

## 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

This training is not affiliated with EMDRIA and does not qualify toward EMDRIA credits, training, or certification.

### 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\

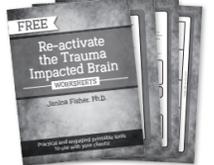
### Research Limitations and Potential Risks

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

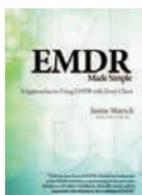
But without guidance, and hands-on practice, you're unable to bring this **groundbreaking evidence-based treatment** to your clients who so desperately need it.

**This 3-Day EMDR Certificate Course is your chance to get powerful and proven skills and techniques from EMDR** so you can move your clients from surviving to thriving! Over 3 intensive days you'll be given a roadmap to help clients manage disturbing feelings, safely process their traumatic memories, reduce fears and anxiety, and help them to develop the resources they need to achieve and maintain recovery.

**This intensive training also includes hands-on opportunities for you to practice,** reinforcing what you've learned and allowing you to gain confidence in using your new skills.

**Sign up today** and take your treatment to the next level with EMDR skills and techniques to quickly and safely bring relief from trauma and anxiety to your clients!

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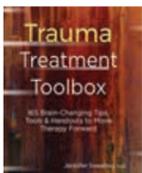


### EMDR Made Simple

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

By 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

**Megan Howard, LCSW, CCTP** was trained on the use of EMDR as a treatment protocol through EMDRIA and uses EMDR in her practice to achieve improved outcomes with a broad spectrum of clients in the areas of trauma, abuse, and substance abuse.

She is certified as a Clinical Trauma Professional through the International Association of Trauma Professionals and currently owns and operates one of the largest treatment centers for substance abuse and trauma in the state of Idaho.

She has been invited to train internationally at the International Society of Addiction Medicine in India and at the International Conference on Addiction Research and Therapy in Amsterdam.

Ms. Howard earned her Masters in Clinical Social Work from Northwest Nazarene University and is a member of EMDRIA and the International Society of Addiction Medicine.

## 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.

## Live Seminar Continuing Education Credit Information for the Entire Conference

**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.**

If your profession is not listed, please contact your licensing board to determine your continuing education requirements and check for reciprocal approval. For other credit inquiries not specified below, or questions on home study credit availability, please contact [cepesi@pesi.com](mailto:cepesi@pesi.com) or 800-844-8260 before the event.

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.

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**KENTUCKY COUNSELORS:** For the most up-to-date credit information, please go to: [www.pesi.com/events/detail/75416](http://www.pesi.com/events/detail/75416).

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We would be happy to accommodate your ADA needs; please call at least two weeks prior to the seminar date.

#### WALK-INS

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