



# Anxiety as the Answer

AND THE EMDR PROTOCOLS TO HELP

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This training is brought to you by the Personal Transformation Institute

Somatic and Attachment Focused EMDR

Established by Deb Kennard (founder of PTI) 2014

Incorporating Somatic and Attachment techniques along with non-violence practices into the EMDR model.

Personal Transformation Institute offers EMDRIA approved EMDR training along with a full range of Advanced instant access online courses

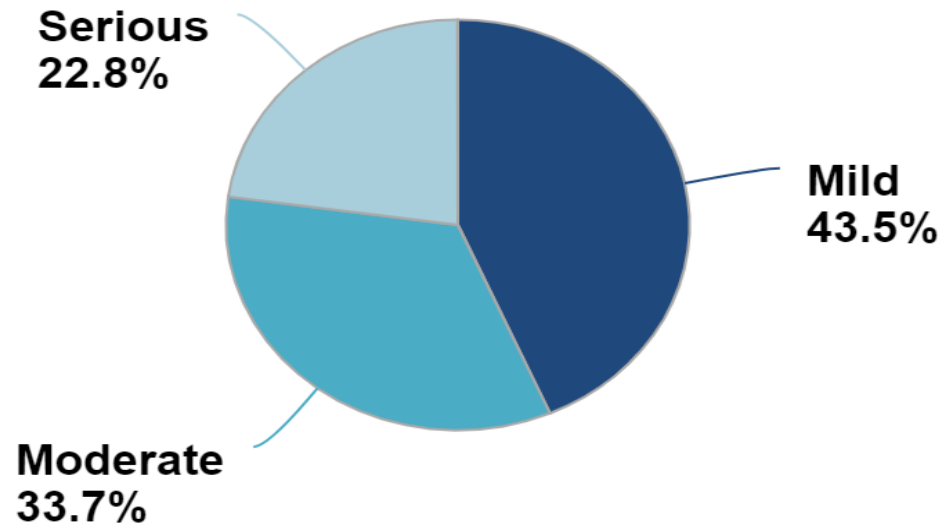
- 2013 – My second Child was born
- 2014 - My First Public Training on Anxiety
- 2016 – I realized I was a master at masking my own anxiety....even from myself
- 2016-present – Steady increase in clients with Anxiety presentations (Panic Attacks, Phobias, GAD) Honing my skills and protocol.

- Based on diagnostic interview data from the National Comorbidity Study Replication (NCS-R), Figure 1 shows past year prevalence of any anxiety disorder among U.S. adults aged 18 or older.<sup>1</sup>
  - An estimated 19.1% of U.S. adults had any anxiety disorder in the past year.
  - Past year prevalence of any anxiety disorder was higher for females (23.4%) than for males (14.3%).
- An estimated 31.1% of U.S. adults experience any anxiety disorder at some time in their lives.<sup>2</sup>

*Stats pulled off* <https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml>

## Past Year Severity of Any Anxiety Disorder Among U.S. Adults (2001–2003)

Data from National Comorbidity Survey Replication (NCS-R)



<https://www.nimn.nih.gov/health/statistics/any-anxiety-disorder.shtml>

1. The occurrence of panic attacks is likely to be totally unexpected; therefore, they are often experienced as distressing, causing a subjective response of fear or helplessness. Accordingly, panic attacks can be viewed as life-threatening experiences (McNally & Lukach, 1992; van Hageraars, van Minnen, & Hoogduin, 2009).
2. Panic memories in panic disorder resemble traumatic memories in PTSD in the sense that the person painfully reexperiences the traumatic incident in the form of recurrent and distressing recollections of the event, including intrusive images and flashbacks (van Hageraars et al., 2009).
3. Besides the panic attack itself being a threatening experience, there are indications that PDA often develops after other stressful life events (Faravelli & Pallanti, 1989; Horesh, Amir, Kedem, Goldberger, & Kotler, 1997).

Horst and Jongh



## Phase 1

History (resources, family of origin, personal and family/spouse interaction with anxiety)



## Phase 2

Offer Resources (parent/loved one coaching, psycho-ed, coping skills for calming the sympathetic and parasympathetic nervous system)



## Phase 2

Mechanics and Targets



## Phase 3-7

With each Target Memory



## Phase 8

Reevaluation of symptoms, triggers, target memory

Adapted from Horst and Jongh protocol

Assess family history of Anxiety

Assess family history of trauma

Assess when anxiety/panic/phobic response started for the client, what else was happening in their life around that time?

Assess what about the anxiety experience do they dislike the most. (i.e. shortness of breath, swirling/racing thoughts, tightness in chest, etc.)

Ask what happens when they think about the panic, phobia, anxiety?



## Pregnancy and Post Partum Assessment

### 1. Pregnancy and Birth

- Pregnancy stress ( did the mother experience a lot of stress during pregnancy, trauma during pregnancy e.g. car wreck, DV, natural disaster, etc.) what was health of baby and mother during pregnancy?
- Normal Delivery?
- Traumatic Birth? (forceps used, cord wrapped around neck, breech, emergency c-section, infant stuck in birth canal, etc.)

### 2. Maternal Post Partum?

- Post Partum Depression?
- Post Partum Anxiety/psychosis?
- Did they nurse? For how long? Was that easy or hard?
- Was the child colicky, sickly, difficult to soothe?

## Assessing Attachment Trauma:

### 1. Pregnancy and Birth

- Unwanted pregnancy?
- Adoption at birth?

### 2. First 5 years of life (any separations from mom or primary caregiver?)

- Parental vacations
- Parental business trips
- Parental Medical leave/hospital stay?

### 4. Major Medical Procedures first 2-3 years of life?

- Child hospitalized?
- NICU stay?

Children in their vulnerable state, experience separation different from adults. Below are the lengths of time that can impact the child based on time away from a caregiver.

Birth – 2yr - damage can occur after 3 days of separation.

2-5 yr. old - after 2 months

School age - after 6 months

Older school age - after 1 year

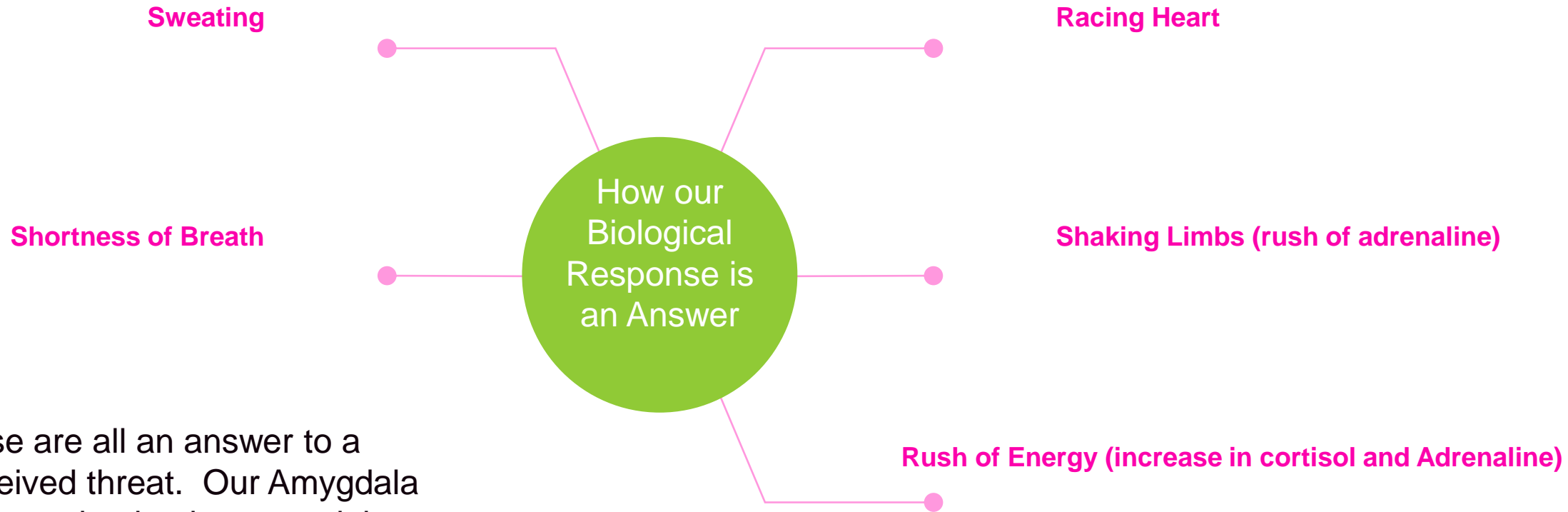
Adolescence is the same as adulthood

*The Theraplay Institute*

## **Assessing Family History of Attachment Trauma:**

- 1) Maternal or Paternal Separation from Primary Caregivers early?
- 2) Maternal/Paternal birth trauma?
- 3) Grandparent birth Trauma or Separation early?

Mark Wolynn



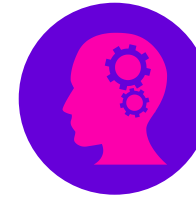
These are all an answer to a perceived threat. Our Amygdala has perceived a threat, and the biological answer is to respond. Literally to help us stay safe from the perceived threat.



What is your body trying to tell you?



What is your Amygdala trying to help you with here?



How is that uncomfortable sensation actually working for you right now?

- In what way did hypervigilance help them stay safe? Or stay Attached?
- In what way did worry help them stay safe? Or stay Attached?
- In what way did predicting worse case scenarios help them stay safe? Or stay Attached?
- In what way did counting, washing, checking,..... Help them stay safe? Or stay Attached?
- In what way did holding their breath/clenching their gut help them stay safe? Or stay Attached?

Begin to be curious about how the way their anxiety presents, once helped them stay safe, or stay attached.

## Beginning to use compassionate language when referring to the anxiety

“What is anxiety trying to tell you here?”

“Has there ever been a time that anxiety helped you somehow? That when you listened to it, you somehow stayed safe?”

“Your body is sending you a message, if you weren't so afraid of the experience, I wonder what you would hear from your body?”

“Your worry seems to really let you know when something is important to you”

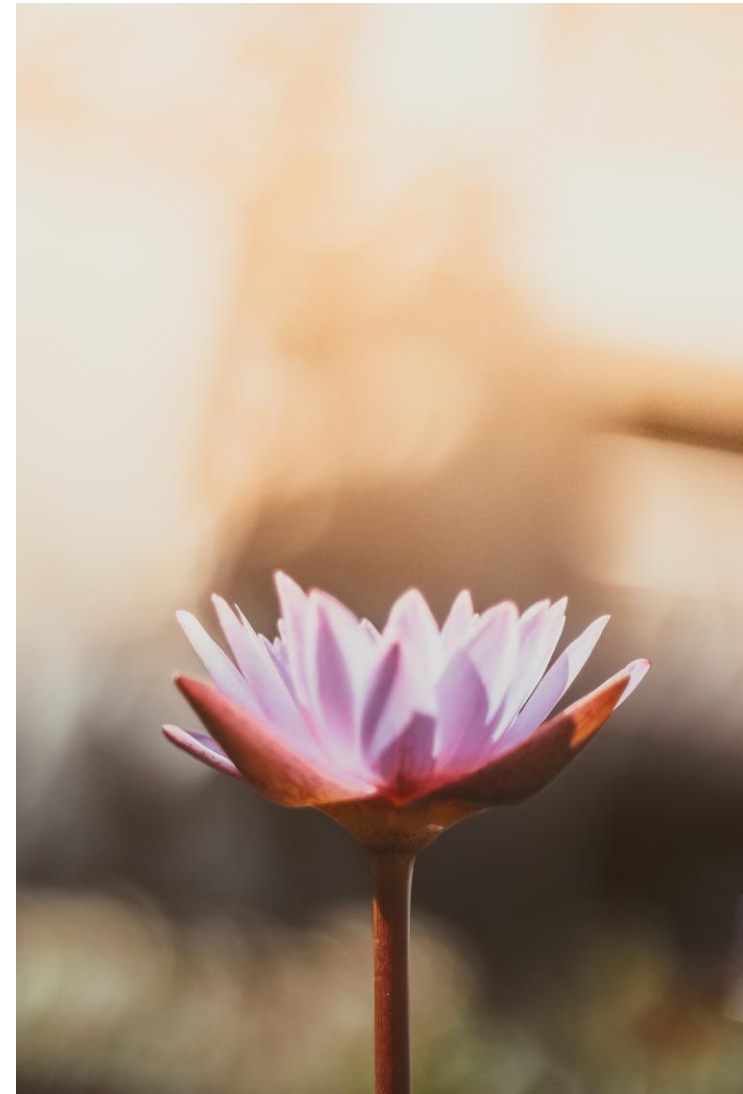
Psychoeducation as a Resource – The role of the Amygdala, Fight, Flight, Freeze responses, and panic attack as a trauma experience.

Resourcing : Auto-regulation and Co-regulation

What does this client need to be able to be present with the disturbance?



- \* Progressive Muscle Relaxation
- \* Matching the tightness, then release
- \* Diaphragmatic Breathing
- \* Body Squeeze
- \* Body Containment
- \* Butterfly Hug
- \* Pendulation Exercise – Peter Levine
- \* Stretching, Yoga, Thai Chi
- \* Shaking it off



\* Pendulation and Posturing

\* Making Anxiety Bigger



Teaching a family/friend –

- \* co-lead deep breathing with eye movement
- \* Asking for hug from spouse/partner
- \* Prompt auto-regulating exercise (coaching loved ones to remind client)

We are looking for specific targets related to the type of Anxiety.

First Experience

Ancillary Events

Worst Experience

Most Recent



When is the first time they remember experiencing a panic Attack/Phobic Experience/Anxiety Attack?

- \* Get a specific moment in time.
- \* How did those with them/around them respond? (assess attachment trauma as well)



What else was happening in your family/life around the time of that first panic attack/phobic experience/anxiety attack?

Whatever their response, Ask – “how was everyone else responding to that”

If you are hearing anything connected to an attachment trauma/wounding explore a little more here...you can ask “was that how they normally responded? What was that like for you? When is the earliest time you remember needing them to respond a certain way but they responded this way instead?”

If the client indicates no other ancillary events no need to explore further

If the client indicates there is an ancillary event(s) but it seems the response from family/loved ones was appropriate move on to the next question.

Then ask them to describe in a few words their worst incident with the panic attack/phobic response/anxiety attack.

(sometimes the first one is the worst one, or the most recent incident is the worst).

\*Remember we just want a moment in time and a brief description)

When was the most recent incident of the panic attack/phobic response/anxiety attack?

\*remember we want a specific moment in time

\* remember we want just a brief description (not the whole story)



First Target Memory - Touchstone memory of Attachment wound (if you were able to get one)

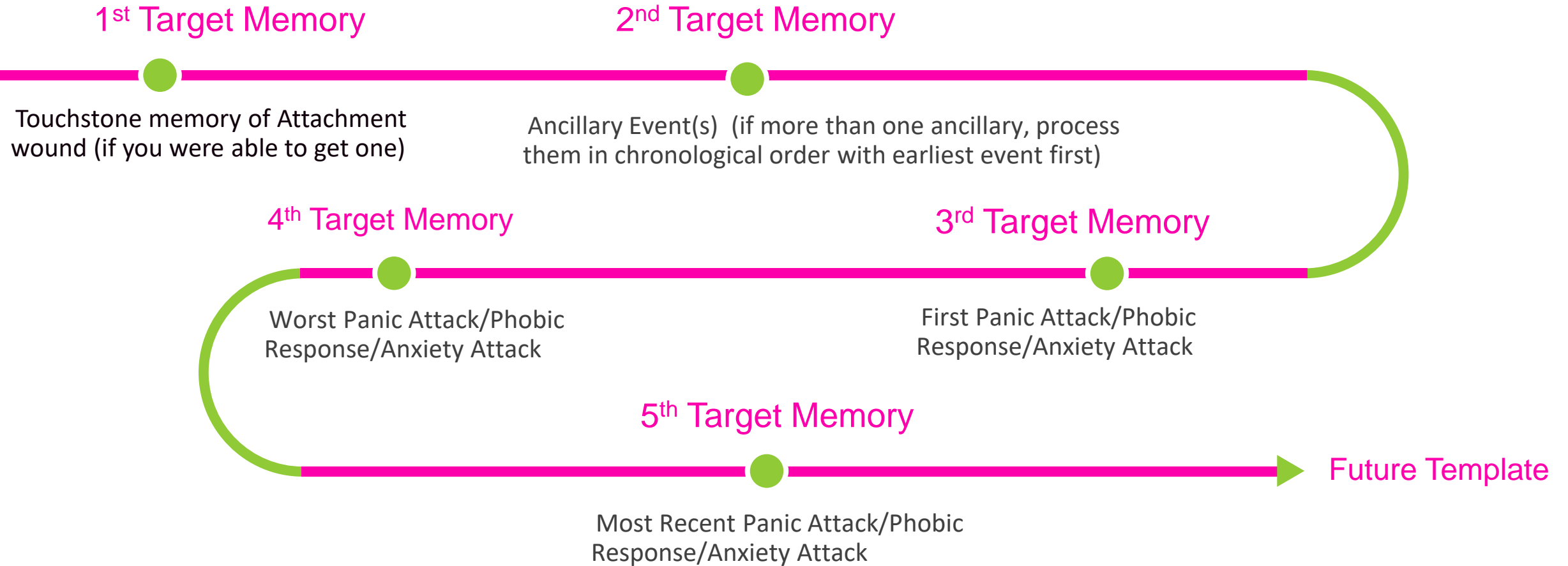
Second Target Memory – Ancillary Event(s) (if more than one ancillary, process them in chronological order with earliest event first)

Third Target Memory – First Panic Attack/Phobic Response/Anxiety Attack

Fourth Target Memory – Worst Panic Attack/Phobic Response/Anxiety Attack

Fifth Target Memory – Most Recent Panic Attack/Phobic Response/Anxiety Attack

Future Template



## \*Assessing at the beginning of each session

- Has there been a Panic Attack/Anxiety Attack/or Phobic Response in the past week?
- If so how many?
- How is their overall anxiety level been the past week?
- Have they been able to use their resources successfully?

If in the last session you were not able to complete the target memory (meaning complete phase 4 with SUD: 0, Phase 5 with VOC:7 or Phase 6 with clear scan), in the following session you will finish that target memory before moving forward.

“Do you remember the memory we worked on last week?”

“When you think of it now, what is the image or worst part of the memory now?”

“on a scale of 0-10 how disturbing does it feel to you now?”

“where do you feel it in your body?”

“Go ahead and bring up that memory, the image and where you feel it in your body and follow my fingers” (begin DAS)

- Describe Future Template and how it works
- Invite them to imagine seeing the item of the phobia or see themselves having the physical symptoms of the panic attack
- Invite them to see themselves using the tools they learned in phase 2 to help themselves manage the symptoms and let you know if they run into any problems.
- Pair it with a Positive Cognition

“Now we are going to begin creating a new network in your brain so that when you have physical symptoms of anxiety, instead of the responses your brain was used to going to, other options will become more readily available.”

“So in a minute I will ask you to imagine a future scenario in which you are again experiencing this panic/phobia/anxiety. In the scenario though, I’m going to invite you to see yourself using the tools you have learned in here to help regulate your system. Those tools you learned when we first started meeting. Is there one or two in particular that are more useful to you?”

“Good, so I’d like to invite you to go ahead and imagine this future scenario of you experiencing your panic/phobia/anxiety again, and see yourself handling it effectively with your tools. If you run in to any roadblocks or problems let me know”

(wait patiently for client to run scenario)

If it goes well for them say “When you saw yourself being able to manage your anxiety well, is there as positive statement or phrase that would seem to fit with how you feel about yourself now? “

‘This time, run through the scenario again thinking about those words (PC)’ apply DAS

- “Now I’d like to invite you to run the scenario again and this time see yourself using your tool but it not working. Then see yourself handling that effectively by thinking of another tool and offering your system something to regulate. Remember you can also think of those words (PC)”
- You can run as many challenges as you would like until the client feels confident in being able to regulate themselves as needed. You can also create new Future Template scenarios and run those with other PC’s and other challenges.

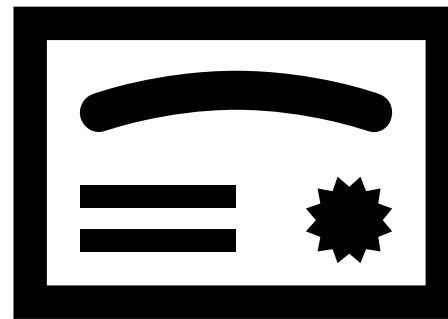
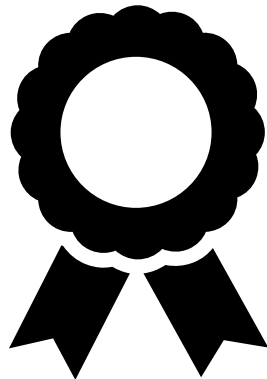
- Future templates can also be used in Phase 2
- Offer a Somatic Resource to client, have them practice it in the office, then invite them to imagine a scenario where they may need it in the upcoming week and invite them to imagine that scenario and see themselves using the resource and it working. Install PC if they have positive experience with Future Template in Phase 2.

- All 8 Phases of EMDR are used when working with Anxiety/Panic and Phobias
- Spend time bringing compassion to the Anxiety as the Answer
- Explore the history and family history with the Anxiety
- Set up specific targets based on protocol
- Phase 8 is used every session to assess the presenting symptom of Anxiety/Panic/or Phobia
- Finish up treatment with Future Templates for Successful future responses



Complete the course quiz located in your Training Portal to receive an EMDRIA completion certificate.

Professional CEUs are available for separate purchase as well. A link to purchase can be found in your course.



Prevalence of Anxiety Disorders Among Adults. National Institute of Mental Health  
<https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml> Nov. 2017

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