EMDR FOCUS

Attachment-Focused EMDR

"

Mark Brayne

Leeds May 2017

www.braynework.com www.emdrfocus.com



















Key

MP is EMDR Basic Procedural Steps

What is EMDR? EMDRIA def

- Unique standardized set of procedures and clinical protocols which incorporates dual focus of attention and alternating bilateral visual, auditory and/or tactile stimulation
- Based on available relevant research, treatment fidelity to the 8 phases (Shapiro, 2001) produces the best results. However, in certain situations and for some populations, [...] procedures may be implemented in more than one way as long as the broad goals of each phase are achieved.
- 3. [...] relationship sufficient to give the client a sense of safety and foster [...] ability to tell the therapist what s/he is experiencing throughout the reprocessing. The client develops mastery of skills in self-soothing and in affect regulation as appropriate to facilitate dual awareness during the reprocessing sessions and to maintain stability between sessions.
- 4. It may be important, especially for those clients with complex trauma, to enhance the ability of the individual to experience positive affect through promoting the development and expansion of positive and adaptive memory networks, thus expanding the window of affect tolerance, and stimulating the development of the capacity for relationship.

Flexibility

- Innovation, Flexibility and Clinical Judgment as **Applied to Particular Clients or Special Populations**
- BVa. To achieve comprehensive treatment effects a three-pronged basic treatment protocol is generally used so that past events are reprocessed, present triggers desensitized, and future adaptive outcomes explored for related challenges. The timing of addressing all three prongs is determined by client stability, readiness and situation. There may be situations where the order may be altered or prongs may be omitted, based on the clinical picture and the clinician's judgment.

Adaptation

• BVb. As a psychotherapy, EMDR unfolds according to the needs, resources, diagnosis, and development of the individual client in the context of the therapeutic relationship. Therefore, the clinician, using clinical judgment, emphasizes elements differently depending on the unique needs of the particular client or the special population. EMDR treatment is not completed in any particular number of sessions. It is central to EMDR that positive results from its application derive from the interaction among the clinician, the therapeutic approach, and the client.

What is EMDR 1

- 1. Activation of the disturbing memory network
- 2. Bilateral stimulation of the memory within a Dual Attention context
- 3. Moving the memory network from episodic to narrative memory

Derek Farrell 2015

What is EMDR 2

- 1. Safety
- 2. Fire up the Networks
- 3. BLS
- 4. Safety

Laurel Parnell 2007

Five Essential Elements of AF-EMDR

- Foster client safety
- Develop and nurture the therapeutic relationship to facilitate healing
- Use client-centred approach
- Create reparative neuronetworks through the use of Resource Tapping
- Use modified EMDR whenever client needs necessitate.

Five Main Themes

- Resourcing
- Target Selection
- Phase Three
- BLS/DAS
- Interweaves





Tapping Them In

- Special/Peaceful/Calm (Safe?) Place
- Nurturing Figures
 - kindness, support, gentleness, love, warmth. Able to soothe and hold.
- Protector Figures
 - Determination, strength, courage, solidity, even ferocity. Able to fight your corner.
- Wisdom Figure(s)
- Also, perhaps a Magical Figure? (kids love it)













_		



Tapping Them In

- Special/Peaceful/Calm (Safe?) Place
- Nurturing Figures. Usually 3
 - kindness, support, gentleness, love, warmth. Able to soothe and hold.
- Protector Figures. Likewise 3
 - Determination, strength, courage, solidity, even ferocity. Able to fight your corner.
- Wisdom Figure(s). Generally one will do
- Also, perhaps a Magical Figure? (kids love it)













Bridge FROM

- Symptom, issue or current problem
- Behaviours
 - e.g. procrastination, overeating, bingeing, cutting, and drinking (just before the urge, cf Knipe LOU)
- Emotion(s)
- Physical Sensation(s)
- Negative Cognition/Thought/Belief
- Dreams (though also in themselves)









- Resourcing
- Target Selection
- Phase Three Activation
- BLS/DAS
- Interweaves

NUMBERS!!!!	لمعد
1-7	
0-10	
24	
AAAAGGGHHH!!	
	34





Phase 3 Firing Up/Activation

- Standard Protocol (The Works)
- DeTUR (Popky)
 Desensitisation of Triggers and Urge Reprocessing • Blind to Therapist (Blore et al)
- Feeling State (Miller)
- LOUA & LOPA (Knipe)
 - Level of Urge to Avoid
 Level of Positive Affect
- Recent Traumatic Events (E Shapiro)
- Early Trauma Protocol (O'Shea)
- Children generally...
- "Modified Protocol"

	Simp	olified
• Event	R/L	• Event R/L
Image	R	• Image R
• NC	L	• Emotion R
PC (same domain etc)	L	 Body R Thought/Belief
 VoC (1-7) Emotion 		(about self) L/R
• SUDs (0-10)		• (SUDs) optional L/R
Body	R	



Five Main Themes

- Resourcing
- Target Selection
- Phase Three Activation
- BLS/DAS
- Interweaves













Five Main Themes

- Resourcing
- Target Selection
- Phase Three Activation
- BLS/DAS
- Interweaves/Session Structure

Interweaves

- Use only when the processing is stuck or to help in session closure
- Offer the interweave, then move out of the way
- Don't interpret, inquire
- Use simple language, few words
- When processing a childhood memory use language and concepts a child would understand

Inquiry Interweaves

- Socratic method
- "I'm confused"
- "If this were your child . . . best friend, client, sponsee . . ."
- Open-ended question ("Why *did* you do that?", "Is that true?")
- "What happened next?"

Truth Interweaves

- Validating personal reality: "What Do You Understand Now?" Or "What Do You Know Now to Be True?"
- Facilitating a broader perspective: "Look at the scene. What do you see?"
- Holding the opposites with a nondual interweave

Imagination Interweaves

- What does the child need? Who can do that? Imagine that.
- Creating an imaginary scenario or solution to a problem
- Rewriting the scene: Knowing what you know now, what would you do differently? Or, If you could redo this scene, what would you do?
- Expressing forbidden impulses

Sorting Interweaves

Split-screen interweave Two-hand interweave

Education Interweaves

Providing information the client lacks (e.g., "It is normal for the body to experience pleasure when it is touched a certain way")

Rescue Interweaves

Using imagination interweaves – let's get you out of there. Esp towards end of session.

Reminder - What IS EMDR

- 1. Safety
- 2. Fire up the Networks
- 3. BLS
- 4. Safety



EMDR FOCUS

Attachment-Focused EMDR: Healing Developmental Deficits and Adults Abused as Children With Dr Laurel Parnell London Sept 26-27 2017 "L

EMDR & the Transpersonal Sheringham Nfk June 23-25

mark@emdrfocus.com www.emdrfocus.com