Beyond Common and Specific Factors Memory Reconsolidation as a Transtheoretical Mechanism of Change and Unifying Framework in Psychotherapy

Bruce Ecker, LMFT Alexandre Vaz, MA, PhD Candidate

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Society for the Exploration of Psychotherapy Integration (SEPI)

Outline of Workshop

Alex: The Problem

• Why therapy works: The (unsuccessful) search for mechanisms of change

Criteria for mechanism of change

Bruce: The Proposed Solution

- Two types of therapeutic change: Counteractive vs Transformational
- Memory reconsolidation as mechanism of change
- Memory reconsolidation as unification of psychotherapy
- Memory reconsolidation as confirmation of the corrective experience paradigm

Alex: The Next Steps

- Memory reconsolidation and the common vs. specific factors debate
- Research priorities

Clinicsl Psychology and Psychotherapy Clin. Psychol. Psychother. 10, 361–373 (2003)

Waiting for Supershrink: An Empirical Analysis of Therapist Effects

John Okiishi,² Michael J. Lambert,²⁴ Stevan L. Nielsen¹ and Benjamin M. Ogles² ²Brigham toong University, UT, USA ²Orio University, OH, USA

Improving the effects of psychotherapy has been accomplished through a variety of methods. One infrequently used method involves profiling patient outcomes within therapist in order to find the empirically supported psychotherapist. This study examined data collected on 1841 clients seen by 91 therapists over a 2.5-year period in a University Counseling Center. Clients were given the Outcome Questionnaire-45 (OQ-45) on a weekly basis. After analysing data to see if general therapist traits (i.e. theoretical orientation, type of training) accounted for differences in clients' rate of improvement, data were then analysed again using Hierarchical Linear Modeling (HLM), to compare individual therapists to see if there were significant differences in the overall outcome and speed of client improvement. There was a significant amount of variation among therapists' clients' rates of improvement. The therapists whose clients showed the fastest rate of improvement had an average rate of change 10 times greater than the mean for the sample. The therapists whose clients showed the slowest rate of improvement actually showed an average increase in symptoms among their clients. Use of this information for improving quality of patient outcumes is discussed. Copyright © 2003 John Wiley & Sons, Ltd.

INTRODUCTION

In 1974 D.F. Ricks described an exceptional thempist whom the author called 'superstrink'. This therapte, who worked with highly disturbed adolescents, demonstrated ecceptional outcomes when the boys were later examined as adults. In contrast to 'superstrink' another therapist, later labelled 'pseudoshrok' by Bergin and Strim (1973), was the antithesis of supersbrink. The boys treated by this Uperspit had adult adjustment that wasslearningly

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poor. In the decades since this report there has been infle reasonch corried out on the effects of the individual therapist (Lambert & Gulishi, 1997). Instead, researchers turned their attention to the search for effective psychocherapies rather than effective therapy movides. (Task Form, 1995).

A focule on therapies makes good theoretical sense and typifies the approach of academics who are interested in identifying effective treatments and developing theories of charge. In the long run such studies can be highly useful by helping to identify uniquely effective treatments. In the appliest worth, however, with studies make lass sense and are indeepade for improving the quality of patient care as the treatment is being offered. Research about effective treatments generally The most effective therapists produce up to 10x more clinically significant change...

...and we don't know why!

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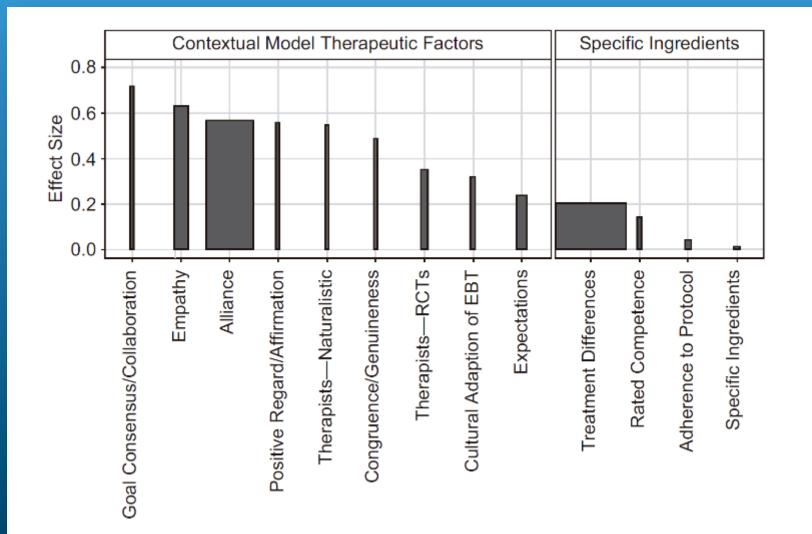
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* Convergendence to Probance Michael J. Lanicari, Department of Psychology, Brighten Yanag, Distancing, Proce LT.

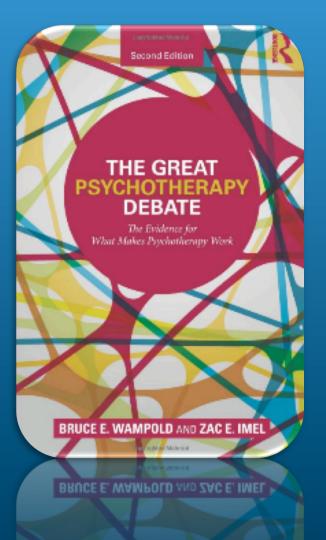
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Common vs. Specific Factors



Wampold, B. E., & Imel, Z. E. (2015). The great psychotherapy debate: The evidence for what makes psychotherapy work. Routledge.

Common vs. Specific Factors



"There is no compelling evidence that the specific ingredients of any particular psychotherapy are critical to producing the benefits of psychotherapy." (p. 253)

Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. Routledge.



Beyond Common & Specific Factors

Toward the Delineation of Therapeutic Change Principles

MARVIN R. GOLDFRIED State University of New York at Stony Brook

ABETRACT: There is a grtherapeter of verying orient therapeter of verying orient therein a second second second there respective approximation of their respective approximation of the second second second restrict descents the trend restricted second second second intellines of over reaching a and presenting as appendix indep of commensulties acress

It has been close to one practice of psychotherapy e. prodessional activity. Par unofficial anniversary, but a growing zeitgeist in the faquestioning how iar we have we are to achieving a "conse within the professional .co developed in this article is currently in a state of in therapy nossatians needs t then 130 different approach helpful (Parloff, 1976). Itthat the time is rapidly a than ever before, we have vance the field in the direct Before developing this that my original intent s published anonymously. vented this from babocning ing the article to appear an of us interested in the field to have a tendency either articles and books on the

Edited by LOUIS G. CASTONGU LARRY E. BEUTLER

PRINCIPLES of THERAPEUTIC CHANGE THAT WORK "This controversy reflects an 'either/or' assumption that is conceptually flawed and empirically untenable" (p. 353)

<u>Why</u> does therapy work? The most important (and elusive) psychotherapy research question

The Search for Mechanisms of Change

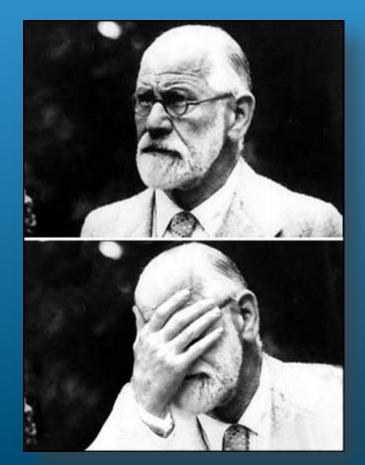
"Mechanism refers to ... the steps or processes through which therapy ... actually unfolds and produces the change. Mechanism explains how the intervention translates into events that lead to the outcome or precisely what was altered that led to symptom change."

Kazdin, A. E. (2014). Moderators, mediators, and mechanisms of change in psychotherapy. In W. Lutz & S. Knox (Eds.), *Quantitative and qualitative methods in psychotherapy* (pp. 87–101). East Sussex, UK: Routledge.

Criteria for Mechanisms

Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. Annu. Rev. Clin. Psychol., 3, 1-27.

- Strong association
- Specificity
- Consistency
- Experimental manipulation
- Timeline
- Gradient
- Plausibility or coherence



Unfortunately...

A ANNUAL R REVIEWS

Annual Review of Clinical Psychology The Role of Common Factors in Psychotherapy Outcomes

Pim Cuijpers, Mirjam Reijnders, and Marcus J.H. Huibers Department of Clinical, Neuros, and Developmented Psychology, American Public Health Research Institute, Vrite Universiteit Amsterdam, 1981 BT Amsterdam, The Netherlands, enails paraijpervitva al

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December 14, 2018

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Keywords

psychocherapy, our come research, mechanisms of change, common factors,

Abstract

Psychotherapies may work through techniques that are specific to each ther apy or through factors that all therapies have in common. Proponents of the common factors model often point to mesa-analyses of comparative outcome studies that show all therapies have comparable effects. However, not all meto-anthres support the common factors model; the included studies often have several methodological problems; and there are alternative explanations for finding comparable outcomes. To date, research on the working mechanisms and mediators of therapies has always been correlational, and in order to establish that a mediator is indeed a crusal factor in the necesery process of a patient, studies must show a temporal relationship between the mediator and an outcome, a dose-response association, evidence that no third variable causes changes in the mediator and the outcome, supportive experimental research, and have a strong theoretical framework. Currends: to common or specific factor moors these criteria and can be considered an empirically validated working mechanism. Therefore, it is still unknown whether therapies work through common or specific factors, or both

"Currently, no common or specific factor meets these criteria and can be considered an empirically validated working mechanism" (p. 353)

Cuijpers, P., Reijnders, M., & Huibers, M. J. (2019). The role of common factors in psychotherapy outcomes. Annual review of clinical psychology, 15, 207-231.

Reasons for Understanding Mechanisms

- Hone treatments to more directly and efficiently target processes responsible for change
- Help explain therapist effects & superior outcomes
- Limit wasteful and inefficient treatments
- Provide evidence for specificity above and beyond the common vs. specific factors debate

Holmes et al. (2018). The Lancet Psychiatry Commission on psychological treatments research in tomorrow's science. *The Lancet Psychiatry*, *5*(3), 237-286.

Two Types of Change

Counteractive change

- Partial, incremental symptom reduction
- Effort to maintain
- Relapses occur

Transformational change

- Elimination of symptom, profound change
- Effortless to maintain
- Permanent, no relapses

Markers of Transformational Change

- Symptom cessation. Unwanted behaviors, emotions, thoughts and somatics disappear.
- Non-reactivation. Underlying emotional activation and ego-state are no longer triggered by cues.
- **Effortless permanence.** Non-recurrence of symptoms and emotional activation continues without counteractive or preventative measures of any kind.

Therapies of Transformational Change

Such as... AEDP

Coherence Therapy EFT (both of them) **EMDR** Focusing Gestalt Therapy Hakomi IFS Imago **IPNB**

ISTDP NLP Pesso Boyden Sensorimotor Psychotherapy Somatic Experiencing COHERENCE TIR PSYCHOLOGY INSTITUTE



Functional Definition of Memory Reconsolidation

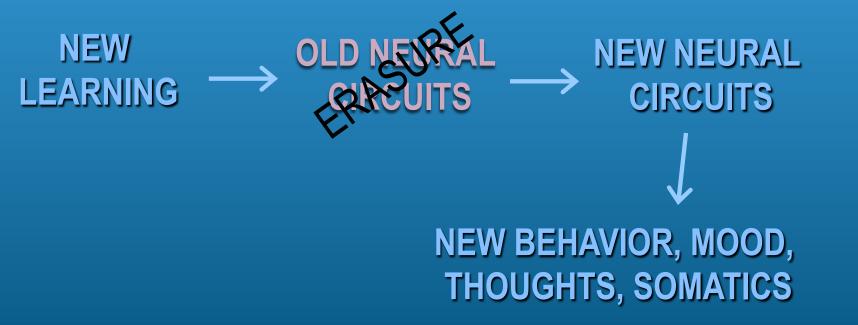
Memory reconsolidation is the brain's built-in process for updating what was previously learned and is now carried in memory.

New Learning That Competes With Old Learning

NEW
LEARNING
↓OLD
LEARNING
↓NEW NEURAL
CIRCUITS
↓OLD NEURAL
CIRCUITS
↓NEW BEHAVIOR, MOOD,
THOUGHTS, SOMATICSOLD BEHAVIOR, MOOD,
THOUGHTS, SOMATICS

Incremental, counteractive, unstable change

New Learning That Nullifies Old Learning



Transformational change via memory reconsolidation process

Core Process for Schema Erasure

1. Reactivate the target emotional schema as a consciously felt experience that is verbalized.

"The only way to get any caring attention is to do something bad. I am forgotten unless I do something really bad."

Core Process for Schema Erasure (Empirically confirmed process of erasure)

- 1. Reactivate the target emotional schema as a consciously felt experience that is verbalized.
- 2. Guide a contradictory experience. This unlocks (de-consolidates) the target schema's memory encoding.
 = mismatch / prediction error experience [MEMORY RESEARCH]
 = juxtaposition experience [COHERENCE THERAPY]
- 3. Repeat contradictory experience in juxtaposition with target schema a few times. Target schema is unlearned and erased.

Symptoms Dispelled

Aggressive behavior Agoraphobia Alcohol abuse Anger and rage Anxiety Attachment-pattern-based behaviors & distress Attention deficit problems Codependency Complex trauma symptomology **Compulsive behaviors** Couples' problems of conflict / communication / closeness Depression Family and child problems Fidgeting

Food / eating / weight problems Grief and bereavement problems Guilt Hallucinations Inaction/indecision Low self-worth, self-devaluing Panic attacks Perfectionism **Procrastination / Inaction** Psychogenic / psychosomatic pain PTSD symptoms Sexual problems Shame Underachieving COHFRFNCF Voice / speaking problems

Time Phenomenology of Schema Discovery and Schema Erasure

OBSERVATIONS

- After discovery, schema continues to feel real and continues to generate symptoms.
- Then schema and symptoms disappear immediately after the erasure sequence (steps 1-2-3) is carried out.

IMPLICATIONS

- The erased schema was the root cause of symptoms.
- Disappearance of schema and symptoms is caused by the erasure sequence and by the mechanism of memory reconsolidation.

Rigorous Account: "Clinical Translation of Memory Reconsolidation Research"

METHODOLOGY

Clinical Translation of Memory Reconsolidation Research: Therapeutic Methodology for Transformational Change by Erasing Implicit Emotional Learnings Driving Symptom Production

Bruce Ecker

Abstract

After 20 years of laboratory study of memory reconsolidation, the translation of research findings into clinical application has recently been the topic of a rapidly growing number of review articles. The present article identifies previously unrecognized possibilities for effective clinical translation by examining research findings from the experience-oriented viewpoint of the clinician. It is well established that destabilization of a target learning and its erasure (robust functional disappearance) by behavioral updating are experience-driven processes. By interpreting the research in terms of internal experiences required by the brain, rather than in terms of external laboratory procedures, a clinical methodology of updating and erasure unambiguously emerges, with promising properties: It is applicable for any symptom generated by emotional learning and memory, it is readily adapted to the unique target material of each therapy client, and it has extensive corroboration in existing clinical literature, including cessation of a wide range of symptoms and verification of erasure using the same markers relied upon by laboratory researchers. Two case vignettes illustrate clinical implementation and show erasure of lifelong, complex, intense emotional learnings and full, lasting cessation of major long-term symptoms. The experience-oriented framework also provides a new interpretation of the laboratory erasure procedure known as post-retrieval extinction, indicating limited clinical applicability and explaining for the first time why, even with reversal of the protocol (post-extinction retrieval), reconsolidation and erasure still occur. Also discussed are significant ramifications for the clinical field's "corrective experiences" paradigm, for psychotherapy integration, and for establishing that specific factors can produce extreme therapeutic effectiveness.

KEYWORDS: Memory reconsolidation, clinical translation, destabilization, psychotherapy, memory erasure, behavioral updating, memory interference, emotional schema, transformational change, unlearning, specific factors, reactivation-extinction, retrieval-extinction, corrective experiences

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1 INTERNATIONAL JOURNAL OF NEUROPSYCHOTHERAPY Volume 6 Issue 1 (2018)

Cite as: Ecker, B. (2018). Clinical translation of memory reconsolidation research: Therapeutic methodology for transformational change by erasing implicit emotional learning a driving symptom production. International formal d'European-defension of 11, 0.2, doi: 10.12344/jmar.2018.0001.0023.

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International Journal of Neuropsychotherapy, 6(1), 1-92, https://doi.org/ 10.12744/ijnpt.2018.0001-0092

Unification of Psychotherapy via Memory Reconsolidation

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Reconsolidation: A Universal, Integrative Framework for

Highly Effective Psychotherapy

BRUCE ECKER, LMFT | BY BRUCE ECKER, LMF

Bruce Ecker, M.A., L.M.F.T. is co-originator of Coherence Therapy and a founding director of the Coherence Psychology Institute. He is coauthor ...Read More

The brain's process of reconsolidation is the recently discovered and only known form of neuroplasticity capable of actually erasing the neural circuits that store ingrained emotional learnings. It has been almost five years since I gave the first presentation on reconsolidation to an audience of psychologists and psychotherapists in a 2006 keynote address at the University of California, Sam Marcos, but I am no less inspired now than I was then about its extraordinary clinical implications.

Emotional learnings drive the majority of unwanted behaviors, moods, emotional reactions and thoughts for which people seek help in therapy. Clinicians and their clients work hard trying to get the upper hand against the formidable power of panic attacks, harmful attachment patterns, botts of depression, compulsive eating, rage, sexual inhibition, shame and low self-worth, to name but a few forms of expression that emotional learnings have. Such learnings rarely show up directly in conscious awareness, but switch on when current circumstances contain features that evoke them.

The remarkable tenacity of emotional learnings across decades of people's lives, while a bane to psychothreapists and heri clients, is a result of how evolution apparently carfade the brain: any learning accompanied by strong emotion becomes stored in specialized, "implicit" memory circuits that are exceptionally durable. So tenacious are they that throughout the 20th century, right up until the recent discovery of reconsolidation, memory researchers believed that emotional learnings were indelible for the lifetime of the individual. Neuroscientists had concluded that once the brain locked an emotional learning into long-term memory through a process known as consolidation, three wavy the key.

Certainly emotional learnings could be suppressed temporarily in various ways, such as when an exposure procedure suppresses fear learnings through the process of extinction. However, it was clear that such measures do not actually unlock, change or erase the original emotional learning. Rather, they only create a second, new learning that competes against and can override the first under Ideal conditions, but usually not for long under real-life conditions. Returns the extreme durability of initial emotional learnings is one of the biggest causes of suffering in human life, and we were forever struck with that afficition, or so it seemed.

A major reversal in the neuroscience of memory

Neuroscientists' discovery in 1997 and their confirmation by 2000 of a process that does, after all, truly unlock and revise or even erase specific emotional learnings was therefore a major breakthrough. Researchers have shown that emotional memory circuits can be unlocked out of their consolidated state and the second second

Neuroscientias' usicower, in 1947 and ther continuitor by 2000 of a process that does, after all truy unicosk and revise or even enses specific emotional learnings was therefore a major breakthrough. Researchers have shown that emotional memory circuits can be unlocked out of their consolidated state

A major reversal in the neuroscience of memory

only create a second, new learning that competes against and can override the first under ideal conflores, but runsily not for holding under reskiller continuon. Relapses are almost inertiable. The externe durability of initial erroritorial learnings is no of the biggest causes of suffering in human life, and we were forever stuck with that affliction, or so it seemed. Ecker, B. (2011, January 13). Reconsolidation: A universal, integrative framework for highly effective psychotherapy.

https://www.mentalhelp.net/blogs/ reconsolidation-a-universal-integrativeframework-for-highly-effectivepsychotherapy/

Memory Reconsolidation as a Framework for Psychotherapy Unification

SAME CORE PROCESS IS EVIDENT IN...

AEDP, Coherence Therapy, EFT, EMDR, IPNB

Bruce Ecker, Robin Ticle, & Laurel Hulley Unlocking the Emotional Brain

Eliminating Symptoms at Their Roots Using Memory Reconsolidation

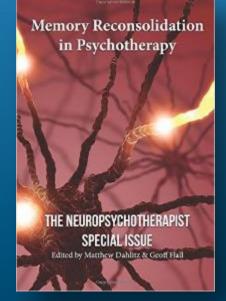


2012

and all other therapies of transformational change?

https://bit.ly/15Z00HQ

Alexander Technique, Progressive Counting, NLP, Tapping



2015

Reconsolidation Research Confirms Ingredients of "Corrective Emotional Experience" Identified by Alexander and French in 1946

- Experiences are necessary, not merely cognitive insights.
- Two specific experiences are necessary: reactivation plus disconfirmation, concurrently.

 The necessary experiences can occur in interactions other than client-therapist interactions, in life outside of therapy sessions.



Memory Reconsolidation and the Corrective Experience Paradigm



"We are sensate, in-

teracting, meaning-

making creatures,

and our experience

must always be

understood in

relation to the

people and events

that inhabit and

define our lives."

"A very different

transformational change exists,

manifested as three

unambiguous

markers."

process of

Volume 4, Issue 3 •

On the Corrective Emotional Experience (continued)

There are several reasons why is assay to lose track of the importance of this dimension of the change process. To begin with, in recent years, it has become increasingly apparent that the therapeutic relationship in itself as a key element in therapeutic change, in lormal studies, to often accounts for more of the warance in whether change occurs than does be therapeutic theory or the specific techniques used. In addition, the experience with the therapet it change is with, and so easier to that, notice, and work with. And in nexery years in protocolarly correspino of ruppure and repair in the allance and the Boston Change Process Study Group's work on new moments and moments of methy have thirthe "liminiated how events transpring in the thrapeutic relationship can have a direct impact on thespeutic change.

But note indiamentally, these and related developments points for dorly the importance of the herapacitic relationship proves hard of herefaind native of personality more greanity. Our personality is not nonotificitic or solir "no urback" We experience ourselves differently in different relational outbornds. We are not like machines needing to be structurally regardrand not hen insight be loss the block and functions. We are sense it machines needing to be structurally and our acquirines much always be understood in relations to the people and events that hebbit and define our lives. Whome excendpute loss changes advinged subacturality from corrective emicinal experiences, rather than exclusively from insights or cognitive restructuring, we are building on that relational loundation.

When we have, how interactions with the hexposit, that things can be different, we have harmed a relational lesson, a constratual lesson. And more othen than is appreciated, the (purvestualised) lesson ends up as "workerfully, in here it is also be imposit). In progressing where y argumentings on my most unpleasant throughts or demands, but outside if this route things means at they were." The thereaged may be struck by the vide widence of the partiest charging right dore the result with structure than structure.

The discrimination the palient makes between the "safe" constraint groups and the "forts as alfe" contrast, if see the set of his life can alfe this near disclositions and the same response to mother, and thereby to "group" to hismed (gagin mostly without words, or even to cal avareness) that utah tappenses in the set of his. The same regroups and the same regroups and the same regroups and the consulting rought (in his life. With tappense in the set of his life can be palient stability of using out the interrupt and and modified if the change the palient entered thrasy to achieve is to become an and more interrupt in the same regroups and the same r



alhererts of the corrective experience guardiam, the findings of memory reconsolidation research by

neuroscientisis might seem too good to be true. That research, taunched in 1997–2000, has developed explosively since Deepa closely studying it in 2005. According to some of the clinical field's longstanding, ingrained assumptions about change, hear bit findings are here possible. For example, Hebb's law—"neurons that fire together, wire together"—underlies the assumption that in order for healthy me bliefs, behaviors and states of mind to replace dL unhealthy ones. It's aboutlety necessary to enact restrience of the neurons that fire together, wire together"—underlies the assumption that in order for healthy me bliefs, behaviors and states of mind to replace dL unhealthy ones. It's aboutlety necessary to enact

repetitions of the new pattern for months. The preferred new pattern competes against the unwarted pattern, which remains retriggerable and retains its own memory encoding. The myriad repetitions build up the preferred new patter to win that competition.

Society for the Exploration of Psychotherapy Integration

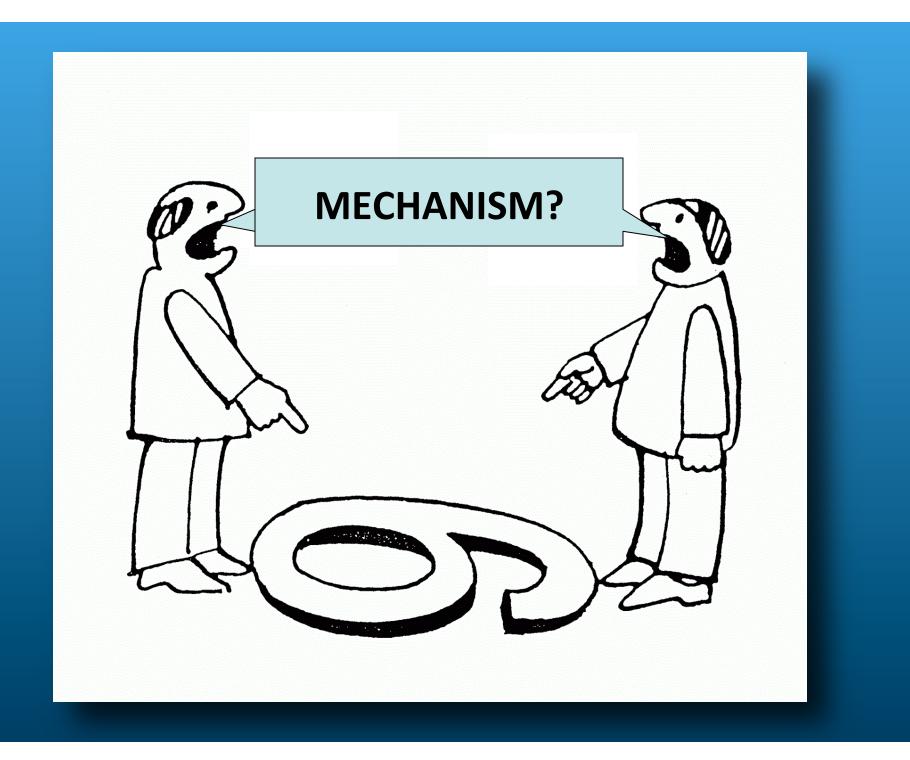
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conange exists, manifested as three unambiguous markers."

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Research Priorities: Empirical Confirmation of the Clinical Effectiveness of MR

- Develop measures for the implementation of the memory reconsolidation process (MRP).
- Use measures on session videos to compare therapy processes that produced transformational change vs. the rest.
- What counts is not how MRP steps are fulfilled (i.e. specific techniques) but if they are fulfilled (mechanism).

A wide range of materials on memory reconsolidation in psychotherapy is available on the website of the Coherence Psychology Institute: www.CoherenceInstitute.org

- Free articles, videos, case examples
- Memory reconsolidation FAQ, bibliography
- Videos of sessions by Bruce Ecker, LMFT
- Online courses
- Coherence Therapy Practice Manual
- Long-distance training