



THE MANY LAYERS OF EMDR

S.A.F.E. EMDR -DAY 2

SOMATIC AND ATTACHMENT FOCUSED EMDR
DEBORAH KENNARD, FOUNDER AND TRAINER



The FLIP Method



AGENDA- WHAT TO EXPECT TODAY

- Welcome
- Review of Last Module
- Deeper into The Answer/Character Types
- Experiments/Tracking
- Somatic Resources
- What about the body.

WHY THE MANY LAYERS?

- Simply put
 - There were layers that revealed themselves to me and they were unsaid
 - These layers unrevealed presented a block to healing/freedom
 - They were also the layers that were the strength
 - It was the birth of a concept and the entire concept is deep and difficult to grasp at first
 - So relax.... let it wash over you..... If you get frustrated that might be what you do best.

CONCEPTS WE USE FOR WORKING WITH RESOURCES


- The Answer- What the client did to stay safe or stay attached to caregivers becomes the strength, resource and block to healing.
- Nonviolence- We can not heal the client or resource the client. We can only set the conditions for the opportunity for that to occur.

RESISTANCE VS. STRENGTH

- Might look like resistance
- Finding the hidden resource in resistance
- Working with the resistance/coping strategy

BRING BACK BALANCE

- KEEP WHAT IS USEFUL
- RELEASE WHAT IS NOT
- **Our system wants health!**

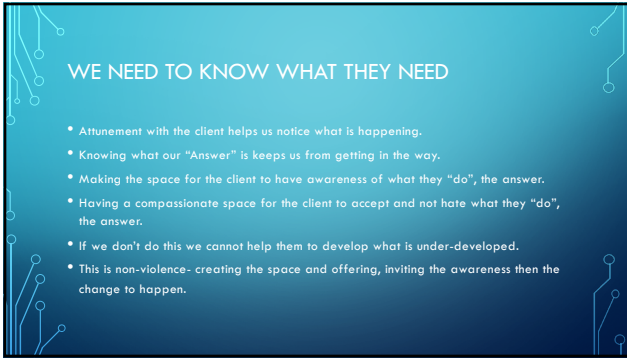


2 QUESTIONS FOR YOU TO PONDER

- What are your resources?
- How do you currently help clients develop resources?

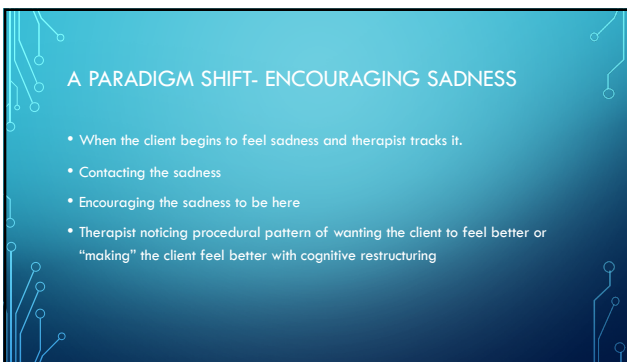
HOW DOES THE ANSWER FIT WITH RESOURCES?

1. Getting a history of resources
2. Determining what is needed.



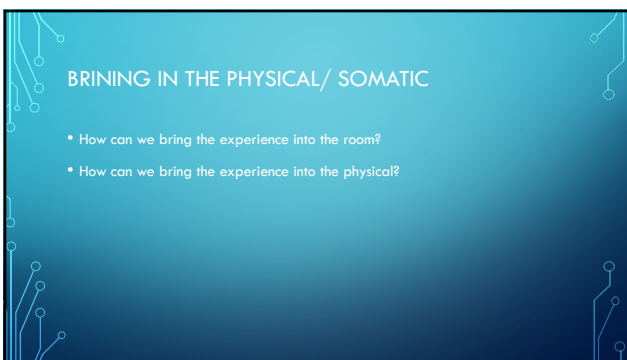
WE NEED TO KNOW WHAT THEY NEED

- Attunement with the client helps us notice what is happening.
- Knowing what our "Answer" is keeps us from getting in the way.
- Making the space for the client to have awareness of what they "do", the answer.
- Having a compassionate space for the client to accept and not hate what they "do", the answer.
- If we don't do this we cannot help them to develop what is under-developed.
- This is non-violence- creating the space and offering, inviting the awareness then the change to happen.



A PARADIGM SHIFT- ENCOURAGING SADNESS

- When the client begins to feel sadness and therapist tracks it.
- Contacting the sadness
- Encouraging the sadness to be here
- Therapist noticing procedural pattern of wanting the client to feel better or "making" the client feel better with cognitive restructuring



BRINING IN THE PHYSICAL/ SOMATIC

- How can we bring the experience into the room?
- How can we bring the experience into the physical?

Character Types			
Character Type	Possible Neg. States	Over-Developed	Under-Developed
The Invincible One	I'm in danger. I'm going to die.	Overpowering. Survival defenses. Denial.	Selfish. Grounding. Being present. Being.
The Emotional One	I'm in danger. I'm not safe to be safe.	Merging into other people. Merging how others feel. Denial.	Boundaries. Ability to self-soothe.
The Heedly One	I'm not safe. I'm not safe.	Getting pity. Being a victim.	Personal power. Self-accepting.
The Independent One	I'm alone.	Compassion. Ability to take control.	Asking for help. Trusting others to help.
The Risk	I don't matter. My needs don't matter.	Being dependent. Trusting. Trusting. Trusting. Trusting.	Knowing what they want. Asking for what they want. Asking.
The Chameleon	I'm not enough.	Adaptation to environments. Ability to manipulate and adapt.	Being honest. Knowing who they are. Being straight forward.
The Hero	I'm not safe. I'm powerless.	Setting firm boundaries. Communicating. Communicating. Communicating.	Being vulnerable. Communicating with others. Being authentic.
The Queen	I need to be perfect. I'm not enough.	Energy. Working hard. Taking action.	Play. Connection. Self-care.
The Life of the Party	I don't matter.	Energy. Fun. Action.	Boundaries. Self-care. "You matter." "We matter." "We go to the party."

These are examples of possible states. At one time these were standard adaptations for the person to either stay safe or being connected to a caregiver. If each character type has a range of strength in it. The goal is to help create balance and more choices so the authentic self can be present.

The possible negative listed is just an example and there may be many other options.

(Adapted from Ron Kurba, 1990 and Phil Ogilvy, 2005) © Deborah Karmann, MS 2015

WINDOW OF TOLERANCE

p.11-12

Window of Affect Tolerance
Singer, 1998

Hyperarousal
Too much arousal
Unable to integrate
Fight, Flight, Freeze

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Ability to integrate
Regulated Arousal
Present
Good Resilience

Hyperarousal
Too little arousal
Unable to integrate
Panic/Anxiety
Collapse, Sustain

When trauma happens it is a signal for the human system to go into the adaptive resources of fight, flight, freeze, sustain and adapt. This is a natural adaptation to trauma and danger. It becomes a problem when the human system is unable to regulate or integrate the trauma, and the human system is unable to go into the resources. They become stuck in hyperarousal or hypoarousal.

We want to work at the edges of tolerance and that helps to expand the window so the client has more tolerance for emotion.

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"THE ANSWER" IS ALSO FOR DEVELOPMENTAL DISRUPTIONS

- It is not just the window of tolerance, survival defenses, but other ways that client's stay away from pain and the "truth of the moment"
- The client learns to cut off from the part of himself that is not accepted or encouraged or accepted by caregiver
- This creates an imbalance
- There is an adaptation to the environment that happens.

PROBES AND EXPERIMENTS

- Probes- A statement used to deepen an experience or get more information
- Experiments- An activity done to deepen an experience or get more information
- How to use these through 8 phases and as a Cognitive Interweave

TALKING TO THE INVISIBLE ONE: AN EXPERIMENT AND COGNITIVE INTERWEAVE




TRACKING TO CONTACTING

- After observing making a short statement about what you are observing.
- Statement in the form of a question
- What you contact Deepens
- Going toward the pain
- Non-violence. You want to just notice for a long time without stating what you are seeing.
- Looking for patterns.

THE INVISIBLE ONE
SUPER POWER: DISAPPEARING / THINKING

- A biological response to trauma. Stuck in Survival mode
- Disappearing / Feeling invisible
- Cutting off from emotion in an automatic way.
- It's not safe to exist.
- Not Welcome.
- Developing- Being in the body- Safe-Present- Grounded
- Probe: "You are welcome here." "It is safe to be here."
- Likely Block in EMDR: Dissociating / Not Feeling

invisible one




BRINGING IT INTO THE ROOM

- Getting really small.
- Hiding behind a blanket or chair.
- Creative ways of disappearing.

THE EMOTIONAL ONE
SUPER POWER: EMOTIONS/CONNECTING

- Feel it is not safe to feel safe. The rug was pulled out from under them.
- Merging into other person. Overly sensitive.
- Use connection with others to feel safe.
- Need to develop boundaries and ability to self soothe.
- "It's okay to feel safe when you are safe."
- Likely Block in EMDR Processing: Overly emotional out of window of tolerance



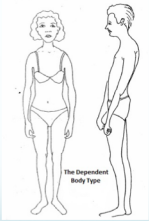
BRINGING IT INTO THE ROOM

- Scarf Exercise.
- Regulating self by regulating others.
- Relational Mindfulness Exercises.

THE NICE/NON-THREATENING ONE
SUPER POWER: BEING NICE, BEING POWERLESS

- Everything geared toward seeking help
- There is never enough help.
- It seems to leak out
- Need to develop self-regulating and boundaries
- Need to hear "You can get your needs met."
- Under every Independent One is a Nice/Non-Threatening One
- Likely Block: Not being able to take in the positive resources. Unable to auto regulate between session.





BRINING IT INTO THE ROOM

- Relational mindfulness "Saying No" "Hearing No"
- Personal Power-

THE INDEPENDENT ONE

- Learned no one would be there for them.
- Cannot trust support often doesn't even consider asking.
- Takes on too much. Difficulty collaborating
- Difficulty depending on others.
- Needs to hear "You can trust support."
- Likely block: Doing the work themselves. Not experiencing the therapist's support or expertise.



THE ROCK

SUPER POWER: ENDURING/GOOD AT DOING WHAT THEY DON'T WANT TO DO

- Over developed the ability to endure unpleasant
- Able to tolerate a lot
- Difficulty expressing or knowing what they want
- Lack of movement, difficulty moving forward
- Need to hear "What you want matters."
- Likely block: They may say they are good. Not able to express feelings or what they want.

THE CHAMELEON

- Adapts to various environments
- Looking outward at what others want them to be
- Difficulty knowing who they truly are, authentic self
- Able to convince others, not always honestly
- Difficulty being straightforward and honest.
- Need to hear "Who you are is enough"
- Likely block: Doing what they think the therapist wants, and not connecting to inner experience



THE HERO
SUPER POWER: BEING POWERFUL/CUTTING OFF FROM VULNERABILITY

- Learned it is easier and safer to be angry instead of sad.
- Pulled up and out of emotion.
- Difficulty feeling vulnerable.
- Able to cut off from feelings and high tolerance for pain.
- Needed to hear "It's safe to be vulnerable".
- Likely block: Getting angry and not processing or having trouble feeling deep sadness.



THE DOER

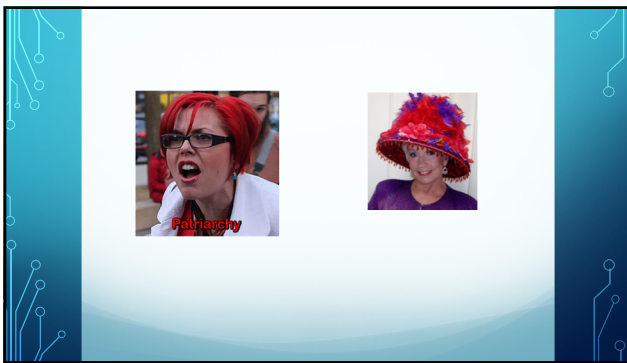
SUPER POWER: ACHIEVING/DOING

- Need to be perfect
- Very active always going
- Intellectualizing
- Difficulty resting or "being"
- Ignores self care
- Needs to hear "You don't have to work so hard."
- "It's okay to just be"
- Likely Block: Difficulty feeling. Lots of thoughts. Intellectualizing

LIFE OF THE PARTY

- Good at being seen.
- Often loud and colorful
- A lot of energy upward.
- Difficulty just being.
- Needed to hear "You are significant" "I see you".
- Likely block. Being very dramatic and not having an authentic experience.





WE ARE ALL PARTS OF ALL OF THEM

- May have a different pattern with each parent.
- More choice/ More options.
- Noticing Patterns.
- Awareness is key to expanding options.

NEUROBIOLOGY OF EMDR NEW RESEARCH

- Pagani M., Hogberg G., Fernandez I., Siracusano A. Journal of EMDR Practice and Research, vol 9 (2) pp 58-67, Springer, 2015.
- EEG during EMDR sessions showed a shift of the maximal activation from emotional limbic to cortical cognitive brain regions. This was the first time in which neurobiological changes occurring during any psychotherapy have been reported.

WHEN TRAUMA HAPPENS ATTACHMENT IS DISRUPTED

- Trauma causes Defensive Systems to be automatically activated
- Social Engagement is not activated
- Meaning is made out of lack of attachment

EXPERIMENTS

- Bring the experience into the room with a sense of curiosity.
- "Would you like to try something?"
- "I'm curious about what happens in your experience when...."
- "What do you notice...."
- "How do you know?"
- "What tells you that?"

TRACKING


- Awareness of the client's experience
- Noticing shaking, trembling
- Movements
- Intonation



HELPING THE CLIENTS DEVELOP RESOURCES

- Based on what the client needs and you are observing.
- Based on what the client need in order to tolerate the pain of reprocessing.
- Based on what is under and over-developed for the client.
- We are only doing what is needed and no more.
- We are doing this with a very specific goal in mind for the client: transformation and healing.
- We know why we are doing it and we can see the effect of it.

WHAT DO YOU FEEL WHEN YOU SEE ME?



WHAT IS OUT OF BALANCE?

- Survival resources?
 - Fight, flight, numbing, checking out
- Boundaries- Over or under?
- Expression- Over or under?
- Sensitivity- Too much or not enough?
- Reaching out for help- Too much or not enough?
- Energy- Too much or not enough?
- Self care- Too much or not enough?

SOMATIC RESOURCES

- After experiencing trauma there is a biphasic swing between hypo and hyper arousal (van der Kolk 1987)
- The window of tolerance demonstrates the window of ability to process and move information.
- In order to process the client needs to have the ability to stay present and experience affect, sensations, thoughts, sense perceptions so the brain can move the information from what is experienced as present to the past.
- The work we do with somatic resources is informed by the window of tolerance of the individual client.

WHY SOMATIC RESOURCES

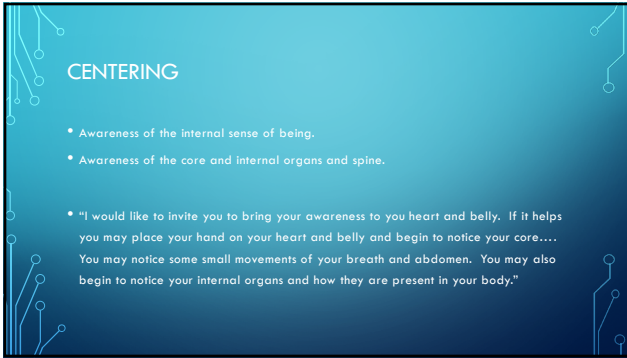
- Awareness of the body
- Experiments to invite more awareness and curiosity
- Experiments to develop what is under developed
- Experiments to expand the window of tolerance.
- Awareness of what happens just before the survival resources take over
- Before inviting a somatic resource experiment, we first express what we are seeing and invite by saying..... "It helps some people to practice feeling....." (grounded, aligned, centered) .

TRACKING

- Moment-to-moment awareness
- Observing somatic cues
- Implicit memories are communicated
- This is part of Attunement- Understanding what is happening with the client. The client is feeling understood- "Feeling Felt"
- This is more than feeling, tracking the body, seeing what is happening with the client.
- Seeing the way the client cuts off from emotion.
- Creates more safety now less.

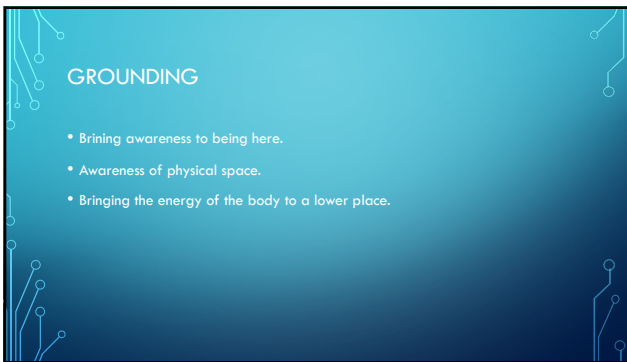
SOME TYPES OF SOMATIC RESOURCES

- Centering
- Grounding
- Movement
- Breath
- Alignment
- Boundaries
- Containment
- Relational Connection



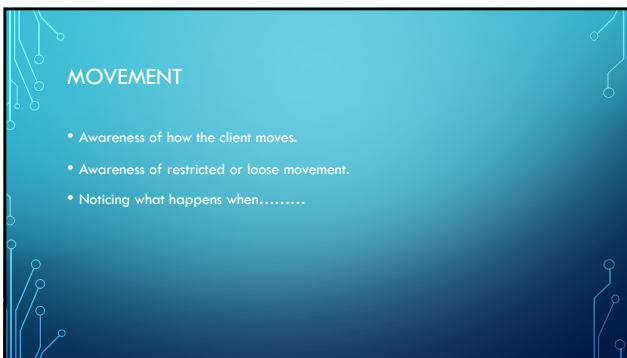
CENTERING

- Awareness of the internal sense of being.
- Awareness of the core and internal organs and spine.
- "I would like to invite you to bring your awareness to your heart and belly. If it helps you may place your hand on your heart and belly and begin to notice your core.... You may notice some small movements of your breath and abdomen. You may also begin to notice your internal organs and how they are present in your body."



GROUNDING

- Bringing awareness to being here.
- Awareness of physical space.
- Bringing the energy of the body to a lower place.



MOVEMENT

- Awareness of how the client moves.
- Awareness of restricted or loose movement.
- Noticing what happens when.....

BREATH

- Noticing natural breath.
- Inviting the experiment... some people who are feeling _____ (fear, numb, over-whelms.....)
- Experiment with the breath going to different parts of the body.. What happens when.....
- Experiment with the depth of the breath... what happens when.....
- 4 part breath experiment

ALIGNMENT

- Noticing the need.... Inviting....
- Some people are able to stay in their body more by practicing noticing the spine and the body's alignment.
- Beginning with the tail bone and stacking the vertibre.. Ending with the top of the head and beyond.

SYMPTOMS OF BOUNDARIES

- Going over in time in a session.
- Getting angry and demanding.
- Feeling like a doormat.
- Telling other people how they feel.
- People are making me feel.....
- I have to.....

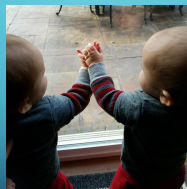
MORE OF LESS BOUNDARIES?

- The scarf exercise.
- Rolling chairs toward or away.
- Using the stop signal.
- Saying no.
- Using a scarf or a tie to create a boundary.
- Putting something between you and the client.
- Using beanie babies to cross or make a boundary.

CONTAINMENT

- Notice the need.... Invite the experiment.
- This is my body squeezing.
- Filling up the room with energy then bringing it back in as close to the body as possible.

RELATIONAL RESOURCING



RELATIONAL SOMATIC RESOURCES

- Notice the need for this...
- Scarf experiment.
- Reaching out experiment.
- Letting go experiment.

- Client may have under-developed reaching out for help or feeling safe with connection.

NOTICING WITH CURIOSITY

- "I noticed that you smiled when...."
- "I noticed that when I said..... You looked down."
- Using the 5 C's so the client doesn't feel the need to be "defended".
- It seems like you are really good at setting firm boundaries.
- It seems like It is harder for you to be vulnerable.
- It seems like you are really good at auto-regulating (self-soothing)
- It seems like It is harder for your to co-regulate.

"The fastest way to freedom is to feel your feelings."- Gita Bellin

EMDR AS A PSYCHOTHERAPY APPROACH

- Memories and the way they are stored in the brain are the root of the client's presenting issues and symptoms.
- Finding the appropriate memory, accessing and processing it while the client remains safe is the done through applying the 8 phases of EMDR.
- The goal of EMDR is to help the client be free of the identified symptoms and limitations by setting the conditions for the client to heal.
- There is a physiological change that occurs in the client's brain when EMDR is successful. The activation of the memory moves from the limbic system to the prefrontal cortex.

EXPERIMENTS

- Probes
 - Notice what happens when I say... "Carina, you're okay".
 - Notice what happens when I say... "You don't have to work so hard".
 - Notice what happens when I say.. "You are good enough."

SOMATIC PROCESSING

- Presenting Problem- Freezing up with many clients when she feels like it is not going well. Can't think.
- Target: Age 9 father flicking her in head and saying "think, what's the matter with you, just think".
- Feeling of freezing.
- Need for cognitive interweave- The releasing of arousal from the nervous system.
- Letting go of the story & emotions and noticing the shaking.

RELEASING THE EXCESS AROUSAL FROM THE CNS

- Allowing the body to release the excess arousal through allowing the natural shaking to happen.
- Only as much as feels good.
- Uncoupling the emotion/story
- Noticing the shaking
- Allowing the shaking to shake you.
- Just letting it happen without making it bigger or stopping it.