

Outline

The Neuroscience of Trauma and Anxiety

Introduction to the autonomic system (ANS)
 Fight, flight, freeze, fawn survival responses
 Polyvagal Theory, and types of freeze responses
 Key brain areas involved in trauma and anxiety
 Clinical implications of the freeze response

Mechanisms of Change:

How EMDR and Other Treatment Approaches Work

The neuroscience of exposure therapy and cognitive therapy
 The neuroscience of relaxation exercises
 EMDR and other “transformative therapies”
 Mechanisms of change
 Why EMDR works so well from a brain perspective

Assessment:

Connect Symptoms and Presentations to a Diagnosis

Nervous system switched on/off – PTSD and Depression
 Underactivations and weakened connections
 Trauma memories and intrusive thoughts
 Phobias, anxiety and insula hyperactivation
 Emotional hijackings and implicit memory: Basal ganglia and amygdala
 Why treating avoidance is critical in anxiety and trauma
 DSM-5® symptoms in a nutshell
 Connect Your Client to a Diagnosis
 Simple vs. complex trauma
 Intergenerational trauma
 Symptom clusters and physical manifestations
 CAPS-5 and PCL-5
 Primary Care PTSD Screen
 Dual diagnosis

Intended Audience

This workshop is intended for masters- and doctoral-level clinicians experienced in working with trauma.

Counselors • Social Workers • Psychologists • Addiction Counselors • Marriage and Family Therapists • Nurses • Other Mental Health Professionals

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.

EMDR as Applied Neuroplasticity

How EMDR builds dual awareness to treat avoidance
 What you are thinking about is the network you’re in
 You need to activate a network to change it
 Neurons that fire together, wire together (Hebb’s Rule)
 EMDR as neuroentrainment

Practical EMDR Techniques and Protocols to Move Clients from Surviving to Thriving

EMDR Assessment, Resourcing, Eye Movements and More:

How to Work with the Original 8-Phase Model

Client history and treatment planning
 How to resource: Create a safe space
 Assessment: Choose a target, SUDS, connect with the image/emotions/thought
 Desensitization: tactile vs. auditory vs. eye movement
 How to use Touchpoints, Theratapper, CDs
 Positive Cognition Installation: Likert scale 1-7
 Body Scan: Locating tension and distress in the body
 Closure: Closing the neural network and the 6-hour window
 Re-evaluation

When to Use EMDR in Trauma and Anxiety Treatment

Demonstrations and experiential exercises
 Single event trauma
 Anxiety disorders involving imaginal exposure
 Demonstration of original 8-Phase Model
 ***Experiential exercises with groups of three: client, therapist, observer
 Preparation and assessment
 Desensitization
 Positive cognition and body scan

EMDR for Direct Treatment of Traumatic Memories

Modifications for complex/developmental trauma
 Do not use standard protocol - Rationale for modifications
 Resourcing strategies:
 Container Comfortable place
 Nurturing figure Protective figure
 Circle of support

Techniques to reinforce and activate positive neural networks

Relevance of Polyvagal Theory, early trauma, and EMDR

Sensory motor modifications and somatic approaches

How to build Dual Awareness

Adaptive Information Processing Theory

EMDR techniques to bring traumatic memories into the prefrontal cortex

Attachment-Based EMDR for Resolving Relational Trauma

Strategies to foster the critical connection between client and therapist

How to emphasize safety during sessions

Guidance on order of operations:

Resourcing with multisensory guided imagery
 Activate trauma network
 Desensitization round
 Ask, “What is coming up?”
 How to install positive cognition
 Identify and resolve remaining tension or distress in the body
 Debrief clients to ensure embodiment

EMDR Modifications for Anxiety Disorders

Modifications for phobias and generalized anxiety
 Resourcing strategies for self-efficacy and control
 Imaginal exposure and exposure through pictures and videos
 Techniques to reinforce and activate positive neural networks
 How to build Dual Awareness and reduce avoidance

EMDR Modifications for Other Disorders

Borderline Personality Disorder
 Dissociative Identity Disorder
 OCD
 Generalized Anxiety Disorder

EMDR vs Brainspotting vs EFT vs Neuromodulation

When to use each

Strengths and limitations of each

Overview of how to conduct a Brainspotting session

Overview of how to conduct an EFT session
 Integrating neuromodulation and EMDR for faster, more effective treatment\

Research Limitations and Potential Risks

FREE Worksheets

Identifying Anxiety-Igniting Thoughts

By Catherine Pittman, Ph.D. HSPP



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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.

3-DAY INTENSIVE TRAINING EMDR CERTIFICATE COURSE

EMDR has helped thousands of clients reclaim their lives; quickly and consistently helping them find relief from the trauma and anxiety that plague them.

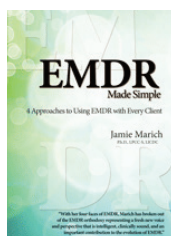
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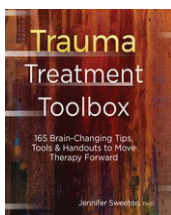
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EMDR Made Simple
4 Approaches to Using EMDR with Every Client
By Jamie Marich, Ph.D., LPCC-S, LICDC-CS, RMT

A fresh approach to understanding, conceptualizing, and ultimately implementing EMDR into clinical settings. Using common sense language, clinical cases, and practical examples, *EMDR Made Simple* will give you the tools to build on your existing clinical knowledge and make EMDR work for you and your clients.



Trauma Treatment Toolbox
165 Brain-Changing Tips, Tools & Handouts to Move Therapy Forward
Jennifer Sweeton, PSY.D., M.S., M.A.

The latest research from neuroscience and psychotherapy has shown we can rewire the brain to facilitate trauma recovery. Trauma Treatment Toolbox teaches clinicians how to take that brain-based approach to trauma therapy, showing how to effectively heal clients' brains with straightforward, easy-to-implement treatment techniques. Each tool includes a short list of post trauma symptoms, relevant research, application, and clinician tips on how to complete the exercise.

Speaker

Dr. Jennifer Sweeton, is a licensed clinical psychologist, author, and internationally-recognized expert on trauma, anxiety, and the neuroscience of mental health. Dr. Sweeton has been practicing EMDR for nearly a decade, and has treated a variety of populations using EMDR and other memory reconsolidation approaches, including combat veterans, individuals with PTSD and complex trauma, and those suffering from treatment-resistant anxiety.

She completed her doctoral training at the Stanford University School of Medicine, the Pacific Graduate School of Psychology, and the National Center for PTSD. Additionally, she holds a master's degree in affective neuroscience from Stanford University, and studied behavioral genetics at Harvard University.

Dr. Sweeton resides in the greater Kansas City area, where she owns a group private practice, Kansas City Mental Health Associates. She is a past president of the Oklahoma Psychological Association, and holds adjunct faculty appointments at the University of Kansas School of Medicine. She is the president of the Greater Kansas City Psychological Association. Dr. Sweeton offers psychological services to clients in Oklahoma, Kansas, and internationally, and is a sought-after trauma and neuroscience expert who has trained thousands of mental health professionals in her workshops.

Speaker Disclosure:
Financial: Jennifer Sweeton is in private practice. She has an employment relationship with the Oklahoma City VAMC. Dr. Sweeton receives a speaking honorarium from PESI, Inc.
Non-financial: Jennifer Sweeton has no relevant non-financial relationship to disclose.

Objectives

1. Establish the role of the autonomic nervous system in trauma and anxiety symptomology.
2. Articulate the clinical implications of the freeze response in trauma treatment.
3. Characterize the potential neurobiological mechanisms of change in the empirically validated EMDR approach.
4. Specify how EMDR techniques can build dual awareness in clients to treat the avoidance that makes trauma and anxiety treatment challenging.
5. Communicate the 8 Phases of the EMDR protocol.
6. Determine which clients you should use EMDR with.
7. Establish the relevance of Polyvagal Theory and early trauma in EMDR work.
8. Communicate the central principle of the Adaptive Information Processing Theory and establish how it informs the EMDR approach.
9. Analyze resourcing strategies from EMDR that clinicians can use to help facilitate the processing of trauma.
10. Specify the steps clinicians must take to emphasize safety during EMDR sessions.
11. Delineate how EMDR can be modified to treat anxiety disorders.
12. Differentiate between EMDR strategies recommended for trauma and EMDR strategies recommended for anxiety.
13. Characterize how EMDR techniques can be used to reinforce and activate positive neural networks.
14. Communicate how EMDR can be modified to work with complex/developmental trauma to directly treat traumatic memories.
15. Evaluate strategies that can help foster the critical connection between client and therapist in EMDR therapy.
16. Establish the order of operations for attachment-based EMDR treatment to resolve relational trauma.
17. Articulate how EMDR can be modified to work with Borderline Personality Disorder, Dissociative Identity Disorder, and Generalized Anxiety Disorder.
18. Differentiate between EMDR and Brainspotting by communicating the strengths and limitations of each.

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Credits listed below are for full attendance at the live event only. After attendance has been verified, pre-registered attendees will receive an email from PESI Customer Service with the subject line, "Evaluation and Certificate" within one week. This email will contain a link to complete the seminar evaluation and allow attendees to print, email or download a certificate of completion if in full attendance. For those in partial attendance (arrived late or left early), a letter of attendance is available through that link and an adjusted certificate of completion reflecting partial credit will be issued within 30 days (if your board allows). Please see "LIVE SEMINAR SCHEDULE" on this brochure for full attendance start and end times. NOTE: Boards do not allow credit for breaks or lunch.

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Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards. PESI, Inc. offers continuing education programs and products under the brand names PESI, PESI Healthcare, PESI Rehab and Psychotherapy Networker.

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New York Psychologists: This live activity consists of 1140 minutes of continuing education instruction and is related to the practice of psychology.

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New York Social Workers: PESI, Inc. is recognized by the New York State Education Department's (NYSED) State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0008. This activity will qualify for 22.75 contact hours. Full attendance is required; no partial credits will be offered for partial attendance.

Other Professions: This activity qualifies for 1140 minutes of instructional content as required by many national, state and local licensing boards and professional organizations. Save your course outline and certificate of completion, and contact your own board or organization for specific requirements.



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