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The Relational Intelligence Model for Trauma Treatment:

**A Neuroscience-Informed Integration of
IFS, Polyvagal & Attachment Theory**

With François Le Doze, MD

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Instructor Biography

François Le Doze, MD

Dr. François Le Doze is a neurologist, psychotherapist, and internationally recognized trainer with over three decades of experience integrating medical and psychological approaches to healing. Based in France, he spent much of his career practicing neurology in a hospital setting, where he also offered psychotherapy to patients with complex medical and emotional conditions.

His clinical work led him to train extensively in Internal Family Systems (IFS), eventually becoming a Lead Trainer with the Center for Self Leadership (now named IFS Institute). While working with clients affected by trauma, dissociation, and attachment injuries, Dr. Le Doze began to see the need for a more relational and neurobiologically informed approach. This insight led him to develop Relational Intelligence® (Intelligence Relationnelle®)—an integrative model grounded in IFS, Polyvagal Theory, Attachment Theory, and somatic clinical practice.

Dr. Le Doze is known for his compassionate presence, depth of clinical wisdom, and ability to bridge complex theories with practical therapeutic application. He teaches internationally and continues to develop trainings for practitioners seeking deeper integrative trauma work.

For more information about Dr. Le Doze and his work, visit <https://selftherapie.com>

The Relational Intelligence® Model for Trauma Treatment

A Neuroscience-Informed Integration of IFS, Polyvagal & Attachment Theory

Introduction: Foundations and Scope of the Relational Intelligence (RI) Model

Relational Intelligence (RI) psychotherapy is part of contemporary approaches seeking to restore the unity of the psyche through a neurobiological understanding of relationships.

It aims to heal the effects of traumatic dissociation by drawing on the brain's associative capacities, which remain mobilizable despite trauma.

RI connects neuroscientific discoveries to clinical practice, offering an integration between medicine, psychology, and lived experience.

The model centers on the regulation of the Autonomic Nervous System (ANS), which is key to internal safety and the restoration of a sense of unity.

It articulates two forms of regulation:

- Self-regulation, when the patient learns to mobilize their own Self to regulate their internal state.
- Co-regulation, when the therapist intervenes as an external regulator, supporting the reassociation of neural networks disintegrated by trauma.

RI is also a bridge between neurobiology and the therapeutic relationship, placing secure proximity and embodied relationship at the heart of the healing process.

This model proposes a conscious and engaged therapeutic stance, called Conscious Therapeutic Engagement (CTE), where the therapist becomes a regulating attachment figure while maintaining awareness of the relational dynamics.

In a context of social transformation and crisis of meaning, RI invites us toward a psychotherapy anchored in biological and relational reality, capable of accompanying the transformations of the individual and society.

Foundations of the Relational Intelligence (RI) Model

The model developed through successive stages, nourished by personal introspective work and encounters with various therapeutic approaches, including IFS (Internal Family Systems).

It rests on four fundamental principles:

- Following traumatic dissociation by tracking how it expresses itself in the nervous system.
- Healing the dissociated brain by using its still-active associative capacities.
- Using the Self as a therapeutic agent, capable of supporting self-regulation or co-regulation according to the patient's needs.
- Recognizing the therapist as an attachment figure, within a process of Conscious Therapeutic Engagement (CTE) combining physical presence and cognitive awareness.

The model distinguishes three levels of regulation:

- Self-regulation: the patient learns to mobilize their Self to restore internal balance.
- Physical co-regulation: embodied relationship, gaze, voice, and rhythm support nervous system regulation.
- Cognitive co-regulation (metacognition): allows experiences to be associated by bringing meaning and awareness.

The model's development arose from a clinical observation: certain dissociations resist self-regulation alone and require the engagement of the body and relationship.

RI thus follows an integrative logic, where nervous system regulation and the therapeutic relationship articulate to restore neuropsychic unity.

Characteristics of Clinical Practice in Relational Intelligence (RI)

RI clinical practice relies on close observation of the patient's nervous system: breathing, tonus, gaze, rhythm, and micro-movements guide the intervention.

The therapist constantly refers to the regulation of the Autonomic Nervous System (ANS) to assess the level of activation and adjust their own state to facilitate co-regulation.

The therapeutic process is organized according to three interactive dynamics:

- Physiological regulation: return to ventral safety and embodied bodily contact.
- Relational regulation: conscious engagement of the therapist as a regulating presence.
- Cognitive regulation: putting into words, integration, and elaboration of meaning.

The therapeutic alliance is built on secure proximity, where the therapist's presence becomes a bodily and affective resource.

The therapeutic work consists of reassociating the two brains:

- The lower brain: seat of survival reflexes, neuroception, and automatisms.
- The upper brain: seat of conscious functions, reflection, and symbolization.

Dissociation is understood as a rupture of communication between these two levels; therapy aims at their progressive reconnection through precise regulating gestures.

The therapist acts through their ventral-regulated state, a true therapeutic tool: they model safety, guide the relationship, and support the plasticity of the patient's nervous system.

Each intervention is guided by the rule: "Connect before correct" – establishing the relationship before any attempt to change or interpret.