FOUR BLINKS: A FLASH-LIKE APPROACH TO HELP CLIENTS WITH SEVERELY COMPLEX TRAUMA

And Why Flash-Like Processes Might Reshape Global Mental Health in the 21st Century

My Flash-Like Script and PowerPoint for this Presentation: http://FourBlinks.com
About Me

• Thomas Zimmerman, Ms.Ed., LPCC (Ohio).

• EMDRIA Approved Consultant and provide EMDR Therapy trainings through the Institute for Creative Mindfulness. Consult or train with me: http://EmdrTom.com

• I created and manage the EMDR Therapist Resources group on Facebook, a networking group of nearly 19,000 EMDR therapists globally.

• I maintain the popular EMDR blog: http://GoWithThat.wordpress.com

• I created and manage the EMDR Therapist Podcast: http://EMDRPodcast.com, which focuses on the intersection of EMDR Therapy and complex trauma.

• Starting a therapist networking group to explore and experiment with memory reconsolidation approaches: Search Facebook for “Flash Sandbox”
Flash (In the Broadest Sense)

- Developed by Phil Manfield about five years ago, understood initially as an EMDR resource to lower distress in memories prior to clearing the memory in EMDR. We have since learned that we can completely resolve memories using this approach.

- Why I describe what I do as Flash-like.

- Core qualities of Flash approaches:
  - Lightly activate a memory and get it out of focus.
  - Load up a calm scene or engaging focus.
  - Blink or visually disrupt the calm scene/engaging focus.
  - Check the memory, get it out of focus, and more calm scene with blinks. Repeat until distress is zero.
What is Common, What is Different

- What is Common between Flash and Some Other Approaches
  - Activation (in Flash, the activation is very light)
  - Noticing/engagement
  - Shifts of focus

- What is Different between Flash and Many Other Approaches
  - Activation and noticing are separate (we do not notice what we active!)
  - Explicit/intentional disruptions of the calm scene/positive focus.
Four Blinks, Six Simple Steps

1. Develop a container to hold the bad memory (the bad memory will be working memory when we recall it, but not in direct awareness).

2. Develop a calm scene. The calm scene can be a YouTube video, a pleasant memory, or an imagined or actual process (making a sandwich, watching fish in an aquarium, etc).

3. Identify the memory (quickly and lightly) and put it in the container and push it out of awareness. Mouse trap analogy or file on a desktop analogy.

4. Focus fully on the calm scene for 30 seconds at a time and do a series of guided blinks every five(ish) seconds to visually disrupt concentration on the calm scene.

5. Quickly peek at the bad memory and container it (don’t touch the mouse trap). Return to the calm scene and do guided blinks until the distress is zero or as low as it will go.

6. When the distress is zero, walk through the video of the memory looking for distress. If distress is found, container it and return to Step 4. If no distress if found, the memory is okay.
Memory Reconsolidation (In a Nutshell)

• It is possible to change implicit memory (only in the past 20ish years have we understood how to do so safely, predictably, reliably, and quickly). Approaches that produce rapid and transformational change appear to follow the steps of memory reconsolidation.

• Process:
  • Activate an individual difficult or traumatic memory. The memory will appear in a labile/plastic state for several hours, during which modifications can be made to it before it is (automatically) reconsolidated.
  • Have an experience that challenges the expectation or prediction stored in the memory/schema. This looks different depending on the psychotherapy used. [In Flash-like approaches, this is different because we visually disrupt the calm scene and this seems to speed up the transformation of the memory.]
  • Continue to cycle between activation/challenging experience until the memory loses its distress.

• To read more about Memory Reconsolidation, start with Bruce Ecker (2012). *Unlocking the Emotional Brain*. 
From an EMDR Perspective, What Does a Reprocessed Memory Look Like

<table>
<thead>
<tr>
<th>Formally, Using Phase Eight Language</th>
<th>You Will Also Notice</th>
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<tbody>
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<td>✓ SUDs is zero or neutral (and stays a zero or neutral).</td>
<td>✓ The memory feels like it happened when it did.</td>
</tr>
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<td>✓ The validity of the positive belief about the self is 7/7 true.</td>
<td>✓ The memory functions and behaves identically to how it would if you would have been able to make sense of the experience when it was happening. The memory gets inserted into the timeline.</td>
</tr>
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<td>✓ Clear body scan when visiting the memory.</td>
<td>✓ The client will tell you that the memory feels over.</td>
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✓ Intrusive symptoms drawing from the memory content will typically stop (including both flashbacks and trauma related dreams).

✓ The reprocessed memory tends to generalize and many memories that may be stored as a part of its network will lose a lot of their distress.

✓ The resolved memory becomes adaptive information about the self and the world.
## From a Flash Perspective, What Does a Reprocessed Memory Look Like

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<td>✓ People often feel shifts in positive cognitions as a function of memory reconsolidation (different because we don’t take a PC in Flash).</td>
<td>✓ The memory functions and behaves identically to how it would if you would have been able to make sense of the experience when it was happening (loses detail, vividness, salience).</td>
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<td>✓ The reprocessed memory tends to generalize and many memories that may be stored as a part of its network will lose a lot of their distress (the degree and depth to which generalization occurs in Flash is still uncertain, but seems to be happening at least somewhat).</td>
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Bad Memory is Loaded Very Briefly into Consciousness, But is Pushed Out of Awareness With Containering

Attention and Awareness Are Here

BLINK! BLINK! BLINK!
Tentative Research

• Memory reconsolidation research started vigorously in past 20 years. Flash is just one of many reconsolidation techniques for trauma (there are perhaps dozens). Flash is not the first, but it may be one of the simplest and fastest (in part because of its simplicity, but even it may have its extraneous variables).


• Yaşar, Alisan & Gundogmus, Ibrahim & Gündüz, Anil & Konuk, Emre. (2019). Investigation of the effect single session of "Flash Technique" at a group (online).
As an EMDR Therapist Working With Complex Trauma, I Use Flash-Like Approaches To:

- Knock out the most intrusive memories appearing as flashbacks/dreams/triggering, which can dramatically decrease the amount of time it takes to resource clients for more intensive therapies because we are working directly on the presenting issue as soon as the second session (clients noticeably get better sooner).
- If there is not time in a session to do EMDR reprocessing, there is probably time to work on a memory with Flash.
- Use Flash with somatically dissociated clients (clients who struggle noticing), overly rational clients (clients who get stuck in trying to figure it out), clients with very little adaptive information (and severe attachment wounding), clients with histories/risk of body-based catastrophes in EMDR (abreactive vomiting, high risk of panic attack), and clients with DID symptoms whose parts do not consent to the distress of EMDR.
- When I have a voice-only connection with the client. I can guide the client through Flash through the phone.
- Give the client choice and options related to how they want to interact with the memory.
- Send many clients home to do Flash approaches on themselves when moderately or severely activated with intrusive trauma symptoms between sessions.
Why These Approaches May Change How We Do Psychotherapy Globally

• If we had the power to design the ideal treatment to resolve memories, it would have these qualities:
  • It would be fast, safe, and relatively painless (trauma is horrible enough).
  • It would be easy to administer (you should not need a Ph.D. or even a M.A. to do it).
  • It would be effective and reliable even for clients with the most severe forms of trauma.
  • It would not cause clients to decompensate.
  • It would not require lengthy preparation, expanded affect tolerance, or extensive frontloading of adaptive information (all of which take time and are difficult for people with the most severe forms of trauma).
  • It would permanently resolve memories (not simply be a resource).
  • It would generalize so that related memory networks also get processed (clearing one memory can clear multiple related memories).

• Flash-like approaches do ALL of these. If this were a medication it would have already gone global.
Demonstration

- **A container** (this is done in Greenwald version, not in Manfield version, but I find the container very useful with complex trauma). This allows us to quickly put the memory out of awareness. Can be a book that closes and goes on a shelf across the room. Can be a box that we push through the wall/ceiling out into the sky that looks like a balloon five minutes after we let it go. Can be an elevator door that opens that we slide the box into and we push the “down” button.

- **A calming scene.** Can be anything. Can be a really good memory (not related in any way to the above bad memory). Can be the process of making your favorite sandwich or the process of baking a desert. The plot of your favorite movie, book, or musical. Rocking a baby or grandbaby, imagining petting a dog. Can be a YouTube video that you can find and play in another window on your desktop. It just needs to capture your attention.

- **A “bad” memory.** Can be recent or ancient. Should be a discrete autobiographic memory where you can put yourself in a specific place and time. Feel free to be ambitious, but don’t pick something so intense that you couldn’t describe it with language or you may not have to resources to easily manage what may emerge.
Steps You Can Take to Learn More

• Get trained formally in this approach:
  • Philip Manfield (developer): https://flashtechnique.com/
  • Ricky Greenwald’s Child Trauma Institute (Recommended): https://www.childtrauma.com/training/Flash
  • Both trainings are inexpensive and teach you many of the things you need to know to use Flash effectively with clients immediately.

• Experiment with various scripts to find an approach that works for you.
  • My script is located at: http://FourBlinks.com (a non-copyright/open source approach to Flash-like approaches).
  • You can join the Flash Sandbox on Facebook and coordinate with other therapists to practice Flash-like approaches with each other: https://www.facebook.com/groups/flashsandbox