



Personal Transformation

Day 5

Today We Will Cover:

- Welcome
- Phases 3-7
- Cognitive Interweave
- Pain and Illness

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Personal Transformation

Phases 3-7 Review

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Personal Transformation

Phases 3-7 Review

Be ready to go before starting the engine!

Phases 1&2 are complete



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Phases 3-7 Review

Start with the earliest event on the target plan



The therapist needs to help client find the hidden, early fuel source of present distress.

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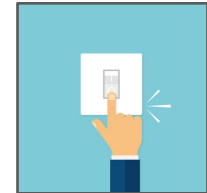
Phases 3-7 Review

Phase 3: Assessment Phase

Activation of the Memory

Flipping on the Switches

- We are *activating*. We are **not** getting new information
- Lighting up **all** parts of the brain
- Activating the reactivity of the memory



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Phases 3-7 Review

Just ask the questions. Do not repeat or get into conversation.

Doing this can take the client out of the process and into their head.



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Phases 3-7 Review

We are always looking at NOW.

How the client's system reacts to that memory now.

We are not talking about the past.



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Phases 3-7 Review

We got the NC (negative cognition) in phase 2. It will likely be similar when we ask for it in phase 3.



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Phases 3-7 Review

Go immediately from phase 3 to 4.



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Phases 3-7 Review

Remember, it's not CBT

The NC is about lighting up not changing the thought.

We are going for "Feeling" not "Thinking".



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Phases 3-7 Review

Phase 4: Desensitization

Moving the Train Down the Tracks

We are Looking for Moving and Changing

As long as there is change we know the process is happening, the train is moving.

They just need a bit of awareness they are here now.



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Phases 3-7 Review

Regulation Is the client present enough?

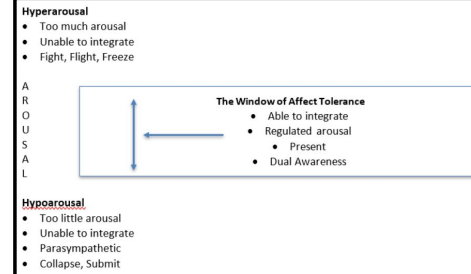
How do you know if they are in the Window of Tolerance?



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Phases 3-7 Review

Window of Tolerance



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Phases 3-7 Review

The Past Patterns Show Up



How is the past manifesting into this moment?

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Phases 3-7 Review

Welcoming the Deep Emotional Pain



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Phases 3-7 Review

Body Sensations May Be Earlier or Preverbal Memories

| | |
|----------------------------|---------------------------------|
| Disturbing Body Sensation? | It may be a Feeder Memory |
| Disturbing Body Sensation? | Could be due to the next memory |
| Disturbing Body Sensation? | Is it a preverbal memory? |

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Phases 3-7 Review

Mistake: Not Going Back to The Whole Memory to See How It Is Stored in The Moment

When going back to check on the original memory it is important to just say the words:

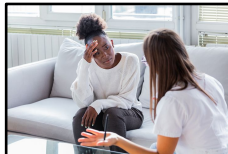
When you go back to the original memory, what do you notice now?

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Phases 3-7 Review

Only check the SUD if you think they are at the end of processing.

When do you take the SUD?

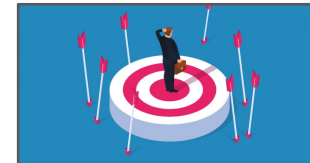


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Phases 3-7 Review

Bring up whole memory and not NC when going back to target.

How to check on the Target Memory



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Phases 3-7 Review

Follow the Script for Going Back to Target

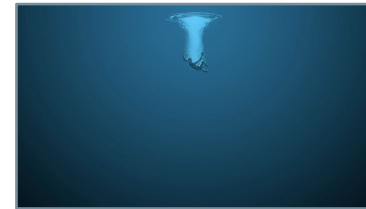
We are always going back to the whole memory when checking on the original memory and pairing nothing else with that.



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Phases 3-7 Review

Encourage client to keep going through deep emotional pain.



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Phases 3-7 Review

Keep in mind the client's Answer will likely surface.

Be thinking...I wonder if this
is what happened at the
time...

Therapist is always looking through AIP!

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Phases 3-7 Review

Do not do Resourcing Instead of Reprocessing

The therapist needs to be able to handle deep emotional pain being expressed by the client.

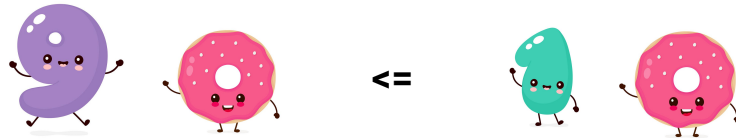


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Phases 3-7 Review

On the SUD there is a big difference between 1 and 0

The difference between 9 and 0 can be the same or less than the difference between 1 and 0.

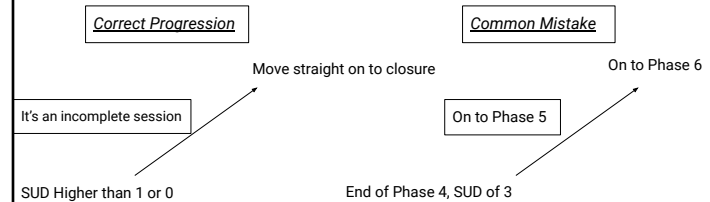


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Phases 3-7 Review

For incomplete sessions go straight to phase 7

Sessions can be incomplete in phase 4, 5, and 6. Do not continue to next phase, go straight to closure.



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Phases 3-7 Review

In phases 3-7 do not change the words of the protocol.

As Nike says... Just Read It!!!

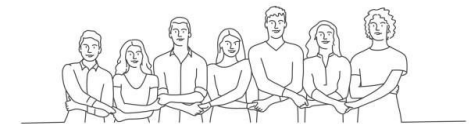


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Phases 5 Review

Phase 5: Installation

Still Clearing Out and Linking to the Positive



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Phases 5 Review

As we say the PC (positive cognition) whatever doesn't resonate with it will come up for reprocessing.



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Phases 5 Review

The PC may have gotten better in phase 4 due to reprocessing. Always ask if it has changed prior to starting phase 5.

Things move and change and it may be better.



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Phases 5 Review

Eye movements in phase 5 are just like phase 4.
Long and fast

Remember, it is still a reprocessing phase.



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Phases 5 Review

How to Close an Incomplete Session in Phase 5

Phase 5 is reprocessing. If **incomplete**, go straight to Phase 7, closure.



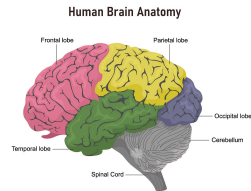
It is rare to have phase 5 be incomplete.

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Phases 6 Review

Phase 6: Body Scan

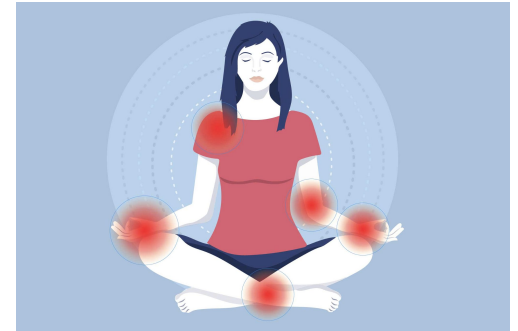
Activating the Lowest Part of the Brain



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Phases 6 Review

Looking for residual disturbance connected to the memory



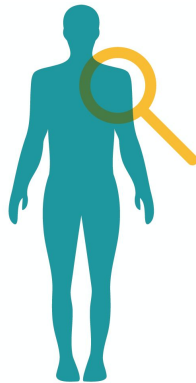
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Phases 6 Review

Procedure

Residual Reprocessing

Whatever body sensation the client reports, even if the client thinks there is an external reason for it, the therapist should suggest the client notice that and offer DAS.



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Phases 6 Review

Procedure

Un-resolving Body Sensations

How to recognize a feeder memory or pre-verbal memory.



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Phases 6 Review

Phase 6 is a Reprocessing phase not relaxation.

Phases 4-6 are all reprocessing Phases.



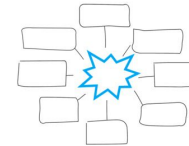
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Phases 6 Review

Offer the bilateral stimulation even if the client thinks it is unrelated.

We should always notice what is there, whatever it is.

Everything is related



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Phases 6 Review

Remember to Work on Maintaining the Flow

Phases 4, 5, and 6 are all about going with the flow and processing memory networks as they come.

"What do you notice?"

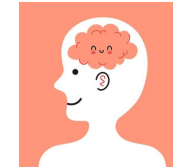
"Go with that."

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Phases 7 Review

Phase 7: Closure

Closing Down the Activation, Changing the State



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Phase 7 Review

Purpose

Closing Down the Networks

To assure that the client is in a good place to leave the office in a safe contained way.



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Phases 7 Review

Purpose

Helping the client move from an activated emotional state to a neutral state.

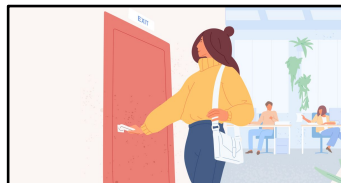


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Phase 7 Review

The goal is for the client to be present enough to drive home safely.

Always leave time to make sure the client has changed to a present calmer state.



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Phases 3-7 Review

Mistake: Not Understanding the 2 Types of Closure

COMPLETE SESSION

Read Closure Statement

INCOMPLETE SESSION

Read Script for State Change

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Cognitive Interweaves

Ways to keep the processing moving

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Cognitive Interweaves: Definition

What a Cognitive Interweave Does:

- Missing Information
- Access What They Already Know
- Generalization
- Connecting to The Present Issue

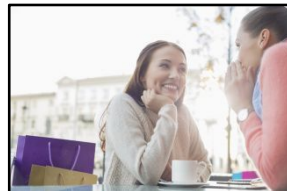


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Cognitive Interweaves

Using a Cognitive Interweave:

- Attuned with Client
- Anticipating the Next Natural Step



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Cognitive Interweaves

Waiting a few sets is best.



Don't step
in too soon.

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Cognitive Interweaves: Timing

When to Use Cognitive Interweave

- Client is looping
- Time is running out in session
- Client appears to be out of the window of tolerance
- Lack of generalization



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Cognitive Interweaves

The Missing Experience

An Interweave may also be the therapist offering the missing experience

This is another benefit of The Answer Concept

This is keeping the attachment focus at all times

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Cognitive Interweaves: Types

Types of Cognitive Interweaves

1. New information through an experience, education or new perspective
2. Stimulate held information



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Cognitive Interweaves: Types

Types of Cognitive Interweaves

Examples:

- Direct question or statement
- Recognizing "The Answer" appearing
- Activating the adult perspective
- Activating the perspective of a known resource
- Addressing misconceptions common in trauma memories



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Cognitive Interweaves: Types

Responsibility

"Can a 5 year old make adults get a divorce?"

"How old were you? How old was the perpetrator?"

Recognizing the belief as "a lie."

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Cognitive Interweaves: Types

Safety

"How old are you now?"

Bringing client into the present/keeping in window of tolerance.

"Are you safe right here right now?"

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Cognitive Interweaves: Types

Safety- When Client is Out of the Window of Tolerance

"Would you like that disturbance to be an awareness?"

"Are you safe now?"

"Where are you now?"

"Are you here with me now?"

"Where is ____ (the perpetrator) now?"

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Cognitive Interweaves: Types

Look around the room now, are you safe here?

Use the Orienting Response

Yeah, it felt like you were going to die but you made it, right?

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Cognitive Interweaves: Types

Empowerment

Statements regarding future choices.

"Has anything changed since then?"

Learning from the past.

"Is there anything you have learned from that experience?"

Accessing known resources for helping the child in the memory have protection.

"If your grandmother was here, what would she say?"



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Cognitive Interweaves: Types

The Answer

Bring the client's awareness to The Answer surfacing in processing.

Do you think that is what happened at the time

Yeah, that was really helpful at the time, huh?

Yeah, that's what kept you safe, huh?

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Cognitive Interweaves: Types

Bringing in the Adult Perspective

Client stuck on responsibility

"How old were you?"

"Do you know any 7 year old's? Would you blame them if this happened?"

"Can a 5 year old make an adult abuse her?"



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Cognitive Interweaves: Types

Psycho-education

"Do you know that it is normal in trauma to have symptoms instead of memories?"

"Did you know that it is a common response in pervasive abuse for the person being abused to initiate the abuse?"



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Cognitive Interweaves: Types

Deep Emotional Response

"Yeah..yeah..a lot of sadness"

(Therapist's voice helps connect and keep the client present)

"Yeah, it's been here a long time."

"Yeah, you have had to hold that sadness in for a long time."

"Yeah, is it okay to just stay with that sadness?"

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Prior to using Cognitive Interweave

Keep It Simple

Try these first

- Return to Target
- Change Mode of BLS
- Focus on the Body
- Slow Down/Speed Up



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Pain and Illness

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Pain and Illness: About

Research shows that EMDR is effective for treating pain and illness...

- Chronic Pain
- Phantom Limb Pain
- Cancer
- Chronic Illness



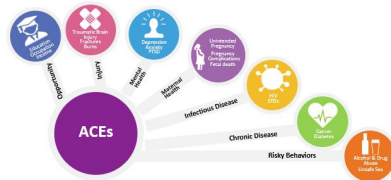
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Pain and Illness: About

ACEs Study

High on Adverse Childhood Experience Scale is more likely to develop chronic pain or illness

- Result in overly sensitized nervous system
- Influence how a system responds to stress
- Influence Somatic and Attachment



Pain and Illness: About

Root of pain can be past unprocessed trauma



What to target



Pain and Illness: About

Phantom Limb Pain

What happens prior to a painful flare, could be the present issue to determine root memory

Possible Targets Include...

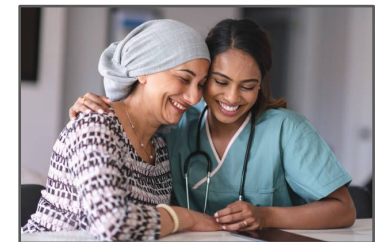
- Finding out about loss of limb
- The traumatic event leading to loss
- Grief and loss
- Present triggers prior to painful flares



Pain and Illness: About

EMDR with Cancer

- Trauma of finding out
- Treatment of Cancer targets
- Issues related to "betrayal of body"
- Possible end of life issues



Pain and Illness: Procedure

Pain as an Answer

If part of an answer is to “override” signals of the body, pain can be an “Answer”:

- The Invisible One
- The Rock
- The Nice/Non-threatening One
- The Doer
- The Hero
- Combinations of Above



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Pain and Illness: Procedure

ANS Disorders and Trauma

- Irritable Bowel Syndrome (IBS)
- Interstitial Cystitis (Irritable Bladder Syndrome)
- Postural Orthostatic Tachycardia Syndrome (POTS)
- Gastroesophageal Reflux Disease (GERD)

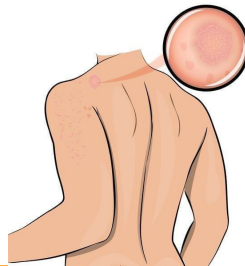


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Pain and Illness: Procedure

Other Syndromes and Overwhelmed ANS

- Insomnia
- Chronic Fatigue
- Paresthesias (numbing, tingling, burning)
- Chronic Hives



Pain and Illness: Today's Practicum

Today's Practicum

Please turn your attention to the Trainer's shared screen for the practice sheets.

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Thank You

