

# TRAUMA EXPOSURE AND CRISIS INTERVENTION WITH CIPBS



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## ABSTRACT:

CIPBS (Conflict Imagination Painting and Bilateral Stimulation) is a new, EMDR (Eye Movement Desensitization and Reprocessing, Shapiro) and KiP (Katathym imaginative Psychotherapie, Leuner) related approach for trauma exposure and crisis intervention that also includes basic elements of art therapy. CIPBS is a structured process, using symbolization and bilateral stimulation. It can be integrated in different therapeutic approaches and settings. The poster shows case examples of the application in different fields like psychooncology and childhood trauma and also some results of a pilot study.

## INTRODUCTION:

Most of the new and effective methods used in trauma therapy, like EMDR and KiP include imagination, resource work and non-verbal elements. CIPBS is a structured procedure for trauma exposure and crisis intervention that combines tactile bilateral stimulation (like EMDR) with imagination and symbolization. This seems to unblock and accelerate information processing, integrate sensory, affective and cognitive elements and activate resources and self healing potentials. Distress is reduced rapidly, and spontaneous, creative solutions with deep emotional resonance arise. Psychotherapists trained in CIPBS report that trauma exposure with CIPBS is less distressing for patients than most other methods.

In a pilot study we tested different trauma focused interventions, including CIPBS, EMDR and CBT (Cognitive Behavior Therapy) in the treatment of breast cancer patients with PTSD symptoms.

## METHODS:

Breast cancer patients in different settings of medical routine care were screened for PTSD symptoms by use of the BC-PASS (Breast Cancer- Psychosocial Assessment Screening Scale, Isermann et. al). If the critical score of Factor C: "Emotional Stress Reaction" was exceeded, they were randomly assigned to three treatment groups (2: Resource focused Cognitive Behavior Therapy; 3: Resource focused EMDR; 4: Resource focused EMDR and CIPBS. Post treatment testing was 3 months after pretest. As an additional group (group1) we included breast cancer patients of a specialized rehabilitation clinic (intense medical, psychological and physiotherapeutic aftercare) before and after a 3- or 4 week inpatient program. In each group 10 subjects were treated (N= 39: one dropout in group 2).

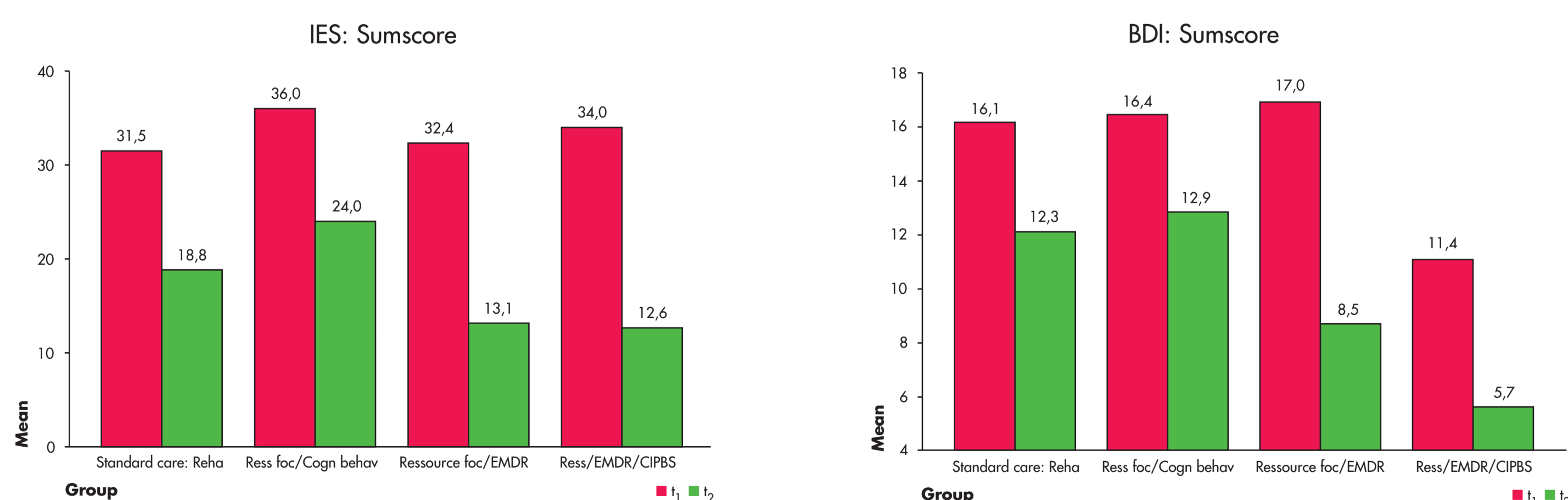
## RESULTS:

All four groups showed pre-post improvements in reducing PTSD symptoms and depression. EMDR and EMDR+CIPBS was more effective than Standard Rehabilitation and CBT ( $p < .01$ ). The combination of CIPBS and EMDR also tend to reduce symptoms of depression more effective than EMDR alone ( $p < .05$ ).

## CONCLUSION:

The results of the pilot study show that psychotherapeutic interventions, especially EMDR and CIPBS, are effective in reducing PTSD symptoms and depression in breast cancer patients. Symptoms of depression were most reduced in the CIPBS + EMDR group. This corresponds with reports of psychotherapists working with CIPBS, indicating that CIPBS seems to allow a more gentle trauma exposure. This might be a result of the combination of imagination and symbolization of the trauma by painting. Further research is needed to explore the different effects.

## TREATMENT: PRE-POST MEANS

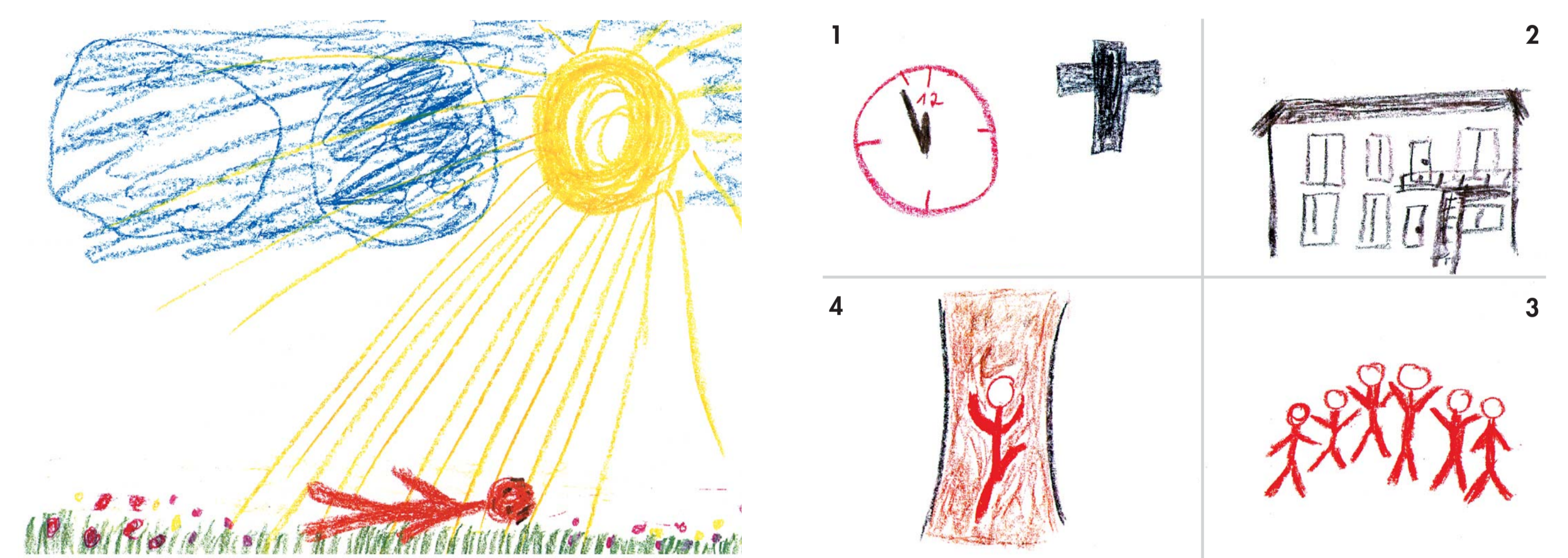


## TABLE 1

Pre-treatment and post-treatment means (M) and standard deviations (s) for the two main outcome measures IES and BDI

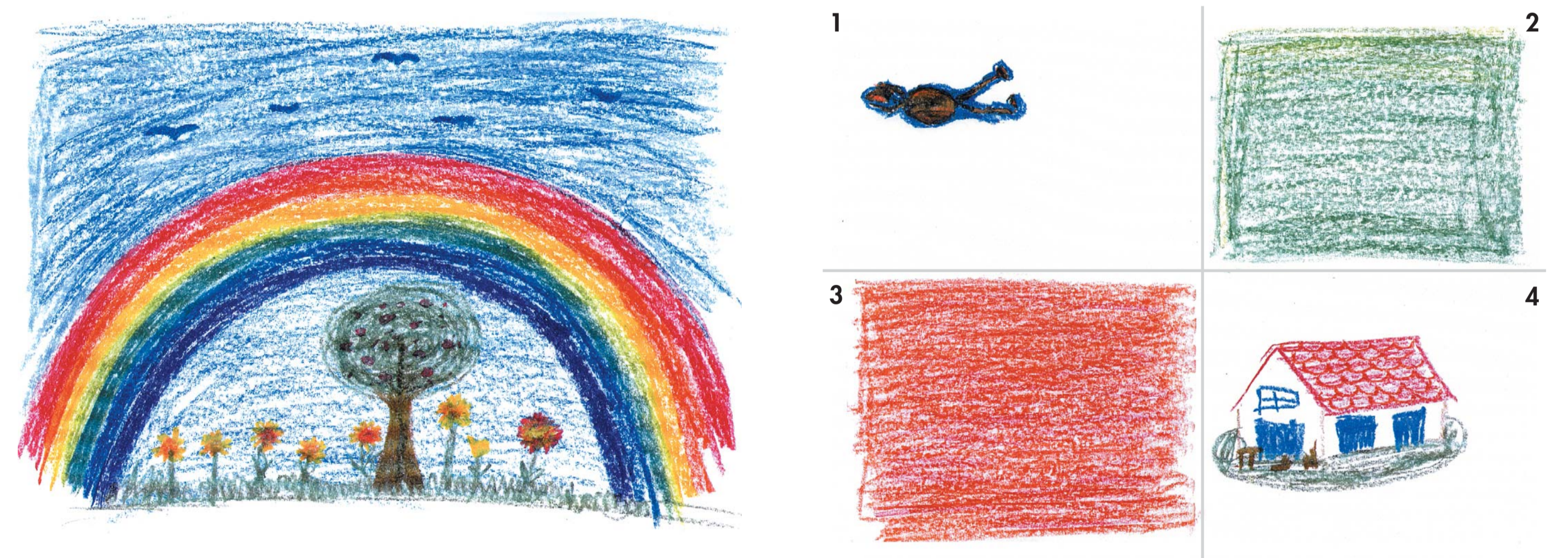
Scale	Group	n	Age	Number of specific sessions	Pre M	Pre s	Post M	Post s	Pre-post differences	Differences between groups (post)
IES Sumscore (15 items)	1: Standard Rehabilitation	10	50,2	5,3	31,5	14,19	18,8	11,73	p = .010	} n.s. } p < .01 } n.s.
	2: Res. foc. Cognit. Behav.	9	54,7	4,9	36,0	11,41	24,0	11,01	p = .013	
	3: Res. foc. EMDR	10	51,9	5,1	32,4	8,99	13,1	4,07	p < .000	
	4: Res. foc. EMDR + CIPBS	10	49,6	5,1	34,0	6,41	12,6	10,10	p < .000	
		39	51,5	5,1	33,4	10,34	16,9	10,38		
BDI Sumscore	1: Standard Rehabilitation	10	50,2	5,3	16,1	9,29	12,3	9,47	p = .05	} n.s. } p < .05 } p < .05
	2: Res. foc. Cognit. Behav.	9	54,7	4,9	16,4	8,04	12,1	4,04	n.s.	
	3: Res. foc. EMDR	10	51,9	5,1	17,0	7,50	8,5	2,63	p < .01	
	4: Res. foc. EMDR + CIPBS	10	49,6	5,1	11,4	5,48	5,7	2,31	p < .011	
		39	51,5	5,1	15,2	7,72	9,6	5,95		

## CIPBS CASE EXAMPLES



**Patient A, 39 years**  
**Situation:** Breast cancer patient developed fear of death a few weeks after the medical treatment  
**Safe place:** Laying down on the grass and feeling the sunshine  
 1: SUD 9  
 5: SUD 0

- 1: I'm afraid I have almost no time to live
- 2: soon I will move to our new house
- 3: I'm not alone, I have my family
- 4: I'm making my way on a path
- 5: I see myself walking in the sunshine



**Patient B, 48 years**  
**Situation:** Nightsweats triggered fear of relapse, one year after breast cancer surgery  
**Safe place:** I'm protected by the rainbow  
 1: SUD 10  
 5: SUD 1-2

- 1: I'm afraid the nightsweats mean my cancer has returned
- 2: I just see the colour green
- 3: I'm surprised that I only see the colour orange
- 4: suddenly I see an island with a house on it
- 5: a happy fish with red lips comes up in the water, the fish needs water to live, I realized that the sweats are not necessarily a sign of danger



**Patient C, 30 years**  
**Situation:** The vomit of her partner's child triggered childhood trauma with vomit of her mother  
**Safe place:** sitting relaxed in front of a hut on a swing with a striped awning, looking out at the ocean  
 1: SUD 10  
 5: SUD 1

- 1: the vomit makes me panic and feel very small and helpless
- 2: I feel grief and there is a lump in my throat
- 3: my stomach is constricted
- 4: I wish I could relax
- 5: I can't keep this relaxed state it keeps disappearing
- 6: I feel so sad that I keep losing the relaxed state
- 7: I can choose how I view my life: I love nature, I appreciate my partner, I love being on the beach, I would like to have a dog, I love the sunshine, I can focus on the love in my life



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