

# LECTURE 3a

Case Conceptualization  
from  
the AIP Perspective



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## Questions to be asked and answered

- The minute a client walks into your office, are you doing EMDR or AIP?
- Does AIP revolve around the 8 Phases and 3 prongs?  
or
- Do the 8 phases and 3 prongs revolve around the AIP?

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Understanding Case  
Conceptualization & Treatment  
through the  
AIP Lens  
(with & without the BLS)

Roy Kiessling, LISW  
EMDRIA Approved Trainer & Consultant  
[www.emdrconsulting.com](http://www.emdrconsulting.com)

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Introduction  
Roy Kiessling, LISW

Trained-1995

Facilitator – 1997

Trainer 2001 – 13

EMDRIA Approved Independent Trainer 2013

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Workshop Goals

Describe the AIP model of psychotherapy

Understand how to apply the AIP model to  
EMDR's 8 phases & 3 prongs

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

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Describe the  
AIP model of Psychotherapy

1. Neurobiology

1. The AIP hypothesis

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# The Developing Mind

Siegel: 1999

## Implicit Memory

- Present at birth
- Devoid of 'subjective' recall
- Includes
  - Behavioral
  - Emotional
  - Perceptual
  - Somatosensory?
- Attention is not required for encoding

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## Explicit Memory

- Approximately age 2
- Includes
  - Semantic (factual)
  - Autobiographical (episodic)
- Focus attention needed for encoding
- Hippocampal processing needed for storage

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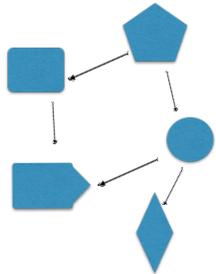
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# The Formation of a Memory

Bessel van der Kolk: Traumatic Stress: pgs 293-295

Senses inform Thalamus



Thalamus sends raw data:

Pre-frontal Cortex  
Amygdala

Amygdala assigns emotions  
'fire alarm of the brain'

Pre-frontal cortex  
updates/integrates/plans

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## Memories become Memory Networks

- Memories
  - Sensory (Images, smells, tastes, tactile)
  - Emotions
  - Sensations
  - Beliefs
- Networks
  - Hebb's Axiom:
    - Neurons that fire together, wire together



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## Formation of Memory Networks

- | Seconds      | Response                           |
|--------------|------------------------------------|
| •0.02 :      | The present activates the past     |
| •0.025:      | Past emotions are activated        |
| •0.02-0.5:   | Past sensations are re-experienced |
| •0.5-10 min: | Working memory                     |
| •10 min +:   | Hippocampal processing             |

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## AIP-background (Shapiro, 1995)

- The Accelerated Information Processing hypothesis developed to explain the rapidness of client resolution of presenting complaints
- There is a system inherent in all humans that is physiologically geared to process information to a state of mental health
- Desensitization and cognitive restructuring are by-products of the adaptive

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- Most pathologies are derived from earlier life experiences that set in motion a pattern of affect, behavior, cognitions and consequent identity structures

- Pathology is stored in a static, insufficiently processed memory

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- Present day experiences trigger the negative affect and beliefs embodied in the original memory

- Part of the treatment planning process is to identify the memories that contribute to the client's pathology

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Accelerated becomes Adaptive  
(Shapiro, 2001)

Phantom Limb

- Treat it like a memory
- Move to an adaptive resolution
- If the mind adapts to the limb no longer being there, the pain would no longer be there

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## DSM Criteria 'A' PTSD

### 'T' events

- Person is exposed to:
  - \_ Life threatening event(s)
  - \_ Threat to physical integrity of self or others
- Person's response involved
  - \_ Intense fear
  - \_ Helplessness
  - \_ Horror

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- Event is persistently re-experienced

- \_ Recurrent and intrusive recollections
- \_ Recurrent distressing dreams
- \_ Re-experiencing the event as if it were happening

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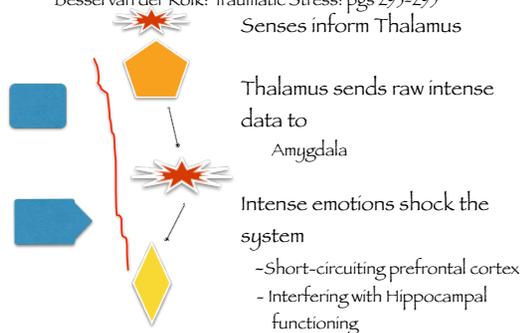
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## The Formation of a Frozen Memory

Bessel van der Kolk: Traumatic Stress: pgs 293-295  
Senses inform Thalamus



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## 't' Life Events

- Mol et. All (2005)
    - 't' events more disturbing
  - Prolonged / chronic exposure
    - AIP works within a 'closed system'
    - Up-dating only with 'known information'
    - Memory networks become isolated
    - Situational / environment
- Ex: Interpersonal vs. career

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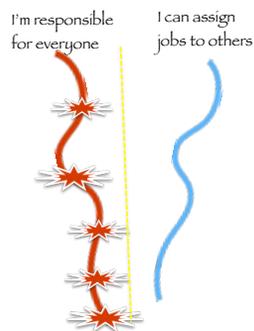
## Formation of an 'Isolated' Memory

Chronic message repeated over time  
– Hebb's Axiom

AIP up-dates within a 'closed system'

System becomes entrenched

Present 'similar situation' activates past similar responses



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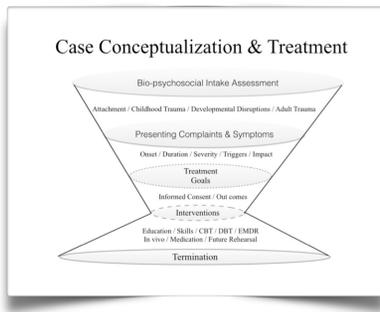
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## Case Conceptualization through the

1. AIP hypothesis
1. Attachment
1. Developmental Milestones
4. Belief Schema



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## Adaptive Information Processing Hypothesis

- Innate in humans
- Natural drive toward health
- Links, up-dates, consolidates past with present – adaptive learning
  - Micro-manage it
  - Talk about it
  - Dream about it (REM)
  - Journal about it

### • Disturbing events disrupt adaptive processing

- Frozen events ‘T’
  - PTSD
    - Adult onset (single incident)
    - Chronic / pervasive (childhood)
      - » Neglect
      - » Abuse: Physical/Sexual/Emotional
- Isolated events ‘t’

### • ‘T’ and ‘t’ events are dysfunctionally stored

- Dysfunctionally stored memories form the basis of pathology
  - The present reactivates the past
  - Past emotions/sensations/perceptions/beliefs influence attitudes and behaviors in the present

- Psychotherapy addresses the dysfunctional and adaptive memory networks

– Psychotherapy interventions include:

- Discover/Identify
  - Case Conceptualization
- Access and Activate
  - Treatment approach(s)
- Stimulate
  - Therapeutic techniques

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## Attachment-Ainsworth

### ONSET

- Birth through early childhood.
  
- May be stored in implicit, preverbal memory networks.
  
- May or may not have easily identified beliefs or memories (touchstone) of the origins of

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### PATTERN

### CHILD

### CAREGIVER

Secure

Uses caregiver as a secure base.

Responds appropriately, promptly, consistently.

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Insecure  
Ambivalent

Child  
Unable to use  
caregiver  
Distressed  
on separation  
with ambivalence  
anger, reluctance  
to proximity

Parent  
Inconsistent  
between  
appropriate  
and neglectful  
responses  
Responses only  
to child's increased  
efforts to attach

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Insecure  
Avoidant

Child  
Little affect  
sharing in play  
Little if any distress  
upon separation.  
Feels as though there  
is not attachment.  
Rebellious, low self-  
image and self-

Parent  
Little or no  
response to  
child. Discourages  
crying, encourages  
independence

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Insecure  
Disorganized

Child  
Freezes/rocks upon  
connection, no  
attachment.  
strategy. Disoriented  
contradictory  
behaviors--  
approach/avoidance

Parent  
Frightened or  
frightening  
behavior,  
intrusiveness  
withdrawal,  
negativity, role  
confusion,  
ineffective, non-  
verbal

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## Developmental Plateaus-Erickson

### Erickson

•Early childhood	2-3 years	Autonomy vs. shame/doubt
•Preschool	3-5 years	Initiative vs. guilt
•School age	6-11 years	Industry vs. inferiority
•Adolescence	12-18 years	Identity vs. role confusion*
•Young adulthood	19-40 years	Intimacy vs. isolation*
•Middle adulthood	40-65 years	Generativity vs. stagnation*
•Maturity	65-death	Ego identity vs. despair*

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## Domains / Schema-Young

- Disconnection and rejection
- Impaired autonomy and performance
- Impaired limits
- Over-directedness
- Over-vigilance

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