

# EASY EGO STATE INTERVENTIONS

2-Day Workshop

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# ORDER OF THE DAY

- ◎Start: 9:00
- ◎Break: 10:30 - 10:45
- ◎Lunch: 12:15 - 1:15
- ◎Break: 2:45 - 3:00
- ◎Close 4:30

# A NEW WAY OF THINKING

- ◎ Our brains are full of neural networks for every thing we've learned.
- ◎ Ego state therapy is a way of differentiating and/or connecting those networks in choiceful, hopefully helpful, ways.
- ◎ Be creative.

# WELCOME!

1. “Go inside”Adult, child, promise to care for, feed well, protect, keep around loving people, hug in
2. Survey
  1. Kinds of Therapy
  2. Multiple Chemical Sensitivity
  3. Dissociative

# “HEALTHY” EGO STATES

Interchangeable, Choiceful,  
Adaptable and “Socially Engaged”

- ◉ Roles: profession, mom, care-giver
- ◉ Playful kid, nerdy kid
- ◉ Sports or activities (fun mobilization)
- ◉ After the marathon (Dorsal Vagal)

# USES OF EGO STATE INTERVENTIONS

- ◎ Understanding, for client and therapist
- ◎ Getting most functional part of clients in executive control: for work, relationships, and all parts of life (Guided imagery)
- ◎ Healing Trauma, Relationships,
- ◎ Mandatory for work with dissociative disorders

## “HEALTHY” EGO STATES

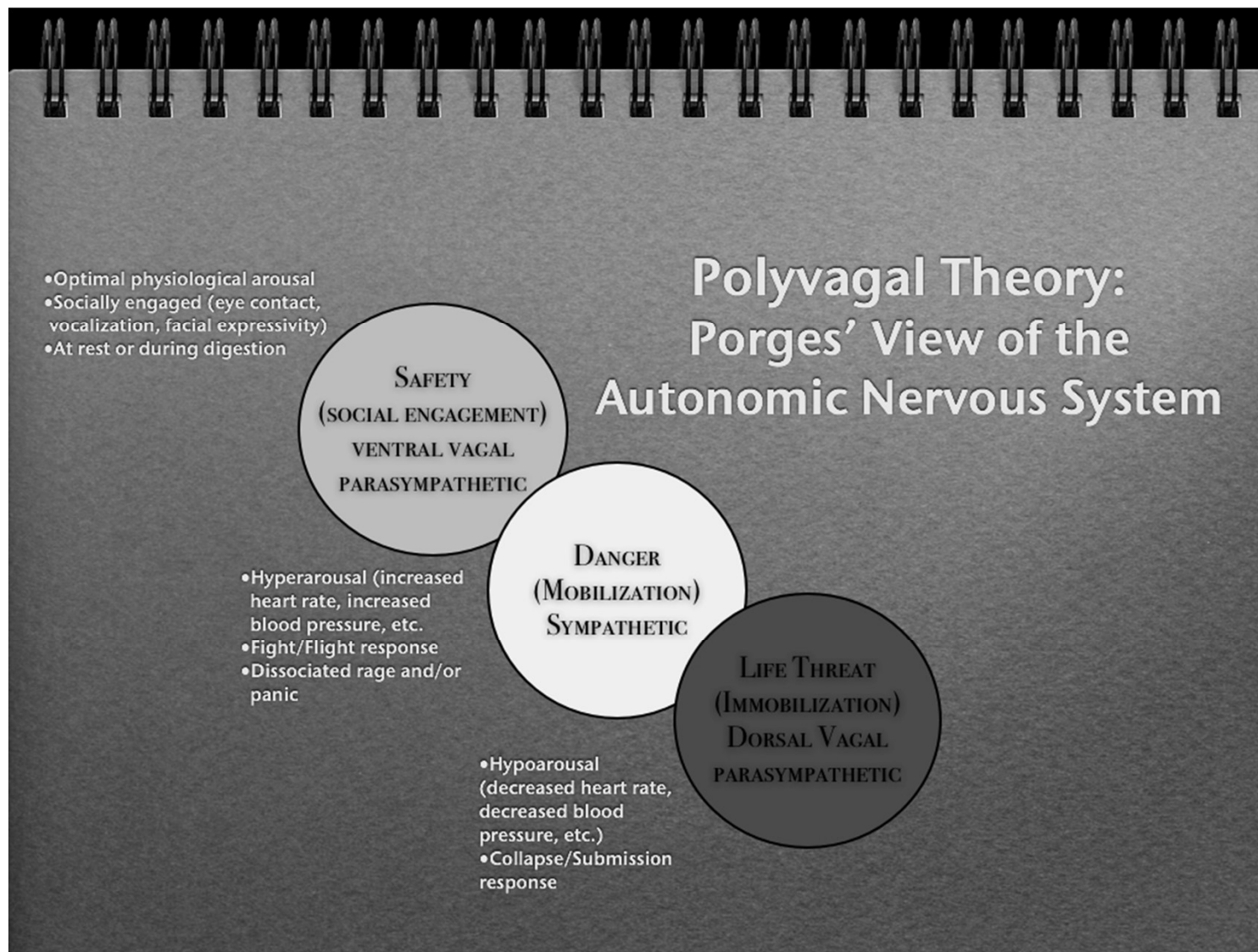
Interchangeable, Choiceful,  
Adaptable and “Socially Engaged”

- Roles: profession, mom, care-giver
- Playful kid, nerdy kid
- Sports or activities (fun mobilization)
- After the marathon (Dorsal Vagal Collapse)

# EGO VS. DISSOCIATIVE STATES

- ◎ Dissociative States arise during trauma and may not have awareness of other states.
- ◎ All dissociative states are ego states.
- ◎ Not all ego states are dissociative.
- ◎ Many ego states are well-worn neural roads organized around ages, actions or situations.
- ◎ Examples: profession, roles, actions, ages

# PHYSICAL BASES OF SOME STATES



# UNHEALTHY, UNDISSOCIATIVE STATES

## ◎ Mobilized States

- Automatic Rivalry (siblings)
- Rage
- Fear/Anxiety Disorders
- Distraction

## ◎ Immobilized States

- Giving up, hopelessness
- Passivity

# VAGAL SHIFTS FROM MOBILIZED OR IMMOBILIZED TO CALM, RELATIONAL STATES

## **In or Out of the office**

- ◎ 3 things that are blue, 3 sensations, 3 sounds
- ◎ Beauty Awareness/Orienting Response
- ◎ Grounding/Breathing
- ◎ Silencing the alarm (Donna Eden): Sweep from Eyebrows, behind ear, neck, shoulder, elbow and back of hand.
- ◎ Vagal Hold (Dan Siegel) Right hand on heart, Left hand on belly.
- ◎ Love and Light in the Heart

# USING SOCIAL ENGAGEMENT FOR VAGAL SHIFT

- ◎Playing Catch (Jim Knipe)
- ◎How do like my hat?
- ◎What about those  
Sounders/Royals?
- ◎Circle of Love:
  - All the people who love you, where it hasn't gone bad.
  - Love back and forth through the eyes and/or the heart.

# TWO-HAND INTERWEAVE

1. Client anchors 1 conflicting feeling, thought, choice, part or self image in one hand.
2. Client anchors/holds another in the other.
3. What does each feel like in the body?
4. If do EMDR, BLS, if not, wait a bit.
5. “What emotion comes up with
  1. The difference
  2. The distressing one”
6. BLS with the distress.

## 2-HAND TARGETS: CHOICES

- A. Future with or without job
- B. Preferences
- C. Locating decision-making inside:
  - i. What feeling goes with that hand?
  - ii. Where in your body do you feel that?
  - iii. How strong is it?

# TARGETS: EMOTIONS

1. “The love you feel for your father/partner in one hand vs. the fear and anger you have for his abusiveness in the other hand.”
2. Grief in one, relief in the other.
3. Hold both

# TARGETS: PRESENT VS. PAST

- ◎ The age and capabilities you had then versus now.
- ◎ The dangers back then versus present safety.
- ◎ Support back then versus present circle of love.
- ◎ What you know about yourself now versus what you thought back then. (loveable vs. not)

# 2-HAND: CULTURAL & GENERATIONAL INTROJECTS

Who you're supposed to be vs. Who you are:

- Appearance
- \$
- Success
- Sexual Orientation, Politics, Etc.

◎ Who they think you are vs who you are

- Gender
- Race
- Class

## 2-HAND: FEELING VS BEING

- Fears versus Reality  
(Great for anxiety dx.)

- Kid compensation vs  
actual adult  
competency.

(Practice: Who they should vs. who they are)

## 2-HAND: POPKY/KNIPE LEVEL OF URGE

- ◎ Think about your trigger (lonely) and imagine your drug/behavior of choice. How good does it feel to imagine that ‘drink’?
- ◎ If LofU doesn’t go down on its own add:  
How good it would feel to drink in one hand and the consequences in the other. BLS. What do you notice now?

(Add targets from Richard Miller’s Feeling State Protocol.)

## 2-HAND: IDEAL VS REAL

- ◎ Hold that ideal person you wish he were in one hand and the real guy in the other. What do you notice? How big is that feeling? Where is it? Let's clear it.
- ◎ Works on spouses, parents, bosses, presidents, kids, and selfs.
- ◎ Also works on situations: the workplace, planet, church, social situation, etc.

# HOW EGO STATE INTERVENTIONS WORK

- ▣ Bring one functional and/or more adult ego state into conscious contact with another, often younger, possibly dissociative ego state to
  - 1. 1. Inform
  - 2. 2. Contain
  - 3. 3. Rescue
  - 4. 4. Orient to the present time.

# HOW DISSOCIATIVE STATES HAPPEN

1. Something overwhelms or hurts someone
2. whose body has an opiate response that knocks out that neural network;
3. another neural channel comes online.
4. Could be an attachment problem
5. or trauma
6. or done on purpose in organized abuse.

# IT'S NOT ALL ABUSE

- ◎ Early Attachment breaches
  - Birth example, 6-week example
  - Orphanage
- ◎ Unresponsive parent (Still-Face video)
  - Addict
  - Grieving
  - Pre-occupied
  - Clueless—by the clock, not the kids' needs

# PHYSIOLOGY AND DISSOCIATION

- ◎ “Highly Sensitive” people  
(Elaine Aron)
- ◎ Anxious people
- ◎ People with Chronic Pain or Chronic Illness

Are more likely to dissociate.

# TRAUMA

- ⊙ Mobilized States
- ⊙ Then Immobilized
- ⊙ Possible splits into many parts of consciousness
  - Sensations
  - Emotions
  - Visual
  - Not there at all

## TRAUMA 2

The more often the trauma or attachment breach occurs, the stronger and wider the neural highways of dissociation become.

# STRUCTURAL DISSOCIATION: VAN DER HART, NIJENHUIS, STEELE

## PTSD

Pretraumatic Whole Personality  
splits into

- One Apparently Normal Part (ANP)
- One Emotional Part (EP)

# SECONDARY STRUCTURAL DISSOCIATION (PERSONALITY DX)

- ◎ States not Parts
- ◎ One ANP (**Capable of Social Engagement**)  
Adult, resourced, present-orientation
- ◎ Several EP's, for example
  - Mobilized States:** Flight, Freeze, Fight, Panic, Cling (Goes with Porges' Unmyelinated Ventral Vagal)
  - Immobilized/Dorsal States:** Submit, Numb, Anesthesia, Shut down, "Recuperate"

# TERTIARY STRUCTURAL DISSOCIATION:DID

- ◎Two or more Apparently Normal Parts
- ◎Emotional Parts with names, ages, separation of functions
- ◎Amnesia between some parts
- ◎ANP's may not have control and may have a “phobia” of other parts.

# MIND CONTROL & RITUAL ABUSE

- ◎ Intentionally-Created DID
- ◎ Parts manipulated by others for sexual access, crime, governmental uses, power
- ◎ May have parts, out of consciousness, that are manipulated by others, whether introjected or in real time.

# ORDER OF HEALING

1. Put ANP(s) in Charge.  
Contain all other parts  
and orient to the present.
2. Do Trauma Work
3. Integration

# HOW E.S. INTERVENTIONS WORK

Bringing one functional, and/or  
more adult ego state in  
conscious contact with another  
often younger, often, but not  
always, dissociative state to  
Inform and/or Contain, Rescue or  
Orient to Now

# ACCESSING PARTS

Direct your clients, as if you know what you're doing:

- ⊙ “What age fits with that feeling/behavior?”
- ⊙ “Think of a time when you \_\_\_\_\_.”
- ⊙ “Go inside, and notice that part of you that feels/knows that/how to do that.”

You may ask this question in every session!

# FINDING THE ADULT

- ◎Professional experience
- ◎Parenting experience
- ◎Skills: “Part that knows how to ---.”
- ◎Social Engagement
- ◎“The part of you that’s always been there.”
- ◎Other methods: Schmidt, Schwartz IFS, Parnell, etc.

# FINDING THE ADULT EXAMPLES

- ◎ Ms. Software Engineer, are you there? Mac or PC? How about the Great Mom? You there?
- ◎ To Banker: What do think about the finance bill? Great, can you bring that good parent you are to work with that finance guy part to go take care of that kid?
- ◎ Building an adult: “Remember a time that you took care of s.o. and it worked” Etc.

# FINDING KID PARTS

- ◎ Float back from current trauma
- ◎ “Go inside and find the part that holds . . .”
  - Distressing Experience
  - Function
  - Affect
- ◎ Age: How old is that kid?

# POSITIVE KID PARTS

- ◎ The you that was there before the wicked step-father came into your life
- ◎ That kid part of you that holds your curiosity
- ◎ The happy-goofy part
- ◎ That strong kid that got you through that hard time

# MY NERDY 9 YEAR OLD



# COMPENSATION VS. COMPETENCE FOR WORK, RELATIONSHIPS, TAKING CARE OF BUSINESS

- ◎ Find younger traumatized part that automatically pops up to intervene.
- ◎ Find competent adult part.
- ◎ Show child part the competence of the adult.
- ◎ Adult: “Stand back! I’ll handle this.”
- ◎ (DEMO)

# SIMPLE TRAUMA

- ◎ 1. Solidify the here-and-now part of your clients' strengths, by imagining a role or an activity in which they have felt strong, competent, protective or nurturing; whatever is needed. (Korn and Leeds, 2002)
- ◎ 2. Have the here-and-now part identify the part that's stuck in the trauma.

## SIMPLE TRAUMA 2

- ◎ 3. The here-and-now part reaches into the past, grabs hold of the willing traumatized part and pulls that traumatized part into the present time and place. (Pace, LifeSpan Integration)
- ◎ 4. Have the present part orient the past part to the present safety.
- ◎ 5. Check back for left over trauma. Pull through again, until the trauma is done.
- ◎ 6. Hug the younger part inside.

# EMDR VS ES W/ SIMPLE TRAUMAS

- ◎ Is there an attachment component?
- ◎ When did trauma occur? Kid stuff?
- ◎ Did client regress during more current trauma?
- ◎ Is Standard Protocol not progressing?
- ◎ Using ES as Interweave during EMDR protocol: Demo.

# SIMPLE TRAUMA OR ATTACHMENT OTHER TAKES. . .

- ◎ Thom Negri (1981) Find the adult send it back to the time to communicate with and rescue child part in that time and place.
- ◎ April Steele: kid feels adult presence, adult feels kid presence.
- ◎ Peggy Pace: One year at a time.
- ◎ Robin: Fly up to now. Orient to now.
- ◎ Adult accepts responsibility for kid who gets it.
- ◎ Hug the child inside. (R.S.) Not with DID!
- ◎ (Doesn't have to be child, any younger or split off part.)

# TRAUMA PRACTICE

**Client:** Identify a 1-time traumatic event, not worse than 5/10 on distress scale.

**Therapist:** Help client find the competent adult. Go back and rescue the part from event. Bring to now, orient to now. Revisit the situation, assess level of distress. Revisit until distress is gone.

# ATTACHMENT TO ABUSERS

- ◎ Object Relations Theory:  
**Good vs. Bad Parent**
- ◎ **More Abuse = More Attachment**
- ◎ I need my parents to be good,  
so I must be bad.
- ◎ People will attach to whomever is  
around. Babies attach to caregivers.

# SEXUAL ABUSE: ATTACHMENT TO THE ABUSER

## TWO HANDS Technique

- In one hand, hold the daddy that loved you, and the good feelings about that guy
- In the other hand, hold the daddy that hurt you and the fear and pain you feel.
- Hold both—That's the father you had.

# EMDR PROCESSING WITH SEX ABUSE

- ◎ Ego-state work, make sure that the current, safe adult part is constantly in the office
- ◎ Standard Protocol with emphasis on current safety
- ◎ Normalize client's possible arousal
- ◎ Keep clearing
- ◎ If it happened over years, clear different ages and situations
- ◎ Target the changing affect: fear, disgust, anger, grief
- ◎ 2-Hand Now vs Then

# SEX ABUSE II

◎ Pulling out the Penises/Hands/Etc:

“Do you still feel him inside of you? Where? What’s the sensation?”

“Are you ready to pull that stuff out of you?”

“Put on your gloves. Grab that dick/hand/mouth. Pull it out and throw it in this hole. All of it. What do you want there, instead? Fill it up with that good stuff.”

◎ Reclaiming the body (S. Levine)

# CURRENT SEXUALITY

- ◎ Current Sexuality with safe partner- can refuse, ask, be present, have fun.
- ◎ Two-hand
  - current, safe partner vs. abuser.
  - Age client was when it happened vs. now
- ◎ Saying no. Saying yes. Connecting.
- ◎ Bringing adult to the situation. Sending kids out of the room.
- ◎ Sex may not be possible until trauma is healed.

# SEXUALITY TARGETS

- ◎ Current Arousal doesn't equal wanting to have been abused/raped, back then. It was a response. 2-Hand and Trauma Processing
- ◎ Imagining being sexual with partner with future templates:
  - Saying “Stop”
  - Saying “I want”
  - Being specific
  - Saying “Not now”
  - Connecting with partner's arousal
  - Having a good time!

# ATTACHMENT ISSUES I

## ◎ April Steele's Building Secure Self or Imaginal Nurturing

- Infants: "I'm so glad to see you."
- Toddler: "Adventuring Spirit"
- I steal pieces: Feel the baby's weight in your arms while she feels your strong arms holding her, etc.
- <http://april-steele.ca/apr/developing-secure-self/>

# ATTACHMENT II

- ◎ Leaving traumatized or lonely parts in safe place with an attachment object:
  - Great fictional mom or dad, good neighbor
  - Angel/Bodhisattva/Goddess/Jesus/Guru
  - Dog/Bear/Totem Animal
- ◎ Circle of Love and sending that love to the inside parts.
- ◎ Hands on heart: I Love You. You always deserved love. You always deserved protection.

# ATTACHMENT III

- ◎ “Every minute, when the body is awake, when the body is asleep, no matter which part is up front, that child part will have all its needs met. Every moment it will have a nurturing response or a gentle smiling face or a giggle or a good meal... whatever she or he needs.”

# COUPLES

- ◎ When you see regression: How old is that?
- ◎ Float back to when that was, who was there.
- ◎ Find ANP
- ◎ ANP pulls part to now, orients, tucks in and asserts authority: “I’m going to deal with my partner. You stay back.”
- ◎ Do with both partners, if necessary.
- ◎ Then have them interact.

# NEGATIVE TRANSFERENCE ON PARTNER

- Awful, controlling mom in one hand vs. nice wife in the other.
- Nasty ex vs. okay current spouse
- Scary parent vs. nice therapist

# BAD BOYFRIENDS INTERVENTION I

## “I’M THE ONE I WANT.”

- ◎ Focus on the yearning towards the “bad” object. Where in body?
- ◎ What age? (usually toddler) Find her.
- ◎ Bring to present time. Hold on lap.
- ◎ Turn child around to face adult self.
- ◎ Adult assures child that “I’m the one who will always be here for you.”
- ◎ Child orients to now, sees adult’s competency and gets new job description.

# GOOD LOVE OBJECT

- ◎ Adult creates appropriate criteria for lover. (Wants, doesn't want, no opinion)
- ◎ Imagines “cruising”.
- ◎ Imagines restraining, containing and redirecting child part: “Stand back! You're too little to pick. It's my job!”
- ◎ Imagines choosing an appropriate partner.
- ◎ (Useful for any kid compulsion, before you can fully process the old trauma/situation.)

# CALMING IMMUNE SYSTEMS

## **Multiple Chemical Sensitivities**

- ◎ EMDR with the first bad reaction, other bad ones, fallout from the MCS.
- ◎ Personify the Immune System
- ◎ Point to appropriate targets:  
Bacteria, Viruses, Wayward Cells.
- ◎ Point away from pollen, perfume, cats, etc.
- ◎ Can work for some Long-Covid issues.

# TRANSPLANTS

- ◎ Personify immune system
- ◎ Point out appropriate targets
- ◎ Make friends with new kidney, blood, etc.
- ◎ Stem-cell or Bone-marrow transplants with Host vs. Graft disease: Personify original and new systems. Have them make friends and work together.

# PAIN PROTOCOL

- ◎ Ecological vs Brain-based
- ◎ EMDR Targets:
  - Trauma
  - Pain Experiences
  - Losses
- ◎ Ego State Targets
  - Control Center
  - Technician
  - Mechanisms
    - Turn off, cut and coil the “wires”, remove

# SHAME PROCESSING

## VIA JIM KNIPE

- ◎ Adult Part and Kid Part or more
- ◎ How does kid see self? “Bad.”
- ◎ How does adult see kid? “Innocent.”
- ◎ % believing bad, innocent
- ◎ Have adult see kid through loving eyes & share information:
  - Too small, Powerless
  - Current ability to protect
  - (Vulcan mind meld) r.s.
  - Keep checking %’s during trauma processing.  
(Demo)

# R. KIESSLING'S RESOURCING

- ◎ Board room
- ◎ Needed qualities walk in and sit down
- ◎ Time that client used them (& they worked)
- ◎ Icon of all of them
- ◎ Show younger/dissociative part that the qualities can handle it: future imaging
- ◎ Will younger/EP allow adult qualities to handle the situation? Imagine it.  
(Demo/Practice)

# STAR TREK METAPHORS

- ◎ Containment Fields for protection or for containing destructive dissociative parts
- ◎ Vulcan mind melds for communication between parts or (later in tx) integration.
- ◎ Holodeck for trying out new behaviors
- ◎ Scanning devices for emotion or sensation
- ◎ British: Dr. Who's Tardis for time travel.

# PERSONALITY DISORDERS

- ◎ States not parts, unless DID (not exclusive)
- ◎ Inadequate or disrupted attachment
- ◎ Often early trauma or abuse
- ◎ Big neural highways of no-longer-apt responses.
- ◎ “We’re going to strengthen your ‘here and now’ brain and heal the old, distressing responses.”

# BORDERLINE PERSONALITY

- ANP, Adult, Self-contained  
(Social Engagement)
- Angry, Clingy, “Manipulative”  
(Mobilized)
- Shut Down, Depressed, Spaced  
out (Immobilized)
- Abandonment is often the  
central issue

# WORKING WITH BPD

- ◎Kindness, Consistency, *Connectivity*
- ◎ANP or, if ANP can't, Safe Place  
figure takes care of distressed parts
- ◎Client taking care of young parts  
does not mean that you, the  
therapist, is leaving.
- ◎Trauma therapy, after “parts work”.

# BORDERLINE TX INTERVENTIONS

- ◎ Explain the course of treatment
  - Margo, you know that piece of you when you're happy and interested and focused? Would you like to be in that space more of the time? After that, we're going to go after all that bad stuff that happened to you, and get it out of your system. And after that, we are going to get you operating on all cylinders to do whatever you want in the world. (*Easy Ego States*)

# BPD: FINDING THE ANP

- ◎ Go for Work, Parenting, Sports: Flow
- ◎ “Remember a time you were on your game, feeling good, feeling grown up.”
- ◎ “Feel it in your body. Notice the thoughts that go with it.”
- ◎ “A time you took care of someone else.”  
(As an adult/not your parents/it felt good)
- ◎ Hold onto these parts of you.

# BPD: FINDING THE EPS

- ◎ “Remember the time X happened and you felt really mad/scared/shut down?”
- ◎ “How old did you feel?”
- ◎ Can you see and feel that that little one?
- ◎ What does she need?

# BPD: TAKING CARE OF EPS

- ◎ Can your mature, caring, 32 y.o. show up for her?
- ◎ Walk up to that little one, introduce yourself, and pick her up. Do you have her? Great. Tell her some things. Tell her that she will always have an adult around, from now on. That's you. Tell her she'll never be alone, that every time she's freaking out, she needs to look around for you, her grown-up. You feel that little body on your lap. Let her feel your strong arms around her. Look her in the eyes. What's going on?

# BPD: TAKING CARE 2

- ◎ Fly her up to now. (Pace, modified)
- ◎ Current Circle of Love
- ◎ Current Circumstances
- ◎ Are you ready to pledge to be there for her, forever? . . . Take her hands; look in her eyes: Do you promise to take care of your (little scared) part and to provide her grown up care and attention, whenever she needs it.?

## BPD: TAKING CARE 3

- ◎ Ask that little one if she promises to look for the adult in you, first, when needs to feel loved and connected.
- ◎ Let's think of times when this kid part might arise and you're going to take extra care of her.
- ◎ What can you do before these times to help her, before she gets upset? Let's imagine.

# BPD: ANGRY STATES

- ◎ Access & get ages, probably several
- ◎ What's the anger about?
- ◎ Validate: Of course she's angry!
- ◎ Turn angry kid around, looking at ANP.
- ◎ Tour of adult life and strong ANP.
- ◎ Safety and validation in current life.

# BPD: ANGER 2

- ◎ How do you deal with anger, now?
  - Adult part to the front
  - Contain kids, orient to the present
  - Orient kid states to the situation
  - They're safe and it's not their fault
  - ANP in charge, okay to calm down
  - Breathing, grounding, orienting response
  - Run through triggers with ANP in charge

# NARCISSISTS

- ◎Self-centered, defensive, must be right, must be the center, must be in control.
- ◎Might be angry. Might be charming.
- ◎When collapsed: regressed, helpless, full of **shame**, self-loathing.

# NARCISSISTIC PD

- ◎ **Always Attachment/Shame issues**
- ◎ Attention for Accomplishing, “Happiness”
- ◎ Ignored or punished for needs
- ◎ Masterson: Child rejects the needy, empty, unlovable part. “I’m always loveable, deserving, and have to have your attention, RIGHT NOW!”

# NPD 2

- ◎ Puffed up: Mobilized Part in ANP
  - Always Right, In control, The Best, Attention!
- ◎ Collapsed: Immobilized Part: Shame
- ◎ 2 Types:
  - Self-centered, bragger (exhibitionist)
  - Shame-filled, codependent, over-pleaser to be seen as good enough. (closet)
- ◎ Both ANP defenses

# NPD 3

- ◎ “Exhibitionist” type hard to work with
  - Terrified they’ll be seen as worthless
  - Huge defenses against negative affect: shame
  - Can be hostile or combative
- ◎ “Closet” types may be too busy charming you to reach down and do the work.

# NPD 4

- ◎ Therapeutic Relationship must be solid.
- ◎ Clients must know that you're there for them.
- ◎ Clients must see that you can tolerate them, whether they're angry, hopeless, or avoiding the work like hell.

# NPD THERAPY

- ◎ Gain a strong alliance. Be warm. Be very present. Respond to everything!
- ◎ Positive reinforcement for feeling everything.
- ◎ Use their need to be seen as good for their own good. Praise every step toward negative affect.

# EGO STATE WORK W/ EXHIBITIONISTS

- ◎Find the strong proud part
- ◎Explain that we'll be utilizing that great part of them to take care of parts of them, that through no fault of theirs, need to be seen and felt.
- ◎Find the lonely baby. Have it held in the arms of the strong, proud part.

# NPD: EXHIBITIONISTS 2

- ◎ Connecting with baby, what's he feeling?
- ◎ (Rejecting baby parts? Put part in healing place with great caretaker. Daily check-ins.)
- ◎ Holding baby: “you always deserved this.”
- ◎ Bring to now.
- ◎ Knipe shame protocol
- ◎ Build affect tolerance with connection and EMDR, TFT, EFT, just being with.

# NPD: EXHIBITIONIST 3

- ◎ Work in developmental order (Kitchur)
- ◎ Infant, toddler, grade school, middle, high, all the way to the present.
- ◎ All parts accepted in entirety. All emotions tolerated. All parts cared for.
- ◎ “We’re strengthening the hardware in your brain in order to hold all emotions and connect fully with other people.”

# NPD: CLOSET/CODEPENDENT

- ◎ Hunkered-down, pleaser, care-taker.  
“I know I’m worthless, please like me anyway.”
- ◎ Easy clients: want to please, do homework, etc.
- ◎ Pitfalls: Role reversal. Or care-giving instead of therapy. Or too pleasing.

# NPD: CLOSET 2

- ◎ Deal with shame directly. Name it. Note how it got there. Knipe shame work helpful.
- ◎ Get each kid state in developmental order  
Lots of bringing adult to the front, and waving over-pleasing kid parts back.
- ◎ Role play assertion. (No! I want.)
- ◎ Platinum Rule: “Fill own cup first, Give away only what’s left over.”
- ◎ “Put your needs in the equation.”

# THERAPISTS FOR DID CLIENTS

- Deal with Projective Identification
- Sometimes overwhelmed
- Can question competency
- May have looser boundaries
- Need more support

MOST IRRITATING THING ABOUT  
THE WORK:

**“There’s no  
such thing as  
DID.”**

# MOST DIFFICULT THINGS

- How long it takes
- Some of the trauma stories
- No two clients alike (unless victims of specific mind-control programming)
- In U.S., expectation of brief tx
- Thinking you're done and . . .

# WORKING WITH DID CLIENTS

- Get good supportive consultation
- Make sure you put the ANPs in charge and accessible to younger or more distressed parts
- Join the ISSTD: International Society for Study of Trauma and Dissociation: Great training and online support

# DID CLIENTS

- ◎ 2+ ANPs and several EP's
- ◎ Often early splits.
- ◎ Therapy may take many years. 4-17
- ◎ May not be evident in tests, if ANP takes the test. (DES, SCID-D, <http://www.rossinst.com/ddis.html>)
- ◎ Watch for suicidal and self-destructive parts.

# DID TOOLS

- ◎ Talking Place/Fraser's Dissociative Table
- ◎ Healing Place: Rooms, Helpers
- ◎ Mind Melds—with related parts at first
- ◎ Adult Parts/ANPS/etc. contain, love, care for younger or distressed dissociative parts
- ◎ “Unzip” & Reframe “nasty” protectors
- ◎ Stabilize & Connect—Trauma Work—Integration and deal with current life. (Structural Dissociation)
- ◎ Therapeutic relationship is the MOST important tool.

# THEORY OF STRUCTURAL DISSOCIATION

*DID = 2 ANPs & amnesia between parts*

1. Find ANPs and put them in charge
2. Heal trauma
3. Integration into normal life (which may not be full integration)

# FRAZIER & EVERYONES' TABLE

- ◎ Head of the table:
  - Apparently Normal Parts (Structural Dissociation)
  - The One who knows all the parts, too.
- ◎ All other parts in their own chairs
  - Different ages & functions
  - Kids with caregivers
  - Protectors-Dangerous ones in containment field

# USE THE TABLE

- ◎ Therapist “talks through” the table heads
- ◎ ANPs in Control (Structural Dissociation)
- ◎ Needs
- ◎ Safety & Stabilization
- ◎ Orienting to the present
- ◎ Then trauma processing (with adult and parts that were involved)
- ◎ Check ins

# SWITCHING PLACE

- ◉Revolving Door/Turnstile
- ◉Hand-in-hand-in-hand
- ◉Going inside
- ◉Committee chair points
- ◉Talking stick
- ◉Make it conscious!!!

# ENHANCING THE TABLE

- ◎Parts you know around the table
- ◎Parts you don't know in back of the room
- ◎Containment fields for destructive alters
- ◎TV screens showing the present time
  - Tx office
  - Home/Job/etc.
  - Safe people

# WHOSE TABLE IS IT?

- ◎ Best case scenario: The client's ANPs are running the show:
  1. Front Person—out in the world, explains “Now” to inside parts
  2. Nurturer—internal/external
  3. Adult Protector—internal/external

## WHOSE TABLE? 2

- ◎Therapist may have to talk to parts, in the beginning.
- ◎May have to facilitate switching, early on.
- ◎Gradually teach client to get conscious control of “switching”.
- ◎(Set up your own table. Who is there? Happy parts? Distressed parts? Ages. Functions?)

# TABLE DOESN'T WORK!

“Go inside, find the part that ....

- Has always been there and has seen all the parts from the first day that each appeared.
- Is the Oldest/Wisest Part
- Knows how to \_\_\_\_\_.
- Can help X part calm down.
- Knows who the other part is.

# TWOMBLY'S ESTABLISHING THE PRESENT

- What year is it?
- How many years since the abuse?
- How current life is safe.
- How tall are you/were you then?
- Installing the Present or the office.
- Therapist vs Abuser.

(In EMDR Solutions, Pathways, 2005)

# PROGRESSION

- ◎Rarely know all parts immediately.
- ◎Parts appear when the system is ready for them, or not.
- ◎Create containment between sessions
  1. “Won’t appear until the session.”
  2. ANP orients to now and gives them a room in Safe Place.

# DDNOS/DESNOS

- ⊙ May not have well-defined “parts”.
- ⊙ May be states, sensations, somatoform dx.
- ⊙ “Target the gestalt” (Hurley) and find out if there’s a voice in it.
- ⊙ These folks often take longer to heal than DID people. Or not.

# ENHANCED HEALING PLACE

Must haves:

- ◎ Safety, Comfort, Beauty, Rooms, Food
- ◎ “Talking Place”, Conference Room

Can have:

- ◎ Protectors, Nurturers
- ◎ Containment rooms for destructive alters
- ◎ Pools/Tub/Ocean to wash off yuck

# SAFE PLACE OPTIONS

- ◎ Sound-proof, Feeling-proof Rooms (Twombly)
- ◎ Off Planet
- ◎ Another Dimension
- ◎ Fun activities
- ◎ TV's showing the Present Time
- ◎ Communication system:  
announcements (It's 2019 and all is safe!)

## HEALING PLACE OPTIONS 2

- ◎ Star Trek: Containment Field
- ◎ Armed Guards/Soldiers/Ammunition
- ◎ Gods, Angels, nurturing Saints, Mary Poppins, Very good dogs, Totem Animals, Clone of ANP nurturer, Clone of therapist,
- ◎ Healing Air
- ◎ Buffet of favorite foods (good for bingers)

# HEALING PLACE CAREGIVER

For very abused or neglected younger parts that are rejected by or overwhelm the host:

Angel; TV Mom; Perfect Nurturer/Protector “who is always present, always responsive, takes care of all needs, can back off and then be there when needed. Every moment that Host is awake and every moment that host is asleep this being is healing this child part.”

# CONTAINMENT ROOMS

- ◎ Twombly: Sound-proof, feeling-proof
- ◎ Padded: parts can't harm self or others
- ◎ Nurturing, food, entertainment available
- ◎ Check-ins by other parts, especially ANP
- ◎ Constant film-loop of the safe present time
- ◎ May stay until healed

# CALOF'S RAGE RELEASE ROOM

- ◎ Sound-proof, feeling-proof, padded, safe
- ◎ EP can release rage by screaming, pounding, tearing things apart
- ◎ One minute in the office is an hour in the Rage Room
- ◎ Check in with how EP is doing afterwards. What's different? What's left?

# PROTECTORS

- ◉ Can be lovely and safe for every part
- ◉ May be an introject of an abuser
- ◉ May try to protect the abuser or the organization
- ◉ May try to protect against abuse/ abandonment by scaring or hurting or trying to kill the rest. (Suicide as “protection”)  
(Shoplifting to put parts in jail)

# UNZIPPING PROTECTORS

1. Find a strong, functional adult part
2. Bring up the Protector part
3. ANP thanks protector for its help
4. Walks behind protector and unzips it from top of head to the floor.
5. Sees what part lives inside and orients to now. Meets needs. Protects as choiceful adult.

# TRAUMA TX WITH DID

- Have to see it, pull out of that time, and know that it's over! Really over! Really Now.
- Can pull parts to now, orienting to ADL's, now.
- EMDR okay if can keep Dual Awareness.

# FINAL STAGES BEFORE INTEGRATION

- ◎Parts all oriented to the present.
- ◎Some may never integrate.
- ◎All parts can tolerate all parts
- ◎ANP in absolute charge of adult life.
- ◎Mindful consciousness

# INTEGRATION

- ◎ Trauma work, as far as you know, is over.
- ◎ Parts are oriented to the present.
- ◎ Some parts may have melded or melted in.
- ◎ Some may never integrate.
- ◎ Integration:
  - Sharing information
  - Hand in hand in hand/Hugging In
  - Mind melds
  - Automatic Blending
  - Singular sense of “me” or “I”
  - “The final integration, isn’t.” Kluft

# STEVE FRANKEL'S INTEGRATION CONTINUUM

1. No awareness of other parts
2. Awareness of others
3. Cooperation with others
4. Awareness of permeability of boundaries
5. Temporary Blending
6. Partial fusions
7. Complete fusion
8. Post fusion integration

# READ

◎ *Treating Trauma-Related Dissociation, an integrated approach* (Therapists) and

- *Coping with Trauma-Related Dissociation* (Clients) By Kathy Steele, Suzette Boon, and Onno van der Hart

◎ EMDR:

- *Looking Through the Eyes of Trauma and Dissociation* Sandra Paulsen
- *Healing the Heart of Trauma & Dissociation*

Forgash & Copely

*EMDR Toolbox: Theory & Tx of Complex PTSD & Dissociation* Jim Knipe

# SUICIDAL CLIENTS

STOPPING SUICIDE IS GREAT WORK

“When you save one  
life, it is as if you  
have saved the entire  
world.”

The Talmud

# RISK FACTORS: ACES STUDY U.S

- ⦿ 1. Physical 2. Emotional 3. Sexual Abuse
- ⦿ 4. Someone in prison in household
- ⦿ 5. Mom beat up. 6. S.O. in house is an addict
- ⦿ 7. Depressed, Suicidal or Mentally Illness
- ⦿ 8. A biological parent was lost, for any reason
- ⦿ “An ACE score of 6 or more (of the above) was associated with a 30-fold increase in attempted suicide.” Kaiser Permanente and Center for Disease Control since 1995.  
<http://www.canarratives.org/>

# **ASSESSMENT**

**Ask  
About  
Suicidal  
Thoughts**

# SUICIDAL THOUGHTS

- ◎ *Is it thoughts that you should be dead, like you're worthless, or a feeling that you can't stand or something else?*
- ◎ *What part or parts of you are telling you this? Tell me about them.*
- ◎ *How old are they? (Often little.)*

# ASSESSMENT

- Ideation
- Plan
- Lethality
- Supports

# SUICIDE 2

- ◎ *How did they get the message that they shouldn't exist? (Often from abuse and neglect by parents or could be a programmed message from organized abuse) What was happening then?*
- ◎ *Are there other parts of you that want to be alive? Tell me about them.*
- ◎ *What does your most grown up adult think about it.*

# SUICIDE 3

- ◎ Get the Functional Adult parts to run the show and orient other parts to NOW.
- ◎ Who wants to die? (How many want to?)
- ◎ Who wants to live?
- ◎ Who knows it gets better/is better?
- ◎ Safe place: Suicidal parts in comfortable lock-down with nurturing caregiver. ANPs connect.

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- Website: [www.emdrsolutions.com](http://www.emdrsolutions.com)
- Blog: [www.traumatherapy.typepad.com](http://www.traumatherapy.typepad.com)
- Books:
  - ✕ *Trauma Treatments Handbook: Protocols Across the Spectrum*
  - ✕ *EMDR Solutions: Pathways to Healing*
  - ✕ *EMDR Solutions II for Depression, Eating Disorders, Performance, and More*
  - ✕ *Easy Ego State Interventions*
  - ✕ *Doing Psychotherapy* (in press)

All with W.W. Norton & Company

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- ◎ Boon, Steele, van der Hart *Coping w/ Trauma-Related Dissociation & Treating Trauma-Related Dissociation*
- ◎ Knipe, J. (2015) *EMDR Toolbox: Theory & Tx of Complex PTSD and Dissociation*. Springer
- ◎ Miller, R. (2012) Treatment of behavioral addictions using the feeling-state addiction protocol. *Journal of EMDR Practice & Research*, 6(4), 156-169.
- ◎ Peggy Pace: [lifespanintegration.com](http://lifespanintegration.com) for workbook
- ◎ Popky, A.J. (2005) DeTur, and Urge Reduction Protocol for Addictions and Dysfunctional Behaviors. *EMDR Solutions: Pathways to Healing*. Robin Shapiro, editor.
- ◎ R. Schwartz: *Internal Family Systems Therapy*. Selfleadership.org
- ◎ R. Shapiro (2016) *Easy Ego State Interventions*. Norton
- ◎ R. Shapiro (2010) *Trauma Treatment Handbook* . Norton

## REFERENCES (2)

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- ◎ Van der Hart, Nijenhuis, & Steele. (2006) *The Haunted Self: Structural Dissociation*. Norton
- ◎ Laurel Parnell , Carol Forgash, Sandra Paulsen: EMDR & E.S. Tx.
- ◎ David Calof , Thom Negri, Eric Berne, Freud
- ◎ Van der Kolk: *The Body Keeps the Score*