

Chapter 18

Introducing Fire Extinguisher Resources Early

Clients with complex trauma often present on fire with one or more significant trauma symptoms. As soon as possible, I will introduce some of the core resources that we will use throughout therapy. Helping clients with resources to manage current somatic catastrophes (panic attacks, flashbacks, trauma-related dreams, etc.) are excellent interventions that also help demonstrate therapist competence with trauma and help build/support the initial therapist-client relationship. These resources are selected and introduced based on the client's current symptomology. I may introduce these resources prior to discussing EMDR therapy and I may introduce some of them as soon as the first session.

Initial Resources Without Bilateral Stimulation

When I first introduce the initial resources in the first or second session, I do not invite the client to engage in any form of left-right stimulation. Many clients with complex trauma have struggled with many forms of mindfulness exercises, and I'm careful not to add anything that may complicate the resource. In fact, I go out of my way to make the resource simpler, more concrete, and much faster. The bilateral stimulation (BLS) is among the most culturally bizarre aspects of EMDR therapy, and it is often sensible to develop the resource without adding BLS if preparation is likely to take months. It is easy to add slow BLS to the resource once it is identified as safe by the client's nervous system and once the client is prepared for the processing phases. My initial goal in these resources is to help the client manage a current difficult symptom for the purpose of supporting current stability.

What's Different in the Dip Your Toe In Resources

The Dip Your Toe in Resources share many of the modifications and accommodations to more standard mindfulness resources discussed in the prior chapter. They are summarized as follows:

- Assume that difficulties may arise. If they do, normalize and try to troubleshoot them. If needed, disengage from the resource, come back to it later, and dip your toe into it even faster next time.
- Describe the resource and ask for consent from all of the client's parts. If the client has reservations, I'd like to explore those concerns as soon as possible and not have them show up in the resource as a surprise.
- Engage in the resource very, very briefly at first. Generally, each resource should be fully completed in under 45 seconds total. You can always add time and make it more spacious once the client's nervous system is able to settle using it. If stretching it out causes anxiety to appear, shorten it and stay there for a while.
- When first approaching a resource, clients expect that the resource will make things worse. We are looking for a way to do it that does not make anything worse.
- Calibrate success as being able to do the resource in ways that do not make anxiety worse. We can leverage that. If a relaxation response appears, expect that the client will return to baseline anxiety within a few moments. Normalize that.
- Make the object of noticing concrete and externalize it when possible.
- Ask the client to practice the resource between sessions several times a day at their baseline for at least a few days, until the resource is solidly identified by the client's nervous system as a good idea.

You can do these resources with your clients, and they will not always “work.” This is not your fault. This is a more sensible and sensitive way to introduce resources to clients with complex trauma, but this work is always difficult and is often highly non-intuitive for their nervous systems. Still, in this complex dynamic of trying to resource pervasively traumatized clients, the easiest thing to change is how we approach the client's nervous system. You will get information. That information will come as a gift in

the service of the client's recovery. Figuring out what to do with this information is the real art and the real intuition of learning to do this work well.