# **ISSTD – Standard Part 1, Class 4**

# Objectives:

# Outline the different forms of memory (implicit, explicit, declarative, autobiographical, etc.)

## Chu:

## Declarative Memory – an older term defined as conscious recall of information and experience “knowing what”, IT FALLS WITHIN THE CATEGORY OF EXPLICIT MEMORY

### Semantic – recall of independent of context

### Episodic memory – recall that depends on context such as time, place, personal experience

## Explicit Memory – recollection of prior experiences with intentional or conscious recall, considered to include verbal and visual memory

## Implicit Memory – performance or behavior based on prior experiences with not conscious recall

### including conditioned response “priming”

### procedural memory (nonconscious motor memories i.e. riding a bike)

## Explicit and Implicit memory operate independently from each other

## Theory of separate and independent operating systems supports clinical observations in PTSD patients that certain kinds of emotions and somatic sensations may be experienced without conscious awareness of their traumatic origins

## Terr (1988) – Age is a factor in memory and trauma

### 28-36 months is cut-off for children who can verbalize abuse

### All ages – behavioral memories of trauma are quite accurate

## Neurobiology of traumatic amnesia – neurohormonal changes that occur in response to acute and chronic stress (development of PTSD)

### Catecholamines (adrenaline, noradrenaline, and dopamine) – modulate bodily activation and arousal particularly in stressful emergency situations

### Hormones of HPA axis (hypothalamic-pituitary- adrenal) have an essential role in maintaining physiological and psychological homeostasis

### Endogenous opioids – opiate-like substances produced by the body in response to stress

### There is an abundance of glucocorticoid receptors in the hippocampus (thought to be central in memory function) and elevated glucocorticoid may be toxic and irreversible to hippocampus

## State dependent learning – when a person is in one emotional and physiologic state, it is more difficult to access memories and experience of a different state

### With traumatic experience including marked physiological arousal and neurohormonal arousal, it is likely both the encoding and the recall of memory is specific to this state

### Traumatic memories are segregated from ordinary narrative memory and is less subject to ongoing modification in response to new experience – the disconnection leads to “remembering” through behavioral reenactment, somatic sensation, intrusive images

### Ordinary narrative memories are integrative, malleable and fitted into an individual’s personal cognitive schemas

## Factors correlating with dissociative amnesia

### Early age of onset

### Chronicity

### Severity

### Family involvement

# Discuss the effect of dissociation on memory.

## Research connected to this idea dates back to Janet/Freud (earl 1900s)

## Many documented cases which confirm the accuracy of recovered memories for traumatic events (Cheit, pg 79)

## Important information regarding the backstory of False Memory Syndrome Foundation

### Clinician were largely unaware of the science concerning memory, especially concerning distortion and creation of pseudomemories

### There was no evidence to support the validity of repression or the accuracy of recovered memories

### Certain self-help books encouraged persons to believe they had been victims of abuse when they had particular nonspecific symptoms but no actual memory of abuse

### So-called recovered memory therapists were influencing patients to believe they had been abuse and in some cases, to sue their parents or family members for having abused them

### Some clinicians were wrongly supporting the validity of extreme and bizarre organized child abuse such as the existence of widespread organized satanic ritual abuse

## Recovered Memories – memories that are forgotten and subsequently recalled

### Can often be corroborated

### Are nor more likely to be confabulated than are continuous memories

### As is true of all memories, recollections of childhood abuse may be mix memory of actual events with fantasy, confabulation, misremembered details, or displacement of events (without corroboration, the counselor cannot know the extent to which memories are accurate)

## Typical memory – the more emotional the experience the better it is remembered.

### People have high confidence in their memory recall – this does NOT correlate to accuracy

### Memory can be influenced by suggestion

### Psedomemories are more likely to occur when told by a trusted person and the likelihood increases if the asked to internally visualize false events – this has big implications for psychotherapy

### The younger the child, the more difficulty distinguishing between fantasy and reality increasing the complexity of validity of memories – even in adults, the original memory related to fantasy or suggestion

## Traumatic memories are associated with higher emotional valance, they may be better remembered.

### The features of the traumatic events are generally accurately retained

### Many of the peripheral details of the experiences can be inaccurate

## Traumatic Amnesia

### Much more likely with childhood trauma vs. adult trauma

### Studies show high levels related to sexual abuse

### Higher amnesia is correlated with:

#### Early age of onset of abuse

#### Chronic abuse

#### Severity of abuse (violent/sadistic)

#### Correlates more with physical noxiousness of experience rather than intrapsychic conflict

#### More amnesia when perpetrator is family member

### \*\*Substantial forgetting of childhood sexual abuse was found in EVERY clinical study without exception (Brown, Scheflin, & Whitfield, 1999)

# Apply theory from previous sessions to the cases of Harold