



Tracking Resiliency and Disconnections

Using a Somatic Focus
EMDRIA Conference 2020

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EMDR Facilitates Transformation

The effectiveness of therapy is foundationally impacted by how present you and your client are during your sessions.



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- How do you know if your client is really present at the start of a session?
- How do you know if they are able to maintain that presence while processing difficult material?
- How do you decide when to use bilateral stimulation, when to stop, and when it's prudent to start again?



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It seemed like the sessions were going well, but the same issues and beliefs just kept coming up.

What criteria do you use to inform your assessment of what's been happening?



5



I find it important to **track resilience** when using EMDR.

6

When you do a good set-up for processing (Phase 3), you help facilitate the client's engagement in difficult material.

Just doing this can easily activate your client beyond their resiliency, without meaning to.



7

EMDR is a very powerful facilitator of processing, which can bring about fast changes in activation. If that activation is manageable for the client to reprocess effectively, then great.

If the client gets overwhelmed, we need to be able to assess this, and determine how to regain presence.

We need to pace the work so the activation is workable.

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Have you ever started BLS and been surprised at how quickly your client became highly activated?

Or how suddenly they "checked out?"

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Today, I will be talking about how we can get good data to help us with that assessment, in each moment of each session.

We'll be looking at when "Go with that," is our best move, and when it is not.

Resiliency and Disconnections

- The Window of Tolerance/Presence
- Somatic Tracking of Activation
- Assessing Resiliency
- Pacing Sessions
- Eliciting Somatic Data
- Disconnecting Dynamics
- Subtle Dissociation



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Meet Ally, 43
Successful business
Good marriage
2 kids doing well
Tri-athlete
Years of therapy/EMDR

Anger at her mother
Perseverates
Lack of confidence
Dilemma about letting
kids see her mom

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Ability to maintain enough emotional and physiological arousal for disturbed states to be experienced, without becoming dysregulated.

In hyper- or hypo-arousal, clients cannot effectively reprocess disturbing material.

Trauma is not in the story.

14

Closely tracking physiological activation reveals a client's orientation toward the disturbance.

Trauma resides in the body.

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Sustained awareness of sensations which have been previously avoided

Experiences of “newness” or difference, that can be managed.

Reprocessing sensations that were over-coupled with danger, which had driven the avoidance

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Staying with sensations “one moment longer” changes the moment that follows.

Momentum can be built from here, with more trust in oneself.

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Many of our responses are driven by a nervous system that does not have verbal language.

When frightened, our reactions are fast and poorly assessed.



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When our resiliency is exceeded, none of us function very well. It is difficult to balance thoughts and emotions, or to have objectivity.

Our ability to track our clients' resiliency is a key factor to the success of therapy from any theoretical orientation.

This enables us to pace the work effectively.

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The Brain



We all know there was no race just now.

And we may have some residual somatic experience.

"Knowing" does not do the trick.

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The Brain



Unintentional nervous system reactions both reflect activation and create activation.

So, in the midst of much activation, who is in charge?

Who is doing the acting and reacting?



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Polyvagal Theory
Hierarchical ANS system

<p>1. Ventral Vagal Social engagement Moderates SNS activation through heart rate Mylenated, specific, fast</p>	<p>3. Dorsal Vagal Most primitive; unmylenated Feigning death by shutting down all systems. Behavioral shut down</p>
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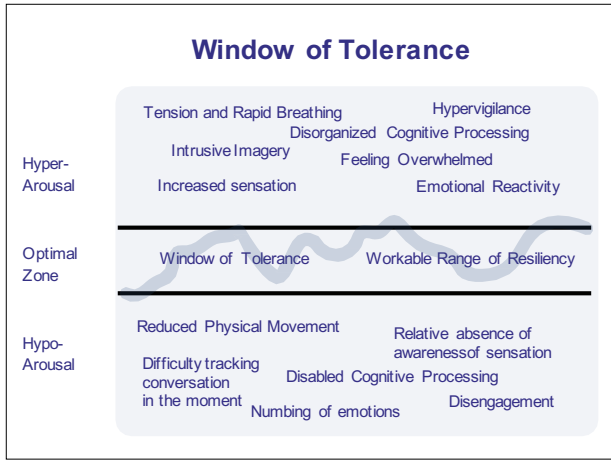
2. Sympathetic Nervous System
Increases heart rate and metabolic activity
Responsible for fight/flight protective response

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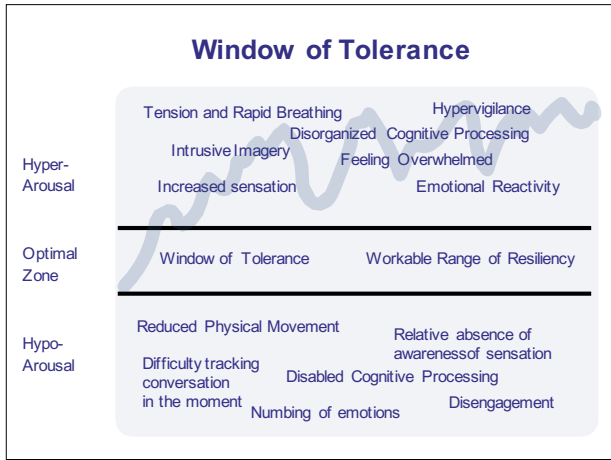
Window of Tolerance

Hyper-Arousal	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Tension and Rapid Breathing</td> <td style="width: 50%;">Hypervigilance</td> </tr> <tr> <td style="width: 50%;">Intrusive Imagery</td> <td style="width: 50%;">Disorganized Cognitive Processing</td> </tr> <tr> <td style="width: 50%;">Increased sensation</td> <td style="width: 50%;">Feeling Overwhelmed</td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">Emotional Reactivity</td> </tr> </table>	Tension and Rapid Breathing	Hypervigilance	Intrusive Imagery	Disorganized Cognitive Processing	Increased sensation	Feeling Overwhelmed		Emotional Reactivity
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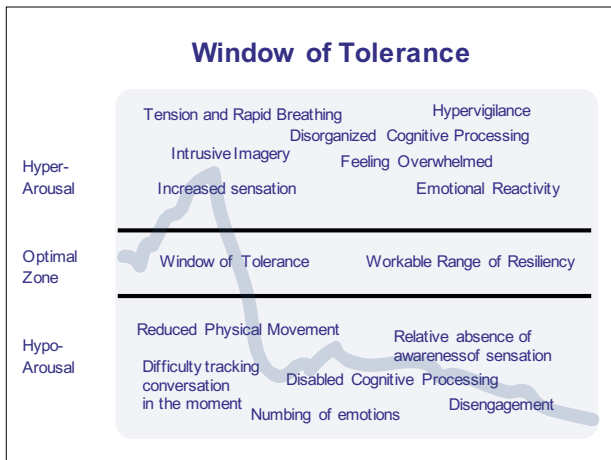
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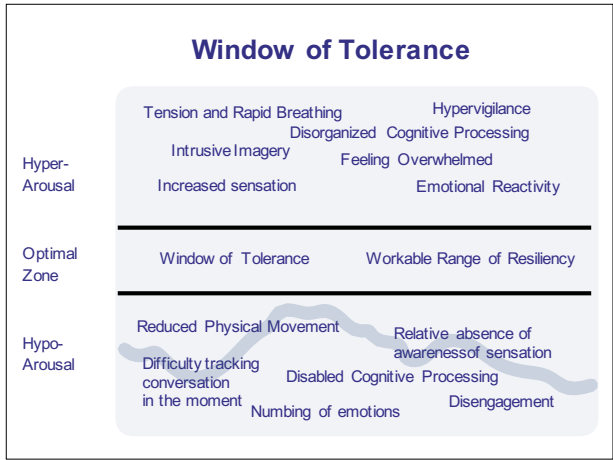
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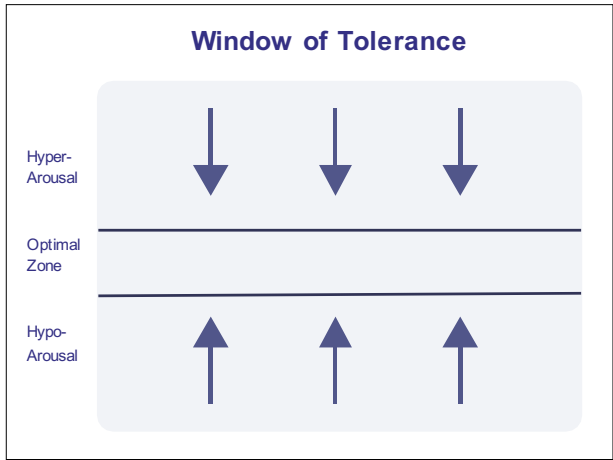
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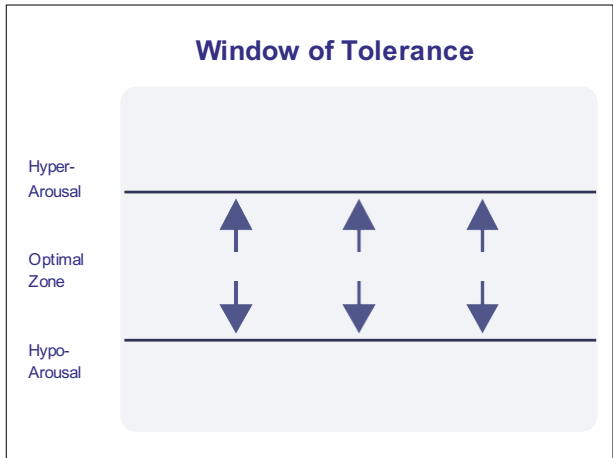
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Window of Tolerance/Presence

Panic

Feeling overwhelmed

Hard to think clearly

Emotional reactivity

Hyper-vigilance

Intrusive thoughts and imagery

Faster speech

Anxiety

Constriction and Bracing

Tension and rapid breathing

Sweating

Increased response to sensation; startle

Increased heart rate

Hyper-Arousal

“Faux WoT”

Window of Presence

Optimal Arousal Zone to fully engage

Workable range of resiliency

“Faux WoT”

Hypo-Arousal

Decreased heart rate

Senses diminished

Feeling dulled

Lessening of awareness of sensations

Numbing of emotions

Difficult to focus or think clearly

Reduced physical movement

Difficulty tracking conversation in the moment

Poor contact

Disengagement from self and others

Feeling spacey

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Ally's WoT self assessment

Her first answers about herself were: "I don't know."

Hyper-aroused symptoms, except panic.

It took slower reflection to see how nearly all the hypo- signs were very common for her.

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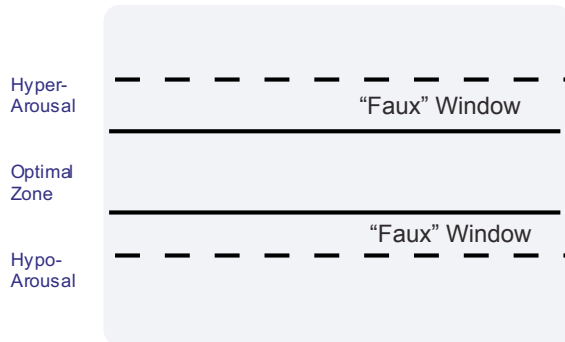
Ally's nervous system responds with both strong sympathetic activation, and dorsal vagal activation.

I notice: she leans to her right, pulls her legs up a bit, and has a small awkward smile when she's uncomfortable.

I need to pace the work very slowly.

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Window of Tolerance





"Faux" WoT refers to performing while "overriding" an exceeded capacity, which requires a separation from full awareness.

Firefighters who need to go into danger and override their protective instincts

A child who needs to seem to be present, but is overwhelmed with fear, or anticipates humiliation

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Operating in the "faux" can be useful, if done with awareness and a follow-up to complete what got pushed down.

Without awareness, we create more "unfinished" experiences, and more cognitive, emotional and somatic backlog.

In this "faux" state, we lack enough resiliency to effectively reprocess difficult material.



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Ally learned to over-ride her emotions, and many desires, to accommodate to "not good enough" in her family.

Her constrictions revealed this dynamic.

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Window of Tolerance

Hyper-Arousal

Hyper-competence with limited self-awareness

Optimal Zone

Hypo-Arousal

Hypo-buffering ("kinda, maybe") vagueness

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Tracking and Resiliency

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We need clear data to be sure our clients are truly present.

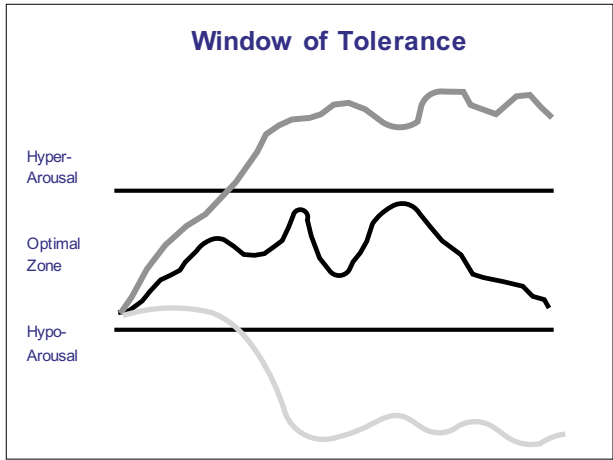
You have to be present to really "notice" anything about your body in the moment.

"I have a foot," versus "my foot is tense and my toes are curled."

Get that data by asking for specific somatic sensations, and tracking their responses.

If they can't answer, they may well be out of the WoT.





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- Signs of Sympathetic Nervous System**
- faster speech
 - constricted muscles - face, throat, limbs, gut
 - increased heart rate, respiration, and blood pressure
 - rigidity in thoughts and reactions
 - increased muscle tension, and readiness for fight/flight
 - hyper-vigilance to the environment; startle response
 - sweating and feeling hot
 - constricted blood vessels, draining blood from skin surface
 - emotional intolerance
 - pale look or cold feel at the skin level, even while sweating
 - dilated pupils, retracted eyelids, narrowing of visual field
 - dry mouth and inhibited nasal secretions; suddenly thirsty

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- Ventral Vagal Signs**
- relaxed, softening of muscle tension
 - normal heart rate and blood pressure
 - slower, deeper breathing
 - warmer skin and flushed color
 - digestion, and peristalsis
 - smaller pupils, relaxed eyes
 - moist mouth and nasal secretions
 - engagement with you

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Dorsal Vagal Signs—Many body functions slow down.

- decreased heart rate and respiration
- shallow breath
- can't track conversation
- pupils contract, heavy eye lids
- slower cognitive processing; confusion
- lack of awareness
- disconnection from a sense of self
- collapse into helplessness
- disengagement from others
- going flaccid, at the extreme DV end of reaction

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**Value of Tracking
Resiliency
Somatically**

Guides the client into present experience so you can see what it takes to have a stabilized, well-paced process in the therapy



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Provides "data" to help you accurately read subtle shifts in resiliency in each moment

Engages both you and your client right in the client's process

It is hard for anyone to see their own process.



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Helps to balance the shifting levels of activation with the task of reprocessing traumatic material

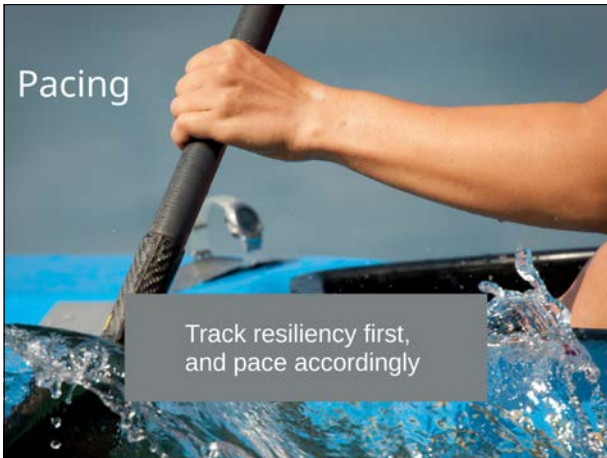
Note Ally's hand gesture and expression.

Offers a context for on-going agreements between client and therapist for focusing on process

Informs accurate assessments for using bilateral stimulation, at any given moment

Creates a common non-verbal language

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Are we monitoring the flow of the session so that we notice:

- Shifts in activation
- Abilities to sustain awareness, or not
- Moments of disconnection
- Is our client still in the Window of Tolerance?

Often, we will not be sure.

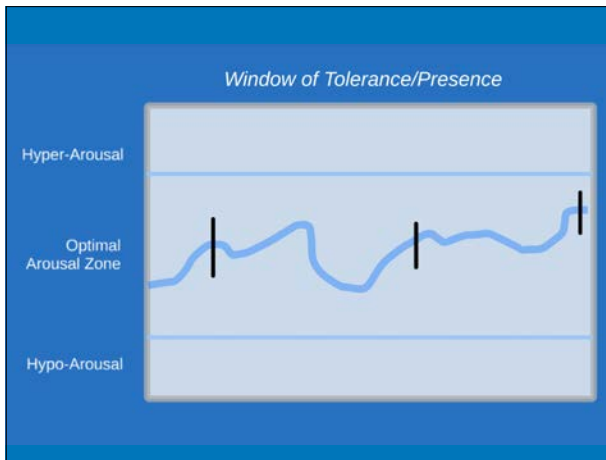
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Cognitively, it can seem OK, but the client can lack the resiliency to effectively process.

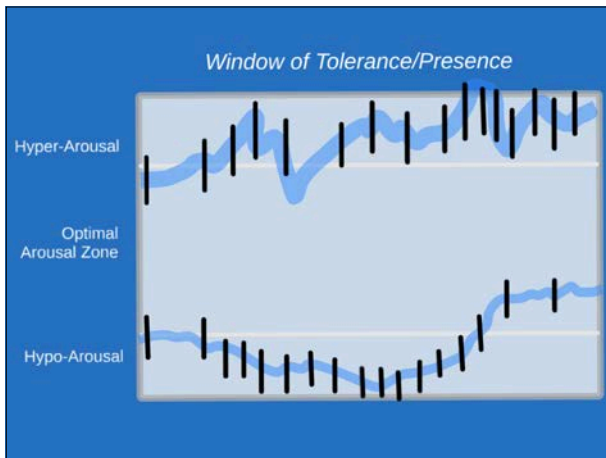
Ever wonder why the work isn't really progressing?



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What happens when we are trying to do therapy, or use BLS, "outside the window?"

The client is having to "override" their own activation.

The processing can get confusing and overwhelming.

This can feel scary for the client. It's hard to keep a focus.

The potential of the work is compromised.



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Thinking vs. Noticing



Top down



Bottom up

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Our client's ability to "notice" present body sensations is key for our tracking their moment-by-moment resiliency.

Data
Data
Data



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“Noticing” questions

Are in the present.

Client can't answer them without paying attention in the moment.

They are based on sensation and somatic felt sense.

Answers come from observing vs. thinking.

What kind of questions do you usually ask?

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“Noticing” questions

"Noticing" questions and reflections are key to guiding your work to being more somatically focused.

They help put you in touch with your client's process," beyond their "thinking."



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Sometimes we won't get clear data. This is also data.

These moments tell us when we need to slow down. Get details.

Is this a "go with that" moment?

Or is there a lack of needed resiliency in that moment?

Then what?



Orienting:

If your client is struggling, they need to be back in the WoT in order to do more processing.

It's not a fair question to ask: "Are you present, or 'in the window'?"

Cognitive questions won't be helpful at the moment.

People will give "thinking" answers.

"SUDS" readings tell you about disturbance.

We need information about resiliency.

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A client can be "high activation" and in their WoT.

They can also seem to have calmed down, but they really just went hypo-aroused.



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"Noticing" questions about physical sensations do 2 important things:

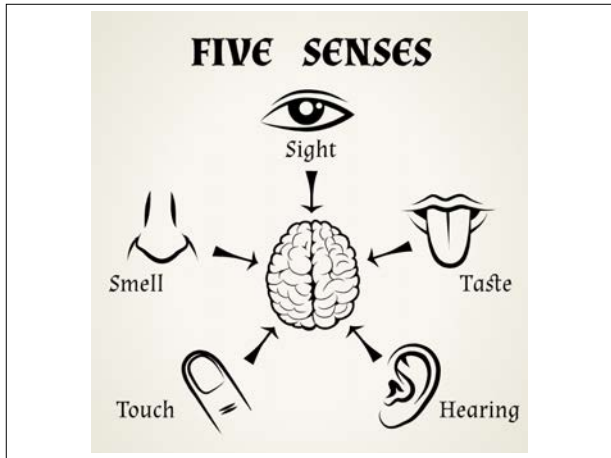
- 1) It tells you if your client can notice themselves in the moment, giving you a read on resiliency.
- 2) If they are able to be present, it increases sustained awareness, which is good treatment in itself.

Don't rush this.

If you aren't confident, ask for more details. Notice how they answer.

"Is my client currently present enough to continue working on something that just overwhelmed them?"

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Engage presence through all 5 senses. This can take a while.

Get solid details that can only come from noticing, not just thinking. Watch asking "Yes/No" questions.

Can they then report on body sensations?
Get the data on resiliency.

Our senses inform our brain and nervous system about safety, non-verbally.

Sustaining awareness impacts "neuroception."
It's not just relief.

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Make your question specifically about sensations.

“What is happening inside your skin?”

“What are you noticing in your body, right now, as we are sitting here?”

The photograph shows a man with short, graying hair. He is looking slightly to the left of the camera. His right hand is raised to his head, with his fingers running through his hair. He has a neutral to slightly thoughtful expression.

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64

“... and as you put your hand on your head, what do you notice physically?”

“... and as you talk about your brother, and your voice softens, what's happening in your throat?”

Questions like, "How are you doing?" often yield "thinking" answers.

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Sometimes your client may be unable to get present.

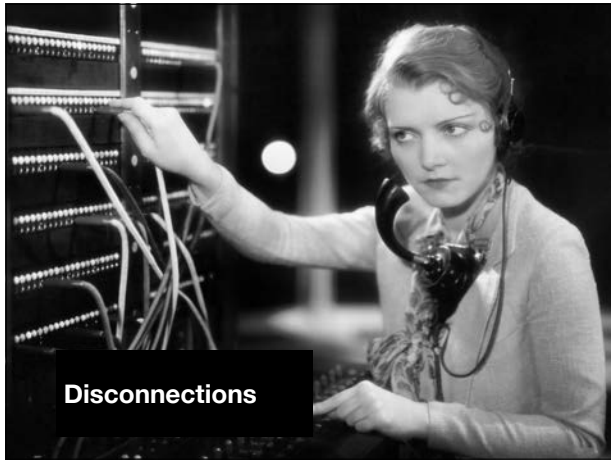
SNS and Ventral Vagal involvement can help.

Koosh ball

Essential Oils

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Consider:

What access do you gain when you track somatically?

Data about resiliency - less guessing

Process - how your client actually functions



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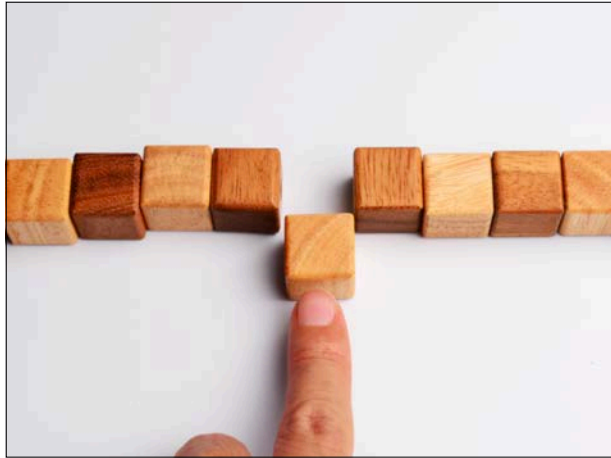
Reactions right as they happen

Awareness of responses that happen spontaneously without awareness

Manifestations of NS reactions that don't have verbal language

Increased contact with your client

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Adaptive Information Processing (AIP)

Maladaptive coding

Incomplete processing

71

The Drive for Completion is on All Levels

Cognitive

Emotional

Body and Nervous System

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Drive for Completion

Larger dynamic

Unfinished material pushes for resolution

What is in our nature?

Drive to Complete

Drive to Protect

Tension and pressure in that dynamic

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Checking back in on Ally,
and her disconnections:

She can tell her story well,
and be somewhat
removed. We noted signs
of how she over-rides her
overwhelming activation.
Going more cognitive.
Minimizing...

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Initial somatic check in to
start sessions would be
met with, "I'm fine."

A few questions for
specifics revealed
tightness, constricted
breath, anxiety in her
stomach.

Different starting place,
right?



We brought awareness to her process of "not noticing" herself very much, even when there is significant activation happening.

This awareness exposed more emotion, which Ally had learned to disconnect from very well.

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Now we shared awareness of Ally's process when she can't feel herself.

In moments like this, where she turns to her left and looks out the window, we made agreements to slow down and take time to just notice.

Her body revealed her struggle and disconnection. Ally would pull her chin down and back when "not good enough" would be under the surface, and how she'd change the subject.

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We got details of dynamics of how she leaves the WoT. This helped us to make agreements about holding those moments closely.

Sustaining awareness with those sensations allowed us to use BLS to process through the danger reactions.

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**Tracking Resiliency
with Somatic Focus**

Following the present felt sense of the body automatically gives us data about resiliency, and where they are regarding the WoT.



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If the client has trouble flowing with this, it's our job to make it explicit, then keep tracking. "It just got hard there, huh?"

Slowly:

"Give that a lot of room."

"Take your time with that."

"Can you give me more details about that?"

"Give this as much space as it needs."

81

"As you say/feel _____, notice how your neck tightens."

Keep pairing their story, thoughts, and emotions with somatic sensations.

"That's it - and just see what shows up next."

Fattening the moment . . .

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There are so many ways we can disconnect.

Today we'll look at a few examples, with their somatic counterparts.



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Buffering

“Kinda, sorta, maybe, perhaps, I guess, I don’t know, Does that make sense? Maybe this is stupid...”

Shifts of language from “I” to “you”

There is a distancing that occurs; a buffering from full impact

84

Discounting self

“That’s not important, I don’t know what I’m talking about, it doesn’t matter, Oh, well... , never mind.”

“I don’t care.”

Mumbling

Cutting off own sentences

Selling self short

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Consider what's overly associated here.

What is happening dynamically in these moments?

86

If your client is struggling, using somatic interventions helps them to notice themselves, and assess how to stabilize, and keeps you well paced.



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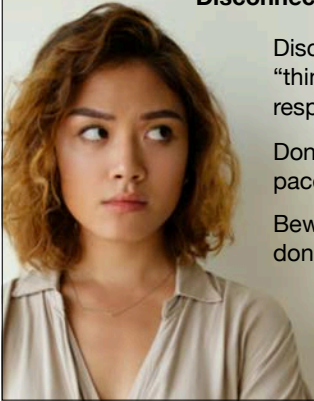
The more detail of felt sensation you ask for, the more you help them to hold the present.

Getting details also simultaneously slows the process, giving even more space for your client to notice



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Disconnections in Process



Discern if your client gives "thinking descriptions" or vague responses

Don't let your client's fast pace "drive the show"

Beware of breezing past, "I don't know . . . "

(especially if this is said before they even reflect on it)

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More Disconnections in Process

Rhetorical questions need to be made real.

"So what am I supposed to do with that?"

Statements of denial need to be "fattened."

"I can't believe it . . . "



90

Exercise

These dynamics hold tremendous energy.

Work these carefully.

If you breeze past, you will lose traction - like putting grease on the soles of your shoes.



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Ally would often smile or laugh when telling painful parts of stories.

“Right there, as you began to talk about that painful situation, can you feel your mouth?”

93



You probably don't even realize it, but this awkward smile just came up, right as you just described that moment of being overpowered.”

By compassionately calling out the incongruities, we can heighten awareness of the dilemmas embedded in the difficult episodes.

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Emotions and content don't line up

"Nothing" response, while obviously activated
Flat affect with sad content

Emotions and physical responses don't line up

Scared feelings and laughter
Anger, with a smile

Physical responses and self-reporting don't line up

"I'm fine" - while biting lip and legs cross tighter
"I don't care" while crying

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Blind hoping, "Whatever", superstitions, weak protests, wishful thinking, and other evasive moves may cushion clients from discomfort.

Consider the impact these have on their process when they do them.

Even when we bring them up, the client may discount that they even said it.

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Subtle Dissociation

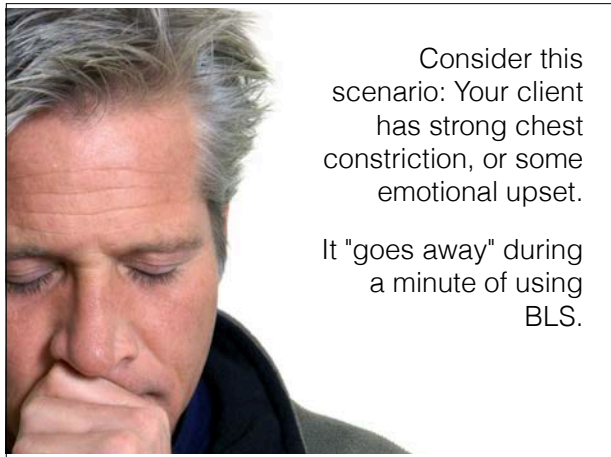
This is far more common than most people think.

Untreated, this is a major block to progress in psychotherapy.



Let's discuss the implications for the more "subtle" forms of dissociation

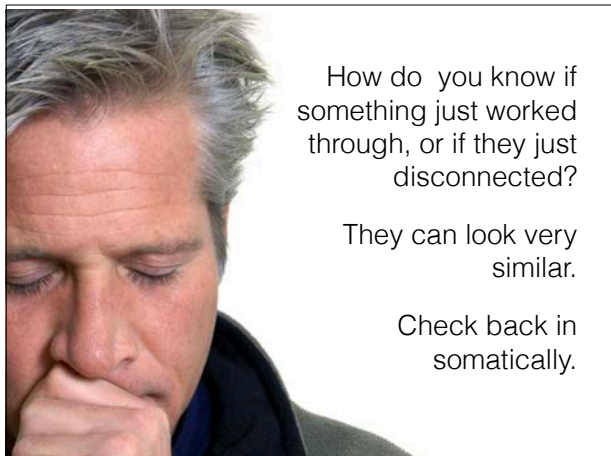
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Consider this scenario: Your client has strong chest constriction, or some emotional upset.

It "goes away" during a minute of using BLS.

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How do you know if something just worked through, or if they just disconnected?

They can look very similar.

Check back in somatically.

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100



Pacing at the edge of the WoT

1. Somatic data guides your assessment.
2. Reflect and mirror: Ask what they "notice." It's your job to notice if they answer or not.
3. If they can't give you solid answers, there's a good chance they are overwhelmed. Stop BLS if they are out of WoT.

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4. Help your client to "orient" before trying to move forward with processing.

Do not be impatient, or accept "thinking" answers as data.

5. The shift from overwhelm into resiliency is a growthful process, not just a moment to "get past."

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6. Target the dissociative dynamics explicitly for processing, once they become more defined.

"Right there, as your head tilts left..."

Ask for details of any emerging awareness of the disconnecting process. "Find the seams" and help to sustain the awareness.

Dorsal vagal activation signs - yawns, loss of focus, low tone, etc.

You need to take the lead here.
Your client's awareness is compromised.

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They have had to learn to fake it here.

7. Track closely. The client is right in the avoided activation.

Now we are survival land.

No one learns to dissociate for fun.



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8. Explore the "last thing" your client recalls before going away. Pace slowly, noticing what they can hold, and not. Now you are right in that "seam." Make micro-agreements about staying with tiny activations.

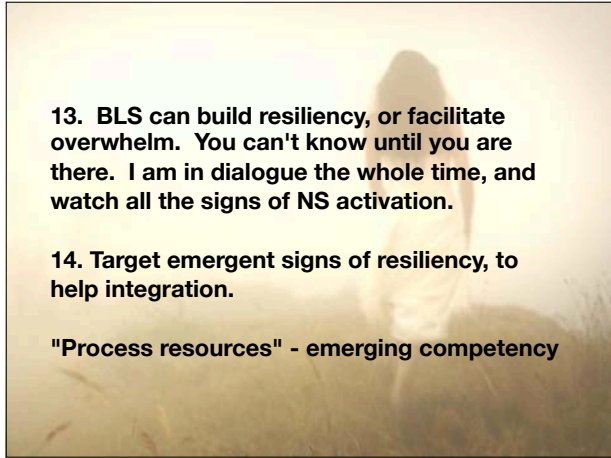
9. It's likely the first time they have experienced the details and dynamics with someone else. Novel ventral vagal engagement.

10. Watch as their nervous system will likely push them away from more awareness.

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11. Subtle dissociation can be quite treatable if you track into the into the somatic dynamics of the dissociative process.

12. At the edge of the WoT, what about BLS? If clients can hold some physical sensation, judicious use of BLS with that narrow focus can help to further sustain that awareness.

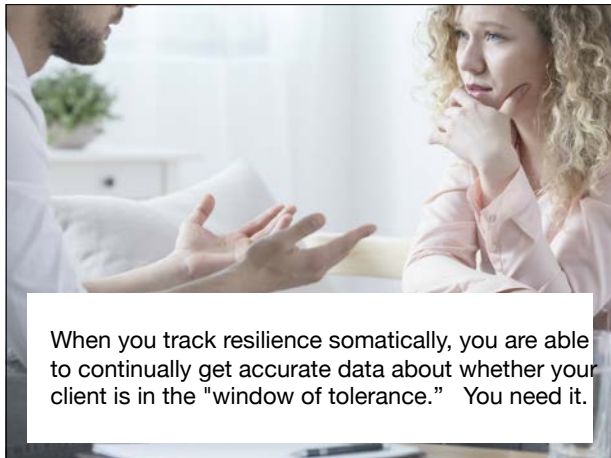


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13. BLS can build resiliency, or facilitate overwhelm. You can't know until you are there. I am in dialogue the whole time, and watch all the signs of NS activation.

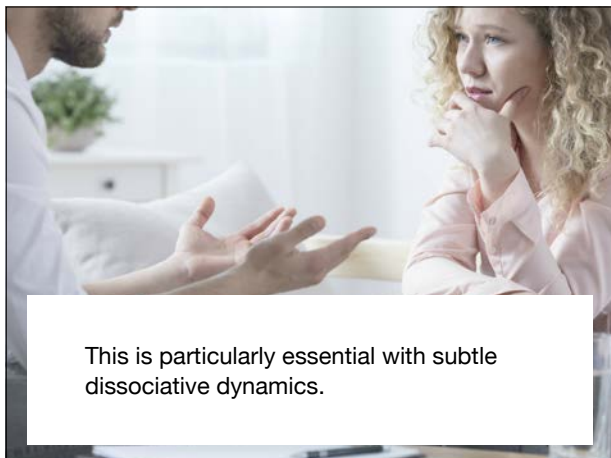
14. Target emergent signs of resiliency, to help integration.

"Process resources" - emerging competency



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When you track resilience somatically, you are able to continually get accurate data about whether your client is in the "window of tolerance." You need it.



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This is particularly essential with subtle dissociative dynamics.

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Most therapists find that when they more accurately track somatically, they realize many of their clients have been disconnecting or subtly dissociating without either of them noticing.

It takes resilience to effectively use any awareness to create sustainable growth.

It takes persistence and a stronger lead by the therapist to track resilience and make this a vital part of the process.

Clear agreements with our clients are crucial.

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It does take deliberate effort to start making your therapy more somatic.

• If you see benefits from being able to track resiliency closer, here are some starting places:

• Before each session, be sure you are in the window

• Start your sessions checking if your client is in the WoT

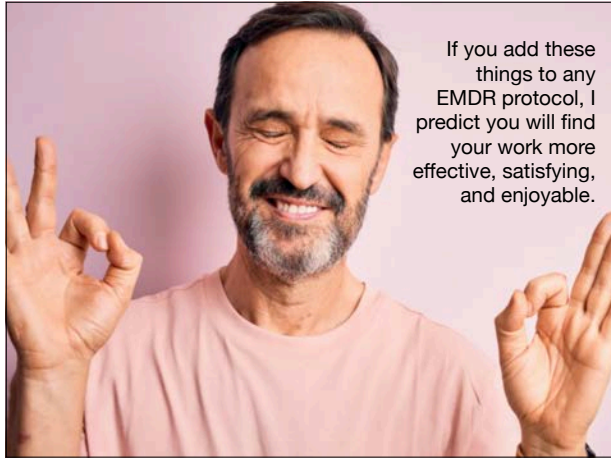
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• Personalize a self-assessment of WoT with each client, and help them understand their nervous system

• See if you are getting the data to read their resiliency, at any moment

• Ask more noticing questions; reflect and mirror body movements

• Pace your work based on resiliency, at each moment




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Everyone is here because we all want to make our therapy better.

Tracking resiliency, using the Window of Tolerance, offers a simple, but incredibly effective tool for gaining access to your client's process.

It makes the work easier, guides the therapy, and offers greater clarity.

I hope this informs many of your "What do I do next?" questions which can be answered by your own noticing.



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Bibliography

The major inspiration behind this approach of Natural Processing came from years of trainings in Gestalt, Gestalt Body work, Violet Oaklander's Gestalt with Children, Hakomi, David Schnarch's Crucible Approach, EMDR, Somatic Experiencing, Somatic Experiencing Touch Training, process-oriented Taoist meditation, and the invaluable lessons I've been taught by my clients, peers and consultants over the past 40 years about how our nature actually works.

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I believe it would be helpful to expand basic EMDR training to include tracking resiliency with a somatic focus.

Thank you for attending today.

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Window of Tolerance/Presence

Panic

Feeling overwhelmed

Hard to think clearly

Emotional reactivity

Hyper-vigilance

Intrusive thoughts and imagery

Faster speech

Anxiety

Constriction and Bracing

Tension and rapid breathing

Sweating

Increased response to sensation; startle

Increased heart rate

Hyper-Arousal

“Faux WoT”

Window of Presence

Optimal Arousal Zone to fully engage

Workable range of resiliency

“Faux WoT”

Hypo-Arousal

Decreased heart rate

Senses diminished

Feeling dulled

Lessening of awareness of sensations

Numbing of emotions

Difficult to focus or think clearly

Reduced physical movement

Difficulty tracking conversation in the moment

Poor contact

Disengagement from self and others

Feeling spacey