

EMDR Therapy Training

Abstract

Since the development of EMDR therapy in the early 1990s, a large body of research has shown that it is efficacious for treating PTSD. Clinicians and researchers have also found positive treatment effects beyond PTSD for more complicated conditions. However, clinicians discovered early on that EMDR seemed to move complex trauma patients into dysregulated states rather than towards the expected, adaptive resolution when targeting traumatic memories. Stories of uncontrolled abreactions, the unanticipated emergence of dissociated self-states, and subsequent destabilization leading to major setbacks or harm prompted some clinicians to dismiss EMDR as a viable treatment option for persons with dissociative features. Although some advanced EMDR therapy trainings and publications address these complexities, initial EMDR therapy training historically has not.

This training was developed to bridge this long-standing gap between EMDR therapy training in its standard form and the sensitive and responsive treatment of persons with dissociation and dissociative disorders. It is offered by members of the International Society for the Study of Trauma and Dissociation (ISSTD), approved by the Board of ISSTD, and accredited by the EMDR International Association (EMDRIA). Consisting of four modules and a total of 80 didactic, practicum, and consultation hours, this training will teach the responsible application of EMDR therapy by helping trainees to become attuned to the presence and forms of simple trauma, complex trauma, and dissociation. Additionally, and perhaps most importantly, participants will learn how to discern when (and how), at this stage in their learning, they can use EMDR therapy methods for trauma resolution to resolve a person's presenting issues.

Still, this training is the beginning of a learning journey in the practice of EMDR therapy to resolve unprocessed life experiences and resultant symptomatic disturbances. Over the course of the four modules of this training, learners will be presented with the skills necessary to work with persons dealing with the 'simpler' trauma-related presentations in an EMDR therapy frame alongside basic and intermediate foundations in assessment and treatment of pathological dissociation.

To aid different learning styles, the training will follow three fictitious, composite clients experiencing different severities of trauma and dissociation to illustrate the procedures of treatment with EMDR therapy. Francine Shapiro (2018, Chapter 4 and Appendices A and E) notes that some clients may not yet be ready, or may be inappropriate candidates, for EMDR therapy. Accordingly, both the standard 'red flags' for each of these composite clients and additional indications to proceed with caution will be highlighted.

At the conclusion of all four training modules and the required consultation hours that comprise this training, participants will receive a certificate of completion and be "EMDR therapy trained" clinicians. Participants will have had the opportunity to learn and practice the skills to determine client suitability and readiness for trauma accessing in general, and the use of EMDR therapy methods for containment, stabilization and trauma resolution for clients with simple and moderately complex trauma presentations, within their established area(s) of expertise.

Required Materials

- Shapiro, F. (2018). *Eye movement desensitization and reprocessing (Emdr) therapy: basic principles, protocols, and procedures*. New York: The Guilford Press.
- ISSTD EMDR Therapy Training Manual (provided at no additional cost)

Preparatory Reading

Prior to each training module, we recommend that participants prepare by completing the following minimum reading from the required text:

Shapiro, F. (2018). *Eye movement desensitization and reprocessing (Emdr) therapy: basic principles, protocols, and procedures*. New York: The Guilford Press.

- Module I:
 - Chapter 1, Background
 - Chapter 2, Adaptive Information Processing: The Model as a Working Hypothesis
- Module II:
 - Chapter 3, Components of EMDR Therapy and Basic Treatment Effects
- Module III:
 - Appendix E. Client Safety, EMDR Dissociative Disorders Task Force Recommended Guidelines: A General Guide to EMDR's Use in the Dissociative Disorders
- Module IV:
 - Chapter 10, The Cognitive Interweave: A Proactive Strategy for Working with Challenging Client

Content Level

- Modules I & II: Introductory/Beginner
- Modules III & IV: Intermediate

Learning Objectives

Module I

Day One

- Define EMDR therapy and dissociation
- Describe the Polyvagal Theory and its contribution to understandings about EMDR therapy and dissociative processes
- Name, and provide a brief description for, the three stages of trauma treatment and the eight phases and three prongs of EMDR therapy
- Define the elements of the Window of Tolerance framework and its relevance for understanding autonomic nervous system arousal, survival and defensive responses, and attachment challenges

Day Two

- Define simple trauma, complex trauma, and traumatic dissociation
- Name at least five characteristics, clinical signs, or symptoms of traumatic dissociation
- Describe the major features of the Adaptive Information Processing (AIP) model that informs case conceptualization and treatment in EMDR therapy
- Define Dual Attention Stimulus (DAS) and name three forms typically used in EMDR therapy

Module II

Day Three

- Describe how to score the Dissociative Experiences Scale (DES-II)
- Name at least two strategies for stabilizing and containing traumatic material
- Name and describe the seven elements of EMDR Phase III: Assessment
- Name and describe the purpose of the three reprocessing phases of EMDR therapy
- Describe the difference between complete and incomplete Closure of an EMDR therapy reprocessing session

Day Four

- Name at least two potential challenges that can surface in EMDR Phase III: Assessment
- Name three strategies to link to explicitly held experience to support continued reprocessing in EMDR therapy
- Name and briefly describe the three domains of experience for Negative and Positive Cognitions in EMDR therapy
- Describe the purpose of Phase VIII in EMDR therapy, and identify when it occurs
- Name and briefly describe three unexpected, and potentially unfavorable, post-reprocessing effects in EMDR therapy

Day Five

- Name three interventions to help a client manage intrusive/disturbing images during EMDR therapy reprocessing
- Name at least three signs that client may have exceeded their Window of Tolerance
- Name at least one intervention to aid a client with simple trauma/wounding remain alert and 'grounded'
- Name at least one intervention that can help a client with intrusive dissociative symptoms remain 'grounded'
- Describe the purpose and main elements of a Future Template

Module III

Day Six

- Name at least three indicators of readiness for standard EMDR therapy
- Name at least three 'Red Flags' for pathological dissociation
- Describe the process of administering and scoring the Multidimensional Inventory of Dissociation
- Identify at least five alternate trauma-related assessment and screening options

Day Seven

- Describe modifications to treatment planning based on simple PTSD, complex trauma, and dissociative case presentation examples
- Articulate three ways History Taking/Phase I differs for clients presenting with histories of complex trauma
- Identify when to apply extended Preparation/Phase II in EMDR therapy for more complex presentations
- Describe the difference between first-level and second-level interventions in Preparation/Phase I

Module IV

Day Eight

- Name and describe 5 target selection approaches in EMDR therapy
- Recognize 3 indicators of blocked processing in Desensitization/Phase IV of EMDR Therapy
- Name and describe 3 interventions to address blocked processing in Desensitization/Phase IV
- Articulate the function of a cognitive interweave, and when to use this intervention
- Describe the process of Reevaluation/Phase VII within each of the 3 Prongs

Day Nine

- Recognize and describe the difference between EMDR, EMDr, and EMD
- List the basic steps of utilizing the Recent Traumatic Events protocol
- Articulate the rationale for 'fractionating' a target
- Describe the difference between a future template and future rehearsal
- List the basic steps involved in setting up a 3-Prong treatment plan

Day Ten

- Successfully address a current life issue through application of a 3-Prong treatment plan
- List at least four specific issues or situations for which there are established specialized EMDR protocols available
- List at least four populations which have been the subject of EMDR research and publications

- Describe at least three potential legal and ethical issues that commonly arise in application of EMDR therapy
- Describe the scope and limitations of self-use applications of EMDR therapy

Detailed Agenda | Timed Outline

Module I - Two days via online live interactive webinar format (12 hours didactic)

Module I - Day One (6 hours didactic)

8:30am - 8:45am (15 min): Welcome and overview of training/module/day

8:45am - 9:25am (40 min): What is trauma? What becomes trauma, and why?

- The Neurobiology of Trauma - PTSD, Complex PTSD, Dissociation
- History of recognizing/not recognizing dissociation
- Porges, Neuroception, and Polyvagal Theory
- Active versus Inactive Defenses; Lanius' functional MRI work

9:25am - 9:45am (20 min): The Impact of Trauma on Development

- Laying the groundwork for the AIP model

9:45am – 10:00am (15 min): Introducing the Example Client: Pablo

10:00am - 10:15am (15 min): Break

10:15am - 11:00am (45 min): How Dissociation Manifests with Unhealed Trauma

- Above the Window of Tolerance or Below?
- Mood Disorders
- Anxiety and Phobias, PTSD, Somatization/conversion, DDs, PDs
- Memory Consolidation, Channels of Information, and AIP

11:00am - 11:30am (30 min): Historical Overview of Trauma & Dissociation

- Recognition and treatment of trauma & dissociation
- Timeline starting from Janet, moving forward

11:30am -11:45am (15 min): Checking Back In: More on Case Example - Pablo

- What are the client's symptoms upfront?

11:45am - 12:45pm (60 min): Lunch Break

12:45pm - 1:15pm (30 min): Historical overview of EMDR therapy (timeline).

- Anecdotal discovery, followed by anecdotal research, then formal research: Origins
 1. Shapiro's chance observations which led to empirical observations and the development of EMDR therapy methodology
 2. The publication of Shapiro (1989) pilot study through the validation of EMDR therapy's effectiveness through controlled studies
- AIP (Adaptive Information Processing) model was developed to explain the generalization of treatment effects
- Current EMDR Therapy-related Research. Francine Shapiro Library

1:15pm - 1:30pm (15 min): Where did EMDR therapy fit back and where does it fit now?

- In the context of complex trauma and the dissociative disorders field
- The first mentions of safely using EMDR therapy and dissociative disorders came in 1995 (Paulsen) and 1996 (Lazrove & Fine)
- Paulsen -> Lazrove/Fine -> Fine/Berkowitz -> R. Shapiro, J. Knipe -> Mosquera/Gonzalez, Manfield, etc

1:30pm - 2:15pm (45 min): Three key overarching concepts: a) Stages, b) Phases, and c) Prongs

- Keeping Them All Straight
- 3 Stages of Trauma Treatment:
 - Stage 1: Stabilization and Containment
 - Stage 2: Trauma
 - Stage 3: Integration
- 8 Phases of EMDR Therapy (initial descriptions only):
 - Phase I: Diagnostic Evaluation and History Taking
 - Phase II: Preparation (for Trauma Resolution)
 - Phase III: Assessment (of Target Memory)
 - Phase IV: Desensitization (of Target Memory and Associated Channels)
 - Phase V: Installation (of Positive Cognition)
 - Phase VI: Body Scan (to Discern and Reprocess Latent Disturbance)
 - Phase VII: Closure (of incomplete session)
 - Phase VIII: Reevaluation/Reassessment (of Previous Session's target memory)
- 3 Temporal Prongs:
 - Past (employs Standard 8-Phase Protocol)
 - Present (employs Standard 8-Phase Protocol)
 - Future (employs Standard 8-Phase Protocol, Future Template)
- 3 Dimensions of Experience
 - Responsibility, Safety/Control, and Choices

2:15pm - 2:30pm (15 min): Break

2:30pm - 3:00pm (30 min): What's the Frame: Starting Therapy Safely (Stage I, Phase 1)

- Boundaries, 'Safety', and Power Imbalances: The Trauma is Already in the Room
- Treatment Trajectory: Simple, Complex, or Dissociative (Kluft, 1994)
- Practicing Within One's Area(s) of Knowledge and Experience

3:00pm - 3:45pm (45 min): History Taking, Part I

- Differential Diagnosis, 'Red Flags', Client Selection Criteria, and the Impact on the Course of EMDR therapy
- The Past, the Present, and the Future: Presenting problem(s) and symptoms 'why now?'
- Therapist Factors & Client Factors. Francine (2018) Appendix, p. 500-501
- "Hallmark" Red Flags in EMDR therapy (suicidality, etc.)
- Client Selection Criteria.
- The Importance of the Body in Dissociation, Resourcing, and Trauma Accessing
- Screening to Assess the Client's Window of Tolerance and capacity to state shift smoothly, directly and indirectly
- Formal Diagnostic Assessment.

3:45pm - 4:00pm (15 min): Questions and Day 1 Wrap-Up

Module I - Day Two (6 hours didactic)

8:30am - 8:45am (15 min): Recap of Module I, Day One and Q&A

8:45am - 9:15am (30 min): Demo/Video: Screening for Dissociation

- Three outcomes: Simple trauma, complex trauma, and dissociation

9:15am - 10:15am (60 min): History Taking, Part II

- Indications and Precautions in the Style, Speed, and Depth of History Taking
- Approaches to History Taking (EMDR-centric: 'Floatback', '10 Worst', Kitchur, Genogram (McGoldrick), Narrative, etc.)/ Symptom Reduction/Elimination or *Comprehensive Treatment?* (Shapiro, 2018)

10:15am - 10:30am (15 min) – Break

10:30am - 10:45am (15 min): Adaptive Information Processing Model: Basic Components

- Differentiation of AIP Model and EMDR therapy from Other Models: Cognitive, Behavioral, Third Wave, Psychodynamic, Family Therapy, Experiential, etc
- Antecedent, historical models of emotional information processing; differentiation between EMDR/AIP and other models of therapeutic change
- Applications of EMDR therapy beyond PTSD.
- Wide range of presenting issues that can be addressed using AIP and EMDR therapy (those that are scientifically validated and those that are not yet validated)

10:45am -11:15am (30 min): Bilateral Dual-Attention Stimulation (BL-DAS)

- What is it and what does it do?
- Forms of BL-DAS and Effects (Kick-starts associative process in the brain; Leeds, 2016)
- Hypothesized Mechanisms of Action (Brief overview)
- How does BL-DAS, which engages associative processes, impact dissociative processes? Visual, Tactile, Auditory. Dual Attention Awareness.

11:15am - 11:45am (30 min): Integrating It All: Windows of Tolerance, Channels of Processing, and EMDR therapy

- Beginning to Conceptualize Points of Entry for Treatment in the Three Temporal Prongs.
- The Three Dimensions of Experience and Trance Logic.
- How to Find the Earliest Associated Memories.

11:45am - 12:45pm (60 min): Lunch Break

12:45pm - 1:15pm (30 min): Preparation/Stabilization I: What, When, How?

- State Shifting Strategies: The Basics. Why this is critical in EMDR therapy
- For Non-Dissociative Clients: Safe/Calm Place, Container, Light Stream

1:15pm - 1:45pm (30 min): Educating the Client: Explaining the Procedures and Impacts in EMDR therapy.

- Seating arrangement, choosing form of DAS, importance of accurate feedback from client, stop signal.

1:45pm - 2:00pm (15 min): Demo/Video: Preparation. Safe/Calm Place with Tactile DAS

- Demo/Video: Resourcing. Speed of DAS, Distance from Client for EMs, etc

2:00pm - 2:15pm (15 min): Client Selection Criteria and Precautions (Redux)

2:15pm - 2:30pm (15 min): Break

2:30pm - 3:45pm (75 min): Putting on the 3-D Glasses: Re-Evaluating Your Clients and Moving Forward

- What to do next with your clients.

3:45pm - 4:00pm (15 min): Q&A and Module 1 Wrap-Up

- Client Selection Criteria and Precautions (Redux)
- Check-in re: Consultation

CONSULTATION #1 (2 hrs)

Time/date as scheduled

- Phase I: Diagnostic Workup and History Taking
- Phase II: Preparation and the Window of Tolerance

Module II – Three days in person format. (9 hours didactic; 12.5 hours practicum)

Module II – Day One (4.25 hours didactic; 3.25 hours practicum)

8:30am - 9:00am (30 min): Review from Module I. Distillation of Phase I in AIP Frame

9:00am - 9:20am (20 min): Instruction: Administering/Scoring the DES

- Nuances and Mechanics of Scoring (including lots of 'zeroes' scenario)
- Taxon

9:20am - 9:30am (10 min): Demo/Video: Administering/Scoring the DES

9:30am - 10:15am (45 min): **Practicum #1**: Self-Administering/Scoring the DES (.75 hr)

- Practicum/Scoring
- Debrief

10:15am - 10:30am (15 min): Break

10:30am - 10:50am (20 min): Decision tree.

- Determining what you use, depending on what's going on for the client
- Preparation/Stabilization II: Additional Containment and Stabilization Methods

10:50am - 11:00am (10 min): Demo/Video: Preparation/Resourcing.

- Calm Place (standard, for non-dissociative persons + what to do if person can't calm)

11:00am - 12:00pm (60 min): **Practicum #2**: Preparation/Resourcing (1.0 hr)

- Break-Out Groups - What Are We Doing? (5 min)
- Calm Place - Triads (55 min)

12:00pm - 1:00pm (60 min): Lunch Break

1:00pm - 1:30pm (30 min): Phase III: Assessment (Activation of Trauma Memory)

- 7 Components in Assessing a Target Memory for Reprocessing
- DEMO/VIDEO

1:30pm - 2:00pm (30 min): Phase IV: Desensitization

- Educating the Client: Explaining the Procedures and Impacts in EMDR therapy
- Channels of processing review (hand/fingers)
- Forms of DAS review
- Types of processing that you might see
- Relationship still matters!
- Attunement to client and length of sets
- Remember the prongs!
- Remember the three dimensions of experience!
- Abreactions...did we adequately screen/assess upfront?
- What to do if/when new memories emerge
- Basic strategies for keeping processing moving
- Methods for linking to implicitly held experience to support continued processing
- Timing of re-accessing and reassessing target memory
- Therapist characteristics/responses that may interfere with adequate processing
- Client perceptions of therapist characteristics or responses that may interfere with adequate processing
- DEMO/VIDEO

2:00pm - 2:15pm (15 min): Phase V: Installation (of PC)

- DEMO/VIDEO

2:15pm - 2:30pm (15 min): Phase VI: Body Scan

- DEMO/VIDEO

2:30pm - 2:45pm (15 min): Review/Questions

2:45pm - 3:00pm (15 min): Break

3:00pm - 3:15pm (15 min): Phase VII: Closure

- Closure for Completed Reprocessing Targets

3:15pm - 3:45 pm (30 min): VIDEO: Phases III-VII

3:45pm - 5:15pm (90 min): **Practicum #3:** Target Setup and Eye Movements/DAS (1.5 hrs)

- Break-Out Groups - What Are We Doing? (5 min)
- Target Setup with Vignettes (90 min)
- Setting Up Eye Movements/DAS (40 min)

5:15pm - 5:30pm (15 min): Q&A and Day 1 Wrap-Up (small groups)

Module II - Day Two (2.25 hours didactic; 5.25 hours practicum)

8:30am - 8:45am (15 min): Q&A and Day 1 Recap

8:45am - 9:15am (30 min): Challenges in Phase III - Assessment

- Identifying Negative and Positive Cognitions
- Identifying Emotions and Body Sensations
- Floatback

9:15am - 9:45am (30 min): Phase VIII: Reassessment/Reevaluation

- Picking Up Where You Left Off Without Dropping a Stitch
- Reevaluation Advanced Considerations
- How to Think About Post-Reprocessing Headaches, Nightmares, and Other Forms of Unexpected Results

9:45am - 10:15am (30 min): Present and Future Prongs

- DEMO: Future Template (10 min)

10:15am - 10:30am (15 min): Break

10:30am - 12:00pm (90 min): **Practicum #4:** Phases III-VII (1.5 hrs)

- Small Groups: What Are We Doing? (5 min)
- Triads: Past Prong (85 min)

12:00pm - 1:00pm (60 min): Lunch Break

1:00pm - 5:00pm (225 min): **Practicum #4 (cont'd)** Phase VIII; Phases III-VII (3.75 hrs)

- Triads: Past/Present Prong (15 Minute Floating Break)
- **Practicum #5:** Phase VII: Closure

5:00pm - 5:30pm (30 min): Q&A and Day Two Wrap-Up: Successes and Challenges (small groups)

Module II - Day Three (2.5 hours didactic; 4.0 hours practicum)

8:30am - 9:00am (30 min): Q&A and Day 2 Review

9:00am - 10:15am (75 min): An EMDR Therapy 'First Aid' Kit

- What to Do When Things Go Too Deeply Too Quickly
- In-the-moment grounding with simple, complex trauma, and dissociative clients

10:15am - 10:30am (15 min): Break

10:30am - 12:00pm (90 min): **Practicum #4 (cont'd)**: Phase VIII; Phases III-VII (1.5 hrs)

- Triads: Past/Present Prong

12:00pm - 1:00pm (60 min): Lunch Break

1:00pm - 3:45pm (120 min): **Practicum #4 (cont'd)**: Future Template (2.0 hrs)

- Triads: Future Prong (*15 Minute Floating Break*)

3:45pm - 4:30pm (45 min): Large Group: Q&A and Day 3 Wrap-Up (large group)

- Instruction for Practice, Consultations

CONSULTATION #2 (2 hrs) **and #3** (2 hrs)

Time/date as scheduled.

- Knowledge consolidation/practice learning of 8-Phase Standard Protocol, 3 Prongs

Module III – Two days via online live interactive webinar format (12 hours didactic)

Module III / Day 1 (6 hours didactic)

8:30am - 9:00am (30 min): Review of Module II

- Overlay of 3 Treatment Stages and 3 EMDR Treatment Prongs/8 EMDR Therapy Phases

9:00am - 9:30am (30 min): What if Your Client Isn't Pablo: Elise and Carol

- Introduction of Case Examples
- Trauma-Focused Screening: IES, ACE, TEQ

9:30am - 10:00am (30 min): Back to Shapiro's 'Readiness Checklist'

- Reviewing the 'Standard' Red Flags (Shapiro, 2017, p.87-97)
- Dissociation-Specific Screening: DES-II, SDQ-5 and -20

10:00am - 10:15am (15 min): Break

10:15am - 11:45am (90 min): Phase I EMDR: History Taking and Characteristics of Complex Trauma

- What If the Red Flags Aren't Obvious? Trauma-Related Phobias
- Dissociation-Specific: MID, SCID-D-R, DDIS
- What history taking could look like when the client

11:45am - 12:45pm (60 min): Lunch Break

12:45pm - 2:15pm (90 min): Looking Through a Dissociation Lens: Pablo, Elise, and Carol

- Pablo and the Red Flags (group worksheet)
- Pablo and the Red Flags (group worksheet)
- Carol and the Red Flags (group worksheet)

2:15pm - 2:30pm (15 min): Break

2:30pm - 4:00pm (90 min): A Brief Introduction to the Multidimensional Inventory of Dissociation

Module III - Day Two (6 hours didactic)

8:30am - 10:00am (90 min): History Taking: Elise and Carol

10:00am - 10:15am (15 min): Break

10:15am - 11:30am (75 min): Treatment Planning: Elise

- What Can--and Should--You Do with EMDR therapy at This Point?

11:30am - 11:45am (15 min): Treatment Planning: Carol

- What Can--and Should--You Do with EMDR therapy at This Point?

11:45am - 12:45pm (60 min): Lunch Break

12:45pm - 2:15pm (90 min): Phase II: Preparation for the Complex Client

- Based on the Red Flags and Symptoms

2:15pm - 2:30pm (15 min): Break

2:30pm - 4:00 pm (90 min): First Level Interventions

- RDI. Resource development aka "utilization" - enhancing/building adaptive memory networks (present, adult, dual awareness, positive, calm)
- How to stabilize the highly dissociative patient - and how to tell if they're stabilized
- Second Level Interventions
- Ego state therapies
- Review of skill goals for stage 1: affect tolerance, grounding skills, ego state cooperation, expanding WOT, self-care after session, etc
- Dissociative Table

CONSULTATION #4 (2 hrs)

Time/date as scheduled

- Knowledge consolidation/practice learning of 8-Phase Standard Protocol, 3 Prongs

Module IV - Three days in person format. (13.5 hours didactic; 9 hours practicum)

Module IV - Day One (6.75 hours didactic; .75 hour practicum)

8:30am - 9:00am (30 min): Opening overview of Module IV

9:00am - 10:30am (90 min): Zooming In: Treatment Planning/Target Selection Approaches

- 10 worst, timeline, symptom-focused, belief-focused, single event, recent event, EMD

10:30am - 10:45am (15 min): Break

10:45am - 12:15pm (90 min): Phase III, Assessment: review & dig deeper

- Address feeder memories, NC/PC Domains: Responsibility, safety, control/choices, what blocked processing looks like, looping, etc. what to do (back to target, change BLS/DAS, Cognitive Interweave)

12:15pm - 1:15pm (60 min): Lunch Break

1:15pm - 2:00pm (45 min): Cognitive Interweave

- Purpose - link/introduce adaptive material
- Demo/role play

2:00pm - 2:45pm (45 min): **Practicum #6:** Cognitive Interweave (.75 hrs)

- Small Group Exercise: Cognitive Interweaves w/Vignettes

2:45pm - 3:00pm (15 min): **Break**

3:00pm - 5:15pm (135 min): Reevaluation / Phase VIII

- After a complete session, incomplete session, past prong, present prong, after a completed 3-prong treatment plan

5:15pm - 5:30pm (15 min): Q&A and Day 1 Wrap-up

Module IV - Day Two (2.25 hours didactic; 5.25 hours practicum)

8:30am – 8:45am (15 min): Q&A and Day 2 Overview

8:45am – 9:30am (45 min): EMD/EMDr

- When to use, restrict generalization and scope of processing

9:30am – 10:00am (30 min): Recent Traumatic Event Protocol

- When to use, when fractionation is necessary, when memory is not consolidated

10:00am – 10:30am (30 min): Future Template vs. future target, future rehearsal.

10:30am - 10:45am (15 min): **Break**

10:45am - 12:15pm (90 min): **Practicum #7:** 3-Prong Treatment Plan (1.5 hrs)

- Successfully address a current life issue with EMDR therapy
- Issue-driven 3-prong treatment plan
- Triads: Each complete Phases I-VI on Past prong, then rotate

12:15pm - 1:15pm (60 min): **Lunch Break**

1:15pm - 5:15pm (240 min): **Practicum #7 cont'd** (3.75 hrs)

- Continue Past prong rotations
- Triads: Once all Past prongs complete, rotate through again to address Phase VIII: Reevaluation, Present and Future. Practice Phase VII: Closure
- (15 Minute Floating Break)

5:15pm - 5:30pm (15 min): Q&A and Day Two Wrap-Up (small groups)

Module IV / Day 3 (4.5 hours didactic; 3 hours practicum)

8:30am – 8:40am (10 min): Q&A and Day 3 Overview

8:40am – 8:55am (15 min): Professional, legal and ethical issues

- Scope of practice, standards of practice, informed consent

8:55am – 9:25am (30 min): Protocols and Procedures for Special Situations

- Addictions, Anxiety and Phobias, Couples, Illness and somatic disorders, Grief, Self-use, Groups, Performance Enhancement

9:25am – 9:35am (10 min): Special Situations Q&A

9:35am – 10:20am (45 min): Working with Specific Populations

- Children, Couples, Sexual Abuse Victims, Complex PTSD/DESNOS, Dissociative clients, Military Personnel, First Responders, Combat Vets

10:20am – 10:30am (10 min): Specific Populations: Q&A

10:30am - 10:45am (15 min): Break

10:45am - 12:15pm (90 min): Live demo session: Phases II-VII

12:15pm - 1:15pm (60 min): Lunch Break

1:15pm - 4:30pm (195 min): **Practicum #8** (3 hrs)

- Triads: Practice Phase VII/Reevaluation, resume treatment plan
- Goal = completion of 3 prongs w/issue identified
- Practice Phase VIII/Closure
- (15 Minute Floating Break)
- Closure/containment/debrief (15 min)

4:30pm - 5:00pm (30 min): Facilitated group closure exercise

- Next Steps
- Completing consultation, expectations for case practice/presentation

5:00pm - 5:30pm (30 min): Q&A, Evaluation, and Day Three Wrap-Up (large group)

CONSULTATION #5 (2 hrs) **and #6** (2 hrs)

Time/date as scheduled

- Knowledge consolidation/practice learning of 8-Phase Standard Protocol, 3 Prongs, Cognitive Interweaves

Didactic learning: 47 hours

Practicum learning: 21 hours

Consultation: 12 hours (**not eligible for CE credit**)

Training Total: 80 hours

Training Total Eligible for CE Credit: 68 hours