

# Welcome to Day 4!

EMDR Training


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## Day 4 Overview

TODAY'S AGENDA

|                             |                                      |                            |
|-----------------------------|--------------------------------------|----------------------------|
| 01                          | 02                                   | 03                         |
| Regulation & Complex Trauma | Deeper into the Answer               | Review of EMDR & AIP Model |
| 04                          | 05                                   |                            |
| Phase 8                     | Getting to the Root Under the Answer |                            |

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# What Brings You Here Today?

Take a moment to notice your own experience as you arrive into Day 4.

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## Hypotheses of the AIP

ADAPTIVE INFORMATION PROCESSING

The organism (ANS) mediates between stimulus and response — the nervous system is never a passive bystander.

**Trauma Is Internal**

Trauma is not an event — it's what happened *inside us* as a result of an event.

**ANS Priming**

Earlier trauma *primes* the Autonomic Nervous System for later trauma. — Dr. Stephen Porges

Stimulus → Response

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versus

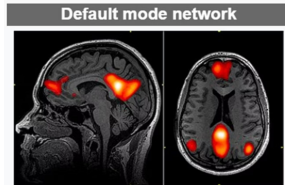
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Stimulus → Organism (ANS) → Response

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# Default Mode Network

Trauma changes our experience of self and others.



## What the DMN Governs

Sense of Self

Thinking About Others

Time Traveling

Trauma disrupts these networks — past and present collapse into one.

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# Trauma Memories vs. Other Memories

1

## Raw & Unprocessed

Fragmented somatosensory pieces remain "hot" in the brainstem.

2

## Fragmented & Isolated

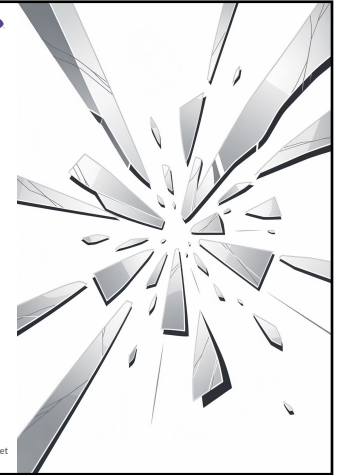
Unprocessed info stays in isolation — no access to new information.

3

## No Time Stamp

Experienced as present reality, not as memories — fragments subjugate the current moment.

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# Polyvagal Theory: The 3-State Hierarchy



## Safety

Social Engagement - Health, Growth, Restoration

## Danger

Mobilization - Fight or Flight

## Life Threat

Immobilization - Shut Down

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# Polyvagal Theory: The Hybrid States

Safety and threat responses combine to create nuanced nervous system states.



## Relaxed

Hybrid: Quiet — safe connection without activation



## Play

Hybrid: Engaged Mobilization — safe arousal with social cues



## Immobilized

Hybrid: Freeze — threat with shutdown response



## Mobilized

Hybrid: active threat response — fight or flight engaged

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## Mindful Consultation

### Mindful

Notice your own experience as you listen.

### Nonviolent

Be curious about your experience and others'.

### Non-Interpretive

Explore — don't tell. We are here to discover, not direct.

Please turn your attention to the trainer as they review the Way of Doing Consultation.

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## How "The Answer" Shows Up

### REVIEW OF EMDR & AIP MODEL

At training and consultation, watch for these patterns in yourself and others:

- **Desiring perfection**  
Of yourself, your team, or materials
- **Wanting to know before you learn**  
Bypassing the process of discovery
- **Feeling forced**  
Believing something is being done to you
- **Desire to manage others**  
Stepping outside of your own experience

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## Complex Trauma

Understanding the layered architecture of repeated, developmental, and relational wounds.

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## Complex Trauma: Survival Patterns

Multiple experiences of danger create a complex pattern of survival strategies.

### Safe / Connected

Social engagement — baseline state



### Immobilized

Shutdown — collapse response

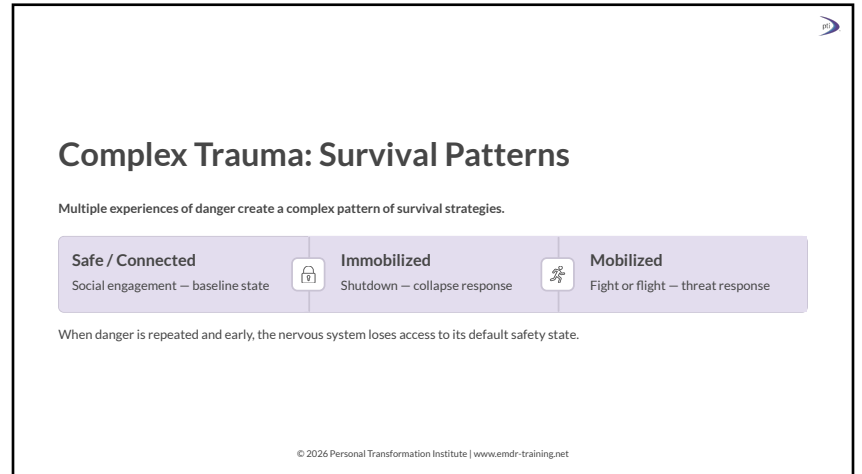


### Mobilized

Fight or flight — threat response

When danger is repeated and early, the nervous system loses access to its default safety state.

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## Complex vs. Simple Trauma

### Complex Trauma

- Repeated, cumulative, progressively worse
- Early developmental wounds
- Relational and attachment-based

### Simple Trauma

- One or a few discrete life-threatening events
- Often occurs in an otherwise stable life
- Nervous system had a prior safe baseline

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## What Is Complex Trauma?



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### Core Features

#### Attachment Aspect

Trauma occurs within caregiving relationships

#### Trust Issues

The source of safety is also the source of harm

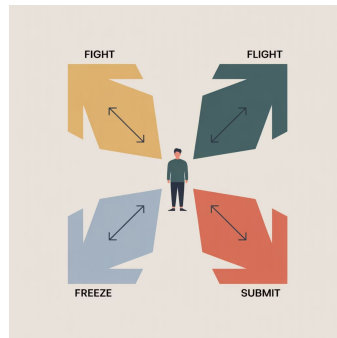
#### Conflict of Needs

Survival requires suppressing authentic needs

## PTSD & Developmental Attachment Trauma

### Layers of Impact

- Layers of PTSD and Attachment
- Nervous System Responses  
Fight - Flight - Freeze - Submit - Feign Death
- Shows Up in Attachment Patterns  
Over-developed and under-developed strategies
- "The Answer"  
The adaptive personality that organized around survival




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## Results of Complex Trauma

Difficulty regulating affect and maintaining healthy relationships

Early relational wounds ripple outward – affecting emotional regulation, self-concept, and the capacity for safe connection throughout life.

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NEW RESEARCH


## The Adaptive Brain

"The Brain Is Adaptive Not Triune: How the Brain Responds to Threat, Challenge, and Change."

*Patrick R. Steffen, Dawson Hedges, Rebekka Matheson – Frontiers in Psychiatry, 2022*

The brain's response to trauma is not fixed or hierarchical – it is **dynamic, integrative, and capable of change.**

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## Somatic & Attachment Lens

Bringing the body and relational experience into the center of complex trauma treatment.

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## A Somatic & Attachment Lens to Complex Trauma



- 01 

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 Attunement
- 02 

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 A Compassionate Assumption
- 03 

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 Predict and Work with Blocks
- 04 

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 Clinician Co-Regulation
- 05 

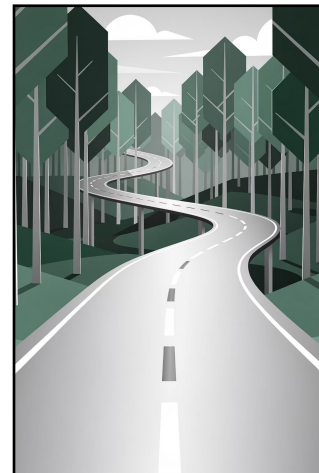
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 Recognizing Attachment Patterns
- 06 

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 Noticing the Body

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## Review of EMDR & AIP Model

Revisiting the foundations – and going deeper.

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## What Is EMDR?

### A BRIEF DESCRIPTION

#### Disturbing Events Get Stored

The brain stores them as if the event is **happening now** or is about to happen again.

#### Triggers Reactivate the Memory

Similar events cause the brain to react as if the **original trauma is occurring**.

#### EMDR Moves the Memory

Processing creates a real, physical **change** – the past becomes the past. Overreaction stops.

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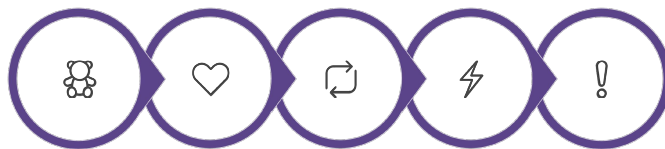
## Glossary & Teaching Points

A glossary is available in your manual for reference throughout the training.

- ☐ We will now begin with: **Somatic and Attachment Focused EMDR**  
– **Overview of Teaching Points** to start today's Review component.

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## Memories & Lies: The Root of Dysfunction



Early Experiences

Trauma

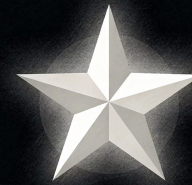
Patterns

Present Triggers

Reactive Response

Early experiences are the root of both our current dysfunction and our health. Present events trigger memories stored dysfunctionally – we are reacting to the past and present at once.

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

## And YOU are a shining star.

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## Memories & Lies Chart

Use this chart to map how dysfunctional memories translate into the negative beliefs clients carry today.

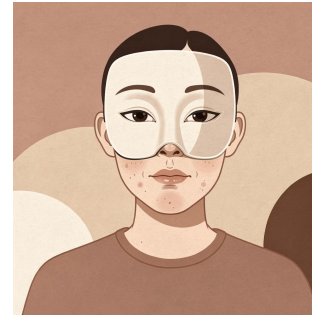
Memories and Lies Chart

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

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## The Answer

GOING DEEPER



### The Answer Is...

- How we all adapted for safety and connection
- Becomes a pattern – a personality
- Our go-to way of managing stress
- Both a strength and a limitation
- Over-developed and under-developed
- Predicts pitfalls and blocks in therapy

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## The Answer: Three Influences

The Answer is the result of three converging forces – not a choice, but an adaptation.



### DNA

Genetic temperament and predispositions



### Boot Camp

Early family and environmental conditioning



### Trauma Responses

Adaptive survival strategies encoded in the nervous system

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## Character Types: Hypothesis Framework

USED TO CREATE HYPOTHESIS

| 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 defenses, sensitivity | Safety, grounding, staying present, feeling | "You are welcome here" · "You are safe now"         |
| The Emotional One   | It's not safe to feel safe       | Merging into others, knowing how others feel | Boundaries, ability to self-soothe          | "It's okay to feel safe when you are safe"          |
| The Nice 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            | "You can get support" · "It's okay to ask for help" |

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## Character Types (Continued)

USED TO CREATE HYPOTHESIS

| Character Type        | Possible Neg. Belief                  | Over-developed                               | Under-developed                       | Needed to Hear   |
|-----------------------|---------------------------------------|--|---------------------------------------|--|
| The Rock              | My needs don't matter                 | Dependable, tolerates suffering              | Knowing what they want, asking for it | "What you want matters"                                |
| The Chameleon         | I'm not enough                        | Adapts to environment, manipulates to fit in | Honesty, knowing who they are         | "It's okay to be you" - "You matter"                   |
| The Hero              | I'm not safe / I'm powerless          | Firm limits, withstands pain                 | Vulnerability, authentic connection   | "It is safe to connect"                                |
| The Doer              | I need to be perfect / I'm not enough | Energy, hard work, 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, grounded authenticity           | "You matter" - "You don't have to work to be noticed"  |

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## Character Types: Key Reminders

**We Are All Multiple Types**  
No one fits a single mold – these are lenses, not labels.

**Soften, Not Eradicate**  
The goal is not to eliminate The Answer – but to loosen its grip.

**Developed for Safety**  
Every character type was developed to maximize safety and connection. Honor it.

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## AIP: Adaptive Information Processing Model

REVIEW AIP



### AIP Gives Us a Clinical Map

- How are early memories impacting the present?
- How are past experiences manifesting now?
- Helps create a treatment map
- Predicts blocks and outcomes

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## AIP: A Physical System



### Trauma Shows Up Physically

Stored in sensations, not just stories

### Intrinsic and Adaptive

The system is doing what it was designed to do

### Experiences Are Stored Physically

How our internal system makes sense of external events

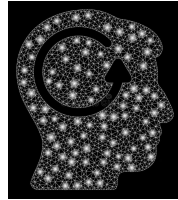
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# AIP: Memory Networks

## How Memory Networks Function

- Create our perception of the present
- Contribute to both pathology and health
- Trauma causes memories to be stored differently
- New experiences trigger and link into old memories



# The Memory Network

Every memory is a multi-dimensional network – not just a story, but a full sensory-emotional system.



# What Is Trauma? Both What Happened and What Didn't



**DSM-5 Criterion A**  
**Events** – PTSD-qualifying life-threatening experiences

**Neglect and Abuse**  
What **didn't** happen – missing attunement, safety, and care

Trauma is both what happened **and** what didn't happen.

# Traumatic Events Stored in Isolation

**Stored in Implicit Memory**  
High disturbance locks experiences in implicit or short-term memory systems.

**Blocked from Adaptive Networks**  
Cannot connect with information that would update, contextualize, or resolve the memory.

**Experienced as Present Reality**  
When triggered, they feel like they are happening **now**.

## Present Events Trigger Unprocessed Memory



### The Triggering Mechanism

After initial trauma, similar internal or external experiences **link into** the unprocessed memory networks.

Negative perspective, affect, and/or sensations arise — and it feels like it is happening **now**.

- The client is not overreacting — they are reacting to the past stored in the present.

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## "Ah... More Proof the Lie Is True"

The negative is reinforced: each new trigger expands the network and confirms the dysfunctional belief.

This expanding network reinforces previous experiences — building a case for the original lie, until it is processed and resolved.



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## Adaptive Information Is Also Stored

### The Positive Side of Memory Networks

- Adaptive resources, positive memories, and strengths are also stored in networks
- Direct processing creates linkage to these adaptive networks
- Non-adaptive perceptions, affects, and sensations are discarded



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## The Way It Is Stored Changes

### MEMORY TRANSFORMATION

#### Implicit Memory

Unconscious, non-verbal, unintentional

#### Explicit Memory

Intentional, can be recalled and expressed in words

#### Episodic Memory


Long-term memories of specific events — "in the past"

#### Semantic Memory

Facts, concepts, general knowledge — integrated and contextualized

Processing causes a posited shift from implicit → explicit and from episodic → semantic memory. (Stickgold, 2002)

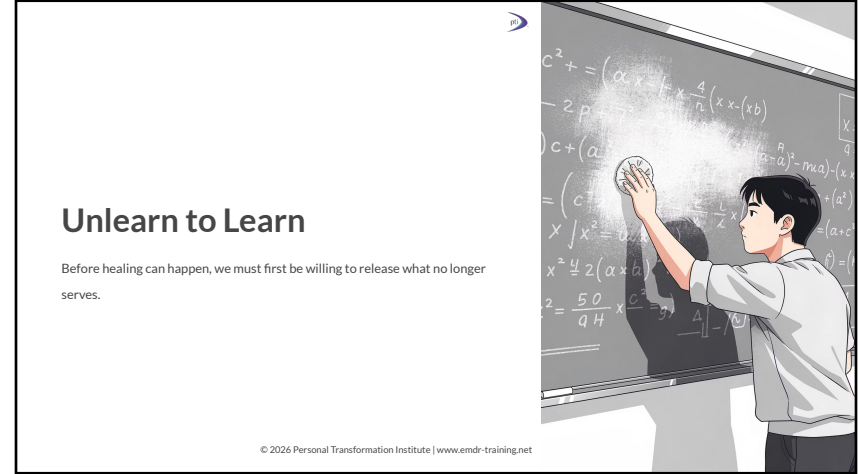
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## A Transformation Occurs

- Adaptive Shift in All Components**  
Sense of time and age, symptoms, behaviors, and sense of self all shift during processing.
- Dual Attention Stimuli**  
Eye movements and other BLS help process information and restore balance to the system.
- Useful Learning Is Kept**  
Maladaptive information is let go. Links into positive networks become available.


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## Unlearn to Learn

Before healing can happen, we must first be willing to release what no longer serves.


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## EMDR Is a Paradigm Shift

EMDR invites clinicians to see symptoms not as problems to eliminate, but as **adaptive survival responses** to be understood, honored, and gently resolved.

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## We Are Going Toward the Pain

**A Shift for Many Clinicians**

We are helping the client get **under their Answer** — to access the root of their pain, not manage the surface. The clinician is **co-regulating** — welcoming whatever arises with presence and steadiness.

- This is not about fixing or rescuing. It's about accompanying.

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## Emotional Pain Is a Good Sign

### When the Client Accesses Pain, Healing Is Happening

We are accessing the root of the presenting issue — often hidden under "The Answer."

The clinician's **regulated presence** is a profound resource as the client accesses core painful experience.



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## Expression of Deep Sadness Is Often a Relief

### Movement & Change

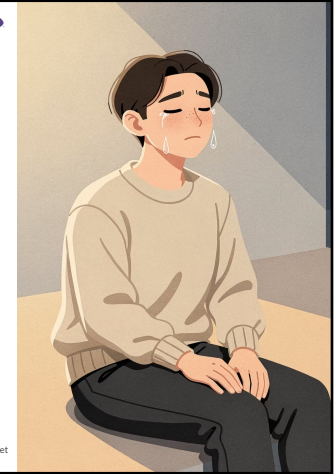
The client is actively processing  
— not stuck

### Within the Window

They are in the Window of  
Tolerance

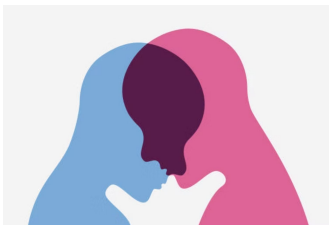
### Present & Engaged

Not dissociated — accessible and working



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## You Don't Need All the Details



### Trust the Client's Processing

At times, the client may have an association the therapist doesn't understand or that seems unrelated.

**Keep going** — or have the client check back in on the original memory if you feel lost.

- The brain knows where it's going. You don't need to follow every thread — stay present.

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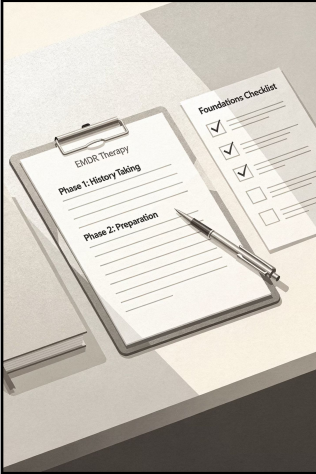
## You Are Not the Healer

The therapist sets the conditions for natural healing to occur.

With EMDR therapy, we create the safety, attunement, and structure that allow the client's **own healing system** to do its work.



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## Review: Phases 1 & 2

Revisiting History Taking and Preparation — the foundation of safe, effective EMDR work.

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## Phase 1: History Taking



**Start Here**

First gather the history of current resources  
Understand and map "The Answer"

- Build enough relational safety to go deeper

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## Phase 1: Common Mistakes

- Talking trauma details too soon
- Not knowing current resources
- Not taking a DES
- Not knowing "The Answer"
- Treating EMDR like a technique
- Not knowing what the client wants



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## Phase 1: Safety & Stability



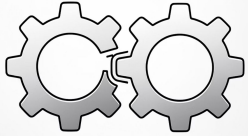
**Establishing the Foundation**

- History of current resources and strengths

Use the Client Selection Criteria Checklist  
This checklist is for the therapist — not the client

Safety first — always assess before you process.

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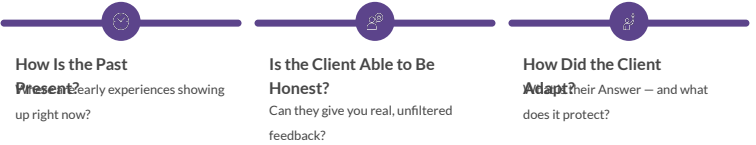
## Phases 1 & 2 Are Simultaneous

History Taking and Preparation are done in conjunction with each other – not in sequence.

As you gather history, you are already building the therapeutic alliance, psychoeducating, and developing resources. These phases are intertwined.

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## Phase 1: Always Use the AIP View



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## Phase 1: Understanding Your Client

- Attachment & Cultural Patterns**  
Do you understand the client's relational style and cultural context?
- Current Resources – Even Harmful Ones**  
Addiction, suicidal ideation – how are these helping the client survive?
- Clinical Road Map**  
Do you have a clear treatment plan before processing begins?
- Early Events as Fuel**  
Do you know what early experiences are likely driving current life stressors?

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## Phase 2: Predicting the Worst

- The Dangerous**  
Safety risks – what could destabilize the client?
- The Annoying**  
Blocks and resistance – what will slow progress?



*Preparing for the worst is an act of care – not pessimism.*

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## Phase 2: Common Mistakes

### Where Preparation Goes Wrong

#### → Timing errors

Too long or not long enough in preparation

#### → Incomplete understanding of The Answer

Not knowing the client's strengths and coping style

#### → Missing the under-developed

Not identifying what capacities are missing before processing begins



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## Phase 2: Mistakes in Informing the Client



### The AIP Frame Must Be Shared

#### Not Using the AIP Model

Clients need to understand why this works

#### Skipping "Present Is Past"

Clients must understand their reactions are old memories

#### Missing the Physical Frame

Normalize that this is physically stored – not a character flaw

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## Phase 2: Mistakes with Resources

### Two Critical Gaps

#### Not Understanding the Client's System

Resources must be matched to the client's nervous system state, not generic techniques







#### Not Knowing About Connection & Regulation

What grounds this client? What helps them come back to safety?



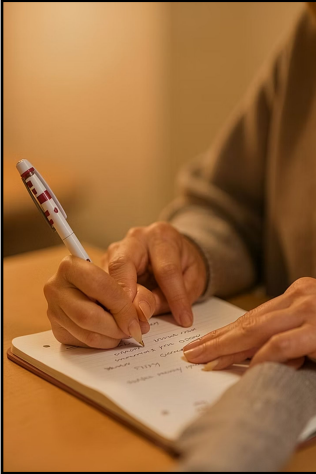
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## Phase 2: Giving the Client the Necessary Tools

-  Affect Management
-  Container & Grounding
-  Calm / Safe Place
-  Resources
-  Alternative to Addiction
-  Relaxation & Stress Management



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## Review of Phase 2: Preparing for Reprocessing

In Phase 2: Preparation, the client develops a clear understanding of the EMDR process – using their **own story** to make sense of the Adaptive Information Processing (AIP) model.

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PHASE 2 REVIEW

## Complete Phase 2 in a Timely Manner



Only as long as needed – no longer

The clinician's goal is to give the client just enough preparation to move through reprocessing safely and effectively.

- ☐ Delaying Phase 2 unnecessarily postpones the healing work that helps clients free themselves from the grip of the past.

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PHASE 2 REVIEW


## Prepare a Plan for the "Answer"

Identifying the client's "Answer" – their core belief or protective response – allows the clinician to anticipate blocks before they surface during processing.

**Understand It First**  
Explore the client's Answer in Phase 2 so it doesn't become a surprise in reprocessing.

**Make a Plan**  
Clinician prepares a response strategy for when the Answer surfaces as a block.


**More Effective Processing**  
Taking this time upfront makes reprocessing significantly smoother and more productive.



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CLINICAL AWARENESS

## What Can Happen Without the Touchstone Memory



Common signs reprocessing started too soon:

- Getting worse without relief – distress escalates with no resolution
- "Answers" blocking the process – protective beliefs halt progress
- Flooding of memories – the client is overwhelmed by material
- Somatic symptoms – preverbal or early memories emerge as physical sensations

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PHASE 2 REVIEW

## Today's Practice

### Container

**Exercise:**ainment to build client stability and safety.

### Answer Questions

Work through the Answer Reflection Sheet, Arrows, and Character Types Chart.

### Resources

Review instructions for all resources; select one from the Resource Section to practice – including the Scarf Exercise.

### Mechanics

Review the mechanics of reprocessing setup and preparation.

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# Thank You!

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