

EMDR WORKSHOP DAY 1 – 17 September

EMDR therapy with acute trauma

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This workshop will focus on application of EMDR therapy to acute trauma, including traumatic loss, provided within 6 months post event. In the initial days and weeks following a traumatic event, clients may experience shock and be unable to fully register the impact of what has occurred; psychological first aid is most appropriate during this period. As the emotional impact begins to emerge, EMDR recent-event protocols can be introduced, often beginning with the worst moment of the experience.

However, the current trauma can activate previous unresolved prior trauma and loss, including childhood attachment trauma. This can compound and complicate the client's response to the trauma and interfere with EMDR processing. When indicated, clinicians need to identify and prioritize treatment of these earlier experiences before proceeding with reprocessing of the more recent event, to support safer and more effective EMDR therapy.

This workshop emphasis will be on showing videos of EMDR treatment sessions (recent traumatic loss, war related trauma) within the first six months following the index trauma and discussing the moment-by-moment EMDR therapy choice points and strategies to deal with complicated clinical issues.

- Participants will be able to describe the unfolding aftermath of a traumatic incident
- Participants will be able to describe how current response to a trauma is fueled by past unresolved trauma
- Apply EMDR therapy principles to traumatic events and traumatic loss occurring within 6 months of the index event.

EMDR WORKSHOP DAY 2 – 18 September

Enhancing EMDR therapy impact through the therapeutic relationship: Healing the attachment wound

Roger Solomon

The role of insecure and disorganized attachment in the development of complex and dissociative disorders is well established. Attachment theory, originally developed by John Bowlby, provides a framework for understanding how early child-caretaker relationships shape emotional and psychological development across the lifespan. The impact of later traumatic events is influenced not only by the overwhelming nature of those events, but also by prior attachment trauma that creates vulnerability in the developing system. These attachment injuries are often “seemingly small” yet deeply impactful—for example, a caregiver’s angry facial expression when the child is distressed, subtle withdrawal or turning away, or a caregiver repeatedly failing to notice the child’s distress. Over time, such patterns foster feelings of invisibility and aloneness, undermine emotion regulation and self-worth, and increase vulnerability to complex reactions when later adverse or traumatic events occur.

EMDR therapy is helpful in treating traumatic events, but also the underlying attachment trauma that influences current symptoms. The therapeutic relationship, important in all therapy, enhances the effectiveness of EMDR in different ways than talk therapy. Timing and pacing of bilateral stimulation can be fine tuned to maximize client processing. The therapist can provide the client with the attunement that was missing in childhood, communicated through calm and reassuring presence, dyadic regulation, accurate and respectful mentalization, and attuned dual attention bilateral stimulation.

Video tapes of EMDR sessions will illustrate teaching points.

Objectives

The participant will be able to recognize attachment trauma and its role in present symptoms

The participant will be able to implement EMDR treatment strategies with attachment trauma (including preverbal trauma).

The therapist will be able to enhance the positive impact of EMDR therapy through an attuned therapeutic relationship.