



Integrating EMDR into CAT

Theoretical and Practical Considerations

Presented by Alison Jenaway and Mark Walker

Friday 26th October 2018 – 10am till 4:30pm

Workshop Structure

Increasing numbers of CAT therapists are also training in EMDR and exploring how the two approaches can be integrated. This day is aimed at those who have completed at least level 1 of their EMDR training and have started thinking about how to use it within a “CAT envelope”.

Morning session

CAT & EMDR – Theoretical Perspectives

We will explore the CAT Theory of personality development, with a focus on Trauma Induced Dissociation across levels, and how this maps on to more general theories around Structural Dissociation emerging in Neuroscience literature. This will include discussion about embodied trauma and trauma derived Reciprocal Roles (particularly Self to Self), and the processes of ‘change/healing’ in CAT via:

- Accurate description of history and links to current problems.
- Containment within the window of tolerance, internalising the ability to self-soothe.
- Validation of traumatic experiences, through mapping, writing and creative work.
- Development of trust and experience of rupture and repair within the therapeutic relationship.

Thinking together about how we map trauma and dissociation in CAT?

Then, exploring what EMDR – and the AIP model, offer over and above the CAT work.

We will think in small groups about how to work on stabilisation within CAT and how to develop targets for possible Specific EMDR work through the early process of CAT.

Afternoon Session

CAT & EMDR – Practical Considerations

We will explore, with case examples, typical ways of using EMDR within a CAT therapy:

- 1) Classic PTSD presentation
- 2) Targeting trauma driven symptoms and procedures, even if no full PTSD
- 3) Processing the traumatic memories underlying Reciprocal roles which feel stuck
- 4) EMDR as a great way of installing positive resources, and creating the felt experience of healthier reciprocal roles, even if no trauma work is possible.

The attendees will be encouraged to discuss their own cases in small groups and generate questions about such things as: when bringing in a “new therapy technique” can feel like entering into an unhelpful reciprocal role, specific issues around affect management and when a patient is stable enough for trauma work, managing snags (often objecting parts of the person), managing the shift in power when it feels as if you are “doing to”, rather than “doing with”.

For booking and further information please visit <https://www.acat.me.uk/event/981/>

