What is Early Trauma Protocol?

- Developed by Katie O’Shea based on ideas from Sandra Paulsen
- Protocol targets “the time before you remember” (pre-conscious memory)
  - 0 to 3 years
  - In utero
  - Generational

Why target pre-conscious memory?

“Our sensory world takes shape even before we are born. In the womb we feel amniotic fluid against our skin. We hear the faint sounds of rushing blood and a digestive track at work, we pitch and roll with our mother’s movements. After birth, physical sensations define our relationship to ourselves and to our surroundings… A cacophony of incomprehensive sounds and images presses in on our pristine nervous system. These events are shaping us, even as we don’t recall them.”

Bessel Van Der Kolk. 
“The Body Keeps the Score”
Chp 6 p 93
Why target pre-conscious memory?

• Standard protocol targets specific memories
• But sometimes we have clients who have generalized anxiety or other behavior but no clear target or touchstone event
• ETP can provide an approach for these types of clients

1st Example experience using ETP

Abbey (woman age 50)

• Presented with OCD and GAD
• Trauma while in utero
• Processed 12 sessions with ETP
• Significantly reduced anxiety and OCD

Indications of 0-3 trauma/neglect

1. Someone has knowledge of traumatic or neglectful experience
2. Presence of symptoms possibly resulting from early trauma
### Indications of 0-3 trauma/neglect

#### Examples of traumatic or neglectful experience
- adopted, multiple placements
- traumatic pregnancy, delivery
- mom in distress (physically/emotionally) during pregnancy, delivery, and/or afterward
- failure to thrive
- early surgeries or hospitalizations (e.g., premature birth)
- abuse, neglect

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#### Indications of 0-3 trauma/neglect

#### Examples of symptoms possibly resulting from early trauma
- Fetal alcohol syndrome
- Reactive attachment disorder or other attachment problems
- Autism, Asperger’s
- ADD or ADHD
- Sleep, eating, or elimination disorders
- Pervasive emotional distress
  - anxiety (flight), anger (fight)
  - depression (freeze → helplessness → hopelessness)

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#### Indications of 0-3 trauma/neglect

- Dissociative symptoms
  - blackouts, can’t remember time periods (recent or early childhood)
  - headaches
  - child sits and stares, “glued” to the TV
  - daydreams, spaces out, is in a fantasy world
- Somatic symptoms predominate
- Incoherent narrative (Siegel, 1999)
- Float back/Affect scan goes to a time that feels very early or the patient senses it is

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2nd Example experience using ETP

Kate (woman age 30)

- Targeted obvious childhood trauma
- Anger issues remained
- Processed with ETP
- Identified attachment wounding in pre-conscious years

Client Readiness

Three common client mindsets:
- Not yet aware of EMDR
- Ready and open to EMDR
- Open to ETP

How to overcome reluctance in clients
- Research examples
- Accident example

Client Readiness cont.

"Is this real? Or has this been happening inside my head?"

"Of course it is happening inside your head, Harry, but why on earth should that mean that it is not real?"

J.K. Rowling
*Harry Potter and the Deathly Hallows*
Early Trauma Protocol Steps

Four Steps of Early Trauma Protocol (ETP)

1. Containment of all experiences
2. A felt sense of safety
3. Resetting the Affective Circuits
4. Clearing the early trauma

EMDR Protocol with ETP

Phase 1 Client History & Treatment Plan
Phase 2 Preparation
Phase 3 Assessment
Phase 4 Desensitization
Phase 5 Installation
Phase 6 Body Scan
Phase 7 Closure
Phase 8 Reevaluation

EMDR Protocol with ETP cont.

EMDR Phase 1 Client History & Treatment Plan
• Special Consideration
• DES/DID, Attachment assessment

EMDR Phase 2 Preparation
• ETP Step 1 Containment Skills
• ETP Step 2 Safe State / Resourcing Skills
• ETP Step 3 Resetting Affective Circuits
EMDR Protocol with ETP cont.

ETP Step 4 Clearing the Early Trauma

- EMDR Phase 3 Assessment
  - Target by time frame
- EMDR Phase 4 Desensitization
  - Review, Release, Escape, Repair
- EMDR Phase 5 Installation
  - PC by time frame
- EMDR Phase 6 Body Scan
  - By time frame
- EMDR Phase 7 Closure
- EMDR Phase 8
  - Reevaluation may need to go back multiple times

Preparation

Experience of ETP can be overwhelming

Client needs felt sense of therapist's compassion

Early trauma processing needs to accommodate intrinsic subtlety

Be prepared for dissociation

Step 1 - Containment

Containment of all experience yet to be “learned from or sorted through”

To leave a “clear desktop” for the work

Dimmer switch, meeting place, container
Step 2 - Safe State / Safe Place

A felt sense of safety as a starting point to the work

A safe state or safe place

Step 1 and 2 often require client practice
  – “It doesn’t work”

Step 3 - Resetting Affective Circuits

Clearing the emotional pathways that each of us is born with

Circuits are congested from early learning and inhibitions about whether emotions are safe

A thorough discussion of this topic requires an all day workshop.

Step 4 - Clearing the Early Trauma

Processing small time periods (these vary by client):
  • Preconception
  • 1st / 2nd / 3rd Trimesters
  • Birth
  • 0-6 months, 7-12 months, etc.

Clearing of somatic/implicit memory, explicit memory, or mental constructs related to the time periods
Step 4 – Sample Script

"Now we'll review the time…

[e.g. 'second trimester, 'your birth', '12 to 15 months']

"...to be sure that any trapped energy is released and conflicting information is cleared up. All you need to do is notice what happens, just like you’re viewing a video."

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Step 4 – Sample Script cont.

• "First, let everything except the time period we are reviewing go into your (container) and return to your safe state or place."

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Step 4 – Sample Script cont.

**Contain & Resource**
- "First, let everything except the time period we are reviewing go into your (container) and return to your safe state or place."

**Review**
- "Now, just let your focus go to the time while I tap, to see if there’s anything left that needs to be reviewed, released, or repaired."

**Release or Escape**
- If emotions loop, say "Imagine what you need or need to do."
- If physical sensations loop, say "Imagine it (physical sensation) happening."

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Step 4 – Sample Script cont.

Relearn & Repair

• If the following doesn’t happen spontaneously, say “Imagine getting everything you needed.”

Install

Body Scan & Close

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Relearn & Repair

• “Is there a positive statement/thought that comes to mind when you focus on the [timeframe]?” If so, install.

Install

Body Scan & Close

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Relearn & Repair

• If the following doesn’t happen spontaneously, say “Imagine getting everything you needed.”

Install

• “Is there a positive statement/thought that comes to mind when you focus on the [timeframe]?” If so, install.

Body Scan & Close

• Whether session is complete or not, say “Let everything else that still needs to be reviewed go into [container]. Use resources. ‘We’ll continue at our next session.’

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Helpful reminders

Resourcing is critical
• Katie O’Shea spends entire first day discussing
• Robin Shapiro’s EMDR Solutions II provides additional detail

After resourcing, have clients go back to the time before they can remember

Protocol “Review, Release or Escape, Repair”

Further reading and study

Books
— EMDR Solutions II: For Depression, Eating Disorders, Performance, and More
  Robin Shapiro (Editor) 2009
— Looking Through the Eyes of Trauma and Dissociation: An illustrated guide for EMDR therapists and clients
  Sandra Paulsen, PhD 2009
— The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma
  Bessel van der Kolk MD, 2014
— When There Are No Words
  Sandra Paulsen PhD Coming in 2015

Further reading and study cont.

Online Workshops for BBS and EMDRIA Credits
— Sandra Paulsen, PhD
— http://www.sfrankelgroup.com/
  Toward An Embodied Self (9 Credits)
  Looking Through The Eyes (12.5 Credits)
  When There Are No Words (6.5 Credits)

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Final Thought

JUMP IN AND TRY IT!!!