
And then here's this data freeze, where you're both immobilized.
But you have a lot of a lot of adrenaline.
This just gives us a little sense of that, that older vagus nerve probably appeared 500 million years ago.
Something like that sympathetic nervous system appeared 400 million years ago.
And then the new branch of the Vegas about 200 million years ago. And so in evolution, that's the way that it went.
But when we're under stress, or if one of.
The ways isn't working. We can go the other direction and that's called dissolution.
So if relaxed engagement is not keeping us safe, that's when fight or flight comes online.
If fight or flight doesn't keep us safe, then we go into the shutdown response.
I like this also is another way of thinking about the stories that we tell.
This comes from Ruth Culver, who's a therapist in England that does internal family systems, but also writes about the Polyvagal theory. She says that in life, threat in.
The.
Paula pose, state collapse state. That's supposed to say collapse and not collapse.
I don't know what the collapse state is.
That we often have this feeling like I can't do anything or I hurt and then fight or flight I must or you must.
You must leave. Tanner is saying.
But when we're safe, regulated and engaged, and you guys wrote these kinds of things.
In.

Your comments.
We can be in.
I can, which is a state of doing this or I am which is a state of beingness.
Kind of being in the flow connected to our essential self, our core of who we are.
And this is important because if we want somebody to go from, I can't to. I can. We can have a conversation about their abilities or we can do things that help them move up from the shutdown state to safe, regulated engage.
So Doctor Roberts helps Tanner go from. I can't to. I can not by having a conversation, only saying I'm Doctor Roberts.
Amy on call Doctor in a 30 minute span, but he helps him get to ICANN by helping his nervous system move from one state to another.
So what we're doing is we're helping their nervous system move.
So we're going from this is the if I feel better then I can solve problems.
Relaxed engagement.
All right. I'm gonna show one more set of things and then we can maybe, hopefully have a few minutes for talking.
So how much a person trusts you depends on how many times you demonstrate you understand their experience, and I call this the trust building sequence.
So.
I don't.
I used to think that this curve looked like this.
You demonstrate a little bit.
You understand their experience.
You're using your active listening skills, empathy, building rapport. They trust you a little.
You demonstrate a little bit more.
They trust you a little bit more.
But now it seems like this where you know all of a sudden Tanner sits up and starts talking.
And why is that?
I think that there's this.
It's not really a line in our nervous system, but I call it the threshold of mistrust.
That somehow there's been this assessment of.
Of is this person trustworthy and that at a certain point it happens all of a sudden?
And there is some research to back up this idea that it.

And it happens all of a sudden.
O we're listening to understand where you're building safety and trust, and then all of a sudden.
The nervous system relaxes, and at that point my nervous system generally relaxes too.
And so it's one of the symptoms or one of the signs I look for that I've crossed the threshold of mistrust.
Is that my nervous system is relaxed as well.
And.
A child's ability to do this is one of the signs I use in the urgent care clinic that maybe I can discharge them with a safety plan rather than admit them to the hospital.
And so once I've gotten this sense that the child has crossed the threshold of mistrust, then I can pivot from trust building to collaborating.
So now I can go over here from.
This is the feel good to problem solving to solve problems over here.
Now I can talk to Tanner. Now that Tanner's nervous system is relaxed, we can do an exam. We can say I think that this is.
Something that we need to do a ultrasound 4. We need to take you to surgery.
Whatever we need to do and he's going to be able to to participate in that because we've gotten to this place that I call trust beyond doubt.
Now we're not having to pay attention to the relationship so much, we can focus on what are we doing together? We can go into action. That green circle there. We've gone. We've built the blue circle.
Now we can go to working together to solve problems.
And something may happen that puts we can go from. I can't to I can.
But I'm also what I would teach the medical students is watch their nonverbals to see.
Does something happen where?
They get triggered again and then you re attune and repair go back in that direction.
So I'm just gonna show you for 2 minutes.
A demonstration of this and this comes from the movie inside out.
I'm assuming that we'll be able to hear this.
We didn't test it before.
I meant to test it.
And in the movie inside out, there's a girl named Riley.
She lives in Minnesota.

She plays hockey, her family is moving to San Francisco.
She's not going to be able to play hockey anymore, so she's very upset about this and the movie takes us inside of her mind called headquarters.
Tells us about 5 emotions that drive the bus.
Operate headquarters and in this scene.
We'll see joy and sadness and they've met up with a toy named Bing Bong, and they're trying to get back to headquarters and and only Bing Bong knows the way.
So let's see, Jeff, you give me a thumbs up. If you hear this.
Stuff.
I love it.
Wait. Benny and I were still using that rocket P.
It still has the song tower left.
Who was your friend who likes to play?
I.
And they can't be done with me.
Comes joy.
Be OK we can fix this.
We just need to get back to headquarters. Which way to the train station?
I had a whole trip planned for us.
Hey, who's ticklish?
Here comes the tickle monster.
Hey, Bing Bong, look at this.
Oh, here's a fun game. You point to the train station and we all go there.
Will that be fun?
Come on, let's go to the train station.
I'm sorry they took your real good.
They took something that you love.
It's gone forever.
Sadness. Don't make him feel worse.
Sorry, it's all he had left of.
Riley, I bet you and Riley had great adventures.
Oh, they were wonderful. Once we flew back to time, we had breakfast twice that day.
Sounds amazing. I bet Riley liked it. Oh, she did.
We were best friends.

Yeah.
I'm OK now.
Come up the train station.
Is this way?
Did you do that?
No, I was sad. Sorry.
Listen, the word, there's the trade.
Finally gonna get home.
Is faction of his look so similar?
Don't worry about it happens all the time.
All right.
So.
So this is a demonstration, then, of crossing that threshold of mistrust.
By building enough trust and trust and safety, and then now actually, Bing Bong is activated more than sadness and and joy.
And he's off running down to find the train. And so I used to think that to change somebody's state, I needed to change their mind.
But now I think more that I to change their mind, I need to change their state. So any thoughts, questions?
Comments, either about sadness, joy, and Bing bong.
What's helpful there?
This idea of the three states of the nervous system and that we're neuroscepting safety and danger.
Or any of these things with how this applies to your work.

JB **Joe Beck** 1:22:27
Jennifer raised her hand.

GT **George Thompson** 1:22:27
I'm Jennifer.
Yeah, Jennifer.

 **Stallbaumer Rouyer, Jennifer, S** 1:22:34
I've kind of been getting ready for work, so I think one of the things that particularly I love this first of all, thank you so much for sharing it. And one of the things I love

about the clip that you showed is, you know, you had referenced Joe.
Responding to the emergency room, he's got the heightened adrenaline.
He heads down, but he knows that he can regulate himself in a way that he knows that he's working with a team.
And so I think of joy in that situation.
Joy doesn't want to face the tough emotions that Bing Bong has.
You know, she wants to go in and just kind of keep trying to cheer him up out of it.
And so for us to be aware of ourselves as practitioners, what is our regulated state as we are responding?
Have we just come from a terrible death and we're having to go to a next situation?
Have we just had a a terrible interaction with a colleague and we're having to go and try to settle another body and so to just be so aware of the colleagues that we work with and what what state they're in as well as the.
That we work with because in the ER we have about one second to build that trust.
And so we go in and when we go in with this cognitive ramming of, I'm going to convince you that you should calm down or I'm going to convince you that you should be. Then we lose that opportunity to pay attention to our state as well as their.
State and so I just, I love, love, love that you're sharing all of this.
Thank you so much for being here.

GT **George Thompson** 1:23:59
Thanks. Thank you so much, Jennifer.
That's that's really awesome.
Yeah. And in dyadic developmental psychotherapy, the kind of one of the kinds of therapies I practice, Dan Hughes says.
We sometimes we need to slow down to go faster.
And I think that that clip demonstrates that and what you're talking about that and just.
The work that you guys do is so.
You know, heroic, intense.
It's really, you know, very amazing, but that that taking a minute to recover.
If you ever have me back up, I'll talk about resilience and recovery and what that recovery looks like between the times that you do. Sometimes Joe will tell me about the day that he's had it at the Ed.

And I'm like, oh, my gosh, Joe, how do you?
How do you even do that?
So that's really important.
It looks like we've come to the end of the time.
I am happy to answer questions and.
If you want to send me an e-mail at any point, or if anybody wants to come and take a tour of.
The psychiatric urgent care. We'll be happy to to host you and again, you know the work that you guys do helps the world go round and you take care of kids.
And their families, in the worst moments.
And so I'm just deeply grateful for the work that you do, and I'm very happy to support you in any way I can.

JB **Joe Beck** 1:25:48
I just wanna quickly say thanks, George.
I think it's been an amazing presentation.
The turn out was great today.
Thank you to all my colleagues.
For helping support this presentation and I'm fairly confident that we'll be seeing George again next year.
In the new calendar year. So George, if you want to hang.

MD **Murphy, Allison, D** 1:26:12
Yeah, everyone.
Joe, everyone on here offer or heard him offer to come back and talk again.

◉ **Falbo, Ashley, M LCSW, LMSW** stopped transcription