HOW FLASH APPROACHES CAN MAKE YOU A MORE EFFECTIVE EMDR THERAPIST WITH CLIENTS WITH COMPLEX TRAUMA

THOMAS ZIMMERMAN, MS.ED., LPCC EMDRCLEVELAND.COM

INTRODUCTION TO FLASH GENERALLY

- Flash developed and first described by EMDR therapist and trainer Philip Manfield in 2017.
- Introduced as a way to help make EMDR therapy more tolerable for people with complex trauma by decreasing distress in the memory prior to processing it in EMDR.
- It has evolved in many ways, including as a stand-alone approach to psychotherapy.
- We will explore the utility of Flash to EMDR therapists and the assorted ways that you can use Flash as an EMDR therapist.
- Flash in one sentence: "Flash is a way to fully, reliably, and 'safely,' process individual memories by working one microslice at a time and while spending most of the session engaged in a positive experience."
- Flash should not exhaust you and it should not be a significantly distressing experience. When practiced well, it should not contribute to decompensation the way other, more activating approaches might.

INTRODUCTION TO FLASH (MORE)

- Flash across variants includes:
 - Briefly engaging with the memory content.
 - Quickly pivoting away from that activated content.
 - Engaging with a pleasant experience for about 30 seconds, while blinking about every five seconds.
 - Repeat the process until distress is lower or resolved.
- When practiced well, Flash fully and resolves memories over 90% of the time in a single session and does so without any of the following:
 - Significant distress.
 - Significant risk of decompensation or "emotional heartburn" after.
- We resolve the memory by resolving each microslice of the memory.
- Flash fully and adaptively resolves memories when you practice it well.

INTRODUCTION TO FLASH (MORE)

- A version of Flash developed specifically for clients with complex trauma that can be used when clients are not prepared for EMDR processing.
- The Four Blinks Version of Flash
 - 1. Develop Container / Shop-Vac Resource
 - 2. Develop Calm Scene / Grounding Resource
 - 3. Select the Bad Memory, but Do Not Activate It
 - 4. Calm Scene With Blinks
 - 5. Quickly Activate/Container
 - 6. Clean out Debris by Walking through the Video of the Bad Memory
- Most of the session is spent in a loop between Step Five and Step Four.

PROPOSED MECHANISMS

- Bruce Ecker (2024) Memory Reconsolidation.
 - Activate a difficult experience.
 - Sit with an experience that disconfirms the expectation/schema in the bad memory.
 - Repeat.
- Ecker's focus is different than ours. He is trying to shift a whole cognition at once. We are trying to move a tiny slice of a memory.
- Predictive processing as the key organizing task of the nervous system.
 - Trauma-related responses are effects of predictive system.
 - Flash procedures bring tiny slices of the memory into awareness and shift predictions our nervous system will subsequently make about them.

FOUR BLINKS FLASH IN MORE DETAIL

- Step One: Develop the Container and Shop-Vac Resources.
- Step Two: Develop the Positive Scene and Sensory Grounding Resources.
- Step Three: What does select the memory, but do not activate it mean?
- Step Four: Calm scene with blinks (how to blink and alternatives to blinking).
- Step Five: Get a tiny slice of the memory and container it.
- Step Six: Clear out any debris in the video of the bad memory.
- Step Seven: Work in a future scene.

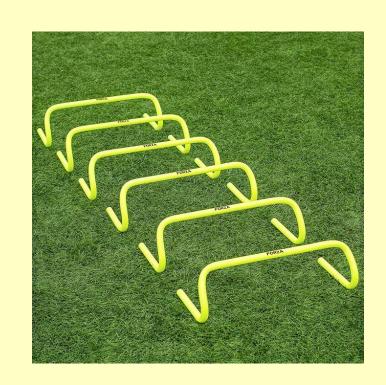
WHAT IS REQUIRED TO DO EMDR THERAPY?

- EMDR therapy has an admission price.
 - Tolerable activation.
 - Noticing.
 - Slowing down.
 - Being present.
 - With an unpredictable amount of distress.
 - Distress need to come inside the window of tolerance.
 - For long periods at a time.
- And if you can do all of those things effectively, the client must already have enough of the needed adaptive information for healing to occur.



WHAT IS REQUIRED TO DO FLASH?

- Flash does not depend on the core requirements of EMDR therapy (slowing down, being present, noticing, or having adaptive information the way we think of it in EMDR therapy).
- It requires the following:
 - Therapist and client enter an agreement to work differently than is typical.
 - Ability to microactivate (which we typically need to teach). This is the most difficult part of Flash.
 - Ability to have a pleasant experience in the positive scene.
 - Ability not to do all the intuitive things that people normally do when they interact with a bad memory: think about it, feel it, associate things with it, etc.



HOW FLASH CAN ASSIST EMDR THERAPISTS: START TREATING THE PRESENTING ISSUE SOONER

- Start treating the presenting issue sooner.
 - Preparation for some clients in EMDR therapy can take months.
 - You can start Flash in the first few sessions with most clients. There are some exceptions.
 - We typically start in Flash with present themes to help promote client stability. Increased stability allows us to start EMDR sooner, because we are treating the presenting issue sooner.
 - Starting Flash first allows clients with extreme trauma to decrease preparation time and eases the installation of some of the most needed resources.

HOW FLASH CAN ASSIST EMDR THERAPISTS: PROMOTE CLIENT RETENTION AND BUY IN

- Complex clients who start with Flash have the experience of healing from memories very early in treatment. This is likely to promote client retention, because activities in session are easy for client to connect with presenting complaints.
- It allows the therapist to demonstrate competence in treating trauma early in treatment, which can help with therapeutic relationship formation and help develop the expectation of a consistent trauma focus in sessions.

HOW FLASH CAN ASSIST EMDR THERAPISTS: INTRODUCTION OF REGULATION STRATEGIES SOONER

- The Four Blinks Version of Flash is built around four key resources that are easily tolerable (and taught in ways that are easily adoptable) by people with complex trauma:
 - Positive scene video from YouTube is primarily dissociative.
 - Container the way we teach it is tolerable for many complex clients. There are many accommodations for people who struggle visualizing.
 - Sensory grounding is powerful and tolerable resource the way we teach it.
 - Shop-Vac is tolerable for most people with complex trauma, although vacuums can be a trigger for some people.

HOW FLASH CAN ASSIST EMDR THERAPISTS: GENERATE SOME OF THE NEEDED ADAPTIVE INFORMATION

- Adaptive information is generated when memories resolve, regardless of how you do it.
- A lot of what makes EMDR difficult is the absence of adaptive information with many people with complex trauma.
- Adaptive information can be remarkably difficult or slow to generate outside of transformational trauma therapies or parts work.
- More adaptive information can make EMDR therapy reprocessing easier and we may be able to work on larger memories in EMDR therapy sooner.

HOW FLASH CAN ASSIST EMDR THERAPISTS: WORK EFFECTIVELY WITH CLIENTS WITH EXTREME SYMPTOMS SOONER

- Flash may allow you to do direct trauma work with clients with the following issues sooner:
 - High risk for panic or abreactive vomiting.
 - Higher risk for decompenstation.
 - High risk for overactivation that is common with clients diagnosed with BPD.
 - Clients being actively battered by intrusive symptoms from a memory they are not prepared to work on in EMDR therapy.
 - More effectively work with clients with thought disorders, Flash is safer than EMDR for many of these clients until they can become more regulated with medications.
 - More effectively work with clients with recent/frequent benzo or cannabis use.

HOW FLASH CAN ASSIST EMDR THERAPISTS: TIME AND SESSION MANAGEMENT

- Clients with complex trauma typically have many needs and these needs are often time-consuming in session.
- If there is 25-30 minutes left in session, that's not enough time for EMDR processing of a new target, but it is plenty of time to start and possibly resolve a single memory in Flash.
- Because Flash is not activating, we generally do not need as much time for closure and this allows us to use more of the last 10 minutes of session for client work.
- When clients are prepared to do both, they choose how they would like to work.

HOW FLASH CAN ASSIST EMDR THERAPISTS: TACKLE SOME OF THE MOST INTOLERABLE MEMORIES SOONER

- Four Blinks Flash typically resolves whatever we target in a single session over 90% of the time, when we work in ways that are tolerable.
- There is some utility in working in Flash using Four Blinks with some of the larger attachment wound memories before staring EMDR processing phases. These memories can sometimes take many weeks/months of difficult EMDR work.
- Working this way allows us to leverage the adaptive information generated for faster and more tolerable resolution of memories in EMDR therapy.

IF FLASH IS SO GOOD, WHY USE EMDR THERAPY?

- "I'm afraid that we are going to process all of the client's trauma with Flash and there isn't going to be time for EMDR therapy..."
- "If I had one gift to give therapists globally, it would be _____ and not
- EMDR therapy:
 - Produces a broader swath of healing.
 - Is slow enough for broad insight.
 - Is slow enough to play the scene differently and allow lots of other things to connect.

WAYS TO USE FLASH APPROACHES

- Individual client sessions.
- Flash in groups.
- Flash as a crisis intervention, individual.
- Flash as a crisis intervention, groups.
- Flash with couples.
- Flash as a self-administered practice.

SPECIAL POPULATIONS

- Children.
- Autism Spectrum.
- ADHD.
- First responders and military.
- School settings.
- Hospitalizations and partial hospitalization groups.

GROWING EVIDENCE FOR FLASH APPROACHES

• See Phil Manfield's site: https://FlashTechnique.com for the latest research globally on Flash approaches. There is a broad diversity in ways that Flash is practiced in the research described (some with slow BLS, some without; type of positive scene, etc).

HOW TO LEARN MORE

- Full training in Flash approaches.
- Twice monthly Flash consultation.
- Weekly Flash practice groups.
- Book resources.
- Learn Flash from other trainers in assorted Flash approaches, including the developer: https://FlashTechnique.com.

COMMON QUESTIONS

- I'm afraid that we're going to process all of the client's trauma in Flash and not leave anything for EMDR.
- There isn't enough distress in Flash approaches for me to believe it's real.
- What if a client struggles to visualize?
- What about clients with ADHD or Autism Spectrum?
- How can we know for sure that Flash resolves things rather than just confuses clients?
- Who is not a good candidate for doing Flash?