

# LECTURE 3b

Case Conceptualization  
from  
the AIP Perspective



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## Cognitions (Beliefs) - Shapiro

- Beliefs are the verbalization of the triggered past emotions and sensations
- Cognitive Plateaus
  - Responsibility
    - Shame
    - Guilt
  - Safety

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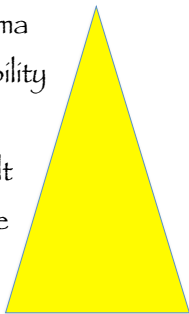
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## Belief Schema - Kiessling

| Onset     | Schema        |
|-----------|---------------|
| 8-12 yrs. | Vulnerability |
| 5-8 yrs.  | Guilt         |
| 4-6 yrs.  | Shame         |
| 3-5 yrs.  | Control       |



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## AIP

Belief / Attachment / Developmental Milestones

- “T’ & ‘t’ memory networks
- The past is present
  - No memory
    - Implicit / pre-verbal onset
- Roy’s Axiom:
  - The more irrational the behavior/symptom,

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Understand how to apply the AIP model to EMDR’s 8 phases and 3 prongs

## Case Conceptualization

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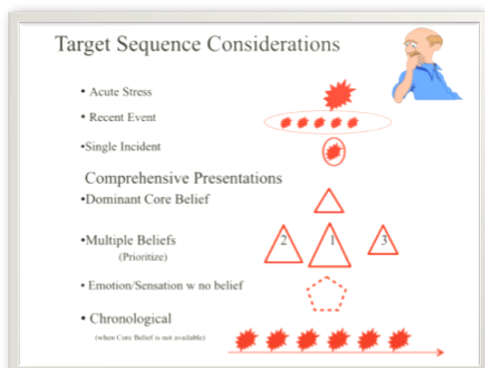
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## Client Presentation



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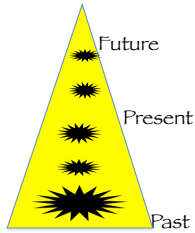
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# Phase 1: History

## AIP Informed Targeting Sequence Plan

- Past is present
- Experiential contributors
  - Emotion / Affect
  - Belief Plateau (Kiessling)
    - Vulnerability
    - Responsibility
      - Guilt
      - Shame



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# Phase 2: Preparation

- Attachment
  - Therapeutic Relationship
- Stabilization
  - Core Belief
    - Survival
      - Powerless, helpless, trapped
- Stabilization skill
  - Calm/safe space??
  - Container

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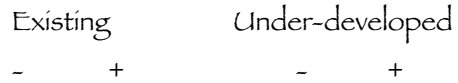
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- Positive/negative memory networks



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## Client Resourcing

- Resource Development and Installation
- Extended Resourcing
- Psychotherapy Interventions
  - Mindfulness
  - DBT

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Understand how to apply the AIP model to EMDR's 8 phases and 3 prongs

## Processing

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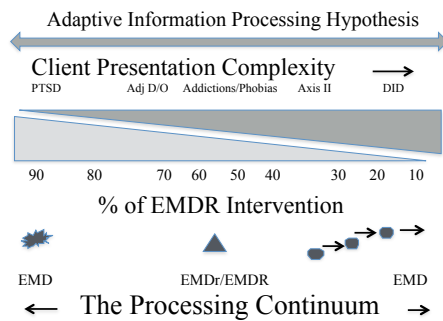
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## EMDR Intervention Continuum



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## Key Components of Adaptive Information Processing

- Access and activate memory networks (Phase 3)
  - Dysfunctional (Negative)
  - Adaptive (Positive)
- Stimulate (Phases 4-6)
  - Work with the mis-match of past with present
- Move (Clinical Interventions)
  - Interventions when necessary to keep the linking/

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## Phase 3: Access & Activate

(Assessment-Shapiro)

- Pre-determined
  - Targeting Plan
    - Target
    - Beliefs (NC/PC)
- Check list to access and activate memory network
  - 2-4 minutes
  - Baseline measurements

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- Negative belief (NC)
  - Determined in Target Planning
  - Resonates with all targets
  - Congruent across 3 prongs
  - Externally focused: Ex: I am unlovable
- Positive belief (PC)
  - Determined in Target Planning

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## Phase 4: Desensitization

- AIP
  - Client: Past is Present
    - Transference during BLS
      - Not good enough/Perfect/Control/Numbing
  - Clinician:
    - Counter-transference during BLS
      - Not good enough/Perfect/Responsible

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- Stimulate
  - EMDR processing procedures [fast BLS] stimulate and move this information until adaptive integration is achieved
    - Positive insights during processing [BLS—fast or slow?]
- Client centered: The natural tendency of the brain is to move toward psychological health

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## Clinical Interventions

(Cognitive Interweaves-Shapiro)

- Stimulate
- Blocks at the onset of processing      Interventions
- The past is present      Predicable!
  - Beliefs are activated
    - Not good enough      Hyper-arousal
    - Have to be perfect
    - Care-giver
    - Controlling BLS
    - Excessive talking
    - OCD
    - Numbing      Under accessing? or
    - Freezing      Hypo-arousal!

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- Processing

- 'Stay out of the way – unless

- Blocked tracks

- Techniques (EMs, body, BLS)

- Missing tracks

- Clinical interventions
      - Belief – the weakest link
        - » Predicable

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- Frozen Networks

- Safety / time / location
  - Inner-child healing

- Isolated Networks

- Responsibility
  - Inner dialogue
  - Psycho-education

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## Phase 5: Installation

- Integration of belief (PC) [Fast BLS]
- Adaptive continuum of grey
  - Ex: I'm lovable regardless

## Phase 6: Body Scan

- Interpretation [Fast BLS]
  - Belief Plateau?
  - Implicit memory?
  - Pre-verbal?

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## Phase 7: Closure

- Affect skill triggers
  - Safe Place – vulnerability?
- Control –
  - Container?
  - Breathing?
  - Aroma?
  - Mindfulness?

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## Integration

### Phase 8 & 3 Prongs

#### The Past

- Bottom up feeding system
  - Past events need to be up-dated to the present for full treatment effects
- Targeting Plan
  - Insight
  - Activates the AIP system

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#### The Present

- Past processing shifts present responses
- Integration
- Opens access to adaptive learning & new responses
  - Extended Resourcing
  - Psycho-education
  - Additional psychotherapy interventions

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- The Future
  - The past prepares for the future
  - Learn from our mistakes to prevent them from happening again?
- Future Rehearsals [processing-fast BLS]
  - Re-writes past memory-networks emotions / sensations/ beliefs / behaviors

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Discuss how to apply the AIP model to psychotherapy interventions without using BLS

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### AIP Informs:

- Case conceptualization with & without BLS
  - Treatment plan Interventions optimal for client
    - Ex: Attachment
      - » Attunement
      - » Validation
      - » Modeling
      - » Reflective listening

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– Stabilization

- DBT
- Mindfulness
- Yoga
- Guided imagery
- Concrete management skills

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### AIP Informs:

- Treatment – all designed to activate the AIP\*
  - CBT
  - Gestalt
  - Psycho-drama
  - Congruent Therapy
  - EFT
  - Internal Family Systems
  - Sensory Motor
  - Solution Focused
- AIP functional components
  - Accessing and activating - positive and negative memory

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Seems to me, the answers to the questions are:

- The minute a client walks into your office, are you doing EMDR or AIP? AIP
- Does AIP revolve around the 8 Phases & 3 prongs? No
- Do the 8 phases & 3 prongs revolve around the AIP? Yes
- Does AIP still apply without the BLS? Yes

What are your answers?

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