The Brilliance Within

Discovering Your Human Super Power™

A Strength-Based Guide to Healing for Clients and Families

PERSONAL HEALING EDITION

Dr. Darleen Claire Wodzenski
MS ESE, MA CMHC, PhD, LPC, NCC, ACS



Orchard Human Services, Inc.

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WELCOME

Before You Begin

This book is for the people who love someone whose mind, body, or heart works differently. It is for the parent sitting up at night with a child who cannot settle, and for the adult who loses time and has never told anyone. It is for partners, grandparents, foster and adoptive parents, and teachers. It is also for you, if you have been told you are "too much," "too sensitive," "difficult," or "broken."

You are none of those things. Every pattern in these pages began as a way to survive, to make sense of a confusing world, or to stay connected to the people you needed. That is the heart of everything I teach.

> *A response that once kept you safe deserves respect. Healing is not about erasing it. Healing is about helping your nervous system learn that it can rest.*

The book has thirteen short chapters. The first three describe the foundations of my approach: strengths, development, and the whole lifespan. The middle chapters explore attachment, borderline personality disorder, trauma, dissociation, and autism. The last five describe the tools and attitudes that help people heal: mindfulness, somatic strategies that work through the body, skills from Dialectical Behavior Therapy, positive psychology, and hope. You do not need to read in order. Begin with the chapter that speaks to you.

A note on language. I write toward what we want to grow, rather than away from what we fear. When we hear "stop," the brain still pictures the thing we are told to stop. When we hear "you are safe to slow down," the body has somewhere to go. I call this Wholly Creative Communication, and you will see it throughout these pages.

> *If you or someone you love is in immediate danger, call or text 988 (the Suicide and Crisis Lifeline), call 911, or go to your local Emergency Room. This book supports care. It does not replace a professional evaluation or emergency help.*



01

CHAPTER 1

A Strength-Based View of Mental Health and Human Development

Most of us were taught to see mental health through a list of problems: symptoms, deficits, and disorders. That list has its uses. A diagnosis can open the door to the right treatment and help people feel less alone. But a list of problems describes only part of a person.

Every response has a reason

In my work I begin with a different question. Instead of asking "What is wrong with you?" I ask "What happened to you, and how did you adapt?" A child who cannot sit still may have a nervous system that learned to stay ready. An adult who keeps people at a distance may have learned early that closeness could hurt. These responses make sense. They were often brilliant solutions to impossible situations.

I call this inner brilliance the Human Super Power™. Every person carries strengths that helped them survive. In therapy we honor those strengths and help the person discover they no longer need to protect themselves so fiercely.

Strengths are the starting point for change

A strength-based approach does not ignore pain. It simply recognizes that people grow from their strengths, not from their deficits (Saleebey, 1996). When we name what a person does well, the nervous system relaxes, hope rises, and learning becomes possible.

Try this at home

- Notice one strength in yourself or your child each day and say it out loud.
- When a difficult behavior appears, ask "What is this protecting?" before asking "How do I make this stop?"
- Replace labels with descriptions: "You are learning to wait" instead of "You are impatient."



02

CHAPTER 2

Developmental Foundations

Every skill a person uses rests on earlier skills. Reading rests on hearing sounds and tracking with the eyes. Calm rests on a body that feels safe. Friendship rests on early experiences of being understood. When the foundation is strong, everything built on it is steadier. When a layer is missing, the structure above it wobbles.

This is why I believe developmental foundations support every kind of care: counseling, education, and behavioral support alike.

The brain is built from the bottom up

The oldest parts of the brain, which manage breathing, heart rate, and alarm, develop first. The parts that plan, reason, and manage emotions develop last and keep growing into the mid-twenties (Siegel, 2012). When the alarm system senses danger, it takes over, and reasoning becomes harder to reach. A child in a meltdown is not choosing to ignore you. Their thinking brain is temporarily offline.

Mind and body are one field

People often speak of a "mind-body connection," as if two separate things were joined by a bridge. I hold a different view: the mind and body are one continuous field of information. A thought changes the heartbeat. A meal changes the mood. Care that treats only thoughts or only behavior misses most of the person.

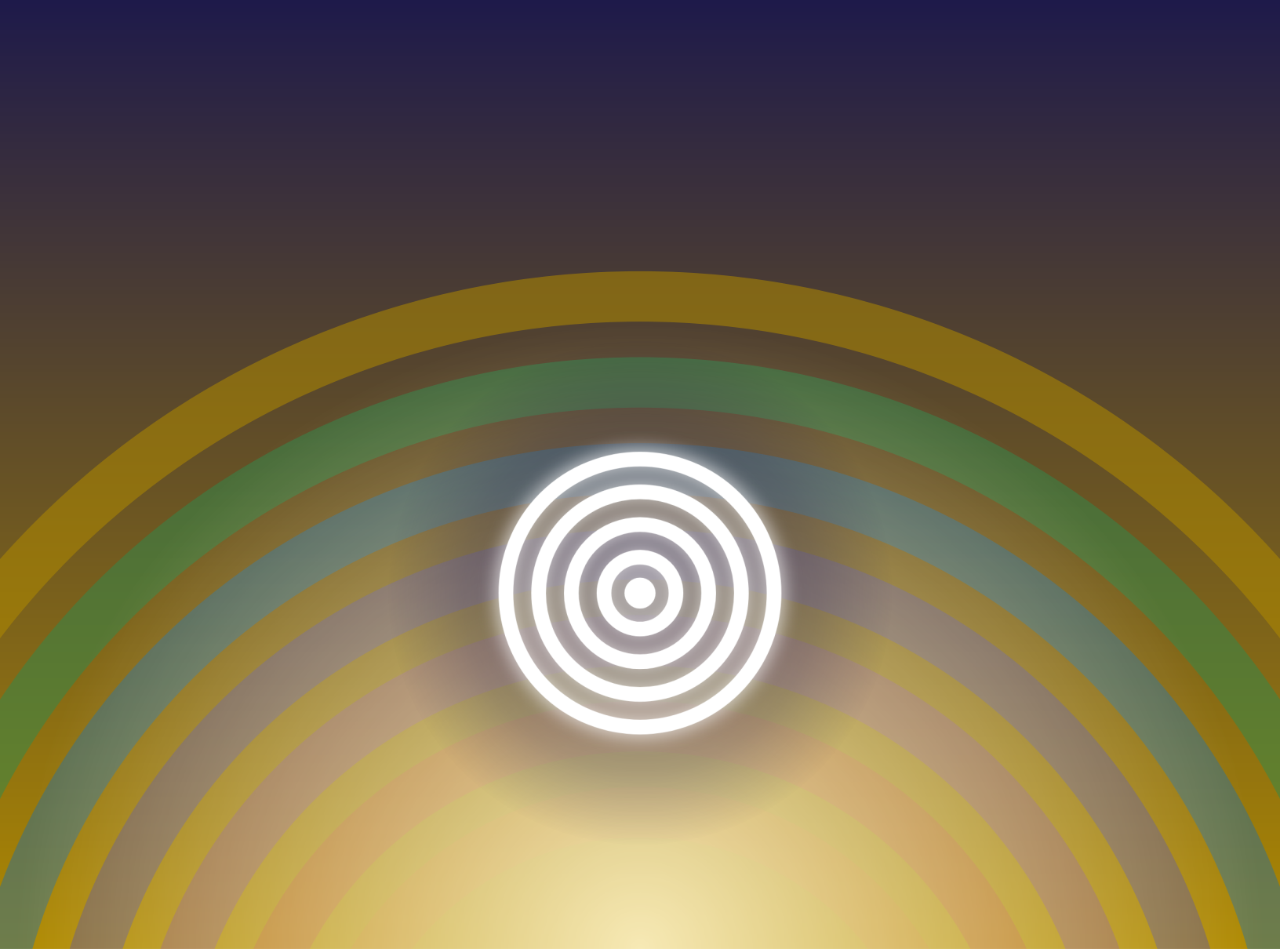
The daily-living foundation

Healing needs a stable body to happen in. I always look at the basics:

- Nourishment, including enough protein to supply the building blocks of brain chemistry
- Regular, restorative sleep
- Movement every day
- Morning sunlight, fresh air, and time in nature
- Connection with safe people

Learning through the whole body

As a special educator, I learned that the brain learns best when many senses work together. Movement, touch, rhythm, and sound, combined with learning, help new skills take root. I have watched children who struggled for months suddenly grasp a concept once their whole body was engaged.



03

CHAPTER 3

Human Development Across the Lifespan

Development does not stop at eighteen. We keep growing through every stage of life, and each stage brings its own tasks: trusting others, becoming independent, finding identity, building intimacy, contributing, and making peace with our life story (Erikson, 1963).

Missed steps show up later

When a stage is interrupted by trauma, illness, loss, or neglect, the skills of that stage may not fully develop. Those gaps often show up years later in ways that are easy to misread. An adult who struggles to see another person's point of view may be described as selfish. In my experience, that adult may never have had enough safe, responsive relationships to develop that skill. A missed developmental step is not a character flaw, and it can be strengthened at any age.

Why this matters in therapy

Understanding where a person is developmentally changes how I help them. A forty-year-old may need support with a skill most people learn at four, and that is nothing to be ashamed of. When we meet people at their developmental level, rather than their age, progress comes faster and with less frustration.

Try this at home

- When someone struggles, ask "What skill is still growing here?"
- Teach the skill directly, with patience, the way you would teach a younger child to tie a shoe.
- Celebrate small steps. Development happens in increments.



04

CHAPTER 4

Attachment Development and Attachment Disorders

Attachment is the deep emotional bond between a child and the adults who care for them. Through thousands of everyday moments, such as being fed, comforted, played with, and soothed, a child learns that the world is safe and people can be trusted (Bowlby, 1969). These early experiences shape how the brain develops and how relationships work for a lifetime.

When care is inconsistent, frightening, or interrupted, the attachment system adapts. A child may cling, push away, seem indifferent, or go with any adult who offers attention. These are survival strategies, and they make sense in light of what the child lived through.

RAD and DSED

Two diagnoses describe children whose early care was seriously insufficient (American Psychiatric Association [APA], 2022).

- **Reactive Attachment Disorder (RAD):** a child who rarely seeks or responds to comfort and may appear emotionally withdrawn.
- **Disinhibited Social Engagement Disorder (DSED):** a child who approaches and goes with unfamiliar adults with little hesitation.

Both can improve with consistent, nurturing care and specialized support. Many of the children I work with have been removed from their homes, and I have seen remarkable healing when the adults around them are supported too.

What helps at home

- Connection before correction. A connected child can learn; a frightened child cannot (Purvis et al., 2007).
- Offer "time-in": stay close while the child settles.
- Keep routines predictable, especially at mornings, meals, and bedtime.
- Repair after conflict: "I am sorry I raised my voice. Let's try again."
- Play every day. Play is how children heal.



05

CHAPTER 5

Borderline Personality Disorder

Few diagnoses carry as much stigma as borderline personality disorder (BPD). Too often, people with this diagnosis are described as "manipulative" or "impossible." In my experience, people with BPD are among the most feeling, perceptive, and caring people I know. Their nervous systems feel things intensely, and they learned early that relationships could disappear without warning.

What BPD can look like

BPD involves long-standing instability in relationships, self-image, and emotions, along with impulsive actions (APA, 2022). Day to day, this may include intense fear of abandonment, relationships that swing between closeness and conflict, emotions that rise fast and settle slowly, feelings of emptiness, and urges to self-harm during intense distress.

A developmental story, not a character flaw

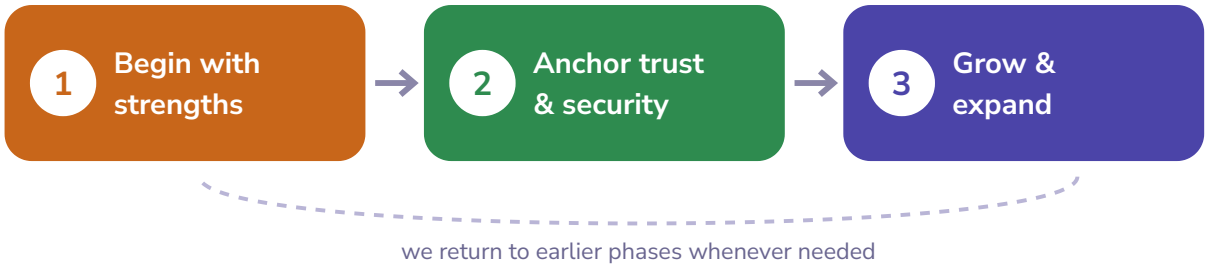
BPD is closely tied to human development. Research links it to early environments that could not consistently understand, protect, or soothe a child, especially when emotions ran high (Crowell et al., 2009). Over time, skills that usually develop in childhood, such as trusting that people will stay, calming big feelings, and holding a steady sense of who you are, did not get the support they needed to take root. These are skills still waiting to grow, not proof that something is wrong with who you are.

Unresolved disorders of attachment in childhood can evolve into borderline personality disorder in adulthood. Long-term research supports this link: children whose earliest attachments were disorganized were more likely to show borderline symptoms as adults (Carlson et al., 2009). That is why I look at the whole developmental story, not only what is happening today.

> *You are not too much. You are a deeply feeling person whose developmental steps deserve patient, loving support.*

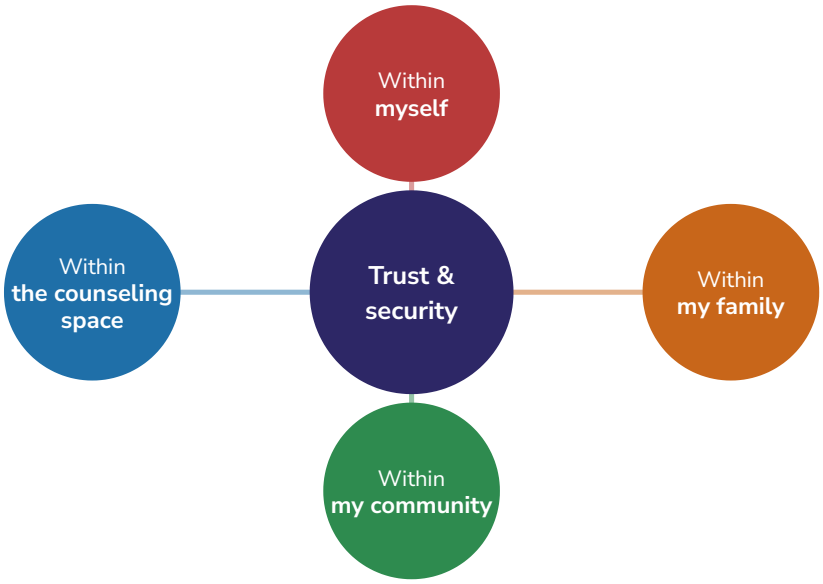
How I work with BPD

My approach moves through three phases. They overlap, and we return to earlier phases whenever we need to.



Begin with strengths. We start with what is already working: your sensitivity, loyalty, insight, creativity, and courage. Strengths are the doorway in.

Anchor trust and security. Healing grows from a felt sense of safety in four places:



- **Within yourself:** learning that your body and feelings can settle, and that you can count on yourself.
- **Within your family:** repairing and strengthening the relationships closest to you.
- **Within your community:** finding people and places where you belong.

- **Within the counseling space:** a steady, predictable relationship where it is safe to be fully yourself.

Grow and expand. With trust in place, we build the developmental skills that may have been missed: calming the body, naming feelings, understanding yourself and others, and repairing after conflict. We grow at a pace your nervous system can handle.

Hope is supported by research

BPD has one of the most hopeful long-term outlooks of any serious mental health condition. In a major study that followed people with BPD for ten years, 93% experienced a remission of symptoms lasting at least two years (Zanarini et al., 2010). Effective treatments exist, and recovery is common.

Working from this strength-based developmental model, supported by Dialectical Behavior Therapy and mindfulness practices (Linehan, 2015), people heal, grow, and overcome the ravages of BPD. They go on to live full, meaningful lives with warm, loving connections with friends and family, and with hope for a bright and compelling future.

What helps at home

- Validate the feeling before addressing the behavior: "I can see how much this hurts."
- Be predictable and keep your word. Reliability rebuilds trust.
- Set limits with warmth: "I care about you, and I will talk with you when we can both speak calmly."
- Return to hard conversations after the body has settled.
- Know the crisis plan: call or text 988, call 911, or go to your local Emergency Room.



06

CHAPTER 6

Trauma

Trauma is not the event itself. It is what happens inside a person when an experience overwhelms their ability to cope. Two people can live through the same event and carry it very differently.

Trauma lives in the body

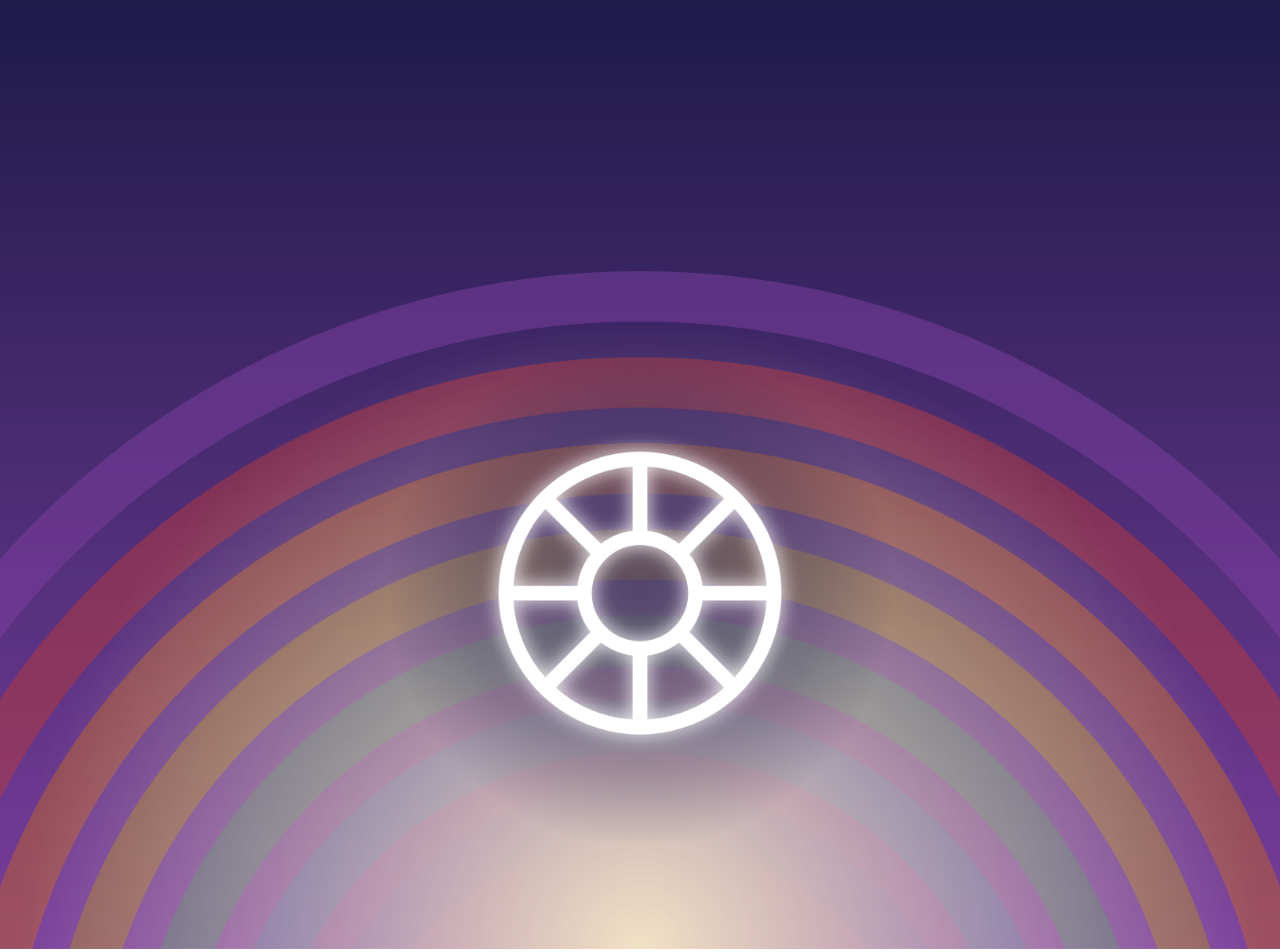
When we face danger, the body mobilizes to fight, flee, or freeze. After overwhelming experiences, the nervous system can stay on alert long after the danger has passed. This can show up as jumpiness, trouble sleeping, irritability, numbness, headaches, or stomach problems. Large research has shown that difficult childhood experiences are linked with physical and mental health challenges across the lifespan (Felitti et al., 1998).

Fluid Trauma™

I developed the Fluid Trauma™ framework to describe something I see every day: trauma is not fixed or permanent. It moves. It responds to relationship, language, rest, and healing. That means change is always possible. It also means we work gently, at a pace the nervous system can tolerate, so healing never becomes another overwhelming experience.

What helps

- Predictability and choice, which restore a sense of control
- Calm, connected adults and friends
- Body-based calming, such as slow breathing, movement, and time in nature
- Therapy that builds safety first, before exploring painful memories



07

CHAPTER 7

Dissociation: From Everyday Experience to DID

Dissociation is a disconnection between things that are usually connected: thoughts, memories, feelings, body sensations, and sense of self. It exists on a spectrum.

Everyday dissociation

Most people have driven somewhere and arrived without remembering the drive, or become so absorbed in a book that time disappeared. That is the brain putting attention on autopilot. It is normal.

Protective dissociation

For some people, dissociation became a way to survive experiences that were too much to take in. When a child cannot fight back or escape, the mind can create distance instead. It is one of the most protective things a young brain can do. Over time, that protection can show up as feeling detached from the body, feeling the world is unreal, or losing time.

Dissociative Identity Disorder

At the far end of the spectrum is Dissociative Identity Disorder (DID). A person with DID experiences two or more distinct identity states, often called parts, along with recurring gaps in memory (APA, 2022). DID develops in childhood, most often in response to severe and repeated overwhelming experiences. It affects roughly 1% to 1.5% of people (APA, 2022), and many people spend years in the mental health system before receiving the right diagnosis.

> *Each part of a person with DID developed for a reason. Each one has helped the whole person survive. In therapy we treat every part with respect.*

Healing is possible

Treatment for complex dissociation follows a phase-oriented approach: safety and stabilization first, then work with difficult memories when the person is ready, then integration and a fuller life (International Society for the Study of Trauma and Dissociation [ISSTD], 2011). People in specialized treatment improve over time (Brand et al., 2013).

What helps at home

- Keep routines steady and predictable.
- Practice grounding together: name five things you see, four you feel, three you hear.
- Offer choices instead of commands.
- Speak to the whole person with warmth, whichever part is present.



08

CHAPTER 8

Autism and Neuroatypicality

Autism is a neurodevelopmental difference that shapes how a person communicates, relates to others, and experiences the senses (APA, 2022). About 1 in 31 eight-year-old children in the United States has been identified as autistic (Shaw et al., 2025), and many adults, especially women, are recognized only later in life.

Different wiring, not broken wiring

As a special education teacher and director, I created a program for young children with autism and developmental disorders. The most important lesson I learned is that autistic and neuroatypical people are brilliant, differently wired people who need the world to meet them in their language.

What it can look like

- Differences in social communication
- Deep, focused interests that bring joy and expertise
- A strong need for routine and predictability
- Sensory differences: sounds, lights, or textures that feel overwhelming, or a need for certain sensations
- Stimming, such as rocking or hand movements, which helps regulate the body
- Meltdowns or shutdowns when the nervous system is overloaded

When mental health needs are present too

Autistic people experience anxiety, depression, and trauma at higher rates than others, often because the world was not designed for their nervous systems. Therapy must fit the person's communication style, sensory needs, and way of learning.

What helps at home

- Prepare for changes ahead of time with words, pictures, or a visual schedule.
- Create a calm space with soothing sensory tools.

- Treat a meltdown as an overload, not misbehavior: lower demands, lower sound, stay close.
- Celebrate interests and strengths out loud.



09

CHAPTER 9

A Mindfulness Approach

Mindfulness means paying attention to the present moment, on purpose, with kindness. It is not about emptying the mind. It is about noticing what is here, in the body and the mind, without judging it (Kabat-Zinn, 1990).

Why it helps

Mindfulness strengthens the parts of the brain that help us pause before reacting. It helps the body shift out of alarm and into rest. Over time, it builds a calm observer inside us that can notice a feeling without being swept away by it.

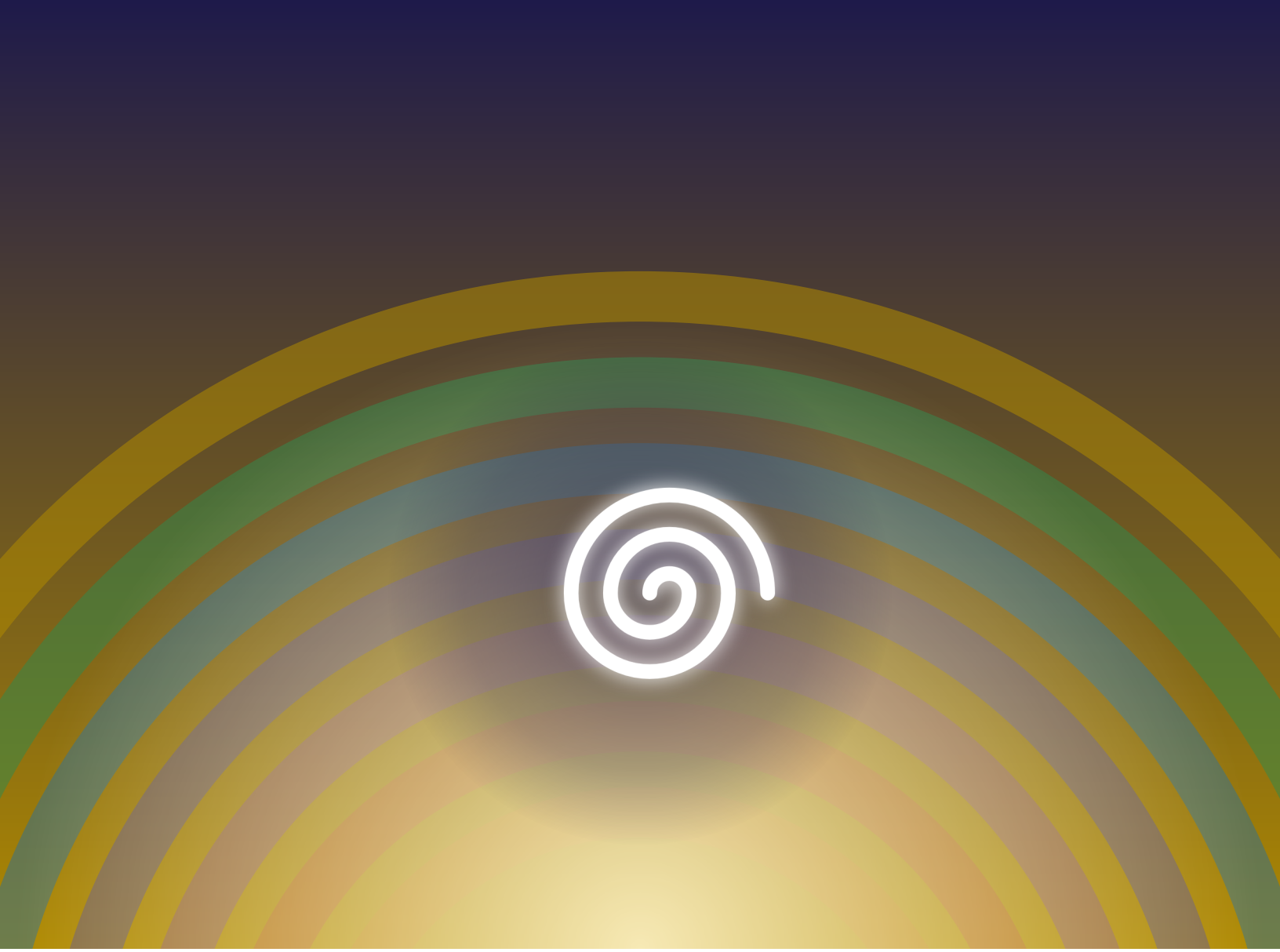
Three practices to begin

Long exhale breathing. Breathe in gently through your nose, then breathe out slowly, making the exhale at least twice as long as the inhale. A longer exhale signals safety to the body.

Head and Heart Holding. Place one hand on your forehead and one over your heart. Breathe slowly and notice the warmth of your hands. Many children and adults feel calmer within a minute or two.

Mindful movement. Gentle yoga, qigong, or a slow walk with attention on each step brings the body and mind into the same moment.

> *Mindfulness works best in small, frequent doses. One minute, several times a day, can change how your nervous system responds to stress.*



10

CHAPTER 10

Somatic Strategies: Healing Through the Body

Healing does not happen only in words. The mind and body are one continuous field, and the body often holds what the mind cannot yet say. A tight jaw, held breath, raised shoulders, or a stomach in knots are the body's way of keeping watch. Somatic strategies work directly with the body to help it learn that it is safe now.

I am a licensed massage and neuromuscular therapist and a kinesiologist, and for many years I practiced yoga and qigong. That work taught me how the body stores stress and how it lets go. That knowledge runs through everything I do in counseling.

Why the body matters

Two kinds of body awareness are central to healing. *Interoception* is sensing what is happening inside: heartbeat, breath, hunger, tension. *Proprioception* is sensing where the body is in space through the muscles and joints. Trauma and chronic stress can blur both. Gently rebuilding them helps the nervous system shift out of alarm (Payne et al., 2015).

> *Your body is not the problem. Your body is the path home.*

Strategies I teach

Every strategy is gentle, done by you for yourself, and always your choice. In session, I never touch you. Instead, I show each practice on my own body, with my breath, posture, hands, and movement, and you follow along, a bit like a gentle game of Simon Says. You stay in charge of your own body the whole time, and it works just as well by telehealth.

- **Long, slow exhale.** Breathing out longer than you breathe in signals the body to rest (Zaccaro et al., 2018).
- **Grounding through the feet.** Press your feet into the floor, shift your weight slowly side to side, and notice the support beneath you.

- **Deep pressure and heavy work.** A weighted blanket, a firm hug, wall push-ups, or carrying something heavy calm many children and adults, especially those with sensory needs.
- **Self-massage.** Slow, firm strokes on the hands, forearms, shoulders, or jaw release tension and send safety signals to the brain.
- **Shake and release.** Gently shaking the hands, arms, and legs for a minute, then standing still, helps the body discharge stress.
- **Rhythmic movement.** Rocking, walking, swinging, swimming, and dancing steady the nervous system through rhythm.
- **Qigong and gentle yoga.** Slow, mindful movement joined with breath brings body and mind into the same moment.

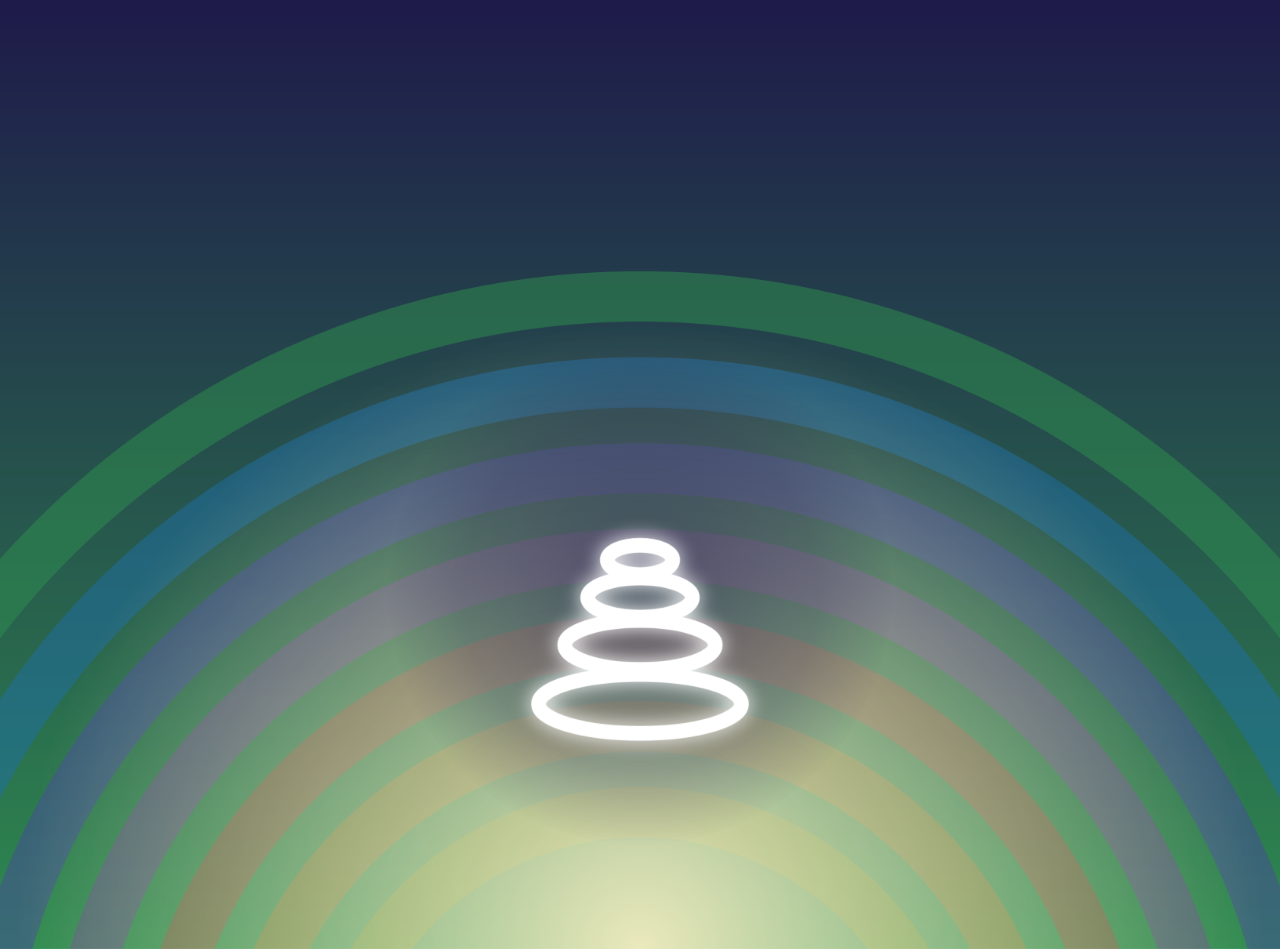
What the research shows

In a randomized trial, people with long-standing PTSD who took part in trauma-sensitive yoga had a greater reduction in symptoms than those in a comparison group (van der Kolk et al., 2014). Reviews of massage research describe benefits for anxiety, depression, and pain across many groups (Field, 2016). The body is a powerful partner in healing.

Try this at home

- Three times a day, pause for three long exhales with your feet flat on the floor.
- Give your child a "heavy work" job before a hard transition, such as carrying groceries or pushing a laundry basket.
- At bedtime, place one hand on your belly and one on your heart, and feel your breath move under your hands.

If you have experienced trauma, go slowly. Keep your eyes open if that feels safer, and stop any practice that brings up dizziness or distress.



11

CHAPTER 11

Skills from Dialectical Behavior Therapy

Dialectical Behavior Therapy (DBT) was developed by Dr. Marsha Linehan to help people who feel emotions intensely (Linehan, 2015). Its name comes from the idea of holding two truths at once: "I accept myself as I am" and "I am working to change."

Four sets of skills

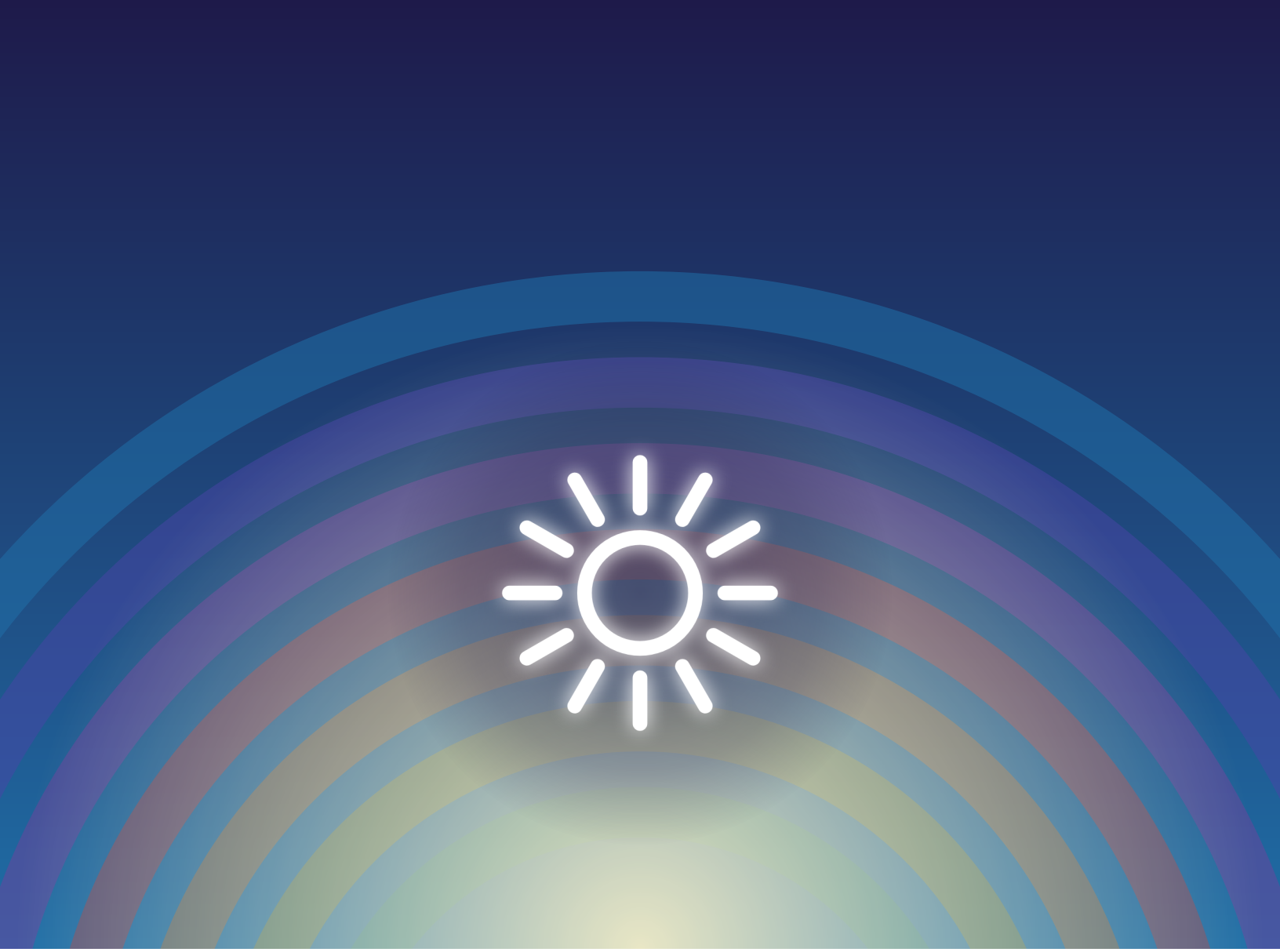
- **Mindfulness:** noticing the present moment without judgment
- **Distress tolerance:** getting through a crisis without making it worse
- **Emotion regulation:** understanding feelings and changing the ones that do not fit the situation
- **Interpersonal effectiveness:** asking for what you need while keeping relationships and self-respect

How I use DBT skills

I weave DBT skills into counseling for people with intense emotions, BPD, trauma, and dissociation, and adapt them for teens and families. Many clients come to me after completing a DBT program and want ongoing therapy that helps them keep using their skills in daily life.

A skill to try

When emotions are very high, try changing your body temperature: hold something cold or splash cool water on your face while slowly breathing out. This can quickly bring intense feelings down enough to think clearly.



12

CHAPTER 12

Positive Psychology

For most of its history, psychology focused on what goes wrong with people. Positive psychology asks a different question: what helps people thrive (Seligman & Csikszentmihalyi, 2000)?

The building blocks of well-being

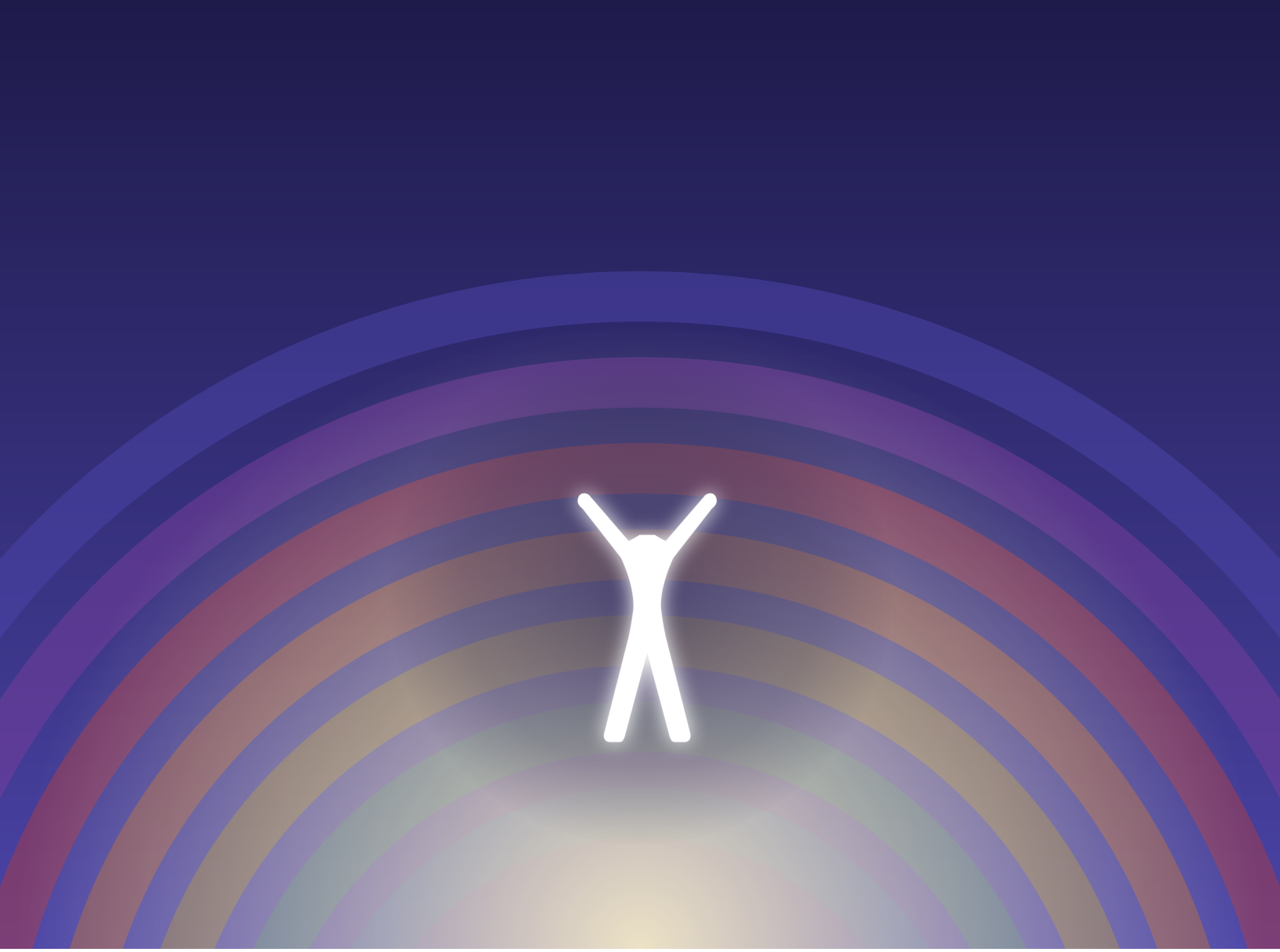
Researchers describe five elements that support a flourishing life: positive emotion, engagement, relationships, meaning, and accomplishment (Seligman, 2011). Each can be grown on purpose.

Character strengths

Every person has a unique mix of strengths, such as kindness, curiosity, courage, humor, or perseverance (Peterson & Seligman, 2004). Using your top strengths in new ways is linked with greater well-being. This fits closely with my belief in the Human Super Power™ within every person.

Try this at home

- At dinner, each person shares one good thing from the day.
- Write down three things that went well each evening, and why.
- Name a strength you saw in someone you love, and tell them.



13

CHAPTER 13

Hope

Hope is not wishful thinking. Researchers describe hope as having three parts: a goal, a pathway to reach it, and the belief that you can take the first step (Snyder, 2002). Each part can be strengthened.

Hope for clients and families

If you have lived with dissociation, intense emotions, trauma, or the daily challenges of raising a child with complex needs, hope may feel far away. For more than thirty years I have taught and walked alongside people as they grow: as a piano and dance teacher, a general and special education teacher, a graduate tutor and faculty member, and a counselor. I have watched children learn to trust, adults find their lost time, and families learn to repair. The nervous system can change at any age. Your story is still being written.

Hope for helpers

To the therapists, teachers, and caregivers reading this: your work matters, and you deserve to thrive while doing it. You can build the practice or career you dream of while helping the people you care about most heal and grow. Taking care of your own nervous system is not selfish. It is the foundation of your ability to help others.

> *Every response you carry was once a way of surviving. Together, we can help your nervous system learn that it is safe to rest, to connect, and to grow.*



NEXT STEPS

Working Together

What to expect

Therapy with me begins with a brief consultation to see whether we are a good fit. If we decide to work together, the first session is a thorough intake assessment. We talk about your history, your strengths, your goals, and what you hope will be different. From there, we create a plan together.

Sessions are offered by secure telehealth to clients in Georgia, Florida, and Virginia. Most sessions are about 53 minutes.

Paying privately for care

Some clients choose to pay for therapy directly rather than through insurance. Paying privately means there is no insurance record of your diagnosis or treatment, and your care is shaped by your needs rather than by an insurance plan's limits. Current fees are posted on the Orchard Human Services website, and every self-pay client receives a written Good Faith Estimate before care begins.

About Orchard Human Services

Orchard Human Services, Inc. is an IRS-approved 501(c)(3) nonprofit organization that uplifts lives by counseling, educating, and caring.

Taking the next step

If something in these pages felt familiar, you are not alone, and it is not too late. Visit orchardhumanservices.org to request a consultation.

ABOUT THE AUTHOR

Dr. Darleen Claire Wodzenski



MS ESE, MA CMHC, PhD, LPC, NCC, ACS

Founder · Psychoneuroeducational Institute, LLC

Founder & Executive Director · Orchard Human Services, Inc.

Orchard Human Services is an IRS-recognized 501(c)(3) Nonprofit Organization

Dr. Darleen's journey began not in a classroom, but at home — as a parent and a non-denominational pastoral counselor who understood, from the inside out, that the words we offer children can either open their hearts or close them. Long before she held any formal credential, she was discovering that how we speak to children shapes the very architecture of who they become. She deeply studied the works of Dr. T. Berry Brazelton, Mr. Fred Rogers, Dr. John Bradshaw, and sacred and spiritual teachings from around the world — and discovered deeper truths about human development, community, communication and love.

CONFERENCE PRESENTER

National Youth at Risk Conference · Council for Exceptional Children (CEC)

State Level – Georgia Assoc. for the Education of Young Children (GAEYC)

BOOKS

Marmalade Jam – A Therapeutic Fairy Tale
Juno's Butter Knife – A Therapeutic Fairy Tale
Dead Children Can't Read – Classrooms of Compassion
Wholly Creative Communication
Developmental Justice
Water Keeper – Ethics of Artificial Intelligence in Mental Health
Water Keeper Workbooks – Mental Health Counselor & Educator Versions
The Brilliance Within – Personal Healing and Clinician Editions

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