



CIMBS for Therapists

*“The task is... not so much to see what no one has yet seen;
but to think what nobody has yet thought, about that which everybody sees”*

~ Erwin Schrödinger

The psychotherapeutic approach we utilize and teach works with a different therapeutic paradigm and at different levels of the nervous system. We are constantly harnessing the energy and wisdom of multiple Brain Systems. That is what potentiates its effectiveness and efficiency.

In our research and experimentation with different therapeutic processes and interventions to become more effective and efficient as therapists, we have learned a number of important lessons. When we narrowed the focus of our interventions to attend to specific Brain Systems the therapeutic process became smoother, more collaborative and the process becomes much clearer to both the patient/client and the therapist.

The five major categories of multiple Brain Systems we focus on include:

1. Core Consciousness: capacity to sustain and direct attention, mindful awareness, ability to make conscious choices, and experience agency and authority, will, contingent self-regulation of anxiety and affect, capacity for mentalizing and self reflection.
2. Inhibitory Brain Systems: anxiety, fear/terror, embarrassment, shame, guilt, and ‘feels wrong’.
3. Relational Brain Systems: needs for attachment, giving and receiving relational interest, capacity for affection, empathy and compassion, and self-compassion.
4. Motivational Brain Systems: wants, desires, drive, passion, assertive anger
5. Emotional/Somatosensory Brain Systems: categorical emotions such as sadness or joy, sources of energy moving out [e- motion], adaptive action tendency, underlying embodied, visceral wisdom.

Initially we direct our interventions to activate specific Brain Systems to see how they are operating at this moment in time. Observing how they are functioning in the here and now by evaluating the psychophysiological responses to our interventions as we focus on each group of Brain Systems. A psycho physiological response is an observable physiological/physical shift in reaction to a psychotherapeutic intervention. For example the shift might be from a moderate level of anxiety to higher level or to a lower level of anxiety.

Usually there are limitations, lack of response or entanglements [wired together] between different Brain Systems so that they cannot function optimally or independently. This is where we observe unconscious constrictions or conflicts; the wiring together between different Brain Systems comes from early

developmental learning. We intervene to begin to differentiate one brain system from another. Working in such a focused and involved way activates the Brain Systems in new ways. We are not utilizing the old familiar pathways [automatic habit patterns] in the brain. We activate the brain in different ways and thus we are creating new neural circuits and new connections. An important part of the work is to bring the different activations, the internal conflicts, and the psychophysiological responses into the patient's/client's conscious awareness.

Working in this carefully attuned but unfamiliar way, conflicts with the patient's/client's unconscious expectations and early developmental learning [implicit procedural memory]. For this and other reasons we preferentially focus on the patient's/client's successful and positive activations as the therapeutic process unfolds. Often they are not aware of those positive activations and they need to be differentiated and reinforced. These positive activations will meet the patient's/client's needs for self-esteem and a sense of competency. When the patient's/client's positive activations are the center of attention, the patient/client will often declare to their own surprise that 'this feels wrong' or 'this is not allowed.' In order to override this previous learning we need to access motivational and core consciousness Brain Systems to reduce the amount of discomfort the patient/client feels when we are providing new adaptive learning experiences. There are several interventions we work with at this point in the process to facilitate the mind's capacity to promote neuroplasticity [ability of the mind to change the structure of the brain.] Some of these elements are mindful attention, mindful effort and intention. The process is creating new circuits and differentiating one brain system from another. We are activating the brain in new ways and then facilitating the neuroplasticity capacities to enable the unconscious learning to become embodied, and long-lasting memory.

The CIMBS therapist is highly selective in the choice of interventions. The interventions are short and focused on one specific part of the process or the patient/client. The specific interventions are directed to: mobilize the patient/client to collaborate on the therapeutic task, to deepen the therapeutic connection with the therapist and themselves, to activate approach Brain Systems, to differentiate one Brain System from another, to activate specific neurotransmitter systems [dopamine, serotonin, oxytocin, GABA, acetylcholine, etc.] to gather more data on unconscious processing, and to test therapy hypotheses. Ultimately this carefully focused work in psychotherapy with different Brain Systems creates a new flexible complexity in the patient's/client's brain. Since the structural balance in the patient's/client's brain and mind have been changed, they can deal with new problems and old challenges in new unfamiliar creative and contingent ways. The patient/client keeps changing between sessions. Therapy is completed earlier because the patient/client continues to evolve in adaptive ways given this new internal structure. They adapt, change and solve their own problems and difficulties in an ongoing way. The differentiation and complex integration of the multiple Brain Systems changes the trajectory of the patient's/client's life.

Learning a new therapeutic paradigm is challenging but also fascinating. We have learned that the best way to teach this approach to therapy is to do it experientially. Didactic presentations of the metapsychology, underlying theory and explanations have significant limitations in learning this paradigm. Most of what we are doing and teaching is about non-conscious processing. We do not have 'search patterns' in our minds to be able to detect non-conscious phenomena. Few of us have been trained to observe the psychophysiological responses our patients/clients/clients were having to our therapeutic interventions. A psychophysiological response is an observable physiological shift in reaction to a psychotherapeutic intervention. These reactions occur in a matter of seconds and

correspond to activation of different emotional, relational, motivational, or inhibitory Brain Systems. Our interventions are designed to work on an unconscious level and so we are looking for the psychophysiological responses [non-conscious response] to our interventions.

We have discovered that it is necessary for the therapists to actually experience this therapeutic process in their own nervous systems. They need to have that bodily experience of the activation of their own different Brain Systems for them to be able to 'get it.' For this reason, during our workshops we use role playing and participant exercises as a major training tool. The repeated embodied experiences of working with multiple Brain Systems is the kind of learning we strive to achieve throughout our training workshops and courses.