Personal Transformation Institute

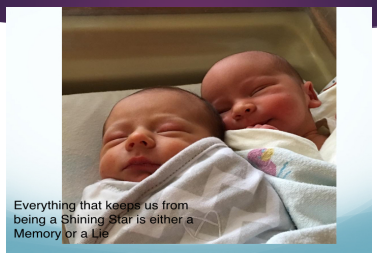
S.A.F.E. EMDR: A Refresher to Somatic and Attachment Focused EMDR and common mistakes

DEBORAH KENNARD, FOUNDER AND EMDRIA APPROVED TRAINER

Schedule

- Day 1
  - Setting the stage for treatment
  - Review of S.A.F.E Approach to EMDR
  - The Principles
  - Common Mistakes phases 1 & 2

You are a shining star!



A Somatic and Attachment Approach

- Attunement is modeled at all of our trainings.
- Understanding how the problem was once adaptive.
- A clear way to predict and work with strengths/blocks in the preparation phase.
- An understanding of the therapist's own strengths and blocks and how they play a role in the therapy process.
- Understanding attachment patterns and how they show up when the client is under stress.
- Awareness of the body in to all phases of treatment.

Memories and Lies

- EMDR is based on earlier experiences and how those experiences become stored as memories as the root of both present day problems and resources.
- The memory of the trauma becomes stuck in the system and creates patterns that become the way we see the world, perceptions, attitudes and beliefs.
- When something happens in the moment that activates the dysfunctionally stored memory it comes up as it was originally stored and appears to be an "over-reaction".
- The limiting belief we have about ourselves is the "lie" and most likely the conclusion we drew about ourselves or the world at the time of the original event.

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AIP
Adaptive Information Processing Model
(Shapiro, 2001 and Shapiro, 2006)

We are looking at early memories and how they are activated in the present moment.

What is the organization of that experience in this moment?

How are the past experiences manifesting in the present?

Helps create treatment map and predict blocks as well as outcome

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It is a Physical System:

- The neurobiological information processing system is intrinsic, physical, and adaptive.
- The system integrates internal and external experiences.
- Experiences are translated into physically stored memories.

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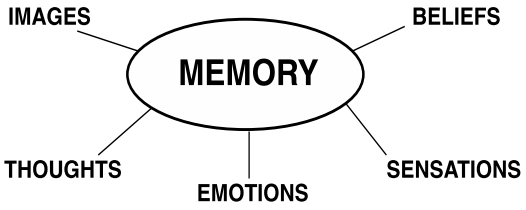
MEMORY NETWORK



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Memory Networks:

- Memories are stored in associative memory networks and are the basis of attitude, beliefs, and perception.
- Those stored memories are the contributors to pathology and to health.
- Trauma causes a disruption of normal adaptive information processing, which results in unprocessed information being dysfunctionally held in memory networks.
- New experiences link into previously stored memories, which are the basis of interpretations, feelings, and behaviors.

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It's both what happened and what didn't happen:

- Trauma can include DSM IV and V Criterion A events and/or the experiences of neglect or abuse that undermine an individual's sense of self worth, safety, ability to assume appropriate responsibility for self or other, or limits one's sense of control or choices.

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"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, with the EMDR protocol, of the unprocessed information facilitates linkage to the adaptive memory networks and a transformation of all aspects of the memory.
- Nonadaptive perceptions, affects, and sensations are discarded.

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There is a transformation that 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.
- What is 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.

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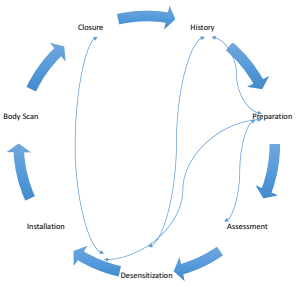
AIP = New learning and awareness of present moment



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The Answer

- How the answer developed.
- Layers of processing, layers of human experience.
- "What people do".

The Answer

- We all have one, actually multiple ones and one main one.
- If a problem or block is present, the answer is here.
- It is how all of us learn to adapt to say safe and or connected to caregivers.
- It becomes what we do best, our strength.
- It becomes out of balance, what we do too much.
- It is over-developed and thus we have something that is under-developed.
- Our answer keeps us from getting what we want the most.
- It eventually manifests in our body, becomes our physical body.

The Answer Appears

- It is a pattern, the attachment pattern.
- It is the water we swim in.
- Being able to predict "the answer" is the best way to increase awareness.
- It's the illusion (lie) we use to make the map of the world and ourselves.
- Keeps us from being free.

This chart goes along with the answer. We are all a *combination* of many of these types.

The goal is to be able to soften these and be our authentic self (shining star!)

These are developed in order for us to stay attached or stay safe as we develop.

Adapted from Ron Kurtz, And Pat Ogden

Character Types

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. Numbing. Numbness. Sensitivity.	Safety, grounding, being 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 is okay to feel safe when you are safe."
The Needy 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 have control.	Asking for help. Knowing others to help.	"You can get help from me." "It's okay to ask for help."
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 accumulate and adapt.	Being honest. Knowing who they are. Being straight forward.	"It's okay to just 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."

These are examples of possible answers. At one time these were needed adaptations for the person to either stay safe or keep connection to a caregiver. They then become a pattern of relating to others. Most people have multiple character types. Each character type has a strength in it. **The goal is to help create balance and more choices so the authentic self can be present.**

The possible negative belief is just an example and there may be many other options.

(Adapted from Ron Kurtz, 1990 and Pat Ogden, 2002) ©Deborah Kennard, MS 2015

The 5 C's of working with the "Answer".
(not in the manual yet)

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- **Catching it**. Seeing it happen many times. Noticing it as a pattern.
- **Curiosity.** Become curious about it. I wonder if that has been helpful.
- **Collaborating**. Joining and understanding. "Of course…
- **Contacting** … So it seems like this was helpful
- **Connecting** it to the past/present- How it has been helpful and any way it gets in the way now.

PTSD and Developmental Attachment Trauma

- Complex trauma may have layers that are both developmental and PTSD trauma.
- PTSD trauma stored in the nervous system
- Fight, Flight, Freeze/ Collapse, Submit, Feign Death
- Developmental trauma shows up in attachment patterns.
- Looking for over developed human action system – "The Answer"

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From Panksepp
Research on Hardwired Subcortical Human Structures

- SEEKING (anticipation, desire)
- RAGE (frustration, body surface irritation, restraint, indignation)
- FEAR (pain, threat, foreboding)
- PANIC/LOSS (separation distress, social loss, grief, loneliness)
- PLAY (rough-and tumble carefree play, joy)
- MATING (copulation—who and when)
- CARE (maternal nurturance)

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Understanding and Creating Safety

- Understanding how attachment patterns get in the way.
- Understanding how traumatic experiences stored as memories get in the way in treatment.
- Understanding what you are seeing as a block was once an answer!

Window of Tolerance, developed by Dan Siegel, 1999

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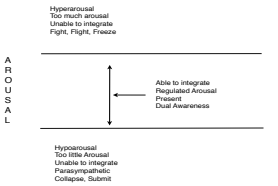

When trauma happens it is natural for the human system to go into the defensive resources of fight, flight, freeze, collapse and submit. This is a natural adaptation to trauma and danger. It becomes a problem when the trauma is later being triggered by something that is not life threatening, but the human system is reacting to it as if it is life threatening. They become stuck in hyperarousal or hypoarousal.

We want to work at the edges of tolerance and that helps to expand the window so the client has more tolerance for emotion.

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Porges Polyvegal Theory

- Hierarchical system and the Polyvegal Theory (From least to most primitive)
  - Social Engagement – if this works to keep us safe we stop here
  - Fight, Flight or Freeze- Sympathetic Nervous System
  - Collapse, Submit, Feign Death – Parasympathetic Nervous system
  - After trauma we come out of dissociation by connecting and play.

Celebrating and appreciating dissociation!

- Our bodies do this automatically, it is not a choice.
- Our bodies are built to keep us safe, it is an adaptive response.
- This appreciation is the beginning of safety.
- Beginning to notice with mindfulness the body responding.

Working with the principle of nonviolence

- Many mistakes therapist make violate this principle.

Common things a therapist has to *unlearn* when learning the EMDR therapy model:

- **EMDR model is a paradigm shift.**

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Thinking that the client needs to be completely stable in every way prior to starting EMDR processing.

MANY CLIENT'S WILL NOT BE COMPLETELY STABLE WITHOUT DOING THE EMDR PROCESSING PHASES. THE CLIENT JUST NEEDS TO BE STABLE ENOUGH TO BE SAFE DURING THE PROCESSING.

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Wanting the client to feel better.

WITH EMDR WE ARE ACCESSING THE ROOT OF THE CURRENT ISSUE AND WHEN IT IS APPROPRIATELY ACCESSED THERE CAN BE A HIGH LEVEL OF EMOTION.

ALTHOUGH WE WORK TO KEEP THE CLIENT IN THE WINDOW OF TOLERANCE, THE TOP OF THAT WINDOW OF TOLERANCE IS OFTEN WHERE CHANGE CAN HAPPEN.

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Believing that therapist is "making client worse" when client feels deep emotional pain.

THE EXPRESSION OF DEEP EMOTIONAL PAIN IS COMMON AND A GOOD SIGN AS LONG AS THE CLIENT IS MOVING AND CHANGING IN THE PROCESS AND IS STILL IN THE WINDOW OF TOLERANCE, NOT DISSOCIATED.

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Needing to know and understand exactly what the client is experiencing in phases 3 - 6.

AT TIMES THE CLIENT MAY HAVE AN ASSOCIATION THAT THE THERAPIST DOES NOT UNDERSTAND OR THAT DOES NOT FEEL RELATED.

THE THERAPIST SHOULD EITHER KEEP GOING OR HAVE THE CLIENT CHECK IN ON THE ORIGINAL MEMORY IF THEY FEEL LOST.

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Therapist believing they are the healer with tools to give the client

WITH EMDR THERAPY WE SET THE CONDITIONS FOR THE CLIENT'S OWN HEALING TO HAPPEN.

Phase 1: HISTORY TAKING Common Mistakes

- Asking about the trauma memories too soon or taking a trauma narrative
- Not asking about current resources and ability to regulate emotion first
- Not taking a DES
- Not knowing what the client's "Answer" is prior to talking about trauma or pain
- Not taking a history because the client says they have been referred just to do EMDR processing
- Not understanding what it is like to be the client
- Not knowing what the client wants as a result of therapy

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Safety and Stability

- In history taking we are finding out first about the client's strengths and ability to regulate emotionally. We are looking for what is over and under developed for the client.
- Use the Client Selection Criteria Checklist to make sure you have looked at all of these areas. Remember that you are not necessarily going through this checklist with the client, it is a tool for you to remember to address all of those areas prior to moving in to phases 3 - 7.
- Phases 1, History taking, and 2 Preparation Phase, are done in conjunction with each other. We are always looking at what the client's resources and needed resources as we gather information and develop the treatment plan.

In history taking we are always using the AIP view:

- How are the past experiences manifesting in the present?
- What was the client's response at the time of the earlier events that will likely surface during therapy?
- Is the client able to be honest and give honest feedback?
- 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 roadmap and treatment plan prior to processing?
- Do you know the early events that are likely fueling the current life stressors?

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Phase 2: Preparation Phase Common mistakes

- Taking too long in this phase because it is pleasant to work on developing positive resources, when the client already has sufficient ability to be safe and manage affect.
- Not taking long enough in this phase because the client verbally reports an ability to stay safe and manage affect, taking the client's word for it and not actually seeing the client demonstrate the resource in the office.
- Not fully understanding what the client's strengths are and how they are also likely a block to processing.
- Not understanding what is "under-developed" for the client prior to processing.

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Phase 2 Preparation – Common Mistakes

- Just using a written informed consent and not taking the time to discuss the nature of trauma, how EMDR works, the possibility of urges from past addictions and the possibility of deep emotional pain surfacing. Not normalizing all of that.
- Not explaining to the client with the use of the AIP model, how the current issues are likely a manifestation of past experiences that are stored in the brain in a way that causes an over-reaction to the present.
- Thinking that if the client cannot do the Calm Place Exercise, they are not able to move on to Phase 3-7.
- Not stopping and switching to another resource if the Calm Place Exercise becomes negative.

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Giving the Client the Necessary Tools
(from Phase 2 Preparation, p. 42)

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

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Preparing for reprocessing phases

- In Phase 2, Preparation, we are making sure the client understands the EMDR approach to therapy and how the treatment plan is developed.
- Using the client's own information is the best way to describe how the past is manifesting in the present.

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More on Preparing…

- 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.

Preparing…

- The clinician is taking only as long as needed to make sure the client has everything that is needed, including enough trust in the clinician and therapy process, to begin reprocessing the earlier experiences that are the root of the current distress.
- 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.

And the final thing about Preparing…

- If the client is unable to use the Calm Place Exercise as a resource due to negative material contaminating it, the clinician should offer the Container Exercise or something else that assists the client in going from disturbance to calm.

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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 pre-verbal memories show up as sensations.

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Going down the wrong path

- Through the answer
- Through missing preparation
- Through a behavior
- Through not wanting to harm client'
- By wanting to be nice and keep the client in a calm state

Study of master therapists

- The thing they have in common is the belief that there are not problems, only the perception of problems.
- If there is a problem or a block the answer is present.

Being safe

- Adapting to the world to be safe. Then seeing the world as a safe place or an unsafe place.

Being loved

- Am I loveabe?
- Am I welcome?
- Am I safe to be who I am?
- Do I have to work to be loved and accepted?

Feldenkrass

- You can't do what you want until you know what you are doing.
- How do we make meaning of the world and events?
- What feelings are evoked by the world and events?
- It is an internal process.

How many of you believe the following?

- I can make someone happy.
- I can make someone upset.
- I am responsible for helping client's feel better.

The meaning we make

- As something is happening, what is the meaning we make?
  - I deserve bad things?
  - I am out of control.
  - I am unlovable?
  - I am worthless?
  - I should be able to do something about this (I'm helpless)

Suffering and Pain

- Most suffering is due to not accepting the truth of the moment.
- Much emotional pain is created by trying to stay away from the truth of the moment.
- Either wanting something to be here that isn't or wanting something that is here to not be here creates suffering.

Studying the present moment

- How is therapy different than ordinary, polite conversation

Therapy vs. Ordinary Conversation

Ordinary Conversation	Therapy
Between 2 people	One sided finding what is within client
Neither person is in charge	Therapist is in charge
No interrupting	Interrupts with awareness
No one directs the flow and direction	The therapist directs the flow and direction

We are in charge of the therapy, not the client's system

- There is an illusion of control of other's emotional or even physical neuobiology.
- Language is powerful!
- Making people happy ☺ Making people sad ☹

Reseach on Placebo effect Prozac

- **The Functional Neuroanatomy of the Placebo Effect**
- Helen S. Mayberg, M.D., F.R.C.P.C., J. Arturo Silva, M.D., Steven K. Brannan, M.D., Janet L. Tekell, M.D., Roderick K. Mahurin, Ph.D., Scott McGinnis, B.S., and Paul A. Jerabek, Ph.D.
May 01, 2002
- **CONCLUSIONS:** The common pattern of cortical glucose metabolism increases and limbic-paralimbic metabolism decreases in placebo and fluoxetine responders suggests that facilitation of these changes may be necessary for depression remission, regardless of treatment modality. Clinical improvement in the group receiving placebo as part of an inpatient study is consistent with the well-recognized effect that altering the therapeutic environment may significantly contribute to reducing clinical symptoms. The additional subcortical and limbic metabolism decreases seen uniquely in fluoxetine responders may convey additional advantage in maintaining long-term clinical response and in relapse prevention.

Boundaries are a form of non-violence

- Non-violence does not mean allowing anything to happen and not setting clear boundaries.
- Setting boundaries and the therapist being the "Expert in charge" can be a form of non-violence
- Allowing the client to lead and not be productive, i.e. Just having conversation and staying out of any disturbing material without a roadmap, and the therapist fearing taking charge or being the expert is violent, actually creates more issues.

The switch from control to curiosity!

- What is present now?

Questions?