Cognitions (Beliefs) - Shapiro

- Beliefs are the verbalization of the triggered past emotions and sensations

- Cognitive Plateaus
  - Responsibility
    - Shame
    - Guilt
  - Safety

Belief Schema - Kiessling

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

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

Case Conceptualization

Client Presentation
Target Sequence Considerations
• Acute Stress
• Recent Event
• Single Incident
• Comprehensive Presentations
• Dominant Core Belief
• Multiple Beliefs (Prioritize)
• Emotion/Sensation w/ no belief
• Chronological
Phase 1: History

AIP Informed Targeting Sequence Plan

• Past is present
• Experiential contributors
  – Emotion / Affect
  – Belief Plateau (Kiessling)
    • Vulnerability
    • Responsibility
    – Guilt
    – Shame
  – Future
  – Present
  – Past

Phase 2: Preparation

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

• Positive/negative memory networks

  Existing          Under-developed
  -  +  -  +
Client Resourcing

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

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

Processing

EMDR Intervention Continuum

Adaptive Information Processing Hypothesis

Client Presentation Complexity

PTSD  Adj D/O  Addictions/Phobias  Axis I  DID

% of EMDR Intervention

EMD  EMD/EMDR  EMD

The Processing Continuum
Key Components of Adaptive Information Processing

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

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

- 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
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

• 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

Clinical Interventions
(Cognitive Interweaves-Shapiro)

• Stimulate
  • Blocks at the onset of processing
  • The past is present

Interventions
Predicable!

- Beliefs are activated
  • Not good enough
  • Have to be perfect
  • Care-giver
  • Controlling BLS
  • Excessive talking
  • OCD
  • numbing
  • freezing

Hyper-arousal
Under accessing? or
Hypo-arousal!
- Processing
  ‘Stay out of the way –unless

  - Blocked tracks
    • Techniques (E.M.s, body, BLS)

  - Missing tracks
    • Clinical interventions
      - Belief – the weakest link
        • Predicable

- 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?
Phase 7: Closure

- Affect skill triggers
  - Safe Place – vulnerability?

- Control –
  - Container?
  - Breathing?
  - Aroma?
  - Mindfulness?

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

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

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

AIP Informs:
- Case conceptualization with & without BLS
  - Treatment plan Interventions optimal for client
    - Ex: Attachment
      » Attunement
      » Validation
      » Modeling
      » Reflective listening
- Stabilization
  - DBT
  - Mindfulness
  - Yoga
  - Guided imagery
  - Concrete management skills

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

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?