

Personal Transformation

Day 2

Today's Schedule

- 1. Phase 2
- 2. Phases 3-7
- 3. Specialty Populations

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Review of Day 1

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Personal Transformation

Day 1-Takeaways

- What EMDR Therapy is: History, Theory, Model (AIP)
- PTI Principles and Safety and Attachment Approach
- The 3 Prongs
- The Window of Tolerance
- The Answer



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Phase 1

- Assessing the client's resources
- Understanding the client's Answer

Phase 2

- Expanding the Window of Tolerance
- Assessing client readiness and safety
- Preparing the client
- Predicting the pitfalls based on the Answer
- Considering a client's More and Less of
- Finding Resources of Calm and Contain



What Questions Do You Have?

We will continue learning about Phase 2 by talking about getting to the root and finding the negative cognition

Phase 2: Preparation

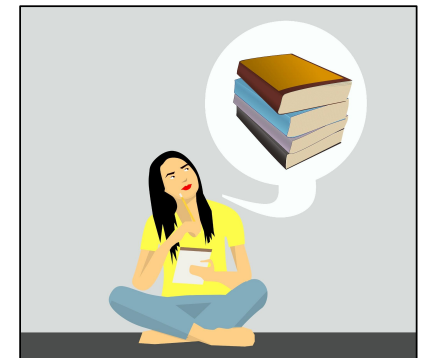
Presenting Issue/Present Triggers: a specific and current problem

Touchstone Memory: earliest experience relating to the present issue

Target Memory: the memory you are going to process. (will be the Touchstone Memory first)

Negative Cognition: a negative belief about the self. (helpful in finding the root of the issue)

Root of the Issue/ Problem: earliest experiential time prior to the Answer



The 3 Prongs: Where to Start

The 3 Prongs: Where to Start

Past

- The first experience (earliest "Touchstone Memory")
- The worst experience
- Other times in chronological order if possible

Present

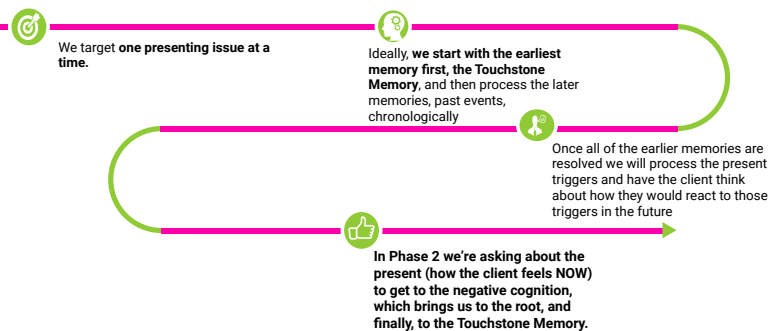
This is the recent times that the presenting issue is a problem. Look at all areas of life:

- Work/school
- Social Situations
- Intimate Relationships

Future

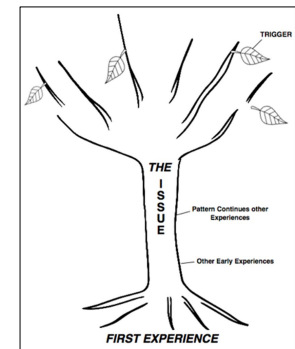
- For each present situation identify how the client would rather respond in the future
- Explore new patterns of behavior and feeling
- Look for missing experiences or underdeveloped skills and resources

The 3 Prongs: Order of Process

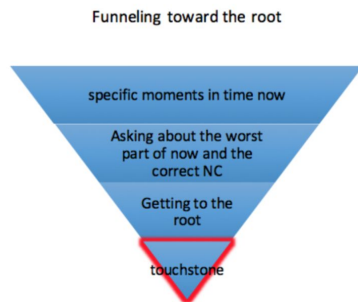


Touchstone Memory: Getting to the Root

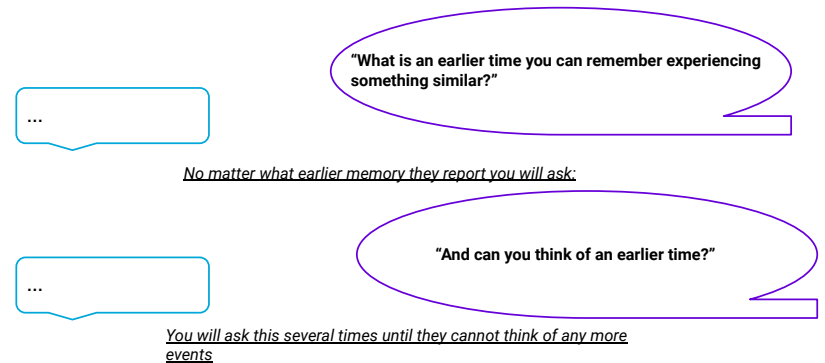
We trim the leaves to get to the first experience (the Touchstone Memory) and find out the root cause of our client's presenting issue.



Touchstone Memory :Funneling Toward the Root



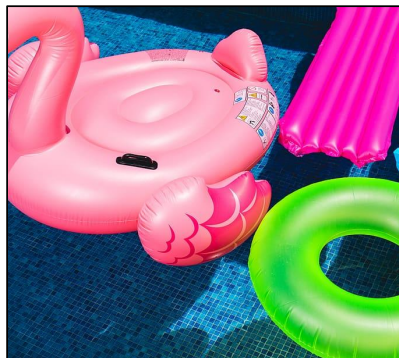
Touchstone Memory : Direct Questioning



Touchstone Memory: Float Back

"As you bring up the recent experience of _____, notice the image that comes to mind, the negative belief you are having about yourself along with any emotions, sensations and let your mind float back to an earlier time in your life when you may have felt something similar"

(Shapiro, 2001) Pg. 70 of the manual



Touchstone Memory: Affect Scan

"Bring up that negative experience, the emotions and the sensations that you are having now and allow yourself to float back to the earliest time you experienced something similar."



Touchstone Memory

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We use the Negative Cognition to help find the touchstone memory...

Negative Cognition

The verbalization of the disturbing affect



Negative Cognition

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The Negative Cognition is a Core, Negative Belief About Self.

- Feels bad
- Feels true but isn't
- The belief that has been avoided
- Generalizable
- Child words
- As bad as possible

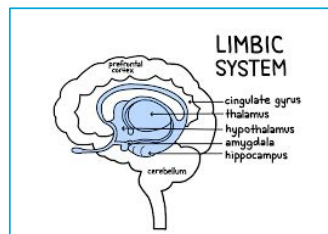
Negative Cognition

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The Negative Cognition is a Core, Negative Belief About Self.

Finding the Negative Cognition (NC) is helpful because...

- Activating the disturbing memory
- Activating the limbic system



Negative Cognition

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The Negative Cognition is a Core, Negative Belief About Self.

How to Find a Client's NC:

"When you bring up the worst part of that experience, what negative belief do you have about yourself right now?"

"When you bring up the experience of ____, what does that tell you about yourself?"

"When you focus on that anger (or other emotion), what is the negative belief you have about yourself, even though you may know better."

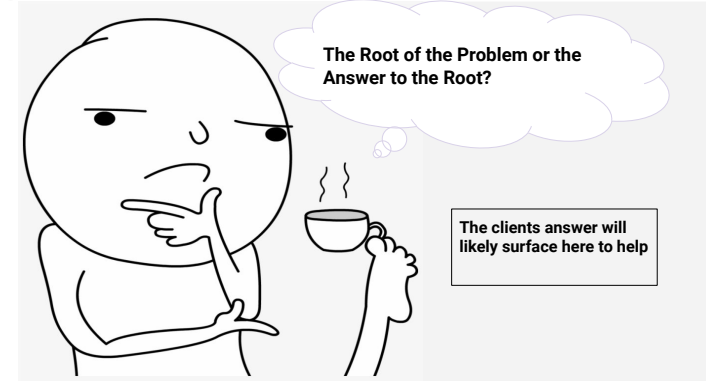
"If that ____ (sadness, tightness, pain, squeezing) had words, what would it be telling you about yourself and the world?"

Is it the Correct NC?

"Which one of those feels the worst?" (When the client says multiple NC's

"Does 'I'm not good enough' seem to fit?"
"Can you feel 'I'm stupid'?"

The Correct NC Will Light Up the Limbic Light Bulb



Understanding how they had to adapt...



...sets the conditions for the client's system to access the **reason** for the Answer.

Let it be Organic



Ideally, the NC will come organically from the client's system (in **Finding the Targets**).

This is not always possible and the therapist may need to **assist by offering some possibilities** such as a question or a menu.

The root to Negative Cognition is often connected to our caregivers.

- Not blaming but understanding
- The family culture

It could also be related to something that didn't happen.



Negative Beliefs and Positive Beliefs

Types of Negative Beliefs (NC)

Defectiveness/Shame

I'm permanently damaged
There is something wrong with me
I'm not good enough
I'm a bad person or I'm bad
I'm incompetent
I'm worthless/inadequate
I am unlovable
I am stupid
I am ugly
I am a disappointment
I'm different
I'm invisible
I'm a failure

Responsibility/Guilt

It's my fault
I should have done something
I should have known better
I should not have ____

Possible Positive Belief (PC)

I can heal
I'm fine as I am
I am good enough
I am good or caring
I can succeed
I am worthy
I am lovable
I am smart enough
I am fine as I am
I'm okay as I am
I matter
I am worthy

I did the best I could
I did the best I could
I did what I could
I can learn

Negative and Positive Beliefs

Safety

"I'm going to die"

"I am in danger"

"It's not okay to be safe"

"I survived/It's over"

"I am safe now"

"I can feel safe when I am safe"

Control/Choices

"I am out of control"

"I am powerless"

"I am helpless"

"I am weak"

"I can't protect myself"

"I can't trust my judgment"

"I can not get what I want"

"I have to be perfect"

"I can have control"

"I have personal power"

"I can make choices"

"I am strong"

"I can protect myself"

"I can trust my judgment"

"I can get what I want"

"I can be human"

Possibly the Answer	Question to Ask	Possible Root NC
I have to be perfect	What does it mean about you if you mess up or fail?	I'm worthless I'm unloveable I'm not good enough I'm a failure
I have to be in control	What would happen if you are not in control?	I'm powerless, I'm not good enough
I'm incompetent	What would a kid say?	I'm stupid, I'm dumb
I'm a disappointment	What does that say about you?	I'm unloveable?
I'm lazy	What does that say about you?	I'm a failure, I don't matter, I'm powerless
I have to please people	What happens if you don't?	I'm not good enough
I'm invisible	Is it safe to be here	I don't matter, I'm not safe

Common Mistakes With the NC:

Describes a behavior

About the past and not now

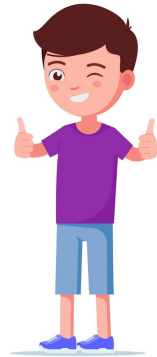
Heady or Adult Language



Negative Cognition

Knowing if it's "the Right" NC:

You will see some affect.



Positive Cognition



The hope for the future



Desired direction of Change



Generalizable



Somewhat believable

Positive Cognition

Common Mistakes When Finding the PC:

Just negates the NC and does not reflect what they would like to believe i.e. "I am not ugly."

"Would you like to believe 'I'm fine as I am?'"



Positive Cognition

Common Mistakes When Finding the PC:

Magical Thinking

The Leap is Too Big



Common Mistakes When Finding the PC:

Confusing the timing - How true does the belief feel now? Not then.



Phase 3: Assessment

(Think of this phase as the "Activation" Phase)

Assessment

- Asking questions to activate the memory
- Stick to the script!

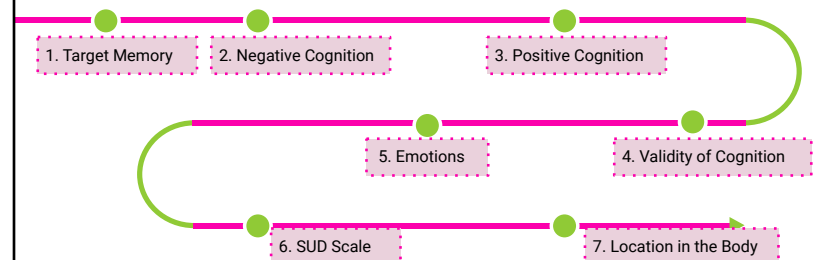
Think of Phase 3 as flipping on all the switches/starting the engine



Assessment: Process

*Phase 4 Begins Immediately After Phase 3

Procedural Steps for Phase 3:



Assessment: Worksheet

Phase 3: Assessment Full Protocol

Specific Instructions: Prior to starting, please make sure you are in the correct seating, have already practiced speed, distance and type of DAS, and practiced the stop signal. You should be ready to start eye movements after the final question in Assessment.

Target: (In training, earliest touchstone memory found. This should be a moment in time, not an issue.)

"When you bring up that memory, what image represents the worst part?"
ONLY if no image may be another perception of the five senses: "As you think of the experience, what is the worst part of it?"

Negative Cognition: "What words go best with that picture that express your negative belief about yourself now?"

Positive Cognition: "When you bring up that picture, what would you prefer to believe about yourself instead?"

Validity of Cognition (VOC): "When you think of that picture, how true do those words represent the positive cognition desired for you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?"

1 2 3 4 5 6 7
Completely false Completely true

Emotion: "When you bring up that picture and those words (negative cognition above), what emotion do you feel now?"

SUD: "On a scale of 0 to 10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does the memory feel to you now?"

0 1 2 3 4 5 6 7 8 9 10
No disturbance/neutral Highest disturbance

Location of Body Sensation: "Where do you feel it in your body?"

"If for you to bring up that picture, those negative words (negative cognition), and notice where you are feeling it in your body—and follow my fingers." (DAS/ELS generally 20 or more seconds/minutes to feel of done.)

Important: After the following question, you ~~immediately~~ start DAS/ELS and are in PHASE 4. (Turn to next page.)



(You can follow along on your Practice Sheet.)

Assessment: Process

1. Target Memory

Target Memory Selected:

-a moment in time
-earliest memory

Ask:

"What picture represents the worst part of the incident?"

Only if no image:

"When you think of the incident, what do you get?"



Assessment: Process

2. Negative Cognition

Ask:

"What words go best with that picture that expresses your negative belief about yourself now?"



Assessment: Process

3. Positive Cognition

Ask:

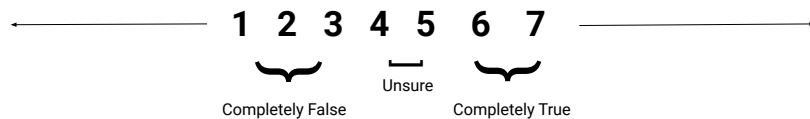
"When you bring up that picture (or incident) what would you like to believe about yourself now?"



4. VOC-Validity of Positive Cognition

Ask:

"When you bring up that memory, how true do those words ____ (repeat the PC) feel to you on a scale of 1 to 7, where 1 feels **completely false** and 7 feels **completely true**?"

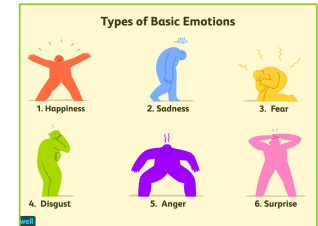


5. Emotions

Identifying emotion associated with the targeted incident.

Ask:

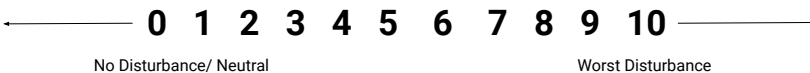
"When you think of that memory, and the words ____ (repeat the NC), what emotion do you feel now?"



6. SUDS (Subjective Units of Disturbance Scale)

Ask:

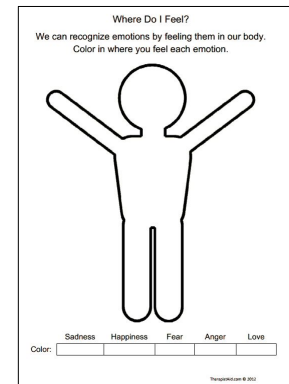
"From **zero**, which is **no disturbance or neutral**, to **10**, which is the **worst disturbance you can imagine**, how disturbing does it feel to you now?"



7. Physical Sensation

Ask:

"Where do you feel it in your body?"



End of Phase 3 Start of Phase 4:

"I'd like to invite you to bring up that image, those negative words ____ (example 'I'm not good enough') notice where you are feeling it in your body and follow my fingers."



Phase 4: Desensitization

Desensitization

What is Happening in Regard to the AIP:



Accessing and Reprocessing

Desensitization

Memory Links Into More Adaptive Networks



Desensitization

After each set of dual attention stimulation (DAS), the client gives feedback about the experience.



Desensitization

When to return to target?



When to take a SUD?



Desensitization: Procedure

Begin DAS immediately after Phase 3 15-30 Seconds (24 passes) As Fast As Tolerable Stop in the middle with eye movements

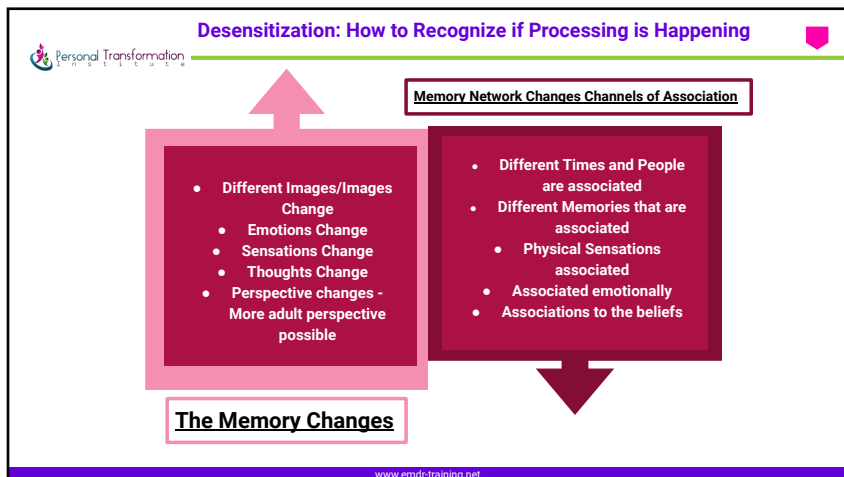
Desensitization: Feedback

Asking for feedback is **general** and **open**.

Stop DAS, ask "What are you noticing now?"

"Go with that." or, "Notice that."






Desensitization

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Types of Processing:

- Visual
- Emotional
- Physical Sensations
- Clusters & Other Emotions



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Desensitization

Personal Transformation

How to Handle Various Memories As They Come Up

Therapist as a Container	Info Not Moving	Return to Target	Taking a SUD
-Important Aspect	-Assess for Safety	-When you hear 2 neutral or positive responses	-When it feels they are at the end of processing
-Specific tools needed	-Present?	-No change	-Getting from 1 to 0
-Keeping connected while keeping boundary	-Attunement	-Feels different	-Stuck at 1 or 2
-Staying out of the way	-Social Engagement	-Therapist lost	-Check for blocking or feeder
	-Return to Target	-End of channel	


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Desensitization

Personal Transformation

Feeder Memories

An earlier memory that was not previously discovered but related.



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Desensitization: Blocking Beliefs

Blocking Beliefs

*Differs from NC; a belief that keeps them from successfully processing.
(These are often also Answers)*



Examples:

- It's not safe to safe -I need to feel anxious to achieve
- I will lose connection with -I don't deserve to feel happy

Desensitization: Blocking Beliefs

Just notice the belief and do a set. (Some will process out)

What To Do

May need to connect to when they learned this. (Could be new target)

Desensitization

What if You're Stuck?

- Change Mechanics
- Direct the Focus of the Client's Direction
- Return to Target
- Check for Blocking Belief or Feeder Memory



Desensitization

Intense Emotional Processing (Abreactions)



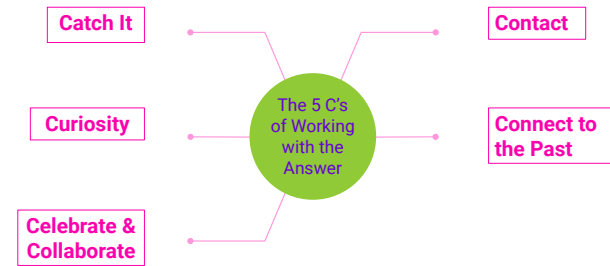
Desensitization



The Answer WILL Resurface During Reprocessing Phases.



Desensitization



Phase 5: Installation

Installation



Activating and linking positive

Anything that doesn't resonate with the PC can be processed

Phase 5 is Reprocessing

(Linking into positive)



DAS is Still Long and Fast



The Positive Cognition

Whatever does not resonate with the positive cognition has an opportunity to surface and be reprocessed.

Generalization can occur.

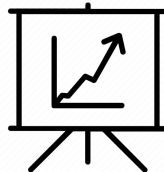
The Positive Cognition: *Increase in Positivity*

We asked if the PC has changed:

Procedure:

1. *Checking the Initial Positive Cognition:*

"When you bring up that original incident, do the words ____ (repeat the PC) still fit or is there now a better statement?" (It could be more adaptive)



Procedure:

2. *Check the VOC (Validity of Cognition)*

"Think about the original incident and those words ____ (repeat the PC). From 1, **completely false**, to 7, **completely true**, how true do they feel now?"

3. *Link the PC and the Target and Add DAS*

"Think about the original incident and those ____ (repeat the PC) and follow my fingers"



Continue Reprocessing If...

There is an **answer or movement**.

OR

If the client is still stuck check for a **blocking brief**.

Phase 6: Body Scan

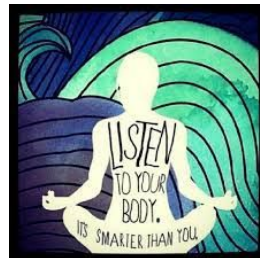
Body Scan

Purpose: To process residual disturbance

Procedure: Focus on **body**

Body Scan Attributes:

- After complete Phase 5
- Long and Fast
- Reprocessing residual



Body Scan: Procedure

Incomplete Session

incomplete session if Body Scan is not completed



Continue DAS until there is a clear body scan

"Close your eyes and keep in mind the original memory and the PC, then bring your attention to the different parts of your body, starting with your head and working downward. Any tension, tightness or unusual sensation tell me."

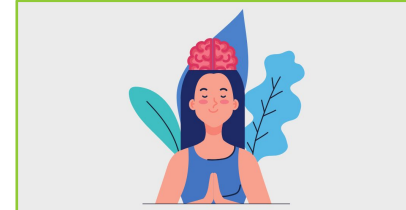
Changes indicating processing may be change in intensity, location and movement.

Stop if...

Intensity appears to get much worse and the client's disturbance increases significantly, check for new material that may have been accessed in Body Scan

Phase 7: Closure

Closure is for all sessions complete or incomplete



AIP:

To make sure client is stable and present to leave session

If session was complete...

(SUD = 0, VOC = 7, clear Body Scan)

- Express wants/needs
- Encourage/connect
- Savor the results



If session was incomplete...

(SUD > 0, VOC < 7, no clear Body Scan)

- Leave 10 minutes for closure
- No SUD
- More stabilization/resources may be needed for incomplete session



Closure

If session was **complete**...

Instructions:

*"The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories or dreams. It is normal. If so, just notice what you are experiencing and if you wish you could record it on the **Memories and Lies chart**. Please continue to practice your resources and contact me if you need to."*

Closure: Memories and Lies

Memories and Lies Chart

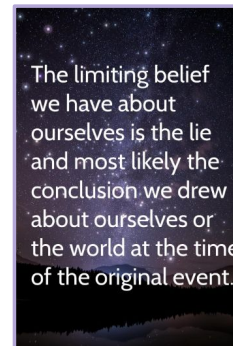
Date/time	What was your experience?	SUD 1-10	What was the memory or lie?	Savor what is New and True

(This chart is good for clients to fill out between Phases 7 & 8)

Closure: Memories and Lies

1.	Remember that what happened is a memory.
2.	The conclusion we drew about wasn't true
3.	Recognizing this helps expand awareness and helps when triggered.

Closure: Memories and Lies



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.

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

Practicum Reminders...

1. Just read it
2. Don't do other therapies
3. Prepare to be interrupted
4. Call us in before stopping for incomplete session



Practicum Reminders...

Practice is required. Personal growth is not.

Please ask a trainer or coach for whatever help you need either going deeper or restricting the processing. We ask that you work on real material and be honest with your partner and trainers if you feel like that won't work for you. That way we can best support you in your choices.

The training coach will be helping you keep moving in the practice portion, not answering questions about concepts. Save those for the consultation portion.

Instructions for practicing the reprocessing phases...

EMDR With Children

EMDR Therapy With Children

Characteristics:

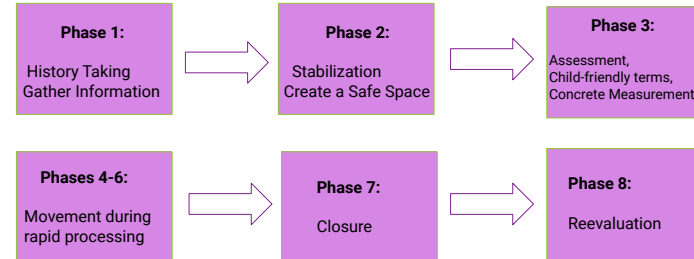
- Children process more quickly
- Children have fewer blocks (defenses)
- “Kid Friendly” standard protocol
- Music, art, movement and play in all phases



There is a 3 hour Advanced Training available for purchase on the PTI website

EMDR Therapy With Children

Phases with Child Treatment:



There is a 3 hour Advanced Training available for purchase on the PTI website

EMDR Therapy With Children

Phase 1: History Taking

- Parents, school, foster caregivers, legal workers or directly from child
- Targets: present triggers and what likely happened in early years
- The “Answer” for kids
- Modify NC and PC to more child friendly words
- Use photographs, art, and other concrete tools
- Comprehensive treatment plan



There is a 3 hour Advanced Training available for purchase on the PTI website

EMDR Therapy With Children

Phase 2: Preparation

- Explanation of EMDR for parents
- Calm/safe place for kids
- Container exercise
- Working with parents for stabilization
- Informed consent and education
- Simplified explanation of EMDR therapy to child
- Use of books, games, puppets, stuffed animals
- The Answer of Kids on page 152 of manual



There is a 3 hour Advanced Training available for purchase on the PTI website

EMDR Therapy With Children

Phase 3: Assessment

Child-friendly terms. "Bad thoughts" and "Good thoughts"

Concrete Measurement Tools

- Hand showing how disturbance/VOC
- Faces showing disturbance or VOC
- Magnifying glass for body sensation or another detecting device



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EMDR Therapy With Children

Phases 4-6:

- Children move during processing
- It can go much faster- Use shorter sets
- Use concrete measures
 - May need to check SUD every time-using blocks or hands to show how big
 - Asking "Better, Worse, or The Same". They may use hand signals for this
- Linking into the positive can be with parents if present
- Use of story or missing experience can help
- How to recognize dissociation in children



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EMDR Therapy With Children

Phases 7 & 8: Closure and Reevaluation with Kids

- Offering specific tools for parents to assist children
- Set expectations and offer specific attachment activities
- Assessing the previous target
- Completing the treatment plan



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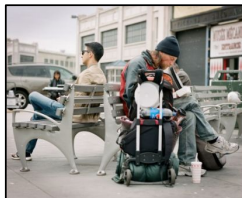
EMDR and Addictions

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EMDR and Addictions

ACE Score: Adverse Childhood Experiences Study...

- The more extensive the abuse the higher probability of behaviors that lead to health risk
- A score of 4 out of 10 has **500%** increase in likelihood of developing addictions
- A score of 6 in males shows **4,600%** increased likelihood of using intravenous drugs



EMDR and Addictions

Addiction as an Answer:

- The Addiction helps with regulation
- Numbs pain of memories
- Urges may surface in the process



EMDR and Addictions: Phases

History

Preparation

3-7

EMDR and Addictions

Phase 1: History

- History of Current Resources
- Wait to get trauma history after you know about affect management
- The Answer



Phase 2: Preparation

- Readiness: Stages of Change
- Safety and Stability
- Timing of Treatment- Sobriety may not be possible prior to trauma processing

Phase 3-7: Reprocessing

- Target sequence plan may include alternative protocol- (Listed on next slide)
- Once there is enough stability Touchstone Memory should be processed for most comprehensive effects

Possible Alternatives:

- DeTUR Arnold J. Popky, Ph.D.
- FSAP (Feeling State Protocol) Robert Miller, Ph.D.

EMDR and Grief

Complicated Grief

The normal grief process is normal. We are looking at ways that the natural grief process is blocked or stuck.





Possible Areas to Target:

- Actual Events- Suffering or trauma
- Intrusive images
- Nightmare images
- Present Triggers
- Issues of personal responsibility: mortality, previous unresolved losses being triggered
- Possible blocks
- Blocking beliefs
- Survivor Guilt



Thank You