THE NEUROSCIENCE OF DOMESTIC VIOLENCE

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WHY CONSIDER NEUROSCIENCE?

► DV literature on perpetrator treatment has remained fairly stagnant in the past 30 years
► Advances in conceptualization and treatment of trauma
► All batterers alike – the prototypic wife abuser
► Criminal justice interventions
► Social learning and feminist
► Duluth model educational model
► Programs are becoming more psychological, but still primarily educational
WHY CONSIDER NEUROSCIENCE?

- Sometimes the simplest explanation is not always the best (Occum’s Razor)
- Typology theories – more psychological & complex
- Neurobiological factors add complexity
- Cognitive/behavioral, Educational, Family Systems, Psycho-Educational Approaches to Treatment of Perpetrators
- Anger management – over simplifies the problem
- Meta-analysis of outcome studies indicate only a .35 treatment effect
- What can enhance the outcome in perpetrator treatment?
WHY CONSIDER NEUROSCIENCE?

- Neuroscience has experienced a huge proliferation of new findings about the brain in the past 20 years.
- Some older theories and concepts have been supported, some have been debunked.
- Although many studies seem esoteric, many studies have direct and indirect application to clinical intervention.
WHY CONSIDER NEUROSCIENCE?

- Many therapists know very little about the brain.
- We are trying to change the function of the organ system we know little about.
- In the past six to eight years the availability of imaging technology has allowed us to peek into the brain of violence individuals.
- Today: Introduction to brain science as it relates to domestic violence.
OVERVIEW OF THE DAY

► Neuroscience of violence: What’s going in the minds of violent people?
► The heterogeneity of domestic violence and brain science
► The need for assessment-based treatment – different approaches to a single individual
► New findings in the field of emotion and how to incorporate into psychological treatment
► How memory contributes to violence
► The genetics of domestic violence
► Interventions: Priming, medication, mindfulness, strengthening specific neural capacities
DIFFERENT TYPES OF PERPETRATORS

- Dutton’s Typology System
- Psychopathic: down regulating, lacking empathy, instrumental aggression and control (Dismissing Attachment)
- Over-Controlled: down-regulating, can be empathic, instrumental/impulsive aggression and control (Pre-occupied Attachment)
- Borderline: up-regulating, difficulty with empathy, impulsive aggression and control (Disorganized Attachment)
DIFFERENT TYPES OF PERPETRATORS

- Alcohol and drugs exacerbate violence and aggression due to disinhibiting effects
- Many different typology systems which suggests that a one-size-fits-all approach is not going to be as effective as assessment-based treatment
- There are many different pathways to violence and therefore solutions need to be multifaceted
WHAT’S GOING ON IN THE MINDS OF VIOLENT PEOPLE?

- Fear that leads to fight or flight
- Deficits in emotion regulation
- Social cognition deficits and distortions
- Anxiety due to neurotransmitter binding defects
- Memory and violence
- Mirroring, anger and aggression
FEAR AND THE HPA SYSTEM

- The HPA axis: Hypothalamus, Pituitary and Adrenal system (Flight or Fight)
- Hypothalamus: Receives input (internal and external) from various structures (amygdala, PFC, hippocampus, etc.) and releases CRH (corticotropin-releasing hormone)
- Pituitary: During a threat situation, the pituitary will release adrenocorticotropic hormone (ACTH)
- Adrenal: ACTH causes release of cortisol and catecholamines (epinephrine and norepinephrine) in the adrenal cortex
FEAR AND THE HPA SYSTEM

- Cortisol: Is the stress hormone that puts us on alert.
- However, it can also bind with glucocorticoid receptors in the hippocampus which can deactivate the HPA system.
- But we need to use other functions to deactivate the fight/flight response.
- Shift from fear to empathy.
- The hypothalamus can also produce oxytocin and vasopressin the neuropeptides associated with maternal care and pair bonding.
FEAR AND THE HPA SYSTEM

- Growing up in stressful (violent) environments means the HPA is being primed continually. The more you use it, the stronger it becomes.
- Perpetrators of violence have been found to have higher levels of CRH (corticotropin-releasing hormone) and lower levels of Omega-3 fatty acids in their circulating blood.
- Decreased Omega-3 increases CRH expression and activation
FEAR AND THE HPA SYSTEM

- Growing up in frightening families: HPA axis is exquisitely sensitive to threats and danger – even when it’s not really present
- Amygdala also has a slower system that is processed via the visual cortex
- Taking in more information can cut off the HPA response when danger is not present
- Taming this system is critical to helping perpetrators of violence
Emotion is derived from the French word, “emouvoir”, which is based on the Latin word “emovere”, where “e” means “out” and “movere” means “move.”

Interestingly, the word “motivation” is also derived from “movere.”

So emotion and motivation are rooted in a term that means to move.

Our bodies rarely react without movement.
THE EMOTIONAL BRAIN

- Different contemporary theories of emotion (LeDeux, Panksepp, Damasio, Davidson, Ekman, etc.)
- William James (1842-1910) thought of emotion as a bodily process rather than a mental process. It is something you experience in your body and therefore one can’t separate mind and body when it comes to emotion
- Emotion, cognition and behavior – Connections
- Our conscious experience results from an integration of various brain and body processes - not separate functions
THE EMOTIONAL BRAIN

- Most DV programs are primarily focused on anger
- There is more to violence than anger
- Therapists need to expand their conceptualization of emotion and emotion-regulation with regard to perpetration and victimization
- Fear is an important factor, particularly for those who experienced trauma and loss
THE EMOTIONAL BRAIN

- Other emotions to consider in treatment
- Shame is a social emotion that is also linked in emotional memory (implicit) when raised in shame-based families
- Development and strengthening of approach emotions – compassion, gratitude and joy
- Brain asymmetry and approach/withdraw emotions
- Richard Davidson found that 30 minutes of mindfulness meditation over 60 sixty days changed the relative activation patterns of the brain from left (withdraw) dominant to right (approach) dominant
THE EMOTIONAL BRAIN

- Damasio Three Types of Emotions: Primary, Background and Social Emotions
- Primary Emotions: Happy, sad, anger, fear, surprise and disgust
- Background Emotions: good, bad and everything in-between
- Social Emotions: shame, guilt, love, embarrassment, compassion, gratitude, envy, jealousy, empathy
THE EMOTIONAL BRAIN

- Primary emotions: Characterized by a burst & relatively quick decay
- Background emotions: more akin to mood (hours, days or weeks)
- Social emotions occur within the context of social relationships
- The purpose of emotion is solve problems or endorse opportunities
- Our clients are trying to solve problems, but do so in ways that are maladaptive or destructive
EMOTIONS AND FEELINGS

- Emotion is the physical experience of something changing in the body due to an internal (thought, appraisal or memory) or external (a critical or upset partner) stimulus.
- Feeling is the mental representation of the experience of having an emotion.
- Feeling is the awareness and mental labeling of the change in the body – self monitoring.
- One can have emotion without feeling.
- Behavior is the solution to the emotion (with or without feeling).
TYPES OF EMOTION REGULATION

- Antecedent-focused (e.g., visiting family for holidays)
  - Situation selection (to go or not to go)
  - Situation modulation (sleep there or in hotel)
  - Redirecting attention (keep away from stepfather)
  - Shift perspective (he can’t help himself)
- Response-focused
  - Adaptive (talking, breathing, getting away, medication, etc.)
  - Maladaptive (food, drugs, alcohol, sex, violence, withdrawal, verbal attack, etc.)
EMOTION, FEELING AND LANGUAGE

- Many of our clients are unaware of their emotion states and behavioral intentions; and therefore can’t really talk about it, so they show them.
- When people show their emotions and intentions rather than talk about them, the mirror neuron system of others goes to work trying to figure out their intention.
- When people talk about their emotions and intentions, there is no need to extrapolate.
- When this mental process (figuring out where someone is) is taken care of higher cognitive processes can be activated.
SHOWING VERSUS TELLING

- We show our emotions and intentions most of the time
- Showing is a not-conscious process
- There are times when taking stock is important; particularly in interpersonal relationships, and especially during times of stress
- When you’re primed to automatically down-regulate or up-regulate taking stock is not possible
- When your automatic response is destructive, the only way to change that behavior is via consciousness and taking stock
- Additionally, showing can lead to contagion; which can in turn lead to mutual escalation of withdraw affect
TOP-DOWN & BOTTOM-UP PROCESSING

- We were all taught to pay attention to non-verbal behavior in graduate school. Body language was key to knowing our client’s state of mind; or at least asking about it.

- Top-Down: stepping back and paying attention to body language, facial cues, gesticulation, tone of voice, pauses, language used, etc.

- Therapists need to be good observers of others.
However there is a quicker, and possibly more accurate, way of getting into our client’s mind. One that is less analytical and more experiential. To develop and hone this ability requires the therapist to be more connected and aware of their own emotions and intentions. The therapist needs to be what’s called, embodied – able to pay close attention to one’s own experience (Lakoff, 1999). Curiosity: Why am I feeling or wanting to act in this way? A willingness to engage the client on this level of relating.
THE MIRROR NEURON SYSTEM

- First described by Giacomo Rizzolatti at the Neurophysiology Lab at the University of Parma, Italy
- MN are visual-motor neurons that fire when an action is observed in others.
- They simulate the observed intention or action within the observer
- Related to the cognitive functions of imitation, action understanding and social cognition
- Been associated with a variety of neurological and psychological disorders; including MS, schizophrenia, autism and spectrum disorders and alexithymia
THE MIRROR NEURON SYSTEM

- Still controversial
- Out of 300 published studies and 125 that met their strict inclusion they found that a core network of human brain regions do in fact possess mirror properties that not only include action and observation but non-motor activities auditory, somatosensory and affect.
Mirror neurons have been found in various parts of the brain, but particularly in the insular cortex.

Insular cortex is located deep within the cerebral cortex separating the temporal, parietal and frontal lobes.

The insula is involved with consciousness and functions related to emotion and regulation of body homeostasis: including perception, motor control, self-awareness, interpersonal experience and various cognitive functions (social cognition).

Mirror neurons activate motor neurons so that we physically feel what others are feeling or intending.
You are on a bus from Fresno to Yosemite and you notice the person next to you all of a sudden looking pale. They start retching and filling a paper bag with clumps of undigested food. What do you feel? You feel a sense of nausea that one feels with motion sickness.

When we witness such experiences we activate;

- Mirror neurons in the insula that would be active if we were experiencing such feelings, and
- Motor neurons in our premotor and parietal lobe that would be active if were were performing those physical actions (throwing up).
Your client is calmly talking about an interaction they had with their partner. They describe a conversation where their partner, according to your assessment, was devaluing and humiliating. They are not using these words, but you evaluate the partner as being critical, humiliating and devaluing.

As you listen, you are feeling anger, shame and disgust.

Your MNS may be simulating within you the emotions of your client.
THE MIRROR NEURON SYSTEM IN SESSION

► When your client is not feeling - just emoting – your mirror neuron system is needing to figure out what is going on in their mind
► When your client starts to talk about their feelings, you start to feel less of those emotions
► Mirror neurons are most active when people are emoting and less active with they are emoting and feeling
► Mirror neurons are less necessary when emotions, intentions, etc. are explicit
SOCIAL COGNITION: DEFICITS AND DISTORTIONS

- Complex processes in the brain relating to how we understand and recognize others' emotions, thoughts and behaviors
- Closely related to empathy
- Reading the emotions and intentions of others
- Deficits and Distortions
- Psychopath: Deficit
- Borderline (personality disorders): Distortions
SOCIAL COGNITION: DEFICITS AND DISTORTIONS

- Emotion colors our perceptions
- All mental states (depression, anxiety, etc) affects our perceptions and appraisals
- Insecure attachment: attributes emotion that’s not present or ignores emotion that is present
- Unresolved trauma can overwhelm and severely compromise social cognition
- Our brain is inherently social so we can’t not affect each other
Philosopher Theodor Lipps (1851-1914) is remembered as the father of the first scientific theory of Einfühlung ("feeling into," or "empathy"). Unlike his predecessors, he used the notion of Einfühlung to explain not only how people understand the mental states of others.

In 1903 he suggested the perception of an emotional gesture in another directly activates the same emotion in the perceiver, without any intervening labeling, associative, or cognitive perspective-taking processes. He called this "inner imitation."
DIFFERENT TYPES OF EMPATHY

- **Emotional:** state matching; increases with familiarity, similarity and salience; self-other distinction
- **Cognitive:** no state matching; self-other distinction; perspective-taking (theory of mind)
- **Contagion:** state-matching; no self-other distinction; AKA vicarious emotional transfer (vicarious trauma)
- **Sympathy:** feeling sorry for other’s situation, not necessarily their emotional state; self-other distinction; no state matching
- Studies suggest that MNS is more involved in the process of emotional empathy (feeling another’s emotions) rather than cognitive empathy (imagining another’s perspective)
TWO EMPATHY PATHWAYS IN THE BRAIN

- An older contagion-based emotional empathy system
- And a more recent (evolutionarily speaking), higher order, theory of mind, perspective-taking system
- The emotion contagion system seems to be related to the inferior frontal gyrus, close to the insula (where mirror neurons are plenty)
- The cognitive empathy system is located in the ventromedial prefrontal cortex where more complex cognitive functions are regulated; including empathic perspective-taking, emotion regulation and mentalizing
STRENGTHENING EMPATHY SKILLS

- Capacity for emotional empathy is directly related to one’s ability to feel their own emotions and represent them with feeling.
- Emotion regulation involves the up and down-regulation of emotion to tolerable levels that it doesn’t impair cognition and problem-solving.
- Capacity for cognitive empathy is to have some understanding of one’s own emotional experience, but also step outside yourself and look at the situation from the perspective of the other.
STRENGTHENING EMPATHY SKILLS

- Both emotional and cognitive empathy skills can be developed within the context of therapy
- Therapist modeling is the best way of helping clients develop these skills
- Showing empathy towards the client
- Understanding the client’s perspective
- Understanding the other’s perspective
- Helping the client regulate up as needed
- Helping the client regulate down as needed
THE SEROTONIN CONNECTION

- Depression has been associated with aggression in young people, as well as adults.
- Low serotonin results in weaker communication between the limbic system (amygdala) and the frontal lobes (prefrontal cortex).
- It’s the prefrontal cortex that is primarily responsible for regulating impulses generated by the limbic system. Having a good behavioral inhibition system is very helpful.
- All children are born with aggression, but the caretaking environment helps to manage those impulses a productive way.
ANGER: THE GABA CONNECTION

- GABA (Gamma-aminobutyric acid) is the main inhibitory neurotransmitter
- Low GABA has been associated with high anxiety, low sociability and aggression in animals and humans
- Inverse relationship between levels of GABA in the brain and aggression
- Study by Radtke, et. al. (2011): Transgenerational impact of intimate partner violence on methylation in the promoter of the glucocorticoid receptor.
PRE-BIRTH STRESS AND THE BRAIN

- Found that domestic violence during pregnancy resulted in changes in the glucocorticoid receptor gene (GR) in the offspring of victims.
- Ten to nineteen years after birth, they found the offspring genes to be methylated.
- Synapses couldn’t bind as much GABA as those with non-methylated genes.
- Their brains were different from those whose mother’s didn’t experience domestic violence.
WORKING AGAINST BIOLOGY

- The bad news: Anger and aggression are the most stable personality characteristics.
- The good news: Neuroplasticity research indicates that the brain is able to change throughout the lifespan.
- The key to change is repetition, repetition and repetition.
- Telling clients the truth about anger and aggression.
MEMORY

回味人生一切皆为记忆，除了当下的薄刃。

——Michael Gazzaniga, 2000 - The Mind’s Past

Memory is critical to the work of therapists.

Working Memory: the capacity to hold onto information long enough to manipulate or complete a task (conversation with therapist).

Short Term Memory: hold onto information in an active, readily available state for a short period of time (next appointment or homework assignment).
MEMORY

- Long Term Memory
  - Semantic: Facts and figures
  - Episodic: Autobiographical events
  - Procedural: How to do things
- Explicit Memory: Conscious and intentional recollections of previous experiences
- Implicit Memory: Previous experiences aid in the performance of a task without conscious awareness
- Violence as a form of memory
MAKING & RETRIEVING VIOLENT MEMORIES

- Hippocampus and surrounding cortex of the medial temporal lobes is essential to making & retrieving memories.
- During learning, the hippocampus links together information from other parts of the brain – visual, auditory, sensory, etc. – into a memory trace (biochemical/structural change).
- During retrieval, the hippocampus triggers these memory traces; so starts the process of recall; usually with a part of the memory.
- The rest of the memory gets reactivated in time. This process involves a reactivation of a distributed network of representations in the cortex.
Some memories are easier to recall because of co-occurring emotion or important to sustaining life. These neural traces become more consolidated over time, especially the more they are recalled – repeated experiencing of violent memories consolidates the memory.

So an emotion (anger, frustration, fear) can trigger memory, but so could a situation (infidelity, disagreement, being apart, parenting issues, etc).

These are the things couples experience and could trigger implicit memories of violence.

How do we know that this is occurring?

Imaging studies; narratives.
Cortical memory traces may overlap with each other. That way we can make generalizations from one circumstance to another. For example, mother-son memories may generalize to woman-male implicit memory.

If you remember that an argument can be solved or stopped through violence, arguments in the present could be stopped via violence.

This overlap allows for knowledge and associations to bridge across different domains – efficient problem solving.

Practice remembering strengthens memory – this can be good or bad, it just depends on what you are remembering.

Context is critical to remembering (barista on the bus)
IMPLICIT & EXPLICIT MEMORY

- Explicit Memory: Involves conscious awareness, at the time of remembering, of the information, experience or situation being remembered.

- Implicit Memory: Where behavior, feelings or thoughts are influenced as a result of prior experience, but which is recalled or manifests without conscious recollection of the original events.

- With implicit memory, there isn’t a sense of remembering, just experiencing.

- The day-to-day process of interpersonal relationships involves the recollection and experiencing of both types of memory.
PRIMING

- Priming is a form of implicit memory
- The exposure to an earlier stimulus/event increases the probability of a response to a later similar stimulus/event.
- Table - Complete a word Tab
- Childhood experiences include priming – response patterns that become automatic, without thought
- Secure base priming – A form of priming that facilitates an insecure to be more similar to secure-like response
- Growing up in a violent, angry home is like insecure-base priming
PRIMING TECHNIQUES

- Priming Techniques (experimentally)
- Exposing people (subliminally or supraliminally) to security-related words (e.g., love, hug, affection, and support) or the names of an individual’s security-providing attachment figures;
- Exposing people (subliminally or supraliminally) to pictures representing attachment security; and
- Asking participants to recall memories of being loved and supported by attachment figures, or asking people to imagine such scenarios.
PRIMING TECHNIQUES

- Subliminal and Supraliminal priming even overrides the effects of negative self-esteem.
  - Subliminal: primed without awareness
  - Supraliminal: primed with awareness

- Repetition is Key
  - Repetition thickens that neural pathways and makes the new behavior easier to maintain.

- Parental priming: interactions between parents and between parent and child

- Exposure to domestic violence is also a form of priming
PRIMING TECHNIQUES

- Therapy is a form of priming (hopefully positive)
  - Helping the brain respond to emotions
  - Experience relationships differently
  - Anticipating positive outcomes
  - Subliminal processes from therapist
  - Supraliminal processes: through narratives
  - Taking in love, caring and support
Many studies have consistently documented the inaccuracy of memory. We are prone to confabulation (filling in the blanks) and simply making up facts in order to make sense of the past.

So when clients talk about their past, you need to take it with a grain of salt as to the “truth” of the facts.

However, attachment researchers have an interesting spin on this dynamic.

It’s not the accuracy of the recall that is as important as making sense of your past – coherent narrative
FINDING TRUTH

- From a neurobiological perspective, coherence involves both thinking (cognition) and feeling (emotion); seeing the situation from your point of view (self reflection), but also seeing it from other’s point of view (social cognition)
- It involves knowing that you might see a situation different from the other and both perspectives are valid
- It involves knowing that you may not have all the answers or a situation may only look a certain because of your history
- It also involves knowing that while you tell your story, the other person needs their conversational turn
- Truth is not as important as making sense of what a person does remember or believes happened to him or her
HAPPINESS AND THE BRAIN

- Are you happy? Or not happy? It’s all a matter of perspective.
- Glass half full, versus the glass half empty.
- Richard Davidson: brain asymmetry and happiness
- Wired for danger and threat, but also wired for happiness (the later needs attention, particularly if your past favored the threat system)
- Left PFC versus Right PFC dominant
- Olds and Milner (1950s) identified the pleasure centers of the brain
HAPPINESS AND THE BRAIN

- Nucleus accumbens: stimulating causes happiness, laughter, pleasure, smiling, even euphoria
- NA is located in the basal forebrain – near the brainstem (older part of the brain)
- This region is involved in production of acetylcholine (learning and plasticity)
- One of four modulatory networks in the brain: Serotonin, Dopamine, Norepinephrine and acetylcholine
- It also is associated with fear, aggression, impulsivity and addiction
- It is part of the brain’s reward system
HAPPINESS AND THE BRAIN

- Dopamine transforms motivation into action to feed those circuits
- Good news: Happiness is addictive!
- Bad news: Violence is addictive too!
HAPPINESS AND THE BRAIN

- Approach emotions: love, compassion, gratitude, caring, nurturing
- Mediated by the left prefrontal cortex
- Withdraw emotions (associated with flight/fight response) mediated by right PFC
- What strengthens the left PFC? Meditation and mindfulness training
- Greasing the happy circuits: Reappraisal, mindfulness, exercise, healthy diet and close relationships
HAPPINESS AND THE BRAIN

- Emotion and cognition – Simultaneous processes
- Cognitive flexibility: The ability to move off set
- The more intense the emotion, the less cognitive flexibility
- Negative or Positive appraisals are not easy to change because the brain is primed for one or the other
- We need to learn or relearn happiness, gratitude and compassion
HAPPINESS AND THE BRAIN

► We are wired for looking for danger due to evolutionary influences
► Many of our clients are also wired for danger due to family influences
► It’s easier to learn something new, than stop something old
► The brain likes to work from default mode so it’s going to do what’s natural unless it is reprogramed
► Attention is key: From the negative to the positive
Secure base priming is the activating of mental representations of attachment figures through words, images and guided imagery, symbolically making these persons available for soothing, reassurance and help.

This process has been found to increase a person’s sense of felt-security, which contributes to emotional balance and flexibility, particularly when under stress.

Priming can occur either subliminally (not conscious to the subject) or supraliminally (conscious to the subject).
THE SECURE BASE SCRIPT

- If I encounter an obstacle and/or become upset, I can approach my attachment figure (a significant other who I am close to) for help. He or she is likely to be available and supportive and I will experience relief and comfort as a result of talking to or being physically close to this person. When I feel better, I can then return to other activities.
THE PRIMES

- Words: comfort, love, embrace, secure
- Images: Mothers/fathers holding children, couples kissing/hugging, photographs of the subject’s attachment figure; fine art images depicting secure base relationships
- Visual imagery: Making up secure base script stories and recalling prior actual secure base experiences
CURRENT STUDY

- How many repeated exposures to primes are required to create longer-lasting secure base behavioral effects?
- What are the effects of repeated priming on mood?
- What are the effects of repeated priming on behavioral changes in one's attachment relationships?
METHODOLOGY

- Experiences in Close Relationships – Revised
- WHOTO Questionnaire
- Experiences in Close Relationships – RS (adapted)
- Pre-Mood Questionnaire
- 30 Seconds of word primes (5 words)
- 30 Seconds of image primes (5 images)
- Secure Base Script Affirmation
- Secure Base Script Story (Made-up)
- Secure Base Script Story (Recalled)
EXPERIENCES IN CLOSE RELATIONSHIPS

- I'm afraid that I will lose my partner's love.
- I often worry that my partner will not want to stay with me.
- I prefer not to show a partner how I feel deep down.
- I feel comfortable sharing my private thoughts and feelings with my partner.
WHOTO QUESTIONNAIRE

- Proximity-seeking/separation protest:
  - Who is the person you most like to spend time with?
  - Who is the person it is hardest to be away from?

- Safe-haven:
  - Who is the person you want to talk to when you are worried about something?
  - Who is the person you turn to when you are feeling down?

- Secure-base:
  - Who is the person you know will always be there for you?
  - Who is the person you want to share your successes with?
SECURE BASE PRIMING PROGRAM

- Check out the Secure Base Priming Program at:
  - [www.securebasepriming.org](http://www.securebasepriming.org)
- Either Signup to use the program for yourself over time, or
- Login with the below credentials to experience the primes and get a sense of the program.
- **Test login credentials:**
  - Email: test1@securebasepriming.org
  - Password: test1
THANK YOU

- Thank you for completing the reading material for my Continuing Education Program. In order to receive continuing education units for California Licensed Marriage and Family Therapists and Licensed Clinical Social Workers, you must complete the online evaluation at:
- Once I receive your completed evaluation, I will email you a link for your online certificate of evaluation.
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