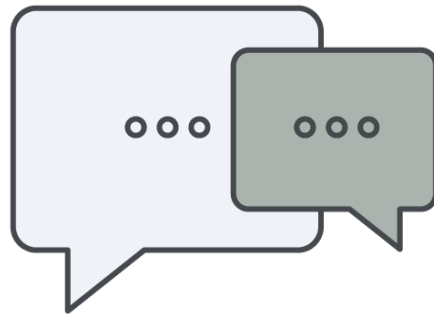


Weekend Webinar Procedures



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Note: the headings in the Contents above and all Blue Underlined words in this document contain clickable hyperlinks.

MEETING PLACE OFFICE SCRIPT (FOR USE WITH CLIENTS)

✓ **Source:** Copyright 2023 Farnsworth Lobenstine, LICSW, Kristen Wold LMFT, Cheryl Case LICSW, Katy Gelinas LPC.

Meeting Place Office Script: *Introducing MP for First Time*

Notes for the Therapist:

- Check with your client for their preferred terminology for “parts” (sides, aspects, personas, etc) and adapt the script accordingly.
- Take some notes for yourself and make a map of your client’s meeting place as it emerges in the session, with notes about each part. Your client may appreciate a copy of this later.
- If your client has difficulties with visualization, invite the use of paper and pen to draw a simple diagram of the Meeting Place and the respective parts’ positions in the space in order to facilitate the exercise. (*Other methods could involve using toys, stones, sandtray, or small objects nearby to symbolically represent the parts.*)
- Make sure that the client has developed a peaceful place first. Find out a little about this place, if you are not familiar with it already.

Therapist:

- Please take a moment to place into a container anything disturbing, or any material that doesn’t have to do with today’s work.
- I would like you to go to your peaceful place. Settle in and experience it with your senses. If you would like me to facilitate the process, let me know.
- Tell me when you’re ready to move on.
- Now I’d like to invite you to transition from your peaceful place to your meeting place. This will be a safe place where any parts of you who are comfortable and ready to join can work together towards healing. This place might be outdoors or indoors; you may use a path, doorway, hallway, etc to arrive there. *It is very important that this is an imagined place with no unpleasant associations to your personal history.*
- Allow yourself to imagine this meeting place. You may wish to include...
- *Suggest any or all:*

Central gathering area or table/chairs, comfy areas, play area for child parts, alcove where parts can listen but not be seen, waiting area for parts who don’t feel safe to join in. Possibly a contained space for highly activated parts to get help. There may be writing materials or art supplies. There is a nearby vault for any material that may need storage.

- (*Allow some time for visualization or drawing.*) Please describe what you notice about this Meeting Place. What does it look like? What are the seating options?
- Invite the parts of yourself who are comfortable and ready to join you. Parts may appear as a version of yourself, a symbolic image, an emotional presence or feeling, or any other form of expression; all are welcome. (*Note: any figures who appear as another person, such as a loving caregiver or a frightening relative, are considered the*

internalized representation of that person, or an “imitator” part of the self, NOT the actual person. It is important to clarify this for your client.)

- Please thank your parts for coming. If any other parts wish to join later, they are still welcome. Let them know who I am and that I’ll be helping out today. Some parts may need to be oriented. Do they need to hear a bit about who you are now?
- This is a place where all the parts of you are safe, and nobody is unkind to anyone else. This is a place to learn about each other and work together toward healing. If any parts are unable to maintain safety, the meeting will end. Do all the parts agree?
- Can you tell me who has come into the meeting place?
- *Offer prompts and questions tentatively, checking for consent and offering the client choices to accept or decline any suggestions you make. “Would it be okay if...” “How would it feel to consider asking...” “Would you like to ___ or would it feel more helpful to try something different?” Sample questions/prompts:*

- *What is the mood in the space?*
- *Where are the parts in the space?*
- *Who is seated next to whom?*
- *Allies situated with certain parts?*
- *Any parts who might be listening but not present in the MP?*
- *Any parts in the play or waiting areas?*
- *Relationships or alliances among the parts?*
- *Any conflict between parts or with the adult you?*
- *Parts who have a story to tell?*
- *Anyone have a need that could be fulfilled today?*
- *Anyone need help containing distress?*

When ten minutes remain, begin to invite closure.

- Are there parts who want to share anything more?
- As we begin to wind down, please thank your parts for joining today.
- Please invite each part to step back and notice any painful memories, pictures, feelings or emotions that are not resolved. We will store these away until next time. Notice the vault or container that the adult has opened. Take your time as your parts allow their material to be safely contained, but parts themselves are not placed into the container.
- Let me know when everything has been put away.
- Now I would like all the parts to get ready to settle away to rest, safely and comfortably. They can leave the way they came in. Older parts please accompany the young ones.
- Look around and let me know when all the parts are gone.
- *If indoors:* Turn off the light to conserve energy. *If outdoors and using a campfire:* Make sure the fire is extinguished. *If outdoors and no light/energy source has been mentioned, skip this step.*
- Please leave your MP the way you entered and transition back into your peaceful place. Take a moment to experience your peaceful place.

- When you are ready, come back into this room...noticing any sounds, the chair you are sitting on and your feet on the floor. Now slowly open your eyes and return to the room.
- Please ground yourself in this room by describing something that you see.
- I'd like you to check inside one more time. Please close your eyes and do a brief body scan. Notice any disturbance or any body location that holds distress.
 - **If so:** That may mean that a part was left in the MP or that material didn't go into a container. Please return briefly to your MP and check for any part left behind. Ask that part what they need in order to settle inside securely for today, then invite that part to settle in to rest.
 - *(If the distress is only in the body, this can be handled outside the MP: use the over-energy correction, healing light stream, spiral technique, progressive relaxation, breathing, visualization, etc. Dissociative switching headaches can be managed with Fraser's balloon technique on p. 19 of DTT article.)*
- Tell me when that's complete, and then you can transition back more fully.

Invite your client's reflections on the experience. Possible questions:

- What was most interesting to you?
- Were you surprised by any part that appeared?
- How did it seem helpful?

Notes for the Therapist:

In ongoing work with clients, there is often a clear plan as to what will be done week to week.

Perhaps you are following the EMDR protocol: addressing target memories inside the MP, carefully inviting relevant parts to participate, and inviting younger parts to be protected from distressing adult material by removing to an adjacent space.

Perhaps the MP is systematically helping dissociated parts to be “updated” and to function better at home and at work by understanding each other’s thoughts and feelings.

If there is no specific topic identified, you may continue exploring the relationships among parts; notice the material that emerges organically. You may choose to address some basic needs of parts that become known, such as releasing a “drop” of pain (Tip of the Finger), finding compassion for a part (Loving Eyes), or desensitizing a mild “current trigger” target (CIPOS or EMD/EMDr).

Therapist:

- Do you have any reflections on our previous experience with the Meeting Place?
- Please take a moment to place into a container anything distressing or any material that doesn’t have to do with today’s work.
- I would like you to go to your peaceful place. Settle in and experience it with your senses. If you would like me to facilitate the process, let me know. Tell me when you’re ready to move on.
- Now go ahead and transition from your peaceful place to your meeting place.
- Find a comfortable seat and enjoy the rich details of this place.

(Pause; allow time for visualization or drawing.)

- Is the place the same as last time, or different? (If different, please describe it briefly to me)
- I wonder if it would feel comfortable to settle in and notice what emerges as we continue to get to know your parts, or perhaps you have in mind something specific that might be helpful to explore in this secure place?
- As a reminder, this is a safe place where any parts of you who are comfortable and ready to join can work together towards healing. Now invite the parts of yourself who are comfortable and ready to join you today. All parts are welcome.
- Can you tell me which parts have come into the meeting place and where they are situated?
- This is a place where all the parts of you are safe, and nobody is unkind to anyone else. This is a place to learn about each other and work together toward healing. If any parts are unable to maintain safety, the meeting will end. Do all the parts agree? *(This may end up being the topic of conversation in the MP: assisting parts who lash out at other parts, negotiating terms, etc.)*
- Notice which parts can help with our work today. Are there any parts with a specific need that can be met? *(child part needing a cozy corner, frightened part needing an adult to sit nearby, etc.)*

- Do any parts object to this work? If so, we will need to begin by understanding what they think. You might ask for their agreement to not interfere.
- What do you notice? (*lead a conversation about this as in a family therapy session: meet any needs, encourage expression of feelings etc.*)

• *Further sample questions, remembering to offer suggestions tentatively and check for consent:*

- *Explore differences between parts?*
- *Is there a part wanting to share **feelings, thoughts, or needs** to be met?*
- *Could you ask the part who previously _____, (controlling or troublesome part who interferes with functioning at home or at work) whether they would like to be heard?*
- *Are there parts who are aware of the vault or containers holding material? Any topics that need to be revisited? Need any help organizing or tidying the material?*

When ten minutes remain, begin to invite closure.

- As we begin to wind down, please thank your parts for joining today.
- Are there parts who want to share anything more? Let me know anything I should write down to be worked on in further sessions.
- Please invite each part to step back and notice any memories or feelings that have come up today. These will be stored away for safe keeping. Notice the vault or any containers that are useful. Take your time as your parts allow their material to be safely contained, but parts themselves are not placed into the container.
- Let me know when everything has been put away.
- Now I would like all the parts to get ready to settle away to rest, safely and comfortably. They can leave the way they came in. Older parts please accompany the young ones.
- Look around and let me know when all the parts are gone.
- *If applicable: turn off the light/extinguish the fire to conserve energy.*
- Please leave your MP the way you entered and transition back into your peaceful place. Take a moment to experience your peaceful place.
- When you are ready, come back into this room...noticing any sounds, the chair you are sitting on and your feet on the floor. Now slowly open your eyes.
- I'd like you to ground yourself in your home or my office by describing something in detail that you see here.
- Please check inside one more time. You might do a brief body scan. Notice any disturbance or a body location that holds distress.
 - **If so:** That may mean that a part was left in the MP or that material didn't go into a container. Please return briefly to your MP and check for any part left behind. Ask that part what they need in order to settle inside securely for today, then invite that part to settle in to rest.
 - (*If the distress is only in the body, this can be handled outside the MP: use the over-energy correction, healing light stream, spiral technique, progressive relaxation, breathing, visualization, etc. Dissociative switching headaches can be managed with Fraser's balloon technique on p. 19 of DTT article.*)

- Tell me when that's complete, and then you can transition back more fully.

Invite your client's reflections on the experience. Possible questions:

- What are your reflections about today's work?
- Were you surprised by anything you learned?
- Did any parts receive an update on your current life?
- Did any parts feel more settled or better understood in this process?

Meeting Place Summary

✓ **Source:** Copyright 2023 Farnsworth Lobenstine, with Summary Cues by Connie Johnshoy-Currie, Psy.D, Katy Gelinas, LPC, & Meghann Ellis, LICSW.

- **Go to Peaceful Place:** settle in with senses.
- **Transition to Meeting Place:** decide indoor/outdoor, walk or use doorway.
 - **Structure of the Meeting Place:** seating, waiting area, play area, share details.
- **Determine goal of today's work:** first MP or continued work?
 - **First MP or new parts present: Get to Know the Parts** with curiosity.
 - **Continued work in MP:** Asking the Adult, **what would be most helpful today?**
- **Invite Parts:** where is client (Adult Self) in the space; invite client to invite parts in.
 - **Introduce Self:** as adult helper; possibly describe client to parts.
 - **Welcome Parts:** which parts of you have come into the meeting place?
 - **Establish safety, describe purpose, in agreement?**
- **If Getting to Know Parts,** Explore with curiosity:
 - **Mood** in room; where are the parts, **location/proximity** to others.
 - Any choose play or waiting areas?
 - **Relationships** between parts; any parts in **conflict** or have **alliances?**
- **If Continuing Work with Parts,** consider:
 - **Topic manageable** in session time allowed (leave time for debrief).
 - **Examining and Meeting the Needs** of a Part.
 - Working through **Ambivalence** in present life; **Resolve Differences.**
 - **Present Time Orientation** of Parts.
 - **Facilitate Cooperation** between Parts to increase adult functioning.
 - Ask a Part to **Consider Stepping Back** because interfering with functioning.
 - Address a target with **EMDR Strategies from Day 2 Workshop (next page).**
- **Invite client to invite parts who will help.**
 - **Parts that know about this concern** who can be helpful.
 - **Any parts opposing work today,** ask for agreement, not to interfere.
- **Exploring the Issue, Meeting Parts' Needs.**
 - **Who would like to begin?** Why here, how connected to issue/problem.
 - **Parts speak through client:** please tell me who is speaking.
 - **Explore Issue;** allow parts to express ideas/concerns; address what comes up.
 - **Consider use of titration strategies** (*reminder cues on next page*).
- **Closure.**
 - **Thank** participating parts; Any **Needs** before we complete?
 - **Anything to put away?** Memories, pictures, feelings, emotions.
 - Into **Vault** or other **safe container;** Parts **do not** go in container.
 - **Invite parts to settle back in to rest,** return the way they came, older parts with younger parts.

- **Any parts left in the room?** Turn off lights.
- **Transition out, Returning to Peaceful Place.**
 - **Experience Peaceful Place**, senses.
 - **Transition to office**, notice sounds, chair, feet on the floor.
- **Grounding, assessing for disturbances.**
 - If disturbance, check for parts still in the meeting room; use calming skills.
- **Reflections:** What was interesting? Anything surprising? Helpful?

REMINDER CUES FOR EMDR STRATEGIES

You will use your clinical judgment to suggest and implement interventions that may be helpful to the client's presenting issue in the moment. It is recommended to have the full scripts available nearby, and to use this as a reminder for when to use the skills.

- **Loving Eyes (Knipe, 2015):**
 - **To help an adult part (ANP) overcome phobia or avoidance of child part (EP) by forming a visual image of the child that is stuck in trauma time, in order to “soften” avoidance or conflict.** Can also be an effective alternative to Phase III target assessment. Visualize the past event as an outside observer. “Are you able just to look at that child?” Use BLS while repeating “Just look at that child and notice...” Use questions/observations to elicit curiosity, compassion, or empathy, and install with BLS.
- **Constant Installation of Present Orientation & Safety (CIPOS) (Knipe, 2015):**
 - **To help the client become fully aware of being safe in the present moment before briefly accessing disturbing material in a titrated manner.** Using short questions about the present moment followed by short sets of BLS to install.
- **Tip of the Finger Strategy (Gonzalez & Mosquera):**
 - **To help an Emotional Part relieve some of the current distress being triggered by a memory, targeting peripheral elements (emotion, sensation) rather than the full memory.** Ask the EP to notice the distress and identify the aspect of the sensation they want relief from; apply short BLS; ask if EP wants to let off a little more. Re-orient and stabilize.
- **EMD^ (“EMD prime”) (Kiesling, 2013):**
 - **Allows desensitization of highly disturbing material or intrusive aspects of memories, while limiting associations to other memories.** Set up Phase III assessment of the target (one snapshot). At the end of each SHORT BLS (5-10 sec) set, ask client to “blank it out” and take a SUD rating, then return to target. Continue to SUD=0 and install PC; no body scan.
- **Picture-in-Picture (Twombly):**
 - **For fractionation of a target memory using a metaphor: a digital video screen which contains a smaller video in the corner (like on Zoom when your image is a smaller box).** Safe present moment is put on the big screen, with a benign memory in PIP box; client practices turning on/off the PIP for 2 sec with neutral memory, before using with target memory and BLS. Longer reps are gradually added, turning off PIP in between BLS sets.

Secure Your Space

- ✓ **Source:** *Weekend Webinar demo and PowerPoint by Paula Merucci, LCSW.*
- ✓ **Purpose:**
 - Helps you and your client recognize their degree of security regardless of the location/environment (car, bedroom, family room, office).
 - Orients client to present moment and brings the client's observer self (i.e. the adult ego state) online.
 - Prepares us for CIPOS (Constant Installation of Present Orientation and Safety) and Loving Eyes where client needs to maintain dual awareness and keep "one foot in the present" and "one foot in the past."
- ✓ **When to Use:** In meeting place and anytime in session.

STEP 1: Explain it (the concept of securing your space). "We are going to identify some objects in this room that can orient you to the present moment with me here in this room."

- *If client needs an explanation for why you are doing this exercise: "For trauma to resolve, it is critical to have dual attention. Dual attention means that, while working on a memory, you can stay in the present moment ("here with me in this room") while you access the past memory" (i.e. you have one foot in the present "here" and one foot in the past "there").*
- *If client says they do not feel safe: "You do not need to feel safe, but you at least need feel secure with me here in this moment."*

STEP 2: Identify it (find secure space in your office or "their" room for virtual sessions).

- "What about your space makes you feel secure at this moment?"
- "Describe in detail for me. Use your senses."
- Write down what the client says about their space and ask questions about the objects they mention (*For example: What color is the blanket? What is your dog's name?*).
 - These objects become "anchors to the present moment" that you can use to re-orient your client to the present (*For example: What is your dog doing now? Put your hands on your blanket and feel the texture. How are you feeling as you touch the blanket?*).
- "What are some feeling words from the green section of the Polyvagal Feelings Chart that resonate with you?"

STEP 3: Measure it (1-5). "How secure do you feel from 1-5 with 1 being not at all and 5 being the most?"

STEP 4: Enhance it (tap in positive emotions and sensations).

- Resource this secure space if appropriate (Laurel Parnell's Tapping In, 6 to 8 slow, short, soothing sets of BLS).
 - If the client says they have something very secure to them, you can tap that in with slow, short sets of BLS to strength and enhance that positive neural network.

If needed, GO BACK to: Loving Eyes or CIOPS (click on Back to Contents to find script).

Jim Knipe's Back-of-the-Head-Scale (BHS)

- ✓ **Source:** *Weekend Webinar demo and PowerPoint by Paula Merucci, LCSW, adapted from Jim Knipe's Back-of-the-Head-Scale (Jim Knipe, 2019).*
- ✓ **Purpose:**
 - Helps determine the zone of readiness for processing. This information is not readily available by looking at their face.
 - Measures the extent to which a client is oriented to the security of the present situation, in dual attention.
 - Gives the client language to recognize and communicate if they are dissociating. They can show you if they are “here with you” in the room or completely in the memory; their actual hand position ends up being what orients them to the present.
- ✓ **When to Use:**
 - Moment to moment at the beginning of a session, throughout a session if necessary, in the meeting place.

STEP 1: Explain it. As you give the client the following explanation, use your hands to demonstrate hand position to client (see pic below).

- “Imagine a line from the back of your head to the place in front of your eyes (about 15 inches from the front of your face).”
- “Let this point on the line in front of your face mean you are completely aware of being present with me in this room.”
- “Let the other point on the line, at the back of your head, mean that you are so distracted by distressing thoughts, feelings or the memory that you are fully in the memory and no longer with me in the present.”



Source: image obtained from: <https://letsdealwithit.com/emdr-therapy-for-anxiety/>

STEP 2: Check it. “Where are you right now? Show me with your hand where you are on the line.”

If needed, GO BACK to: Loving Eyes or CIOPS (click on Back to Contents to find script).

Tip of the Finger

- ✓ **Source:** *Weekend Webinar demo and PowerPoint by Farnsworth Lobenstine, LICSW, adapted from Gonzalez & Mosquera's Tip of Finger Strategy (Gonzalez & Mosquera, 2012).*
- ✓ **Purpose:** targeting internal experiences that are distressing:
 - Attachment rupture with you.
 - Hatred or Shame.
 - Inability to tolerate anything positive.
 - Any overwhelming or “vehement” emotion.
- ✓ **When to Use:** In the meeting place (or anywhere, at any time).

STEP 1: Explain why we use it. When a client is clearly upset, it is likely that a part of them is carrying the upset. It is usually a child part, but it could be an adolescent.

- “You seem/You are upset. It might be that a younger part of you is carrying this upset. There is a very simple way to lower this upset that often works. Would you be willing to try it as an experiment?”
 - *If yes:* Would you check inside? I’m wondering how old the part of you carrying this upset is? Can you tell?
- (You will then use their language in the following script. It is often a very young part, but could be a teen.)

STEP 2: Speaking through the client, address the part.

- “Little one, grown-up wants to hear your story and you really want to be heard. But it is so upsetting, you may not even have words for it. And it’s too painful now for grown-up to hear. Would it be OK to let off a little bit of your pain?” (*language from George Abbott*)

STEP 3: First pass.

1. **Get consent.**
 - “Would it be okay if that child part let go of a drop or two of this pain [or emotion]?”
 - “Can you check inside with this young child/teen to see if it would be okay to let go a drop or two of the ocean of pain [or emotion] they are experiencing?”
 - If yes, proceed to processing.
2. **Process.**
 - “Can you have the child/teen look through your eyes and follow my finger?”
 - Do one slow glacial pass (20 to 30 seconds long). [Gonzalez & Mosquera suggest 6-8 fast, short passes.]
3. **Check in.**
 - “How was that little one/teen?”

STEP 4: Second pass.

1. **Get consent.**
 - “Grown-up, would it be okay to let go of another drop of their pain?”
 - “Check inside if your little one/teen would like to let go of another drop of that ocean of pain [or emotion]?”
 - If yes, proceed to processing.
2. **Process.**
 - “Can you have the little one look through your eyes again and follow my finger?”
 - Do one slow glacial pass (20 to 30 seconds long). [Gonzalez & Mosquera suggest 6-8 fast, short passes.]
3. **Check in.**
 - “How was that little one/teen?”

STEP 4: Last pass.

1. Get consent.

- “Grown-up, would it be okay to do it one more time and have the child part/teen let go of another drop of their pain?”
- “Check inside to see if it would be okay with little one/teen?”
- If yes, proceed to processing.

2. Process.

- “Can you have the little one/teen look through your eyes again and follow my finger?”
- Do one slow glacial pass (20 to 30 seconds long). [Gonzalez & Mosquera suggest 6-8 fast, short passes.]

3. Check in.

- “Little one, how are you feeling now?”
- “And grown-up, how are you feeling now?”

The miraculous thing about the Tip of the Finger Strategy is that the young part feels better AND the adult feels better. I have probably used this 1000 times and it has never failed! In fact, the adult often feels well regulated. And with practice you can complete this intervention in 3 or 4 minutes. (Farnsworth)

Loving Eyes (“Looking” From One Part to Another)

- ✓ **Source:** *Weekend Webinar demo and PowerPoint by Paula Merucci, LCSW, adapted from Jim Knipe’s Loving Eyes Procedure (Jim Knipe, 2019).*
- ✓ **Purpose:**
 - Increase compassion, understanding and collaboration when separation of parts is maintained due to a defense (such as fear, avoidance, denial, indifference, critical, etc.).
 - As an alternative to phase 3 when directly accessing the memory is too overwhelming or difficult because it is covered by a defense (denial, avoidance, fear, indifference, etc.).
- ✓ **When to Use:** in the meeting place or anytime; need to establish secure space first and have a willing adult and child part.

STEP 1: Secure your space.

1. **Orient the client to the present moment.** This brings the client’s adult ego state online and helps them keep “one foot in the present.”
 - “Let’s start with securing your space: so I want you to look around and check out your space and tell me what it is that is making you feel secure in this moment?”
2. **Write down what the client says** about their space and **ask questions** about the objects they mention. (*For example: What color is the blanket? What is your dog’s name?*)
 - These objects become “anchors to the present moment” that you can use to re-orient your client to the present at any time (*For example: What is your dog doing now? Put your hands on your blanket and feel the texture. How are you feeling as you touch the blanket?*).

STEP 2: Find the wounded part and ask the adult ego state to look at the child.

1. **Ask the adult ego state**, from the safety of the present, **to find and observe the wounded child** as a separate person from the child part.
 - “Sitting with me now, can you notice where you feel that [emotion] in your body? Focus on that [emotion] and go back in time and tell me how old do you think this [emotion] is, going back possibly even into childhood?”
2. **Establish a visual image** to connect to the child ego state.
 - “And can you see that younger part of you?”
 - “I’d like for you, the one in the room with me today to look at that child and see what you can see.”
 - If needed, you can clarify/enhance the scene by asking: “What do you hear? see? feel?...”
 - “Share with me what you are seeing/noticing.”

STEP 3: Adult ego state part validates the wounded child part with HUGS.

1. **HUGS=** “I Hear/Understand/Get/See you.” Honor and validate the child, viewing the inner child with love and respect. Here we want the client’s Adult Self to nurture, support and create an attachment repair for that younger self.
 - “Okay. Wonderful. I want for you, from your adult part, to observe that child part. Can you share with that child part any sense of what it is that you understand about it or what it is that you are seeing just to validate it?” (HUGS)
2. **Ask Adult Self to check in with child part:** “What is it like for the child to hear these words?”
 - If you get resistance from the child part, you may need to do some more unblending. Most likely the adult is holding another protector part that is blocking the ability to love on that child.

STEP 4: Assist the vulnerable child part to feel HUGS (Heard/Understood/Got/Seen).

1. **Encourage the child part to share.**
 - “Is it safe for you to say that you can hear what this part is saying?”
 - “And if that child could ask for one thing from the adult you, what does it need to hear?”
 - “And can you do that as adult you?”
2. **Reorient to present:** “Can you just look over at [anchoring object] and tell me about it? Tell me more. Can you put your hands on [anchoring object] and tell me what you are feeling, what the texture is like? Can you look around the room and tell me 3 things that are blue? Let’s just move 3 parts of our body (e.g. wrist, neck, take a breath).”
3. **Check in with Adult Self:** “What was that like for adult you?”
4. **Ask Adult Self to check in with child part:** “How is the part receiving this new type of interaction?”

CIPOS (the Method of Constant Installation of Present Orientation and Safety)

- ✓ **Source:** *Weekend Webinar demo and PowerPoint by Paula Merucci, LCSW, adapted from Jim Knipe's CIPOS (Jim Knipe, 2019).*
- ✓ **Purpose:**
 - Can extend the healing power of EMDR to a much wider population of complex clients and highly vulnerable clients.
 - Helps clients who experience a loss of emotional safety when traumatic material is accessed.
 - Can eliminate Phase 3 Assessment, which would invite additional disturbing material when a client is already disorientated (ex: What is the worst part?).
 - Provides a rupture/repair for the ANS which may be new for the client.
- ✓ **When to Use:** absence of Dual Attention i.e., client is unable to remain oriented; in the meeting place.

STEP 1: Explain it.

1. Explain the rationale for the CIPOS procedure.

- *If you have already explained rationale for CIPOS, go to [STEP 1-2](#) below to walk client through each step.*
- *“For trauma to resolve, it is critical to have dual attention. Dual attention means that, while working on a memory, you can stay in the present moment (“here with me in this room”) while you access the past memory” (i.e. you have one foot in the present “here” AND one foot in the past “there”).*
- *“If we access trauma without dual attention, we are simply reliving the horrible events and not resolving the memory.”*
- *“So, in order to help you process the memory and resolve it in a way that feels safe and manageable, we are going to strengthening your ability to enter into the memory while maintaining dual attention” (i.e. “one foot in present” and “one foot in the past”).*
- *“This process will also make the memory feel less overwhelming and strengthen your ability to come out of trauma and back to the present, more and more easily.”*
- *If client wants to know more about why this procedure works: “This process takes advantage of the short-term memory (STM) phenomenon (i.e. that our STM can generally retain information for a period of 2 to 20 seconds)—this means that our brain should be able to hold dual awareness of our present reality with the memory for at least 2 to 20 seconds.”*

2. Walk the client through each step of the CIPOS procedure.

- *“We are going to toggle back and forth between the reality of the present moment with me and a snapshot of the trauma memory.”*
- *“To start, we will go into a snapshot of the worst part of the memory for 3 seconds and then toggle out the present. We will continue to toggle back-and-forth between the memory and the present for increasingly longer periods of time: 3 seconds, 6 seconds, 9 seconds, 12 seconds and 18 seconds.”*
- *“Once you can hold dual attention for up to 18 seconds, we can add short sets of fast BLS for 3 to 5 seconds.”*

STEP 2: Orient to secure space (safety).

1. **Strengthen client’s present orientation** through the [Secure Your Space exercise](#). This will help you ensure the client is aware of the “objective” reality of the safety of the therapy space.
2. *If client cannot establish at least an intellectual/cognitive understanding that they are safe now in the room with you, **then do not proceed with CIOPOS.***

STEP 3: Back-of-the-Head-Scale (BHS).

1. If client has not learned BHS, **teach client BHS** through [BHS exercise](#).
2. If client has learned BHS, **check BHS**: “Where are you on the line now?” (Back-of-the-Head-Scale)

STEP 4: Permission. When present orientation is sufficiently established, the client can be asked if they are willing to go into an agreed upon memory image for a very brief period of time (starting with 3 seconds).

1. **Get permission to work on memory.** “I’d like to ask permission from all parts/aspects of you to work on this memory. Is it okay with all aspects of you?”
2. **Identify the memory image.** “What we are going to do is pick a disturbing image of the memory. So I want you to envision using your iPhone and take a snapshot, and then I’d like you to put your laptop a couple feet from you on the counter and I want you to put that snapshot on that laptop...so there is space between you and that visual. That will be our agreed upon image.”
3. **Reorient to the present** by asking about anchoring objects from the secure space exercise.
 - “I’d like for us to start in our secured space.”
 - “Can you just look over at [anchoring object] and tell me about it? Tell me more. Can you put your hands on [anchoring object] and tell me what you are feeling, what the texture is like? Can you look around the room and tell me 3 things that are blue? Let’s just move 3 parts of our body (e.g. wrist, neck, take a breath).”
 - “So, once again, how are we feeling about our secure space?”
 - If appropriate, strengthen and enhance with slow, short sets of BLS.
4. **Ask permission to begin to slowly enter memory.** “We’re going to toggle to that snapshot for 3 seconds and I’m going to have you count out loud, 3-2-1. Are all parts onboard for trying this?”

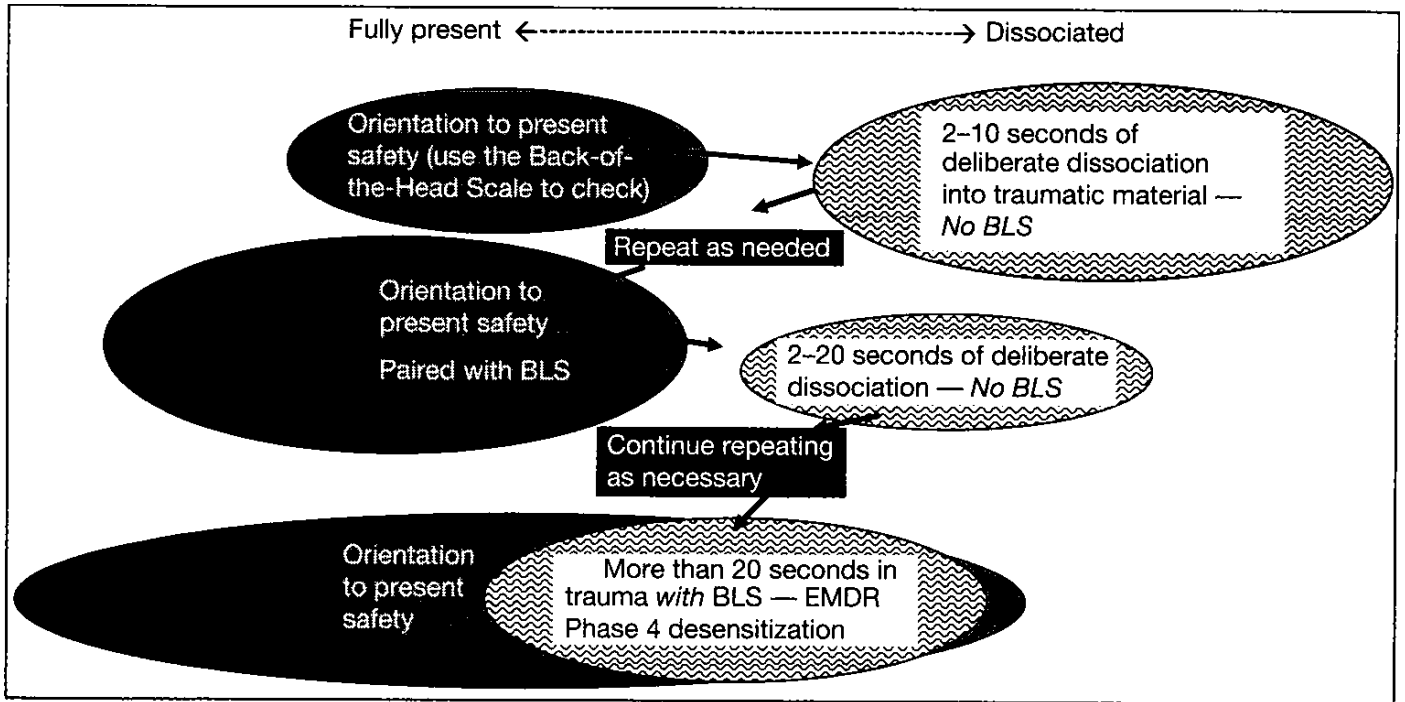
STEP 5: Toggle to memory. Toggle the client into the worst part of the memory for increasing amounts of time (3,6,9,12,18 seconds), counting with them (taxing working memory).

1. **Enter memory:** “So slowly just toggle your visual over into what we’ve agreed upon, count out loud backwards from **3** to 0, when you’re ready.”
2. After the agreed-upon time in memory, **check Back-of-the-Head-Scale**: “Where are you on the line now?”

STEP 6: Toggle back to secure space. Toggle/Pendulate the client back to their secure space.

1. **Toggle to present.** “Now we are going to toggle back into your secure space, I want you to look around the room, look at [anchoring object], put your hands on [anchoring object] and tell me what you are feeling, what the texture is like? Can you look around the room and tell me 3 things that are blue? Take a breathe in and an exhale out.”
2. **Check in with client.**
 - “Just checking in with all aspects of you, what was that experience like?”
 - **Check Back-of-the-Head-Scale**: “Where are you on the line now?”
3. **Ask permission to repeat.**
 - “Would you be willing to try it again? This time we’ll have **6** seconds and you’ll have more time to pull it up.”
 - Repeat STEP 5 using 6 seconds this time.

STEP 7: Continue to repeat. Continue to toggle/pendulate client from secure space to memory (STEPS 5 and 6) for increasing amounts of time (3,6,9,12,18 seconds) until the client can hold memory for 18 seconds, which opens the way to the use of the standard EMDR desensitization procedures. (See [graphic](#) on next page for sequence of procedures.)



Source of picture: Jim Knipe EMDR Toolbox (page 240, figure 13.3 The method of CIPOS— sequence of procedures).

References

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