Detailed Notes of Lecture and Interview for Understanding and Treating Disorganized Attachment and Dissociation with Sally

1. **Introduction**
    - Introduction to Dr. Siegel's former client
    - Client suffered from DID
    - She is now a practicing mental health professional
2. **Attachment and The Mind**
    - Attachment - term from science to explain the need to have a connection with a caregiver in order to survive
        - Survival is dependent on the connection with the caregiver
    - Alo Parenting: Mother and selected few others care for the baby as the key attachment figures
    - 4 S's of Attachment
        - Safe - Keep us safe
        - Seen - See us, attunement,
        - Soothed - Babies are unable to soothe themselves
            - Dyadic care - coregulation
        - Secure
            - Based on the other 3 S's being met
    - Two Fundamental Needs
        - Safe Haven - A place to go that is safe
        - Secure Base - Launching pad where the baby can explore from
    - Mind
        - An emergent property of energy flow.
        - Emergence: Something greater than its individual components (ex. wetness)
        - Energy flow is a fundamental property of mind
            - Skull and skin are not impermeable boundaries
            - Full embodied, relational, connection with biosphere
        - Attachment Theory
            - How experiences and relationships influence the development of the brain and mental processes
            - *Book: The Development of a Person by Alan Sroufe*
            - Early relationships/experiences shape the connectivity that grows inside the brain
            - John Bolwby and Mary Ainsworth founded the Attachment field
            - Brain changes through:
                1. Direct experience
                2. Adaptive response
            - Relationships that change attachment pattern: parents, partners, therapeutic, social
            - *Resource: Mindsight by Dan Siegel*

3. **The Categories of Attachment**
    - Four categories of attachment to discuss the statistical findings
    - Your attachment pattern is dependent upon your caregiver, and you can have two different patterns based on the caregiver
    - Genetics influence how an individual will experience trauma

    i. Genes do not influence attachment category
- Relationship experiences shape attachment categories
- 4 Categories of Attachment
    i. Secure Attachment
    ii. Insecure Avoidant Attachment
    iii. Insecure Ambivalent Attachment
    iv. Disorganized Attachment
- Infant Strange Situation
    i. A separation paradigm that measures reunion behavior
    ii. It was not about what happened when the caregiver left, but what happened when they returned
- Observed reunion behaviors
    i. Secure: Seeks contact, goes into proximity, soothes if necessary, but returns to toys (Safe haven)
    ii. Avoidant: Infant ignores mother's return, and continues to play with the toys (20% of the population).
        - Infant was not seen, lack of emotional connection.
        - Deep in the brain, the need for connection remains (skin monitor). However behavior has adapted behaviorally.
        - Don't ask for help when they need it
        - System is shut down, reduced
    iii. Ambivalent: Mother returns, and the infant jumps on them, clings, and does not let go (10 -15% of population).
        - Resistance/uncertain to be with toys, because they want to be with mother
        - Ask for help even when they do no need it
        - System is revved up
    iv. Disorganized: Infant might move towards parent, then walk away and bite himself, bang head on the wall
        - Experienced something where they were unable to cope, overwhelmed their nervous system.
        - Have a hard time engaging in mutually beneficial relationships
        - Attention is strained, unable to manage emotions
        - Experiences of Disorganized Attachment can cause dissociation
        - Caregiver is providing frightening experiences that evoke a sense of terror - terror cannot be emotionally metabolized by the brain of a child.
        - Fear without solution: Fragmentation of own mind
    v. Attachment patterns evoke relational interactions that are aligned with the individual's attachment pattern
    vi. Resource: Parenting from the Inside Out by Dan Siegel

4. Disorganized Attachment: What it is and what it isn't

- Disorganized Attachment can be measured in infancy. The pattern can be studied with statistical meaning.
    i. Disorganized attachment can be caused by long term separation and frequent separation
- Misconception: If a child shows disorganized att. that qualifies that there was developmental trauma
    i. Disorganized attachment does not equate maltreatment. Developmental trauma is abuse and severe neglect.

    ii. Developmental trauma does not mean that a child will have a disorganized attachment AND disorganized attachment does not mean the client was maltreated
    iii. Adversity is not the same as abuse
- Misconception: That disorganized attachment is a form of psychopathology.
    i. Many children with disorganized attachment without dissociative disorders. It is only ONE PATHWAY of causal association.
    ii. The developmental cause of dissociation is based on the biological adaptation based on lived experiences
        - Having the experience of being terrified of parents, leads to biological paradox.
- There are other experiences that could impact disorganized attachment
    i. Genetic information impacts how a person responds to terrifying experiences. Impacts your subjective experience.
- Through neuroplasticity we can learn to transform the structure and function of the brain through experiences
    i. Be careful saying “healing” disorganized attachment, instead use **integrate.**
    ii. Disorganized Attachment is impaired integration that can be changed. → allow emotions to be more regulated, relationships to be more mutually beneficial, and not need to use fragmentation.
    iii. Disorganized attachment is impaired integration in the brain that is learned through experience.

5. Attachment, Disorganization and the Brain

- View the brain as a system in the whole body and a system in our relational world.
- Differentiation: The way the system works is by areas being differentiated, having different functions.
- Integration: Linkage between differentiated parts. Structural connections that create functional connections.
    i. Integration = Balance between differentiation and linkage
    ii. Integration is the basis of well-being.
- Attachment
    i. A relationship can be thought of as the sharing of energy flow. The mind is an emergent property of energy flow.
        - Energy with symbolic meaning. Energy in information that stands for something, that is symbolic, is information.
    ii. Attachment, when it is secure, is the integrated sharing of energy and information flow.
    iii. When a caretaker can allow a child to differentiate and link with them, it is an integrated relationship.
        - Rupture is a break in integration
- Avoidant Attachment
    i. If a parent is only responding to the behavior, and not their inner experience, subjective experience, sense of agency, all aspects of mind are missed in avoidant attachment
    ii. Child is protected, given food, attends school, but interior world is invisible to the caregiver.
    iii. Client is differentiated, but not linked because interior world is not being attended to.

    iv. Outcome for avoidant attachment is to shut down the need for linkage via connection with others.
    v. Adaptation is all differentiation, with no need for linkage.
    vi. Those with avoidant attachment have a low awareness or disconnection from their bodies that parallels the relational connection.
- Insecure Ambivalent Attachment
    i. Parent is intrusive with emotions, trying to link to child, but not allowing the child to be differentiated.
    ii. Differentiation is challenged because the caregiver is so flooded with their own experience, therefore impairing integration
    iii. The child lacks clarity about who they are, which increases the need for connection
    iv. Linkage was blocked with avoidance, or differentiation was blocked with ambivalence
- Disorganized Attachment
    i. Parent is showing frightened behavior, or is frightening the child, dissociating themselves, or neglecting the child
    ii. Parent is not differentiating or linking; both are impaired
    iii. Can titrate between chaos and rigidity
    iv. Disorganization is a biological paradox, where you cannot solve the problem. Causes approach avoidance behavior.
- Attachment can be seen through the lens of integration, where security is integration, avoidant is impairment in linkage, ambivalent is impairment in differentiation, and disorganized attachment is impairment in both.
- **All three forms of insecure attachment, are examples of impaired integration relationally, which lead to compromises in integration internally.**
- Integration allows us to thrive.
- If you have an attachment history that has led to relational impairments, your direct reaction will be to start compromising how integration grows in your brain, and you're going to adapt to compromised integration in ways that reinforce your experience.
- Neuroplasticity will change in structure and function, and the individual will start inducing from the environment (relational experience), the same kind of reactions because they are carrying them. As a result, new relationships unconsciously mirror the dynamics of early attachment relationships.
- Impaired integration makes the individual more prone to chaos or rigidity.
- Children with developmental trauma and disorganized attachment show areas of the brain that take different regions and link them together, are impaired in their growth
    i. Corpus callosum, linking differentiating right and left parts of the brain are impaired in growth
    ii. Hippocampus (in limbic area) is impaired in growth
    iii. The prefrontal cortex is compromised in growth
    iv. Connectome is compromised in growth
    v. Resource Martin Teicher
- **Any form of regulation depends on integration.** If you are regulating emotion, behavior, relationally, attention, memory or thought, it requires the ability to differentiate and link in the brain.
- Impaired integration → impaired self-regulation → impairs mental well-being and relational capacities.

- **Studies of individuals with psychiatric disorders demonstrate impaired integration in the brain.**
- Smith and Callings in 2015 stated that the one brain factor that predicted well-being was how interconnected the connectomes are. AKA Integration.
- When you use the three pillar mind practice, (strengthen attention, open awareness, kind intention), interventions that do those three things help the brain integrat.
- Hand Model of the Brain: Flipping your lid - altered states or states of mind, including non-integrated
- Brain can become disabled in integrative functioning, and either goes into chaos or rigidity.
- Limbic Region
    i. Higher part of the brain, called the cortex. Hippocampus, hypothalamus, amygdala. Mammalian brain
    ii. Responsible for attachment
    iii. Activation of meaning making - how do I evaluate the significance of what is happening? Then gives a feeling tone, which is emotion.
    iv. Body sensation, meaning and memory are interwoven to create emotion.
    v. Emotion is an integrative shift in brain state.
- Brainstem
    i. The deepest part of the brain, oldest in evolutionary history, aka reptilian brain
    ii. Where body proper (outside skull) connects to the brain
    iii. Vagal Nerve: carries energy towards the brain and down into the body to vital organs.
    iv. Fight, Flight, Freeze, and Faint reaction
        - Freeze - tightened muscles, does not know whether to flee or fight
        - Faint - Lose consciousness, collapse in state of helplessness
    v. When dissociating, can go into fight, flight, freeze or faint
- Cortex
    i. aka Neocortex
    ii. Map making part of the bran, 3D cortex
    iii. Default mode network, central circuit in sense of self, or OWN (observe, witness and narrate) and OATS (Others and the Self)
    iv. Meditation slows it down, psychedelics shut it off.
- Embodied Brain: Head brain is the third brain, heart brain is the second brain, and the gut brain is the first brain.
- The brain has different states of mind, and the way it links differentiated areas together, helps us understand the experience of disorganized attachment and correlation with dissociation

6. Disorganization and Dissociation

- Relational paradox: Brainstem says get away from the terror, Limbic Area says go to the attachment figure.
    i. Adaptive strategy is avoidant attachment, “I don’t need anyone,” or ambivalent “I need to be seen”
    ii. Want to help attachment patterns move to security
    iii. Disorganization attachment
        - Cannot be equated to maltreatment

        - Not everyone with disorganized attachment has significant problems
        - Association between disorganized attachment and dissociation is significant
- Dissociation - things that are usually associated (connected) are no longer associated.
    i. Typical forms of dissociation: missing exit on the freeway
    ii. Dissociation is when the brain stops linking differentiated parts
- States of mind include patterns of network firing in the brain, that have enduring configurations so that we name them self-states, facets of the self, or brain states.
- States of firing, or harmonic patterns can include the default mode that can instantiate a sense of an autobiographical self, lending a feeling of both cohesion and continuity across states from the past.
- Clinical levels of dissociation
    i. Clinical means something is impairing / Psychopathology means something is not going well with our mind.
    ii. 1. Dissociate from memory - do not know how it was encoded / cannot be retrieved
    iii. 2. Dissociate from our bodies - psychic numbing
    iv. 3. Dissociate from consciousness (there is NO continuity of consciousness between differentiated states)
- Self-States
    i. Self-states are more like verbs than nouns
    ii. Sense of Self SPA - Subjective Experience, Perspective and Agency
    iii. In dissociation, self-states become differentiated by memory barriers
    iv. With developmental trauma, if it happened before 7 years old, was chronic, and severe, research suggest when these three conditions are present, if a person is capable of dissociation, dissociation may be used to cope with terrifying experiences.

7. DID from a Clinical Point of View

- Open Mind and PART as a clinician
    i. Presence - open and letting go of expectations
    ii. Attunement - being able to compassionately tend to
    iii. Resonance - being influenced by the client, but not becoming the client
    iv. Trust - mutuality of trust
- Suffering takes place when integration is impaired
- Attachment Disorders
    i. Reactive Attachment Disorder: Severe social neglect with a lack of an attachment figure resulting in the tendency to withdraw from social connection.
    ii. Disinhibited Social Engagement Disorder: Excessively clinging to individuals, even those not in close relationships
        - Both come from severe social neglect
- Stephen Porges - Polyvagal theory
    i. Disinhibited social engagement is indiscriminate to cling to all sorts of people. C
- Disorganized Att. by itself is a risk factor for dissociation in challenging experiences
- Various degrees of disorganization due to individual differences (temperament)

- Dissociation
    i. Types of Dissociation
        - Depersonalization
        - Derealization
        - Physical Numbing
        - Memory Blocking
        - Different self-states
- Consciousness and memory barriers prevent the individual from creating a cohesive understanding of all parts
- Exploring Implicit Memories
    i. Need to be able to explore various degrees of memory
- Differential Diagnosis of DID
    ii. DID is a disorder of deception
    iii. Psychotic Disorder like Schizophrenia
    iv. Delusions, false beliefs, hallucinations can be present in DID
    v. Rapidly Cycling Bipolar Disorder
    vi. Schizoaffective Disorder
- Evaluation: Looking for dissociative symptoms, knowing history (potential trauma), lack of awareness of what they were saying, where they were going, how they ended up somewhere

8. Client History

- Former client of Dr. Siegel's who is now a trained therapist
- Met Dr. Siegel seeking treatment for her son
- Client started being seen individually for therapy
- The science of relationships says a parent's own self-awareness and ability to reflect on the pas, is direct correlation with the person's ability to connect with their child.
    i. client was unable to recall her childhood, was unable to describe her relationship with her mother, and recalled her relationship with her father as terrifying
    ii. AAI - Adult Attachment Interview
    iii. Experience of terror in odd places. (i.e. taking care of her son) → Terror linked to childhood

9. The Role of Implicit Memory

- behavior, sensation, perception
- Feel something as a memory, but not know it's a memory.
- Repressed memories
- Pure implicit memories explain the mechanism of the flashback.
- You experience implicit memories as here and now experience, not with a sense of recollection if as pure, nonintegrated implicit memory
- Safety gave client courage to explore her terror
    - "There were many parts inside of me trying to keep this a secret"
    - "My mind started to take care of me in a way no one ever took care of me."
- There was an awareness that I could switch who I was in different environments
    - Everyone has different self-states
    - Identifying a disconnect that did not make sense
    - Experiencing dissociative episodes

        - Awareness that there were different parts of self, however was not aware of who the different parts were or what that meant
    - The role of the clinician is to develop a relationship with the other states
    - Studies of dissociation overlap with fabrication
        - Use the human capacity of dissociation to manage disorganized attachment.

10. Dissociative Identity Disorder

- Realization that client had DID
    - DID allowed client to get help, to make sense of her life, to heal the dissociative fragments
    - Avoidant or Dismissive Attachment in Adults - have not encoded the experience into explicit memories
- One source of dissociation is depersonalization
    - One cause is disorganized attachment
    - Fear without solution / biological paradox. The brain tells the individual to run away from the terror, as well as seek security from the attachment figure (who is the source of terror).
    - Dissociation is an adaptation to developmental trauma
- 5 Characteristics of Dissociation
    - Derealization: Not feeling as if things are real
    - Depersonalization: Not feeling as if things are happening to you
    - Somatic Numbing: The experience of feeling anaesthesia
    - Memory Fragmentation
    - Consciousness Fragmentation
- Trance Logic: make symbolic statements
- Hypnosis: Deep state of focus.
- Self-states: patterns that are repeated
    - All states have a purpose for the system

11. States of Mind and Dissociation

- Neuroplasticity explains that the brain will change/adapt to new experiences.
- Direct experiences: What actually took place
- Adaptive experiences: How the brain processes the experience and evolves to meet our biological needs
- DID as it relates to multiple personalities or self-states
    - SPA: Subjective Experience, Perspective, Agency
        - Different self-states know different things about different states
- Trauma happened → Brain responded → Adapted in a functional way to ensure survival
- Why is it called DID a disorder?
    - As a child, it is adaptational; as an adult it's outdated. Was not able to be present, and would episodically miss out on moments of her life. Experiences lapses in memory.
    - Self-states have a pure form (theme) of emotions that were overwhelming → encapsulated in one state
- Memory is impressionable / influenced by suggestion

12. The Healing Process of DID through IPNB

- The process of 'making sense' could help individuals integrate implicit memories to explicit memories and no longer experience flashbacks

- Understanding that Client's Window of Tolerance had increased
    - FACES: flexible, adaptable, coherent, energized, stable
- Using chaos and rigidity as markers/indicators when a person is outside their window of tolerance
- Using the Wheel of Awareness as a way to revisit painful/vulnerable experiences. Being able to witness "fear" on the rim, but being able to choose how to direct your attention
- How memory from the past impacts our present construction of experiences in the present
- Adverse experiences in the past can impact our reaction to our present experience

13. Widening the Window of Tolerance / Healing of DID

- Doing something with the dissociative barrier, by talking to the different parts of a person, and bringing them into conversation/engagement with one another → integration
- Understanding the function of the parts
- With the WOA, as she was able to bring awareness to the separate parts, she could acknowledge them without being them
    - With awareness brought relief
- Understanding the moment when increasing communication across states was SAFE and healing/therapeutic
    - Hostile parts were doing their part to allow her to survive. As a therapist, there is a need to love and respect those parts.
    - An internal experience, that is expressed and communicated, in order to increase the window of tolerance / promote integration
- Healing:
    - Get to know each part
    - Understand their role/purpose in the system
    - Allow them to communicate and express their pain
    - Understand therapeutically which parts are ready to communicate and be expressed
- Transforming into Grief
    - 'Coming to terms with what took place
    - Delayed grief
    - Fragmentation a survival mechanism to help
    - Therapeutically:
        - Let me work to understand how my mind adapted
        - Let me work to understand what actually happened
- Epistemic Trust: With an attachment figure who is giving the child a true sense/reflection of reality.
    - Individuals who have experienced developmental trauma did not receive this, and therefore begin to believe a false sense of reality
    - The internal world is one of secrecy
    - Individuals with DID often have a secondary diagnosis of Borderline Personality Disorder
    - Epistemic Trust
        - Within the therapeutic relationship, how can we create coherence for whatever material comes up by making sense of it
        - Integrative process of differentiated parts becoming linked is done collaboratively with therapy

- Mindfulness Meditations for DID
    - The Wheel of Awareness allowed client to explore different parts of herself, increase awareness, and explore uncertainty
        - Recalls WOA as bliss, perfection
    - Mindfulness Meditation should be performed cautiously, sensitively and at the right time therapeutically

14. Reflections on Healing Journey

- She has an appreciation for her life and no regrets about her life or therapeutic work. Would not change anything.
- Understanding that without proper help, it would not have been so great
- Personal Insights
    - The importance of making sense of your own story
    - Your disorder doesn't have to be a bad thing; it can be transformative and meaningful
    - Therapist's role = PART
        - Presence, attunement, resonance, and trust
    - Growth Mindset - Carol Dweck

15. Conceptualizing DID through the Wheel of Awareness

- Integration is necessary for well-being, and consciousness is needed for change
- The Mind is an emergent property of energy flow
- Energy is the movement from possibility to actuality
- Plane of Possibility is the Generator of Diversity
- Memory is a peak
- A state is a plateau
    - Not connected
    - Dissociated barriers are explained through separate plateaus
- The higher the possibility, the more narrow the plateau of possibility
- Predictability is how you try to protect yourself
- Barriers: Violation of attachment, violation of epistemic trust
    - Could not access the plane of possibility or achieve open awareness
- Plane of possibility is maximum uncertainty (or freedom) which is the source of awareness
    - The Hub is liberation from the perceptions/constructions of the mind
    - GOD : Generator of Diversity
    - COAL: Connectedness, Openness, And Love
- For DID creating linkage for differentiation
- Healing the trauma is not only decreasing symptoms, but freeing the mind
- Healing: Freedom to be able to experience anything in the rim and not feel at risk or harmed

16. Transformation of Self

- SPA was obliterated by trauma
    i. Subjective experience: A violation of inappropriate acts
    ii. Perspective: A violation of epistemic trust
    iii. Agency: No sense of agency
- A state of Wholeness
    i. Implicitly remember a state of Wholeness from being in the womb
        - Ease, safety

ii. We are all on a journey to get back to wholeness
iii. No matter what happens, I don't feel unsafe. I can manage. No decompensation or fragmentation.
iv. From the plane of possibility, COAL is what comes from the hub
v. Embracing uncertainty is a direct correlate of well-being
vi. People are usually drawn to unresolved aspects of themselves in other people/situations
- Conduct the Adult Attachment Inventory to identify

- Research shows that it takes 7 years of therapy to be properly diagnosed with DID
- Research shows that if a client with DID is in therapy, but is not being treated for it, they will not get better
- Research from Harvard University shows that an individual with developmental trauma has less integration within the connectomes, hippocampus, and prefrontal cortex.
- Disorganized attachment can take place without trauma, but clinical levels of dissociation
- A nonintegrated brain may dissociate
- Harder to treat DID with personality disorders
- In people with depression with developmental trauma, psychotherapy is the best treatment. People with depression without developmental trauma, do well with medication.
- Lack of acceptance of DID in University Hospitals
- 20% of the US population have an avoidant attachment / as an adult it is dismissive
  i. 1 out 5 will say that relationships don't matter
  ii. Realization that relationships matter can crumble their mental constructs
  iii. Lack of experience of being connected within relationships
- Emotions are about relational connection, the body, and meaning
- Despite trauma, the hub has not been obliterated
- In the last 50 years, we have lost 66% of the species

17. Looking at DID symbolically as a parallel to the destruction of the earth

- Looking at our attachment style as a society and how it reflects to the neglect of the earth
- When people get stuck in plateaus, believe they need to gain materialistic things.
- The human mind is creating these states; we need to establish a connection to the ecosystem.
- Epistemic trust violation of society that says we are separate, is traumatizing and damaging to human life. Understanding that we are interconnected.
- Excessive differentiation from the rest of the biosphere will lead to chaos and rigidity in nature in the system of all living beings.
- We have the capacity for incredible compassion and care
- In-group and Out-group distinctions are leading to the destruction of the earth

18. Treatment Planning

- Ketamine can create dissociated states by blocking integration in the brain
- Terrifying experiences, unresolved trauma or loss, and now presenting with symptoms of dissociation
- Start with PART

    i. Start with presence: being in a state of curiosity, open, and accepting and loving or COAL
    ii. Resonance: “Feeling felt” or joining with the client. Allowing the client to feel your presence within them.
    iii. Trust - Client feels safe enough to go into their self-states
    iv. Mirror neurons: bridge motor action with perception
        - Sponge neurons allow us to resonate
    v. As the clinician, if you have unresolved material, it is of great importance to have done your inner work
        - If you are activated by your own material in session, it communicates to your client that you are unavailable.
- Treatment Planning involves:
    i. PART you play as a secure attachment figure
    ii. As the clinician, to get to know the differentiated parts of a person
    iii. A self-state gained a dissociative barrier so they would not know what other parts know.
    iv. As the clinician, to establish and build a relationship with each individual part
        - Self-states are verbs
        - There are clusters of self-states that have themes
- Phase 1 - Get to know the parts
    - Asking the state: Do you know who I am?
    - Introducing yourself to the self-state
    - Explore when they were born: “How old were you when you were born?”
    - “What role did you play for the whole system of you?”
    - “How is your life going now?”
    - Asking the self-state if they have a name
    - “I need the part of you to come into the office who can drive home”
    - In the process of getting to know the therapist, conveying that as the clinician, we are trying to keep them safe.
    - Doing a mini adult attachment inventory on each of the states
- Phase 2 - Get to know how the parts work as a system
    - Understanding how the parts function, what the role was
- Phase 3 - Invite the client to start considering how to communicate across states
    - Journal, chalkboard, drawings
    - Awareness of states is not mutually exclusive- State A can know about State B, but State B does not know about State A
    - Different skills, different languages, different allergies/health concerns, ages, genders, sexual identities
- Phase 4 - Explore the dissociative barriers and what they are currently being used for
    - Collaborating with the client
    - A, B, and C don’t know each other; I’m sure that has been helpful in the past, how is that working now?
    - Differential skills and knowledge are not dissolved, but the dissociative barriers are. Learning that these parts do not need to maintain as separate, noun-like entities, but can become more verb-like.
    - Identifying the need each self-state represents

        i. All needs can be experienced simultaneously in one state
- Phase 5 - Working with Traumatic Memory
    - Memory has many layers. Researchers talk about how energy flow comes into the mind, activates the nervous system, and the first layer that is encoded and stored is implicit memory.
    - Implicit memory: emotional, body sensation, motor, and perceptual memory, get laid down and summarized into a schema, or mental model.
    - Mental model gives us information about the stimuli
    - Priming: part of implicit memory that primes us for future experiences
    - Implicit memory is encoded and stored without the Hippocampus
        i. Implicit memory that does not get integrated can be transformed into explicit forms
    - Explicit memory: factual and autobiographical information (stored in the hippocampus). Sense of self and time
    - Any experience can be coded.
    - Intermediate memory - 1-2 weeks to permanent memory
    - Retrieval - accessing memory
    - Unresolved Traumatic Memory
        i. Hippocampus blocked, pure implicit memory
    - Implicit memory has been laid down in pure form and has not been consolidated into explicit memory, where the memory can be triggered by implicit engrams when activated, can cause flashbacks or intrusive memories.
    - Lack of resolution: flashbacks, intrusive memories
        i. Memory Integration: Lack of hippocampus integration into explicit memory. Hippocampus can be blocked by a traumatic event.
        ii. Hippocampus has cortisol receptors, at times of high stress/cortisol, the hippocampus is blocked. At this time adrenaline, also is being released, and adrenaline is increasing the encoding of implicit memories.
        iii. Narrative Integration: Blocked narrative resolution. You have encoded implicit memory, but it does not fit in with your narrative.
            1. Divided attention. We can selectively choose where attention is placed.
            2. Narrative is how we make sense of things
    - How to work with unresolved traumatic memory:
    - Cautionary statements: Important for a clinician not to make suggestions to a client
        i. Be careful not to imply that if you can't remember childhood, a childhood trauma took place (false)
        ii. Memory is very impressionable and can be influenced by experience
        iii. People have imaginary experiences, and believe things happened that did not take place

iv. If a person is in a position of trust, and comes with an expectation, and gives more energy to statements that validate your beliefs/ideas about the client, the client will perceive your interest in those statements and may begin to focus on those topics unconsciously.
v. Wheel of the Awareness:
    1. What is the psychological meaning of the back pain
    2. “What other sensations are associated with the back pain?”

- Steps for clinician
    i. Dual focused attention of the client
        1. Attention on what the client is processing - lost in the feelings, sensations, in the here and now
        2. Attention on the relationship between client and clinician - guiding client to recognize that she is experiencing implicit activation.
    ii. Allowing the client to titrate or pendulate between being in the experience (implicit) and working with the clinician (explicit). Bifurcation (dual focus of attention).
    iii. As the clinician, giving space for implicit activations, and instead of them being traumatizing, using them to be transformative by accessing the hippocampus, focused attention, turning them into facts and autobiographical information to use in future sessions. Clinicians’ presence prevents them from being traumatic because now there is autonomy and choice of how the memory is being experienced.
    iv. Giving the client an imaginary remote control, to stop, pause, or play the implicit or explicit memory. Mind is a house. Direct the client to walk into the house where memories are stored. Go into that room, open the file cabinet of memories, pick the folder where the traumatic memory is held. Take memory into another room to watch the explicit and implicit memory together with the clinician. As the clinician, remind the client that it is not happening in the present. Guiding the client to describe what she would have wanted to do, or future memory.
    v. Goal: Looking to find the meaning of the bodily sensation, and incorporate the meaning of the sensation into the narrative.
- Important for a clinician to be aware of your own inner experience, so whatever issues come up, there is awareness to it, and it does not impact our presence as a clinician.
- As a clinician, we need to stay in our window of tolerance. Notice moments of rigidity or chaos. The client needs “to feel felt.”

19. Treatment Implementation and Assessment

- When working with an individual to change the mind, we are working at the systems level
- Periods of reorganization/shifting
    i. 6 - 8 weeks into therapy - neuroplasticity and myelin. Myelin production from glial cells, allows the production speed to become 100X faster, refractory period 30X, so communication becomes more effective
- Joining the client on the journey, as a guide on an integrative path
- As a clinician, be aware of your own feelings, attuning to your own bodily sensations, and not act on them.
- Suicidal intention or internal homicide
    i. Specific parts might want to kill other parts. Hospitalization might be clinically appropriate.
- Explaining to the client that each part was doing its best to ensure survival. With this grief, tremendous love can come up.
    i. Guiding reorganization towards integration

20. Reorganization

- Differentiated aspects can be present in a fluid way
- Boundaries are lost (dissociative barriers), but not what the parts meant/represented
- Assessing for rigidity and chaos or FACES
- Client will be FACES (Flexible, Adaptive, Coherent, Energized, and Stable) → Integration
    i. Have widened her window of tolerance for integration, so they do not have to burst into rigidity or chaos
    ii. The client will be waking up to the world and be able to perceive/attune to the unpleasant aspects of the human experience.
    iii. Clients will now find meaning in their lives unlike ever before

21. Conclusion and Integration

- Parallel between looking at aspects that are not integrated and the state of the planet
    i. We are a part of a larger whole
    ii. The healing we provide from the inside out, bringing integration visible
    iii. Bringing the love and connection that is the human birthright