CLINICAL INTERVENTIONS

GOAL OF PROCESSING

- Access
- Stimulate
- Move
  - Trust the AIP to do its own work
  - When it can't move on its own, help it out

PROCESSING STOPS MOVING

1. Processing stops
   - External interventions
     - Focus on the body
     - Change eye movement for a set
     - Speed / direction / modality
   - Target interventions
     - Change focus of the target
       - Sensory:
         - Image
         - Sound
         - Smell
         - Body sensation
         - Emotions
2. Processing seems to, or is about to, lose its linkage to adaptive information

- "The Weakest Link"
  - "Bio-psychosocial information"
    - Typically, these gaps would have been addressed during case conceptualization.
    - Ex: Child sexual abuse survivor believing they should have done something
  - Client appears confused, blocked, unable to generate answers, etc.
  - Linkage to the present adaptive information was stopped

- AIP
- Interventions are to reestablish the linkage to allow processing to resume

**CLINICAL INTERVENTIONS**

- Known information
  - The clinical interpretation
    - The client already knows the information
    - The processing link between the present known information and the past has broken
    - The ‘adult self’ cannot inform/nurture/heal the ‘past child’
  - The approach is to:
    - Break the frozen fight/flight/freeze/disconnect cycle
    - Reestablish the link and then trust the AIP adaptive learning process
    - Reactivate the present adult’s known information

- The process
  - There are no ‘suppose to’s’
  - Trust your clinical instincts and attunement to the client’s needs
    - Understand the client’s
    - Core belief schema
      - Where they are ‘developmentally’ in their processing
      - Safety
      - Responsibility
      - Shame
      - Guilt
      - Choice
When it feels important/appropriate/necessary to help the client:
- Offer your comments as something to consider, then:
  - “Go with that…” rather than, “Let’s talk about that.”
- May be between or during sets of eye movement
  - Offer it as a fork in the road, offering the client a choice (even to say no)

Clinical style
- Do what you would typically do
- Insights/reframes/questions/metaphors
- Body movement/posture/role plays/Inner child work

Techniques

Direct questioning
- The client knows it, but just can’t access it.
  - “Whose responsibility is it?”
  - “If that were your (child/friend), what would you say to them?”
  - “Let’s pretend…”
  - “I’m confused…”

Inner child work

- Rewriting past neural networks
  - “Go back and hold that hurt child”
  - “How would that child feel, knowing someone was there to nurture them?”
• Stuck Plateaus
  • Survival
    • “It’s over. You can get your needs met now.”
  • Responsibility
    • “Whose responsibility is it?”
  • Judgment
    • “It’s safe now to begin letting go of control.”
  • Adaptive choices
    • “That was then; this is now; you have other choices now.”

NEW INFORMATION
1. Client does not have the information necessary for processing to continue.
2. Stop processing
   • Bio-psychosocial interview / more intake history / target specific information
   • Psycho-education
   • Referral to outside expert
3. Client reports new information
   • For processing purposes, the information now becomes “held” information.
ADDITIONAL PROCESSING ISSUES

HEADACHES
• Mechanics
• Eye movement
  • Background
• Contacts / bifocals
• Trauma processing
  • Head injuries
• Secondary gain issues
• Dissociative tendencies

NUMBING
• Hypo-arousal: Fight / flight / freeze / shutdown (numb)
• Core belief—“It is not safe to feel.”
• Trauma processing
• Dissociative tendencies
BLOCKING BELIEFS

• Nuance beliefs
  • “Go with that...”

• Deeper belief system
  • What’s been under the surface all the time
  • Current belief is a subset of the deeper, now-exposed core belief.
  • New belief schema Targeting Sequence Plan

Questions