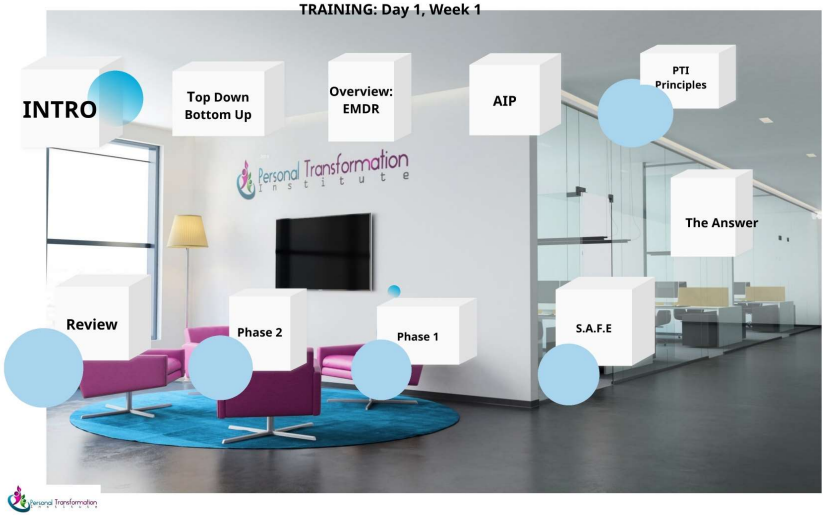
S.A.F.E Approach to EMDR Therapy
TRAINING: Day 1, Week 1



1.

Welcome!

Welcome to Day 1!

Expectations
The Material
Mission

2.

A few rules

- Mistakes are mandatory.
- Stupid questions are welcome and helpful.
- Confusion is a sign of new learning.
- Anxiety is normal when you are learning and changing.

Participation Agreement
Breaks
Practice is required, personal growth is optional
Practicum

3.

Has everyone read the Participation Agreement?

Are there any questions about it?

Has everyone signed it via a submittable form?
If not go to the bottom of the main page on our site and sign it.

4.

We start and end on time and we have scheduled breaks

- We meet 7:55-5:10 daily
- Please take your own additional breaks as needed

5.

We will be practicing EMDR with each other

- First and foremost, take care of yourself
- We will help you restrict processing or go deeper
- This is a choice that only you can make for yourself. Practice is required, going deep is not.

Support

6.

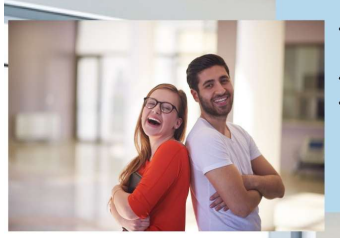
We are here to help

Just let us know what you need

7.

Practicum is required

- For practicum experiences we will be meeting in groups of 2 or 3.
- We recommend you work with **someone you don't know** but the choice is always yours.
- Let us know **what you need** for support!
- We will be working on **real stuff**
- Today: Practicing **Phases 1 & 2 with each other**



Consultation

8.

Consultation

This training includes 10 hours of Consultation.

All 10 hours are in the 2nd 3 days of training.
Please practice between the training meetings and be prepared to present a case.

The Manual & Handouts

- You have a PDF of Manual, the slides and practice sheets-
- If you didn't print the sheets you can use the electronic sheets and a sheet of paper.
- Some use OneDrive or other programs to fill them out electronically.

Don't Stress

No need to print

The manual has lots of information. There is no need to print it all out. You are welcome to do so if you want, but we do not recommend it.

The Basic Training Support will always have the updated PDF version.

PTI's Mission and Philosophy

is to offer the most cutting-edge, effective EMDR trainings with the foundation of attachment and somatic psychology. The trainings will not only teach the concepts, but demonstrate the foundational principles of effective therapy:

- Nonviolence
- Mindfulness
- Respect
- Compassion
- Healthy Boundaries
- Self Awareness

Personal Transformation

Training Path

13.

Personal Transformation for all!

The goal of our mission

14.

PTI Path

We have a our own path, it is optional.

Our training is EMDRIA approved and you can take any path toward becoming an expert, ours is just one of them.

Leaderboard

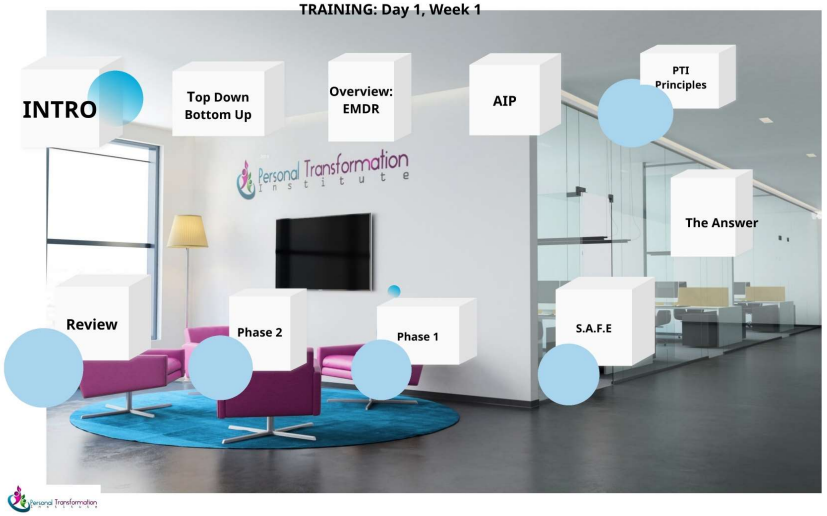
15.

Path to EMDR Expert

1	6 day EMDR Basic Training
2	Advanced Certification Package
3	PTI Approved Consultant/ Assistant
4	Become PTI Trainer

16.

S.A.F.E Approach to EMDR Therapy
TRAINING: Day 1, Week 1



Two Ways of Learning

Top Down Teaching
- Cognitive
- Learning through information
- How most of us are taught in school
- Reading about learning to ride a bike

Bottom Up Teaching
- Learning through experience
- Information moves from the lower brain to the higher brain
- Learning by trying to ride a bike

Why do we use Top-Down and Bottom-Up teaching styles?

Top Down Information Processing

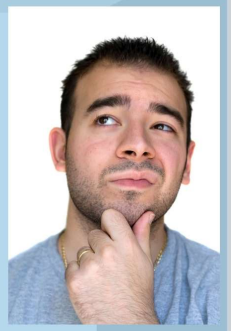
Bottom Up Information Processing

- S.A.F.E. EMDR relies on **both Top-Down and Bottom-Up information Processing**

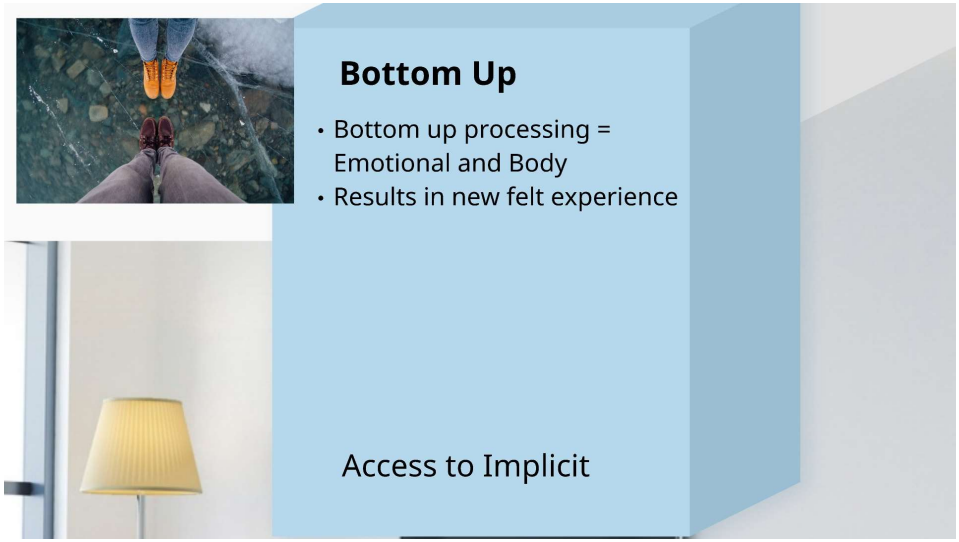
- Top-Down approaches to treating trauma are ineffective
- Post traumatic symptoms are bottom up experiences
- Traumatized clients have impaired capacity to integrate information from a Top-Down process

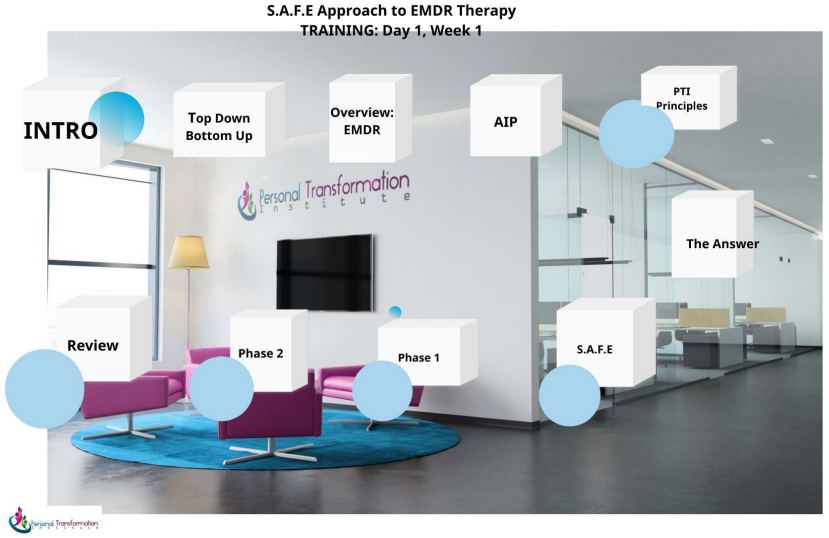
Top Down

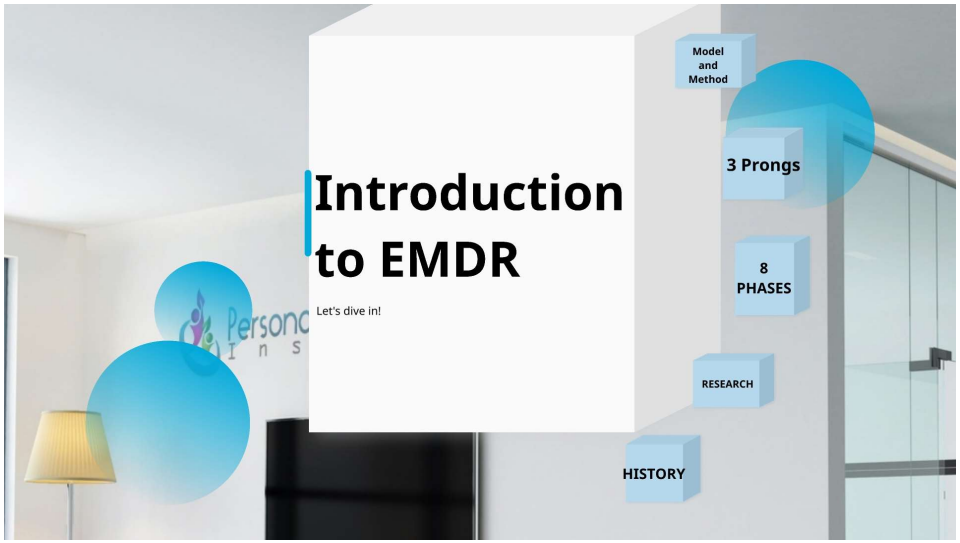
- May work over time.
- Starts with information and the thinking brain.
- Not as effective for trauma
- CBT relies on Top-Down processing

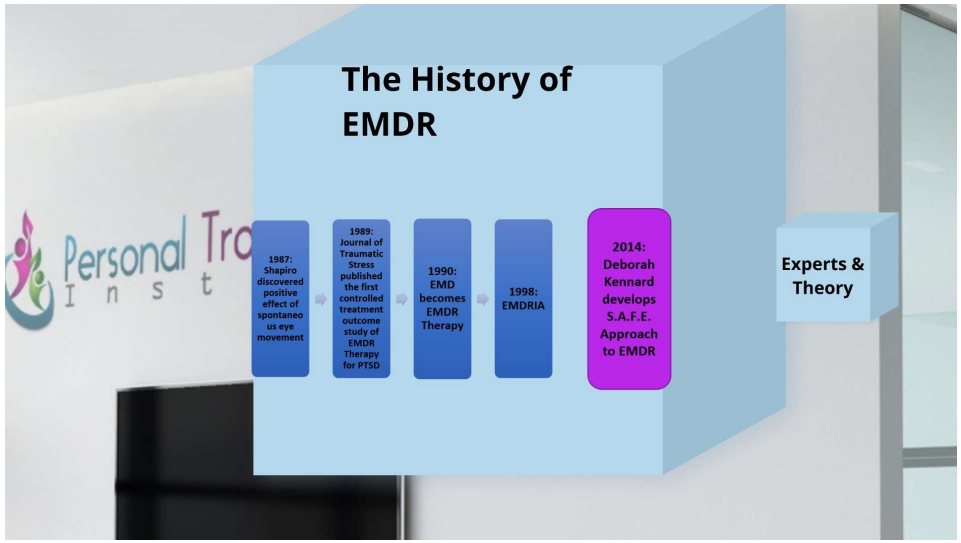


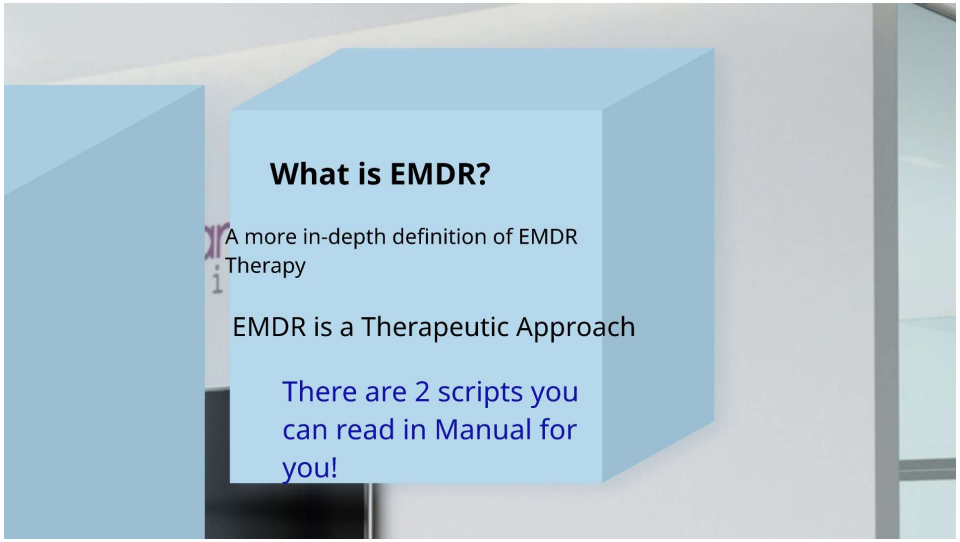
Not as effective for implicit memories


Bottom Up
• Bottom up processing = Emotional and Body
• Results in new felt experience
Access to Implicit


S.A.F.E Approach to EMDR Therapy
TRAINING: Day 1, Week 1
INTRO
Top Down Bottom Up
Overview: EMDR
AIP
PTI Principles
The Answer
S.A.F.E
Phase 1
Phase 2
Review
Personal Transformation Institute


Introduction to EMDR
Let's dive in!
Model and Method
3 Prongs
8 PHASES
RESEARCH
HISTORY


The History of EMDR
1987: Shapiro discovered positive effect of spontaneous eye movement
1989: Journal of Traumatic Stress published the first controlled treatment outcome study of EMDR Therapy for PTSD
1990: EMD becomes EMDR Therapy
1998: EMDRIA
2014: Deborah Kennard develops S.A.F.E. Approach to EMDR
Experts & Theory



EMDR is a comprehensive therapy

- Not a technique
- Can be used in a wide range of clinical presentations
- Has been empirically tested in over 20 randomized controlled studies
- Can fit with other orientations

EMDR is based on The Adaptive Information Processing Model (AIP)

- Looks at early memories and how they impact the present
- Asks what is the organization of that experience in this moment
- Questions how past experiences are manifesting in the present
- Creates a treatment map that predicts blocks as well as outcome

(Shapiro 2001, 2006)

EMDR incorporates other models

- Cognitive Therapy- Belief's addressed
- Behavioral Therapy- Conditioned responses highlighted
- Psychodynamic - Etiological events underscored
- Experiential Therapy - Emotional response highlighted
- Systems Theory - Contextual Understanding
- Hypnotic Therapies - Imagery Incorporated

Why does EMDR work?

- Exciting New Research on this.
- REM
- One foot in the past, One in the Present
- Right brain / Left Brain

PSTD

Carlson

Capezzani

Cvetek

Pagani

Further research

What is Post Traumatic Stress Disorder (PTSD)?

Symptoms

Symptoms

Sleep Disturbance
Mood Disturbance
Flashbacks
Avoidance
Unwanted Thoughts

Research: Combat Vets and PSTD

Carlson et al. (1998) after 12 EMDR treatment sessions, 77.7% of the combat veterans no longer met criteria for PTSD.
There were no dropouts and effects were maintained at 3- and 9-month follow-up.

EMDR vs CBT

Capezzani et al. (2013). EMDR and CBT for cancer patients: Comparative study of effects on PTSD, anxiety, and depression. Journal of EMDR Practice and Research, 5, 2-13. This randomized pilot study reported that after eight sessions of treatment, EMDR therapy was superior to a variety of CBT techniques. "Almost all the patients (20 out of 21, 95.2%) did not have PTSD after the EMDR treatment."

Developmental Trauma

Cvetek, R. (2008). EMDR treatment of distressful experiences that fail to meet the criteria for PTSD. Journal of EMDR Practice and Research, 2, 2-14.
EMDR treatment of disturbing life events (small "t" trauma) was compared to active listening, and wait list. EMDR produced significantly lower scores on the Impact of Event Scale (mean reduced from "moderate" to "subclinical") and a significantly smaller increase on the STAI after memory recall.

Pagani Research: Neurobiological Aspects Correlated with EMDR Monitoring- An EEG Study (2012)

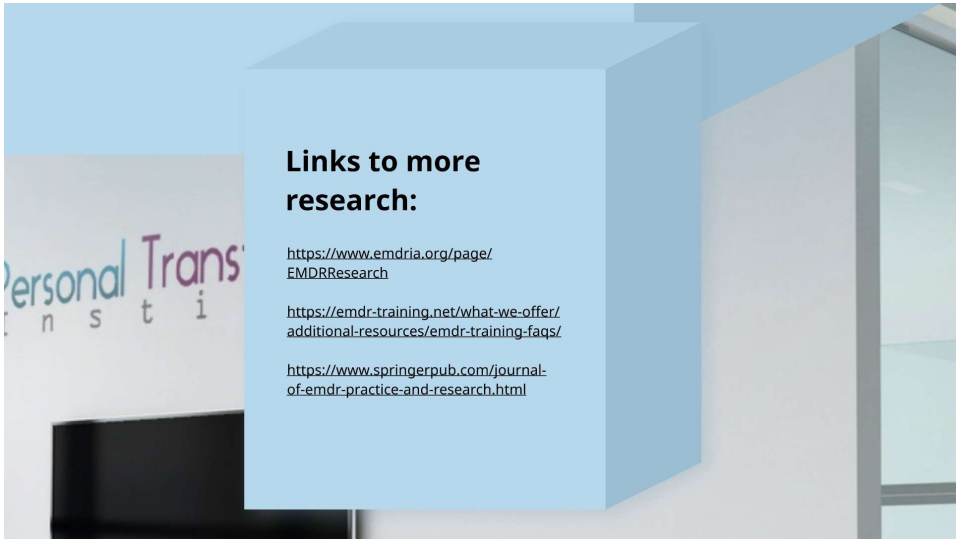
During the Eye Movements of EMDR session EEG showed a significantly higher activation on the orbito-frontal, prefrontal, and anterior cingulate cortex in patients. (Movement to the frontal lobes).
Maximum activation of the limbic cortex of patients occurred prior to the EMDR processing. (Beginning activation in the emotional brain).

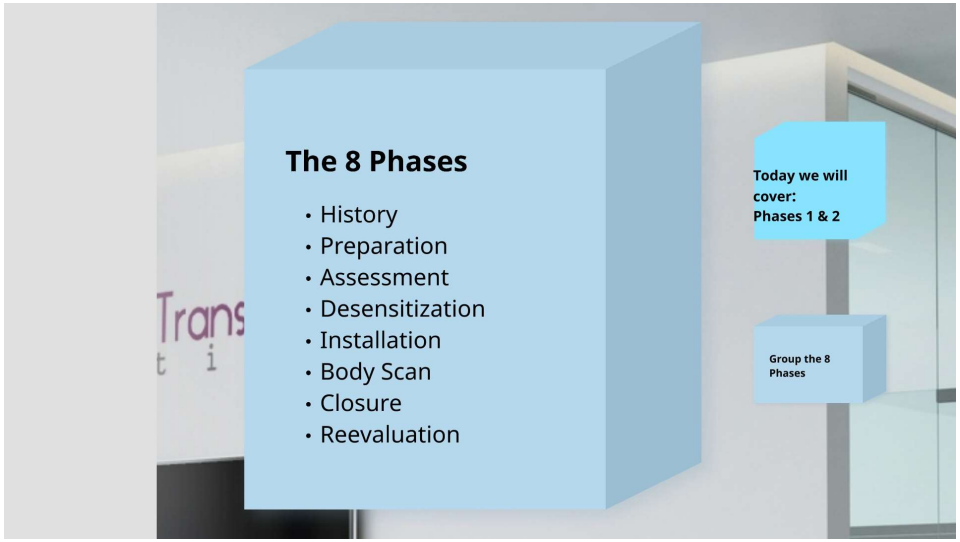
Pagani Conclusion

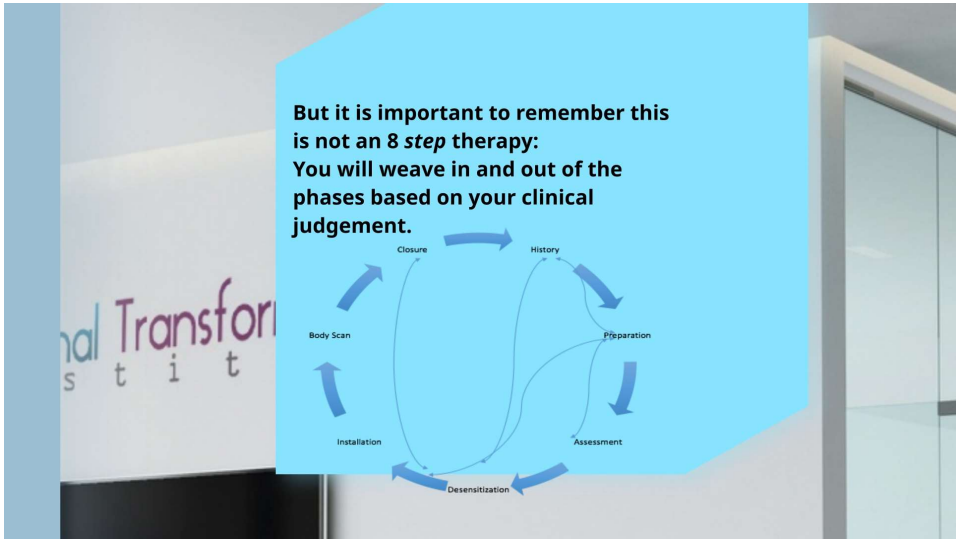
Conclusion: relief from negative emotions

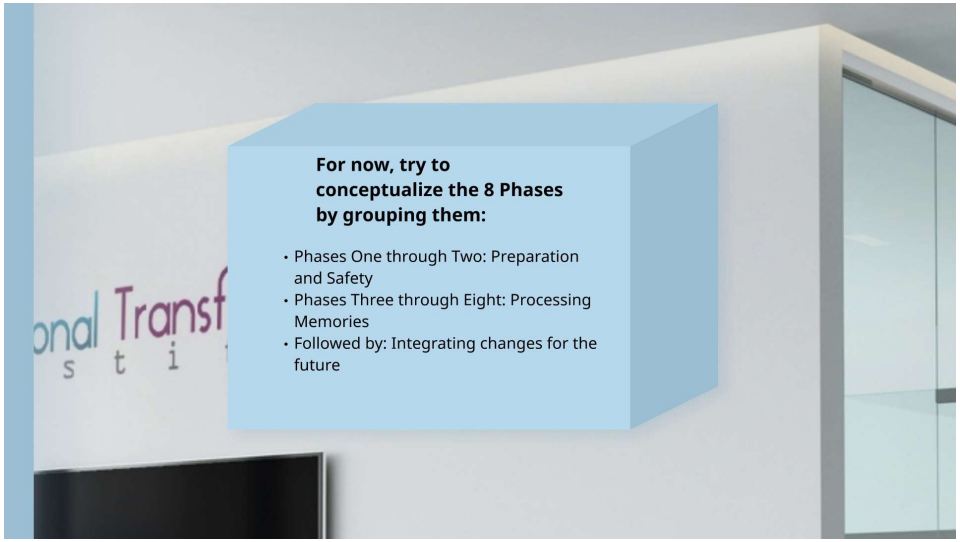
Ground-breaking methodology enabled this study to image for the first time the specific activations associated with the therapeutic actions typical of the EMDR protocol.

The conclusion that the Eye Movements of EMDR are associated with a significant relief from negative emotions.









The 3 Prongs of EMDR: Past, Present, and Future

Past Events	How is past manifesting in the present moment?	Phases 3-8
Present Triggers	What is happening now that is activating the memories of the past?	Phases 3-8
Future Template	How would you like to feel, react or behave instead of the current present trigger?	Follow a special Future Template protocol.

Model, Method, and Mechanism

A. Model: The Adaptive Information Processing Model
Informs Treatment
Interprets Client Response
Predicts Successful Application

B. Method: Protocols and Procedures
8 Phases
3 Prongs (Past, Present, Future)
The Standard Protocol and Adaptations
Fidelity to These Methods Predicts Positive Results

C. Mechanism: Why EMDR Works
Attention Bias
Working Memory
Orienting Response
Somatic Perceptions
Neurobiological Aspects

EMDR is a present and future-focused therapy

In EMDR we only consider the past through a present limitation

As in: we don't go the other way which is "what are some bad things that happened in your life?" because those past events only matter if they are impacting the client in the present.

The root of the problem and how the earlier experiences were stored is the problem--- the behavior and symptoms help us identify the root

We'll talk about the Method soon, but let's learn about the Model of EMDR first

Model: AIP

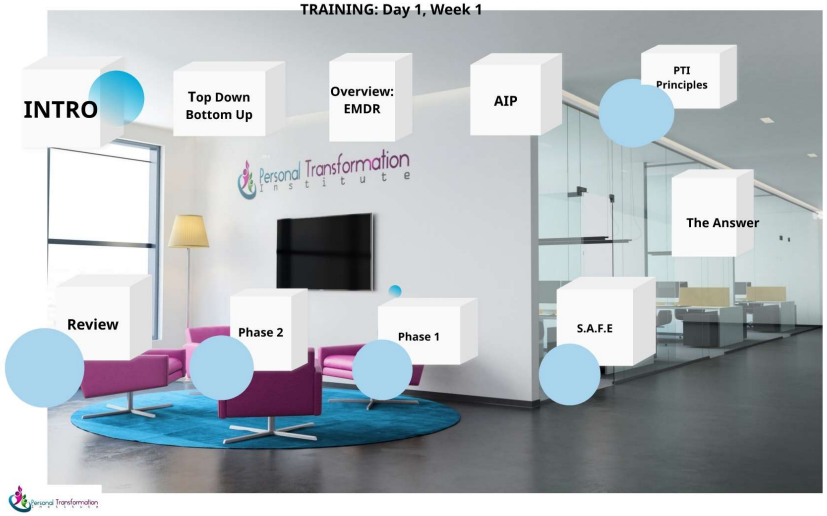
We'll talk about the Method soon, but let's learn about the Model of EMDR first

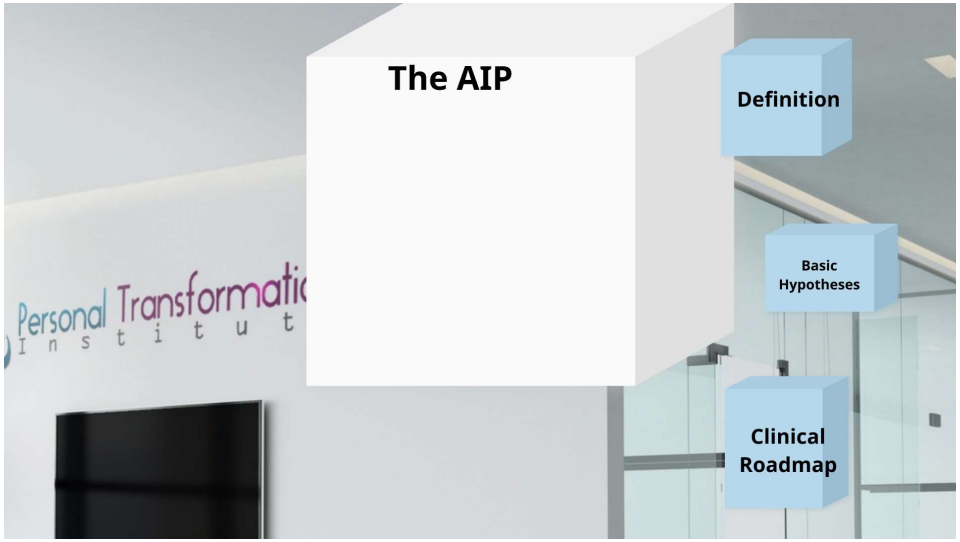
Model: AIP

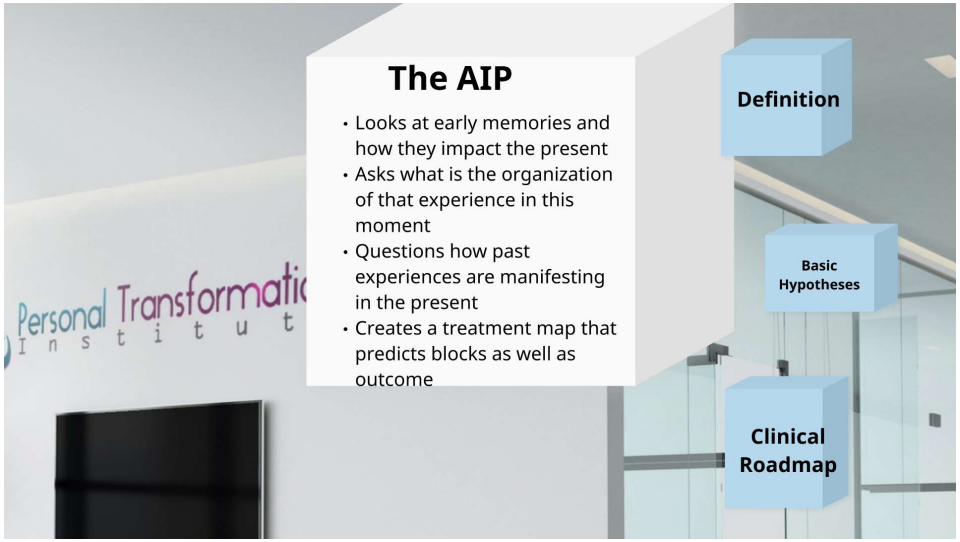
Model: The Adaptive Information Processing Model

- The theory underlying our practice
- Informs Treatment
- Interprets what happens with the client
- Predicts Successful Application

S.A.F.E Approach to EMDR Therapy
TRAINING: Day 1, Week 1







The AIP posits that:

The AIP posits that:

Much of psychopathology is a result of maladaptive encoding of, and/or incomplete processing of, traumatic or disturbing events

The unprocessed experiences become stored in the emotional part of the brain without a time and date stamp.

When something happens in the present to activate the stored experiences, they feel as if it is happening now, creating what appears to be an “over-reaction” to the present.

In other words...

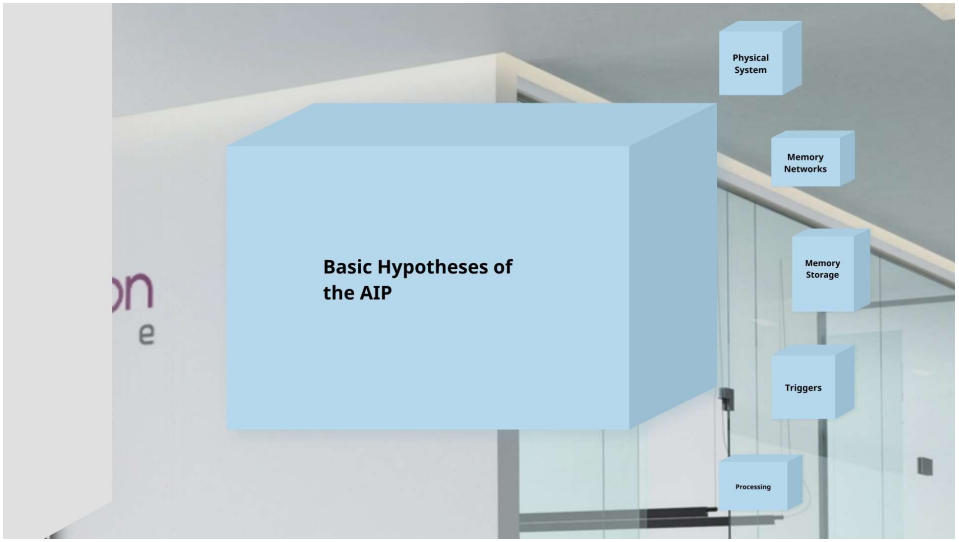
The past feels like it is here now.

In other words...

The past feels like it is here now.

In other words...

The past feels like it is here now.

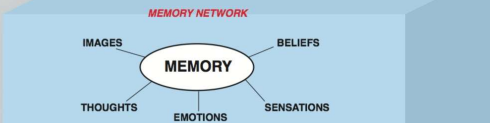


The process is a physical system

The neurobiological information processing system is intrinsic, physical, and adaptive

The system integrates internal and external experiences

Experiences are translated into physically stored memories



- Attitudes, beliefs, and perceptions are stored by association in a Memory Network
- Trauma causes disruption
- New experiences link into the stored memories

Adaptive or Maladaptive

Memory networks can:

Contribute to *both* pathology and health

Because:

Memory Networks can be **Adaptive** or **Maladaptive**

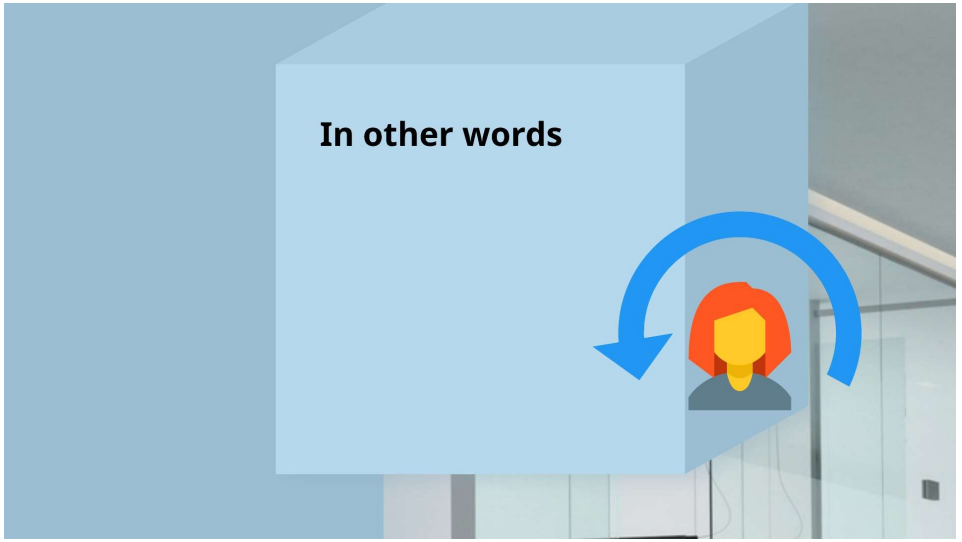
Traumatic events appear to be stored in isolation

- If experiences are accompanied by high levels of disturbance, they m **stored in the implicit, short-term memory system**
- **Memory networks** contain perspectives, affects, and sensations of t disturbing event
- Stored in a way that **does not allow them to connect with adaptive information networks**

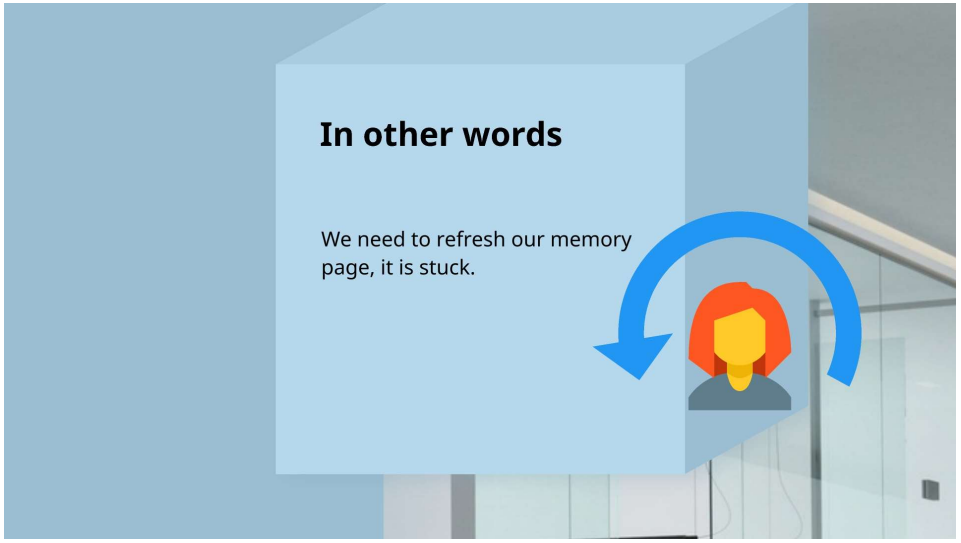
Traumatic event memories do not integrate with other networks

Stuck in negative

61.


In other words

62.


In other words
We need to refresh our memory page, it is stuck.

63.


memory

64.

Events in life trigger the unprocessed memories

Similar events get linked in the unprocessed memory and it feels like the event is happening **now.**

Previous experiences are reinforced.

"Ah, more proof that the lie (my perception) is true."

Adaptive Experiences

But don't forget:

Positive experiences are also stored in memory networks.

In addition to the negative, our brains also store adaptive information, resources, and memories

Links made to the adaptive memory networks through processing can transform all aspects of the negative memory

EMDR Processing changes the way a memory is stored in the brain

Processing the memory causes an adaptive shift in all components of the memory - time, age, symptoms, reactive behaviors, sense of self.

These changes lead to more choices for the client. **Useful learning is kept, and the maladaptive information is let go.**

Links are made into positive networks.

Implicit and Explicit

The Way it is Stored Appears to Change

There is a shift from:

implicit- a felt sense- to explicit: narrative, meaning-making

AIP Roadmap

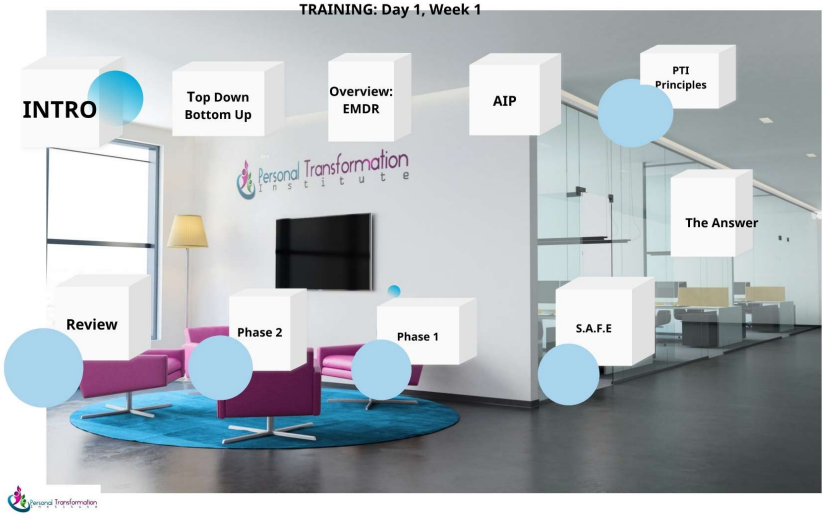
- The presenting complaints
- Access the memories to change storage
- Focus on associated memories
- Memories become integrated and adaptive

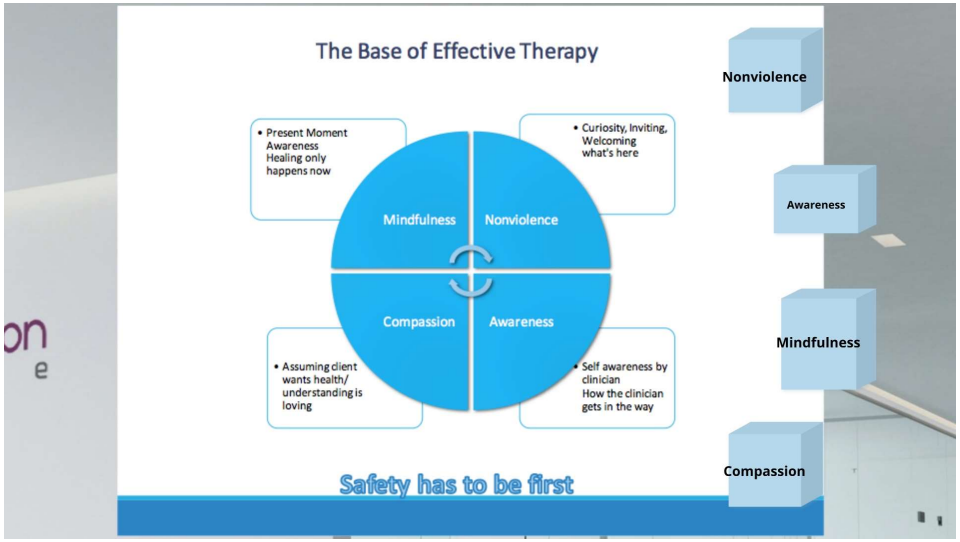
Our system wants balance and health

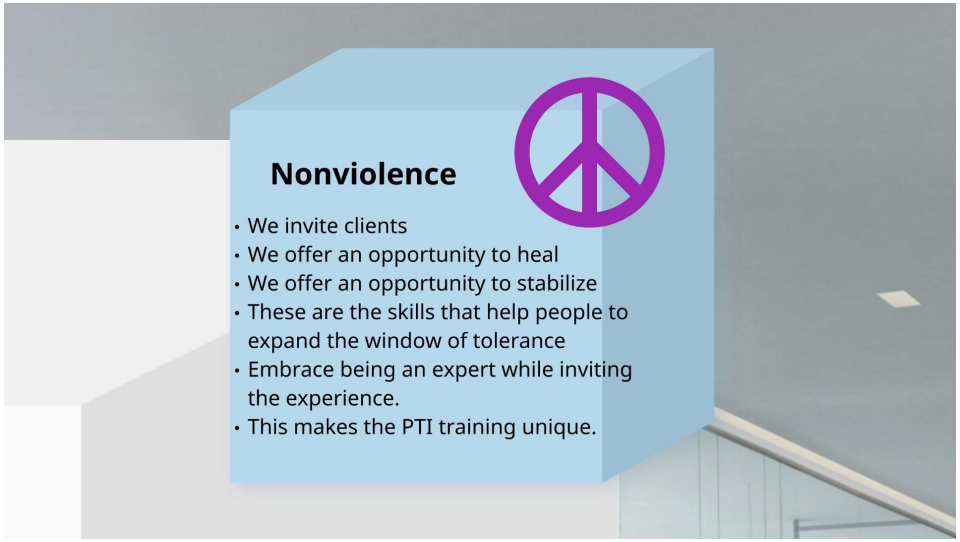
Keep what is useful → Release what is not

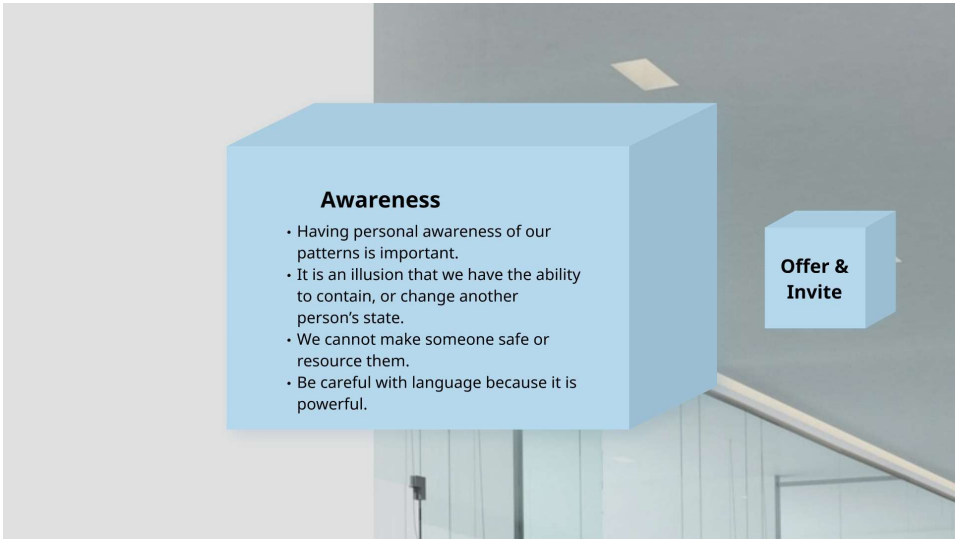
Link to positive what was not available previously.

S.A.F.E Approach to EMDR Therapy
TRAINING: Day 1, Week 1

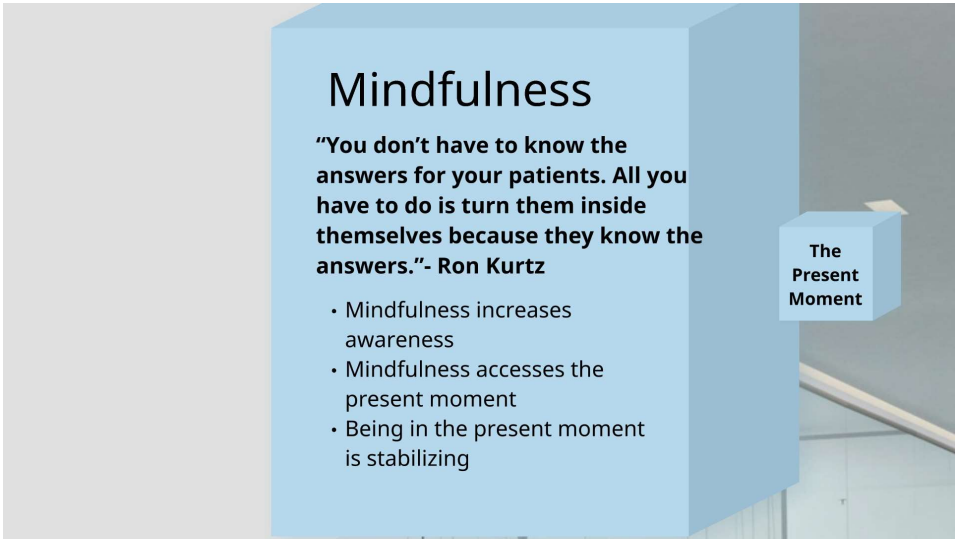





Nonviolence
• We invite clients
• We offer an opportunity to heal
• We offer an opportunity to stabilize
• These are the skills that help people to expand the window of tolerance
• Embrace being an expert while inviting the experience.
• This makes the PTI training unique.


Awareness
• Having personal awareness of our patterns is important.
• It is an illusion that we have the ability to contain, or change another person's state.
• We cannot make someone safe or resource them.
• Be careful with language because it is powerful.
Offer & Invite


Resources & Regulation
We want to set the conditions and offer opportunities for our clients to become empowered, learn how to develop resources, and change emotional states.
Self-regulation is an important skill and we want to be clear that we are offering tools and suggestions for that, rather than that we are resourcing them or we are changing the client's state.


Mindfulness
"You don't have to know the answers for your patients. All you have to do is turn them inside themselves because they know the answers."- Ron Kurtz
• Mindfulness increases awareness
• Mindfulness accesses the present moment
• Being in the present moment is stabilizing
The Present Moment

The Importance of the Present Moment Experience.

We can only ever be in the **present moment.**

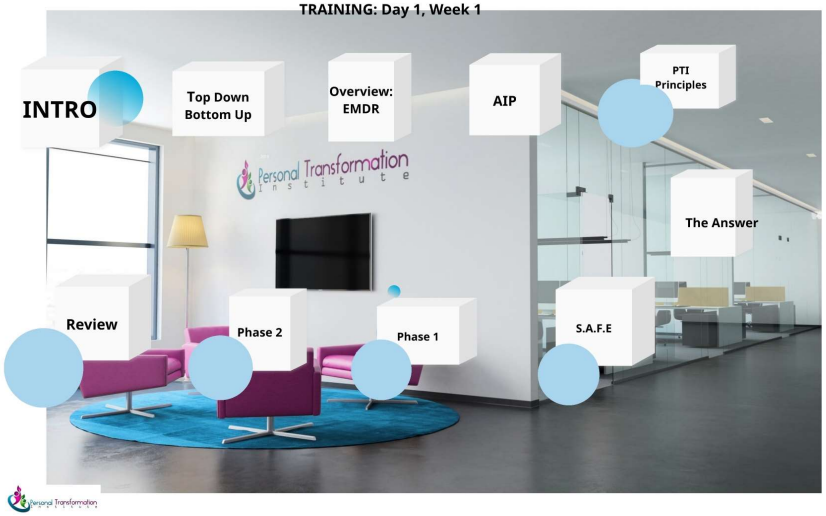
Francine calls it Duel Awareness

We will practice Mindfulness Daily

Compassion

“Understanding the connection between boundaries, accountability and compassion make me a kinder person.” – Brene Brown

S.A.F.E Approach to EMDR Therapy
TRAINING: Day 1, Week 1



The Answer

“The Answer” is our simplified concept of Attachment and working with the Body.

Start with the Answer!

The Answer and Scarf Exercise and Mechanics

81.

82.

What the Answer does

Problem

Over/ Under developed

Adaptive Strength

The Answer is essentially what we do to stay safe or stay attached to our caregivers.

- Our concept of "The Answer" addresses the somatic and attachment focus in a simplified way.
- The answer is formed by:
  - our natural trauma response
  - our genetics
  - our family culture or "boot camp."

83.

Our Answers

- Were very helpful to keep us safe or attached at one time.
- Become our strength, "go to" way of managing.
- Are now **patterns** that feel like the only option of reality.

Our Answers

84.

Our Answers

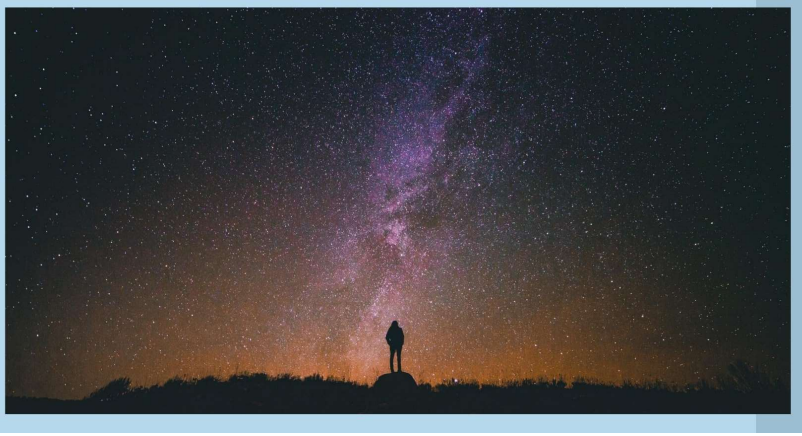
Keep us from getting the thing we want the most.

Create what we don't want.

Manifest in our physical body.

Will be identified in the presenting problem.

Our Answers hold us back and keep us from being a shining star!



The Problem Was Once an Answer

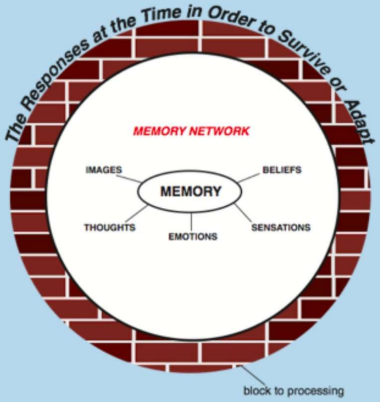
- **how that symptom was helpful to an overwhelmed system.**
- **the symptom is there for a reason.**
- This **symptom is "The Answer."**

The Problem of the Answer

- The **Answer was once adaptive** and is now the presenting issue.
- The Answer has developed out of **repetition** and becomes **automatic**.
- The "Answer" cause a client to **over-develop** certain skills, traits, or mechanisms.
- There is an imbalance, because if something is over-developed, something else much be **under-developed**.

The Answer is a block to processing

One way to think about the problem of the Answer is like a brick wall surrounding the memory network:

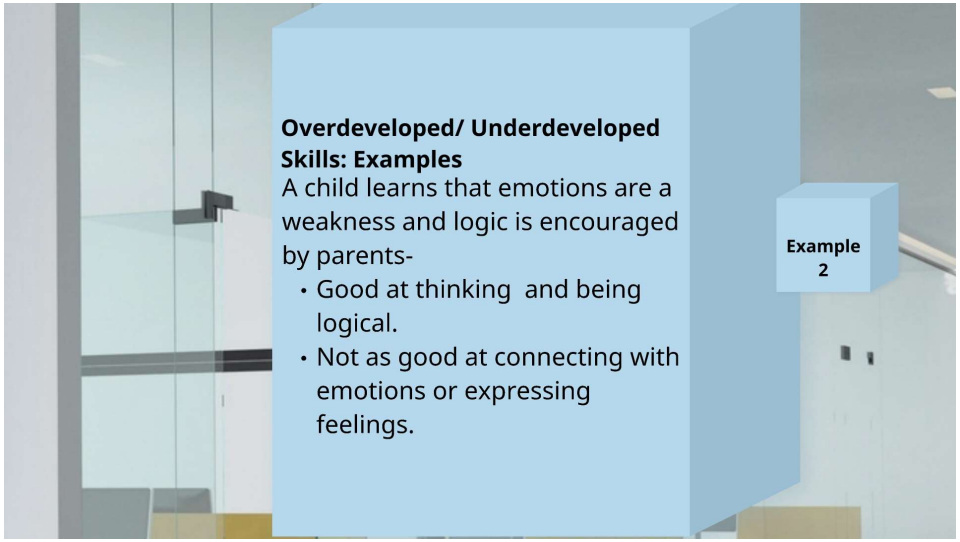


The Answer is usually emerges as a way to stay out of sadness.

We are always trying to fix the problem with the answer.
The ”Answer” then becomes a problem.
The original experience is the root.

The trick is…
To be able to see the answer.. .The water we swim in. To be able to see what it is trying to “make up for.” That is the lie.
What experience gave us that view of who we are or the world?

To be able to be with the sadness of what we didn’t get or what we got that we didn’t want.



Attachment Patterns

A child learns to be good at noticing how other people are feeling and taking steps to make other people "happy".

Good at perceiving how others are feeling, pleasing others.
Not as good at tolerating the distress of others.

Respecting the Answer -

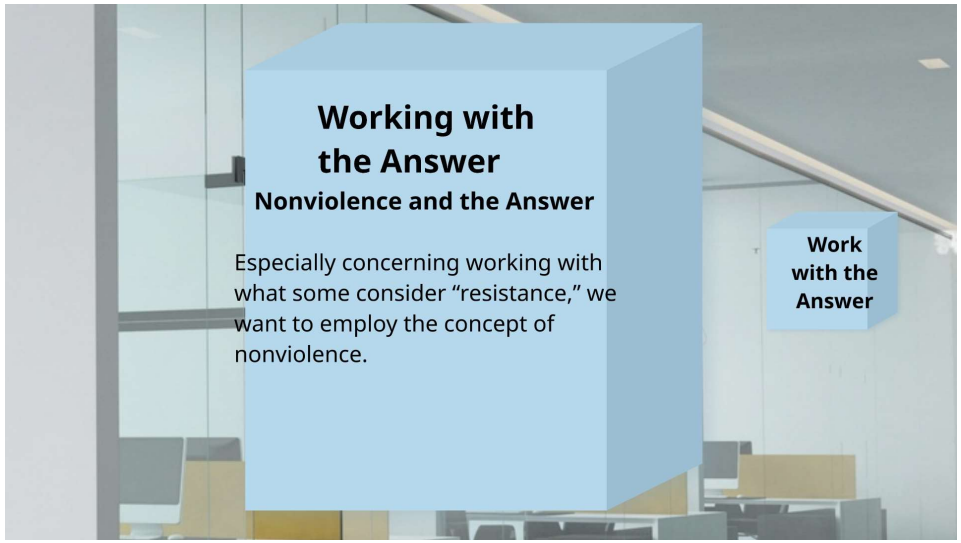
Respecting the Answer -

Nonviolence is important here!

Since the Answer is basically a defense *as well as strength*, we want to work with it in a way that respects the reason it is here while inviting new opportunities to develop what is underdeveloped.

It is up to the clinician to help determine what is "underdeveloped" for the client to help find the real root of the issue.

But first it is important for the clinician and the client to **understand why the presenting issue is here and how it was once adaptive.**
Understanding this may be the most important part of the treatment planning.



Working with the Answer

Nonviolence and the Answer

Especially concerning working with what some consider "resistance," we want to employ the concept of nonviolence.

Work with the Answer

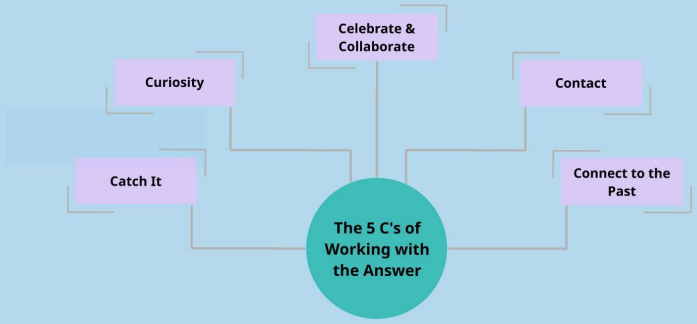
We aim to appreciate the Answer

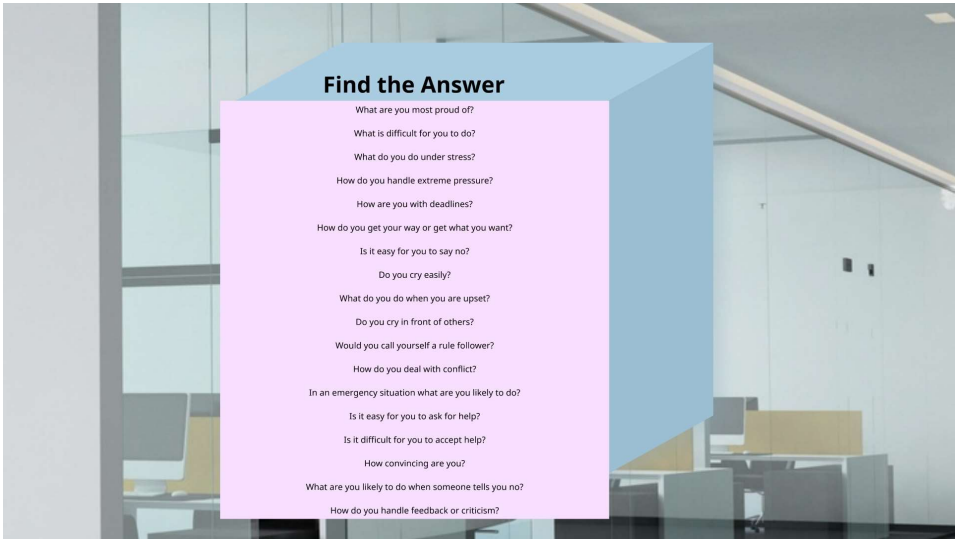
Instead of trying to make the Answer go away, we want to **appreciate the Answer** and offer support for the client to make space for awareness. The client is then able to have different choices when it is appropriate.

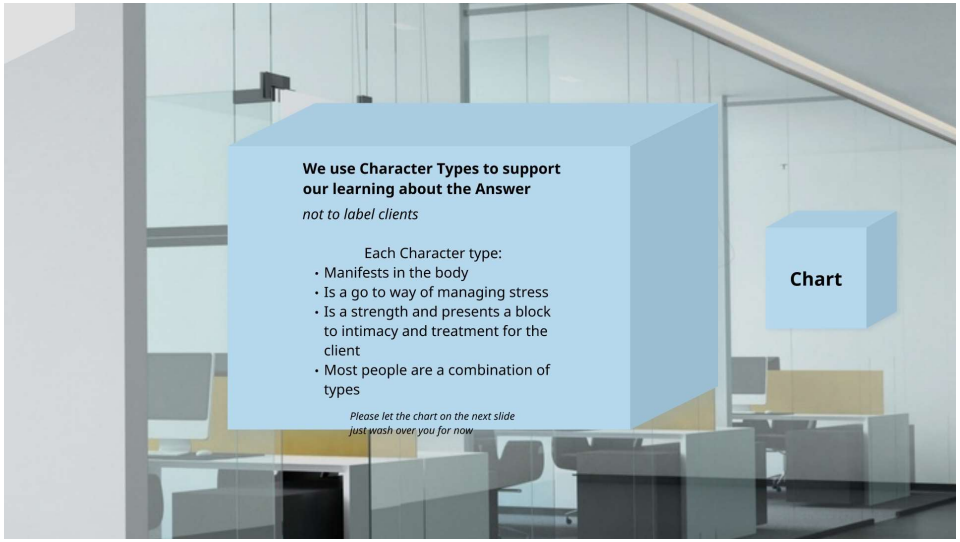
"Give it a little more gas!"

If we are frustrated or stuck, our Answer is here, trying to help.

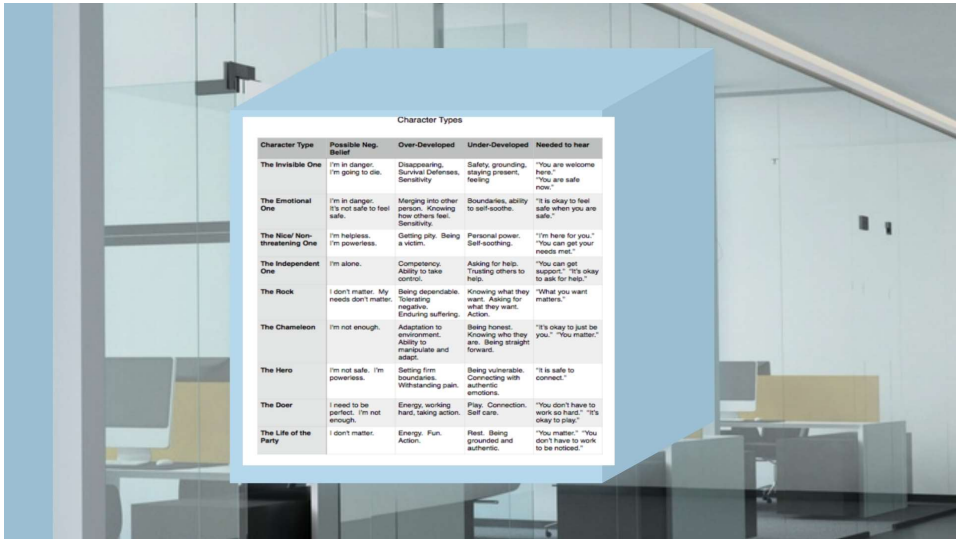
As it makes things worse we get more stuck and more frustrated.





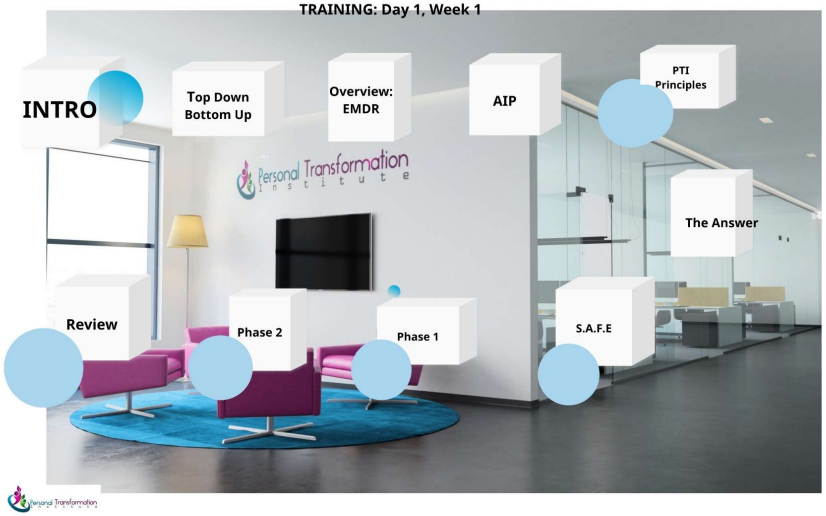


101.

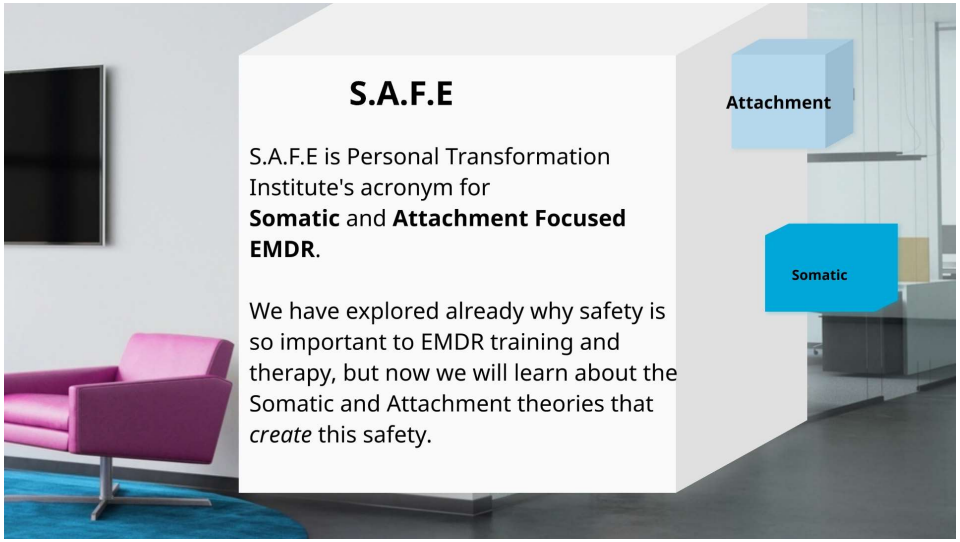


102.

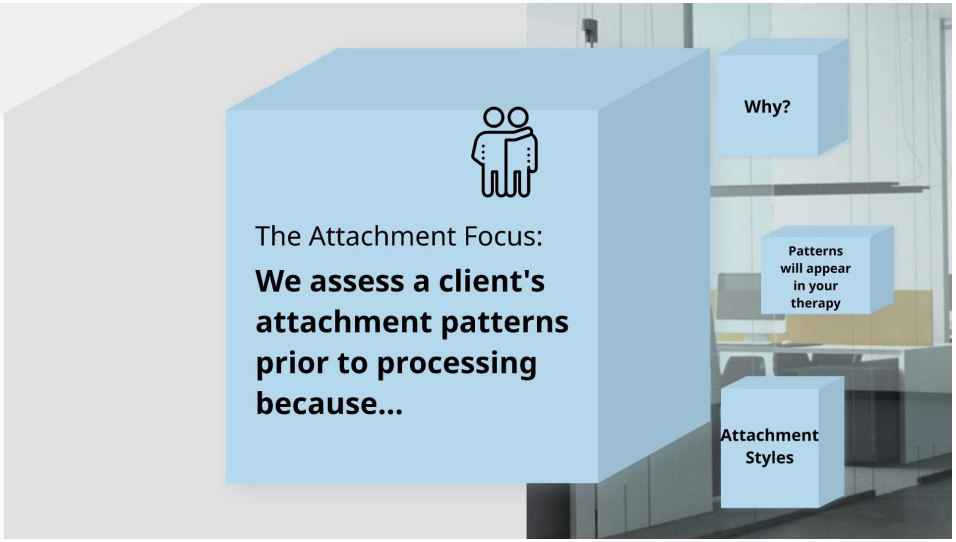
S.A.F.E Approach to EMDR Therapy
TRAINING: Day 1, Week 1



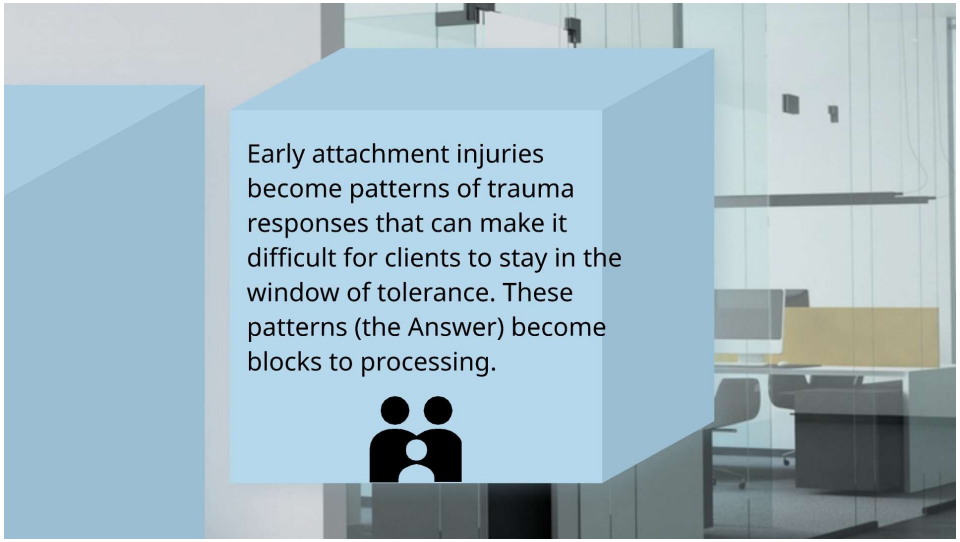
103.



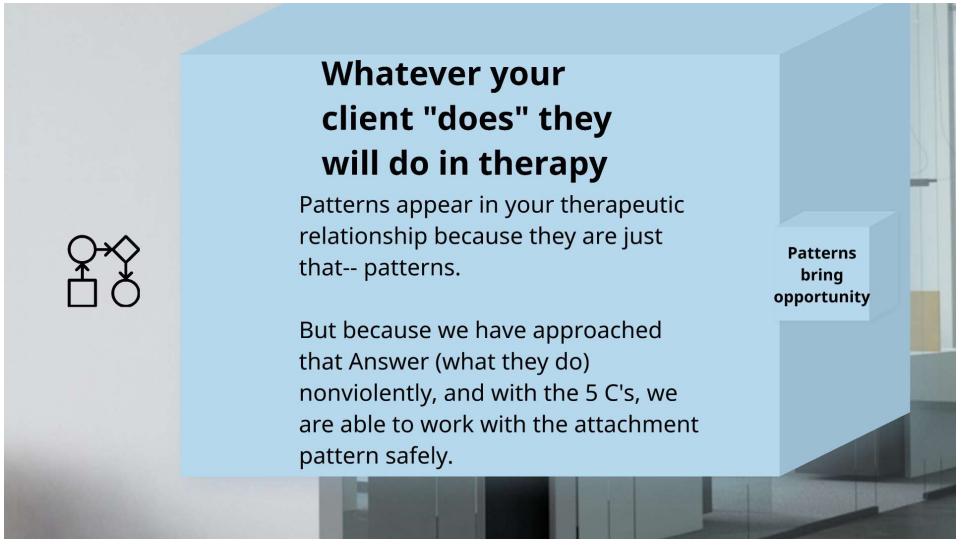
104.



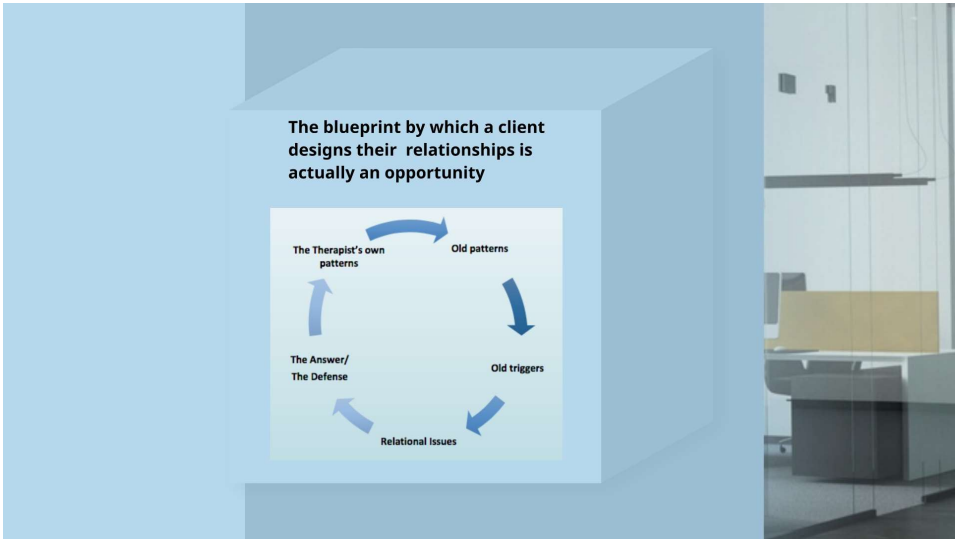
105.



106.

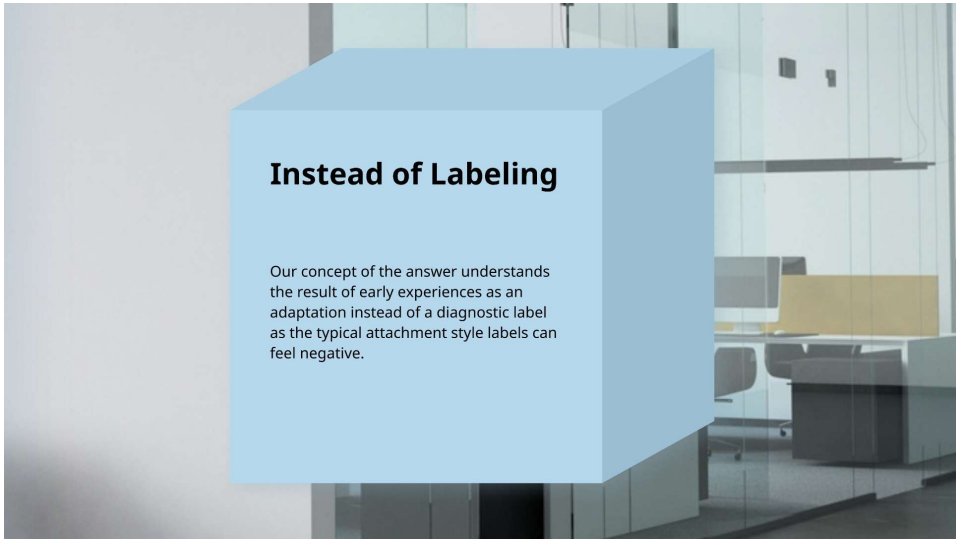


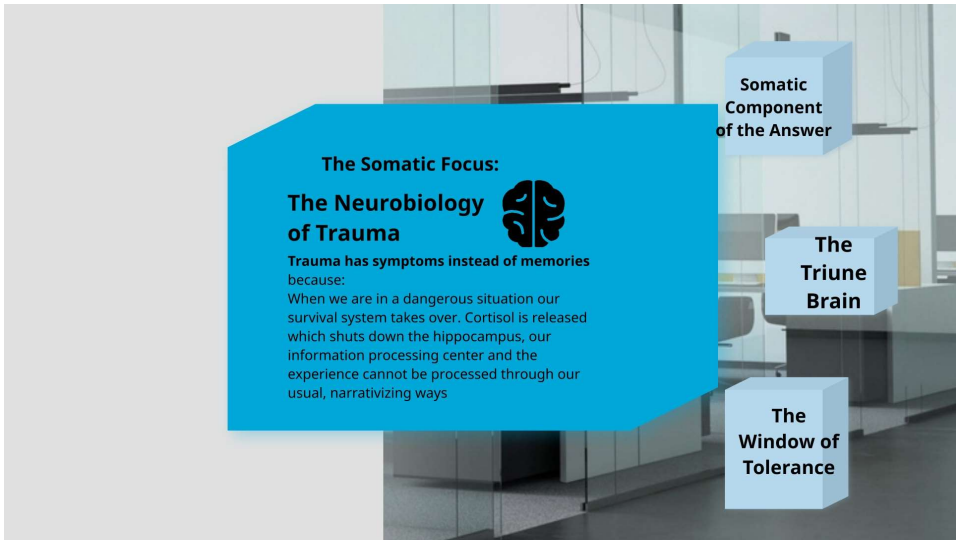
107.

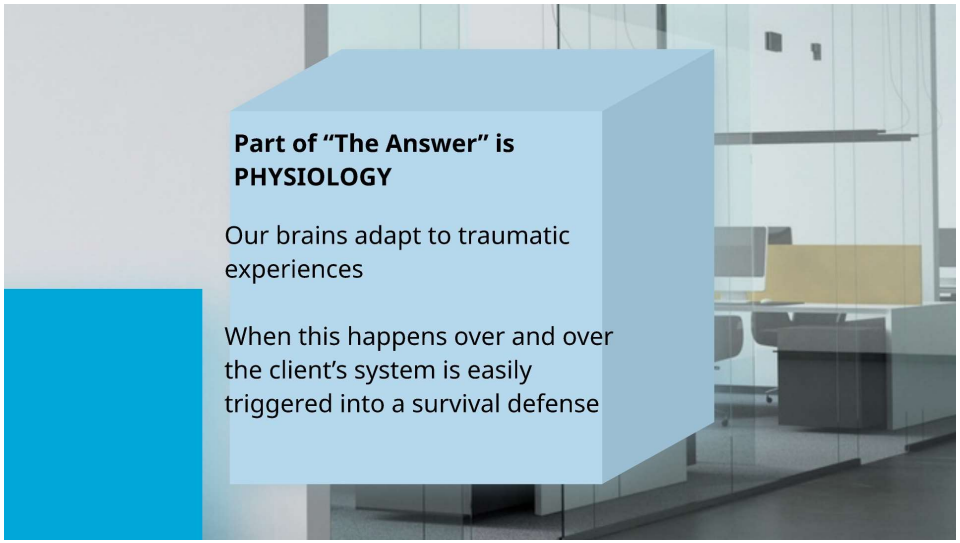


108.


Attachment Styles
• Secure Attachment: Able to create meaningful relationships, be empathetic, and able to set appropriate boundaries
• Dismissive/Avoidant Attachment: Avoids closeness or emotional connection, distant, critical, rigid, intolerant.
• Insecure Attachment: Anxious and insecure, controlling, blaming, erratic, unpredictable and sometimes charming
• Disorganized Attachment: Chaotic, insensitive, explosive, abusive, untrusting
• Reactive Attachment: Cannot establish positive relationships
The Answer

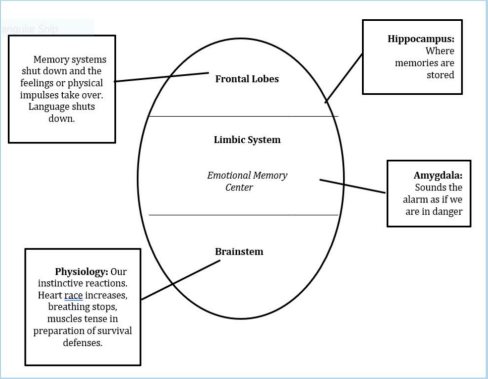

Instead of Labeling
Our concept of the answer understands the result of early experiences as an adaptation instead of a diagnostic label as the typical attachment style labels can feel negative.


The Somatic Focus:
The Neurobiology of Trauma
Trauma has symptoms instead of memories because:
When we are in a dangerous situation our survival system takes over. Cortisol is released which shuts down the hippocampus, our information processing center and the experience cannot be processed through our usual, narrativizing ways
Somatic Component of the Answer
The Triune Brain
The Window of Tolerance


Part of "The Answer" is PHYSIOLOGY
Our brains adapt to traumatic experiences
When this happens over and over the client's system is easily triggered into a survival defense

The Triune Brain (Paul D. MacLean)

A. Reptilian – Brain stem (bodily functions)
B. Paleomammalian – Limbic System (emotions)
C. Neomammalian – Frontal Lobes (thinking)



The Problem of Our Adaptations

When trauma occurs it is natural for the human system to go into **defensive resources**: fight, flight, freeze, collapse, or submit.

These are natural adaptations to trauma and danger, but they become a problem when the trauma is triggered by something that is not life-threatening and yet the human system reacts to the trigger *as if it is* life-threatening.

The client becomes stuck in hyperarousal or hypoarousal.

Solution:

We want to work at the edges of a client's tolerance where we can help to expand their **Window of Affect Tolerance**. If the Window is expanded the client has more tolerance for emotion.

The Window of Tolerance is the optimal arousal zone for processing memories

Trauma and Triggers result in hyper- and hypo- arousal

- **Hyperarousal:** sympathetic nervous system engaged- flight, fight, freeze
- **Optimal arousal zone:** able to absorb and integrate information, regulated arousal, present, dual awareness.
- **Hypoarousal:** parasympathetic nervous system engaged- collapse, submit

Information processing and integration is not possible outside of the Window of Tolerance

The Window of Tolerance

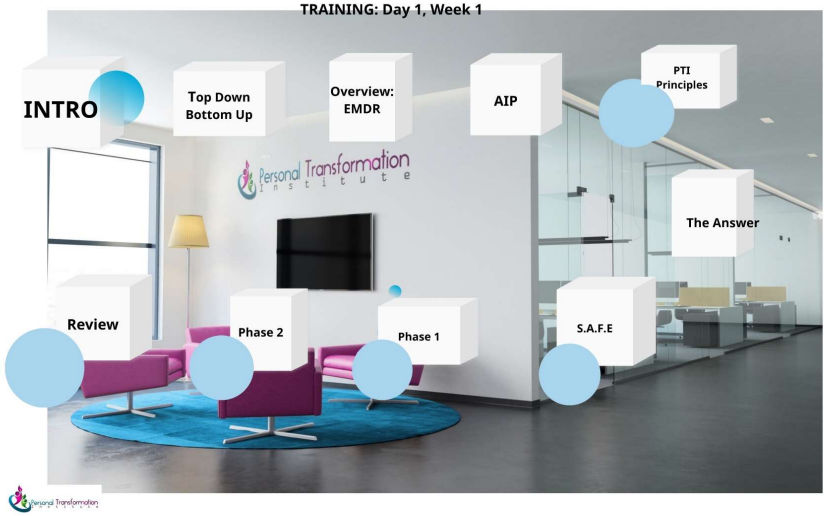
Hyperarousal
- Too much arousal
- Unable to integrate
- Fight, Flight, Freeze

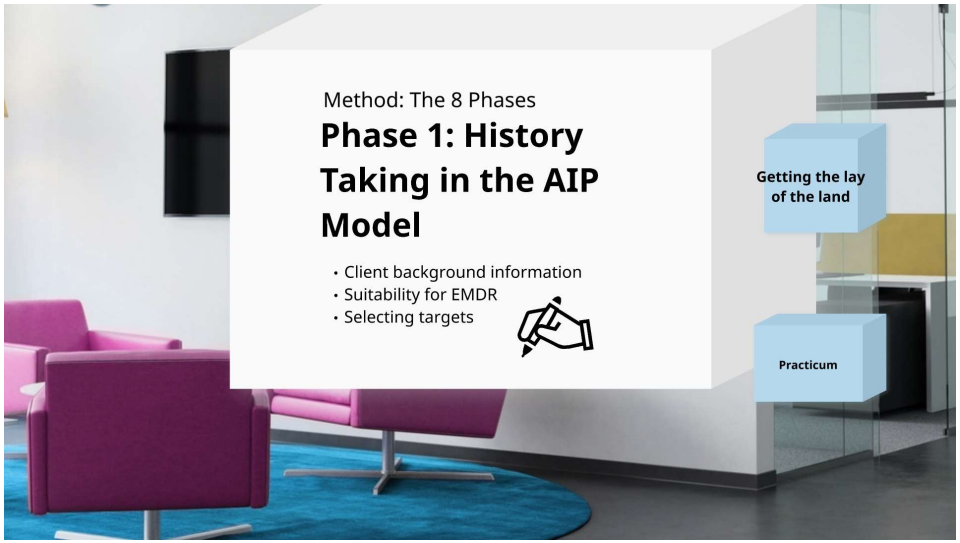
AROUSAL

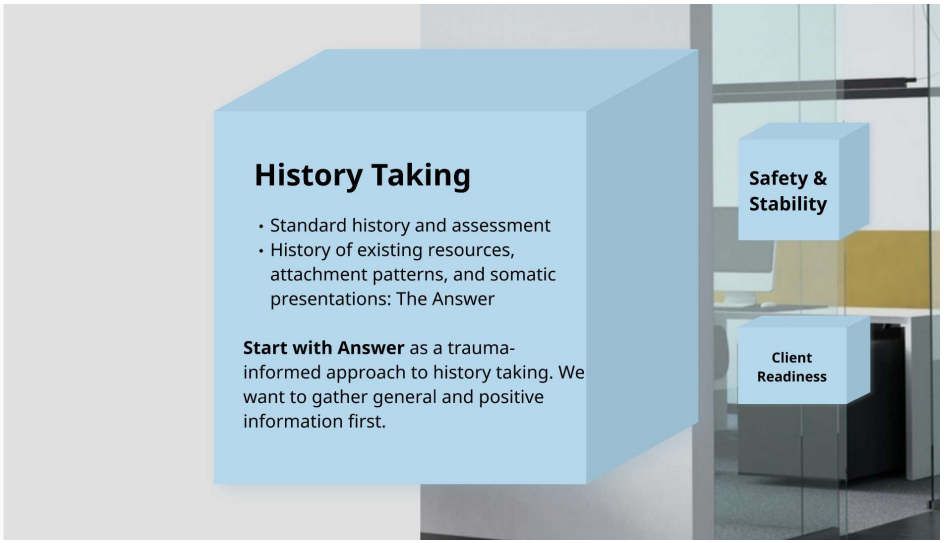
The Window of Affect Tolerance
- Able to integrate
- Regulated arousal
- Present
- Dual Awareness

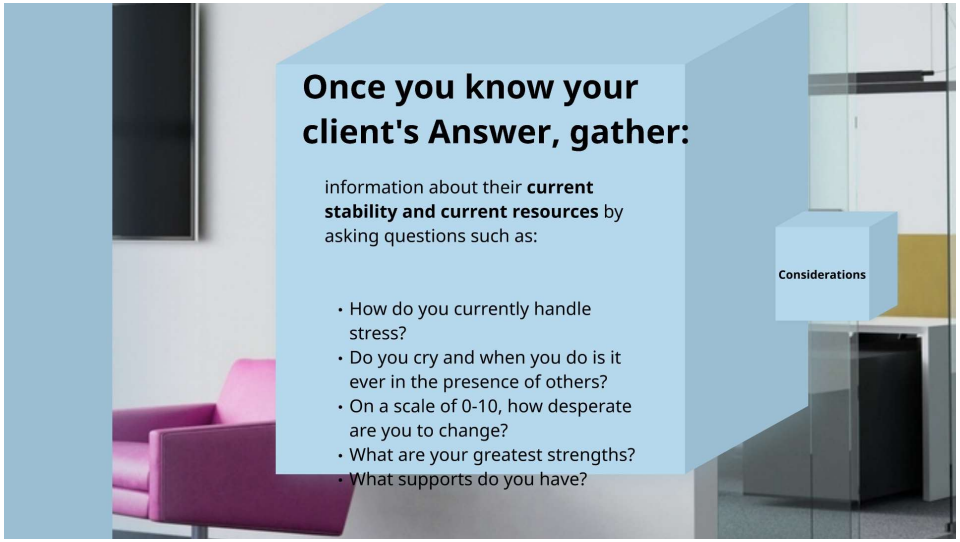
Hypoarousal
- Too little arousal
- Unable to integrate
- Parasympathetic
- Collapse, Submit

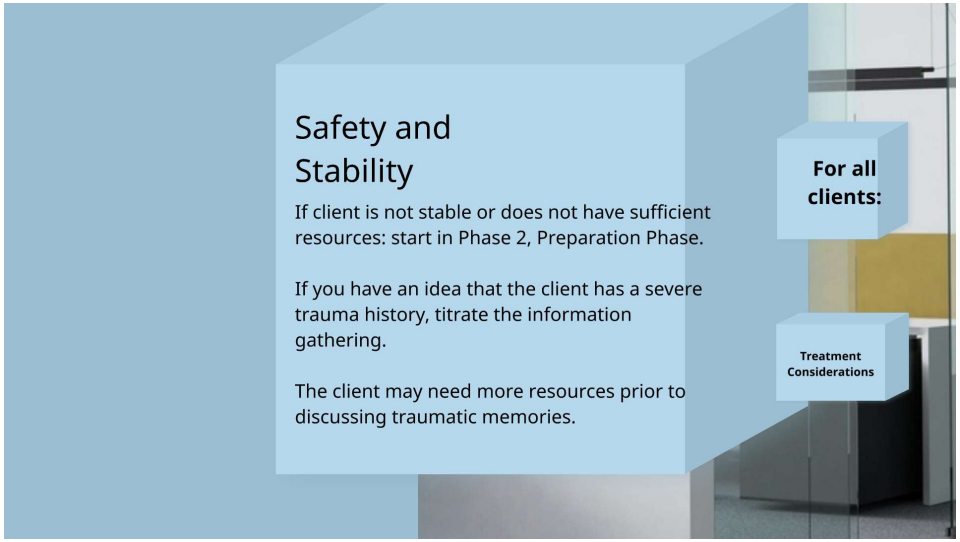
S.A.F.E Approach to EMDR Therapy
TRAINING: Day 1, Week 1











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

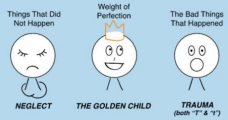
DES can be found online

http://traumadissociation.com/des

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

Treatment Considerations

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



Client Readiness for Processing Criteria: are you and the client ready?

- AIP Conceptualization
- How is memory stored?
- What Answer is stored?
- How is your relationship? (Honest feedback, trust, barriers)
- Clinical Map- What is it like to be client? (current stressors, cultural issues)
- Consider safety issues

Use the Answer

How to use the Answer in Phase 1

During Phase 1, as your client describes their current symptoms,

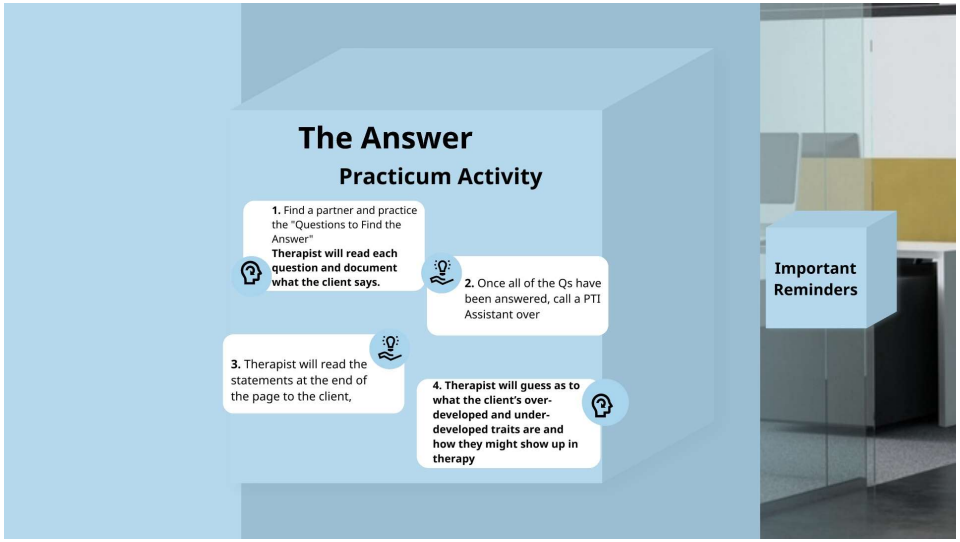
listen for how that symptom was once helpful to an overwhelmed system.

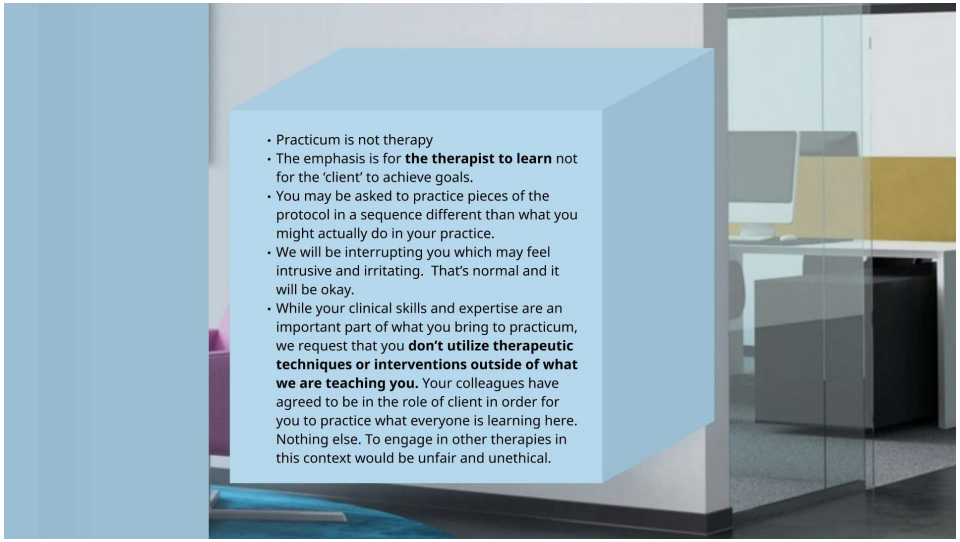
- Even though this symptom may be distressing to the client, the symptom is there for a reason.
- This symptom is "The Answer."
- The Answer was once adaptive and is now the presenting issue.
- AIP looks at the Adaptive Response.

We will be practicing the Answer Questionnaire with a partner

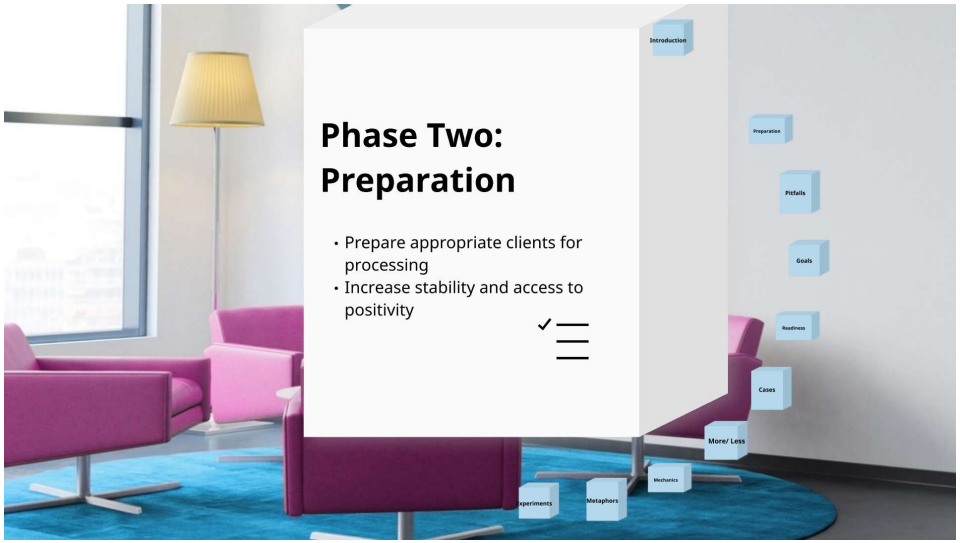
What are you most proud of?
What is difficult for you to do?
What do you do under stress?
How do you handle extreme pressure?
How are you with deadlines?
How do you get your way or get what you want?
Is it easy for you to say no?
Do you cry easily?
What do you do when you are upset?
Do you cry in front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

Practicum Instructions


The Answer
Practicum Activity
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, call a PTI Assistant over
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
Important Reminders


• Practicum is not therapy
• The emphasis is for **the therapist to learn** not for the 'client' to achieve goals.
• You may be asked to practice pieces of the protocol in a sequence different than what you might actually do in your practice.
• We will be interrupting you which may feel intrusive and irritating. That's normal and it will be okay.
• While your clinical skills and expertise are an important part of what you bring to practicum, we request that you **don't utilize therapeutic techniques or interventions outside of what we are teaching you.** Your colleagues have agreed to be in the role of client in order for you to practice what everyone is learning here. Nothing else. To engage in other therapies in this context would be unfair and unethical.


S.A.F.E Approach to EMDR Therapy
TRAINING: Day 1, Week 1
INTRO
Top Down Bottom Up
Overview: EMDR
AIP
PTI Principles
Personal Transformation Institute
The Answer
Review
Phase 2
Phase 1
S.A.F.E


Phase Two: Preparation
• Prepare appropriate clients for processing
• Increase stability and access to positivity
Introduction
Preparation
Pitfalls
Goals
Readiness
Cases
More/ Less
Mechanics
Metaphors

Introduction:

In Phase 2: Preparation...

We are getting ourselves and our client prepared on several fronts.

Mainly we are planning how they will stay safe and connected throughout the phases and we are thinking about what we can do to increase their ability to stay in the Window of Tolerance.

Treatment Planning

Developing an Adaptive Information Processing Informed Resource Plan

is how we make a treatment plan in EMDR.

We are thinking about how the client's adaptive Answer (what they did to stay safe and connected) is going to effect their treatment

and we are planning what healthy resources we can offer them to help with connection and safety.

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.

Clients come to us with their own resources.

These resources are adaptive, but are not necessarily healthy.

A good example of a potentially unhealthy resource is substance use or abuse.

Resources

While we learn about Phase 2...

we will see several examples of what we mean by resources-- various exercises to regulate affect.

We will also

Come to understand that

in Phase 2 we are Treatment Planning (preparing) in that we are keeping in mind that there are Three Prongs in EMDR: the past, present, and future, and we will need certain information to move through the Prongs.

Today

Today we will

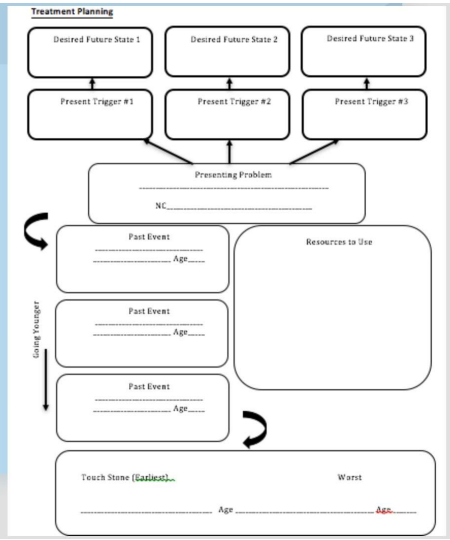
learn about what needs to be established, how we conceptualize our client's case, and possible resources to use throughout the phases.

Tomorrow we will

learn about how we find the touchstone memory and how we find the negative cognition. We will understand how preparing all of this effects the following Phases.

Worksheet

Working from the bottom up, this sheet is a good way to conceptualize how the treatment is planned.



Ensure the client has everything needed 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

Predicting the Pitfalls

Strengths: What they will likely do when we get close to the pain

Underdeveloped: Ability to "just be" or to "take as long as needed to heal"

- What does client need more or less of?
- Predicting the **Dangerous** and the **Annoying**

The Goal of Resourcing and Stabilization

In Phase 2

Staying Present
Assisting client in increasing window of tolerance

Feel what is here
Assisting increase in ability to regulate affect/ change states

Affect Regulation & Toleration of Connection

Predicting blocks
Therapist has idea of how client's Answer will surface

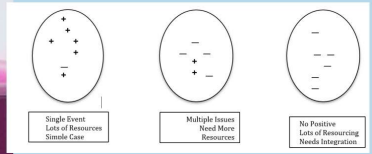
Mindfulness
Client has some ability to report experience.

How do you know if a client is ready?

- Able to go in and out of distress
- Ability to use resources at home
- Some ability to report experience
- Enough emotional safety/ relationship
- Dangerous and Annoying have been predicted and we have created a plan.

Case Conceptualization

Complex trauma may need more preparation and stabilization to develop resources



Use the Answer to find where the client is on a continuum so that you can plan 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.

Ability to freely give and receive

Good at being firm — Boundaries — Good at being flexible

Clear about personal rights and rights of others
Ability to choose

61

Good at verbal expression — Verbal Expression — Good at listening

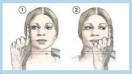
You will practice this tomorrow.

Mechanics- Virtual instructions in the practice sheets.

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

Preferred method for dual attention:

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



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

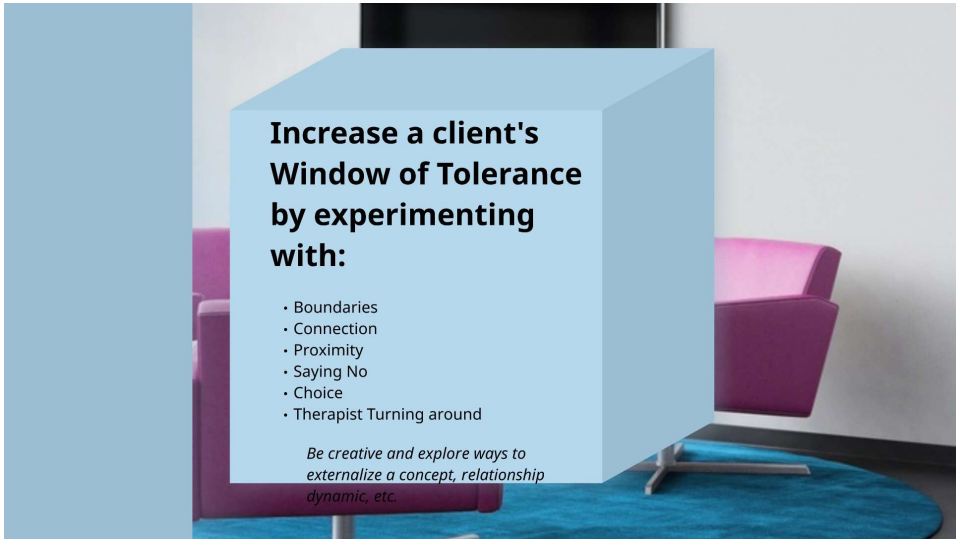
"Imagine that you're going to see a movie, you know what the movie is about, but you don't know what is going to happen from one scene to the next, so let yourself be curious about it"

Invitations to Experiment

- Always invite.
- Work with whatever is present- even a refusal of the invitation.
- Always ask permission before using touch.

Experiments to Increase WOT

Connection Issues



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

- Physically or verbally set a boundary
- Move
- Be Still
- Make an affirmative statement
- Talk
- Be Silent
- Communicate without words
- Exaggerate a posture or movement and the opposite
- Say No
- Reach
- Physically connect with Therapist, e.g., holding ends of a scarf

Props

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

Important Note:

Experimenting with Connection Issues is also a way to assess the client's Window of Tolerance (WOT).

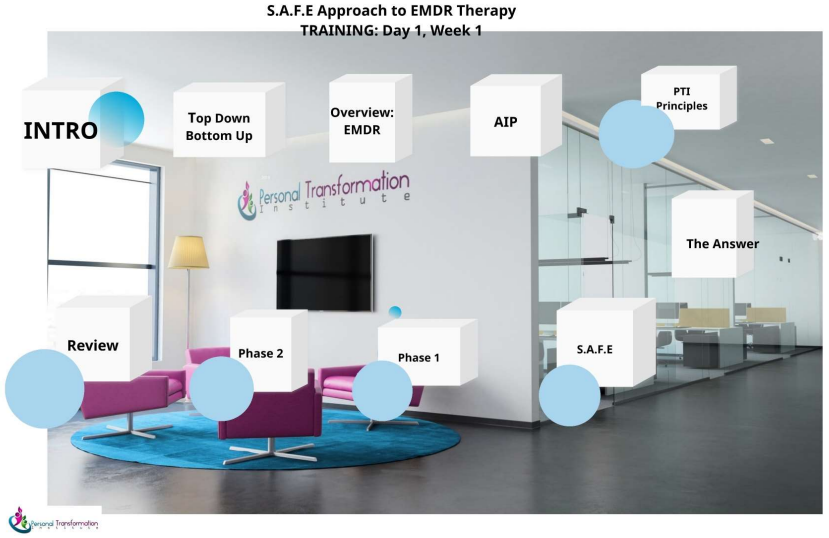
Somatic resources may bring up unresolved Attachment Wounds and Attachment Trauma resulting in Hyper- or Hypo-Arousal.

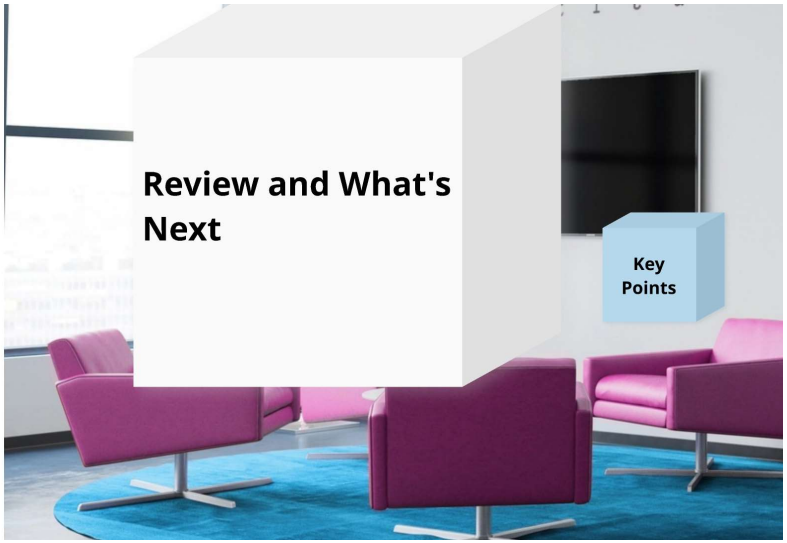
Be prepared to offer State Change / Safety Resources following Somatic Resources.

Safety Resources

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

- Breathe
- Center
- Align
- Safe / Calm Place
- Spiral
- Grounding
- Playing Catch
- Container
- Light Stream





Now we'll:

1. We'll review the practice sheets together
2. Talk about mechanics, the Answer, and resources
3. Practice
4. Keep your own info. Split your time equally. Watch for messages.

S.A.F.E Approach to EMDR Therapy
TRAINING: Day 1, Week 1