



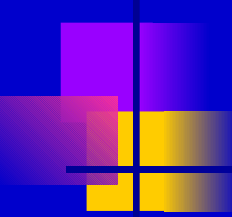
Accelerated to adaptive

- Adaptive information processing moves to centre stage
- Thorough understanding essential
- Informs and guides clinician at every stage of EMDR treatment



EMDR short-term treatment

- Client's expectations
- Referrer's expectations
- Clinician's expectations
 - Start too soon
 - Incomplete history
 - Inappropriate clients



Adaptive information processing (AIP)

- Psychological self-healing is similar to other physiological processes
- All humans have a **physiologically-based** information processing system
- This digests or metabolises information so that it can be used in a healthy **life-enhancing** manner
- **Natural tendency** to move towards mental health

Adaptive information processing



- Disturbing memories can cause imbalance in the nervous system when stored with high levels of **arousal**
- Such unprocessed memories contain emotions, sensations and beliefs that arise in the **present**
- This is the **cause** of symptoms, behaviours, negative thoughts and sensations



Adaptive information processing model (AIP)

- **Explains** clinical phenomena as present manifestations of past dysfunctionally stored events
- **Guides** case-conceptualisation and procedures
- **Predicts** positive treatment outcome



AIP

- Generalising of treatment effects
- Spontaneous defusing of triggers
- Spontaneous emergence of adaptive behaviours (internally generated)



Defining targets for treatment

- AIP assessment begins the minute client walks through the door
- Present symptoms manifestation unprocessed earlier memories
- What caused this client's AIP to break down?



History – targeting sequence

- Simple PTSD
 - Still need early history
 - Earlier related memory
 - Blocking feeder memories
 - If high arousal may need to process first



History – targeting sequence

- Complex presentations
 - Essential to identify earlier memories which set groundwork of each problem
 - Most are childhood based
 - Seeking the earliest time client can remember
- Use **present symptoms/triggers** to identify touchstone memories
 - Direct questioning
 - Floatback/affect scan



Preparation

- Accessed memories will contain **disturbing** affect and/or or sensations
- AIP requires ability to **tolerate affect**
- Do not start processing unless can self-sooth
- Affect-regulation techniques



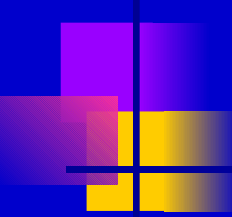
Preparation

- Noticing feelings and thoughts **without judging** facilitates AIP (dual awareness)
- Building access to resources
- Preparation first or integrated with history taking.



Assessment

- Unprocessed memory stored in fragments
- Alignment of memory components
- Maximise therapeutic effect
- Accessing whole memory



Processing - model drift

- Processing is forging new connections between target memory and networks containing adaptive information
- Target memory is the access point to disturbance
- Not returning to target
 - Avoidance



Processing

- Function of cognitions
 - Beliefs not the cause, but the symptoms
- Overuse of SUDs



AIP and blocked processing

- Interventions **mimic** what happens in spontaneous AIP
- Therapist **deliberately** accesses the network containing the next relevant piece of information (Cognitive Interweave)



AIP and blocked processing

- Processing the whole memory
- Accessing all components of the memory



Installation

- Most important part of process
- Opportunity in trauma
 - PC in the pending tray
 - Accelerating links to positive networks
 - Repeating installation?
- Speed of hand movements



Targeting sequence – Case conceptualisation

- Processing target memory is not enough
- Triggers
 - At history taking plus feedback
 - Trigger becomes unprocessed memory
- Future template
 - For each trigger
 - Target avoidance and adaptation
- Trainees taught this in theory and practice



Dissociation and AIP

- Trainee taught that dissociation can facilitate AIP
- In a crisis it allows highly charged information to integrate later
- Problems arise especially when dissociation occurs early in life



Shapiro (2009)

- “EMDR is not just a method, it is a psychotherapy approach”
- “Except for organic damage or lack of information, inadequately processed or inappropriately stored memories are the basis of all clinical pathology”
- Processed memories are the basis of mental health



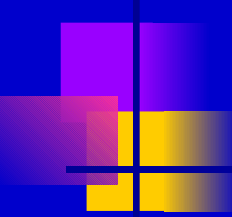
Present situation

- Known primarily as treatment for PTSD
 - Not just traumatic memories
 - No small “t”
 - Distressing memories that underlie many pathologies
 - Consecutive days treatment



Not just for trauma

- Depression, anxiety disorders, eating disorders, sexual dysfunction, sleep disorders, substance abuse, chronic pain, dissociative disorders, relationship disorders, attachment issues, somatoform disorders, ADHD, disaster response, recent events.



EMDR as a psychotherapy approach

- AIP as core theory
- Comprehensive psychotherapy
- Symptom focused therapy
 - Present dysfunction is symptom
 - Past event is cause



EMDR in 5 years

- Research essential for recognition of new protocols as effectively treating wide range of conditions
- EMDR taught as a comprehensive psychotherapy approach
- Parts 4 and 5?