Questions to be asked and answered

- The minute a client walks into your office, are you doing EMDR or AIP?

- Does AIP revolve around the 8 Phases and 3 prongs?
  
  or

- Do the 8 phases and 3 prongs revolve around the AIP?

Understanding Case Conceptualization & Treatment through the AIP Lens (with & without the BLS)

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Introduction
Roy Kiessling, LISW
Trained-1995
Facilitator – 1997
Trainer 2001 – 13
EMDRIA Approved Independent Trainer 2013

Workshop Goals
Describe the AIP model of psychotherapy
Understand how to apply the AIP model to EMDR’s 8 phases & 3 prongs
Discuss how to apply the AIP model to psychotherapy interventions without using

Describe the AIP model of Psychotherapy
1. Neurobiology
1. The AIP hypothesis
The Developing Mind
Siegel: 1999

Implicit Memory
- Present at birth
- Devoid of ‘subjective’ recall
- Includes
  - Behavioral
  - Emotional
  - Perceptual
  - Somatosensory?
- Attention is not required for encoding

Explicit Memory
- Approximately age 2
- Includes
  - Semantic (factual)
  - Autobiographical (episodic)
- Focus attention needed for encoding
- Hippocampal processing needed for storage

The Formation of a Memory
Bessel van der Kolk: Traumatic Stress: pgs 293-295
Senses inform Thalamus

Thalamus sends raw data:
  - Pre-frontal Cortex
  - Amygdala

Amygdala assigns emotions
  ‘fire alarm of the brain’

Pre-frontal cortex
  updates/integrates/plans
Memories become Memory Networks

- Memories
  - Sensory (Images, smells, tastes, tactile)
  - Emotions
  - Sensations
  - Beliefs

- Networks
  - Hebb’s Axiom:
    - Neurons that fire together, wire together

Formation of Memory Networks

<table>
<thead>
<tr>
<th>Seconds</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.02</td>
<td>The present activates the past</td>
</tr>
<tr>
<td>0.025</td>
<td>Past emotions are activated</td>
</tr>
<tr>
<td>0.02-0.5</td>
<td>Past sensations are re-experienced</td>
</tr>
<tr>
<td>0.5-10 min</td>
<td>Working memory</td>
</tr>
<tr>
<td>10 min +</td>
<td>Hippocampal processing</td>
</tr>
</tbody>
</table>

AIP-background (Shapiro, 1995)

- The Accelerated Information Processing hypothesis developed to explain the rapidness of client resolution of presenting complaints

- There is a system inherent in all humans that is physiologically geared to process information to a state of mental health

- Desensitization and cognitive restructuring are by-products of the adaptive
• Most pathologies are derived from earlier life experiences that set in motion a pattern of affect, behavior, cognitions and consequent identity structures

• Pathology is stored in a static, insufficiently processed memory

• Present day experiences trigger the negative affect and beliefs embodied in the original memory

• Part of the treatment planning process is to identify the memories that contribute to the client’s pathology

Accelerated becomes Adaptive (Shapiro, 2001)

Phantom Limb
• Treat it like a memory

• Move to an adaptive resolution

• If the mind adapts to the limb no longer being there, the pain would no longer be there
DSM Criteria ‘A’ PTSD

‘T’events

• Person is exposed to:
  – Life threatening event(s)
  – Threat to physical integrity of self or others

• Person’s response involved
  – Intense fear
  – Helplessness
  – Horror

• Event is persistently re-experienced
  – Recurrent and intrusive recollections
  – Recurrent distressing dreams
  – Re-experiencing the event as if it were happening

The Formation of a Frozen Memory

Bessel van der Kolk: Traumatic Stress, pgs 293-295

Senses inform Thalamus

Thalamus sends raw intense data to Amygdala

Intense emotions shock the system
  - Short-circuiting prefrontal cortex
  - Interfering with Hippocampal functioning
‘t’ Life Events

- Mol et. All (2005)
  - ‘t’ events more disturbing

- Prolonged / chronic exposure
  - AIP works within a ‘closed system’
  - Up-dating only with ‘known information’
  - Memory networks become isolated
  - Situational / environment
    Ex: Interpersonal vs. career

Formation of an ‘Isolated’ Memory
Chronic message repeated over time
- Hebb’s Axiom
AIP up-dates within a ‘closed system’
System becomes entrenched
Present ‘similar situation’ activates past similar responses

Case Conceptualization through the
1. AIP hypothesis
2. Attachment
3. Developmental Milestones
4. Belief Schema

Case Conceptualization & Treatment
Biopsychosocial State Assessment
- Anxiety
- Depressive States
- Workrelated Disorders
- Self Harm
- Coexisting Comorbid Conditions
- Current Status
- History of Abuse
- Work Environment
- Physical Health
- Recent Emotional Events
- Medical
- Cognitive
- Behavioral
- Psychological
- Treatment
- Goals
- Supportive Therapies
- Collaborative Management
- Cognitive Behavioral Therapy
- Medication
- Case Planning
Adaptive Information Processing
Hypothesis

- Innate in humans

- Natural drive toward health

- Links, up-dates, consolidates past with present – adaptive learning
  - Micro-manage it
  - Talk about it
  - Dream about it (REM)
  - Journal about it

- Disturbing events disrupt adaptive processing
  - Frozen events ‘T’
    - PTSD
      - Adult onset (single incident)
      - Chronic / pervasive (childhood)
        » Neglect
        » Abuse: Physical/Sexual/Emotional
    - Isolated events ‘t’

- ‘T’ and ‘t’ events are dysfunctionally stored

- Dysfunctionally stored memories form the basis of pathology
  - The present reactivates the past
  - Past emotions/sensations/perceptions/beliefs influence attitudes and behaviors in the present
Psychotherapy addresses the dysfunctional and adaptive memory networks. Psychotherapy interventions include:

- Discover/Identify
  - Case Conceptualization
- Access and Activate
  - Treatment approach(s)
- Stimulate
  - Therapeutic techniques

Attachment-Ainsworth

ONSET
- Birth through early childhood.

- May be stored in implicit, preverbal memory networks.

- May or may not have easily identified beliefs or memories (touchstone) of the origins of

PATTERN | CHILD | CAREGIVER

Secure
- Uses caregiver as a secure base.
- Responds appropriately, promptly, consistently.
<table>
<thead>
<tr>
<th>Insecure Child</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambivalent</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Unable to use caregiver</td>
<td>between</td>
</tr>
<tr>
<td>Distressed</td>
<td>appropriate</td>
</tr>
<tr>
<td>on separation</td>
<td>and neglectful</td>
</tr>
<tr>
<td>with ambivalence</td>
<td>responses</td>
</tr>
<tr>
<td>anger, reluctance</td>
<td>Responses only</td>
</tr>
<tr>
<td>to proximity</td>
<td>to child’s increased efforts to attach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insecure Child</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidant</td>
<td>Little or no</td>
</tr>
<tr>
<td>Little affect</td>
<td>response to</td>
</tr>
<tr>
<td>sharing in play</td>
<td>child. Discourages</td>
</tr>
<tr>
<td>Little if any distress</td>
<td>crying, encourages</td>
</tr>
<tr>
<td>upon separation.</td>
<td>independence</td>
</tr>
<tr>
<td>Feels as though there</td>
<td>is not attachment.</td>
</tr>
<tr>
<td>is not attachment.</td>
<td>Rebellious, low self-image and self-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insecure Child</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorganized</td>
<td>Frightened or</td>
</tr>
<tr>
<td>Freezes/rocks upon</td>
<td>frightening</td>
</tr>
<tr>
<td>connection, no</td>
<td>behavior,</td>
</tr>
<tr>
<td>attachment.</td>
<td>intrusiveness</td>
</tr>
<tr>
<td>strategy.</td>
<td>withdrawal,</td>
</tr>
<tr>
<td>Disoriented</td>
<td>negativity, role</td>
</tr>
<tr>
<td>contradictory</td>
<td>confusion,</td>
</tr>
<tr>
<td>behaviors---</td>
<td>ineffective,</td>
</tr>
<tr>
<td>approach/avoidance</td>
<td>non-verbal</td>
</tr>
</tbody>
</table>
### Developmental Plateaus - Erickson

<table>
<thead>
<tr>
<th>Age Range</th>
<th>2–3 years</th>
<th>3–5 years</th>
<th>6–11 years</th>
<th>12–18 years</th>
<th>19–40 years</th>
<th>40–65 years</th>
<th>65–death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage</td>
<td>Early childhood</td>
<td>Preschool</td>
<td>School age</td>
<td>Adolescence</td>
<td>Young adulthood</td>
<td>Middle adulthood</td>
<td>Maturity</td>
</tr>
<tr>
<td>Conflict</td>
<td>Autonomy vs. shame/doubt</td>
<td>Initiative vs. guilt</td>
<td>Industry vs. inferiority</td>
<td>Identity vs. role confusion*</td>
<td>Intimacy vs. isolation*</td>
<td>Generativity vs. stagnation*</td>
<td>Ego identity vs. despair*</td>
</tr>
</tbody>
</table>

### Domains / Schema - Young
- Disconnection and rejection
- Impaired autonomy and performance
- Impaired limits
- Over-directedness
- Over-vigilance