

Deb Dana

SPOTLIGHT



Deb Dana, LCSW, is a clinician and consultant specializing in working with complex trauma and Coordinator of the Traumatic Stress Research Consortium at the Kinsey Institute, Indiana University. She developed the Rhythm of Regulation clinical training series and lectures internationally on ways in which polyvagal theory informs work with trauma survivors.

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INTERVIEW

NPT: *How has an understanding of neurobiology helped you in your practice/research?*

DD: I've always been drawn to neurobiology, naturally curious about the ways our brains and bodies work. I'm happy reading research, and my colleagues affectionately call me a “neuroscience nerd”. I have been fortunate to collaborate with scientists who are generous in sharing their expertise and in turn are interested in how their research is impacting people's daily lives. Being in the histology lab holding a human brain in my hands and watching the sectioning process was a powerful experience—the cortical and limbic landmarks we think about in our work with clients were suddenly there for me to see and touch. The mystery of how we humans think and feel and dream is no clearer, but I have a new reverence for the organ that helps create those experiences.

As my knowledge of neurobiology has deepened, I am even more convinced of the essential need for therapists and clients to understand the basics of brain biology and the organizing principles of polyvagal theory. In my therapy practice, it's vital for me to understand the impact my work has on my clients' neural networks and autonomic pathways, and equally important to understand how my own neurobiology is woven into the therapist–client relationship. I find that clients are eager to learn about the “vehicle they are driving through life”. Understanding the science underneath their behavior and beliefs reduces shame and makes room for curiosity. Neurobiology brings a humanizing, normalizing, and reassuring presence to the challenges of working with complex trauma.

NPT: *You've written a book titled The Polyvagal Theory in Therapy. Where are you directing this book?*

DD: *The Polyvagal Theory in Therapy* was written in response to the many requests I receive from clinicians who come to my workshops and are looking for a book that explains polyvagal theory in easy to understand clinical terms. I wanted to offer clinicians a road map for integrating these concepts into their clinical work.

I wrote the book both for clinicians to use with clients and for them to explore their own autonomic nervous systems. As with most learning, polyvagal theory is best understood “from the inside out”, and my encouragement to clinicians reading *The Polyvagal Theory in Therapy* is to try out the experiences themselves before bringing them into their clinical practices. Regulating our end of the clinician–client relationship is the starting point; the exercises in the book are equally relevant to both sides of that equation.

My wish is that this book will change the ways clinicians practice and also their ways of seeing and being in the world. My personal experience, and similarly my experience of teaching polyvagal theory to clinicians and clients, is that there is a before-and-after quality to learning this theory. Once you understand the role of the autonomic nervous system in shaping lives, you can never again not see the world through that lens. So, in my hopeful, ventral vagal state of being, I like to imagine the book beginning a ripple effect of polyvagal–informed practice.

NPT: *How have you implemented the programs and practices you talk about in the book?*

DD: As I reflect on this question, it is interesting to trace the path from my first exposure to polyvagal theory to exploring how to apply it in clinical practice and finally bringing my work to book form. This book is an outcome of the programs and practices I created to use in my clinical practice and for teaching in my Rhythm of Regulation training series.

When I first learned about polyvagal theory, the world suddenly made sense in a new way. I began looking at everything through the lens of the autonomic nervous system—not just my clinical work but collegial, friend, and family relationships as well. I could see the relevance of polyvagal theory everywhere I looked. I likely drove my colleagues a bit crazy in those early months as I tried to figure out what this transformative theory meant to me. My first foray into bringing polyvagal theory into everyday conversation was writing the brief *Beginner’s Guide to Polyvagal Theory*, which I shared on my website. That is where the autonomic ladder—the foundational metaphor for my clinical application—was unveiled. The response reassured me there were other people out there who were interested in a polyvagal perspective.

Over time, and with much experimenting, I found ways to apply the organizing principles of polyvagal theory in my clinical work. My clients were willing to trust my belief in the power of polyvagal theory to bring a new dimension to our work and joined me in trying out worksheets and experiential exercises. Their input was an important part

of the process of fine-tuning the practices that are included in the book. I then created a variety of Rhythm of Regulation workshops to teach other clinicians and see if my ways of working could be laid out in an organized approach.

Now, from a belief that the autonomic nervous system is the foundation for all of our lived experience, what I do with clients (and what I teach clinicians to do in my training programs) is to bring the foundation of polyvagal theory into therapy at the first meeting. This sets the tone for the therapy, and all other therapy models sit easily on top of this platform. Right from the beginning, therefore, awareness of the autonomic nervous system is the “ground” for the work. Our work is guided by bringing curiosity to exploring the autonomic needs for safety, moment to moment. The three maps of the basic mapping sequence lay the groundwork and can be completed in the first few weeks. These maps help clients answer the questions: “Where am I?”, “How did I get here?” and “How do find my way back to ventral vagal safety and connection?” As clients begin to map and track their autonomic movement, we incorporate a variety of the neural exercises presented in the book to begin to gently shape their systems away from protection toward connection. These steps constitute a polyvagal-informed process of creating safety and stability in the initial phase of trauma treatment.

On a personal level, polyvagal theory has become the linchpin of my daily life. My husband suffered a stroke several years ago,

and we navigate the world of stroke recovery through the lens of polyvagal theory. There is ongoing research into the role of the vagus in post-stroke treatment, and Bob and I are experimenting with ways to support the function of his ventral vagus and invite energy back to his social engagement system. The world of stroke rehabilitation is a confusing and often limiting one. Using the science of polyvagal theory as a guide continues to bring small shifts and keeps alive the hope that is the necessary ingredient of rehab and recovery.

I have great respect for the way Steve (Porges) developed this brilliant theory and invited clinicians to generate their own clinical applications. I have created an approach to bringing polyvagal theory into therapy and continue to experiment with new practices. My invitation to colleagues around the world is to use my work, adapt it to fit your needs, and use your own experiences to create new practices. The world of polyvagal-informed therapy is a welcoming one.

NPT: *Can you tell us a little about the theories and philosophies that have most impacted your work?*

DD: My first mentor, Tracy Morton Stanford, believed “trauma happens in relationship, so healing must happen in relationship”. This belief provides the foundation for my clinical work; polyvagal theory gives me the science to support it. While Tracy had an intuitive knowing about how to create the conditions for healing, Steve, in the development of polyvagal

theory, has provided a neurobiological roadmap. The three organizing principles of polyvagal theory—neuroception, hierarchy, co-regulation—form the North Star of my practice.

I have always felt it is necessary to attend to both the physiological and psychological elements of therapy. This led me to study interpersonal neurobiology and train in sensorimotor psychotherapy and internal family systems. Each of these models is a harmonious fit with polyvagal theory, and together they inform my philosophy of therapy and in many ways also my philosophy of living a life of well-being.

NPT: *You're working with the Kinsey Institute as coordinator of the Traumatic Stress Research Consortium. Tell us more about this project.*

DD: The Traumatic Stress Research Consortium is under the direction of Stephen Porges. Steve asked me to coordinate the Consortium and be the liaison with clinicians. It is an ambitious project with an initial recruitment of approximately 1,000 clinicians worldwide who will help us understand more about clinicians who choose to work with trauma. These clinicians will then identify clients from their caseloads to participate in the study. Both clinicians and clients will complete questionnaires and surveys. In the future, we hope to test new technologies that the research team is in the process of developing to gather physiological measures of autonomic nervous system reactivity.

This project, we will examine the

neurophysiological, psychological, developmental, and social processes through which trauma disrupts and compromises the human experience. The focus of the research is to examine the disruptive impact of trauma on the nervous system and look through the lens of brain-body functions at the clinical issues that bring clients to treatment. The goals are to:

1. Document the consequences of trauma on health, sexuality, and psychosocial processes;
2. Understand the neurophysiological mechanisms that are disrupted by trauma;
3. Provide insights and tools for clinicians and clients; and
4. Assess the effectiveness of interventions.

If readers would like to participate in this research project, they can email me at trauma@indiana.edu and I'll send them a link to register.

NPT: *If there was one thing you could impart to a new psychotherapist, or mental health practitioner, what would it be?*

DD: While training in models of therapy is important, at its heart, this work is about our ability to show up for our clients as a regulated, and regulating, resource. In all of the many forms our work takes, we are asked to walk with others on their pathways to healing. We accept the responsibility of being a predictably safe co-regulating person for our clients and to do this requires that we regulate our own mind-body system.

Understanding that our autonomic nervous system is in a continual state of signaling and searching for cues of safety, we must be able to answer the question, “What message is my nervous system sending?” and be able to offer our clients the energy of ventral vagal safety and connection.

With a neurobiological understanding of the importance of co-regulation and the need for experiences of safety in connection, I would invite new clinicians to befriend their autonomic nervous systems, learn to track the flow of their autonomic states, and attend to their autonomic needs for self-care. Just as we accompany others in their quest to find embodied safety, so we must touch our own vulnerable places and shape our own systems. A well-nourished nervous system brings well-being.

NPT: *What’s ahead for you in the next 12 months?*

DD: Since writing my book, my life has been filled with what I call ventral vagal adventures! I get to share my passion for polyvagal theory as I travel to new places to speak and teach and consult with clinicians who are experimenting with adding a polyvagal foundation to their own practice. I’ve just agreed to write two more polyvagal-inspired books for Norton. The first, *The Polyvagal Workbook*, will present the BASIC framework (befriend, attend, shape, integrate, connect) and a series of skill-building exercises designed to be used between sessions to complement clinical work. The second, *The Polyvagal Therapist*,

focuses on how a polyvagal lens changes the understanding of who we are as therapists and how we approach clinical work. I’m interested in looking at the clinical dilemmas we face and how our usual ways of engaging with clients are challenged when we practice from the foundation of polyvagal theory.

My heart is in the Rhythm of Regulation training series which was the genesis of *The Polyvagal Theory in Therapy* and is still the place where I test out new materials. Beginning with the very first group, Rhythm of Regulation participants have generously offered to be my polyvagal test pilots. For the first time this coming year I’m taking the training on the road to Northampton, MA, in addition to the ongoing training in my home town of Kennebunkport, ME.

Each day I wake up and wonder what new opportunity there will be to share my passion for polyvagal theory. I delight in every opportunity to bring polyvagal theory to a wider audience and to welcome people into the growing family of polyvagal practitioners.

BOOKS

The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation by Deb Dana, with a foreword by Stephen Porges, is published by W. W. Norton & Co, New York, NY. 2018.

A Beginner’s Guide to Polyvagal Theory by Deb Dana is available here: <http://www.debdanalcs.com/resources/BG%20for%20ROR%20II.pdf>