Structure of this presentation

1. An overview, EMDR-related “tools” for safely targeting avoidance defenses and dissociative personality structure

Extreme trauma that is early, severe and repeated can result in a division of the personality into “Parts”
If the person is able to stay oriented to the present, use Phase 3 questions, with a representative memory.

Dual Attention — helping the client look from the oriented Self, to access the dysfunctional memory or Part, while still maintaining orientation to the present.

Emotional Part with dysfunctional affect

Dual attention stimulation activates the Adaptive Information Processing (AIP) System

- Focused Sets of Bilateral Stimulation (BLS)
- Increase the vividness of memory material that is at the center of consciousness – expands associational networks (Christman, et al)
- Reduce mental avoidance of disturbance, by taxing “working memory,” while decreasing “emotionality” of memory (Kornavold, et al; De Jongh, et al, 2013)
- Activate parasympathetic elements of orienting response (MacColloch and Feldman; Sack, et al)
- Decrease interhemispheric coherence in frontal areas, possibly inhibiting PTSD memory intrusions (Propper, et al)
- Increase capacity for "distancing/noticing" (Lee)
- May facilitate “slow thinking,” which relies less on intuition and implicit memory, and results in more objective assessment (Kahneman, 2011)

All of the above enhance adaptive information processing and facilitate adaptive resolution.

Trauma resolution with EMDR often happens "off the radar" – often unconsciously – cognition is not primary.

Resolution of traumatic memory
--Integration of traumatic event into the individual’s life story
--Increased self-esteem

This is how EMDR works, in the absence of significant psychological defenses and/or dissociation.
We can think of three different ways that difficult life experience can negatively influence the development of personality structure:

1. **Dysfunctionally stored (traumatic) memories**, containing negative affect.
2. **Psychological defenses**, containing positive affect (containment, relief, idealization).
3. **Separate dissociated “self states”** – separation is primarily maintained by internal avoidance phobias.

**Bilateral Stimulation** can facilitate adaptive resolution for each of these three types of problems:

- **Target the memory with EMDR Phases 3-7** (after being sure that the client is able to maintain a sense of present orientation and emotional safety).
- **Help the client realize that the defense is a problem**, then target the positive affect of the defense.
- **Use BLS to reduce the phobias between Parts**, and then proceed to safe, respectful dialogue between Parts, decreasing dissociative separation and increasing integration.

**An AIP model of “Parts”**

- **Oriented, adaptive and effective ego state(s)**
  - Maintain connection with others by “looking normal” – engaged in tasks of daily living – oriented to present reality.

- **Defenses – Ego states** that function to prevent intrusions from the trauma ego states into the apparently normal ego state(s).

- **Ego states that develop from unresolved traumatic memories** – not really memories but “relivings”.

These different ego states may be relatively accessible to each other, and partially co-conscious...
Or widely separated and dissociated from each other

Defenses to prevent intrusions of traumatic material

“Reliving” the trauma

Parts are created from the memories of specific events

Being loved  Being safe  + Memory  + Memory  Being strong  Being effective

Idealization - others  Denial – “It never happened”
Idealization - self  Avoidance – “It happened, but I can’t think about it”
behavioral “addictions”

neglect  Emotional Abandonment  Memory  Memory  Memory  Memory
Bullying at school  beating  Repeated shaming messages from parents

The Theory of Structural Dissociation of the Personality (Van der Hart, et al, 2007) describes “Parts” in a way that is comparable

Dysfunctional “Substitute Actions”
- Mental actions or behaviors that are inadequate or incomplete relative to a goal
- a substitute for more effective action
- e.g. Ineffective expression of EP emotion
- a subset – mental or behavioral actions that function to protect ANP from intrusions of trauma material from EP(s)

ANP(s) - Apparently Normal Part(s)

“EP(s)” - Emotional Part(s)
The Effects of BLS with Different Types of Ego States

Ego states that appear “normal” to others, manage life tasks (with effectiveness, worthiness, emotional safety, etc.), and are oriented to the present — BLS will strengthen positive affect, present orientation and safety.

Defenses, which function to prevent intrusions of traumatic material — BLS with positive affect (e.g. of relief, idealization, or urge intensity) will weaken the defense and reveal traumatic material, which will then be available for processing.

“Emotional Parts” or “Exile” Parts - Ego states that are “reliving” specific trauma - BLS with traumatic material (and sufficient emotional safety) will move trauma to resolution (as typically occurs with EMDR Phase 4 processing).

How psychological defenses may develop

Psychological defense blocks access to the memories that are dysfunctionally stored. Defense may be conscious or not conscious.

With the defense, the ANP does not feel the full extent of disturbance about trauma memories.
I don’t want to think about it!!

I won’t think about it!!

Part (ANP) of the personality

Emotional Part (EP) of the personality

I am a bad person

Part (ANP) of the personality

Emotional Part (EP) of the personality

Avoidance Defenses: three ways of processing –

1. The LOUA method: How intense, 0-10, is (the specific urge to avoid)?

1. What’s good about, or would be good about (the specific avoidance defense)?

1. Acknowledge the wish to avoid, and then ask to see if the client can “put aside” the avoidance and directly access the trauma. Similar to the “step back one step” suggestion (from Internal Family Systems – Schwartz, 1995)
Level of Urge to Avoid (LOUA) procedure: Example

33 year old, professional woman, approximately 65 pounds overweight for the past 6 years

Previous successful EMDR with depression, originating in 1) stress at work and 2) a negative self-concept of "I'm not good enough," learned in her dysfunctional family of origin. She now has a much stronger sense of her own worthiness.

Her next goal is to lose weight. She eats in a way that is "okay," that is, moderate portions, and not very many sweets.

Client identifies the biggest obstacle to weight loss as, "I hate exercise!"

Wish to have a "normal" weight

"I can't exercise because I hate it!"
Level of Urg to Avoid exercising = 10

Feelings of "I'm not worth very much," and "I don't deserve good things" (These feelings are less now than at the start of therapy)

When avoidance is targeted, clients may respond in a variety of ways.

• "I don't want to think of that. It's about a 9."
• "It is hard to think of it, but I want to get through this. So, my urge to not think of it is a zero!"
• "The good thing about not thinking about it is that I don't have to look at these pictures in my mind"
• "My gut feeling is to not think of it. But I can get past that. I can think of it. Go ahead and ask those questions."
If the person is very frightened of a traumatized Part, and there is a danger of dissociative abreaction, the BHS/CIPOS method can be used.

- "Adult" Part that is very frightened of the past, or frightened (phobic) of a child Part.
- Emotional Part with dysfunctional affect.

If the person is very frightened of a traumatized Part, and there is a danger of dissociative abreaction, the BHS/CIPOS method can be used.

Back-of-the-Head Scale (BHS)

- Fully present
- Dissociated
- Dual-Attention Zone (co-consciousness; that is, simultaneous awareness of safe present and traumatic past)

The therapist says:

- "Think of a line that goes all the way from here (therapist holds up two index fingers about 30 cm in front of the Person's face), running right from my fingers, to the back of your head.

- Let this point on the line (therapist moves fingers) mean that you are completely aware of being present here with me in this room, that you can easily listen to what I am saying and that you are not at all distracted by any other thoughts."
Let the other point on the line, at the back of your head (therapist points to back of own head) mean that you are so distracted by disturbing thoughts, feelings or memory pictures that you feel like you are somewhere else – your eyes may be open, but your thoughts and your awareness are completely focused on another time, or place or experience. At this very moment, show with your finger where you are on this line.

**Back-of-the-Head Scale (BHS) - 3**

- For dissociative clients, a way of measuring and expressing a familiar aspect of their mental life.
- The closer to the “most present” end point of the line, the safer it is to do trauma work with bilateral stimulation
- Clients seem to be able to easily assess the full range of dissociated experiences
- It is necessary for the client to point to a position at least three inches in front of the face, in order for trauma-focused work to proceed (may vary from client to client – listen for tone of voice).
- Use the BHS throughout the therapy session to insure the client is staying “present” while reprocessing disturbing memories.

**Back-of-the-Head Scale (BHS) -- 4**

- Used in conjunction with the BHS
- Bilateral stimulation is used to strengthen the client’s subjective sense of being “present” in the safety of the therapy office.
- May be used in the Preparation Phase, or during the actual Desensitization of a particular highly disturbing traumatic memory.
- As the person’s present orientation is constantly maintained, processing of the memory can proceed with a greater sense of control on the part of the client, and much less danger of dissociated abreaction.

**The method of Constant Installation of Present Orientation and Safety (CIPOS)**

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The method of Constant Installation of Present Orientation and Safety (CIPOS) -- 2

- Steps in the CIPOS method

1. Obtain full permission from the client, and other parts of the system, to work on a highly disturbing memory. Be sure there is time in the therapy session.
2. Insure the client is aware of “objective” reality (i.e. the present situation in the therapist’s office, including the objective safety of that office.
3. Before accessing traumatic material, strengthen the client's present orientation by some or all of the following:
   - “Simple questions about the reality of the therapist’s office” When the client responds to these questions, the therapist says, “Think of that,” and initiates a short set of bilateral stimulation, to strengthen the client’s present orientation.
   - Stimulate orienting response, with a game of “catch” with a pillow or tissue, holding a drop of water or an ice cube in the hand, or alternately counting to 10 and humming a song.
4. The BHS can then be used to assess whether the client is truly oriented to present safety

The method of Constant Installation of Present Orientation and Safety (CIPOS) -- 3

5. When present orientation is sufficiently established, the client is asked if they are willing to go into their memory image for a very brief period of time (e.g. perhaps only two to ten seconds), with the therapist keeping track of the time.
6. This is essentially a carefully controlled dissociative process.
7. Immediately following the end of this period of seconds, the therapist instructs the client, using soothing but repetitive and emphatic words, to “Come back into the room now,” until the client’s eyes open and they are looking out into the room again.
8. When the client’s eyes are open again, the therapist gives encouragement (“Good,” or “That’s right.”) and then resumes the CIPOS interventions, with statements like, “Where are you right now, in actual fact?” with the answers followed by short sets of bilateral stimulation. The CIPOS interventions are continued until the client is able to report, using the BHS, that they are once again oriented towards the present reality of the therapist’s office. At this point, Step 5 can be repeated.

9. As this procedure continues, the client develops increasing ability to “stay present” as well as greater confidence and a sense of emotional control in confronting the disturbing memory. This opens the door to the use of the standard EMDR Desensitization procedures, i.e. of directly pairing bi-lateral stimulation with traumatic material.

CIPOS Method – sequence of procedures

- Fully present
- Use the Back of the Head Scale to check for Orientation to Present Safety
- 2-10 seconds of deliberate dissociation into traumatic material in a way that preserves present safety - No BLS
- Repeat as needed
- Orientation to Present Safety Paired with BLS
- 2-20 seconds of deliberate dissociation into traumatic material while preserving safety - No BLS
- Continue repeating as necessary while preserving dual attention
- More than 20 seconds in trauma with BLS — Standard EMDR Desensitization Phase

Apparently Normal Part (ANP) of the personality
- Phobically avoidant of the EP(s)
- Part of the Personality focused on Defense
- (e.g. avoidance, idealization, addiction and/or shame)

Emotional Part (EP) of the personality
Video example: using the Back-of-the-Head Scale (BHS) and the Constant Installation of Present Orientation and Safety (CIPOS) methods to help a client who is vulnerable to dissociative abreaction.

The client is accessing a highly disturbing memory, from age 6, of neglect and physical abuse by mother.

Client has intense feelings of “badness,” originating in times when she would ask her psychotic mother to get out of bed and feed the client and her sisters.

Mother would often respond by beating the client and then sending her to her room, hungry.
The client was asked to bring to mind the image that most represents her identity of shamefulness.

By mother’s bedside, begging mother to get up

The client then bridges to many childhood traumas

Immediate bridging to many childhood traumas

In response to the bridging, the defense of shame is activated

I am bad
Orientation to the safety of the present

Emotional Part (EP) of the personality – Reliving moments of helplessness, fear and hunger
Representative image: begging mother to get up

Shame Defense
“i am bad”

Apparently Normal Part (ANP) of the personality
Oriented to the safety of the present

Orientation to the safety of the present

Avoidance defense
“I don’t have to go there
“I don’t have to think about it
Affect of defense is positive -
E.g. Containment
And Relief

Emotional Part (EP) of the personality – Reliving the worst moments of the trauma – terror, helplessness, abandonment
The EP needs processing -> adaptive resolution

*Apparently Normal* Part (ANP) of the personality – The affect of ANP is phobic fear of the EP

Vietnam war veteran, with many war traumas
Clearly dissociative personality structure (DDNOS in DSM-4, OSDD in DSM-5)


Video and transcript examples of
1. Targeting avoidance defense and then combat trauma in a dissociative client (1993, 1997)

2. Back of the Head Scale/Constant Installation of Present Orientation and Safety (BHS/CIPOS method; 2012)
Chronic anxiety, low self-esteem, troubled marriage

Specific Memory of Vietnam

Migraines

Difficult childhood – abusive, alcoholic father

Angry outbursts with wife and children

Successful resolution of one memory of neglect by father

"Doug" 1993-1995

19-year-old in a white t-shirt

"You have to think about this!"

"You have to look at this!"

LOUA = 10-15

ANP Avoidance

"I don’t need him any more."

"I left him behind in Vietnam."

Other memories of Vietnam

ANP

Orientation to the safety of the present

19-year-old in a white t-shirt

"You have to think about this!"

"You have to look at this!"

Other memories of Vietnam
ANP
Oriented to present safety
No longer terrified of the specific memory

EP
-- “The 19-year-old”
-- “Get out of here. Go live your life!”

Orientation to the safety of the present

ANP
Able now to have positive feelings and trust in self
Continuing intrusions from unresolved trauma

EP
-- “The 19-year-old”
-- always pointing to a path
-- “You have to look at this!”

Continuing Avoidance
“I don’t need him any more.”
LOUA = 10

Personality Parts at the start of the session, 2012

ANP
Oriented to present safety
Able now to have positive feelings and trust in self
Continuing intrusions from unresolved trauma

EP
-- “The 19-year-old”
-- always pointing to a path
-- “You have to look at this!”

Avoidance put off to the side
CIPOS procedures
2012 Session

ANP
Oriented to present safety

EP
"The 19-year-old"
-- always pointing to a path
-- "You have to look at this!"

CIPOS procedures

ANP
Still oriented to present safety
"I'm not afraid now. I have been there."

EP
"The 19-year-old"
-- "We are walking together on a path"

Terrible images
Trapped for days

CIPOS procedures

ANP
Still oriented to present safety
"But now we're together"

EP
"The 19-year-old"
-- "This is what you had to see."

Terrible images
Trapped for days
ANP
Still oriented to present safety
“But now we’re together”

Considerations in using the BHS/CIP0S procedure
• Useful when the client is frightened of traumatic material, but is able to think of trauma for a few seconds without losing orientation to the present
• If the client cannot go into the trauma memory for even 2-3 seconds, without having trouble coming back, this method should not be used.
• At every opportunity, acknowledge the client’s increasing ability to return to present orientation and safety, more and more easily
• Even after the client is able to reliably maintain dual attention processing, all the other “tools” (cognitive interweaves, conference room imagery, targeting of psychological defenses, etc.) may still be necessary
Resources


Resources (continued)


Resources (continued)


