

# EMDR CONFERENCE



Laurel Parnell, PhD



Phil Manfield, PhD



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## 3RD ANNUAL PARNELL INSTITUTE Innovations in EMDR 3-Day Conference

Learn from EMDR experts—  
innovate on your trauma work

**OCTOBER 16-20, 2019  
SAN FRANCISCO BAY AREA**

### Third Annual Parnell Institute Innovations in EMDR Conference: Transforming Trauma, Mending Attachments, and Supporting Resilience

With EMDR experts Laurel Parnell, PhD, Phil Manfield, PhD, and Constance Kaplan, MFT

Come join us to learn about the latest clinical innovations in eye movement desensitization and reprocessing (EMDR), improve your skills, connect with like-minded EMDR therapists working in the field, and be inspired.

The focus of this conference is on what EMDR clinicians are most interested in: what EMDR really looks like in clinical practice, and the latest tools and techniques to help their clients—clients who do not fit into a simple technique, clients who require understanding and adaptations in order to help them heal from trauma. Designed by experienced EMDR clinicians who have been using EMDR for over twenty years, this conference focuses *entirely* on effective utilization of EMDR in clinical practice. Faculty are all expert EMDR clinicians with many years of experience using EMDR in clinical practice.

We believe that EMDR therapy is an art, not a technique that should be used the same way with everyone. Instead, we believe in an approach to the treatment of trauma that is client-centered, adaptive, culturally sensitive, and transpersonal. We use a holistic approach that honors the body, mind, and spirit. Clinical experience has taught us the importance of creating a safe environment in which to process trauma, as well as client-appropriate adaptations to EMDR protocols.

This conference is for EMDR-trained therapists who wish to further develop their skills in working with a range of clients. This clinically focused conference will include presentations on EMDR with addictions, eating disorders, attachment and complex trauma, and acute trauma, as well as innovative techniques such as the Flash Technique, Connecting the Consequences, and Intergenerational EMDR. Presentations will include case material, videos of EMDR sessions, and experiential exercises. You will learn practical tools and techniques to improve your use of EMDR in clinical practice. Morning meditation and a panel on EMDR and spiritual experiences will also be offered, as well as a presentation on therapist self-care.

## 3rd Annual Parnell Institute Conference Schedule at a Glance

Session #	Time	Presenters	Title	Session Type	CE Hours
<b>WED &amp; THURS - OCTOBER 16-17</b>					
1	9:00 am - 12:00 pm & 1:30 pm - 5:00 pm (with two fifteen-minute breaks)	Laurel Parnell	Attachment-Focused EMDR for Addiction: Healing Relational Trauma and Rewiring the Addicted Brain with EMDR-Based Treatment	2-day Pre-Conference	12.00
<b>FRIDAY, OCTOBER 18</b>					
2	8:30 am - 9:30 am	Laurel Parnell	Innovations in EMDR: The Connecting the Consequences Protocol for Addictions, Eating Disorders, Problematic Behaviors, and Dysfunctional Relationship Patterns	Keynote	1.00
3	9:45 am - 12:30 pm & 2:00 pm - 5:00 pm (with one fifteen-minute afternoon break)	Phil Manfield and Lewis Engel	The Flash Technique	Keynote	5.50
4	5:15 pm - 6:15 pm	Laurel Parnell, Julie Probus-Schad, Constance Kaplan	When EMDR Sessions Go Off the Rails: Challenging Situations in EMDR Sessions and What We Did to Manage Them	Panel	1.00
<b>SATURDAY, OCTOBER 19</b>					
5	9:00 am - 10:30 am	Constance Kaplan	Tools, Techniques, and Recommendations for Working with Recent Traumas: What We Have Learned over the Last Several Years	Keynote	1.50
<b>Concurrent Breakout Sessions- Please select 1 of the 3 options below:</b>					
6	11:00 am - 12:30 pm & 2:00 pm - 3:30 pm	Christie Sprowls	EMDR for Eating Disorders Part 1 & 2	Concurrent Breakout	3.00
7	11:00 am - 12:30 pm & 2:00 pm - 3:30 pm	Mark Brayne	AF EMDR with Generational Trauma (G-EMDR) Parts 1 & 2	Concurrent Breakout	3.00
8	11:00 AM - 12:30 pm & 2:00 pm - 3:30 pm	Constance Kaplan, Julie Probus-Schad	When Everything Changes in an Instant: How and When to Work with Individuals and Communities Utilizing Early EMDR Interventions (EEI) with Recent Traumatic Events and Critical Incidents	Concurrent Breakout	3.00

Session #	Time	Presenters	Title	Session Type	CE Hours
9	4:00 pm - 5:30 pm	Laurel Parnell, Julie Probus-Schad, Constance Kaplan, Vinutha Mohan	EMDR and Spiritual Experiences	Panel	No CE
<b>SUNDAY, OCTOBER 20</b>					
10	9:00 am - 10:30 am	Julie Probus-Schad	Tapping into Communities and Schools: Utilizing Resource Tapping™ as a Standalone Therapy for Activating Healing Resources through Bilateral Stimulation	Keynote	No CE
11	11:00 am - 12:00 pm	Laurel Parnell, Parnell Institute faculty	Resourcing Ourselves, Building Community, Planning for the Future	Keynote	No CE

CE HOUR SUMMARY	
Pre-Conference	12 CE hours
Max Conference Hours	12 CE hours
BOTH Pre-Conference and Conference Combined	24 CE hours

Session #1

PRE-CONFERENCE - 12 CE hours

Wednesday & Thursday, October 16–17

9:00 am - 12:00 pm - 1:30 pm - 5:00 pm (with two fifteen-minute breaks)

## **Attachment-Focused EMDR for Addiction: Healing Relational Trauma and Rewiring the Addicted Brain with EMDR-Based Treatment**

**Presenter: Laurel Parnell, PhD**

Addiction is costly—not only for our clients, but for their families, friends, employers, and communities as well. And when we consider the cost of lives lost to addiction, the toll can be overwhelming. While there are a number of programs targeted toward helping people overcome addiction, recovery often remains elusive or short-lived for all too many. The good news is that there are proven-effective methods for treating it, such as attachment-focused eye movement desensitization and reprocessing (EMDR).

Over two days, you will learn a holistic, integrative approach for treating addictions and dysfunctional behaviors that is brain-wise, resource-based, trauma-informed, and attachment-focused. Research has shown that the addictive process is an interaction of impairments in three functional systems: motivation-reward, affect regulation, and behavioral inhibition. When we can focus our treatment in these three areas—using EMDR-related techniques to help support motivation, increase affect regulation, and increase control over dysfunctional behaviors—we may be better able to break the addiction cycle, and support our clients in a life free of addictions.

This workshop addresses these areas integrating methods from attachment-focused EMDR, resource tapping, and the Connecting the Consequences Protocol™. Attachment-focused EMDR extends the use and benefits of EMDR and bilateral stimulation for use with clients who have been typically less responsive to traditional EMDR protocols due to acute or chronic relational trauma and attachment deficits. Those deficits include the effects of childhood physical or sexual abuse, neglect, early losses, birth trauma, medical trauma, parental drug or alcohol abuse, caregiver misattunement, secondary trauma, and the cumulative effects of all. Drawing from her extensive clinical experience, Laurel Parnell, has found that to work more successfully with addictive behaviors, it is important to incorporate an attachment-repair orientation to all phases of EMDR work. She found that by making adjustments to the EMDR phases and procedural steps, clients experienced more complete resolution. Are you ready to help your clients with addictions heal?

Through lecture, slides, and videos of live client sessions, you will learn how to integrate an attachment-focused, brain-wise approach into treating clients with addictions and dysfunctional behaviors, as well as practical tools you will be able to use immediately with your clients.

## Target Audience

Mental health professionals, Level: Beginner to Advanced

## Recommended Readings

*Rewiring the Addicted Brain* by Laurel Parnell, PhD. 2018: Green Tara Books.

*Attachment-Focused EMDR: Healing Relational Trauma* by Laurel Parnell, PhD. 2013: W. W. Norton & Company.

## References

van Dam, D., Vedel, E., Ehling, T., & Emmelkamp, P. M. (2012). Psychological treatments for concurrent posttraumatic stress disorder and substance abuse disorder: A systematic review. *Clinical Psychology Review*, 32, 202–214.

Hruska, B., & Delahanty, D. (2014). PTSD-SUD biological mechanisms: Self-medication and beyond. In P. Ouimette & J. Read (Eds.), *Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders* (2nd ed., pp. 35–52).

Najavits, L., Kivlahan, D., & Kosten, T. (2011). A national survey of clinicians' views of evidence-based therapies for PTSD and substance abuse. *Addiction Research and Theories*, 19 (2), 138–147.

## Prerequisites

N/A

## Schedule

DAY 1: Attachment-Focused EMDR: Healing Relational Trauma

8:30 am – 9:00 am: Registration

9:00 am – 10:30 am: Introduction to Attachment-Focused EMDR, the Five Basic Principles, Resource Tapping for Attachment Repair and Emotion Regulation

10:30 am – 10:45 am: Morning Break

10:45 am – 12:00 pm: Video Demonstration, Q & A

12:00 pm – 1:30 pm: Lunch Break

1:30 pm – 2:30 pm: Attachment-Focused EMDR Trauma Processing

2:30 pm – 3:45 pm: Working with Blocked Processing and Dissociation

3:45 pm – 4:00 pm: Afternoon Break

4:00 pm – 5:00 pm: Video Demonstration

## DAY 2: Rewiring the Addicted Brain with EMDR-Based Treatment

8:30 am – 9:00 am: Registration

9:00 am – 10:30 am: Overview of Treatment Model and Addiction Treatment Resources

10:30 am – 10:45 am: Morning Break

10:45 am – 12:00 pm: Video of Attachment-Focused-EMDR with Meth and Porn Addict

12:00 pm – 1:30 pm: Lunch Break

1:30 pm – 2:30 pm: Reprocessing Traumas with EMDR Big “T” Traumas as Well as Traumas Associated with Use

2:30 pm – 2:45 pm: Afternoon Break

2:45 pm – 3:45 pm: Video Demonstration: Attachment-Focused-EMDR with a Sex Offender

3:45 pm – 5:00 pm: Defusing and Deactivating Urges and Triggers and the Connecting the Consequences Protocol™, Q & A

## Learning Objectives

Participants will be able to:

1. Describe the five basic principles of attachment-focused EMDR and how they can be integrated into the treatment of relational trauma.
2. List the four most commonly used resources to install, as well as other useful resources and how they can be integrated into EMDR with an attachment focus.
3. Describe how to repair early developmental stages using imagination and bilateral stimulation.
4. Name three techniques for working with dissociation.
5. Describe four ways to integrate an attachment focus into the desensitization, installation, closure, and reevaluation phases of EMDR.
6. Utilize at least four interweave strategies.
7. Describe how and why to adapt the standard EMDR protocol for clients with attachment wounds.
8. List the basic principles of attachment-focused EMDR and how they can be integrated into the treatment of complex trauma.
9. Explain how an attachment focus can be integrated into the history-taking and preparation phases of EMDR.
10. Describe the basic model for rewiring the addicted brain.
11. Name three resources that can be tapped into for managing anxiety.
12. Name two resources that can be tapped into for boosting morale and motivation in recovery.
13. Describe two ways to work with urges and triggers for addictions.
14. Describe the Connecting the Consequences Protocol™ for addictions

Session #2  
Keynote – 1 CE hour  
Friday, October 18  
8:30 am – 9:30 am

## Innovations in EMDR: The Connecting the Consequences Protocol™ for Addictions, Eating Disorders, Problematic Behaviors, and Dysfunctional Relationship Patterns

Presenter: Laurel Parnell, PhD

Why do people continue with their addiction or addictive behavior even when they know that it is harming them and those they care for? Why don't they apply what they know about themselves and their addictions to changing their behavior? These are questions that many of us working with addicted clients have asked ourselves. The answers eluded me for years, until a stroke of insight I experienced one day in a session with a client who was struggling with an addiction. It was from this insight that I developed the Connecting the Consequences Protocol™ for addictions. With this protocol, we help clients integrate the urge, use/high, and the consequences using bilateral stimulation. Over the past ten years this protocol has been used successfully with many clients who have been able to find relief from their addictions or problematic behaviors.

The Connecting the Consequences Protocol™ is founded on the belief that the reason people continue with their addictions or problematic behaviors is not because of a purposeful denial, but rather due to dissociation of the substance or behavior and the consequence of the use of the substance or the behavior, and that when the consequence is more fully somatically and emotionally linked with the addiction or problematic behavior, the addiction will cease. There is now ample clinical evidence that this protocol can be helpful for many clients suffering from a range of addictions or problematic behaviors, including alcohol, meth, cocaine, and cigarettes, as well as the abuse of insulin linked to diabulimia, eating disorders, and dysfunctional relationships.

In this workshop, participants will learn the basics of the Connecting the Consequences Protocol™ and how to use it with clients dealing with addictions, eating disorders, and dysfunctional relationships. Case material will be presented to illustrate how this protocol can be used.

### Target Audience

Mental health professionals, Level: Beginner

### References

Parnell, L. *Rewiring the Addicted Brain with EMDR Based Treatment*. (2019) New York.: WW Norton.



van Dam, D., Vedel, E., Ehring, T., & Emmelkamp, P. M. (2012). Psychological treatments for concurrent posttraumatic stress disorder and substance abuse disorder: A systematic review. *Clinical Psychology Review*, 32, 202–214.

Hruska, B., & Delahanty, D. (2014). PTSD-SUD biological mechanisms: Self-medication and beyond. In P. Ouimette & J. Read (Eds.), *Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders* (2nd ed., pp. 35–52).

Najavits, L., Kivlahan, D., & Kosten, T. (2011). A national survey of clinicians' views of evidence-based therapies for PTSD and substance abuse. *Addiction Research and Theories*, 19 (2), 138–147.

## Prerequisites

N/A

## Schedule

8:30 am – 9:00 am: Overview of the Connecting the Consequences Protocol™ and Steps

9:00 am – 9:30 am: Case Applications: Using the Connecting the Consequences Protocol™ with Substance Abuse, Problematic Behaviors, and Dysfunctional Relationships

## Learning Objectives

Participants will be able to:

1. Describe the basic steps of the Connecting the Consequences Protocol™.
2. Name three additional steps to add to the Connecting the Consequences Protocol™.
3. Describe how the Connecting the Consequences Protocol™ could be applied to drug addiction or eating disorders.
4. Describe how the Connecting the Consequences Protocol™ could be applied to a dysfunctional relationship.

Session #3  
Keynote – 5.5 CE hours  
Friday, October 18  
9:45 am – 12:30 pm AND 2:00 pm – 5:00 pm

## An Introduction to the Flash Technique

Presenter: Philip Manfield, PhD, and Lewis Engel, PhD

This presentation introduces the “flash technique,” a technique used in the preparation phase of EMDR to reduce initial disturbance of memories that clients would otherwise resist bringing to mind sufficiently to target them with EMDR. This technique discourages clients from focusing on the disturbance associated with a target memory, so the client will not dissociate, shutdown, become overwhelmed, or resist addressing it. The flash technique makes it relatively straightforward for clinicians to treat these severe traumas by making them sufficiently less disturbing if the client is willing to think about and explore them.

The workshop will pack an extensive amount of information into a short time. It starts with videos of two complete flash sessions totaling about fifteen minutes, followed by a description of the technique and a demonstration of it with an audience volunteer. The history of how the technique was developed will be presented briefly, along with current research contributing to understanding its mechanism of action, and supporting its effectiveness and safety. Participants will have the opportunity to experience the technique firsthand in two group practicums, and there will be ample time for questions and answers.

Developed in 2017, there have now been over 3,500 clinicians trained in the flash technique worldwide, and an active listserv with over 1,000 participants. As of the writing of this abstract, the flash technique is not yet evidence-based and must be used as a supplement to established trauma treatments like EMDR.

## Target Audience

Mental health professionals, Level: Beginner to Advanced

## References

Manfield, P., Lovett, J., Engel, L., & Manfield, D. (2017). Use of the Flash Technique in EMDR therapy: Four case examples. *Journal of EMDR Practice and Research*, 11, 195-205.

Siegel, P., Warren, R., Wang, Z., Yang, J., Cohen, D., Anderson, J. F., ... & Peterson, B. S. (2017). Less is more: Neural activity during very brief and clearly visible exposure to phobic stimuli. *Human brain mapping*, 38(5), 2466-2481.

Siegel P, Anderson JF, Han E. Very brief exposure II: The effects of unreportable stimuli on phobic behavior. *Consc Cognition*. 2011;20:181-190. [PubMed]

Wong, Sik-Lam. (2019). Flash Technique Group Protocol for Highly Dissociative Clients in a Homeless Shelter: A Clinical Report. *Journal of EMDR Practice and Research*, 13(1), 20-31.

## Schedule

9:45 am: Two videos	2:00 pm: Research
9:30 am: Flash Protocol Description	2:30 pm: Q & A
10:15 am: Demo #1	2:45 pm: Practicum #2 with Partners
10:30 am: History & Theory	3:25 pm: Q & A - Troubleshooting
11:00 am: Select 2 Targets	3:45 pm: Break
11:15 am: Practicum #1	4:00 pm: Demo #2
11:30 am: Discussion of Practicum Results	4:25 pm: Video (optional)
11:45 am: Q & A - Troubleshooting - Demo	4:45 pm: Evaluations and Results Survey
<i>(NO break during the AM session)</i>	4:55 pm: Closing
12:30 pm: Lunch (1.5 hours)	5:00 pm: End of Workshop

## Learning Objectives

1. List four steps to performing the flash technique with a client.
2. Describe four questions to ask if a client states that the flash technique has not initially reduced his or her disturbance.
3. Explain why the spider phobia research of Paul Siegel et al. from 2009 to 2018 suggests a mechanism of action for the flash technique.
4. Describe three characteristics of patients who would be likely to benefit from the use of the flash technique in the preparation phase of their EMDR treatment.

Session #4  
Panel Discussion – 1 CE hour  
Friday, October 18  
5:15 pm – 6:15 pm

## When EMDR Sessions Go off the Rails—Challenging Situations in EMDR Sessions and What We Did to Manage Them

Presenters: Laurel Parnell, PhD, Julie Probus-Schad, LCSW, and Constance Kaplan, LMFT

Laurel Parnell and a panel of experts in attachment-focused EMDR will present a conceptual framework for how and why processing goes off the rails, as well as concrete strategies for preventing, recognizing, stabilizing, and remediating processing nightmares. This panel will offer case examples where extreme troubleshooting was necessary.

### Target Audience

Mental health professionals, Level: Beginner to Advanced

### References

- Grant, M.A. (2016). *The New Change Your Brain, Change Your Pain: Based on EMDR. Trauma and Pain Management Services.*
- Hill, D. (2015). *Affect Regulation Theory: A Clinical Model.* New York, NY: W.W. Norton & Company.
- Knipe, J. (2014). *EMDR Toolbox: Theory and Treatment of Complex PTSD and Dissociation.* New York, NY: Springer Publishing Company.
- Ortner, N. (2014). *Free Living the Tapping Solution: A Revolutionary System for Stress.* Carlsbad, CA: Hay House, Inc.
- Parnell, L. (2013). *Attachment-Focused EMDR: Healing Relational Trauma.* New York, NY: W.W. Norton & Company.
- Paulsen, S.L. (2017). *When There Are No Words: Repairing Early Trauma and Neglect from the Attachment Period with EMDR Therapy.* CreateSpace Independent Publishing Platform.
- Shapiro, Robin (ED) (2009). *EMDR Solutions II: For Depression, Eating Disorders, Performance and More.* New York; London: W.W. Norton & Company.
- Van der Kok, B.A. (2014). *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma.* New York, NY: Viking

## Prerequisites

None.

## Schedule

5:15 pm – 6:15 pm:

Conceptual Framework

Case Examples and Strategies for Preventing, Recognizing, Stabilizing, and Remediating Processing Nightmares

Q & A

## Learning Objectives

Participants will be able to:

1. Name three factors that can contribute to EMDR processing derailments.
2. Describe how to provide concrete strategies at the relationship-building, history-taking, and EMDR preparation phases for neutralizing those factors and *preventing* derailments from occurring in the first place.
3. Identify derailment once it is happening.
4. Demonstrate techniques for stabilization once the dreaded train wreck has occurred.
5. Identify guidelines for assessing what went wrong; repairing with the client if necessary; and altering procedure going forward to prevent further derailments.

Session #5  
Keynote – 1.5 CE hours  
Saturday, October 19  
9:00 am – 10:30 am

## Tools, Techniques, and Recommendations for Working with Recent Traumas: What We Have Learned over the Last Several Years

Presenter: Constance Kaplan, LMFT

Few of us have been spared the direct or vicarious exposure to a recent traumatic event (RTE), especially over the last few years where unrelenting gun violence, escalating climate change, mind-body dysregulation on our roads, and the stoking of social division have undeniably contributed to catastrophic events both nationally and globally. And if we, ourselves, have escaped personal impact, many of us have treated a suffering client who has not.

Unlike many non-EMDR therapists who are left feeling as helpless and powerless as their traumatized clients because they lack the clinical tools to relieve the angst of life-threatening traumas, we, attachment-focused EMDR therapists, are trained to treat the breadth of issues that can arise and restore our clients to health and wholeness. We are exceptionally skilled at identifying, strengthening, and processing any underlying, early complex traumas that may have predisposed the vulnerable individual to post-traumatic stress.

This keynote will not only explain contemporary EMDR protocols and attachment-focused innovations used to treat RTEs, but will demonstrate how these protocols were applied to diverse cases in an individualized and nuanced way. Emphasis will be on lessons learned over the last few years, most importantly, the avoidance of assumptions and a one-size-fits-all approach.

### Target Audience

Mental health professionals, Level: Beginner to Advanced

### References

Faretta, E., Borsato, T. (2016). EMDR therapy protocol for oncological patients. *Journal of EMDR Practice and Research*, 10(3), 215-227.

Jarero, I., Artigas, L., Uribe, S., & Miranda, A (2014). EMDR therapy humanitarian trauma recovery interventions in Latin America and the Caribbean. *Journal of EMDR Practice and Research*, 8(4), 260-268.

Jarero, I, Artigas, L., & Luber, M. (2011). The EMDR protocol for recent critical incidents: Application in a disaster mental health continuum of care context. *Journal of EMDR Practice and Research*, 5, 82-94.

Shapiro, F. (2014b) EMDR therapy humanitarian assistance programs: Treating the psychological, physical, and societal effects of adverse experiences worldwide. *Journal of EMDR Practice and Research*, 8, 181-186

Solomon, R.M. (2018). EMDR treatment of grief and mourning. *Clinical Neuropsychiatry*, 15, 3, 137-150.

## Bibliography

Parnell, L. (2013). Attachment-focused EMDR. Healing relational trauma. New York, NY: Norton.

Porges, S.W. (2011). The polyvagal theory: Neurophysiological foundations of emotions, attachment, communications, and self-regulation. New York, NY: Norton.

Shapiro, L. (2018). Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures (3rd ed.), New York: Guilford, Press.

Van Der Kolk, B. (2014). The body keeps the score. New York, NY: Viking.

## Prerequisites

None.

## Schedule

9:00 am – 9:30 am:

Introduction as to why this topic is a compelling and relevant clinical issue for our times.

History and development of EMDR interventions with RTEs and critical incidents. Key concepts introduced.

9:30 am – 10:00 am:

Case examples demonstrating how and why particular protocols were selected to treat different clinical presentations of an RTE and the skills to treat each. Emphasis is on stabilization, case conceptualization, and target development.

10:00 am – 10:30 am:

Case examples continue to demonstrate key components in treating RTEs, and lessons learned over the past few years.

## Learning Objectives

Participants will be able to:

1. Define and demonstrate how the protocol for RTEs contrasts with the treatment of other kinds of traumatic memories specifically as it relates to case conceptualization and target development.
2. Identify client-centered attachment-focused EMDR innovations and acquire new skills in treating multiple kinds of recent traumas.
3. Describe how, why, and when particular innovations were used to alleviate suffering in the treatment of four very different recent trauma cases (case material demonstrated).
4. Name three lessons learned in the treatment of traumas over the last few years and discuss how to integrate them into treatment plans with patients.



## CONCURRENT BREAKOUT SESSIONS

### PICK ONE OF THE THREE SESSIONS BELOW.

### EACH BREAKOUT IS 3 CE HOURS

Session #6 – (Concurrent Breakout #1 of 3)  
Saturday, October 19  
11:00 am – 12:30 pm AND 2:00 pm – 3:30 pm

### EMDR for Eating Disorders Part 1 & 2

Presenter: Christie Sprowls, PsyD

Working with eating disorders can be a challenge. In this presentation, we will discuss the treatment of eating disorders and current research on how attachment style, brain setup, and adverse life experiences impact the individual. You will learn when to utilize a team of other professionals to assist you, and how to titrate treatment based on the individual and type of eating disorder. Case conceptualization, target selection, and how to use EMDR therapy to effectively treat the eating disorder will be reviewed. This population at times requires us to be creative in the application of EMDR, and to use a modified approach. Case presentations will be discussed to demonstrate how these modifications might assist with complex presentations.

### Target Audience

This lecture is designed for all mental health professionals; beginners to advanced practitioners who may benefit from a modified approach to treating eating disorders. This training will *not* make you an eating disorders specialist. It would be helpful if the attendee works with eating disorders or has a consultant who can work with them to treat this population.

Level: Beginner to Advanced

### References

Lord, V. M., Reiboldt, W., Gonitzke, D., Parker, E., & Peterson, C. (2016). Experiences of recovery in binge-eating disorder: a qualitative approach using online message boards. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, 1-11.

Caslini, M., Bartoli, F., Crocamo, C., Dakanalis, A., Clerici, M., & Carrà, G. (2016). Disentangling the association between child abuse and eating disorders: a systematic review and meta-analysis. *Psychosomatic Medicine*, 78(1), 79-90.

Backholm, K., Isomaa, R., & Birgegård, A. (2013). The prevalence and impact of trauma history in eating disorder clients. *European Journal of Psychotraumatology*, 4.

## Schedule

11:00 am – 12:30 pm: Introduction and discussion of current research in eating disorders, and the influence of the brain's setup to develop an eating disorder. Attachment style and adverse life experiences' influence on the development of an eating disorder. The importance of developing a team.

12:30 pm – 2:00 pm: Lunch Break

2:00 pm – 3:30 pm: Case conceptualization, modified treatment approach, and Detur in the treatment of eating disorders. A discussion of personal cases and choices made for choosing targets. Personal case discussion continued. Open lecture to audience case consultation/discussion.

## Learning Objectives

Participants will be able to:

1. List two ways in which attachment styles and adverse life experiences make individuals more prone to eating disorders and anxiety.
2. Describe two benefits of using a team in the treatment of eating disorders, and how to titrate the treatment of their eating-disordered clients.
3. Describe three ways to think about case conceptualization, and how to use a modified approach to EMDR therapy for eating-disordered clients.

Session #7 (Concurrent Breakout #2 of 3)  
Saturday, October 19  
11:00 am – 12:30 pm AND 2:00 pm – 3:30 pm

## AF-EMDR with Generational Trauma (G-EMDR)

Presenter: Mark Brayne, MA, UKCP

This two-part workshop will explore and demonstrate how to use Laurel Parnell's attachment-focused EMDR approach to identify, release, and heal trauma passed down through the generations.

Put simply, the G-EMDR protocol developed by Mark Brayne in the UK uses the client's and the therapist's shared imagination to take Parnell's modified protocol back up the generational line to work on the dysfunctional mother or father (or grandparent, sibling, or other key figures in the attachment history) internalized by the client in their early childhood development.

The idea of trauma being handed down from parents to children is of itself nothing new. In Exodus, Numbers, and Deuteronomy, the Bible notes that God visits the "iniquity of the fathers upon the sons to the third and fourth generation (of those that hate him.)"

What's new is how neuroscience is observing and also seeking to explain how those traumatizing patterns are actually transmitted, through attachment patterning and culture, and also, it's now understood to some extent through the genes. Rachel Yehuda in New York has confirmed, for example, how a sensitivity to post-traumatic stress disorder (PTSD) can be transmitted epigenetically from (mainly, it seems) grandfather to grandchildren.

In classic EMDR terminology, these patterns can be understood as dysfunctionally linked memory networks. In psychodynamic theory, this is about the parental introject. In John Bowlby's model of early attachment patterning, we can describe the target as the client's internal working model. Followers of Richard Schwartz would recognize this as the client's internal family system.

Mark Brayne's workshop will touch only lightly on research, focusing rather on the practical application of Parnell-informed transgenerational EMDR to case conceptualization, target identification, and bridging, and then phase-four processing with actual clients.

With videos of generational EMDR sessions and interactive discussion, Mark will explore how attendees can take Parnell's core AF-EMDR approach, and with marginal adaptation and extension, identify and creatively work with (usually) parental introjects, clearing and reprocessing handed-down scenes and stories that continue to drive the client's dysfunctions in the present.

## Target Audience

Mental health professionals trained to at least Part 3-level in EMDR, and familiar with Laurel Parnell's attachment-focused EMDR. Level: Intermediate to Advanced

## References

Parnell, L. (2013, October 18). Attachment-Focused EMDR: Healing Relational Trauma Norton, 1 edition.

Schwartz, R. The Internal Family Systems Model Outline. <https://selfleadership.org/outline-of-the-internal-family-systems-model.html>. (Accessed April 4, 2019)

Yehuda R & Lehrner A. (October 2018). Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. World Psychiatry. Volume17, Issue3 pp243-257. <https://doi.org/10.1002/wps.20568> Sept 7, 2018. (Accessed April 7, 2019.)

## Prerequisites

None.

## Schedule

11: 00 am – 12:00 pm: Overview of the rationale and protocol for adapting Parnell's attachment-focused EMDR approach to working with intergenerational stories handed down and re-experienced in early attachment relationships with parents, grandparents, and primary caregivers.

12:00 pm – 12:30 pm: Presentation on video of an IG-EMDR session, working with both maternal and grandmaternal introjects.

12:30 pm – 2:00 pm: Lunch Break

2:00 pm – 2:30 pm: Provide a space for discussion and unpacking of the morning learnings and observations.

2:30 pm – 3:00 pm: Pair work: exploring the practical steps and wordings of the IG-EMDR protocol.

3:00 pm – 3:30 pm: Feedback, Q & A, and exploring in plenary best next steps for this way of working.

## Learning Objectives

Participants will be able to:

1. Outline how to apply attachment-focused EMDR approaches to (inter)generational trauma.

2. Discuss how best to identify appropriate attachment-related EMDR targets for G-EMDR.
3. Describe how to process and bring to adaptive resolution dysfunctionally linked memory networks passed down from primary attachment figures in childhood.

Session #8 (Concurrent Breakout #3 of 3)  
Saturday, October 19  
11:00 am – 12:30 pm AND 2:00 pm – 3:30 pm

## **When Everything Changes in an Instant: How and When to Work with Individuals and Communities Utilizing Early EMDR Interventions (EEI) with Recent Traumatic Events and Critical Incidents**

**Presenters:** Constance Kaplan, LMFT, and Julie Probus-Schad, LCSW

Mudslides, earthquakes, tornadoes, fires, floods, bombings, mass shootings; nearly every day, somewhere in the world people are left in the wake of natural or man-made disasters; lives change in seconds. The Recent Traumatic Events Protocol (Shapiro) and the Modified Protocol for Recent Traumatic Events (Parnell), along with the Modified Group Traumatic Events Protocol, can be used immediately following an incident to treat acute distress before trauma memories have been integrated, and provide interventions that strengthen resilience and help re-regulate the client's nervous system and restore them to health and wholeness.

This course is designed to expand participants' knowledge base and skill set utilizing case conceptualization, target development, and reprocessing of recent traumatic events and critical incidents with individuals and groups.

This workshop incorporates and extends existing protocols together with additional measures such as Resource Tapping™ for containment and safety. Constance and Julie will present practical applications for simplified utilization with recent traumatic events, critical incidents, and emergency situations via lecture, case illustrations, and an experiential practicum.

### **Target Audience**

Mental health professionals, Level: Intermediate

### **References**

Jarero, Ignacio Nacho & Artigas, Lucina. (2018). EXPANDING THE HORIZONS OF EMDR-BASED EARLY INTERVENTIONS AND THE EMDR PROTOCOL FOR RECENT CRITICAL INCIDENTS AND ONGOING TRAUMATIC STRESS Ignacio (Nacho) Jarero & Lucina (Lucy) Artigas.

Natha, Fehmida; Daiches, Anna. (2014). The Effectiveness of EMDR in Reducing Psychological Distress in Survivors of Natural Disasters: A Review. *Journal of EMDR Practice and Research*, Volume 8, Number 3, 2014, pp. 157-170(14). doi:10.1891/1933-3196.8.3.157

Shapiro, E., & Laub, B. (2009). Early EMDR intervention (EEI): A summary, a theoretical model, and the recent traumatic episode protocol (R-TEP). *Journal of EMDR Practice and Research*, 2(2), 79-96. doi:10.1891/1933-3196.2.2.79

Shapiro, F. (2014b) EMDR therapy humanitarian assistance programs: Treating the psychological, physical, and societal effects of adverse experiences worldwide. *Journal of EMDR Practice and Research*, 8, 181-186

Shapiro, F., (2018). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures* (3<sup>rd</sup> ed), New York: Guilford, Press.

Solomon, R.M. (2018). EMDR treatment of grief and mourning. *Clinical Neuropsychiatry*, 15, 3, 137-150.

Yurtsever, Asena & Konuk, Emre & Akyüz, Tuba & Zat, Zeynep & Tükel, Feryal & Çetinkaya, Mustafa & Savran, Canan & Shapiro, Elan. (2018). An Eye Movement Desensitization and Reprocessing (EMDR) Group Intervention for Syrian Refugees with Post-traumatic Stress Symptoms: Results of a Randomized Controlled Trial. *Frontiers in Psychology*. 9. 493. 10.3389/fpsyg.2018.00493.

## Prerequisites

None.

## Schedule

PART 1 – 11:00 am – 11:30 am:

Define core concepts of early EMDR interventions, recent traumatic events, and clinical incidents. Historical overview of early EMDR interventions, the evolution of innovative protocols, and when is it appropriate to use.

11:30 am – 12:00 pm:

Nuance the rationale for utilizing specific protocols and assessing which protocol to use and when. Nuts-and-bolts application of protocols as demonstrated by a case requiring multiple approaches.

12:00 pm – 12:30 pm:

Recommendations based on lessons learned. Therapist self-care: ways to avoid vicarious traumatization. Participant cases and questions addressed.

12:30 pm – 2:00 pm: Lunch Break

PART 2 – 2:00 pm – 2:30 pm:

How to implement key features, procedures, and concepts of the Group Traumatic Event's Protocol (Jarero) and attachment-focused modifications, including extensive resource development.

2:30 pm – 3:00 pm:

Demonstration and Experiential Practicum: How and when to apply multiple interventions for recent traumatic events and critical incidents with additional techniques for containment and safety incorporating Resource Tapping™ to strengthen resilience and recalibrate the client's nervous system.

3:00 pm – 3:30 pm:

Introduction to Resource Tapping™ with traumatized groups and communities. Self-care for therapists and other first responders who live in the community impacted by a natural or man-made disaster.

## Learning Objectives

Participants will be able to:

1. Identify when early EMDR interventions are appropriate.
2. Discuss how and when to apply multiple interventions for recent traumatic events and critical incidents with additional techniques for containment and safety incorporating Resource Tapping™.
3. Outline how to implement key features, procedures, and concepts of the Group Traumatic Event's Protocol (Jarero) and modifications including extensive resource development.



Session #9  
Panel – No CE hours  
Saturday, October 19  
4:00 pm – 5:30 pm

## EMDR and Spiritual Experiences

Presenters: Laurel Parnell, PhD, Julie Probus-Schad, LCSW, and Constance Kaplan, LMFT

Many clients of EMDR therapy report having spiritual experiences during and/or after their EMDR sessions. These experiences are very moving and inspiring to the clients and their therapists. In this panel, the presenters will describe their EMDR clients' spiritual experiences, what elicited them, how they worked with them, and the effects they had on their clients after the sessions. There will be time for audience sharing and Q & A. Attend and learn:

- Two ways that EMDR is like vipassana or mindfulness meditation.
- At least three types of spiritual experiences common for EMDR clients.

### Target Audience

Mental health professionals

Session #10  
Keynote- No CE hours  
Sunday, October 20  
9:00 am – 10:30 am

## **Tapping into Communities and Schools: Utilizing Resource Tapping™ as a Standalone Therapy for Activating Healing Resources through Bilateral Stimulation**

**Presenter:** Julie Probus-Schad, LCSW

In this dynamic, experiential presentation, Julie Probus-Schad—through story, visual media, and group engagement—will demonstrate how Resource Tapping™ can be utilized across cultures and throughout the life span as a tool to connect with our inner strengths and innate ability to heal. Julie will share experiences of working remotely with youth traumatized by the Ebola outbreak in Liberia; directly with youth affected by the riots in Ferguson, MO; and formerly sexually trafficked children in Nepal. Julie will also outline ways to incorporate Resource Tapping™ with other marginalized groups in the United States and throughout the rest of the world. She will also outline ways to teach community leaders, teachers, and agency staff on how to utilize Resource Tapping™. Conference attendees will also be invited to participate in an experiential Resource Tapping™ exercise demonstrating how to utilize Resource Tapping™ with large groups.

### **Target Audience**

Mental health professionals, Level: Beginner to Advanced

### **Schedule**

9:00 am – 9:30 am: Introduction and Overview of Resource Tapping™; 10-Minute Video of Resource Tapping around the World

9:30 am – 10:00 am: Overview of Case Studies with Resource Tapping™

10:00 am – 10:30 am: Experiential Exercise Introducing Resource Tapping™ in a Group Setting

### **Learning Objectives**

Participants will be able to:

1. Identify the key features and concepts of Resource Tapping™ as a tool to activate healing resources through bilateral stimulation.
2. Describe how to utilize Resource Tapping™ with cultural sensitivity.
3. Identify and tap in four foundational resources.

Session #11  
Keynote- No CE hours  
Sunday, October 20  
11:00 am – 12:00 pm

## Resourcing Ourselves, Building Community, Planning for the Future

Laurel Parnell, PhD, and Parnell Institute Faculty

Attend this session and be able to:

- Name four resources they can use to lift their spirits.
- Name three ways they can take care of their bodies.
- Name four resources they can use to enhance their connection to spirituality.

### Target Audience

Mental health professionals, Level: Beginner to Advanced

## About the Presenters



### Laurel Parnell, PhD

Laurel Parnell, PhD, is a clinical psychologist and director of the Parnell Institute for EMDR. One of the world's leading experts on eye movement desensitization and reprocessing (EMDR), she is the originator of the EMDR-related therapies attachment-focused EMDR and Resource Tapping™. Parnell has served on the faculty of the California Institute for Integral Studies, and John F. Kennedy University. She is author of several books and videos on EMDR, including *Rewiring the Addicted Brain with EMDR-Based Treatment*, *Attachment-Focused EMDR*, and *Tapping In*. She keynotes conferences, trains clinicians in EMDR, and teaches workshops internationally on rewiring the addicted brain, Resource Tapping™, and attachment-focused EMDR. Learn more about

Laura at [www.parnellemdr.com](http://www.parnellemdr.com).



### Philip Manfield, PhD

Philip Manfield, PhD, has practiced psychotherapy in the San Francisco Bay Area since 1975. He has authored or edited five books about psychotherapy and EMDR, and taught on six continents. Most of the cases in Manfield's two most recent books, *Dyadic Resourcing* and *EMDR Up-Close*, have been included in a free website containing more than forty free, full-length clinical videos, which can be viewed at [www.emdrvideo.com](http://www.emdrvideo.com). Most recently, Manfield has developed

the flash technique: a process used in the preparation phase of EMDR that permits overwhelmingly disturbing memories to be processed with virtually no pain. A paper describing the flash technique appeared in the November 2017 issue of the *Journal of EMDR Practice and Research*. Currently, research papers verifying the effectiveness and safety of the flash technique have been submitted and are under review by various professional journals.



### Constance Kaplan, LMFT

Constance Kaplan is a psychotherapist in private practice in Los Angeles, CA. She specializes in treating post-traumatic stress disorder (PTSD), complex trauma, and early attachment trauma with attachment-focused EMDR and somatic modalities integrated into a contemporary object relations practice. Kaplan is an EMDRIA-approved consultant, faculty, approved consultant and senior trainer for EMDR Basic Training Parts 1, 2, and 3 at the world-renown Parnell Institute. She has trained clinicians around the country and

has facilitated with Laurel Parnell in the United States, Singapore, and Malaysia. She was instrumental in launching the Trauma Resource Institute, and has served on various

trauma-relief teams around the country where she provided onsite trainings to first responders and mental health professionals.

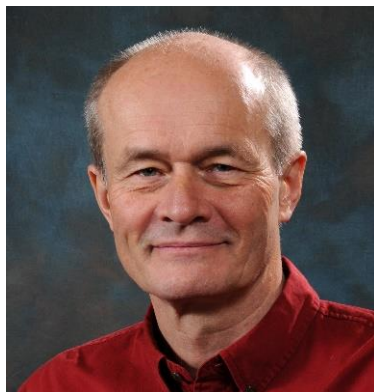
Kaplan was keynote presenter and master class instructor at the 2017 and 2018 Parnell Institute Innovations in EMDR Conference; 1440 Multiversity, Scotts Valley, CA; and Omega Institute, Rhinebeck, NY. She is a contributing author in Parnell's newest book, *Rewiring the Addicted Brain*.



## Julie Probus-Schad, LCSW

Julie Probus-Schad, LCSW, is a psychotherapist in private practice in Chesterfield, MO. She graduated with her masters of social work from Washington University in Saint Louis, MO, in 1988. Probus-Schad is an EMDRIA-approved consultant as well as a facilitator, consultant, and trainer for the esteemed Parnell Institute for EMDR. She has facilitated trainings with Laurel Parnell in the US, Curacao, and Singapore. Probus-Schad has provided trauma-informed training throughout the world; training staff and working with children in orphanages in South Africa, Peru, and Nepal. She has also worked remotely with the Trauma Healing and Reconciliation Program in Monrovia, Liberia, with a focus on reintegrating

former child soldiers. She has been a keynote speaker for the Parnell Institute EMDR Conference in 2017 and 2018, and is slated for the 2019 conference. Julie is also a contributing author for Parnell's book, *Rewiring the Addicted Brain*. Probus-Schad is codirector of the Trauma Assistance Program-International (TAP-IN), which is the nonprofit component of the Parnell Institute. Learn more at [www.traumaassistanceprogram.org](http://www.traumaassistanceprogram.org).



## Mark Brayne, MA, UKCP

Mark Brayne is an EMDR Europe accredited consultant and was for thirty years international correspondent and senior editor for the Reuters news agency and the BBC World Service.

With postings from 1974 to 1992 in Moscow, Berlin, Central Europe, China, and London, Mark covered the final decades of communism, including the epochal demonstrations on Tiananmen Square in Beijing in 1989, and the violent fall of the Ceausescu regime in Romania at Christmas that year.

Mark gained his master's degree in transpersonal psychotherapy in 2000 and was from 2004 to 2008 a board member of the European Society for Traumatic Stress Studies (ESTSS). In close liaison with the Parnell Institute in the US, Mark runs advanced workshops across the UK in Laurel Parnell's model of attachment-focused EMDR and organizes her training visits to the UK. With their company EMDR Focus, Mark and his wife Jutta have since 2015 trained nearly 500 practitioners in this approach.



In 2013, after the end of his second marriage and a decade living in the Cotswolds, Mark remarried his first (German) wife Jutta, now also a psychotherapist, EMDR practitioner and consultant-in-training (and also attending this conference). They have three grown children and live in Mark's hometown of Sheringham on the UK's North Sea coast.



## Christie Sprowls PsyD

Christie Sprowls, PsyD, is a psychologist and executive, personal and work-life balance coach, and has been in independent practice in Austin, TX, for over thirty years. Sprowls was director of a psychiatric hospital in Austin where she developed inpatient, outpatient, and intensive outpatient programs that specialized in working with eating disorders, drug and alcohol treatment, and adult services for all psychiatric presentations. She currently enjoys working with eating disorders, trauma, anxiety and panic, and adult attention deficit disorder treatment. In addition to her practice, she travels internationally; speaking, training, and conducting workshops. She is a trainer for the EMDR Institute, and conducts EMDR trainings globally for the EMDR

Humanitarian Assistance Program. She has most often been called to work in disaster sites around the world. Sprowls has been presented with two Humanitarian Assistance Awards for her service abroad.



## Lewis Engel, PhD

Lewis Engel, PhD is a clinical psychologist with a private practice in San Francisco. He facilitates at EMDR trainings and consults with both groups of therapists and individual therapists learning and mastering EMDR. He is a former associate professor of psychology at Lone Mountain College, San Francisco. He is the author of *Imaginary Crimes: Why We Punish Ourselves and How To Stop* co-authored with Tom Ferguson, MD, and is a co-author of a paper describing four cases utilizing the Flash Technique in *Journal of EMDR Practice and Research*.