



## A Few Rules



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## Mistakes are Mandatory



## Activation is normal



## Expectations and Frequent Questions

### Breaks

9:40 to 9:50 AM  
Lunch: Noon to 1:00 PM  
2:40 to 2:50 PM

### Participation

Practice is required.  
Personal growth is optional.

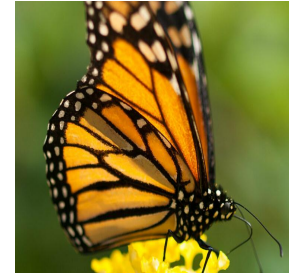
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Do you remember the participant agreement  
from your registration?



## Welcome to SAFE EMDR



Personal Transformation Institute PTI

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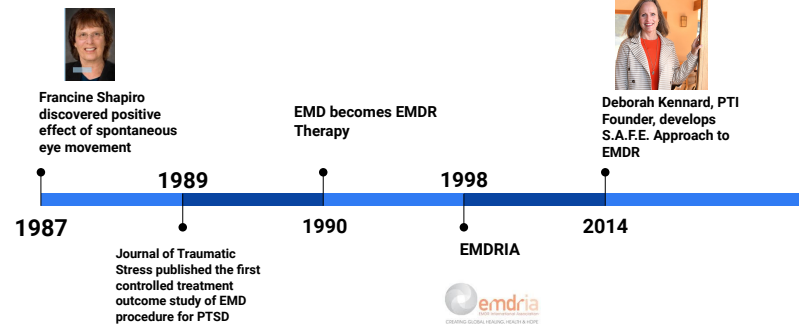
## EMDR Overview

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## History



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## What is EMDR?

### AIP – The Adaptive Information Processing Model

(Shapiro, 2018)

- Regular memories with disturbance move towards resolution over time
- Trauma memories remain stuck in state-dependent form and in an isolated neural network (time capsules)
- BLS/DAS facilitates the processing of trauma material and its integration into the adaptive neural network



## AIP and Memory Processing

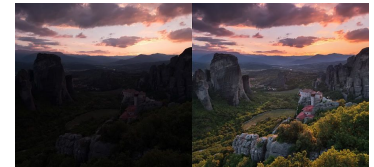
### Traumatic Memories Remain in Raw Form

Overwhelming, have a different pathway in the brain.

Fragmented somatosensory pieces of the event remain "hot" in the brainstem

Default Mode Network (DMN) is affected

Kearney, Lanius, 2022



.JPEG VS .RAW



## AIP and Memory Processing

### Stored without a date and time stamp

"The brain doesn't look like it's in a state of memory; it looks like it is a state of present experience."

"traumatic memories are not experienced as memories as such," but as "fragments of prior events, subjugating the present moment."

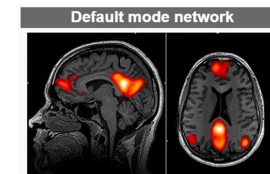


(Perl et al., Neural patterns differentiate traumatic from sad autobiographical memories in PTSD 2023)



## Default Mode Network

### The Homebase for The Algorithm!



#### Sense of Self

- Autobiographical information
- Self-reference
- Awareness of one's own emotions

#### Thinking about others

- Theory of mind
- Emotions of others
- Moral reasoning
- Social evaluations
- Social categories
- Social isolation

#### Time traveling

- Remembering the past
- Imagining the future
- Episodic memory
- Story comprehension
- Replay



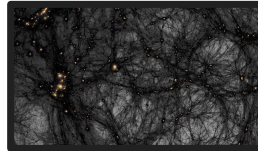
## Two Distinguish Memory Networks

### Adaptive Memory Network



- Supports health, growth & restoration
- Homeostatic functions
- Positive self beliefs

### Unprocessed/maladaptive Memory Network



- Keeps us trapped in survival mode
- Reliving the raw form of trauma memory
- Perpetuate negative self beliefs

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## Polyvagal Theory: The 3-State Hierarchy



Least protective state. Optimizes social behavior, compassion, mental and physiological calmness, critical thinking, open to learn & connect, ability to be an effective **co-regulator**.

Second most protective state. Physical activation, fight-or-flight, panic, restlessness, reactivity, rage and anxiety.

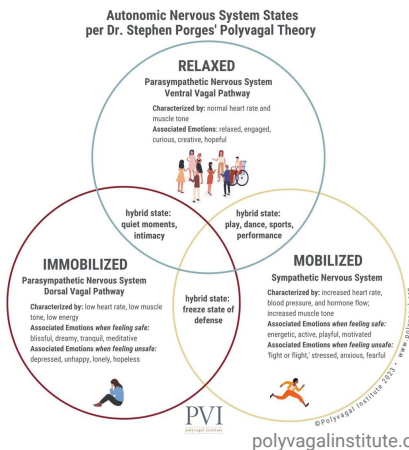
Most protective/ conservative state. Bodily shutdown, blacking out, dissociation, numbness, depression, hopelessness, helplessness, and an inability to socially engage and communicate with others.

www.thesafecalmplace.com



## Polyvagal Theory

### The Hybrid States



polyvagalinstitute.org



### The unprocessed, dissociated memory fragments can be accessed through 2 ways:

1. Unconsciously through flashbacks -- reliving
2. Consciously through the two hybrid states.
  - **Safety** + **sympathetic**: high-energy / mobilizing emotions
    - Anger, fear, anxiety...
  - **Safety** + **dorsal**: low-energy / demobilizing emotions
    - Sadness, grief, hopelessness, powerlessness, loneliness....



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## Connection Between PVT and AIP

Time capsules are created when the ANS is out of safety

### Sympathetic

Fight or Flight



### Dorsal

Shut down



### Freeze

Hybrid: yellow and red



### Fawning

Possibly a hybrid state that recruits all three states

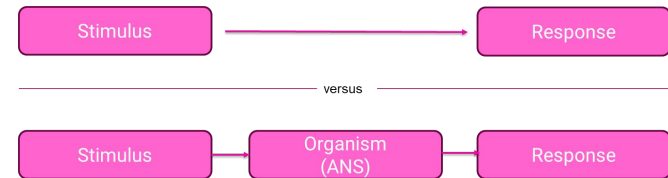


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## Hypotheses of the AIP

- Trauma is not an event, it's what happened inside us as a result of an event.
- Earlier trauma primes the Autonomic Nervous System (ANS) for later trauma.

Dr. Stephen Porges

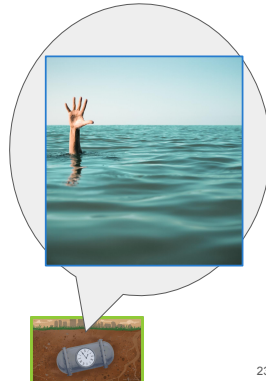


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## How Our Brain Processes Information

### Traumatic Memories can remain in "Time Capsules"

- Flashbacks, not memories
- A bit of mindfulness is needed to process
- Fragmented, unprocessed sensations and emotions are activated with present experiences
- The information does not feel like the past



Kearney et al, 2023

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## Safety as the Railings

The all-consuming and never-ending perception of a memory when a time capsule is opened up is **part of the memory.**

The new perspective grounded in present safety is "I am safe now. It's just historic data in replay."

Video: safety as the railings.



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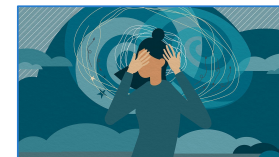
## Traumatic Memories are Re-lived in Form of Sensations/emotions

(Kearney et al, 2023)

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## AIP in Action

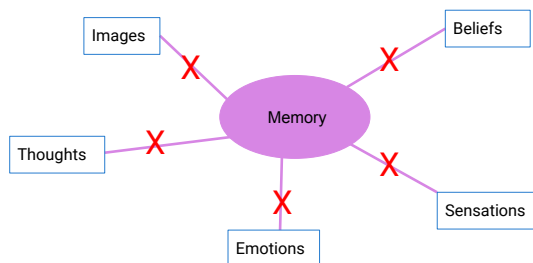
- Present cues of danger trigger past unprocessed material; unprocessed material from the past makes the present harder or impossible to cope.
- When the past is present, it can appear to other people as either an overreaction or underreaction.
- More Examples of flashbacks



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## Some Memories Remain in Fragmented Raw Form

### Memory Network

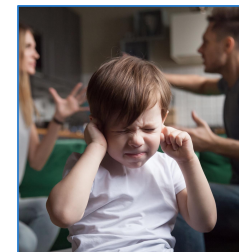


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## Sense of Self and Trauma

### People with extensive childhood trauma experience lack of integration

- Affects autobiographical memory to learn from the past
- Connection between childhood trauma and combat PTSD
- Memory remains state dependent or dissociated
- Affects ability to judge if someone is safe or not
- Marginalized populations and constant microaggressions create ongoing trauma



(Lanius et al, 2020)

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## An Alternative Explanation of EMDR

Q1, Have you physically lived through every moment of your life up till now?

Q2, Have you lived through the full extent of your life psychologically, emotionally, moment to moment up till now?

Big "T" trauma, small "t" trauma, collective & intergenerational trauma.

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## Eye Movements with Mindfulness



Traumatic memories can lose emotional intensity with eye movements if the client has some ability to be present.

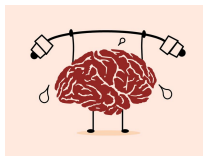
Francine Shapiro called this **Dual Attention**

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## Hypotheses on the Role of BLS

- Eye movements stimulate a process similar to REM sleep.
- Dual attention taxes the working memory ultimately lowering the disturbance of the memory.
- Bilateral eye movements elicit the orienting response, engaging the parasympathetic nervous and lowering the disturbance.



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## Eye Movements and Recalling Trauma

### Neurological underpinnings of Eye Movements

- Activate 2 frontoparietal control brain networks
- One is involved with external attention
- One involved with internal attention
- Internal and external perception of the world
- When experiencing ongoing trauma processing helps increase resilience



(Harricharan et al., 2019)

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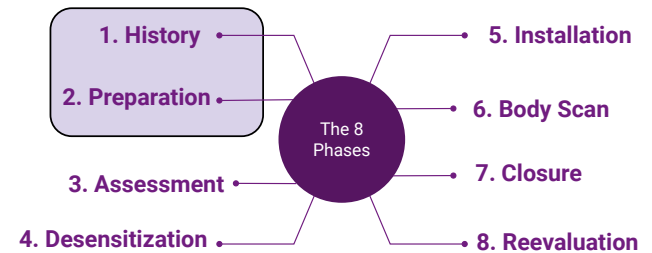
# EMDR Phases & Prongs

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## The 8 Phases for Standard Protocol



### Helpful Tip:

For now, try to conceptualize the 8 phases by grouping them

Phases 1 & 2 -Preparation/Stabilization

Phases 3-8: Reprocessing/Integrating

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## The 3 Prongs of EMDR



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## AIP View

### Our System Wants Balance and Health



Keep What is Useful



Release What is Not

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## Model, Method, and Mechanism

### Theory/Model

The Adaptive Information Processing (AIP) Model

### Method

- Protocols
- Standard Protocol (8 phases)
  - Future Template P.
  - Restricted (recent event) P.

### Mechanics

Bilateral Stimulation (BLS)

- EM, auditory, textile

Dual Attention Awareness

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## EMDRIA's Definition of EMDR

EMDR is an evidence-based, clinician led, psychotherapy for Posttraumatic Stress Disorder (PTSD). In addition, successful outcomes are well-documented in the literature for EMDR treatment of other psychiatric disorders, mental health problems, and somatic symptoms. The model on which EMDR is based, Adaptive Information Processing (AIP), posits that much of psychopathology is due to the maladaptive encoding of and/or incomplete processing of traumatic or disturbing adverse life experiences. This impairs the client's ability to integrate these experiences in an adaptive manner.



<https://www.emdria.org/emdr-training/become-a-virtual-basic-trainer/emdr-international-association-definition-of-emdr/>

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## EMDRIA's Definition of EMDR-2

The eight-phase, three-pronged process of EMDR facilitates the resumption of normal information processing and integration. This treatment approach, which targets past experience, current triggers, and future potential challenges, results in the alleviation of presenting symptoms, a decrease or elimination of distress from the disturbing memory, improved view of the self, relief from bodily disturbance, and resolution of present and future anticipated triggers.



<https://www.emdria.org/emdr-training/become-a-virtual-basic-trainer/emdr-international-association-definition-of-emdr/>

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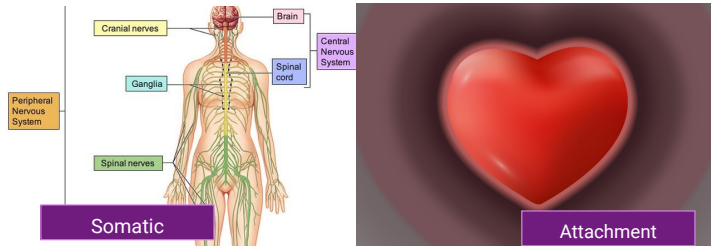
## The S.A.F.E Approach

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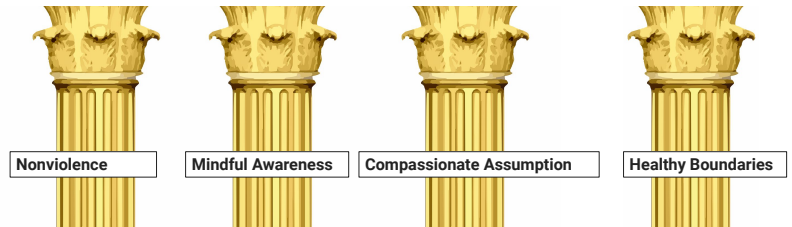
## SAFE EMDR is Trauma Informed



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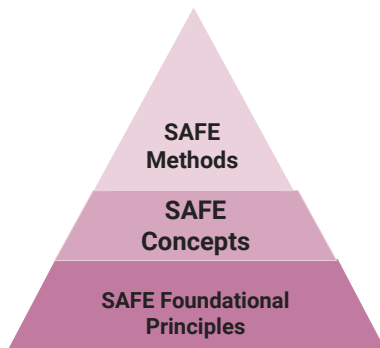
## S.A.F.E Foundational Principles Support S.A.F.E. Concepts and Methods



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## Personal Transformation Trauma Informed



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## Concepts are Big Ideas

- The Answer
- The Root under the Longing
- Radical Responsibility
- Finding the Universal theme/Problem
- Welcoming whatever is here
- The 5 C's of working with the Answer

## The Answer



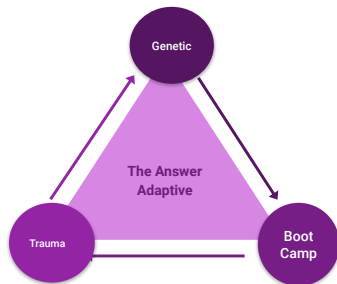
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## The Answer

### The Answer Concept is the S.A.F.E. Principles in Action



## The Answer

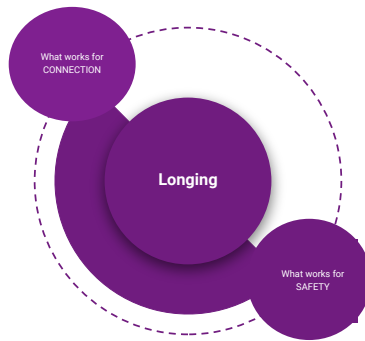


## The Answer

Bootcamp	Childhood Caretaking Situation	<ul style="list-style-type: none"> <li>Values and Rules</li> <li>What was ignored or glorified</li> <li>What worked to maximize safety and connection</li> </ul>
Genetic	DNA and Genetic Tendencies	<ul style="list-style-type: none"> <li>Tendency toward certain traits</li> <li>Physiology, body type, physical characteristics</li> <li>Epigenetics</li> </ul>
Trauma	Amount of trauma experiences	<ul style="list-style-type: none"> <li>Amount of traumatic experiences/safety</li> <li>Experiences or lack of connection</li> <li>Neglect</li> </ul>

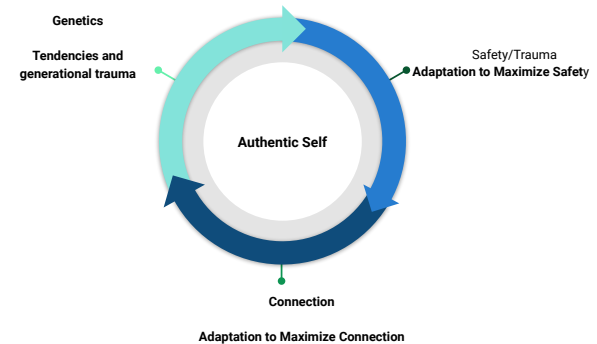


## The Answer Develops from a longing to be safe and attached. 49



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## Personality /Persona /Patterns of Being 50



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## Your Answer can be found in your "complaints"

Good at thinking	"I worry too much"
Good at being productive	"No one helps me"
Good at reading emotions	"I try to make people happy"
Good at helping/protecting people	"People take advantage of me"
Good at entertaining people	"Pressure to perform"
Good at being dependable	"I take on other's responsibilities"
Good at planning	"I'm overbooked"



## The Answer

**The Answer: The adaptations we made to feel safe and connected.**

Our attachment pattern  
It is our strength  
It also limits us  
It is always reflected in presenting issue



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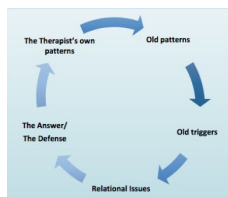
## Somatic and Attachment Focused EMDR

### Attachment

#### The Attachment Focus:

We assess a client's attachment patterns prior to processing because...

- Attachment patterns can be blocks to processing
- Patterns will appear in your therapy
- Awareness offers options and opportunity



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## Safety and Attachment Focused EMDR

### Attachment

#### Attachment Styles:

- Secure Attachment
- Dismissive/Avoidant Attachment
- Insecure Attachment
- Disorganized Attachment
- Reactive Attachment



*Instead of Labeling, We Understand*

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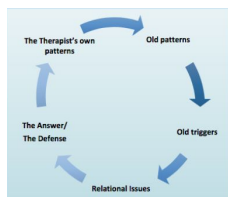
## Somatic and Attachment Focused EMDR

### Somatic

#### The Somatic Focus:

We assess a client's somatic patterns prior to processing because...

- Attachment and Regulation are connected
- Patterns of regulation are neurobiological
- Awareness of patterned survival defenses
- Somatic Resources aid in noticing and managing physiological regulation



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## Working With The Answer



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## The Answer is a Concept Not an Exercise

- The Answer Questionnaire
- The Character Types Chart
- Finding the Root Under the Answer
- Using the Answer as a lens throughout the 8 phases
- The most important Answer to understand is Your own!



## Finding the Answer

What are you most proud of?	Do you cry in front of others?
What is difficult for you to do?	Would you call yourself a rule follower?
What do you do under stress?	How do you deal with conflict?
How do you handle extreme pressure?	In an emergency situation what are you likely to do?
How are you with deadlines?	Is it easy for you to ask for help?
How do you get your way or get what you want?	Is it difficult for you to accept help?
Is it easy for you to say no?	How convincing are you?
Do you cry easily?	What are you likely to do when someone tells you no?
What do you do when you are upset?	



## Character Types

**The Answer: The adaptations we made to feel safe and connected.**

Character Types				
Character Type	Possible Neg. Belief	Over-Developed	Under-Developed	Needed to hear
The Invisible One	I'm in danger. I'm going to die.	Disappearing. Survival. Caution. Sensitivity	Safety, grounding, staying present, feeling	"You are welcome here." "You are safe now."
The Emotional One	I'm in danger. It's not safe to feel safe.	Merging into other person. Knowing how others feel. Sensitivity	Boundaries, ability to self-soothe.	"It is okay to feel safe when you are safe."
The Nice/ Non-threatening One	I'm helpless. I'm powerless.	Getting pity. Being a victim.	Personal power. Self-soothing.	"I'm here for you." "You can get your needs met."
The Independent One	I'm alone.	Competency. Ability to take control.	Asking for help. Trusting others to help.	"You can get support." "It's okay to ask for help."
The Rock	I don't matter. My needs don't matter.	Being dependable. Tolerating negative. Enduring suffering.	Knowing what they want. Asking for what they want. Action.	"What you want matters."
The Chameleon	I'm not enough.	Adaptation to environment. Ability to manipulate and adapt.	Being honest. Knowing who they are. Being straight forward.	"It is okay to just be you." "You matter."
The Hero	I'm not safe. I'm powerless.	Setting firm boundaries. Withstanding pain.	Being vulnerable. Connecting with authentic emotions.	"It is safe to connect."
The Doer	I need to be perfect. I'm not enough.	Energy, working hard, taking action.	Play. Connection. Self care.	"You don't have to work so hard." "It's okay to play."
The Life of the Party	I don't matter.	Energy. Fun. Action.	Rest. Being grounded and authentic.	"You matter." "You don't have to work to be noticed."

We Use Character Types to Support Our Learning About the Answer

*\*Please let this chart wash over you for now*



## The Answer Questions Demo



## Principles are SAFEGuards



### Creating a Trauma-Informed SAFE Environment

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## Nonviolence



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## Nonviolence is Trauma Informed

We are not trying to make the client's pain go away.

We are inviting the client to mindfully go toward the pain.

We are setting the conditions for the client to safely access and reprocess the pain of the past.

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## Nonviolence is setting SAFE conditions

Trying to make someone heal is like trying to force a flower to bloom.

We are setting the conditions for the client's natural healing process to happen.

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## Nonviolence is a Way of Being

Nonviolence is being mindful about our words, our intentions and our regulation.

"I want you to.." vs. "I would like to invite you to.."



## Nonviolence is Aware of Parts

We are working with what other therapies call "defenses" or "protectors"

Without nonviolence you will experience "resistance"

We don't use any of those terms because the concept of The Answer is nonviolent



## Nonviolence is Trauma Informed

- Investigating vs. Prescribing
- Curiosity vs. Interpretation
- Inviting vs. Directing
- Appreciating vs. Pathologizing



## Present Modment

Mindful Awareness





## Mindfulness is setting SAFE conditions

Mindfulness is not Relaxation

Present Moment Mindfulness helps the client to be with what is here without moving away from it.

The ability to notice what is here without managing it is required for successful EMDR processing.



## Radical Responsibility



Ability to Respond instead of React

We are constantly looking for we are participating or getting hooked in a situation.  
This is not about blame but empowerment.  
Respond vs. React  
EMDR therapy helps us to choose how we respond.  
Especially important in ongoing trauma situations for resilience.



## Present Moment Mindfulness is Regulating

The ability to be with the present moment, noticing what is here is the greatest resource.

**Resourcing:** Helping the client develop skills to tolerate noticing/feeling what is here as the unprocessed memories are activated.



## Mindfulness is setting SAFE conditions

When we are mindful we are attuned.



## An Anchor to the Present

The present moment is an anchor as the client accesses the raw somatosensory fragments of past experiences.

**Dr. Shapiro called this Dual Awareness**



## Compassionate Assumption



## Compassionate Assumption is Trauma Informed

Presenting problems, symptoms and blocks are all here because they were helpful.

A Compassionate Assumption guides us to look for how those things have been adaptive.



## Helps with Radical Responsibility

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Compassionate Assumption is helpful for us and for the clients as they begin to see how they play a role in their suffering.

Responsibility- Ability to respond vs. reactivity



## Healthy Boundaries



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## Healthy Boundaries are Trauma Informed

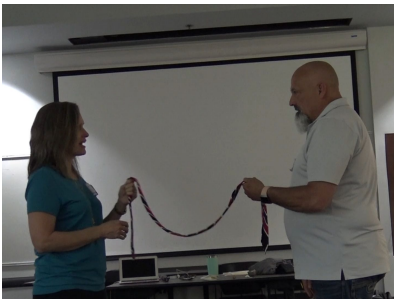
Healthy Boundaries invite:

SAFETY  
TRUST  
CLARITY

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## Boundary Exercises to Explore



Current Boundaries  
Needed Resources  
Patterns of Connection  
Patterns of Protection



## Boundary Exercises to Explore



We explore the client's ability to say "No".



## Race & Cultural Considerations The SAFE Approach

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### Before We Start...

**Who am I? Where do I come from?**

What are the **sources of my past experience** (input) I'm bringing to this discussion?

**My goal–**

- not to teach the theories
- but rather to borrow the theories & frameworks and use my personal & clinical examples to provoke critical thinking, reflection and expand awareness.

**This time is well spent, if**

- you can relate to some of the examples
- you feel safer to breach some uncomfortable topics during this training
- Intend to put into practice some of the suggestions

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*“The world got along without race for the  
overwhelming majority of its history. The U.S.  
has never been without it.”*

DAVID R. ROEDIGER  
Professor of American Studies and History at the University of Kansas

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### Critical Race Theory

- Racism is ordinary.
- Racism serves a purpose.
- Race is a social construction.
- Differential racialization.
- Intersectionality.
- Unique voice of color.

Five Faces of Oppression from Racial Trauma, Neurons and EMDR: The Path Towards Anti-racist Psychotherapy, David Archer, MSW, MFT

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## Systematic Racism is Real

- Race is a primary means of structuring our society. Systems have homeostasis even it is harmful.
- Western societies are organized on the basis of Whiteness, this leads to Whiteness being privileged, and a culture of “White Supremacy”.
- White Supremacy is contingent on Black Suffering; and is also linked to White suffering.

Five Faces of Oppression from Racial Trauma, Neurons and EMDR: The Path Towards Anti-racist Psychotherapy, David Archer, MSW, MFT

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## Cultural Competency→Anti-oppression

### Complacency leads to complicity!

Complacency–going along with the status quo.

Complicity–involvement in something wrong or a crime.

### Cultural competency implies...

- Know it all
- Doesn't examine whiteness, power difference, privilege
- New racism based on culture
- A skill can be checked off through a training

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## Mindfulness & Self-Awareness & Cultural Humility

- Do your own genogram
- Find out your own legacy
- Recognize Intergenerational / Collective Trauma
- Humility in the present moment
  - “I’m noticing some tightness/discomfort in my chest as we bring up this topic.”
  - “I’m noticing a bit uneasy/nervousness feeling right now.”
  - “I don’t know much about...”
  - “I need to do my own research. Shall we come back to this another time?”

Five Faces of Oppression from Racial Trauma, Neurons and EMDR: The Path Towards Anti-racist Psychotherapy, David Archer, MSW, MFT

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## 5 Faces of Oppression

- Cultural Imperialism
- Exploitation
- Powerlessness
- Marginalization
- Violence

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## Counter Against the 5 Faces of Oppression

### Cultural Imperialism→Decolonization

- In session
  - Depathologizing (EMDR!)
  - Avoid microaggression, and just be a human being
- Out of session
  - Do your own work, come from a curious and genuine place
  - Seek consultation
  - Challenge the culture of whiteness

Five Faces of Oppression from Racial Trauma, Neurons and EMDR: The Path Towards Anti-racist Psychotherapy, David Archer, MSW, MFT

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## Counter Against the 5 Faces of Oppression

### Exploitation→Equity

- In session
  - Encourage independence (**healthy boundaries**)
  - Avoid gaslighting. (**Compassionate assumption**)
  - Don't use "all lives matter" or "not all police..."
  - Link clients to cultural resources and community resources
- Out of session
  - Do not ask clients to educate you on racism
  - Properly pay PoC an equitable wage
  - Oppose policies perpetuate systemic problems

Five Faces of Oppression from Racial Trauma, Neurons and EMDR: The Path Towards Anti-racist Psychotherapy, David Archer, MSW, MFT

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## Counter Against the 5 Faces of Oppression

### Powerlessness→Empower

- In session
  - Check about preferred pronouns & names
  - Make space for all these topics:  
race/racism/ableism/homophobia/patriarchy/sexism/ageism/anti-semitism/Islamophobia/classism/body shaming.....
  - Invite cultural creativity in resources, avoid imposing cultural values
- Out of session
  - Manage own cultural blind spots
  - Practice self-care
  - Get your own therapy

Five Faces of Oppression from Racial Trauma, Neurons and EMDR: The Path Towards Anti-racist Psychotherapy, David Archer, MSW, MFT

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## Counter Against the 5 Faces of Oppression

### Marginalization→Elevation

- In session
  - What we don't talk about, clients don't talk about
  - Be ready to talk about gender, race, sexuality.....
  - Do our own work and come from an authentic place so clients don't have to manage your feelings/reactions
- Out of session
  - Promote unique voices
  - Allow & encourage affinity-spaces
  - Question the underrepresentation of people of color

Five Faces of Oppression from Racial Trauma, Neurons and EMDR: The Path Towards Anti-racist Psychotherapy, David Archer, MSW, MFT

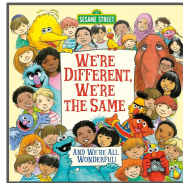
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## Counter Against the 5 Faces of Oppression

### Violence→Compassion

- In session
  - Practice **present moment mindfulness**
  - Cultivate humility—we are all one people
  - Recognize microaggression
  - Practice **non-violence & Compassionate Assumption**
- Out of session
  - Read **Black Rage** by Dr. Grier and Dr. Cobbs
  - Be courageous by being self-reflective and anti-racist



Five Faces of Oppression from Racial Trauma, Neurons and EMDR: The Path Towards Anti-racist Psychotherapy, David Archer, MSW, MFT

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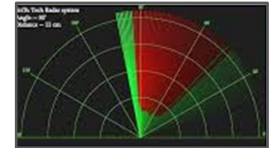
## SAFETY as the Essence of Healing

Neuroception continuous takes in information from 3 sources:

outside, inside, people around me

When we feel safe, we can then trust, connect, be vulnerable, make repairs and heal.

- Orient client to the physical/virtual space
- Offer options & choices
- Water/snacks/bathroom break
- Office decor
- Our own autonomic state



Neuroception is our subconscious surveillance system

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## The 8 Phases

# Phase 1: History Taking in the AIP Model

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## Phase 1

### Getting the Lay of the Land

#### History Taking :

**Start with Answer** as a trauma-informed approach to history taking. We want to gather general and positive information first.



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## Phase 1

### Getting the Lay of the Land

#### Safety and Stability :

How Does the Answer Concept Help?



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## Phase 1

### Considerations

#### Assessing Safety and Stability

For all clients:

Has the Therapist Explored Each of the Following Areas? :

- Dissociation screening
- Addictions (even if far in the past)
- Suicide or self harm
- Harm to others
- Stability, Resources, Support
- Medical Issues/ Legal Issues
- Timing Considerations

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## Phase 1

### DES Can Be Found Online



<http://traumadissociation.com/des>

*\*It is also in the Basic Training Support area of your training portal*

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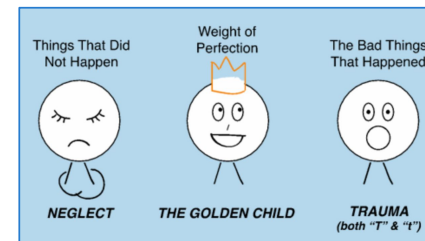
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## Phase 1

### Treatment Considerations

Both big T traumas and small t traumas can be treated with EMDR



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## Phase 1

### Client Readiness for Processing Criteria

#### Are You and The Client Ready?

#### Use the Answer!

During Phase 1, as your client describes their current symptoms begin to use the lens of the Answer.

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## Practice:

**We will be practicing the Answer Questionnaire with a partner.**



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## Practicum Instructions



1  
Find a partner and practice the "Questions to Find the Answer"  
Therapist will read each question and document what the client says.



2  
Once all of the Qs have been answered, notify assistant



3  
Therapist will read the statements at the end of the page to the client



4  
Therapist will guess as to what the client's over-developed and under-developed traits are and how they might show up in therapy

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## Practicum Instructions



### Important Reminder

Practicum is not therapy but it is *real* not role play

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## The 8 Phases

# Phase 2: Preparation

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## Phase 2

### Objectives:

- Prepare appropriate clients for processing
- Increase stability and access to positivity
- Create Treatment plan



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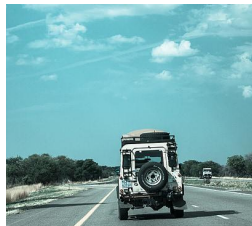
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## Phase 2

What does the client need to get through the process as quickly as possible while remaining safe?

Preparing for a successful trip



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## Phase 2

### Treatment Planning

Developing a Resource Plan based on what the client needs

Resources:

When we use the term **resources** we are referring to any actions or automatic habit patterns that assist a client in affect regulation and connecting with others.

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## Phase 2

### Treatment Planning

#### While we learn about Phase 2 we will...

- See several examples of what we mean by resources- various exercises to regulate effect
- Collaborating with the client to develop what is under-developed or to balance what is over-developed.

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## Phase 2

### Treatment Planning

#### Today we will...

- Learn how to understand the client and collaborate with them on resources

#### Tomorrow we will...

- Find the memories to target and go through Phases 3-8

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## Phase 2

### Preparation

#### Ensure the client has everything they need to begin the reprocessing of memories:

- Education and informed consent
- Resources and adequate stabilization
- Speedy and safe processing
- Strong and safe therapeutic container
- All client's questions and concerns are addressed



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## Phase 2

### Predicting the Pitfalls

#### Ask Yourself:

*What might they do when close to pain?*

*What is overdeveloped?*

*What is underdeveloped?*

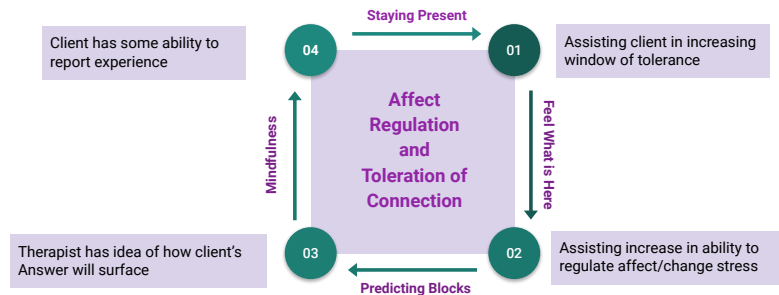


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## Phase 2: The Goal of Resourcing and Stabilization



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## Polyvagal Theory

- Top Ventral Vagal
- Middle-Sympathetic
- Bottom- Dorsal Vagal



## Phase 2



*How Do You Know When a Client is Ready?*

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## Phase 2

### Case Conceptualization

Complex trauma may need more preparation and stabilization to develop resources

1. Single Event → Lots of healthy resources
2. Multiple Issues → Some healthy resources
3. Complex Trauma → Only dangerous or survival defense resources

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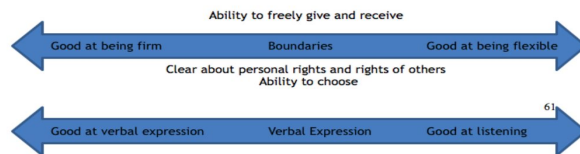


## Phase 2

### Arrows Help Identify Patterns and Needed Resources

#### Use the Answer to find where the client is on a continuum of resources

Use the information from "The Answer" to look at each of the below areas for the client. Where are they on each continuum? You will then use this to suggest a plan for building resources and preparing for reprocessing phases. Use the suggested resources based on client need. The resource instructions are found in the resource section of the manual.



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## Phase 2

### What we will cover in Phase 2 :

#### Mechanics- Virtual instructions in the practice sheets

- Sitting position
- Distance
- Dual awareness - Bilateral stimulation: moving the eyes

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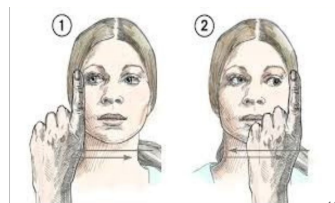


## Phase 2: Preparation

### Mechanics- Virtual instructions in the practice sheets

Preferred method for dual attention:

- Pass, set = one round trip, center line to center line
- Range
- Speed, length of set
- Direction
- Bifocals, glasses, contacts



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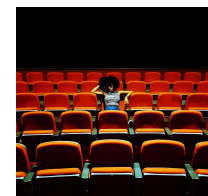
## Phase 2: Preparation

### Metaphors for understanding processing



"In order to help you 'just notice' the experience, imagine riding on a train and the feelings, thoughts, etc. are just scenery going by."

"Imagine that you're going to see a movie, you know what the movie is about but you don't know what is going to happen from one scene to the next, so you let yourself be curious about it."



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## Phase 2

### Experiments and Nonviolence

#### Invitations to Experiment

- Always invite
- Work with whatever is present (even a refusal of the invitation)
- Always ask permission before using touch
- Embodying the SAFE Principles increases SAFETY

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## Phase 2

### Experiments

#### Experiments to Increase ability to manage regulation

- Increase a client's ability to self-regulate
- Be creative and explore ways to externalize a concept, relationship dynamic, etc.
- Noticing patterned responses/tendencies of survival defenses

Training team will demonstrate

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## Phase 2

### Experiments bring up Attachment Patterns

#### Connection Issues

Experiments that offer bottom-up exploration of what is over and under-developed:

- Difficulty letting go
- Difficulty asking for help
- Sadness when someone else lets go or disconnects
- People pleasing

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## Phase 2

### Experiments

#### Props for In Office

- Beanie Babies
- Stand Tray Figures
- Balls
- Scarves or Ties
- Sensory-Stimulation Objects (e.g. essential oils, cough drops or candy, soft or textured objects, singing bowl)
- Marbles
- Pillows



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## Phase 2



### Important Reminder

You are keeping an eye on the client's affect and ability to stay present during resources.

**This is not a time for reprocessing or working through emotion.**

**Stop and change resources if client becomes activated.**

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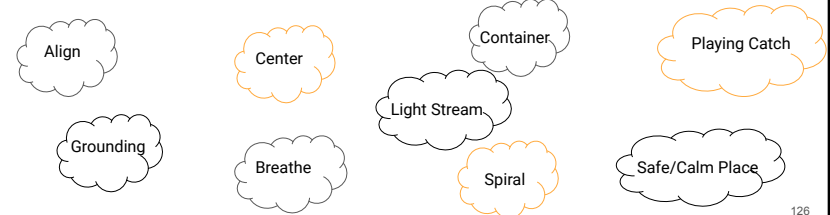


## Phase 2

### Experiments

#### Safety Resources

Experiments that offer opportunities to change state, a.k.a. Safety Issues:



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## Review and What's Next

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## Review

### Today we covered...

EMDR Background, Theory, Research  
SAFE EMDR Principles, Concepts, Methods  
Somatic Regulation Patterns  
Attachment Patterns  
Phase 1 History Taking  
Phase 2 Preparation  
Resourcing

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## Review

### Now we will...

- 1 Review the practice sheets together
- 2 Talk about the mechanics, the Answer, the resources
- 3 Practice
- 4 Keep your own info Split your time equally. Watch for messages

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Thank You



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