The Methods of the Back-of-the-Head Scale (BHS) and Constant Installation of Present Orientation and Safety (CIPOS)

by Jim Knipe, PhD.

The Back-of-the-Head Scale

It is important for therapist and client alike to know when a client is drifting into derealization, that is, losing a felt sense of the reality and safety of the present situation. For clients who are potentially dissociative, the degree of orientation to the present situation can be assessed through the use of the Back of the Head Scale (Knipe, 2002). This procedure is introduced to the client during the preparation phase, before any desensitization of trauma is begun. The therapist says, "Think of a line that goes all the way from here [the therapist holds up one index finger about fifteen inches in front of the person's face], running right from my finger, through your face to the back of your head. Let this point on the line [therapist wiggles index finger] mean that you are completely aware of being present here with me in this room, that you can easily listen to what I'm saying, and that you are not at all distracted by any other thoughts. Let the other point on the line, at the back of your head [therapist points] mean that you are so distracted by disturbing thoughts, feelings, or memory pictures that you feel like you are somewhere else. Your eyes may be open, but your thoughts and your awareness are completely focused on another time, place, or experience. At this very moment, show with your finger where you are on this line."
The therapist should check to make sure the client gets this idea. Most clients who have dissociative experience will quickly recognize this procedure as a way of measuring and expressing a familiar aspect of their mental life. The assumption is that the more the person points toward the "most present" endpoint of the line, the safer it is to do trauma work with eye movements. Clients seem to be able to easily assess the full range of dissociative experiences, pointing to either a place in front of the face, or to a place parallel with the eyes, or to the temple, or to an area further back in the head, according to what they are experiencing. As a rough rule of thumb, I have assumed that it is necessary for the person to point to a position at least three inches in front of their face in order for trauma-focused work to proceed, although this may vary from client to client. The use of the BHS throughout a therapy session can be very useful in insuring that the client is staying present while reprocessing disturbing memories.

Constant Installation of Present Orientation and Safety (CIPOS)

The CIPOS method can be used to extend the healing power of EMDR to many clients who are potentially vulnerable to dissociative abreaction because of a dissociative personality structure, and/or because of the client's intense fear of their own memory material. With CIPOS, the client is first helped to experience a full orientation to the present safety of the therapist's office (as assessed and verified through the Back of the Head Scale (BHS) procedure), and then is assisted very briefly to access the disturbing material in a highly controlled and predictable way. Through alternating between safety, and carefully titrated exposure to trauma, back and forth, the client can learn, often very quickly, the valuable skill of emerging from a traumatized ego state back to a safe orientation to the present. Bilateral stimulation (BLS) is used to constantly strengthen or *install* in the client's awareness a clear subjective sense of *being present* in the immediate *real life* situation (i.e. the therapy office). This method is described to clients during the *Preparation Phase*, prior to the *Desensitization* work, and then may be used during the actual *Desensitization* of a particular highly disturbing traumatic memory. By constantly strengthening the person's present orientation through BLS, and carefully controlling the amount of exposure to

the trauma memory, the individual is more easily able to maintain dual attention. Through the use of the CIPOS procedure, processing of the memory can proceed more safely, that is, with much less danger of unproductive, dissociated *reliving* of the traumatic event.

With the CIPOS procedure, BLS is paired initially only with images and statements that express present orientation and safety. At the start of the procedure, when the client is most vulnerable to being overwhelmed by disturbance, BLS is not paired with information directly related to the traumatic disturbance. After the procedure continues successfully, usually within a single session, the client will be increasingly able to simultaneously be aware of both present safety and trauma, and, at that point, the usual pairing of BLS with trauma-related information can be safely initiated.

CIPOS SCRIPT

The CIPOS steps are as follows:

Permission.

1. Obtain full permission from the client to work on the highly disturbing memory in a gradual and safe way, with ample time in the therapy session to complete the work regardless of whatever unexpected traumatic material may emerge during processing. With clients who have dissociated ego states, it is necessary to also ask for and obtain permission *from any other parts that are involved in this memory*. If some parts of the system do not wish to participate, that is fine, but there should be a commitment from the whole system to allow processing of the memory.

Since the way to ask the system for permission can be quite variable, with the words for one not necessarily appropriate for another, the following is only a suggestion to give you an idea of what to say. These words can be modified according to the needs of your client:

Say, "***I would like to ask all parts of the mind who are involved in this memory for permission to work on this*** *today*. ***Is this okay with all of you?"***

Safety.

2. As with any therapy intervention, it is important that the client be aware of the *objective* safety of the therapist's office. If the client seems unsure of the physical or interpersonal safety of the present situation, this issue should be addressed directly. Sometimes it is necessary, through observations, questions, and discussion, to help the client see that the fears that are being experienced in the present actually are the direct result of a past event, one which ended long ago and, often, took place far away. This cognitive orientation to present reality does not necessarily have to be accompanied by feelings of safety, but it should be clearly established in the client's intellectual understanding.

If the client is uncertain about the actual safety of your office, fears and concerns, including transference and counter-transference issues, should be explored and resolved before attempting trauma work. If, on the other hand, the therapist is simply unsure about the client's degree of contact with the reality of the safe office, the questions in step 3 can be asked to clarify the situation.

Strengthening Present Orientation.

3. To assess and further strengthen the person's sense of present orientation, the therapist may ask a series of simple questions relating to the client's present reality in your office, with each client answer followed by a short set of eye movements. When the client responds to these *simple questions*, the therapist says, "*Think of that*," and initiates a short set of EM

The therapist can chose questions that are appropriate to the client and/or make ones that are suitable for the same goal of grounding the client in the office. Sample questions are the following:

Say questions such as, "***Where are you right now, in actual fact*?"**

Say, ***"Think of that*"** and do a short set of BLS.
Say, "***What do you think of that picture over there***?"
Say, "***Think of that*"** and do a short set of BLS
Say, "***Can you hear the cars going by outside***?"
Say, "***Think of that***" and do a short set of BLS
Say, "***Can you find the flaw in the design in this rug?***"
Say, "***Think of that***" and do a short set of BLS
Say, "***How many tissue boxes do I have in this room***?"
Say, "***Think of that***" and do a short set of BLS:
The therapist can use the above questions or add relevant questions for the client. In this way, the client's subjective sense of being present is strengthened.
Say, "***What's good about being here right now, instead of somewhere else***?"
Of course, it is much better to be in the relatively safe present than to be reliving a traumatic event, so (usually without much direction) the client is able to say something like, "*I am comfortable here."* Or, *"I know I am safe here,"* and this positive information can then be strengthened with additional BLS.
Say, "***Go with that***."
If the client is confused about why the therapist is asking these simple questions, the purpose can be explained.
Say, "***A firm grounding in present reality is an essential precondition for the use of EMDR to resolve old disturbing memories. The way EMDR works is, 'One foot in the present; one foot in the past'."***
One particularly useful method of assisting the client in orienting to present time is to engage in a game of "catch" with a pillow or a tissue.
Say, ***"Can you catch this pillow?"***
Say***, "Good. Now toss it back. That's right*** (repeated 1-10 times, as necessary)."
Say, *"**Where are you on the line now*** (Back of the Head Scale)**?"**
Or, ask the client to "***Take a drink of water***."
Or, "***Hold this drop of water/ice cube in your hand***."
Or, "***Hum a song and then count to ten***", etc.
The game of *catch*, in particular, seems to quickly and reliably reverse the *derealization* experience in many clients. The action of tossing an object back and forth pulls the person back to the present. Playing catch is an easily performed task, and seems to require the individual to neurologically activate the orienting response (OR) in order to follow the trajectory of the tossed object. We can speculate that this procedure reciprocally inhibits (Wolpe, 1958) the activation of excessive traumatic material, which in turn allows the client to be more aware of the actual safety of your office. Other similar procedures are taking a drink of water, holding a drop of water or an ice cube in the hand, or alternately humming a song and counting to ten. Each of these procedures can bring about a *state change* back to orientation to present safety, which then empowers the client to be able to proceed with processing trauma material.

The Back of the Head (BHS) scale and CIPOS.

4. Through the use of the BHS, the therapist is able to assess the effectiveness of the CIPOS interventions. In this way, it can be insured that the client is remaining sufficiently grounded in emotional safety, so that reprocessing of the trauma can occur. The BHS is a way of making sure the client remains safely in the zone of *dual attention*: continuing connection with present safety while accessing traumatic memory information.
An example of how to use BHS to assess the effectiveness of the CIPOS intervention occurred in Step 3:
Say, ***"Can you catch this pillow?"***
Say***, "Good. Now toss it back. That's right*** (repeated 1-10 times, as necessary)."
Say, *"**Where are you on the line now*** (Back of the Head Scale)**?"**

By engaging the client in a CIPOS question and action, then asking the client to bring into awareness where she is in present time, according to the BHS as above, the therapist and the client are able to know if the client is sufficiently present to begin or to continue trauma processing. Seen from another angle, this procedure allows both therapist and client to monitor whether the client is experiencing derealization due to high levels of intrusive, post-traumatic disturbance in present time, if the client is beginning to move into a state of *derealization* and if the client has *derealized*. . This information informs the next step of the therapy. If the client is in a state of *derealization* or going into one, the therapist works to engage the client back into present time. If the client is experiencing sufficient orientation to in present time, for a sufficient amount of time based on the therapist's judgment, and the agreement of the client, they can proceed to do some trauma work.

Beginning trauma-work slowly.
5. When present orientation is sufficiently established,
Say "***Are you willing to go into your memory image for a very brief period of time*** (e.g. perhaps only two to ten seconds)."
Say, ***"Good. Go ahead and do this for ______(***state how many seconds) ***seconds.***
Keep track of the time. This is essentially a carefully controlled dissociative process. Immediately following the end of this period of seconds, use soothing but repetitive and emphatic words as in the following:
Say, "***Come back into the room now, OK, now come back here, just open your eyes, find your way back here now, that's right, just open your eyes."***
Do this until the client's eyes open and they are looking out into the room again.

Importance of encouragement.
6. At this point, give encouragement.
Say, "***Good***," or "***That's right***."
Then resume the CIPOS interventions,
Say, "***Where are you right now, in actual fact??"***
Say, ***"Go with that*** (do a short set of BLS)."
The CIPOS interventions are continued until the client is able to report, using the BHS, that she is oriented once again towards the present reality of your office. At this point, Step 5 (Trauma-work) can be repeated. The idea is to go back and forth between pairing *Present Safety* with BLS and then experiencing the trauma for 2-10 seconds with no BLS.
7. As this process continues, the client develops increasing ability to "stay present" as well as greater confidence and a sense of emotional control in confronting the disturbing memory. This opens the door to the use of the 11-Step Standard Procedure and directly pairing bilateral stimulation with traumatic material. The Figure, below, illustrates the sequence of steps in this procedure.
(Unfortunately, we're not able to provide you with this chart at this time) --EMDR in Action