



Personal Transformation
Institute

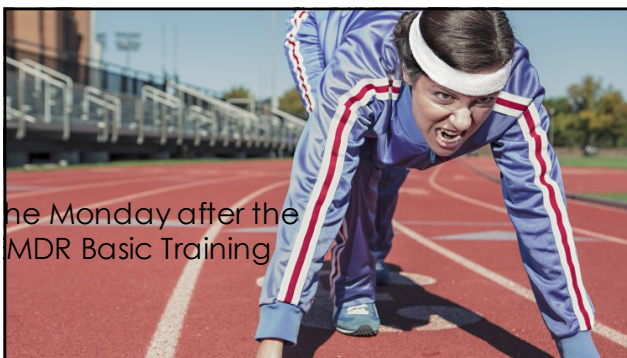
S.A.F.E. EMDR

SOMATIC AND ATTACHMENT FOCUSED EMDR
DEBORAH KENNARD, FOUNDER AND TRAINER



Today's Agenda

- ▶ Review of the Answer
- ▶ Attachment
- ▶ Nonviolence
- ▶ Common Mistakes Phase 3-7



The Monday after the
EMDR Basic Training

2 weeks after the basic training



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

- ▶ During the Eye Movements of EMDR session EEG showed a significantly higher activation on the orbito-frontal, prefrontal and anterior cingulate cortex in patients. (Movement to the frontal lobes)
- ▶ Maximum activation of the limbic cortex of patients occurred prior to the EMDR processing. (Beginning activation in the emotional brain)
- ▶ Ground-breaking methodology enabled this study to image for the first time the specific activations associated with the therapeutic actions typical of the EMDR protocol.
- ▶ The conclusion that the Eye Movements of EMDR are associated with a significant relief from negative emotions.

EMDR AND ATTACHMENT

- ▶ Whenever your client "does" will eventually happen in your office. Attachment patterns are just that, patterns. They happen over and over again. The attachment pattern is the plan or model of relationships that the person is following, the "blueprint" by which they are designing their relationships. Because of this blueprint, you will eventually see the manifestation of that design. When you begin to see the manifestation of this, it is an opportunity. This will surface in all phases of the process.



Why Attachment Matters in EMDR

- ▶ EMDR gets to the root of the problem
- ▶ The power of the therapy brings more vulnerability
- ▶ Vulnerability often triggers "defenses" or "answers"
- ▶ Safety matters, non-violence/environment

Right brain to right brain communication

- ▶ "During bodily-based affective communications embedded in mutual gaze transactions, the psychobiologically attuned mother synchronizes the spatiotemporal patterning of her exogenous sensory stimulation with the spontaneous overt manifestations of the infant's organismic rhythms. By way of this contingent responsiveness, the mother appraises the nonverbal expressions of her infant's internal arousal and affective states, regulates them, and communicates them back to the infant. To accomplish this the caregiver must successfully modulate non-optimal high or low levels of arousal in the child. Secure attachment depends upon the mother's sensitive psychobiological attunement to the infant's internal states of arousal." -Allan Schore

In other words

- ▶ The mother's system and the baby's system are in connection with each other through the right brain. The mother's job is to be able to tolerate the baby being either being over aroused or under aroused and then remain calm to help bring the baby's system back into the optimal level.
- ▶ These communications happen very quickly, within seconds.
- ▶ That brings us to our job as therapist. Acting as a container for the client to keep the optimal level and also they are safe and able to process.
- ▶ We are constantly modeling for the client
- ▶ How does the BMR with an Attachment focus help?
- ▶ It is not just an emotional process. It is noticing and tracking the client experience, getting them
- ▶ If you cannot tolerate expression and depth of emotional pain your client will not feel safe to express it.

Real wealth. Secure Attachment.



This beautiful woman's name was Katie Gray. She was a hardworking housewife in the 1940s. When my mother was 18 months old her parents couldn't afford to take care of her and Katie Gray came her way. She lived and loved for my mother until she was 3 years old. The little girl is me, the only child of us in my family. Grandma Gray came to our house to take care of every baby that arrived. She was hard working and loved each and every heart. I believe this woman's love changed a picture in our family that may have been going on for centuries. Every generation prior to mine had grown up their children because they couldn't afford to care for them. This photo is taken just before my dad died suddenly when I was 20 months old. With little money but lots of love, and a history of secure attachment, my mother kept us together. Thank you Katie Gray. You changed the world with your love.

Allan Schore

- ▶ "...the therapist's moment-to-moment navigation through these heightened affective moments, not by left brain explicit secondary process cognition but right brain implicit primary process affectively driven clinical intuition" (p. 1)

A principle of non-violence

- ▶ Creating a healing environment
- ▶ Seeing through the client's perspective
- ▶ Supporting the client's emotional pain instead of trying to make it better
- ▶ Seeing the block as a strength (appreciating it)
- ▶ Allowing the client to remain in pain
- ▶ Not "wanting" anything to happen.
- ▶ Be inviting instead of directive. (Watch words- "I want you to")

The Answer is the Attachment Pattern

- ▶ How did the client adapt to stay safe or stay connected to caregiver?
- ▶ What were the patterns that were created in childhood that show up now?
- ▶ These patterns are THE ANSWER. They will always show up in intimate relationships eventually.
- ▶ The Answer will show up in your office as your client gets close to pain.
- ▶ This is more than trauma responses, more than survival defenses, but those will also show up if they are stored in the client's system.

Mary Tyler Moore

- ▶ I had parents who didn't meet the needs I had for affection and attention
- ▶ That was what was behind my drive to be successful
- ▶ Never did I feel like it was a hit. @ her show.
- ▶ We are driven by the pain in some cases. This is the good that comes from adaptation. There is often also something under-developed or a price that is paid.

The Answer is the Strength and Limitation

- ▶ Keeps us from getting what we most want.
- ▶ Keeps us from being free.
- ▶ It is the illusion from which we create a map of our life and the way we see the world.
- ▶ Our physical body becomes a manifestation of "the answer".

"The Answer"
Finding what is Over and Under developed

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

What we do with the "Answer" information

- Phase 1- "So it sounds like you are really good at staying safe by disappearing..."
- Phase 2- "Since you are really good at..... what are we going to do if that happens when you start processing?"
- Or
- ▶ "What do we need to put in place before we start processing?"
- ▶ Making a plan and practicing what is needed.

It is easier to see someone else's Answer

- ▶ It is most helpful to find and become aware of our own answer.
- ▶ The answer is difficult to see in ourselves.
- ▶ It is the water we swim in.
- ▶ It is the bootcamp we were raised in.

What is Over and Under Developed?

- ▶ Thinking/ Planning
- ▶ Play
- ▶ Connection
- ▶ Presence
- ▶ Sensitivity
- ▶ Boundaries
- ▶ Internal/External Regulation
- More.....

An Invitation for you

- ▶ Write a statement about your unique abilities.
- ▶ Then what is your challenge?
- ▶ Where did you learn it?

- ▶ This will help you see your "Answer". What is your strength? What is under-developed for you? What memories and lies are keeping you limited and from being a shining star?

The Unique Skill

- ▶ I have a unique ability to see patterns and have a global sense of what is happening. I do this with a laser sharp focus on what the individual is doing or not doing to keep the unwanted patterns going. I see "the answer" very clearly, showing up in the words, the actions, the physical movements, physical manifestations, the things that are elusive as well as the unwanted things that are present. I also have a skill of optimizing by multi-layering activities.

The Challenge

- ▶ My challenge is to harness the power of the multitude of "brilliant" ideas to help manifest freedom for as many people as possible. A specific challenge is getting lost in the details of items around me, believing that my environment has to be perfect Zen before I can be Zen inside.
- ▶ Another challenge is comparison and seeing myself as not measuring up to others, holding myself back from shining!

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Healing Environment

- ▶ Keeping an eye on the missing experience for the client.
- ▶ The protocol helps to create the environment
- ▶ Nonjudgment- Understanding equals loving
- ▶ Understanding everything through the AIP
- ▶ Seeing shame as the answer (appreciating that tool)
- ▶ Understand the missing experience and the client's "longing"

Nonviolence is love



"At the center of non-violence stands the principle of love."
Dr. Martin Luther King, Jr.

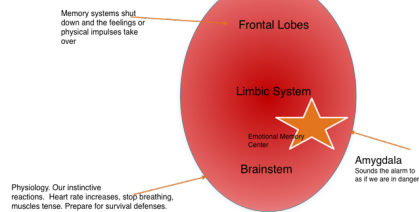
Mindfulness matters

- ▶ "an active search process, a purposeful seeking in the field of awareness" (Siegel 2010, p. 108)

Finding Balance



• Symptoms not memories



It is always now

- ▶ We don't take our clients back in time!
- ▶ We don't regress our clients!
- ▶ We don't go back there!!
- ▶ The past is present. It manifests here and now.



Nonviolence- Working with the "Answer" as it arises.

- ▶ Especially concerning working with what some consider "resistance", nonviolence.
- ▶ Instead of trying to make "The answer" go away, we want to appreciate the wisdom in it and support the client so that they can bring awareness to it, willingly yielding to it when appropriate.

More about Nonviolence

- ▶ Awareness of the unfolding of the present moment without trying or even wanting anything to happen.
- ▶ Not trying to fix.
- ▶ Looking with compassion...what am I seeing that has once been an answer? (A way the client had to adapt to stay safe or attached)
- ▶ Modeling the therapy process in addition to practicing the therapy process.

A Philosophy

- ▶ The client has the answers. It is our job to find them.
- ▶ Through seeing through the client's perspective.
- ▶ Seeing the symptoms as an answer.
- ▶ Going toward the pain instead of trying to make it better.
- ▶ Seeing the block as "a strength".
- ▶ A nonviolent approach.
- ▶ We understand the client's longing.
- ▶ Understand the missing experience

You matter! To best help others you have to be healthy.



Phase 3: Assessment Phase

- ▶ Activation of the Memory
- ▶ Common Mistakes



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Repeating what the client says or in general talking.

THE THERAPIST IS JUST LIGHTING UP THE WAY THE MEMORY IS PRESENTLY HELD AND MOVING ON. FLIPPING ON THE SWITCHES.

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Not remembering it is about NOW.

THE CLIENT WILL OFTEN THINK YOU ARE ASKING ABOUT HOW THEY FELT OR THOUGHT AT THE TIME OF THE MEMORY. IT IS UP TO THE THERAPIST TO CONSTANTLY BRING THEM BACK TO NOW.

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Thinking that this is a time to explore the NC. (negative cognition)

THE THERAPIST SHOULD ALREADY HAVE FOUND THE CORRECT NC IN THE PREPARATION PHASE 2.

IF NEEDED THE THERAPIST MAY SAY, "LAST TIME YOU SAID IT WAS I'M NOT GOOD ENOUGH, DOES THAT STILL FIT?"

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Doing anything between phase 3 and 4.

THE THERAPIST SHOULD MAKE SURE THAT THE CLIENT IS READY TO GO DIRECTLY FROM PHASE 3 TO 4 PRIOR TO ASKING THE FIRST QUESTION IN PHASE 3.

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Flipping on the switches

- ▶ In Phase 3 the therapist is ACTIVATING the memory by asking the questions in that phase. Each question activates a different part of the brain, thus lighting up all of the ways the client can possibly process.
- ▶ It is important to remember that the only "Assessment" the therapist is doing here is the assessment of how the memory is currently held in the the client's brain.

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It is not CBT

- ▶ The Negative Cognition is used here to light up the affective circuits of the brain.
- ▶ After Phase 3, the original NC is never brought up again by the therapist.
- ▶ We are NOT trying to change the client's cognition.
- ▶ We are only looking to help the client find the root of the current disturbance so the presenting issues are resolved.

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Be Ready to Go before Starting the Engine!


- ▶ Prior to starting the first question in phase 3, the clinician has already checked the seated position, the speed and distance and is ready to immediately move into phase 4, Reprocessing.
- ▶ After lighting up the memory networks in phase 3, doing anything other than beginning phase 4 will interrupt the process.

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Phase 4: Desensitization Phase

► Moving the Train down the tracks

► Common Mistakes



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Doing anything but starting immediately with the statement:

"I'D LIKE YOU TO BRING UP THE MEMORY, THOSE NEGATIVE WORDS (REPEAT THE NC), NOTICE WHERE YOU ARE FEELING IT IN YOUR BODY AND FOLLOW MY FINGERS".

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Bringing up the NC when checking back on the target.

THE THERAPIST IS ALWAYS GOING BACK TO THE ENTIRE MEMORY AND NOT ONE PART OF IT.

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Not having an awareness of the client's window of tolerance. Knowing if the client is present and also accessing the memory.

KEEPING AWARENESS OF THE CLIENT'S ABILITY TO BE PRESENT AND HAVE DUAL AWARENESS. CHECKING ON THIS WITH FEEDBACK

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Stopping the client if there is a deep emotional response and asking if they need to stop or if they are okay.

THERAPIST SHOULD KNOW THE WINDOW OF TOLERANCE AND THE CLIENT HAS A STOP SIGNAL. SUGGESTING STOPPING WILL GIVE THE CLIENT THE MESSAGE THAT THE THERAPIST CANNOT HANDLE THE PAIN.

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Not understanding that what we are looking for in this phase is *how the memory is currently stored* in the system instead of the client thinking about the memory and reporting that.

IS THE CLIENT USING PAST TENSE? IS THE CLIENT SAYING "I THINK".... THE THERAPIST NEEDS TO KEEP REMEMBERING AND REMINDING THAT WE ARE TALKING ABOUT NOW.

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Not recognizing the client's Answer when it surfaces.

DO YOU THINK THIS MAY BE WHAT HAPPENED AT THE TIME?
THERAPIST IS ALWAYS LOOKING THROUGH AIP!

p. 97 & 98

Not encouraging deep emotional release such as deep sadness.

THE CLIENT WILL ONLY GO TO THE DEPTH THAT THE THERAPIST CAN HANDLE.

p. 97

Not trusting the EMDR process and stopping to do resourcing when the client is adequately accessing and reprocessing a memory.

THE THERAPIST NEEDS TO BE ABLE TO HANDLE DEEP EMOTIONAL PAIN BEING EXPRESSED BY CLIENT.

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Not being at the touchstone memory or even knowing what the earliest memory is, thus the client's processing appears to spin or get stuck.

THE THERAPIST NEEDS TO HELP CLIENT FIND THE HIDDEN, EARLY FUEL SOURCE OF PRESENT DISTRESS. TOUCHSTONE MEMORY

p. 97

Not knowing that when the client gets stuck with a disturbing body sensation that does not appear to process it is often due to a feeder memory, a later memory that is trying to get in line, or a preverbal memory.

SOMATIC PROCESSING MAY BE NEEDED. DROPPING THE STORY AND ALLOWING THE BODY TO MOVE.

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Disturbing body sensations

IF IT IS CLEAR THAT THE FEEDER MEMORY IS THE ACTUAL ROOT OF THE DISTURBANCE, AND THERE IS ADEQUATE TIME LEFT, THE THERAPIST CAN RECOMMEND THAT THE MEMORY FOCUS BE SWITCHED TO THIS NEW MEMORY THAT HAS APPEARED.

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more on
Disturbing
body
sensations

OTHER TIMES THE CLIENT
MAY BE STUCK WITH A
DISTURBING BODY
SENSATION DUE TO THE
NEXT MEMORY, IN WHICH
THEY WERE OLDER,
COMING TO THE SURFACE.
IF NOT ENOUGH TIME; JUST
ASK THE CLIENT IF THEY FEEL
LIKE THIS SENSATION MAY
BE A DIFFERENT MEMORY
SURFACING. NOTE IT FOR
NEXT TIME, AND REDIRECT
TO ORIGINAL MEMORY

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And a bit
more about
Disturbing
body
sensations

PREVERBAL MEMORIES ALSO
SURFACE AS A DISTURBING
BODY SENSATIONS. AT TIMES
THEY CAN BE PROCESSED BY
JUST NOTICING THE
SENSATION AND PUTTING
ASIDE THE STORY OR THE
EMOTIONAL RESPONSE.
OTHER TIMES THEY MAY
NEED TO BE SET UP WITH
PHASES 3 - 7 AND THE
TARGET MAY JUST BE A
STORY THAT THE CLIENT HAS
HEARD.
IF THERE IS A CHARGE, IT
CAN BE PROCESSED.

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Not getting a
zero twice, or
stopping at a
1 and thinking
that is good
enough.

THE DIFFERENCE
BETWEEN 9 AND 0
CAN BE THE SAME
OR LESS THAN THE
DIFFERENCE
BETWEEN 1 AND 0.

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Not understanding that if the client does not get to zero or 1, it is a *incomplete* session and the therapist should not move on to Phase 5, but to the incomplete session statement.

SESSIONS CAN BE INCOMPLETE IN PHASE 4, 5 OR 6. DO NOT CONTINUE TO NEXT PHASE, GO STRAIGHT TO CLOSURE.

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Guiding the client to one aspect of the memory when the client is instructed to go back to the memory.

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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Checking a SUD too soon.

IT SHOULD ONLY BE CHECKED WHEN THE THERAPIST FEELS THE CLIENT IS NEAR THE END OF PROCESSING.

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Not saying
the words
exactly as
stated in
protocol!

AS NIKE SAYS....
JUST READ IT!!!!

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We are
looking for
moving and
changing.

AS LONG AS THERE IS
CHANGE WE KNOW
THE TRAIN IS
MOVING,
PROCESSING IS
HAPPENING.

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Phase 5: Installation Phase

- ▶ Still clearing out and linking into the positive.
- ▶ Common Mistakes

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Thinking we are trying to change the cognition or do cognitive restructuring.

IT IS ABOUT THE MEMORY ACTIVATION.
WE ARE ARE LOOKING FOR ANY DISTURBANCE THAT IS KEEPING THE CLIENT FROM BELIEVING THE POSITIVE STATEMENT.

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Confusing this phase with the Future Template.

THIS IS ABOUT NOW, REPROCESSING.
THESE TWO ARE DIFFERENT PARTS OF THE EMDR PROTOCOL.

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Not asking if there is a new, even better statement than the original PC.

THINGS MOVE AND CHANGE AND IT MAY BE BETTER.

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Not continuing with long and fast eye movements.

STILL REPROCESSING PHASE

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Confusing this phase with the Calm Place.

WE ARE REPROCESSING. EM'S ARE LONG AND FAST. THIS ISNT RESOURCING

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Not understanding that if the client does not get to a 7 or a strong 6, this could be an incomplete session and the therapist should *not* move on to phase 6, body scan.

PHASE 5 IS REPROCESSING.
IF INCOMPLETE GO STRAIGHT TO PHASE 7, CLOSURE.

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Phase 6: BodyScan

- ▶ Activating the lowest part of the brain. Reprocessing.
- ▶ Common Mistakes

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Confusing this phase with the bodyscan relaxation.

WE ARE STILL REPROCESSING. DISTURBANCE CAN COME UP AND THAT IS OK.

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Not seeing that preverbal, feeder or next older memories can surface in this phase.

AS YOU REPROCESS IN THIS PHASE YOU MAY ACTIVATE A FUEL SOURCE, TOUCHSTONE, THAT IS PREVERBAL. IF TIME, KEEP PROCESSING, IF NOT, INCOMPLETE SESSION.

Not doing DAS with the client because they report a reason for the body sensation

ALWAYS JUST NOTICE WHATEVER IS THERE. IT IS ALL RELATED!!!

Residual Reprocessing

WHATEVER THE CLIENT REPORTS, EVEN IF THE CLIENT THINKS THERE IS AN EXTERNAL REASON FOR THE BODY SENSATION, THE THERAPIST SHOULD SUGGEST THE CLIENT NOTICE THAT AND OFFER DAS.

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Residual Reprocessing

IF THE BODY SENSATION GETS MUCH WORSE OR DOESN'T CHANGE, THE THERAPIST SHOULD INVESTIGATE THE POSSIBILITY OF A FEEDER MEMORY, A LATER MEMORY SURFACING AND TRYING TO GET PROCESSED OR A PREVERBAL MEMORY COMING UP.

WHEN YOU ARE WORKING WITH A CLIENT

WITH COMPLEX TRAUMA AND MANY MEMORIES, IT IS COMMON FOR THIS TO HAPPEN.

NORMALIZE IT. PLAN TO TREAT IT. HELP CLIENT CONTAIN IT.

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Incomplete session in Phase 6

IF THE CLIENT DOES NOT GET A CLEAR BODY SCAN THE THERAPIST MAY NEED TO HELP THE CLIENT CHANGE TO A NEUTRAL OR POSITIVE STATE BY READING THE INCOMPLETE SESSION SCRIPT AND THEN HELPING THE CLIENT ACCESS A CALMING RESOURCE SUCH AS CALM PLACE OR CONTAINER.

JUST REMIND, NO NEED FOR DAS/BLS

Work on maintaining flow...

"What do you notice?"

Go with that."



Phase 7: Closure

- ▶ Closing down the activation, changing the state.
- ▶ Common Mistakes

Not making sure the client is present and able to manage affect prior to leaving session.

ALWAYS LEAVE TIME TO MAKE SURE THE CLIENT HAS CHANGED TO A PRESENT CALMER STATE.

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Not taking enough time to assure the client can leave the office in a contained, safe manner.

ESPECIALLY WHEN JUST STARTING OR WITH FIRST REPROCESSING SESSION, LEAVE ENOUGH TIME TO HELP CHANGE STATE AND RESOURCE CLIENT. THE THERAPIST SHOULD LEAVE AT LEAST 15 MINUTES AT THE END OF THE SESSION FOR THIS PHASE.

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Not understanding the 2 types of closure.

- INCOMPLETE** SESSION. READ SCRIPT. CHANGE STATE.
- COMPLETE** SESSION. READ CLOSURE STATEMENT.

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Help client move from activated emotional state to a neutral state

"WHAT DO YOU PLAN TO DO WHEN YOU LEAVE HERE TODAY?"

SHIFTING TO THOUGHTS ABOUT ROUTINE ACTIVITIES OR PLANNING HELP THE CLIENT BECOME PRESENT AND SHIFT TO A DIFFERENT PART OF THE BRAIN.

COGNITIVE INTERWEAVES

► Complex clients often need linkages facilitated



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COGNITIVE INTERWEAVE

- ▶ The purpose of the Cognitive Interweave is to keep processing moving.
- ▶ It is only called a *Cognitive Interweave* because the therapist thinks of it. It may be a movement or experience.
- ▶ What is a Cognitive Interweave?
 - ▶ It is a brief statement or suggestion made by the therapist that helps the client do the following:

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Cognitive Interweave

1. Provides missing information.
2. Activates currently held information.
3. Encourages generalization effects.
4. Assists client in connecting to present issue.

This requires that the therapist resonates and is attuned to the client's system. The therapist is offering the next step in healing for the client.

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Keeping process moving

- ▶ Often the client will arrive at this next step on their own, so unless the client appears to be out of the window of tolerance, allow a few sets of DAS to go after you have thought of a possible Cognitive Interweave.
- ▶ Sometimes the attuned therapist is one step ahead of the client throughout the reprocessing phase.

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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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The Missing Experience

- ▶ A Cognitive Interweave may also be the therapist offering the missing experience to the client. This should only be used when needed and *not* as an attempt to prematurely take the client to a more positive state.
- ▶ This is keeping the attachment focus at all times. What did the client need to do or hear?
- ▶ **Example:** A client who is processing early sexual abuse uses stop signal and therapist offers for the client to notice the experience of therapist stopping when the client asks her to stop.

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Types of Cognitive Interweaves

- ▶ New information through an experience, education or new perspective
- ▶ Stimulate held information

EXAMPLES:

- ▶ Direct Question or Statement
 - ▶ Recognizing "The Answer" appearing
 - ▶ Activating the adult perspective.
 - ▶ Activating the perspective of a known resource.
 - ▶ Addressing misconceptions that are common in trauma memories.

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Responsibility

- ▶ It is common for the victim to blame themselves, especially children.
"Can a 5 year old make adults get a divorce?"
- ▶ Statement differentiating age and responsibility.
"How old were you? How old was the perpetrator?"
 Recognizing the belief as "a lie."

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Safety:

- ▶ Bringing client into the present/keeping in window of tolerance.
 - ▶ *How old are you now?*
 - ▶ *Are you safe right here right now?*
- ▶ Use resources to bring them back into window of tolerance, out of survival resources.
- ▶ Recognize the current sense of not being safe as "a memory."
- ▶ Use Orienting from Somatic Resources section.

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Power/Control: Choices

- ▶ 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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The Answer- Cognitive Interweave

- ▶ 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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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?"

Use the orienting response.

"Look around the room now, are you safe here?"

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

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Bringing in the Adult Perspective Client Stuck on Responsibility

"How old were you?"

"Do you know any 7 year olds? Would you blame them if this happened?"

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

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Psycho-education

"Did you know that 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?"

Deep Emotional Response

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

- Therapist's voice helps connect and stay here.

"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?"

Keep it simple

- Return to target
- Change mode of BLS
- Focus on the body
- Slow down/ speed up





The Invisible One

- ▶ Possible NC- I'm in Danger. I'm going to die. It's not safe to feel safe.
- ▶ Over-Developed Disappearing, Survival Defenses, Sensitivity
- ▶ Under-Developed Safety, Being Present, Being embodied, Feeling
- ▶ Needed to hear- "You are welcome here." "You are safe now."
- ▶ Missing experience- Protection and safety.
- ▶ Shows up in the body as either very thin or very heavy.
- ▶ They most want to be safe and seen in a safe way.

The Emotional One

- ▶ Possible NC: "It's not safe to feel safe or calm. I can't trust safety."
- ▶ Overdeveloped- Connecting or merging with others, knowing how others feel, sensitivity, creativity, feeling.
- ▶ Underdeveloped- Boundaries, ability to tolerate other's emotions, self-soothing.
- ▶ Needed to hear: "It's okay to feel safe now."
- ▶ Missing Experience- Protection and a calm present caregiver.

The Needy One

- ▶ Possible NC: "There is no support." "There is something wrong with me."
- ▶ Overdeveloped: Being nice, gentle, compassionate. Acting not threatening or childlike, being powerless or helpless. Ability to feel feelings not including anger.
- ▶ Underdeveloped: Personal power, persistence, utilizing support when it is there.
- ▶ Needed to hear: "I'm here for you." "You can get what you need."
- ▶ Shows up in the body: A collapsed, weak body.

The Independent One

- ▶ Possible NC: "I'm alone." "I can't trust support."
- ▶ Overdeveloped: Competency, ability to take control.
- ▶ Underdeveloped- Asking for help, trusting that help is there.
- ▶ Needed to hear: "It's okay to ask for help." "You can get support."
- ▶ Missing Experience: Consistent support, getting needs met by others.
- ▶ Shows up in body: Body appears to be ready to take action.

The Rock

- ▶ Possible NC: "I don't matter." "My needs don't matter."
- ▶ Overdeveloped: Withstanding pressure, Enduring suffering, Dependability
- ▶ Underdeveloped: Knowing what they want. Asking for what they want. Being direct about how they feel.
- ▶ Needed to hear: "What you want matters." or "What do you want?"
- ▶ Missing experience: Asking for their opinion. Having freedom of expression.
- ▶ Shows up in body: Generally thicker, heavier body.

The Chameleon

- ▶ Possible NC: "I'm not enough." "I can't be me."
- ▶ Overdeveloped: Charming, convincing, adapting to environment.
- ▶ Underdeveloped: Being honest. Knowing who they are. Being straight forward.
- ▶ Needed to hear: "It's okay to be who you are." "You matter."
- ▶ Missing experience: Freedom to be self.
- ▶ Shows up in body: Movements sideways.

The Hero

- ▶ Possible NC: "I'm not safe." "I can't be vulnerable."
- ▶ Overdeveloped: Taking control. Asserting power. Setting boundaries.
- ▶ Underdeveloped: Being vulnerable. Having needs.
- ▶ Needed to hear: "It's safe to connect."
- ▶ Missing experience: Being protected.
- ▶ Shows up in body: John Wayne puffed up chest, pulled up and out of emotion.

The Doer

- ▶ Possible NC: "I need to be perfect." "I'm not good enough."
- ▶ Overdeveloped: Doing, Energy, Working hard, Analyzing.
- ▶ Underdeveloped: Play, Connection, Rest, Self-care.
- ▶ Needed to hear: "You don't have to work so hard." "It's okay to play."
- ▶ Missing experience: Being seen for who they are not what they do.
- ▶ Shows up in body: Slight leaning forward, usually thin.

The Life of the Party

- ▶ Possible NC: "I don't matter." "I don't matter."
- ▶ Overdeveloped: Energy, Drama, Fun, Action.
- ▶ Underdeveloped: Rest, Being grounded, Authentic.
- ▶ Needed to hear: "You matter." "You don't have to work to be seen."
- ▶ Missing experience: Being seen without being dramatic.
- ▶ Shows up in body: Energy upward. Lots of upward movement.

The Authentic Self- The Shining Star

- ▶ What is under all of the "types"
- ▶ Able to give and receive love.
- ▶ Able to have a balance of rest and activity.
- ▶ Able to be self without needing to hide or prove anything.
- ▶ Able to see what others need and offer it in a bounded, balanced way.
- ▶ Being able to offer the best self to the world and help the most people without sacrificing self.
- ▶ A balanced, healthy life.

The 5 C's of working with The Answer

- ▶ **Catching it** – Seeing it many times. Noticing pattern
- ▶ **Curiosity** – Become Curious about it. Wondering if it has been helpful
- ▶ **Collaborating** – Joining and understanding- Of course....
- ▶ **Contacting** – So I notice you are really good at....I wonder if that has been helpful.
- ▶ **Connecting** – So I wonder how you learned to do that so well.. If that was helpful for you growing up. And if it now gets in the way.

The PTI Path- One of many but it is ours

Personal Transformation Institute offers a variety of paths to continue learning through the answer.

After the completion of the basic training, our goal is to offer the best and most helpful support. We have a multitude of training and demo videos on our website. We also have an email community and other advanced materials.

If you would like to move on to becoming EMORIA Certified we offer an "Advanced Certification Package".

After becoming EMORIA Certified you may choose to become an Advanced Certified Instructor.

There are four options of becoming a PTI Trainer.

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