

Comparing Jim Knipe's Constant Installation of Present Orientation and Safety and Joanne Twombly's TV and Picture in a Picture (PIP)

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Joanne Twombly's article, "EMDR for Clients with Dissociative Identity Disorder, DDNOS and Ego States," [1] presents an excellent overview of this work and includes many specific strategies that facilitate safety and success.

One specific technique she uses is based on recent television technology that enables you have watch two shows at once, with a small picture in one corner of one while the big screen is another program. This picture within a picture is abbreviated PIP and is described on pages 112-113. She recommends with clients with severe dissociation that this can be used as a strategy for fractionation of the target memory. This has interesting parallels and differences with Jim Knipe's Constant Installation of Present Orientation and Safety (CIPOS, which he pronounces see-paws). I suggest you try both with different clients. Each dissociative client will likely have a preference. Indeed, different ego states or parts of the self may have different preferences.

PIP

Part(s) are asked to put an image of the office with the client and therapist present on the big screen, turn on the PIP to a benign or mildly annoying scene, then turn off the PIP after two seconds. Initially BLS is provided only when the full screen is on. This is repeated, with the client reminded to turn off the PIP. Thus the client increases his/her confidence and capacity to control the disturbing image, with BLS provided while the PIP is on. The client is then ready to use the PIP with the targeted material, again for about 2 seconds. Parts and their helpers are in charge, with the therapist as emergency brake. Longer and longer sets are tolerated, and the PIP is turned off during pauses in BLS.

CIPOS

Jim Knipe has written elsewhere about the Back of the Head Scale and the Constant Installation of Present orientation and Safety. [2] He presented these concepts in his Plenary at the 2010 EMDRIA Conference in Minneapolis. CIPOS "extends the healing power of EMDR to clients who wish to benefit from EMDR, and who are able to access present safety, but who are intensely, phobically, afraid of their own post-traumatic memory material and/or highly vulnerable to dissociative abreaction."

First, during the Preparation Phase, he teaches clients the Back of the Head Scale (BHS). When a client is completely present their hand at arm's length represents that. When s/he is completely dissociated and absent, when "your thoughts and your awareness are completely focused on another time, or place or experience" their hand will represent that by being behind their head. This is practiced when it's taught, before processing, and anytime the therapist wants to quickly gauge this. Generally speaking, "it is necessary for the client to point to a position at least three inches in front of the face, in order for trauma-focused work to proceed." Dr. Knipe recommends you "use the BHS throughout the therapy session to insure the client is staying "present" while reprocessing disturbing memories."

“CIPOS is used in conjunction with the Back of the Head Scale (BHS). CIPOS may be used in the Preparation Phase, or *during* the actual Desensitization of a particular highly disturbing traumatic memory.” The client is thoroughly grounded in the present with a series of questions, tossing a pillow back and forth, describing art in the office, etc. BHS confirms the client is present. Then “the client is asked if they are willing to go into their memory image for a very brief period of time (e.g. perhaps only two to ten seconds), with the therapist keeping track of the time. This is essentially a carefully controlled dissociative process.” The therapist soothingly and persistently instructs the client to “come back into the room now.” The therapist ensures the client is present by asking questions like, “Where are you right now, *in actual fact?*” And by providing shorts sets of BLS. Again, it may be useful to toss a pillow back and forth. (One client I used this with recently noticed patterns in a woven basket I had never really “seen” before. She was clearly *very* present.) BHS confirms they are present. The client is again invited to go back into the target image for a period of seconds. Gradually the length of time increases as the client’s ability to “stay present” increases. Eventually it may be possible to use the standard EMDR Protocol

See the attached diagram from Luber [2].

[1] Twombly, J. (2005) EMDR Processing with dissociative identity disorder, DDNOS, and ego states, in R. Shapiro (ed.) *EMDR Solutions* (pp. 89-120). New York: Norton.

[2] Knipe, J. (2010). Back of the Head Scale (BHS) pp.233-234 and The Method of Constant Installation of Present orientation and Safety (CIPOS) pp, 235-241, in Luber, M. *EMDR Scripted Protocols: Special Populations*, New York: Norton.

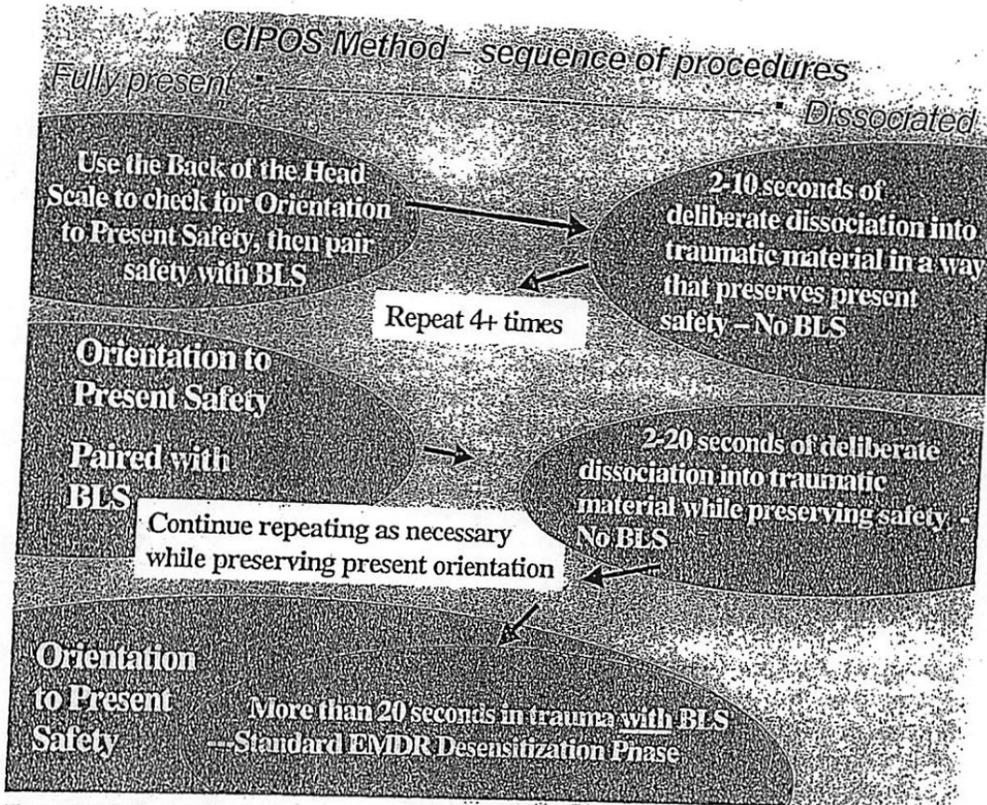


Figure 18.1 The method of constant installation of present orientation and safety (CIPOS).

p240, in Huber, M. Ed (2016)

EMDR Scripted Protocols: Special Populations.
New York: Springer