EMDR 3-Day Intensive Training

Join trauma specialist, author and national trainer, Linda Curran, BCPC, LPC, CACD, CCDPD, for this intensive 3-day EMDR training that will provide you the knowledge and skills needed to use EMDR safely and effectively with your trauma clients. Through lecture, live and videotaped demonstrations, and experiential exercises, this training will provide participants with an in-depth knowledge of trauma theory, principles, diagnosis, and treatment

Beginning with an overview of the physiological nature of trauma, through current research on neuroscience, Linda will guide you through the traumatic stress disorders – those included in and excluded from the DSM-5°'s newly-created classification, Trauma and Stressor-related Disorders:

- Acute Trauma Disorder
- Simple PTSD
- Complex PTSD
- PTSD Dissociative Subtype
- PTSD Preschool Subtype
- Developmental Trauma Disorder (DTD)
- Borderline Personality Disorder (BPD)

For all but single-incident trauma, the tri-phasic model is today's state-ofthe-art treatment approach. You will learn each phase of the treatment including its therapeutic goals and the clinical tools to reach those goals. Most importantly, you will:

- Learn EMDR: Eve Movement Desensitization and Reprocessing skills
- Practice using these new tools in a safe and supervised environment.
- Leave this dynamic, comprehensive training equipped to improve outcomes with traumatized clients

Intended Audience

This workshop is intended for masters- and doctoral-level clinicians experienced in working with trauma. In this course, you will learn and practice alternating bilateral stimulation into two distinct types of psychotherapy sessions; development and installation of internal resources; and reprocessing of traumatic material. This course assumes requisite knowledge of, and experience with, a traumatized population (i.e., clients with underlying simple or complex PTSD regardless of presenting issues).

Participants will leave the workshop with both theoretical knowledge of the current trauma paradigm as well as the practical "hands on" experience of participating in EMDR for resourcing and reprocessing trauma.

This training is not affiliated with EMDRIA and does not qualify towards EMDRIA credits or training.

Outline

Neuroscience of Trauma and DSM-5® **Diagnostic Criteria**

Neuroscience's Current Trauma Paradigm

- Biological nature of trauma
 - Triune Brain, The Nervous System and the Stress Response
 - Polyvagal Theory
 - Traumatic Stress: Normal, prolonged, complex and developmental
- Specific trauma symptoms
- Primary treatment issues in trauma therapy

Trauma and Attachment:

- Attachment Essentials
- Adverse Childhood Experiences Study
- Babv/Momma Trauma
- Insecure Attachment Styles Assessment and Primary Treatment Issues

Avoidant

Preoccupied

Disorganized type

Trauma's Somatic and Sensorimotor Sequelae:

- Hyperarousal
- Hypoarousal
- Dissociation, Body memories and "flashbacks"
- Affect dysregulation

Assessment and Diagnosis of Trauma Disorders

- Simple PTSD
- Complex PTSD and/or DESNOS
- Borderline Personality D/O vs. Affect Dysregulation D/O
- DTD Developmental Trauma Disorder
- Homework

Trauma Treatment: Trauma Tools, Trauma Treatment Modalities, and an Introduction to Eye Movement **Desensitization and Reprocessing, EMDR**

The Stage Model of Treatment

- Stage One: Stabilization and Safety
- Assessment, Rapport, Psychoeducation Developing the "Skills to Stay Stable"
- Trauma Tools for Affect Regulation
 - Dissociative episodes and "flashbacks"-Grounding clients in their bodies and back in the present

Mindfulness

Multisensory Guided Imagery **EFT**

- · Somatic exercises
- Reduction of physiological arousal Grounding and centering Containment and self-soothing Decreasing physiological arousal levels Recognizing and regulating affect

Stage Two: Working Through Traumatic Memories

- Brief Overview of the Theory and **Application of Trauma Processing**
- Trauma Processing Modalities: Sensorimotor Psychotherapy Somatic Experiencing (SE) Eye Movement Desensitization and Reprocessing (EMDR)
- · Eye Movement Desensitization and Reprocessing (EMDR) Description

Practice EMDR for Resourcing and Processing Traumatic Memories

Experiential exercises using EMDR

Under supervision, clinicians will learn and practice the skills of EMDR for both

- Resourcing clients (Phase One) Containment Imagery Protection Imagery Nurture Imagery Comfortable Place Imagery
- Reprocessing traumatic memories (Phase Two)

Limitations of Research and Potential Risk

Contraindications and precautions for reprocessing trauma

Differences in theory and in the associated neurophysiological models are a matter of ongoing discussion

Live Seminar Schedule (each day)

7:30 Registration/Morning Coffee & Tea 8:00 Program begins

11:50-1:00 Lunch (on your own) 4:00 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker A more detailed schedule is available upon request.



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By Catherine Pittman, Ph.D. HSPP



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Intensive Training

Eye Movement Desensitization & Reprocessing

Including, Neuroscience, Diagnosis, and Effective **Practices for Successful Trauma Treatment**



RICHMOND, VA

Monday - Wednesday April 8-10, 2019

www.pesi.com

EMDR 3-Day Intensive Training **Eye Movement**

Desensitization & Reprocessing Including, Neuroscience, Diagnosis, and Effective

Practices for Successful Trauma Treatment



- In just 3 days learn to use EMDR & begin treating trauma more effectively!
- The DSM-5® Diagnostic Category: Trauma and Stressor-Related Disorders
- Use EMDR as a tool in your practice



RICHMOND, VA

Monday - Wednesday April 8-10, 2019

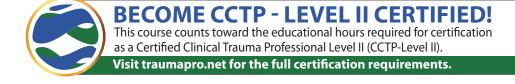




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Objectives

- 1. Evaluate the biological nature of trauma and how trauma is stored in the body and limbic system, creating physical and psychological symptoms to better understand your clients.
- 2. Differentiate between sympathetic (activated) freeze response and the parasympathetic (deactivated) dorsal vagal immobilization response your clients experience.
- 3. Distinguish between the following types of traumatic stress: normal, prolonged, complex and developmental and articulate treatment considerations for each.
- 4. Ascertain the clinical implications of traumatic stress symptomology, including hyperarousal, affect dysregulation, dissociation, body memories, and flashbacks.
- 5. Employ effective somatic techniques to reduce/eliminate client's body memories, "flashbacks" and dissociation.
- 6. Summarize the landmark study: Adverse Childhood Experiences Study and understand the ten adverse childhood experiences studied as they related to clinical diagnosis and assessment.
- 7. Evaluate the clinical presentation of the following attachment styles as it relates to your clinical assessment: secure vs insecure; insecure; organized vs insecure disorganized.
- 8. Designate two different treatment strategies, once attachment style has been ascertained, based on your client's attachment style.
- 9. Demonstrate strategies to help clients build skills to be prepared to process trauma via EMDR, including safety within the therapeutic alliance and skills for self-regulation.
- 10. Determine when/if your client is prepared to safely process trauma memories via EMDR.
- 11. Create and employ client-driven imagery for safety and containment during trauma processing.
- 12. Utilize clinical techniques to help with grounding and centering traumatized clients in-session.
- 13. Prepare clients with various trauma tools; mindfulness, guided imagery and meridian-based techniques to decrease client's arousal levels and modulate affect.
- 14. Analyze and critique the original eight phases of EMDR's standard protocol (Shapiro) as it relates to clinical treatment.
- 15. Determine Parnell's four essential elements of each EMDR session and how it relates to client
- 16. Practice under supervision Parnell's Modified EMDR protocol to prepare for work with your
- 17. Practice under supervision the skill for resourcing a client with imaginal resources prior to processing traumatic material.
- 18. Practice under supervision the trauma processing modality and EMDR tools for processing traumatic memories with your clients.
- 19. Utilize and practice two "cues of safety" with your clients based on Steve Porges' Polyvagal Theory.



Interested in attending for a highly reduced tuition?

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Speaker

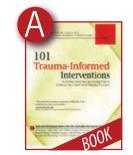
Linda Curran, BCPC, LPC, CACD, CCDPD, is president of Integrative Trauma

Treatment, LLC, in Havertown, PA. Currently, she provides clients an integrative approach to trauma, and treats PTSD in adolescent and adult populations, including clients with eating disorders, sexual trauma, and self-injury. An international speaker on the treatment of trauma, Linda has developed, produced, and presents multi-media workshops on all aspects of psychological trauma.

Linda is the author of best selling Trauma Competency: A Clinician's Guide (PPM, 2010) and her newest book 101 Trauma-Informed Interventions (PPM, 2013). She is the producer of the best-selling Interview Trauma series DVD's in which she collaborated with the world's leaders in Trauma: Bessel van der Kolk, M.D., Peter Levine, Ph.D., Babette Rothschild, MSW, LCS, Stephen Porges, Ph.D., Janina Fisher, Ph.D, and many more.

Financial: Linda Curran maintains a private practice. She receives a speaking honorarium from PESI, Inc. Non-financial: Linda Curran has no relevant non-financial relationship to disclose.

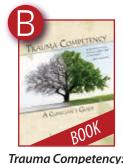
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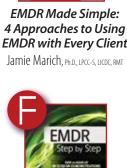
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EMDR: Step by Step

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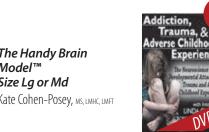
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QUESTIONS? Call 800-844-8260 or e-mail us at info@pesi.com.

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