

The Successive Point Process

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Programme

- Presentation
 - Psychotherapy and information processing
 - SPP Setup
 - SPP Diagnosis & Treatment
 - SPP Closure

- Demonstration

Psychotherapy and Information Processing

- Individuals normally process information to reach a state of adaptation
- Information processing can be blocked
- Psychotherapy helps clients in reprocessing dysfunctionally held information:
 - maladaptive beliefs, thoughts, behaviour, emotions, sensations, painful intrusive images

Psychotherapy and Information Processing

- Psychotherapy also helps clients to acquire and process new information to enhance adaptive functioning
- Psychotherapy methods promote adaptive functioning in different ways
- The MPC Single Point Process is one of these ways

Steps in Treatment

- Activities:
 1. Accessing of relevant information from the client
 2. Introduction of new information to the client
 3. Facilitation of processing of information
 4. Inhibition of accessing information
- (Lipke)

The Relationship

- These activities take place within the context of a psychotherapeutic relationship, which
 - establishes contact and reduces anxiety
 - recognises the positive intention of the client
 - frames the learning goal and allows learning
 - helps with the integration of learning experiences into the future

1. Accessing Existing Information

- Bringing to awareness of information already stored
 - from declarative memory systems (events, dates, facts)
 - conditioned emotional responses
 - behaviour from non-declarative systems

Accessing Information

- Examples:
 - a memory of a specific real event
 - a principle, a rule
 - a bodily sensation
 - an emotion
 - fantasies or beliefs – what could have happened? what is going to happen?
- Psychotherapy systems focus on different types of information

2. Introduction of New Information

- Psychotherapists present new information or encourage the client to acquire new information themselves
- All methods of therapy provide new information about the treatment they offer
 - Dynamically oriented therapists may introduce information about the unconscious
 - Behaviour therapists introduce information about reinforcement
 - MPT psychotherapists talk about energy systems

3. Facilitation of Information Processing

- Successful information processing between brain networks leads to adaptive transformation
- Painful nonadaptive information can be reprocessed very rapidly, with the same speed that such maladaptive elements were acquired
- This opinion is different from the therapeutic expectations of traditional models of psychotherapy

3. Facilitation of Information Processing

- Category 3 activities do not contain or convey meaning in and of themselves
- Meridian-based Psychotherapies and EMDR employ pure category 3 activity

(Lipke, Shapiro)

4. Inhibition of Information Accessing

- The purpose of psychotherapy is to process, or reprocess information
- The psychotherapist may also help the client to isolate information, to
 - provide temporary relief of destructive distress, or
 - inhibit destructive behaviour
- Then information must be inhibited

4. Inhibition of Information Accessing

- Examples:
 - Relaxation or selfhypnosis to close sessions in which traumatic events are not completely processed
 - Anxiolytic and neuroleptic medication
 - Telling a joke when a client comes out of trance

Successive Point Process

- SPP
 - is an extremely gentle type of process, which may go on for a longer time
 - is a synthesis of various meridian-based psychotherapy methods with EMDR/CB procedures, surrogate diagnosis and consecutive tapping of a number of single treatment points

Successive Point Process

- SPP
 - is recommended for issues not clearly defined, highly uncomfortable, or resulting from beliefs rather than emotions
 - is indicated in situations which would take many rounds of tapping
 - treats large numbers of aspects without explicitly defining them

Successive Point Process

- Neurologically, SPP matches the associative, network structure of the brain, jumping from issue to issue and finally dissolving the problem completely

- The process is comparable to BSFF in the way issues show up and are treated
- The client stays in full contact with the psychotherapist and is not confined to a narrow state of consciousness as in EMDR

SPP & Trauma

- In working with trauma the client doesn't need to focus on the traumatic event itself
 - The memory is just the point to depart from and return to after treatment
 - This prevents retraumatisation
 - The deep, small steps give the client the opportunity to let go of traumatic or irrelevant material easily, without cognitive interference or psychological reversal

Working with SPP

- You can apply
 - for the surrogate diagnosis:
 - the ideomotor response or the O-ring (see reference section 13/14)
 - for the treatment:
 - the classical 13 TFT points or only the eye brow, side of the eye and under the eye triad

Starting Procedure

- Starting procedure:
 - Identify an issue, memory, situation to work on
 - Find a SUD score
 - Find a negative cognition for the identity of the client in the situation (NC):
 - *In this situation, I am (worthless, not important, stupid, etc...)*
 - Find a positive cognition (PC): A cognition in which the NC is not present
 - Rate the validity of the PC on a scale from 1 to 7
 - Find a bodily symptom connected to the situation or the belief
 - Make notes

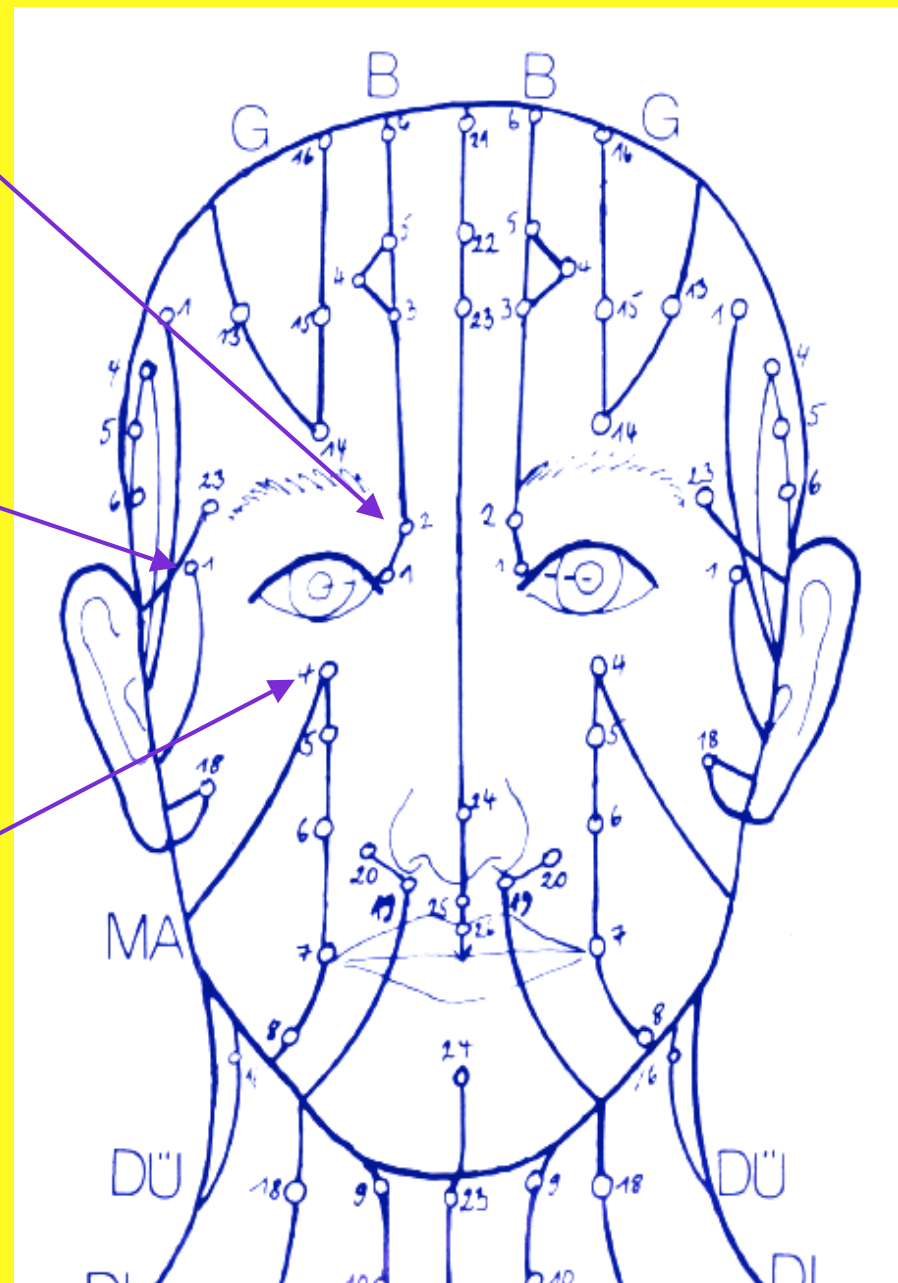
Measurement

- 3 instruments to measure the severity of the problem:
 - the SUDs
 - the value of the PC
 - the bodily symptom
- Treatment departs from the bodily symptom
 - The PC and the SUD scores are used to evaluate the process

Bladder-2

Gall Bladder-1

Stomach-1



Diagnosis & Treatment 1

■ Procedure:

- 1 Ask the client to concentrate on the body while thinking of the issue
- 2 Find a key word or a symbol that captures the essence of the aspect that comes up
- 3 Diagnose a single treatment point by surrogate diagnosis or MT
- 4 Let the person tap/TaB the point, as long as she feels like it
 - While the client is tapping, tap on yourself also
 - There is no limit to the duration of the tapping
 - Some points take minutes:
Your body knows how long it will need to tap
- 5 Let the client hold the point until she feels a shift
- 6 Let the client relax and take a deep breath, wait 10 seconds

Diagnosis & Treatment 2

- Ask what comes up
 - Every experience, thought, emotion, belief or sensation is a valid new step in the process
 - Don't discuss new aspects, just find a name to catch its essence

Treatment Continued

- Go through steps 1 – 7 again and again, until no new aspects show up anymore
- When nothing new happens, go through one or more rounds with the last aspect and treatment point

If Client Reports no Change

- If client reports no change:
 - Repeat the treatment with the same point and key word
 - Ask client to observe reactions more precisely and find another key word
 - Find another point

Evaluation

- Procedure:
 - Go back to the original situation or event
 - Have the client estimate the SUDs and the PC again
 - If the SUDs are higher than a 2 or 3 and the validity of the PC is under 6 or 7, go into a next series of dxtx steps
 - Stop processing when the VC = 6 or 7 and the SUDs are down to a level the client feels comfortable with

Closure

- Tap on Central Vessel, Ren-17
- While tapping say:
„I forgive X, he didn't have a choice“
„I forgive myself, I did the best I could“
- Future-pace to allow for integration into the daily life of the client
- Congratulate your client with the result

