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-of-the-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: Eye 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.

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
- Baby/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, PsychoeducationDeveloping 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

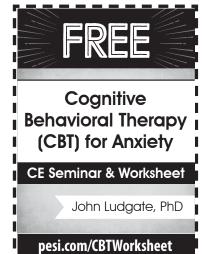
Differences in theory and in the associated neurophysiological models are a matter of ongoing discussion

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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EMDR 3-Day Intensive Training

Eye Movement Desensitization & Reprocessing

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



DECATUR, GA

Monday - Wednesday **August 5-7, 2019**

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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!
- Use EMDR as a tool in your practice



DECATUR, GAMonday - Wednesday

August 5-7, 2019

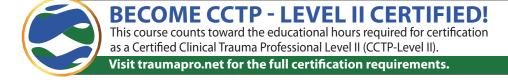
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Objectives

- 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.



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Speaker

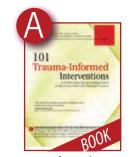
Linda Curran, BCPC, LPC, CACD, CCDPD, is president of Integrative Trauma

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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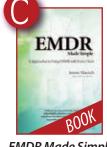
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lf your profession is not listed, please contact your licensing board to determine you ontinuing education requirements and check for reciprocal approval. For other credit nquiries not specified below, or questions on home study credit availability, please contac cepesi@pesi.com or 800-844-8260 before the event. Materials that are included in this course may include interventions and modalitie

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

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ALABAMA COUNSELORS: This intermediate activity consists of 19.0 clock hours of regulations. Please contact the Alabama Board of Examiners in Counseling prior to the activity to determine requirements. A certificate of attendance will be awarded at the end of the program to counselors who complete the program evaluation

GEORGIA COUNSELORS: 19.0 of Core hours, applied for through the Licensed Professiona Counselors Association of Georgia, LPCA

GEORGIA COUNSELOR REQUIREMENT:

1. Evaluate the biological nature of trauma and how trauma is stored in the body and limbic 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

TENNESSEE COUNSELORS: This intermediate activity consists of 19.0 clock hours of continuing education instruction. Credit requirements and approvals vary per state board regulations. Please contact your licensing board to determine if they accept programs or providers approved by other national or state licensing boards. A certificate of attendance will be awarded at the end of the program to participants who are in full attendance and who complete the program evaluation

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NURSES/NURSE PRACTITIONER/CLINICAL NURSE SPECIALISTS: PESI, Inc. is accredited as a provider of continuing nursing education by the American Nurse Credentialing Center's Commission on Accreditation.

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SOCIAL WORKERS: PESI, Inc., #1062, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program, Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards

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