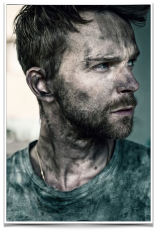
EMDR EDUCATION AND TRAINING CENTER

Kara Nossardi, MA, LMFT
EMDRIA Approved Consultant & Trainer
Kara@EmdrEducationAndTrainingCenter.com
(510) 388-4725 Kara@KaraNossardi.com

Post Traumatic Stress



As defined in the DSM-V, a PTS diagnosis requires exposure to:

"actual or threatened death, serious injury or sexual violence" directly or "witnessing, in person, the event(s) as it occurred to others."

NOTE: DSM-V removed the DSM-IV acknowledgment that PTSD evolves from an experience of "intense fear, helplessness, or horror to focus on the nature of the event."

Responses to a Single Traumatic Experience

Responses to a single traumatic experience can produce dramatic changes in neurological, automatic, immune, cognitive, emotional, somatic, and social functioning (*The Body Keeps Score,* van der Kolk, 1996).

- The same event will produce enduring disruptions of functioning in some exposed individuals.
- Others will gradually recover 'spontaneously' from short-term disruptions in functioning ("Post Traumatic Stress Disorder in the National Comorbidity Survey", Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

Example of **Persistence of PTSD** symptoms after rape:

2 weeks after the event: 94%
3 months: 47%
6 months: 42%
9 months: 42%

Foa, E. B., & Rothbaum, B. O. (1998). Treating the trauma of rape: cognitive-behavioral therapy for PTSD. New York: Guilford.

Protective Factors Against Post-Traumatic Reactions

- The ability to make use of external resources and engage in healthy coping behaviors during and after the experience.
- The ability to make use of self-capacities for re-stabilization and self-regulation of internal functioning — physiological, cognitive, and emotional — in the aftermath of the threat.

(*The Body Keeps Score,* van der Kolk, 1996)

Effects of Trauma on Information Processing

HYPER-AROUSAL	AVOIDANCE	LOSS OF MEANING
INTRUSIVE RE-EXPERIENCING	NARROWING OF ATTENTION	IMPAIRED STIMULUS DISCRIMINATION

EMDR Therapy Standard Eight Phase Protocol

(Shapiro, 1995)

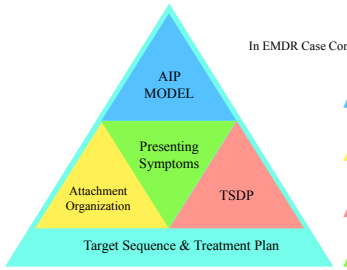
Phase One: HISTORY TAKING
Phase Two: PREPARATION
Phase Three: ASSESSMENT
Phase Four: DESENSITIZATION
Phase Five: INSTALLATION
Phase Six: BODY SCAN
Phase Seven: CLOSURE
Phase Eight: REEVALUATION

EMDR Therapy Standard Eight Phase Protocol

Phase One: HISTORY TAKING

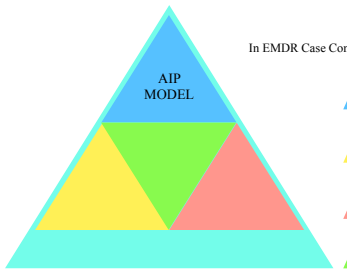
GOALS & TASKS of EMDR HISTORY TAKING

- ✓ Establish Therapeutic Alliance
- ✓ Gather Psychosocial & Medical History
- ✓ Assess Symptoms & Triggers
- ✓ Arrive at Case Formulation
- ✓ Identify Targets for Reprocessing
- ✓ Develop Treatment Plan



In EMDR Case Conceptualizaton, we consider the folowing:

- The Adaptive Information Processing Model
- The Client's Attachment Organization
- The Theory of Structural Dissociation
- Presenting Symptoms of the Client

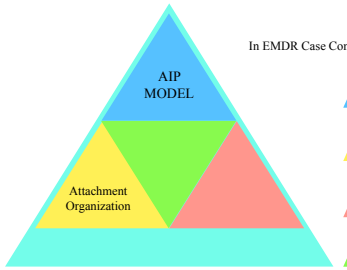


In EMDR Case Conceptualizaton, we consider the folowing:

- The Adaptive Information Processing Model

The Adaptive Information Processing Model (Shapiro, 1995)

1. There is an intrinsic system for adaptation to stressors: this system allows humans to reorganize responses to disturbing life events from an initial dysfunctional state of disequilibrium to a state of adaptive resolution.
2. Trauma or persistent stress during a developmental stage causes a blockage: the block can disrupt the information processing system, leaving the unresolved experience in a state-specific form.
3. EMDR procedural steps and bilateral eye stimulation restore balance to the AIP system, resulting in a resumption of information processing until it reaches a resolution that is adaptive for the individual.



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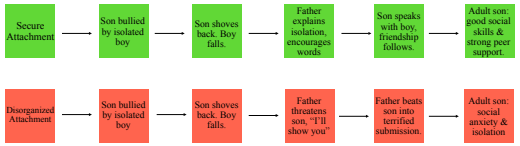
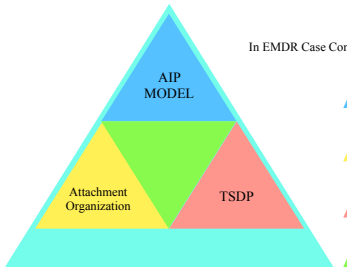
- The Adaptive Information Processing Model
- The Client's Attachment Organization

Attachment Organization

1. Attachment experiences are the earliest and most influential experiences in establishing foundational patterns of response available to be drawn on during later experiences.
2. The patterns of attachment shaped by early caregiver experiences influence all later adaptive and maladaptive coping responses.
3. When earlier experiences provide opportunities for adaptive coping responses, these tend to be encoded as adaptive memory networks and serve as resources for resiliency to later events.
4. When earlier experiences provide **no** opportunities for adaptive coping responses, or overwhelm available coping responses, these tend to be encoded as **maladaptive memory networks**.

Attachment Organization: adult coping examples





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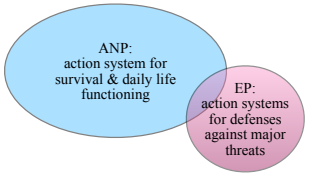
The Theory of Structural Dissociation of the Personality

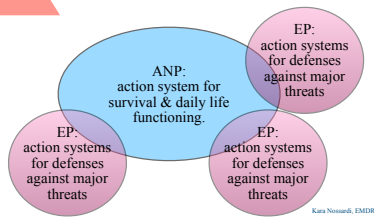
(*The Haunted Self*, Van Der Hart, Nijenhuis, Steele 2006)

- **Primary Structural Dissociation**: Acute Stress Disorder; PTSD
- **Secondary Structural Dissociation**: Complex PTSD, DESNOS, Dissociative Disorder NOS
- **Tertiary Structural Dissociation**: Dissociative Identity Disorder

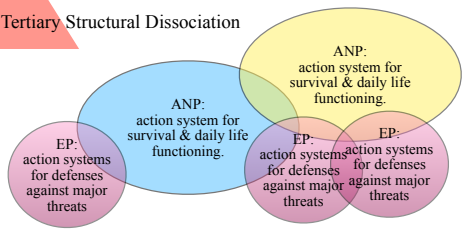
Primary Structural Dissociation

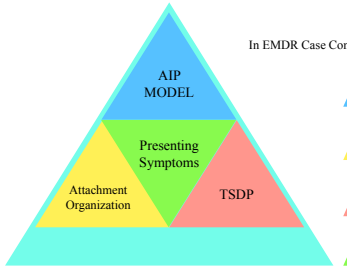


Secondary Structural Dissociation



Tertiary Structural Dissociation





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- Presenting Symptoms of the Client

Presenting Symptoms of the Client

Presenting Symptoms of the Client

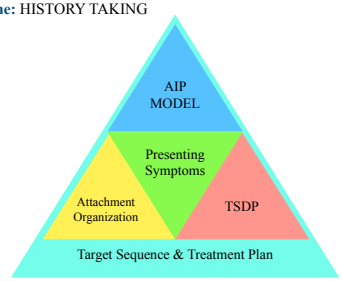
Secure Attachment	Son bullied by isolated boy	Son shoves back. Boy falls.	Father explains isolation, encourages words	Son speaks with boy, friendship follows.	Adult son: good social skills & strong peer support.
Disorganized Attachment	Son bullied by isolated boy	Son shoves back. Boy falls.	Father threatens son, "I'll show you"	Father beats son into terrified submission.	Adult son: social anxiety & isolation

Presenting Symptoms of the Client

WANTS MORE	WANTS LESS
Behavioral	Behavioral
Attend social functions	Avoidance of social situations
Affect	Affect
Feel relaxed at social gatherings	Fear and dread around people
Cognitive	Cognitive
Believe I am good enough as I am	Believing that I am damaged
Somatic	Somatic
Calm body and clear voice in public	Panic attacks and stomach pain

EMDR Therapy Standard Eight Phase Protocol

Phase One: HISTORY TAKING



The Standard 3-Pronged EMDR Protocol

Shapiro (1995, 2001) proposed a general treatment planning principle called the three-pronged protocol.

Past First, standard EMDR procedural steps are used to reprocess maladaptively encoded past memories hypothesized to be etiological to the onset of PTSD.

Present Later, after experiences from the past are resolved, EMDR reprocessing is used to address current external or internal cues ("triggers") that still evoke maladaptive responses.

Future Finally EMDR reprocessing is used for imaginal rehearsal of adaptive responses to anticipated future experiences.

Presenting Symptoms of the Client

PAST MEMORIES	PRESENT TRIGGERS	FUTURE EXPERIENCES
First: father spanking son in public, age 3	Having to speak to his boss and ask for help at work	Approaching his boss and asking for a raise
Worst: beating after school bully incident, age 12	Family gatherings, especially when his father attends	Attending a future professional conference
Recent: panic attack at holiday work party, age 32	Anytime his attractive neighbor says 'hello'	Greeting people and making small talk at parties

EMDR Therapy Standard Eight Phase Protocol

Phase Two: PREPARATION

GOALS & TASKS of EMDR PREPARATION

- ✓ Orient client to trauma-informed psychotherapy with EMDR
- ✓ Offer Metaphors & Models
- ✓ Introduce Bilateral Stimulation (BLS)
- ✓ Introduce & Practice Self-Regulation Methods
- ✓ Introduce the Log
- ✓ Teach the Stop Signal

EMDR Therapy Standard Eight Phase Protocol

Phase Two: PREPARATION

EMDR Therapy Standard Eight Phase Protocol

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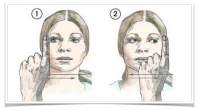
Phase Two: PREPARATION

Bilateral Stimulation (BLS)



Eye Movement

Tactile

Auditory

Mechanism of Change . . . *Hypotheses*

"After decades of physiotherapy research, we cannot provide an evidence-based explanation for how or why even our most well-studied interventions produce change… (Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology*, Kazdin, 2007)

REM Analogue Model:

Bilateral activation shifts the brain into a processing mode similar to REM, which leads to an integration of traumatic memories into semantic networks.

"Activates REM"

Inter-Hemispheric Hypothesis:

Enhanced hemispheric activity leads to increased memory strength, vividness, retrieval, and resolution.

"Integrates neuro-networks across multiple systems"

Mediator of Change . . . *Dual Attention*

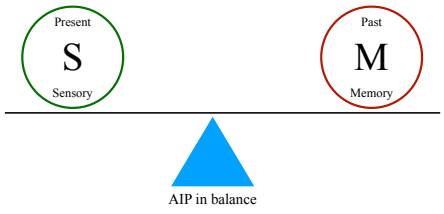
Dual Attention refers to a balance of ACTIVATION between:

- **Memory network elements** ("images") representing "one foot in the past"
- **Sensory activation** (bilateral sensory cues) with "one foot in the present"

Dual Attention

Teeter-Totter Model of Consciousness

(Leeds, 2001)

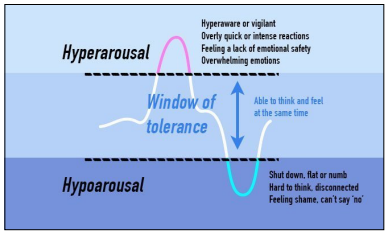


Bilateral Stimulation (BLS)

- Decreased vividness and emotionality of disturbing memories
- "Relaxation Effect" shift from sympathetic to parasympathetic activation.
- Enhanced memory retrieval & processing
- Increased accuracy of memory-related details
- Induced cognitive and semantic flexibility
- Enhanced executive control processes
- Increased metacognitive awareness

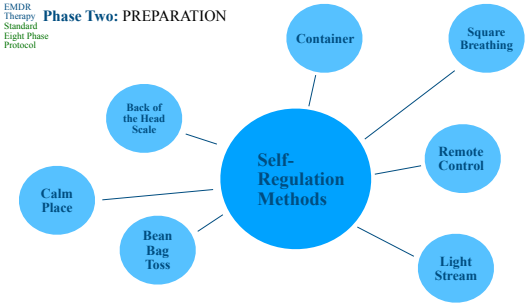
EMDR Therapy Standard Eight Phase Protocol

Phase Two: PREPARATION



EMDR Therapy Standard Eight Phase Protocol

Phase Two: PREPARATION



EMDR Therapy Standard Eight Phase Protocol

Phase Two: PREPARATION

The **LOG** is a helpful way to monitor the client's responses to EMDR therapy.

Clients are asked to keep track of their symptoms and responses to sessions during the preparation phase of therapy.

Later on, when sessions involve EMDR reprocessing, clients are encouraged to monitor their responses and record "whatever they notice": thoughts, changes in symptoms, insights, new memories, dreams, etc.

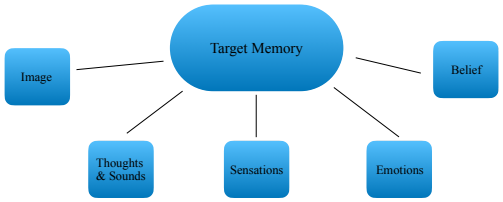
EMDR Therapy Standard Eight Phase Protocol

Phase Two: PREPARATION

The **STOP SIGNAL** is taught to forge a sense of control during the reprocessing a traumatic memories.

We use a hand signal for stop to distinguish the **COMMAND** from any memory-related verbalizations that the client may report.

Memory Networks in EMDR ~ Shapiro (1995)



EMDR Therapy Standard Eight Phase Protocol

Phase Three: ASSESSMENT

GOALS & TASKS of EMDR ASSESSMENT

✓ Assess Primary Aspects of the Target Memory Selected for Reprocessing

- Image (or other sensory cue)
- Current Negative Cognition (NC)
- Desired Positive Cognition (PC)
- Current Emotion
- Physical Sensation

EMDR Therapy Standard Eight Phase Protocol

Phase Three: ASSESSMENT

Sociopolitical and culturally reinforced Oppressive Cognitions (OC)

- Levis and Siniego (2016) identify a subcategory of Negative Cognitions linked with social oppression.
- While their basic criteria are the same as other NC's, "these NC's (OC's) are typically sociopolitically influenced and culturally reinforced, in an ongoing and insidious manner, by the dominant majority, as well as the media."
- Levis and Siniego "hold that OC's represent inappropriate negative beliefs that are based in repeated social evaluations that lend the semblance of objectivity."
- OC's are often applicable, not just to the individual, but to the specific minority group.

EMDR Therapy Standard Eight Phase Protocol

Phase Three: ASSESSMENT

Sociopolitical and culturally reinforced Oppressive Cognitions (OC)

- In working with an intelligent, undocumented Latina with poor English reading skills, her NC was "I am stupid." Levis and Siniego suggest that clinicians need to help delineate the oppressive impact of institutional forms of racism from educational curricula, economic discrimination, and media messages.
- "Even when the NC is due to internalized oppression, we name it as an OC in order to clearly delineate the sociopolitical realities within which that cognition originated and therefore to locate the problem in the context as well as the client."
- "Thus, successful trauma treatment relies on the clinician's ability to address the social construction of reality as an element of the client's trauma.

EMDR Therapy Standard Eight Phase Protocol

Phase Three: ASSESSMENT

GOALS & TASKS of EMDR ASSESSMENT

✓ Set Baseline Measure for Subjective Units of Disturbance (SUD) & Veracity of Cognition (VOC)

Subjective Levels of Disturbance (SUD)

The SUD allows us to understand how disturbing a memory is PRIOR to reprocessing. It also is a gauge we use throughout phase four (desensitization) to know when the memory is not longer disturbing, and when it is appropriate to begin phase five (installation). The SUD is measured 0 (neutral) to 10 (highest level of disturbance).

Validity of the Positive Cognition (VOC)

The VOC is measured in phase three to understand how much Adaptive Information is available before we begin reprocessing. Once the memory is not longer disturbing and we begin installation, the VOC is a measurement for how strongly the client associates a positive self-belief with the target memory. The VOC is measured 1 (completely false) to 7 (completely true).

EMDR Therapy Standard Eight Phase Protocol

Phase Three: ASSESSMENT

TARGET: Julie was racing on her bike while her dad drove along side. They were having fun until Julie crossed a road and was nearly hit by a passing truck. Her dad panicked and came running to her.

ASSESSMENT PROMPTS

IMAGE: What image represents the worst part of the incident? His frightened face.

NEGATIVE COGNITION: What words go best with that image that express your negative belief about yourself now? I'm responsible.

POSITIVE COGNITION: When you think of that image, what would you like to believe about yourself now? I didn't do anything wrong.

VOC: When you think of that image, how true do those words "I didn't do anything wrong." feel to you now, on a scale of 1 to 7, where 1 means they feel completely false and 7 means they feel completely true? About a 3 or 4.

EMDR Therapy Standard Eight Phase Protocol

Phase Three: ASSESSMENT

EMOTION: When you focus on that image, and think of those words "I'm responsible" what emotions do you feel now? I feel anxiety and shame, lots of shame.

SUD: On a scale of 0 to 10, where 0 is neutral and 10 represents the highest level of disturbance imaginable, how disturbing does the incident feel to you now? Right now it feels like an 8.

BODY SENSATION: Where do you feel it in your body? I feel it in my stomach and my throat.

ORIENTATION: We'll start reprocessing now. As we do sets of eye movements, sometimes things will change and other times they won't. You may notice other images, thoughts, emotions, or body sensations. Other memories may come up. Other times, you may not be aware of anything but the eye movements. Remember the train metaphor — there are no right or wrong answers, just simply notice whatever happens. If you need to stop at any point, just show me the stop sign we rehearsed.

EMDR Therapy Standard Eight Phase Protocol

Phase Four: DESENSITIZATION

The next three phases - **DESENSITIZATION, INSTALLATION, & BODY SCAN** - are known collectively as 'EMDR Reprocessing'. Reprocessing involves alternating bilateral stimulation 'sets' with procedural steps designed to enhance information processing.

The goal of the **DESENSITIZATION** phase is to foster information processing leading to synthesis between the maladaptive memory network of the selected target memory and the client's adaptive memory networks.

The client is directed to **'notice that'** and following the channels of association related to the memory during BLS. Between BLS sets, the client is asked **'what do you notice now'** to keep the therapist apprised of changes and alert the therapist to moments when the client might need assistance.

The **DESENSITIZATION** phase is complete when the client reports neutral or positive material between BLS sets (SUD = 0).

EMDR Therapy Standard Eight Phase Protocol

Phase Four: DESENSITIZATION

DESENSITIZATION PROMPT

I'd like you to focus on that image and those negative words "I'm responsible". Notice where you are feeling it in your body, and follow.

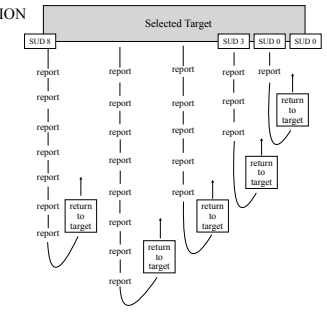
EMDR Therapy Standard Eight Phase Protocol

Phase Four: DESENSITIZATION

Channels of Association

Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures

Francine Shapiro, 2001



EMDR Therapy Standard Eight Phase Protocol

Phase Five: INSTALLATION

The goal of the **INSTALLATION** phase is to assure generalization effects of reprocessing with a complete integration of a new perspective (positive cognition and associated positive emotions and physical sensations) on the target memory network.

The client is directed to hold the memory as it appears now, along with the positive cognition, and follow sets of BLS. Between sets, we check the veracity of the cognition (VOC).

The **INSTALLATION** phase is complete when the client reports that the positive cognition feels completely true (VOC=7) between sets.

EMDR Therapy Standard Eight Phase Protocol

Phase Five: INSTALLATION

INSTALLATION PROMPT

Think about the original experience as it appears to you now and those words "I didn't do anything wrong" and follow.

EMDR Therapy Standard Eight Phase Protocol

Phase Six: BODY SCAN

The goal of the **BODY SCAN** phase is to confirm there is no residual disturbing material related to the target memory. The body scan also serves to reinforce the gains made in the desensitization and installation phases.

The client is directed to hold the memory as it appears now, along with the positive cognition, and complete a body scan to check for residual body tension.

The **BODY SCAN** phase is complete when the client reports no body tension or physical disturbances.

EMDR Therapy Standard Eight Phase Protocol

Phase Six: BODY SCAN

BODY SCAN PROMPT

Close your eyes. Hold in the mind the original experience as it appears to you now and this words "I didn't do anything wrong". Then bring your attention to all the different areas of your body, starting with your head and continuing down to your feet. Any place you feel any tension, tightness, or unusual sensations, let me know.

EMDR Therapy Standard Eight Phase Protocol

Phase Seven: CLOSURE

The goal of the **CLOSURE** phase is to ACKNOWLEDGE the client's work in session, and discuss INSIGHTS & OBSERVATIONS from the reprocessing work.

If the session is incomplete and the client requires stabilization, we can use the CONTAINER, the CALM PLACE, or other previously utilized SELF-REGULATION techniques to bring the client back within the window of tolerance before leaving the office.

The **CLOSURE** phase ends with a reminder that the processing may continue after the session and to record insights, memories, thoughts, experiences, and dreams in the journal to discuss in the next session.

EMDR Therapy Standard Eight Phase Protocol

Phase Eight: REEVALUATION

The goal of the **REEVALUATION** phase is on two levels: micro & macro. On the micro level, focus is on the reevaluation of the previously reprocessed target memory. On the macro level, focus is on the overall treatment plan.

The client is directed to verify that the completed target remains undisturbing and the positive cognition remains true. For incomplete targets, the reevaluation provides a new starting point for returning to reprocessing of the incomplete memory.

EMDR Therapy Standard Eight Phase Protocol

Phase Eight: REEVALUATION

REEVALUATION PROMPT

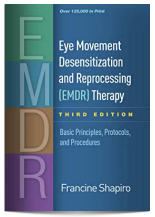
When you bring your attention back to the experience we worked on last session, what do you notice now?

EMDR Advanced Protocols & Special Populations

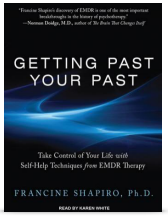
First Responders
Veterans
Military Personnel
Children & Adolescents
Recent Unconsolidated Events

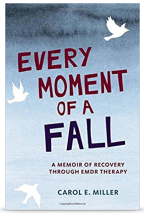
Anxiety & Panic Disorder
Complex PTSD
Phobias
Grief & Mourning
Physical Pain
Addictions & Action Urges
Obsessive Compulsive Disorder
Bipolar Disorder
Binge Purge Cycle
& more!

Recommended Clinical Reading
In EMDR Therapy



Recommended 'layperson' Reading
In EMDR Therapy





EMDR EDUCATION AND TRAINING CENTER

Basic Training in EMDR Therapy

Fall 2021 Remote "Live" Training

Training dates: September 18 & 19, October 16 & 17, November 13 & 14, December 11 & 12

All 8 Zoom sessions are 8:30am to 5:30pm PST

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