

Chapter 35

Oh My, Where Do We Start?

It is easy to get overwhelmed by the volume, depth, and wide-ranging impacts and impairments of your client's wounding when you are working with clients who have experienced many of the worst things that humans can experience. A lot of my guidance here is to connect you with the vast amount of information that you already have about working with clients with complex trauma. The odds are excellent that doing Phase One with severely traumatized clients the way you were trained is probably a bad idea since any advantages of conducting a detailed or chronological trauma history are probably not worth the risk of overactivation before the client is prepared to do the work. I don't have clear guidance about where to start with every client, but I have strong recommendations about places not to start. While this chapter does not show you how to make a detailed target selection, it should help you be much more comfortable with the decision to start somewhere and use the information that emerges when you do start somewhere that is both productive and tolerable.

Places Not to Start

Some of the most important memory places that we will need to get to when working with clients with complex trauma are not ideal places to start. As discussed throughout this book, attachment wounds and other targets connected to identity are often the wounds that most broke us when we were children. Also, not consistently getting our needs met usually leaves deficits in adaptive information that directly impair our ability to do EMDR therapy in areas connected with attachment or neglect easily and effectively.

Attachment Wounds

Attachment wounds tend to be the whales of memory for clients who have boats of adaptive information the size of a canoe. Honestly, going fishing for the first time in the ocean and in a canoe is not an advisable thing to

do, but with trauma, there is no other way to do it. When clients describe them, attachment wounds do not sound horrible compared to some of the event traumas clients will often report. The client may describe a memory of a Friday afternoon when he was seven years old after the divorce when his father did not come to pick him up. Or she may have had a minor injury playing outside when she was a child and went into the house hoping to get comfort from her mom but was met with anger.

Attachment wounds often sound small, but they are about everything. They are about lovability, safety, trust, belonging, worth, and identity. In short, they are about everything. They are what gets triggered when we have ruptures in our friendships or our intimate relationships. When core attachment wounds clear, enormous amounts of adaptive information appear in the client's nervous system. However, clearing them initially is often a very difficult task without specialized resources in place and the capacity to sit with significant distress for extended periods of time inside, and often outside, of the session.

Because attachment wounds have tentacles that connect to everything and because they connect to some of the most difficult existentially intolerable emotional and somatic states that you are likely to see in EMDR therapy, we need to get there, but it is not advisable to start there.

Identity Targets

As with attachment wounds, targets that connect to many forms of identity (gender, sexual, etc.) are essential targets to explore and resolve, but they are very difficult places to start in the first few reprocessing sessions. Again, they connect to everything. While many clients may have some adaptive information present, much of what is wounding in these experiences often connects to issues of family and cultural judgment, rejections, and externally projected shame that is held internally. In short, these themes are essential for the client's recovery and for living a less encumbered and fuller life. They are particularly complex places to start.

Body Image Targets

It may be tempting to start with body image targets as more tolerable than other targets. However, they are shame-saturated. They are places that we need to get to, but they can be particularly difficult places to start.

Memories Where the Client Is the Abuser

Memories where the client is the one who caused harm to others often requires an abundance of adaptive information (and may require that other forms of healing have already occurred). Memories like this are common in addiction contexts, where the client may have lied, stolen, or worse to source resources for their addictions. Similarly, memories related to wartime behaviors in which others were severely injured or killed because of a client's action or inaction are difficult places to start. In general, event traumas are good places to start if the client isn't the "bad guy" in the bad memory.

First or Worst of Anything

Shapiro is correct in arguing that the first or worst memory in a theme is likely to be the most productive place to work with generally healthy people. This suggestion assumes that clients have a big enough boat of adaptive information to land a memory that is as large as the very first target in EMDR therapy. Shapiro is also clear that it is advisable to start with a very small "test" memory to help clients get familiar with the tasks of EMDR therapy and to help clients develop confidence in this approach generally. She also offers a broad range of alternatives to starting with first or worst, including working on more recent or more tolerable memories. She also suggests ways that interacting with the memory in smaller and more discrete chunks can be helpful.

In short, I rarely start work with clients in the reprocessing phases using the first or the worst of any theme or any "bucket" of client wounding. I want the client to have a good initial experience in EMDR therapy. I have never regretted starting with a "small" memory. I have often regretted when clients start with memories that are too large in the first few sessions. Again, Shapiro was originally obsessed with showing that EMDR therapy is both effective and highly efficient. When starting to work with a client with complex trauma, my focus is on preparing the client to start somewhere, never on developing a plan for getting the client through therapy in the absolute minimum number of sessions possible. The danger of not starting somewhere is that we may not ever start anywhere. I anticipate that clients with severe trauma will be in my caseload for years, even working effectively and efficiently in EMDR therapy.

Shapiro's focus on starting with the first and worst (and most training programs' obsession with it) is largely a testament to the broad health of the people with whom Shapiro developed EMDR therapy. Starting with

the first or worst of anything in EMDR therapy is rarely advisable with clients with the complexity that most community mental health therapists encounter unless you have to. However, as we will see below, sometimes you have to.

Start by Starting Somewhere

The remainder of this chapter contains some of the most important ideas that I know about how to communicate when working with clients with complex trauma. The ideas and metaphors aren't just incredibly simple; they should resonate strongly with everything that you already know about working effectively with clients with complex trauma, regardless of how you have worked.

What does being prepared to do trauma work mean? Some consultants suggest that we should prepare clients enough so that they can handle and process their largest memories, should the client's associative memory network take them there. My suggestion is that we prepare clients enough to be able to start somewhere. Starting somewhere allows us to start. If the client hooks a small fish, is it possible that a large shark might bite the fish? Then we have a shark to deal with? Yes, but that is not inevitable, and there are concrete things we can do to help prevent it from happening. Starting somewhere allows us to start building more of the adaptive information needed to eventually digest the larger memories since adaptive information is generated with the resolution of every smaller memory.

Work at the Intersection of Productive and Tolerable

I suggest that in any given session, we target memories that are at the intersection of what is productive and what is tolerable on that day. Productive means that the client would receive a clear benefit from working on it. Productive could also mean that the resolved memory would support current stability. Working on the memory could be productive if its resolution is likely to resolve more than itself (meaning it is representative enough to generalize to other adjacent memories). Tolerable means that the client can handle it today. In the first few sessions, we focus more on tolerable and place less emphasis on productive to help select memories that feel more easily digestible today. How do we select a memory that is productive and tolerable? Have a conversation with the client about it. Therapy is a collaborative endeavor.

Clients with complex trauma will confound our best efforts to overly organize their recovery.

The paragraph above describes how I generally help clients select targets for EMDR therapy. I work at the intersection of what is productive and tolerable. I don't let anyone give me crap about it. If you have worked for hundreds or thousands of hours prior to your EMDR therapy training with clients with complex trauma, I will simply suggest that this is how you have worked when you were working effectively with complex clients. Broadly, I can't imagine a better or more effective way to work with these clients. Is working this way going to take a while? Yes, it will. Every way that is effective will. The territories covered by productive and tolerable may change from week to week, depending on the type of week that your client had and the amount of energy that they have today. That is also okay.

Maybe so much of the confusion about where to work in EMDR therapy comes from the strict training guidance to work with the first and worst when so much of our own sound clinical understanding of complex trauma suggests that this is a terrible place to start with these clients. Again, what you deeply know about working with your complex clients should highly inform how you do EMDR therapy with these clients. There is nothing you should forget about this population to work effectively with it in EMDR therapy. We match our interventions to the unique and complex nervous systems of our clients. Again, EMDR therapy is not a machine we cram people into.

I appreciate that there are many ways to do client history and select initial targets with clients with complex trauma. It is possible that my approach of selecting memories at the intersection of productive and tolerable on any given day might not be the best or most efficient approach in every case with complex clients; I remind myself of what this orientation allows clients to do with great reliability. It allows most complex clients to start this work in ways that are tolerable. Starting reprocessing is one of the most perilous parts of EMDR therapy. It allows clients to resolve increasingly larger memories and build more adaptive information as they go. It allows clients to eventually resolve their touchstone memories with much less disturbance and a much lower risk of decompensation than if we had attempted to begin our work there. It allows healing to happen in every reprocessing session in ways that meet clients where they are on that day. Even if there might be more effective ways to work, this is an incredibly humane way to work. What are other therapists at your agency, in your city, or in your state doing with these clients that is more effective than helping clients with complex trauma regularly and tolerably resolve

memories? I suggest that with your clients with pervasively traumatized nervous systems that you work at the intersection of what is productive and what is tolerable, and don't let anyone give you crap about it.

Mount Everest Metaphor



The Mount Everest metaphor is a companion to the Boat and the Whale metaphor covered elsewhere. EMDR therapy connects stuck information to right-now existing adaptive information. The client needs to have enough of the needed adaptive information to be accessible for the difficult information to connect to and be metabolized into. Just like you

can't land a whale of a memory into adaptive information the size of a canoe, you cannot metabolize a piece of trauma the size of Mount Everest into adaptive information the size of a walnut.

Shapiro strongly suggests that we work with mountains first, since everything after that will feel like a hill (Shapiro 2018, p. 72). She is correct if the client is an Olympian. My clients are not Olympians. And there are 200 dead bodies on Mount Everest right now. It's not safe to remove them. If our complex trauma clients need to work on traumas the size of Mount Everest (and they probably do), the safest and most sensible strategy is to tackle some hills and some smaller mountains first to build the skills and resources needed to work at that intensity.

Marathon Metaphor

Few of us could run a marathon today. If I had to run a marathon today, I would almost certainly injure myself trying. However, I could start a "Couch to 2K" program that will begin with walking and some jogging. Within a few weeks, I could probably run a 5K (although it wouldn't be pretty). After a few weeks or months of running 5Ks, I could probably run a half marathon. After a few months of running half marathons, I could probably run a marathon. This is what starting somewhere allows. It allows us to get to our goal. But rarely can we start with our goal with complex trauma. Rarely is it required that we be able to.

Sometimes We Have to Start With Mount Everest First (But Rarely)

While it is not a good idea to start with memories the size of Mount Everest, sometimes we are forced to. Sometimes Mount Everest is the mountain that obscures everything else. If the client is going through a gut-wrenching separation or divorce, there probably isn't going to be another target. If the client recently experienced the death of a child, there probably isn't going to be another target. Yes, there are times when we have to start with a larger-than-advisable memory sooner than we would like. When the circumstance requires that we work in this way, I am careful to help the client cut the memory into more tolerable pieces, help calibrate expectations related to rapid progress with the memory, or suggest other accommodations to help facilitate the linkage of adaptive information as tolerably as possible.

Some Suggestions for More Tolerable Places to Start

My clients have generally had good luck starting in some of these territories first. This is not an exhaustive grouping, but it should give you ideas of places to start with most clients with complex trauma.

Phobias

Clients generally do well with tackling specific phobias in EMDR therapy. Snakes, mice, and spiders are good places to start. The phobia of flying in an airplane (with floatbacks and future templates) is productive. Avoid death phobia; it is many-tentacled, and every branch connects to an existentially hard truth.

The Endings of Past Intimate Relationships

It can be productive to start reprocessing around the end of a past intimate relationship several relationships ago. These tend to be tolerable targets because most parts of the client understand that the relationship is objectively over and because relationships tend to end for reasons. Also, wounding connected to the ending of past intimate relationships, while a "normal" part of development, tends to be deeply salient and potentially traumatic. Even if we are happy in a current intimate relationship, we

probably got there through various forms of massacre. It may be helpful to explore past intimate relationships as an initial place to work because they may be squarely at the intersection of productive and tolerable. There are some past intimate relationships that are Mount Everest and are not tolerable right now.

Accidents in Which No One Was Seriously Hurt

Car or other accidents in which no one was seriously hurt tend to make good initial targets. Twisted ankles that turn into broken ankles tend to make good starting points for many clients. I like accidents as initial targets because they are discrete events, and they do not generally float back to attachment wounds.

Bad Bosses, Bad Teachers, Bad Peers, or Bad Professors

Is there some relational trauma that does not float back to attachment wounds? Most of us have had ridiculous bosses at some point, and working on some of those memories can be productive. Did the client have any really bad teachers (don't start with those who were physically or sexually abusive)? Childhood bullying, when that is not one of the core life wounds, tends to be a good place to start. Third- and fourth-grade girls can be some of the cruelest people on the planet, yet it was a while ago, so some of it may have settled. Many people who have attended college have had difficult encounters with professors that can make good initial targets.

Any Isolated Event

Event traumas generally make more tolerable targets than non-events or memories that are largely built around absences or neglect. Try to avoid events that connect to attachment wounds as initial targets. I realize that this is easier said than done. Sometimes starting with the memory of “the guy who pulled out in front of me in traffic two weeks ago” makes a good enough initial target. If the client is in a canoe, starting somewhere will let us test the client's fishing gear before we start trying to hook the fish that fill the client's ocean of memory.

Get Information and Let That Shape What Happens Next

The beauty of starting somewhere is that we immediately get helpful information about the client's nervous system. If a particular target was very easy for the client to resolve, I might recommend memory targets that

might be heavier in a subsequent session. If the client struggles on a particular day with a specific memory, I work with the client to excavate the source of the difficulty. That difficulty is the information that will help shape where we work next or inform the resources that we need to strengthen. In EMDR therapy, information comes as a gift. If the client has an elegant EMDR therapy processing session, that is information. If the client has a difficult reprocessing session, that also is information. The art of EMDR therapy is figuring out what this information is communicating about your client's unique and complex nervous system.

Get Out of the Way as Soon as Reasonable

This book is filled with adjustments that you can make to standard protocol. However, part of my goal is for the client's nervous system to eventually get healthy enough so that we can work using standard protocol. Allowing things to connect in an unimpeded way allows the possibility of insight to appear. Working slowly allows the client to experiment with and experience alternatives to the information stored in the bad memories. As soon as the client is working reliably, safely, and effectively in EMDR therapy, I begin considering if the restrictions I initially put into place are still needed for the client. I don't want to introduce any limits on reprocessing that are not necessary, and I don't want to keep any limitation on noticing longer than it is necessary for safe and effective processing.