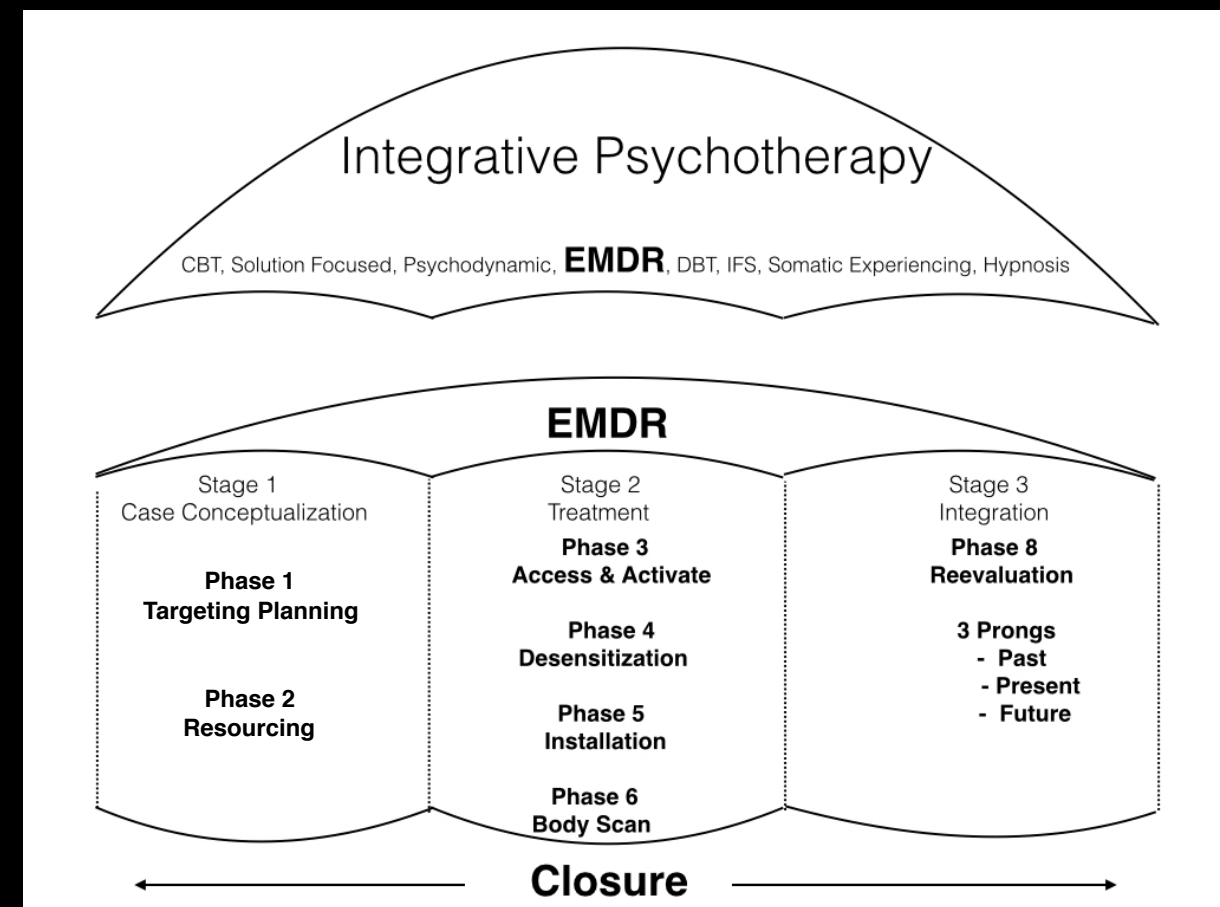
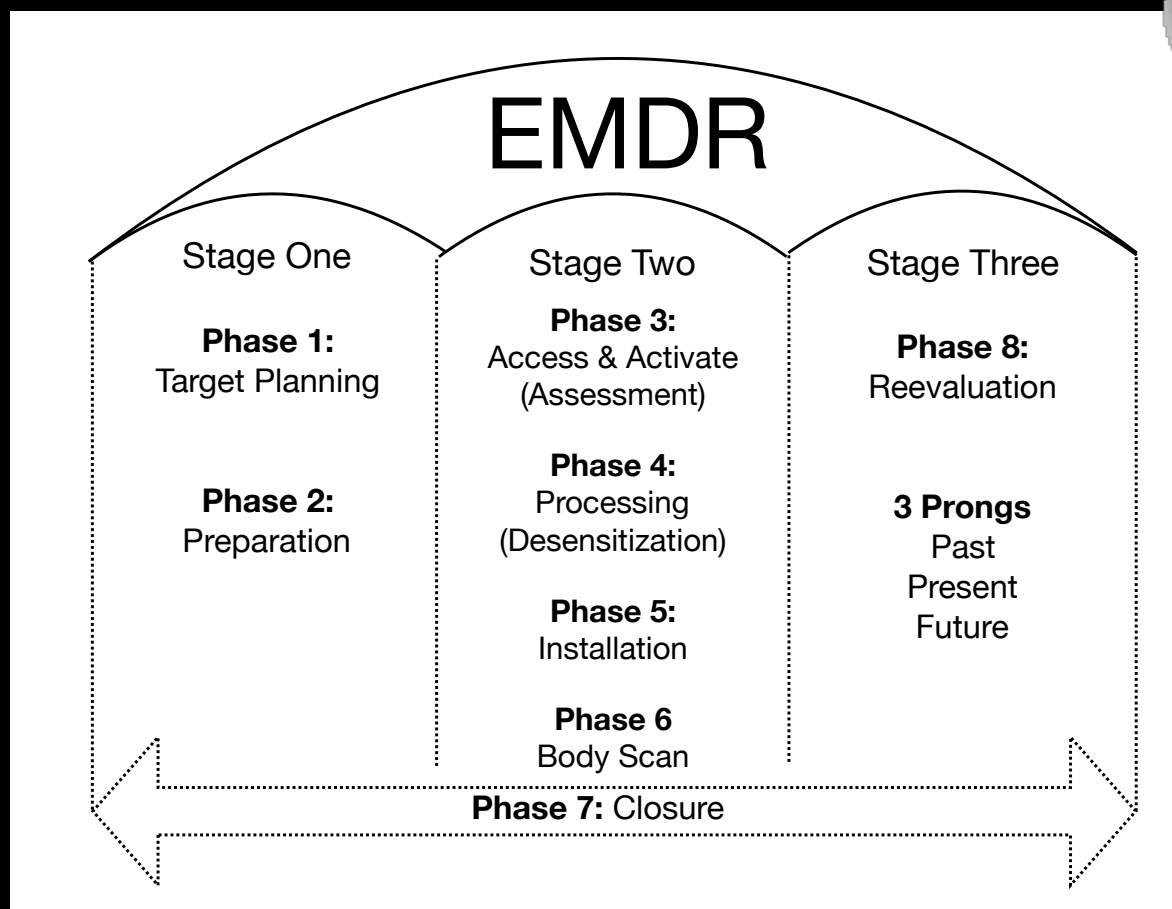


# Being Brief with EMDR

an  
Integrative, Belief Focused Approach to EMDR





## Standard EMDR

Phase 1: History  
Phase 2: Preparation

Phase 3: Assessment  
Phase 4: Desensitization  
Phase 5: Installation  
Phase 6: Body Scan  
Phase 7: Closure

Phase 8: Reevaluation

### Three Prongs

- Past Experiences
- Present Triggers
- Future Templates

## Brief, Belief Focused EMDR

### \*Stage 1: Case Conceptualization

Phase 1: Target Sequence Planning  
Phase 2: Resourcing

### \*Stage 2: Treatment

Phase 3: Access & Activate  
Phase 4: Linking. Binding, Consolidating Networks  
Phase 5: Strengthening Adaptive Network  
Phase 6: Implicit Memory Integration  
Phase 7: Closure

### \*Stage 3: Integration

Phase 8: Integration  
Completing the Target Sequence Plan

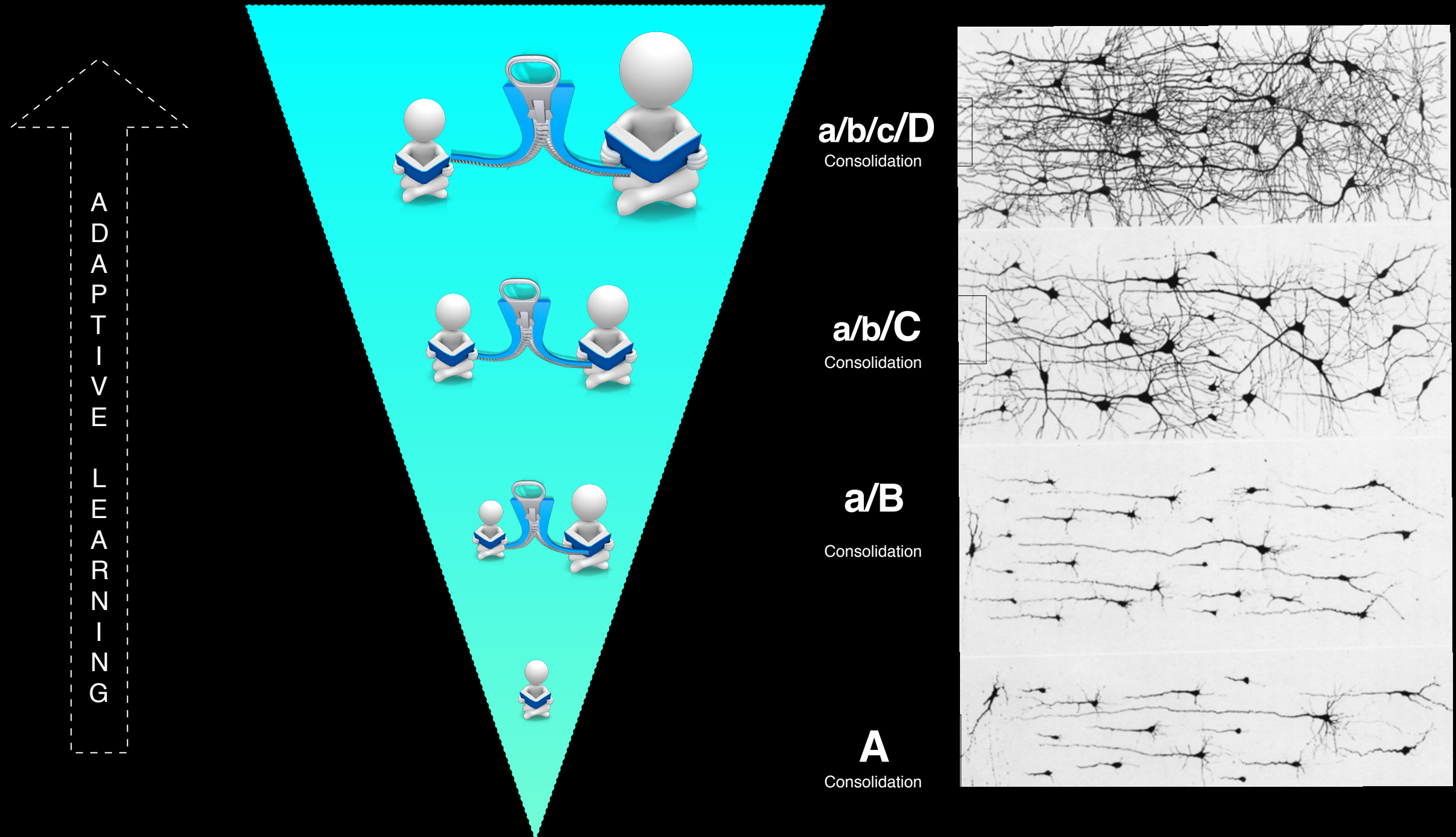
- Past Experiences
- Present Triggers
- Future Triggers

\*Janet: 1898 approach to PTSD

# Stage 1: Case Conceptualization

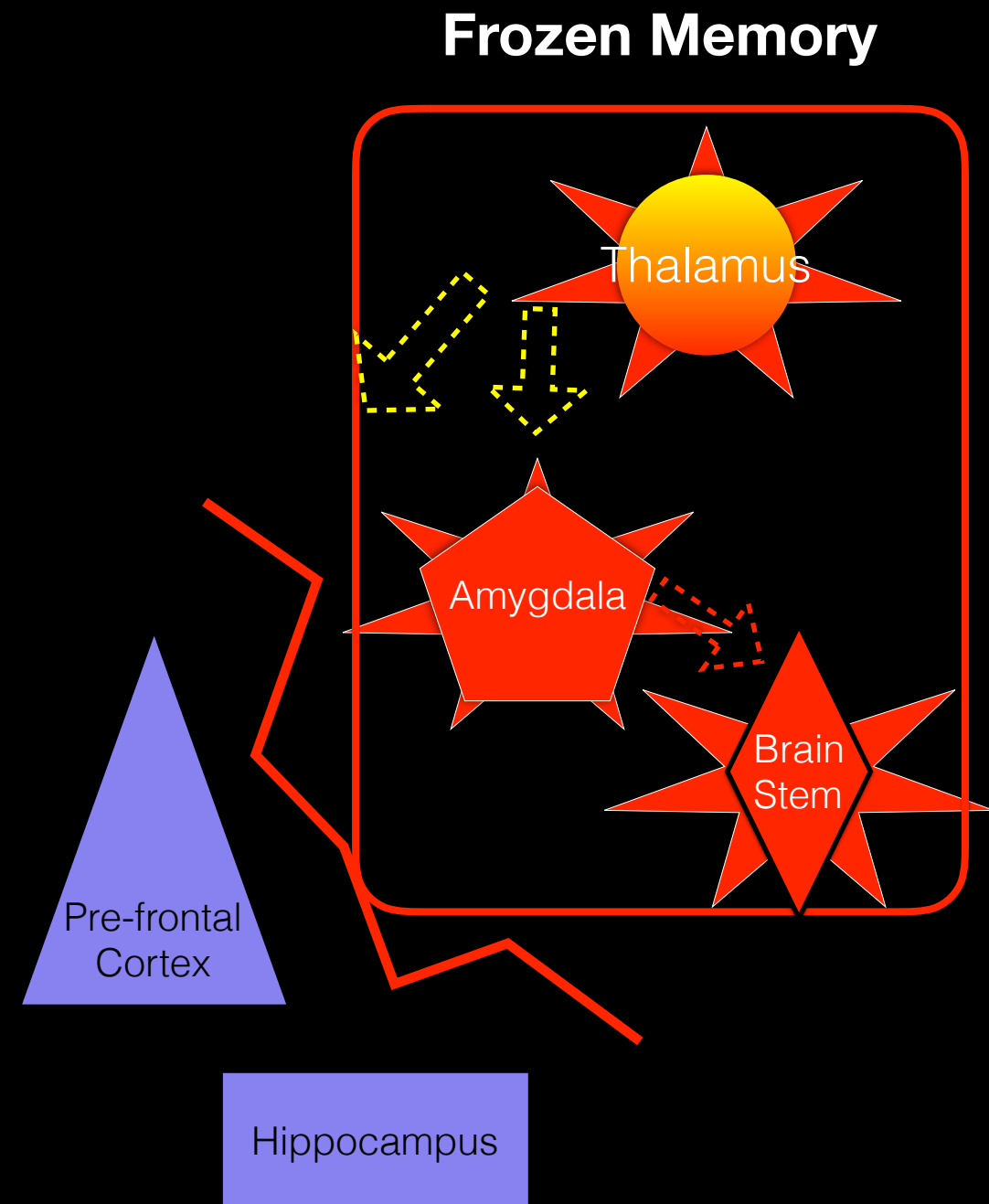
## Adaptive Information Processing (Emotional Learning)

Hebb's Axiom: *Neurons that fire together, wire together*



# Frozen Memories (Shapiro)

1. A natural drive toward adaptive learning
2. Memory networks are viewed as the bases of dysfunction and health
3. Disturbing events are dysfunctionally stored: “frozen”
4. The Past is Present
  - Influence our
    - Perceptions
    - Attitudes
    - Behavior

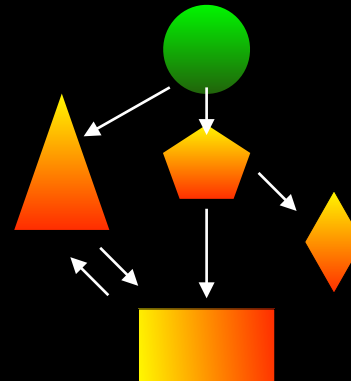


# The Development of an Isolated Neural Network

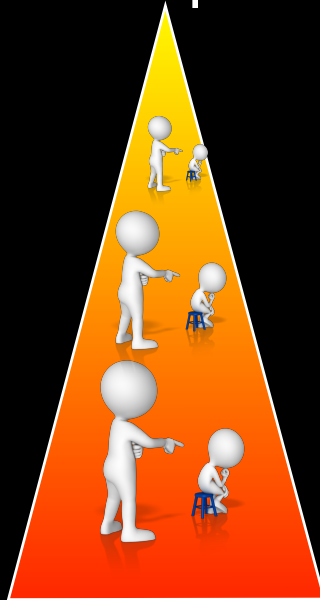
Kiessling: 2012

## Emotionally charged memories develop into an emotionally charged neural networks

- Disturbing events are encoded with higher emotions/sensations (amygdala)

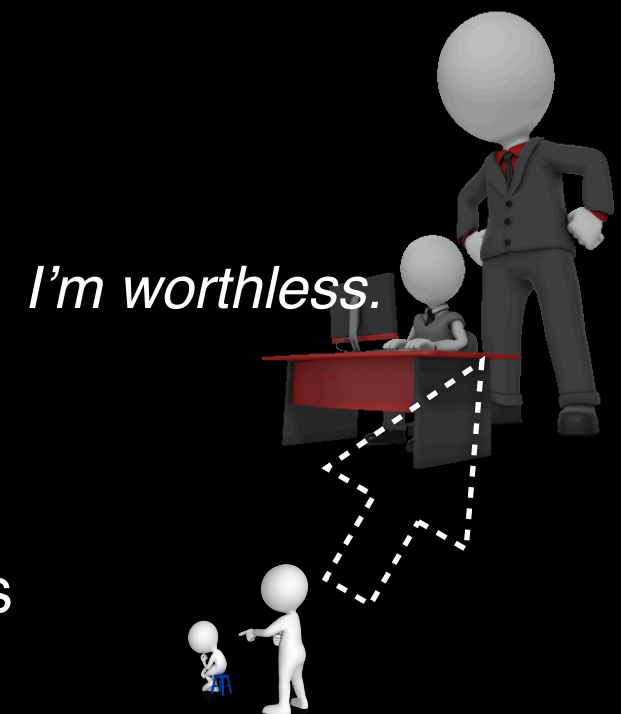


- Repeated exposure leads to an emotionally charged neural network



*I'm worthless.*

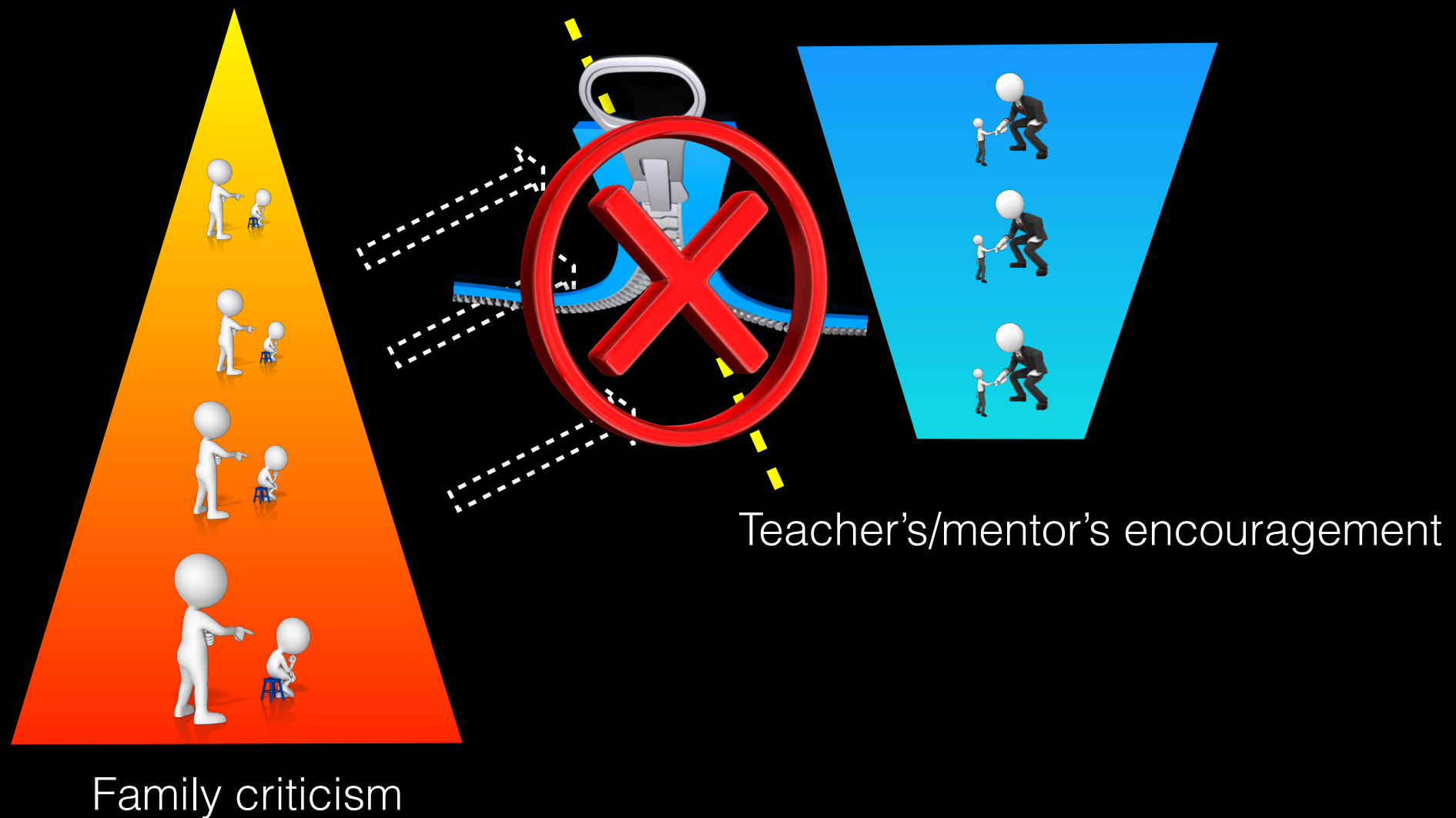
- Present triggers activate past emotional/sensorial networks
- When triggered, past experiences influence perceptions, attitudes, behaviors and **Core Belief**; e.g., *I'm worthless.*




# Emotionally charged networks may become isolated/unable to link with adaptive networks

Isolated Network  
*I'm worthless*

Adaptive network  
*I'm worthwhile, regardless*



 Negative networks are unable to consolidate with adaptive networks



# Stage 1: Case Conceptualization

Targeting:

Incident

(Desensitization)

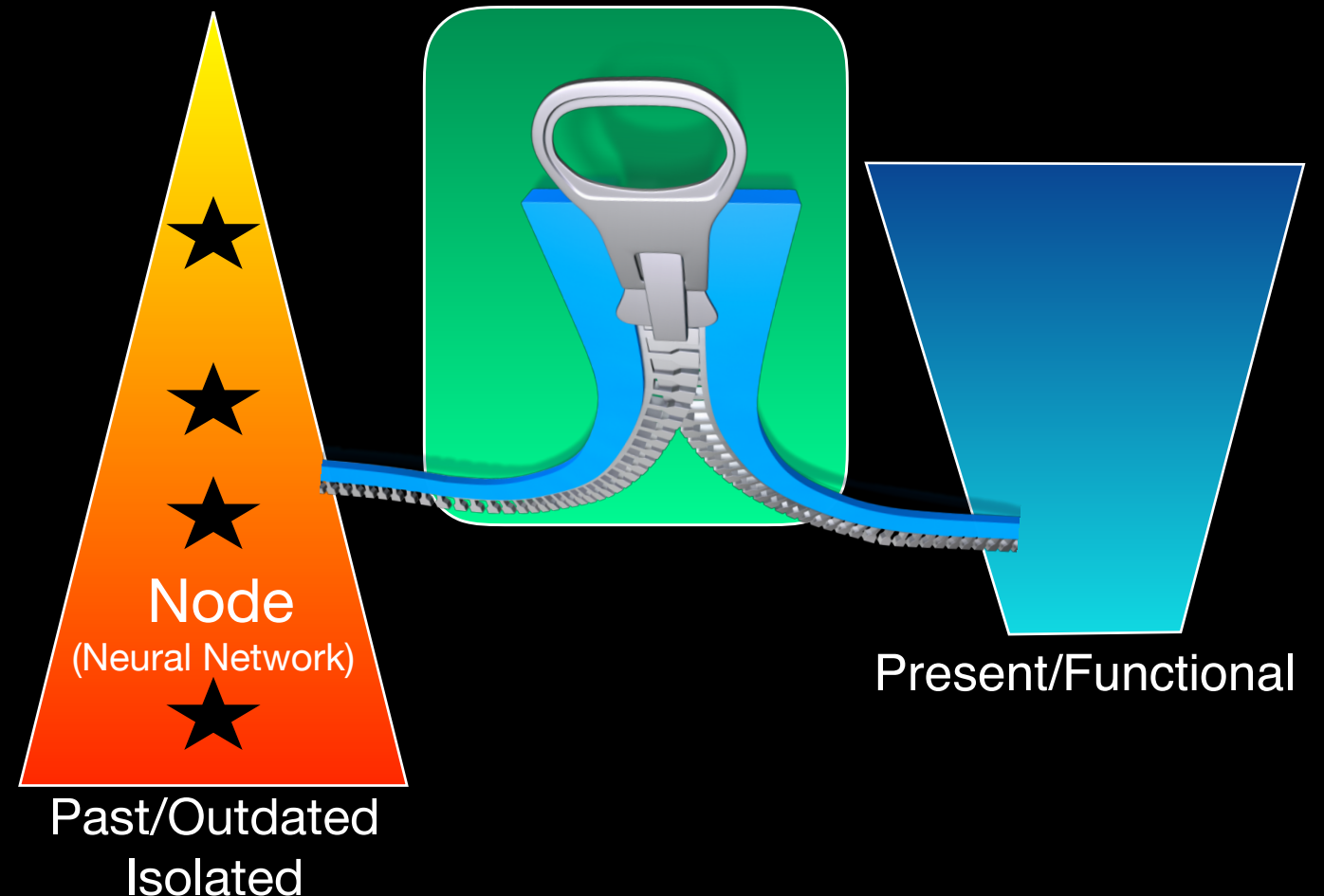
vs Neural Network Consolidation

(Linking, Binding, Blending, Consolidated)

Shapiro  
Node  
Frozen



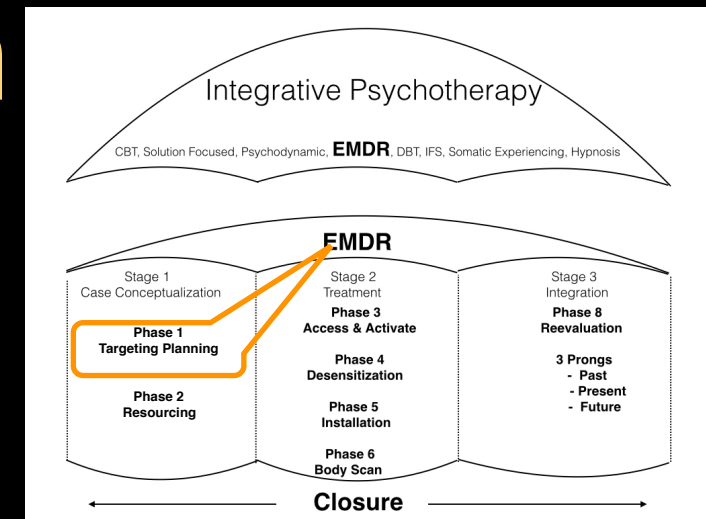
Brief, Belief Focused EMDR  
Neural Network  
(Whole greater than sum of parts)



# Stage 1: Case Conceptualization

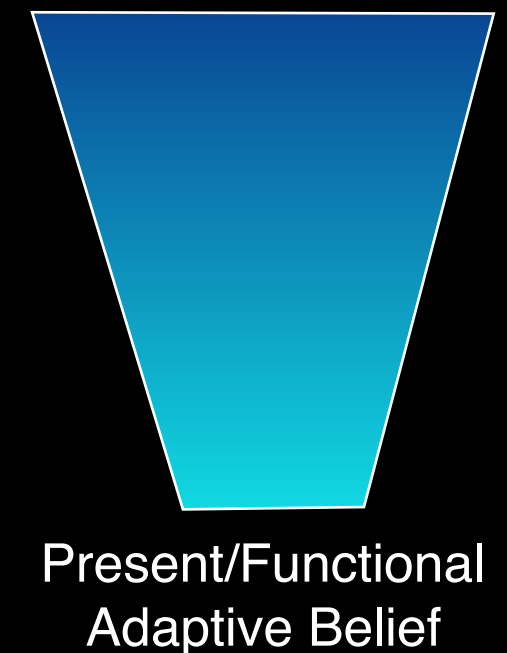
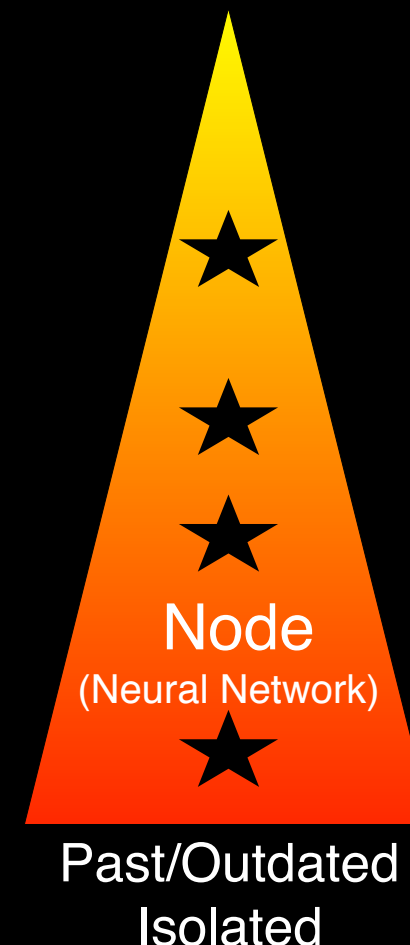
## Phase 1: Targeting Sequence Plan

(Linking, Binding, Blending, Consolidated)



1. Identify the presenting symptom
2. Discover its “Root Cause Core Belief”
3. Map out experience resonating with the core belief’s emotions and sensations
  - Past Experiences
  - Present Triggers
  - Future Triggers
4. Identify the preferred present, functional adaptive belief that is the adaptive resolution to all the experiences

Brief, Belief Focused EMDR  
Neural Networks



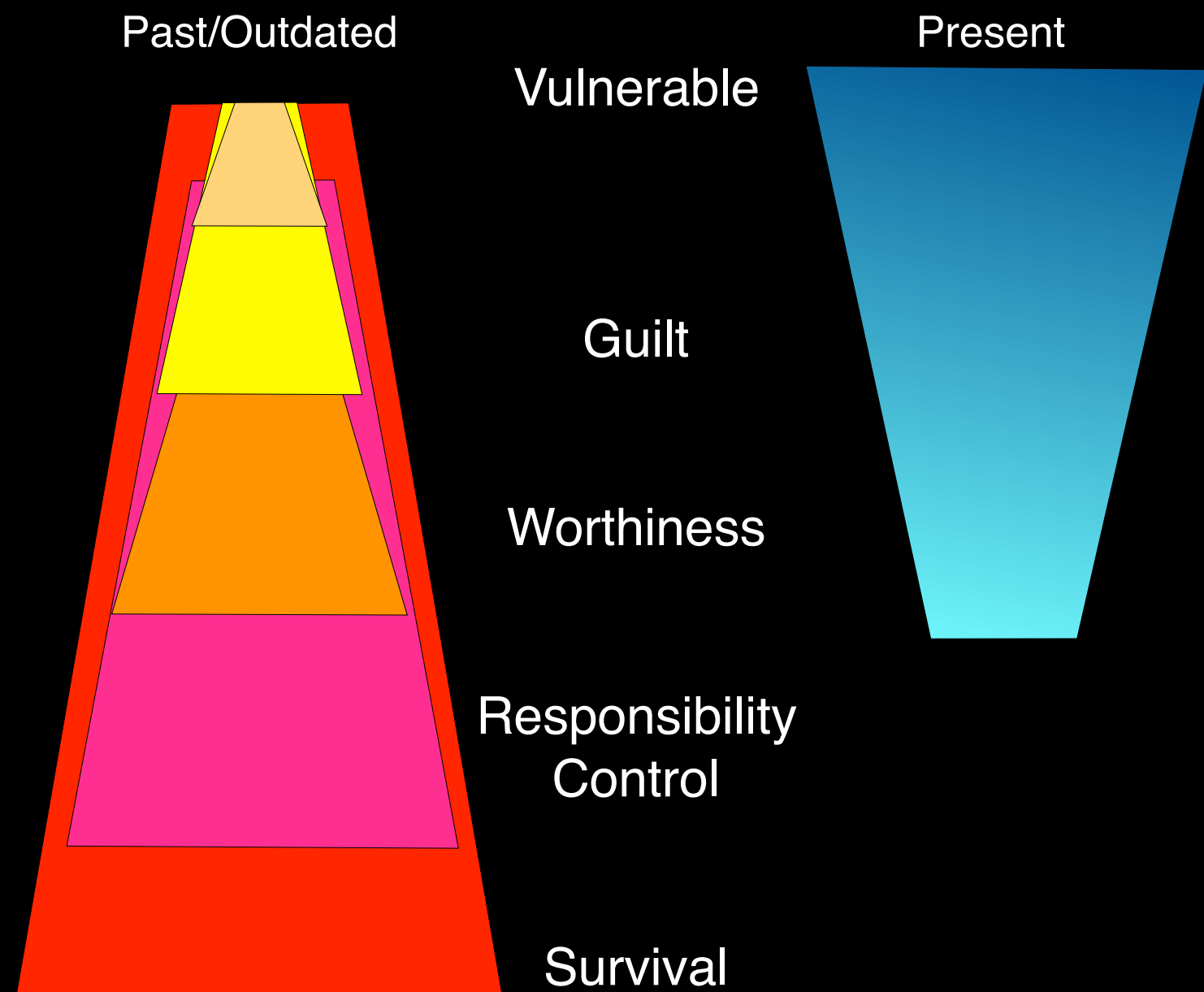


# Stage 1: Case Conceptualization

## The Target Sequence Plan

Belief Focused Neural Network Mapping (Kiessling, 2018)

### Brief, Belief Focused EMDR



## Adult Core Belief Clusters Developmental Plateaus

### NEGATIVE / IRRATIONAL

*I can't protect myself.*

*I do bad things.  
I'm not good enough.  
I'm a failure.  
I should have done something.*

*I'm unlovable.  
I'm worthless.  
I'm inadequate.*

*I'm responsible  
(for everything).*

*I should have done something.  
I have to be in control.*

*I'm powerless.  
I'm helpless.  
I'm trapped.*

*I'm discarded.*

*I'm defective.  
I'm abandoned.*

*I'm alone.*

*It's not safe to feel.*

*I'm unimportant.  
I'm invisible.*

***I'm don't deserve to exist***

**Vulnerability**

**Guilt**

**Worthlessness/  
Lovability**

**Responsibility  
Instinct**

**Control Instinct**

**Survival Instinct**

**Toxic  
Shame**

### ADAPTIVE / PREFERRED

*I can protect myself.*

*I can learn from my mistakes.  
I am good enough.  
I did the best I could.  
I did what I could.*

*I'm okay as I am.  
I'm okay as I am.  
I can accept myself.*

*I can recognize appropriate  
responsibility.*

*I did what I could.*

*I can safely let go of some control.  
I can recognize what I can  
and cannot control.  
I can control what I can even when...  
I can control what I can.  
I can control what I can.*

*I can survive / exist / get my needs met.*

*I'm okay as I am.  
I can survive / exist / get my needs met.*

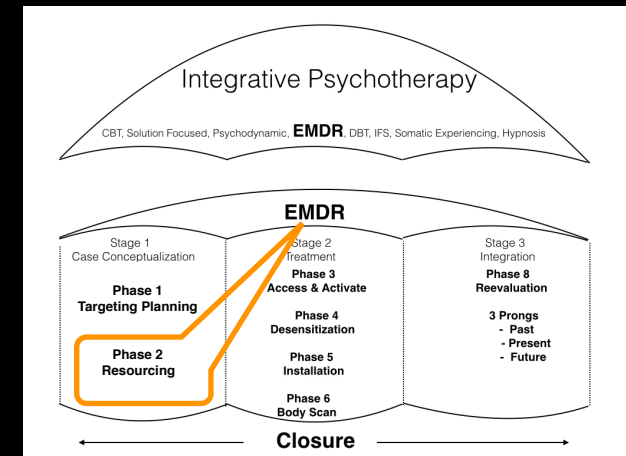
*I can survive / exist / get my needs met.*

*I can begin to learn when and how to...*

*I have value regardless.  
I can get my needs met.  
**I deserve to exist.***

# Stage 1: Case Conceptualization

## Phase 2: Resource Enhancement



### Standard EMDR

#### Affect Management

- Safe Place



- RDI



### Brief Belief Focused EMDR

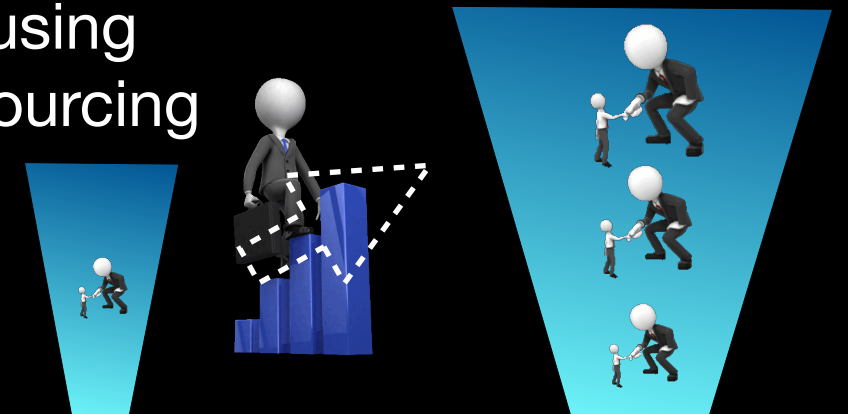
#### Teach Affect management tools as necessary

- Secure Place
- Securing a Place
- Container
- Mindfulness
- Aroma



#### Positive Adaptive Network Enhancement

- Resource Focusing
- Extended Resourcing



# Stage 2: Treatment

## Target Selection

### Standard EMDR Incident Specific

1. 10 worst  
Chronological
2. Symptom:
  - Belief
  - Person
  - Place
  - Thing
  - Emotion
  - Sensation
  - Behavior
3. Target Identification
  - First,
  - Worst
  - Most Recent
4. Processing
  - Touchstone



### Brief, Belief Focused EMDR Neural Network Focused

1. Symptom:
  - Core Belief
2. Target Identification
  - Neural Network
3. Processing
  - Any target within the plan
    - What to process
      - Specific incident
      - Part of the neural network

A form titled "Target Treatment Plan Summary" with fields for Name, Date, Negative Belief, and Adaptive Belief. It includes a diagram with three levels: Future, Present, and Past. Below the diagram are checkboxes for Breathing, Anger, Sadness, Fear, Shame, Guilt, and Other. There is a section for Additional treatment notes and a line for Clinician Signature.

# Stage 2: Treatment

## Standard EMDR Target Specific Reprocessing

(1995, 2001, 2017 Shapiro Text)

3 Prongs

Past

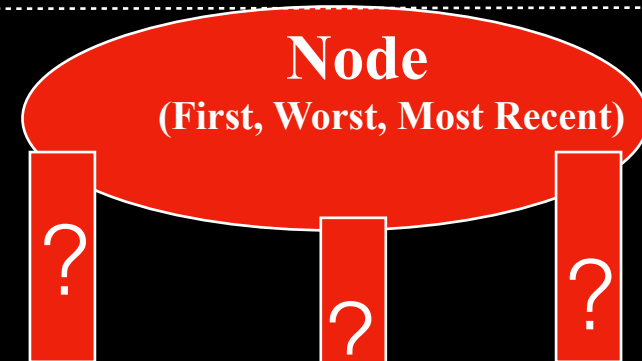
Disturbing Image

NC

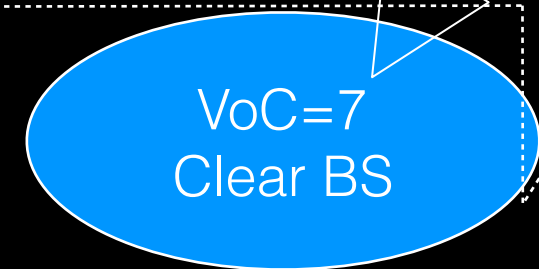
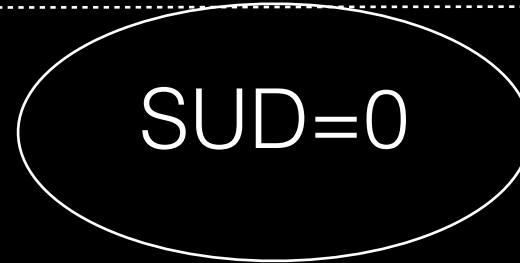
Reprocessing

Installation

PC



Channels of Association



Present Triggers



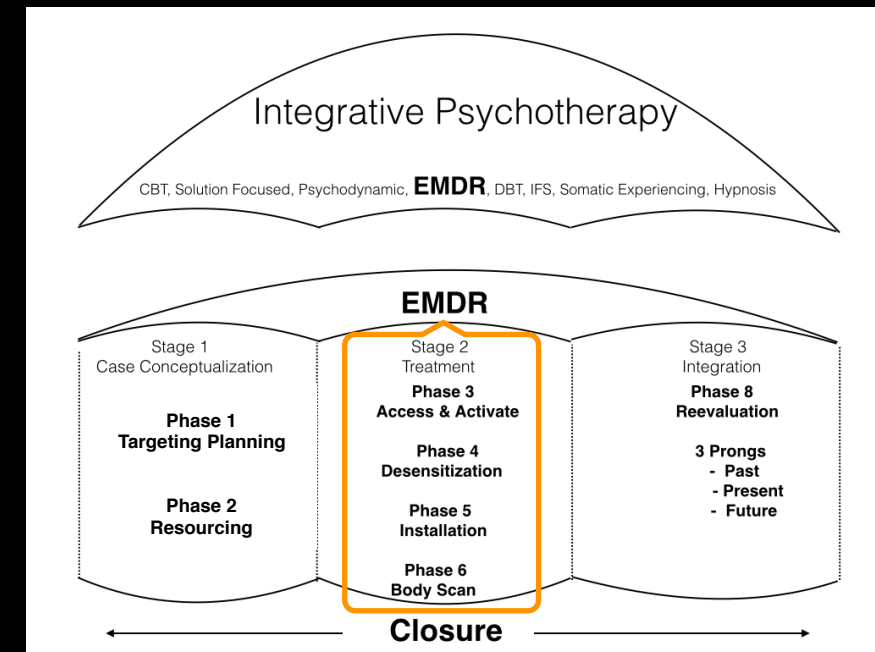
Future Templates



# Stage 2: Treatment

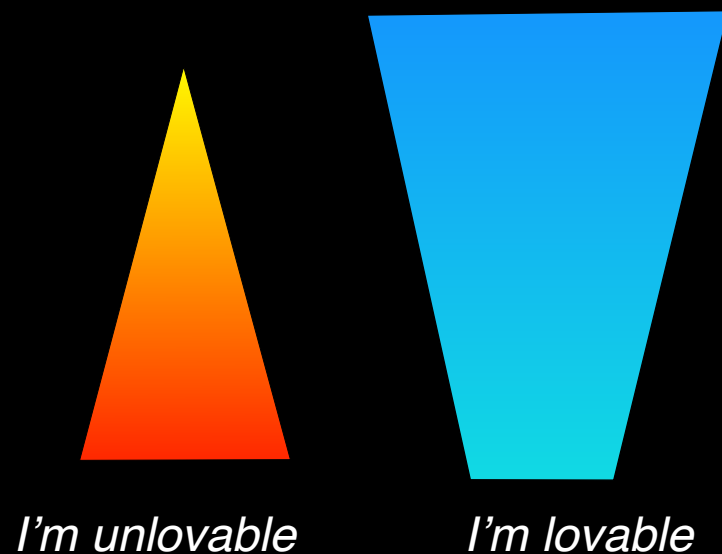
## Brief Treatment EMDR

Neural Network Focused  
Linking, Binding, Consolidation (Kiessling)



Neural Network Identification  
Negative      Positive

Linking, Binding and Consolidation  
Functional/Adaptive





# Stage 2: Treatment

## Phase 3: Access & Activate

### Standard EMDR

Phase 3: Assessment  
(10,20 or more minutes)

Picture

Negative Cognition (identified at this time)

Positive Cognition (identified at this time)

VoC: 1-7

Emotions

SUD: 0-10

Body Location

Do not challenge the cognitive distortion

*“Stay out of the way”* - Phase 4 Desensitization

### Brief, Belief Focused EMDR

Phase 3: Access & Activate  
(3-4 minutes)

#### Worst Part

Negative Belief (already identified in Target Plan!)

Positive Cognition (already identified in Target Plan!)

VoC: 1-7

Emotions

SUD: 0-10

Body Location\*

\*EMDR and EMDr, **Not EMD^**

*“Help discover the way”* by clarifying beliefs, outlining negative and adaptive neural networks during Targeting Sequence Plan (Phase 1)

# Stage 2: Treatment

## Phases 4-6: Processing

### Standard EMDR



#### Phase 4: Desensitization

- EMDR: Unrestricted Processing
- 24 or more passes
- Channels of Association
- SUD=0

#### Phase 5: Installation

- VoC=7

#### Phase 6: Body Scan

### Brief, Belief Focused EMDR

Neural Networks



#### Phase 4: Processing

- The Processing Continuum
  - EMD<sup>+</sup>, EMD<sup>r</sup>, EMDR
- SUD > 0?

#### Phase 5: Strengthening Adaptive Network

- VoC < 7?



#### Phase 6: Implicit Memory Integration

- *The Body Keeps Score*



# Stage 2: Treatment

## The Processing Continuum

### EMD<sup>^</sup>

Client cannot manage affect, may dissociate if overwhelmed

Phase 3: Access and Activate: **No Body Location**

Phase 4: Desensitize a specific incident

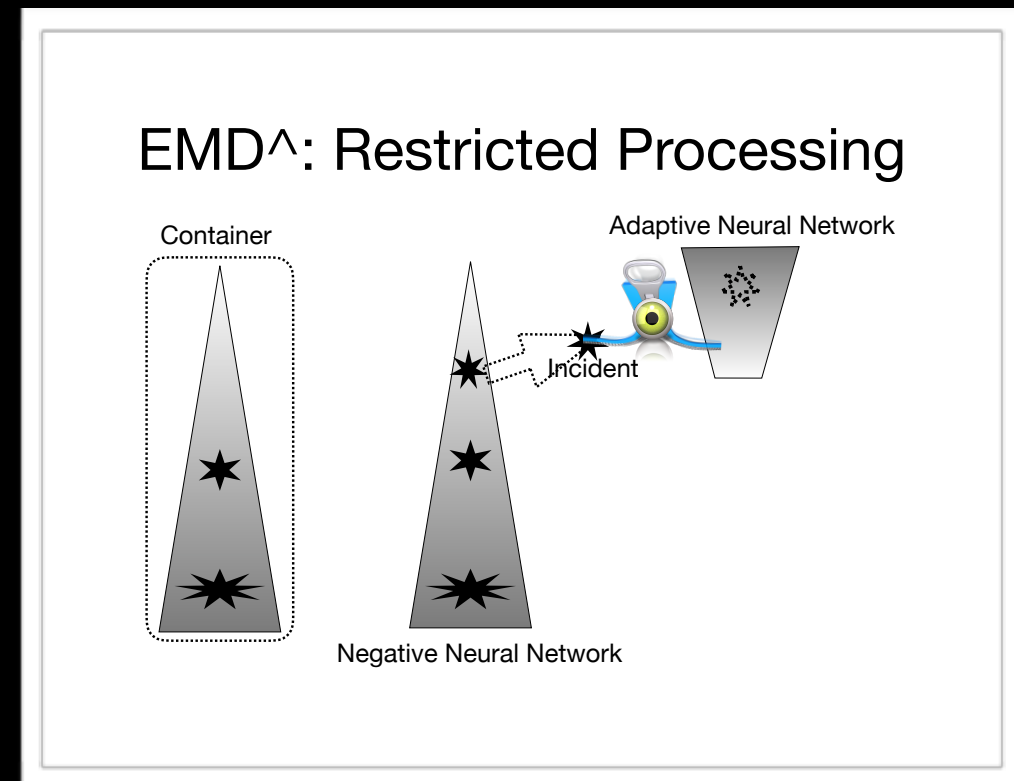
- 5-10 seconds of BLS
- Breath, Target, SUD 0-10?, Go with that
- SUD stops decreasing, proceed to Strengthening

Phase 5: Strengthen adaptive belief

- 5-10 seconds BLS
- VoC < 7

### NO PHASE 6: BODY SCAN

- Body is the umbilical cord to the rest of the neural network



# Stage 2: Treatment

## The Processing Continuum

### EMDr

Client can manage affect, does not want to process the entire neural network

Phase 3: Access and Activate

Phase 4: Process an agreed upon arena

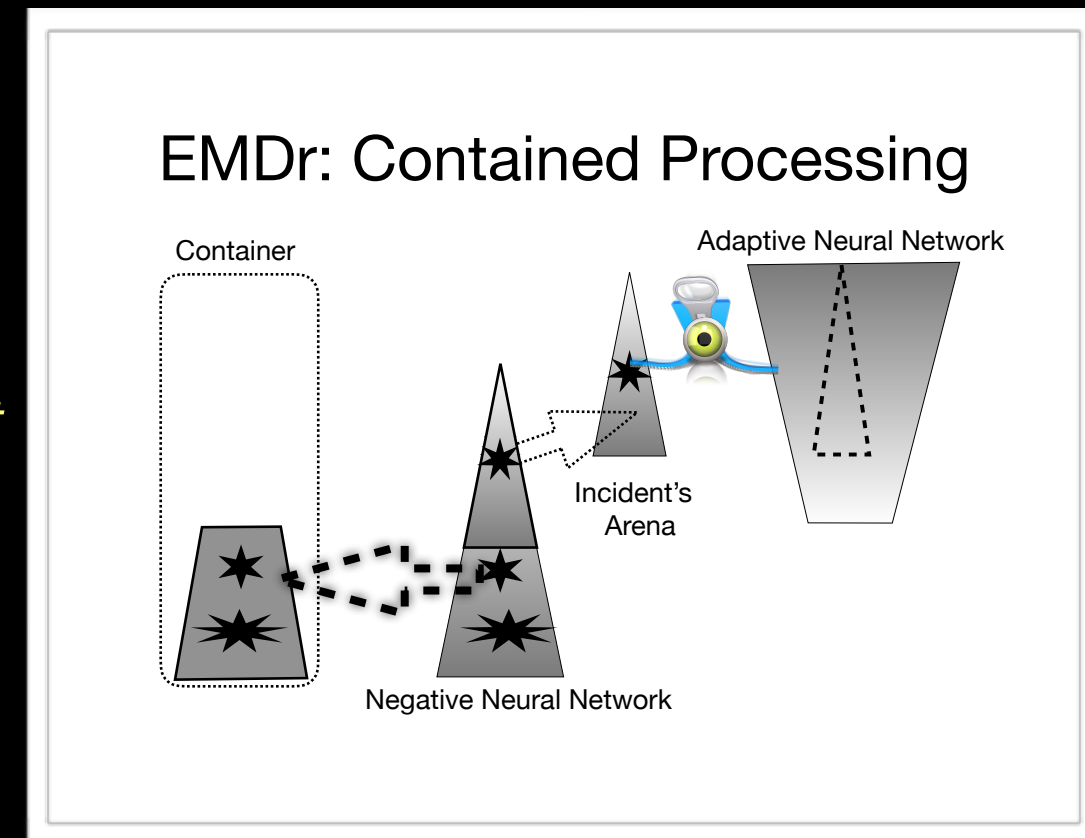
- 10-15 seconds of BLS
- Breath, Target, *What do you notice?...Go with that*
- SUD stops decreasing, proceed to Strengthening

Phase 5: Strengthen adaptive positive belief

- 5-10 seconds BLS
- VoC < 7

Phase 6: BODY SCAN - integrate associated sensations\*

- \*If sensations are related to the targeted arena



# Stage 2: Treatment

## The Processing Continuum

### EMDR

Client can manage affect, is willing to process the entire neural network regardless of the incident targeted

Phase 3: Access and Activate

Target is the entry point into the neural network

Phase 4: Process an agreed upon arena

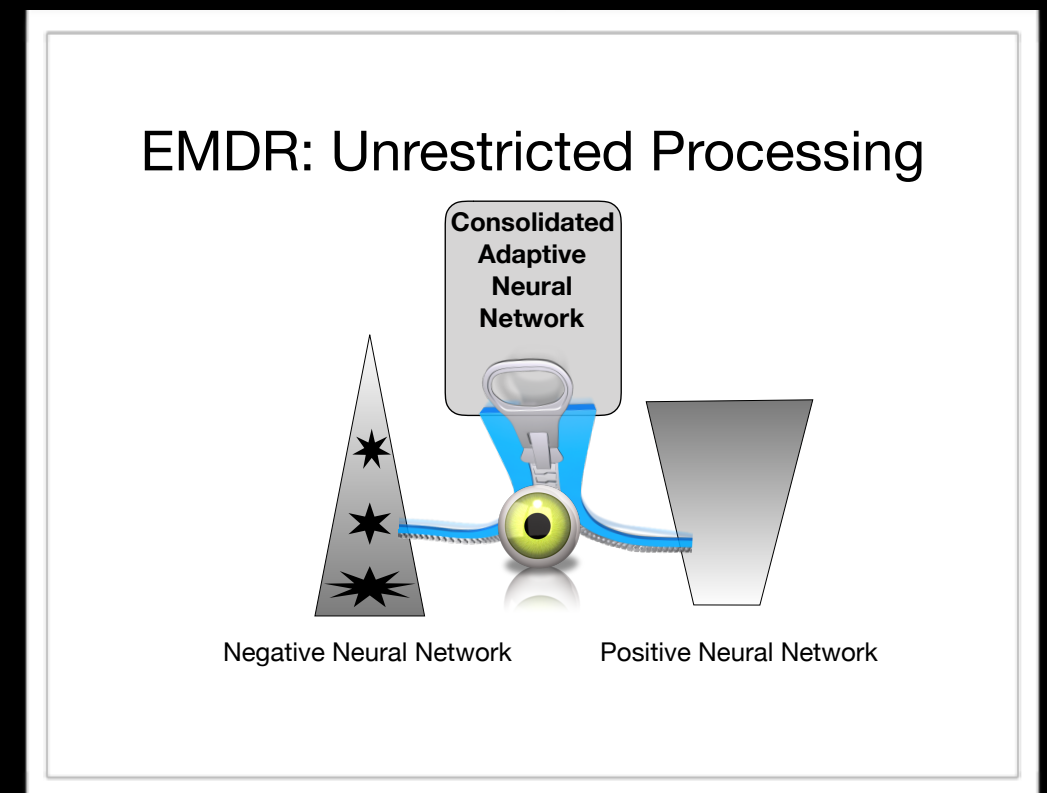
- DAS paced according to client's non-verbals
- Process entire network, not just target
- SUD=0

Phase 5: Strengthen adaptive positive belief

- 5-10 seconds BLS
- VoCo7

Phase 6: BODY SCAN - integrate associated sensations

- Implicitly stored sensations



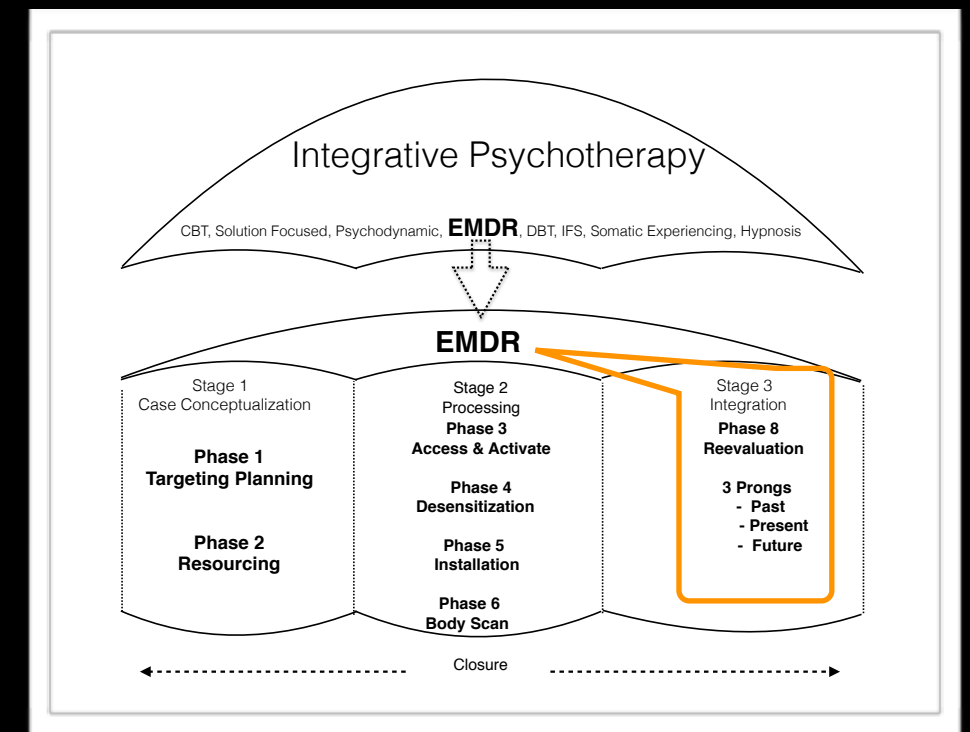
# Stage 3: Integration

## Complete the Targeting Sequence Plan

- Process Remaining incidents
  - Past Incidents
  - Present Triggers
  - Future Triggers

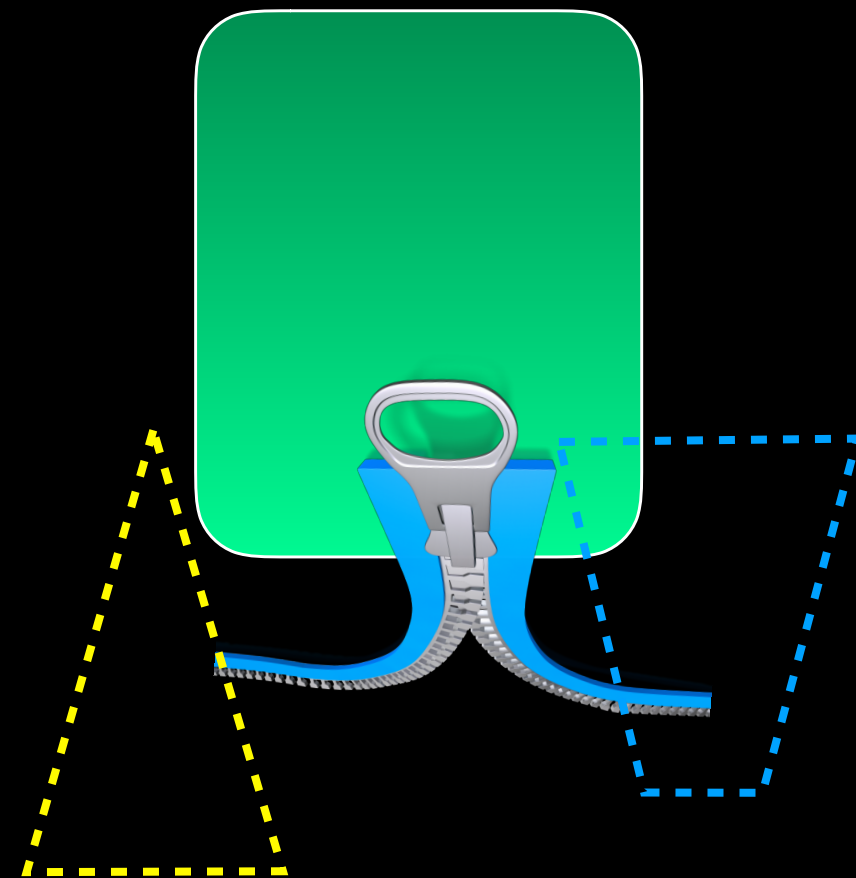
## Complete the Overall Treatment Plan

- Teach additional:
  - Skills
  - Behaviors
  - Attitudes
  - Etc.



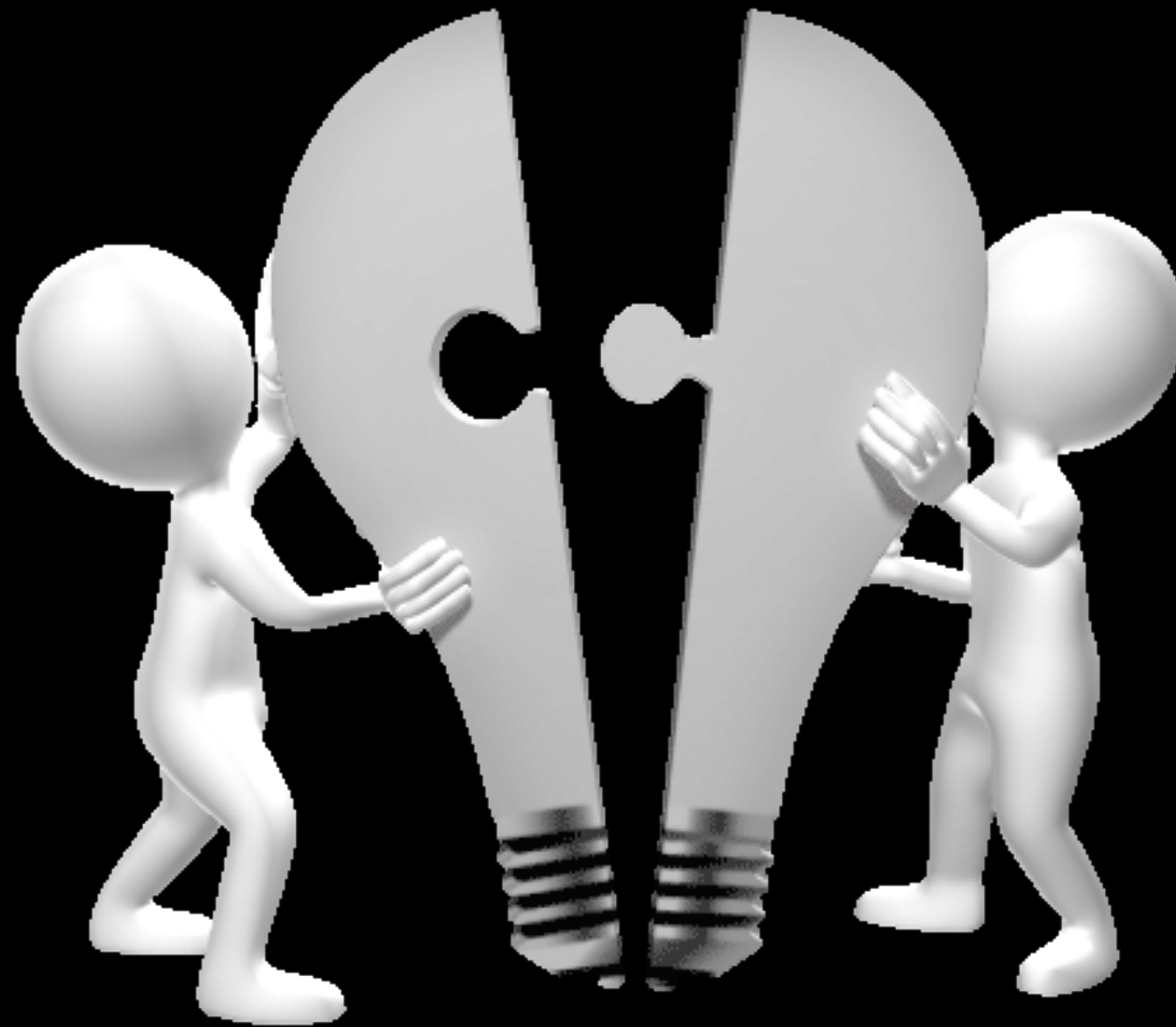
Adaptive

(The Sum is Greater than the Parts)





# Integration





# *Wrap-up*

For expanded videos on:

Belief Focused EMDR

The Processing Continuum

EMDR Unchained

and much more

visit:

Roy Kiessling video links at:

[www.vimeo.com/emdrconsulting](http://www.vimeo.com/emdrconsulting)

