

## ***Limitations of EMDR Therapy Standard Protocols***

Sandra Paulsen and Katie O’Shea observed the limitations of standard EMDR therapy protocols when applied to early injuries, specifically:

- 1) there is no explicit memory in the first years of life, only implicit memory, so the standard procedure of targeting a memory of trauma could not apply;
- 2) if a client were able to access early experience in EMDR therapy, it could easily be overwhelming, without adequate preparation,
- 3) early experience, when accessed, also accesses the client’s felt sense from that early time, with all the limits of self and inner structure that went along with pre-natal, infant, and early childhood developmental stages;
- 4) because of the paramount importance of relationship and caregiver attachment in infancy, the processing of early experience required modification to ensure the client had the felt sense of the therapist’s compassionate and attentive presence; and,
- 5) because very early experience is ephemeral and does not consciously register as pictures or videos (as later memories may do), the process needed to explicitly accommodate the subtlety of some early processing. For all these reasons, a four step protocol was developed.

## ***The Four Steps of the Early Trauma Approach***

Early Trauma reprocessing includes the following steps to provide remedies to the limitations of standard EMDR therapy approaches previously described. (Please note that there is substantially more involved in the treatment than is described in this brief summary.)

- 1) Cultivating structured **containment** of all experience yet to be “learned from or sorted through,” to leave a clear “emotional desktop” for the work to take place;
- 2) Developing **a felt sense of safety** as a starting point for the work, which is achieved by tapping into and strengthening a naturally occurring (but sometimes hidden) “safe state” in the body. Both steps 1 and 2 may require client practice;
- 3) The most mysterious step—**resetting the affective circuits**—involves clearing the emotional pathways that develop in each of us early on during our development in the womb, but which may be congested from maladaptive early learning and inhibitions about whether emotions are okay and safe. Once the circuits are clear, they can function as they were intended, to conduct emotional information between the brain and the body. This step may work directly on subcortical affective circuits, according to Jaak Panksepp, researcher

and author of the groundbreaking book, *Affective Neuroscience*. For individuals with complex trauma histories and/or emotional dysregulation and imbalance, there may need to be additional preparation, most commonly **ego state work; further education about healthy emotion, brain functioning and/or trauma; and sometimes somatic work**; and, 4) **Clearing the early trauma**, which happens by processing small time periods, beginning with a time before conception (necessary owing to generational, cellular memory), then moving on to conception, gestation in the womb, birth, and on through the first few years of life. These time periods are variable with the client, depending how “gnarled” the roots of the tree appear to have become by growing around early obstacles. The clearing may be of somatic/implicit memory or of explicit memory, or mental constructs related to the time periods. For each time period, if it doesn’t resolve spontaneously, there is an imaginal good outcome of “what you needed, the way you needed it to be.”

As already mentioned, there is much more to the Early Trauma Approach, but for many individuals, the careful application of these steps produces a critical emotional shift with subsequent increase in emotional stability, comfort, and peaceable relation to one’s emotions and the self.

### ***The Mechanics of the Early Trauma Approach***

The experience of the infant is almost entirely a *felt* sense; there is not much cognitive happening at the beginning. Therefore, when the therapy taps into those early felt senses, it often occurs without as much access to the more conscious and cognitively informed resources usually available to adults. Because of its central role in early life, this felt sense is an ideal entry point for attending to early, emotionally overwhelming experience so that it can be reprocessed and cleared.

As we are relying upon the most primitive information available to reprocess early experience, the standard EMDR therapy modality of eye movements or taps conducted with equipment may be too scary, too technical, and too alienating for some. Therefore, the reprocessing is facilitated by tapping on the client’s ankles, while the client sits in a comfortable, reclined position. Because the processing may occur over a period of hours, people often want to take off their shoes. This certainly makes it easier to tap on the ankles, and is mentioned here because people sometimes wish they’d worn different socks! Early trauma reprocessing is designed to come in from the beginning, ‘under the floor-boards’, so to speak, so it is typically quite gentle and tolerable. Grounding is needed much

less than in standard EMDR therapy procedures. People learn a lot about their own story in this lovely and very powerful procedure.

Highly dissociative people are only appropriate for this method if they have already established considerable groundwork in therapy and the self-system is likely to allow the work. Sandra is experienced in working with dissociative clients and addressing concerns protective parts may have. If you are dissociative and, after the initial evaluation, it seems appropriate to work with you using the early trauma procedure, it will require you to have an ongoing therapeutic relationship to receive you after leaving the intensive work. It will be necessary for you to grant written permission for Sandra to collaborate with your primary therapist before and/or after your work together.

### ***Why an Intensive, Concentrated Treatment?***

Although early trauma reprocessing *can* occur piecemeal, from week to week, hour by hour, this is terribly inefficient and not particularly cost-effective, as the early trauma healing work can take many months when done on a weekly basis. The ideal way to experience this type of reprocessing is in extended, face-to-face sessions. Because the work is subtle, deep, and more felt than thought about in a conscious way, extended sessions allow the work to unfold viscerally and deeply. It's akin to being on a commercial flight from Seattle to San Francisco versus a flight from Seattle to Tokyo: yes, you get somewhere in both cases, but if you're on the long-haul flight, you're up in the air longer, you move more quickly, and your fuel efficiency is significantly better.

It is not easy to predict whether a client will need one, two, or more intensive treatments to clear the entirety of early disturbances and replace it with a felt sense of well-being. This goal is typically possible, but not necessarily easy to schedule or predict. Most people who have participated in intensives require two to three days, or in many instances, a number more days, to clear the first few years. The time required is variable, based upon how many traumatic experiences there were, how much neglect there was, and how maladaptive the learning outcomes were from those experiences. (Note that it's not you as an adult who decides all of what was traumatic in those early times. Your brain and nervous system began doing that for you long before you were even consciously aware that wounding was taking place.)

Diagnostic assessment involves looking at the following: 1) your present safety and stability; 2) your capacity for experiencing emotion and body sensation; 3) any internal conflicts that may complicate or block trauma resolution; 3) medical concerns; 4) substance use; and 5) any evidence of structural dissociation, which would require additional assessment and preparation prior to embarking on trauma resolution work of any kind. Biographical assessment covers areas of your history such as work, education, military service, nutrition and self-care, basic family history, spiritual and cultural experience, and so on. Then you'll be primed and ready for the work to begin at your first in-person meeting.

### ***Preparation for Intensive, Concentrated Treatment***

Whether you're working with Sandra or Michael, there needs to be agreement between you and your therapist that this approach is appropriate for you, your story, and your needs. ***This format of treatment isn't for everyone.*** Sometimes the time devoted in session to collecting history can be curtailed if you are able to provide a written narrative to include key areas of functioning: where you were born and raised; how far you have progressed in your education; specific 'sticking points' or 'hot spots' related to your family relationships; medical and psychological treatment history; work history; and, related matters. Regardless, there may be some areas that it will be necessary to look at together, in person, owing to the sensitivity of some subject matter.

If you are local, you may consider scheduling one or two sessions to accomplish the preparation steps of the early trauma approach, because then the time set aside for intensives can be most effectively used for clearing early traumatic experience. Those preparation steps are described above, but typically include: 1) container imagery, 2) establishing a safe state or other resources, 3) resetting the affective circuits.

For some people, more complex maneuvering is involved in preparation, including getting the self-system 'on board' with the treatment, as well as introducing information about the function of emotions (and the fight, flight, and freeze responses) and how they operate in all mammals for survival and safety. We will also make certain that you can look at emotions from a distance and not just feel taken over by them willy-nilly. This is an important piece in ensuring successful reprocessing.

In some instances, additional assessment and evaluation may be indicated before embarking on the journey of intensive early trauma work, to better ensure your safety and

strength in the face of reviewing, releasing, and repairing your old, unhealed emotional wounds.

### ***During and After Early Trauma Clearing***

On the first day of the intensive, you and your therapist will ensure that all the necessary preparatory steps have either already been undertaken, or else you'll begin there in the work together.

It is not unusual to feel 'drained' after early trauma reprocessing has taken place. Most people don't want to do much in the evenings after an intensive session. The work is profound and will require time set aside for introspection or just plain rest. Self-care is key in this work, so plan on drinking plenty of water, getting plenty of sleep, inviting yourself to dream, eating good food, maybe taking some anti-oxidants because you'll be releasing energetic holdings. Fruits and vegetables will be put to good work in reconfiguring your new you. If you're traveling from a different time zone, ensure you are taking Melatonin or some other supplement (as approved by your primary care physician and/or psychiatrist, as appropriate) to manage the effects of jet lag.

After the work, your nervous system will be "knitting and purling" for a time, and this is usually gentle and comfortable. Occasionally, if we ran out of time in a gnarly hurtful baby spot, you may feel stuck there. Let your therapist know if you need help in person or by phone moving through such a spot.

Please keep in mind that any unusual experiences during the work or in the time right after the work may be related to the work. Think of them as 'vapors leaking up from King Tut's tomb'. So, for example, if your spouse, partner, or a good friend seems, for whatever reason, suddenly to resemble demon spawn, consider the possibility that something about the early work has a theme of demon spawn in it somewhere. Similarly, if it seems to you that your therapist is suddenly just like the meanest parent ever, please mention this, because, although it may have a basis in present time, then we'll consider that, often those kinds of feelings and perceptions are part of the client's story, telling itself without words.

We use information in the room and about what is happening between us as clues to that story. We'll be detectives together, and we'll hear your story together, however it seems to want to be heard.

The most common unsettling experience after early trauma work is to feel oddly inert or flaccid. This seems to be part of a baby state, as if baby is just sitting, waiting, not mobilized for much action.

### ***Closing Thoughts***

Both Sandra and Michael feel very honored to do this important early trauma work with their clients. We consider this work a sacred trust. It is our privilege to hear the story of baby you that may never have been told or heard before, except in symptoms or reenactments.

Sandra will help you review, release and repair very early experience in a way that provides a felt sense of well-being. Spend a little time before we meet identifying, if you don't already know, what your highest resource is, and what your relationship is to the spiritual realm. Then we can support your process in a way that makes sense to you on your own terms. This is the most helpful way we know to repair very early injuries, hurts, betrayals and disappointments.