

- b. The real story behind the symptom Fostering the internal relationship
- 6) **Attachment Disorders and Relational Trauma**
    - a.) IFS as Internal Attachment Work
    - b.) Attachment styles as parts of self
    - c.) Attachment Trauma- the role of the therapist Healing relational wounds of childhood
    - d.) The client's Self as the corrective object Working with preverbal trauma
  - 7) **The Neurobiology of Trauma**
    - a.) Neuroscience for therapists- what you need to know.
    - b.) Fear circuitry and the development of PTSD
    - c.) Extreme reactions and Autonomic Nervous System
    - d.) Rage to Suicide and Dissociation to Shame
  - 8) **Dealing with the Extreme Reactions of Trauma**
    - a.) Talking directly to the symptom- Direct Access
    - b.) Updating the part- introducing the part to the Self
    - c.) Dealing with the overwhelm- no need for building resources
    - d.) Therapist parts- How to stay clear and calm while working with clients in extreme states
  - 9) **How Neuroscience Informs Therapeutic Decisions**
    - a.) Top-down and bottom-up strategies rooted in neuroscience.
    - b.) When it's necessary to take over and "be the auxiliary brain" for your client
    - c.) When it's best to slow things down, hand over control and work with the body
    - d.) Sensing vs. making sense of things At home strategies
  - 10) **Step 4: Permanent Healing of Traumatic Wounds**
    - a.) Three phases to healing: Witness the pain
    - b.) Remove the wounded part out of the past
    - c.) Let go of the feelings, thoughts and beliefs
    - d.) The science behind the healing- memory reconsolidation
  - 11) **Integrate IFS into Your Treatment Approach**
    - a.) EMDR, DBT, Sensorimotor/SE and other methods Transformation vs adaptation or rehabilitation
    - b.) Going beyond the cognitive (experiential therapies)
    - c.) Integrate IFS with your current clinical approach