Natural Processing Training Presents

Using The Window of Tolerance

With Craig Penner, LMFT

Module One

The Importance of Tracking Resiliency
And the Necessity of Presence

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Topics Covered:

Introduction
Why Use The Window of Tolerance?
Presence in Sessions
Tracking Resiliency

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Introduction

- Use this workbook to take notes
- Write down your questions
- Note when the topic pertains to a situation, session or client

Introduction

The Window of Tolerance gives us a lense we can look through, providing an active tool for assessment.

Presence

One of the fundamental factors that determines the effectiveness of a therapy session is the client's ability to be present.

If a client is not "present" in the session, then growth and change cannot occur.

Equally important is the total presence of the therapist, which is not to be taken for granted.

How do we know if our clients are present? How do we get that moment-by-moment information?

If we can track the client's presence and resiliency, then we can pace the work.

We can also see the dynamics of when our clients lose presence.

We will be looking at two Lenses:

1. Window of Tolerance
2. Cycle of Experience

What is the Window of Tolerance?

Each of us has a Window of Tolerance in which various intensities of emotional arousal can be processed without disrupting the functioning of the system.

- Dan Siegel

We've all experienced times when we our level of arousal does disrupt our abilities to function well. This happens in our daily lives, and it certainly happens in therapy sessions.

The WoT is a read on the range of our resiliency.

Overview of this training- 17 Topics

1. What is the Window of Tolerance (WoT)
2. Value for the therapist of looking through this lens
3. Resiliency
4. Importance of close tracking as foundational for any effective therapy.
5. Need for somatic data if we are to truly track well.

Overview of this training- 17 Topics

6. Therapist need to be in WoT to be able to read if the client is "in the window." *Are we both in the window?*
7. Learn to notice more, guess less. This helps therapist to be more present, and less interpretative.
8. Problem of "top down" cognitive questioning and reporting. What happens if you are NOT tracking resiliency?
9. "Faux" WoT and overriding

Overview of this training- 17 Topics

10. Dissociating and Disconnecting
11. Implications for using BLS for EMDR therapists
12. Pacing the therapy based on moment-by-moment assessment of resiliency
13. What to do if we assess our client is either hyper-aroused or hypo-aroused?

Overview of this training- 17 Topics

14. Why SUDS reports and tracking resiliency somatically give very different data.
15. How somatic tracking tells us when the focus needs to be on helping the client back in the Window of Tolerance; dynamics of *how* clients go into hyper- and hypo-aroused states, and their abilities to regain presence.

Overview of this training- 17 Topics

16. The Cycle of Experience
17. Psycho-education about Window of Tolerance as an important part of establishing a collaborative alliance.

What is the WoT and how do I explain it to my clients?

How do my clients present when I'm first meeting them?

Can they check in with their bodies as they tell their stories?

I tell them that a lot of the reactions we all have are driven by more primitive parts of the brain, such as the limbic and reptilian brain, that do not have verbal language.

This may be the first time they are being met on a nervous system level in therapy.

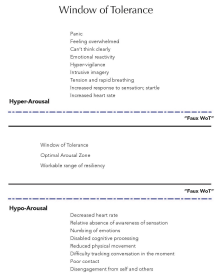
"This approach may help you with the situations, thoughts, and feelings that have been difficult.

And a helpful way to look at this is to get in touch with your body as we go."

"This helps us both tune in to what is difficult and what needs working through."

You can use the Window of Tolerance as a handout with your clients.

"We can all find ourselves on here" and go over the different presentations that show up on a nervous system level.



Hyper-Arousal and the WoT

- Increased heart rate
- Bigger startle response
- Tension
- More rapid breathing
- Intrusive Imagery or sounds
- Hyper-vigilance
- Emotional Reactivity
- Unclear thinking

"Is any of this familiar for you?

There is an "optimal range" in the middle.

Hypo-Arousal and the WoT

- Decrease heart rate
- Absence of sensation
- Numbing of emotions
- Movement slows or stops
- Hard to track conversation
- Poor contact with you, less contact with themselves

Do you ever notice that, despite your insights, you still react?

It's not just your cognitive understanding, it's not just your thoughts that will help get you through this … it's also about how the rest of you works.

Your nervous system can take you to a place you didn't intend to go.

We can work on that level -- it's a very "workable thing" in therapy.

Is your client in the window… or not?

Am I in the window… or not?

What's the value of this as a lens to observe through?

With this lense, we can get objective feedback moment-by-moment. Is our client present?

This helps track the client's process and how they get activated.

If the client cannot give specifics then they are likely not present.

Therapist can make the dynamic of "not answering" explicit.

Asking for details can help slow things down.

This helps reveal underlying processes and facilitates self-reflection.

The “first move” has to be to help your client back into the window before going forward.

This is not a time to “get more story.”

So first, are they in the window, or not?

Thank you for participating in this first module, **Using the Window of Tolerance.**

If you are viewing this first module for free, we hope you gained some useful insight. We also invite you to join us for the rest of the training.

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