

## STEP 1 –FRACTIONATE WORK USING A CONTAINER METHOD

### SAMPLE SCRIPT

*“We know there is a lot of material that needs to be reviewed, so we need to have a way to set it aside until we can take it out a piece at a time and review it. Our right hemisphere stores experiences, knowledge and information until we can give them our full attention and learn all that we need to learn. We can help our right hemisphere set things aside when we’re not working on them, by having an image of a place or container to put them in. What comes to mind as a place where whatever you still need to review can be stored until you can give it your full attention? It can be an image in your mind, or you can leave it with me in my container.”* (pause and when they are ready, say) *“Now, just focus on the (container), and let whatever still needs to be reviewed, past, present or future, go into the container for now, in whatever form it takes. Tell me when it is all in, or if you’re having trouble.”*

*(pause until they indicate it is all in their container) “I’d like you to begin practicing using your container between now and the next appointment, and you’ll get better and better at using it. If the container changes or develops, that’s fine.”*

**Additional Notes:**

- 1: Container should not be one they see frequently in day to day life, or it may be triggering, because the material is so ready to be cleared.
- 2: Container should have a lock or lid or a method to keep material inside it.
- 3: Ego states should NOT be placed in a container, but may be “tucked in” in a nurturing fashion, e.g. Paulsen(2004).

TYPICAL PROBLEM	SAMPLE SOLUTION
If client can’t think of anything, problem may be performance anxiety or trying	<i>“Trying is the biggest problem, just think of needing to have a place and see what comes to mind”(or in conference room or on internal TV screen). Or,</i>  <i>“It’s like watching the Containment Channel on television. You don’t have to do anything, just watch, as your brain knows how to do it, so we just let it do what it knows how to do.”</i>
If client says it won’t go in the container	<i>“Are you TRYING to make it go in, or just looking at it, easily and effortlessly, to see what happens” or,</i> <i>“Ask yourself what’s the danger of just letting it go in”</i> <i>“Ask yourself what’s keeping it from going in”</i>
If most material is in container but some pieces are still out	<i>“Ask yourself what’s keeping these pieces from going in?”</i>
If it doesn’t feel safe to set troubling material aside	<i>“Everything you need is always available. What’s being set aside is only what hasn’t yet been reviewed. You’ve already learned a lot from your experiences and anything you need is always available.”</i>
If there is an urgency about the material	<i>“Something in your system is ready to be reprocessed, so you are REALLY ready to review it. It is important for us to pace the work so you stay comfortable. Together we can decide when is the best time to target it, now, next session or later.”</i>
FOR HIGHER LEVELS OF DISSOCIATION	(Note: We never put ego states in a container, but rather “tuck them in” in a nurturing fashion, until the time is right. See Paulsen, 2009. Or create a Safe Place for them to remain until they can catch up and connect up.

## INTRODUCTION TO STEP 2 – SAFE STATE/RESOURCED STATE

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### POLYVAGAL THEORY - UNDERSTANDING THE PATH TO SAFETY

The Polyvagal Theory is a theory of three nervous systems, one sympathetic, and two parasympathetic and was developed by Stephen Porges (2001). The addition of the social engagement parasympathetic system, offers a new perspective and approach to modifying behavior. According to this theory, it is possible to intervene in compromised social behavior and modulate the autonomic state by engaging the nervous system planfully. According to Stephen Porges “the *perception* of safety is the primary requirement for our intervention.”

#### Three Brain Systems

1. **Immobilization System** – *Dorsal Vagal Shutdown*. When activated, the environment is perceived as immediately life threatening, with no way out except to freeze. In this oldest and unmyelinated neurological system, the organism goes into a feigned death response, radically slowing the respiratory, digestive and cardiac systems. The only pathway out of dorsal vagal shutdown is through sympathetic arousal, the fight or flight response.

2. **The Fight or Flight System**.- *Sympathetic System*. When an organism is in the state of sympathetic arousal, the environment is perceived as dangerous. The sympathetic nervous system mobilizes for defensive response by increasing metabolic activity to achieve super-ordinary performance. At times of threat, the sympathetic system produces adrenaline and cortisol to increase cardiac output and facilitate the ability to fight off an aggressor or to flee a dangerous situation. If arousal is thwarted the unresolved energetic charge is held frozen in the body, and may be compartmentalized into a range of symptoms. When this state is activated as an organism is coming out of immobilization through sympathetic arousal, there can be high levels of disturbance.

3. **Social Engagement System**.-*Ventral Vagal System*. An organism in this state perceives the environment as safe. The Social Engagement System, a myelinated system, is the newest system. It likely came into being to provide for the attachment and nurturance requirements of the long infancy and childhood of the human. Through attachment and engagement, social relationships are established that provide for safety, for communicating distress in relationship with others, and provide learning opportunities through reinforcement. With social engagement, oxytocin (OT) is released to foster calm and connection. For example, the infant engages caretaker through facial expression and vocalization to create safety and bonding. It is theorized that successful psychotherapy typically involves the mutual engagement of the ventral vagal systems of both client and therapist. Moreover, early trauma processing to remediate attachment injuries necessitates the planful evocation of ventral vagal states in oscillation with traumatic states, whether dorsal vagal or sympathetic arousal.

For clients, Google: Porges Neuroception and download a copy of the article he wrote for Zero to Three.

## STEP 2 – STRENGTHEN A RESOURCED STATE

### SAMPLE SCRIPT

For Safe State (one type of resourced state):

*“Sometimes we may stay on guard even when we are actually safe. Our amygdala is on duty 24/7, asleep or awake, scanning every aspect of our environment, internal and external, with the ability to respond in half a millisecond, so we don’t need to be consciously vigilant. That’s exhausting and makes us less able to respond to danger when we need to. So, would it be okay to FEEL safe when you ARE safe, when nothing bad is happening? In order to feel safe when we are safe, we need to be sure that everything that still needs to be reviewed/sorted through is in our container. Just focus on the image of your (container cue word) and let anything that needs to be set aside go in. (When they confirm, continue). Your body already knows what to do, so let’s rely on it ....and just notice, easily and effortlessly... with curiosity... how your body feels. I’ll add some right/left stimulation to accelerate the process and we’ll just see what happens. Is it okay if I tap your knees?”... “Just notice.”*

Continue BLS, checking in periodically, until they reach a state of relaxed awareness, our natural state when no danger is present. Say, *“As you focus on what you’re feeling now, what word or words come to mind? I want you to have a way to quickly call back this feeling, so hold that word (or words) in mind while you focus on the feeling, and I’ll add BLS.”* Tap for about 30 seconds, then ask, *“Did those words stay or change?”* If it stayed, ask them to practice it in order to get in the habit of feeling safe when they are safe. If it changed, add BLS until it appears to be set.

Note: May also use instead: safe place or other highly resourced state. We want them in a ventral vagal state so that 1) they feel strong enough to withstand any disturbance that arises in subsequent steps and 2) so that they have a relatively clear backdrop against which to notice any disturbance that arises in subsequent steps.

*“It takes about 2 weeks of practice for your system to get out of the habit of being in an on-going distressed and fragmented mode and into a healthy, natural, relaxed, aware mode. You’ll respond very rapidly if there is danger present. Your amygdala is on duty 24/7 like a fire alarm, so we don’t need to be vigilant”.* Instruct them to Contain and Resource: before sleep, upon awakening, and when they change activities.

PROBLEM	SOLUTION
Emotional distress comes up	<i>“Let that go in (container) for now. We’ll come back to it.”</i>
Disturbance comes back repeatedly	<i>“There is something that you are really ready to review, let’s decide together whether to target it today or next week, or later.”</i> Use clinical judgment to determine whether it’s a readiness to proceed or a dissociative incapacity to distance from felt sense
If the client speaks of never relaxing, always being on alert:	<i>“That’s exhausting and makes us less able to respond to danger when we need to. So, would it be okay to FEEL safe when you ARE safe, when nothing bad is happening? In order to feel safe when we are safe, we need to be sure that everything that still needs to be reviewed or sorted through is in our container. “</i>
Client continues to be unable to experience a good, comfortable, or safe feeling	May have overlooked a dissociative disorder; use an ego state approach. CAUTION: Do not use this procedure with a highly dissociative client unless you are trained and experienced with treating dissociative disorders.
Client says, “It’s stupid to ever feel safe” etc	Do extensive education on amygdala and safety systems of fight, flight, freeze. Consider using animal examples. Spend considerable time on animals states of social connection, caring, other ventral vagal states, then human states of safe connection.

## INTRODUCTION TO STEP 3 – RESETTING THE AFFECTIVE CIRCUITS

### BASIC AFFECTIVE CIRCUITS – THE HARDWARE FOR TRANSMITTING EMOTIONS AS INFORMATION

Reviewing scientific evidence from affective neurobiology, Panksepp (1998) described a very few basic emotions which are hardwired in the brain in affective circuits. These are anger/rage, fear/terror, sadness/panic, seeking/motivation and social circuits. There may be other circuits for which evidence is not currently available. Affective neurobiology underlies the functioning of the human organism, and the dysregulation of affect is an essential and underlying factor in many clinical conditions, including those associated with trauma and attachment.

The following descriptions of some of the basic emotional circuits are from Panksepp (1998), who capitalizes the names of his systems to signify that he is referring not only to an emotion, but an affective brain circuit. Shame is not a subcortical circuit, but learned, per Panksepp. Paulsen and O'Shea hypothesize that excessive shame, a crucial aspect of trauma based syndromes and other emotional disorders, Needs to be cleared with the basic circuits. Shame is a basic underlying emotion in many clinical syndromes (e.g., Nathanson, 1992; Tomkins, 1995) and is implicated in disorders related to impaired attachment (Schore, 2001).

**The SEEKING System.** *"This system makes animals intensely interested in exploring their world and leads them to become excited when they are about to get what they desire. It eventually allows animals to find and eagerly anticipate things they need for survival, including of course, food, water, warmth, and their ultimate evolutionary survival need, sex. In other words, when fully aroused, it helps fill the mind with interest and motivates organisms to move their bodies effortlessly in search of the things they need, crave, and desire. In humans, this may be one of the main brain systems that generate and sustain curiosity, even for intellectual pursuits. When this brain system becomes underactive, as is common with aging, a form of depression results. When the system becomes spontaneously overactive, which can happen as a result of various kinds of stress, an animal's behavior becomes excessive and schizophrenic or manic symptoms may follow." "Neuro-anatomically, the seeking system corresponds to the major self-stimulation system that courses from the midbrain up to the cortex, which has long been misconceptualized as a 'reward or reinforcement system'. In fact, it appears to be a general purpose neuronal system that helps coax animals and humans to move energetically from where they are presently situated to the places where they can find and consume the fruits of this world. A very important chemical in this system is dopamine. These dopamine circuits tend to energize and coordinate the functions of many higher brain areas that mediate planning and foresight and promote states of eagerness and directed purpose in both humans and animals."*

**The FEAR System.** *"A FEAR circuit was probably designed during evolution to help animals reduce pain and the possibility of destruction. When stimulated intensely, the circuit leads animals to run away as if they are extremely scared. With very weak stimulation, animals exhibit just the opposite motor tendency—a freezing response, common when animals are placed in circumstances where they have previously been hurt or frightened. Humans stimulated in these same brain areas report being engulfed by intense anxiety."*

**The RAGE System.** *"Working in opposition to SEEKING is a system that mediates anger. RAGE is aroused by frustration and attempts to curtail an animal's freedom of action. It has long been known that one can enrage both animals and humans by stimulating very specific parts of the brain, which parallel the trajectory of the FEAR system. This system not only helps animals defend themselves by arousing fear in their opponents but also energizes behavior when an animal is irritated or restrained. Human anger may get much of its psychic energy from this brain system."*

**The PANIC System.**

*“To be a mammal is to be born socially dependent. Brain evolution has provided safeguards to assure that parents (usually the mother) take care of the offspring and the offspring have powerful emotional systems to indicate they are in need of care (as reflected in crying, or, as scientists prefer to say, separation calls). The nature of these distress systems in the brains of caretakers and those they care for has only recently been clarified; they provide a neural substrate for understanding many other social emotional processes.”*

**Special-Purpose Socio-emotional Systems.** *“In addition to the preceding primitive systems that are evident in all mammals soon after birth, we also have more sophisticated special-purpose socio-emotional systems that are engaged at appropriate times in the lives of all mammals---for instance, those that mediate sexual LUST, maternal CARE, and roughhousing PLAY. Each of these is built around neural complexities that are only provisionally understood. Sexual urges are mediated by specific brain circuits and chemistries that are quite distinct for males and females but appear to share some components such as the physiological and psychological effects of oxytocin, which also promotes maternal motivation. We now realize that maternal behavior circuits remain closely intermeshed with those that control sexuality, and this suggests how evolution gradually constructed the basic neural substrates for the social contract (i.e., the possibilities for love and bonding) in the mammalian brain.”*

See Panksepp also on the PLAY, CARE and LUST circuits.

### ADDITIONAL PRINCIPLES BEHIND STEP 3

**When Attachment goes Wrong, the Circuits Can't Flow.** The circuits Panksepp described are there to function like dashboard indicators on a car. These subcortical affective circuits include: seeking, sad/panic, fear, rage, lust, play, and care. But very early in life, that function can be thwarted by experience that tells the child it isn't safe to have emotions. If the milestones of intersubjectivity and mirroring and secure attachment fail, the child may need to “clip” his/her dashboard wires of these circuits. On the secondary process level, this manifests in early learning about relationship templates (Schorer, 2009) and object relations (Panksepp, 1998).

**When Emotions Can't Flow, Trauma Piles Up.** If the child cannot have normal integrative attachment experience to learn affect regulation, there is no integration of the circuits on a horizontal level of the brain. Rather, early learning begins to “pile up” like so much trash thrown over a wall, in a columnar fashion. Eventually these become established as ego-invested dissociated states, or in extreme cases, alter personality (Lanius & Paulsen, in press)..

**If the Self Can't Develop, Defenses Stop Embodiment.** If the child cannot safely develop a self through normal attachment processes, and if the caretaker requires his/her own needs to take precedence over the child's, then the child will introject the caretaker, seeing him/herself through that caretaker's eyes. This serves an adaptive function of insuring that the child's survival chances are maximized through alliance with the requirements of the environment, however malignant they may be to the normal developmental needs of a child. To accomplish this survival task, the child may need to truncate sensory, affective, cognitive and behavioral information. With that information truncates, the child cannot have a felt sense of living in her/his own body, or “embodiment” (Lanius & Paulsen, in press)

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### EGO STATE THEORY – ADDING ENERGY TO DISPARATE NEURAL NETWORKS

Paul Federn (1952) observed ego states operating in his patients and thereby expanded psychoanalytic theory. He considered the patient's habitual addition or subtraction of ego and/or object energy to ego states as underlying trauma related psychopathology. J.G. Watkins in the 1970's (Watkins & Watkins, 1997) applied Federn's theory in the development of a specific therapeutic approach. Ego state therapy involves adding or subtracting ego energy therapeutically in order to give a voice to dissociated or disowned aspects of self (Paulsen & Watkins, 2004). Early in the history of EMDR, Paulsen (1992, 1995) combined EMDR and ego state therapy in order to resolve blocked EMDR processing and other resistance. Subsequently, she described 1) a phased approach using the acronym ACT-AS-IF to using ego state therapy and EMDR in the treatment of complex trauma cases (Paulsen, 2009a, 2009b, 2007), and 2) a stepwise method using the acronym "ARCHITECTS" for using EMDR with dissociative clients (Paulsen, 2009a, 2009b, 2007).

Together these methods help to: enhance stabilization and containment, increase affect tolerance and affect regulation, disarm ego state based resistances (Paulsen, 1995), mobilize ego resources to increase client processing capacity (Paulsen, 2004), mobilize object energy to increase patient compassion for self (Paulsen, 2007). Paulsen asserts that ego state therapy enables the EMDR therapist to variously increase or decrease the level of activation of a traumatic, defensive, or other neural network. This serves to help maintain an optimal level of arousal during therapy and during EMDR processing, and to decrease the probability of flooding or numbing in cases of complex trauma. Titrating affect with ego state therapy is a key means to fractionate the volume of material (Paulsen, 2007) during the resolution of trauma.

Important application of these principles: in step 3 of the ET protocol, we deliberate add object awareness and withhold ego awareness in order to flush out the affective circuits without an affective load on them.

### STEP 3 – RESETTING THE BASIC AFFECTIVE CIRCUITS

#### SAMPLE SCRIPT

*“Before we begin reviewing your early experiences, we need to make sure your emotions are working the way they were intended to work – as sources of important information to help us learn what’s dangerous, what’s unfair, what’s connected, and more. They are there at the beginning of our lives. If you watch a newborn baby, – no one has to teach them how to feel. Many people have been taught to ignore feelings, and may even have learned that it’s not OK to feel some feelings, so they disconnect from their feelings. That’s like clipping the dash board wires in our car, just because we get uncomfortable when we see a red light that says the engine is overheating! When that happens there is often shame present about having other emotions”*

For individuals who need basic education about the role of common emotions as information, give or read to them the Client Handout about emotions. Ensure sufficient education about the function of emotions before proceeding with the following. Some can proceed directly, and some need much education, especially re: shame.

*“First, let everything that still needs to be reviewed, past, present or future, go into your (container) for now and remind yourself “it’s ok to feel safe when I am safe”, by saying (cue word from Step 2 – Resource state)(Pause long enough for them to do that). “With your permission, I’ll tap on your knees (or ankles) to help the process, and you can close your eyes if you want and notice the pictures that come. We’ll take one emotion at a time, and all you need to do is notice what the feeling looks like, and watch with curiosity, to see if the picture is changing or staying the same. When the picture stops changing, that means the emotion will be ready whenever you need it, and not when you don’t need it. We’ll clear the protective emotions first, because they need to be working well before we can fully experience the regenerating, life enhancing emotions. Let’s begin with ‘shame.’ What does ‘shame’ look like?” (They report what they see) “Notice that” and “What does shame look like now?” It’s okay if it transforms, is symbolic, a story, or shows a thwarted response. Do tapping sets until the picture stops changing. It may become positive, neutral, or just stop changing. Repeat for each emotion in the sequence:*



Some may benefit from resetting learned emotions or the safety circuits themselves. If high levels of dissociation are present, use a formal ego state approach (i.e., Paulsen 2009). DO NOT use this procedure with highly dissociative clients unless you are trained and experienced in treating dissociative disorders.

PROBLEM	SOLUTION
The client sees no image.	<i>Usually is trying, remind them to just allow an image to be there Just notice while I read what this emotion does, and tell me when an image comes to mind</i>
The image doesn’t stop changing or become neutral.	Go to the next emotion, and come back to this one later. Go through them as many times as necessary, until the essence becomes neutral and stops changing, developing.
They have made many connections	Periodically bring them back to an image, saying, <i>“what does __ look like now?”</i> and continue until it stops changing,.
They can’t observe from a distance and slide into the felt sense	Teach the difference between being in an emotion and looking at an emotion. If needed, use a “prosthesis” like a cartoon of an emotion. If they still slide in after two tries, they may need to reset safety systems and amygdala first. <i>“What does fight look like” and “flight” and “freeze.”</i>
If they still can’t observe an emotion from a distance instead of feeling it	They may need more work using ego state therapy or somatic resourcing before they can do this step

## BENEFITS & SUMMARY OF THE THREE PREPARATION STEPS

- Provides an active, user friendly psycho-education about normal emotional functions.
- Reduces fear of emotions so abreactions later are rare.
- Past unresolved trauma is easier to set aside.
- Improved affect regulation and higher functioning becomes possible.
- Trauma processing goes better than standard EMDR because they tolerate the affect better.
- Can take two weeks to two years (for very complex cases – don't use for DID at this time please).
- May need to practice steps 1 and 2 for some weeks.
- Step 3 is typically done once unless something has been overlooked or omitted.
- We focused here on those few skills most efficient and systematic, most time efficient for most clients.
- Implicit is that the clinician directs the client's focal attention in a sequence, with a mindfulness stance.
- If a client can't do these steps it is a red flag for slowing down and needing more preparation
- By end of preparation steps, most will have skilled capacity for: containment/compartmentalization that is deliberate and conscious, accessing a resourced and ventral vagal state or "safe state;" and the innate affective circuitry will be clear, ready to utilize in processing without defensive resistance for many.
- For some very complex cases, preparation will include substantially more work, including tolerating somatic sensation, ego state preparation, lengthy establishing of trust and rapport.

## INTRODUCTION TO STEP 4 – CLEARING EARLY TRAUMA BY TIME FRAME

### Neuro-Developmental Building Blocks:

- **Gestation counts as experience, exposure:** Maternal affective experience including gestation affects neural development (Schore, 2003);
- **Secondary Processing (Panksepp, 1998) is our early focus.** Amygdala and other basal ganglia is the locus for the relationship templates and object relations learning that may have interfered with ability to utilize emotions naturally, especially when shame is involved, when child learns s/he doesn't get to have emotions, only the caretaker does.