



Power EMDR

Working with Complex Cases with Somatic and Attachment Focus

6 hour training

An EMDRIA Approved Training

www.emdrtherapybasictraining.com

www.personaltransformationinstitute.com

Trainer: Deb Kennard

Goal of Training

- Understanding Complex Trauma
- Common mistakes with complex trauma
- Layers of Processing
- Letting go of the story/ Releasing Trauma from the CNS
- To gain skills to predict blocks and overcome obstacles.
- Understanding the “Answer”
- Identify ways the clients manage their experience.
- Identifying and working with the “Answer” in all phases
- Tracking and Contacting the Answer
- Tools to help the client access more deeply.
- The Missing Experience/Incomplete action with Cognitive Interweave

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 non-violent approach.
 - We understand the client' longing.
 - Understand the missing experience.

Schedule

- Thurs & Friday
- Start at 9:00 EST
- 9:00 to 9:50 Discussion/Teaching
- 9:50-10:00 Break
- 10:00- 10:50 Discussion/Teaching
- 10:50- 11:00 Break
- 11:00-Noon Discussion/ Question and Answer

What is complex trauma?

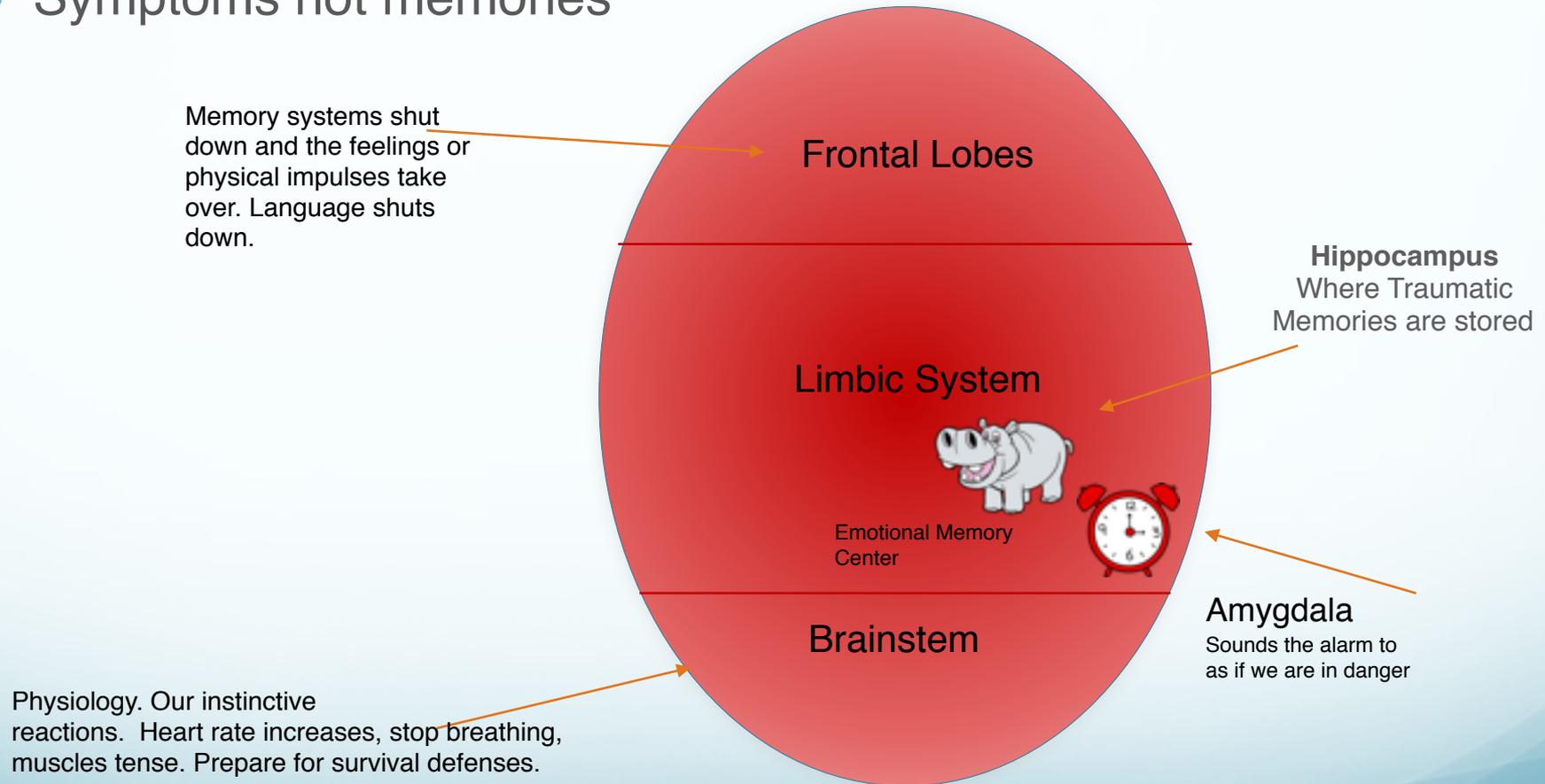
- Trauma that happens and is interpersonal. There is an attachment aspect to the trauma.
- When the trauma is by an attachment figure they become stuck in not trusting or feeling trapped.
- It's not safe to feel safe.
- Longing to attach, not be alone, fear of attaching
- Conflict. Not comfortable in relationships.

Common Unlearning

- Wanting the client to feel better.
- Believing that therapist is “making client worse” when client feels deep emotional pain
- Giving the client cognitive coping strategies to use when the triggered client has no access to prefrontal cortex
- Needing to know and understand exactly what the client is experiencing in phases 3 - 6.
- Therapist believing they are the healer with tools to give the client.

Why talking about it doesn't work with trauma

- Symptoms not memories



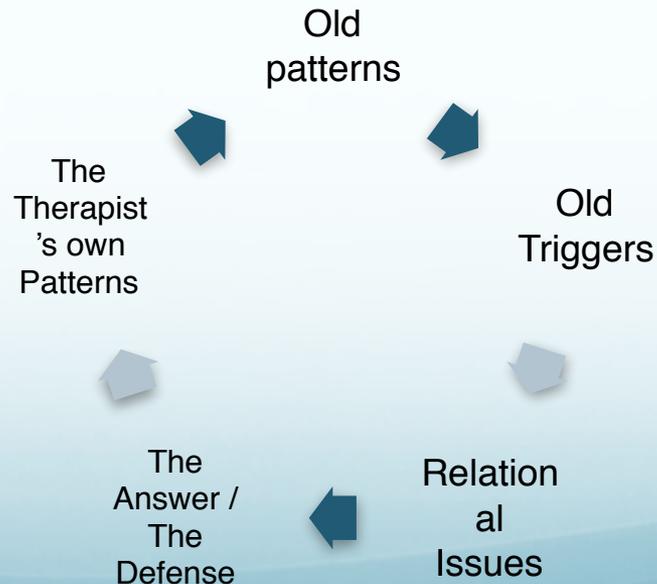
It is always NOW

- We don't take our clients back in time!
- We don't regress our clients!
- We don't go back there!!



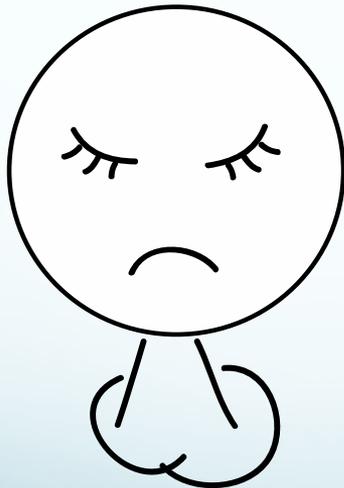
EMDR Therapy Training and Attachment

- Whatever your client does will happen in your office
 - This is an opportunity
 - Whatever happens in processing is also likely what happened at the time.



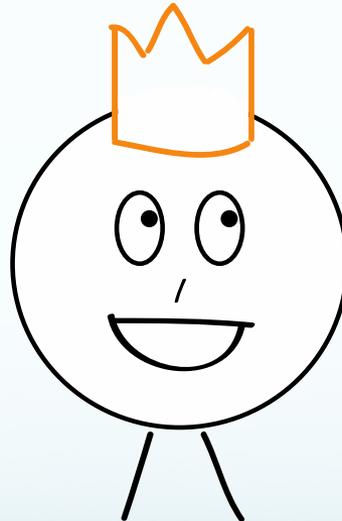
Treatment Considerations: Not just PTSD

Things That Did
Not Happen



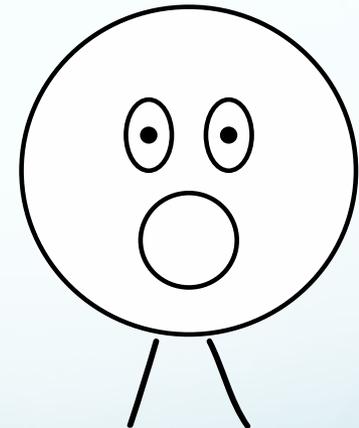
NEGLECT

Weight of
Perfection



THE GOLDEN CHILD

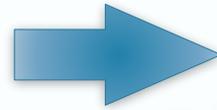
The Bad Things
That Happened



TRAUMA
(both "T" & "t")

The EMDR Approach BRING BACK BALANCE

KEEP WHAT IS USEFUL
NOT



RELEASE WHAT IS

Our system wants health



Memories & Lies

- EMDR based on Earlier Experiences are the basis of both dysfunction and health.
- The traumatic experiences that create patterns or become stuck due to big T trauma become the way we view the world.. Perceptions, Attitudes, Beliefs
- When something happens that is similar our reaction is actually a memory being activated.
- The limiting belief we have about ourselves is a “lie”, the conclusion we drew about ourself or the world.

Examples of Memories

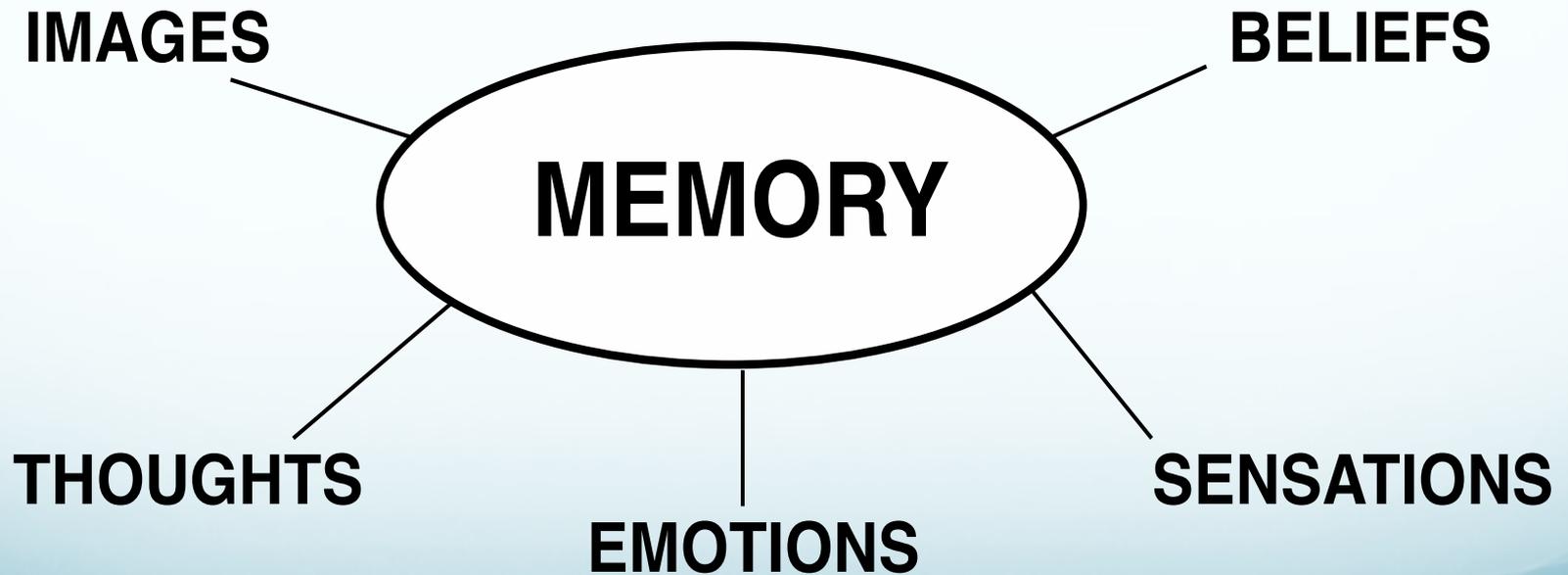
- A feeling of shame at the time of abuse now shows up as a sensation in the stomach. That sensation is the memory showing up.
- Dissociating at the time of abuse now shows up when we begin to look at treatment. The dissociation is stored as the answer, it is actually a memory.
- Urges to use, or to act out with an addiction was once the answer and now shows up as a memory. The urge is a part of the memory.

Memories and Lies Log

Date/ time	What was your experience?	SUD 1-10	What was the memory or lie?	Resource/Coping Strategy

Memories and Storage

MEMORY NETWORK



The Responses at the Time in Order to Survive or Adapt

MEMORY NETWORK

IMAGES

BELIEFS

MEMORY

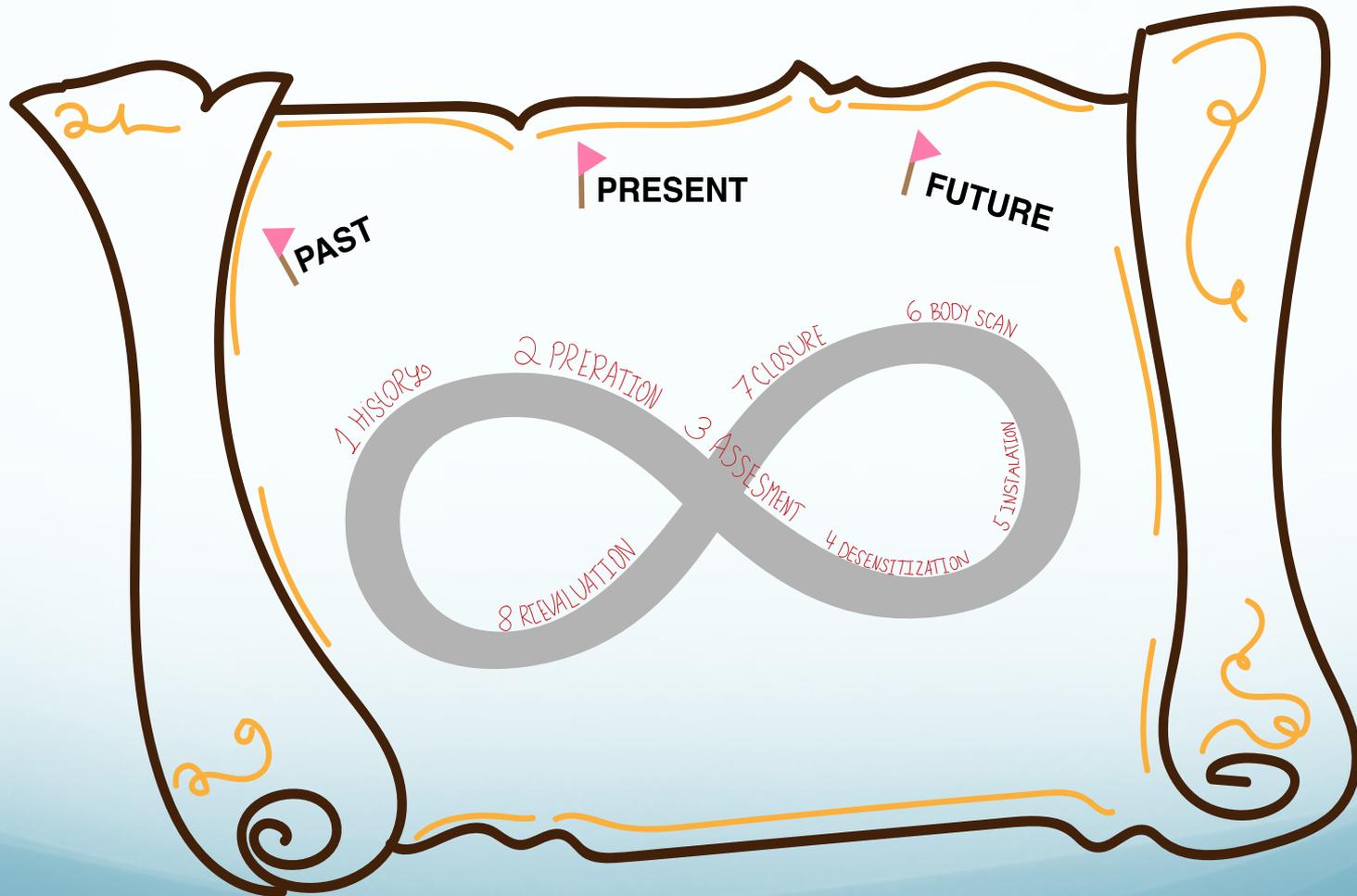
THOUGHTS

EMOTIONS

SENSATIONS

block to processing

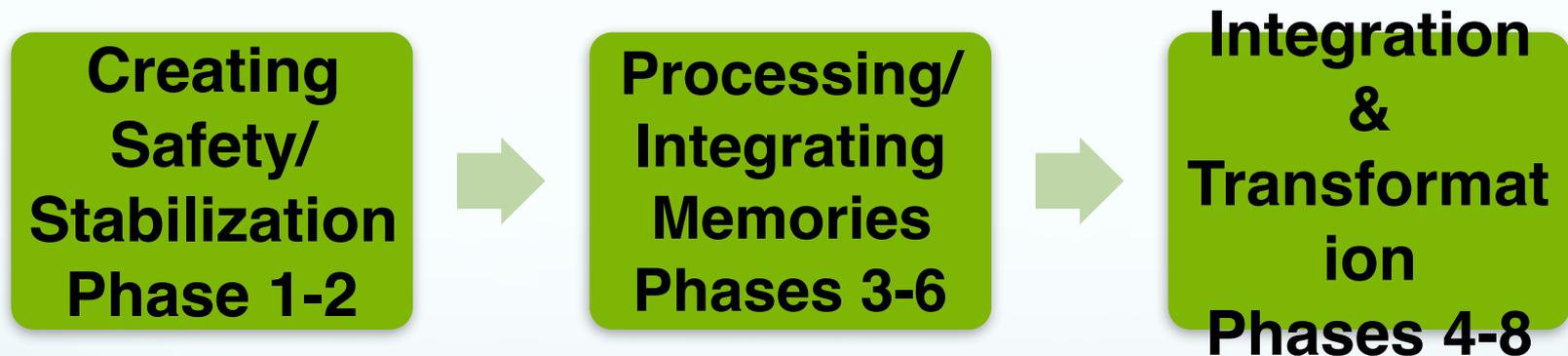
Overview of 8 Phases of EMDR Therapy Treatment



The 8 Phases Review

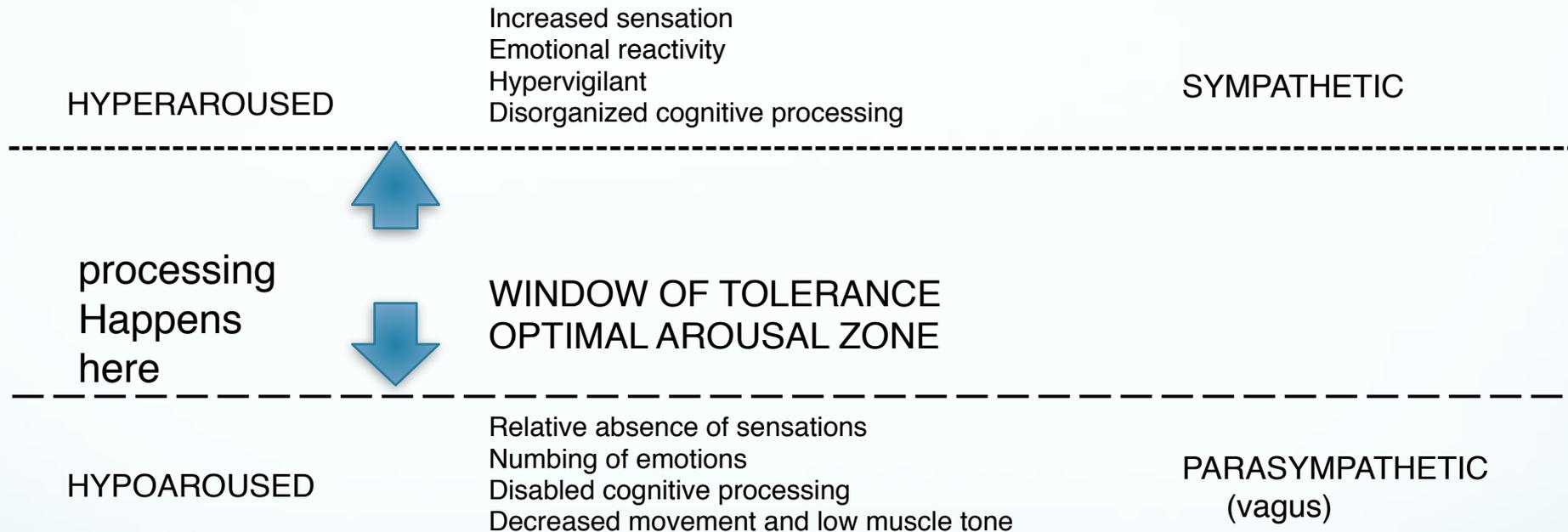
- 1. History
- 2. Preparation
- 3. Assessment
- 4. Desensitization
- 5. Installation
- 6. Body Scan
- 7. Closure
- 8. Re-evaluation

Three Steps of EMDR Therapy Treatment

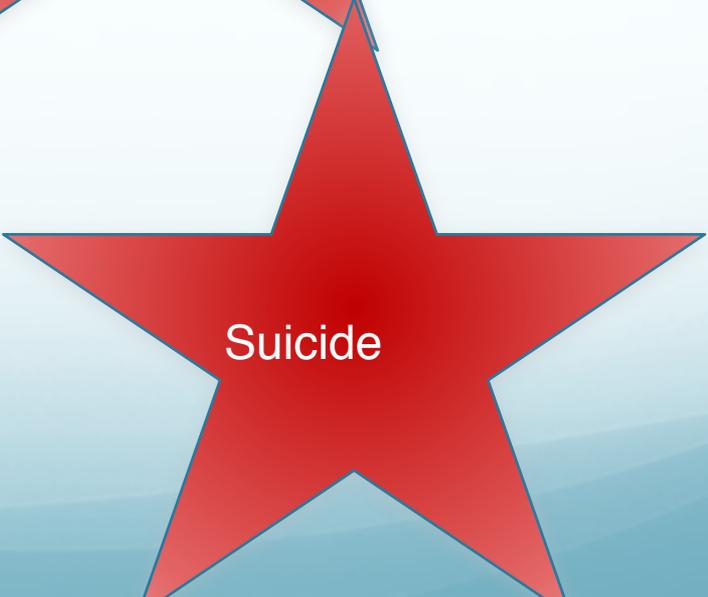


Window of Tolerance

Adapted from Siegle, 1999



This is what we use to determine whether or not processing is happening and what resources are needed if processing is not happening.



Safety First Phases 1&2

- For Clients: “We are going help you get through this as quickly as possible while keeping you safe.”
- For Therapists: “Learn and experience EMDR Therapy as efficiently as possible while remaining safe.”
- Demonstrating and experiencing resources to increase safety.
- Teach about Window of Tolerance to monitor safety.
- Therapist as a neurobiological regulator (Rt. Brain)

Common Mistakes in the 8 phases with Complex trauma

- History Taking
 - Not getting to the root. Only working on the present or adult memories
 - Asking about the traumatic memories too soon.
 - Not understanding the difference between Big “T” trauma and Developmental trauma
 - Not understanding that trauma has symptoms instead of memories.
 - Not understanding what it is like to be the client?
 - Not getting a history of the “Answer” first, understanding how the current symptoms are helpful.
 - What is over and under developed for them.
 - Not taking a DES

What is it like to be the client?

- Part of Phase 1 & 2
- Therapist understanding what it is like to see the world through the client's eyes- the client's reality
- Doing this without judgement in an open curious way.
- If there is judgement there cannot be compassion.
- What are the strengths? What is over/under developed
 - This might sound like..."How awesome that you were able to..."
- What are the likely blocks and what needs to be developed?
- Understanding what the client needs then offering it by saying: "Would you like it if...."

Phases 1 & 2 History Taking and Preparation Stabilization

- Education about symptoms decreases shame.
- Education about attachment patterns decreases shame.
What is over and under developed.
- Education about trauma symptoms decreases shame.
- From victim to survivor. “How amazing that you were able to survive”
- Looking at the symptoms as a way to cope at the time/now the problem. (cutting, suicidal thoughts etc)
- Trauma has symptoms instead of memories

Not getting to the root

Put a cap on the tooth without cleaning out the decay

- Spinning
- Getting worse
- “Answers” coming up to stop the process
- Flooding of many memories
- Somatic symptoms

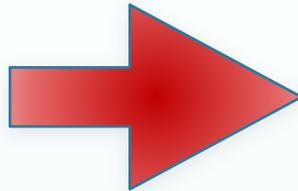
- Not explaining Complex Trauma and the symptoms
- Not understanding what is under developed for the clients
- Not understanding current resources and how they may get in the way - The “Answer”
- Going down the wrong path in the treatment planning
- Understanding the client’s window of tolerance
- Not predicting the pitfalls



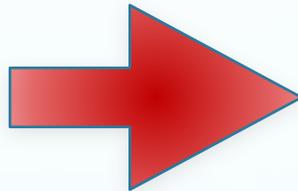
The Treatment Planning Mistakes

Preparation Phase 2

- Finding the targets through a behavior/ action or something other than a Core Belief



- Targets are not about family of origin



- The Target will go in a straight line- Too Specific- You will not get to the real touchstone.
- Could be Golden Child or Shame in family of Origin. You will unlikely be at the real touchstone.

Common mistakes in Phase 3

- Not understanding that Assessment phase is Activation Phase.
- Talking too much!!! Repeating them. Adding in words, not saying words that are in it.
- Not understanding that Phase 3 is all about NOW.
- Thinking that the client is telling you how they felt in the past
- Not seeing the Answer emerge- i.e... going into head will say... “I think... “Probably.....
- Delaying and shaking head between responses.
- At the end of the phase stopping to do anything between 3 & 4

The 3 Phases NOW

- Past- What happens now when the client remembers a past memory?
- Present- What happens now when things in the present trigger old memories?
- Future- What happens now when they imagine what they want in the future?



Modeling/Attunement

- Self-Care/Safety
- Understanding the client's process- Some clients cut off from feeling in the session and leave over-whelmed
- Starting off by saying "Sometime when someone has experienced a lot of abuse, telling the story can create a feeling of re-living it. Does that happen to you?"
- When client is telling the story asking "How are you doing?"
- Get history of strengths first. "The Answer"

Character Strategies, Trauma and Attachment

Strategies to help us stay away from pain and keep attachment:

What is under/over developed as a result of the past experiences.



Rest
Work
Exploration
Play
Connection
Reaching out for help
Self-soothing
Sexuality

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 attainment 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 a therapist. Acting as a container for the client to keep the optimal level of arousal so they are safe and able to process.
- We are constantly modeling for the client
- How does the EMDR with an Attachment focus help?
- This 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.

Attunement

- ◆ **1. To bring into a harmonious or responsive relationship**
- ◆ **Right brain Nonverbal attachment**
- ◆ **Implicit, affective interactions**
- ◆ **Regulatory function of attunement**
- ◆ **Is the way infants nervous system is regulated.**
- ◆ **This is not just in terms of feelings but noticing what is happening with client**

Secure Attachment

- ◆ If attachment figure is sufficiently near, attentive and responsive–
 - ◆ Child feels security, love, self confidence
 - ◆ Is playful, less inhibited, smiling, exploration-oriented
- ◆ If not....
- ◆ A hierarchy of attachment behaviors develop due to increasing fear and anxiety
- ◆ Visual checking: signaling to re-establish contact, calling , pleading, moving to reestablish contact

When it doesn't work

- ◆ 1. Child becomes defensively avoidant of contact and appears indifferent about separation and reunion
- ◆ 2. The child becomes preoccupied with the attachment figure, clinging and anxious about separation and exploration.
- ◆ 3. This becomes a pattern of intimate relationships.

The Good News!

Therapy can help create secure attachment!

Love changes the world.



Real wealth. Secure Attachment.

*This beautiful woman's name was Katie Gay. She was a hardworking sharecropper in the 1920's. When my mother was **20 months** old her parents couldn't afford to take care of her and Katie Gay became her unofficial "foster mother". She loved and cared for my mother until she was 9 years old. The little girl is me, the 10th child of 10 in my family. Grandma Gay came to our house to take care of every baby that arrived. She was hard working and loved with all of her heart. I believe this woman's love changed a pattern in our family that may have been going on for centuries. Every generation prior to mine had given 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 Gay. You changed the world with your love.*

Modulation

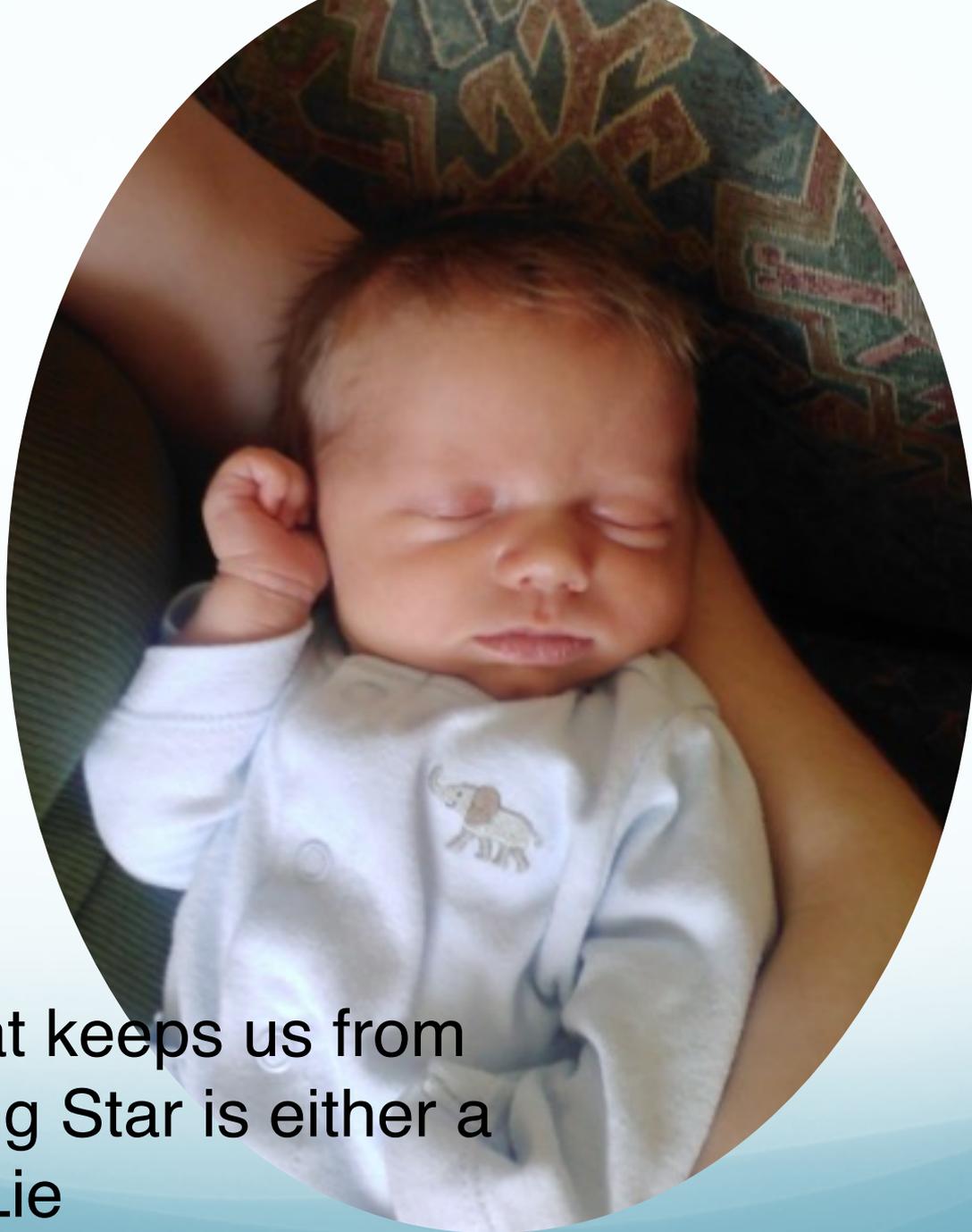
- ◆ Fast enough to heal, slow enough to remain safe.
- ◆ The therapist client relationship as a container
- ◆ Regulating arousal through the 8 phases



Therapist as a Neurobiological Regulator

Repair

- ◆ What is the needed experience
- ◆ Creating the experience in various stages of the process
- ◆ Cognitive interweaves of repair
- ◆ Across the 3 prongs
- ◆ Integration and repair



Everything that keeps us from
being a Shining Star is either a
Memory or a Lie

The Magic of Character Types

- Predicting the Pitfalls
- Understanding what they need to bring balance
- What is over/under developed
- Use of Experiments
 - Probes
 - Getting information from the body
 - Seeing how the “Answer” is present

Management/Character Strategies Getting past the Gatekeeper

- The Adaptive Response that was learned in order to keep attachment or to stay safe.
- That Adaptive response becomes
- “The Answer”
- The “Go to” way of managing stress.
- It also becomes a “Strength”
- It is what is “over-developed” and from that we can assume what is “under-developed”
- Knowing this helps predict pitfalls and blocks



Resistance vs. Strength

- ◆ Might look like resistance
- ◆ Finding the hidden resource in resistance
- ◆ Working with the resistance/coping strategy

“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 “way”?

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”?

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 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 take control.	Asking for help. Trusting others to help.	"You can get support." "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 Chamaeleon	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 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 possible negative belief is just an example and there may be many other options.

How to get past the Answer/ Defense

- Going toward the defense- Catching it.
- Seeing the answer emerge
- Joining and understanding
- Attunement with contacting what is happening
- Noticing patterns
- Seeing it come up at all phases

Going toward the defense

- 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.

A Paradigm Shift

Encouraging the Sadness

A Cognitive Interweave

- When the client begins to feel sadness and therapist tracks it.
- Contacting the sadness
- Encouraging the sadness to be here
- Therapist noticing procedural pattern of wanting the client to feel better or “making” the client feel better with cognitive restructuring

The Problem was the Answer

- As the client explains current symptoms begin to listen for how it was helpful to an overwhelmed system
- This understanding can also explain the impact of trauma and what was underdeveloped
- How did the symptoms help them keep attachment/safety

Tracking

- ◆ Moment-to-moment awareness
- ◆ Observing somatic cues
- ◆ Implicit memories are communicated

- ◆ This is part of Attunement– Understanding what is happening with the client. The client is feeling understood– “Feeling Felt”
- ◆ This is more than feeling, tracking the body, seeing what is happening with the client.
- ◆ Seeing the way the client cuts off from emotion.
- ◆ Creates more safety now less.

When Trauma happens Attachment is disrupted

- Trauma causes Defensive Systems to be automatically activated
- Social Engagement is not activated
- Meaning is made out of lack of attachment

Defensive Systems

- Fight
- Flight
- Hypervigilance
- Freeze
- Feign Death
- Attach Cry
- Submission

Action Systems

- Attachment
- Exploration
- Energy Regulation
- Caregiving
- Sociability
- Play
- Sexuality

Recognizing them when they appear

- Defensive Systems
 - Client activated in Fight, Flight, Freeze/ Submit
Collapse Attach Cry
- Action Systems
 - Client over and under developed- Not enough play/
rest, too much work- Not enough ability to set
boundaries/ too much ability to tolerate/endure

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The Invisible One

Shows up by Disappearing

- A biological response to trauma. Stuck in Survival mode
- Disappearing/ Feeling invisible
- Cutting off from emotion in an automatic way.
- It's not safe to exist.
- Not Welcome.
- Developing- Being in the body- Safe-Present- Grounded
- Probe: “You are welcome here.” “It is safe to be here.”
- Likely Block in EMDR: Dissociating/ Not Feeling



The Emotional One

A lot of crying

- Feel it is not safe to feel safe. The rug was pulled out from under them.
- Merging into other person. Overly sensitive.
- Use connection with others to feel safe.
- Need to develop boundaries and ability to self soothe.
- “It’s okay to feel safe when you are safe.”
- Likely Block in EMDR Processing: Overly emotional out of window of tolerance

The Needy One

Nothing seems to work

- Everything geared toward seeking help
- There is never enough help.
- It seems to leak out
- Need to develop self-regulating and boundaries
- Need to hear “You can get your needs met.”
- Under every Independent One is a Needy One
- Likely Block: Not being able to take in the positive resources. Unable to auto regulate between session.

Independent One

- Learned no one would be there for them.
- Cannot trust support often doesn't even consider asking.
- Takes on too much. Difficulty collaborating
- Difficulty depending on others.
- Needs to hear “You can trust support.”
- Likely block: Doing the work themselves. Not experiencing the therapist's support or expertise.

The Rock

- Over developed the ability to endure unpleasant
- Able to tolerate a lot
- Difficulty expressing or knowing what they want
- Lack of movement, difficulty moving forward
- Need to hear “What you want matters.”
- Likely block: They may say they are good. Not able to express feelings or what they want.

The Chameleon

- Adapts to various environments
- Looking outward at what others want them to be
- Difficulty knowing who they truly are, authentic self
- Able to convince others, not always honestly
- Difficulty being straightforward and honest.
- Need to hear “Who you are is enough”
- Likely block: Doing what they think the therapist wants, and not connecting to inner experience

The Hero

- Learned it is easier and safer to be angry instead of sad.
- Pulled up and out of emotion
- Difficulty being vulnerable
- Able to cut off from feeling and high tolerance for pain
- Need to hear “It’s safe to be vulnerable”
- Likely Block: To get angry and not process or have trouble feeling at all.

The Doer

- Need to be perfect
- Very active always going
- Intellectualizing
- Difficulty resting or “being”
- Ignores self care
- Needs to hear “You don’t have to work so hard.”
- “It’s okay to just be”
- Likely Block: Difficulty feeling. Lots of thoughts. Intellectualizing.

The Life of the Party

- Needs to be seen
- Often loud, colorful
- A lot of upward movement
- Has to work to be seen
- Difficulty just being
- “You are significant” “I see you”
- Likely block. Being very dramatic but not having authentic experience.

We are All Multiple Types

- May be patterns with each parent- Different with each
- The goal is for them to be more of a choice than an automatic reaction.
- Noticing patterns matters- Duncan study on the best therapists

Tracking to Contacting

- After observing making a short statement about what you are observing.
- Statement in the form of a question
- What you contact Deepens
- Going toward the pain
- Non-violence. You want to just notice for a long time without stating what you are seeing.
- Looking for patterns.

Probes and Experiments

- ◆ Probes– A statement used to deepen an experience or get more information
- ◆ Experiments– An activity done to deepen an experience or get more information
- ◆ How to use these through 8 phases and as a Cognitive Interweave



Releasing the trauma from the CNS

- Allowing the body to release the trauma through allowing a natural shaking that is coming up.
 - Following what the body wants to do.
 - Noticing the shaking
 - Allowing the body to shake itself
 - Just let the shaking happen and don't stop it.

This will be Somatic Processing Video

- Presenting Problem- Freezing up with many clients when she feels like it is not going well. Can't think.
- Target: Age 9 father flicking her in head and saying “think, what’s the matter with you, just think”.
- Feeling of freezing.
- Need for cognitive interweave- The releasing of arousal from the nervous system.
- Letting go of the story & emotions and noticing the shaking.



Review

- Complex trauma may have layers that are:
 - PTSD trauma stored in the nervous system
 - Fight, Flight, Freeze/ Collapse, Submit
 - Developmental trauma
 - Looking for over developed human action system- “The Answer”
 - Attach, Explore, Energy Regulation, Care giving, Sociability, Play and Sexuality

How to do it?

- Understanding the client
- Finding the “Answer”
- Looking for patterns
- The skill of “Tracking”
- The skill of “Contacting”
- The use of “Probes” and “Experiments”

Open your heart.
Then follow it.

For more information visit:

www.emdrtherapybasictraining.com

Or www.debkennard.com

www.personaltransformationinstitute.com