





EMDR is not about bringing up the past or taking someone back to disturbing memories, it is about helping clients realize that the past is the past.

Then we can be present and stop reacting as if the past was still here.




## Day 4




Today We Will Cover:

- **Complex Trauma**
- **Deeper into the Answer**
- **Review of EMDR**
- **Phase 8**
- **Getting to the Root Under the Answer**

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## Mindful Consultation



**Mindful**  
We ask that you notice your experiences as we listen

**Nonviolent**  
We invite you to be curious about your own experience and others

**Non-interpretive**  
We will be exploring and not telling you what to do

*(Please turn your attention to the trainer as they review the Way of Doing Consultation)*

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**How the Answer may show up at the training and consultation**

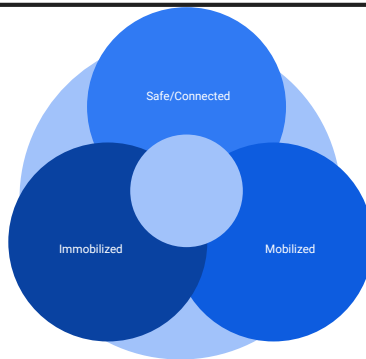
- Desiring perfection of yourself, team, materials
- Wanting to know things before you learn them
- Believing you are being forced to do something
- Desire to help manage someone else

5

# Complex Trauma

6

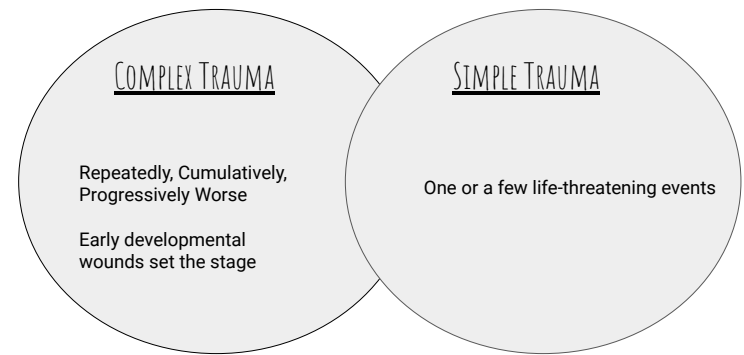
## Complex Trauma



Multiple experiences of danger create a complex pattern of survival strategies

7

## Complex Trauma



8

## Complex Trauma

### What is Complex Trauma?

- Attachment Aspect
- Trust Issues
- Conflict of needs



9

## Complex Trauma

### PTSD and Developmental Attachment Trauma

- Layers of PTSD and Attachment
- PTSD and the nervous system
- Fight, Flight, Freeze/Collapse, Submit, Feign Death
- Shows up in Attachment Patterns
- Over-developed and Under-developed
- “The Answer”



10

## Complex Trauma

### Results of Complex Trauma

Difficulty regulating affect and maintaining healthy relationships



11

## Adaptive Brain

New Research Shows

“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.

# Somatic & Attachment Lens

13

## Somatic & Attachment

### A Somatic & Attachment Lens to Complex Trauma

1. Attunement
2. A compassionate assumption
3. Predict and work with blocks
4. Clinician/Co-Regulation
5. Recognizing attachment patterns
6. Noticing the body



14

# Review of EMDR & AIP Model

15

## Review of EMDR & AIP Model

### A Brief Description of EMDR

When something disturbing happens, it gets stored in the brain in a way that our human system feels like that event is either going to happen again at any moment or is happening now. This is stored physically in the brain.

When some event happens that may be similar or just has an element that reminds the system of that disturbing event, the brain reacts as if the original disturbing event is happening.

EMDR helps to move the storage of that memory to a more functional part of the brain that can experience the event as actually being in the past. It is important to know that there is a real physical change happening in the EMDR. The events that previously activated the brain into overreaction no longer have that effect. The person can now react to the present without the past interfering.

16

## Review of EMDR & AIP Model

### Glossary

(There is a glossary for you to refer to later in the manual.)

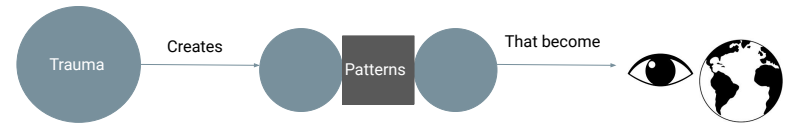


Right now we'll start with: **Somatic and Attachment Focused EMDR**  
**Overview of Teaching Points** to begin today's Review component

17

## Review of EMDR & AIP Model: Memories & Lies

Earlier experiences are the root of our current dysfunction and health



Present events trigger the memories that are stored dysfunctionally

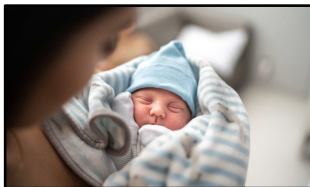
We are reacting to both the present and the past

18

## Review of EMDR & AIP Model: Memories & Lies

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

...And YOU are a shining star !



19

## Review of EMDR & AIP Model: Memories & Lies

### Memories and Lies Chart

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

(Optional to help recognize the past is triggered)

20

## Review of EMDR & AIP Model: Going Deeper into The Answer

### The Answer Is:

- Adaptive response for safety and connection
- Becomes a Pattern
- Go to way of managing stress
- Strength and limitation
- Over-developed and under-developed
- Predicts pitfalls and blocks



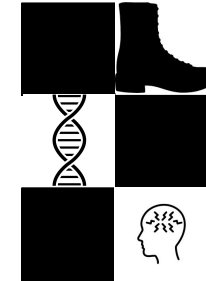
21

## Review of EMDR & AIP Model: Going Deeper into The Answer

### The Answer Is:

#### The Result of 3 Influences:

- Boot Camp
- DNA
- Trauma Responses



22

## Review of EMDR & AIP Model: Going Deeper into The Answer

### Character Types: This is 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	I'm in danger, It's not safe to feel safe	Merging into other person, Knowing how others feel, Sensitivity	Boundaries, ability to self-soothe	"It's okay to feel safe when you are safe"
The Nice/Non-threatening one	I'm helpless, I'm powerless	Getting pity, being a victim	Personal power, self-soothing	"I'm here for you" "You can get your needs met"
The Independent One	I'm alone	Competency, Ability to take control	Asking for help, Trusting others to help	"You can get support"  "It's okay to ask for help"

23

## Review of EMDR & AIP Model: Going Deeper into The Answer

### Character Types: This is used to create hypothesis

Character Type	Possible Neg. Belief	Over-developed	Under-Developed	Needed to Hear
The Rock	I don't matter, My needs don't matter	Being dependable, tolerating negative, enduring suffering	Knowing what they want, asking for what they want, action	"What you want matters"
The Chameleon	I'm not enough	Adaptation to environment, Ability to manipulate and adapt	Being honest, knowing who they are, being straight-forward	"It's okay to be you" "You matter"
The Hero	I'm not safe, I'm powerless	Setting firm boundaries, Withstanding pain	Being vulnerable, Connecting with authentic emotions	"It is safe to connect"
The Doer	I need to be perfect, I'm not enough	Energy, working hard, taking action	Play, Connection, Self care	"You don't have to work so hard" "It's okay to play"
The Life of the Party	I don't matter	Energy, fun, action	Rest, being grounded and authentic	"You matter" "You don't have to work to be noticed"

24

## Review of EMDR & AIP Model: Going Deeper into The Answer

### Character Types: *This is used to create hypothesis*



#### Important Reminders

- We are all multiple types
- Soften not Eradicate
- Developed to maximize safety/connection

25

## Review of EMDR & AIP Model: Review AIP

### AIP: Adaptive Information Processing Model

- We are looking at early memories and how they are impacting the present
- How are the past experiences manifesting in the present?
- Helps create treatment map and predict blocks as well as outcome



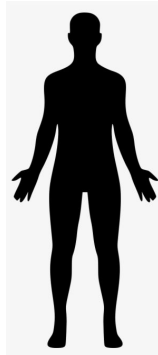
26

## Review of EMDR & AIP Model: Review AIP

### AIP: Adaptive Information Processing Model

#### • It is a Physical System

- Intrinsic, physical and adaptive
- How our internal system makes sense of external events
- Experiences are stored physically



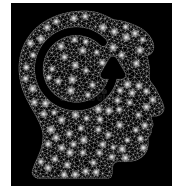
27

## Review of EMDR & AIP Model: Review AIP

### AIP: Adaptive Information Processing Model

#### • Memory Networks

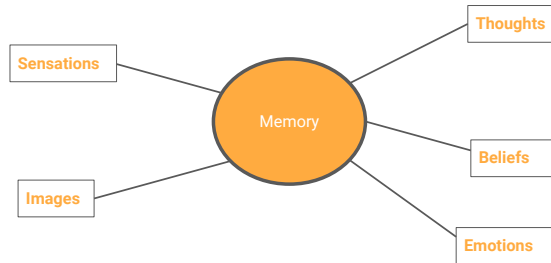
- Stored memories create our attitude, beliefs and perceptions
- Contribute to pathology and to health
- Trauma causes memories to be stored differently
- New experiences trigger/link



28

## Review of EMDR & AIP Model: Review AIP

### Memory Network



29

## Review of EMDR & AIP Model: Review AIP

### AIP: Adaptive Information Processing Model

Trauma is both what happened and what didn't happen:

#### Trauma can include...

-DSM V and C Criterion A events

and/or

-Neglect and abuse



30

## Review of EMDR & AIP Model: Review AIP

### Traumatic Events Appear to be Stored In Isolation

If experiences are accompanied by high levels of disturbance, they may be stored in certain brain functions, such as the **implicit or short-term memory system**.

**These memory networks contain the perspectives, affects, and sensations of the disturbing event.**

They are stored in a way that does not allow them to **connect** with adaptive information networks. They feel like they are happening now when triggered.

31

## Review of EMDR & AIP Model: Review AIP

### Events in Life Trigger the Unprocessed Memory:

After the initial trauma, when similar experiences occur (internally or externally), they **link** into the unprocessed memory networks and the negative perspective, affect, and/or sensations arise.

It feels like it is happening now.



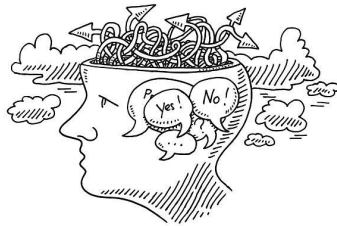
32



## Review of EMDR & AIP Model: Review AIP

### The Negative is Reinforced: ("Ah.. More Proof That the Lie is True.")

This expanding network reinforces the previous experiences.



33

## Review of EMDR & AIP Model: Review AIP

### The Answer and Positive Information are Also Stored in Memory Networks:

- Adaptive (positive) information, resources, and memories are also stored in memory networks
- Direct processing of the unprocessed information facilitates linkage to the adaptive memory networks and a transformation of all aspects of the memory
- Non-adaptive perceptions, affects, and sensations are discarded

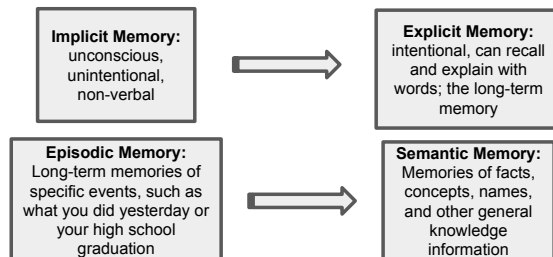


34

## Review of EMDR & AIP Model: Review AIP

### The Way it is Stored Appears to Change:

As processing occurs, there is a posited shift from implicit/nondeclarative memory to explicit/declarative memory and from episodic to semantic memory systems (Stickgold, 2002)



35

## Review of EMDR & AIP Model: Review AIP

### A Transformation Occurs:

Processing of the memory causes an adaptive shift in all components of the memory, including sense of time and age, symptoms, reactive behaviors, and sense of self. There is room for change to happen.

The EMDR Protocol along with dual attention stimuli, eye movements or other methods, help to process the information and bring a balance back to the system.

**Useful learning is kept and the maladaptive information is let go. There are links into the positive networks that were not available to the dysfunctionally stored memory.**

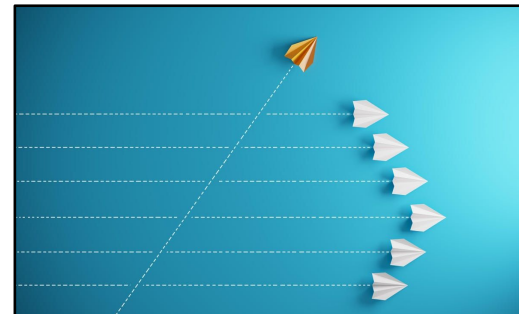
36

# Unlearn to Learn

37

## Paradigm Shift

EMDR model is a paradigm shift



38

## WE ARE GOING TOWARD THE PAIN

This can be a shift for many clinicians

We are helping the client get under their "Answer" to get relief from the source of their pain.

The clinician is co-regulating and welcoming what is here.



39

## The expression of emotional pain is a good thing

As the client accesses the pain healing is happening

We are accessing the root of their presenting issues and it is often hidden under their "Answer".

The clinician's ability to remain regulated is a great resource as the client accesses the root painful experience.



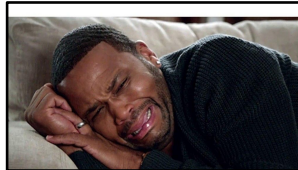
40

## Expression of Deep Sadness

### Expression of Deep Sadness is often a Relief

The expression of deep emotional pain is common and a good sign so long as:

- the client is moving and changing in the process
- they are in the Window of Tolerance
- are not dissociated



41

## You don't need all of the details

### The therapist does not need to know everything the client is experiencing.

At times, the client may have an association that the therapist does not understand or does not feel related.

The therapist should either keep going or have the client check in on the original memory if they feel lost.



42

## You are not the healer

### The Therapist Sets Conditions for Natural Healing to Occur

With EMDR therapy we set the conditions for the client's own healing to happen.



43

## Review Phases 1 & 2

44

## Review of Phase 1

### History Taking

- First get the history of the current resources
- Understand "The Answer"

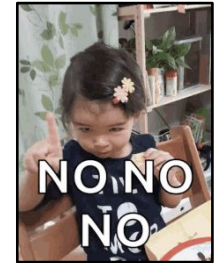


45

## Review of Phase 1

### Common Mistakes

- Talking about trauma details too soon
- **Not knowing about current resources**
- Not taking a **DES**
- Not knowing what the client's "**Answer**" is
- **Treating EMDR like a technique**
- Not understanding **what it is like to be the client**
- Not knowing what the **client wants** as a result of therapy



46

## Review of Phase 1

### Safety and Stability

- History of current resources/strengths
- Use the **Client Selection Criteria Checklist**
- This checklist is for the therapist to use not the client



47

## Review of Phase 1

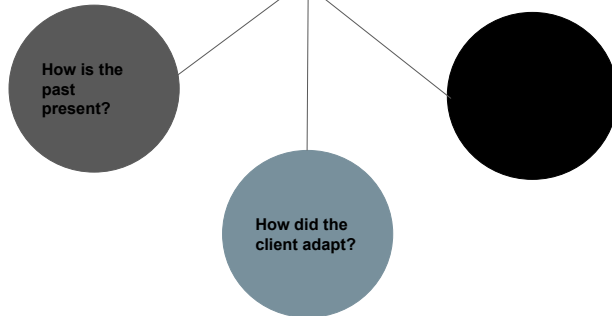
Phases 1 and 2 are done **simultaneously.**

Phases 1: *History Taking* and Phase 2: *Preparation* are **done in conjunction with each other**

48

## Review of Phase 1

### Always Use the AIP View



49

## Review of Phase 1

### Understanding Your Client

Do you understand the client's patterns of attachment and cultural issues?

Understanding current resources even if they are potentially harmful like addiction or suicidal thoughts. How are these helpful to the client?

Do you understand the clinical road map and treatment plan prior to processing?

Do you know the early events that are likely fueling the current life stressors?

50

## Review of Phase 2

### **Predicting the Worst:**

- The Dangerous
- The Annoying



***Preparing for the worst.***

51

## Review of Phase 2

### Common Mistakes

- Taking too long or not taking long enough
- Not fully understanding what the client's strengths and THE ANSWER
- Not understanding what is "under-developed" for the client prior to processing



52

## Review of Phase 2

### Common Mistakes In Informing the Client

- Not explaining to the client with the use of the AIP model
- Present is past
- It is a physically stored memory



53

## Review of Phase 2

### Common Mistakes with Resources

- Not understanding the client's system
- Not knowing about connection/regulation

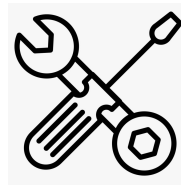


54

## Review of Phase 2

### Giving the Client the Necessary Tools:

- Affect Management
- Container/Grounding
- Resources
- Calm/Safe Place
- Alternative plan instead of using/addiction
- Relaxation and stress management



55

## Review of Phase 2

### Preparing for Reprocessing Phases

In Phase 2: Preparation the client understands the process

*Using the client's own story to explain AIP*



56

## Review of Phase 2

### Phase 2 in a Timely Manner

The clinician is taking only as long as needed to make sure the client has enough to get through reprocessing.

*We do not want to delay this any longer than necessary because this is what helps the client process the memories so they are no longer impacting the present.*



57

## Review of Phase 2

### Prepare a Plan for the Answer

In this phase we are looking at the client's "Answer" so we can predict how it may come up as a block to processing. The clinician can then make a plan for what to do when it surfaces.

*Taking the time to understand this makes the processing much more effective.*



58

### **What Can Happen When You Have Not Gotten To the Touchstone Memory:**

- Getting worse without relief
- "Answers" coming up to stop the process
- Flooding of many memories
- Somatic symptoms - Earlier or preverbal memories show up as sensations



59

## Review of Phase 2

### Today's Practice

*Today you will...*

- Practice Container Exercise
- Practice the Answer Questions
- The Answer Reflection Sheet
- Arrows
- Character Types Chart
- Instructions for All Resources
- Scarf Exercise or other resource
- We would like you to find a resource to practice in the Resource Section of the Manual
- Mechanics

60



**Thank You**

