Core Training Group
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TRANSFORMING RESISTANCE:
CORE TRAINING CURRICULUM

I. THEORY

a. Emotion, Attachment and Development
   i. Attachment trauma and implications for the therapy relationship
   ii. Attachment styles
   iii. What are feelings? What are not feelings?
   iv. Understanding relevant brain structures. The emotional brain remembers.
   v. Understanding the unconscious nature of mind and the reactive nature of feelings
   vi. The primary feelings
   vii. Internal emotional conflict
   viii. Development of symptoms. Symptoms versus feelings.
   ix. Defensive exclusion
   x. Reflective self function
   xi. Observing ego

b. Psychodynamic concepts
   i. Therapeutic framework and boundaries
   ii. Self disclosure
   iii. Transference /countertransference
   iv. Defense analysis
   v. Character styles
   vi. Defense analysis
   vii. Resistance and alliance

c. Cognitive Map: Triangles of Experience & Relationship
   i. Triangle of Experience (patient, intrapsychic)
      1. Understanding the corners of the triangle
      2. The feelings – – anxiety – – defense--feelings sequence.
      3. The basic psychotherapy "fork in the road."
      4. Differentiating or enlarging the triangle of experience.
         a. Differentiating: stimulus/ trigger from feeling, anxiety from feeling, feelings from defenses, anxiety from defenses

5. Feelings
    a. physiological activation (autonomic nervous system) of different feelings
    b. Three components of feelings
    c. Associated impulses, action tendencies, urges, fantasies
    d. How (unconscious) feelings get mobilized
    e. Complex feelings in the therapy relationship
6. Anxiety
    a. What is anxiety? The function of anxiety.
    b. The three pathways of anxiety.
    c. Understanding patient's capacity for anxiety.
    d. Red, yellow or green light: assessing when anxiety is in or out of the tolerable range.
7. Defense
    a. Development of defense mechanisms
    b. Defensive exclusion
    c. Syntonic versus dystonic
    d. The function of defenses
    e. The cost of defenses
    f. Types/ categories of defenses
    g. Understanding specific defense mechanisms

ii. Triangle of Relationship (interpersonal)
1. Unconscious links within the Triangle of Relationship
2. Attending to the therapy relationship concurrently with with other relationships
3. Transference and countertransference

d. Cognitive map: 4 states, 3 state transformations
i. NOTE: there is much overlap between these 2 cognitive maps; While similarities and differences will be acknowledged, the emphasis will be on an integrated model, giving trainees a broad range of options for various scenarios

ii. Development of psychopathology

iii. State 1: stress, distress and symptoms
1. Defenses and their consequences, under/over regulated affect, this regulated affects, inhibitory affects

iv. 1st state transformation:
    1. (co-creating safety)
    2. transitional affects
    3. heralding affects
    4. green signal affects

v. State 2: processing of emotional experience
    1. Categorical emotions, coordinated relational experiences, intersubjective experiences, authentic self states, ego states, receptive affect of experiences, attachment strivings

vi. 2nd state transformation
    1. (emerging resilience)
    2. adaptive action tendencies
    3. post breakthrough affects: relief, hope, strength etc.

vii. state 3: meta-processing of transformational experience and transformational affects
    1. post breakthrough affects: relief, hope, strength, novelty
    2. mastery affects: pride, joy, competence
    3. healing affects associated with recognition and affirmation: gratitude, appreciation
    4. mourning of the self: emotional pain
    5. tremulous affects associated with growth: fear/excitement, positive vulnerability
        a. the crisis of change
        b. understanding risk of premature termination and resistance

viii. 3rd state transformation
    1. (patient – therapist secure attachment)
    2. positive valuation of the self
    3. energy, vitality, openness, aliveness

ix. state 4: Core State & The Truth Sense
    1. a sense of things feeling right, acting adaptively and naturally
    2. calm, flow, ease, relaxation
    3. sense of well-being, confidence
    4. openness, clarity
    5. vitality, energy, openness, aliveness
    6. empathy, self empathy, compassion for self and others
    7. cohesive and coherent autobiographical narrative

II. TECHNIQUE

a. Establishing a therapeutic relationship
    i. Reducing resistance through promoting safety with an emotionally engaged therapist. Undoing aloneness.
    ii. Active use of therapist affect.
    iii. Importance of an attachment based relationship.
    iv. Dyadic regulation of emotional experience, especially when intense.
    v. Explicit empathy, care, compassion, appreciation, validation, affirmation.
    vi. Reducing distance in the therapy relationship
    vii. Attention to relational affective experience
    viii. Focus on strengths, positive affect and glimmers of health
    ix. Healing orientation

b. Components of an experiential, accelerated, psychodynamic approach
    i. Experiential approach. Experience before insight.
    ii. Therapist activity level, focus and degree of emotional engagement
    iii. Affect-centered, right brain approach
    iv. Visceral, bodily felt experience of emotion
    v. Systematic moment to moment conceptualization and intervention
    vi. Attention to phenomena under the surface (unconscious)
    vii. Concept that change occurs in abrupt steps, quantum transformations
    viii. Corrective emotional experience. The power of a different experience with a trusted other.
    ix. Promote reflection and integration

c. Trial therapy/Initial evaluation
    i. Establishing a focus
    ii. Exploring core conflicts
    iii. Inquire about experience
    iv. Presenting problem/complaints/symptoms (neg)
    v. Goals (internal, emotional, pos.)
    vi. Timing/precipitating event(s)/why now? Connection with the past? Dynamic understanding.
    vii. Use of goals throughout the treatment phase
    viii. Goal to have a different emotional experience and an improved intellectual understanding
    ix. Facilitating self at best, accessing internal resources
    x. History emerges in emotional context

d. Psychodiagnostics
    i. Patient capacity
    ii. Developing a core formulation
    iii. Approach indicated, modifications needed
    iv. Importance of top of the triangle work and determining when this is necessary

e. Moment to moment tracking
    i. Triangle of experience
        1. Determining placement on the triangle of experience: feeling, anxiety or defense?
        2. "Enlarging" the triangle of experience
            i. Anxiety regulation
                1. Monitoring anxiety level
                2. Determining anxiety pathways
                3. Red light, yellow light, or green light
                4. Keeping anxiety in the tolerable range
                5. Methods for regulating anxiety at all levels
                6. Anxiety: realistic or neurotic?
                7. Anxiety: intrapsychic or interpersonal?
            ii. Defense restructuring
                1. Defense analysis: which defense, syntonic/dystonic, intrapsychic versus interpersonal, associated with certain feelings, level of defense etc.
                2. How to discourage use of defenses
                    a. Defense recognition
                    b. Function of defense
                    c. Cost of defense (intervening with syntonic versus dystonic defenses)
                    d. defenses manifested in the therapy relationship
                3. Defenses against positive and negative experience
                4. Fork in the road: asking patient to abandon defense and risk another behavior
                5. Helping the patient develop self-acceptance and self compassion
                6. Differentiating defense from anxiety
            iii. Facilitating affective experience
                1. Red light, yellow light or green light?
                2. intensifying affective experience
                3. 3 components of feeling, "ladder of emotion"
                4. expressive/healthy feelings versus others, mixed feelings/ambivalence

5. Methods to invite and encourage healthy emotional expression, dropping down/deepening
6. Helping develop "the felt sense"
7. Working toward completion
8. Facilitating positive and negative affect
    a. Backlash from experience of positive affect (internal and relational).
9. Portrayals
    a. Action tendencies and the immobility response
    b. When is a portrayal indicated?
    c. Facilitating portrayals
10. Goal is not catharsis, but emotional transformation by accessing healthy resources

iv. Putting it all together: core formulation

ii. Triangle of relationship
1. Tracking relationship with therapist along with others
2. Working experientially: exploring feelings toward therapist
    a. rational versus overdetermined
3. Links to the past

iii. Transformation: it's never too late

iv. Metatherapeutic processing
1. How the experience of change itself is healing
2. Reflecting on experience
3. Throughout the session
4. End of session
5. Timing? Markers?
6. Intrapsychis vs interpersonal focus?
7. Processing before metaprocessing.

v. Pathogenic affects
1. Understanding the development of pathogenic affects
2. Understanding pathogenic affects in the room
3. Methods of intervention

vi. Core State

III. PERSONAL, EMOTIONAL, COUNTERTRANSFERENCE

a. Therapist variables
   i. Tracking of therapists reaction
   ii. Increasing tolerance for affect/anxiety (both in the patient and therapist).
   iii. Intervening and relating while experiencing high levels of anxiety and feeling
   iv. Become more familiar with our typical responses when anxious.
   v. Improving tolerance for the unknown, and reducing tendency to theorize, predict, develop an agenda or focus on content.
   vi. Reducing aversion to patient discomfort or interpersonal conflict.
   vii. Welcoming and using our own countertransference
   viii. Understanding and utilizing the therapists' own "triangle"

b. The learning process
   i. Realistic training goals
   ii. Self supervision/growth
   iii. Development of a professional self
   iv. Maintaining compassionate self-regard and self esteem throughout the training process
      1. comparisons to our ideal
      2. comparisons to the instructor/other mentors

TEACHING METHODS/FORMATS

- Instructor teaching modules
- Assigned readings (starting in Summer/2015, in preparation for the training)
- Instructor video demonstration for microanalysis of principles
- Group exercises
- Therapist/patient exercises in dyads
- Role playing with instructor
- Individual supervision/consultation
  - The primary training format will involve individual supervision of participants' patient videos in the context of a group setting. This format is effective in translating theory into practical application by focusing on skill building in a detailed manner.
  - Each weekend the instructor will teach for 2 hours on a particular topic, combining both didactic presentation and video demonstration. Then, participants will take turns presenting their videos and receive consultation, with a focus on the skill being practiced that weekend.
  - Initially, all will participate (in a structured manner), microprocessing/moment to moment tracking videos to determine the patient's position and recommend therapist interventions as a way to directly apply the learning from the didactic

portion. Principles can seem more clear (in theory) than when we apply them (technique) in the real world. This will give us multiple opportunities to practice, over and over, developing these cognitive maps and learning to apply them as rapidly as possible.

- Individual supervision in the context of the group will be led by the instructor with the last 10 minutes open for general comments/questions.
- The primary training format will involve individual supervision of participants' patient videos in the context of a group setting. This format is effective in translating theory into practical application by focusing on skill building in a detailed manner.
- Each weekend the instructor will teach for 2 hours on a particular topic, combining both didactic presentation and video demonstration. Then, participants will take turns presenting their videos and receive consultation, with a focus on the skill being practiced that weekend.
- This is the best group training format I am aware of for intensive learning and advancement to the next level of expertise as you are immersed in the material and specifically looking at your own work (and many others) with attention to your specific areas for growth. Of course, these advantages come at the "cost" of increased exposure, vulnerability and anxiety. This is different than other group formats (workshops, presentations, etc) that are not interactive, where you more passively receive information from the instructor. In my experience, there are limits to this type of learning as it tends to stay more theoretical (i.e. it "makes sense", but does not necessarily translate to your improved technique the way trial and error, ongoing group supervision does.). In addition, there are benefits that are related to developing therapist emotional capabilities due to repeated exposures to multiple patient videos each weekend: desensitization to intense emotion, improved anxiety/ affect tolerance, tolerating individual differences/ avoiding therapist agenda, comfort with defenses/ resistance, development of emotional courage, increased comfort with self supervision and consultation, understanding multiple styles and ways to intervene, etc. Showing video in this format is very powerful and effective in developing advanced skills. There will be much teaching and skill building through the format of viewing live patient videos that results in translation into effective clinical practice.
- I'm excited about this more structured method of supervision and some new training exercises designed to optimize skill building, create safety, reduce stress and increase enjoyment as a shared experience. By conducting supervision in this way, the person presenting tends to feel less anxious, less "on the spot" (as when the purpose appears to be an evaluation of his/her work). The emphasis will be on learning for the group by tracking the patient closely and determining the next therapist response (future), and sharing the responsibility for doing this as a group (n ot just the person being supervised). Emphasis will NOT be on evaluating each

therapist's performance (past), NOT what is being done that is not working or on the performance of the therapist him/herself. Rather, each person presenting will simply be giving us a sample of a therapy interaction to process and learn from together. While one person's video may demonstrate a certain issue, it is inevitably an area with which we all do or have struggled. I believe the learning will be more powerful and enjoyable when approached and shared in this manner.