Folie 1

Screen-Technique

A useful tool in working with complex PTSD and dissociative disorders

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Folie 2

Why?

- From dissociation to mindfulness (a curious, open, accepting, non respondent awareness, Siegel, 2006)
- Observing is a „left hemispheric" capacity
- Physiology of PTSD is dominant over distanced view.
- The window of tolerance closes quickly in (esp. complex) trauma victims
- Phobias are strong
- „Looking at it from far away" can be easier.
- You can start with friendly pictures and then slowly proceed to more difficult material.
- You can change and distort the visual material, so that it might be more tolerable.

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Folie 3

Attention to the client‘s dignity!

- Each client has the right to keep his/her secrets.
- Each client has the right to ***not*** know, e.g. to preserve his/her amnesias or other defenses/symptoms.
- Each „“technique“ we use has to „make sense“ for the client.
- That‘s why s/he should be able to know in advance, what we are doing and why.
- Beware of the client‘s ability to submit, so be careful if you really have „informed consent“!

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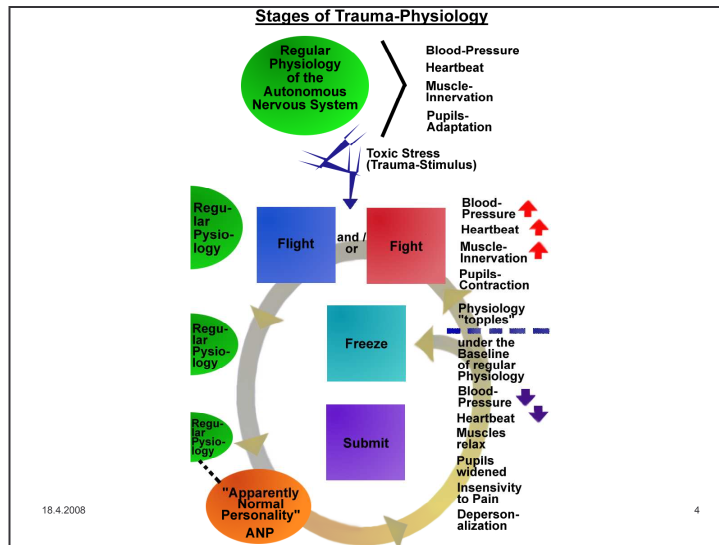
Folie 4



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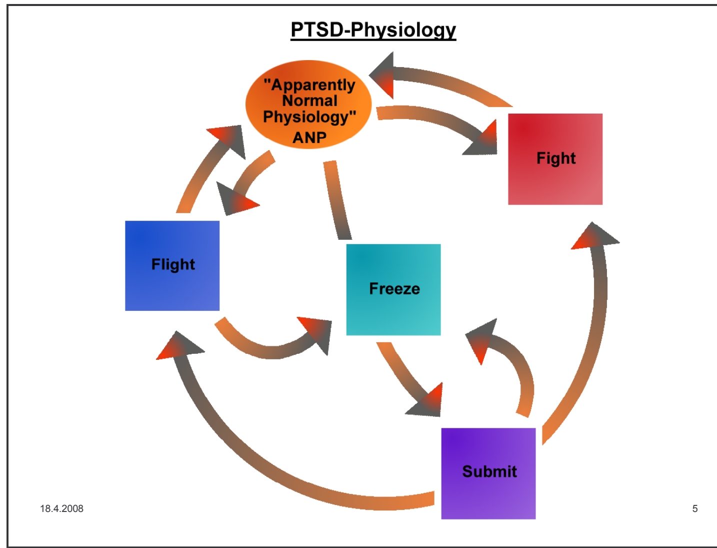

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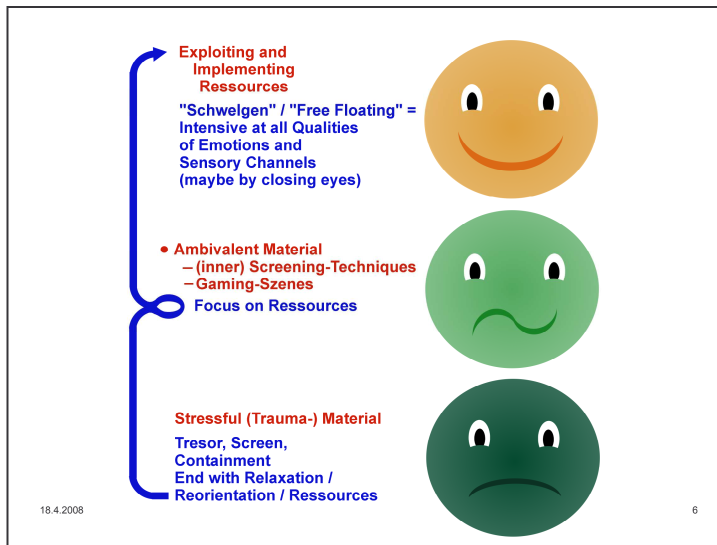

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Folie 7

Preparation – Part 1

- Good working, trustful relationship: therapist is more „coach" than „mother"; client can view th. as „being by my side".
- Reorientation in time and space is efficiently possible, when needed: visually e.g. 5-4-3-2-1; olfactoricly, e.g. „a quick sniff at a strong smelling little bottle"; acousticly e.g. „Please open your eyes and the adult everyday part of you (or an inner helper, affectively distanced) comes forward" etc.; via skin: catch a ball, massage arms/fingers by means of a massage kit or ring…

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Folie 8

Preparation – Part 2

- ANP and some inner helper/observer parts allow that „it may now be looked at/ watched/visualised"
- To be sure: Ideomotor finger signals („Are we allowed to look at this scene now? Is there anything important to notice before we start?)
- „As if": What might follow, if we'd go on?
- Any parts to safe places before?

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Instruction "Screen Saver"

- Imagine a video-monitor/screen in a distance of at least 2-3 meters (not a cinema-screen – too „cinemascope" for difficult scenes!)
- What color is the frame of the screen?
- The screen itself is still dark, ok?
- Imagine you to be able to project a very nice picture on it first . (E.g. favorite screen saver, see below)
- To this „screen saver"-picture you can always return. It might well be the first and last picture you see, ok?
- All we need are the picture/s…

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Folie 10

Assistant „Tools"

- DVD- or video-recorder imagined „underneath" or „beside" the imagined screen
- „Remote control" with some marvellous functions: Zoom, slow motion, still, screenshot, black-and-white instead of color if needed…
- If imaginative capacity is poor (trauma ? 2ys of age): it helps to have the screen, recorder, remote control… in reality in the therapy room.

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Introducing the Screen-Saver

- Imagine your most favorite photo, picture, natural scene you have in mind.
- Project this picture on the black screen, so you can see all the colors.
- Can you save this picture?
- (Therapist next time:) Can you project the screen saver first on the „Screen"? OK?
- (It must work not only once but regularly!)

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Folie 13

Now to other, not so easy situations

- Amnestic episodes
- Self inflicting behavior
- Flashbacks
- Nightmares
- Traumatic material (processing)

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Folie 14

Preliminary tasks

- Safe place for delicate/vulnerable parts (EPs)
- Also the ANPs (or at least the „capacity to function in everyday life…“) can go to a safe place, watching „from the distance“.
- Always ask if it is ok to know „more about it“ (ideomotor finger signals; inner helper/observer etc.)

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Amnestic episode

- Remember the last situation before memory loss
- Can you picture yourself from the outside? („Second camera position")
- What did you wear? Time of day? Temperature? Presence of other people or things
- When you picture the scene vividly enough without being too much emotionally involved, your unconscious (the other parts…) will please help us and project the next pictures stored in your brain on the screen.
- Please concentrate only on the pictures.

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Hints and Caveats: Screen and Amnestic episode

- Make sure in advance that the ANP/s is (are) allowed to „know it now" (e.g. by ideomotor finger signals)
- If there are any doubts, use the „as-if"question: What would happen, if you'd know it?
- Clearing of inner conflict (better know it, because… better not know it because…)
- Since there may be strong affective material in the amnestic episode, be sure that reorientation is at hand.

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Folie 17

Screen and Self inflicting Behavior

- In DD and DID the ANP/s often do not consciously „know why“ SIB has happened. This deepens feelings of learned helplessness.
- Use screen to „watch the scene before“ SIB.
- Slowly, motion by motion, follow scenes that happened to find out trigger/s for SIB.
- At which moment were you „theoretically“ able to do something else instead of follow the dissociation into SIB? What would you like to do (next time) at what exact spot in the „motion picture“?
- First concentrate on minimal steps for a different behavior.

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Hints and Caveats: Screen and SIB

- SIB itself is affectively loaded like a trauma, so better only concentrate on watching the scenes *before* SIB, then fast forward to the scenes *after* the SIB to identify benefits and losses, pros and cons of the SIB.
- Most important: Find out the trigger/s. Can they be avoided for some time? Or if not: What to do when a trigger appears next time?
- Make an „As-if-film“: Can you see yourself doing something different in this or a comparable situation? What will it lead to?

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Screen and Flashbacks

- Situation: Client is oriented in the present but doesn‘t know why s/he had a flashback.
- Indeed most clients trigger their flashbacks directly or indirectly but are amnestic for this.
- Proceed like with the SIB: First only the scenes „before“ then the scenes „after“.

Folie 20

Screen and Nightmares

- Client is oriented in time and space in the present and wants to understand a (recurrent) nightmare.
- One of the nightmare-pictures projected on the screen – as a still, far away, perhaps only in black and white….
- Cognitive work: Any idea what this picture might have as a message to you?
- Follow the nightmare, always interrupt with the question: Any idea, when you watch this now from a distance, what might be the sense of it? How do you find it (What do you think of it)?

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Folie 21

Hints and Caveats: Screen and Nightmares

- Dream-Pictures or „Sleep-Pictures"? (Metaphoric material of a conflict - or flashback?)
- First only the pictures, hold back the emotions, so you can watch and discuss it better.
- First only understanding. No direct or violent „solutions"!
- Inner helper/observer and inner ressources team: What should be done to understand (and so: end) the nightmare?
- Humorous or respectful solutions?

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Folie 22

Processing trauma material by means of the screen technique

- What must be done before:

- secure external safety (no ongoing trauma)
- secure relationships (therapist + one, at least!)
- secure grounding (safe place for traumatised EPs, everyday function ok, no dangerous SIB or acute suicidality, contact to perpetrators limited or ended)
- observers and inner self helpers are at hand; perpetrator introjects at least tolerate therapeutic work
- Ready to leave the „victim position" (to survivor and beyond)?

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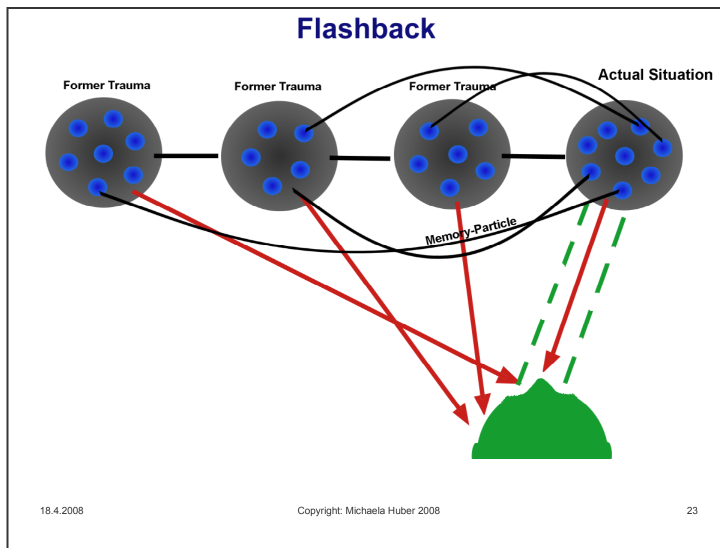

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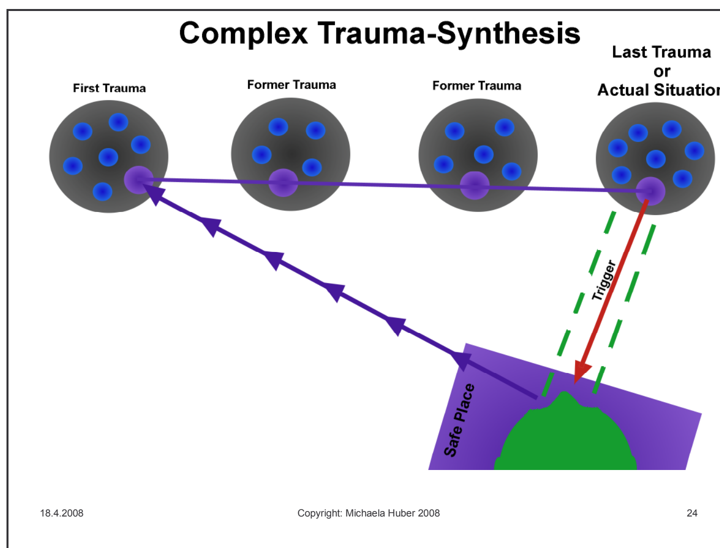

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Folie 25

Client ready for processing trauma? Test:

- Can s/he bring something in her/himself that is in danger, to a safe place? Not only in therapy, but in everyday life, too?
- Can s/he differentiate, which part of a somatic/affective symptom stems from „today" and which part from „those times in the past" (percentage)?
- No dangerous SIB/suicidality, better stress coping overall?
- Do all important parts cooperate or tolerate the therapeutic work?
- Support by partner or friend? (Otherwise it's very hard!)
- Is it allowed by inner parts/"the unconscious" that s/he „knows it now" (ANP/s too)?
- Is s/he able to „save" a part from a traumatic scene to a safe place? (see following slide)

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Folie 26

„Save a part-technique" (Huber, 2003)

- When one or more parts still is „hanging in" or „fixed in" a traumatic scene, esp. emotionally or with a strong somatic sensation.
- Time and space of the traumatic scene are clearly in the past (no ongoing trauma).
- Make a still of the past traumatic scene.
- Support an inner helper: Car, tools, other inner helpers…
- Describe the way from the therapy room to this place of the former traumatic scene, and back.
- Find an imaginative safe place for the parts that are about to be saved.
- Th. helps with keywords so that cl. can proceed and doesn't get stuck.
- Bring the traumatic part/s out and to the safe place, without watching the trauma in detail. („Like saving someone from a thunderstorm".)
- Sometimes it's necessary to „drive (per screen) back to see if all the (inner) parts are saved now".

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Folie 27

Processing trauma material

- Every understanding of „how and when and why" is a potentially integrating experience!
- Greatest problem apart from ongoing trauma and SIB/suicidality:
- Phobias! ANP and EPs, ANPs, ANP/s and therapist/other persons, ANPs/EPs and perpetrator introjects, the latter concerning other parts of the personality (it's not allowed to get better…) and so on.
- Working on phobias stays an important part of trauma therapy throughout the whole therapeutic work.

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Before you start

- Be sure that the client is able to „save" parts and reorient in time and space if needed. Perpetrator introjects tolerate work.
- S/he proceeds to a better understanding of his/her own suffering } „inner empathy" grows. DID: We are a system, and we are more or less ok.
- Parts that will „tell their story" on the arm, the lap, at the hand of more aduld parts.

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Folie 29

How it can be done (1)

- Fingersignals: is it ok that a certain part/s „tell“ or be heard/understood now?
- „As if“: What if it goes well, what would be better then? Could something get in the way or must be done before?
- Which parts should be present and/or help, which should be at their safe place? Mind the ANP/s!
- First step will be: „Film“ will be stored in inner safe.

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How it can be done (2)

- Use the screen-imagination (flat screen or „old fashioned TV screen“, not cinema-scope!)
- Tools: Remote control, DVD-recorder records the film that will be stored afterwards into the safe…
- ONLY THE PICTURES! Distance the affects.
- If difficult: Start with stills instead of a „running film“, store them like „photos“.
- If „film“ is possible: Start with a spontaneous picture; „follow the film in the direction to the beginning or better first to the end?“
- „Film“ is completed when there is the scene „before“ and the scene „after“ – look out for the different physiology!
- Store „film“ in „safe“.
- Reorientation, relaxation, „screen saver“…

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Next session

- Film still in the safe?
- OK, do we „have" all the important things that happened? Let's list them:
- B: All the important behavior on the film?
- A: What might be the important emotions involved? (From the distance!)
- S: What might be the somatic sensations involved? (dito)
- K: What might be the important cognitions involved?

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Folie 32

Processing a „hot spot" (pathogenic kernel)

- Choose a hot spot from the BASK („the most stressful part of it").
- Note key words of the scene (neutral words, not traumatic ones! „What has happened in the bathroom, afterwards in the sleeping room, on the bed…").
- EPs that have suffered it are now surrunded by consoling und protecting other parts of the personality (imagination).
- Processing from T0= bis TZ (point before to point after) once, Th. helps by naming the keywords. Intensity: It's enough to feel it up to „3" on a 5 point scale.
- Th. asks: How many of the original affect did you „have" (percentage)?
- If necessary, 1-2 x more processing (max. of 3x in one session).
- Relaxation, enjoying successes, integration procedures….

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Folie 33

What next?

- Maybe continue processing next session.
- If client is highly dissociative, you often have to work on the understanding, integration/fusion of parts or other topics/association fields.
- Mourning, consoling, realization, accepting, understanding, being angry or furious, ashamed or…, learning from this experiences, storing more trauma material in safe, overcoming phobias, filling blanks (where there were trauma material of symptoms…).
- In other word: Do good psychotherapy.

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Folie 34

Thank you!!

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