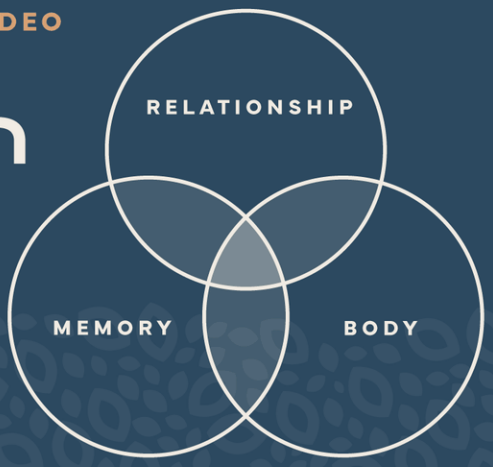
A COMPANION WORKSHEET FOR THE SIP INTRODUCTION VIDEO

Somatic Integration and Processing



Follow the case. Then bring your own.

With Bridger Falkenstien
Co-developer of SIP · Beyond Healing Institute

WATCH AND TRACK · 01

VIDEO 00:16 TO 05:19

Use this alongside the twenty-six minute introduction to SIP. Pages 1 through 7 follow a composite case as Bridger walks it through the three spheres, arrives at one shared sentence, and builds an EMDR plan from periphery to center. Pages 8 through 12 hand the same way of seeing to a case of your own.

HOW TO USE IT

- Pause the video whenever a page asks you to write. The timestamps at the top of each page mark the stretch of the video it follows.
- Mark your notes K for what is known or reported, H for a working hypothesis, and ? for what you have not yet asked. Notice which of the three you have been living in.
- Pages 8 through 12 ask for a real case. Give it a label that identifies no one. This is a learning and consultation aid, not part of a treatment record.

CONTENT NOTE

The composite case includes childhood sexual abuse, dissociation, a disclosure the family would not hear, and a high-control religious upbringing. It is not a single client. Take the video at your own pace, pause it if you need to, and come back to it when you feel ready.

THE CASE, AS A CONSULTEE MIGHT BRING IT

03:37

- A woman in her twenties, autistic, diagnosed as an adult after a long stretch of masking. Quiet, articulate, careful with her words. She came in for anxiety and bad relationships.
- Three months in: sexual abuse by a family member from about age nine to twelve. One disclosure, to her mother, in her teens. She was told the family would not survive the accusation.
- Raised in a high-control religious tradition: purity culture, obedience framed as love. She left in her early twenties. The family is intact, warm on the surface, and the abuse is not spoken of.
- She dissociates on the drive home from every holiday. Two long relationships have ended in four years, each time before her partner could end it first. Sex became something she performed and then dissociated through.
- A remote technical writer who used to like the work. Now she cannot make herself open the laptop most mornings. Three weeks without leaving the apartment for anything but groceries.
- When something in session gets, in her words, too big, she goes somewhere else. EMDR preparation went well: she could build a container and rate her SUDs honestly.

The room where both options feel wrong

Preparation went well. Then the session moved into target identification, and something happened that the protocol did not tell the therapist what to do with. Before the video offers anything, sit in that room for a minute. It is one most of us have already been in.

FROM THE VIDEO 05:19

Her voice went flat and precise. She described a scene she had told the therapist she had never spoken aloud before. And she rated it a two. The therapist's own body registered it as a nine. Between sessions her functioning got worse. She stopped opening her laptop. She canceled twice. She came back apologetic and composed and said she thought she should probably just push through. It is the room where keep running the protocol or abandon the protocol both feel wrong, and where neither of those feels like clinical judgment.

Your first instinct: what would you do next session with this client? Write it before the video answers. You will come back to it on page 7.

Three things in the room disagree: her two, the therapist's nine, and I should just push through. What would you want to understand before you decided which one to believe?

See the case through the three spheres

SIP is the layer beneath the modality. Before it says anything about what to do, it asks you to pick up each part of what is happening and let the case tell you what it needs. Three spheres: relationship, body, memory. The therapy itself belongs inside all three. As you watch, write what the video names, then what you would add or want to ask.

Relationship

06:39

WHAT THE VIDEO NAMES

Love was conditional on not being a problem. The one time she disclosed, the person she told protected the family, not her. Her flat, precise voice in the target session was the exact adaptive move that has kept her alive in every important relationship: say the true thing in a way that cannot cost you the relationship. The therapist's nine was her nine, held by the only nervous system in the room that was allowed to feel it.

WHAT YOU WOULD ADD OR ASK

What did each formative relationship teach her about the cost of telling the truth? Where is that lesson alive in the room right now, including in you?

Body

08:13

WHAT THE VIDEO NAMES

An autistic nervous system carrying high sensory load before anything clinical happens; interoception that can be uneven, so she may know she is dissociating only after she has been gone a while. Purity culture and abuse taught her body the same thing from two directions: pleasure and danger arrive in the same package, and the correct response to a bodily signal is to override it. The apartment is the one place her body has been allowed to be a body.

WHAT YOU WOULD ADD OR ASK

What has her body learned about its own signals, and what is the apartment doing for her? What is the dissociation competently executing?

Memory

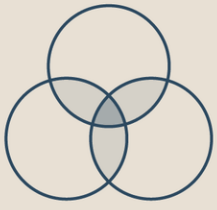
09:51

WHAT THE VIDEO NAMES

The abuse is not stored as what happened to me. It is stored as what happened to me and what happens when I say it. What gets updated is not the memory, it is the lesson. Her body signals were tagged with shame at the encoding step, not just at retrieval. And something is already updating quietly: this is the first relationship in which she disclosed and was not told she misunderstood.

WHAT YOU WOULD ADD OR ASK

What is the lesson stored with the memory? What new information is her memory system already receiving in this therapy, and what would make it fragile?



WHERE THE THREE MEET

Name the one adaptation all three spheres are describing. Not a diagnosis: the move her whole life has been organized around.

One sentence, then one resource

Before any target list, we want one sentence the client and therapist share. Not a diagnosis, not a case conceptualization handed across the room: some language in her language, refined together, that names what her whole life has been organized around. She recognizes it rather than agrees with it.

THE THROUGH-LINE SENTENCE 12:42

When I made myself small enough not to be a problem, I got to keep the people I needed. When I told the truth about my body or my experience, I lost them. My body learned to survive by disappearing before anyone could send me away. And now it disappears from the apartment, from my partners, from my work, and from me.

FOUR PROBLEMS BECOME FOUR EXPRESSIONS OF ONE ADAPTATION

The apartment _____

The remote job _____

The preemptive endings _____

Dissociation during sex _____

The disclosure memory _____

Write how each one is the sentence, executed. The video gives its own answers at 13:09; the disclosure memory is the master lesson underneath.

Resourcing before targeting

Not safe place, not a generic protector. One specific resource: the felt sense of speaking a true thing and being met. In SIP this is a resource of a disconfirming experience, the exact experience her network has never had, and what every later target will need to pair with. The video searches in this order.

1 An adult moment

She said a true thing and was believed, even small. A friend, a co-worker, a book that named her experience.

2 This therapy

If lived material is hard to reach: the recent session where she said something she had never said, and the room did not collapse.

3 A constructed figure

Only if the lived material is not there. Constructed figures install more weakly, and the video wants the strongest install it can get.

HOW THE VIDEO RUNS THE SETS

Short sets, low intensity, tracking her body continuously. The moment she goes flat and precise, stop. Flatness here is the network defending, and the resource does not install through it. You have the resource when she can bring it up from a settled state and feel a shift in her body without dissociating.

For this client, what would tell you a set should stop? What would tell you the resource is in?

_____

_____

_____

_____

Float back from the edges, not the center

The default reflex is to find the worst abuse memory and float back from there. The video does not, because that memory is guarded by the disclosure lesson and the network will defend. It floats back from the symptom moments instead: the places the network is already active and accessible without touching the abuse directly. Target identification becomes mapping the network from its available edges rather than its guarded center.

FOUR ENTRY POINTS AND THE EXACT FLOAT-BACK QUESTION

SYMPTOM MOMENT	FLOAT-BACK QUESTION	WHERE IT MIGHT LAND
The moment before she opens the laptop: the guilt, the flat refusal, the body not moving	When was the earliest time your body felt exactly like this? Like moving would cost you something you could not afford.	
The hand on the doorknob, and not leaving the apartment	When was the earliest time your body knew that being seen outside was not safe?	
The transition into going away during a recent intimate encounter, not the sex itself	When was the earliest time your body learned that going away was the way to stay?	
The target session: her voice going flat and precise while telling the truth	When was the earliest time you said a true thing and your body had to make it safe to have said it?	

Some will land on the disclosure, some on purity-culture moments, some on the abuse itself, some on adult relational endings. Record what emerges rather than supplying the memory you expect.

Which edge would you start from with this client, and what tells you the network is accessible there without needing the abuse content touched?

Periphery to center

Four phases, roughly ten targets. Going directly at the center in complex trauma generates its own problems, appeasement and people-pleasing among them, and above all dissociation. So the plan approaches from the periphery, subject to revision as the float-backs actually land: a workshop, not a manual. Periphery does not mean less painful.

PHASE A Update the disclosure lesson

The gate. Nothing moves past these until the lesson that speaking makes it worse has been updated by lived, processed evidence that it does not. Not here, not now.

1	The disclosure to her mother: the moment of speaking and being told she misunderstood. Not the abuse, the disclosure. Likely multiple sessions, and expect grief.	POSITIVE COGNITION *My experience is real and speaking it is allowed.*
2	The earliest purity-culture moment, before the abuse, when her body first learned its own signals were untrustworthy. Updates the shame the abuse memories are stored inside.	POSITIVE COGNITION *My body's signals are information, not sin.*
3	The recent session moment her voice went flat while telling the truth: the disclosure shape happening now, in a room where the outcome is different.	POSITIVE COGNITION *I can say the true thing and stay in the room.*

PHASE B Update the abuse network

Only after Phase A has moved. Empowered voice paired to every set, and a pre-agreed signal for going flat that pauses the set rather than pushing through.

4	The earliest abuse memory she can access without dissociating, from a resourced state. She chooses: not by chronology, not worst-first.	POSITIVE COGNITION *What happened to me was not my body's fault and not my speaking's fault.*
5	A representative middle-period memory, the one that carries the most, chosen after target four has processed.	POSITIVE COGNITION *Should fit the memory, pointed toward empowerment.*
6	The last abuse memory and the memory of its ending, which carries its own guilt and confusion and rarely gets targeted.	POSITIVE COGNITION *It ended, and I am here now.*

PHASE C Update the present-day generalizations

With the abuse network processed, the symptoms are no longer fed by the same source. These install the new lesson into her current life.

7	A recent intimate moment she dissociated through.	POSITIVE COGNITION *I can be in my body with another person and stay.*
8	The apartment threshold: a recent moment she chose not to leave.	POSITIVE COGNITION *I can be seen outside and remain myself.*
9	A recent moment at the laptop, the work as it currently is.	POSITIVE COGNITION *I can be legible to others without disappearing from myself.*

PHASE D Future template

Target ten: standard EMDR future template, installed after Phase C.

What would tell you Phase A has traction, and the gate can open? What would send you back to resourcing?

Between now and Phase A

The video would not start Phase A tomorrow. The next two or three sessions do the work that makes Phase A possible, and each of them is also a piece of the disclosure lesson updating. Being willing to say we are not going there first, and here is why, is itself the different ending.

THE NEXT TWO OR THREE SESSIONS

1. **Share the sentence**
   Offered as a hypothesis, built together, refined in her language until she recognizes it rather than agrees with it.
2. **Build the empowered voice**
   No target until the resource installs from a settled state without her dissociating.
3. **Name the whole trajectory out loud**
   In sequence, so she knows the abuse memories are on the plan and are not first. It opens the conversation about pacing and about what she still needs.
4. **Establish the flat-precision signal**
   Either of you can name when her voice goes flat and precise, and naming it pauses whatever is happening. It gives her, in advance, the agency the disclosure moment did not.
5. **Keep three symptoms off the list**
   The apartment, the job, and the intimacy. They move as the network moves. Targeting them first would ask her body to perform change before the conditions for change exist.

WHAT TO PAY ATTENTION TO, IN HER AND BETWEEN YOU

A composed presentation or a low number is one part of the picture. The video reads the therapist's nine as a clinical instrument, flat precision as the network defending, and I should just push through as the case asking the therapist to become the next person who confirms her only option is to override herself. What the therapist does with that invitation is the treatment.

MOMENT	HER REGULATION AND FUNCTIONING	WHAT HAPPENS BETWEEN YOU
Before approaching material		
When her voice goes flat and precise		
When the SUD and the room disagree		
When she cancels, or says she should push through		
Between sessions, and on return		

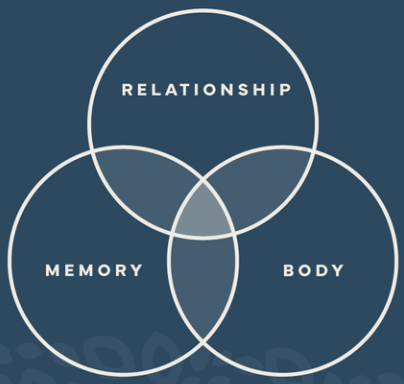
Go back to what you wrote on page 2. What would you do next session now, what changed, and which sphere changed it?

PART TWO · A STUCK CASE OF YOUR OWN

Your Own Case

Bring the one that has gone quiet.

The same way of seeing, with your caseload in the chair. Nothing here asks you to change modality.



YOUR OWN CASE · 08

CHOOSE THE CASE

Choose a case where the protocol has stopped telling you what to do next. The one where keep going and stop both feel wrong. Where the number and the room disagree. Where functioning slides between sessions while the sessions themselves look fine. Where you have started to feel like the next person in a long line, and you are not sure of what.

CASE LABEL (IDENTIFIES NO ONE)

DATE · SESSIONS SO FAR · MODALITY IN USE

The stuck moment, as it actually happens: what the client does, what you do, what happens next, and what stays unresolved. Describe the moment, not the client.

Which sphere have you been looking through most, and which have you barely asked about?

What is the case asking you to become? The one who pushes through, the one who leaves first, the next person who confirms the old lesson?

Inventory the case through the Venn

Put short notes in each circle. Mark every note K, H, or ?. Where two circles overlap, write what both spheres are saying about the same thing. The center is for the one adaptation all three are expressing. The field around the circles is not a fourth sphere: it is the relationship everything else is seen from inside of, so what happens between you belongs there, around the edges.

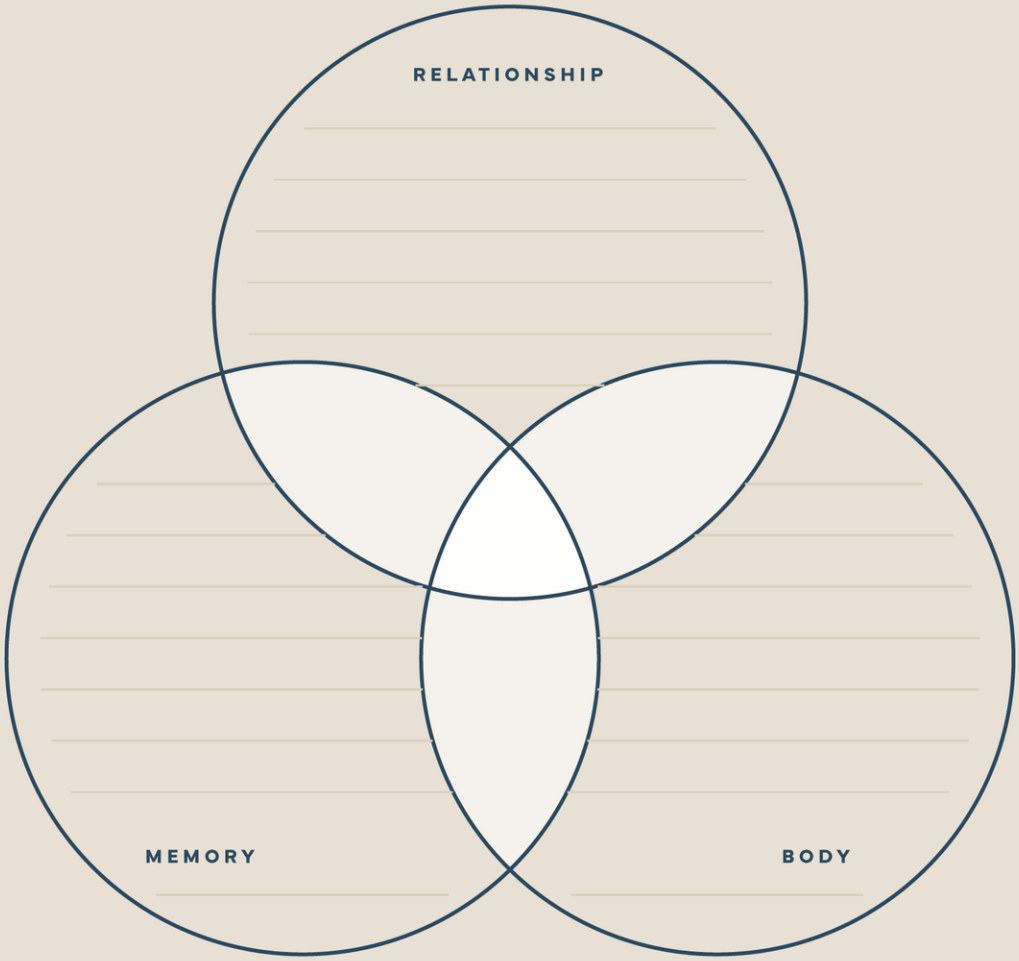
K Known or reported

H Working hypothesis

? Not yet asked

THE INTERSUBJECTIVE FIELD

WHAT HAPPENS BETWEEN YOU, AROUND THE EDGES



THE UNKNOWN IN EACH SPHERE THAT COULD CHANGE WHAT YOU DO NEXT

Relationship

Body

Memory

The sentence, then the route

Draft the through-line sentence for your client the way the video built one: what happened, what became necessary, and what it costs now. Write it in their words where you have them. It is a hypothesis you will refine together, and you will know it is right when they recognize it rather than agree with it.

THEIR THROUGH-LINE SENTENCE, FIRST DRAFT

The resource of a disconfirming experience. What has their network never had? Where has even a small version already happened, lived, or in this therapy?

What would tell you a set should stop? What is their version of flat and precise, and what signal will you agree on?

ENTRY POINTS FROM THE SYMPTOM MOMENTS

PRESENT MOMENT THE NETWORK IS ACTIVE IN	THE FLOAT-BACK QUESTION	WHERE IT MIGHT LAND

A PERIPHERY-TO-CENTER SKETCH

The gate
What lesson has to update before anything at the center is reachable?

The center
What waits until the gate has moved, and how will the client choose the order?

The present day
What generalizes the new lesson into their current life?

Off the list, for now
What would replicate the pattern if you targeted it directly, and why?

The person of the therapist

Nothing on the previous pages is visible outside a relationship. The therapist's nine was a clinical instrument, not contamination, and it was only available because someone was in the room to feel it. Bring one specific session moment to mind and answer for yourself, in the same minute: what was happening in the client, what was happening in you, and what was happening between you.

Your nine

In the stuck moment, what does your body register that the client's report does not? Where do you feel it, and how long does it take you to notice?

The pull

What did you want to do: explain, reassure, rescue, push, withdraw, perform competence, change the subject? What did you actually do?

The role on offer

What is the case asking you to become? What would that role feel like from the inside, and what is its pull on you specifically?

Whose nervous system

Who in the room was allowed to feel what? What have you been holding for the client that has not yet been said out loud?

Your own history

What in your history, your current load, or your loyalty to your modality is shaping how you read this moment? What would you be a little embarrassed to discover you were doing?

The old lesson's prediction

What does the client's oldest lesson predict you will do? What would the different ending look like, concretely, in your behavior next session?

Two channels, one minute

In the client. In you. Between you. Three lines for the same sixty seconds.

Bring it into the room

Bringing yourself into the work does not mean disclosing everything you felt. It means letting what you noticed change what you do: a change of pace, a question, a repair, a route said out loud, a clearer chance for the client to choose. Language to adapt, in your own voice.

Name the between	Something just happened between us, and I would love for us to talk about it.
Name the signal	Your voice just went flat and precise. Either of us can name that when it happens, and when we do, we pause. Nothing is wrong. We slow down.
Say the route out loud	The hard memories are on the plan. They are not first. Here is why, and here is what we build before we go there.
Make refusal possible	If I suggest something and it is not right for you, what would it take for you to tell me?
Own your part	I think I moved us ahead before checking what you wanted. I want to slow down and understand how that was for you.
Search for the resource	Is there a moment, even a small one, when you said a true thing and it went okay?

Next session I will: one change in how I participate, whether or not I name it aloud.

What I will say, in my own voice, and how I will leave room to be corrected.

Our agreed focus, the resource we are building, and the pause signal we both can use.

After the next session: what the client said, what surprised me, what I will revise.

Composite case from the SIP introduction video by Bridger Falkenstien. No single client. The video's sequence is a workshop, not a manual; every decision in it remains case-specific clinical judgment.