Proposal ID: ce2008079

SECTION I - WORKSHOP SUMMARY

Workshop Title:	Profound Change in Psychotherapy: Clinical and Neuropsychological Processes
Target Audience(s):	Practitioners/Service Providers
Target Audience and Need:	Recent brain research indicates that therapeutic change occurs more deeply, reliably and enduringly when clinicians cooperate with the brain's own rules for lasting change. This workshop will educate psychologists in recent, breakthroughs in neuroplasticity research and the corresponding implications for clinical practice. The emerging rules for dispelling symptoms at their subcortical roots through the neural process of reconsolidation will be presented, along with a clinical methodology, coherence therapy, which efficiently implements these built-in rules. Participants will learn how to therapeutically access the coherent "emotional truth" underlying seemingly irrational symptoms and how to create experiences for clients that bring the neocortex's conceptual rendition of reality into alignment with the limbic system's emotional knowledge structures. Methods for making in-session therapeutic shifts translate into lasting change will be shown, and clinical evidence for the long-term effectiveness of this methodology will be offered.
Primary Division:	32
Related Division(s):	29
Length:	Half day (4 hours)
Maximum Enrollment:	75
Education Level:	Introductory
Primary Subject Index:	8 Clinical/Counseling/Consulting
Secondary Subject Index:	8.10 psychotherapy/treatment-population

SECTION II - PREVIOUS PRESENTATIONS

Previous Presentation 1 03/18/2007

Sponsoring organization: Psychotherapy Networker Symposium

Number of participants: 60

Reference: Jim Foreman, jforeman@psychnetworker.org, 202-885-5272

SECTION III - PRESENTER'S INFORMATION

Bruce Ecker, MA

Institution/Company: Independent Practice, Oakland, CA

No of years in current position: 21

Membership status: Non-Member

Email address: b.ecker@dobt.com

Mailing address: 445 Bellevue Ave., Suite 202, Oakland, CA 94610

Phone Numbers: (510) 452-2820 (office)

Educational background: MA, Counseling Psychology, John F. Kennedy University;
California L.M.F.T. (Lic. No. MFC21355);
BA, Physics, Cornell University

Other affiliation(s):

Publications: Ecker, B. & Hulley, L. (in press). Coherence therapy: Swift change at the core of emotional truth. In J. D. Raskin & S. K. Bridges (Eds.), Studies in Meaning 3. New York: Pace University Press.
Ecker, B & Toomey, B. (in press). Depotentiation of symptom-producing implicit memory in coherence therapy. Journal of Constructivist Psychology.

Continuing education and/or other teaching experience:

University of Florida, Counseling Psychology Doctoral Program, Gainesville, FL, Oct. 2007
University of Memphis, Memphis, TN, Nov. 2006
North American Personal Construct Network, Biennial Conference, Memphis, TN, June 2004
Pacific Seminars: Two-Day Trainings in Depth Oriented Brief Therapy:
Boston, Chicago, Cleveland, Los Angeles, Phoenix, San Francisco, St. Paul, Toledo, Tucson, 1993-2004
Vancouver Island Training Network, Vancouver Island, BC, Canada, April 2003
Professional Psych Seminars, Los Angeles and San Francisco, CA, five workshops Feb.-May 2003

Sara K. Bridges, PhD

Institution/Company: The University of Memphis, Memphis, TN

No of years in current position: 6

Membership status: APA Member

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Phone Numbers: 901-678-2081 (office), 901-213-2611 (home), 901-678-5114 (fax)

Educational background: PhD, Counseling Psychology, The University of Memphis, 1999;
Licensed Psychologist (New York Lic. No. 68 017294);
MS, Marital and Family Therapy; Butler University, 1995;
BA, Psychology, Indiana University, 1990

Other affiliation(s):

Publications: Bridges, S. K., & Raskin, J. R. (2008). Constructivist Psychotherapy in the Real World. In J. R. Raskin and S. K. Bridges (Eds), Studies in Meaning 3: Constructivist

Psychotherapy in the Real World. New York: Pace University Press.
Neimeyer, R. A., & Bridges, S. K. (2003). Postmodern approaches to psychotherapy. In A. S. Gurman, & S. B. Messer (Eds.) Essential Psychotherapies: Contemporary Theory and Practice, Second Edition.

Continuing education and/or other teaching experience:

Couples Therapy 2000-2008, graduate courses, The University of Memphis
Foundations of Counseling 2002-2007, graduate courses, The University of Memphis
Doctoral Practicum 2002-2007, graduate courses, The University of Memphis
Human Sexuality for Counselors and Psychotherapists 2003-2007, graduate courses, The University of Memphis
Family Therapy Theories and Techniques 2007-2008, graduate courses, The University of Memphis
Bridges, S. K., (Chair), Raskin, J. R., Watts, R. E., & Holmes, T. (2007, August). Evolution, Epistemology and Constructivist Psychology. Chair and discussant for symposium presented at the American Psychological Association annual conference, San Francisco, CA.
Bridges, S. K. (2006, July). A Constructivist Approach to Infertility: Grief, Sexuality and Meaning Reconstruction. Workshop presented at the 12th Biennial Constructivist Psychology Network Conference, San Marcos, CA.
Bridges, S. K., Calvert, E. Z., & Thompson, D. (2005, July). Constructivist Sex Therapy. Workshop presented at the International Congress on Personal Construct Psychology, Columbus, OH.

SECTION IV - WORKSHOP DETAILS

1. Curriculum Content

Coherence therapy is a methodology for dispelling a wide range of symptoms at their emotional and subcortical roots in far fewer sessions than is expected in conventional in-depth therapies. It is a system of personal construct therapy that shares certain fundamental assumptions with that of Kelly (1955/1991a, 1955/1991b), yet differs significantly in methodology.

Originally developed and described in phenomenological terms (Ecker & Hulley, 1996, 2000a, 2000b), a more neural and neuropsychological view of how coherence therapy works has also been articulated (Ecker & Toomey, 2007; Toomey & Ecker, 2007a). These two levels of description—the experiential and the neurophysiological—are mutually illuminating, and we combine them in this workshop to best indicate how coherence therapy operates.

Basic to the approach is the constructivist understanding that any given thoughts, feelings or behaviors, including those that seem to be irrational, out-of-control clinical symptoms, arise from the activation and enactment of specific personal constructs, conscious and unconscious, held by the individual. In the view of coherence therapy, all personal constructs operate as knowings. The methodology consists of actively guiding the client to access, experience and revise the specific knowings that are the very basis of the existence of the presenting symptom or problem.

The clinical challenge inheres in the fact that (a) the brain forms and holds knowings (constructs) in several different memory systems (Milner et al., 1998), and (b) the knowings driving symptom production are nearly always held not in the cortex's explicit memory, which is readily conscious and verbalized, but in subcortical systems of implicit memory, which are unconscious and nonverbal. In short, the symptom-generating knowings are not known to the conscious personality, which is why clinical symptoms plague clients and

appear to have a life of their own.

The knowings that make up implicit memory are multi-modal, that is, they exist in several different types of representation—a composite of sensory, emotional, interpersonal, kinesthetic, somatic and energic knowings. The specific regions of the subcortical brain that form, store and retrieve these various types of construct are only partially mapped. Best understood to date is the role of the amygdala in encoding fear-based, aversive learnings in implicit memory circuits (Phelps & LeDoux, 2005).

The individual has a vast universe of implicit, unconscious knowings or constructs. In order to be swift and accurate in finding the specific few that generate a particular symptom, coherence therapy utilizes what Ecker and Hulley (1996) found to be the unique property of the symptom-producing constructs: they are coherent in relation to the symptom. That is, they define personal reality in a cogent, well-knit way that makes the symptom necessary to have, despite the very real suffering that it entails. For example, a woman's troubling inability to make progress in building her career may be necessary because, unconsciously, "working hard on career" equals "abandoning your family," a construction she formed in childhood when Mom divorced Dad and blamed it on his chronic absence for his work. A man with an attention problem that kept him from learning skills needed at work may have had parents who often criticized him and shamed him for allowing something to go wrong that could have been spotted and prevented. His coherent response may represent a self-protective tactic of vigilantly covering all bases with a perpetual scanning of attention, but this adaptive strategy had never been conscious. According to his subcortical brain, keeping attention steadily in one place "feels" like absolutely the wrong thing to do.

The symptom-necessitating constructs are a complete mystery at the start of therapy, but therapist and client together can zero in on them efficiently by making use of their coherence, as the clinical example below shows. When the client consciously retrieves and directly experiences these specific knowings, he or she can discover a compelling, well-defined, personal theme and purpose with a deep core of emotion and meaning. This symptom-necessitating material is referred to as the emotional truth of the symptom and also, more technically, as the person's pro-symptom position, denoting an implicit knowing that is for having the symptom.

Initially the client is often only aware of the symptom only as a cause of great distress, and so construes it consciously as something entirely negative, senseless, defective, involuntary and unwanted. This conscious attribution of meaning is conspicuously against having the symptom, and so is termed the client's anti-symptom position.

The essence of these ideas is embodied in the principle of symptom coherence, coherence therapy's model of symptom production (Ecker & Hulley, 1996, 2000a, 2004): A person produces a particular symptom because it is compellingly necessary to have according to at least one unconscious, nonverbal, emotionally potent schema or construction of reality held in implicit memory. Conversely, the person ceases producing the symptom as soon as there no longer exists any construction of reality in which the symptom is necessary to have, with no need for counteracting the symptom itself.

In the method of Coherence Therapy, a milestone is reached when a client discovers a pro-symptom position and it becomes fully experienced and well-integrated into conscious awareness. This has two important effects: (a) The client becomes lucidly aware of the deep sense and coherent necessity of having the symptom and in most cases has a direct experience of agency, that is, of producing the symptom to fulfill an important purpose. (b) The knowings constituting the pro-symptom position become susceptible to

immediate transformation (revision or dissolution), which is now the next stage of the work. Coherence therapy spells out the steps of a built-in process of the brain-mind-body system for a transformation of constructs (Ecker & Hulley, 1996, 2000a, 2004), a process that matches the neurological process for the depotentiation of conditioned responses in implicit memory (reviewed in Ecker & Toomey, 2007). This specificity regarding how constructs change enables the work to achieve deep, lasting effectiveness with enhanced reliability.

This symptom coherence model of symptom production has been clinically found to be relevant for a broad range of symptoms. With each client the process of coherence therapy phenomenologically reveals the presence of powerful, symptom-requiring personal constructs, the depotentiation of which directly yields symptom cessation.

Methods of change that attempt to counteract, override or avoid the symptom and replace it with a desired state follow a clinical strategy antithetical to that of coherence therapy, because they increase rather than decrease the dissociated, unconscious status of the constructs causing symptom production. Counteractive methods compete against syptoms, and so are always vulnerable to relapse. In contrast, the aim in coherence therapy is to embrace, integrate and then transform the symptom-generating constructs, truly eliminating rather than opposing the cause of symptom production. (For a detailed neuropsychological account of these points see Ecker & Toomey, 2007; Toomey & Ecker, in press.)

The methodology of coherence therapy consists, then, of three therapeutic activities: discovering, integrating and transforming unconscious pro-symptom positions. These activities must be experiential, because subcortical implicit knowings are accessed by subjectively experiencing them, not through having cognitive insights or other thoughts about them in the neocortex. Experiences yield cognitive insights in this approach, not the other way around. The therapist creates experiences that discover, experiences that integrate, and experiences that transform the person's pro-symptom constructs. In creating these experiences, the therapist is active and leading as regards process but defers to the client's authority as regards content. (For detailed methodological procedures and techniques, see Ecker & Hulley, 1996, 2000a, 2004.)

2. Learning Objectives

(1) Differentiate between coherence therapy and counteractive approaches to psychotherapy

(2) Identify experiential techniques for discovery of unconscious emotion schemas for chronic symptomology

(3) Describe the essential steps that set up transformational experiences for chronic symptomology

(4) Introduce the neurological process that can "unwire" longstanding conditioned responses

3. Assessment of Learning Outcomes

(1) Clearly able to differentiate between the counteractive reflex in psychotherapy and symptom coherence approach in coherence therapy

(2) Describe three techniques for ushering clients into direct, lucid experience of the emotional, schemas generating a majority of clinical symptoms.

(3) Define the steps of process that produce fundamental transformation in existing schemas and the chronic symptoms generated by them.

(4) Able to define the neurological process that can unwire the neural circuits of longstanding conditioned responses.

4. Workshop Activity Format

8am-9am	Introduction Defining the Counteractive Reflex and a Coherence Therapy approach	Lecture PowerPoint Video Excerpts
9am-10am	Identify experiential techniques for discovery of unconscious emotion schemas for chronic symptomology	Lecture PowerPoint Video Excerpts
10am-11am	Describe the essential steps that set up for integration and transformational experiences for chronic symptomology	Lecture PowerPoint Video Excerpts
11am-12pm	Introduce the neurological process that can "unwire" longstanding conditioned responses. Assessment	Discussion PowerPoint Q&A

5. Handouts and Reference List

Number of handout pages: 50

Sample Reference List:

Bridges, S. K., & Raskin, J. R. (in press). Constructivist Psychotherapy in the Real World. In J. R. Raskin and S. K. Bridges (Eds), Studies in Meaning 3: Constructivist Psychotherapy in the Real World. New York: Pace University Press.

Ecker, B. & Hulley, L. (in press). Coherence therapy: Swift change at the core of emotional truth. In J. R. Raskin and S. K. Bridges (Eds), Studies in Meaning 3: Constructivist Psychotherapy in the Real World. New York: Pace University Press.

Ecker, B., & Toomey, B. (in press). Depotentiation of symptom-producing implicit memory in coherence therapy. Journal of Constructivist Psychology.

Toomey, B., & Ecker, B. (in press). Competing visions of the implications of neuroscience for psychotherapy. Journal of Constructivist Psychology.

Toomey, B., & Ecker, B. (2007). Of neurons and knowings: Constructivism, coherence psychology and their neurodynamic substrates. Journal of Constructivist Psychology.

Ecker, B. (2003). The hidden logic of anxiety: Look for the emotional truth behind the symptom. Psychotherapy Networker, 27 (6), 38-43, 58.

Neimeyer, R. A., & Bridges, S. K. (2003). Postmodern approaches to psychotherapy. In A. S. Gurman & S. B. Messer (Eds.), Essential psychotherapies: Theory and practice, 2nd Ed. New York: Guilford Press.

Neimeyer, R. A. and Raskin, J. D. (2001). Varieties of constructivism in psychotherapy. In Dobson, K. S. (Ed.), Handbook of cognitive-behavioral therapies (pp. 407-411). New York: Guilford.

Ecker, B., & Hulley, L. (2000). The order in clinical "disorder": Symptom coherence in depth-oriented brief therapy. In R. A. Neimeyer & J. D. Raskin (Eds.), Constructions of disorder: Meaning-making frameworks for psychotherapy (pp. 63-89). Washington, DC: American Psychological Association

Press.
Ecker, B. & Hulley, L. (2000). Depth-oriented brief therapy: Accelerated accessing of the coherent unconscious. In J. Carlson and L. Sperry (Eds.), Brief therapy with individuals and couples (pp. 161-190). Phoenix: Zeig, Tucker and Theisen.
Ecker, B., & Hulley, L. (1996). Depth-oriented brief therapy. San Francisco: Jossey-Bass.
Neimeyer, G. J. (1995). The challenge of change. In R. A. Neimeyer & M. J. Mahoney (Eds.), Constructivism in psychotherapy (pp. 111-126). Washington, DC: American Psychological Association Press.

6. Diversity

Is there evidence that gender, disability, and multicultural considerations are included in the planning for the workshop? Yes

Explanation - Special attention has been paid to the inclusion of clients of diverse gender, ethnicity, sexual orientation, and ability in both the video clips that will be shown and in the cases that will be presented. Further by honoring the unique experiences of each client and privileging their own understanding of their problem situations and difficulties, Coherence Therapy uniquely inhabits an emic approach to psychotherapy. Respecting what is real, significant or meaningful from the viewpoint of the clients and their backgrounds will be evident throughout the workshop both implicitly and explicitly.

7. Full Disclosure Statement

a. Will you (or co-presenters) be supported financially by a manufacturer of any commercial product? No

b. Will you gain financially (beyond honoraria received) by the sale of any product or publication as a result of this workshop? Yes

Explanation - If interested, participants may choose to purchase DVDs, training manuals, or books, or pursue further training in Coherence Therapy through the Coherence Therapy website after the workshop. Thus, some financial gain is possible.

c. Has any of the research to be presented been funded by external sources (e.g., university, industry)? No

8. Ethical Considerations

1. Are you presenting material that was obtained in or through a professional relationship? Yes

Explanation - Signed release forms giving explicit permission to use session videos for research and training purposes have been obtained from all clients shown in video clips. Any clinical vignettes presented orally have been substantially altered to protect the anonymity of the clients.

2. Are you presenting data from a research study that you, or you in conjunction with colleagues, conducted? No

3. Are you presenting material that participants in your workshop or lecture may find stressful? No

4. Have you been the subject of an adverse finding by an ethics committee of a professional association or a licensing board in the past 10 years, or are you currently under the scrutiny of an ethics committee or licensing board? No