

“I don’t want to think about it!”

EMDR-related methods of targeting and resolving avoidance defenses

Webinar

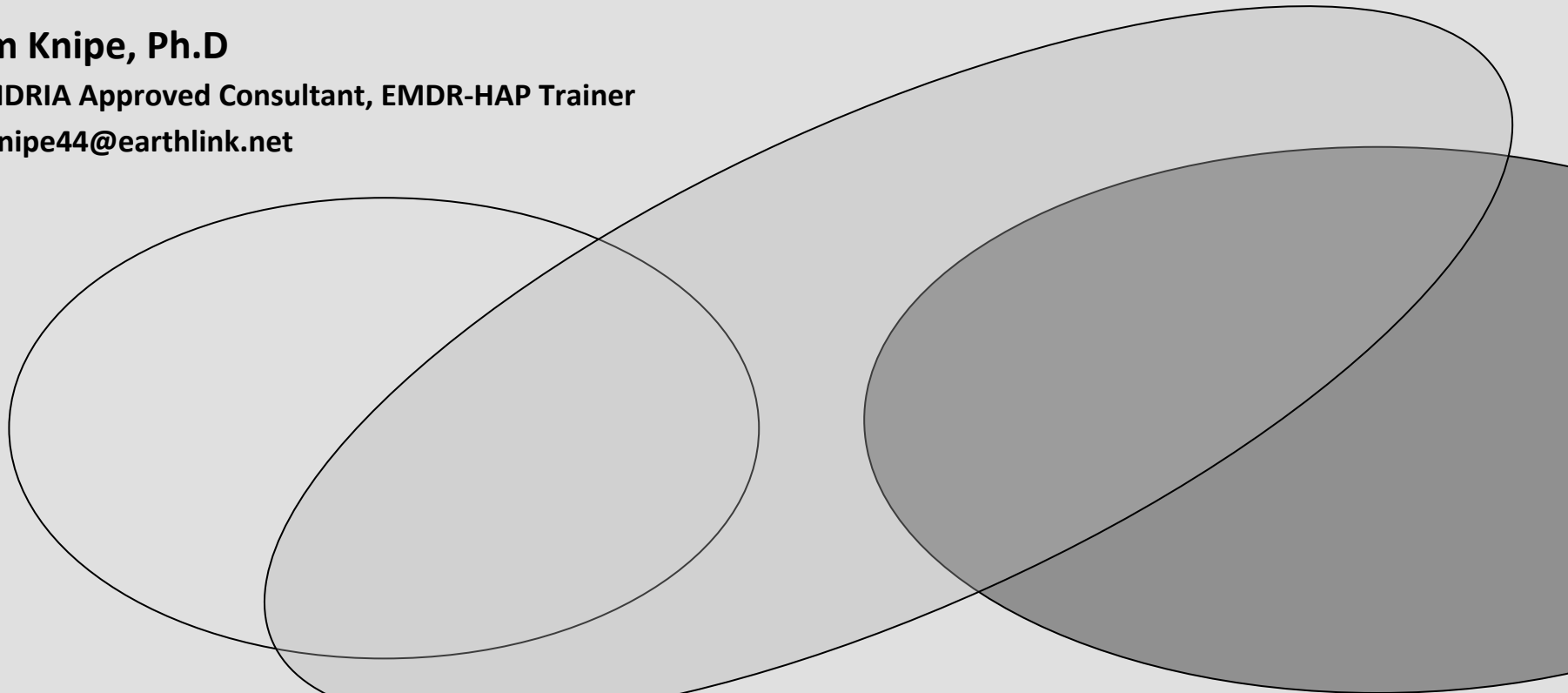
East Anglia EMDR Regional Meeting

May 7, 2016

Jim Knipe, Ph.D

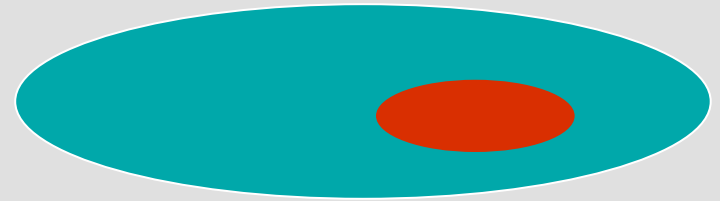
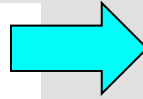
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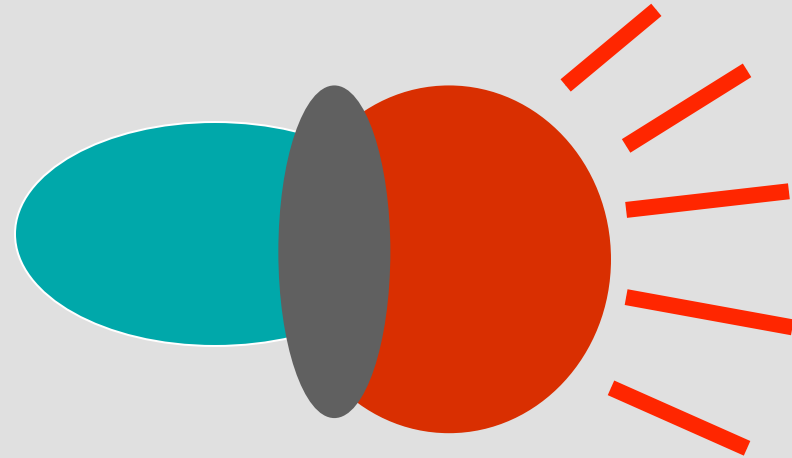
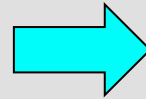


We can think of three different ways that difficult life experience can negatively influence the development of personality structure

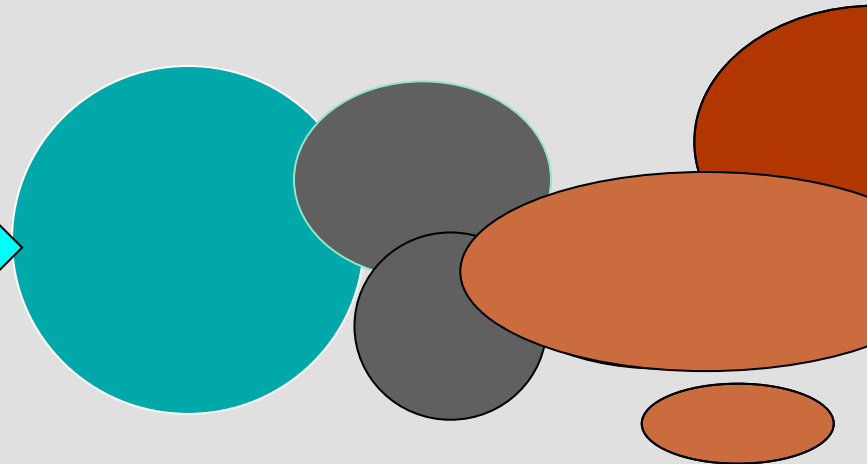
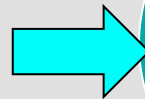
Dysfunctionally stored
(traumatic) memories



Psychological defense

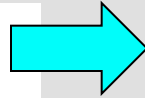


Separate "self states"
or identities, that are
not integrated into a
unified sense of self

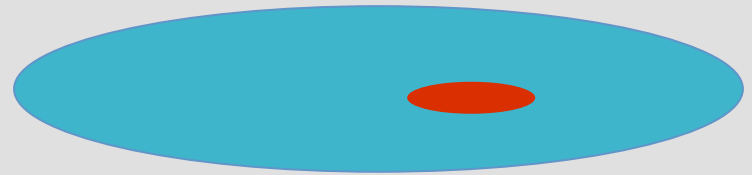


Focused sets of Bilateral Stimulation can facilitate adaptive resolution for each of these three types of problems

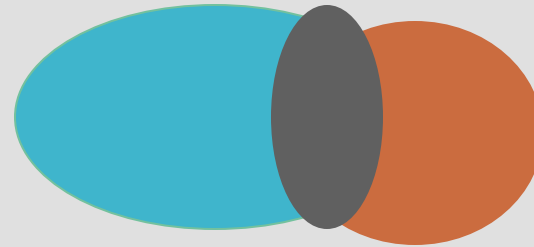
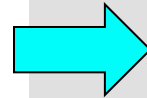
Increase emotional safety, orientation and resourcefulness



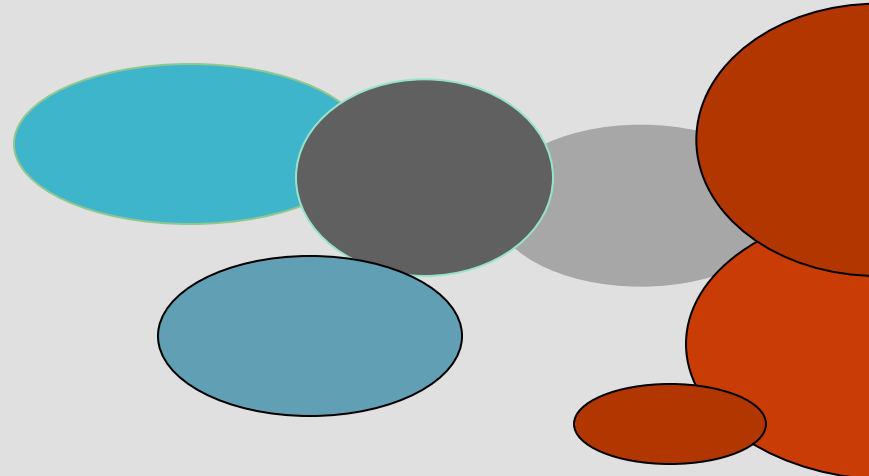
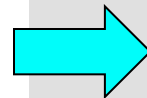
Target the specific memory with EMDR Phases 3-7



Help the client have a beginning sense that the defense is a problem, then target the positive affect of the defense

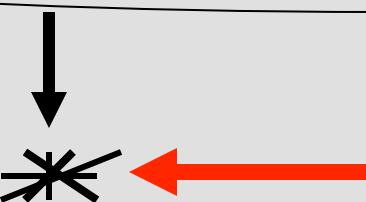


Facilitate safe, respectful dialogue, or conscious comparison, between Parts, decreasing dissociative separation and increasing integration



Traumatic memories result from a failure of the natural information processing system of the brain

Relatively normal, integrated pretraumatic personality



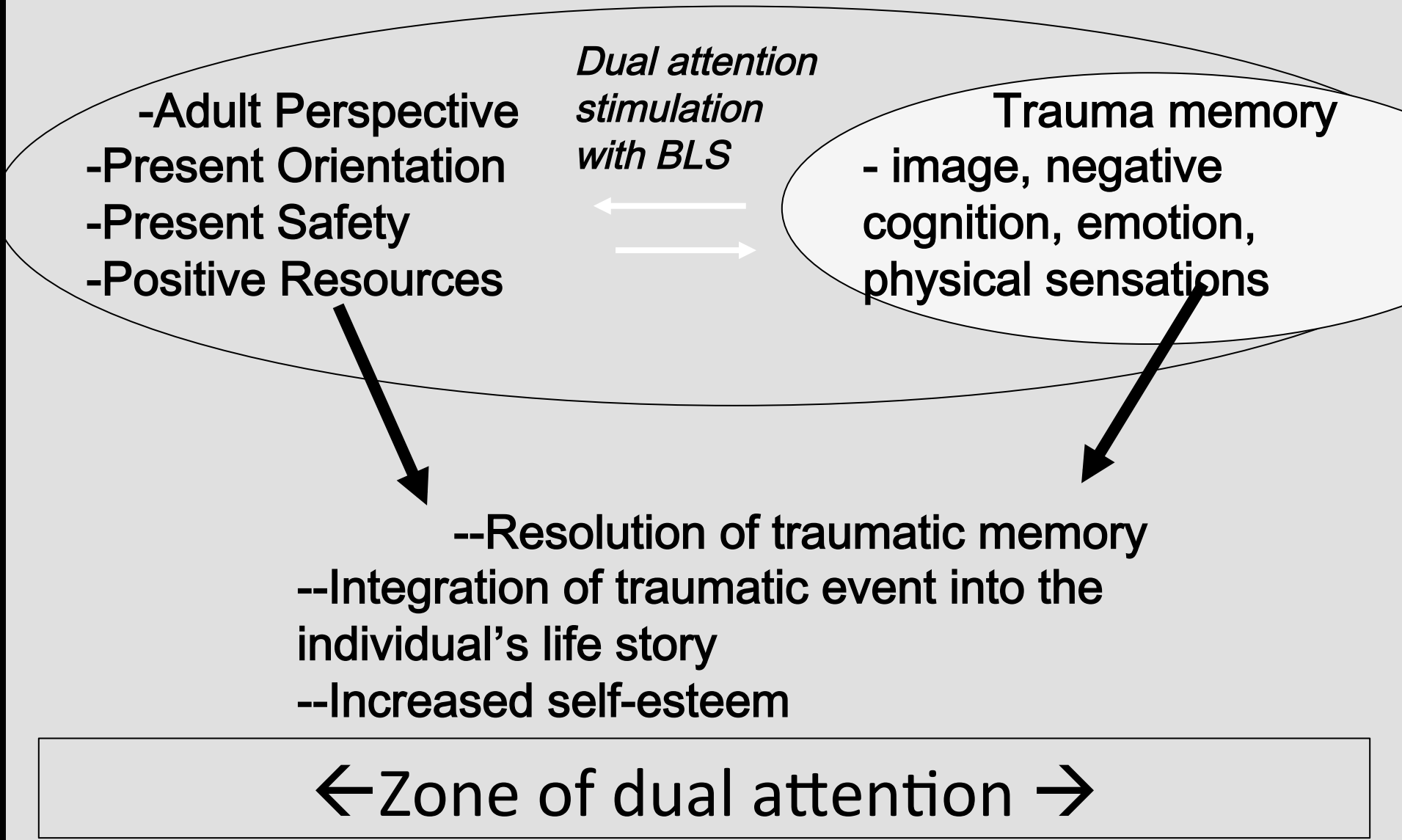
Trauma: overwhelming and stressful event(s) that cannot be integrated into the person's whole sense of self – the information processing system fails

Adult Perspective and Adult Sense of Self
Present Orientation

Traumatic Memory -- Intrusive reliving experiences – not just visual flashbacks, but negative cognitions, age regression, physical sensations and emotions that have a “right now” quality

EMDR Standard Protocol for resolving traumatic memories

--- Eight phases, focusing on negative memory material with sets of Bilateral Stimulation (BLS)



Dual attention stimulation activates the Adaptive Information Processing (AIP) System

Focused Sets of Bilateral Stimulation (BLS)

- **Increase the vividness of memory material that is at the center of consciousness – expands associational networks (Christman, et al)**
- **Reduce sympathetic arousal (Wilson, et al; Elofsson, et al; Sack, et al)**
- **Reduce mental avoidance of disturbance, by taxing “working memory,” while decreasing “emotionality” of memory (Hornsveld, et al; De Jongh, et al, 2013)**
- **Activate parasympathetic elements of orienting response (MacColloch and Feldman; Sack, et al)**
- **Decrease interhemispheric coherence in frontal areas, possibly inhibiting PTSD memory intrusions (Propper, et al)**
- **Increase capacity for “distancing/noticing” (Lee)**
- **May facilitate “slow thinking,” which relies less on intuition and implicit memory, and results in more objective assessment (Kahneman, 2011)**

All of the above enhance adaptive information processing and facilitate adaptive resolution

An AIP model of personality “Parts”

states of mind that are oriented, adaptive and effective (but phobically afraid of trauma memories)

**Defenses: States of mind, and actions, that block post-traumatic memories and disturbance.
Defenses contain distorted, dysfunctional positive affect**

States of mind that are “reliving” traumatic events

**Separate ego states may
be dissociated from each
other**

**“Apparently
Normal” Part**

Defenses to prevent
intrusions of
traumatic material

“Reliving” the trauma

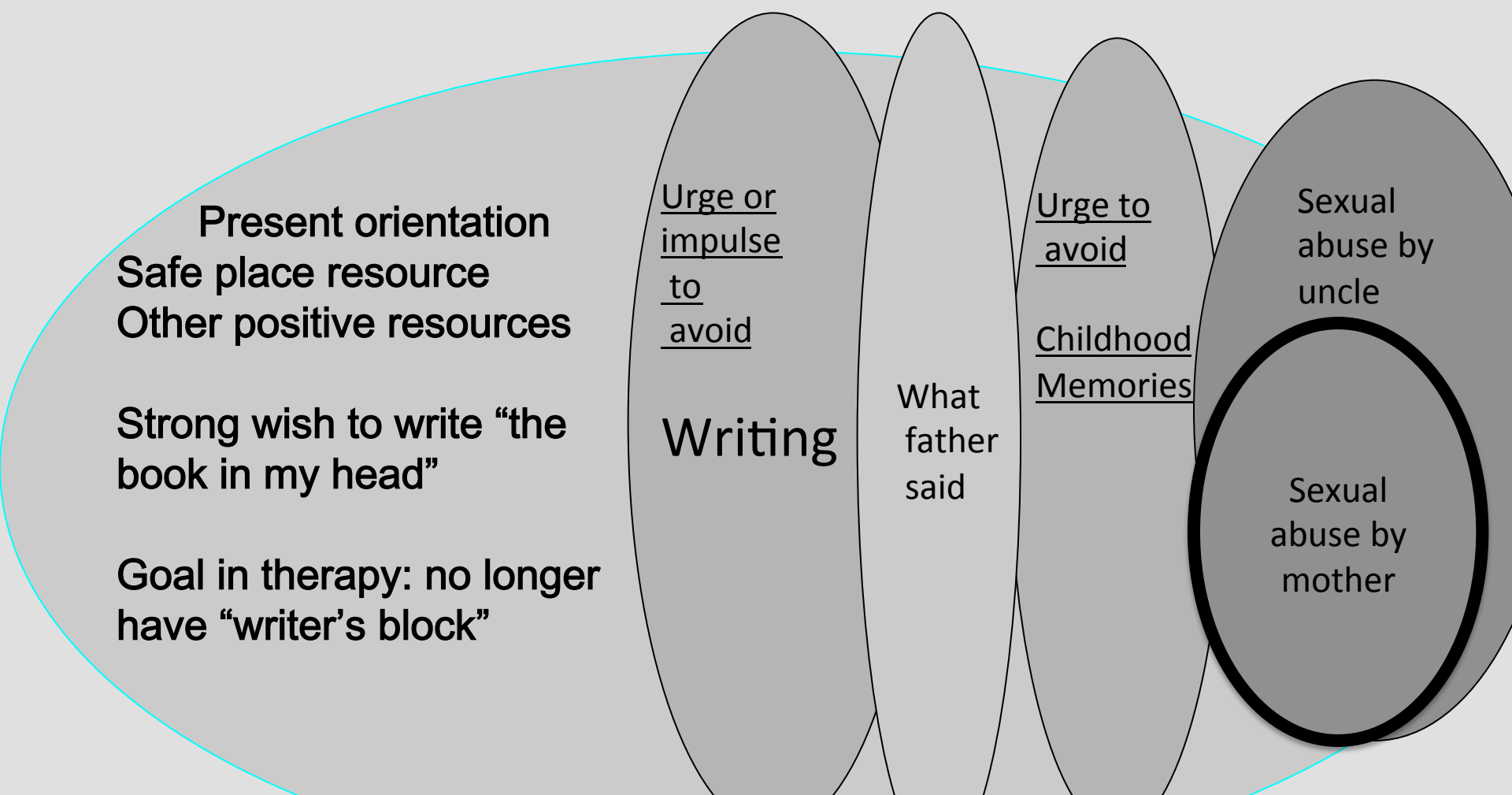
The Effects of focused sets of BLS

Ego states that appear “normal” to others, manage life tasks (with effectiveness, worthiness, emotional safety, etc.), and are oriented to the present --BLS will strengthen positive affect, present orientation and safety

Defenses, which function to prevent intrusions of traumatic material --BLS with positive affect (e.g. of relief, idealization, or urge intensity) will weaken the defense and reveal traumatic material, which will then be available for processing

“Emotional Parts” or “Exile” Parts - Ego states that are “reliving” specific trauma - BLS with traumatic material (and sufficient emotional safety) will move trauma to resolution (as typically occurs with EMDR Phase 4 processing).

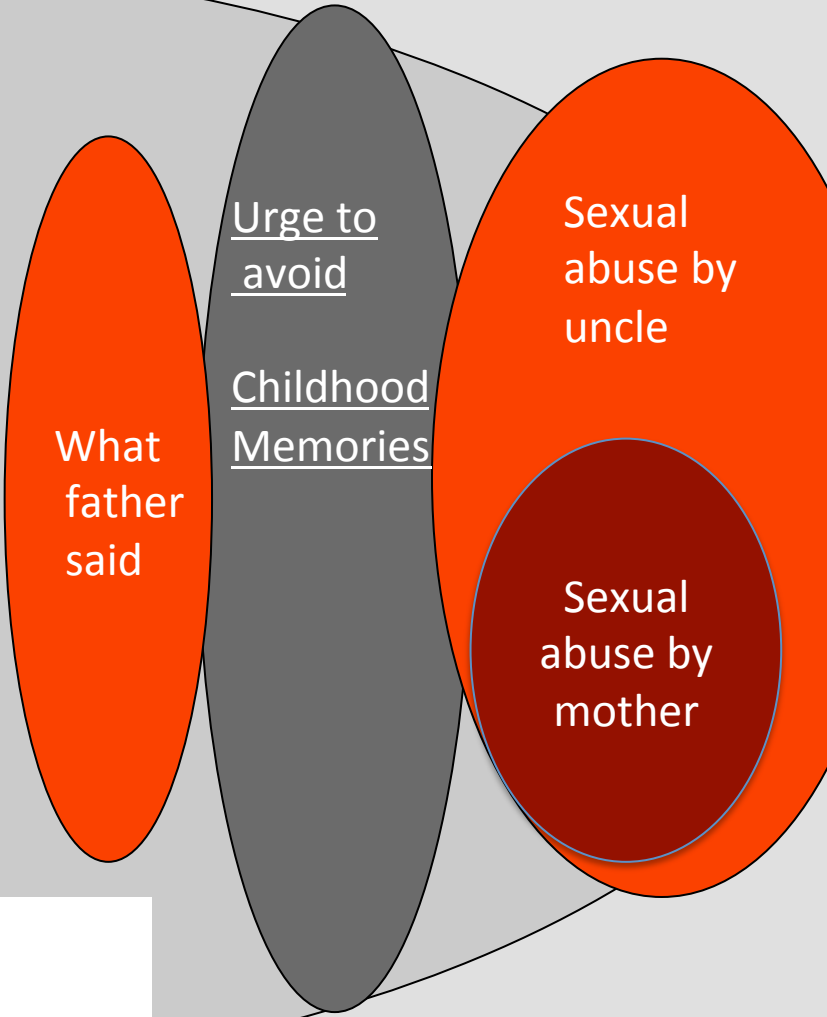
Example: For many clients, the importance of targeting avoidance



AIP treatment strategy: within a supportive safe therapy relationship, target the Urge to Avoid, then target any disturbing memories, then remaining avoidance, then memories, etc. as needed

Example: For many clients, it is important to target avoidance

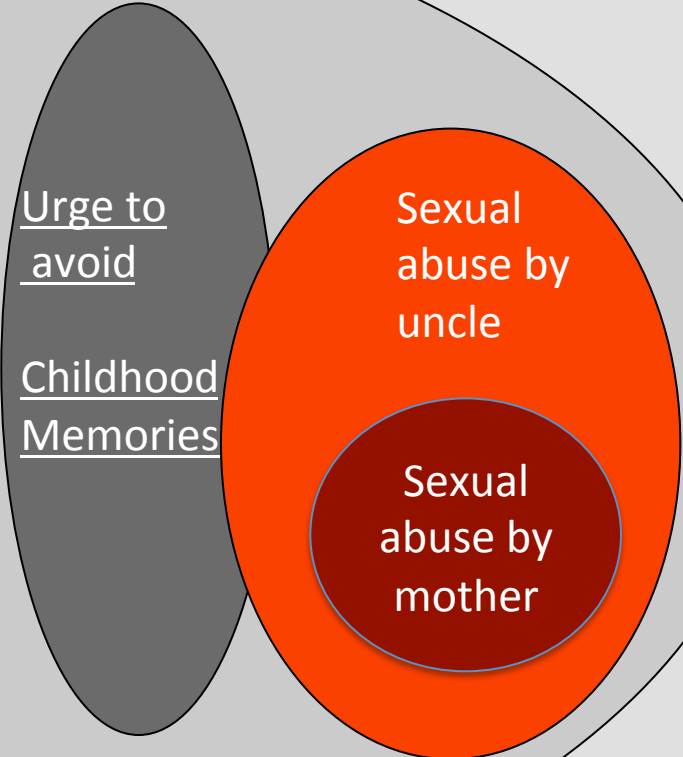
**Adult
Perspective**
Present orientation
Safe place
resource
Other positive
resources



Zone of Dual Attention

Example: For many clients, the importance of targeting avoidance

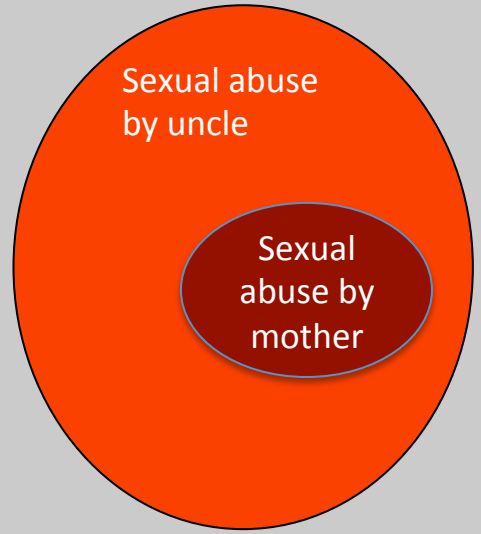
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Example: For many clients, the importance of targeting avoidance

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Zone of Dual Attention

Adult

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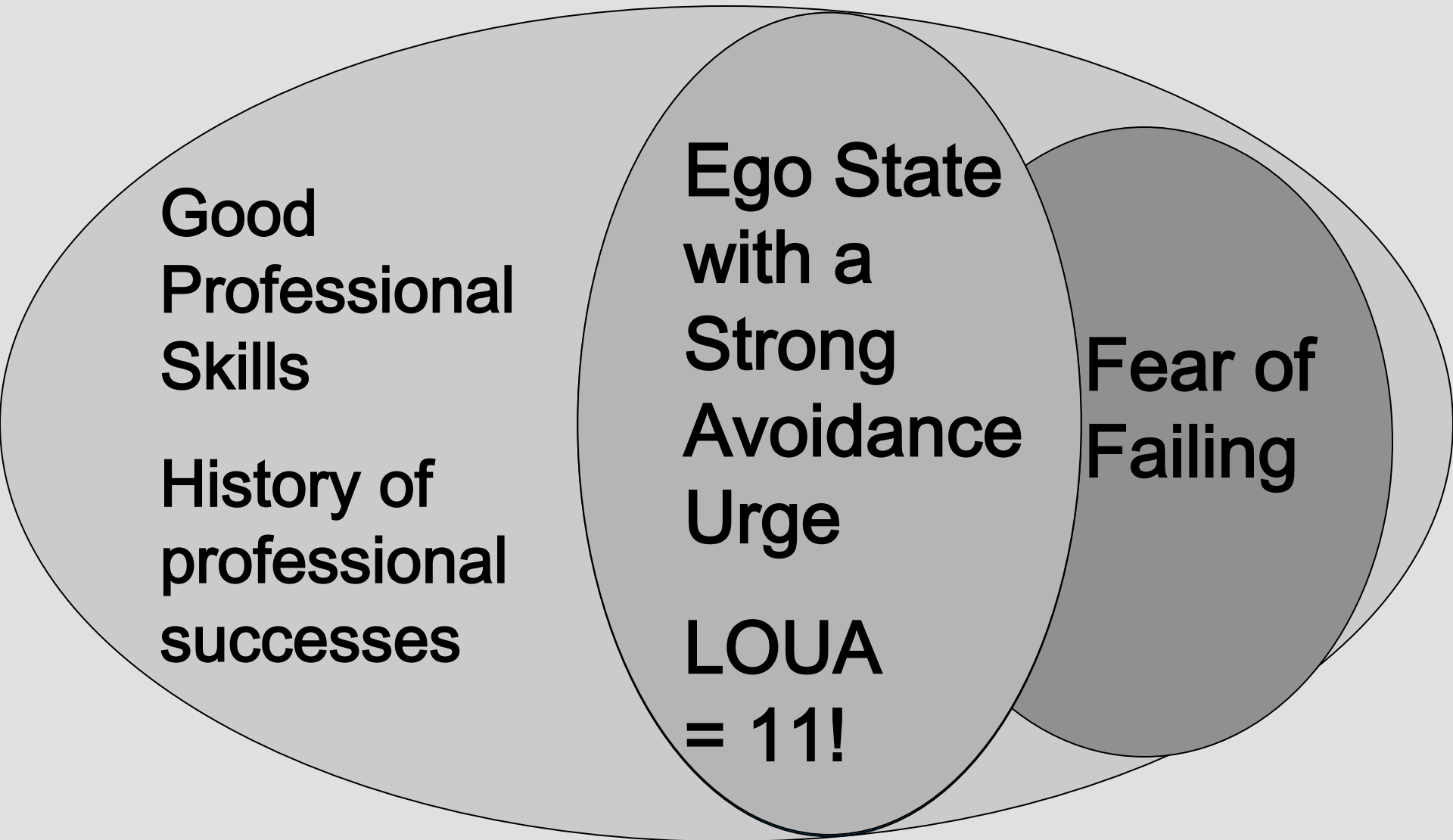
**Childhood
traumatic
memories**

Zone of Dual Attention

Avoidance Defenses: three ways of processing –

1. The LOUA method: How intense, 0-10, is (the specific urge to avoid)?
2. What's good about, or would be good about (the specific avoidance defense)?
3. Acknowledge the wish to avoid, and then ask to see if the client can “put aside” the avoidance and directly access the trauma. Similar to the “step back one step” suggestion (from Internal Family Systems – Schwartz, 1995)

Transcript: Targeting an Avoidance Defense



- **Previous sessions: successful EMDR with images of father's rage**
- **Current session : Image: the phone on his desk at work; NC: I'm lazy and I've lost my edge; PC: I trust myself to be stay cool and be effective; VOC: 2**
- **Transcript begins when the therapist asks about the client's emotions**

Level of Urge to Avoid (LOUA) procedure: Example
33 year old, professional woman, approximately 65 pounds
overweight for the past 6 years

Previous successful EMDR with depression, originating in 1)
stress at work and 2) a negative self-concept of “I’m not
good enough,” learned in her dysfunctional family of origin.
She now has a much stronger sense of her own worthiness.

Her next goal is to lose weight. She eats in a way that is
“okay,” that is, moderate portions, and not very many
sweets.

Client identifies the biggest obstacle to weight loss as, “I
hate exercise!”

Wish to have a
“normal” weight

“I can’t exercise
because I hate it!”
Level of Urge to
Avoid exercising = 10

Feelings of “I’m not worth very
much,” and “I don’t deserve good
things” (These feelings are now less
than at the start of therapy)