SHAPIRO SERIES #2

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Adaptive Information Processing and Case Conceptualization
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I'm going to clarify some of the confusion that I've seen in the field about exactly what EMDR is or what it's supposed to do and what does the standard protocol actually means. Additionally I will discuss when and why one deviates from the standard protocols.

Slide #2
Adaptive Information Processing

- **Explains – Clinical phenomena and personality development**
- **Predicts – Positive treatment outcomes**
- **Guides – Case conceptualization and procedures**
- **Physical information processing system**
- **Memories/Information stored in associative networks**
- **Basis of perception, response, attitudes, self-concept, personality traits, symptoms**

The basis of EMDR work is the notion of **memory systems** in that everything that we experience is used in order to understand. The **perceptions** have to link up with our memory system in order to be made sense of our experiences.

There are different kinds of memory systems:
One is the **implicit (non-declarative, procedural memory system (basically which means the automatic stuff).** It's how I'm feeling, it's what I'm seeing without being aware of it, it's behaviorally how I move. If I decide to ride a bicycle and I haven't done it in 10 years, I might get on and wobble a little bit, however, after a short time, I'm riding as if I hadn't ever stopped. That's the **implicit memory system**, holding those physical sensations that gives me what I need in order to be able accomplish tasks.

But there's another memory system, one which is the **explicit or declarative, somatic, episodic system,** they all have different names for the same memory system. A memory system where I have to think, it's not just something that's happening automatically.

If you wanted to go back to the original psychodynamic thought, you could potentially be looking at these two system as the unconscious and conscious respectively. That which is automatic, that I am not aware of, is the **implicit memory system**, meaning the unconscious material. The **explicit memory system** is the factual and the autobiographical.

The autobiographical system is one that we're looking for in EMDR. Our goal is to identify those memories (old memories) which, instead of having been processed to adaptive resolution, have become frozen at a dysfunctional level of disturbance (due to prior trauma), and help them adaptively process to mental health. Remember the example of having a fight with someone at work. Your body reacts and the negative thinking starts and the flush starts. You don't know what to do. As you walk away and afterward, you think about it, talk about it, dream about it. All the while it's being processed, digested, and eventually it doesn't bother you any longer. The emotions have changed to appropriate ones; the physical sensations are gone of the stress; they're now appropriate, You're able to be guided into what to do appropriately, that's fully processed information. (**The Adaptive Information Processing System**)

A trauma (any negative disturbance that overwhelms the system) causes the **Adaptive Information Processing System** to become **imbalanced** and processing becomes blocked. So the negative disturbance gets stored in implicit memory with the emotions and the physical sensations that were there at the time of the event. Now you go walking around with it and when somebody looks at you the same way that the boss did and you feel your insides going and you have absolutely no idea why, it's because that old experience is not processed. So what we're trying to do in EMDR is identify those "hot" unprocessed events so that they can be appropriately moved into adaptive resolution and storage.

Now what we're dealing with (just to make it more complicated) are at least 3 different kinds of memory. There's **sensory memory:** that's what comes up at the moment and lasts for a very short period of time. Then there's **working memory,** what I have my concentration or focus on. There's a lot of EMDR theory and research involved in how the eye movements directly effect working memory's ability to process information. Once processed, it moves into **long-term storage**.

Now that would be great if this were the way it worked, because at the end of every session you could go, "Oh, hey, if this client is feeling good now, it's a done deal. But unfortunately it's not the case because there's another level of memory system that deals with **consolidation and integration** and that doesn't take place for a longer period of time. So no matter what you see in your office, it's not finished. And you have to make sure that it has been fully consolidated and integrated. The consolidation aspect of processing is what we pointed to when teaching you the recent event protocol – (you all remember the recent event protocol? – (**SHAPIRO pgs.: 224-227**).

If you're doing the standard protocol, you bring up the experience and identified the worst part of the experience and process that until it is generalized through the entire memory network (past, present and future), after which you are basically done. But if it was a recent event, if it happened a week ago, a month ago, probably up to that 2-3 month range; at some level consolidation hadn't taken place. Even though the person could tell you narratively what happened

during the traumatic event, if you processed just one part of the memory, it wouldn't generalize to the rest of the event. That's why we ask you to do the "hottest," first, then start from the beginning and work through all of the event in order to make sure you got each of the separate components. Different consolidation and integration processes are going on. So you can't assume that because your client is happy at the end of the session that the work is done.

End Shapiro Series #2