



PARNELL INSTITUTE
transforming trauma, mending attachments

EMDR Innovations

ISSUE 16.2

SPRING 2016

This Issue:

WELCOME!

The Parnell Institute Mission Statement

Elena Felder, MFT

RESOURCE TAPPING Around the World

*Julie Probus-Schad, MSW,
LCSW*

Ask Laurel

*Question submitted by
Bruce Patterson*

CALENDAR OF Upcoming Events



The mission of the Parnell EMDR Institute is to alleviate suffering in the world caused by trauma. To that end, the Parnell EMDR Institute offers training in EMDR, AF-EMDR™, Resource Tapping™, and Bilateral Stimulation Therapies (BLSTs) to mental health professionals and allied health professionals, adapting the training and techniques according to the needs of the population served. The Parnell EMDR Institute is dedicated to quality education, service and research in the treatment of trauma and recognizes the importance of treating the whole person, body, mind, heart and spirit within his or her cultural context.

THE PARNELL INSTITUTE Mission Statement

The following article reflects the goals and the heart of our mission statement. Julie Probus-Schad, LCSW shares ways she has brought Resource Tapping™ to underserved areas in the world and to people struggling to recover from trauma caused by poverty, exploitation and disease.

I've thought about our mission and what it means to bring our knowledge and experiences to other cultures, particularly cultures where there has been a history of Western colonization and proselytizing. I can work to

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Attachment-Focused EMDR™

Attachment-focused EMDR™ (AF-EMDR) is client-centered and emphasizes a reparative therapeutic relationship using a combination of (1) Resource Tapping™ (Parnell, 2008) to strengthen clients and repair developmental deficits, (2) EMDR to process traumas, and (3) talk therapy to help integrate the information from EMDR sessions and to provide the healing derived from therapist-client interactions.

AF-EMDR™ extends the use and benefits of EMDR and bilateral stimulation for use with clients who have been typically less responsive to traditional EMDR protocols, due to acute or chronic relational trauma and attachment deficits.

Dr. Parnell pursued her attachment-based method based on her belief that all good therapy is an art, not a technique. With emphasis on the importance of the therapist-client relationship, she states that, "...as we are able to drop into a place of silence and really listen to our own quiet voice and that of our clients, relational healing takes place."

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understand my client's culture but I am also acutely aware of the limits of my understanding. Some of the principals I considered after reading the article were:

1. Work to understand my own cultural framework and how it affects what I see
2. Learn what I can about the client's culture, while understanding the limits of my knowledge
3. Make connections with the healers, caregivers and teachers in the culture
4. Adapt and listen and learn and adapt some more

I am hoping that discussions of ways to incorporate cultural awareness and social justice into our work will be part of an ongoing dialogue in the Parnell Institute. I would love to hear other members' thoughts.

I have been a member of one of Laurel Parnell's EMDR consultation groups and she has always given us enormous freedom to take EMDR and adapt it to work for our clients. In that spirit when we take EMDR, Bilateral Stimulation Therapies and Resource Tapping to another culture, the people practicing those therapies (and receiving them) will take them and make them their own. One of the things I most love about EMDR and Resource Tapping is that the client and I work together to create an environment in which they can tap into their own expertise and their own natural ability to heal, an ability that draws on their strengths, stories and understanding. The healing is culturally congruent when it comes from the client.

Julie talked about using Nelson Mandela's moto "Each One Teach One." as an inspiration. This moto was beautifully illustrated by the children she worked with during the Ebola crisis in Liberia who in Julie's words were "given the instruction to make it their own and get creative" and who according to B. Abel Learwellie, MA founder and director of Camp for Peace Liberia, "are still using those exercises in their homes and communities even helping some adults who may be faced with similar trauma and stress."

A goal is for our community to be interactive and dynamic so please send in your thoughts about the articles, ways you (and your clients) are adapting EMDR, topics you would love covered, questions for the Ask Laurel section and articles you would like to write.

Elena Felder, MFT
elena@parnellemdr.com

RESOURCE TAPPING™

Around the World

by Julie Probus-Schad, MSW, LCSW

Every inspiration has a beginning, every journey an origin; often without any inclination of the many potential destinations.

In 2008, I traveled to South Africa with a professional delegation of social workers. The purpose of the trip was to interface with colleagues in South Africa with the goal of cultural exchange and developing a better understanding of the Social Service System. Prior to the trip, I discovered COPESSA, a community based empowerment strategies organization founded by Dr. Nobs Mwanda Motjuwadi; located just outside of Soweto (www.copessa.co.za). The goal of this organization is the primary prevention of child abuse and



Dr Nobs Mwanda Motjuwadi, Director of COPESSA, and colleagues at the workshop

neglect. While in South Africa I had an opportunity to meet Dr. Mwanda Motjuwadi. Little did I know, this would be the foundation of my Resource Tapping journey. Another crucial part of the cultural exchange component of the trip was a tour of Robben Island, where Nelson Mandela spent the majority of his 27 years in prison. In this barren

and desolate place, former prisoners provided tours; sharing details of imprisonment, deprivation and torture. As we were viewing the meager cell in which Mandela was held, I deeply connected with a key point shared by our guide. The thing that kept hope and humans alive during incarceration was a commitment to follow Mandela's famous edict of, "Each One Teach One". I was struck by the fact that even in a place that appeared hopeless, the indelible strength of the human spirit prevailed. Through sharing knowledge and skills with one another, the prisoners built strength and community. This awareness stayed with me, etched into my psyche with a strong belief in the possibility of healing through connection and sharing.

A few years later, I had the privilege of being trained in EMDR by Dr. Laurel Parnell. In addition to the gift of learning modifications to the protocol that would allow me to more fully bring this healing work into the world, I learned the life-changing EMDR-related tool of Resource Tapping. According to Dr. Parnell, "Within each of us is a hidden potential, a wellspring of untapped natural resources we can use to heal our psychological wounds and help us better navigate challenges we face in our lives. The problem is that these resources too often remain buried, and we don't know how to access them." Resource Tapping truly resonated with me and I began to imagine how I might incorporate it into my work at home and abroad.

Shortly after the training, I traveled to Peru. I arranged a tour of an orphanage during the trip. Keeping with the edict, "Each One Teach One," I took the opportunity to teach a staff member in the

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**EXCERPT FROM**

Tapping In: A Step-By-Step Guide to Activating Your Healing Resources Through Bilateral Stimulation
 (PGS. 37, 38)

by LAUREL PARNELL

Tapping In: Basic Practice

1. Find a comfortable place to sit or lie down where you will not be disturbed. Turn off the ringer on your phone, or do whatever else you need to do to prevent distractions.
2. Close your eyes. Bring your attention to a quiet, still place inside yourself. You can begin by taking long, deep breaths and slowly exhaling. Relax and release with each exhalation...
3. Bring to mind the resource you have chosen to work with. It can be a positive memory, an inherent quality, an experience, or an important person or animal.

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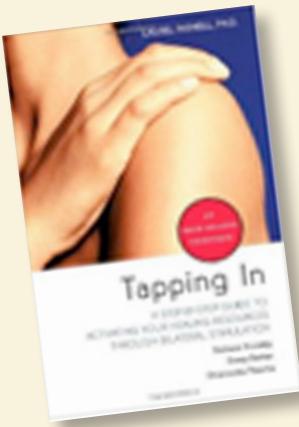
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orphanage how to use Resource Tapping with a 6 year old child who had lived in the orphanage for over two years. The child was described as quiet and shy. Using a translator, the child was able to identify her Peaceful Place, Nurturing Figure, Protective Figure and Wise Figure, the main resources outlined in Dr. Laurel Parnell's book, *Tapping In*. The child was readily able to connect with her Peaceful Place, Saksaywaman, a place in the Sacred Valley she and her family had previously visited. Her Nurturing Figure was one of the workers in the orphanage who made her feel special and loved. Her Protective Figures were yet another worker in the orphanage, and Pachamama (mother earth). For a Wise Figure, the girl chose a best friend who she saw as "really smart" and who "knew how to be a good friend." The most notable observation after tapping in resources was the change in her affect and engagement. The girl smiled, became more energetic and immediately went to play with her peers. During the experience in Peru and beyond, I remained cognizant of the imperative for cultural awareness when identifying and incorporating resources. The people of Peru have a great reverence for Pachamama, or "mother earth." While there, I also shared Resource Tapping with two Shamans as a form of reciprocity for their healing gifts. Each of the individuals I worked with in Peru, including the Shamans from the Amazon Rainforest and the Andes Mountains of Cusco, chose Pachamama as a resource.

Perhaps the most poignant example of Resource Tapping as a stand-alone therapy in Peru was exemplified in my work with a family who had lost their mother to an accident several months earlier. I was asked to work with this family by the father's employer who was also a friend of the family. According to the father, each child presented with a variety of symptoms, including flat affect, social withdrawal, anxiety about the health and wellbeing of the surviving parent and deep sadness. Unfortunately, I would not be in Lima long enough to engage in ongoing treatment. I spoke with the father about the potential need for ongoing intervention from a therapist in Peru and I introduced Resource Tapping. I explained that I could teach him and the children how to use Resource Tapping so that long after I left, they would have a tool to calm the nervous system and connect with positive emotions and experiences. Prior to working with the family, I reviewed with the translator the steps in the process, paying special attention to any potential adaptations needed for the translation. The father was very open to learning Resource Tapping and allowed me to demonstrate and teach him first. I then began working with the children; starting with the boy of the family. He was easily able to identify the primary resource figures and we tapped them in. The

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4. Imagine the resource as fully as you can. Open your senses. Notice what you are seeing. Notice what you are hearing. Notice what you are smelling. What sensations do you feel on your skin? What do you taste? What do you feel inside? Take the time you need to elicit this information and fill out the resource.

5. When you have a strong sense of the resource, when you feel its quality, begin to tap on your knees, right-left, right-left; or do the butterfly hug, crossing your arms in front of your chest and alternately tapping on each shoulder. Tap 6 to 12 times, then stop and check in with yourself. If it feels good, and the resource is strengthening, you can tap some more.

6. Tap as long as it feels positive. If other memories or resources come to mind that feel good, you can tap them in also.

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The Drum Cafe, in conjunction with a local South African Trauma Therapist, sponsored a 4 hour workshop for COPESSA

young man reported a feeling of warmth and connection as he connected with the nurturing qualities of his mother. Next, I taught the two young sisters resourcing; the girls requested to be together during the resourcing as they were initially nervous about participating. Once we started, the girls engaged fully and enthusiastically. After identifying and tapping in the primary resource figures, a game quickly evolved. The two young girls relished the opportunity to develop the "what we loved about Mama" game by playing patty-cake as they sang and Tapped In favorite qualities and characteristics of their mother. One of the sisters would call out a quality or attribute such as "her smile" and the girls would tap that in via patty cake, the next time it might be, "her hair" and then "her love" and we tapped each attribute in via patty-cake. The girls naturally dropped into a rhythm with one another and continued tapping in positive aspects of their mother. The playfulness and excitement that emerged was palpable. Their father was so pleased to see his daughters rejoicing in positive memories of their mother that he wept with joy. He reported that it had been a very long time since the family shared positive, loving memories of their mother coupled with laughter rather than sadness and pain. The synergy of the girls working together was electric. I was inspired to explore ways to further incorporate resource tapping into groups.

Shortly after the trip to Peru, Dr. Mwanda Motjuwadi, the Director of the COPESSA organization and one of her staff came to the United States

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for a training. I seized this opportunity to teach them Resource Tapping. While doing so, I gained a valuable lesson in cultural competency. After demonstrating Tapping In resources, we had a discussion about the way physical touch by a stranger could be triggering for the women and children involved in COPESSA. Many clients of the organization have been physically or sexually abused. I shared with Dr. Mwanda Motjuwadi that resources could be Tapped In by dancing or marching and that furthermore, children could process trauma by drumming as they told the story. Initially, we were particularly excited by this solution so I was disappointed when I learned that the organization had no funds to purchase drums. Through a fund raising effort with colleagues and friends, funds were sent to purchase several Djembe Drums from a local South African drum maker. Soon the children were incorporating Resource Tapping via drumming in resources and were also processing traumatic material via drumming while telling the story. The invitation was to follow the guidelines of Resource Tapping and then get creative. Providing a drum circle allowed the children to process trauma, build community and reconnect with a historically valued cultural way of integrating information and experiences. Reportedly, the results were phenomenal, and included a stronger sense of community, as well as calmer children and adults. Dr. Mwanda Motjuwadi began a search to get even more drums for her organization. She connected with a local South African organization, the Drum Cafe, which donated 41 smaller drums to COPESSA. The Drum Cafe, in conjunction with a local South African Trauma Therapist, sponsored a 4 hour workshop for COPESSA demonstrating ways to incorporate drumming as an innovative tool to engage children and the community at large in processing trauma.

In a recent email Dr Mwanda Motjuwadi gave an update on how COPESSA and the community have utilized the drums in innovative ways. She reports, "We use them as part of the after-school care programme, where we have about 100 children ranging from age 6 to 12/13 years old who come on a daily basis for support with homework and play. We have young volunteers, some of who are studying at tertiary level, who assist the children. Once a week they will have a drumming session. This is usually the most exciting time for the young children, as this is less directed. The volunteers also look forward to this period as they look at it as 'release' time - time to distress and to enjoy the rhythms. We have on two occasions invited professional drummers from the surrounding community and also involved the wider community. Both events were a great success as we had them at the parks COPESSA had created, after a community walk and aerobics marathon. The Social glue generated from this is indescribable. These events have indeed improved the Social Capital. Now the community has started to organize these events without prompting from our side. The first community organized event was last year and was a resounding success. They are planning another event on the 21st of March, which coincides with Human Rights Day. Thank you for planting the seed."

I am committed to trying to teach in a culturally sensitive way. Cultural knowledge can be obtained through study, sensitivity is best developed through sharing and open discussion with members of the community or culture you will be working with. This applies in the various communities of the United States and throughout the world. I discuss the purpose and methods of Resource Tapping with a leader in the organization or community and work with them to find the best words to translate the core concepts. Resource Tapping is a

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collaborative effort that requires exploration and attunement and is best facilitated with openness and flexibility.

I was so moved by the results of Resource Tapping in my own practice, Peru, and South Africa, along with Mandela's edict of "Each One Teach One," that I felt inspired to offer Resource Tapping in all of my travels. When two colleagues asked if I would like to travel to Nepal for leisure, I looked for ways to share the healing tool of Resource Tapping. I researched the fundamental social service needs of the country. I learned that one of the most devastating plights in Nepal was human trafficking. Further exploration into Nepal's relationship with human trafficking revealed that between 8,000 and 12,000 women and children disappear every year, trafficked into the brothels of India or into private homes of the Middle East. According to UNICEF, there are approximately 200,000 Nepali women and children currently working in brothels in India. With these facts in mind, I sought out a reputable organization that could benefit from incorporating Resource Tapping. After a long search, I made contact with Asha Nepal, located just outside of Kathmandu. Asha Nepal is a rescue and rehabilitation organization for women and children sold by or stolen from their families and forced into sexual and domestic slavery. (www.asha-nepal.org) In preparation for this trip, I contacted the head of the organization, Peter Bashford, by email, outlining the plan and purpose of teaching Resource Tapping and we agreed I would meet with a staff member from Asha Nepal and provide a training in Resource Tapping. After two days of immersion and exploration, I traveled to the private location of one of the homes that provides housing, educational support and counseling to children of survivors of trafficking. I met with a staff social worker to explain the purpose and process of Resource Tapping. Again, I used a collaborative

approach, listening for the need for potential cultural adaptations. The social worker spoke English well and indicated that the peaceful place, nurturing, protective and wise figures were appropriate for the children she works with. I provided a written outline of Resource Tapping and asked if I could demonstrate by tapping in her resources. We agreed to utilize bilateral tapping on the sides of her knees and the social worker quickly relaxed into the resourcing. After experiencing Resource Tapping herself, she reported feeling calm and relaxed. We reviewed the process and then she utilized Resource Tapping with a young girl who lived at the Children's Home. Each resource was explored, the quality of the resource evoked and then the resource was tapped in with the social worker providing bilateral tapping on the sides of the child's knees. In a very precious moment after having her resources tapped in, the child opened her eyes, beaming with a smile and said, "I don't feel alone anymore." From tentative and timid to smiling and animated, I saw this child brighten before my eyes. The social worker was so enthused with the results that we spent more time discussing how she could incorporate Resource Tapping with every child. Methods of bilateral stimulation were outlined including tapping, the butterfly hug, in which the child crosses her arms on her chest and taps her opposite shoulders, marching, stomping and other creative means of alternating, bilateral stimulation. The counseling room at the home was decorated with many colorful pictures drawn by the children, as well as notes to various loved ones. I explained that the child could draw the resource or read the note aloud and then tap in the positive feelings or have the social worker provide bilateral tapping on the child's knees. Additionally, we discussed, singing, dancing, and art coupled with bilateral stimulation as means of expanding the resourcing. The social worker voiced an understand-

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ing of Resource Tapping and we outlined a plan to teach Resource Tapping to other staff in the organization. I left her written materials including step-by-step instructions for tapping in resources.

In addition to having these amazing experiences of Resource Tapping around the world, I was also having fantastic results utilizing the tool with the clients in my private practice. I encouraged clients to utilize their resources to assist with sleep, calm anxiety, build confidence and connect with what lies within them. Many clients taught friends and family members the tool and have had great success. I often hear from clients that practicing the Resource Tapping on their own and expanding the resources gives them a sense of agency and empowerment.



Drum Cafe Drummers

The next international relationship allowed me to provide this healing therapy during one of the greatest medical tragedies of our time, the Ebola outbreak in Liberia. In 2012, I was introduced by an affiliate of the 13 Indigenous Grandmothers to B. Abel Learwellie, a former child soldier, and currently a member of the trauma team with the Trauma Healing and Reconciliation Program in Liberia. The purpose of the contact was to expand the therapeutic tools for trauma informed counseling.

Liberia's official language is English, which made the association easier to facilitate. A brief history of the Trauma Healing and Reconciliation Program, or THRP, is necessary to understand the depth of need. The THRP was established in 1998 by the Lutheran Church in Liberia to promote peace and reconciliation after the Liberian Civil War. THRP provides education, trauma counseling, non-violent communication skills and community reintegration for those impacted by the civil war, including the thousands of children who were abducted from their families and forced to become child soldiers. These former child soldiers were now becoming adults. Often completely marginalized, seen as the enemy, many of those forced into becoming soldiers had no family, or community to return to. It would have been ideal to provide EMDR training to the staff of the THRP and other Trauma Therapists in Liberia but it was not possible due to lack of funding, ongoing political upheaval and safety concerns. What I was able to immediately provide, via Skype and by sending written materials, was Resource Tapping. Over several Skype sessions the staff was trained to teach clients to identify and Tap In resources. Once again we reviewed culturally congruent ways to incorporate resources and again drumming was identified as a form of bilateral stimulation. My connection with the THRP continued in various capacities with the goal of providing trauma informed therapeutic tools and training resources. Over the next two years, I remained in contact with B. Abel Learwellie, MA founder and director of Camp for Peace Liberia (www.campforpeace.org) and assisted him in garnering attention, materials and funding for his war affected youth program.

As our work continued, the Ebola virus was raging through West Africa, and it was most prominent in Liberia eventually killing an estimated 4,700 people. At the height of the outbreak from June through

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September 2014, an estimated 300-400 new cases per day were being reported in a country roughly the size of the state of Tennessee. At that time a colleague, Ann Beckett of Canada, was working on another project called the Rumie Initiative to provide low cost educational tablets to former child soldiers who were now adult learners at Camp for Peace Liberia. Ten of the Rumie Project tablets had been delivered to Liberia and B. Abel Learwellie chose to utilize the tablets to provide educational opportunities to the local children. In an effort to provide some normalcy, a rudimentary space was provided for children to meet for education and trauma informed therapy. These children were witnessing bodies in the streets and the sound of the ambulance sirens nearly 24 hours per day. A complete collapse of the infrastructure, including the closing of schools, hospitals and public marketplaces had left the children without basic social supports. With the assistance of B. Abel Learwellie, I organized Skype sessions to teach the children Resource Tapping. The resourcing was done with groups of children ranging in age from 5 to 19 and in numbers from 8 to 20. Each time we met via Skype we tapped in new resources. We started with the primary resources outlined in Tapping In; Peaceful place, Nurturing Figure, Protective Figure and Wise Figures were identified by each individual in the group and then tapped in using the butterfly hug. Then, as outlined in Tapping In, we expanded the resourcing to meet the needs of the individuals. During the sessions the children shared curiosity about the United States, their hopes and dreams and a thirst for education. We tapped in the self identified qualities that would help them reach their dreams such as patience, the fortitude to "study hard" and determination. Soon we expanded our sessions into tapping in favorite things, love resources, and even Harvey, my daughter's cat who frequently showed

up on the Skype Screen. Each time we Skyped, the children asked if the world knew what was happening to them because of the Ebola virus in Liberia. We imagined and tapped in the whole world supporting and caring about them. Sadly, our sessions were often interrupted by rolling blackouts or poor Skype connectivity. In order to ensure the children could continue the Resource Tapping, I used my phone to record a step-by-step instructional video of Resource Tapping. The children were given the instruction to make it their own and get creative. In a brief letter entitled, My Experience Working with Kids during the Ebola Outbreak in Liberia, Mr. Learwellie reports that the children first learned the Resource Tapping and then, "repeated the demonstration and it eventually became part of their normal life activities during that time of Ebola". He goes on to report, "Today the kids are still using those exercises in their homes and communities even helping some adults who may be faced with similar trauma and stress". For a more complete explanation I have included an excerpt from a letter from B. Abel Learwellie. During the Resource Tapping exercises the children were children, allowed to explore, laugh, dream, and Tap In to the qualities and resources that would support them through the mind numbing terror of the Ebola outbreak and its aftermath.

My experience with Resource Tapping as a stand-alone therapy has been awe inspiring. In my observation Resource Tapping builds resilience, coping skills and empathy. Most recently, I provided Resource Tapping to school aged children during the height of the unrest in Ferguson, Missouri. The schools were closed, the National Guard had been called in and tanks roamed the streets in this usually quiet community. The local library and churches opened their doors and teachers and community members volunteered to provide educational services so that parents without day care could go to

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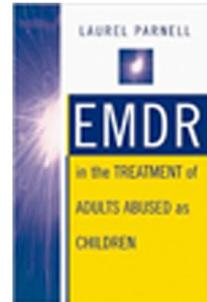
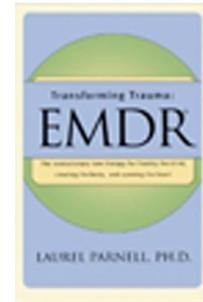
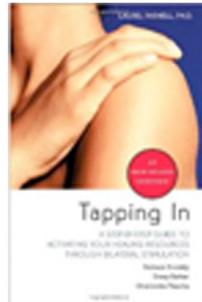
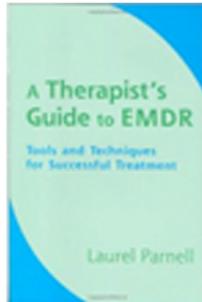
work and the children could keep some semblance of normalcy. I incorporated Resource Tapping with 20 children ages 6 to 8. As in my previous experiences, the children readily participated in the activity with playful interest. Children helped each other identify resources and shared their respective resources with each other; and then we tapped in the resources as a group. The peaceful place was tapped in using alternating, bilateral tapping on the sides of the knees, we used the butterfly hug to tap in the nurturing figure, stomped and marched in protective figures, and used the butterfly hug to tap in wisdom figures. Children tapped in family members, teachers, pets and even the police. Next, I demonstrated how to tap in resources at home, in the community and at bedtime. This exercise fascinated the children and held their attention throughout the process. It is a true gift to be able to offer a trauma first aid tool that naturally connects children with playfulness and laughter. The program was designed as a short term intervention and unfortunately, I was not able to follow up with this group of children. However, I can report that in the moments after resourcing, the children seemed calm, relaxed and joyful.

I would like to take a moment to personally thank Dr. Laurel Parnell for sharing this invaluable EMDR-related trauma tool. Tapping In is a must

read for every trauma therapist. I see my participation in teaching Resource Tapping to people around the world as my being part of the web of connectedness that binds us all together in humanity. Resource Tapping is easily taught to both professionals and lay people and can be used with people throughout the world and lifespan. It is also clear that we must have follow up on the effectiveness of Resource Tapping as a standalone therapy. To that end, under the guidance of Dr. Laurel Parnell, I am working with Parnell EMDR Institute trained therapists in Curacao to bring Resource Tapping into the schools of Curacao. Additionally, we are developing pre and post tests to be administered by the teacher to demonstrate the effectiveness of Resource Tapping. Once the research instruments have been implemented in Curacao, the hope is to have pilot projects in schools in the United States as well. I encourage each of you to use Resource Tapping in creative ways so that we can all continue to facilitate the strengthening and healing of humankind.

Lastly, I would like to acknowledge my traveling companions on the trip to South Africa, Peru and Nepal; Bonnie Meyers-Abramowitz, LCSW and Eileen Doyle, LCSW. Bonnie and Eileen have completed Parts 1, 2 and 3 of the Parnell Institute EMDR Basic Training and are working towards

Books by Laurel Parnell, PhD



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certification. I am happy to say we will all be Tapping In resources on future trips.

My experience working the kids during the Ebola outbreak in Liberia

B. Abel Learwellie, MA

Executive Director Camp for Peace Liberia

In March 2014, Liberia was caught in an unprecedented situation, with the deadly Ebola Virus Disease (EVD) that killed several thousands of people. It even intensified in June when all activities came to a complete halt. The worst case scenario was the immediate closure of schools across the country... The perpetual stay at home couple with the witnessing of people dying in homes and in the street without any means of assistance put them in a state of dissolution and traumatic shock. The continue roaming of ambulances twenty four hours also created serious trauma for many people including my very self. Most especially the kids, some of whom witnessed their parents and guidance dying from Ebola got psychologically affected. For some, it became boredom for them to be out of school and staying home whole day without any space to play with friends. Some kids even died from the shock and scene of dead bodies in the streets and market places.

With the help and the intervention of my colleagues and friends, Julie Probus-Schad and Ann Beckett of Toronto, a space was provided for the kids in my community to meet under a very careful and observance atmosphere to read and learn psychosocial exercises in helping themselves.

Julie organized a very interesting psychotherapy exercises with the kids via Skype. This was held several times during the heat of the Ebola crisis. The Resource Tapping and other psychotherapy exercises were demonstrated by Julie on Skype and the kids repeated the demonstration and it eventually became part of their normal life activities

during that time of Ebola. Today, the kids are stay using those exercises in their homes and community and are even helping some adults who may be faced with similar trauma and stress.

My experience with Julie is just beyond this period of working with the kids during Ebola. Since my encounter with Julie back in 2012, she has conducted series of counseling the psychotherapy sessions with me and my colleagues at the Trauma Healing Program in Liberia... I have worked with kids at various summer camps in Liberia, Uganda and the United States, but it has never been as interesting as my experience during this catastrophic period of Ebola in Liberia. My experience working with kids during this emergency has taught me many lessons. It shows me that kids have a special way of coping with traumatic event in the face of extreme challenges. I am also taught that kids can become an inspiration to adult when faced with difficult situation. My experience has given me a very different and new lenses of how once gets traumatized and stressed and what kind of resources can be reached to help people to cope even under a difficult situation. My experience has also developed my passion for working with children specially those who are underprivileged. I have gained lots of excitement, joy, patience hopes and aspiration that will go a long with me in the rest of my professional sojourn.

To close up, I want to extend my deepest gratitude to Julie for all the connections and continue support to our program, most especially our war affected program that is helping to educate former child soldiers and ex-combatants to gain some basic skills so as to become useful and responsible citizens of our war ravaged country.

Yours truly,
B. Abel Learwellie

CALENDAR OF Upcoming Events

For more information or to register, visit www.parnellemdr.com/trainings-workshops/

Apr 29-30	Attachment-Focused EMDR: Healing Developmental Deficits and Adults Abused as Children Trainer: Laurel Parnell • Institute for Better Health: Henderson, NV (Las Vegas area)
Apr 29 – May 1	EMDR Basic Training: Parts 1 & 2 – Transforming Trauma with EMDR Trainer: Constance Kaplan • Parnell EMDR Institute, Amen Clinics NW, & La Perla Counseling & Trauma Response Services, Inc. • Bellevue, WA (Seattle area)
May 15-20	EMDR Basic Training: Part 3 – Advanced Clinical Workshop and Refresher Course Trainer: Laurel Parnell • Esalen Institute: Big Sur, CA
Jun 24-26	EMDR Basic Training: Part 1 – Transforming Trauma with EMDR Trainer: Laurel Parnell • Alliant International University: San Francisco, CA
Jul 8-10	EMDR Basic Training: Part 2 – Transforming Trauma with EMDR Trainer: Laurel Parnell • Alliant International University: San Francisco, CA
Jul 15-22	EMDR Basic Training: Parts 1 & 2 – Transforming Trauma with EMDR Trainer: Laurel Parnell • Omega Institute: Rhinebeck, NY
Jul 24-29	EMDR Basic Training: Part 3 – Advanced Clinical Workshop and Refresher Course Trainer: Laurel Parnell • Omega Institute: Rhinebeck, NY
Aug 19-26	EMDR Basic Training: Parts 1 & 2 – Transforming Trauma with EMDR Trainer: Laurel Parnell • Esalen Institute: Big Sur, CA
Sep 14	EMDR: Meet the Expert Trainer: Laurel Parnell • ID Institut: Kassel, Germany
Sep 15-18	EMDR: Basic Training Trainer: Laurel Parnell • ID Institut: Kassel, Germany
Dec 2-4	EMDR Basic Training: Part 3 – Advanced Clinical Workshop and Refresher Course Trainer: Laurel Parnell • Alliant International University: San Francisco, CA

CONTACT:

Parnell EMDR Institute / Parnell Institute, LLC
900 Fifth Ave, Suite 203
San Rafael, California 94901
Phone: 415-496-9471
contact@parnellemdr.com

Ask Laurel

When do you deliberately refrain from bridging back and how early a memory (what age?) do you consider “early enough” when you get to it?

—Bruce Patterson

First part of the question: *When do you deliberately refrain from bridging back?*

When I am deciding what to target in EMDR, I am always thinking, “What in the past is most directly linked to the symptom or problem the client is presenting?” This question helps me organize what I do with regard to EMDR targets. For example, if the person presents with a fear of driving, I want to know what is the root cause, what is this fear linked to? If she could drive without anxiety at some point, was there a precipitating incident after which she experienced driving difficulty? If the client knows what the connection is, for example she had a car accident, then the target is the car accident. If she doesn’t know, then I will use the bridging technique to determine the earliest or strongest root, or roots. In another example, we might have a client who is triggered by her boss at work. She wants to feel more confident in her job around her boss. I want to determine, is this about her boss? Is he a bully? Is he abusive? Or is something from the past triggering her reaction? It can also be a combination of the present (verbally abusive boss), and past (abusive father). If it is a combination, I will try to determine which one is stronger and make that the first target.

If the client knows what the link to the symptoms or problems are, I don’t need to use the bridging technique. For example, after the client was mugged, she was afraid to leave her house. Prior to the mugging, she did not have this fear. The mugging incident would be the obvious target, even if she had abuse in her childhood. This is because she was functioning without this fear before, her problems arose after the mugging. If however, after EMDR targeting the mugging some symptoms still remain, I might bridge back from them. PTSD

symptoms are more easily cleared when the incidents linked to them are known, such as in the case of accidents, acts of violence and war traumas.

Part 2: *How early a memory (what age?) do you consider “early enough” when you get to it?*

When I bridge I ask the client to close her eyes, go inside, bring up the image that is the most charged, then, what emotions do you feel?, what do you notice in your body?, and what thoughts or beliefs come up? Often when I hear the thoughts or beliefs that arise, I can hear what sounds like a small child’s thoughts. You can even hear it in the tone of voice. In these cases, I will try to go back as far as they can. Some clients will bridge back to a birth experience. You might hear in the thoughts or beliefs, “I’m stuck and I can’t get out.” This may bridge to a birth memory. If they stop in adolescence and my sense is it is earlier, I will encourage them to see if they can go back any further. If they can’t I’ll start there. If when we begin to process with BLS, they spontaneously bridge themselves back earlier, and it feels like a significant memory, I’ll change targets and refer back to this earlier one. I have found at times that I have thought something was linked to an earlier event, but wasn’t. When we processed what they had bridged to, the symptoms cleared and it never linked to anything earlier.

I want to caution that problems are not always linked to something in childhood. When creating targets, I am always trying to give clients the greatest treatment effect with the fewest sessions. So I try to determine what is the most direct link to the symptom or problem. Checking their symptoms in subsequent sessions provides important feedback and also helps determine if there is more work to do.