Web-based Radio Program

Applying DIR/Floortime Principles to a Variety of Mental Health Disorders
Part II

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Good morning. This is Dr. Greenspan. Welcome to our Web-Based Radio Show. As you recall, we started a new series last week on the most common mental health problems, and we began with talking about a general framework for families to be able to create a supportive environment where mental health can flourish and where various mental health disorders can be softened in their intensity or toward a path of recovery. We talked about the critical ingredients of setting up environments that are regulating and comforting – that means tailored to individual differences – that are engaging, but respectful of the pattern of engagement the person requires; that are interactive but yet also respectful but help the person gradually express a broader range of feelings versus gestures, and eventually through words and ideas and creative endeavors. Also we talked about making sense and helping the person make sense of what they are saying. Here is where we left off as we were going to get to the higher levels of thinking and how that can promote an environment that facilitates mental health and helps individuals overcome mental health disorders of all kinds. In subsequent shows we will talk about specific disorders like anxiety, depression, and the like.

Let's go back a step - when we talk about helping a person make sense, we want to underscore the importance of helping or creating an environment that helps the individual express their feelings verbally and make sense of their feelings, and also the environment to do this needs to be very empathetic. In other words, it can't initially be an advice giving role with practical problem solving – do this, do that, do the next thing – rather, it has to be one of an understanding of helping the person express, of empathizing with through your facial expressions, through your eyes, through your nonverbal communication like nodding your head. So the person can express all kinds of feelings – anger, sadness, disappointment – and even irrational feelings that don't make sense but help them summarize it and show them it's understood. If they jump around from topic to topic, help them make sense. Say, "Hey I'm lost here. We were talking about A and now we are talking about C." But do it empathetically and supportively, not critically.

So making sense means empathizing, summarizing, helping the person "connect the dots," so to speak when they seem to get off on tangents, but it's not really tangents, they are personal thoughts of the individual, and person feelings, but they aren't necessarily well connected so by asking the person to connect them up, you are helping them think about how A and C relate. So the person might be talking about disappointment at work or anger at a boss, and then all of a sudden jump to a movie they saw or a TV show. Well, it might be actually continuing the theme, but it is not obvious to you or them initially how it does. But the movie may have to do with a person who got their way all the time or who was very successful and may represent how the person wishes they were being treated. But you don't want to suggest that,

you are not trying to be an armchair "shrink" but rather you are trying to see how the dots are connected in a very supportive, empathetic way.

Also, as part of making sense, where possible you want to help the person and the whole environment wants to help the person understand the reasons for certain feelings at times. So you don't want to overdo this where every time something is said you say, "Well, why do you feel that way?" but rather if a theme is emerging in the conversation, or a feeling of disappointment, regret, anger, outrage, or suspiciousness, in a tone of voice that suggests there is a good reason for it, even though it may not be realistic and you may not agree with it but from the person's point of view there's a good reason, you want to raise the question which conveys in your own words and your own language and there shouldn't be any stereotype use of language here, conveys a notion of you having a good reason for feeling that way. Did anything happen today? The person may not initially be aware of a connection like someone was mean to them or it could be a child coming home from school or another child being mean on the playground or a teacher not letting them stand in line first or daddy not coming home as early has he had promised, or it could be an adult who got frustrated having to wait for the bus for a long time and you know they are embarrassed and something that simple would upset them. But in suggesting there may be a good reason for feeling that way and ask if anything happened today, even something seemingly unimportant, may open the door to helping the individual make sense of their thoughts and feelings to an even greater degree by exploring reasons for them.

That begins opening the door to the higher levels of thinking. Once we can establish a more causal connection between feelings and events or ideas, and help the individual master these, we want to go to looking for more than one reason. "Did anything else happen today that might contribute? It sounds like that bus driver didn't give you the right time of the day. How about the people at lunch or your boss?" It may have been a series of little insults – seemingly minor things. We want to see if there are others and help the individual do what we call multi causal thinking or multiple reasons. In other words, making sense in a more complicated way.

Then we want to approach an even higher level of thinking, once a person can make sense easily of things and can explore reasons for things; the healthy environment that helps people over mental health problems and also promotes mental health, is one that creates a framework or creates an atmosphere where the world is looked at in "grey" or grey area thinking. In other words you're looking for the hues and tones between colors, not just stark reds and blues. So rather than living in an all-or-nothing world where we all live when we are emotionally upset, anxious, or feel very angry or depressed, we are in an all-or-nothing world. Everything is terrible or everyone is miserable to me or I am so enraged that I could blow everyone up. We don't live in a world with a little bit of this and a little bit of that and a little more of this. Most of us are capable of gray area thinking, but not when we are upset or under extreme emotions. And, to promote mental health, the more we can use gray area thinking, in a sense, the healthier we are. The more reason will be our approach to our own feelings. The more we experience feelings in small gradations rather than as all-or-nothing calamities. Rather than feeling overwhelmingly depressed, angry, or upset most of the time, we can feel a little angry, a little sad, or a little disappointed, or a little annoyed, or a little suspicious, or a little competitive; and only sometimes when the feeling gets very intense and we feel that overwhelming all-or-nothing, almost catastrophic quality.

Now often people with mental health problems have this all-or-nothing feeling. When we are anxious, we feel the world will come to an end or something terrible will happen to us or

our children are scared of kidnappers or robbers or adults are scared of being injured. When we are depressed, we are thinking we are such terrible people. Nothing could change that. So both the ability to experience gray area thinking when it comes to our feelings, promotes a healthier coping strategy for life and mental health, and also helps us overcome many of the conditions, including anxiety and depression because those tend to lock us into the all-or-nothing type feeling states. Once we can apply that to the intense feelings of life, we often make significant progress. Often good therapy helps us do that because we are talking about the subtleties and nuances and shades of gray of feelings. So while I have been calling it gray area thinking, we are often involved in gray area thinking.

The healthy environment that will help people overcome their mental health disorders is always looking for opportunities to look at shades of gray. Sometimes we can use comparisons. "The anger you feel or the depression you feel today – how does it compare to yesterday? Is it a little bit more or a little bit less? How does it compare to the saddest day of your life?" "Well, this is the saddest day of my life, I never felt so bad." "Well, do you think tomorrow will be even worse or the same?" So getting comparisons could help with the gray area thinking, which is a variation of gray area thinking called comparative thinking. But it's looking at shades of gray. With children, sometimes, I have them show me with their hands, like a little bit, a whole lot, a medium amount. Often you can tell from the person's facial expressions, but helping them verbalize it and express it can be very, very helpful – it helps them put it into context.

It's also part of what we call big picture thinking because when you see the whole forest you see how each tree fits in so you can see the big trees, the little trees; when you are only looking at one tree, it seems like all or nothing. Gray area thinking supports big picture thinking, which helps you see things in perspective. Well, yes, this was disappointing, but compared to what could have happened… Or, yes I was in a car accident, I did break my leg and it's pretty terrible, but thank God I'm still alive and my other organs are ok. So it helps you put things in perspective. There are some events that are catastrophic in nature and we'll experience them in that way, but if we are a gray area thinker, it'll feel less overwhelming to us, even when it is truly a catastrophic event.

Now we are going to take a break for just a minute, then we'll get to one higher level of advanced thinking. Healthy environments also promote the next level of higher thinking, which we call reflective thinking. This is where the individual can really think in two frames of reference at the same time and say things like, "Gee, I'm angrier today than I usually am." In other words, they have a stable sense of how they usually are, and then they can assess the events of the day. The person can judge themselves. They can do this in their work, saying that this is a good report or medium report that I've just done, but they can do it in terms of, more importantly, their feeling world. "Gee, I wonder why I feel so grumpy today," "I wonder why I feel so depressed today – nothing really happened." This is where the person can explore reasons for things on their own, and again, use that stable sense of how they normally are, or even if they are normally very depressed they can say, "Gee I normally feel kind of depressed because I'm a depressive kind of person, and today I feel sort of cheerful – I wonder why?" That ability to think in two frames of reference at the same time – the stable sense of self and compare it to your feelings of the day. Then, as that reflective ability expands, you can say, "Gee, I wonder how I'll feel tomorrow?" You can explore historical antecedents – not only what happened today to make me feel so sad, but I wonder what makes me tend to feel depressed or tend to feel anxious. I wonder what happened in my childhood or in growing up or I wonder

what kind of environments I tend to create around myself? Or what do I do that contributes to my mood of the day or my feelings or my distractibility or my impulsivity? Or how do I get myself into hot water? Why am I always in hot water?

So at this level of self reflection you can see your own patterns, compare them to the way you want to be – compare them to some future goals that you may have, look at the past, and try to make sense of everything together. This depends on not just an intellectual ability, it really depends on having a core sense of who you are because someone, something, or somebody has to be making these comparisons. They have to be asking these questions. That is the core "you." It's this ability to have the core you that can then look at the mood and the feelings of the day and look at them in the future, past, and the current context that is part of what we are calling self-reflective abilities.

Now often in therapy, this ability is increased because we remove some of the areas where we tend to overlook things – some of the areas where our own anxieties and our own upbringing contributes us to "taking our eye off the ball." So we all have certain feelings we don't like to look at like whether it's humiliation, certain types of anger, certain types of competition, or we don't like to admit that we are jealous of certain other people. So therapy helps us, often, identify those hidden or missing feelings that makes us more reflective or, in a sense broadens our reflective range. In other words, we can have a narrow reflective range or we can have a broad one when we look at the whole brain.

Good family environments and good relationships can help us do that. Ones that are empathetic, ones that are non critical, ones that understand before problem solving or trying to brainstorm together to give advice. Or, better than giving advice, is to help the individual come up with their own advice or their own solutions. So our healthy environment, whether it's overcoming anxiety or depression or impulsivity, or whether it's mental health we want to promote, healthy environments promote this reflective attitude. Simple questions like the comparative questions – how does this compare to how you usually feel? Gee I wonder why today is such a tough day. This can help foster this reflective attitude.

Now as we look at these attributes of healthy environments to help us overcome mental problems and at the same time promote positive mental health, we see that there are a number of critical features that can be summarized. The environment has to be regulating, tailored to the individual, engaging, interactive, very gradually expanding of the expression of ones own feelings and perception of other's feelings, the ability to verbalize feelings and be creative with feelings, the ability to make sense of the world, and then the ability to do this at higher levels including multiple reasons for things, looking at shades of gray, and finally being able to be reflective. That's a tall order for an environment to produce, particularly when everyone in the environment has their own limitations and their own problems. But it gives us something to strive for; kind of a blueprint. We are all going to fall short of that blueprint because we are all going to have areas where we are not comfortable – feelings and a friend or spouse or child who is having a mental health problem but we are not comfortable with their competition or their anger or their curiosity and we find ourselves giving advice quickly.

So we can use it as a baseline to see how good we are doing in terms of creating this environment by asking ourselves a few simple questions. When do I stop being comforting and regulating? When do I lose it? When do I stop being empathetic and instead start giving advice or get into practical problem solving or lecturing before I understand or let the person express? When do I lecture or tell them what to do rather than helping them figure out what to do by being

a good colleague and partner in problem solving? When do I look for quick and easy fixes – all-or-nothing answers rather than promoting gray area thinking? When do I become unreflective and resort to an all-or-nothing kind of either magical solution or overly simplistic solution rather than looking for truly reflective understanding of the situation at hand? So these are some questions we can ask ourselves in promoting such an environment. These are the characteristics that we want to really work on. They'll make a big difference in a life of any friend, colleague, or family member who is having a mental health problem, and they will promote mental health.

This is really a separate topic, but it relates to the first, so this is really topic #2, which we'll talk more about next week as well. This is, if we are creating these conditions for mental health and overcoming mental health disorders, what sort of model of mental health and mental health disorders does this suggest? It suggests what we call a complex dynamic developmental model or a developmental biopsychosocial model, to use a technical term. Rather than one that looks at just one set of factors, we often think of genetic factors for depression certainly, and even for anxiety, and certainly for the serious mental illnesses like bipolar disorder, the schizophrenia – but we may not pay attention to environmental factors or stress factors or the atmosphere in the family. It's been shown that almost all mental health disorders are complex and due to the interplay of many factors together. For some things, we may only look at the environmental factors like trauma or stress, not looking at the predisposition of the person who may biologically be more reactive – some individuals cope better than others. We are used to thinking mostly in terms of genetics and biology, and mostly in terms of environment, it's important to always look at the interplay of both.

In our Development Individual difference Relationship based model, (DIR Model) which we are using to frame our discussion, we look at how these factors interact. The "D" part looks at the capacities we want to promote, like engagement and expression of feelings and gray area and reflective thinking like I was just describing. The "I" part, Individual differences, reflects the biology of the individual, but not in terms of the genetic potential for bipolar disorder or schizophrenia, but how does it affect the individual's nervous system at each age or stage of their development – as a 2-year old, as a 4-year old, as a 6-year old, as an 8-year old, as a 12-year old. We have noticed that individuals, for example, prone to anxiety, are more sensory reactive. They are reactive to touch and sound more than other children or other adults. Similarly with depression. Individuals prone to risk taking and impulsivity, we have noticed, tend to be sensory craving and under reactive to these same sensations such as touch and sound, and therefore crave a lot of sensations and are risk takers to get more movement or more feeling tone in their bodies.

We've also noticed that individuals prone to disorders such as ADHD often have problems with what we call motor planning and sequencing. They can't sequence many actions in a row and they might have a hard time sequencing their thoughts. This, too, can be a problem. They may also be over or under reactive to sensations.

So each disorder, we have found, has its own profile of individual differences in the way the person's nervous system works. These differences are the way in which the genetics or the biology, because sometimes it's genetics – sometimes it's the uterine life, sometimes it's maturation of the nervous system and just how it's developing over time – affects our nervous system. It affects it in very specialized ways. We believe now that there is a general tendency toward an illness, but then sets in motion certain processes. So for example, as we'll talk in more detail later, an individual who is hyper reactive to things like touch and sound – a cat's

meow sounds like a lion's roar – and when the person's environment is also hyper reactive – reacts to their anxiety with lots of anxiety, then we get a double whammy and we have more anxious, fearful child. On the other hand, if the environment can be balancing, what I call counter regulating – be extra soothing – and yet foster lots of assertiveness, that potentially anxious child may get more comfortable with being assertive and may also learn to calm himself down, eventually and be less anxious. He may be a little prone to anxiety, but not as nearly intense or severe. Again, it has the biological potential, but the environment helped off-set it. It doesn't mean that the environment is responsible, because a lot of it is the luck of the draw – what is the natural inclination of the caregiver – but knowledge can go a long way, particularly for flexible adults and children to help them. But also even with adults and adults – a spouse knowing what a good counterbalancing response is for their spouse can often implement that. Individuals prone to depression – they often not only are very reactive, but they may lack the ability to reassure themselves that they are good people. How does the environment help instill that for a person who tends to take things in extreme ways? We'll get into that when we talk about depression.

So that is how the "I" part of our DIR Model works. Then the "R" part is the relationships. They are the relationships I have been talking about – in the family, between good friends, between spouses. They are relationships that are tailored to these biological differences – soothing for the hyper reactive person, extra limit setting for the impulsive person – and that help a person progress to higher and higher for these developmental capacities, always up to reflective capacities.

So within our developmental biopsychosocial model, we don't look for an all-or-nothing or one-to-one relationship between a particular gene and a disorder, which we haven't found. We usually find there are multiple genes and complex pathways. We look for the developmental pathways. What we have found is we can identify key points at 2 months of life, at 4 months of life, at 12 months of life, at 24 months of life, on the developmental pathways leading to disorders. Disorders don't appear out of the blue; they have a developmental progression. They occur in steps. The more of these steps we can identify, and the more we can look for what capacities are being learned at that step, how are these biological differences being expressed at that step, what sort of relationships will promote health or contribute to more disorder at that step. By looking at it that way, we have a much more complex understanding of how mental health and mental illness get formed. As we'll see in subsequent discussions, having this model in mind then helps us figure out for each type of disorder how to create environments that will promote mental health and help overcome each type of disorder.

So beginning next week, we'll start with anxiety and depression, and then move on to the others we mentioned. We'll consider this for each type of disorder. We'll consider the developmental pathway leading to the disorder based on our best current understanding, and what clues this gives us – how to create health-promoting environments and environments that help overcome the most common mental health disorders.

We look forward to meeting with you next week, and thank you for joining us today.