

Guide to PTI Training Coach

The Role:

We are happy you are a part of the PTI team. The goal of PTI is for all members of the PTI team to foster a heartfelt commitment for all involved to have growth, personally and professionally. In order to offer the most effective training, is it the goal that all members of PTI embody the principles of mindfulness, nonviolence, compassion and healthy boundaries. In addition to these, clear and honest communication is welcomed and vital.

As a PTI training coach your role is important for fostering a safe and comfortable environment for the training. The training coach is a vital part of supporting both the participants at the training and the trainer. Part of the training coach's role is to support and assist the trainer in the logistics of the training as well as creating a safe and welcoming atmosphere. With the participants in the afternoon, the training coach helps them successfully navigate through the experiential process of the training.

Often the participants have a lot of anxiety about the experiential aspect of the training. It is important that the training coach is a calm and confident presence. In order to create that atmosphere you should be very familiar with all of the forms for the practicum. Confusion increases the participants anxiety. Take the time to read through the exercises prior to the training and get clarification from the trainer about any questions. A lunch meeting is a good time to ask questions prior to the afternoon. This is your main job in the afternoon and you are expected to know the forms and know how to use them. There are multiple videos on the forms in the PTI portal. Ask if you can't find them. However, you are not expected to know everything and it is important that you come to the trainer to clarify any confusion that you are having with the practicum experience.

Mindfulness- In order to teach mindfulness the PTI team need to embody mindfulness. A mindfulness practice will help to deepen mindful awareness. Being mindful of you

Nonviolence- Especially concerning working with what some consider "resistance", nonviolence. Instead of trying to make "The answer" go away, we want to appreciate the wisdom in it and support the client so that they can bring awareness to it, willingly yielding to it when appropriate.

The AIP view/ The Answer- A way of looking at whatever is happening in with the client and therapist through the lens of the AIP and the concept of the Answer, bringing curiosity to how the experience is a window into the past. How is the past present for the therapist and client? How is what the client experiencing a view into the previous experiences. Bringing curiosity into the experience. "I wonder if this is what happened at the time?"

Main duties of Training Coach:

1. Support the logistics of the training, see checklist. Arriving on time to assist prior to the training.

2. Support the learning of the participants. To successfully navigate through the experiential process of the training. This is not a time to teach concepts.
3. Pay attention at the training and continue learning. Knowing what was taught to the participants is important as you assist in the afternoon. Letting the trainer know if there appears to be a problem with participants understanding or if the trainer is going over time for lunch.

Prior to the training:

1. Make sure you know when to arrive and what is expected of you. - Prior to the training can be a very hectic time. Contact the trainer the night before if you have not received information. Ask what time you should be there and any other questions that you have. The day of the training it is best to text or call the trainer, do not email as the trainer may not receive it.
2. Watch training videos on the website. Attend the free webinars. You get access to all memberships on the website to support your learning of our S.A.F.E. model.
3. Video of explaining the training practicum sheets.
4. The morning of the training use the training checklist. (see below)

During the morning/teaching:

1. Arrive on time, the time the trainer has determined.
2. Help arrange chairs, only enough chairs for participants and assistants and no extras. Arrange in a semi-circle with tables behind participants if possible. Have assistants spots reserved in the areas that are not as desirable for the participants.
3. Put out sign in sheets, name tags, a pen and a black sharpie for the name tags. Make the trainer a name tag.
4. Make coffee or help arrange snacks.
5. Assist the trainer in setting up the video recorder. If possible, sit near the camera and turn it off and on when needed, making sure it is recording. Record mindfulness exercise and teaching but not the consultation, check in part in the morning. Turn off camera for breaks.
6. Remind trainer of breaks if they are going over the time.
7. Assist trainer in setting up the powerpoint and the projector and speaker if possible, ask first. Some trainers like this others don't.

8. If you disagree with the trainer as they are teaching, talk to him/her at a break or at lunch. Please do not disagree in front of participants as this raises their anxiety level. It is important that you communicate the correct information to the trainer if you believe he/she is incorrect, but do it in private. The trainer will then correct the mistake to the group if needed.
9. You are a model for the participants. Pay attention to training. Stop conversations immediately when bell rings and return to your seat. Do not talk or text or play on your phone during presentation. Take notes and write down questions.
10. Pay attention to participants who may be having difficulty, inform the trainer.
11. Plan to go to lunch with the group. If you are local, recommend a healthy place for lunch.

Assisting with the afternoon practicum:

Some common mistakes made by Training Coaches in practicum:

1. **Trying to teach concepts to the participants during the experiential portion of the training.** - The role of the assistant is to facilitate the practicum and not to teach the material. Training Coaches often get pulled in to conversations and questions of the participants and this is often due to participant anxiety. The afternoon is for practice and not a time for lengthy conversations or teaching concepts. The assistant should only guide the participants to what they should do next in the practice exercises. This is not the time to discuss clients, how to do this outside of the training or to re-teach any concepts.
2. **Getting pulled in to a group and not moving on to the next group.** The Coach should be keeping an eye on all participants and try to stay in a central location to keep an eye on them. If you see them asking the observer or looking confused, flipping pages, walk over and offer assistance. Once you direct them in how to proceed in the exercise, step out to keep a balance of watching all of the group.
3. **Getting confused with the training forms.** You should practice reading through all of the forms. Watch the videos Deb has made on using the practicum sheets. Get your questions answered prior to the training so you know how to instruct the participants in how to use the forms.
4. **Disagreeing with trainer to participants.** Do not ever say "I don't do it that way." or "Here is what I do that is different from trainer" to participants. This confuses them and causes anxiety. If you have a different way that you think is better, inform the trainer.
5. **Talking about or teaching a different therapy model.** You are only here to support the learning of EMDR and the PTI model of EMDR. Do not discuss or recommend any other models or trainings.
6. **Getting in the way of processing as the assistant.** Participants can have reactions to this. It is important the Assistant have awareness of their Answer and how that may be coming into play during this process. Do we have any kind of expectations? Do we *want* them to do something? Are we *trying* to get them to do something? Is an emotional response activating anything in us?

7. **Freaking out over a crying participant.** If a client is having an emotional response and the therapist calls the assistant over (often panicked in some way), it is important that the assistant is comfortable with the emotional response and approaches the trainees with a genuine acceptance of Whatever Is Here Is OK. Continue working through the therapist instead of taking over, even if they want you to! We want them to know that we have confidence in them.

How to handle:

1. **A general theme of entire group not understanding.** If the assistant notices that there is a theme in aspects that the trainees are not understanding, please report that to the trainer. He/ she may need to stop the practicum and explain to the group.

2. **Resistance by participant:** Safety is important. Always ask participants their goal for the practicum. Do they want to process deeply or do they want to restrict processing and contain certain memories. If the following happens the assistant should assess the intention of the participant. Ask if they would like help accessing the past, touchstone memory. Even saying "Sometimes when this is the case, there is a part of the person who does not really want to access the memories of past events, and we don't want to force anything. Do you think that could be the case for you?"

- A. Participant cannot remember anything from childhood.
- B. Participant denies any connection to the past with presenting issue.
- C. Participant only has memories that are not associated with family of origin.
- D. Participant has no charge with any early memories.

3. **A client appears to be stuck:** When a client is stuck it may or may not be conscious. It is important that the assistant look at the situation as likely the client's "answer" and use the 5 C's to find that. Always ask them if they want help prior to offering it.

- A. Help getting to the right negative cognition (the root under the answer)
- B. Help identifying if "the answer" is here (become curious about what is happening)
- C. Help getting past being stuck- The first way is to always look for "the answer".
- D. Help getting to the feeder memory. (Was the original touchstone, or NC to find it, an "Answer"?)

4. Red Flags

- A. No family of origin memories. (What happened when you told your caregiver?) or if it was about one parent, "What happened when you told the other parent?"- Only if they appear stuck or not activated by the memory.
- B. Memories appear to go in a straight line in one area... e.g. times when they had a panic attack or car accidents.
- C. All things that appear to be a way of managing a situation, staying safe or staying connected. (The Answer)
- D. The root of it or the touchstone doesn't involve the parent or the parent's response.

The right negative cognition.

“Would you like to access the root of it?”

If not: “It is important for you to know that we can’t control what comes up in your system or where your system goes, but we can help you find a target to process that feels OK for you.”

Whatever is here is understandable and makes sense in the system. Appreciating whatever is here for the client. Wanting something to be here that isn’t or wanting something that is here to go away. This is the block. Either people want an experience and want to feel and can’t get it to be here. Become frustrated.

Or, they go deep and so they try to not feel. If we can just look at those as “this is what you did at the time.” Whatever comes up here as we access the memories is the Answer for the participant. Appreciate whatever is here because was helpful at the time. May even be frustration with people/assistants at the training - just appreciate it and tie it into what they likely did at the time. Our response is linked to our history. Whatever was happening was “too much” so we had to manage our experience. Just bringing this to awareness.

What does support look like for you to allow whatever is here to be here? [I.e., to be with the real pain of it.]

Struggle to find memories: how is it helpful to not remember? It is not resistance, it has just been helpful. Important to appreciate that so that client (and therapist) can appreciate it as well.

Things come up when the participant comes home: it was likely safer for things to come up when they were alone or outside of the training. If an earlier memory comes up that feels like the root and is something they want to work on then that is the new touchstone.

Finding the NC

1. Always try to work through the therapist. You are supporting them in practicing. Talk to the therapist in a soft voice, coaching them in the process.

What is the worst part of it? (Whatever they are talking about)
What does that mean about you?

Future: Not about someone/something else changing; can only be about the person’s reactions/responses to the same situation

- How would you like to respond?
- What would you like your automatic reaction to be?
- Doesn’t have to be about regulating self and Zen. Could be self assertion and/or standing up for self.
- If unhealthy, is it fight or flight? Sounds like you would like to [get out of there; stand up for yourself]. What might that look like for you that would feel good?

No Floatback or Affect Scan unless processing that day! Too activating for participants.

Not describing things (like the worst part), just ask about the worst part or else you can lead them somewhere. We want their system to go where it needs to go.

Participants often get loud after they are done with the practicum. This part is not fun but it is important that we ask them to be quiet in a kind way.

Client does not want to process something (ex. "I am in therapy and working on this") but showing signs of an emotional response (ex. teary-eyed), can say, "So it looks like whatever is in your system is here right now.....So I just want to offer this as an opportunity to process whatever is here now, I wonder what support might look like for you to allow it to be here?"

Always ask permission.

If it appears they are trying to stay out of processing, rush through it, getting irritated with you.

Notice what is happening...

Part of the mission of PTI is to provide trainings that mimic the therapy process. Safety is important. Permission is important. Knowing the goal of the training participant is important.

If the client's answer appears, reminding the therapist and the client that this is an automatic thing. The therapist may see it as a defense and the wording

When to ask for help.

Check in on the group and move on, do not spend too much time on a single group.

When working with a group of 2 or 3, position yourself in a way that you can also keep an eye on the rest of the group.

When to ask for help or come and get the trainer.- Text first then leave to get trainer if needed.

1. Anytime you wonder if someone is dissociating.
2. Anytime you feel that someone is being disruptive to the rest of the group.
3. If you feel like you can't handle something.

Trouble Finding the Root

Informed Consent:

"Would you like to access the root of it?"

If not: "It is important for you to know that we can't control what comes up in your system or where your system goes, but we can help you find a target to process that feels OK for you."

Whatever is here is understandable and makes sense in the system. Appreciating whatever is here for the client. Wanting something to be here that isn't or wanting something that is here to go away. This is the block. Either people want an experience and want to feel and can't get it to be here. Become frustrated. Or, they go deep and so they try to not feel. If we can just look at those as "this is what you did at the time." Whatever comes up here as we access the memories is the Answer for the participant. Appreciate whatever is here because it was helpful at the time. May even be frustration with people/assistants at the training - just appreciate it and tie it into what they likely did at the time. Our response is linked to our history. Whatever was happening was "too much" so we had to manage our experience. Just bringing this to awareness.

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Working through the Therapist

If therapist or the process is stuck, assistant offers cognitive interweaves to the therapist (not to the client).

The NC just lights up that part of the brain to access the root. Then we forget about the NC.

If a memory comes up and they feel disturbance, even if they are having trouble "connecting" it to the presenting issue, it is somehow part of the memory network and can be added to the treatment plan.

The NC is aligned with what is harder for the person to do. If it is aligned with what they are good at, it is the Answer. The root of it is WHY the Answer had to develop in that way.

We are trying to make it as bad as we can because that is the lie that is operating and keeping us stuck in these patterns and getting in our way of getting what we want.

Multiple NCs: Is one the Answer? Looking for the one that is connected to what is harder for them to do.

Finding the NC

Helping Therapist to help client — not directly helping

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What does that mean about you?

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- How would you like to respond?
- What would you like your automatic reaction to be?
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- If unhealthy, is it fight or flight? Sounds like you would like to [get out of there; stand up for yourself]. What might that look like for you that would feel good?

There are times where we get in the way of processing as the assistant. Participants can have reactions to this. It is important the Assistant have awareness of their Answer and how that may be coming into play during this process. Do we have any kind of expectations? Do we *want* them to do something? Are we *trying* to get them to do something? Is an emotional response activating anything in us?

If a client is having an emotional response and the therapist calls the assistant over (often panicked in some way), it is important that the assistant is comfortable with the emotional response and approaches the trainees with a genuine acceptance of Whatever Is Here Is OK. Continue working through the therapist instead of taking over, even if they want you to! We want them to know that we have confidence in them.

Understand that the Floatback or Affect Scan are a way to go deeper into activating the limbic system. we do not recommend doing this unless processing that day! Too activating for participants.

The participant does not need to describe the memories or talk a lot about the worst part. The clinician does not even need to know what the memory is, the client just needs to know. The treatment plan can just have 1 word on it to describe the event.

Participants often get loud after they are done with the practicum. This part is not fun but it is important that we ask them to be quiet in a kind way.

Client does not want to process something (ex. "I am in therapy and working on this") but showing signs of an emotional response (ex. teary-eyed), can say, "So it looks like whatever is in your system is here right now.....So I just want to offer this as an opportunity to process whatever is here now, I wonder what support might look like for you to allow it to be here?"

Finding The Target

Finding the target exercise is one of the most important and least understood part of the practicum exercise. During this exercise we are doing what some call, funneling. We are starting with a presenting issue, a way the client feels limited in some way.

(FYI, this is only for the practicum exercise. In the office of the participants they will be working on the presenting symptom that has been identified as the most troubling.)

We are identifying the recent examples of the presenting issue. We want to see how this issue has an effect across the areas of the client's life so we are asking specifically how this issue shows up in the following areas:

1. Socially/Community

2. Intimate Relationships
3. Professionally
4. Family of origin

These are all examples of how this issue shows up in the client's present life. These are the Present Triggers.

All of these present triggers should be a moment in time. The therapist should be able to imagine what the client is describing.

From the present triggers we ask the client "What is the worst part of this issue now"... We ask that in that way because we want to know what the worst part of all of it is at this moment. Therapists will often ask, "what are we asking for the worst part of" or they will think we are asking about the worst part of the presenting issue. We are asking about the worst part of all of it.

When you see participants doing that.... talking too much or explaining what the worst part means, instruct them to just read the script at this point. (This is a part of the unlearning of working too hard that many therapists experience)

The attachment wound is healed at times by the therapist being able to tolerate the client's truth of the moment as well as the truth of the memories. When the therapist is able to ask questions that set the conditions for the client to go to the actual root, the therapist is welcoming the client's authentic self and the client is feeling seen and felt. This experience may help set the conditions for secure attachment. When we are able to create the conditions for secure attachment, the client is learning to accept and love his/her authentic self.

Potential problems/ scenarios:

- * When the learner cannot get to a memory before age 10 and is insistent that they had a great childhood.

Ask them if they would like assistance getting to an earlier memory.

Start investigating the presenting issue and the answer. It may be that the participant had to be good to make up for a higher need sibling, i.e. handicapped sibling, adopted emotionally challenged sibling or a sibling that had other major issues that consumed a lot of the parents time.

Looking at the answer, see if that is here now. In the above example the client needed to put aside or minimize her needs as the parents likely had bigger fish to fry. So it may have been a pervasive way of being, in which the client learned to do things right and be a "good child".

Some questions to ask:

About the answer or strength: "Where did you learn to do that so well... Example: How did you learn to pressure yourself to be successful or achieve?"

Is there any way that was an answer to something in your childhood?

- * When the learner can only identify a more present issue that is a major big T trauma, say everything was fine before then.

Ask them if they would like assistance getting to an earlier memory.

Depending on the presenting issue, this may be true. If they started with fear of driving due to a car accident, it may be a single incident trauma. However you can get to the attachment part by asking what happened when they got home or with intimate relationships? Did they reach out to someone? Did they handle it alone? Did their answer appear?

Ask them if they would like assistance getting to an earlier memory.

- * When the learner is not activated at all and can identify that they are definitely blocking and do not want to process.

Ask them if they would like assistance getting to an earlier memory.

- * *Explain that being the client is a requirement of the training, as 1/2 of the training is experiential. However, we can assist them in restricting the process and working on something more recent. They may use a modified EMD protocol, where the therapist takes a SUD after every set.*

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- * *It is not an option to not be a client if they want to complete the training.*

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- * *There is also no refund. When registering, all complete the participant agreement stating that. (You don't need to say that, you just need to tell them to contact Deb :-)*

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- * When the learner is activated but not moving despite interweaves. How long should we let them try before just shutting it down, calming their system and recognizing don't feel safe enough to stay in window of tolerance? Then recommend easier more present target or EMD?

First, ask permission to see if there is a blocking belief or feeder memory.
Lead the therapist through that process.

2nd They have the stop signal. Check to see if the answer is there. If so, see if you can connect it to the memory. If it appears they are blocking just name what you are seeing. Tell them that's ok. There is no requirement for them to get to a zero or get to deep emotional processing. The requirement is just to be the client and therapist. Incomplete sessions are ok. You do want to give the therapist a chance to work with someone else next time.

* When the treatment plan is going through the answer...how to recognize this upon just walking up and checking their NC and treatment plan (since you have them run the NC by us before they proceed). Usually if I'm not readily available by the time I get around to them to check the person isn't activated anymore.

Yes, try to make the times you are spending with each group as short as possible. Just checking and then moving on. Usually a longer time is spent with a group because the group is asking the assistant to explain concepts. If it is a simple answer, that is fine. Especially if it is about the practicum exercise and confusion around where they are and what they do when. If it is a "why" do we do this, that is something to be asked to me or in the large group.

You may need to lead the therapist into asking those questions at the bottom again, "When you bring up all of this, what is the worst part.... taking a SUD then asking about the NC."

It also may be helpful if we have them stop prior to that question about the worst part and getting you to observe as they ask those questions.

If the client is going back through the answer for example:

"I have to hold it all together" or "I have to be perfect"

Ask: What does it mean about you if you don't or aren't. We are looking for what it was (is) an answer to.

What if the client appears to dissociate? 1st find out where they were in the process when it first appeared.

Cognitive Interweave:

"Are you here?" Name what you see: "It seems like you are cut off from it... not completely present... whatever you are seeing. (doing this through the therapist, telling them what to say)

Ask if they would like to try something to help them feel more present.

suggest throwing something back and forth, orienting or grounding.

Giving the option once they are present, depending on the severity and good clinical judgement.. do they want to go back to processing or stop and do a container or a somatic resource.

Client gets frustrated by the answer and does not see how it is helpful.

If possible, tying this back into the memory. Was it helpful to put pressure on himself or to punish himself?

It may be that they need to do more preparation with the answer. Always asking, "It seems like you are stuck, would you like help to see if you can move through this?"

Especially when an answer is present, getting permission from the client to help them to investigate the block.

When the participants know each other and insist on processing together.

The best way to handle this situation is to predict that it will happen. So in the instructions on day 1 you want to explain that it is best for you to work with someone you do not know. As a matter of fact, we highly recommend that you work with someone you do not know. This is the best way to have the closest thing to a real therapy environment, even though it is not therapy. Then saying, we know there are some of you out there who will not listen to this advice for whatever reason. We are not going to force you to work with anyone and you are free to go against our advice. However, if you find it is an issue, we are happy to help you switch groups at any time.

We do not want to ever put groups together or tell people who to work with. This puts us in a position to be blamed for a variety of things. We want to offer to assist in setting up groups if help is needed but do not want to assign groups.

I also tell people that if you cannot find a partner we will help you, and if you are the last one picked, it is an opportunity to look at early memories that may be connected to that for them.