

The background is an abstract composition of layered textures. On the left, there are vertical bands of dark red and pink. To the right, a large triangular area is filled with yellow and orange tones. A dark red silhouette of a person stands in the lower-left quadrant. The overall texture is grainy and painterly, with visible brushstrokes and some dark speckles.

Attachment-Based Intensive Short-Term Dynamic Psychotherapy

Theory, Science,
and Clinical Applications

April 3, 2024

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The History of ISTDP and AB- ISTDP

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UCSD and UCLA (Hon) School of Medicine



ISTDP Academy
April 3, 2024

In Therapy Forever? Enough Already

MY therapist called me the wrong name. I poured out my heart; my doctor looked at his watch. My psychiatrist told me I had to keep seeing him or I would be lost.

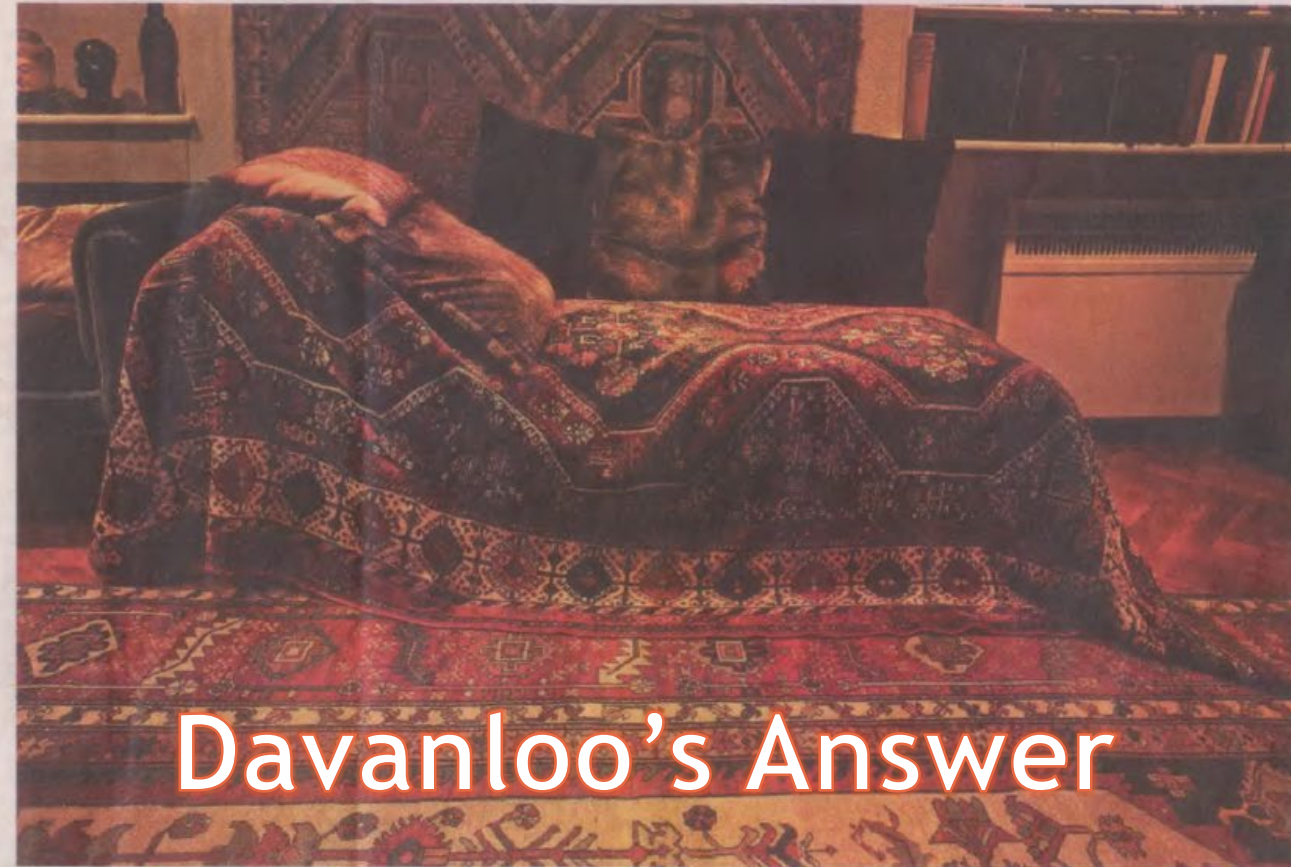
New patients tell me things like this all the time. And they tell me how former therapists sat, listened, nodded and offered little or no advice, for weeks, months, sometimes years. A patient recently told me that, after seeing her therapist for several years, she asked if he had any advice for her. The therapist said, "See you next week."

When I started practicing as a therapist 15 years ago, I thought complaints like this were anomalous. But I have come to a sobering conclusion over the years: ineffective therapy is disturbingly common.

Talk to friends, keep your ears open at a cafe, or read discussion boards online about length of time in therapy. I bet you'll find many people who have remained in therapy long beyond the time they thought it would take to solve their problems. According to a 2010 study published in the *American Journal of Psychiatry*, 42 percent of people in psychotherapy use 3 to 10 visits for treatment, while 1 in 9 have more than 20 sessions.

For this 11 percent, therapy can become a dead-end relationship. Research shows that, in many cases, the longer therapy lasts the less likely it is to be effective. Still, therapists are often reluctant to admit defeat.

A 2001 study published in the *Journal of Counseling Psychology* found that patients improved most dramatically between their seventh and tenth sessions. Another study, published in 2006 in the *Journal of Consulting and Clinical Psychology*, looked at nearly 2,000 people who underwent counseling for 1 to 12 sessions and found that while 88 percent improved after one session, the rate fell to 62 percent after 12. Yet, according to research conducted at the University of Pennsylvania, therapists who practice more traditional psycho-



ANNIE LEIBOVITZ, FROM "PILRIMAGE" (RANDOM HOUSE, 2011)

Davanloo's Answer

are the top predicaments for which patients seek mental health treatment; schizophrenia is at the bottom of the list.

In my experience, most people seek therapeutic help for discrete, treatable issues: they are stuck in unfulfilling jobs or relationships, they can't reach their goals, are fearful of change and depressed as a result. It doesn't take years of therapy to get to the bottom of those kinds of problems. For some of my patients, it doesn't even take a whole session.

Therapy can — and should — focus

This approach may not be right for every patient, but the results described in the Finnish study are consistent with my experience.

If a patient comes to me and tells me she's been unhappy with her boyfriend for the past year, I don't ask, as some might, "How do you feel about that?" I already know how she feels about that. She just told me. She's unhappy. When she asks me what I think she should do, I don't respond with a return interrogatory, "What do you think you should do?" If she knew, she wouldn't ask me

Popular misconceptions reinforce the belief that therapy is about resting on a couch and talking about one's problems. So that's what patients often do. And just as often this leads to codependence. The therapist, of course, depends on the patient for money, and the patient depends on the therapist for emotional support. And, for many therapy patients, it is satisfying just to have someone listen, and they leave sessions feeling better.

But there's a difference between feeling good and changing your life. Feeling

OPINION

BY JONATHAN ALPERT

A New York psychotherapist and the author of "Be Fearless: Change Your Life in 28 Days."

The longer psychotherapy takes, the

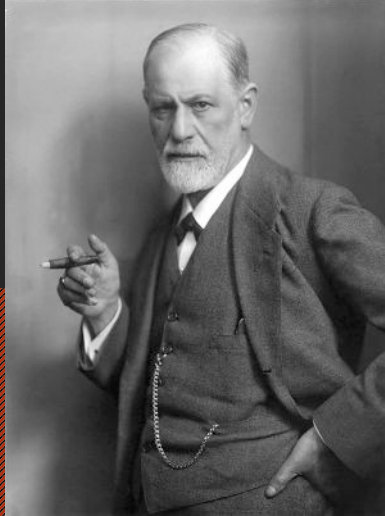
April 22, 2012

April 22, 2012

Freud Recognized the problem of Resistance

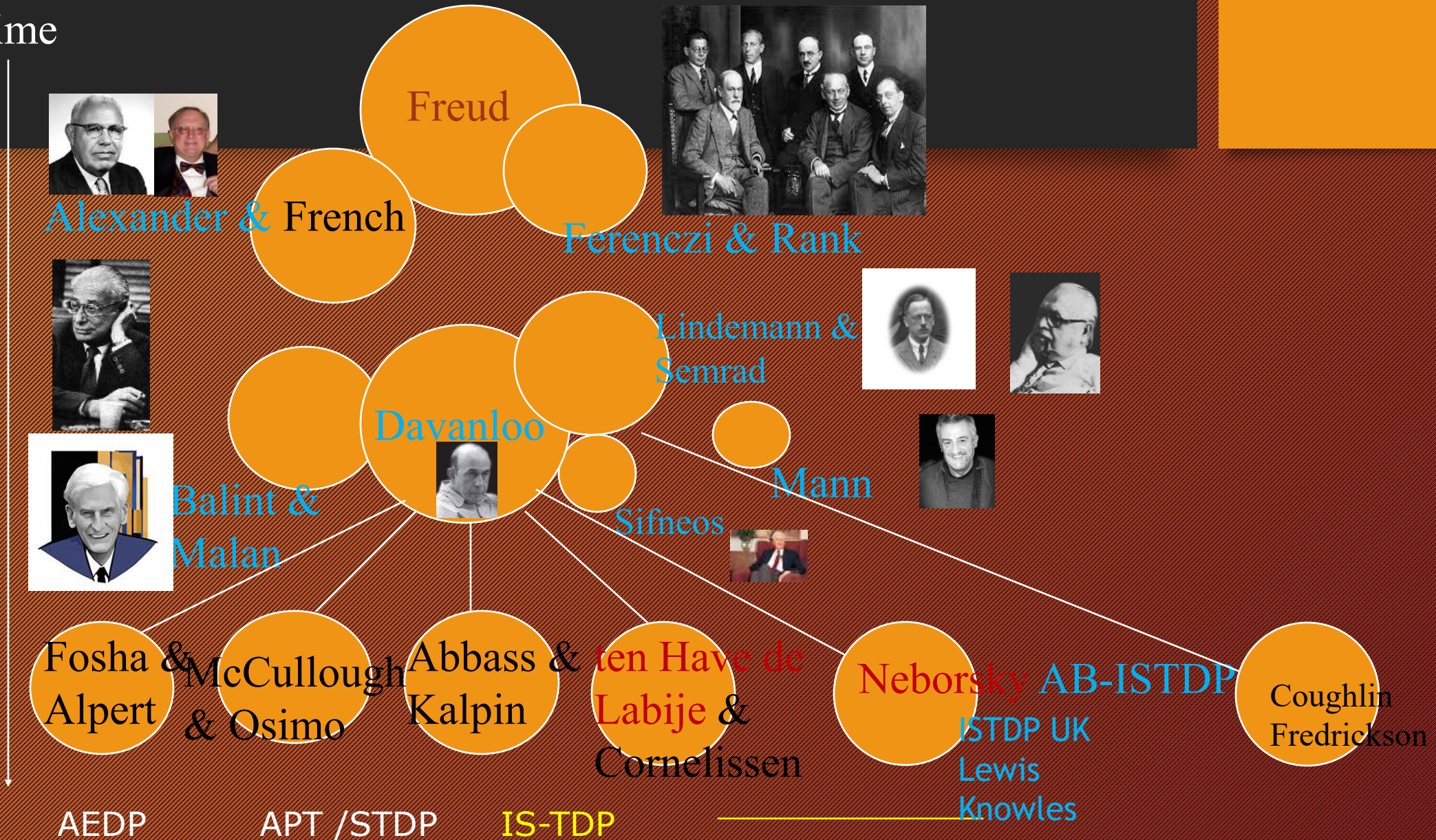
- As far as the patient is concerned his sense of guilt is dumb; it does not tell him he is guilty; he does not feel guilty, he feels ill. This sense of guilt expresses itself as resistance to recovery which is extremely difficult to overcome.

Freud, 1923



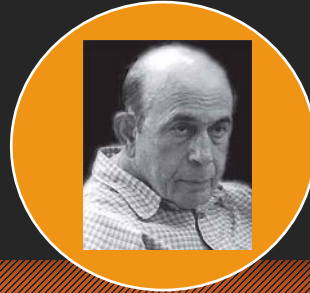
STDP: History and Influence

Time



ISTDP: History

Time



1962 began research at Montreal General

Davanloo

1974

Tavistock



David Malan

Collaboration 12 Years

1990 wrote Unlocking the Unconscious

1981 Met Robert Neborsky at UCSD workshop/ Lewis Judd

Oxford Conference 2006 , 2008

ISTDP UK Established 2009 to Present

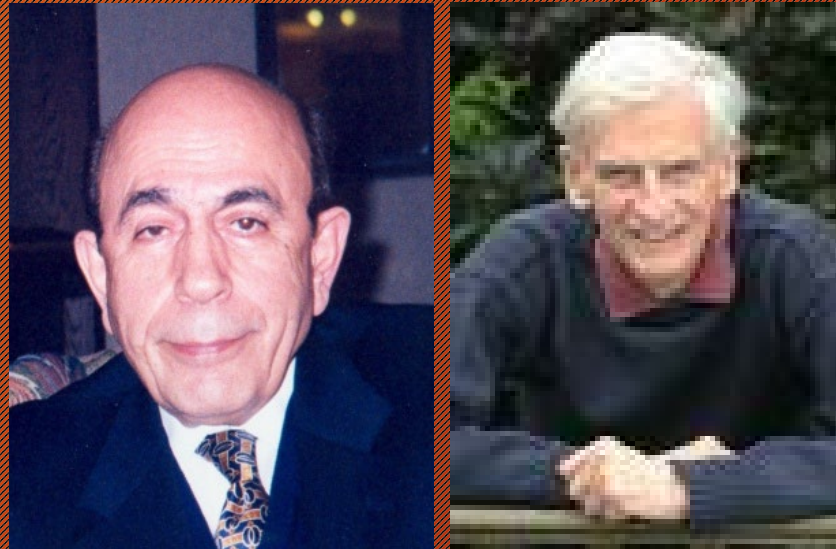
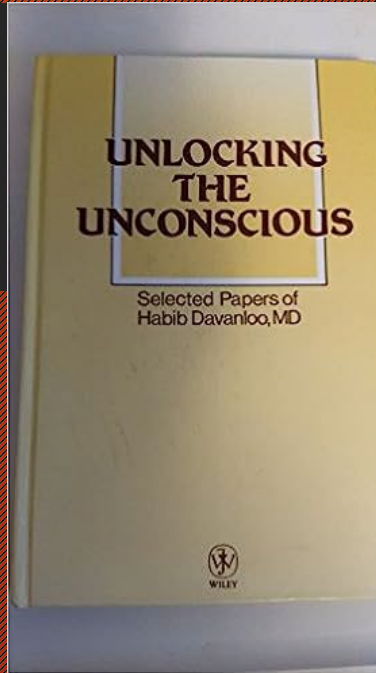
Neborsky Consultant Psychiatrist AB-ISTDP

Graduated 12 Core Groups

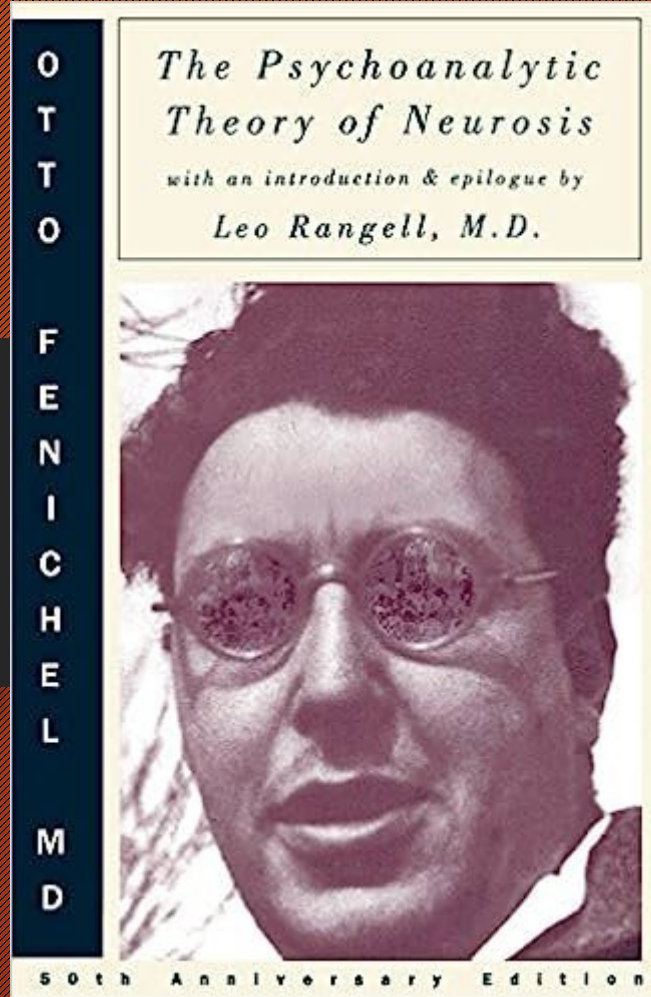
Neborsky establishes training centers at San Diego, UCLA, San Francisco, Calgary Canada

ISTDP Qualitative Basis

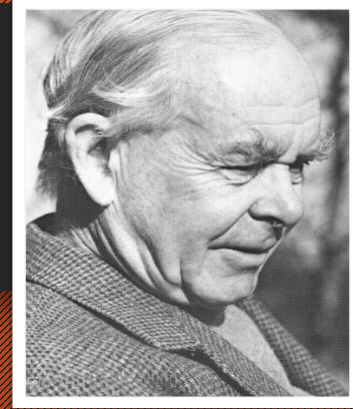
- 1960-2000's: Case Series with Follow-up. Davanloo's Large Case Series and qualitative videotaped research
- "I believe that dynamic psychotherapy can be not merely effective but uniquely effective, that therapeutic effects are produced by specific factors rather than nonspecific factors, and that the essential factor is the patient's actual experience of their true feelings about the present and the past". (Unlocking the Unconscious, 1990)



Davanloo's Metapsychology of the Unconscious



JOHN BOWLBY



- Psychoanalyst
- Studied plight of homeless children
- Influenced by Robertson's work with children separated from mother
- Theory based on observations of mother-child interaction
- Prospective research



ATTACHMENT SYSTEM



- ❑ Attachment
 - An enduring emotional tie that develops over time with a specific caregiver(s)
- ❑ An innate motivational system that is distinct from feeding and sex
- ❑ Genetic program evolved to maintain survival through access to parental protection, care and nurture in place by 7 months
- ❑ Shaped by parental behavior

UNIVERSALS OF OUR INHERITANCE



- ❑ Human infants have inherited the same fear-related and attachment-related brain structures as were used in the environment of evolutionary adaptedness (EEA)
- ❑ Protection from predation has served as the biological or adaptive function leading to the incorporation of attachment behavior into species-wide repertoire

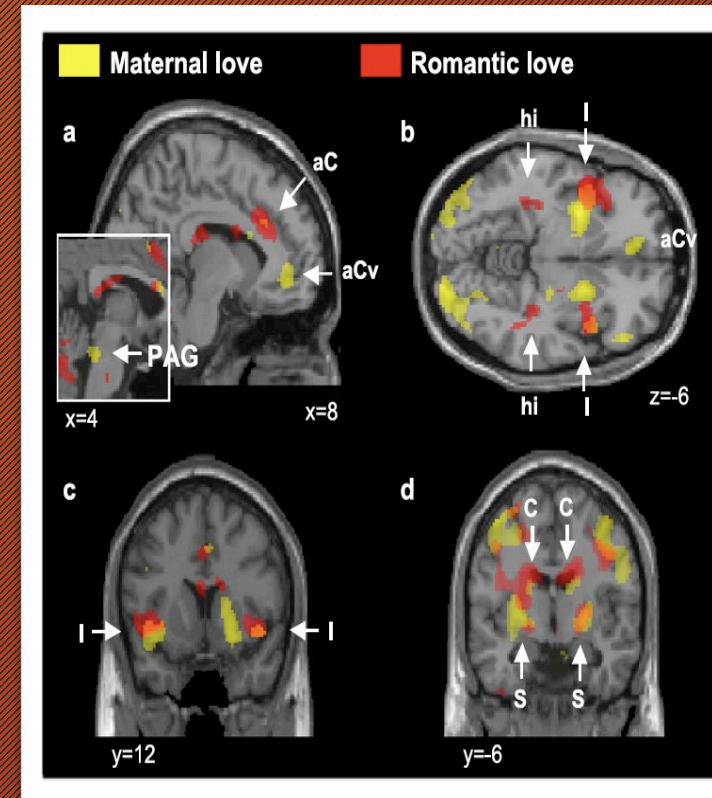
EVOLUTIONARY DEVELOPMENT



- ☐ Different solutions to fear across mammalian species
- ☐ Baby primate will die in an hour
- ☐ Rabbits and foxes run to den
- ☐ Nomadic ground living primates flee to attachment figure
- ☐ Use attachment figure as secure base for exploration and play

NEUROBIOLOGY IN HUMANS

- ❑ MRI studies show that similar brain regions are activated when mothers look at pictures of their babies and partners look at pictures of their partners
- ❑ The pattern is similar to study of new mothers listening to infant cries
- ❑ Also similar to activation during cocaine-induced euphoria



Bartels & Zeki (2004)

MARY AINSWORTH



- ❑ Home observations in Uganda then Baltimore
- ❑ Strange Situation: Series of episodes in which infant and parent are separated (danger) and reunited twice
- ❑ Three basic “organizations” of infant-mother attachment
- ❑ Related to mother’s responses

CROSS-CULTURAL STUDIES

□ Ainsworth (1967) in Uganda



SECURE ATTACHMENT

- ❑ Protest→Able to settle with stranger→Happy Reunion→Play
- ❑ Behavior is consistent and comprehensible as adaptive strategy
- ❑ Mother's behavior is predictable sensitive to infant's signals and communications-flexible attention
- ❑ Are confident that attachment figures will be sufficiently reliable and effective at times of threat.

INSECURE: ANXIOUS-AVOIDANT

- ☐ Avoidant-dismissing and detached
- ☐ Rejection of attachment behavior by mother, bullies, rejected by others
- ☐ Infant stays involved with toys, moves away from mother
- ☐ Avoidance maintains organization and proximity

Internal Working Models

- ☐ We do unto ourselves and others that which was done to or with us
- ☐ Repeated interactions that are encoded in memory as prototype of relationship
- ☐ We apply to ourselves and enact w/ others quality and kind of relationships we experienced

ADULT ATTACHMENT INTERVIEW

Main, Goldwyn, Hesse, 2003

- Our state of mind regarding attachment is manifested through the coherence of language as we describe our relationship history



AAI's Reliability

MOTHER'S AAI

Secure

Preoccupied

Dismissing

INFANT'S PATTERN

Secure

Anxious-
Ambivalent

Anxious-
Avoidant

Concordance = .70, $\kappa = .49$ (van IJzendoorn, 1995)

Secure State of Mind

- ❑ Central task is to produce and reflect upon memories related to attachment while simultaneously maintaining a coherent, consistent, and collaborative conversation
- ❑ Form a logical whole suitable and adapted to context
 - Truthful with evidence, succinct, relevant, clear, orderly

AAI RESEARCH FINDINGS

- ❑ Representational processes are the likely mediator of differences in parental caregiving behavior
- ❑ Predicts caregiving of infants and children
 - ❑ (10 samples)
- ❑ Predicts infants SS response to parent (21 samples)

van IJzendoorn, M. (1995), Hesse (1999)

Attachment and Trauma



- Secure attachment serves as protective factor
- Insecure attachment serves as risk factor
- Study of 1991 Gulf War (Mikulincer, Florian & Weller, 1993)
 - Anxious---intrusion and avoidance
 - Avoidant---avoidant

Attachment and Trauma

- 2003 US-Iraq War -chronically insecure suffered more severe PTSD (Mikulincer et al, 2006)
- Women w/ child abuse histories: Path analysis confirmed insecure attachment associated with impairment through poor emotion regulation and diminished expectations of support (Cloitre et al, 2008)

Attachment Theory *is* a Theory Without A Therapy

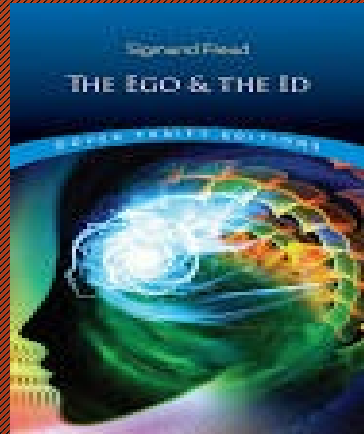
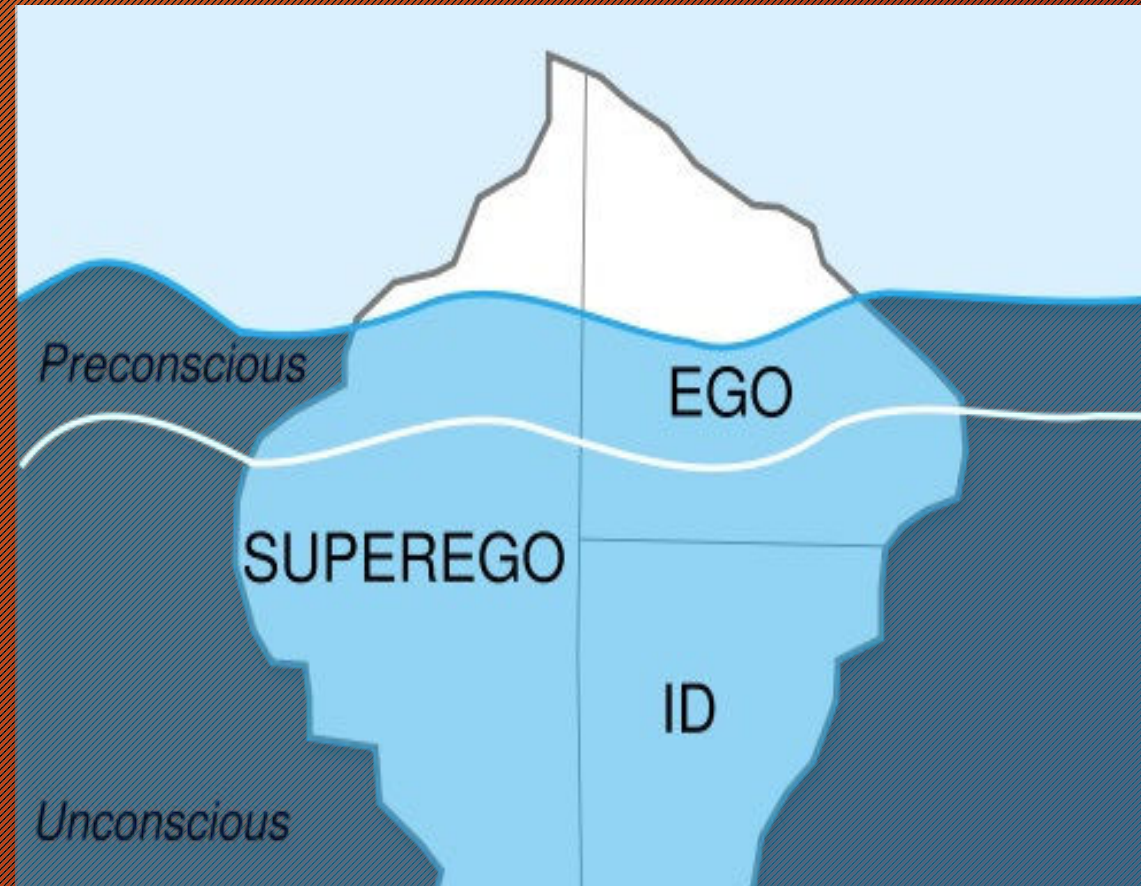
- Dr Davanloo never interacted with Bowlby but he also concluded that psychoneurosis was caused by rupture of the secure attachment bond between parent and child
- He theorized that the child felt loss (sad) and a retaliatory rage and guilt over the rage that then developed a structure called the punitive superego.
- He believed this structure could develop as early as six - nine months of age- not post Oedipal like Freud theorized.
- For complex reasons Davanloo's theory is rejected by many attachment theorists who I believe DENY the darker side of the human psyche.

Attachment Theory *was* a Theory Without A Therapy

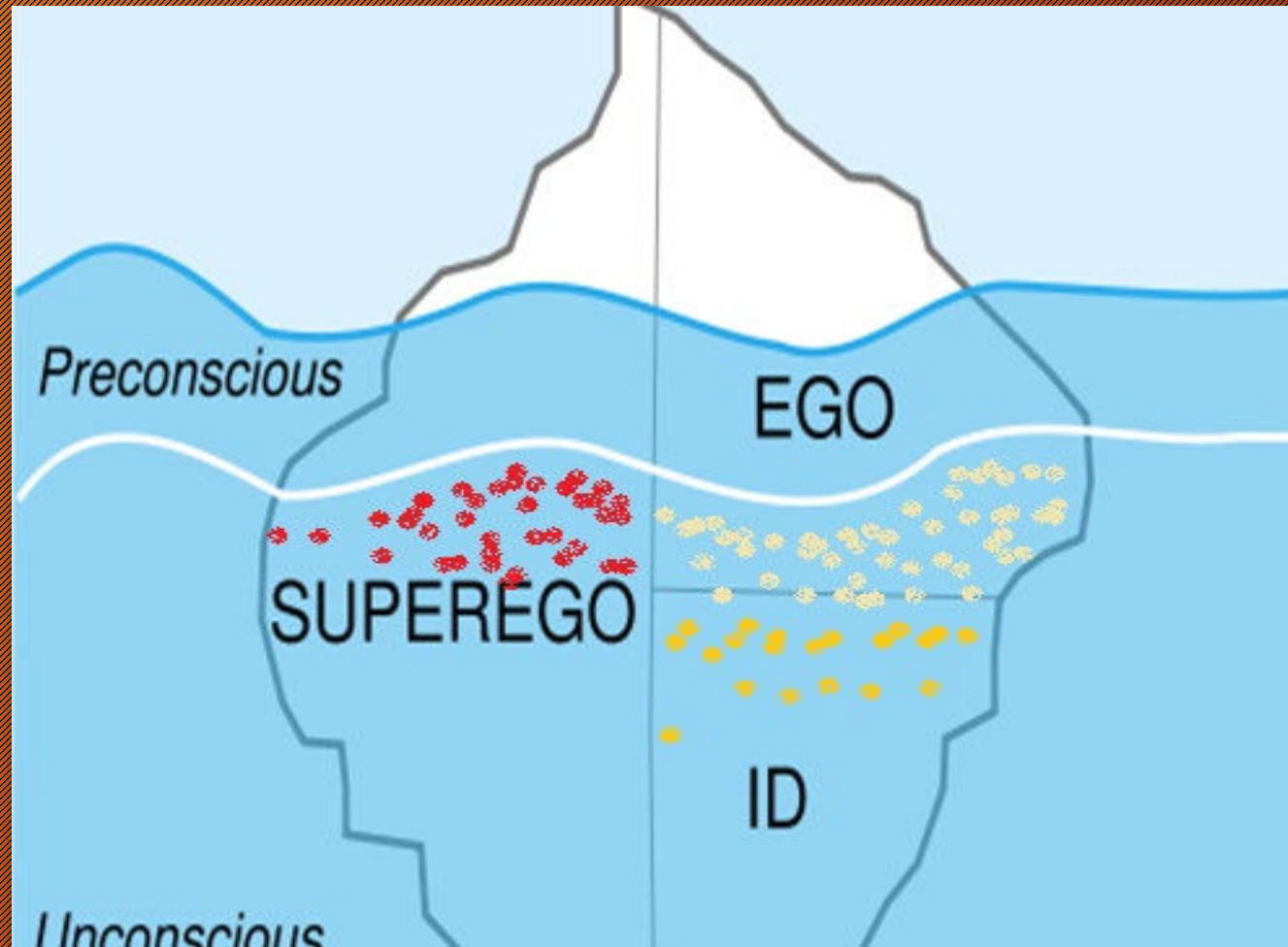
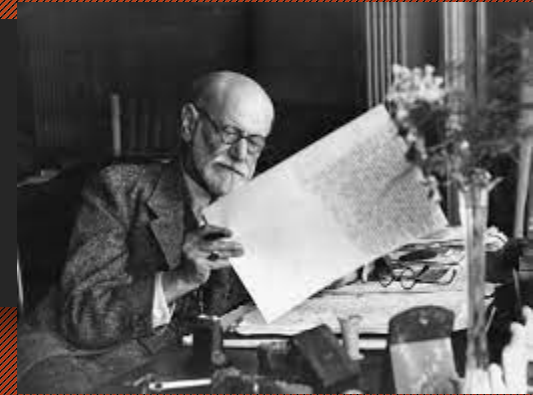
- It is my most heartfelt hypothesis that ISTDP and AB-ISTDP are the singularly most rapid, efficient and effective therapy at changing the working model of attachment
- In this conference the recorded cases will show you both the theoretical evidence for this hypothesis and videos of striking clinical examples..

Topographic and Structural Models Superimposed

Circa 1895-1923
An Analytical Therapy



Where analysis, ISTDP and AB/ISTDP
aspire to reach on the Topographic and
Structural models.



Spectrum of Psychoneurosis

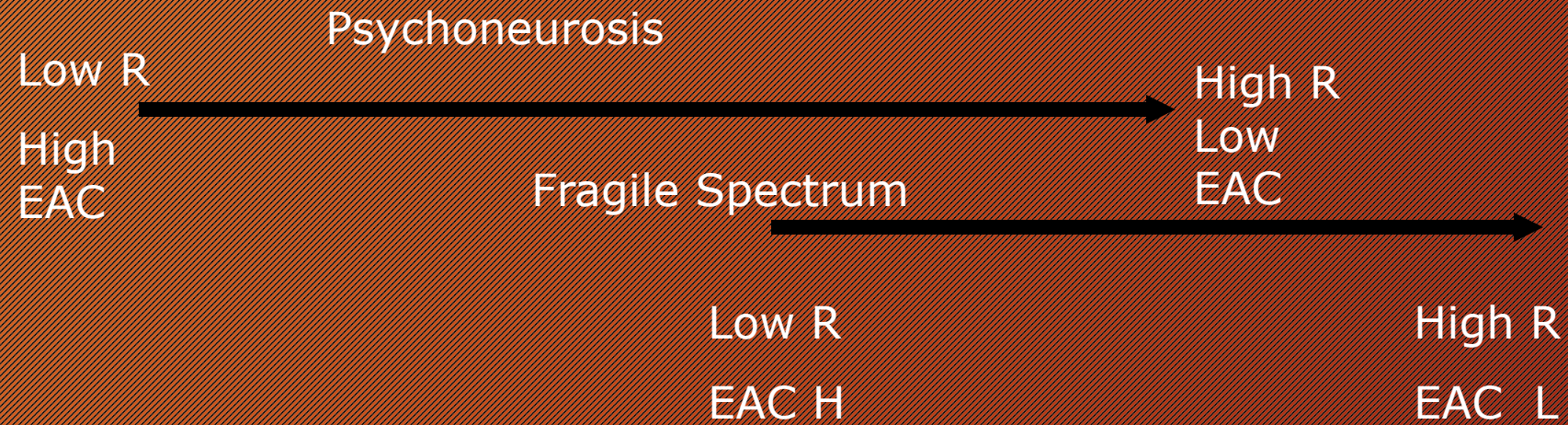
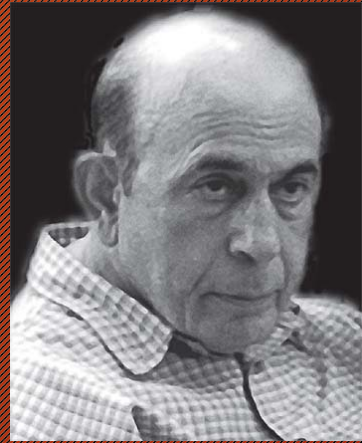


Intensive Short-Term Dynamic Psychotherapy

*Selected Papers of
Habib Davanloo, M.D.*

WILEY

Patients are classified by level of resistance and ego adaptive capacity on a 5point scale

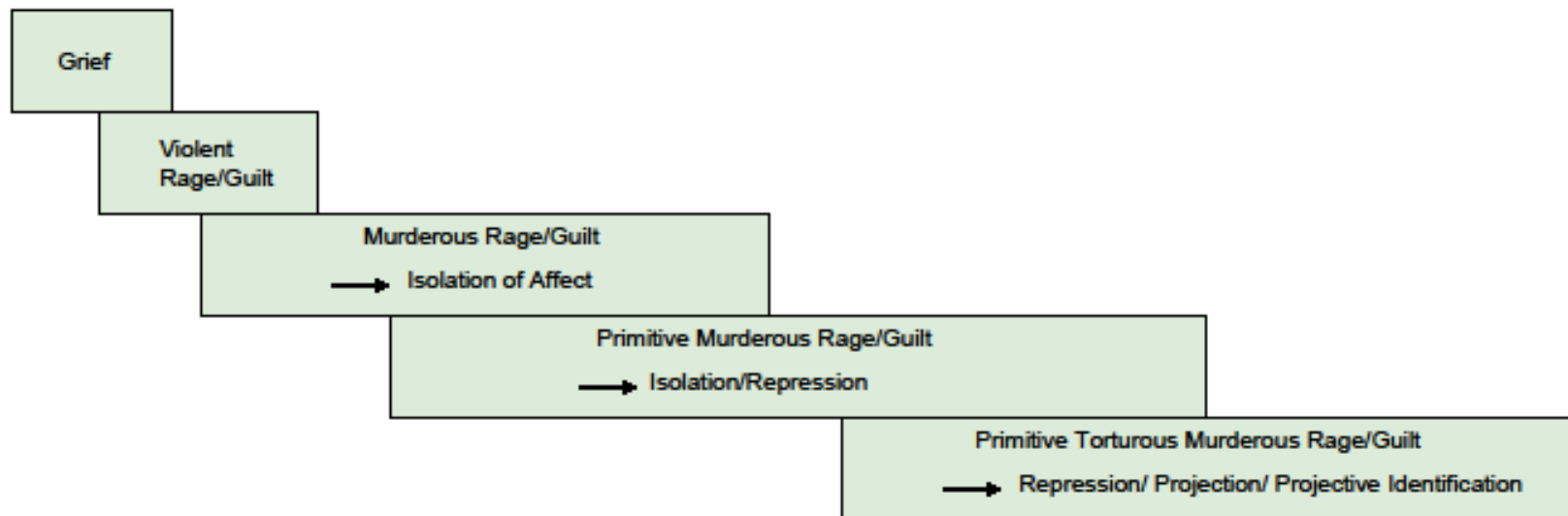


Spectrum of Psychoneurotic Disorders

Low Resistant	Moderate Resistance	Highly Resistant	Highly Resistant with Repression
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Spectrum of Patients with Fragile Character Structure

Mild to Moderate Fragile Character Structure	Severe Fragile Character Structure - Borderline Organization
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Length of Treatment	1-5	5 -10	10- 40	30-60	50-150
% Outpatient Referrals	1%	13%	47%	19%	8%
Year of Development	1960	1970	1980 "STDP" Graded Format	1990 "ISTDP" Multidimensional Structural Change	1990's

** Patients suitable for ISTDP. STDP = Short-term dynamic psychotherapy, ISTDP=Intensive short-term dynamic psychotherapy

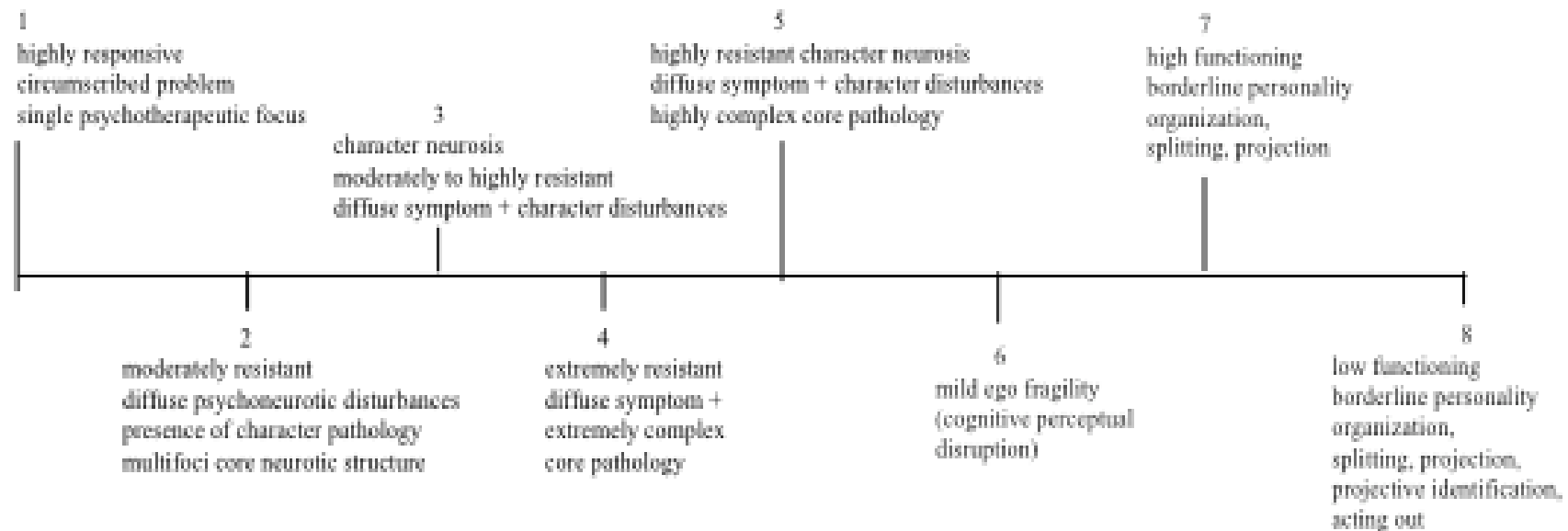


Spectrum of Psychoneurosis

American J of Psychotherapy Vol 67 No 1, March 2013

Neborsky, R and Bundy, C

Figure 1. The Spectrum of Psychoneurotic Disorders (Adapted from Davanloo, 1995)



Short-Term Therapy for Long-Term Change

MARION F. SOLOMON



ROBERT J. NEBORSKY

LEIGH McCULLOUGH

MICHAEL ALPERT

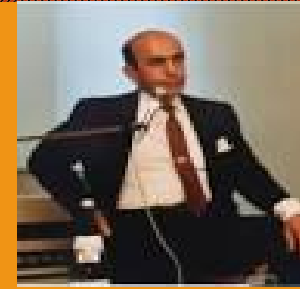
FRANCINE SHAPIRO

DAVID MALAM

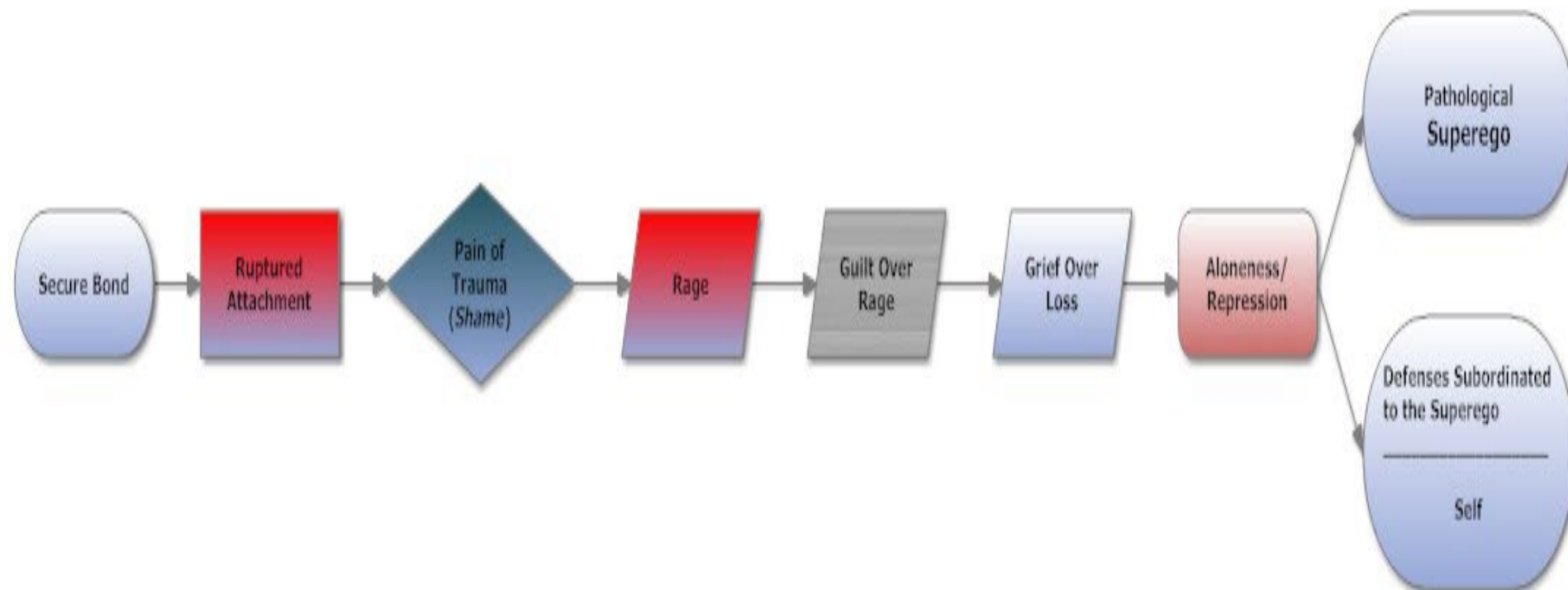
Metapsychology of the Punitive Superego

In Moderately Resistant Patients and Above (3-7)
The Punitive Superego Dominates the Ego

Davanloo's Model of Unconscious Trauma



PATHOGENESIS OF PSYCHONEUROSIS

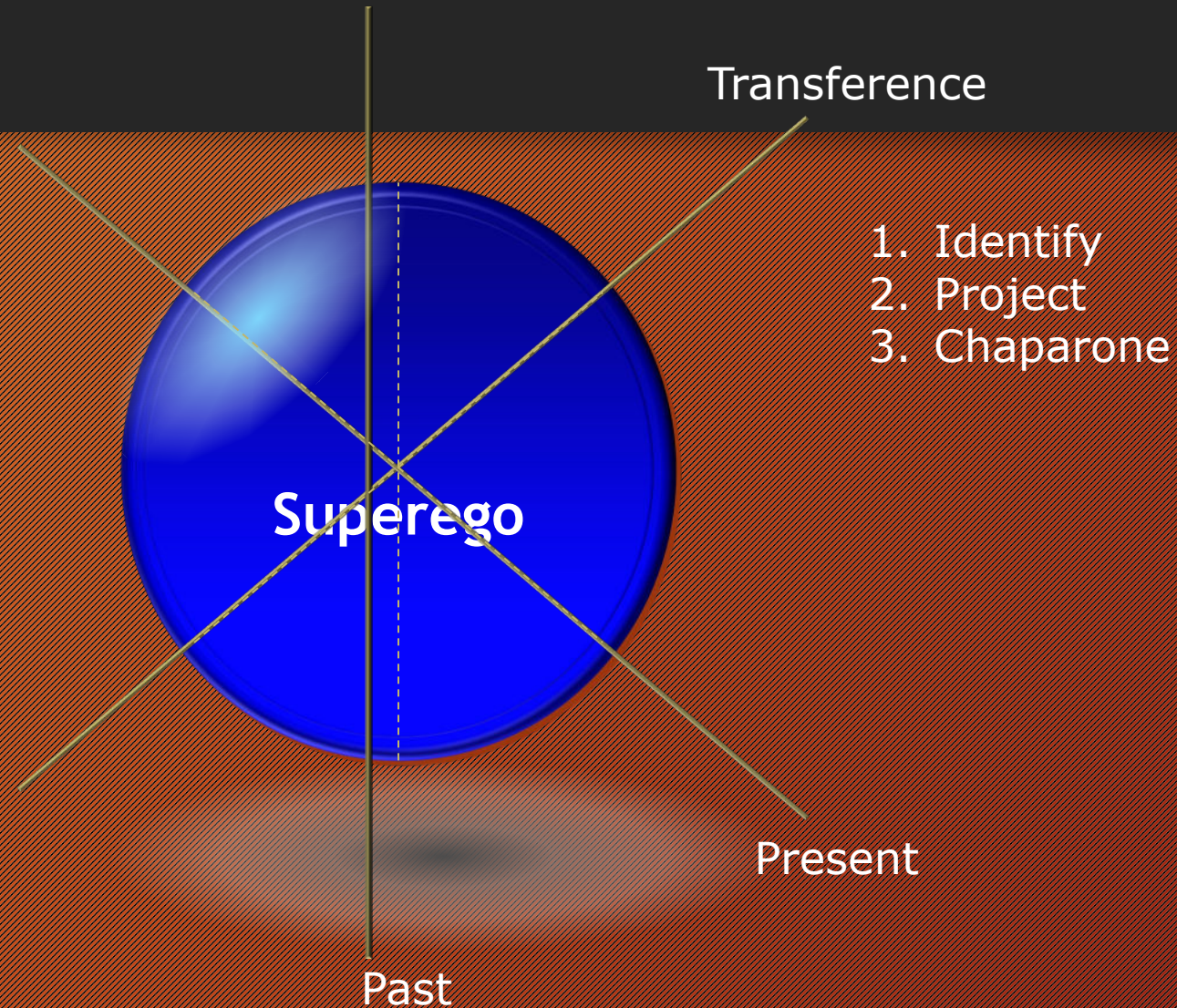


Definition and Function of The Punitive Superego



- A structure created by mirror neurons of the caretaking characteristics of the parent
- It resides in both explicit and implicit memory
- If the attachment is insecure, the superego becomes punitive (Neborsky 2001, 2010)
- The punitive superego is omnipresent and always projected (to a greater or lesser degree) into the perceptual system involving need satisfying relationships
- The patient responds to the dictates of the superego with predictable defenses based on the precise trauma that the parent(aggressor) inflicted on the child.

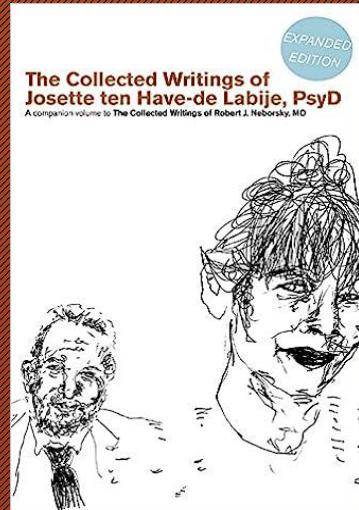
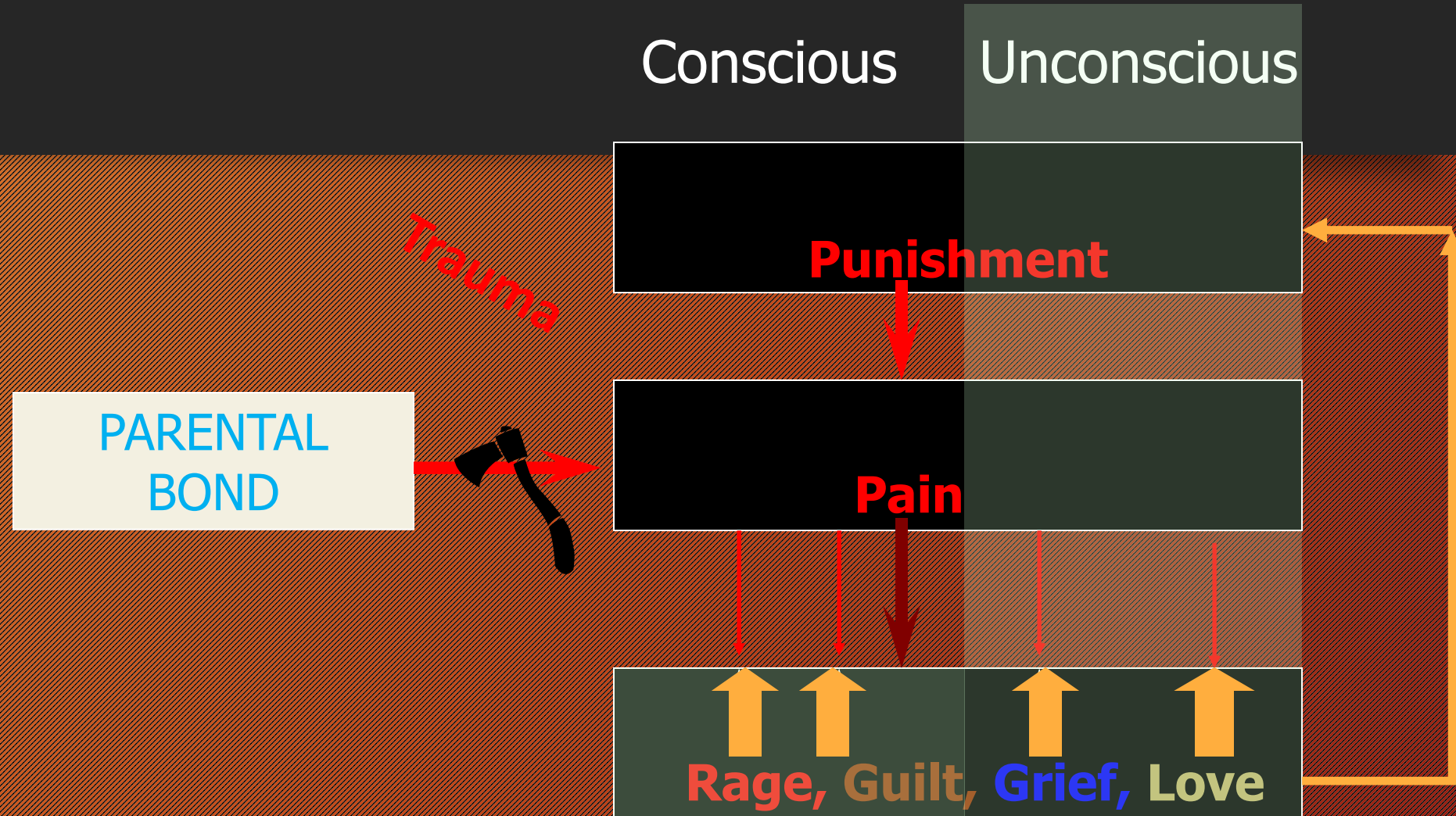
Psyche viewed from the outside in



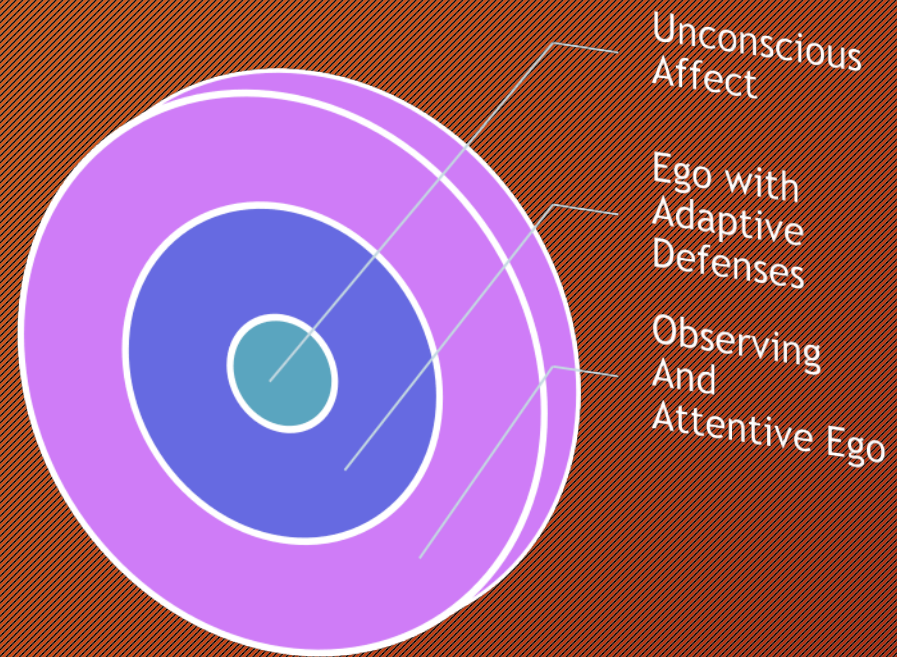
Model of the Psyche from the Inside Out



Developmental Origin of the Punitive Superego



Psyche Post Successful Therapy



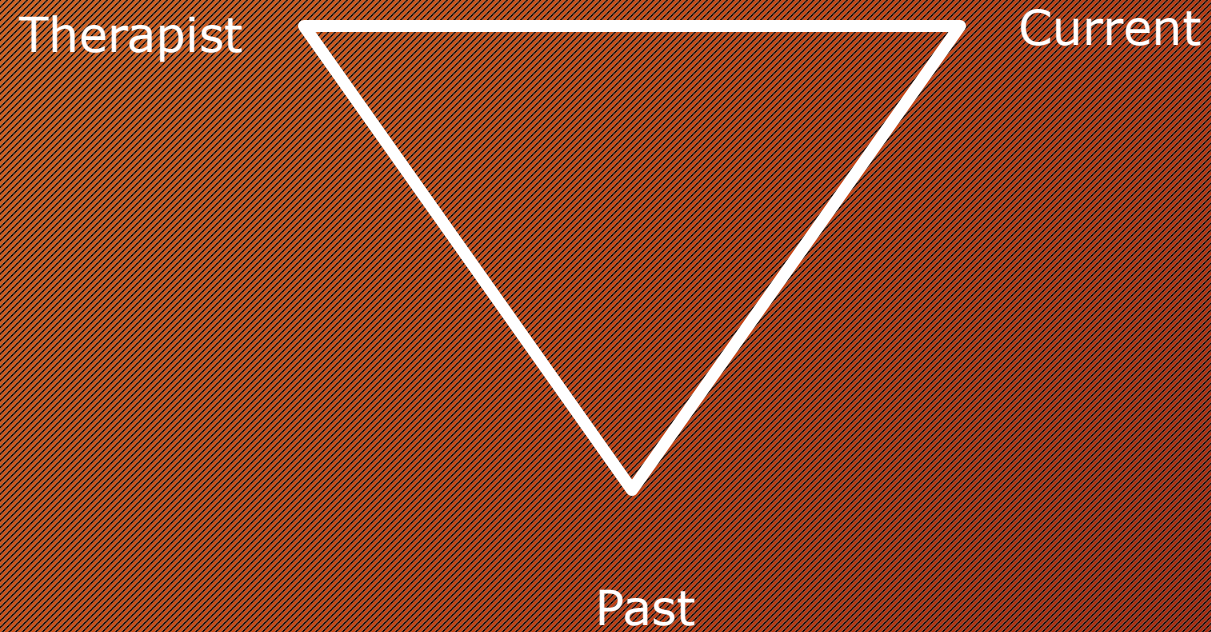
The Practice of AB/ISTDP

The Two Triangles



The ISTDP therapist teaches the patient to
look at themselves through the triangles
of conflict and persons

Triangle of Persons



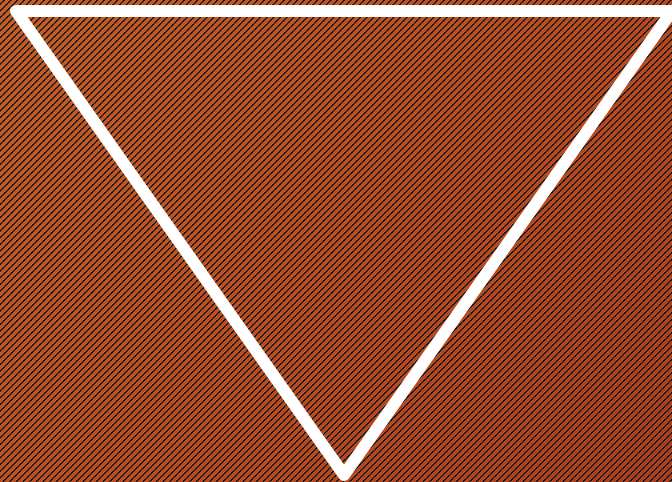
The Practice of ISTDP
After Menninger, Malan, Davanloo

Triangle of Conflict



Unconscious Defense

Stimulus/Response



Unconscious Anxiety

Striated Muscle

Smooth Muscle

Somatic

Cognitive-perceptual

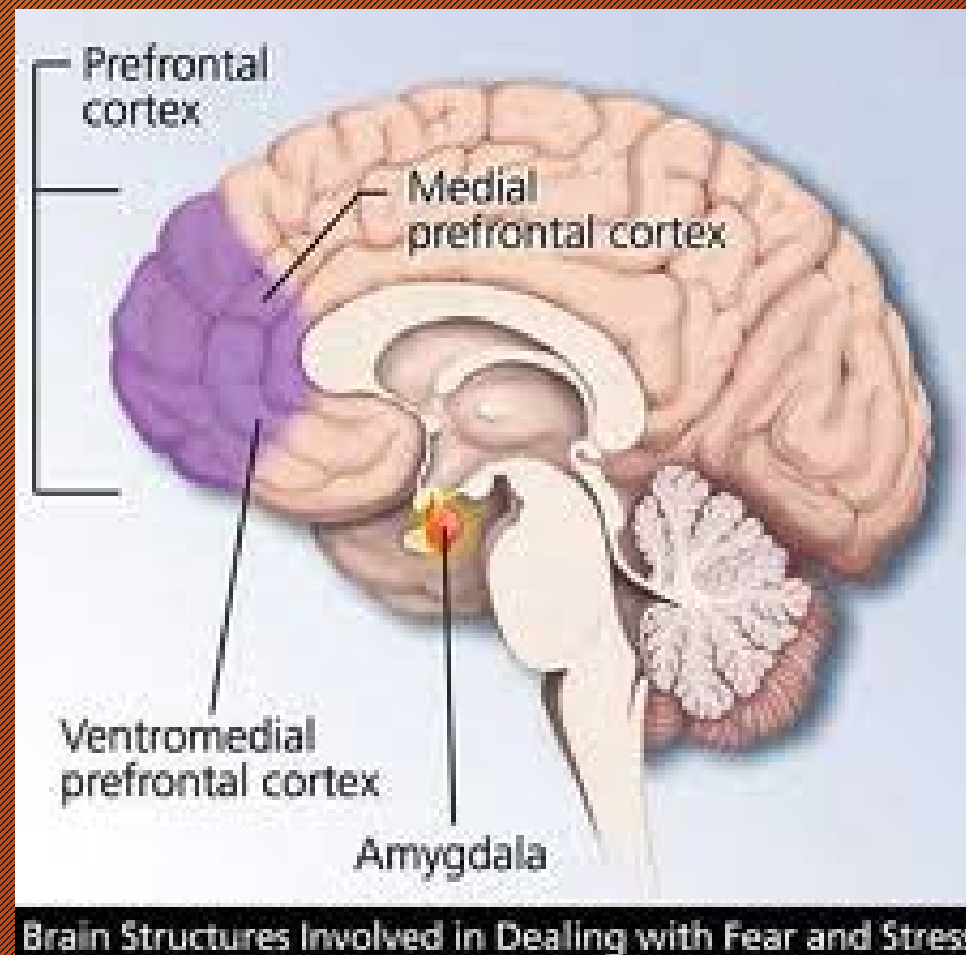
Unconscious Feeling

Pain, Rage, Guilt, Grief, Love

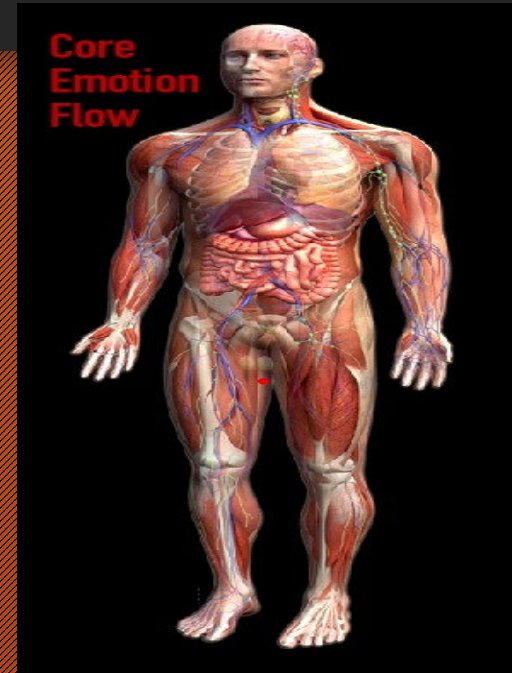
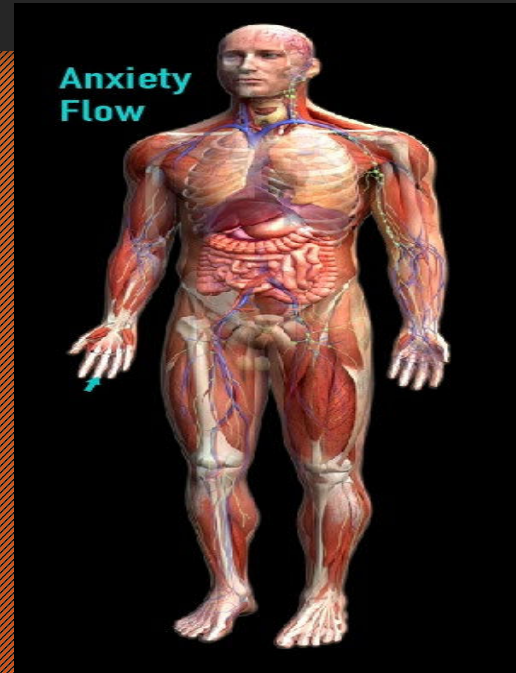
The Practice of ISTDP

After Ezreil, Malan, Davanloo

Where istdp starts: Observing Ego

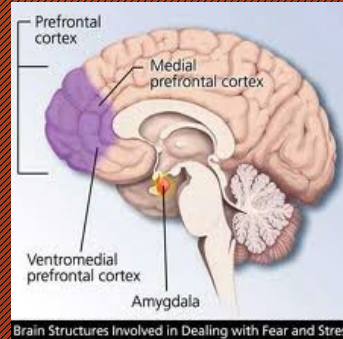


The Pathways of Anxiety and Core Emotion



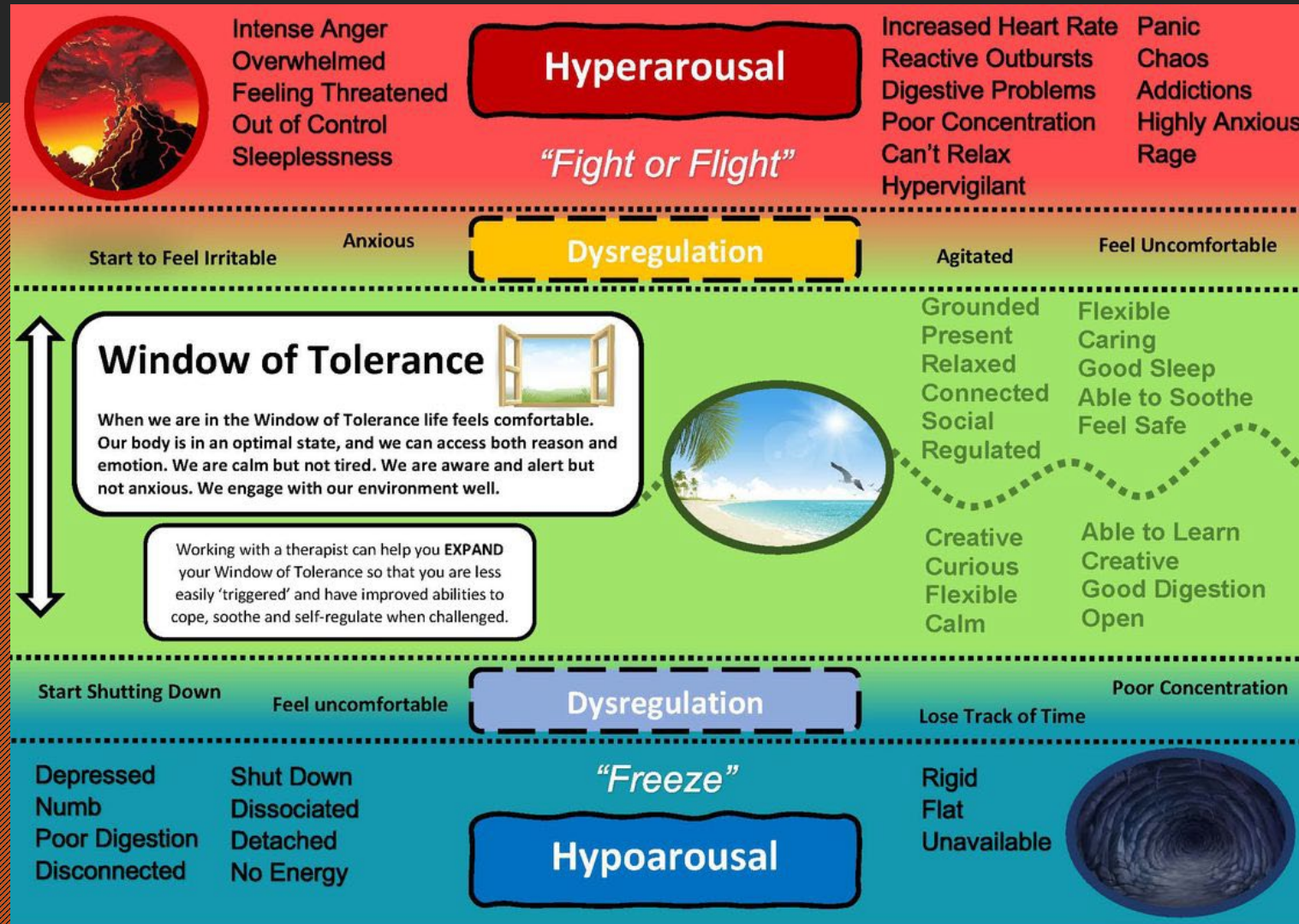
See WWW.ISTDP.COM for these Flash Holograms

Anxiety Regulation in ISTDP



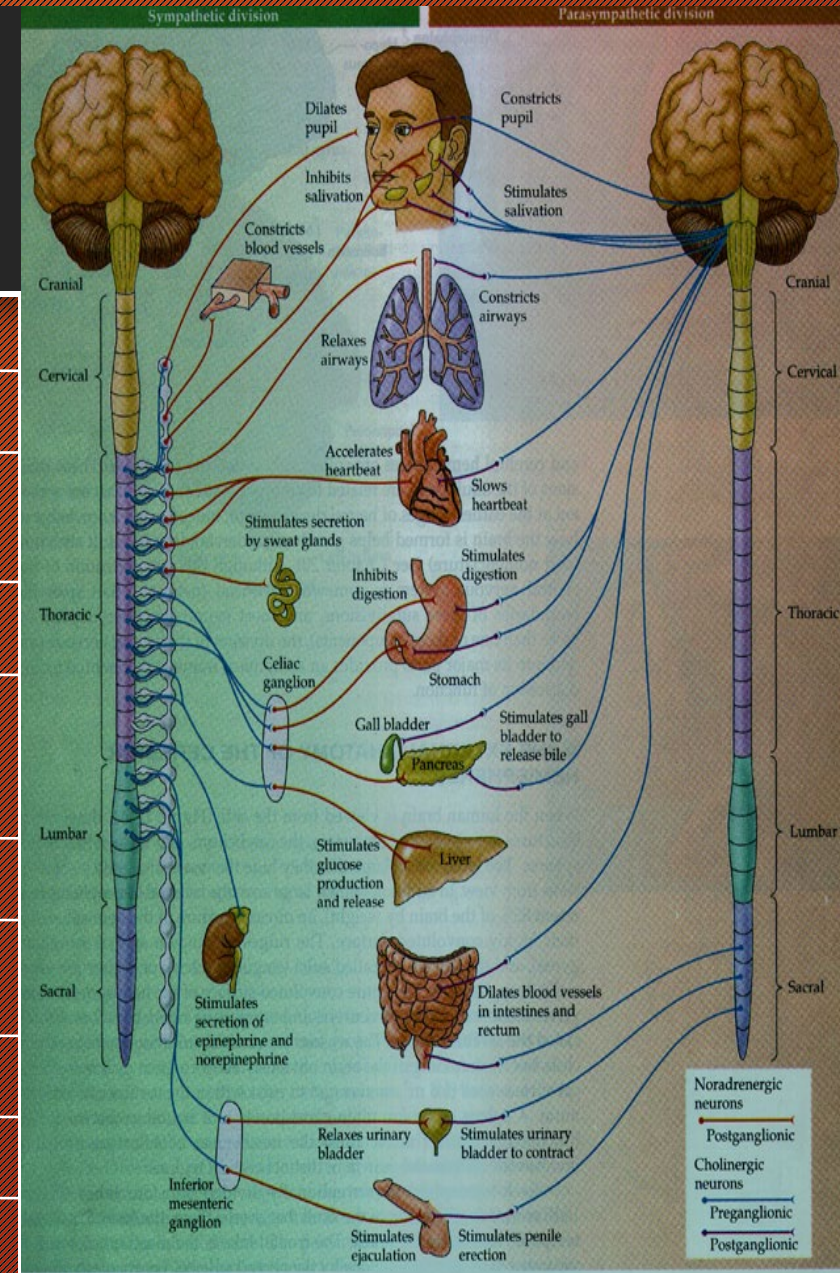
- Through Precise Observing the AB/ISTDP therapist activates
 - The observing ego
 - The lateral right orbito-frontal gyrus
 - The attentive ego
 - The medial right orbital-frontal gyrus
 - Increases Cortical-limbic connectivity
- The patient learns to use judicious parasympathetic activation on their behalf
- *The patient then will either regulate anxiety on their own behalf and explore themselves or be caught in the repetition compulsion !*

Fight, Flight, Freeze or “Sham Death”

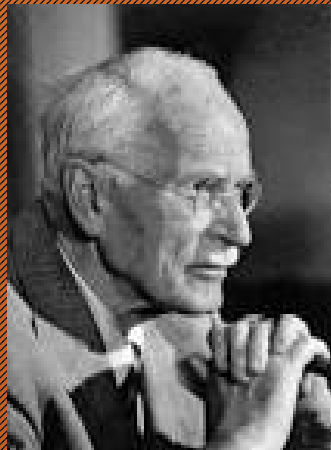


Summary of Unconscious Anxiety Pathways

Sympathetic	Parasympathetic	Cognitive
Dry mouth, throat, eyes	Lightheadedness	Processes :
Sweating armpits	Dizziness Sleepiness	Incoherent, delayed, or accelerated
Sweating palms	Fainting	Content:
Cold hands	Constipation	Disturbed orientation toward time, place, or person
Blushing	Diarrhea	Perception:
Increased heart rate	Urge to urinate	Acuity of visual/auditory perception
Shivering	Nausea	Tunnel vision
	HCL secretion stomach	Tinnitus
	Tearing*	Hallucinations, dissociation



The Self as 3 Story House



Front
Door

BASEMENT
DOOR

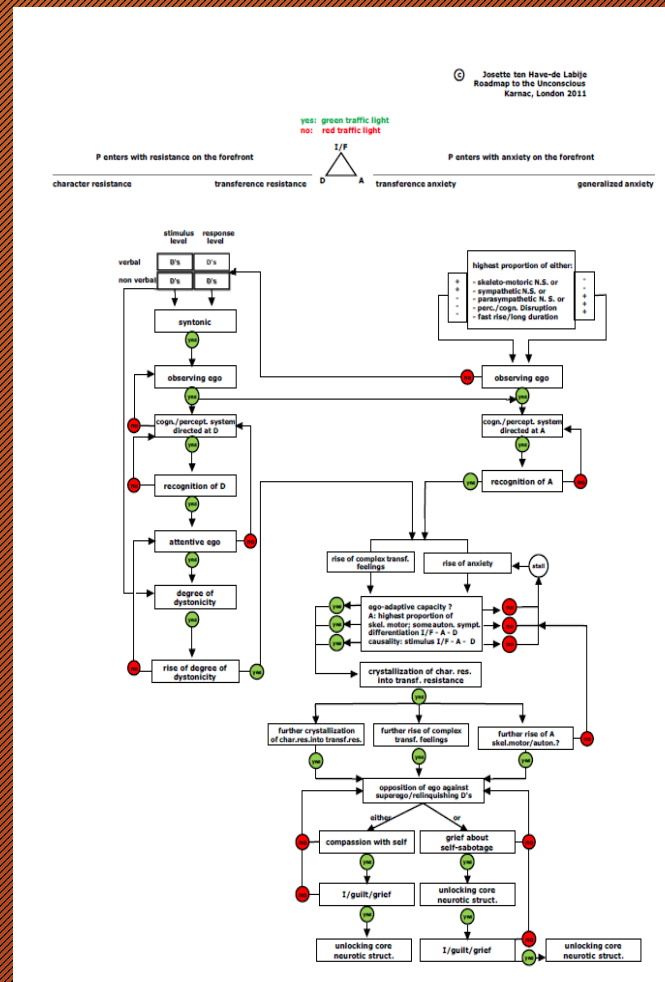
CJ JUNG Two Million Year Old Ancestors....

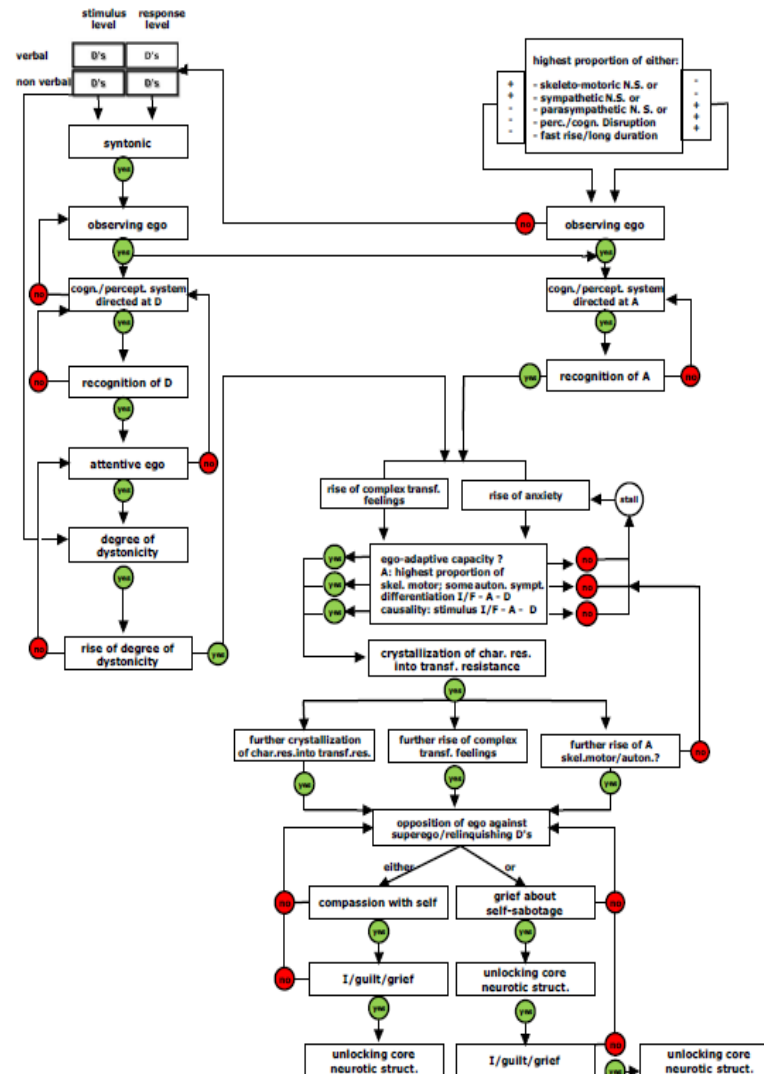
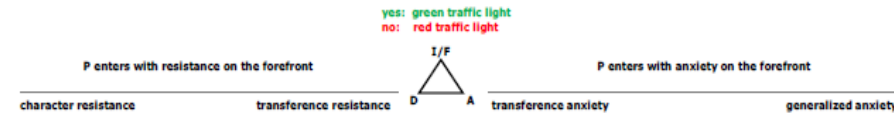
Overview: Central Dynamic Sequence

- Originally described by Malan and Davanloo elucidated by ten Have-de Labije and Neborsky
- An Attempt to overcome interpretation (cog intervention)
 - *Believed by them to be most efficient way to access Unconscious Mind*
- Involves sequential interventions in a structured therapy intervening at “The Front Door and Basement Door”

The Central Dynamic Sequence of Davanloo

- An efficient therapeutic sequence of interventions to uncover the pathogenic core of unconscious conflict
- Mastering this sequence is the key to effective ISTDP





“Traffic Lights” Roadmap to the Uncs

Copyrighted Material

Mastering Intensive Short-term Dynamic Psychotherapy

A Roadmap to the Unconscious



JOSETTE TEN HAVE-DE LABIJE
AND ROBERT J. NEBORSKY

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Primary Therapeutic Task in AB-ISTDP: Separate Ego from Superego*

- Patients with high super-ego pathology need a phase of de-identification with their punitive ways of treating themselves
- They experience sadness (*compassion for self*) (or grief over self suffering) for their unnecessary suffering and understand the mechanism of producing their suffering and/ or anger at the unneeded suffering.
- This increases
 - Motivation and Ego Adaptive Capacity

* After ten Have de-Labije " Whose Intra Psychic Crisis"

Uncover the major specific operating Attachment Trauma(s) Enforced by The Punitive Superego

- The therapist challenges their internalized attachment style and challenges the patient to replace
 - Avoidant: Dismissal; Ignoring and Neglecting
 - Ambivalent: Derogation, Blaming, Devaluing, Ignoring and Neglecting
 - Disorganized: Alternating Neglect and Rampant Self Abuse
- *With Love, Attentiveness, Precision, Interest, and Curiosity*
- (Secure Attachment-Attentional System!)

Summary of the Central Dynamic Sequence*

- Inquiry
- Undoing PSE projections if present
 - Confrontation, Identification, Clarification of defenses
 - Regulation of Anxiety
- Pressure to experience feelings in the Transference
 - GRIEF OVER NEUROTIC SUFFERING
- Restructuring the Ego
 - Distinguish the Corners of the Triangles of Conflict
- Turning of Ego Against the Superego (*Intra- psychic crisis*)
 - Mobilization of aggressive impulse against the aggressor
 - Breakthrough into Cs of Rage Guilt Grief Love
- Exposure of core neurotic conflict
- Recapitulation
- Treatment planning

*Varies according to ISTDP clinician

Central Dynamic Sequence:

Intra-psychic Crisis

- Breakthrough of Rage Guilt Grief Love by assertion of Patient's Will
(Mobilization of patient's will and desire to heal against defenses and dictates of the punitive superego and experience complex painful feelings-- Intra- psychic crisis over suffering)
- Separation of Ego from Superego and the Defenses Made Dystonic
- Then the Working Therapeutic Alliance is mobilized against the Resistance



Central Dynamic Sequence

Exposure of core neurotic conflict

- The patient's current difficulties are revealed from their developmental genesis yet felt in the here and now
- This results in emotional insight and facilitates resolution of residual resistance and increased Working Alliance and development of an Unconscious Therapeutic Alliance

Central Dynamic Sequence

Termination of Interview

- Recapitulation
 - Systematic Review of the Two Triangles with inclusion of the newly experienced CF or CTF
 - Review Triangle of Conflict (I/F-A-D)
 - Review Triangle of People (T-C-P)
 - Review Dynamic Origin of Super-ego (Punishment of self for unconscious rage)
- Psychotherapeutic Planning
 - Length of sessions, length of treatment, cost, follow up plans

Brain, Mind, and Dyadic Change Processes

- For many individuals attachment trauma is at the core of psychoneurosis
- and personality disorder. Combining theoretical aspects of psychodynamic
- therapy, developmental neuroscience, and attachment styles provides
- a useful framework for intensifying emotion and accelerating the
- course of treatment. A bihemispheric model is considered. The model
- addresses the challenge in treating the implicit trauma, which resides in
- the right hemisphere. This is achieved without resorting to interpretation,
- which is largely a left hemispheric process. The article presents a patient
- who benefits from a brief emotionally based psychotherapy that was completed
- after a course of a 20-year psychoanalysis. © 2006 Wiley Periodicals,
- Inc. J Clin Psychol: In Session 62: 523–538, 2006.

1. THE WOMAN WHO LOST HERSELF IN PSYCHOANALYSIS
2. WILL YOU LOVE ME TOMORROW?

AB-ISTDP integrates other therapy techniques besides Pressure, Challenge, and HOC

• Adapted from Short-Term Dynamic Psychotherapy (STDP) and Intensive

- Short-Term Psychotherapy (ISTDP) (Malan and Davanloo)
- Pressure, challenge, head-on collision
- Pathways of unconscious anxiety discharge
- Emphasis on visualization for processing
- Applies Adult Attachment Interview (AAI) (Main & Goldwin)
- Elements of Gestalt (Perls)
- Empty Chair
- Inner Child
- Talking to the Dead
- Elements of Psychodrama (Moreno)
- “Doubling”
- Alter ego
- Ideas from Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro)

Brain, Mind, and Dyadic Change Processes II

- Two people—patient and therapist—join together in a therapeutic venture. The therapist
- listens and absorbs historical and dynamic information that activates the mind of the
- therapist. The therapist through ISTDP technique can access the patient's unconscious in
- a remarkably short period by following the sequence of interventions invented by Davanloo
- and elaborated by Malan. If the dyad can overcome the constraints placed against
- feeling traumatically based emotion, rapid and long -lasting change can and does occur.
- Deeply felt long-lasting emotional insights sustain the patient and reinforce the changes
- made during the psychotherapy

ABISTDP

**REPAIRING ATTACHMENT
TRAUMA TO RESTORE HEALTH
MIND, BODY AND SPIRIT**