

The Flash Technique, Memory Reconsolidation and EMDR

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The fine print ...

- ▶ This webinar is being presented for current 2018 EMDRAA members.
- ▶ If you are not an EMDRAA member, or do not hold a 2018 subscription, please leave now, or do the right thing and join EMDRAA.
 - ▶ You can do so at www.emdraa.org
- ▶ Because this webinar will include live demonstrations, recording is not permitted.
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Some background

- ▶ Subliminal perception.
 - ▶ We have known for many years that very brief exposure (as little as 4/1000 of a second) to trauma related material will result in amygdala activation, without conscious awareness.
 - ▶ But what about some subliminal processing ...
 - ▶ So what do we mean by processing?
 - ▶ In EMDR it is Distancing, Desensitisation, Cognitive shift
 - ▶ Measures of desensitisation and cognitive shift are built into the standard EMDR protocol (SUDs, VoC)
 - ▶ Distancing, with respect to the content of the target memory is the client report that is most highly correlated with symptom improvement (Lee, Taylor & Drummond, 2006). For this reason I recommend asking about it if Distancing hasn't been reported in the client's responses in Phase 4. "The memory we started with, what's that like now?" (Is the memory less vivid, harder to recall, in the past, etc.) Then get SUDs.

Some interesting studies

- ▶ Koizumi, Amano, Cortese, Shibata, Yoshida, Seymour, Kawato & Lau (2016) Fear reduction without fear through reinforcement of neural activity that bypasses conscious exposure. *Nature: Human Behaviour*, vol 1, Article 0006
 - ▶ Available from www.researchgate.net Search on title.
- ▶ Taschereau-Dumouchel, Cortese, Chiba, Knotts, Kawato, Lau (2016) Towards an unconscious neuro therapy for common fears. <http://dx.doi.org/10.1101/170183>
- ▶ Both studies demonstrated desensitising of a fear response in human subjects, without the subjects being consciously aware that a processing technique was being applied.

Conclusion

- ▶ Processing of conditioned fear responses (at least desensitisation effects) can be achieved without the person being aware that accessing and processing is occurring.
 - ▶ This has significant implications for treating trauma.
- ▶ The following slide is from one of the above studies
 - ▶ It shows processing effects (reductions in both amygdala and autonomic arousal) in the targeted fear but not in the control fear. Both experimenters and subjects were blind to which fear was being processed.

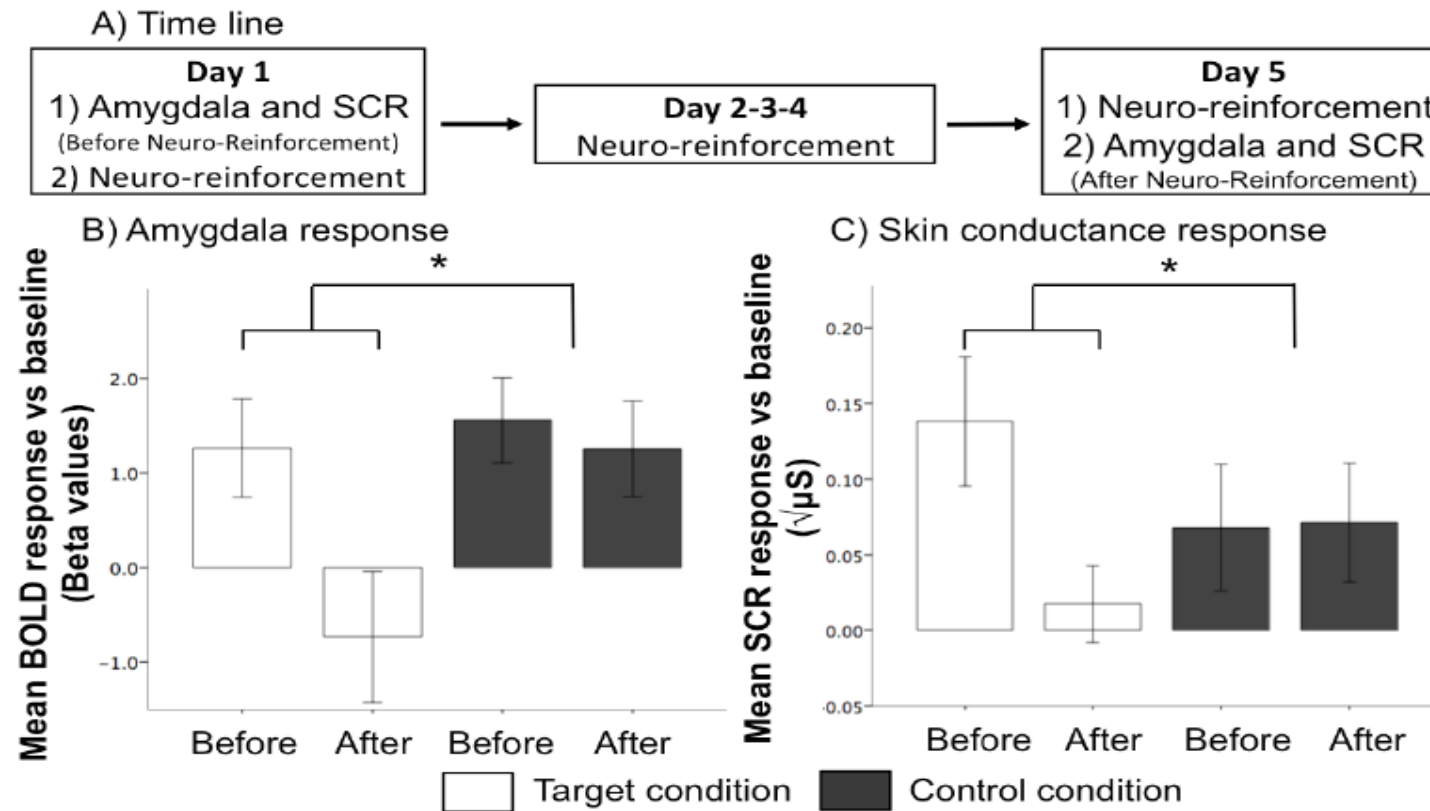


Figure 3. Decrease in physiological fear responses following Neural-Reinforcement. A) To assess changes in physiological fear responses, on Days 1 and 5, participants viewed images of two animal categories that they feared (Target and Control) and one animal of which they were not afraid (Baseline). B) The results indicate a significant decrease of amygdala response for the Target condition while the Control condition remained unchanged by the procedure. C) Likewise, the results indicate a significant decrease in skin conductance response in the Target condition and no decrease in the Control condition. BOLD: Blood-oxygen-level dependent. SCR: Skin conductance response. Error bars are ± 1 S.E.M. $*P < .05$.

That raises an interesting question...

- ▶ How much activation of an emotionally charged memory is required in order to demonstrate processing effect?
 - ▶ In standard EMDR we ask clients to bring to mind a memory, an associated negative belief, emotions and body sensations. I.e. full activation
 - ▶ In modified protocols (e.g. Keissling's Processing Continuum) we may omit the negative belief, or (Shapiro) we may invite the client to access the memory with some perceptual distancing. We still get processing effects.
- ▶ Flash accesses the memory with much less detail. The therapist may not even know anything about the memory being processed. And we still get processing effects.. Interesting.

Memories of Trauma

- ▶ van der Kolk 1994 The Body Keep the Score
 - ▶ “Emotional memories are forever”
- ▶ Joseph LeDoux (1991)
 - ▶ Concluded that once formed, the subcortical traces of a conditioned fear response are indelible, and that “emotional memory may be forever”

Memory Reconsolidation

- ▶ See EMDRAA Webinar, Bruce Ecker, February 2019
 - ▶ <https://attendee.gotowebinar.com/register/127892278749352706>
- ▶ 1997 – 2000
 - ▶ Animal studies reactivated a target emotional learning and found that its locked neural circuit had temporarily shifted into an unlocked, de-consolidated, labile, destabilised or plastic state, which allowed the learning to be completely nullified, along with behavioural responses that had been driving.
 - ▶ The labile circuit soon consolidates again, returning to a locked condition. Hence the term memory reconsolidation.

Memory Reconsolidation

- ▶ Reactivation to produce a labile state is not sufficient for memory change
- ▶ Whilst the memory is in a labile state, information incompatible with the original learning is presented.
 - ▶ In MR research this is called a mismatch, prediction error, or juxtaposition
- ▶ In humans, the window for reconsolidation is around five hours.
- ▶ MR research currently does not indicate HOW MUCH activation is required to bring a memory to an unlocked, labile state.

A Metaphor for Memory Reconsolidation

- ▶ A solid block of wax represents a memory. (Consolidated)
- ▶ Warm the wax so it becomes soft. (Activation > labile, unlocked)
- ▶ Add some new material to the softened wax. (mismatch, prediction error, juxtaposition)
- ▶ Remove the heat, and the wax will re-solidify.
- ▶ It's not the same block of wax we started with. (Reconsolidated)

Many therapies work via MR

- ▶ EMDR
- ▶ Emotional Freedom Technique (EFT) Gary Graig
- ▶ Coherence Therapy (Ecker, Ticic & Hulley, 2012)
- ▶ Accelerated Experiential Dynamic Psychotherapy (Fosha)
- ▶ Internal Family Systems (Richard Schwartz)
- ▶ Interpersonal Neurobiology (Dan Siegel)
- ▶ Gestalt therapy (chairwork, imagery rescripting)
- ▶ Neuro Linguistic Programming (NLP)
- ▶ Traumatic Incident Reduction (TIR)

Is this new ?

- ▶ Foa & Kozak (1986) “we propose that regardless of the type of therapeutic intervention selected, two conditions are required for the reduction of fear. First, fear-relevant information must be made available in a manner that will activate the fear memory. Next, information must be made available ... that must include elements that are incompatible with some of those that exist in the fear structure, so that a new memory can be formed. This new information, which is at once cognitive and affective, has to be integrated into the evoked information structure for an emotional change to occur.”
- ▶ AIP is based on this and similar information processing models.

Shapiro, 2018, p. 119

- ▶ “it may be useful to explain to clients that the brain has stored the disturbing event in a memory network in a way that isolates it and prevents it from connecting with more useful, adaptive information, and that when EMDR processing begins, the appropriate connections are made.”
- ▶ In the 2018 text memory reconsolidation is not referenced or indexed.

Solomon & Shapiro, 2008

- ▶ “the AIP hypothesis appears consistent with recent neurobiological theories of reconsolidation of memory which proposed that an accessed memory can become labile and restored in an altered form.
- ▶ “The AIP model is in some ways consistent with the emotional processing model that underlies most widely used exposure-based treatments. Foa and Kozak (1986) suggest that for the reduction to take place, two conditions must be met. First there has to be activation of the fear memory. Second, corrective information with elements incompatible with the fear memory must be provided so that a new memory can be formed.”

The first paper ... Nov 2017

Use of the Flash Technique in EMDR Therapy: Four Case Examples

Philip Manfield

John F. Kennedy University, Berkeley, California

Joan Lovett

Healthy Perspectives, Berkeley, California

Lewis Engel

San Francisco, California

David Manfield

EMDR Associates, Lake Oswego, Oregon

Flash Technique, Mark I

- ▶ “FT is employed during the preparation phase of EMDR as a rapid and relatively painless way of reducing the intensity of extremely disturbing memories so that they can be easily processed in the remaining phases of standard EMDR treatment.”
- ▶ “It is recommended for clients
 - ▶ Who are highly apprehensive of accessing their traumatic material,
 - ▶ Who dissociate when accessing the memory,
 - ▶ Who become emotionally overwhelmed,
 - ▶ or who are resistant to visiting the memory.”

Flash Technique, Mark I

- ▶ “the goal of the intervention is to painlessly reduce the disturbance associated with a target memory to a level that the client is no longer resistant to fully accessing it and processing it with standard EMDR.”
- ▶ Can take 10 – 45 minutes.
- ▶ Start from a resourced or neutral state.
- ▶ When ready or when cued by the therapist, “flash” onto the memory or a small fraction of a second.
- ▶ Keep it brief - metaphors

Metaphors

- ▶ Passing a finger through a candle flame
- ▶ Seeing a pixelated photo before it sharpens to a clear image
- ▶ Seeing a flicker or blur
- ▶ Opening the door a crack, just taking a peek, then shutting it immediately
- ▶ Selecting a file (single click for Windows, hover cursor for Mac)
- ▶ Starting to go to the memory, but halfway there turn around and came back to resource state
- ▶ Observe the memory from a great distance
- ▶ Post-it note in a book, book placed on a shelf, out of view

Flash Technique, Mark I

- ▶ Have client engage with resource experience, paired with SLOW EM
 - ▶ Why slow? We don't want processing effects as in EMDR, i.e. we don't tax Working Memory
 - ▶ How slow is slow? About 2" for each L-R pass, no faster
- ▶ Start with a single flash, stay with single flashes until it is easy
 - ▶ What is "easy"
 - ▶ Memory must not be "sticky". Check with client?
 - ▶ Do not ask "What came up?"
- ▶ Proceed to triple flashes.
- ▶ Do a set of 3 triples (I do a few more)
- ▶ Read client responses (verbal & non-verbal) to ascertain when to check on the memory. "Anything different about the memory? If so, get SUDs. If in tolerable range, move to standard EMDR

Live demo

- ▶ If you volunteer to participate your image will be seen by other participants, and your voice heard.
- ▶ Please do not reveal any personal information that you do not want shared.
- ▶ This webinar is being recorded and may be made available to a wider audience (EMDRAA members, Therapist Training trainees) via a passworded video link
- ▶ Allowing your image and words to be shared is implied consent to allow yourself to be recorded and for others to view the portion of the recorded webinar containing your participation.

Live demo

- ▶ Do not volunteer if you think that participation might be harmful to you in any way
- ▶ Do not volunteer if you do not have good self soothing skills
- ▶ Do not volunteer to work on a memory that has a feeder
 - ▶ An earlier memory that links to your chosen target via elements of content or belief
- ▶ Flash has a strong track record of not increasing the disturbance, but should it happen to you, I want to be sure that you will be able to manage your activation effectively.

Live demo

- ▶ Flash may result in a complete or partial desensitisation of the target memory. If you do not arrive at a complete desensitisation (SUD = 0, 1) you must be able to manage any residual distress.

Suitable target memory; SUDs > 6

- ▶ A single incident which may be unprocessed or incompletely processed. Must not have a feeder memory. E.g.
- ▶ Hospitalisation or injury
- ▶ Car accident
- ▶ Assault or violence (witnessing or experiencing)
- ▶ Loss/death of a person or pet
- ▶ A failure
- ▶ A nightmare
- ▶ Getting lost

Suitable target memory

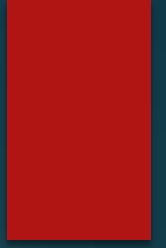
- ▶ Moving as a child, loss of friends, new school/house
 - ▶ Incident involving major shame, guilt, fear, sadness
 - ▶ Natural or man-made disaster
 - ▶ Relationship loss, rejection (no feeder memory)
 - ▶ Legal conflict
 - ▶ Giving birth, an incident involving blood or intense pain
 - ▶ An Adverse Childhood Experience
-
- ▶ SUDs > 6

Flash Mark I results - Manfield

| <i>Trial Date</i> | <i>Number of Sessions</i> | <i>SUDS 2 hrs Pre-treatment</i> | <i>Beginning SUDS</i> | <i>Ending SUDS</i> | <i>4 Week Follow-up SUDS</i> |
|-------------------|---------------------------|---------------------------------|-----------------------|--------------------|------------------------------|
| July 14, 2017 | 67 | NA | 7.2 | 2.66 | 1.07 |
| Oct 7, 2017 | 256 | 6.64 | 6.37 | 1.41 | 1.53 |
| Nov. 18, 2017 | 337 | 7.02 | 6.94 | 1.95 | .19 |
| Jan. 27, 2018 | 372 | 7.0 | na | 2.5 | 1.5 |
| March 25, 2018 | 387 | 6.78 | 6.66 | 2.42 | 1.88 |

- Trials out of 1417 webinar trials only 3 showed an increase in SUDS!

Flash Mark I demo



Flash Mark II

1. Minimally access the memory

- ▶ Takes subliminal processing to it's logical conclusion
- ▶ The memory is accessed minimally.
 - ▶ I put it on a Post-it note, put that in a book, and move the book out of sight of the client
 - ▶ Get SUDs obliquely. E.g. "That memory, I'm not asking you to go to it, but if you were to, how distressing would it be, on a scale from 0 – no distress to 10, maximum, the worst.
- ▶ Avoid a memory where the disturbance is being generated from an earlier event (feeder memory)
 - ▶ If it has a feeder, consider using Flash on the feeder memory
- ▶ You need not have the client tell you anything, other than their age when the event happened – a minimal cue.

Flash Mark II

2 Positive engaging focus

- ▶ The client chooses a positive engaging memory.
 - ▶ E.g. A beach , bush, river, lake, etc. scene
 - ▶ Engaging with a special person
 - ▶ Music (aided with listening to it in session Thank you Internet.
- ▶ I guide the client to a rich sensory recall of the experience – sights. Sounds, physical sensations, smells, tastes – just as yo would do with other imagery based resources.
- ▶ I get a cue word or phrase, as you would do for Calm / Safe place.
 - ▶ I get more detail in this step than Manfield does in his video demonstrations

An engaging experience need not be relaxing – but it does focus the mind !



Flash Mark II

3 Basic Client Instruction

- ▶ Get the client to connect with their positive engaging focus, with one added piece.
- ▶ After several SLOW L-R movements, you will ask the client to blink.
- ▶ Blinking involves just that, it does not include thinking of the memory.
- ▶ Manfield notes “in rare cases, it may be helpful to the client to glance momentarily at something that symbolically represents the memory”
- ▶ Tell the client that they should feel NONE of the disturbance associated with the memory: no images, no sounds, no body sensations, no thoughts.
- ▶ The simplest thing is to simply tell them “just blink your eyes”

Flash Mark II

4 Check client is doing it properly

- ▶ Ask if the blink was easy
- ▶ Check that there was absolutely no disturbance when they blinked
 - ▶ If there was, explain they need to blink more quickly and stay engaged with their positive engaging experience the whole time
 - ▶ Metaphor – you blink when you are at the movies – there is a very brief visual disconnect from the movie, but no conscious experience of the disconnect.
 - ▶ Emphasise that you really do expect them to feel no disturbance when blinking
- ▶ Is the engaging focus strong enough ?
- ▶ After single blinks are easy, move to sets of 5 (or more) triple blinks
 - ▶ When I say “blink” I want you to blink 3 times, as quickly as you can”

Flash Mark II

5 After a set of triple blinks

- ▶ Connect obliquely with the target memory?
 - ▶ “that memory over there, is there anything different about it?”
 - ▶ Distancing is the most common report – less vivid, further away, hard to connect with the memory.
 - ▶ If “yes” get SUDS, then do another set
 - ▶ If ‘No”, do another set
 - ▶ Discontinue after 2 sets where there is no further processing
 - ▶ Client may get to SUDs = 0 , or they may plateau
 - ▶ If plateau above SUD 1, move to standard EMDR. Finish Phase 3 (PB, NB, VoC, etc) then into Phase 4.
- ▶ If SUDs = 0, move to Phase 5.

Differences between Flash Mark I & II

- ▶ Both require minimal activation of the memory
- ▶ Both get an initial SUDs, before Flash starts
- ▶ Both require the client to engage in a positive focus
- ▶ Mark I brought SUDs to a tolerable level* then transitioned to standard EMDR.
 - ▶ * Therapist did not check the memory until they thought that significant desensitisation had occurred.
- ▶ Mark II checks the memory after each set of multiple Flashes
 - ▶ Continue Flash until processing effects plateau. This may be SUDs = 0, in which case Phase 4 EMDR is completed.

Trouble shooting

- ▶ “When Flash doesn’t work, it is almost always because the client is connecting with the trauma in a way that activates him or her” Manfield, July 2019.
- ▶ If SUDs does not go down after 2 rounds of Flash, the client is either
 - ▶ Maintaining a minimal connection with the trauma memory whilst engaging with their engaging focus
 - ▶ Accessing the target consciously during flashes to see if it is working. The giveaway is “I don’t think it’s working”
 - ▶ You are processing the wrong target memory. The memory may be too vague, too inaccessible, or being fed by an earlier memory

Is the positive engaging focus strong enough ?

- ▶ If the client isn't sufficiently engaged in the positive experience, it will not serve as a sufficient distraction from the trauma memory. Without that distraction, the client may be in a continual low level of activation.
- ▶ Guide the client to a full sensory recall of their engaging activity – sights, sounds, physical sensations, smells, tastes. Use a cue word to direct the client into that experience, just as you would with any other resource imagery.

Is the client becoming too involved with the memory?

- ▶ Check if the client has been able to follow the basic instruction to neither see, hear or feel any aspects of the trauma memory.
 - ▶ Ask “when you blinked did you see, hear or feel anything related to the memory, or was it just easy to stay in your engaging activity?”
 - ▶ “I just want you to blink your eyes, nothing complicated.”

Does the target have a feeder memory?

- ▶ Partial desensitisation may indicate the presence of a feeder memory. One way of checking is to ask the client that when the event occurred, “were you surprised that you reacted that way, to that extent?” if the client was not surprised, there have probably been earlier similar experiences.
- ▶ Affect Bridge (Watkins, 1971) is the easiest way to link to earlier memories. Shapiro’s Affect Scan is simply Affect Bridge by another name.

Philip Manfield does Flash

- ▶ Go to www.emdrvideo.com
 - ▶ Right hand column, top 2 videos. 7 minute & 10 minutes.
- ▶ We'll get back to this webinar in 25 minutes.
 - ▶ Re-starting 8.45 am Perth time

Flash Mark II demo

- ▶ We may do more than one, time permitting.

Group Flash

- ▶ If you think that participating in this group practicum might be harmful to you in any way, I suggest that you sit this one out.
- ▶ Otherwise, choose a target memory, a single incident which may be unprocessed or incompletely processed. Must not have a feeder memory. SUDs > 6 (You normally wouldn't Flash on lower SUDs events.)
- ▶ Hospitalisation or injury
- ▶ Car accident
- ▶ Assault or violence (witnessing or experiencing)
- ▶ Loss/death of a person or pet
- ▶ A failure
- ▶ A nightmare
- ▶ Getting lost

Group Flash: More possible targets

- ▶ Moving as a child, loss of friends, new school/house
- ▶ Incident involving major shame, guilt, fear, sadness
- ▶ Natural or man-made disaster
- ▶ Relationship loss, rejection (no feeder memory)
- ▶ Legal conflict
- ▶ Giving birth, an incident involving blood or intense pain
- ▶ An Adverse Childhood Experience

Group Flash

- ▶ Chose an engaging activity
 - ▶ A good experience should generate positive emotion and a corresponding body sensation
 - ▶ Focus on the sights, sounds, physical sensations, smells and tastes that make up your positive engaging activity
 - ▶ Now mentally engage in that activity, and AT THE SAME TIME, tap your legs in synch with me – Left - Right
 - ▶ Does slow BLS add anything? It's part of the history of EMDR that we do it in resourcing, but no research I'm aware of to prove it adds anything, other than perhaps a placebo response. Still, we'll do it.

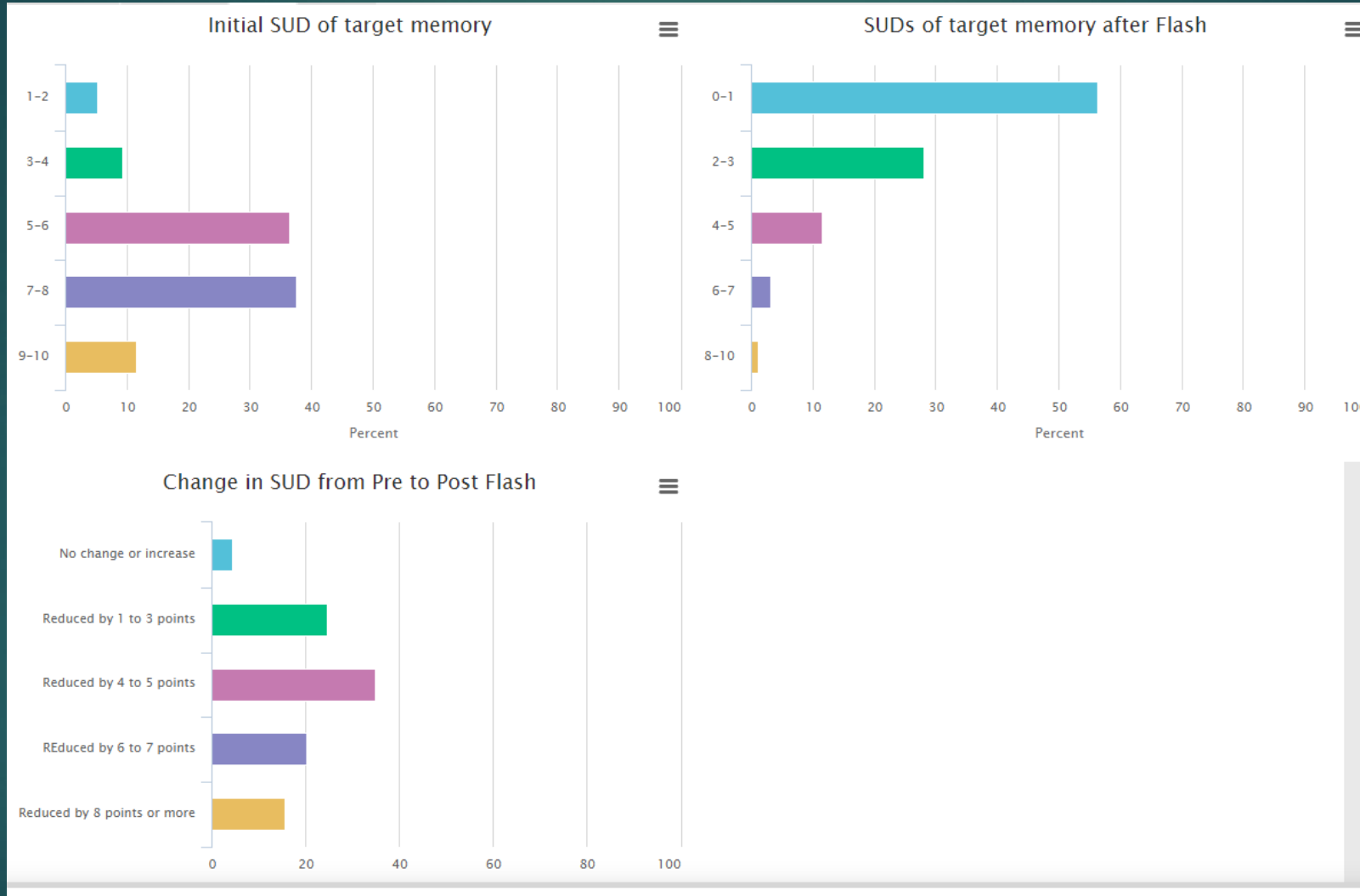
Group Flash

- ▶ Begin by tapping your legs whilst engaging in your positive activity, and then when I say the word “blink”, blink once, as rapidly as you can
- ▶ We will repeat this a few times, and hopefully it will be easy for you
 - ▶ “Easy” means you can stay with the engaging activity, and not engage in any way with the target memory.
 - ▶ I cannot troubleshoot individual responses with the group this large
- ▶ After successful single blinks, we will move to triple blinks. That is, you blink rapidly three times when I say the word “blink”.
- ▶ The first set of triple blanks will be more than five.
 - ▶ I generally do more than 5 triples in the first set, just as you might do a longer first set in standard EMDR, to give the client some “getting used to it” time, and to ensure as much as possible that processing effects are experienced from the start.

Group Flash

- ▶ After each block of blinks (flashes) check and see if the client notices a change in the memory.
- ▶ If the target memory is less disturbing, do another set of five triple flashes.
- ▶ If the target memory hasn't reduced in disturbance after 2 sets, troubleshoot.
- ▶ Note. You may not get to a SUDs of 0

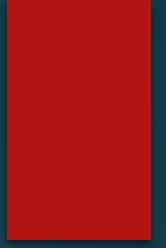
Group Flash - Results



Group Flash - Discussion

- ▶ 14% of participants chose a memory with a SUDs no higher than 4. You normally wouldn't use Flash with such a low level of distress. Normally Flash is used with high-SUDs memories. If you start with a 4, there isn't much scope for processing.
- ▶ 56% of participants reach SUDs of 0 or 1
- ▶ 84% of participants reached a SUDs no higher than 3
- ▶ 70% of participants achieved a reduction in SUDs of 4 or more

Question time



Join the conversation

- ▶ Ricky Greenwald's blog
 - ▶ <http://www.childtrauma.com/blog/flash-work/>
- ▶ Bruce Ecker's mini-webinar
 - ▶ <https://www.youtube.com/watch?v=m0ZiyerhzMc&feature=youtu.be>
- ▶ Philip Manfield's videos
 - ▶ www.emdrvideo.com (Right hand col, top 2 videos)
- ▶ Flash listserv – may be restricted to those who have done Phil's webinar. I don't know but will check
- ▶ Philip's website <https://www.flashtechnique.com/>
- ▶ And you can email me: admin@therapist-training.com.au
- ▶ And phone too 0408 900 413 (Not before 9 am WA time)

Thank you for participating

- ▶ “If you always do what you’ve always done,
 - ▶ You’ll always get what you’ve always got.
 - ▶ So for a change, do something different,
 - ▶ And do something different for a change.
-
- ▶ This webinar and accompanying notes are for EMDRAA members only. Please do not distribute. Encourage your colleagues to join EMDRAA. Then they can access this material and all your consciences will be clear. 😊

