Looking Through the Eyes of Trauma and Dissociation: EMDR and Ego State Therapy Across the Dissociative Continuum

Sandra Paulsen, Ph.D.

We would like to invite you to hear Dr. Sandra Paulsen, renowned educator in Eye Movement and Desensitization (EMDR) speak on the topic of ego states and dissociation.

About the workshop

Dissociative clients present unique challenges for EMDR practitioners, who may learn the hard way that the standard protocol is not safe for complex cases, including previously undiagnosed DID. Ego state and other methods such as hypnosis and somatic therapists increase affect and soma intolerance, enable stabilization and containment, and offer essential interweaves for stuck complex processing.

Dr. Paulsen describes how to work with dissociative clients using a phased approach to promote stabilization and containment before introducing EMDR therapy. Whether you use EMDR or another phased approach to process trauma, you will find this workshop useful. A measured approach is also used to maximize safety for clients with dissociative tendencies.

This workshop is open to non-EMDR Clinicians but who are registered mental health professionals.

See Objectives and Agenda

Event Speaker

Dr. Sandra Paulsen has spoken, written and consulted on the power, benefits and risks of the combination of EMDR and ego state therapy since 1992. She is co-editor of Neurobiology and Treatment of Traumatic Dissociation: Toward an Embodied Self and author of the 2009 book, Looking Through the Eyes of Trauma and Dissociation: An Illustrated Guide for EMDR Therapists and Clients. She is a fellow of the ISST&D, was invited Master Series Lecturer for the EMDRIA conference in Montreal in 2004 and is an EMDRIA Certified Consultant. She was a contributor to the 2010 Revision of the ISST&D Treatment Guidelines as well as to the EMDR Task Force on Dissociation the basic EMDR text.

"Dr. Sandra Paulsen was the first clinician to identify the need to pre-test for dissociative disorders in candidates for EMDR therapy. Her continued investigations in this area are a contribution to all practicing clinicians."  
Francine Shapiro, PhD Originator of EMDR

"Dr. Sandra Paulsen has made significant contributions to the development of a comprehensive EMDR treatment of dissociative clients. She writes and presents in a manner both accessible and scholarly. I highly recommend her workshops."
Carol Forgash, CSW. Author "Healing the Heart of Trauma with EMDR and Ego State Therapy"

Contact person e-mail: michelle@arippleaffect.com or call 250-412-5921 To Remove your name from our mailing list, please click here.
Eye Movement Desensitization and Reprocessing (EMDR) was originated by Dr Francine Shapiro in 1987. EMDR has been established by extensive scientific and clinical research as an effective treatment for Post Traumatic Stress Disorder (PTSD). It has application beyond PTSD to other life experiences which had a negative learning outcome. It can be used to help establish self esteem, confidence, and to release attachments to out of date loyalties and unresolved baggage.

EMDR typically involves left-right eye movements, or auditory or tactile stimulation. It can be accomplished using either equipment or the practitioner may move her hand left to right to cause the client’s eyes to move. This causes disturbing material to come forward in the client’s awareness, enabling it to be resolved adaptively. For information on the scientific status of EMDR, please go to www.emdr.com.

EMDR involves the following steps, if people are not dissociative. 1) Client History, 2) Preparation (when indicating, strengthening a safe sense, resourcing the client and ruling out red flags contraindicating proceeding EMDR), 3) Assessment of the memory, image, negative belief about the self, the positive belief one wishes to hold instead (and how valid it seems at the outset), the emotion and the body sense of the memory, and the level of disturbance at the outset. 4) Desensitization with bilateral stimulation, whether eye movements, auditory or tactile stimulation is chosen by the client, 5) Installation of the desired positive cognition when it is ready to be received and strengthened, 6) closure and 7) follow up. See "looking through the eyes" for the steps for more dissociative individuals. For dissociative individuals, Paulsen has published the ACT-AS-IF phases of treatment and the ARCHITECTS steps of EMDR for dissociative individuals, which includes fractionation and ego state methods.

Ego State Therapy

Ego State Therapy was originated by Dr Jack Watkins and the late Helen Watkins. They found that giving a voice to disowned or dissociated aspects of self enabled resolution of long-standing internal conflicts. Although it is sometimes practiced with formal hypnotic induction, it need not be. Dr Paulsen has also collaborated with Dr Watkins, presenting on EMDR and ego state therapy in several international professional venues, including the Eye Movement Desensitization and Reprocessing International Association (EMDRIA), the American Society for Clinical Hypnosis (ASCH), the Society for Clinical and Experimental Hypnosis (SCEH) and the International Society for the Study of Dissociation.

Ego state therapy typically involves identifying key parts of self involved in internal dynamics related to resistance to change, inner conflict, self-sabotage, child-like behavior, avoidance, criticalness, and/or many other presenting problems (certainly, anxiety, depression, anger, shame, trusting others, attachment, are all on the list). Using a powerful method called dissociative table and other methods (hypnosis is sometimes used), it is possible to identify and work directly with the young parts that are mobilized around these long-standing issues. Ego state therapy honors those functions and their reason for being, hears their concerns, needs, and fears, appreciations their survival function, and when indicated, helps them update their "job description" to be more in current time. We don't get rid of parts, though they sometimes choose to blend with other parts and the work progresses.

Integrating Ego State and Other Methods Into EMDR

EMDR can be combined with other therapies, but only if the integrity of the EMDR model is maintained. This workshop reviews specific ego state and other techniques and presents them in the context of how they may be appropriately combined with EMDR while maintaining the integrity of EMDR. Paulsen's ACT-AS-IF and ARCHITECTS methods enable the integrity of EMDR to be maintained while fractionating the work and emphasizing stability and safety.
About the workshop

Dr. Paulsen describes how to work with dissociative clients using a phased approach to promote stabilization and containment before introducing EMDR therapy. A measured approach is also used to maximize safety for clients with dissociative tendencies. This workshop is open to all licensed mental health professionals.

Limitations of the Standard EMDR Protocol

Although EMDR is efficacious in the treatment of PTSD, for dissociative clients, the standard protocol of EMDR is not appropriate and can cause serious clinical setbacks. This is because EMDR can lance dissociative barriers prematurely and cause flooding, when the volume of material accessed exceeds the capacity of the client to process the material. Additionally, when EMDR clinicians are untrained to screen for and recognize dissociation, and are unaware that special procedures are necessary for the safe and effective use of EMDR with dissociative clients, the risk is compounded. The middle of an EMDR session is no time to discover an undiagnosed dissociative disorder, to discover that dissociative disorders really exist, or to try to establish rapport with alter personalities disoriented as to time, person, and place.

LEARNING OBJECTIVES

Participants will be able to:

1. Explain why and when to assess every client for degree of dissociation prior to doing EMDR and choose an appropriate protocol.
2. Utilize a phased approach to therapy, including EMDR when and where appropriate, for complex dissociative clients.
3. List six tactics for stabilizing clients, prior to doing EMDR for dissociative clients to increase rapport, increase somatoVer-ance, contain affect, orient to present circumstances, reduce inner conflict, and build coping resources.
4. Prepare for EMDR processing using ego state and other methods to clarify roles and plan the work.
5. Structure EMDR sessions using imagery, ego state interventions (and somatic methods, for the second workshop) for pacing, fractionating and trouble shooting the work.
6. For the somatic version of the workshop, list several somatic interventions to assist with various phases work with dissociative clients.

Day 1 March 19, 2016 9:00 am– 5:30 pm
Developmental and Ego State Theory; Integrated theory; ACT-AS-IF Phased Approaches to Treatment and ISST&D Treatment Guidelines; Assessment; Affect and Soma Tolerance; Dissociative Disorder.

10:30 am Break with refreshments
Containment: Utilize Amnesia, Resonance, Boundaries, Emotions, Fight/Flight/Freeze, Hypnosis, Ego State, Conference Room, Closure, Resource States; and Empathy & Attachment

12:30-1:30 Lunch
Trauma Accessing: Ego and Object Awareness, Inter-subjectivity and Re-enactment. Trauma Accessing: Ego State; Pacing, Orienting, Appreciating

3:30 Break with refreshments
Trauma Accessing: Ego State; Defusing Conflicts With Monsters, Introjects, Compassion, Containment

Day 2 March 20, 2016 9:00am- 5:30
Developmental Theory & Dissociation, ACT-AS-IF Middle A – Abreaction …ARCHITECTS Phases of EMDR for DID, Tactical Integrationism & Titration

10:30 Break with refreshments

12:00-1:00 Lunch
Ego State interweaves, C – Closure of Incomplete, T – Tranquility/Technology and S – Stabilize/Synthesize

3:30 Break
Summary of Ego State in EMDR, Case Consultation, Q & A
REGISTRATION INFORMATION

Full Name: _______________________________________________
University/Organization: ____________________________________________

Registering Body: ______________________________________________
Preferred Mailing address: __________________________________________
City: ________________________________ State/Province: ______________________
Zip/Postal Code: _________________
Country: _____________________________ Telephone: (______)__________________
Fax: (______)____________________
Email: __________________________________________________________________

WORKSHOP FEES

Registration Fees (All fees listed in Canadian Funds.) Includes 2 light lunches, morning/afternoon breaks, and workshop.

***Full fees are due in full March 1, 2016. Payable in Canadian funds ***

Please check registration fee:

- Cheque, Bank Draft, Money Order, E-Transfer

<table>
<thead>
<tr>
<th>Year of Employment</th>
<th>On or Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Professionals</td>
<td>$350 □</td>
<td>$375 □</td>
</tr>
<tr>
<td>Not for Profit</td>
<td>$300 □</td>
<td>$325 □</td>
</tr>
</tbody>
</table>

TOTAL ENCLOSED: $ __________

Cancellations/Changes and Refunds: Fees for missed meals, late arrivals, and early departures will not be refunded. Fees will be refunded, less a $20.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than March 1, 2016. After that date, fees are non-refundable. All refunds will be processed after the workshop.

PLEASE NOTE: Sponsor may cancel or postpone the workshop due to under-enrollment, presenter illness or inclement weather.

PAYMENT METHOD: Check, Bank Draft, or Money Order must be in Canadian funds payable to: Michelle Gay. There will be a $25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed.

Please check the appropriate method of payment:

- Cheque □
- Money Order □
- Bank Draft □
- E-Transfer

Please scan and email completed registration form to:

Michelle Gay
923 Selkirk Avenue
Victoria BC
V9A 2T9
Email: michelle@rippleaffect.com
Phone: 250-412-5921