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Fragmented Selves Protocol for EMDR Therapists
Provide the client basic psychoeducation on the Structural Dissociation model derived from Healing the Fragmented Selves of Trauma Survivors or from Transforming the Living Legacy of Trauma

Invite the client to describe what parts of themselves they can recognize in that model.

Help client learn to connect states of distress or trauma responses as communications from parts—but without connecting the parts to any particular single event. Parts develop as a result of multiple events or chronically unsafe environments.

Focus should be on the parts’ reactions, emotions, and beliefs now: “How old is this part now?” “Is s/he more afraid or more ashamed?” “Is s/he more angry or more sad?” “What triggers this part?”

Learn to recognize “blending” with parts: when clients are flooded with a part’s emotions or survival responses.

Increase dual awareness: awareness of the part and awareness of themselves as observers of the part.

Increase the client’s ability for internal dialogue with parts re. day-to-day problems and reactions.

Teach clients how to use internal communication to help parts settle and calm when activated.

Help them learn how to manage impulsive and self-destructive parts until there is some degree of stability.

Get a ‘buy-in’ from the parts:

Facilitate an internal dialogue between the client and parts about agreeing to the use of EMDR.

Client must offer the parts a meaningful reason for the work: “It will help us sleep better,” “It will help us stand up to people or set boundaries,” “It will help every part to get more of what it needs.”

But the client also needs to be honest with them: “We might remember things no one wants to remember,” “There might be feelings that hurt (or that feel overwhelming), but I will help you if that happens.”

Choose a target to process: the best targets are not past events but moments when a part is triggered. That is because triggering tells us what implicit material is still ‘live’ for this particular client and parts.

Identify a moment in recent time when distressing thoughts, feelings or physical reactions were triggered.

Help client mindfully notice the distress as a younger part: “Notice the shame as the child part’s shame... so you can feel his shame and also feel you here noticing him feeling ashamed...”

Facilitate unblending from the part so that clients feel the emotions of the part but can also feel some connection to some part of their bodies (i.e., feet, legs, spine).

Initiate curiosity: how old does this part feel? Can client ‘see’ the part? Does the part more scared or more sad? More angry or more ashamed?

Have clients invite the part to “show me a picture that would help me understand how you are feeling?”
Target image: because we are asking a child part for the image, the language has to be age-appropriate. I.e., “Would you show me a picture of what scares you about bedtime?” Often, the ‘target image’ emerges from a series of images: first, a more general visual picture, then more detailed as the part is asked to “show me a picture that represents the worst part of ____________”

Negative cognition: the NC must be the belief of the part, not the belief of the adult client, and how it is elicited must support the mindful separation between child part and the adult prefrontal self.

- “Ask this young girl what words go best to describe her”.
- “What negative belief does this little boy carry now as a result of what happened?”
- “Notice what belief she learned about herself as a result of her experience. . .”

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Positive cognition: the PC too must be the wished-for belief of the part so that the client maintains dual awareness of him/herself and of the part.

- “Ask her what she would like to believe about herself now?”
- “If he could believe anything he wanted, what would he want to believe about himself?”

VOC: is likely to be beyond the cognitive capacity of a small child part. Option is to use a multiple choice approach: “Ask him: does he believe it a little, a lot or not at all?”

Emotions: eliciting the child part’s emotions is the key to the success of this protocol.

- “Ask him: when he sees the picture and hears the words [of the NC], what feelings come up?”
- “Ask her: when she hears those words [of the NC] and sees the picture, what feelings does she notice?”

SUDS must also be elicited from the part: “Ask him on a scale of 0 to 10 (if 0 is settled and calm and 10 is the most intense feelings he can imagine), how strong are the feelings?” Option: if the child part is very young, the SUDS may be beyond him/her cognitively. The other option is to use a 1-5 scale or ask the child part, “Are the feelings this big, that big, or THAT big?”

Body: “Where does s/he feel the feelings in the body?”

Bilateral stimulation:

“Ask the part to see the picture, hear the words [of the NC], notice the feelings in the body, and then [follow my hand/follow the lights]. . .”

When you pause, “Ask the part: what does s/he notice?” “Ask him: what does s/he get now?”

Support dual awareness: “Can you still feel your feet? [spine?] And still feel the little child? Great-----go with that. . .” “Tell her you are right here with her—you can keep her safe—it’s OK—she is just remembering but nothing bad is happening now.” [BLS]
Reprocessing always requires that the prefrontal cortex stay ‘online’ so that past/present and child/adult experience be integrated. With dissociative disorder clients, that means that we need the adult client to witness the child’s experience and support the child part’s processing. Because of the dissociative disconnection between parts of the personality (and therefore parts of the brain), the client cannot get the full benefit of desensitization and reprocessing without dual awareness. Worse yet, BLS without dual awareness can stimulate increased autonomic dysregulation and increased flooding of memory, risking exacerbation of the client’s symptoms or even decompensation.

Remember that successful processing requires just the ‘right’ amount of autonomic activation, not too much and not too little.

If clients lose dual awareness, pause the BLS and help them regulate their autonomic arousal and re-connect to their Normal Life adult selves using somatic resources and interweaves.

Help them stay connected to the child: “Tell her that you are going to stay with her—you just need a few minutes to feel your feet and your backbone. Ask her if it helps her when you feel your feet/spine?”

Facilitate the provision of a missing experience for the child part: “Ask this little girl what she needs now to feel safer? To believe she won’t be hurt again? To believe that someone cares now?”

Facilitate attachment relationship between child and adult self: “What is it like for her to feel you here with her?” “What is it like for him to hear you say that you want to protect him?” [Use short sets while building the relationship between adult and child selves and longer sets for processing of memory.]

“When you feel sad for her/protective of him, what’s your impulse?” Whatever the impulse, ask the client to “stay with the impulse [to reach out, to pick up the child, etc.], and notice what happens next.” [BLS] Help clients to visualize the movements and feel them in the body: “When you take his hand in yours, how does that little hand feel in your big hand?” “As you lead him away, what feelings do you notice? Does he feel anxiety? Relief? Excitement?”

Keep installing positive attachment experiences: “When she says she’s both excited and scared, can you understand that? Let her know that it’s OK if she’s a little scared—it’s new to trust someone and have it be safe—of course, she’s scared... Go with that.”

Future templates: especially when the child part is afraid to trust, it is important to rehearse how to stay in relationship with the child between sessions. “Imagine that you are leaving this session and notice what comes up: what are you walking into? Where do you go next?” “Now imagine that you are holding his hand as you walk into your home/office and notice what happens...”

Gauging successful reprocessing: it is less likely that dissociative clients can get to a 0 SUDS than clients with simple or complex trauma without dissociative symptoms. Often, the fight and flight parts are alarmed by a 0 SUDS or by pleasurable feelings. In addition, child parts may too young to use a numerical scale, leaving the therapist to estimate completion based on the client’s body: is the body calm? Is the spine straighter? Does the adult client report that the child is calm or feels warm and close? Does the client’s skin have more color? Is the body language more indicative of an adult part rather than a child part? Does the client’s language reflect an adult cognitive capacity and vocabulary? Has there been a transformation in activation, perspective, emotions or body experience?

Going back to target: in working with dissociation and fragmentation, it is more important to check back with the part than to go back to the target image itself. “Go back to the little girl/boy and see how s/he is doing now...” “What is it like for him/her to look at that picture again?” If the child part’s SUDS is 0-2, it is appropriate to install the positive cognition. Keep in mind that with dissociative disorders, a SUDS of 0 is unlikely unless the client has dissociated.

Install positive cognition: “Ask this little girl: does it feel more real now to believe that it wasn’t her fault?” “Ask him: does it feel more real now to believe he is safe?”

Emphasize the relationship between part and adult self: “When you feel me here with you, does it feel more real to believe that everything is going to be OK?”

Make sure to end sessions by installing a ‘post-hypnotic suggestion’ re. the attachment bond between child self and adult: “Let her know that you will get better and better at taking care of her... at being there for her,” “Let him know that you will never, ever, ever allow someone to hurt him like that again...” [Use short sets to install.]
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