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Aims & Scope

The International Journal of Neuropsychotherapy (IJNPT) is an open access, online journal that considers manuscripts on all aspects of integrative, biopsychosocial issues related to psychotherapy. The IJNPT aims to explore the neurological or other biological underpinnings of mental states and disorders to advance the therapeutic practice of psychotherapy.

Our mission is to provide researchers, educators, and clinicians with the best research from around the world to raise awareness of the neuropsychotherapy perspective on mental health interventions.

Article Categories:

In agreement with the scope of the Journal, papers submitted must be associated with the neurological or other biological underpinnings of mental states/disorders, or advances in any biological/psychological/social understanding of interrelatedness and influence on psychopathology or normative mental states, and how these advances in knowledge impact therapeutic practice.

Empirical Studies: Original research with solid practical and theoretical advances for neuropsychotherapy.

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Articles: Theoretical articles using current research to advance theory, or a description of current theory (Theory) and methodological articles describing new approaches or changes to existing methods in neuropsychotherapy (Methodology) are welcome. Other articles include: Perspectives (brief accessible pieces covering a broad array of topics relevant to neuropsychotherapy) and Applied NPT (brief accessible pieces describing the authors clinical application of neuropsychotherapy).

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Letters & Research Notes: Short descriptions of important current research findings associated with, and important to, a biopsychosocial understanding of psychopathology and therapeutic interventions.

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- A statement that the manuscript has been read and approved by all the authors, and that each author believes that the manuscript represents honest work.
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Structured Image Framework Theory (SIFT): A Neurologically Based Therapeutic Technique Designed to Understand and Process the Traumatic Experience

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Abstract

This follow-up paper to "Structured Image Framework Theory (SIFT): A Neurologically Based Diagrammatic Structure Enabling the Therapist to Describe Emotionally Distressing Situations Within Known Brain Functions" (Wilson, 2018) will continue to discuss the dynamics of the newly developed structured image framework theory (SIFT) and detail specifically how areas of the brain relate to trauma processes. The SIFT therapeutic model allows clients to develop processes that are linked to current knowledge of how the brain operates during and after experiencing trauma.

The SIFT model is designed for use by the therapist as a flexible structure that is comprehensible to a client who has experienced a significant life-threatening crisis. The descriptive framework is concise, simple, and dynamic, which allows the client to work within his or her own individual belief system during therapy. SIFT enables the therapist to link with the client using a visual structure based on how the brain functions when a person experiences a traumatic incident. SIFT is an applied visual diagram that draws from neurological research and multiple client descriptions given by trauma sufferers over a period of more than 25 years of clinical experience.

SIFT is designed as an inclusive neuropsychotherapeutic approach capable of forming the foundation for a range of therapeutic techniques that may be used to further process trauma to an adaptable stabilized level. It aims to provide hope by empowering the client to understand the multiple dynamics associated with a traumatic event, and forms a practical basis for both client and clinician to understand the presenting symptomology and predict future reactions to triggering stimuli.

SIFT's diagrammatic visual structure ultimately promotes an enhanced focus on client control and encourages a stronger therapeutic alliance during therapy, as it predictably describes the actions of how the brain operates when a client is exposed to a critical life crisis.

Keywords: SIFT, ISA filter, ISA, EPA, established belief structures, LTSA, trauma

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It has been a fascinating challenge over the past 25 years of psychological practice to understand therapeutically how a person processes a broad range of traumatic experiences as well as the inherent personal impact of a traumatic experience that changes their life forever. This paper explores how structured image framework theory (SIFT), a new theoretical model developed by the author (Wilson, 2014, 2018), can specifically describe the ways in which a client experiences a variety of symptoms and behavioral patterns following life-threatening exposure to trauma. As previously proposed, the SIFT model can explain emotional disturbance within known brain structures (Wilson, 2018) and also explain how a person experiences trauma within a dynamic visual structure.

The SIFT model (Wilson, 2014, 2018) can concisely generate testable predictions for the client and therapist within a variety of potential triggering environments as the client strives to adapt to a life-threatening trauma (Hjelle & Ziegler, 1992). SIFT also accounts for how trauma impacts on a victim in a consistent and predictable pattern, and can accommodate a diverse range of symptom effects associated with the life-threatening crisis (Hjelle & Ziegler, 1992).

It is vital during therapy, where possible, to aim to demonstrate to the client how traumatic information can be represented in a visually clear and flexible form. The SIFT model enables complex, volatile, and highly emotionally distressing trauma processing to be understood within predictable controlled systems (Wilson, 2018). SIFT has been formulated to enable a better understanding of a victim's typical processes, and the behavioral dynamics involved in the development of the symptomology of acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) described in the DSM-5 (American Psychological Association, 2013). In order to enhance traumatic symptom management and adaptive therapeutic processing, it is essential that the client can achieve a descriptive understanding where ASD and PTSD can be visually represented. Such an understanding will promote timely adaptation to commence as soon as possible.

Effectively representing how multiple ASD and PTSD symptoms operate creates a strong therapeutic advantage. These symptoms include reliving the trauma via flashbacks, nightmares, and intrusive thoughts and memories. There are also behavioral or cognitive attempts to avoid trauma-reminiscent stimuli, the suppression of emotionally upsetting thoughts or memories, and emotional numbing. In addition, hyperarousal with decreased or restless sleep, muscle tension, irritability, jumpiness, and concentration or attention difficulties can be present (American Psychological Association, 2013; Briere & Scott, 2006).

The traumatized can also experience dissociative responses such as depersonalization, feeling "spaced-out" (cognitive-emotional disengagement), "missing time" (amnesia), and identity alteration or confusion; they may also be subject to substance abuse and somatic disturbance, with conversion reactions such as paralysis, anesthesia, blindness, and deafness. The client can experience an excessive preoccupation with bodily dysfunction and chronic pain that cannot be medically explained. Sexual disturbance may also occur, particularly for survivors of sexual abuse or assault, with symptoms such as sexual dysfunction and/or pain, and sexual fears and conflicts (American Psychological Association, 2013; Briere & Scott, 2006).

Trauma has been described as creating cognitive disturbance with low self-esteem, helplessness, hopelessness, and excessive or inappropriate guilt or shame. Overvalued ideas regarding the level of danger in the environment and idealization of a perpetrator (or inaccurate rationalization or justification of a perpetrator's behavior) may also be present. Tension-reducing behaviors such as self-mutilating, binging/purging, excessive or inappropriate sexual behavior, compulsive stealing, and impulsive aggression (American Psychological Association, 2013; Briere & Scott, 2006) have also been linked to clients' best attempts to adapt using maladaptive behavioral patterns.

From a psychobiological perspective (van der Kolk, 1994; van der Kolk, McFarlane, & Weisaeth, 1996), trauma-processing mechanisms in which stressful experiences can excessively stimulate the amygdala, interfering with hippocampal functioning, have also been described. The hippocampus has in turn been described as inhibiting cognitive evaluation of experience and semantic representation. In her study of eye movement desensitization and reprocessing (EMDR), Shapiro (1989) showed that images form the

basis of, or vehicle for, treatment dynamics that encourage sequenced trauma processing by the client in accordance with their belief structures. She also acknowledged that therapy should endeavor to combine a variety of techniques in creative collaboration with the client to promote trauma adaptation (Shapiro, 2010). When combined with a trauma-reprocessing approach, this enables more adaptive cognition and behavioral patterns to develop.

The ultimate aim of traumatic exposure is to personally challenge the shattered belief in, or understanding of, a person's worldview. This in turn must be personalized and integrated into the person's life history of experiences (van der Kolk, 1989) in a more emotionally stabilized state. Bryant's (1997) review of the psychological treatment of PTSD supports behaviorally oriented therapy initiatives with trauma victims. He further suggests that an understanding of specific trauma processes, and how interventions may interact with an individual's distorted beliefs, would be beneficial in trauma treatments (Bryant, 1997). In summary, traumatic processing is highly individualized because of what a client brings to a shocking life-threatening incident that has the potential to shatter his or her understanding of their world permanently (Shapiro, 2012; van der Kolk, 1994).

The SIFT model enables both clinician and client to understand the processes involved in adapting to complex, overwhelming, and disorganized traumatic stimuli that are beyond a person's current adaptive capabilities. An overpowering sense of personal loss of control is a fundamental consideration for someone who may experience psychological distress during a forced time of adaptation. This consideration is typically exacerbated by the client lacking a full understanding of how they have arrived at their current highly emotionally distressed state. In this situation, SIFT is invaluable for gaining an understanding of how instantaneous raw traumatic stimuli experienced during trauma then activates past memory processes within a framework. These processes can then reveal the client's predictable survival-based behavioral changes during and after treatment. As depicted in van der Kolk's (1994) schematic representation of the effects of emotional arousal on declarative memory, explanatory models can give the client and clinician a greater applied understanding of trauma processing. It is thus preferable that an applied model should be concise, simple, flexible, and dynamic enough to enable the client to review the past, present, and future elements of their psychological state after a traumatic event.

The developed SIFT model (Wilson, 2014, 2018) has been designed primarily so that the counselling clinician can facilitate long-term recovery and promote positive behavioral growth in a client following trauma.

This paper describes the broad structures of a therapeutic framework that addresses the dynamics of emotional processing in the specific circumstances when an individual is exposed to traumatic stimuli. The developed therapeutic guidelines and descriptions of the SIFT model have been tested and formulated from experience with a broad range of traumatic events and correspond to multiple brain structures (Wilson, 2018). SIFT is the outcome of 25 years of clinical observation, clarification, and exposure to therapeutically processing individual traumatic events, single/complex traumas, abuse, loss/grief, major disasters, and war service. SIFT is designed as an inclusive model allowing therapists to use a variety of short- and long-term trauma interventions as they deem clinically appropriate during counselling to promote the best therapeutic outcomes for the client.

The SIFT Base Model That Corresponds to Brain Function

Figure 1 depicts SIFT's multiple developed structures that best describe the ways in which a client has experienced highly emotionally disturbing events, especially in the case of a person who has suffered trauma. The SIFT model also depicts multiple interactions between everyday emotional processing, an initial traumatic impact, forced emotional survival, capacity to think, adaptive behavioral change, and day-to-day changes in functioning. It has been shown how several brain structures correspond to the SIFT base model (Wilson, 2018), and how those structures interact during and after a person experiences both normal everyday emotional functioning and a life-threatening traumatic impact (Wilson, 2018).

The SIFT base model has several structures that demonstrate how sensory information is emotionally processed (Figure 1). SIFT enables the clinician to highlight the ways in which a client filters and then

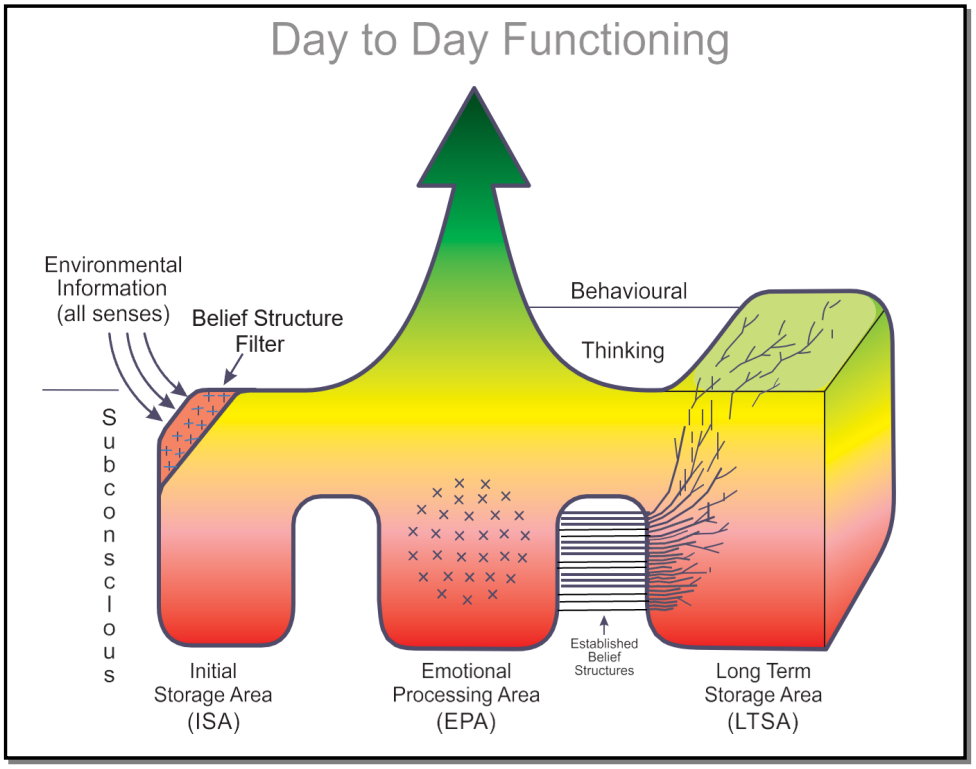

Figure 1. Structured image framework theory (SIFT): Base model. Copyright by Clear View Psychology Services Pty Ltd.

either rejects or accepts environmental information using all their senses simultaneously. The clinician is then able to identify the best ways for a client to navigate and adjust to their world.

Figure 1 (see Wilson, 2018, for further detail) describes how the *initial storage area* (ISA) filter (thalamus) relays information from sensory inputs into the ISA (entorhinal cortex), then onto the *emotional processing area* (EPA)—thalamus interaction, hippocampus, hypothalamus (if necessary in danger), and amygdala—and eventually into the *long-term storage area* (LTSA) via processing of the cingulate gyrus, dentate gyrus, middle and inferior temporal gyri, basal ganglia, subiculum, perirhinal cortex, and prefrontal cortex. In turn, the ISA filter enables external environmental stimuli via the senses and the internal interplay of memories, knowledge, expectations, and experiences that form the basis of a person's individual established belief structures.

Explaining Everyday Emotional Processing With the SIFT Model

Before discussing traumatic exposure, it is necessary first to establish an emotional information processing framework that is flexible and understandable to a client. SIFT has been developed to be both straightforward and dynamic enough for a client to easily condense and/or expand its function at different stages of trauma processing, including unpredictable therapeutic processes in trauma recovery.

Normal, Expected Day-to-Day Emotional Processing

The SIFT model initially allows the clinician to describe the fundamental elements of a framework designed to facilitate clients' understanding of how they might emotionally process typical, enriching, non-threatening environmental stimuli (Rossouw, 2014)—in other words, normal, expected day-to-day emotional processing (Figure 2).

Initial storage area (ISA) filter—thalamus. The ISA filter represents to the client the access point where environmental information from all senses is initially processed according to a person's established belief structures. This sensory information is then attached to the image. The ×'s across the filter structure in Figure 2 represent the linkage between the ×'s in the central part of the EPA and the connecting lines of the established belief structures that access the LTSA.

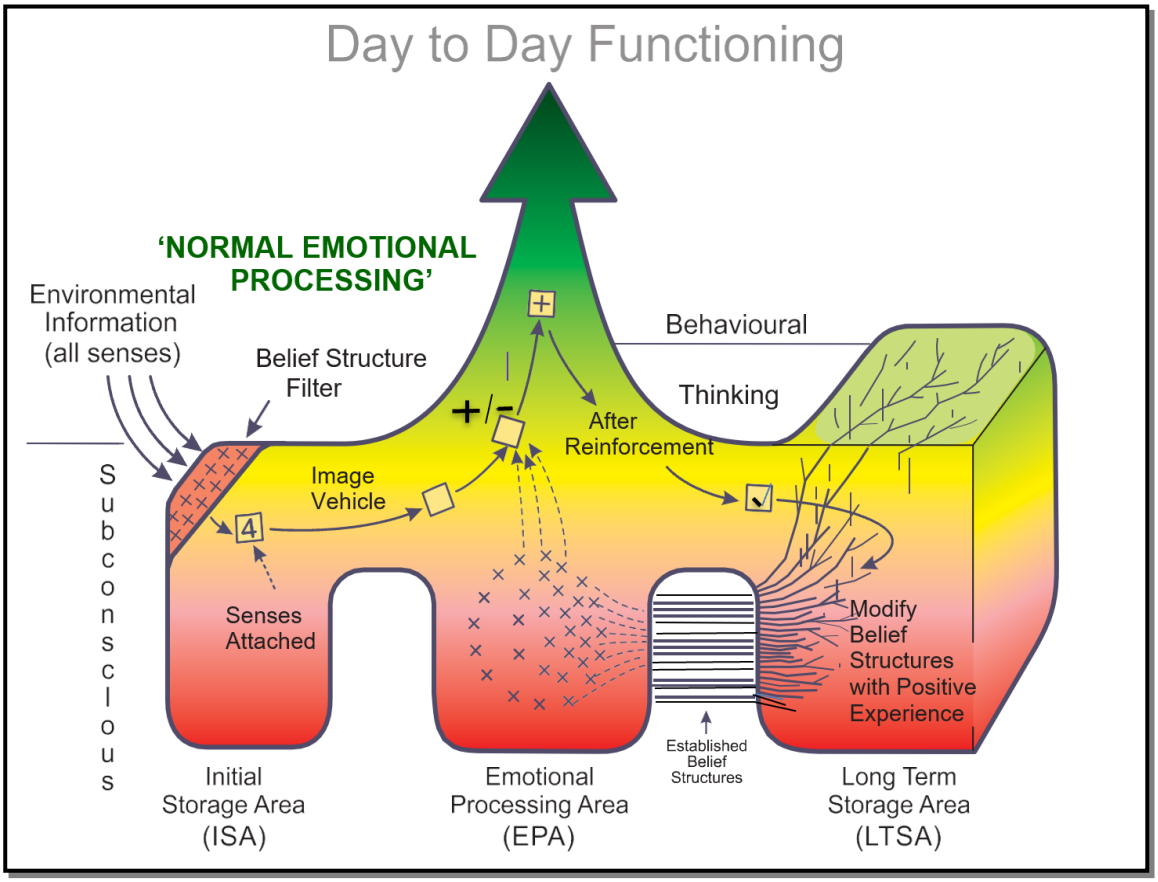

Figure 2. Structured image framework theory (SIFT): Normal emotional processing. Copyright by Clear View Psychology Services Pty Ltd.

The ISA filter depicts how, if a person wants to accept information because they are familiar with, curious about, or have enriched environmental triggers/stimuli regarding the information (Rossouw, 2014), they will accept emotionally based information into the ISA structure. If, however, the ISA filter finds that the environmental information is not relevant or is compromising (Rossouw, 2014) to the client's worldview, he or she will reject, ignore, or not notice the information that is presented for processing.

In summary, the ISA filter relays information from sensory inputs into the ISA, then to the EPA, and eventually into the LTSA, as depicted in the SIFT structure. In turn, the ISA filter enables external environmental stimuli via the senses and the internal interplay of memories, knowledge, expectations, and experiences that form the basis of a person's individual established belief structures.

Initial storage area (ISA)—entorhinal cortex. It is proposed that everyday emotionally based stimuli pass through the ISA filter structure (derived from an individual's distinctive belief structures). The ISA filter structure influences what is accepted into the ISA, as well as what is denied or even noticed as relevant.

As depicted in Figure 2, once stimuli are accepted as important by a person's individual belief structure's filter, they are processed beyond this area into the LTSA for immediate, short-term day-to-day functioning or rehearsal for future use. Emotionally based environmental stimuli pass through the ISA for future reference after the information goes through a rehearsal process in the EPA.

This immediate day-to-day functioning and/or information rehearsal allows labelling of the accepted emotional content by the emotional labelling points (depicted by ×'s in the ISA filter and EPA in Figure 2) to be processed immediately or rehearsed for storage into the LTSA. This process also allows emotionally based environmental stimuli (attached to an image) to be labelled in a positive or negative emotional orientation, according to an individual's previously established personal belief structures drawn from the LTSA.

Emotional processing area (EPA)—thalamus interaction, hippocampus, hypothalamus (if necessary in danger), and amygdala. As per Figure 2, the EPA is situated between the ISA and LTSA structures. The primary function of this area is to label and encode incoming environmental stimuli and recalled memories according to a person's previously established belief structures. It also facilitates immediate emotional responses and enables rehearsal to take place. This emotional content rehearsal allows the individual to continuously update and modify her or his already personally held belief structures.

It is vital to the client's theoretical understanding of the SIFT model that he or she appreciates that the EPA is a temporary and central processing area between the ISA and LTSA structures. As depicted in Figure 2, these areas are linked by belief structure threads that enable new stimuli and existing memories to be freshly encoded or modified according to a person's previous experience base before they are used in day-to-day functioning. This framework also describes how, once environmental stimuli have been accepted through the belief structure filter into the ISA, the selected stimuli are emotionally labelled via the EPA and immediately used in day-to-day functioning. The EPA emotional labelling points (illustrated by ×'s in the belief structure filter and EPA) are held in place by formed belief structure threads learnt through multiple experiences stored in the LTSA.

Long-term storage area (LTSA)—via processing of the cingulate gyrus, dentate gyrus, middle and inferior temporal gyri, basal ganglia, subiculum, perirhinal cortex, and prefrontal cortex. The SIFT model also describes how the EPA confirms recalled memories from the LTSA when called upon for day-to-day cognitive and behavioral functioning. The emotional labelling points (depicted by ×'s) draw from an individual's previously established belief structures to confirm recalled positive or negative long-term memories. It is proposed that without this confirming process new emotional experiences cannot be influenced by already established personal belief constructs. This allows recalled associated memories to become continuously reinforced or modified according to new emotional experience and currently held personal belief structures.

In summary, SIFT's theoretical framework aims to describe how everyday emotional stimuli and memories are processed at a subconscious level for day-to-day functioning via the central structure of the EPA. It is important that a client has a therapeutic and theoretical framework such as SIFT to understand emotional and belief structure interactions in a stable, predictable, and organized fashion before that client challenges how trauma can affect her or him. This enables the clinician to fully describe how established belief structures can radically alter the client's predictable thinking and behavior patterns in the wake of a traumatic experience.

Explaining Trauma Processing Within the SIFT Model

When a person experiences a traumatic incident, it is essential that they can work on the experienced symptoms within a flexible theoretical and practical framework such as the SIFT model. That framework enables individuals to understand their current symptomology and to predict future reactions to emotionally based environmental stimuli related to their experienced trauma. The SIFT model allows clients to equip themselves for processing absorbed traumatic images and activated associated memories. Such processing will shift future symptomology.

If clients are to process traumatic experiences, it is vital that they have the necessary framework to understand the stimulated images, volatile emotions, physiological surges and associated memories present in the aftermath of being traumatized. It is also important that the client and clinician work within a broad theoretical framework that allows an eclectic and inclusive therapeutic approach to be utilized. SIFT is designed to form a basis for the clinician and client to shift traumatic images and challenge shattered personal belief structures and activated associated memories in order to produce an emotionally stable, future-oriented, and adaptive functional memory system.

An understanding of the model depicted in Figure 3 allows the client to realize how typical processes interact within a person adapting to the emotional environmental stimulus overload created during a traumatic incident. Using Figure 3, it is now possible to begin to describe how the dynamics of processing emotional environmental stimuli during a traumatic incident can force a person to dramatically change how

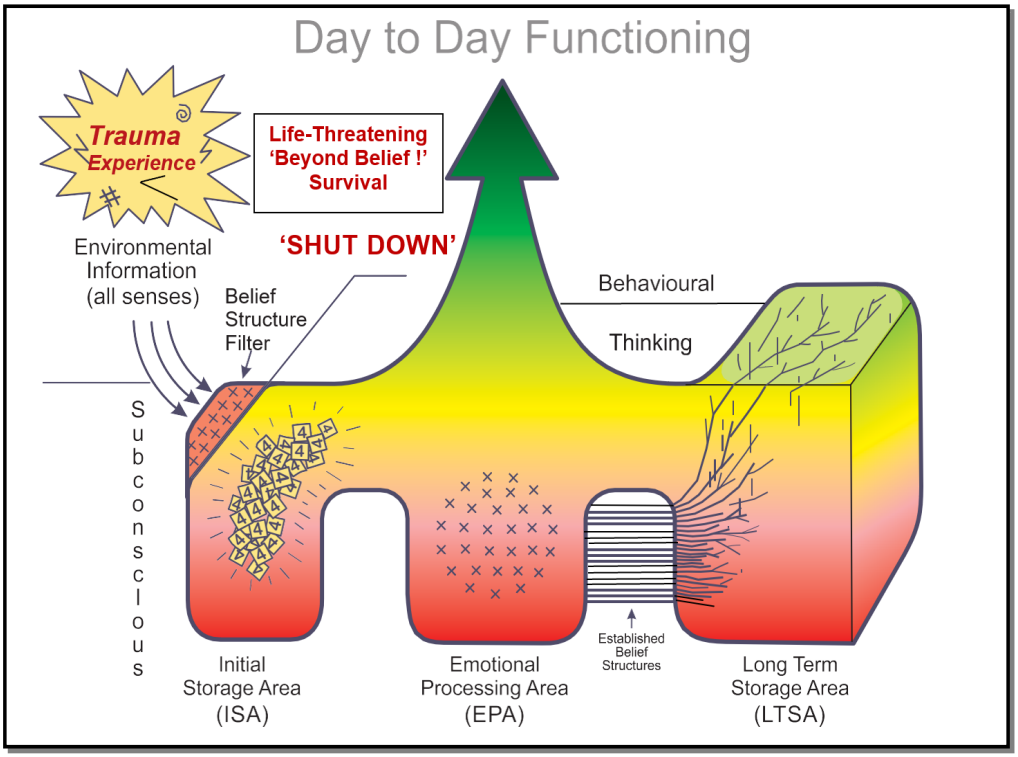

Figure 3. Structured image framework theory (SIFT): Traumatic impact. Copyright by Clear View Psychology Services Pty Ltd.

they adapt to their surroundings in the future.

Immediate SIFT Trauma-Processing Phase

When an individual is exposed to a traumatic incident he or she is forced to adjust to a life-threatening event that is beyond their everyday emotional experience and their already established belief structures. It is a highly emotionally charged state that questions one's survival, and forces the filter structure of the ISA to shut down in order to absorb incredible volumes of stimulus information surrounding the perceived crisis. The shutting down of the ISA filter describes how the hypothalamus has been activated due to the endangering traumatic situation (Wilson, 2018).

Belief structure filter shutdown—hypothalamus. Under the SIFT model, in the initial phase of traumatization the individual can only take in such catastrophic volumes of traumatic stimuli in picture or image form. Images are absorbed by the individual experiencing the trauma to enable all possible elements of the crisis signifying threats to be drawn into the primitive brain (i.e., amygdala) for future survival. An individual exposed to trauma absorbs as much stimuli as possible in a given moment because, at the time of the traumatic impact, he or she does not know which are important to identify for future life-endangering threat.

As shown in Figure 3, owing to the flooding of raw sensory information experienced in a very short timeframe during a crisis, images or pictures are the only way the individual can fully capture significant *snapshots* of the trauma into the ISA in a given moment. These images act as a vehicle for all other sensory modes (auditory, olfactory, touch, and taste) that are associated with experiencing the trauma. However, because this information is absorbed into such a non-discriminating array of images and pictures, or snapshots, whose personal importance is unknown, they cannot be processed and organized in the same fashion as everyday emotional environmental stimuli (see Figure 2).

Traumatic stimuli flooding is caused by the individual's inability to understand, comprehend, and filter the traumatic event within normal everyday established belief structures: The individual is experiencing *personal disbelief*. Once the crisis has been absorbed into the ISA by the activation of the hypothalamus, it cannot be processed in the same way as the normal everyday emotional stimuli depicted in

Figure 2. It is held in a randomly interlinked and disorganized (raw, unfiltered) clump of highly emotionally charged picture-like snapshots.

The emotional volatility and unknown future importance of such images holds them in a state of limbo in case they may be required immediately or in the future. The immediate trauma reprocessing after the crisis aims to force these traumatic images into the most responsive and efficient position in order to influence cognitive and behavioral functioning for survival. The purpose of this reprocessing is so that individuals can instantaneously react when they might have a greater chance of being exposed to similar traumatic situations in the future.

In sum, Figure 3 describes the multifaceted array of traumatic images (capturing and transporting all sensory modes) experienced when the ISA filter shuts down during trauma because of the instantaneous absorption of maximum stimuli and the inherent need for future survival. The belief structure filter shuts down instantaneously as soon as the trauma victim subconsciously finds the situation critical or well beyond their established belief structures. This shutting down allows a rapid overriding absorption (hypothalamus, HPA-axis activation) of emotionally volatile, disorganized, and chaotic stimuli at the time of personal impact to ensure maximum capacity for stimuli absorption at a given moment of crisis.

Secondary SIFT Trauma-Processing Phase

This emotionally raw flood of absorbed environmental stimuli instantaneously shifts to the central part of the EPA (i.e., amygdala) as clients experience an array of shock, disbelief, or personal impact reactions in the initial stages of trauma processing. As shown in Figure 4, the inherent importance of a crisis or a trauma in the survival of an individual forces these images to be continually reinforced for learning purposes.

The ISA typically filters, evaluates, and to some degree organizes environmental information for emotional tagging as it passes through the EPA for immediate use or future storage (as previously shown in Figure 2). However, when trauma occurs (Figure 4), a traumatized client typically experiences this constant rehearsal of the crisis with symptoms such as flashbacks, nightmares, and intrusive thoughts. In the early stages after the traumatic impact, this

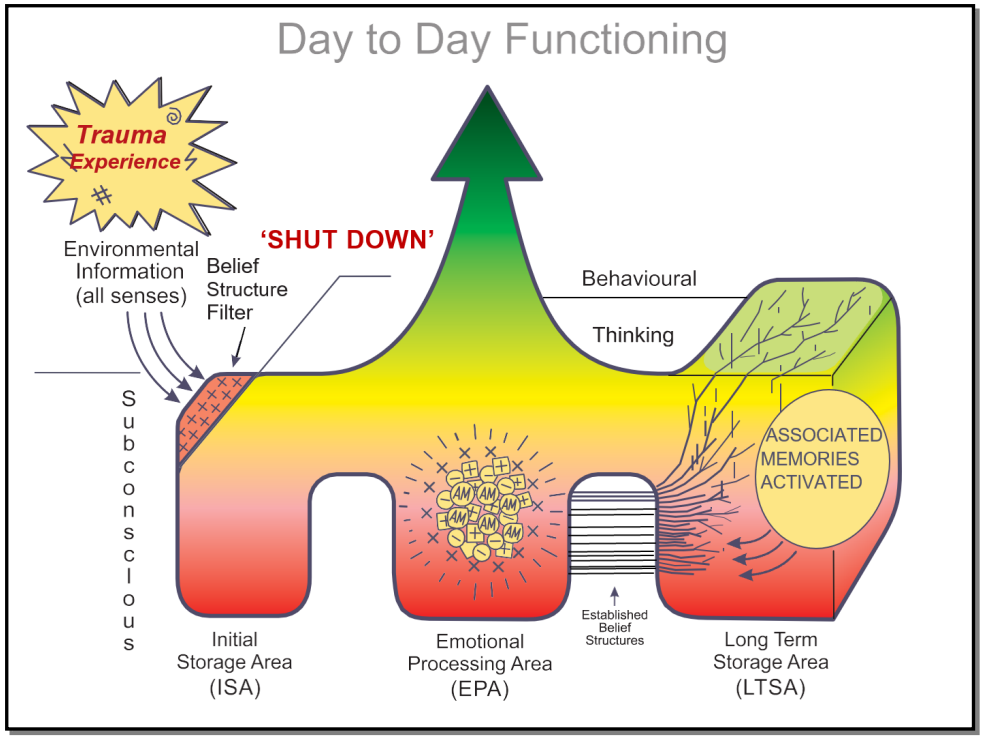

Figure 4. Structured image framework theory (SIFT): Aiming to process the traumatic impact. Copyright by Clear View Psychology Services Pty Ltd.

rehearsal is repeated, reinforcing the heightened importance of the crisis. The learning process is further enhanced by the volatile images connected to the physiological reactions and uncontrollable emotions experienced during and immediately after the traumatic incident.

Belief structure shift. Because of the personal questioning of future threats to survival, after a trauma a person's established belief structures in the EPA and ISA filter are modified immediately. Belief structures are immediately under review and questioned to enable the traumatized person to adjust to the crisis as soon as possible. So, when the ISA filter tries to start functioning normally again, it now has added difficulties in discriminating, classifying, and selecting environmental stimuli in the same way that it did prior to the traumatic event. While the ISA filter belief structures are questioned and critically evaluated, it is not uncommon for people to suddenly discriminate their environment in a more random, disorganized, and chaotic fashion. This will happen until newly established or modified belief structures are reinforced or reestablished for the person through reprocessing in the EPA and LTSA.

Combining newly absorbed traumatic images with associated memories. In the SIFT model, because of the potential survival importance and the emotionally charged state of the information, images that are absorbed instantaneously during crisis remain in a constantly "charged" state. This can overwhelm the day-to-day cognitive functioning of a traumatized individual. Further, owing to the chaotic, non-discriminating, and disorganized nature of the information that is currently floating in the EPA, the individual cannot process the traumatic stimuli by normal emotional processing methods.

As shown in Figure 4, the chaos surrounding the flood of images associated with the trauma bonds with strong emotional ties to the traumatic incident. Unlike typical information processing, the strong emotional ties between these snapshots are also held in place by now significantly questioned personal links to the individual. These may be directed towards an individual's self-worth, moral standing, sense of vulnerability, or future safety concerns. Because of the importance of these images, which must not be lost for the individual's future survival, they are pulled into the central processing structure of the EPA. Here they float in a chaotic, emotionally volatile, and disorganized state, bound only by the common emotional impact of the trauma until fully processed.

Using the SIFT model, the chaotic images associated with the traumatic experience are held together by the initial crisis situation during which powerful feelings of shock, physical alarm, disbelief, and catastrophe are reinforced. This traumatic experience forces these images to be tied together into an emotionally bound chunk of highly volatile images in the EPA—activated hypothalamus (perceived danger) and amygdala (Wilson, 2018).

Overall, the secondary processing phase describes the nature of trauma and how the immediate impact of such a crisis affects an individual within the SIFT model. It shows how everyday emotional processing radically alters its structure to absorb a maximum volume of information into the EPA when facing trauma. The theoretical model also depicts how traumatic stimuli are drawn into a more central processing area so they can urgently influence current cognitive and behavioral functioning. The newly absorbed traumatic stimuli are drawn into the EPA because of their highly emotionally charged content and so the need for survival can be instantaneously activated if in danger. This facilitates rapid learning to allow us, if necessary, to survive the next moment we face.

The structural change of the ISA filter (thalamus to hypothalamus action) is essential to enable the emotionally bound traumatic information not to fragment during movement into a more central and influential part of the SIFT model—the EPA. During this shift, people exposed to trauma commonly describe having a very limited capacity to process any other day-to-day environmental stimuli.

As depicted in Figure 4, the shift of traumatic information into the EPA enables emotional labelling to dramatically take place according to an individual's personal positive or negative belief structure threads connected from the LTSA. The SIFT model demonstrates how emotional labelling quickly takes place as the emotionally bound raw information is drawn into the EPA. It is important to note at this particular phase of processing that the traumatic images absorbed are labelled with negative and positive emotional content according to a person's established beliefs. Because of

the dramatic nature of being exposed to a traumatic experience and the potential to again be personally threatened by a similar incident in the future, this newly absorbed information also stimulates the LTSA.

Interaction between the EPA and LTSA. Within the SIFT model, the LTSA simultaneously puts forward any related/relevant associated memories ("AM" in Figure 4) that have similar themes/personal meaning to what has occurred during the traumatic experience. This process of memory stimulation (trauma) that is beyond a person's known worldview.

The newly combined raw traumatic images and instantaneously drawn relevant past memories (which originally formed the basis of the individual's established belief structures) thus create a highly volatile, chaotic, and out-of-control group of images and associated memories. The drawn associated memories from the LTSA ensure that the current traumatic images have a heightened importance in influencing any future day-to-day functioning that may take place in the wake of the trauma.

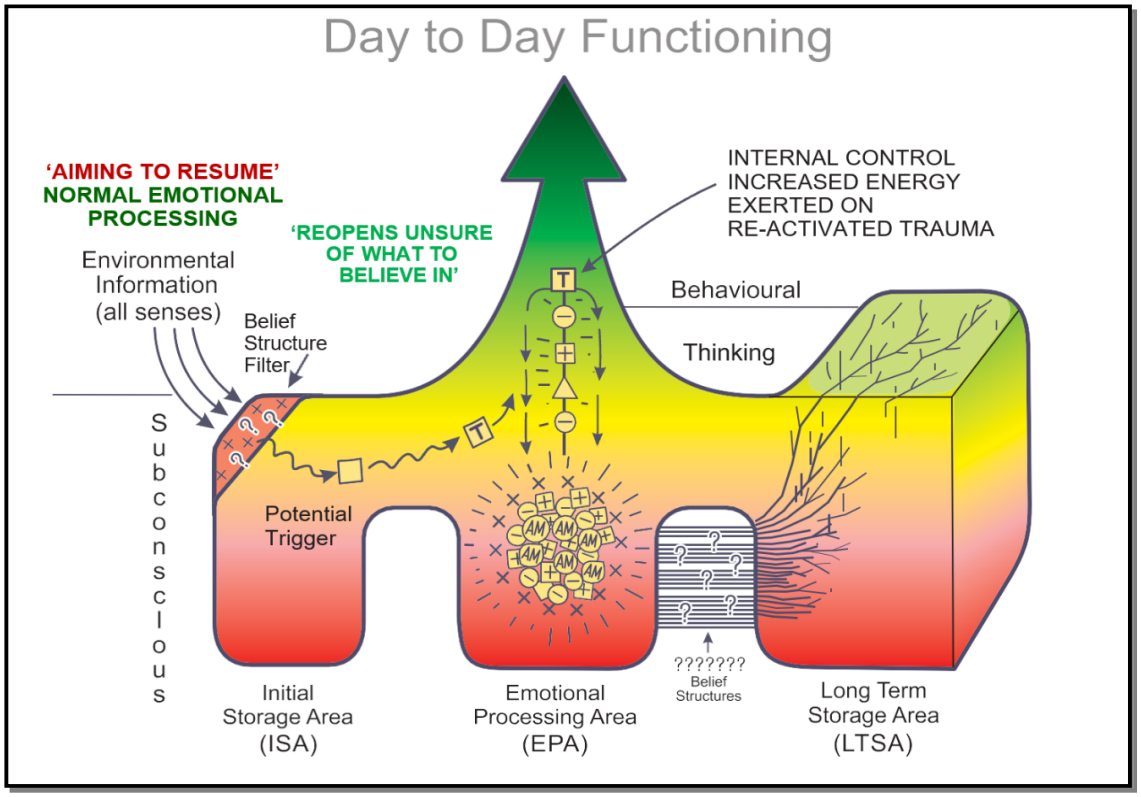

Figure 5. Structured image framework theory (SIFT): Aiming to resume normal emotional processing following the traumatic impact. Copyright by Clear View Psychology Services Pty Ltd.

enables the newly absorbed images to have a heightened importance and personal relevance for the exposed individual. It is an attempt to start trying to process the raw traumatic stimuli with the possible "best fit", or best understanding, from the worldview based on a person's life experience. For example: *When was the last time I felt something like this before? Have I ever had similar feelings of loss like these or of being alone, isolated, fearful, scared, injured, in pain, or out of control?* Associated memories are the first attempts by the brain to try to "best match" in order to process an experience

Final SIFT Trauma-Processing Phase

Aiming to resume normal emotional processing. As shown in Figure 5, once the images have shifted into this more central emotional processing area, the ISA filter attempts to resume its everyday emotional filter function with a now modified questioning of new environmental stimuli. As this restructure occurs, the absorbed raw traumatic images are trapped with the drawn LTSA associated memories in an alert state in the EPA. However, owing to the ever-present volatile nature of these now labelled positive and negative

images and recalled associated memories, the emotional labelling points (depicted by ×'s in the EPA) become entrapped by the sheer overload of information held.

Restricted emotional functioning. The SIFT model shown in Figure 5 depicts that the newly occurs creates a need in the traumatized individual to try to exert an internal energy and a higher self-control on the chaotic/emotional and volatile thought patterns experienced. This in time can encapsulate the EPA and further restrict the ability of a person to experience full emotional function in a predictable manner in the future. (Figure 6)

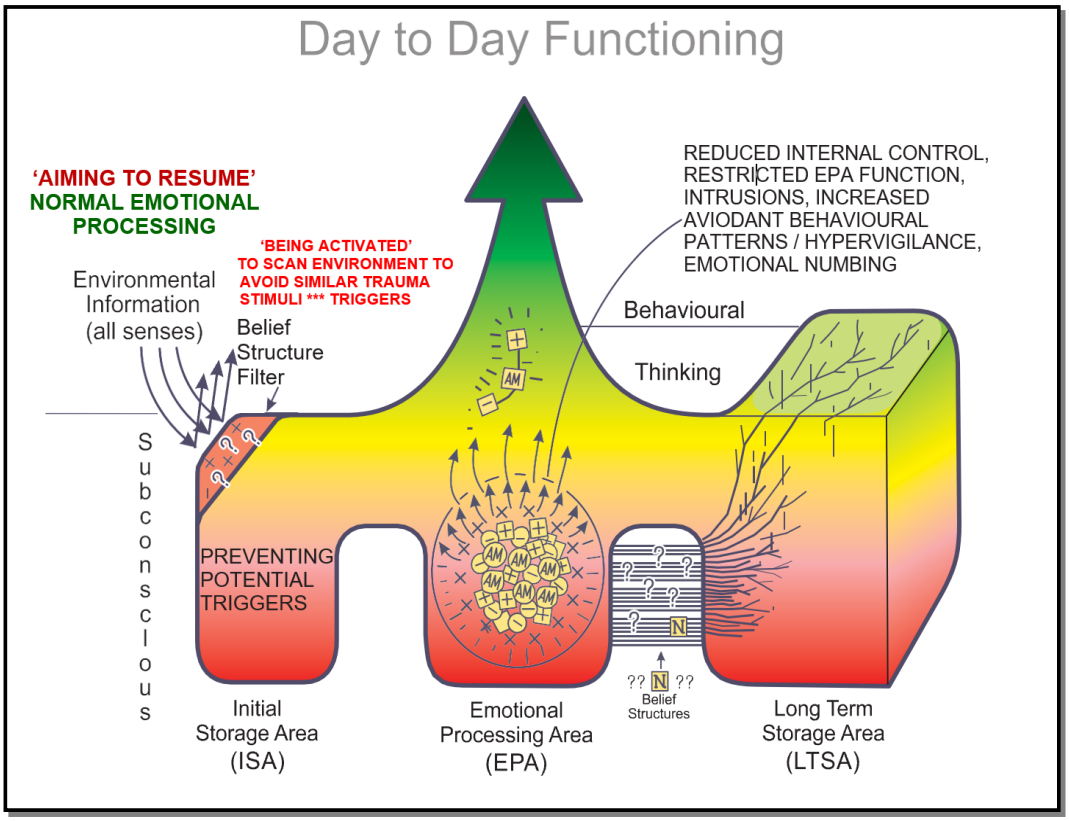

Figure 6. Structured Image Framework Theory (SIFT): The potential development of ASD or PTSD. Copyright by Clear View Psychology Services Pty Ltd.

entrapped emotional labelling points are now dysfunctional and cannot process typical day-to-day environmental stimuli as originally intended. Also, because of the newly drawn associated memories (positive or negative) that have been recalled from the LTSA, the traumatized individual can undergo a total questioning review of previously held established belief structures. So, at this phase of processing, not only does the person have highly disorganized images and associated memories in a combined bundle of information, but their central belief structures have to some extent been immobilized by the intensely emotionally charged information now being held in the EPA.

Internal control. The sense of feeling emotionally "out of control" while reprocessing

From this final processing phase onwards, the disorganized and chaotic information that is now stored in the EPA is well placed to influence an individual's day-to-day cognitive and behavioral functioning in the future. This combination of images and associated memories now forms an ever-present early warning system for possible impending danger and further trauma. Owing to its central position in the EPA, the highly emotionally charged traumatic information being internally controlled can now immediately influence new environmental stimuli and recalled LTSA memory processing, depending on the traumatic experience.

The development of ASD and PTSD after a traumatic event. Once the individual who has experienced a traumatic incident starts to consolidate

and aims to reestablish normal functioning, she or he typically experiences the unpredictable symptoms associated with recovering from trauma (Brier & Scott, 2006; Shapiro, 2012). The usual environmental stimuli that are filtered through the modified ISA filter are now potentially interfered with by the chaotic nature of the images and memories held in the EPA and can affect normal day-to-day functioning. ASD and PTSD symptomology may now start to occur in a variety of ways. Although a discussion of the development of ASD and PTSD symptomology is beyond the scope of the current paper, a more detailed exploration of the dynamics of the SIFT model would demonstrate how the complexity of ASD and PTSD (American Psychological Association, 2013) may develop beyond this point.

In addition, clients can become empowered by further treatment developments that allow them to actively expose themselves to experiences/potential triggers that will ultimately enable them to master and control their ASD and PTSD symptomology.

Conclusion

The structured image framework theory (SIFT) model has been conceptually designed in order that the counselling clinician can facilitate long-term shifts in a client's interpreted environment and stored memories with the aim of promoting positive behavioral growth following trauma. SIFT enables both the clinician and client to understand from the outset the processes involved in adapting to complex, overwhelming, and disorganized environmental stimuli when faced with trauma.

An overwhelming sense of losing control is a fundamental factor for clients experiencing psychological distress during a forced time of adaptation. This factor is typically exacerbated by the client's lack of a full understanding of how they have come to be in their current psychological state. SIFT enables the person to understand how they are currently processing traumatic stimuli within a predictable framework.

As postulated by several authors (Bryant, 1997; Shapiro, 2010; van der Kolk & Ducey, 1989; van der Kolk, McFarlane & Weisaeth, 1996), it is vital that therapeutic techniques should continually aim to challenge traumatic memories over time and develop frameworks to process a client's current life stresses and trauma dynamics.

The SIFT model aims to describe how information is filtered, evaluated, and organized for emotional processing and for future storage from established personal beliefs. Unlike typical emotional processing, a traumatic event radically alters the SIFT framework because of its emotional and personal belief structure significance to the survival of the individual. The model allows the traumatized person to understand how they can reestablish day-to-day functioning following trauma and how the long-term understanding of such emotional processing mechanisms can lead to more positive outcomes.

This paper has aimed to extend the broad theoretical constructs of the therapeutic framework SIFT (Wilson, 2014, 2018) that forms the basis for understanding and processing trauma within structural guidelines and known brain functions. The SIFT model is designed to enable the clinician to work within short- and long-term trauma interventions. This applied, concise, flexible, and dynamic model serves as a basis for clients to review the past, present, and future elements of their current psychological state following a traumatic event. SIFT's simple and dynamic conceptual framework enables a person at various stages of processing to condense and expand its function while experiencing the unpredictable nature of facilitating long-term recovery after trauma.

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