

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

© 2019 COHERENCE PSYCHOLOGY INSTITUTE

www.CoherenceInstitute.org

Presented in Lisbon, Portugal, 8 June 2019
at the 35th Annual Conference of the

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

Waiting for Supershrink: An Empirical Analysis of Therapist Effects

John Oldishi,² Michael J. Lambert,^{1*} Stevan L. Nielsen¹
and Benjamin M. Ogles²

¹Brigham Young University, UT, USA

²Otto University, OLL, 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 1441 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 outcomes is discussed. Copyright © 2003 John Wiley & Sons, Ltd.

INTRODUCTION

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

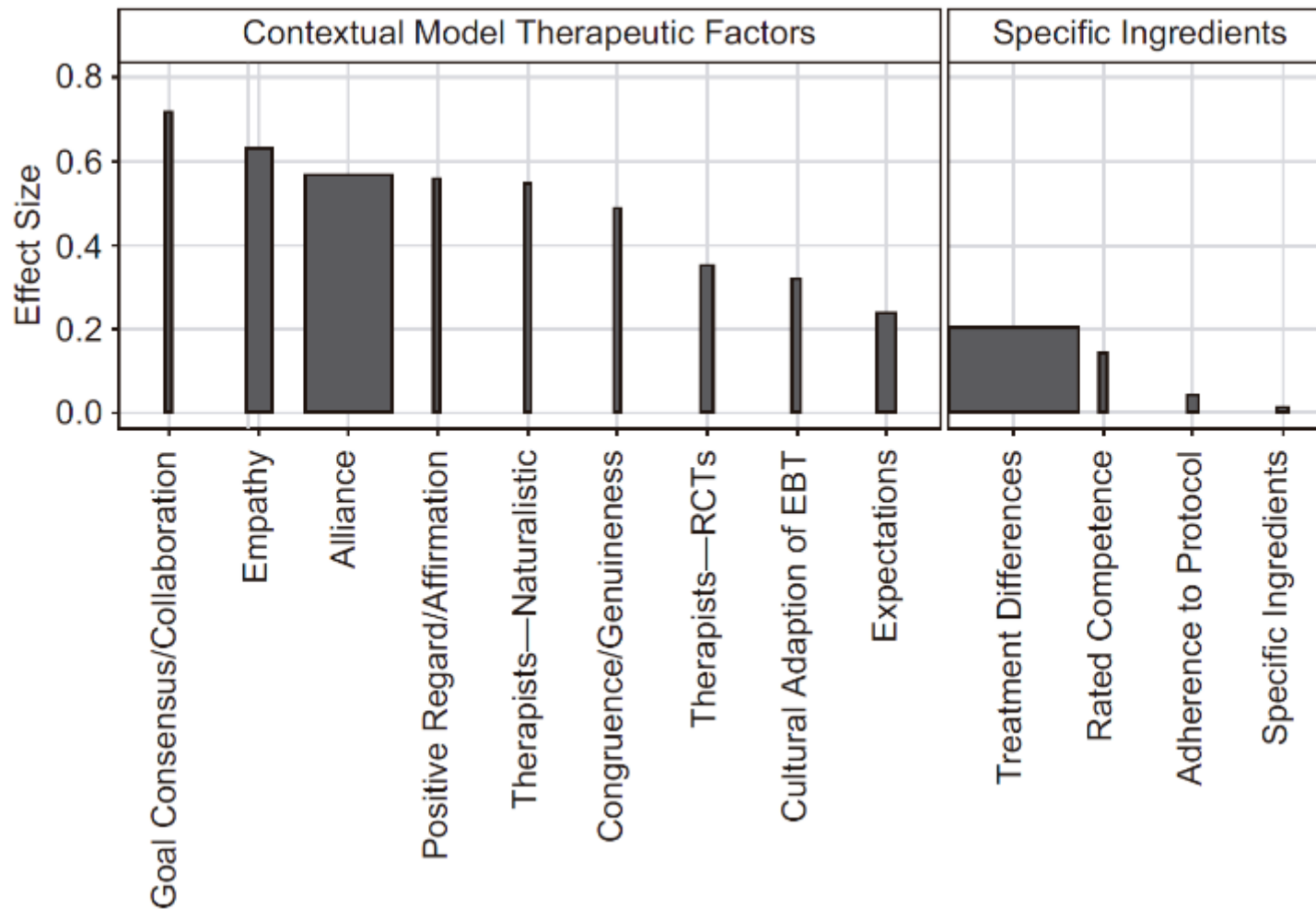
poor. In the decades since this report there has been little research carried out on the effects of the individual therapist (Lambert & Oldishi, 1997). Instead, researchers turned their attention to the search for effective psychotherapies rather than effective therapy providers (Task Force, 1995).

A focus on therapies makes good theoretical sense and typifies the approach of academics who are interested in identifying effective treatments and developing theories of change. In the long run such studies can be highly useful by helping to identify uniquely effective treatments. In the applied world, however, such studies make less sense and are inadequate for improving the quality of patient care as the treatment is being offered. Research about effective treatments generally

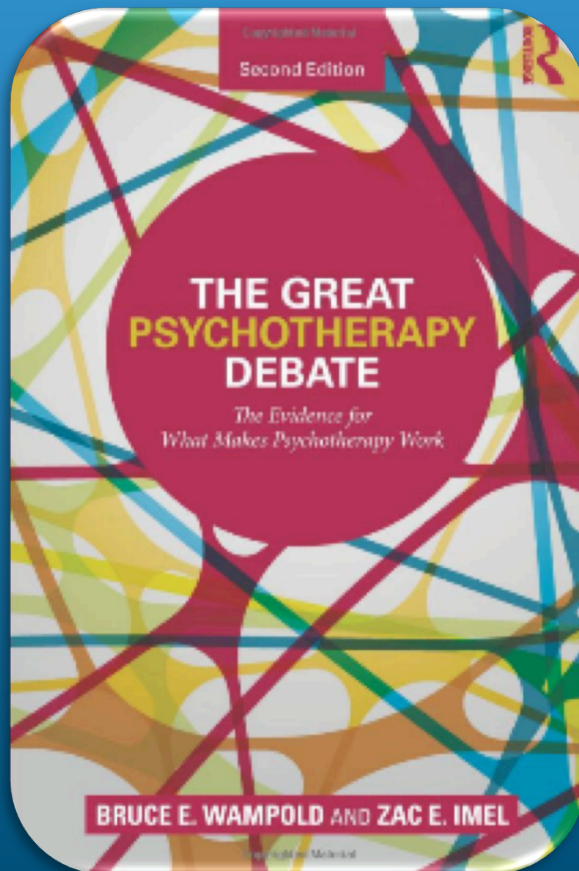
* Correspondence to: Professor Michael J. Lambert, Department of Psychology, Brigham Young University, P.O. Box 16400, USA.
E-mail: mjlambert@byu.edu

**The most effective
therapists produce up
to 10x more clinically
significant change...
...and we don't
know why!**

Common vs. Specific Factors

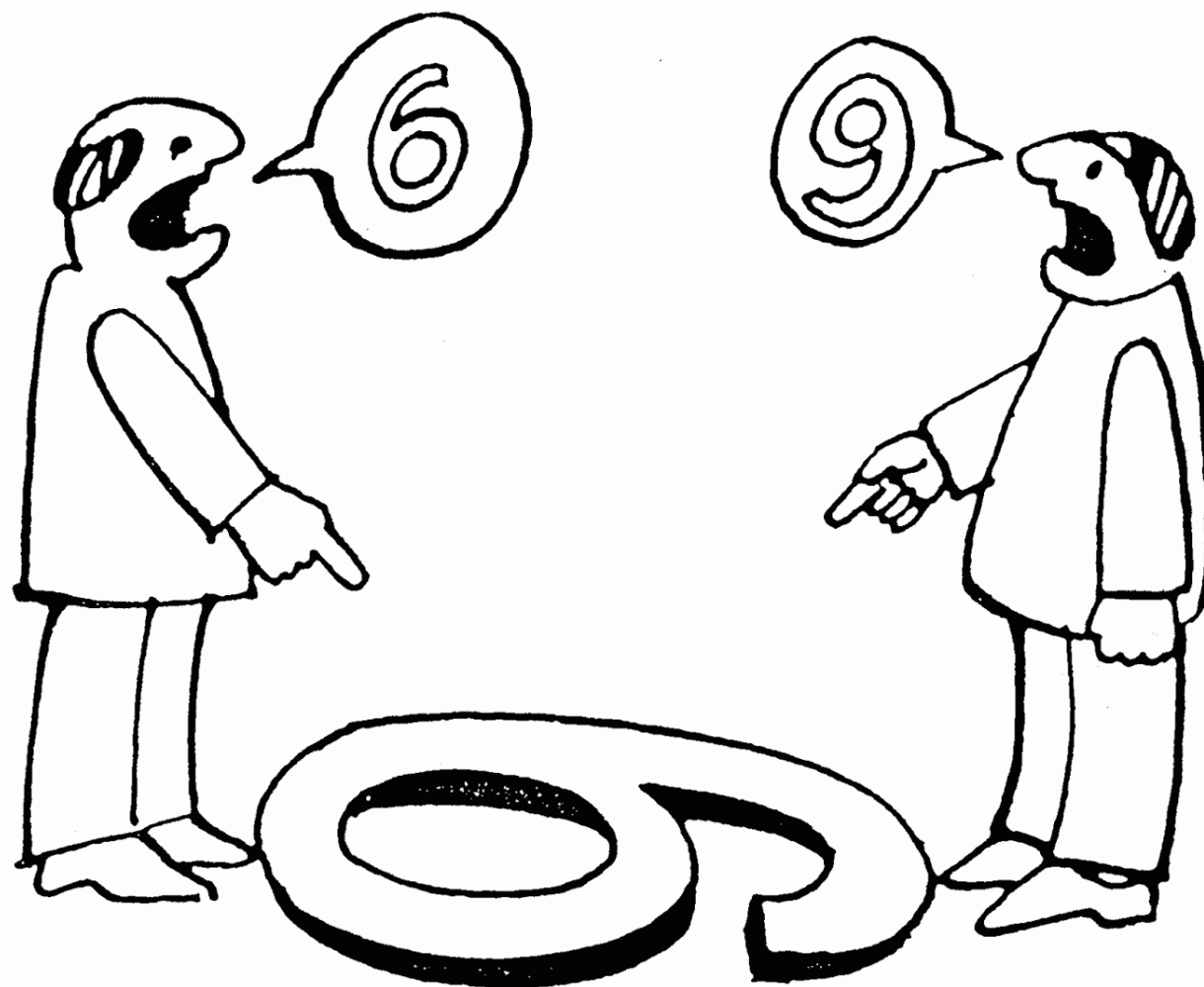


Common vs. Specific Factors

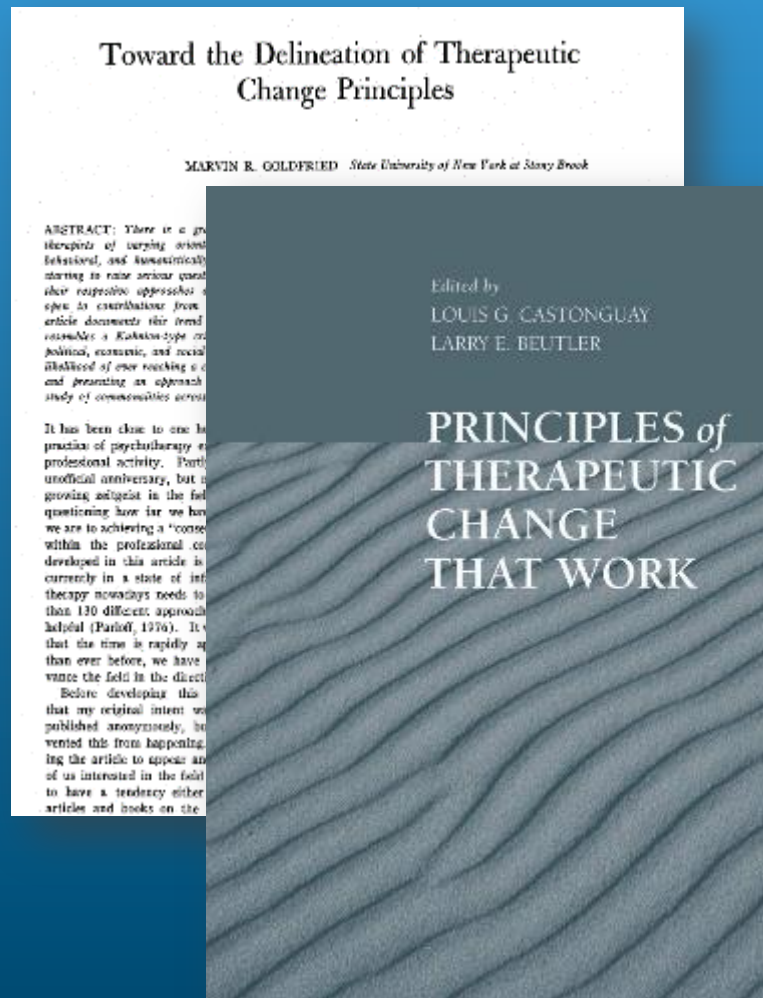


“There is no compelling evidence that the specific ingredients of any particular psychotherapy are critical to producing the benefits of psychotherapy.”
(p. 253)

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



Beyond Common & Specific Factors



“This controversy reflects an ‘either/or’ assumption that is conceptually flawed and empirically untenable”
(p. 353)

Why does therapy work?

*The most important (and elusive)
psychotherapy research question*

The Search for Mechanisms of Change

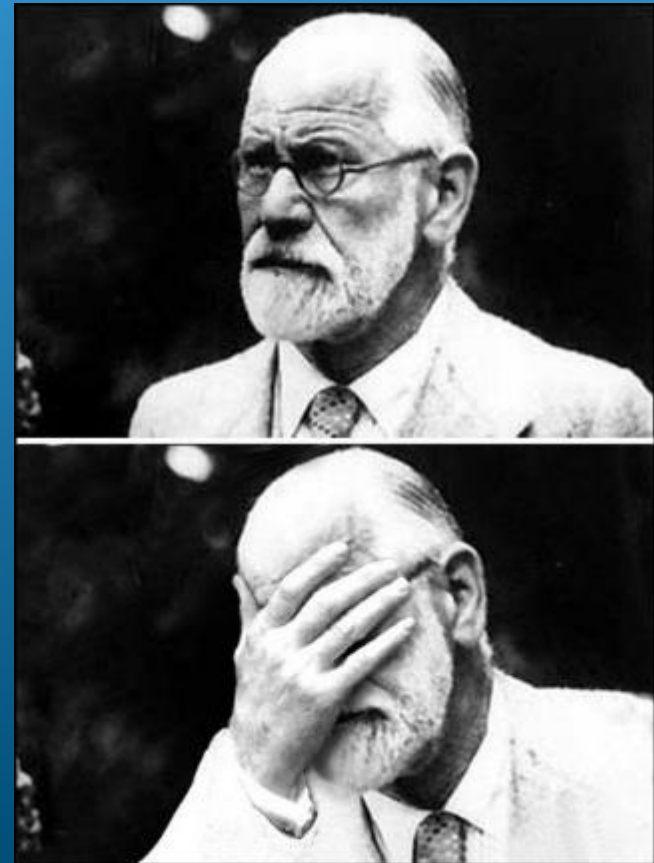
“Mechanism refers to ... the steps or processes through which therapy ... actually unfolds and produces the change. Mechanism explains how the intervention translates into events that lead to the outcome or precisely what was altered that led to symptom change.”

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.

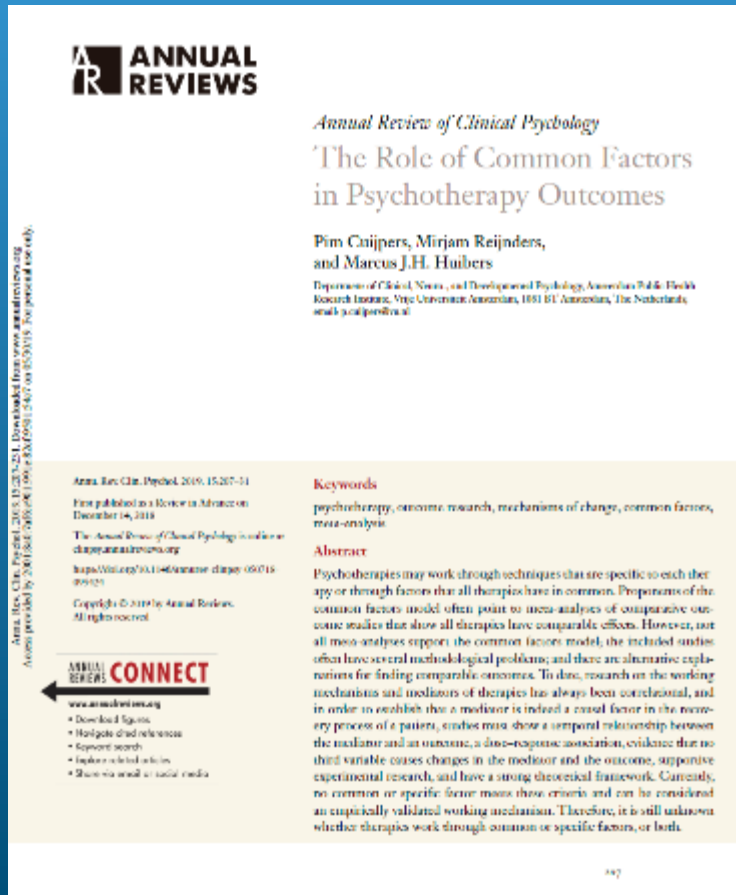
Criteria for Mechanisms

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...



“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

TIR

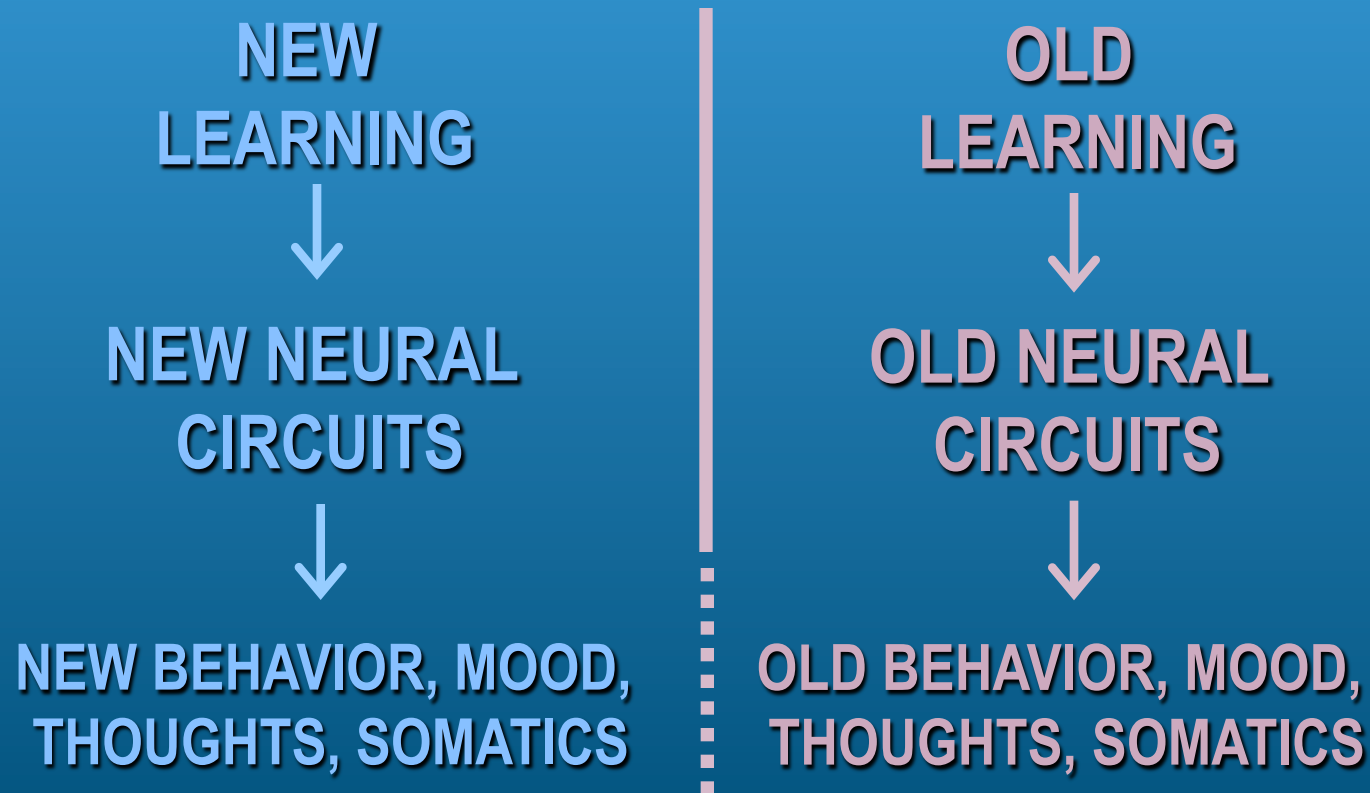
COHERENCE
PSYCHOLOGY
INSTITUTE



Functional Definition of Memory Reconsolidation

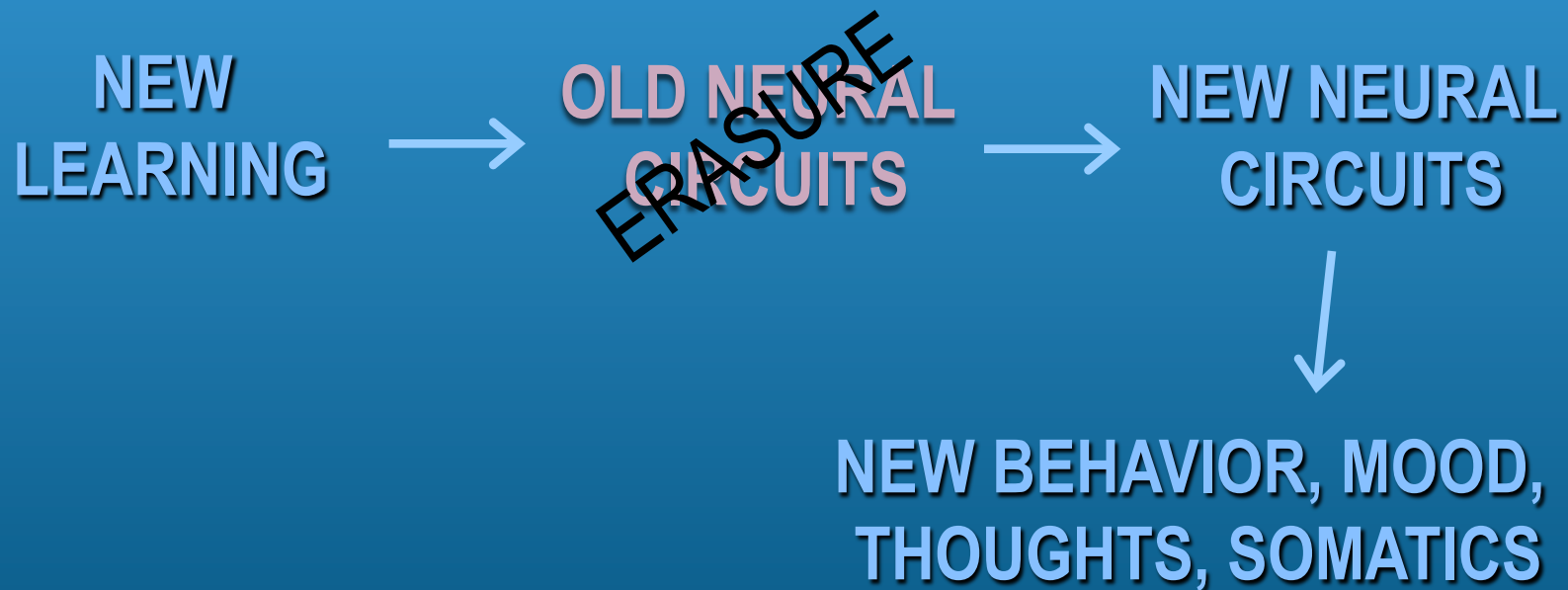
Memory reconsolidation is the brain's built-in process for updating what was previously learned and is now carried in memory.

New Learning That Competes With Old Learning



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
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

Submitted: January 19, 2018. Accepted for publication: January 29, 2018. Published online: June 7, 2018

Author information:

Correspondence concerning this article should be addressed to Bruce Ecker: Coherence Psychology Institute, 319 Lafayette St # 253, New York NY 10012 USA. Email: bruce.ecker@coherenceinstitute.org

Cite as: Ecker, B. (2018). Clinical translation of memory reconsolidation research: Therapeutic methodology for transformational change by erasing implicit emotional learnings driving symptom production. *International Journal of Neuropsychotherapy*, 6(1), 1–92. doi: 10.12744/ijnpt.2018.0001-0092

1 INTERNATIONAL JOURNAL OF NEUROPSYCHOTHERAPY

Volume 6 Issue 1 (2018)

INTERNATIONAL JOURNAL OF NEUROPSYCHOTHERAPY

Volume 6 Issue 1 (2018)

ISSN 2155-5527. New York, NY, USA. Copyright © 2018 by International Journal of Neuropsychotherapy. All rights reserved. This journal is published by the International Journal of Neuropsychotherapy, 319 Lafayette St # 253, New York, NY 10012, USA. Email: bruce.ecker@coherenceinstitute.org

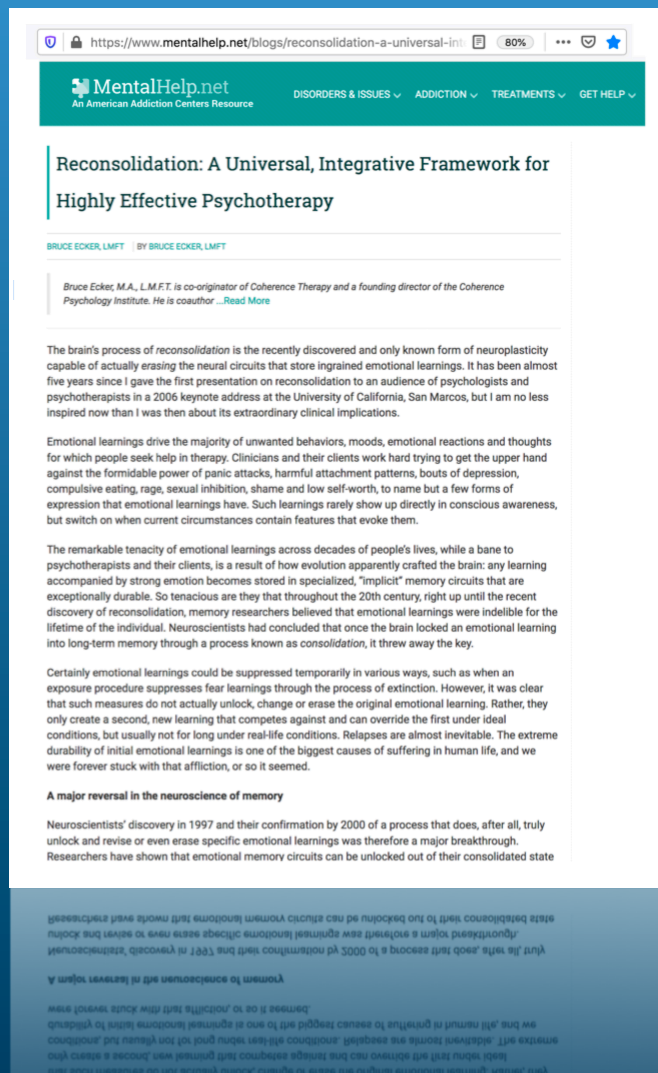
ISSN 2155-5527. New York, NY, USA. Copyright © 2018 by International Journal of Neuropsychotherapy. All rights reserved. This journal is published by the International Journal of Neuropsychotherapy, 319 Lafayette St # 253, New York, NY 10012, USA. Email: bruce.ecker@coherenceinstitute.org

Ecker, B. (2018). Clinical translation of memory reconsolidation research: Therapeutic methodology for transformational change by erasing implicit emotional learnings driving symptom production.

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

COHERENCE
PSYCHOLOGY
INSTITUTE

Unification of Psychotherapy via Memory Reconsolidation



Ecker, B. (2011, January 13).
**Reconsolidation: A universal,
integrative framework for
highly effective psychotherapy.**

[https://www.mentalhelp.net/blogs/
reconsolidation-a-universal-integrative-
framework-for-highly-effective-
psychotherapy/](https://www.mentalhelp.net/blogs/reconsolidation-a-universal-integrative-framework-for-highly-effective-psychotherapy/)

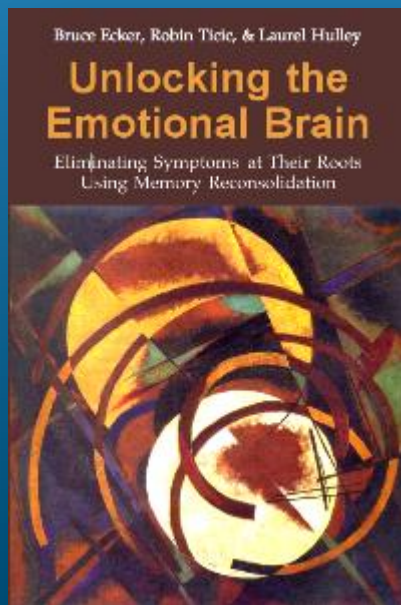
COHERENCE
PSYCHOLOGY
INSTITUTE

Memory Reconsolidation as a Framework for Psychotherapy Unification

SAME CORE PROCESS IS EVIDENT IN...

AEDP, Coherence Therapy,
EFT, EMDR, IPNB

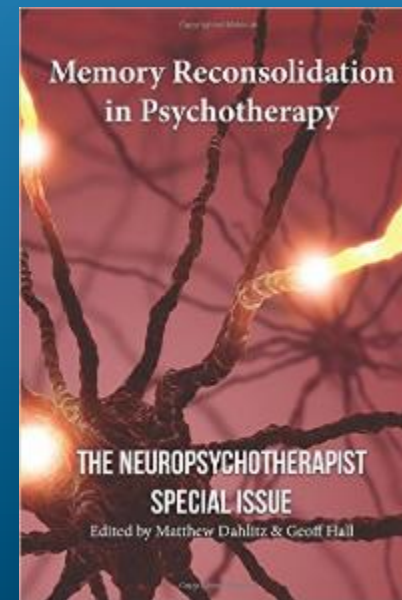
Alexander Technique, Progressive
Counting, NLP, Tapping



2012

and all other
therapies of
transformational
change?

<https://bit.ly/15Z00HQ>



2015

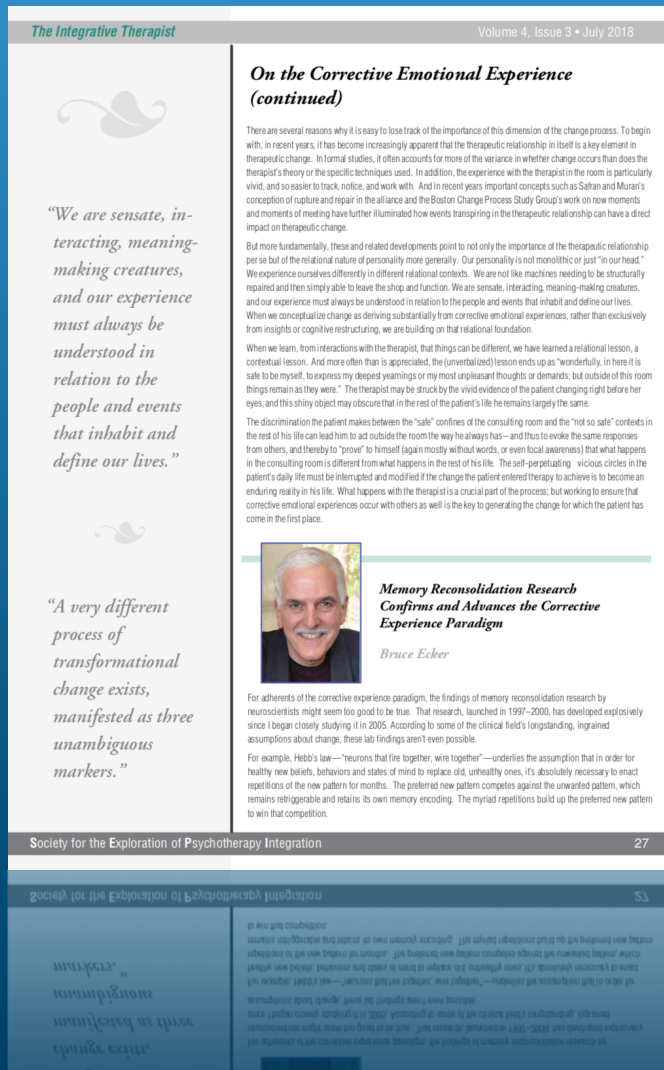
COHERENCE
PSYCHOLOGY
INSTITUTE

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.



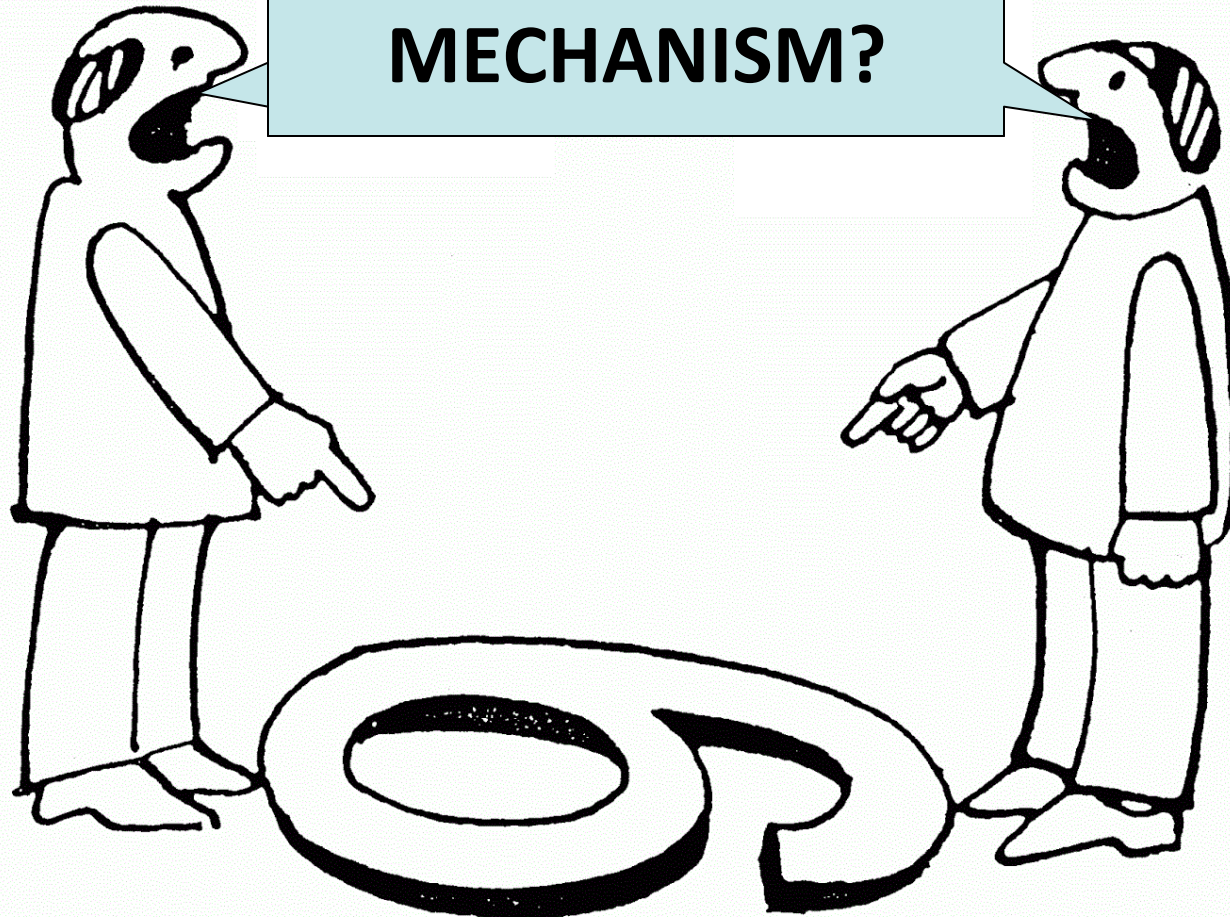
Memory Reconsolidation and the Corrective Experience Paradigm



Ecker, B. (2018).
Memory reconsolidation
research confirms and
advances the corrective
experience paradigm.
The Integrative Therapist,
4(3), 27–29.

COHERENCE
PSYCHOLOGY
INSTITUTE

MECHANISM?



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