

20th Halifax Immersion in ISTDP

Top 10 Technical Issues

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**DALHOUSIE
UNIVERSITY**

Inspiring Minds

Land Acknowledgement

Halifax is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq and Passamaquoddy Peoples first signed with the British Crown in 1726.

- Overall plan for the course
 - Overview of ISTDP model
 - Top Ten Technical Issues with video examples
 - Onsite here breaks and lunches
 - Dinner thursday

Day 1 Schedule

- 9:00-10:30 Allan: Overview of ISTDP and Psychodiagnosis 1
- 10:30-10:45 Morning Break
- 10:45-12:30 Allan: Psychodiagnosis 2
- 12:30-1:30 Lunch Break
- 1:30-3:00 Joel: Pressure
- 3:00-3:20 Afternoon break
- 3:20-5:00 Joel: Clarification and Challenge

BOND
With
Parents



PAIN
FEAR

Rage, Guilt
about the Rage

Self-destruct
Symptoms
Somatization

Transference
(Therapist)

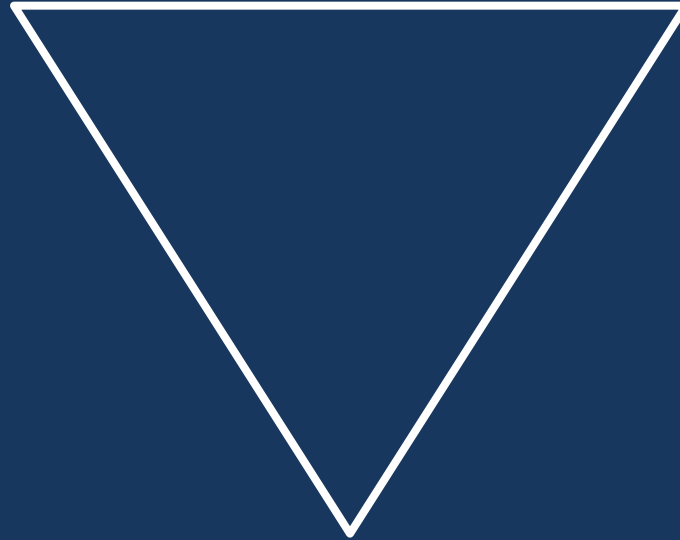


Current
person

Past
person

Unconscious
Defense

Unconscious
Anxiety



Unconscious
Impulses & Feelings

Tactical Defense

- Minor defenses
- Aim to divert the therapist
- Are not tightly held
- Can usually either ignore them or block them easily
- Can be part of the major resistance or mostly separate

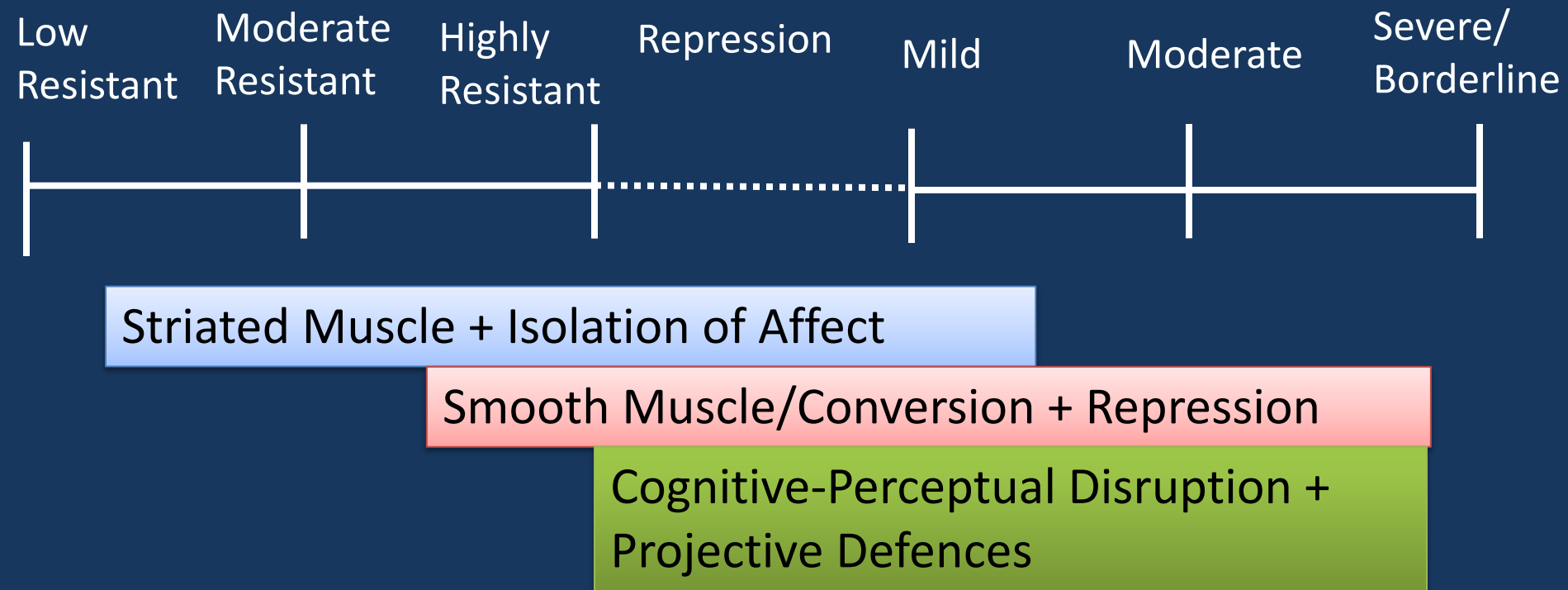
Major Resistance: 4 Types

- Isolation of affect: see with voluntary muscle anxiety
- Repression: see with smooth muscle anxiety and conversion
- Primitive Defense: See with cognitive-perceptual disruption
- Resistance of Guilt: Punitive Superego: need to defeat and sabotage

2 Spectra

Spectrum of Psychoneurotic Disorders

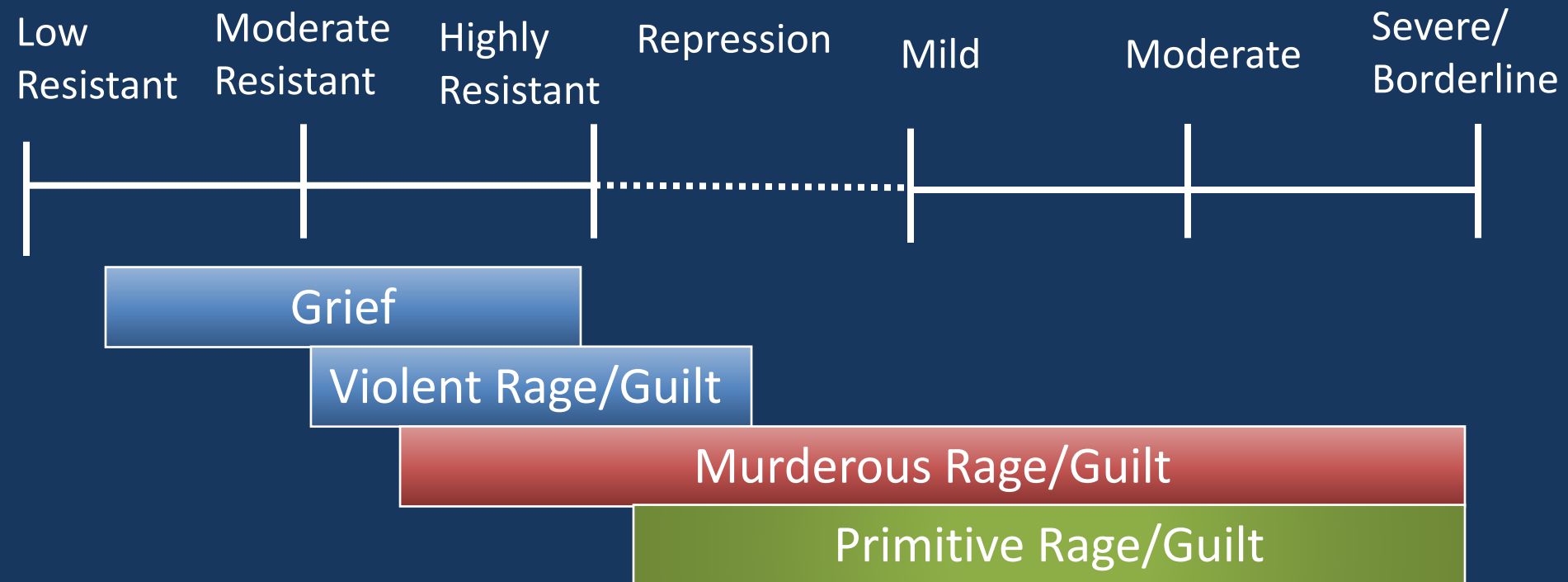
Spectrum of Patients with Fragile Character Structure



2 Spectra

Spectrum of Psychoneurotic Disorders

Spectrum of Patients with Fragile Character Structure



Complex Transference Feelings (CTF)

- Feelings mobilized by trying to therapeutically attach to patient
- = positive feelings plus irritation toward the therapist
- Mobilize the past bond, trauma, pain, rage and guilt about rage.

Unconscious Therapeutic Alliance

- The unconscious healing force
- Mobilized by activating the complex transference feelings
- Brings mental images of past relational trauma and clear linkages to trauma
- Brings hope, energy, engagement

Major
Unlocking

Partial
Unlocking

High Rise

Mid Rise

$R \gg UTA$

Whispers from
the UTA:
concise
understanding

$R > UTA$

Negation +
Vivid Dreams

$R < UTA$

Rage, Grief:
Clear Linkages

$R \ll UTA$

Rage and Guilt:
Image Transfer

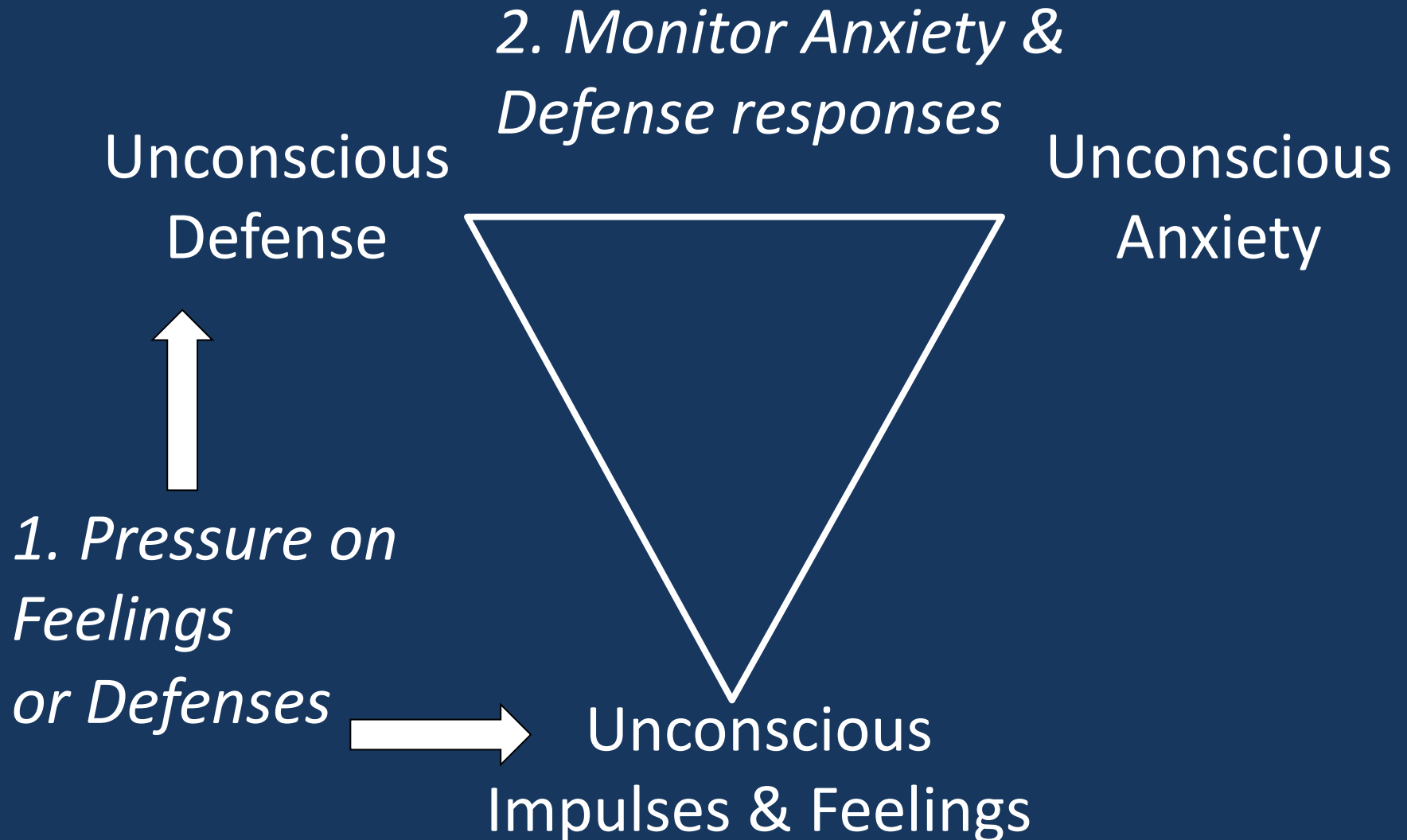
Step 1. Barriers to engagement

- Forced to to be there: not willing
- Suicidal intention
- No internal problem

Step 2. Find the Front of the System

- 1. Activated and avoided complex feelings:* focus on the experience of the feelings.
- 2. Active defenses at the front:* turn against the defences in the room.
- 3. Active Unconscious Anxiety:* focus on the underlying feelings. If anxiety is too high, reduce it.
- 4. No activation:* Take history. Explore problem areas searching for signs of anxiety and resistance.

Step 3: Psychodiagnosis




Technical challenges with psychodiagnosis

- Wrong front
- Inadequate pressure
- Not sustaining pressure
- Not monitoring anxiety signals
- Lack of detecting and handling defences
- Lack of detecting the complex feelings and early signs of alliance

*Low
rise* Therapist  Patient

*Mid
rise* Therapist  Patient

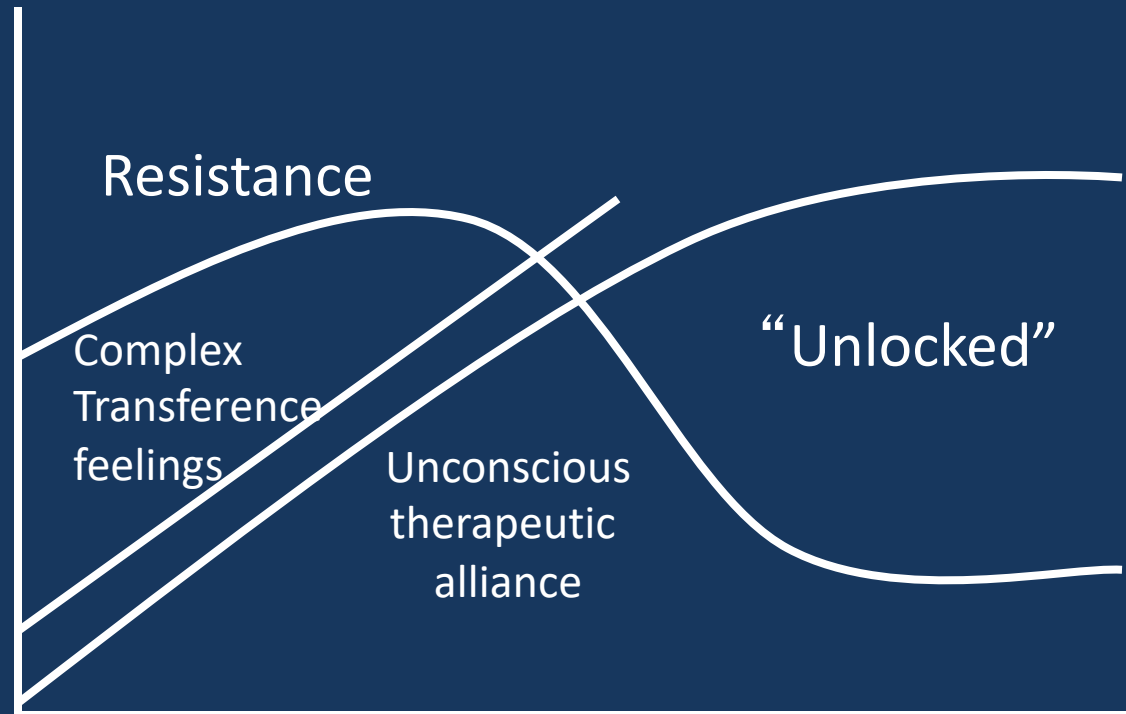
*High
rise* Therapist  Patient

 = Defense

*High
rise*

*Mid rise
Clarify/
challenge*

*Low rise
Pressure*



High rise:
Resistance
crystallized in
transference.
Head on
collision

Mid rise:
Resistance
crystallizing in
transference.
Clarify and
challenge

Low rise:
inquiry and
pressure

Resistance

Complex
Transference
feelings

Unconscious
therapeutic
alliance

Partial
Unlocking

Pressure: Encourage good actions

- All efforts encouraging the patient to do something healthy
- Examples of pressure
 - Identify Feelings
 - Feel feelings
 - Be specific
 - Be present
 - Be active
 - Care for self
- *Pressure should target front of the system*

Clarification: Question unhealthy behaviors

Examples:

- Pointing out
- Questioning
- Exploring impact of defense

Keep up pressure

Challenge

- Interrupting and Blocking Defenses
 - If you don't detach, if you don't shut down
- Pointing out non verbal resistance
 - Do you see the way you hold your hands ... and now you smile

Challenge is always done in concert with the patient and the growing UTA

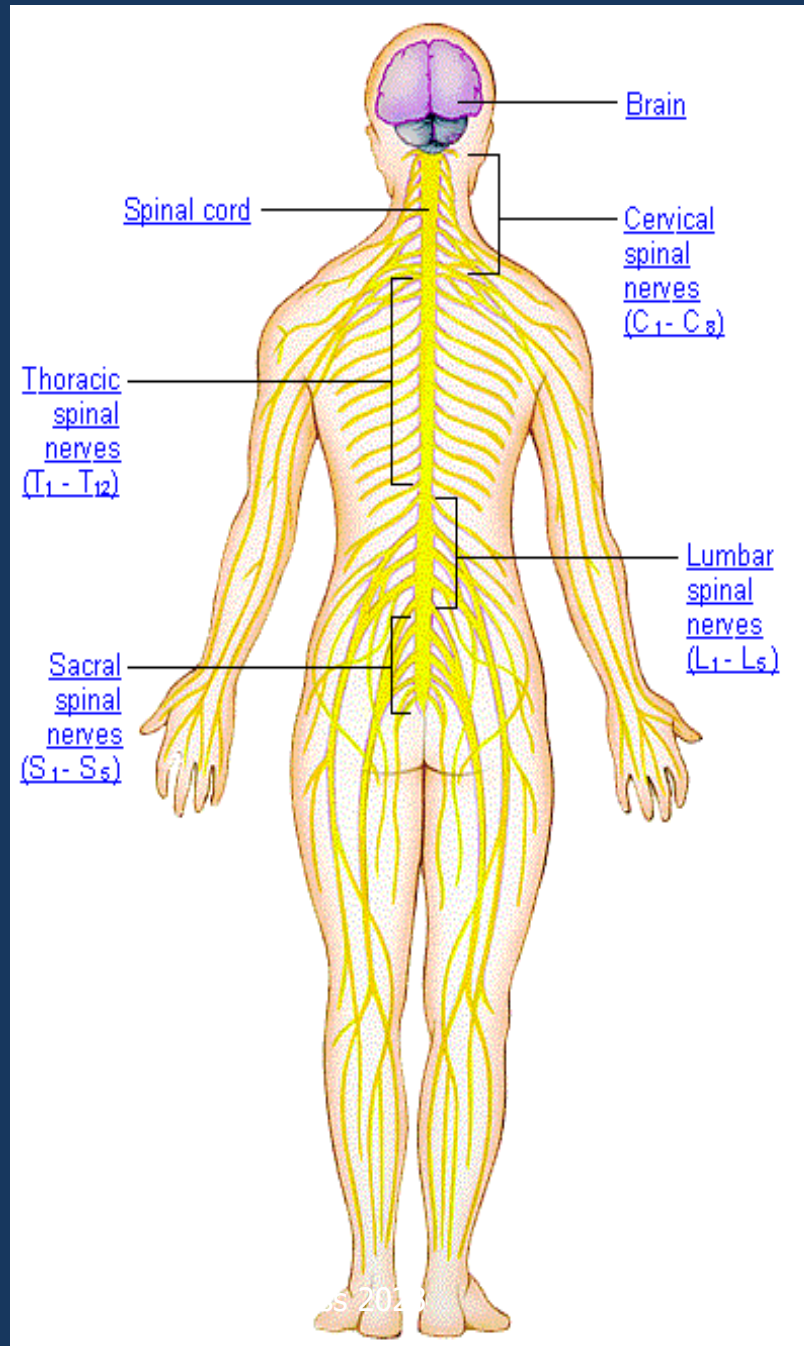
Challenge is always done while maintaining Pressure

↓ ↓

Striated Muscle
Anxiety
Goes Down Body

Neurobiological
Pathway of
Rage: goes up same
system displacing
anxiety

↑ ↑

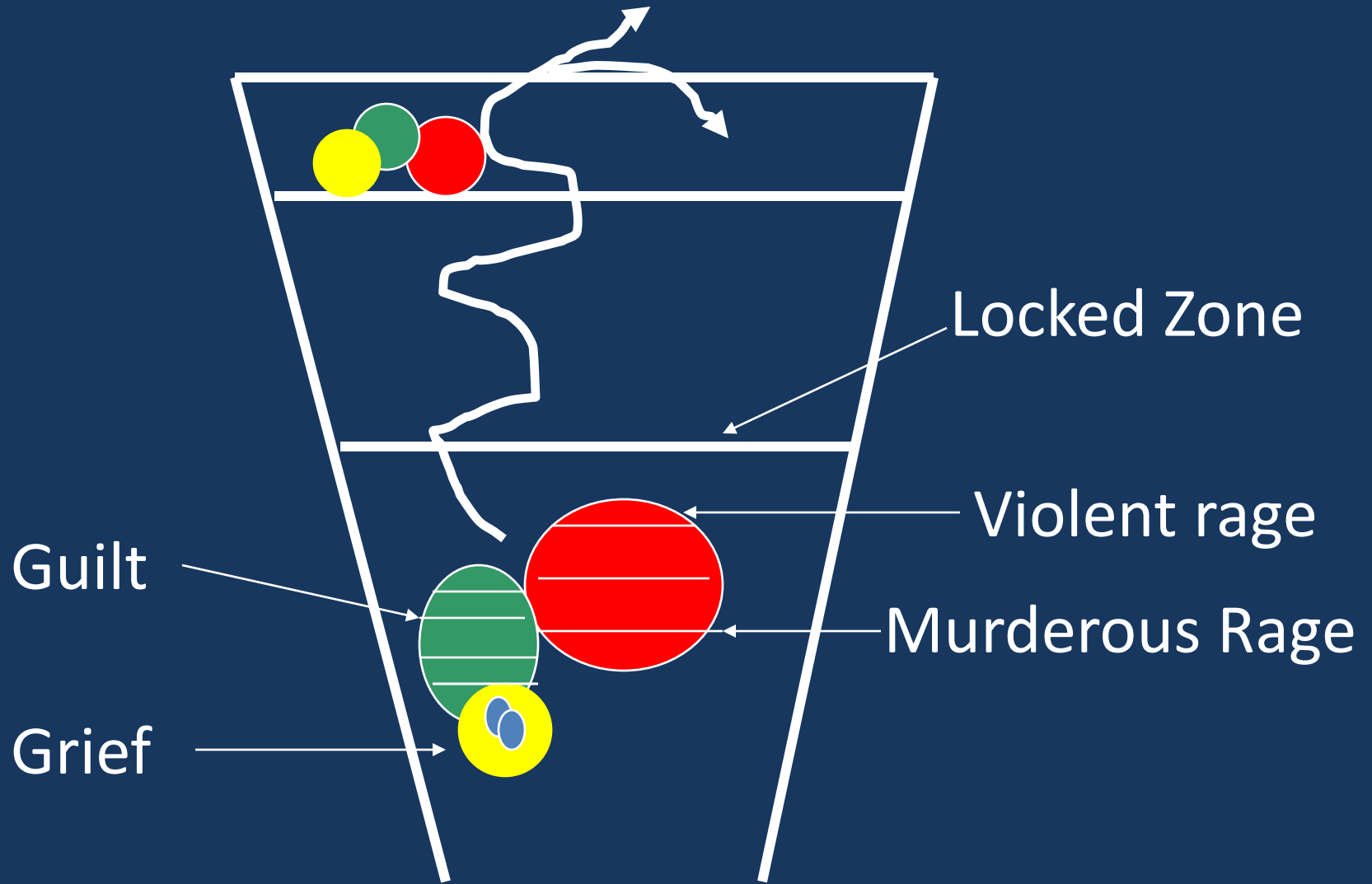


Breakthrough

- Partial Unlocking: CTF are experienced to small degree: UTA → vivid link to past person.
- Major Unlocking: UTA → Image of therapist changes to past person with passage of guilt.

Partial Unlocking of the Unconscious

- CTF are mobilized and all aspects are partly experienced
- Rage and guilt partly experienced
- Anxiety and defences drop in proportion
- UTA gives clear link or image of person from the past or current relationships



Why no signals?

1. Blockers of Primary Engagement in the Process
2. Anxiety goes other places: stomach or CPD
3. Hiding the anxiety consciously
4. Character defenses
5. Organic factors
6. Psychotic/Projective processes
7. Repression
8. Suicidal or homicidal intention
9. Absence of unconscious problem- no neurosis
10. Technical Problems (not enough pressure etc)

Search for Resistance

If there are no signals of unconscious anxiety and defence, then we must search for the resistance and press in that direction to mobilize the unconscious

Day 2 Schedule

- 9:00-10:30 Allan: Head on Collision
- 10:30-10:45 Morning break
- 10:45-12:30 Allan: Unconscious Therapeutic Alliance
- 12:30-1:30 Lunch Break
- 1:30-3:00 Joel: Countertransference 1
- 3:00-3:20 Afternoon Break
- 3:20-5:00 Joel: Countertransference 2
- 5:00 Conclude Day 2

Head on Collision I

- Therapist's most powerful intervention
- Confronts patient with reality
- Puts responsibility for change where it belongs – with the patient
- Mobilizes patient to become involved in therapeutic task and increases CTF
- Addressed to UTA to work against the R
- Includes Clarification and Challenge to major defense followed by Pressure to do something about the Defense

Head on Collision II

- Short Range HOC: for low to Mid Rise
 - Focal
 - Clarify challenge specific defenses operating
 - To bring rise in CTF and to bring resistance into the transference in highly resistant cases
 - Or is enough to unlock the unconscious in low-moderate resistant patients
- Interlocking Chain: For Syntonic High Resistant cases
 - To turn defenses dystonic
 - To counter each resistance that rotates forward in a chain
 - To bring rise in CTF and to bring resistance into the transference
- Comprehensive: For unlocking at High Rise

Head on Collision III

- Comprehensive Head on Collision with the Resistance in the Transference
 - Point out the destructiveness of the R
 - Point out the benefits of giving up the R
 - Verify the patient's will to overcome the R
 - Underline the partnership
 - Deactivate any defiance
 - Get out of “the shoes of parent”: deactivate the transference
 - Undo notion of therapist omnipotence
 - Pressure: encourage them to give it their best effort
 - Result:
 - Complex feelings are experienced:
 - the triggering mechanism for direct access to unconscious feelings

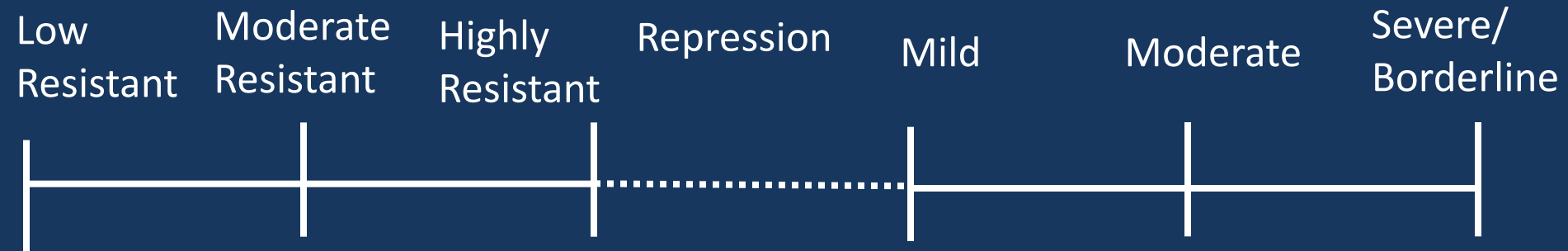
Types of Head on Collision across levels of rise and 2 Spectra

HIGH RISE
Comprehensive

MID to HIGH RISE:
Interlocking chain

MID RISE: Clarify, Challenge and Short HOC

LOW RISE: Pressure and Clarify



Technical challenges of applying head on collisions

- Applying it at too low of a rise
- Missing pieces
- Failure to sustain pressure
- Wrong type of head on collision for the circumstance

Unconscious Therapeutic Alliance: UTA

- UTA at different levels of rise
- UTA across the spectra
- Recognizing and Working with the UTA at lower levels

Major
Unlocking

Partial
Unlocking

High Rise

Mid Rise

$R \gg UTA$

Whispers from
the UTA:
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understanding

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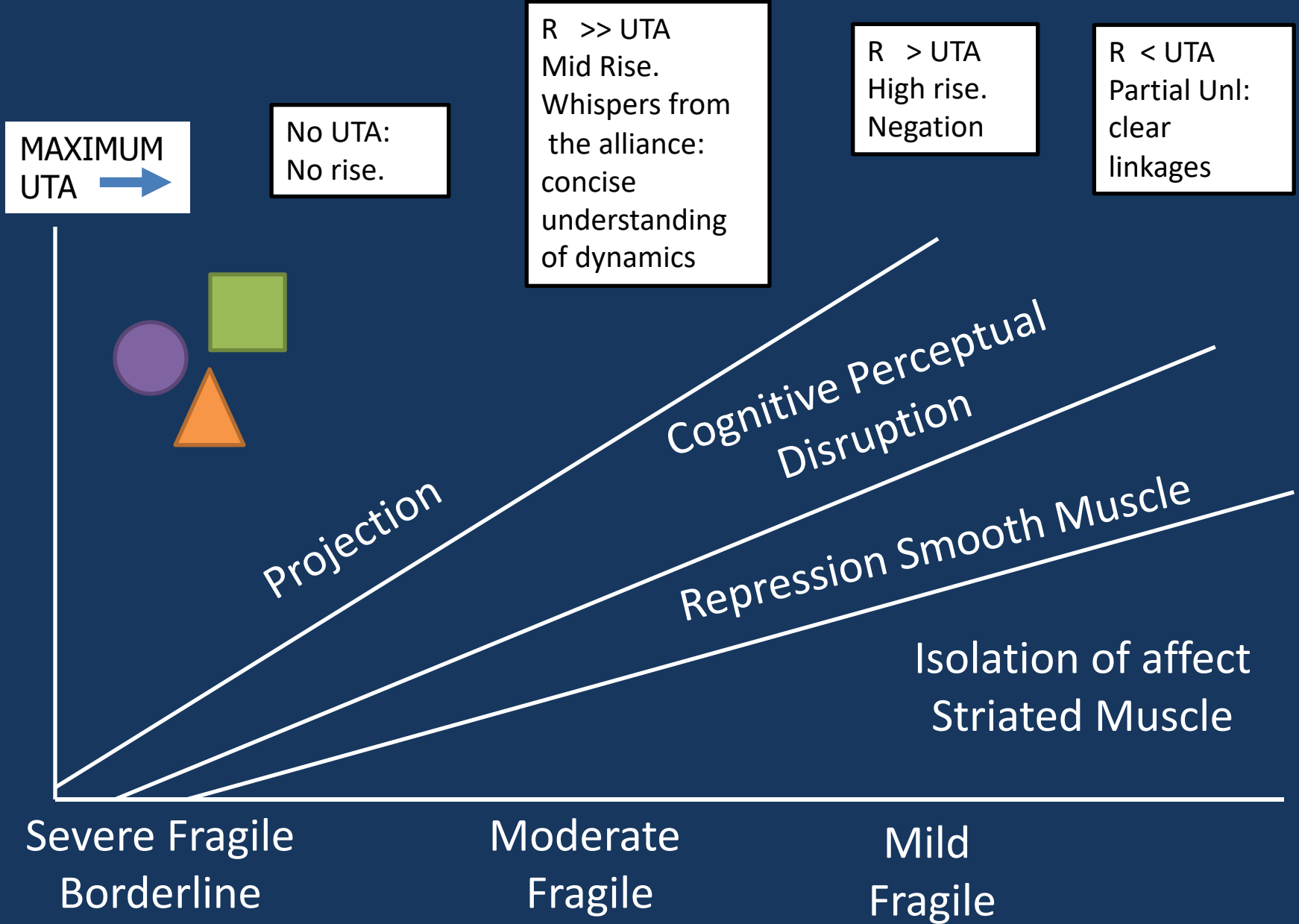
Rage and Guilt:
Image Transfer

UTA at different levels of rise


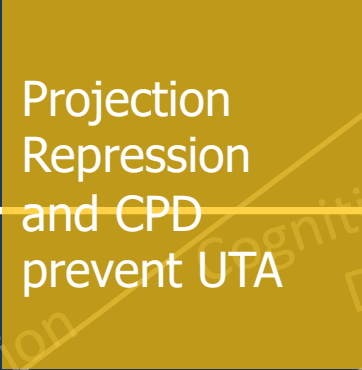
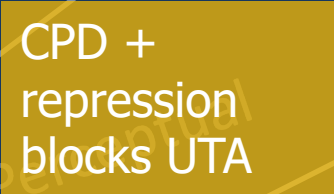



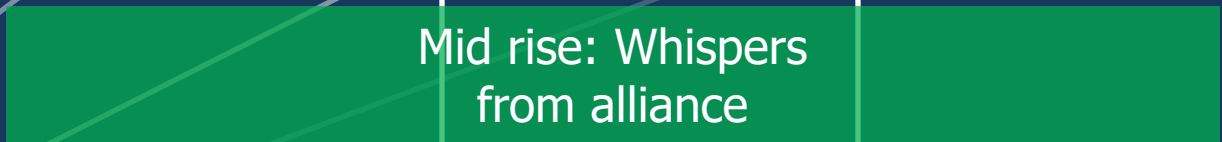

- Low rise: there is an absence of UTA
 - Dynamic forces of unc. therapeutic alliance, resistance, and complex feelings are not mobilized
- Mid rise: “whispers from the alliance”= *Connects Things*
 - Patient connects one thing to another
 - Patient connects whole triangle of conflict
 - Patient describes the task
 - Patient points out defences
 - Patient draws parallels between past and present
 - Often the patient speaks in a quiet voice, and uses very few words, as if it is a small child, speaking wisely
 - Tremor example

UTA at different levels of rise II

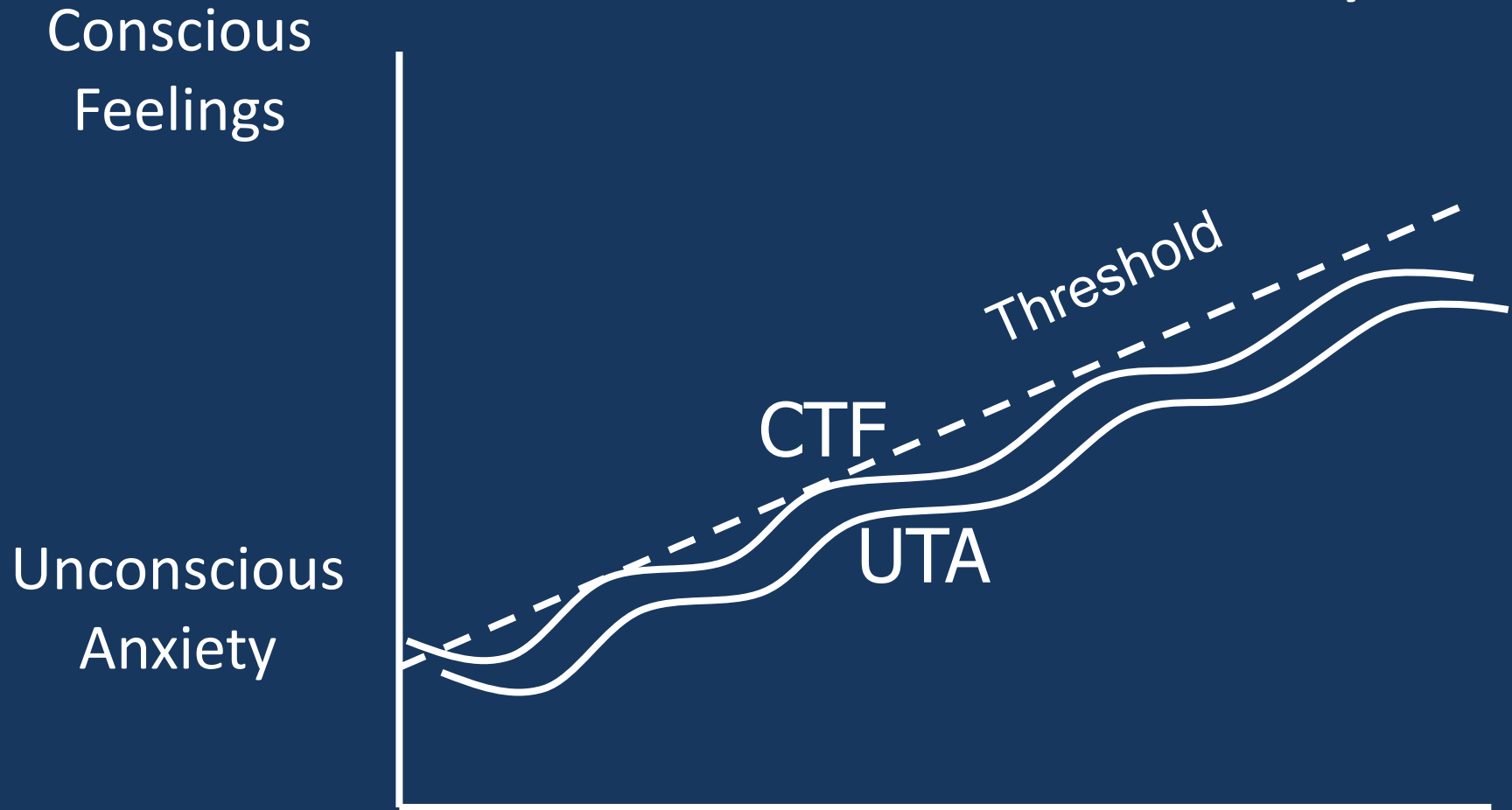
- High Rise: Negation
 - Patient shows knowledge of something by saying they do not know
 - Patient declares having feelings by saying they don't have feelings
 - Patient reveals a connection between one thing and another by saying two things are not connected
 - Often there is a smile because they are seeing themselves, both revealing something and hiding it at the same time
 - Negation can be seen during breakthroughs as well when the person is experiencing some of the CTF
 - When there is high rise in sessions, the patient may report vivid dreams such as dreams of violence between sessions



UTA across Fragile Spectrum

High	 Split Modes prevent UTA	 Projection Repression and CPD prevent UTA	 CPD + repression blocks UTA	 →→→ Partial Unl. Link UTA > R
			 High Rise: Negations	
Medium	 Projection and CPD prevent UTA	 Mid rise: Whispers from alliance		
Low	 Low rise: no UTA			
	Severe Fragile Borderline	Moderate Fragile	Mild Fragile	

UTA RISES WITH CTF: Requires tolerance of CTF and anxiety



The door will not open until the patient can tolerate the content

UTA across treatment phases

- Whispers, negations and linkages early in treatment
- Imagery spontaneously arising
- Dreams which are actual unlockings
- Working through: Dreams that bring grief, reunion and forgiveness
- Termination: Memories and dreams of goodbye with therapist and others

Day 3 Schedule

- 9:00-10:30 Allan: Repression
- 10:30-10:45 Morning break
- 10:45-12:30 Allan: Regressive Defenses
- 12:30-1:30 Lunch Break
- 1:30-3:00 Allan: Primitive Defenses
- 3:00- 3:20 Afternoon break
- 3:20-5:00 Allan: Mild Fragility
- 5:00 Conclude Course

What to do and when with the
repression patient

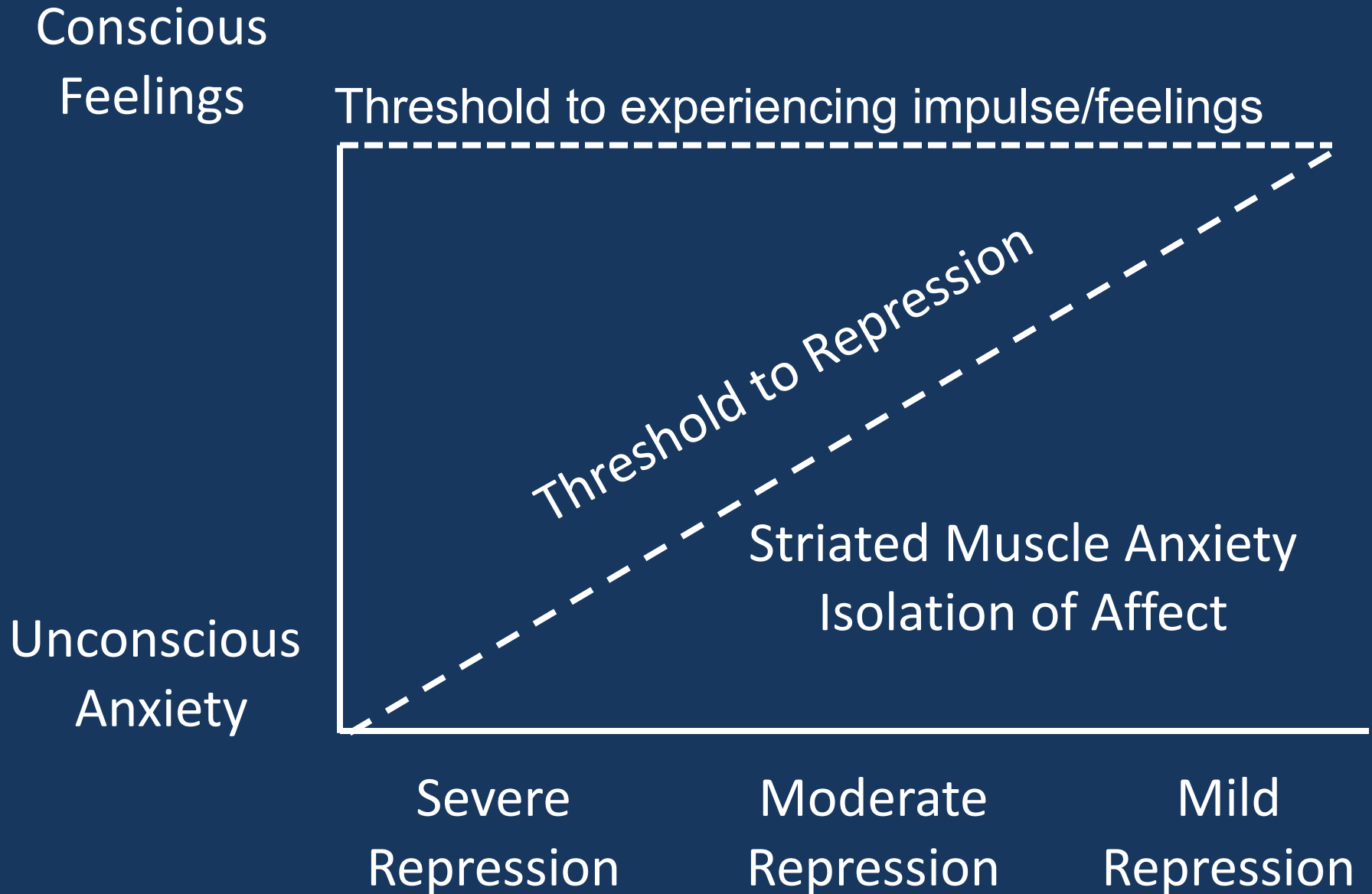
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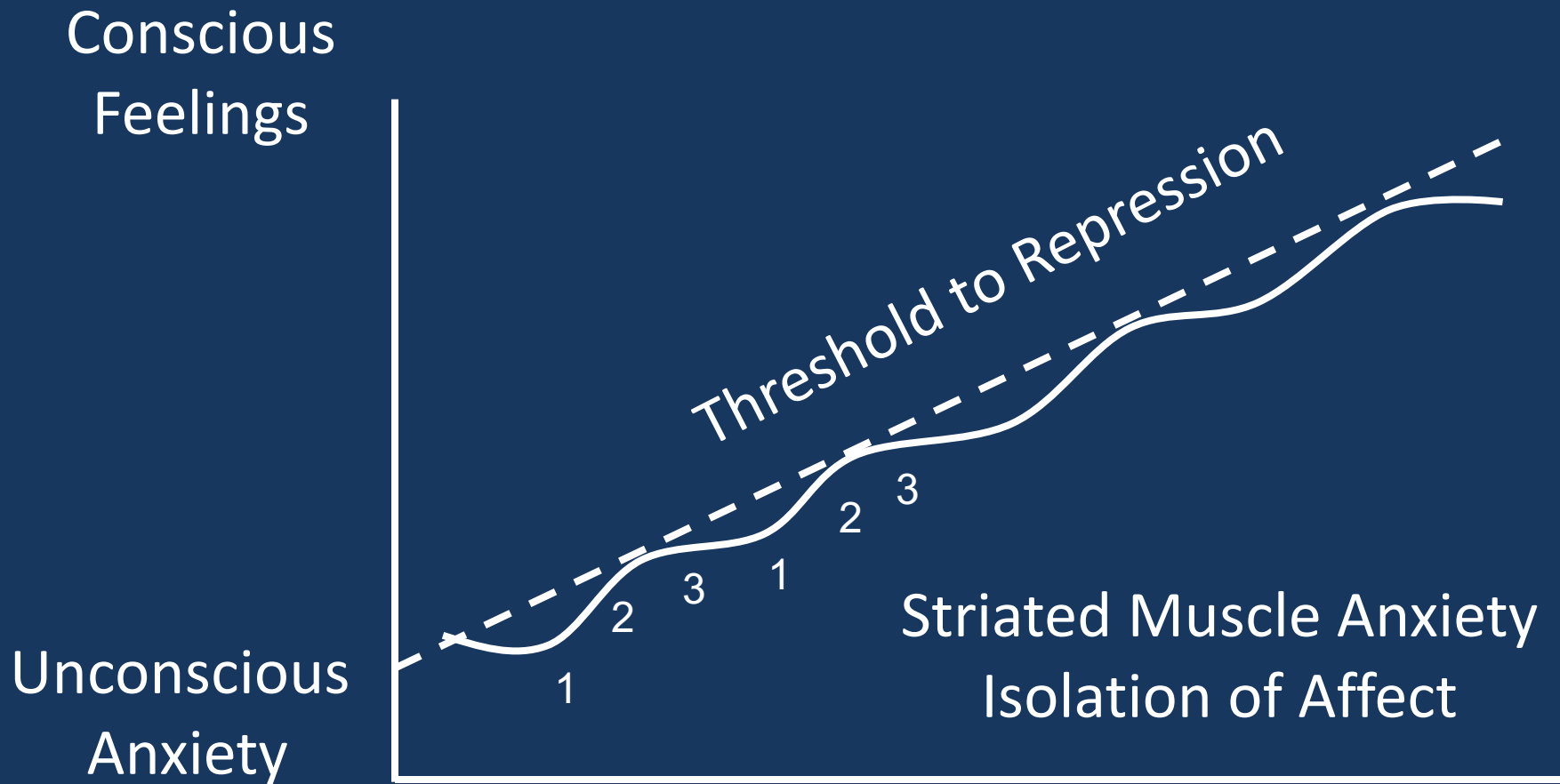
Recognizing regressive defences: when
and how to press through

Patients with Repression

Repression

- Can be a temporary state in the case of episodic depression
 - The person's main character defences stop working
 - Defences return when depression lifts
- Can be a product of not developing isolation of affect and striated muscle anxiety
 - Similar to fragility
- Can be due to mobilization of an intense zone of primitive rage/guilt in a resistant patient
- Can be with fragility or without fragility





1. Pressure or Brace to feelings or to defenses
2. Rise in complex transference feelings and anxiety
3. Regulate anxiety or intellectual recap to bring isolation of affect

Pressure

BRACING

Regulate
anxiety/ recap

Use when below
thresholds

Evoke feelings
Activate somatic
pathway of rage
Develop images

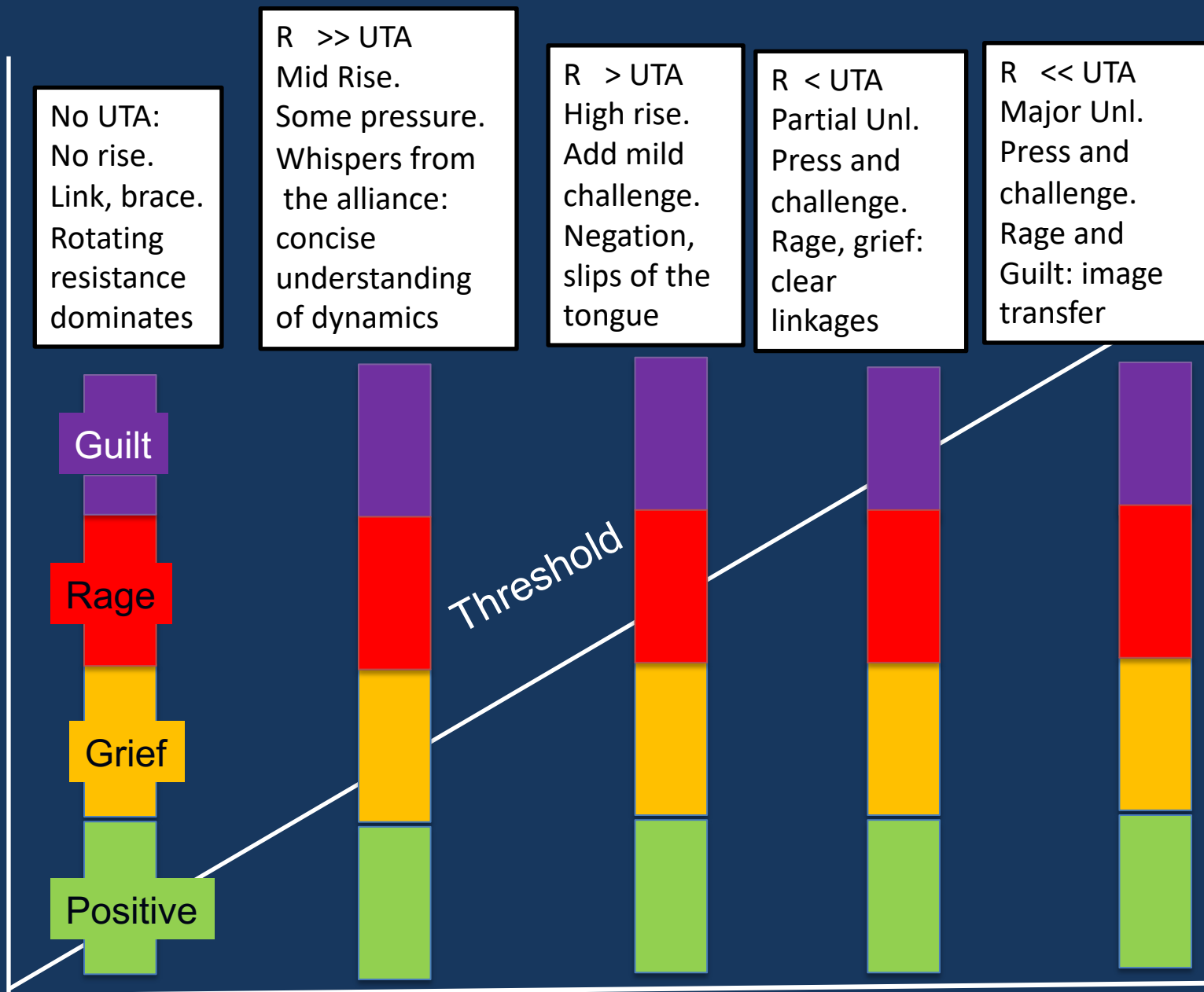
Use when on
thresholds

Combine both
self-reflection and
pressure

Use when above
thresholds

Self-reflect
Link phenomena
Observe the body
Observe thoughts

Maximum
UTA



Repression Spectrum: Interventions

High	Regulate Anxiety, recap		Brace, challenge repression, portray rage and guilt immersion
Medium	Regulate Anxiety Recap	Portray rage, Guilt immersion Recap	Press or brace, clarify and mild challenge to repression
Low	Explore Problems, Recap	Pressure or Brace to mobilize	
	Severe Repression	Moderate Repression	Mild Repression

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Repression Spectrum: Maximum UTA

Maximum
UTA



No UTA:
Low rise

$R \gg UTA$
Mid Rise
Whispers from alliance:
concise understanding
and parallels to past

$R > UTA$
High rise.
Negation

$R < UTA$
Partial
Unlocking:
clear linkages

High
rise

Regulate Anxiety, recap

Brace, challenge to
repression, portray
rage and guilt
immersion, recap

Medium
rise

Regulate Anxiety
Recap

Portray rage,
Guilt immersion
Recap

Press or brace
and mild challenge
to repression

Low
rise

Explore Problems,
Recap

Pressure or Brace to mobilize

Severe
Repression

Moderate
Repression

Mild
Repression

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Portraying

- Intellectual Process on its own: fantasy
- At mid rise use to build anxiety tolerance
- At higher rise use to build ability to hold emotions in consciousness: catch dolphins
- During emotional experiencing use it as template to bring the guilt and grief
- 2 third parties → 1 third party → Patient as protector
- Bring patient back in to identify and feel guilt if possible

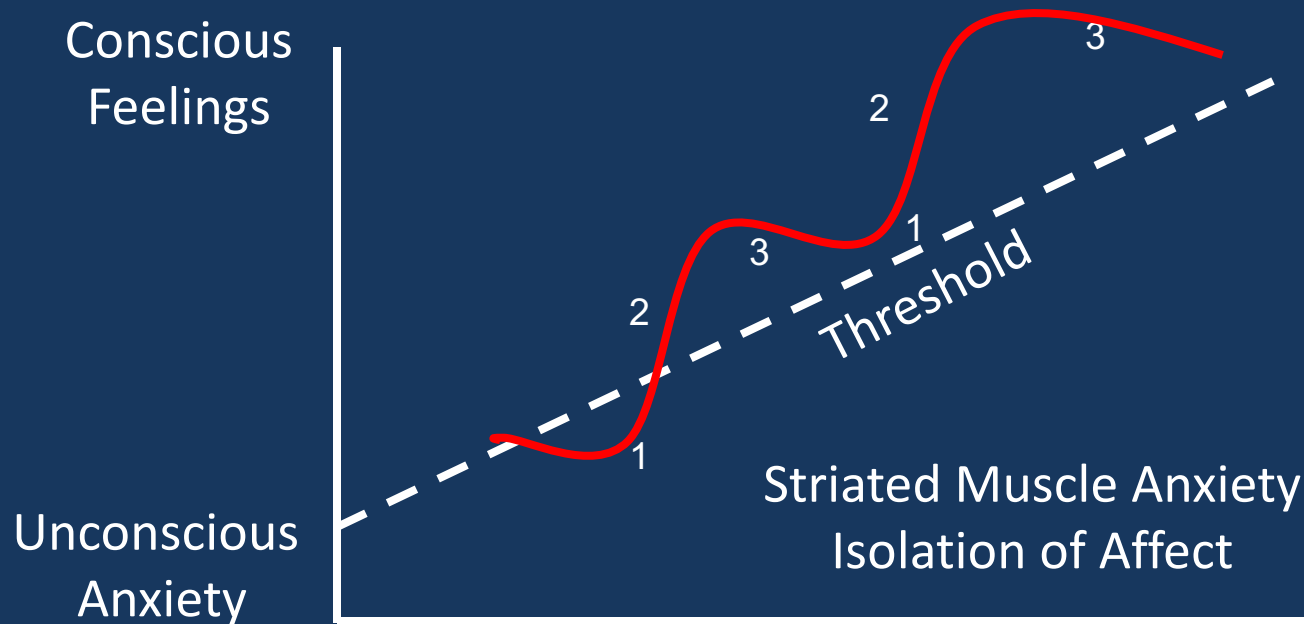
Recapping

- Link on 2 triangles
- Link flow of emotions
- Collaborate with patient
- Encouragement for patient
- Team huddle and planning next moves

Guilt Immersion Technique in Repression Cases

- When over threshold guilt about rage can go to repression and cause nausea, weakness, tiredness
- Press on the positive feelings and guilt after rage passes to Mix the feelings
- *This shows the patient they would not act on the rage, that they are a good person and should be cared for*
- This makes anxiety go to Striated muscles
- Cleans up left over symptoms at end of session
- Use this at Mid or High Rise (not low rise)

Guilt Immersive Approach for Repression and Fragile Patients



1. Pressure or Brace to rage
2. Guilt goes inward (Repression) or Projected outward (Fragile pattern)
3. Press to Guilt and regulate down anxiety as needed
4. Extensive Recapping

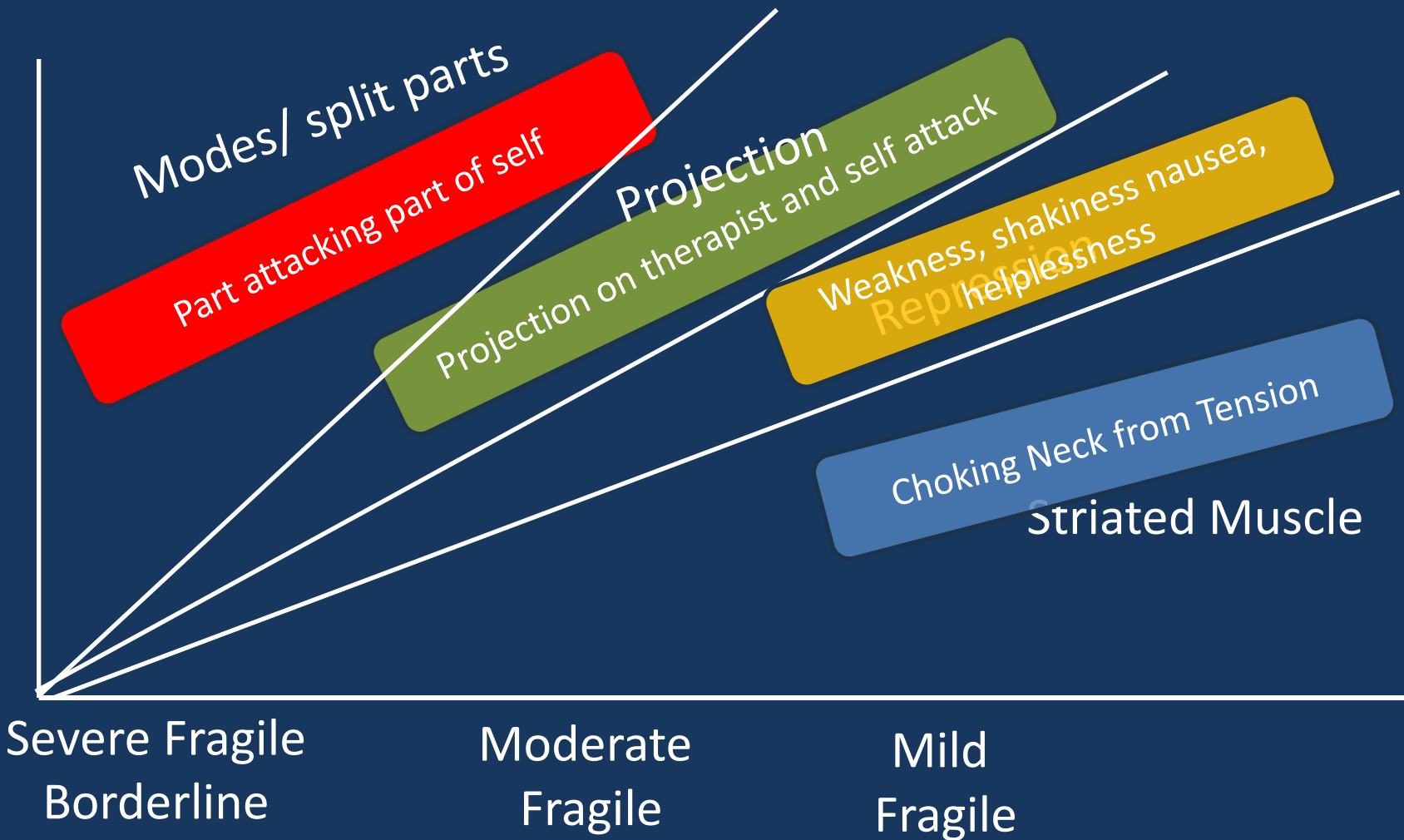
Key challenges with Repression Cases

- 1. Too much time over threshold
- 2. Too much time far below threshold
- 3. Portraying at low rise, leading to regression
- 4. Missing the focus on guilt, leaving the patient more self punitive or depressive
- 5. Inadequate amount of recapping
- 6. Working against Punitive Superego too early

Regressive Defenses

- Weepiness
- Acute helplessness
- Acting out
- Cursing/ yelling
- Shaking-trembling-weakness-paralysis-fainting
- Self choking
- Can be over or under threshold

Mechanisms of Regressive Defences Fragile spectrum



When to pressure through Regressive Phenomena

- When a patient has regressive defences below a threshold to drifting or repression, increase pressure
- Stop pressure when you have direct evidence it doesn't help, is too uncomfortable, or there are thresholds being crossed.

When Can't you pressure through

- If they have very little isolation of affect or striated muscle anxiety they need grading
- Risk of not grading is worsening of the condition
- When Major projection and/or repression dominate:
 - Borderline Organization
 - Severe Fragility
 - Severe active depression
 - Severe active smooth muscle anxiety

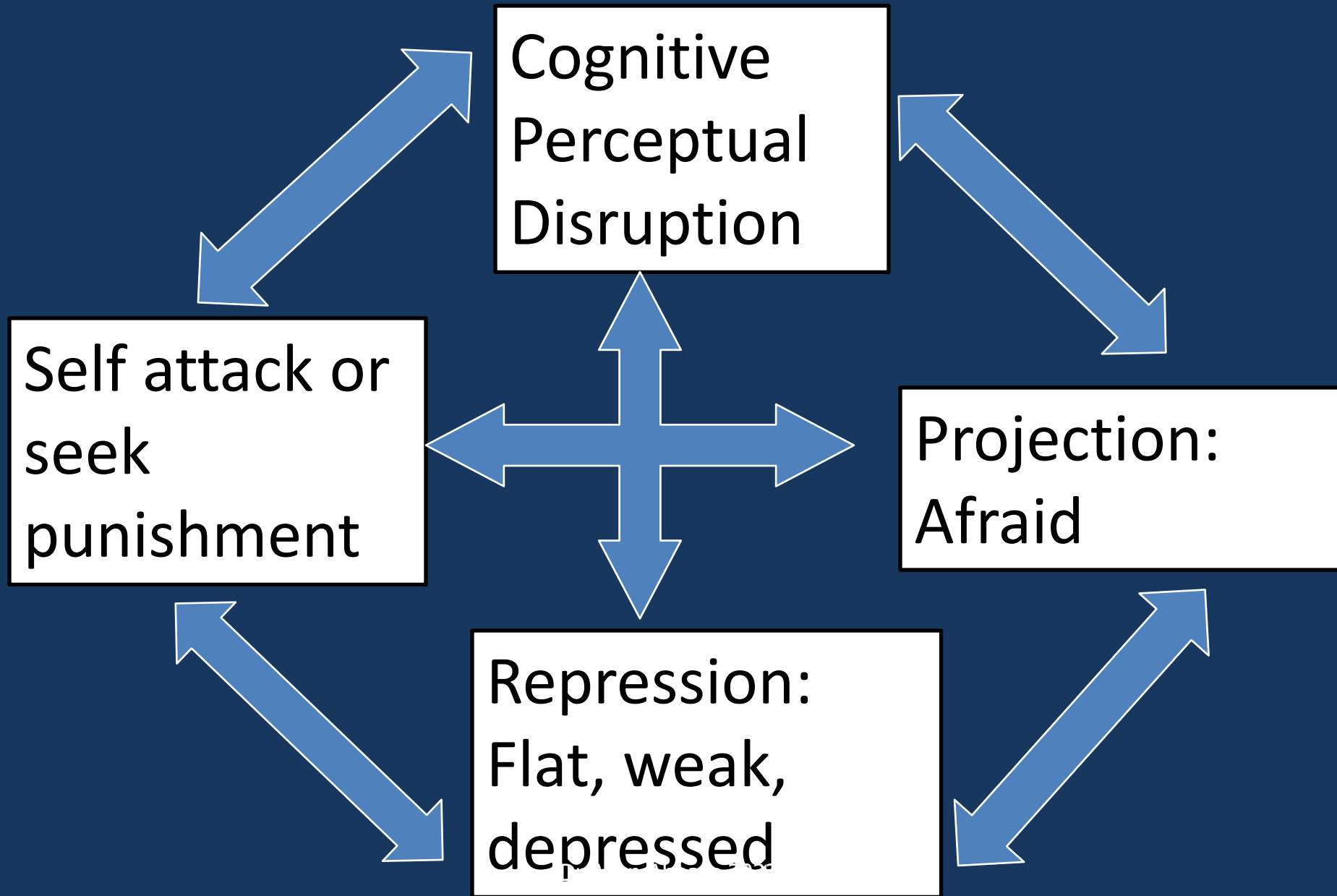
If you drop the pressure in patients with regressive phenomena

- *They are afraid you have quit on them and they will never get free*
- Anxiety goes up
- Regression increases
- Acting out
- Hopelessness
- Depression risk goes up
- Resolution is keep some pressure!

Vignettes with Regressive Defenses

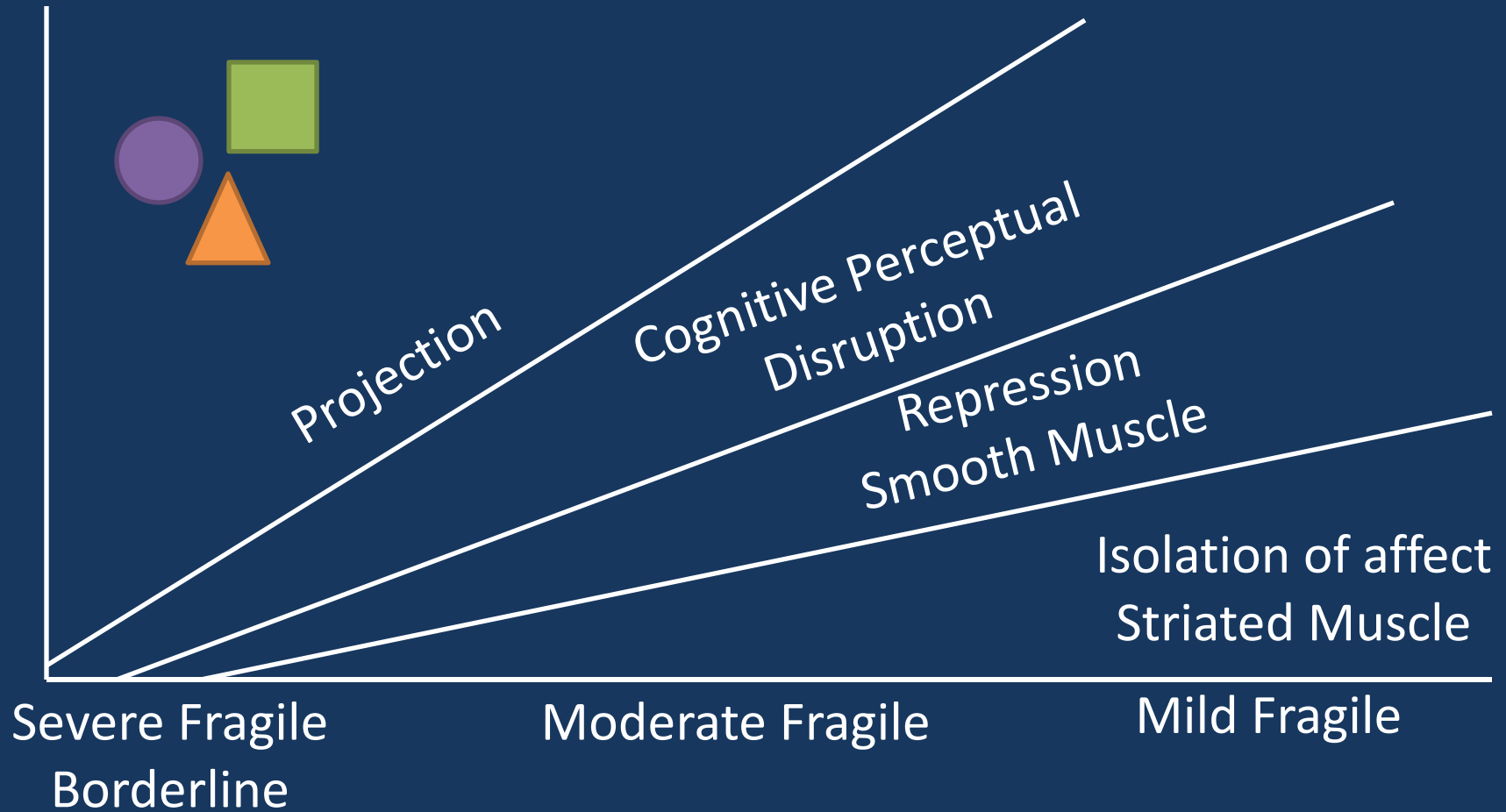
- Mid Left patient with self choking anxiety low to mid rise: MIDDLEFFM 8:25- 14
- PTSD Mainly resistant with regressive somatic symptoms mid rise neck pain. PTSDL14 to 26 or 30 in trial
- Regression at low rise: chronic depression patient: TRDKL 0-700 trial
- Fragile with functional seizures at mid rise: Regressive as part of projection and self attack: explore projection, recap and regulate anxiety Dropoff trial 12:56-19

Rapidly Rotating Fronts

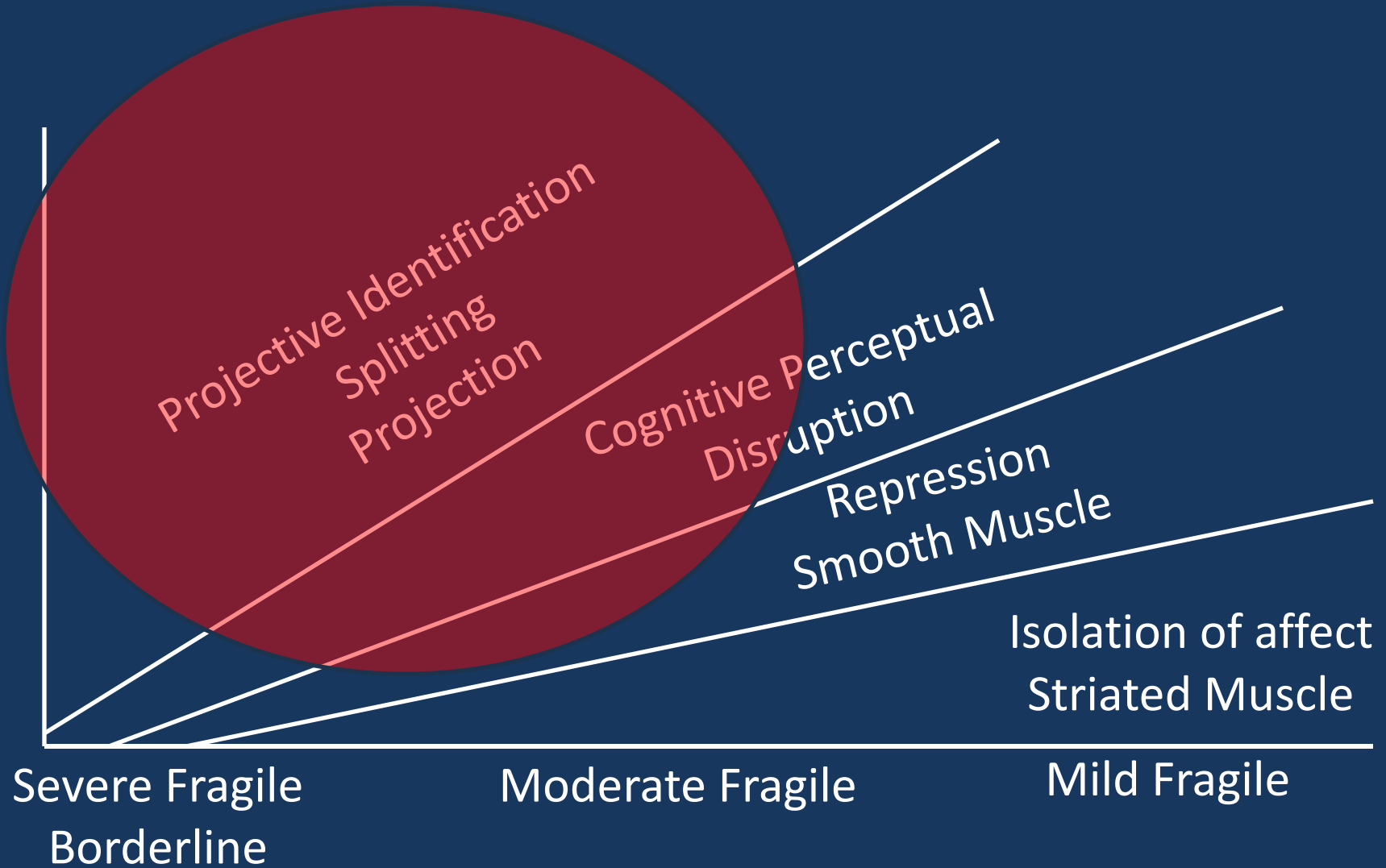


What to do with primitive defences

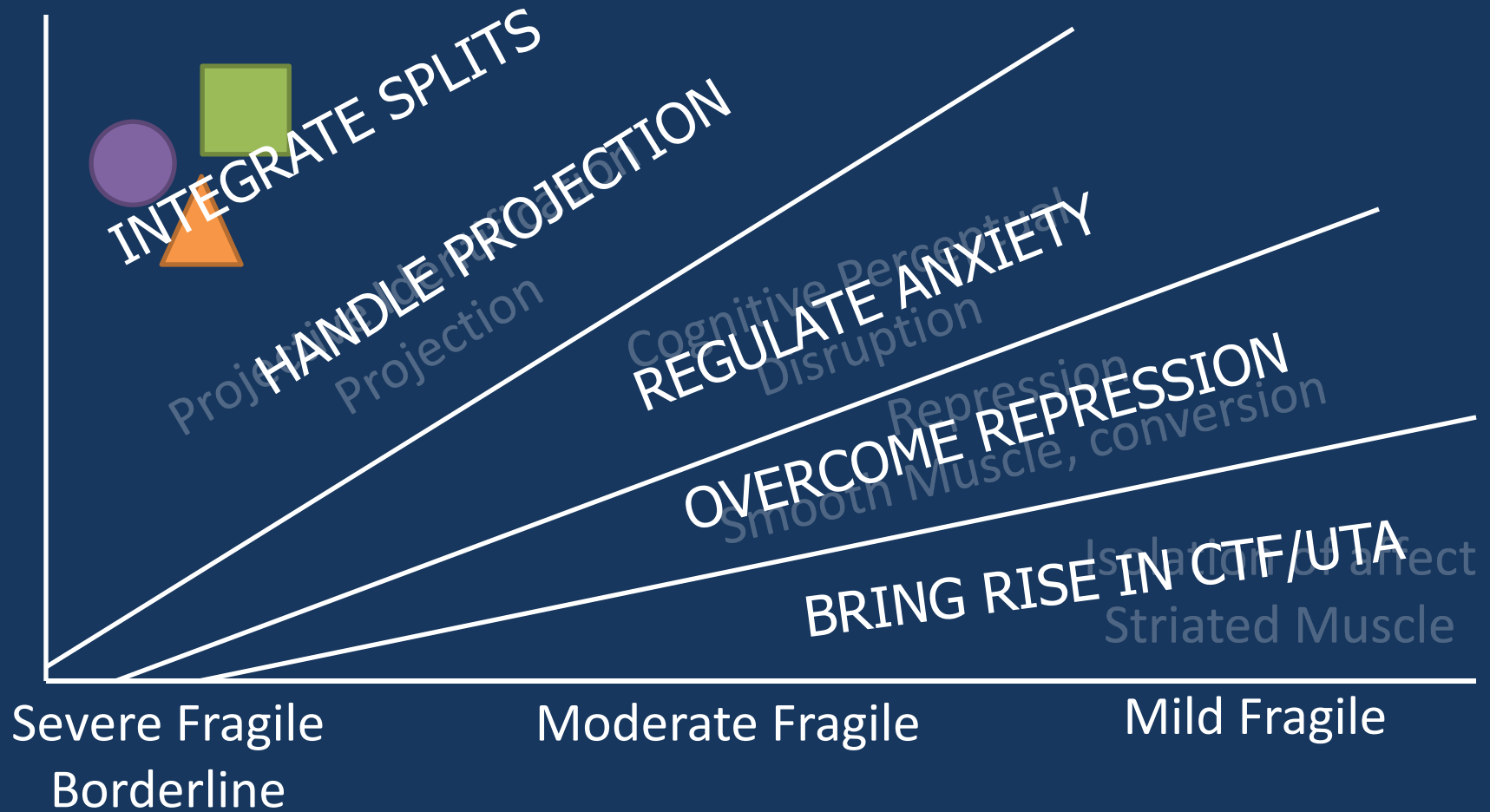
Fragile Spectrum



Fragile Spectrum



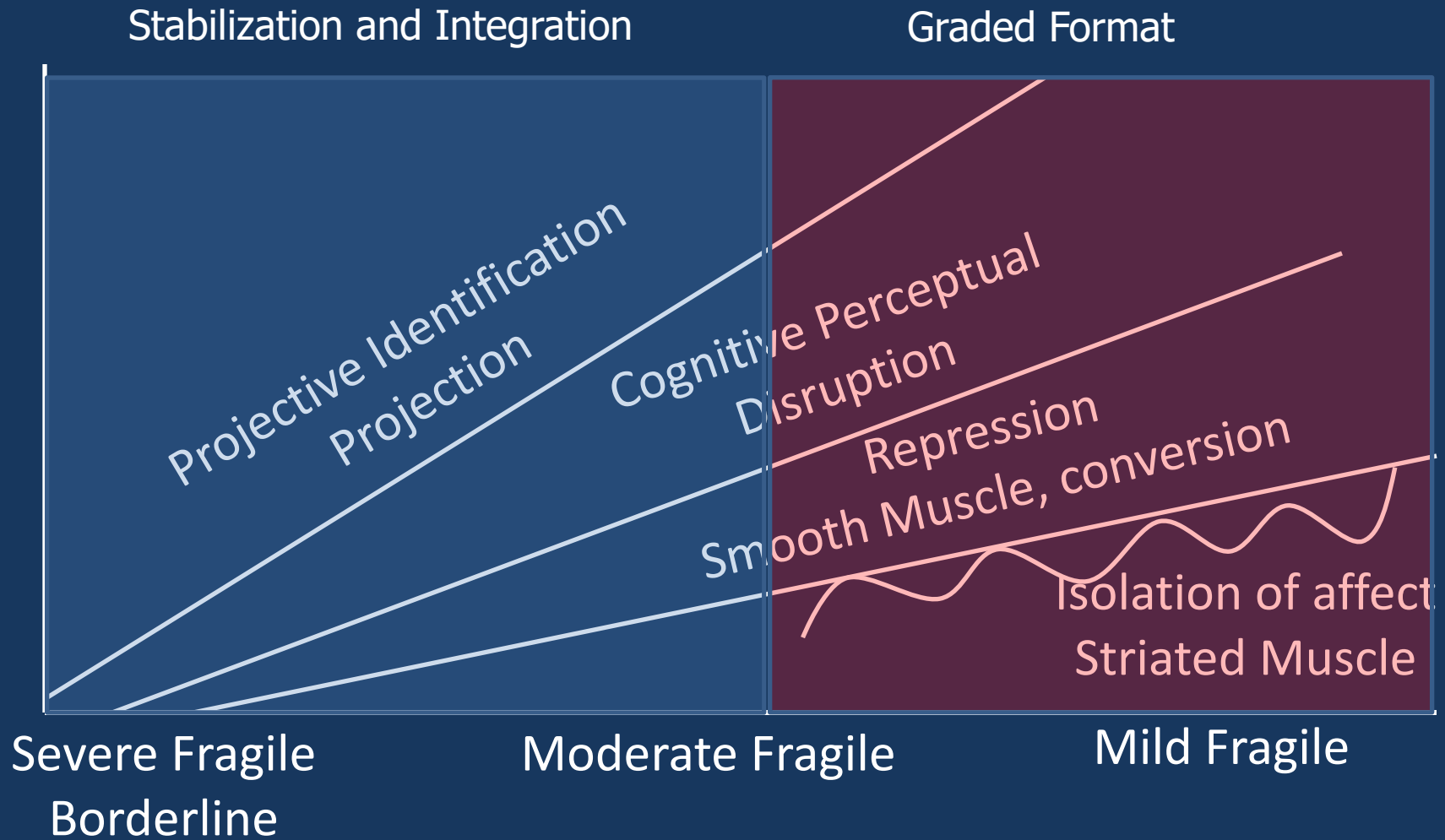
Fragile Spectrum: Targets



3 key primitive defences

- Projective identification: Split Parts or Modes inside and outside of self
- Splitting: all or none, no grey zone
- Projection: feelings in self are seen outside of self
- *All of these prevent any complex feelings, unconscious anxiety, and movement of the UTA. They keep the unconscious sealed shut*
- *The solution is to build ability to cognitively reflect on these processes at higher and higher levels of rise*

Fragile Spectrum



Capacity building Phases

- Psychic integration and Stabilization
 - Build early reflective capacity
 - Overcome projection and impulsivity
 - Maybe few sessions to 25 sessions or more depending on level of fragility
- Graded Format
 - Early UTA
 - First breakthroughs
 - Muscle tension and isolation of affect

Psychic Integration and Stabilization

- Linking everything together
- Feeling- Anxiety, Feeling-Defense, Anxiety -Defense
- Past-T, T- Current, Past to Current
- Pain makes rage makes guilt makes self punishment
- Observe and handle projection
- Observe and handle split parts/ Modes
- Observe body responses
- Label phenomena
- *Build a self reflective more integrated structure:
anxiety begins to show as striated muscle tension*

Modes

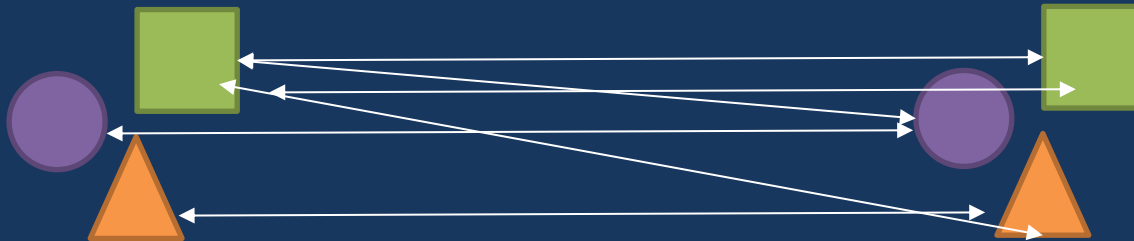
Inside
And Outside
Are same



Past and
Present People
And T are Same



Parts interact inside or outside or inside to outside

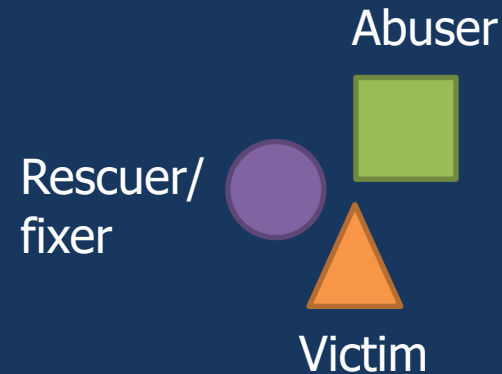


Interplay of parts in past

MOTHER



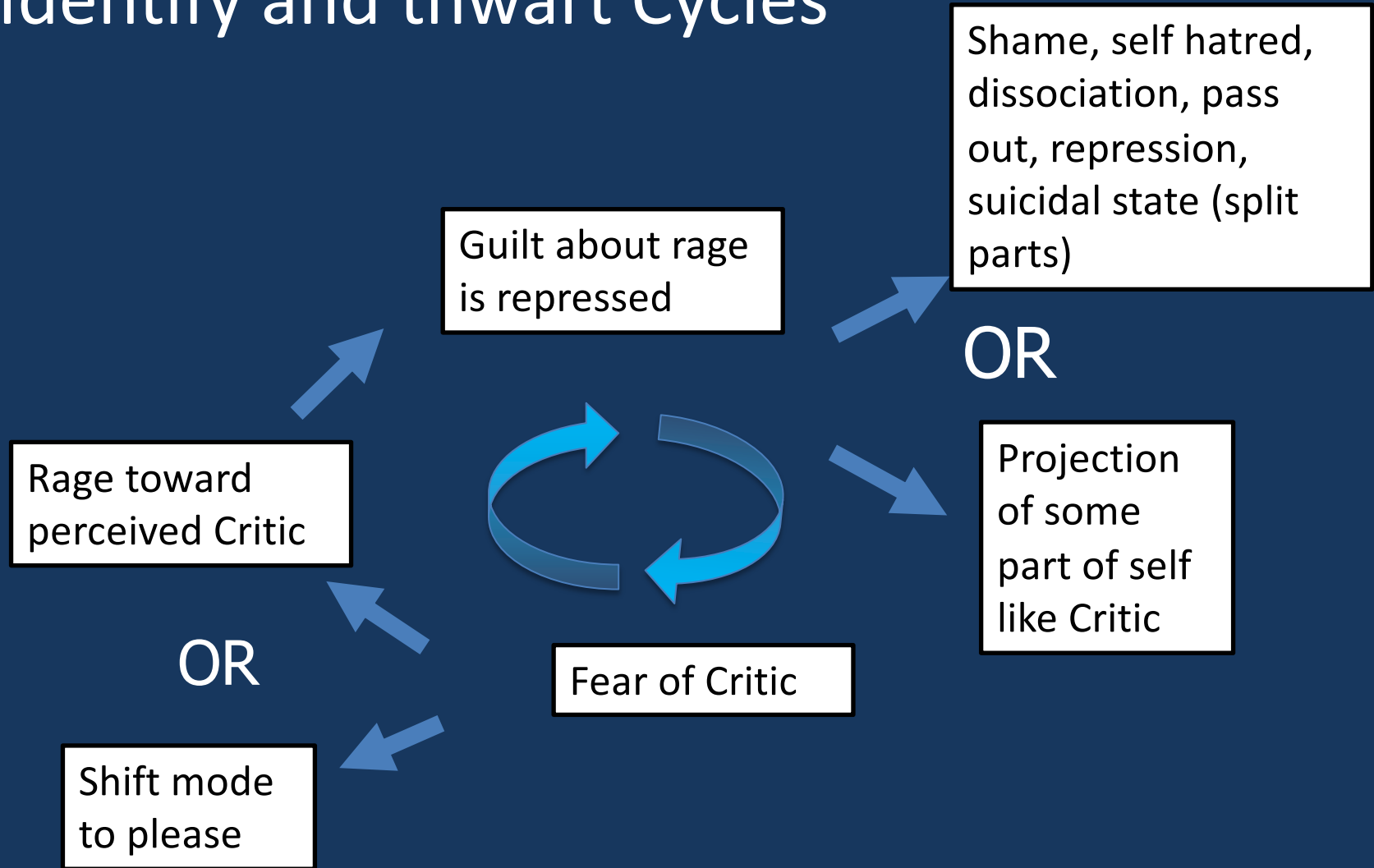
SELF



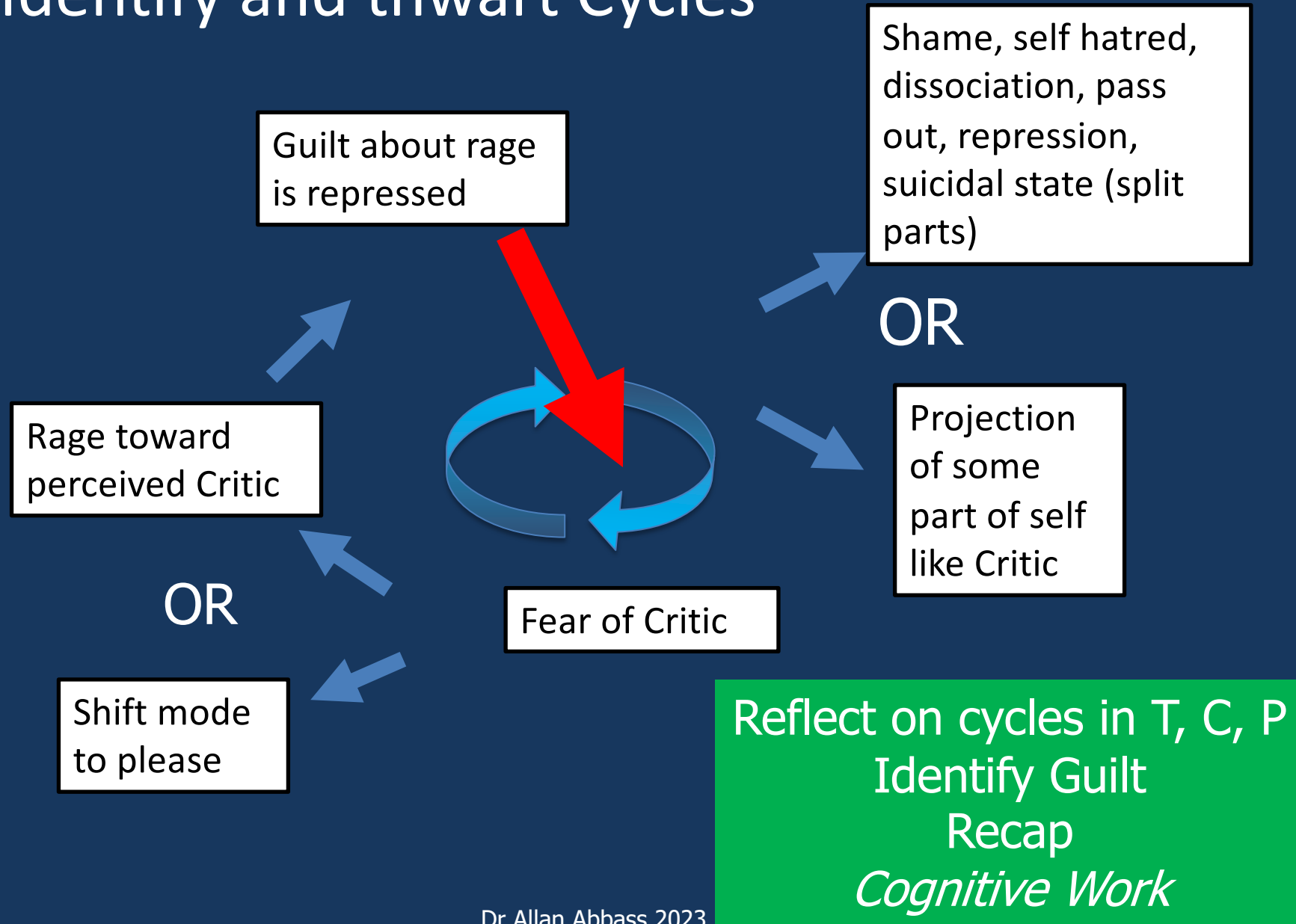
Psychic Integration and Modes

- Help patient see the modes inside and outside
 - Help understand past origins of modes
 - Help see how the modes interact
 - Help see the split second when one mode shifts to another
 - Help hold awareness of different modes
 - This tends to cause some cognitive disruption
- If you don't see anxiety, assume modes are working*

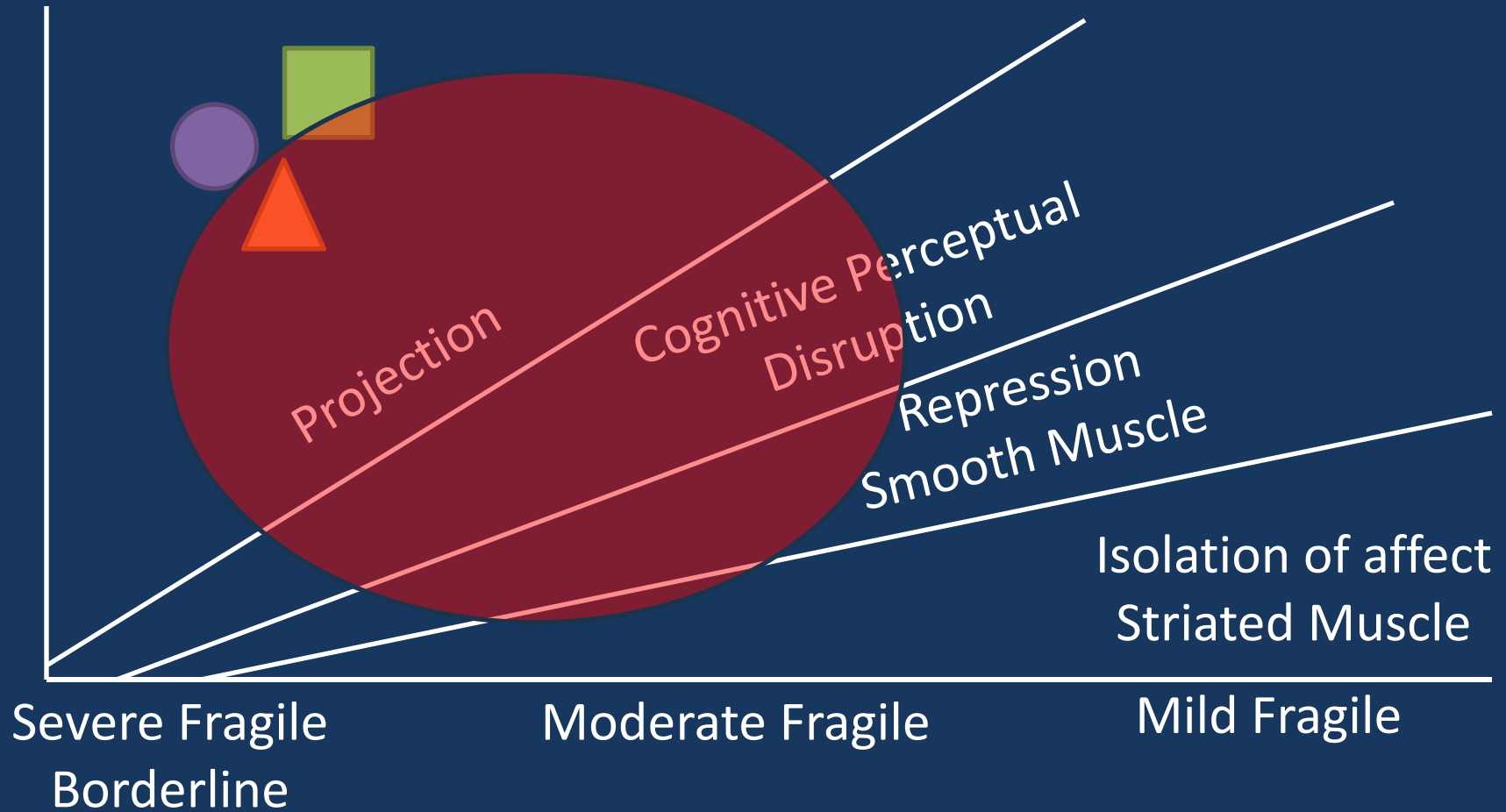
Identify and thwart Cycles



Identify and thwart Cycles



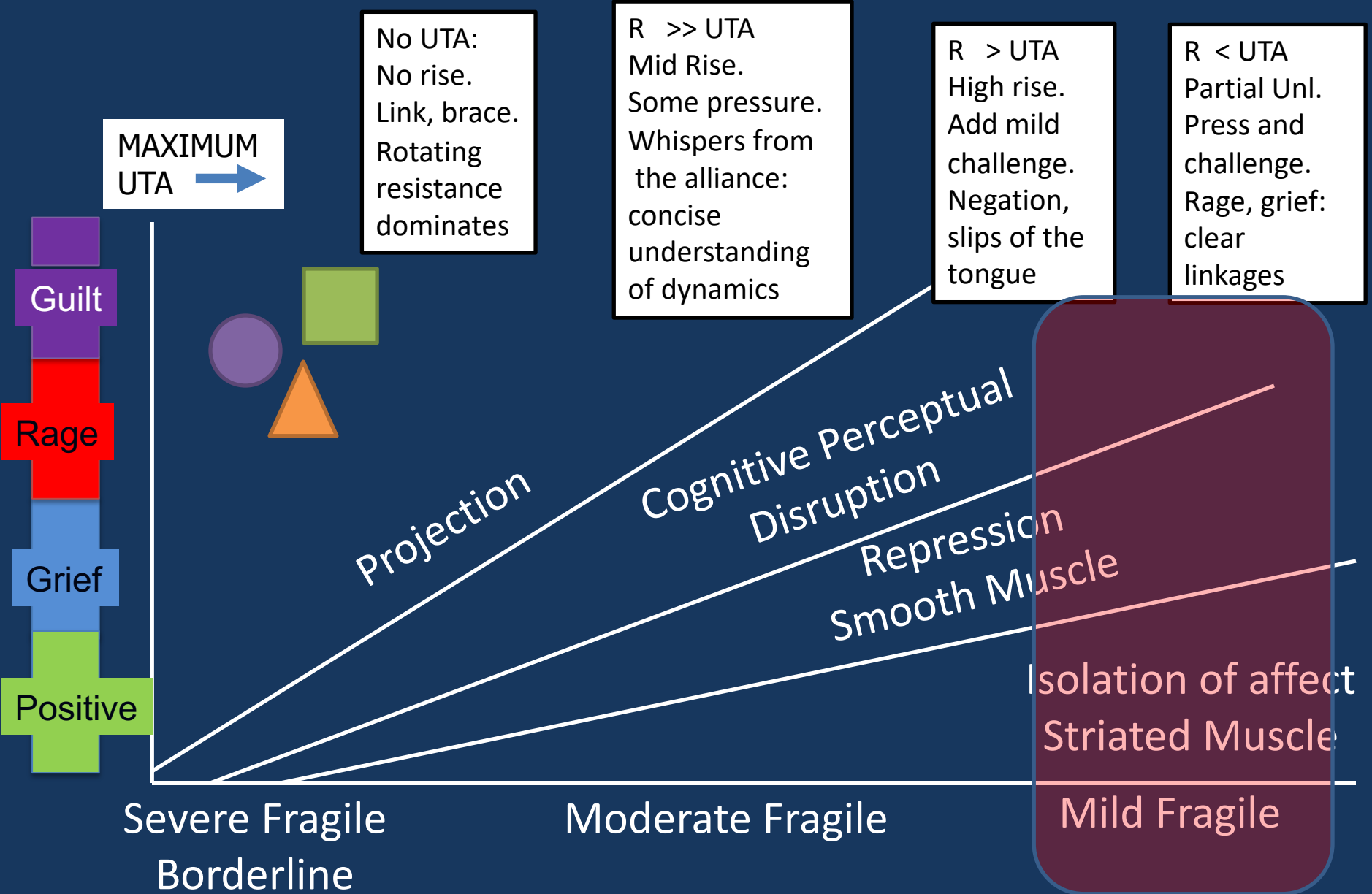
Fragile Spectrum

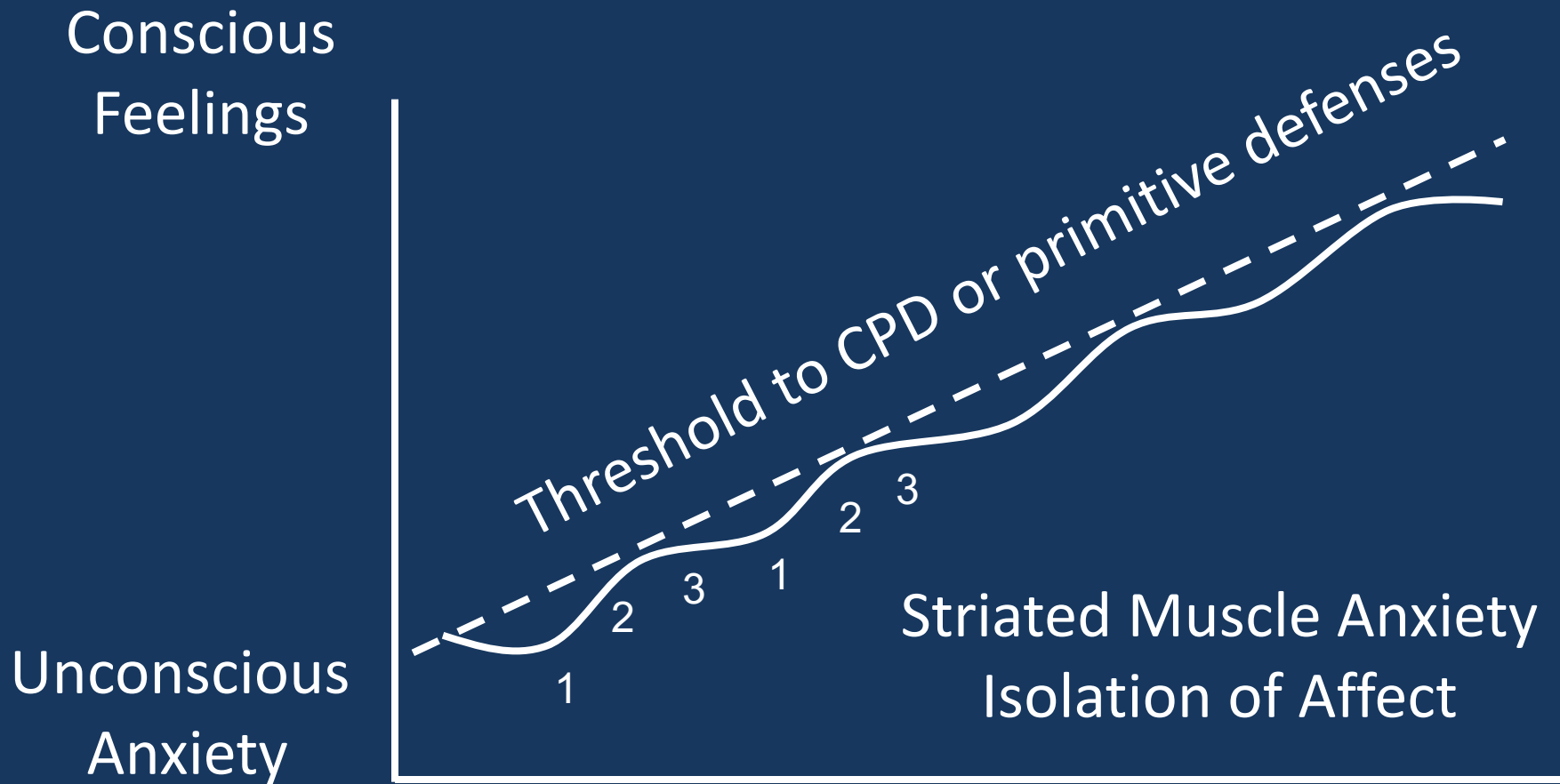


Technical Challenges Primitive Defenses

- Missing awareness of countertransference
- Enabling splitting: eg staying in idealized position
- Mistaking interacting modes as “the punitive superego”
- Mistaking projection as rage and pressing
- Challenging defenses that are not defences
- Missing the front
- Failure to manage projections

MILD FRAGILITY WORK





1. Pressure or Brace
2. Rise in complex transference feelings and anxiety
3. Intellectual recap to bring isolation of affect

Conscious
feelings

CPD primitive defenses
or repression

RECAP and ANXIETY REDUCING TECHNIQUES

BRACING
PRESSURE

Isolation of affect
Striated muscle

Unconscious
anxiety and
defense

Severe fragile,
borderline

Moderate
fragile

Mild
fragile

Pressure

BRACING

Reflection:
Recap

Use when below
thresholds

Evoke feelings
Activate somatic
pathway of rage
Develop images

Use to optimize
rise without being
over threshold

Combine both
self-reflection and
pressure

Use when above
thresholds

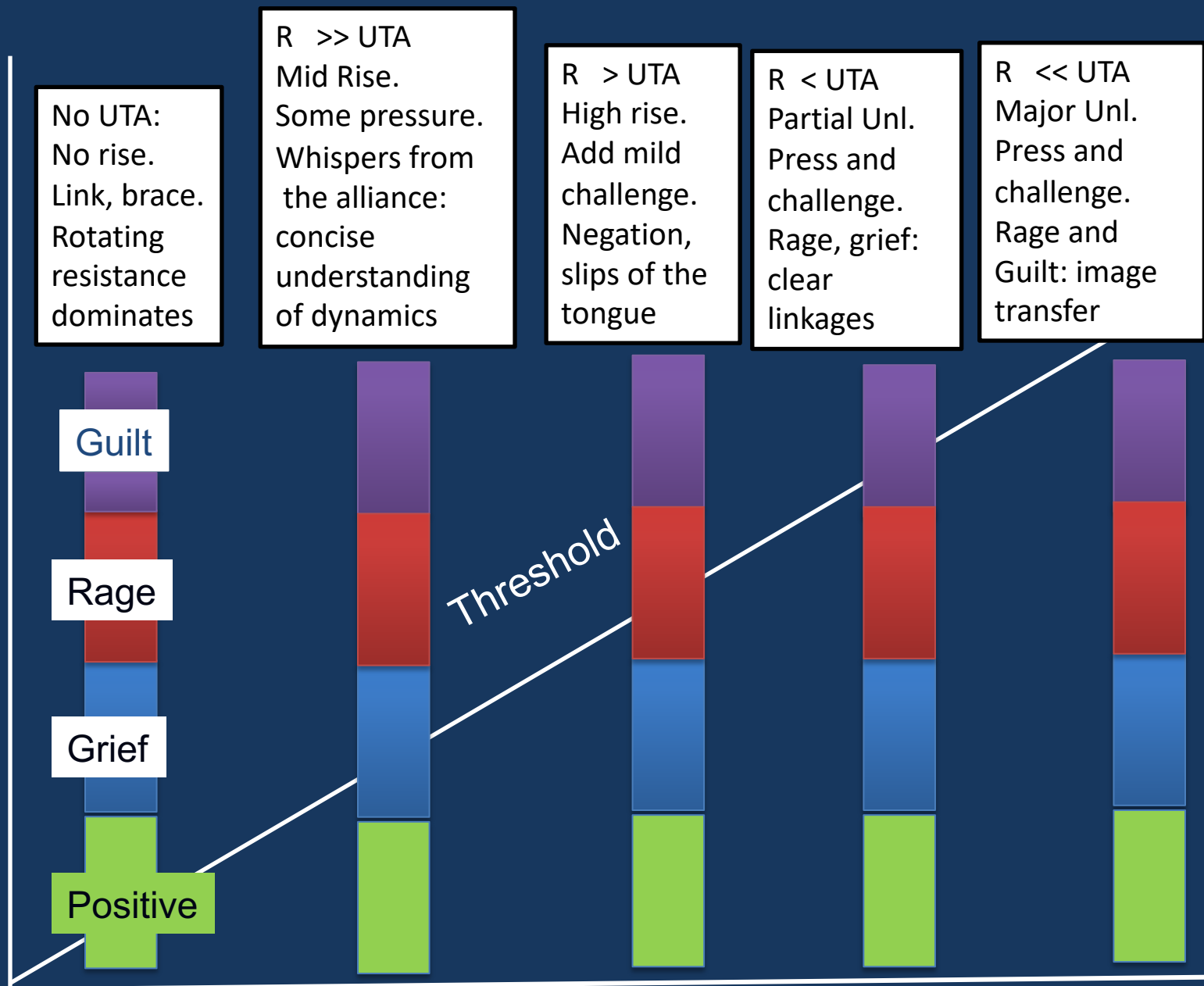
Self-reflect
Link phenomena
Observe the body
Observe thoughts

Bracing Tips

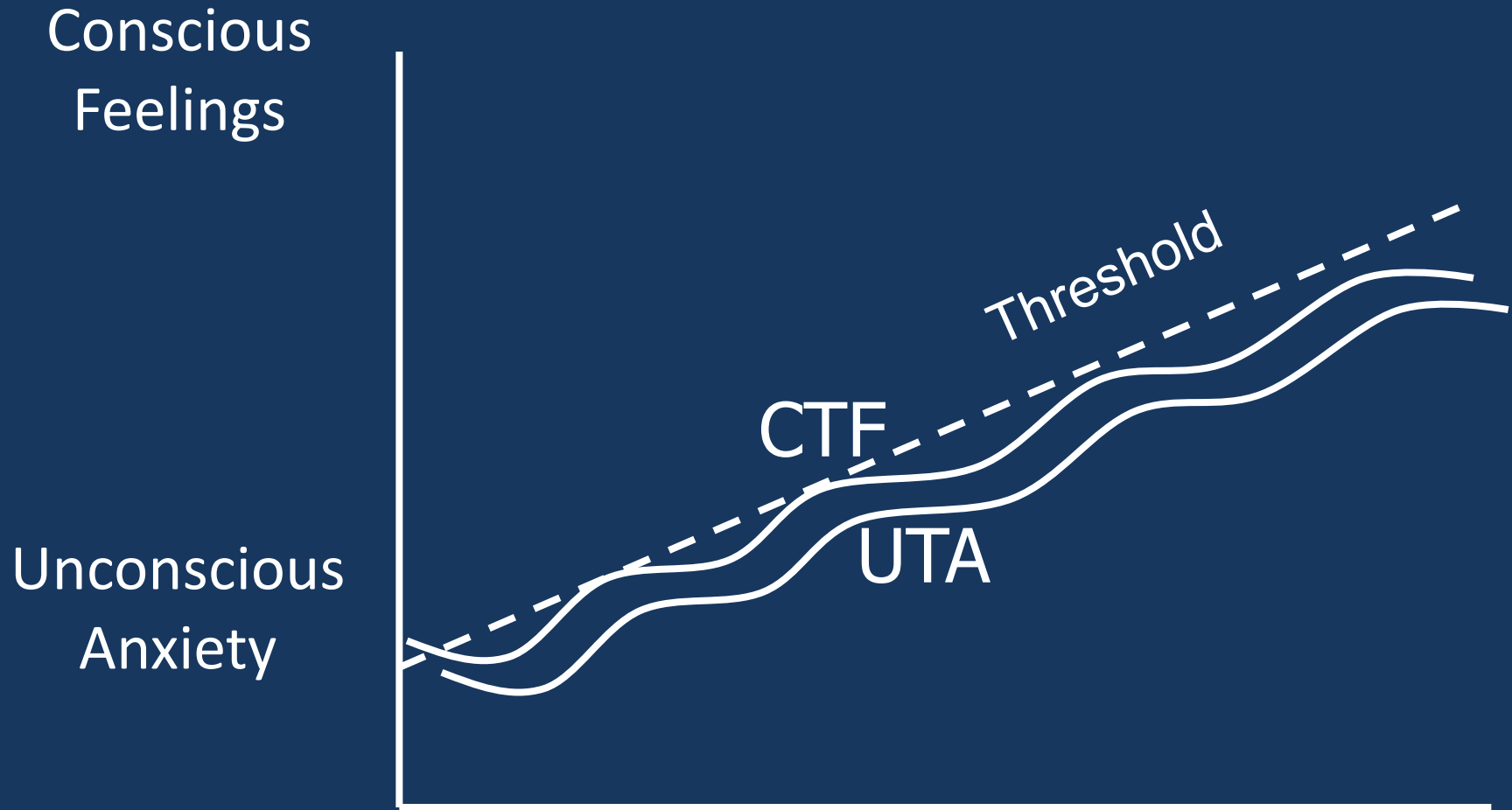
- Each intervention is a shared process of examination
- Self Reflect with each intervention
- Concentrate on your own body reactions
- Compare anxiety to feeling
- Compare one situation and another
- No challenge, *until getting to high rise*

Portraying

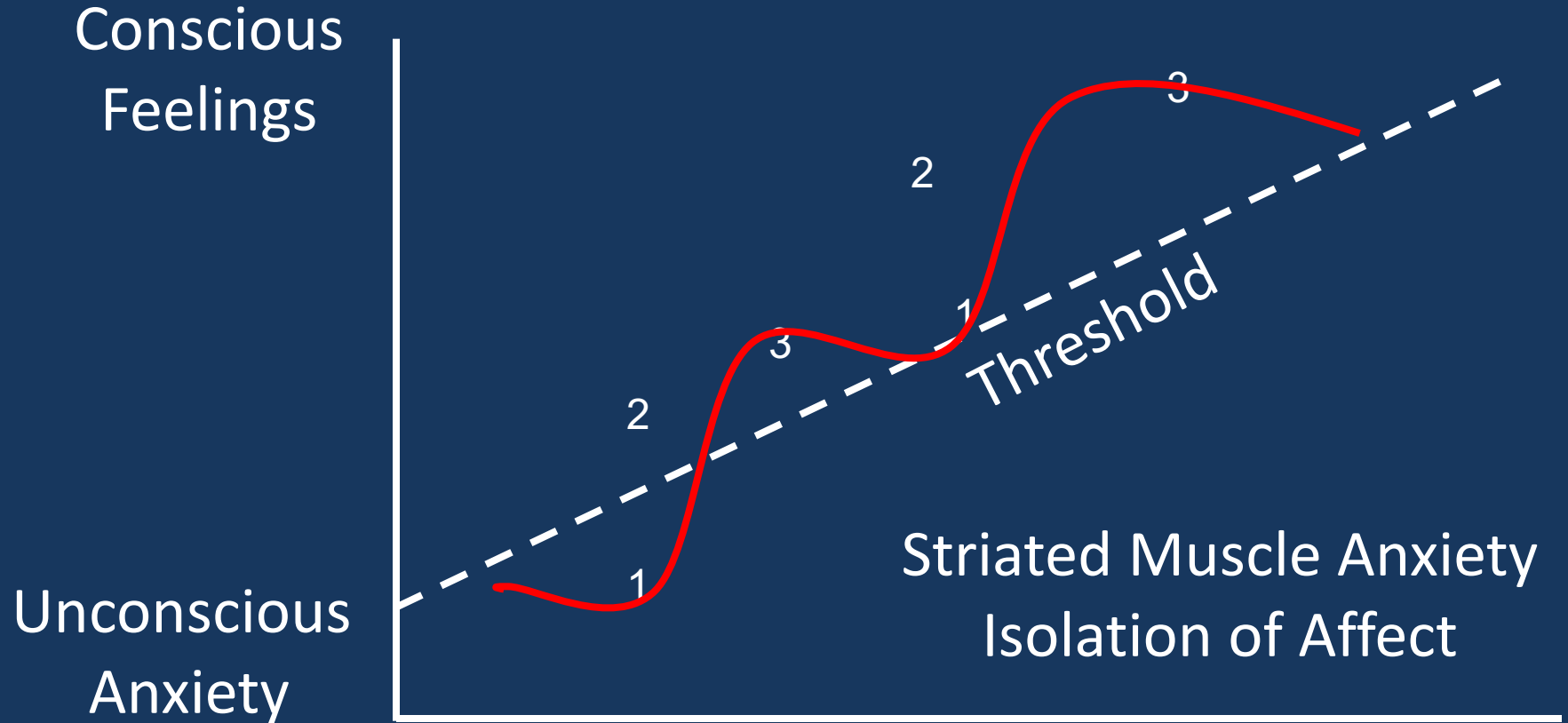
- Portraying rage can build capacity to isolate affect
- Needs be done with some contact with impulse (mid rise at least)
- Use 3rd or 4th parties to make it easier to talk about violence
- Focus on guilt about the rage to build capacity



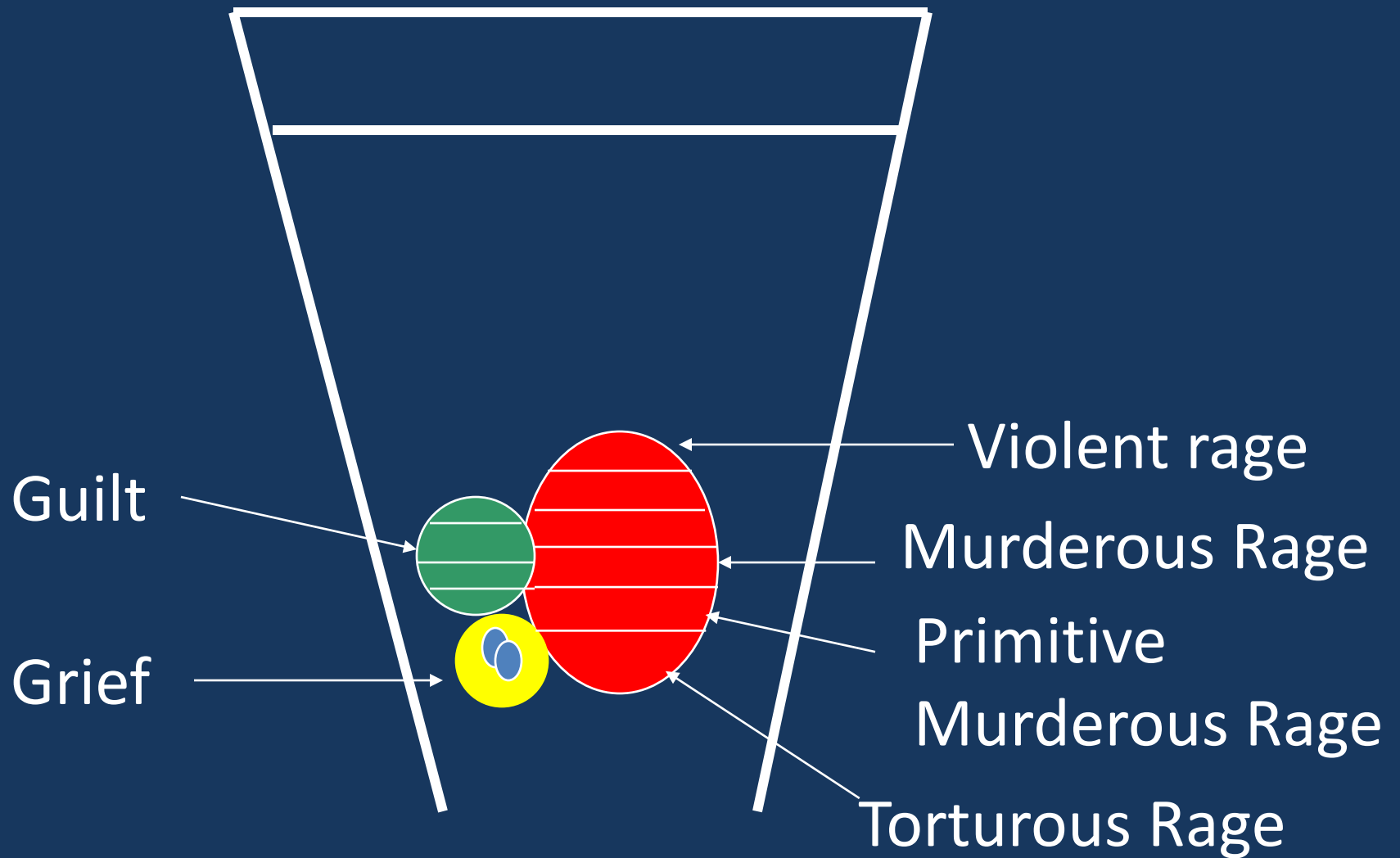
UTA RISES WITH CTF



Focus on Guilt: Immersive Approach to Building Capacity

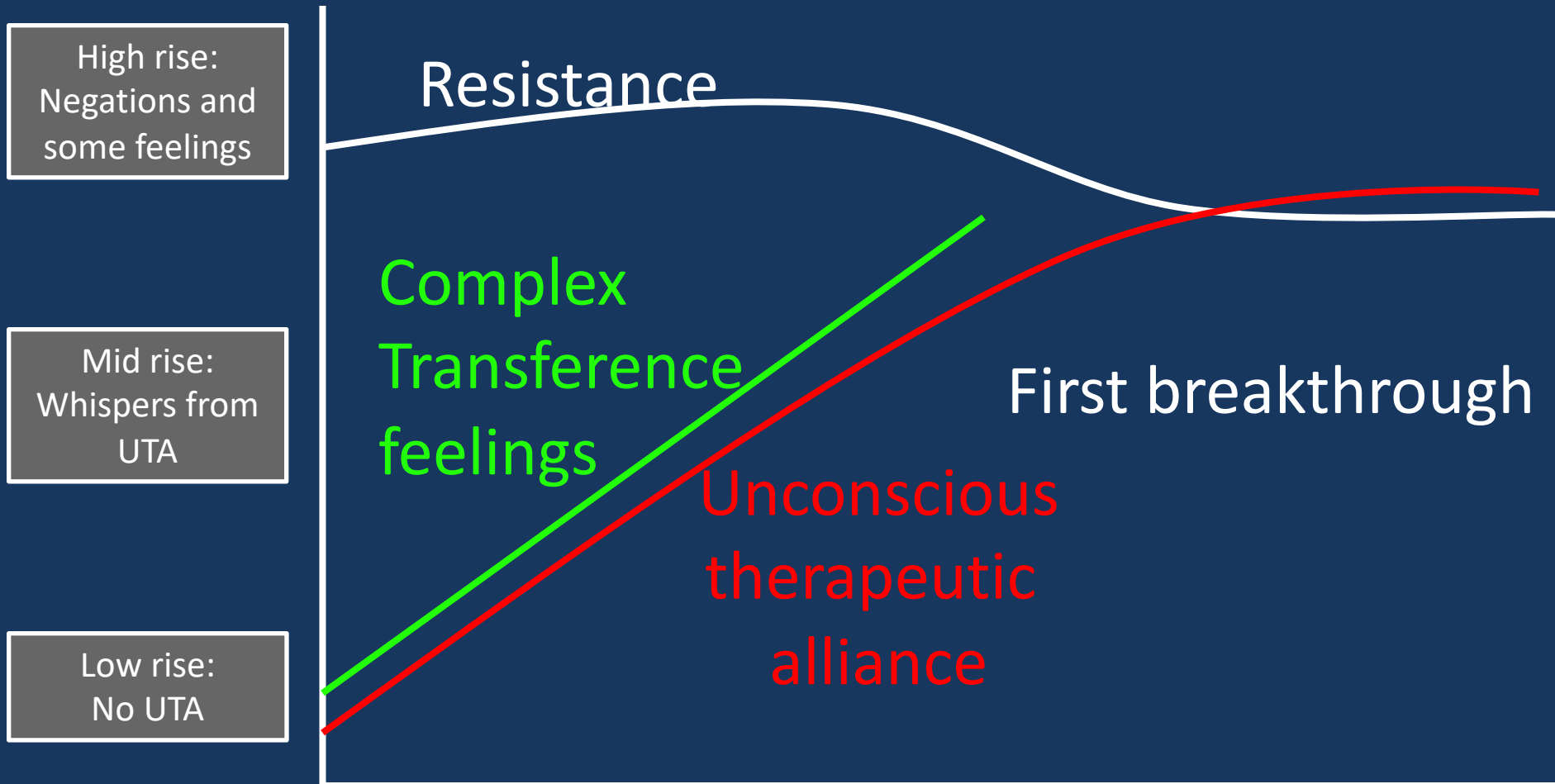


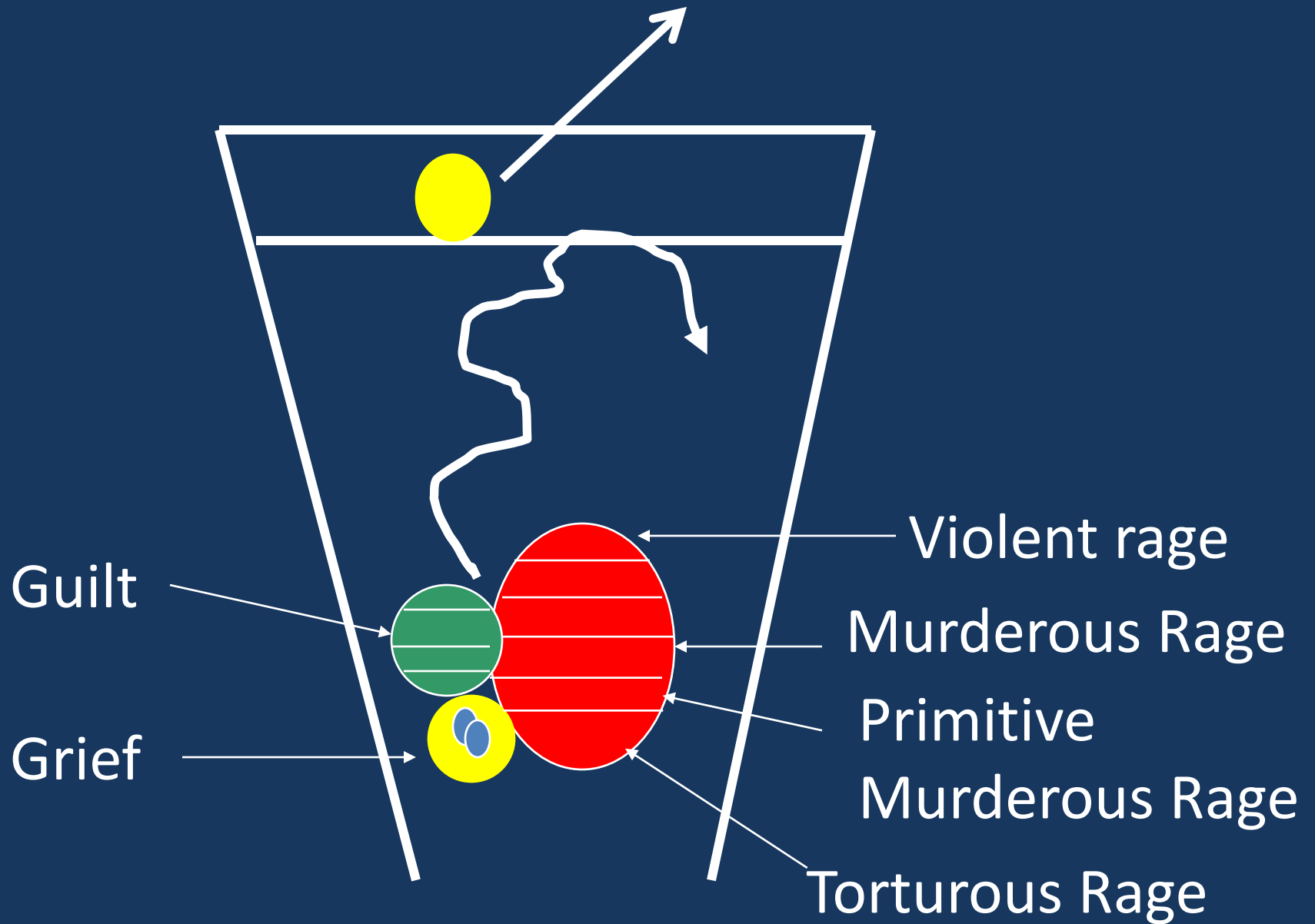
1. Pressure to rage
2. Rise to above threshold
3. Press to Guilt and regulate down anxiety as needed
4. Extensive Recapping



1st Breakthrough

- CTF are mobilized to the preconscious zone
 - Most of what breaks through is grief
 - Maybe grief about the defenses → dystonic
 - Rage and guilt go back down
-
- Anxiety and defences drop somewhat
 - UTA has small advantage
 - Link to past unconscious feelings arrives





First Unlockings

- Mixed process of feelings and anxiety
- Links and grief mostly
- Some split processes of rage: integrate by pressing on guilt
- UTA still can be swamped some
- See with better self care, self observing, assertiveness, tolerance of distress

Termination Phase

- In longer term cases phase is several months long
- Looking ahead in life
- Functioning or on the way
- Looking to intimate relationships
- Empathy and guilt about leaving family behind
- Grief about loss of therapist
- Grief about past losses
- Maybe few pockets of rage and guilt but mostly grief
- Goodbye

Technical Challenges with Mild Fragile cases

- Over threshold too much
- Way under threshold
- Split processes
- Misalliance
- Countertransference
- Not handling rotation resulting in Repression
- Inadequate recapping
- Challenging at too low a rise
- Working against Punitive Superego too early

Reaching through Resistance CHAPTER 6

CHAPTER 7



CHAPTERS 8-16

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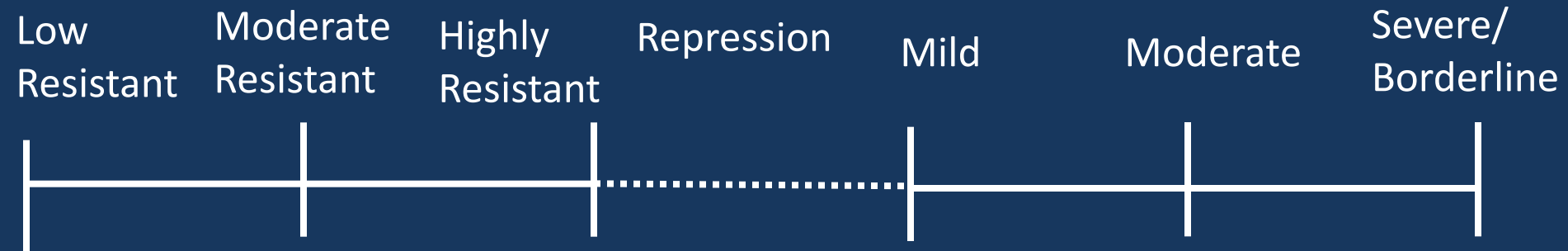
UTA Maximums across levels of rise and Spectra

Image transfer with major unlocking

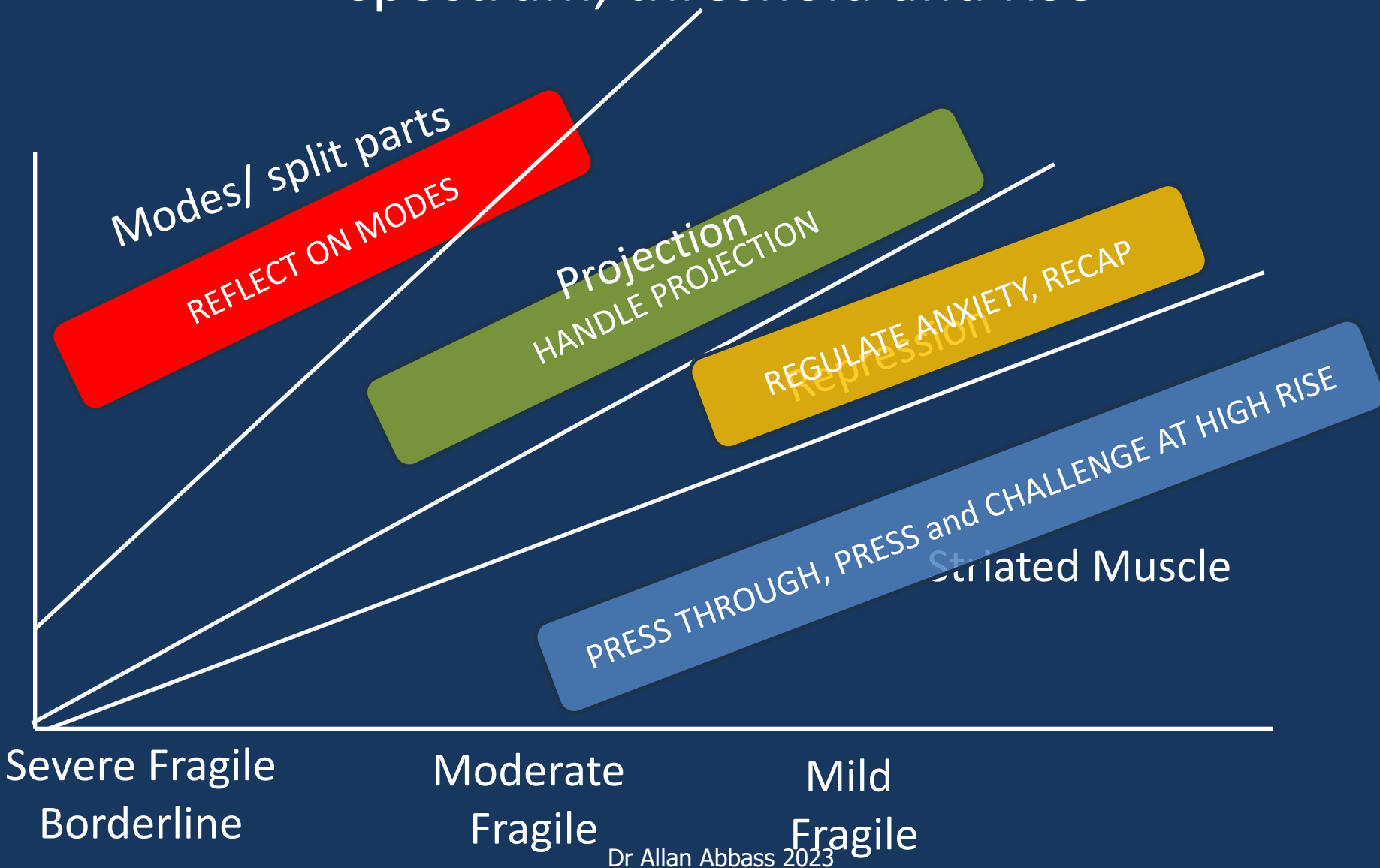
Linkages with partial unlocking

MID AND HIGH RISE: Negation and Link

MID RISE: Whispers: connecting things



How to handle regressive defenses depends on spectrum, threshold and rise



Feelings

Anxiety

Feelings

Defences

Anxiety

Defences

Transference

Current

Transference

Past

Past

Current

Bond

Separation

Separation

Fear and Grief

Fear and Grief

Rage

Rage

Guilt

Feelings inside

Feelings outside

Split parts inside

Split parts outside

Split parts Current

Split parts Past

Split parts Current

Split parts Transference

Split parts Past

Split parts Transference

MAXIMUM
UTA →

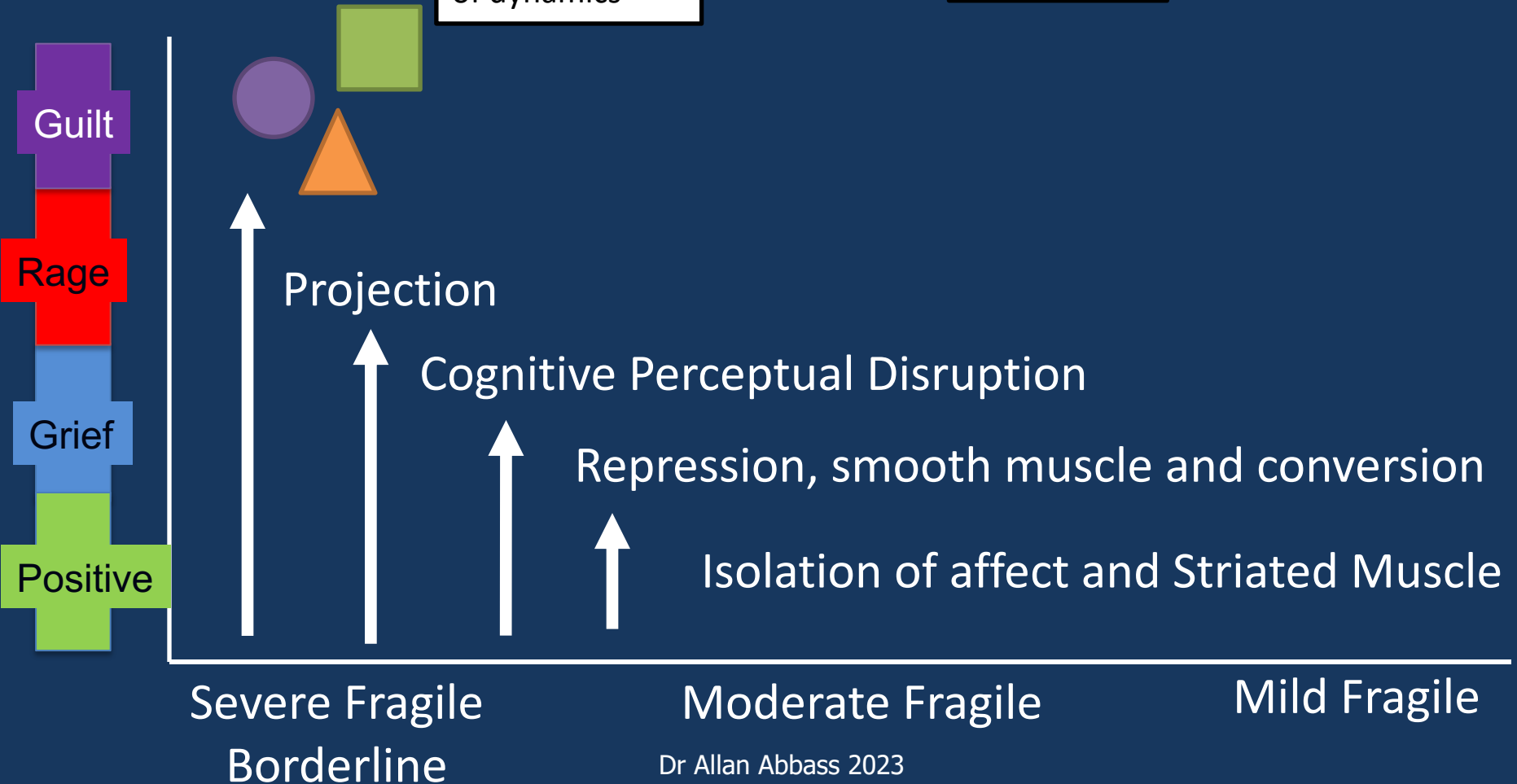
No UTA:
No rise.
Link, brace.
Rotating
resistance
dominates

$R \gg UTA$
Mid Rise.
Some pressure.
Whispers from
the alliance:
concise
understanding
of dynamics

$R > UTA$
High rise.
Add mild
challenge.
Negation,
slips of the
tongue

$R < UTA$
Partial Unl.
Press and
challenge.
Rage, grief:
clear
linkages

$R \ll UTA$
Major Unl.
Press and
challenge.
Rage and
Guilt: image
transfer



MAXIMUM
UTA →

No UTA:
No rise.
Link, brace.
Rotating
resistance
dominates

$R \gg UTA$
Mid Rise.
Some pressure.
Whispers from
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$R \ll UTA$
Major Unl.
Press and
challenge.
Rage and
Guilt: image
transfer

Guilt

Rage

Grief

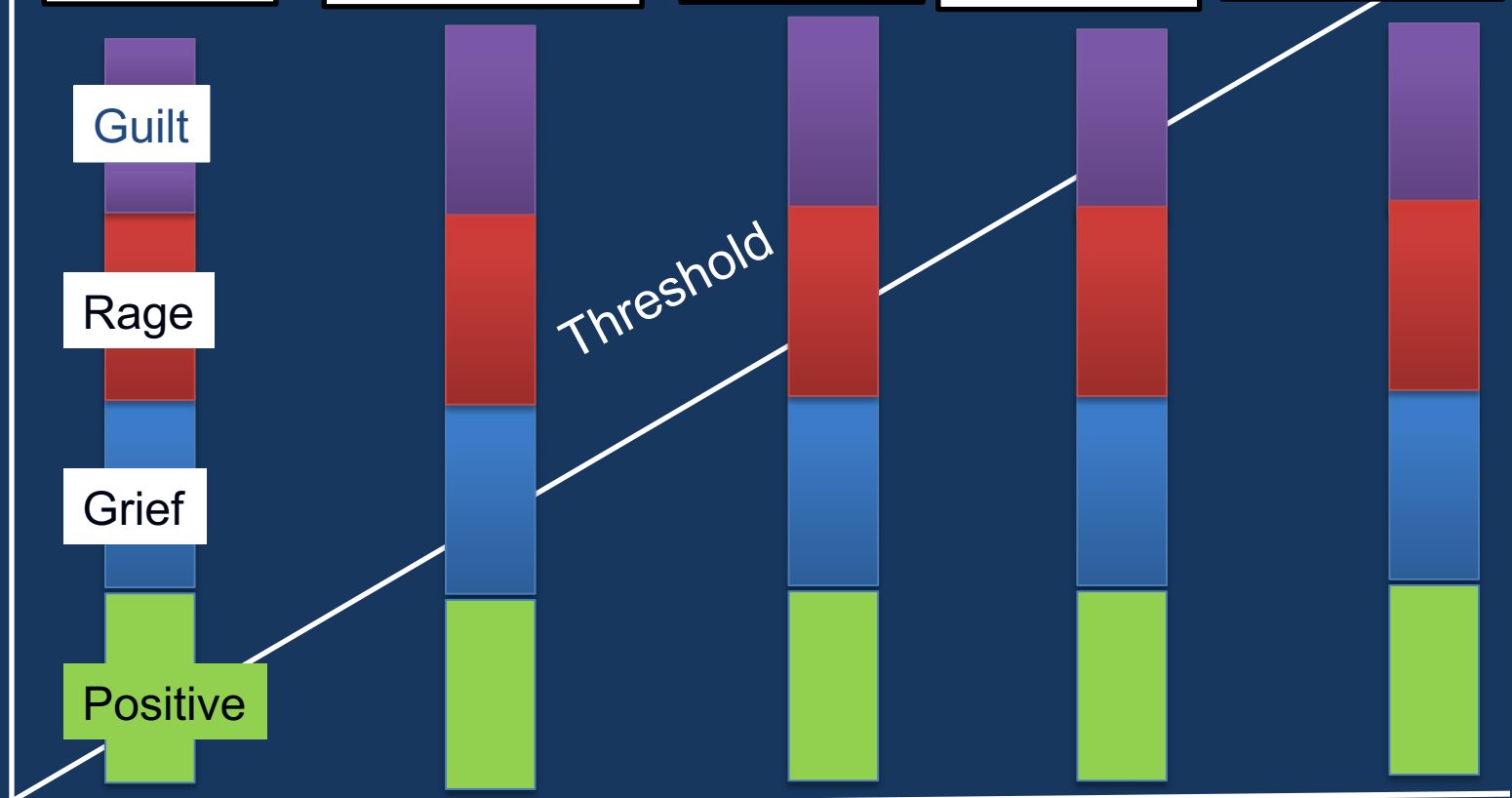
Positive

Threshold

Severe Fragile
Borderline

Moderate Fragile
Dr Allan Abbass 2023

Mild Fragile



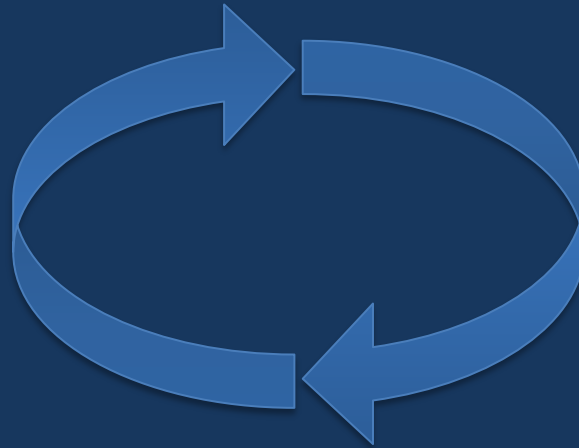
Fragile Spectrum: Interventions

High	<p>Handle Split Modes, Quick Links</p>	<p>Handle projection, Regulate Anxiety</p>	<p>Regulate Anxiety Challenge repression/ dissociation Portray rage and guilt</p>
Medium	<p>Handle projection, Quick links</p>	<p>Regulate anxiety, Recap, Portray and guilt immersion Grading</p>	<p>Guilt Immersion Graded Unlocking with some rage</p>
Low	<p>Explore Problems, seek links, quick links</p>	<p>Brace, Recap Grading</p>	<p>Pressure, Feel Grief</p>
	Severe Fragile Borderline	Moderate Fragile	Mild Fragile

Cycles of gains and emotion Mobilization

Experience Rage
and guilt

Deeper Rage
and Guilt
are mobilized



More freedom
to make
behavior gains

Make behavior gains
--> Positive feelings
for self/others

Cycles of gains and emotion mobilization/ crisis

