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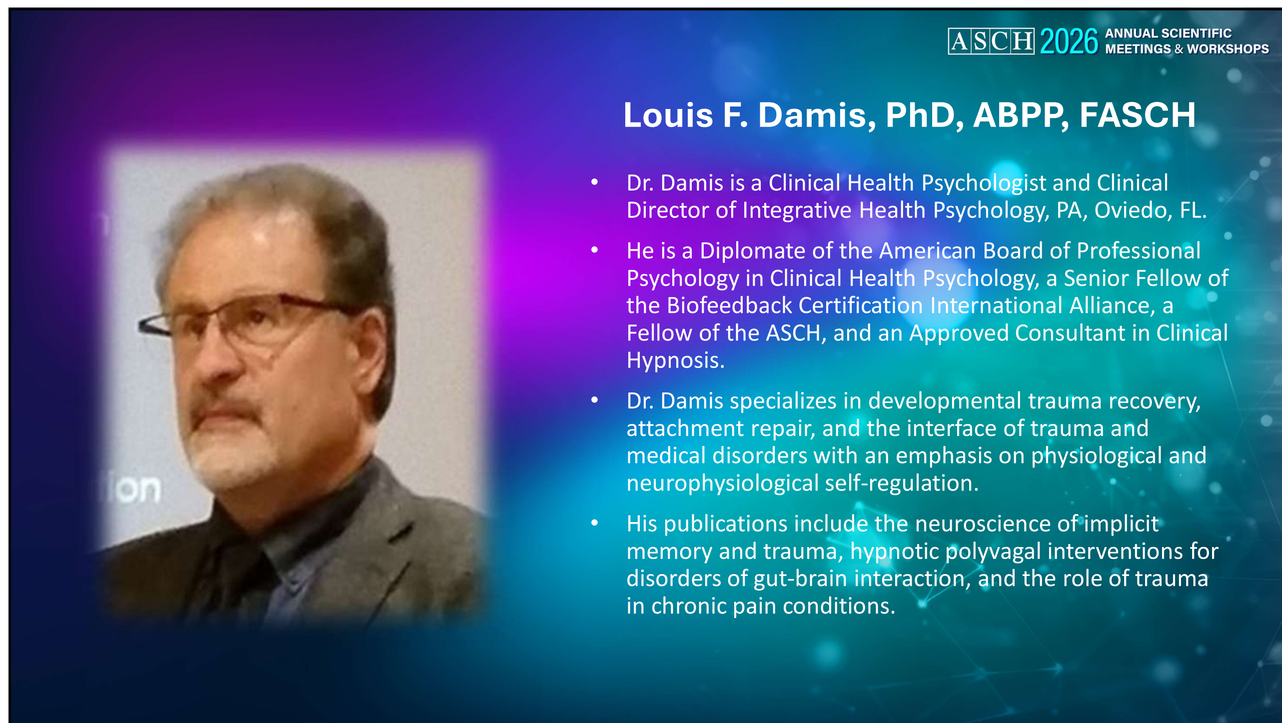

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ASCH 2026 ANNUAL SCIENTIFIC MEETINGS & WORKSHOPS

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Learning Objectives

At the conclusion of this session, physicians and other participants will be able to:

- **Delineate three criteria for adequate acquisition of attachment repair.**
- **Outline two strategies for establishing a neurophysiological substrate for trauma processing and attachment repair.**
- **Describe the importance of prioritizing neglect repair and related strategies for modifying implicit memory through hypnosis.**
- **Describe and apply positive opposites to repair specific attachment wounds.**

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The Unconscious Mind

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- **Bargh & Chartrand (1999)** reported that
  - "Most of a person's everyday life is determined not by their conscious intentions and deliberate choices but by mental processes that are put into motion by features of the environment and that operate outside of conscious awareness and guidance" (p. 462)
- **Weinberger & Stoycheva (2020)**
  - Unconscious processing is the default mode of functioning – the primary process
  - Unconscious functioning is normative
    - Normal, integral part of how we function in the world and with other people

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Implicit Memory

The Unconscious (Weinberger & Stoycheva, 2020)

- The mind/brain learns through experience and focuses on what is salient to the person
- **Treatment needs to modify implicit associations** that create schemas, core relational themes, and context effects that shape perception and interpretations of environmental/interpersonal events and mobilize mental and interactional behaviors.
- Without modification of implicit memory, relapse is inevitable
- ***Normative Implicit Psychotherapy***

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Memory Systems

- **Explicit / Declarative Memory**
  - Conscious, deliberate, effortful recall of information and experiences
  - Dependent on the Medial Temporal Cortex
    - Hippocampal, Parahippocampal & Perirhinal areas
    - Disrupted by stress neurotransmitters and hormones
  - Relatively slow to retrieve, fast to learn, easy to change
- **Semantic Memory** – Factual knowledge
- **Episodic Memory** – Autobiographical memories
  - Contextual – associated with temporal & spatial information

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Memory Systems

- **Implicit Memory**
  - Nonconscious, unintentional, automatic, does not require attention
  - Not dependent on the Medial Temporal Cortex
    - Basal ganglia, sensory cortex, cerebellum, right amygdala
    - Enhanced by stress neurotransmitters and hormones
  - Fast to retrieve, difficult to change
  - Able to process complex information beyond explicit memory
  - Arational learning/information processing
  - Like artificial intelligence automatically and continuously extracting relationships from complex experiential information
  - Continuous neuroplasticity

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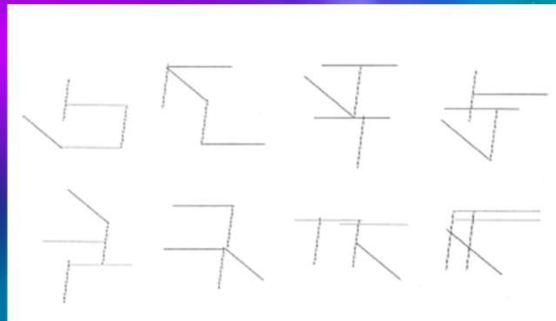
Implicit Memory

- Probabilistic Classification Learning
  - Attempting to learn a set of associations that are not obvious and make predictions based on stimuli presented
    - Predict:
      - Rainy Day or
      - Sunny Day



  - Learning was associated positively with activity in the body and tail of the caudate nucleus and negatively with activity in the hippocampus (Seger & Cincotta, 2005)
  - Impaired in patients with Huntington's or Parkinson's disease (Squire & Zola, 1996)

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Implicit Memory and PTSD

- **Neuroimaging**
  - Meta-analysis of neuroimaging studies comparing individuals with PTSD to trauma-exposed controls without PTSD revealed activation differences in (Stark et al., 2015):
    - **Basal Ganglia** (bilateral putamen and pallidum extending to the caudate nucleus on the right)
    - **Left Fusiform Gyrus**
      - Object and face recognition
      - Recognition of facial expressions
      - Critical for interacting in social situations

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Implicit Memory and Attachment

- **Neuroimaging (fMRI)**
  - FMRI scans while 28 women viewed pictures of their mother, a female friend, or a female stranger (Galynker et al., 2012)
    - **Early Attachment**: Mother-Friend contrasts revealed attachment activations in sub-cortical areas
    - **Late Attachment**: Friend-Stranger contrasts revealed only cortical effects
  - FMRI scans of 28 women viewing pictures of their mothers (Yaseen et al., 2016)
    - **Adult Attachment Inventory** rating were associated with more subcortical and Default Mode Network activity – core-self-related
    - **Relationship Scales Questionnaire** rating were associated with more Executive Frontal Network structures – higher order cognitions

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Implicit Memory

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- **Chronic unresolved PTSD and implicit memory**
  (Krikorian & Layton, 1998)
  - Health 53-year-old male without psychiatric or neurological history
  - Buried in the sand for 15 minutes, unconscious for two days due to anoxia, two CT scans and EEG WNL
  - DX: Anoxic Encephalopathy & PTSD without conscious recall of accident
  - Disabled due to depression, anxiety, preoccupation with physical difficulties (mild brachial plexus injury), constant rumination about sudden death due to the earth opening and swallowing him, daily nightmares about being buried
  - Treatment: Five years of twice weekly and weekly psychotherapy based on the assumption that he had repressed conscious memories due to terror of being buried alive including an amobarbital interview and visiting the site

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Implicit Memory

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- **Clinical Case**
  - Married, adult male, early 30s, successfully employed, 17-month-old daughter
  - Severe abuse by grandmother and father prior to two years old, taken by DCF services, placed in foster care, mother left the military and resumed care
  - Earliest memory: Very happy 3-year-old birthday party
  - Sought treatment for reduction in unexplained recurrent episodes of intense depression and suicidal ideation/intention as well as anxiety
  - Multiple prior treatment courses with CBT, DBT, and several different antidepressants without benefit
  - Treatment: 20 sessions over a five-month interval that included approximately 5 sessions addressing the unexpected death of his father with strong potential for complicated bereavement

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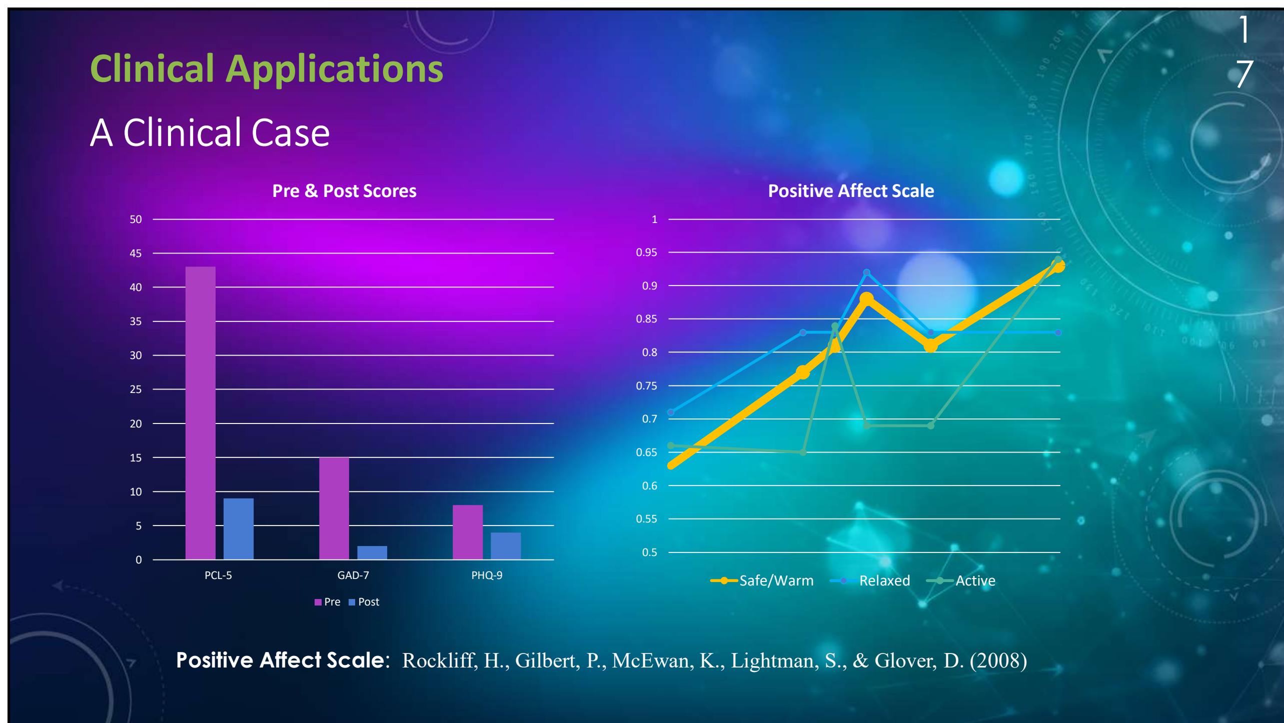

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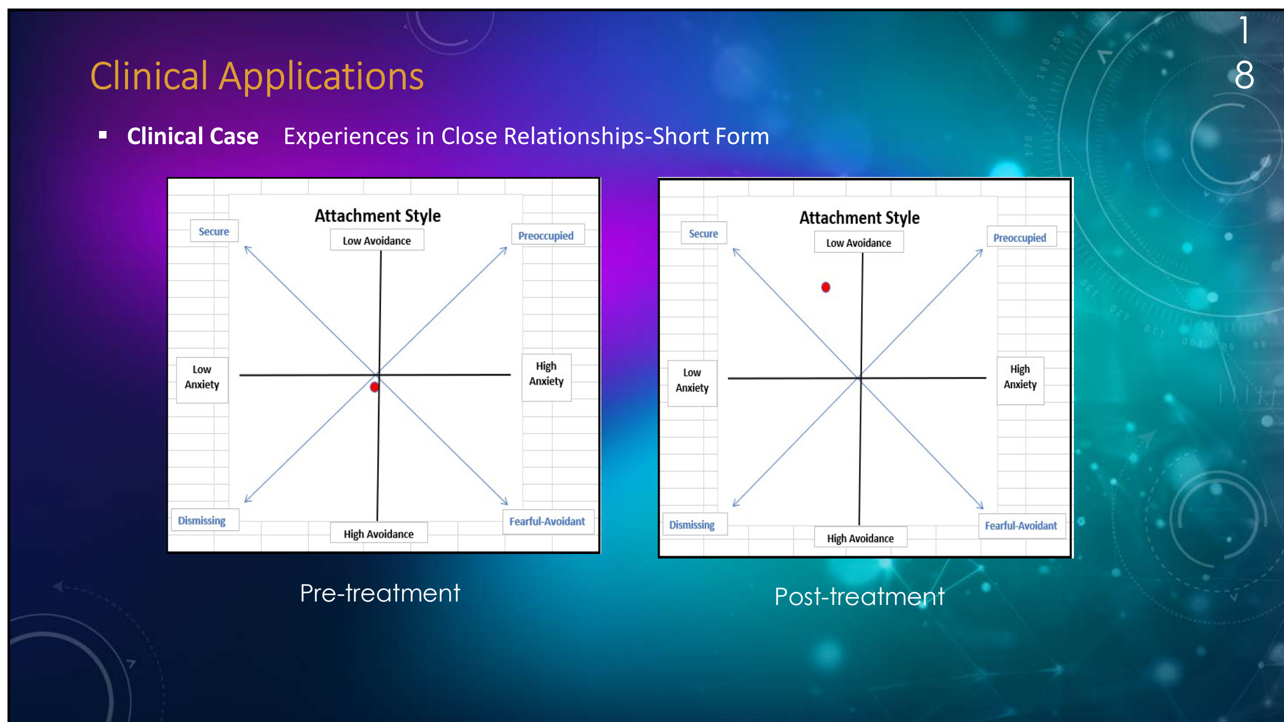

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Clinical Applications

- **Clinical Case**
  - In addition to the elimination of depressive and suicidal ideation/intention episodes patient also reported the following changes:
  - "I don't feel deep hopelessness."
  - "My entire mindset has changed."
  - "I'm complete."
  - "I don't wait for things to happen, I go out there and get it, I'm going to be successful today."
  - "I don't feel like this is the way I am, all is lost, before I just accepted it."

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Interactive Clinical Hypnosis & Attachment

- **Permissive hypnosis emulates secure attachment figures**
  - Utilization approach promotes Attunement/Connection
    - Awareness and recognition
    - Acceptance of what emerges
      - Fosters a sense of self-acceptance (appreciation of a *benevolent unconscious mind*)
    - Availability and presence
    - Responsiveness to what emerges in a helpful manner
  - Fosters Self-Mastery
    - Hypnoprojectives, self-attribution
    - Fostering autonomy

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Adaptive Experiential Theory of Hypnosis

(Alldredge & Elkins, 2023)

22

- **Epstein's Cognitive-Experiential Self Theory**
  - **Dual processing model**: Rational system and Experiential system
  - Hypnotizability is associated with increased access to the Experiential system
  - **Rational system**: Conscious, effortful, slow, analytic, logical, rational, belief persuaded by evidence
  - **Experiential system**: Unconscious, effortless, fast, emotional, intuitive, holistic, solves problems with what is learned automatically from experience, experience is believing
    - Implicit learning and memory
    - AI learning and problem-solving
    - Modified with the creation of a "felt sense"

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Accessing the Experiential System with Hypnosis

23

- **Make the conscious mind an observer**
- **Facilitate effortlessness**
  - Notice what comes to mind
  - As that becomes clear to you, words will come to mind to describe it
- **Don't evoke the rational mind to do anything**
  - Now you'll find yourself settling into a safe and protected space or place
  - Now your attention will be drawn to ___________
- **Avoid questions**, instruct the conscious mind to observe
- **Avoid telling them to "imagine,"** this is a task for the rational mind
  - You'll find, discover
  - Notice where you find yourself to be
  - Soon, you'll notice
  - You'll find your attention drawn to

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Increasing Experiential Felt Sense

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- **Normative Implicit Clinical Hypnosis**
  - Emphasize a hypnoprojective process that draws from the wisdom of the client's unconscious / implicit / experiential mind
  - The goal is to create a new experience / felt sense for the client
  - Make suggestions with clear goals for the felt sense you want to create
  - Repeat suggestions for the desired felt sense
  - Focus the client's attention on the experienced felt sense

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Increasing Experiential Felt Sense

- **Keep the focus on the desired felt sense**
  - Not the process that got them there; allow that to happen automatically
- **Increase the experience of the felt sense**
  - "Notice more closely how that feels or what that's like for you."
  - Say "Notice the (desired feeling)," NOT "what comes up"
- **Don't tell them to explore and look for other things** This activates the rational conscious mind and pulls them away from the felt sense
- **Refocus clients on their experience of the desired felt sense** and instruct clients to notice it more fully
- **Amplify the felt sense**
  - "Now you'll find that this feeling of _______ will grow stronger and clearer with each breath and exhale, and saturate the body and mind more completely"

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Increasing Experiential Felt Sense

- **Generalization and Maintenance**
  - **Maintain felt sense while engaging in daily life activities**
    - " And now you'll find that these feelings will remain with you and grow stronger as you see yourself going about your daily activities…"
    - "Notice what that's like, and as you get a sense for feeling so ______ as you go about your life, words will come to mind to describe it, and you'll be able to share this with me…" (repeat to amplify and elaborate)
  - **Maintain felt sense while engaging in a challenging situation**
    - " And now you'll find that these feelings will remain with you and grow stronger as you see yourself __________(e.g., at work, speaking to a boss, etc.)…"
  - **Use time expansion for amplification and maintenance**
  - **Use future-time-oriented imagery for maintenance and modification of self-representation**

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Safety is the Treatment

Our Polyvagal World *(Porges & Porges, 2023)*

- *"How safe we feel is crucial to our physical and mental health and happiness…*
- *When we **feel safe** (not actually are safe), our nervous systems and entire bodies undergo a massive physiological shift that primes us to be healthier, happier, and smarter; to be better learners and problem solvers; to have fun; to heal faster; and generally, feel more alive…*
- *When we feel safe, we are capable of generosity, empathy, altruism, growth, and compassion."*

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Safety is the Treatment

Polyvagal Theory: A Science of Safety *(Porges, 2022)*

- *Humans, as social mammals, are on an enduring lifelong quest to feel safe.*
- *This quest is embedded in our DNA and serves as a profound motivator throughout our lives.*
- *Social connectedness is a biological imperative.*
- *Higher behavioral functions, which are frequently intentional, are dependent on the functioning of the more survival-focused foundational systems embedded in the brainstem.*
- *Intentional self-regulation efforts originating in the cortex are frequently ineffective in downregulating survival-driven reactions to threat, which are dependent on lower brain structures.*

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Sensory Pathways To Healing Trauma (Lanius et al., 2025)

- **Sense of Safety**
  - Feeling unsafe limits sensory experience to the lower preconscious level of the brain, causing an individual to react without thinking
  - Identifying safe sensations maximizes the engagement of the cortex, allowing one to experience a fuller range of human potential
  - A sense of safety provides a springboard to freely experience the sensory environment, fostering curiosity, agency, and play

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Sensory Pathways To Healing Trauma (Lanius et al., 2025)

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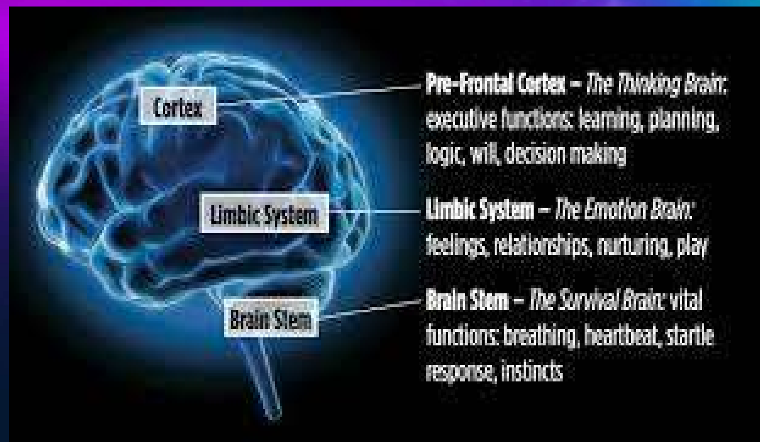

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Sensory Pathways To Healing Trauma

(Lanius et al., 2025)

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- **Hypervigilance**
  - Profound sensitivity to almost every sensation
  - The world is an unsafe place, constantly anticipating danger
  - Traps sensory information at the level of the thalamus, preventing connection with the reflective brain to provide integration and context
  - Sensory experiences become locked in the survival and emotional learning brain
    - **Thalamocortical deafferentation** (Krystal, 1995)
    - **Sensory Disintegration**
  - Sensory imprints from long-term memory are NOT retrieved from the posterior hippocampus, and connections are not formed with the reflective brain that help with interpretation that guides behavior

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Sensory Pathways To Healing Trauma
(Lanius et al., 2025, p. 44)

- *“Ultimately, if you feel unsafe, if your survival brain overshadows your conscious experience, if the sense of your body in the present is significantly altered, your ability to challenge thoughts becomes profoundly diminished.”*
- *“Orienting the traumatized individual to safety in the external and internal worlds at the onset of treatment may be a gateway for cognitively focused treatments to achieve their full potential.”*

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SAFE-PLACE TECHNIQUES

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Fostering an Implicit Sense of Safety

- Promoting Ventral Vagal Activity Creates the **Neurophysiological State** for Attachment Repair and Trauma Processing
  - **Neuroception of safety**
    - Prosodic voice, Warm positive facial expressions
    - Safe-place imagery
  - **Ten Second Cycle Breathing**
    - Increases in heartrate variability are facilitated by breathing in 10 second cycles:
    - Breathe out for 6” and in for 4”

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Fostering an Implicit Sense of Safety

- Safe-Place Imagery
  - “Now you’ll find yourself settling into a safe space or place, a special place, just right for you…Totally safe and protected… And as that becomes clear to you, you can describe it to me…”
  - Feedback their description commenting on feeling safe there
  - “And now you’ll find that your attention will be drawn to some aspect of this scene that makes you particularly aware of how safe it feels to be there…and as that becomes clear, you can describe it to me…”
  - Feedback how that makes them feel safe
  - Suggest that each time they notice where they are, how the feelings of safety grow stronger…that the more time they spend there, the safer they will come to feel…

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Fostering an Implicit Sense of Safety

- Safe-Place Imagery
  - **Time expansion**:
    - "Although only a few minutes of clock time will pass it will seem much longer, long enough for these feelings of __safety__ to grow much stronger and clearer, and as they fill the body and mind, they will become so familiar that they will remain with you and continue to grow stronger as time passes…"
  - Wait 60 to 90 seconds

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Fostering an Implicit Sense of Safety

- Safe-Place Imagery
  - Breath-Focus:
    - "And as the body breathes in, notice the rise of the breath…and as the body breathes out, notice the fall of the breath"
    - "And as the breath switches over from the inhalation to the exhalation, notice the welcome sense of release that occurs…With each exhale the body releases stress, tension, and negative energy as it fills with comfort and soothing more and more…
  - Internalization of safety during safe place imagery:
    - "And as the body breathes in, notice how it draws in these feelings of safety with each inhalation…"
    - "And as the body breathes out, notice how these sensations of safety settle into a deep sense of inner security…"
  - Pair with inhalation and exhalation

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Fostering an Implicit Sense of Safety

- Safe-Place Imagery
  - Cue-controlled safety and security:
    - "And as the body breathes in and draws in feelings of safety, float the word '**safe**' through the mind"
    - Pause for them to experience the internalization
    - "And as the body breathes out and those feelings of safety settle into a deep sense of inner security, float the work '**secure**' through the mind"
    - Pause for two breath cycles
    - "**Safe and Secure**" – pair with the patient's inhalation and exhalation

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Fostering an Implicit Sense of Safety

- Protective Boundary Imagery
  - "Now, just get a sense for the space immediately surrounding the body…
  - And notice that just beyond this space is a protective boundary of some sort…A protective boundary that allows nothing unwanted in but is capable of allowing anything unwanted out…A protective boundary the defines within it a totally safe and protected space…"
  - "Perhaps a force field or bubble, just notice what comes to mind.."
  - And as that becomes clear to you, words will come to mind to describe it and you can communicate it to me…"
  - Invite to adjust size, thickness, preferred place in room
  - **Alternative**: Suggest that an entire safe-place scene is surrounded by a protective boundary

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Fostering an Implicit Sense of Safety

- Steps for Establishing Adequate Safety by Sessions
  1. Settle into self-selected safe-place scene, notice feelings of safety, notice aspects that contribute to safety, experience felt-sense of safety, time expansion
  2. Repeat steps in first session and breathe in safety and suggest that it settles into a deep sense of inner security with the exhale, time expansion
  3. Repeat steps from prior sessions and add “safe and secure” as cue controls, time expansion
  4. Repeat steps 1 & 3, time expansion, and add generalization imagery to daily activities
  5. Repeat steps 1 & 3 and now generalize to stressful experiences

  Manage intrusions when the occur and stay at that step until safety is stable and then move to next step.

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Generalizing Experiential Felt Sense

Generalization and Maintenance

- **Maintain felt sense while engaging in daily life activities**
  - “ And now you’ll find that these feelings will remain with you and grow stronger as you see yourself going about your daily activities…”
  - “Notice what it’s like, and as you get a sense for feeling so ______ as you go about your life, words will come to mind to describe it, and you’ll be able to share this with me…” (repeat to amplify and elaborate)
- **Maintain felt sense while engaging in challenging situations**
  - “ And now you’ll find that these feelings of _______ will remain with you and grow stronger as you see yourself __________ (e.g., at work, speaking to a boss, etc.)…”
- **Use time expansion for amplification and maintenance**
- **Use future-time-oriented imagery for maintenance and modification of self-representation**

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Desensitization of Attachment

- **Secure Attachment Metaphors**
  - Elaborate on aspects of safe place scenes with aspects of secure attachment
    - Trees form protective boundaries and watch over you, keeping you safe
    - Harmony and working together in nature
    - Connection with nature
    - Care-giving of animals to their young
    - Sunlight feeds and nourishes
    - The ground supports and nourishes

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Fostering an Implicit Sense of Safety

- **Managing intrusions**
  - Suggest that the scene will change in some way to increase or reestablish safety
  - Instruct them to observe the intrusion and how it changes as the sense of safety grows stronger
  - Float off to an even safer place
    - It's a good idea to suggest that safe places change to become even safer to create an expectation that things can be good and get better. However, if the scene doesn't change, the client is experiencing the right amount of safety for them at the present time.
    - Increases in safety needs to be paced

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Fostering an Implicit Sense of Safety

- **Managing negative expectations about safety**
  - "No place is safe. I've never been safe"
    - It is understandable that they do not feel safe, and this is the reason to work on it, and it will take some time to develop
    - Focus on the immediate sense of safety the patient experiences sitting in your office and gently amplify that
    - Perhaps you'd be willing to imagine a place that is safe enough

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Fostering an Implicit Sense of Safety

- **Managing negative expectations about safety**
  - Use **displacement imagery**, suggest that they will see someone else who is able to experience a reasonable amount of safety, have them describe that person's scene, notice how that person experiences/feels that sense of safety, that as they focus and learn more fully how this sense of safety feels for that person, they will find that they come to feel it in themselves, and notice and describe how that feels to them
  - Nothing safe comes to mind
    - Suggest that the unconscious knows about safety and that more ways to experience safety will come to mind in the future and at the right pace for them
  - PHS: "And between now and our next session, you'll find yourself thinking about your experiences in trance today and learning from them in a constructive way at a pace that is right for you"

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Fostering an Implicit Sense of Safety

- Always begin and end with safe place imagery
- Sandwich any other work between safe place imagery
- If you split the observing and experiencing egos while doing exploratory work, always suggest that "all the parts of the mind will come together" in the safe place following the exploratory or other work
- Use time expansion to foster internalization and maintenance
- Take or create opportunities to increase safety to promote mastery and positive outcome expectations
- Return to safe place imagery or use cue-controlled recall periodically through exploratory or trauma processing work

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Fostering an Implicit Sense of Safety

- Never assume that a description a client provides you is negative; if uncertain, inquire as follows:
  - "Notice what this is like for you, and words will come to mind to describe it to me…"
- Never attempt to amplify or generalize a sensation/experience unless you know that the client has described it as positive
- Avoid asking direct questions as this evokes the conscious mind to take an action, say:
  - "Notice what _______ is like, and you'll be able to describe it…"
  - You want the hypnotic experience to unfold for the client, and you want to be guided by it and gently direct their experience at a pace that is right for them
- Appreciate that they will only experience as much safety or something positive as they are ready for and suggest that they can experience it at a pace that is right for them

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Criteria for adequate safety and attachment work

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- **Establishment of Prerequisite Skills for Trauma Processing**
  - **Neuroception of Safety**
    - Criteria for adequate internalization of safety
      - Absence of anxious intrusions
      - Tolerance of increased safety
      - Readily accessible and generalizable
  - **Established Ideal Parent Figure protocol**
    - Criteria for adequate establishment
      - Able to access scenes without negative reactions
      - Able to experience positive affect associated with ideal parent-figure interactions
      - Addressed the most prominent neglect wounds

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Attachment Repair

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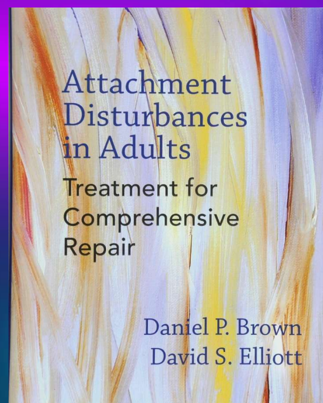

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Attachment Assessment

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- **Strange Situation Paradigm** (Ainsworth)
  - Monitors response of children 12-18 months old to separation and return of mother and female research assistant in room with toys available for them to play with and two chairs for adults to sit
  - Mother enters room with child
  - Stranger (research assistant) enters room
  - Mother leaves the room
  - Mother returns and Stranger leaves
  - Mother leaves
  - Stranger returns
  - Mother returns

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Attachment Assessment

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- **Adult Attachment Inventory** (George, Kaplan, & Main, 1996, Hesse, 2008)
  - Semi-structured interview that is recorded, transcribed, and scored by a highly trained and certified rater
  - Five descriptors of the relationship with each primary attachment figure (parents)
  - Experience and handling of:
    - Emotional upsets, illnesses, or injuries
    - Significant separations
    - Significant losses
    - Traumatic experiences
  - Changes in parents' behaviors from past to present
  - Attachment relationships with their own children

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Attachment Assessment

55

- **Adult Attachment Inventory** (AAI; George, Kaplan, & Main, 1996, Hesse, 2008)
  - **Gold standard** for adult attachment
  - By eliciting attachment-relevant experiences, the AAI activates the internal working model, which creates a state of mind, which in turn produces particular language patterns
  - **State of mind** is assessed via narrative coherence, consistency, and productivity
  - Five experience scales: Loving, Rejecting, Involving, Neglecting, and Pressure to Achieve

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Attachment Assessment

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- **Adult Attachment Inventory Categories**
  - **Dismissing Attachment** (D1, D2, or D3)
  - **Secure Attachment** (F3)
    - With some degree of dismissing attachment (F1 or F2)
    - With some degree of preoccupied att. (F4 or F5)
  - **Preoccupied Attachment** (E3, E3, or E1)
  - **Unresolved/Disorganized Attachment** (Ud)
  - **Cannot Classify Attachment** (CC)

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Attachment Assessment

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- **Self-Report Measures of Adult Romantic Attachment**
  - Poorly correlated with interview methods
  - Reflect conscious awareness of relationship variables
  - Do not necessarily activate attachment models and related states of mind
  - Large scale factor analysis of 60 subscales (Brennan, Clark, and Shaver, 1998) revealed a two-factor solution:
    - **Avoidance of intimacy**
    - **Anxiety about romantic involvement**
  - **Experience of Close Relationships-Revised (ECR-R) scale** (Fraley, Waller, and Brennan, 2000)
    - One of the best and most empirically sound scales
    - http://www.web-research-design.net/cgi-bin/crq/crq.pl

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Attachment Assessment

58

- **Experience of Close Relationships-Revised (ECR-R) scale** (Farley, Waller, and Brennan, 2000)

		Attachment Avoidance (Deactivating)	
		Low	High
Attachment Anxiety (Hyperactivating)	Low	Secure	Dismissing
	High	Anxious-Preoccupied	Disorganized/Fearful

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Attachment Assessment

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- **Experiences in Close Relationship Scale – Short Form** (Wei et al., 2007)
  - 12-items
  - **Anxiety Subscale Factors** (2 items from each)
    - Fears of abandonment
    - Need for reassurance
    - Partner scared by desire for closeness and feeling like partner is not close enough
  - **Avoidance Subscale Factors** (3 items from each)
    - Discomfort with closeness
    - Not turning to partner for support
  - Correlation between Anxiety and Avoidance: 0.25
  - Cronbach's alpha: Anxiety 0.78 & Avoidance 0.87
  - Test-retest reliabilities: Anxiety 0.82 & Avoidance 0.89

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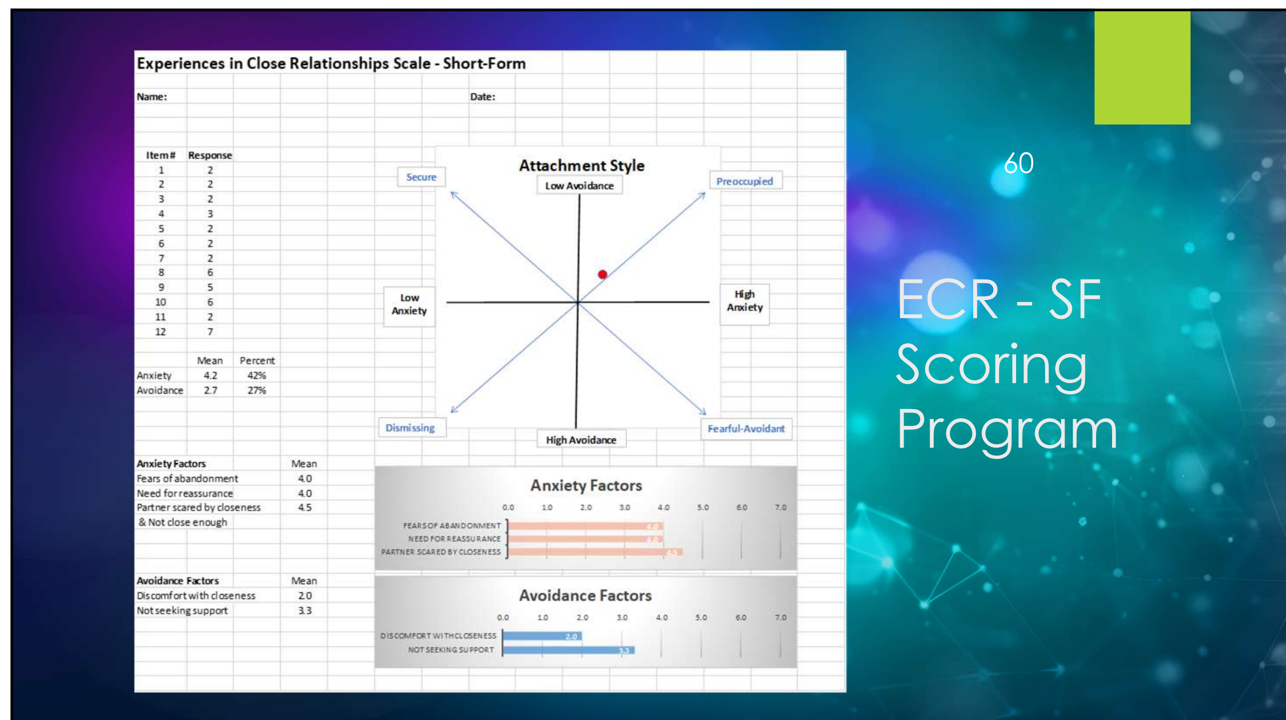

Experiences in Close Relationships Scale - Short-Form

Name: Date:

Item#	Response
1	2
2	2
3	2
4	3
5	2
6	2
7	2
8	6
9	5
10	6
11	2
12	7

	Mean	Percent
Anxiety	4.2	42%
Avoidance	2.7	27%

Anxiety Factors	Mean
Fears of abandonment	4.0
Need for reassurance	4.0
Partner scared by closeness & Not close enough	4.5

Avoidance Factors	Mean
Discomfort with closeness	2.0
Not seeking support	3.3

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Attachment Assessment

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- **The Relationship Questionnaire (RQ)** (Brennan, Shaver, & Tobey, 1991)
  - **Prototype instrument:**
    - **Secure**
    - **Dismissing**
      - Comfortable without close relationship
      - Independent and self-sufficient
    - **Fearful**
      - Wants relationship but difficult to trust
      - Worries about being hurt
    - **Preoccupied**
      - Wanting to be emotionally intimate
      - Uncomfortable without, other reluctant

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Attachment Assessment

62

- **The Relationship Questionnaire (RQ)** (Brennan, Shaver, & Tobey, 1991)

	Positive Self	Negative Self
Positive Other	Secure	Preoccupied
Negative Other	Dismissing	Fearful

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Attachment Styles

- **Secure Attachment** (Ainsworth et al., 1978)
  - **A function of consistent maternal responsiveness**
  - **"The state of being secure or untroubled about the availability of the attachment figure."**
  - **Children (SS):**
    - Balance of attachment and autonomous exploration
    - Explores toys with interest
    - Signs of missing parent
    - Preference for parent
    - Greets parent actively

Attachment Styles

- **Secure Adults (AAI):**
  - Comfortable with attachment and need to depend on others at times
  - Able to establish emotional intimacy
  - Warm and open
  - Comfortable being alone
  - Able to trust in relationships
  - Relationships tend to be stable and lasting
  - Strong sense of self and self-esteem
  - Good self-observational and reflective skills (metacognitive capacities)

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Attachment Styles

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- **Dismissing (Avoidant) Attachment**
  - Outcome of consistent and repetitive rejection, punishing, distancing, or neglect of the child's attachment behaviors by primary attachment figures results in **deactivation** of the attachment system
  - **Children (SS):**
    - Little display of affect or secure-base seeking
    - Explores readily without social referencing
    - Minimal response to separation
    - Active avoidance upon reunion

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Attachment Styles

66

- **Dismissing (Avoidant) Attachment**
- **Adults (AAI):**
  - Avoidance of getting close or being intimate
  - Discomfort with/fear of closeness
  - Dismissing behaviors and difficulty getting close
  - Aloofness and contempt
  - Mistrust about depending on others
  - Lack of emotion or minimization of emotional expression, alexithymia
  - False self, Illusion of self-sufficiency

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Attachment Styles

67

- **Anxious-Preoccupied (Ambivalent/Resistant) Attachment**
  - A function of prolonged pattern of inconsistency of responsiveness of the attachment figure and of over-involving the child in the caregiver's state of mind. Caregivers may be anxious, intrusive, overprotective, and interfering with the child's engagement in exploration. This results in a **hyperactivation** of the attachment system and diminished exploratory behavior.

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Attachment Styles

68

- **Anxious-Preoccupied (Ambivalent/Resistant) Attachment**
  - **Children (SS):**
    - Distress entering a new environment
    - Little exploration
    - Fearful, passive, or angry outbursts/tantrums
    - Preoccupation with caregiver and clinging behavior
    - Disorganized by separation
    - Difficult to comfort after reunion
    - Fails to return to exploration after reunion

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Attachment Styles

- **Anxious-Preoccupied (Ambivalent/Resistant) Attachment**
  - **Adults (AAI):**
    - Excessive worry, preoccupation, rumination about the relationship
    - Excessive need for approval and extremely upset/depressed by criticism
    - Fear of being alone, frustration if partner not available
    - Fear of abandonment, rejection, needs excessive reassurance
    - Fear of scaring people away
    - Partners feel "smothered"
    - Clingy, demanding, nagging, sulking
    - Desire to merge
    - Compulsive care-taking
    - Self-centeredness, showing off, center of attention
    - Attempts to win favor or impress

Attachment Styles

- **Disorganized/Fearful (Disorganized) Attachment**
  - Is the outcome of frightening and frightened parental behavior and unresolved trauma or loss in a parent which leads to the parent being present but not present to the child and thereby repetitively unresponsive.
  - **Child (SS):**
    - Contradictory sequential or simultaneous attachment behaviors
    - Disorganized behavior with lack of goal-directedness
    - Incomplete, interrupted, or stereotypical behavioral sequences
    - Disorientation, confusion, & trance-like behavior
    - Fear or apprehension of care-giver

Attachment Styles

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- **Disorganized/Fearful (Disorganized) Attachment**
  - **Adults (AAI):**
    - Affect dysregulation (too much or too little)
    - Dysregulated psychophysiological states
    - Lapses in self-observation or monitoring
    - Discontinuous self-states
    - Cognitive distortions, confusion
    - Impaired self-agency & goal directed behavior
    - Inhibition of exploration & play
    - Activation of contradictory attachment strategies
    - Controlling behaviors
    - Submissive or excessive caretaking behavior
    - "Stable instability" in relationships
    - Defensive aggression & helplessness

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Attachment and Psychopathology

72

- **Complex PTSD (Herman, 1992)**
  - **PTSD symptoms plus**
  - **Disruption of affective and interpersonal regulatory capacities including:**
    - Anxious arousal/ Deficits in self-soothing
    - Anger management difficulties
    - Dissociative symptoms
    - Aggressive or socially avoidant symptoms
    - Profoundly negative beliefs about self, relationships, and existential meaning
  - **Impaired or reversed development** (Fluid Character Pathology)
  - **Multiple comorbid psychiatric diagnoses, personality disorders, and/or multiple addictive behaviors**

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Attachment and Psychopathology

73

- **Complex PTSD (CPTSD; ICD-11)**
  - **PTSD symptoms plus**
  - **Disturbances in Self-Organization**
    - Affective dysregulation
    - Negative self-concept
    - Disturbances in relationships

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Attachment and Psychopathology

74

- **Factors contributing to Complex PTSD, BPD, DD/DID, and Mixed Personality Disorders**
  - Insecure attachment, especially, disorganized
  - Early developmental age of trauma which is likely associated with insecure attachment development
  - Developmental Trauma (Van der Kolk & Courtois, 2005)
    - Early attachment failure, not trauma per se, is the primary factor resulting in Complex PTSD
- **Etiology DID**
  - Disorganized attachment plus Trauma/Abuse that crystallizes the fluid self-states characteristic of early adolescence and leads to the development of alter behavior in teens and DID in adulthood

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Attachment Repair

75

- **Pesso Boyden System Psychomotor**
  - PBSP is a highly evolved and natural process that heals past emotional deficits. The PBSP therapist, using 'Microtracking,' and 'Structures' helps clients to identify their emotional deficits, and create new memories. These new memories provide clients with symbolic fulfillment of their basic developmental needs of place, nurturance, support, protection, and limits.
  - **http://www.pbsp.com/index.htm**
  - **http://www.pbsp.com/books&articles/FillHole.htm**
    - Filling the Holes-in-roles of the Past…

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Attachment Repair

76

- **The Three Pillars Approach**
  (Brown & Elliott, 2016)
  - **I: Ideal Parent Figure Protocol**
  - **II: Metacognitive Interventions**
  - **III: Fostering Collaborative Capacity and Behavior**

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Functions of Secure Attachment

77

- **Protection**
  - Safety – the first experience of neuroception
- **Attunement**
  - Promotes self-reflection and metacognitive abilities
- **Soothing and Reassurance**
  - Promotes affect regulation
- **Expressed Delight**
  - Promotes healthy self-esteem
- **Encouragement for Exploration**
  - Promotes:
    - Separation-Individuation
    - Mastery and self-agency

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Attachment Repair

78

- **Ideal Parent Figure Protocol** (Brown & Elliott, 2016)
- **General Factors: Qualities that are known in general to support secure attachment**
  - **Physical Presence**
    - These parents are genuinely accessible to you.
    - You can count on these parents to be with you when you need them.
  - **Consistency**
    - They know what helps you feel secure and safe, and they consistently provide that for you every time you are with them.
    - You come to know these parents and their helpful ways of being with you.

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Attachment Repair

79

- **Ideal Parent Figure Protocol** (Brown & Elliott, 2016)
- General Factors: **Qualities that are known in general to support secure attachment**
  - **Reliability**
    - You can count on these parents to be with you in the way you need every time you're with them.
    - Notice how you can trust these parents to find just the right ways to be with you every time you're with them.
    - You can always turn to them for understanding.
  - **Interest**
    - These parents are so very interested in what you're interested in.
    - Notice how you can feel how interested they are in what you're thinking and feeling.
    - These parents are happy to learn everything about you that you want to share with them.
    - Notice what it is about them that lets you know how genuinely interested they are in what you are experiencing right now.

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Attachment Repair

80

- **Ideal Parent Figure Protocol** (Brown & Elliott, 2016)
- **Behavioral Conditions:**
  - **Protection**
    - These parents are so dedicated to you and to protecting you from any harm. More and more you can feel quite safe around them.
    - You never have to worry about your safety, because these parents watch out for you and protect you whenever you need that.
  - **Attunement**
    - These parents are so very attuned to you and your needs. Notice what it is about them that lets you know how attuned they are to what you're feeling and needing right now.
    - To behavior, internal state, and developmental stage
      - They always know just how much is right for you, they never push you beyond what you're ready for.

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Attachment Repair

81

- **Ideal Parent Figure Protocol** (Brown & Elliott, 2016)
- **Behavioral Conditions:**
  - **Soothing and Reassurance**
    - You can feel confident that whenever you're upset, these parents are right there for you, giving you soothing and reassurance that will help you in just the right ways. They really know how to comfort you when you're upset.
  - **Expressed Delight**
    - Notice how delighted these parents are that they get to be your parents. And as you're with them, they'll let you know about their delight about you simply being you, just as you are.
  - **Encouragement for Exploration**
    - **Inner:** They help you to see that emotions are not dangerous but are natural ways of learning about yourself and are also ways of expressing unmet needs.
    - **Outer:** With their support, you start to feel inspired to try new things.

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Attachment Repair

82

- **Ideal Parent Figure Hypnoprojectives** (Daniel Brown, 2004, 2005, 2016, 2016)
- **Generic approach**
- Due to frequent attachment phobias and the tendency to generate parent figures limited by personal experience, begin with displacement imagery
  - **Displacement imagery of a child in the presence of ideal parents that:**
    - Are totally different from the parents you grew up with
    - Are healthy, happy, and able to be present and available to you
    - Are so happy to be your parent and to be with you
    - Are just right for who you are
    - Know how to protect and keep you safe
    - Know just the right way to be with you
    - Know how to help and comfort you
    - Know your true self, accept and value the person that you are
    - Know just the right way to nurture and support you in becoming the person you are meant to be

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Attachment Repair

83

- **Ideal Parent Figure protocol** (In displacement imagery)
  - Observe and describe how they interact with the child
  - Augment ideal parent characteristics with general secure attachment characteristics
  - Observe the feelings of the child in displacement scene
  - Observe more closely how the child feels and notice how they come to feel the same way, and how those feelings grow stronger as they focus on them
  - Invite them to see themselves in the scene if desired
  - In subsequent sessions, augment with those characteristics needed for specific attachment repair (Positive Opposites)
  - Imagine separations and reunions (with adolescents)
- **Desensitization to attachment relationships**
  - Protective adaptations to dysfunctional parents
  - Allow the client to regulate the distance from them
  - Use time expansion to internalize

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Attachment Repair

84

- **Ideal Parent Figure protocol**
  - **If the client starts talking about the scene from the first person, follow their lead and speak about it happening to them**
  - **After two sessions with displacement imagery without intrusions or if the client spontaneously put themselves in the scene previously, suggest that the client will see themselves as a young child in the presence of their ideal parent or parents**
  - **Pace exposure to deeper attachment experiences:**
    - Increase experience of **consistency** in ideal parent behaviors before mention of **trust**
    - Only after several sessions when clients are seeing themselves in the scene mention sense of **connection**
      - "Notice how connected these ideal parent are to you and how **safe** it is to be connected to them."

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85

Fostering an Implicit Sense of Safety

- Steps for Establishing Adequate Attachment Repair by Sessions
  1. Ideal Parent scene in displacement, notice how ideal parent or parents interact, how the child feels, feel in oneself, time expansion
  2. Repeat steps in first session with further embellishments, notice feelings in child, feel in self, amplify and inquire what it's like to experience these feelings throughout their body and mind, time expansion
  3. Suggest that they see themselves as a young child in the presence of their ideal parent or parents, how they interact with them, embellish with general secure attachment characterizes, observe and amplify how this feels, time expansion
  4. Repeat step 3 focusing on positive opposites, observe and amplify how this feels, time expansion
  5. Repeat steps 3 and add generalization imagery

  Manage intrusions when the occur and stay at that step until they can experience scenes without negative reactions and then move to next step.

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Attachment Repair

86

- **Management of client reactions**
  - **"This is bullshit, parents are nothing like that!"**
    - Validate that their parents where not like that
    - Note that there are parts of their mind that can benefit from this process
    - Invite that part of the dismissing part of the mind to observe and communicate any concerns that arise
    - Ask permission to proceed
  - **Apprehension about not trusting Ideal Parents**
    - "These ideal parents know what you've been through, understand your concerns and feelings,, that they can take all the time that they need, can stay as close or as far away as they want, etc…

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Attachment Repair

87

- **Management of client reactions**
  - **Guilt** or sense of **betrayal** of their biological parents, especially, if they have a reasonable relationship with them now.
    - Ask about this out of trance and explain that their current relationship with their parents is in some ways limited by the experiences that they have had with them. Once those wounds have been repaired with ideal parent imagery, they will find themselves having an even more positive and fuller relationship with them.
  - **Anger**
    - Once they come to appreciate what a good parental relationship is like, they may have feelings of anger toward their parents. This is appropriate and resolves quickly.

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Attachment Repair

88

- **Management of client reactions**
  - **Grief**
    - Once they come to appreciate what a good childhood is like, they will grieve the "childhood that wasn't." This is appropriate and also resolves quickly.
  - **Self-criticism**
    - Once they recognize how much better they are feeling and functioning, they will think they should have done this long ago.
    - Remind them that they were always doing the best the could and if they could have done better, they would have done better!

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Attachment Repair

89

- Desensitization and Pacing
  - Analogs of Secure Attachment that show up in Safe-Place scenes
    - Nature
      - Trees forming protective boundaries, watching over you, keeping you safe
      - Sense of connection
      - Animals (Panther)
    - Pets (May be deceased)
    - Friends
    - Spouses or other family members (grandparents)

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Criteria for adequate safety and attachment work

90

- Establishment of Prerequisite Skills for Trauma Processing
  - **Neuroception of Safety**
    - Criteria for adequate internalization of safety
      - Absence of anxious intrusions
      - Tolerance of increased safety
      - Readily accessible and generalizable
  - **Established Ideal Parent Figure protocol**
    - Criteria for adequate establishment
      - Able to access scenes without negative reactions
      - Able to experience positive affect associated with ideal parent-figure interactions
      - Addressed the most prominent neglect wounds

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Attachment Repair

91

- Indications of Change
  - **Increased self-regard, recognition of mistreatment, spontaneous assertiveness**
    - "I don't know if I should thank you or hate you?"
    - "I've been lying to your and to myself."
  - **Increased tolerance, acceptance of limitations of neglectful or abusive parents**
    - Loss of angst when speaking about parents

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Implicit Memory and Attachment Repair

92

- **Application of the Ideal Parent Figure Protocol** (Brown & Elliott, 2016)
  - "The most remarkable finding illustrated by this case is the clinically significant drop in dissociative, traumatic, and depressive symptoms and disorders from treatment that was entirely attachment-based ….**We believe that increased organization of the mind per se has a positive treatment effect on trauma-related symptoms independent of trauma processing**" (Brown & Elliott, 2016, p. 611).
  - Para et al. (2017) found that the use of co-created generic IPF imagery sessions recorded for participants to practice between sessions was associated with **significant decreases in symptom severity and attachment traumatization along with increases in quality of life** from pretreatment levels to 1-week and 8-month post-treatment assessments.
  - "It appears that while conscious intention or activation of conscious memory is not always sufficient to resolve PTSD, **creating the circumstances (imaginal scenes) for the implicit, automatic, nonconscious memory system to modify its pathological representations may be necessary for recovery from traumatizing experiences.**" (Damis, 2022, p. 81)

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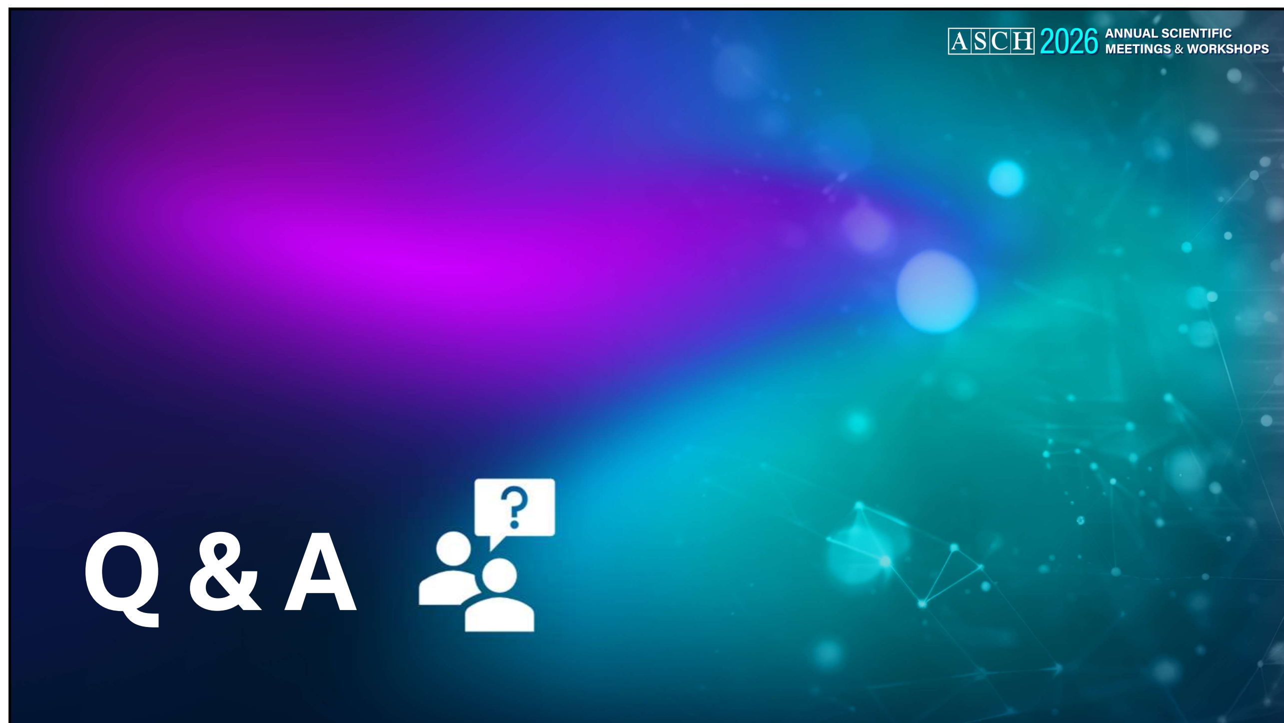

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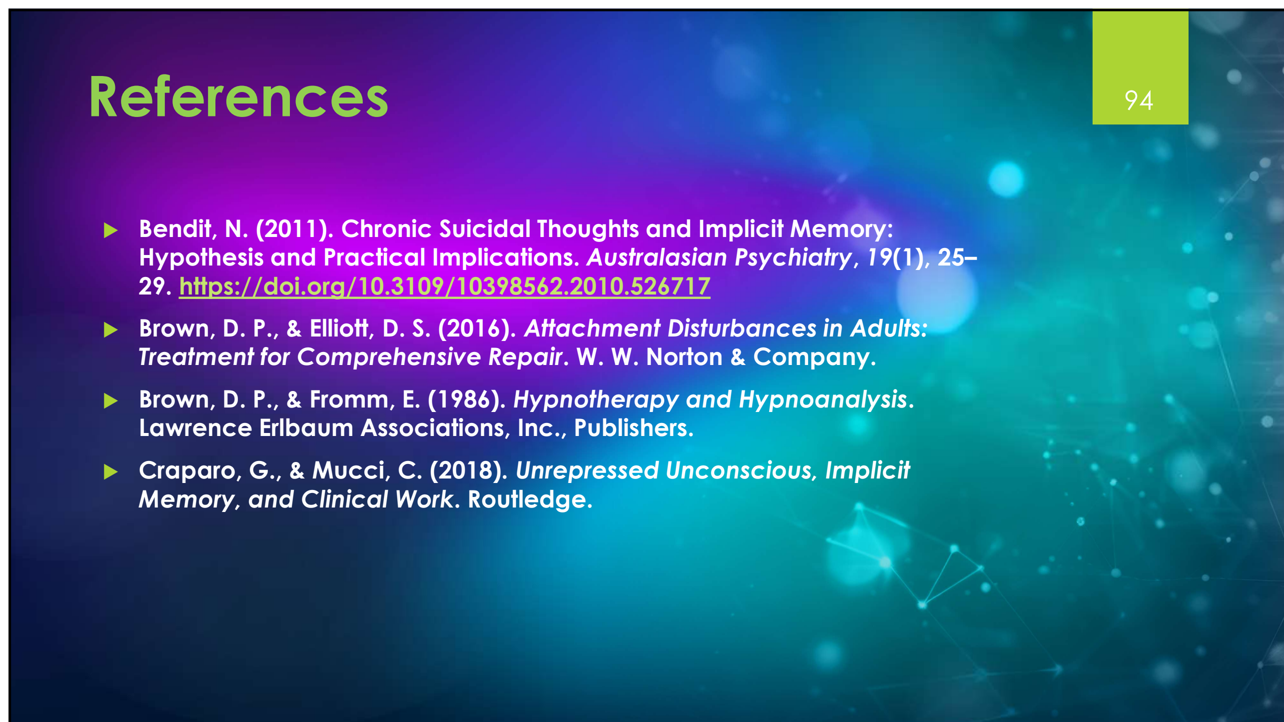

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