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Day 2

1. Phase 2

Today's Schedule

2. Phases 3-7

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Review of Day 1

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Day 1-Takeaways

- What EMDR Therapy is: History, Theory, Model (AIP)
- PTI Principles and Somatic and Attachment Approach
- The 3 Prongs
- Understanding Regulation
- The Answer
- Mechanics


A group of four people (three men and one woman) are sitting around a table, smiling and celebrating. They are looking at a laptop screen.

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Day 1 Review

Phase 1



- Assessing the client's resources
- Understanding the client's Answer

Phase 2




- Expanding the Window of Tolerance
- Assessing client readiness and safety
- Preparing the client
- Predicting the pitfalls based on the Answer
- Considering a client's More and Less of
- Finding Resources of Calm and Contain

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Day 1 Review



What Questions Do You Have?

We will continue learning about Phase 2 by talking about getting to the root and finding the negative cognition

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What You Will Learn Today

Finding the Problem


Presenting Issue/Present Triggers: a specific and current problem

Touchstone Memory: earliest experience relating to the present issue

Target Memory: the memory you are going to process.
(will be the Touchstone Memory first)

Negative Cognition: a negative belief about the self.
(helpful in finding the root of the issue)

Root of the Issue/ Problem: earliest experiential time prior to the Answer



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Phase 2: Preparation

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The 3 Prongs: Where to Start

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The 3 Prongs: Where to Start

Past

- The first experience (earliest "Touchstone Memory")
- The worst experience
- Other times in chronological order if possible
- These will be reprocessed first ideally.

Present

This is the recent times that the presenting issue is a problem. Look at all areas of life:

- Work/school
- Social Situations
- Intimate Relationships

Future

- For each present situation identify how the client would rather respond in the future
- Explore new patterns of behavior and feeling
- Look for missing experiences or underdeveloped skills and resources

The 3 Prongs: Order of Process



We target **one** presenting issue at a time.



Ideally, we start with the **earliest memory first, the Touchstone Memory**, and then process the later memories, past events, chronologically



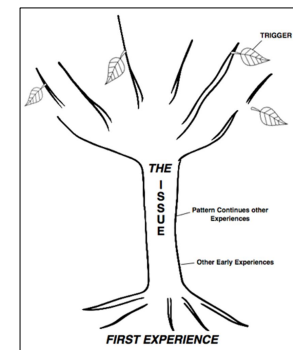
Once all of the earlier memories are resolved we will process the present triggers and have the client think about how they would react to those triggers in the future



In Phase 2 we're asking about the present (how the client feels NOW) to get to the negative cognition, which brings us to the root, and finally, to the Touchstone Memory.

Touchstone Memory: Getting to the Root

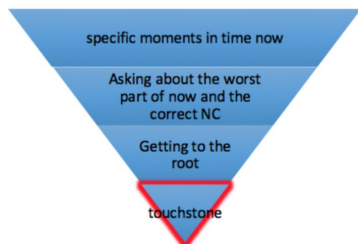
We trim the leaves to get to the first experience (the Touchstone Memory) and find out the root cause of our client's presenting issue.





Touchstone Memory :Funneling Toward the Root

Funneling toward the root



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Touchstone Memory : Direct Questioning

...

"What is an earlier time you can remember experiencing something similar?"

No matter what earlier memory they report you will ask:

...

"And can you think of an earlier time?"

You will ask this several times until they cannot think of any more events

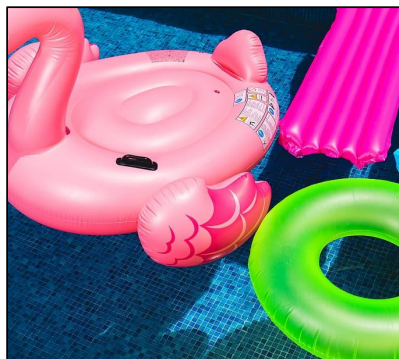
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Touchstone Memory: Float Back

"As you bring up the recent experience of _____, notice the image that comes to mind, the negative belief you are having about yourself along with any emotions, sensations and let your mind float back to an earlier time in your life when you may have felt something similar"

(Shapiro, 2001) Pg. 70 of the manual



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Touchstone Memory: Affect Scan

"Bring up that negative experience, the emotions and the sensations that you are having now and allow yourself to float back to the earliest time you experienced something similar."



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Finding the Root under the Answer

Finding the Root Under the Answer

Finding the true experiential root of the current dysfunction is an important aspect of treatment planning. This exercise will help lead down the correct neuropathway in order to have the best chance at comprehensive treatment effects.

- What is a current symptom, frustration or limitation?
- When you experience the above what is the longing? What do you want in that moment that you are not getting?
Listening for Safety/Connectivity/Empowerment - Responsibility/Safety/Choice
- Identify recent times when you did have a hope, even a glimmer of hope, of the longing being fulfilled and it did not work out.

We are looking for a specific Moment in Time to light up the limbic system. The client needs to have a specific moment but you do not need to have the details.)

When is the last time you wanted or experienced this at work or in the community? (Present Trigger 1.)

- This is the **SAFE** approach recommended way of identifying targets;
- It incorporates aforementioned three techniques;
- This way unveils the **true experiential root** under the Answer.

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Touchstone Memory: Red Flags

No family of origin memories	"What happened when you told your parents (caregivers)?"
No affect with memories	Does the client appear to be thinking about what "should" be connected? How is the client's "Answer" here? Is he/she good at analyzing, figuring things out?
All memories are examples of the client's "Answer", staying safe of staying connected.	"What happens when you don't/can't do that?" i.e. "What happens when you are not perfect?"
Not any affect or reported disturbance and about one caregiver.	"What happened when you told the other parent (caregiver)?"

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Touchstone Memory

We use the Negative Cognition to help find the touchstone memory...

Negative Cognition

The verbalization of the disturbing affect



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Negative Cognition

The Negative Cognition is a Core, Negative Belief About Self.

- Feels bad
- Feels true but isn't
- The belief that has been avoided
- Generalizable
- Child words
- As bad as possible

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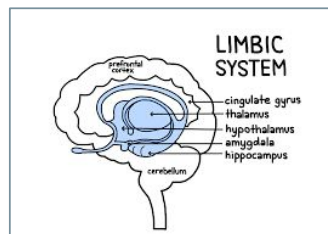
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Negative Cognition

The Negative Cognition is a Core, Negative Belief About Self.

Finding the Negative Cognition (NC) is helpful because...

- Activating the disturbing memory
- Activating the limbic system



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Negative Cognition

The Negative Cognition is a Core, Negative Belief About Self.

How to Find a Client's NC:

"When you bring up the worst part of that experience, what negative belief do you have about yourself right now?"

"When you bring up the experience of ____, what does that tell you about yourself?"

"When you focus on that anger (or other emotion), what is the negative belief you have about yourself, even though you may know better."

"If that ____ (sadness, tightness, pain, squeezing) had words, what would it be telling you about yourself and the world?"

Is it the Correct NC?

"Which one of those feels the worst?" (When the client says multiple NC's

"Does 'I'm not good enough' seem to fit?"
"Can you feel 'I'm stupid'?"

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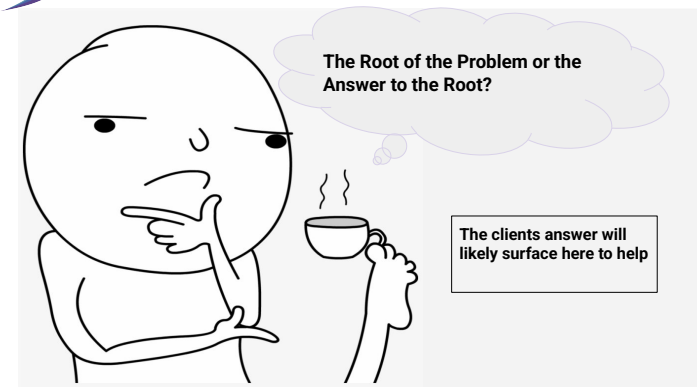
Negative Cognition

The Correct NC Will Light Up the Emotional/Sensations of Fragments of the Past, Unprocessed Memories



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Negative Cognition



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Negative Cognition

Understanding how they had to adapt...



...sets the conditions for the client's system to access the **reason** for the Answer.

Let it be *Organic*



Ideally, the NC will come organically from the client's system (in **Finding the Targets**).

This is not always possible and the therapist may need to **assist by offering some possibilities** such as a question or a menu.

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Negative Cognition

The **root** to Negative Cognition is often connected to our **caregivers**.

- Not blaming but understanding
- The family culture



It could also be related to something that *didn't* happen.

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Negative Cognition: Negative and Positive Beliefs

Negative Beliefs and Positive Beliefs

Types of Negative Beliefs (NC)

Defectiveness/Shame

I'm permanently damaged
There is something wrong with me
I'm not good enough
I'm a bad person or I'm bad
I'm incompetent
I'm worthless/inadequate
I am unlovable
I am stupid
I am ugly
I am a disappointment
I'm different
I'm invisible
I'm a failure

Responsibility/Guilt

It's my fault
I should have done something
I should have known better
I should not have ____

Possible Positive Belief (PC)

I can heal
I'm fine as I am
I am good enough
I am good or caring
I can succeed
I am worthy
I am lovable
I am smart enough
I am fine as I am
I am okay as I am
I'm okay as I am
I matter
I am worthy

I did the best I could
I did the best I could
I did what I could
I can learn

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Negative Cognition: Negative and Positive Beliefs

Negative and Positive Beliefs

Safety

"I'm going to die" "I survived/It's over"
"I am in danger" "I am safe now"
"It's not okay to be safe" "I can feel safe when I am safe"

Control/Choices

"I am out of control" "I can have control"
"I am powerless" "I have personal power"
"I am helpless" "I can make choices"
"I am weak" "I am strong"
"I can't protect myself" "I can protect myself"
"I can't trust my judgment" "I can trust my judgment"
"I can not get what I want" "I can get what I want"
"I have to be perfect" "I can be human"

Discrimination/exclusion

"I'm less than." "I'm equal."

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Negative Cognition: From the Answer to the Root NC

Possibly the Answer	Question to Ask	Possible Root NC
I have to be perfect	What does it mean about you if you mess up or fail?	I'm worthless I'm unloveable I'm not good enough I'm a failure
I have to be in control	What would happen if you are not in control?	I'm powerless, I'm not good enough
I'm incompetent	What would a kid say?	I'm stupid, I'm dumb
I'm a disappointment	What does that say about you?	I'm unloveable?
I'm lazy	What does that say about you?	I'm a failure, I don't matter, I'm powerless
I have to please people	What happens if you don't?	I'm not good enough
I'm invisible	Is it safe to be here	I don't matter, I'm not safe

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Negative Cognition

Common Mistakes With the NC:

Describes a behavior

About the past and not now

Heady or Adult Language

D'oh!



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Negative Cognition

Knowing if it's "the Right" NC:

You will see some affect.



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Positive Cognition



The hope for the future



Desired direction of Change



Generalizable



Somewhat believable

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Positive Cognition

Common Mistakes When Finding the PC:

Just negates the NC and does not reflect what they would like to believe i.e. "I am not ugly."

"Would you like to believe 'I'm fine as I am?'"



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Positive Cognition

Common Mistakes When Finding the PC:

Magical Thinking

The Leap is Too Big



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Positive Cognition

Common Mistakes When Finding the PC:

Confusing the timing - How true does the belief feel now? Not then.



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Treatment Planning

Remember the 3 Prongs of EMDR?

Past, Present, Future?

Past: Early events that are still holding an emotional charge in the client's system.

Present: The events that are happening in the client's life that are activating the early unprocessed memory.

Future: How the client would like to respond, feel or believe in the future when a similar event happens that would normally trigger them.

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Completing the Treatment Plan

Each event in the treatment plan should be a moment in time



Phases 3-7



Phases 3-7



Phases 3-7



Phases 3-7

Completing the treatment plan ideally goes in chronological order from youngest age for the memory to the oldest age.

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Completing the Treatment Plan

After all of the past events have been processed to a SUD of 0 and VOC of 7...



SUD 0 VOC 7

...the present triggers are then evaluated to see if those too need to be processed using Phases 3-7



Phases 3-7



Phases 3-7

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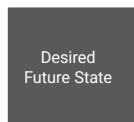
Treatment Planning

You find Future Desired State Through Present Triggers

For each present trigger the client and therapist have developed the desired future state for the client and those are addressed with the Future Template Protocol.



has its own



addressed with



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Treatment Planning

Desired Future States

If you don't know where you are going, you might not get there!

How would they like to respond instead of the current present trigger response?



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Desired Future States

How would you like to:

- Respond or Feel?
- **Act differently?**
- Handle the situation differently?



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Future Desired States

In Practice Sheets



Future Desired State Worksheet

Completing the Treatment Plan

How I would like to feel at each present trigger and decide how you would like to react, behave, or feel in that situation when or if it happens in the future. (This needs to be something you can imagine happening.)	Future Desired State:
One for each present trigger listed above. Present trigger 1: "As you think about the present trigger of _____ how would you like to be able to react, feel, or behave when that or something similar happens in the near future?"	Future Desired State:
Present trigger 2: "As you think about _____ (name second present trigger), how would you like to be able to react, feel, or behave in the future?"	Future Desired State:
Present trigger 3: "As you think about _____ (name third present trigger), how would you like to be able to react, feel, or behave in the future?"	Future desired state:

There may be more or less than 3 of each.
Transfer the information to the one page sheet on the following page.

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Treatment Plan Targets

Treatment Plan Targets

Presenting Issue/Symptom

Present Triggers

Socially

Work/Community

Close Relationships

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Treatment Plan Targets

Past Events

Memory:

Age:

Future Desired States:

Socially

Work/Community

Close Relationships

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Phase 3: Assessment

(Think of this phase as the "Activation" Phase)

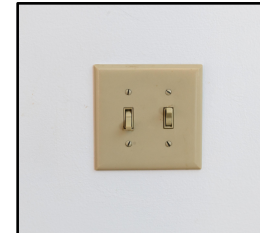
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Assessment

Asking questions to activate the memory

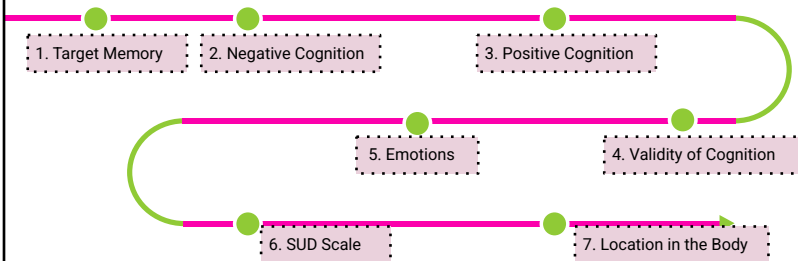
Stick to the script!

Think of Phase 3 as flipping on all the switches/starting the engine



Assessment: Process

Procedural Steps for Phase 3



Assessment: Worksheet

Phase 3: Assessment Full Protocol

Specific Instructions: Prior to starting, please make sure you are in the correct setting, have already practiced speed, distance and type of DAS, and practiced the stop signal. You should be ready to start eye movements after the final question in Assessment.

Target: (In hearing, earliest touchstone memory found. This should be a moment in time, not an issue.)

"When you bring up that memory, what image represents the worst part?"

QAS: "Is this image from the perspective of the box named, 'Is this the worst part of it?'"

Negative Cognition: "What words go best with that picture that express your negative belief about yourself now?"

Positive Cognition: "When you bring up that picture, what would you prefer to believe about yourself now?"

Validity of Cognition (VOC): "When you think of that picture, how true do those words impact the positive cognition about you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?"

Emotion: "When you bring up that picture and those words (negative cognition about), what emotion do you feel now?"

SUD: "On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does the memory feel to you now?"

Location of Body Sensation: "Where do you feel it in your body?"

"If I like you to bring up that picture, those negative words (repeat the negative cognition), and notice where you are feeling in your body—and follow my finger." (DAS/RLS generally 20 or more passes/customized to need of client.)

Important! After the following question, you immediately start DAS/RLS and are in PHASE 4. Turn to next page.



(You can follow along on your Practice Sheet.)



Assessment: Process

1. Target Memory

Target Memory Selected:

- a moment in time
- earliest memory

Ask:

"What picture represents the worst part of the incident?"

Only if no image:

"When you think of the incident, what do you get?"

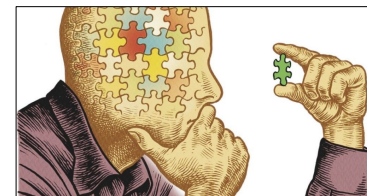


Assessment: Process

2. Negative Cognition

Ask:

"What words go best with that picture that expresses your negative belief about yourself now?"



Assessment: Process

3. Positive Cognition

Ask:

"When you bring up that picture (or incident) what would you like to believe about yourself now?"



Assessment: Process

4. VOC-Validity of Positive Cognition

Ask:

"When you bring up that memory, how true do those words ____ (repeat the PC) feel to you on a scale of 1 to 7, where 1 feels **completely false** and 7 feels **completely true**?"

1 2 3 4 5 6 7

Completely False

Completely True



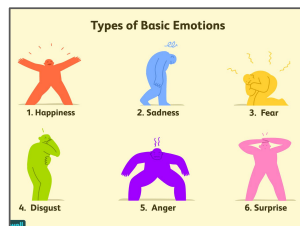
Assessment: Process

5. Emotions

Identifying emotion associated with the targeted incident.

Ask:

"When you think of that memory, and the words ____ (repeat the NC), what emotion do you feel now?"

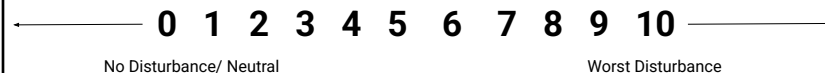


Assessment: Process

6. SUDS (Subjective Units of Disturbance Scale)

Ask:

"From zero, which is no disturbance or neutral, to 10, which is the worst disturbance you can imagine, how disturbing does it feel to you now?"

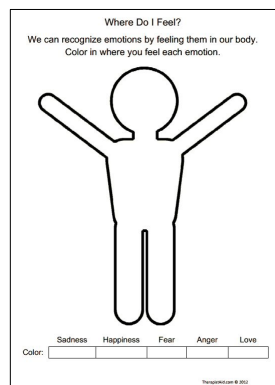


Assessment: Process

7. Physical Sensation

Ask:

"Where do you feel it in your body?"



Assessment: Process

End of Phase 3 Start of Phase 4:

"I'd like to invite you to bring up that image, those negative words ____ (example "I'm not good enough") notice where you are feeling it in your body and follow my fingers."



Phase 4: Desensitization

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Desensitization

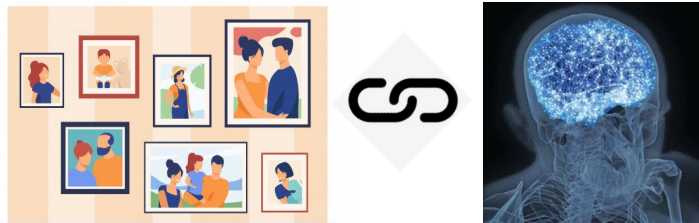
What is Happening in Regard to the AIP:



Accessing and Reprocessing

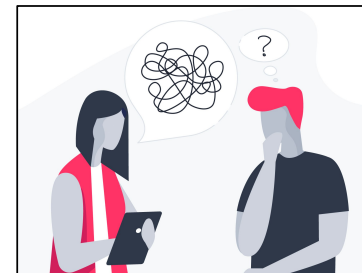
Desensitization

Memory Links Into More Adaptive Networks



Desensitization

After each set of dual attention stimulation (DAS), the client gives feedback about the experience.





Desensitization

When to return to target?



When to take a SUD?



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Desensitization: Procedure

Begin DAS immediately after
Phase 3

15-30 Seconds (24
passes)

As Fast As Tolerable

Stop in the middle
with eye movements

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Desensitization: Feedback

Asking for feedback is **general** and **open**.

Stop DAS, ask "What are you noticing now?"

"Go with that." or, "Notice that."



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Desensitization: How to Recognize if Processing is Happening

Memory Network Changes Channels of Association

- Different Images/Images Change
- Emotions Change
- Sensations Change
- Thoughts Change
- Perspective changes - More adult perspective possible

- Different Times and People are associated
- Different Memories that are associated
 - Physical Sensations associated
 - Associated emotionally
 - Associations to the beliefs

The Memory Changes

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Types of Processing:

- Visual
- Emotional
- Physical Sensations
- Clusters & Other Emotions

How to Handle Various Memories As They Come Up**Therapist as a Container**

- Important Aspect
- Specific tools needed
- Keeping connected while keeping boundary
- Staying out of the way

Info Not Moving

- Assess for Safety
- Present?
- Attunement
- Social Engagement
- Return to Target

Return to Target

- When you hear 2 neutral or positive responses
- No change
- Feels different
- Therapist lost
- End of channel

Taking a SUD

- When it feels they are at the end of processing
- Getting from 1 to 0
- Stuck at 1 or 2
- Check for blocking or feeder

Feeder Memories

An earlier memory that was not previously discovered but related.

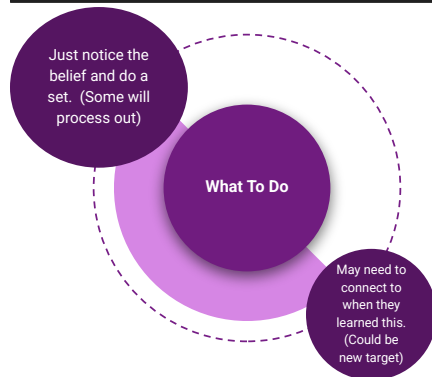
**Blocking Beliefs**

*Differs from NC; a belief that keeps them from successfully processing.
(These are often also Answers)*

**Examples:**

- It's not safe to feel safe
- I need to feel anxious to achieve
- I will lose connection with
- I don't deserve to feel happy

Desensitization: Blocking Beliefs



Desensitization

What if You're Stuck?

- Change Mechanics
- Direct the Focus of the Client's Direction
- Return to Target
- Check for Blocking Belief or Feeder Memory



Desensitization

Intense Emotional Processing (Abreactions)



Desensitization

The Answer WILL Resurface During Reprocessing Phases.



Once you get a zero
twice on a SUD
move to phase 5.



Phase 5: Installation

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Installation

Activating and linking positive

Anything that doesn't resonate with the PC will show up to be processed.

Phase 5 is Reprocessing

(Linking into positive)



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Installation

DAS is Still Long and Fast



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The Positive Cognition: **Increase** in Positivity

We asked if the PC has changed:

Procedure:

1. Checking the Initial Positive Cognition:

"When you bring up that original incident, do the words ____ (repeat the PC) still fit or is there now a better statement?" (It could be more adaptive)



Procedure:

2. Check the VOC (Validity of Cognition)

"Think about the original incident and those words ____ (repeat the PC). From 1, **completely false**, to 7, **completely true**, how true do they feel now?"

3. Link the PC and the Target and Add DAS

"Think about the original incident and those ____ (repeat the PC) and follow my fingers"



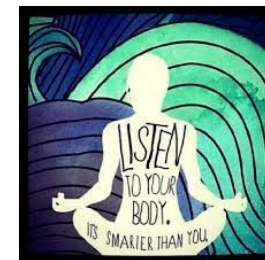
Phase 6: Body Scan

Purpose: To process residual disturbance

Procedure: Focus on **body**

Body Scan Attributes:

- After complete Phase 5
- Long and Fast
- Reprocessing residual



Body Scan: Procedure

Incomplete Session

incomplete session if Body Scan is not completed



Continue DAS until there is a clear body scan

"Close your eyes and keep in mind the original memory and the PC, then bring your attention to the different parts of your body, starting with your head and working downward. Any tension, tightness or unusual sensation tell me."

Changes indicating processing may be change in intensity, location and movement.

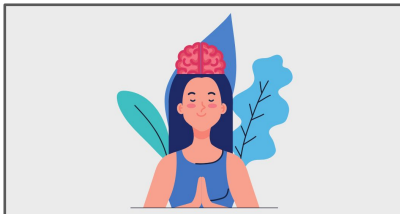
Stop if...

Intensity appears to get much worse and the client's disturbance increases significantly, check for new material that may have been accessed in Body Scan

Phase 7: Closure

2 Types of Closure in Phase 7

Closure is for all sessions complete or incomplete



AIP:

To make sure client is stable and present to leave session

Closure

If session was complete...

(SUD = 0, VOC = 7, clear Body Scan)

- Express wants/needs
- Encourage/connect
- Savor the results





Closure

If session was incomplete...

(SUD > 0, VOC < 7, no clear Body Scan)

- Leave 10 minutes for closure
- No SUD
- More stabilization/resources may be needed for incomplete session
- Then read closure statement



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Closure

If session was incomplete...

Instructions:

"We are almost out of time and we will need to stop soon. You have done some very good work and I appreciate the effort you have made. What feels like the most important thing you have learned about or for yourself today."

If needed....

"I would like to suggest we do a relaxation exercise (or container) before we stop. I suggest we _____. (Suggest a resource) Then read the closing statement."

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Closure

If session was complete...

Instructions:

*"The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories or dreams. It is normal. If so, just notice what you are experiencing and if you wish you could record it on the **Memories and Lies chart**. Please continue to practice your resources and contact me if you need to."*

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Closure: Memories and Lies

Memories and Lies Chart

Date/time	What was your experience?	SUD 1-10	What was the memory or lie?	Savor what is New and True

(This chart is good for clients to fill out between Phases 7 & 8)

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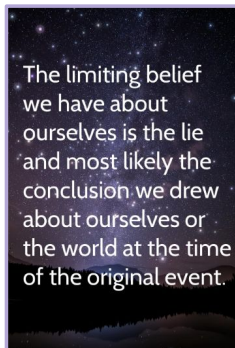


Closure: Memories and Lies

1.	Remember that what happened is a memory.
2.	The conclusion we drew about wasn't true
3.	Recognizing this helps expand awareness and helps when triggered.



Closure: Memories and Lies



The limiting belief we have about ourselves is the lie and most likely the conclusion we drew about ourselves or the world at the time of the original event.

"Anything that keeps us from being a shining star is either a lie or a memory."



Closure

Practicum Reminders...

1. Just read it
2. Don't do other therapies
3. Prepare to be interrupted
4. Call us in before stopping for incomplete session



Closure

Practicum Reminders...

Practice is **required**. Personal growth is **not**.

Please ask a trainer or coach for whatever help you need either going deeper or restricting the processing. We ask that you work on real material and be honest with your partner and trainers if you feel like that won't work for you. That way we can best support you in your choices.

The training coach will be helping you keep moving in the practice portion, not answering questions about concepts. Save those for the consultation portion.



Closure

Instructions for practicing the reprocessing phases...