

Attachment-Based EMDR

Retoning, Repair & Resilience through the Parent-Child Dyad

Jayna Baczwaski, LCSW, LIMHP

But First, A Little Self-Regulation...



Using *'Bilateral Stimulation'*

For those interested in Being Trained in EMDR with Children:



Upcoming Training: Deb Wesselmann & Carolyn Settle

Basic Training with Supplemental Information on Children & Adolescents:

Weekend 1: January 28-30, 2022 (20 CEUs)

Weekend 2: March 4-6, 2022 (20 CEUs)

<https://www.emdr.com/basic-training-emphasizing-treatment-of-children-and-adolescents/>

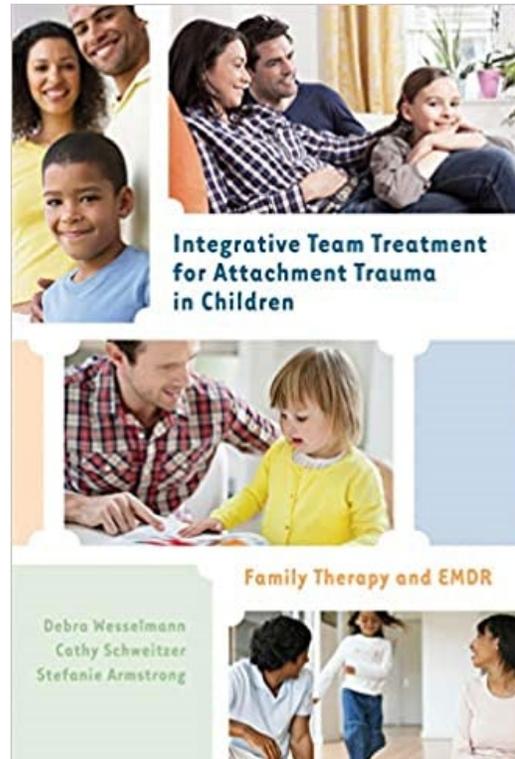
For Those Trained in EMDR who are needing Child-Specific Application:



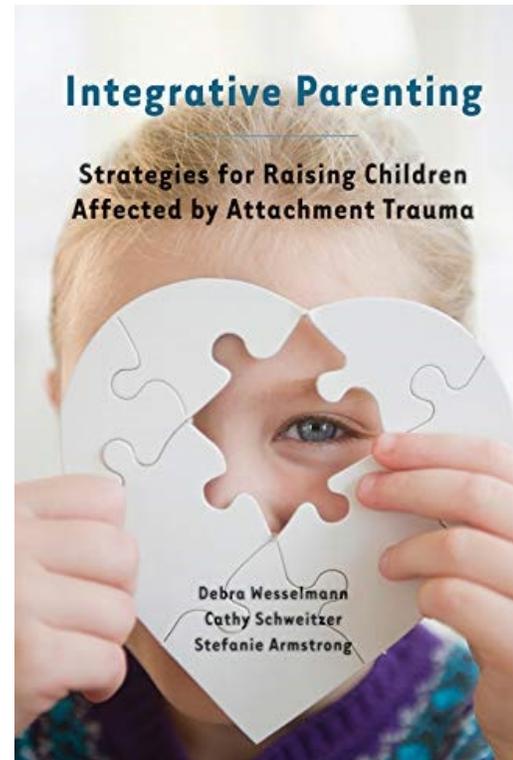
Integrated Attachment Trauma Protocol for Children/Teens:
EMDR Therapists (12 CEUs)
Family Therapists (12 CEUs)

www.atcinstitute.com

Additional Great Resources for Clinicians:



*Integrative Team Treatment for
Attachment Trauma in Children*
Deb Wesselmann, Cathy Schweitzer & Stefanie
Armstrong



Integrative Parenting
Deb Wesselmann, Cathy Schweitzer & Stefanie
Armstrong

Today's Objectives.....

The Basics of EMDR

Visual Demonstration of EMDR

Why Memory Storage Matters

EMDR with Children:
Retone, Repair, Resilience



The Basics of EMDR

30 years

PTSD & Other Trauma & Stressor-Related Disorders

Target: Trauma Memories/Autonomic Survival Responses

8 Phase Process

Adults · Adolescents · Children



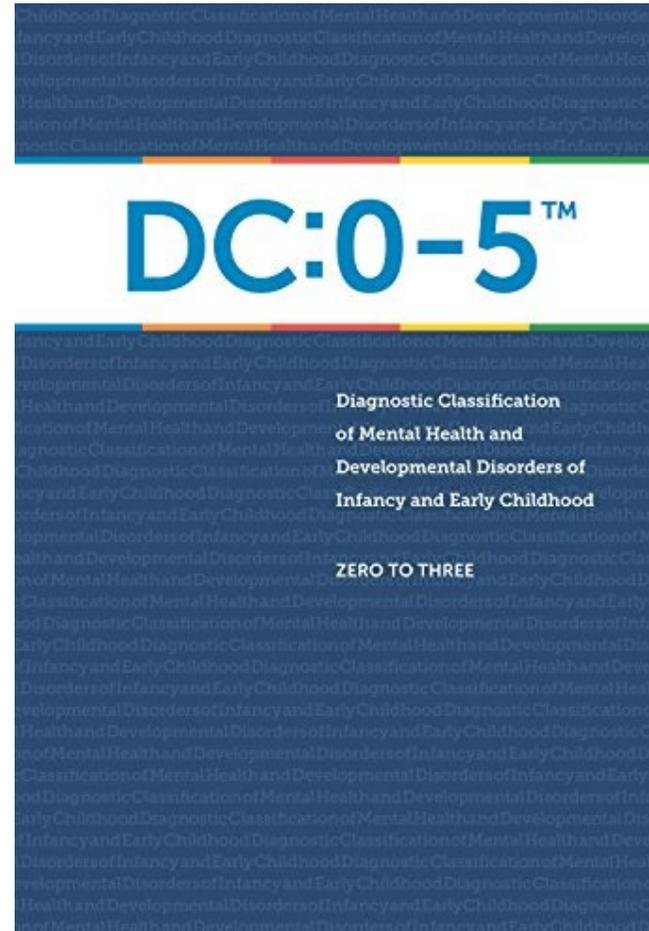
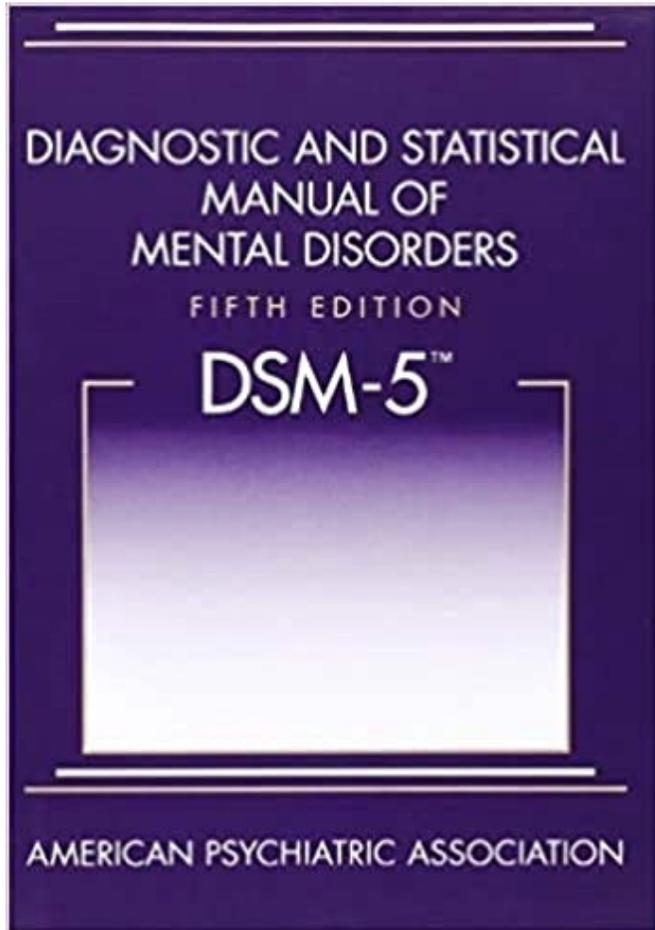


Pop Quiz!

Can Children be Diagnosed with PTSD??

YES.

Clinicians' Sources (**Court-Recognized**)



EMDR Efficacy

*“**The Department of Defense/Department of Veterans Affairs Practice Guidelines** have placed EMDR in their highest treatment category, recommending it for All Trauma Populations at All Times.”*

*“**American Psychiatric Association Practice Guideline** has stated that SSRIs, CBT, and EMDR are the recommended first-line treatments for PTSD”*

*“**The World Health Organization** has stated that Trauma-Focused CBT and EMDR are the **ONLY** psychotherapies recommended for Children, Adolescents, and Adults with PTSD”*



EMDR: What it is not...

- ▶ It is Not Hypnosis
- ▶ It Does Not Implant ‘False Memories’
- ▶ It Is Not Traditional Psychodynamic or Cognitive Behavioral “Talk Therapies”
- ▶ Unlike CBT, EMDR does not involve:
 - ▶ (a) Detailed descriptions of the trauma
 - ▶ (b) Direct challenging of beliefs
 - ▶ (c) Extended exposure
 - ▶ (d) Homework

*****All Things That Can Shut Down a Client/Kiddo→***



EMDR: What It Is...

Brain
Work/Memory
Work

8 Step
Process

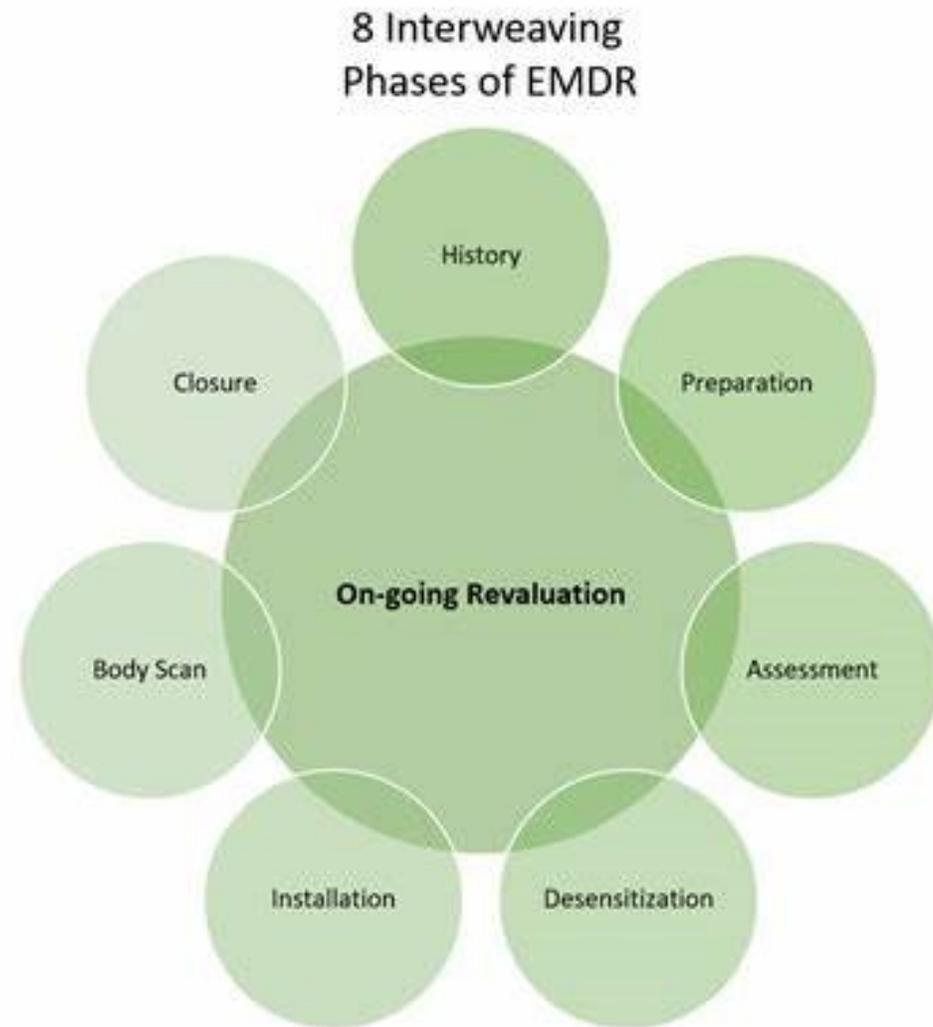
Bilateral
Stimulation



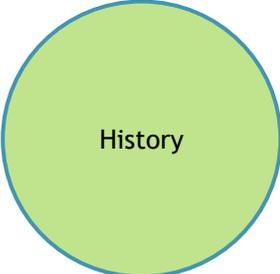
Goal:
*Adaptive
Information
Processing*



8 Phases of EMDR Therapy



EMDR Phases In Practice



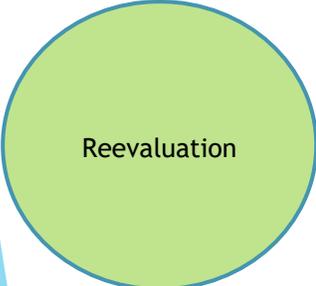
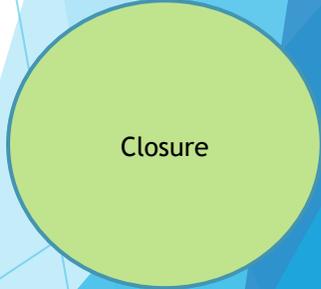
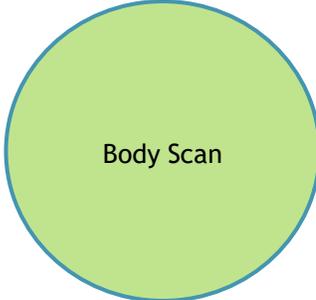
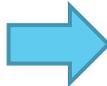
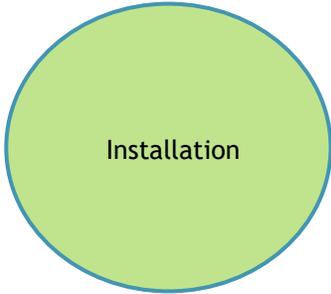
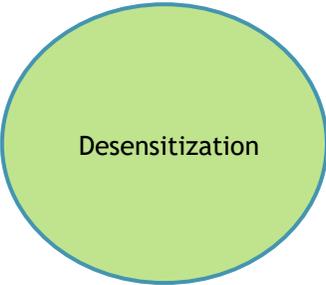
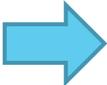
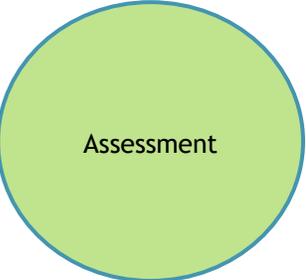
1-4 Sessions



Up to 6 Months*

Directly Impacted by the Support of Primary Caregivers, Providers, & the Courts *

RETONE



6-12 Months

REPAIR

CUMULATIVELY BUILDING RESILIENCE

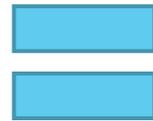


Visual Demonstration of EMDR

Visual Demonstration of EMDR



**Bilateral
Stimulation**



Desensitization

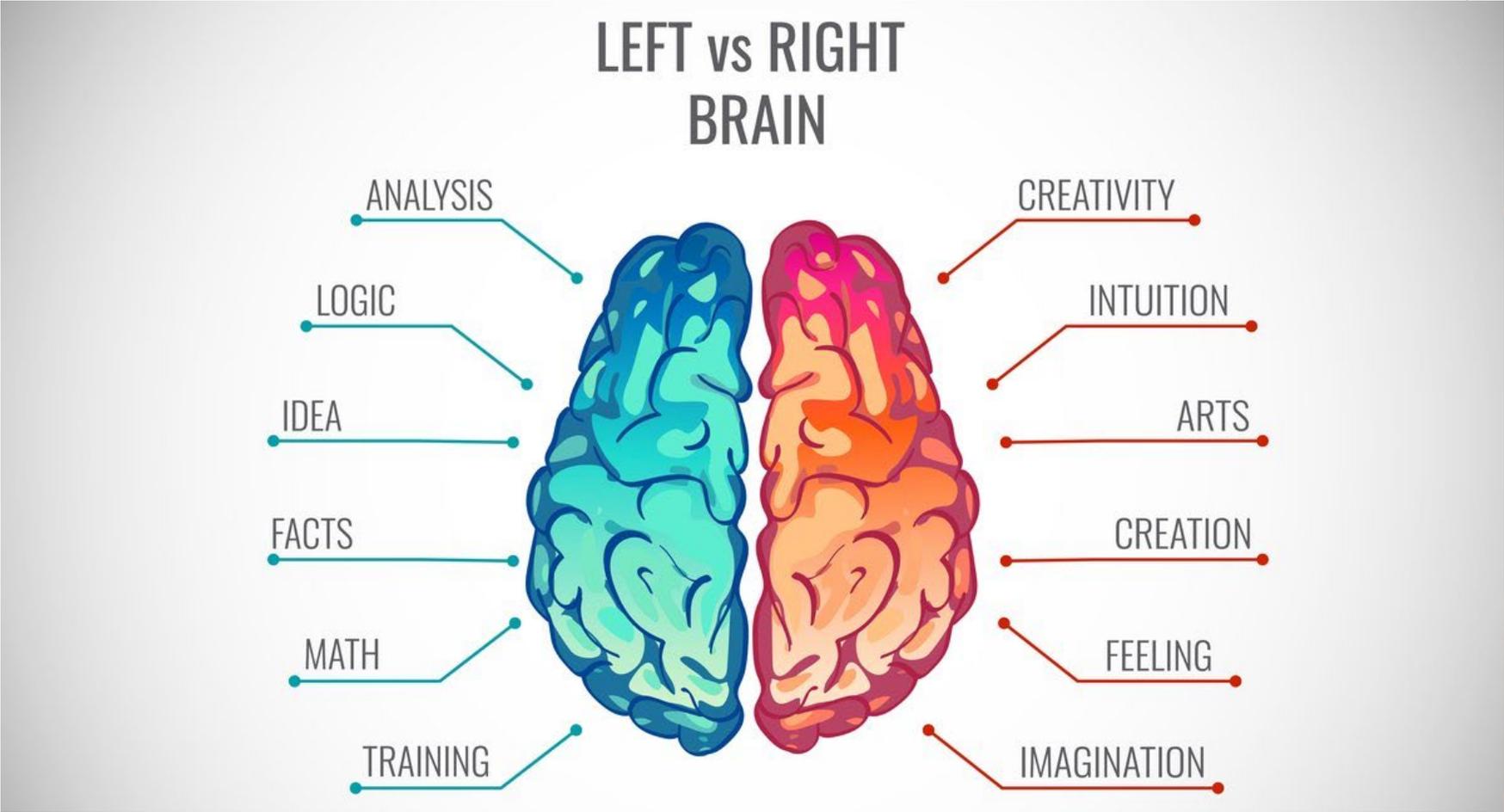
BILATERAL STIMUALTION

The use of alternating right & left stimulation to activate both hemispheres of the brain.

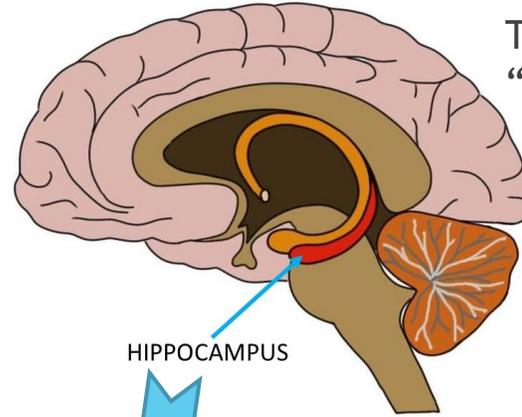


Why Memory Storage Matters

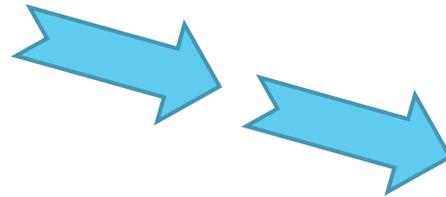
The Brain & Memory



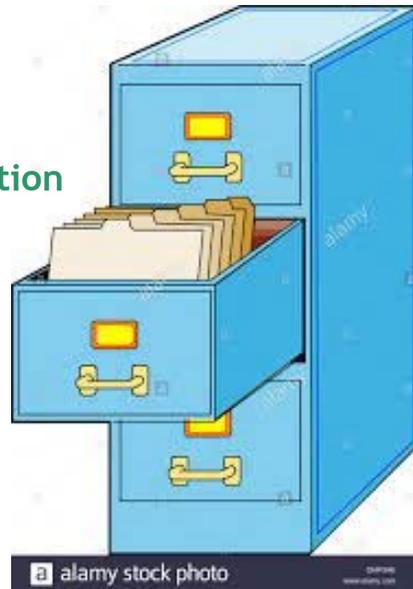
Regular Memory Storage:



The **Hippocampus/Librarian**
“Processes” our memories:



Categorizes Useful Information



alamy stock photo

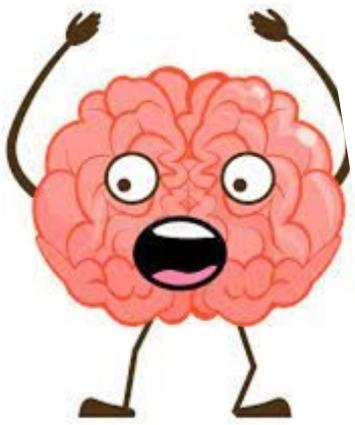
Discards Information we Don't Need



shutterstock.com · 263242868



<http://psychologytools.com>



Trauma Memory Storage:

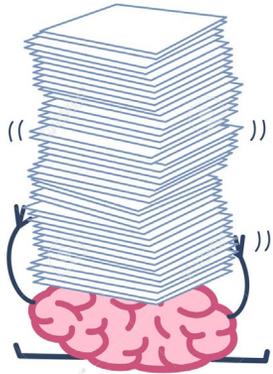
Trauma Memories Overwhelm the **Hippocampus**

Thinking Brain Disengages

So, for Survival, the Brain holds on to the Entire Unprocessed Memory, marking all of this as ***Danger***

Negative Cognitions ('NCs') form:

- ▶ The Self ("It was My Fault")
- ▶ The World ("It is not Safe to Trust") as an adaptation for protection.



Fight or Flight Response



dilated pupils

pale or flushed skin

rapid heart beat
and breathing

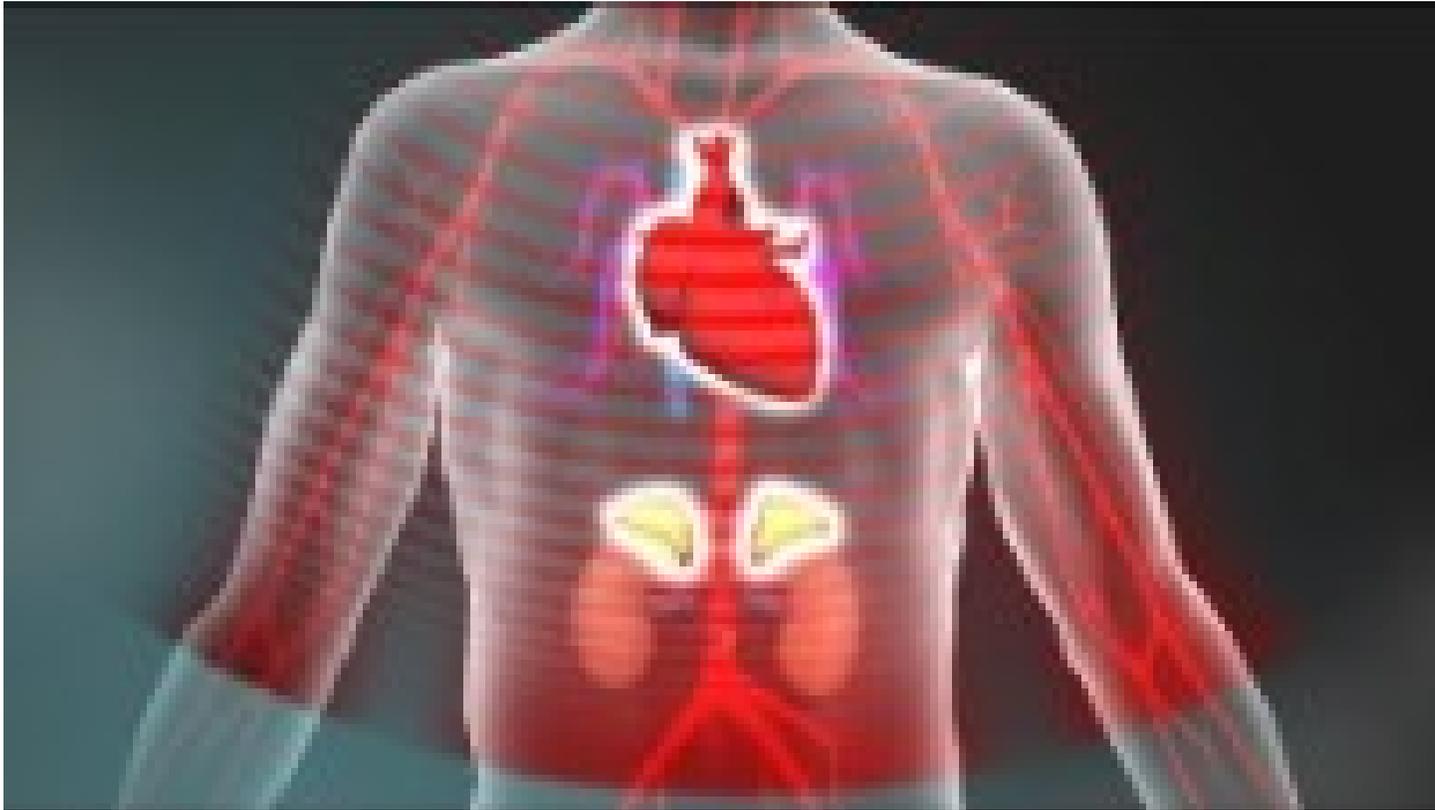
trembling



gg66168132 GoGraph.com



Toning with Stress



**EMDR with Children:
Retone, Repair, Resilience**

Earned

Secure
Attachment



Attachment
is the Medicine

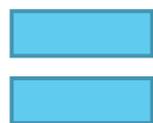
CoRegulation
is the Dose



EMDR Phases In Practice

History

Preparation



RETONE





Hurt Begets Hurt

Lecturing

Shaming

Threats

Yelling

Isolation

Physical Punishment

***You cannot quiet the Alarm System With
More Alarm***

You cannot heal Hurt with more Hurt



**Co-regulation
is the process
through which two
nervous systems
find attunement.**

Special Considerations for Children: Contraindications for EMDR:

Cannot do Retoning (Phase 2) work with:

- ▶ A Child who is not yet living in a safe environment. (CNS still in Chronic Toxic Stress)
- ▶ A Caregiver who is not yet stable in their mental health and/or substance use
- ▶ A Caregiver who cannot yet acknowledge the child's trauma
- ▶ A Caregiver who is not yet capable of keeping themselves or their child safe

Cannot do Repairing Work (Phase 3-8) with:

- ▶ A Child who hasn't experienced safety in relationships
- ▶ A Child who doesn't have Permanency***

*****We CAN do a lot of Phase 2 Preparatory Work with Dyads who are working toward Permanency*****

Pre-EMDR Therapies

Pre-EMDR Referrals that can help families move through the healing process to meet the EMDR Phase 2 Requirements:

- ▶ **Caregiver Focused:**
 - ▶ **Dual-Diagnosis Individual Therapy (Inpatient, Intensive Outpatient, Outpatient)**
 - ▶ **Circle of Security (COS)**
- ▶ **Dyadic (Parent-Child Together)**
 - ▶ **Child Parent Psychotherapy (CPP)**
 - ▶ **IoWA Parent-Child Interaction Therapy (PCIT)**
 - ▶ **Multidimensional Family Therapy (MDFT)**

Special Considerations for Children:

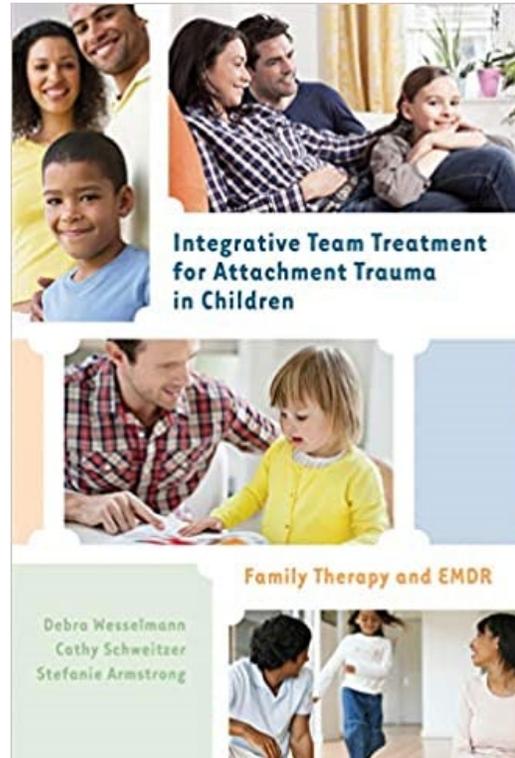
CAN do Retoning (Phase 2) work with:

- A Caregiver who is established in their Recovery working toward Permanency **
- A Foster-to-Adopt Caregiver**

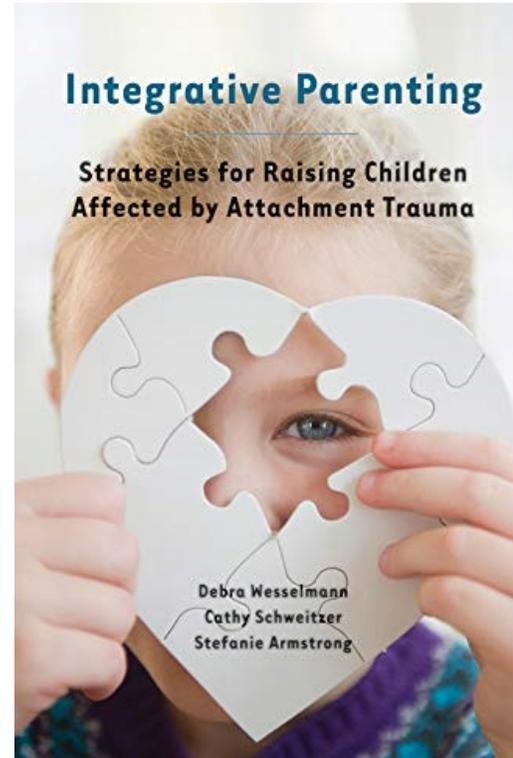
CAN do Retoning (Phase 2) & Repairing (Phases 3-8) Work with

- An Adoptive Caregiver

Additional Great Resources for Clinicians:



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Integrative Parenting
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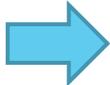
EMDR Phases In Practice

History

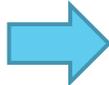
Preparation

RETONE

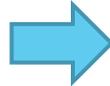
Assessment



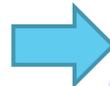
Desensitization



Installation



Body Scan



Closure

Reevaluation

REPAIR

CUMULATIVELY BUILDING RESILIENCE



QUESTIONS?

