The method of *Constant Installation of Present Orientation and Safety* (CIPOS) can be used to extend the healing power of EMDR to many clients who are potentially vulnerable to dissociative abreaction because of a dissociative personality structure, and/or because of the client's intense fear of their own memory material. With CIPOS, the client is first helped to experience a full orientation to the present safety of the therapist's office (as assessed and verified through the Back of the Head Scale (BHS) procedure), and then is assisted very briefly to access the disturbing material in a highly controlled and predictable way. Through alternating between safety, and carefully titrated exposure to trauma, back and forth, the client can learn, often very quickly, the valuable skill of emerging from a traumatized ego state back to a safe orientation to the present.

Bilateral stimulation (BLS) is used to strengthen or *install* in the client's awareness a clear subjective sense of *being present* in the immediate *real life* situation (i.e. the therapy office). This method is described to clients during the *Preparation Phase*, prior to the *Desensitization* work, and then may be used during the actual *Desensitization* of a particular highly disturbing traumatic memory. By constantly strengthening the person's present orientation through BLS, and carefully controlling the amount of exposure to the traumatic memory, the individual is more easily able to maintain dual attention. Through the use of the CIPOS procedure, processing of the memory can proceed more safely, that is, with much less danger of unproductive, dissociated *reliving* of the traumatic event.

With the CIPOS procedure, BLS is paired initially only with images and statements that express present orientation and safety. At the start of the procedure, when the client is most vulnerable to being overwhelmed by disturbance, BLS is not paired with information directly related to the traumatic disturbance. After the procedure continues successfully, usually within a single session, the client will be increasingly able to simultaneously be aware of both present safety and trauma, and, at that point, the usual pairing of BLS with trauma-related information can be safely initiated.

On the next pages you will find scripts for both Back of the Head Scale and CIPOS.

Back of the Head Scale (BHS) Script

The BHS is a way to measure the extent to which the client is oriented to the safety of the present moment. Knipe recommends the utilization of the BHS regularly during CIPOS as a way to assess for level of dissociation during the procedure. The script Knipe provides for using BHS is below:

> Therapist and client should participate in the following:
>
> Think of a line that goes all the way from here (extend your arm about 14 inches in front of your face), running right from my fingers to the back of my head. Now you do the same.
>
> Now where your hand is now means 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.
>
> Now move your hand to the back of your head. Now let that mean that even though your eyes are open, in your mind you are completely in a memory from the past.
>
> *(Since even mentioning the trauma memory may, for some clients, create some additional loss of present orientation, I recommend repeating the description of the scale, using a tone of voice that is calm and matter-of-fact).*
>
> The place out here (with arm fully extended) means you are completely present; the other place at the back of your head means you are in the memory. Provide me with an idea of where you are on this line right now.

CONSTANT INSTALLATION OF PRESENT ORIENTATION AND SAFETY SCRIPT

The CIPOS steps are as follows:

1. Provide an overview of the process to the client so they can understand what to expect and can provide consent.

Permission

2. Obtain full permission from the client to work on the highly disturbing memory in a gradual and safe way, with ample time in the therapy session to complete the work regardless of whatever unexpected traumatic material may emerge during processing. With clients who have dissociated ego states, it is necessary to also ask for and obtain permission *from any other parts that are involved in this memory*. If some parts of the system do not wish to participate, that is fine, but there should be a commitment from the whole system to allow processing of the memory.

   Since the way to ask the system for permission can be quite variable, with the words for one may not necessarily be appropriate for another, the following is only a suggestion to give you an idea of what to say. These words can be modified according to the needs of your client.

   "I would like to ask all parts of the mind who are involved in this memory for permission to work on this today. Is this okay with all of you?"

Safety

3. As with any therapy intervention, it is important that the client be aware of the *objective* safety of the therapist's office. If the client seems unsure of the physical or interpersonal safety of the present situation, this issue should be addressed directly. Sometimes it is necessary, through observations, questions, and discussion, to help the client see that the fears that are being experienced in the present actually are the direct result of a past event, one which ended long ago and, often, took place far away. This cognitive orientation to present reality does not necessarily have to be accompanied by feelings of safety, but it should be clearly established in the client's intellectual understanding.

   If the client is uncertain about the actual safety of your office, fears and concerns, including transference and counter-transference issues, should be explored and resolved before attempting trauma work. If, on the other hand, the therapist is simply unsure about the client's degree of contact with the reality of the safe office, the questions in step 4 can be asked to clarify the situation.

Strengthening Present Orientation

4. To assess and further strengthen the person's sense of present orientation, the therapist may ask a series of simple questions relating to the client's present reality in your office, with each client answer followed by a short set of eye movements. When the client responds to these *simple questions*, the therapist says, "*Think of that*," and initiates a short set of EM.

   The therapist can chose questions that are appropriate to the client and/or make ones that are suitable for the same goal of grounding the client in the office. Sample questions are the following:

   "***Where are you right now, in actual fact*?"**
   "*Think of that*" and do a short set of BLS.

   "***What do you think of that picture over there***?"
   "***Think of that*"** and do a short set of BLS

   "***Can you hear the cars going by outside***?"
   "***Think of that***" and do a short set of BLS

   "***How many tissue boxes do I have in this room***?"
   "***Think of that***" and do a short set of BLS.

   The therapist can use the above questions or add relevant questions for the client. In this way, the client's subjective sense of being present is strengthened.

   "***What's good about being here right now, instead of somewhere else***?"

   Of course, it is much better to be in the relatively safe present than to be reliving a traumatic event, so (usually without much direction) the client is able to say something like, "*I am comfortable here."* Or, *"I know I am safe here,"* and this positive information can then be strengthened with additional BLS.

   "***Go with that***."

   If the client is confused about why the therapist is asking these simple questions, the purpose can be explained.

   "***A firm grounding in present reality is an essential precondition for the use of EMDR to resolve old disturbing memories. The way EMDR works is, 'One foot in the present; one foot in the past'."***

One particularly useful method of assisting the client in orienting to present time is to engage in a game of "catch" with a pillow or a tissue.

"Can you catch this pillow?"
"Good. Now toss it back. That's right (repeated 1-10 times, as necessary)."

*"**Where are you on the line now*** (Back of the Head Scale)**?"**

Or, ask the client to "***Take a drink of water***."
Or, "***Hold this drop of water/ice cube in your hand***."
Or, "***Hum a song and then count to ten***", etc.

The game of *catch*, in particular, seems to quickly and reliably reverse the *derealization* experience in many clients. The action of tossing an object back and forth pulls the person back to the present. Playing catch is an easily performed task, and seems to require the individual to neurologically activate the orienting response (OR) in order to follow the trajectory of the tossed object. We can speculate that this procedure reciprocally inhibits (Wolpe, 1958) the activation of excessive traumatic material, which in turn allows the client to be more aware of the actual safety of your office. Other similar procedures are taking a drink of water, holding a drop of water or an ice cube in the hand, or alternately humming a song and counting to ten. Each of these procedures can bring about a *state change* back to orientation to present safety, which then empowers the client to be able to proceed with processing trauma material.

The Back of the Head (BHS) scale and CIPOS.

5. Through the use of the BHS, the therapist is able to assess the effectiveness of the CIPOS interventions. In this way, it can be insured that the client is remaining sufficiently grounded in emotional safety, so that reprocessing of the trauma can occur. The BHS is a way of making sure the client remains safely in the zone of *dual attention*: continuing connection with present safety while accessing traumatic memory information.

   By engaging the client in a CIPOS question and action, then asking the client to bring into awareness where he/she is in present time, according to the BHS, the therapist and the client are able to know if the client is sufficiently present to begin or to continue trauma processing. Seen from another angle, this procedure allows both therapist and client to monitor whether the client is experiencing derealization due to high levels of intrusive, post-traumatic disturbance in present time, if the client is beginning to move into a state of *derealization* and if the client has *derealized*. This information informs the next step of the therapy. If the client is in a state of *derealization* or going into one, the therapist works to engage the client back into present time. If the client is experiencing sufficient orientation to in present time, for a sufficient amount of time based on the therapist's judgment, and the agreement of the client, they can proceed to do some trauma work.

Beginning trauma-work slowly

6. When present orientation is sufficiently established:

   In a few moments would you be willing to close your eyes and go into that memory for just a few seconds (2-10) – maybe just 2 seconds? I will keep track of the time on my watch/phone (hold up your watch/phone to make this clear and concrete). When the 2 seconds is over, I'll say "Just open your eyes and come back here into the room."

   "Good. Go ahead and do this for _____(state how many seconds) ***seconds."***

   Keep track of the time. This is essentially a carefully controlled dissociative process. Immediately following the end of this period of seconds, use soothing but repetitive and emphatic words as in the following:

   Come back into the room now. OK, now come back here, just open your eyes, find your way back here now, that's right, just open your eyes.

Importance of encouragement

7. At this point, give encouragement such as:

   Good or ***That's right***.

   Then resume the CIPOS intervention.

   Where are you right now, in actual fact??
   Go with that (do a short set of BLS).

   The CIPOS interventions are continued until the client is able to report, using the BHS, that she is oriented once again towards the present reality of your office. At this point, Step 6 (trauma-work) can be repeated. The idea is to go back and forth between pairing *Present Safety* with BLS and then experiencing the trauma for 2-10 seconds with no BLS.

8. As this process 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 *EMDR Standard Procedure* and directly pairing bilateral stimulation with traumatic material.

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