



Volume 7 Issue 2

Newsletter

June 2012

Welcome

to this issue.

The joint ITA/IDTA Conference in Harrogate was a great success and we are fortunate to be able to include an article based on the Keynote by Dr Margot Sunderland. As you will see, Dr Sunderland told us much of interest about current neuroscience findings; although she then relates this to the therapeutic relationship, it is all just as relevant for the developmental fields of TA application. To accompany this article, we also have some notes made by Julie Hay at a lecture by Dr Geoff Bird on Neuroscience and Coaching.

Some of you may be aware that the BACP - British Association for Counselling and Psychotherapy – has now added a Coaching section (and maybe it will some day change its name to BACPP ☺). This section has launched a new journal, called Coaching Today and an article about boundaries prompted Julie Hay to submit some information about contracting from a DTA perspective. Comments are welcome!

Our other content this time is the regular Report from IDTA Council, plus a book review. This is your newsletter so feel free to send in your own items, feedback, questions and so on to admin@instdta.org.

Contents

Report from the IDTA Council	2
Healing Brains and Minds - keynote address at the ITA/IDTA National Conference 2012 - by Margot Sunderland (and with thanks to Alison Bird, Editor ITA News, who transcribed the speech)	4
Neuroscience and Coaching - notes of lecture by Dr Geoff Bird (Yale and Birkbeck) at Coaching at Work Conference, London 23 November 2011 by Julie Hay	13
Book Review—Adele Faber & Elaine Mazlish <i>How to Talk so Teens will Listen & Listen so Teens will Talk</i> By Julie Hay	14
Letter to the Editor of <i>Coaching Today</i> by Julie Hay	15

Report from IDTA Council

ITA/IDTA Joint Conference

We held our most recent Council meeting on 15 April 2012 in Harrogate, where we were for the excellent joint ITA/IDTA conference.

One major item of business was to thank Keith Morton, IDTA Treasurer, for his hard work on the conference organising committee. Those of you who were at the conference will also have seen him working hard on the Reception Desk for much of the time.

IDTA Chairperson shared the platform with ITA Chairperson for the Closing Event so was able to give our thanks also to everyone else who had worked so hard to make the conference such a success. We are now liaising with ITA as both Councils have decided to repeat the process and have another joint conference in 2013. We hope to see lots of you there and will let you have the date and venue details as soon as they are confirmed.

TA Research Conference

Our bid to organise the 2nd EATA Research Conference in the UK was accepted by EATA and organising activities are now well underway. You will have received a separate mailing about this and we hope that many of you will attend. The costs have been kept as low as possible and the plan is to have two streams – one for those interested in Ph.D. level research and another for those who are interested in applying the results of research as practitioners, and maybe in conducting some of their own research and on a different scale to that required for getting a Ph.D.! You can find full details of this conference at www.taresearch.org. There are booking forms to download and also forms for submitting presenter proposals.

TA research website

As mentioned above, there is now a website at www.taresearch.org. In addition to the Research Conference information, this site also contains abstracts of IJTAR (International Journal of TA Research www.IJTAR.org – free access to all) translated into French, German, Italian and Spanish. Its most exciting feature, however, is the start of an online Research Exchange. This is set up so that researchers can provide details of what they are working on and also request any involvement that would be of help to them, such as finding subjects to fill in questionnaires and so on.

The researchers can update their entries regularly and we are asking that they also provide details of the results once the research has been completed. Although at the time this Newsletter is being prepared the site only contains the necessary forms for researchers to use, there has already been one submission about research that has been completed and you can expect to see that appear on the website fairly soon.

TAPA and DTAVA

During our Council meeting, we spent some time talking about the range of TA qualifications that are now available and recognised by IDTA. In addition to the CTA/TSTA qualifications available internationally, IDTA has a contract with ICDTA (International Centre for Developmental TA) under which IDTA membership categories reflect the qualifications obtainable from ICDTA.

These include an MSc in DTA, which is virtually the equivalent of CTA but for which the CTA exam is an optional extra. The MSc can also be titled with a specialisation, such as saying that it is an MSc Professional Development (Developmental TA Coaching) or

(Developmental TA Consulting) etc. There are also options for a Postgraduate Certificate and Diploma, which represent approximately 25% and 50% respectively of what is required for CTA; in addition these can be attained as an ICDTA Certificate and Diploma if the student decides against paying for the University accreditation. Either way, whilst meeting the requirements for these, the student is also meeting requirements for CTA if that is their intended progression.

There is also an ICDTA option for a Practitioner Award; this is for those who are already qualified in a non-TA profession such as coach or teacher and who would like to get some recognition that they are applying TA within that context in a competent manner. This is set up so that it equates to about one year of TA training, supervision and application.

In addition, there are the TA Proficiency Awards (TAPACY – Children & Young People; TAPATE – Teachers & Educators; TAPACP – Caregivers & Parents). These are run by IDTA, with some financial sponsorship from EATA when the schemes are being run in Eastern Europe. In addition to activity within the UK, Germany, Italy, Croatia and Armenia, we are now being asked about the scheme in South Africa and India.

Finally, there are also DTA Vocational Awards – DTAVA. These are provided by the ICDTA and are the equivalent of the TA Proficiency Awards except that they relate to people's work rather than their personal lives. There is already a DTAVAME – DTA Vocational Award for Managers & Executives – and plans to have more (e.g. DTAVACS - Customer Services).

More information about any of these awards and qualifications can be found on the IDTA website or send an email to: admin@instdta.org

Organisational Field Competencies and Written Exam Questions

We reported in the last newsletter that Lynda Tongue, IDTA Chair TSC, had joined an EATA task force set up after we had expressed serious concerns over several years about the competencies of this field, and particularly after the exam questions were suddenly changed without any consultation. Lynda has been working hard in submitting suggestions and we have been disappointed to find that EATA now seem to have narrowed the remit for the task force so that it is looking only at the questions, and doing that before the competencies have been revised. This seems to us to be back to front so we are now protesting to EATA in the hope of getting the task force back onto its original remit.

EATA Restructuring

You will have seen separate e-mails that give full details of the way in which EATA Executive Board are proposing to restructure the Association. These seem very sensible as they reflect the fact that there is now too much EATA work to be done with the current arrangements whereby only delegates can be on committees so that sometimes there are no suitably experienced or qualified volunteers available. We expect that the final vote on these proposals will take place in Bucharest in July at the EATA General Assembly.

The new arrangements will mean that delegates will no longer be expected to take on the role of Chairperson of those committees where there is a considerable amount of work to be done. This will affect us in the UK because Sue Eusden is due to become the Chair of COC. We are now considering what arrangements to make about this, so that Sue will not be expected to carry a double workload for too long.

IDTA Website

David Morley was co-opted onto Council at the meeting in Harrogate and agreed to work on designing a new IDTA website. We all agreed that this is long overdue and since then David has been doing a great job of coming up with designs and preparing the content. It will include a new Professional Register so that members of the public can find information about TA services. If you are a contracted trainee, CTA or (P) TSTA you should have received an e-mail inviting you to complete the appropriate application form – please contact IDTA Admin if you haven't received this.

We expect that the new website will go live within the next few weeks so watch out for an e-mail that will let you know as soon as it is ready.

EATA Affiliated Associations in the UK

As some of you will have noticed, over the last couple of years there have been some changes to the associations within the UK

that are affiliated to EATA. Just so that you all know, the affiliated associations within the UK are now our own IDTA, the ITA, STAA which is the Scottish TA Association, and IARTA which is the International Association for Relational TA. We can all be members of as many of those as we wish; to avoid paying the EATA part of our fees more than once, the arrangement is that members choose their 'main' professional body and pay EATA through that; they then let any other Association (s) know this so that they will only be charged a reduced membership fee. As a reminder, IDTA allows psychotherapists to join us only as non-voting members – this is to ensure that IDTA remains a developmental TA association and does not become a predominantly psychotherapy body like ITA, having to put significant resources into meeting the requirements of bodies such as the British Association for Counselling & Psychotherapy and the UK Council for Psychotherapy.

HEALING BRAINS AND MINDS - keynote address at the ITA/IDTA National Conference 2012

© 2012 Dr Margot Sunderland

Editor's Note: This article has also appeared in The Transactional Analyst 2: 2 Spring 2012

I fell in love with neuroscience over a decade ago and was lucky enough to be tutored by Professor Jaak Panksepp in a ten year research project on the long-term effects of adult-child interaction on the developing brain.

You can see his influence in my work, particularly in my book *What every parent needs to know*.

What we now know from neuroscience is that history does not need to repeat itself. From a very detailed audit of cruelty over the centuries, Stephen Pinker (2011) deduced that we are getting kinder, more emotionally aware and empathic, but improvement in the overall emotional health of our civilisation is still so slow. The following awful UK statistics bear witness to this:

- ◆ every 22 minutes a teenager tries to commit suicide
- ◆ there is an 87% youth re-offending rate

- ◆ there were 35 million prescriptions for antidepressants last year
- ◆ there is a government spend of £1.2bn on early years and as this is far too little, we pick up the cost later on with money spent on crime and physical and mental illness. e.g. £1.7bn spent on alcohol-related disease
- ◆ one in four people smoke and one in four people drink to a point that damages their health

But there is another key statistic, 'Half of all mental health problems start by the age of 14 years' (Centre for Social Justice 2011).

Imagine if far more therapists and counsellors could be supported to provide services before that tender age, we could make such incredible difference.

Epigenetics (gene-environment interplay), and why genes do not need to be destiny

My keynote today on 'Healing Brains and Minds' is based on the fact that relationships change brains not just minds.

My first slide (*not available for article*) shows the image of the brain scans of identical twins with obviously the same DNA (Giedd 2008). You will be able to note, however, that the cerebellum in one of the twins is very different in shape to that of the other twin. The change is due entirely to experience. In short, genes aren't destiny.

In fact, many genes are still expressing themselves after birth and are adversely or positively affected by relational experience. In light of this fact, many myths and hotly held beliefs about the human condition are being challenged. Autism is an example. Due to the gene-environment interplay, for many infants autism doesn't need to be a life sentence. A wonderful woman called Dr Hannah Alonim in Israel (The Mifne Centre)

works with autistic children, providing them and their parents, together and separately, with intensive residential therapy. Over 90 percent of these autistic children are then able to function normally and are no longer autistic. She really does heal brains! She only works with the under threes. After this age, the changes to the autistic brain (e.g. excessive pruning), means that it is no longer possible to bring about total transformation.

Another example is depression. Half of us have a depression vulnerability gene (two short 5-HTTLPR alleles) but if the environment is sufficiently nurturing, research suggests that this gene variant does not need to express itself. (Caspi 2003/ Caspi et al 2011). Similarly the anti-anxiety chemical GABA can be massively affected by parenting for better or worse (Caldji and Meaney 2003). Before I talk in more detail about how to 'heal' brains, let's have a 'Cook's tour' around some important areas.

Frontal lobes (Neocortex)

The 200 thousand year old frontal lobes are often referred to as the crowning glory of evolution. This is the part of the brain responsible for our higher executive functions such as reasoning, reflection, planning, ability to learn, and with all the connections to the rest of the brain, the ability to process painful experiences and to be empathic. An effective healing therapy will develop masses of new neuronal connections here and new top-down brain pathways, which naturally inhibit primitive impulses lower down in the brain. These pathways are often referred to as stress regulating pathways.

Unfortunately there are many people walking around on this earth with poor frontal lobe functioning. And even more unfortunately, some of them happen to be world leaders! If someone has poorly developed frontal lobe functions, they lack

a good capacity for emotional regulation, have poor impulse control, can't problem solve well, and under stress their thinking and rationalising is narrowed down to defence or attack. They lack empathy and can't process life experiences in ways that enable them to make that vital link in terms of how past experience colours the present. Amazingly, with psychotherapy it is never too late for this part of the brain to develop because it's always got plasticity, it is never too late for new pathways to form.



The old mammalian brain (limbic system)

This part of the brain, that lies underneath the neocortex, is 200 million years old and the part we share with other mammals. In fact we share 99% of our genes with chimpanzees and 98% of our genes with gorillas. Jaak Panksepp (University of Washington State), often described as the next Darwin, has been studying this part of the brain in a lab for 36 years. He has found seven genetically ingrained systems: RAGE, FEAR, GRIEF/PANIC, CARE (attachment) PLAY, SEEKING and LUST. (The capital letters are essential to differentiate these systems from common parlance.) These systems are like muscles. These systems need little explanation apart from the SEEKING system. The SEEKING system is a

system of desire, curiosity, spontaneity, passion, and excitement in embracing the fruits of human existence.

The more we activate one of these systems, the more it becomes part of the personality. Hence neuroscientists use the phrase 'states become traits' meaning emotional states become personality traits. If for example a child is repeatedly related to by a parent in ways which trigger RAGE, FEAR or GRIEF systems (all activate too high levels of stress hormones) then, without therapy, that child is very likely to grow up to be an adult struggling with depression, anxiety and/or aggression. We know that if high levels of CRF (corticotrophin-releasing factor, a precursor of cortisol) is pumped into mammals, they get angry, depressed and anxious. In fact all mental disorders have too high levels of stress hormones as part of their biochemical profile.) However, due to brain plasticity, once again it is possible to heal this part of the brain.

In other words, if a therapy consistently activates the SEEKING, PLAY and CARE systems and enables the client to process RAGE and FEAR system triggers from their past painful experiences, then over time, emotional states of calm, joy and wanting to engage in life will become personality states instead. This is because PLAY, SEEKING and CARE systems all activate anti-aggression and anti-anxiety chemicals. This has major implications for therapy. Is the therapist warm and empathic enough (CARE system) and playful and adventurous enough (SEEKING and PLAY systems)? I will explore this in more depth later on.

The Reptilian part of the brain

Finally on our Cook's tour, I will describe aspects of the reptilian part of the brain. It is about 280 million years old. It is responsible for breathing and other basic processes (so it's often referred to as the housekeeping part of the brain). Relevant to psychotherapy, it is the part of the brain

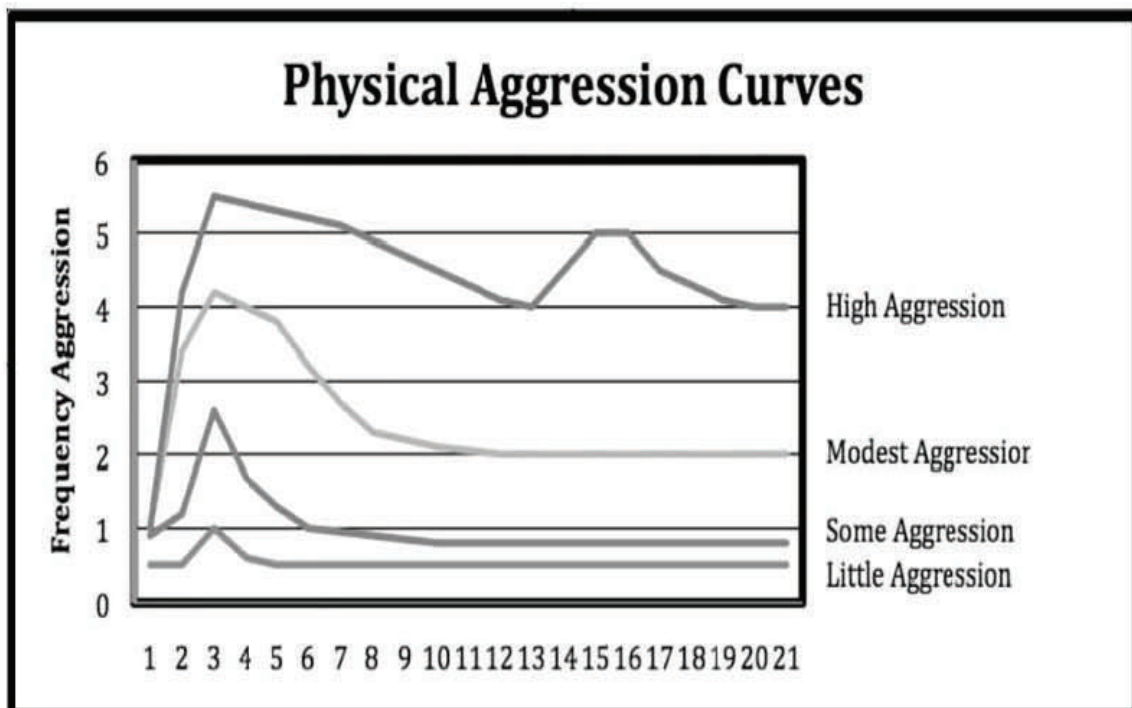
that activates fight, flight and freeze responses to situations that are perceived as being psychologically unsafe. When a client has had a troubled childhood, suffered trauma or loss and is insecurely attached, the reptilian part of the brain along with the RAGE and FEAR systems in the old mammalian brain will often be in the driving seat, meaning the client will repeatedly react like a frightened animal, even to minor stressors. (This is unless the client's emotional numbing defences are working well of course).

Therapy can quieten the alarm systems in this part of the brain. In other words, effective therapy will develop top-down brain pathways that quickly and effectively shut down these primitive impulses once aroused (unless of course fight, flight or freeze is an appropriate response to a situation such as someone trying to mug you in the street).

What can go wrong in the development of mind and brain and what can be healed?

We can see from Tremblay's (2005) research that if adults' minds and brains develop well, they should never be as aggressive as they were at the age of two. In contrast, adults who have not had sufficient regulating relational responses in childhood may still have the same aggression levels of a toddler (see graph below). As we know, this 'toddler-like aggression' in the adult body will be discharged or defended against. There are no other options. Hence the lack of impulse control of so many teenagers who end up in jail.

Along the same lines, from Adrian Raine's (1998) research and brain scans we see that under stress, impulsive murderers often have the brain activation of toddlers, i.e. very poor activation in the frontal lobes



*Adaptation of graph from Tremblay R et al (2005).
Physical aggression during early childhood: trajectories and predictors*

and very high activation in the RAGE system (limbic area) and reptilian brain. In a flash, often to be regretted for the rest of their life, they lash out just like a toddler having a tantrum. They are not 'bad or evil' as some like to believe, rather they have simply not had the benefit of soothing relational experiences in their lives, key to the development of stress regulating systems in the brain. So the question for society remains: do we help far, far more infants at the age of two or lock them up at twenty-two? It is never too late. Stress regulatory pathways can be established in the brain through attuned empathic emotional responsiveness in therapy at any age. It just gets harder as you get older, like trying to change hardening cement rather than plasticine.

Now to a little more detail of exactly how this healing process happens. When a client is fully in contact with the therapist and vice versa, new synaptic connections will develop in their frontal lobes and top-down brain pathways, which naturally inhibit primitive impulses in the limbic and reptilian parts of the brain. In the context of powerful conversation, it is estimated that it takes about seven minutes for one of these pathways to form – clients have to be emotionally engaged in what the therapist is saying. (Perry 2006)

How will this 'brain change' benefit the client? In a situation of perceived psychological threat, the amygdala (one of the key alarm systems in the brain) will trigger a reaction in the hypothalamic-pituitary-adrenal axis (HPA) leading to high levels of stress hormones. But with effective stress regulatory pathways resulting from therapy, frontal lobe thought processes will intervene with a message of, 'It's ok we can manage this'. As a result the amygdala is shut down and the adrenal glands stop activating high levels of cortisol and adrenaline. In contrast, when someone who has a history of unresolved

trauma and loss does not go to therapy, then in stressful situations there is nothing coming back from the frontal lobes. And so the amygdala remains activated, leading to the brain and body being flooded with stress hormones. As a result the adult repeatedly suffers from anger, anxiety and/or depression.

Healing minds through the natural chemicals in our brain as opposed to using medication

'[In our brain], each of us has his or her own . . . finest drugstore available at the cheapest cost – to produce all the drugs we ever need to run our body-mind' (Pert 1997:271). Too often psychiatrists and doctors reach for pills instead of fully considering the power of healing relationships to enable the brain to habituate to optimal levels of its own well-being chemicals. The SEEKING, PLAY and CARE (attachment) systems in the brain activate opioids oxytocin and prolactin, which, working together, are natural anti-aggression and anti-anxiety chemicals. When these chemicals are optimally activated, we don't feel anxious or aggressive. Furthermore, to quote Panksepp, (1998: 249) 'Brain oxytocin, opioids and prolactic systems appear to be the key participants in these subtle feelings that we humans call acceptance, nurturance and love . . . warmth.' The SEEKING system also activates a chemical called dopamine, which is vital for motivation, drive, 'vigorously pursuing the fruits of the world' (Panksepp 1998) and being about to transform a seed of an idea in the mind into something profoundly worthwhile in reality.

In an ideal world, childhood relational experiences should be sufficiently warm, empathic, joyous, exciting, adventurous, so that over time the brain will habituate to optimal levels of these pro-social wellbeing chemicals, which Panksepp describes as

'nature's gifts to us'. When this doesn't happen, and troubled childhoods are not attended to, these chemicals simply lie around in the brain, rather like Sleeping Beauty waiting for the right relational experiences to 'wake them up'. For many people that 'right' relational experience is psychotherapy or counselling. Without therapy, all too many people with troubled childhoods will live their lives until the day they die, never knowing real peace and calm or what it is to love in peace rather than to love in torment (optimal levels of opioids/oxytocin) or what it is to feel truly spontaneous, passionately motivated to follow some worthwhile pursuit, intensely creative (optimal levels of dopamine). Instead, too high levels of cortisol and other stress hormones will be in dominance in their brain for too much of the time, blocking the release of these wonderful pro-social chemicals.

The good news is that it is never too late to activate these wellbeing chemicals in the brain, to the point where the brain habituates to them and 'states become traits.' Effective therapy should therefore dramatically change the troubled client's biochemical profile. By way of example, a personal anecdote: before I went to therapy I was a very anxious teenager with all manner of symptoms: OCD, phobias etc. After therapy, due to the biochemical change in my brain and the 'awakening' of my opioid and oxytocin systems, I am sometimes so laid back that I have to say to myself, "Worry Margot!" This is because I'm not worried enough about something that I probably need to worry about!

All this has implications for treatment. If you remember there are three pro-social systems in the brain SEEKING, CARE (attachment) and PLAY. A therapist might be really effective at activating the client's opioids (CARE system) by working on developing secure attachment, but lack sufficient embodied energetic engagement

in the world to be able to activate and strengthen the client's PLAY and SEEKING systems. In other words the therapist may be warm and nurturing but not emotionally expansive enough to optimally activate the client's dopamine system (essential for curiosity, engagement, passionate drive, ability to vigorously pursue an interest). So on choosing a therapist for long term work, clients must consider whether there is sufficient relational play, spontaneity, relational range, meeting in joy as well as pain, in the therapy room, so that the client's SEEKING and PLAY systems are developed as well as their CARE (attachment) system.

If all three of these genetically ingrained emotional systems are optimally activated in the treatment room, I would argue that the therapy will be a profoundly rich experience. By way of example, I once visited a locum therapist while my own therapist was on holiday. It was a deeply sobering experience. Having been used to a relationally rich encounter three times a week, I walked out of this session reeling from the deadening encounter I had experienced.

It served however to sharpen my felt-experience of a truly healing therapy where the interactions between the therapist's PLAY, CARE and SEEKING systems with those of the client's are clearly in evidence.

This is what I wrote as a result of that awful session with the locum:

How many rich forms of human connectedness does the therapist offer in how she is relating to the client? How many different colours, hues, tones and qualities of energy states does she have available for engagement? So in the end, does the client enjoy some of the richest vistas of human relating possible, and so is profoundly deepened by that relationship, or does she meet something deadening?

Does the therapist flatten the emotional energies the client already has, by impoverished or emotionally bland responses?

Does she leave unborn the very aspects of humanness that are undrawn in the client, and so remain undrawn in the therapy? Whether the therapy is to be a rich or bleak experience depends so much on the inner world of the therapist. Is this an expansive place, offering a whole range of emotional landscapes, from the deepest tenderness to the fullest passion? Or is it a tight, choked place, only offering relationship from a place of depletion. If the latter, the client may well protect her own expansiveness, becoming increasingly tight and closed herself.

And if there are 'gardens' in the therapist's inner world, are they withheld in the name of properness, in the name of boundaries? Consequently, does the client end up getting the 'sterile scrubbed clean room' aspects of her therapist's inner world?

And the language the therapist offers, is it a dead language devoid of metaphor, image, colour? So is there only impoverished connection with empty words – unsensorial, no music of tones, or timings - linguistic poverty.

How can the therapist help the client to become undefended if she herself is linguistically armoured, fending off the client with concrete little words, which make no call on the riches of the human imagination?

Healing minds and brains adversely affected by trauma and loss

Without therapy for childhoods and lives troubled with trauma and loss, too high levels of cortisol and other stress hormones can act like an acid on the brain, destroying brain cells in some of the key areas in the brain to do with social and emotional

intelligence. (Treadway et al 2009, Teicher 2010)

Trauma and traumatic loss attack actual brain structures: amygdala, hippocampus, cerebellum, corpus callosum, to name a few. These structures are all involved in processing social and emotional information. Teenagers with conduct disorders due to maltreatment have reduced volume in amygdala, insula and anterior cingulate. As a result they have problems with empathy, emotional learning, cognition (Fairchild et al 2011). Now we know that even school bullying (often taken too lightly) results in shrunken brains (Teicher 2010) as does a parent repeatedly shouting at or calling a child names (Teicher 2006) – and we have the brain scans to prove it.

All this has implications for a far closer monitoring of the experiences of trauma and loss of all children by schools, health visitors etc. All children suffering from trauma or traumatic loss need therapeutic intervention, before the brain damage sets in. But as yet this isn't happening and the reality of actual brain damage as well as troubled minds, goes largely unrecognised. As a result it is not surprising that "A staggering 80% of children showing behavioural problems at the age of five go on to develop more serious forms of anti-social behaviour, and over 90% of young offenders have had a mental health problem as a child." (Office of National Statistics 2000)

But is it possible to repair these brain structures? Certainly work with other mammals shows that even lower down in the brain, there is plasticity, but it is early days in the world of neuroscience to know about humans. The jury is still out with conflicting views. That said, clearly the earlier the therapeutic intervention the better. A sobering example is Howard Dully who was the only child to have a lobotomy. He is fully functioning now with other areas

of his brain compensating for the large holes that lay within. Most adults who had lobotomies failed to ever know full functioning again. I also hope in my lifetime that 'how to deal with trauma and loss' is a compulsory part of all school curricula, so that people learn how to 'suffer well' in ways that mean they seek out healing for brain and mind.

In summary

In summary, psychotherapy plays a vital role in healing brains as well as minds. There is always plasticity in the frontal lobes and each positive relational intervention in the emotionally-charged setting of the therapy room can be an important brain healing or brain developing event that:

- ◆ organises actual brain systems
- ◆ develops frontal lobe executive functions
- ◆ increases brain growth, new synaptic connections, top-down, left-right brain pathways
- ◆ develops pro-social brain systems (SEEKING, CARE, PLAY)
- ◆ develops stress regulating systems preventing toxic levels of stress hormones
- ◆ decreases negative effects of stress on the brain.

My central tenet therefore is that neuroscience is not the jigsaw, but a vital jigsaw piece to underpin our knowledge of how we can heal minds.

References

Caldji, C, Diorio, J, Meaney, MJ (2003) 'Variations in Maternal Care Alter GABA_A Receptor Subunit Expression in Brain Regions Associated with Fear', *Neuropsychopharmacology* 28: 1950-1959

Caspi, A. (2003) 'Children's Behavioral styles at age 3 are linked to their adult personality traits at age 26', *Journal of Personality* Aug 71(4):495-513.

Caspi A, Uher R, Houts R, Sugden K, Williams B, Poulton R, Moffitt TE. (2011) Serotonin transporter gene moderates childhood maltreatment's effects on persistent but not single-episode depression: replications and implications for resolving inconsistent results. *Journal Affect Disord.* 2011 Dec 135(1-3):56-65

Centre for Social Justice (2011) *Mental Health: Poverty, Ethnicity, and Family Breakdown Interim Policy Briefing*

Fairchild G, Passamonti L, Hurford G, Hagan CC, von dem Hagen EA, Von dem Hagen, van Goozen SH, Goodyer IM, Calder AJ (2011) Brain structure abnormalities in early-onset and adolescent-onset conduct disorder. *American Journal of Psychiatry.* 2011 Jun 168(6):624-33.

Giedd, J (2008) *Human Brain Mapping 2007 Cereb Cortex.* Aug 18(8):1737-47

HM Government (2011) *No health without mental health: a cross-government mental health outcomes strategy for people of all ages*, 2 February

IPPR – Institute for Public Policy Research (2006) *Freedom's Orphans: Raising Youth in a Changing World*

Office of National Statistics (2000) *Mental Health of Children and Adolescents in Great Britain*

Perry, B (2006) 'Trauma and the Brain' SACCS Conference Sexual Abuse Child Consultancy Services London

Raine, A, Meloy, JR, Bihle, S, Stoddard, J, LaCasse, L., Buchsbaum, MS. (1998) 'Reduced prefrontal and increased

subcortical brain functioning assessed using positron emission tomography in predatory and affective murderers', *Behavioural Sciences and the Law* 16:319-332

Teicher MH (2010), *Hurtful words: association of exposure to peer verbal abuse with elevated psychiatric symptom scores and corpus callosum abnormalities. American Journal of Psychiatry.* Dec 167 (12):1464-71.

Teicher, MH., Samson, JA., Polcari, A., McGreenery, CE. (2006) 'Sticks, stones, and hurtful words: relative effects of various forms of childhood maltreatment', *The American Journal of Psychiatry.* Jun 163 (6):993-1000.

Treadway et al (2009) *Early Adverse Events, HPA Activity and Rostral Anterior Cingulate Volume in MDD Plos One*

Tremblay RE et al (2005). *Physical aggression during early childhood:*

trajectories and predictors. Canadian Child Adolescent Psychiatry Review. 2005 Feb 14 (1):3-9

Additional references

Panksepp, J (1998) *Affective Neuroscience: The Foundations of Human and Animal Emotions*, Oxford: Oxford University Press.

Panksepp, J, and Watt, D (2011) *Depression: An Evolutionarily Conservative Mechanism to Terminate Separation Distress? A Review of Amniergic, Peptidergic, and Neural Network Perspectives.* *Psychiatry Spring* 74 (1) 5-13

Pert, CB. (1997) *Molecules of Emotion.* London: Simon & Schuster UK Ltd, London

Pinker, S (2011) *The Better Angels of Our Nature: The Decline of Violence in History and Its Causes.* Allen Lane; Open Market edition

Dr Margot Sunderland is Director of Education and Training at The Centre for Child Mental Health London, Honorary Visiting Fellow at London Metropolitan University, and Child Psychotherapist with over thirty years experience of working with children and families. She is also one of the Founding Directors of the Institute for Arts in Therapy.

She is the author of over twenty books in the field of child mental health, which collectively have been translated into 18 languages and published in 24 countries. Her book, *What Every Parent Needs to Know* won First Prize (Popular Medicine) in the BMA Medical Book Awards 2007. The book is the result of ten years' research on the long-term effects of adult-child interaction on the developing brain. It has been voted one of the top brain books of our time (child development section) by The Dana Foundation. Dr Sunderland was

also a member of the Early Years Commission, Centre for Social Justice, Westminster and co-author of the cross party advisory report *The Next Generation* (early years intervention).



Neuroscience and Coaching - notes of lecture by Dr Geoff Bird (Yale and Birkbeck) at Coaching at Work Conference, London 23 November 2011

© 2011 Julie Hay

Neurons were discovered about 100 years ago. Nowadays, GB said that he discovers something no-one else knows yet (about the brain) about 10 times a year!

The brain weighs about 1.4 kg, has the consistency of set yoghurt, contains 80-100 billion neurons connected by 100 trillion connections – synapses. There are 1 trillion support cells. It consumes 60% of our daily intake of glucose and is responsible for 30% of calorie use. The electrical energy is only about 20 watts.

There is a high metabolic cost to having such a large, complicated, heavy, fragile organ.

Dendrites are input bits of neurons. Neurons get about 1000 inputs from other neurons but each inputs to only one. Some neurons are myelinated and hence information transfer is quicker (e.g. for pain). Myelinated neurons clump together and are referred to as white matter.

Modulating the brain can help you learn faster, rob you of speech, improve your memory, etc. Students in USA take ritalin, surgeons take modafinil: both make you smarter with no known side effects. In about five years time coaches may use drugs to improve how we attend to clients, notice emotions, etc (oxytocin helps us recognise faces and expressions).

When avatars on a TV screen gave health messages and also moved in sync with the watcher, people rated them better and were following advice better after six months than when the avatar head didn't

move or didn't match. We donate more to people who match.

However, the mirror neurons at the back of the brain pick up the other person's mirror neuron activity unconsciously – so we know if they like us or not. Conscious matching shifts energy to front brain and turns off the automatic system.

Gaze – newborns use long, infrequent eye contact. Too much eye contact induces anxiety. Coaches should sit at an angle to clients so either can glance away. People make more speech errors if there is no eye contact.

Eye contact activates the brain's reward centre – just like cocaine or sex movies! Freud was an early neuroscientist because he understood the significance of eliminating eye contact.

It takes 10 years to become an expert – so we are experts at our brains by the time we are 10 years old!

The conscious mind does not make decisions – with brain scans GB knows 10 seconds before we do that a decision has been made.

Habit learning – e.g. riding a bike – focus is on stimulus-response: we learn slow, retrieve fast, forget slow; we never forget; requires lots of repetitions; neurons that fire together wire together.

Goal-directed learning – focus is on response-outcome; we learn fast, retrieve slow, forget fast; uses a huge amount of energy; goal-directed learning releases dopamine which aids learning; it can produce amazing changes in the brain but this learning tends to be transient unless we do lots of practice; nobody knows how attention and motivation change the 'routing' of neural networks; goal directed learning is almost exclusively human – rats and monkeys utilise habit learning.

Book Review

Adele Faber & Elaine Mazlish

How to Talk so Teens will Listen & Listen so Teens will Talk

London: Piccadilly Press 2006

263pp £8.39 Amazon

Review by Julie Hay

The back cover of their book refers to the authors "practical, sensible and accessible style.... reinforced with cartoons and reminder pages". There is also a *Time Out* quote about "specific solutions to difficult situations and challenging behaviour". These comments seem pretty accurate to me – it is a very easy-to-read book, with cartoons that do indeed reinforce some of the ideas, and some useful pages that summarise what not to do before suggesting positive alternatives.

The writing style is first person, based on the authors (writing as if they are one person) describing a training programme they've run on a weekly basis for a group of parents who are later joined by their teenage children. Examples are drawn from the lives of those attending the programme, kick started with examples from the authors' own experiences as parents.

Although the title refers to parents, many of the techniques would be just as relevant to teachers, social workers, probation officers and anyone else who needs to interact with teenagers.

If you are tempted to dismiss a teenager's concerns, such as ignoring, minimising, or explaining them away, they suggest instead that you might paraphrase the thoughts and feelings, or just acknowledge with a non-committal sound (so the teenager talks more), or offer a solution that is a fantasy even though it can't happen in reality. So "You're feeling X and thinking Y" or "Uhh!" or "Wouldn't it be great if you'd already

passed all the exams and we could be celebrating."

They suggest a variation of this when you're being pressurised to accept the unacceptable: accept the feelings and redirect the behaviour. For example, "I understand you're disappointed to miss the party. You need to finish the assignment you're due to hand in tomorrow."

To get a teenager to co-operate, again propose several options. Instead of issuing a direct order, which may well be met with defiance, you might describe the problem (for you – "can't think when music is so loud"), describe how you feel, give information (loud noise damages eardrums), or offer a choice (turn it off or use earphones).

You might also use a single word "Volume!" or state your values and/or expectations ("We all need to take others into account"), do the unexpected, preferably in a jokey way (hands over your ears) or put it in writing, again in a jokey way (a funny poem about noise).

For alternatives to punishment, they suggest state your feelings, state your expectations, offer a choice, show how to make amends or take action if the previous techniques haven't had the desired effect.

To work things out together, the sequence becomes: invite their point of view, then state your point of view, invite the teenager to brainstorm with you, write down all ideas (yours and theirs), jointly review the list and make choices about what ideas to use.

The authors include a chapter about teaching the teenagers similar techniques to use with parents. They then extend the working together theme to cover expressing irritation. Instead of accusing, they suggest say what you feel, followed by

what you'd like and/or expect. For example, "I feel embarrassed when I'm yelled at. If I'm doing something you object to, I'd like you to tell me quietly."

The final section offers suggestions for "small" conversation starters instead of "one big lecture" on topics such as sex and drugs. Instead of making it a potentially embarrassing, and ignored, big event, they suggest parents use various activities to lead in to encouraging teenagers to think about their (and your) values on such matters. Options include hearing something relevant on the radio or TV, seeing something in a magazine or newspaper, going to a cinema or listening

to the lyrics of teenage music.

The above is of course only a summary of key points. There are many examples throughout the book. It seems to me that these are a helpful way of operationalising a shift from a Controlling Parent – Adapted Child channel of communication to a Functional Adult – Functional Adult style (Hay 2009). Best achieved from an Internal Adult that expects and respects the developing Internal Adult within the teenager.

Reference

Hay, J (2009) *Working it Out at Work* 2nd edition Hertford: Sherwood Publishing

Letter to the Editor of Coaching Today

Julie Hay

Dear Editor

I found the article on boundaries by Sarah Briggs (2012) very timely as more therapists are showing an interest in coaching. However, it seemed to me that two of the cases actually had boundary problems ahead of those identified. The issues I noticed are ones that are very easy to miss when people are used to working directly to clients who also pay for the services, whereas the cases mentioned involved a three (or more) cornered contract (Hay 2009) that makes the 'organisation' just as significant a stakeholder as the coachee. I usually refer to the organisation (or the HR director or whoever else represents the organisation) as the 'customer' as a reminder that they are paying for the service, and as a way to distinguish them from the coachee, who I refer to as the client.

The first example in the article that I wondered about was the one where the

agenda of the individual client turned out to be different to the agenda of the organisational sponsor. For me, the initial contracting should have included an overt understanding that the coach and the client could work on planning an exit for the client as an alternative to performance coaching if that seemed appropriate. I routinely point out to organisational sponsors that this is something that may well arise and seek their agreement that I can help the client with such an agenda, without the need to alert the organisational sponsor when it happens.

My personal opinion is that it is unethical for a coach to make that decision on behalf of an organisational customer – nor is it ethical for a therapist to do the same if they are being paid by an organisation. And I still recall a peer-supervision session years ago when a colleague was just beginning to express concern about the potential organisational reaction because said organisation was about to find out that five of the six clients working with this coach were about to give notice - and the organisation was still under the impression that the coach was providing performance coaching. It seemed to me then, and does

so now, that we risk bringing the coaching profession into disrepute if our customers begin to notice that our coachees leave the company when they thought we were focusing on performance improvement that would benefit the customer. When the possible inclusion of exit strategies is contracted for in advance, it is easier to explain that the organisation is likely to be better off if the coachee leaves when the alternatives are that the organisation is left with an underperforming employee or all the hassle of having to dismiss them.

The second example is that of accepting additional work from a client who is also an MD. I learnt years ago that I would have to choose – coach an MD or take on other work in their organisation, but never both. A major reason for this is the way the coaching relationship, like the therapy relationship, becomes a relationship that is likely to involve some element of dependency (or transference), however much we may work to prevent this. Once I enter into such a relationship, I can never be absolutely certain that my client is as autonomous as they should be if I am to accept money from them beyond that which was agreed before we began the relationship. When it is an MD who is committing the organisation's money, I regard this as being little different to them spending their own money. Rather like with that other type of MD, the Medical Doctor, there is a risk of a grateful patient rewarding you by leaving you money in their will just because you were the only

person who really listened to them! As a therapist, I would only agree to family therapy if this was set up before any one-to-one relationship was established – and I see no reason for this to be different for coaching.

There is another reason for this particular boundary to be maintained. Once employees know you are the coach to the MD (and they will find out) it will impact on how they are with you. They may be wary about how confidential the process will be, or astute enough to recognise that your body language will leak even though you may believe you give nothing away. Or they may, consciously or unconsciously, tell you what they want the MD to find out about.

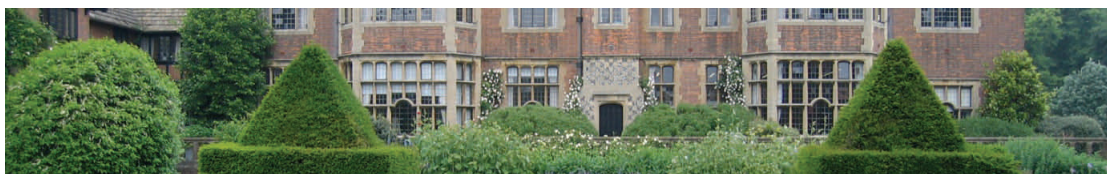
So I agree with Sarah that the ethics of therapy and coaching are aligning in our expectations but I think our attention to boundary management needs to start from the point at which a three or more cornered contract is involved. We need to take care of the customer as well as the client, albeit that their needs may be in conflict.

References

Briggs, Sarah (2012) Careful attention: boundaries and resilience for coaches and coach-therapists. *Coaching Today* 1 22–26

Hay, Julie (2009) *Transactional Analysis for Trainers*. 2nd edn Hertford: Sherwood Publishing

The 2nd EATA Research Conference will be held at Putteridge Bury Conference Centre on 12-13 November 2012



www.taresearch.org for details

Contact details for Council

Chairperson—Julie Hay 07836 375188 or
03000 115230 chair@instdta.org skype:
juliehay

Vice Chair—Anita Mountain 01455 824475
vicechair@instdta.org

Treasurer—Keith Morton 01455 213093
treasurer@instdta.org

General admin—Julie Hay 03000 115230
admin@instdta.org

Training Standards—Lynda Tongue 07793
077953 training@instdta.org

Membership—Bev Petrossian 07968 482238
membership@instdta.org

Marketing—David Dobedoe 07909 923825
marketing@instdta.org

Conferences and Events—Ros Soulsby 07762
243476 events@instdta.org

We welcome submissions

- ◆ News items and articles
- ◆ Microsoft Word with minimal formatting
- ◆ Diagrams as pictures; photos as jpg's
- ◆ Academic referencing
- ◆ TA status of author as designated in EATA handbook or IDTA membership categories
- ◆ Send to: newsletter@instdta.org
- ◆ Send articles at least two weeks prior to the advertising copy deadline if you are aiming for a particular issue, or at any time if you don't mind when it appears
- ◆ Please note that submissions will be peer reviewed for relevance to IDTA

Advertising rates

- ◆ Full page: £50
- ◆ Half page: £30
- ◆ Quarter page: £20

Send to: newsletter@instdta.org as word doc with pdf so we can check we achieve the layout you want, or as jpg to be pasted in ; pdf only acceptable if you have purchased a whole page

Next issue copy dates

Publication date: September 2012

Copy deadline: August 10th 2012

Copyright policy

Please note that all articles in the IDTA newsletter are copyright [©] to the authors. They can be reproduced elsewhere, provided that the following information is included and a note is added about reproduction:

© Year, Author Name(s), Title of article, in IDTA Newsletter, Vol ? Issue ? Month of issue

e.g. © 2009 Tongue, Lynda, *Research into brain functioning and the links with TA*, in IDTA Newsletter, Vol 4, Issue 4, December—reproduced with permission

IDTA aims to provide networking and professional development opportunities to practitioners applying developmental transactional analysis. The purpose of this newsletter is to update members and to invite and encourage participation in the institute and to enhance the application of developmental TA generally. Views expressed in this newsletter are those of contributors and do not necessarily reflect the official policy of the IDTA.

IDTA Registered Office

Institute of Developmental Transactional Analysis , Wildhill, Broadoak End, Hertford, SG14 2JA
www.instdta.org

Registered in England Company No: 04727639

email: admin@instdta.org