

# Mindfulness, EMDR Therapy, and Telehealth: Lessons from the MET(T)A Protocol

Stephen Dansiger, PsyD, LMFT

# Dr. Stephen Dansiger

- PsyD, Clinical Psychology
- Licensed MFT in California
- Buddhist Practitioner over 30 years
- Including One Year at a Zen Buddhist monastery
- Teaches Dharma classes locally and internationally
- Presenter 2016/18/19/20 EMDRIA Conferences
- Creator/Founder of MET(T)A Protocol
- EMDRIA Approved Consultant/Certified Therapist
- Senior Faculty, Institute for Creative Mindfulness
- Author, *Clinical Dharma*; Coauthor, *EMDR Therapy and Mindfulness for Trauma-Focused Care*; Author, *Mindfulness for Anger Management*
- Coauthor, *Trauma and the 12 Steps Meditation Reader and Step Workbook* (Fall, 2020); Coauthor, *Healing Addiction with EMDR Therapy: A Trauma Focused Guide* (Summer, 2021)
- Head of Health & Wellness Innovation & Partnerships, DropLabs
- Master of Health Care Innovation (MCHI), University of Pennsylvania, 3rd Cohort

# Dr. Stephen Dansiger

- Not speaking on behalf of the EMDR International Association (EMDRIA).
- Speaking as an innovator, for the needs of the community at this moment in time, and as someone who is a Trainer, Approved Consultant and Certified Therapist practicing EMDR therapy as a complete psychotherapy (maintaining high fidelity to the Standard Protocol) since 2005.
- Speaking as developer of the MET(T)A Protocol (Mindfulness and EMDR Treatment Template for Agencies), which for almost 5 years has sought to fully engage EMDR therapy as a complete psychotherapy, using the Eight Phase Protocol, the Adaptive Information Processing (AIP) Model, the Three Stage Model of Trauma Treatment and Buddhist Psychology as a template for agency treatment. In this presentation, the lessons and structure of the MET(T)A Protocol are translated to the environment of Telehealth.

# EMDRIA Guidelines for The Virtual Delivery of EMDR Therapy

- The EMDRIA Board has had a task force working on developing guidelines for virtual delivery of EMDR therapy for the past several months.
- The EMDRIA Board is not providing a full endorsement of virtually delivered therapy at this time, citing the need for further research.
- The task force has found no research to support or refute the efficacy of EMDR therapy through virtual means.
- A survey of EMDRIA membership found that 60 percent of respondents reported they are delivering all eight phases of the protocol virtually.

# EMDRIA Guidelines for The Virtual Delivery of EMDR Therapy

- Ethical Integrity: Following applicable laws, licensing standards, and fidelity to EMDR therapy.
- Preparation and Training: Clinicians are advised to receive additional training in telemental health and use of technology in order to educate and equip themselves for this specialized application of EMDR therapy.
- Relational Attunement: Clinicians are advised to use additional screening and assessment tools to build strong attunement within the therapeutic relationship.
- Technical Considerations/Infrastructure: Clinicians are advised to enroll in educational courses and obtain proper equipment to ensure technology runs as smoothly, securely, consistently, and safely as is reasonably possible.
- EMDR Specific Technique: Dual Attention Stimulus methods.
- Crisis Management: Clinicians must plan ahead for potential crises and should have readily on hand any contact information for the service area in which their client resides.
- Payor Sources and Insurance: Clinicians should clarify whether insurance coverage is available for telehealth services.
- Malpractice Insurance: Clinicians will want to review their own Malpractice Insurance policies to determine whether or not their services will be covered and to consider any limitations or jurisdictional restrictions which may be in place.

# EMDR Therapy Using Telehealth Becomes Easier to Accomplish When:

- Mindfulness is in place.
- Buddhist psychology provides a foundation.
- Janet's Three Stage Model of Trauma Treatment is honored.
- The Eight Phase Standard Protocol is our first choice basic structure for practice of EMDR therapy.

# EMDR Therapy Using Telehealth Becomes Easier to Accomplish When:

- The AIP model provides the guideposts.
- Cases are conceptualized through these models, principles and practices.
- Modifications are made for Telehealth primarily in the realm of safety, resource building, stabilization, preparation, choice of bilateral stimulation, and case conceptualization.

# We Do Not Have to Reinvent the Wheel

- With all of these in place, the choice of Telehealth platform and DAS technology becomes more of a simple logistical shift than an item of hyperfocus or a reason to panic. We do not have to change everything we have learned up until now.



# We Do Not Have to Reinvent the Wheel

- Modifications and innovation have already been in progress, and others will be made manifest.

# Here is What We Are Not Going to Focus on This Morning

- Technicalities of BLS.
  - Details on how to do BLS through Telehealth can be found through other fantastic resources, and in upcoming demos from our team.
- Legal and ethical considerations.

Keep Calm and Do EMDR  
Therapy

# It's Not Cancelled: Lean Into It

- EMDR therapy has not been cancelled.
- Buddhist Practice has not been cancelled.
- Mindfulness has not been cancelled.
- The eight phase protocol has not been cancelled.
- The AIP Model has not been cancelled.
- Pierre Janet has not been cancelled.

# Telehealth

# Telehealth

- “There will always be a place for face-to-face therapy, however, something must change to overcome the limitations facing the field and the notion that mental health care services are often not able to reach all those in need.”

# Efficacy of Telehealth

- “Although still considered to be developing compared to other modalities (i.e., face-to-face modes of therapy), a plethora of research since 2000 has provided substantial evidence for the efficacious and safe utilization of telehealth.”

# Efficacy of Telehealth

- “Tele-mental health has demonstrated equivalent efficacy compared to face-to-face care in a variety of clinical settings and with specific patient populations” (Richardson et al., 2009, p. 323).
- Videoconferencing psychotherapy is “feasible, has been used in a variety of therapeutic formats and with diverse populations, is generally associated with good user satisfaction, and is found to have similar clinical outcomes to traditional face-to-face psychotherapy” (Backhaus et al., 2012, p. 111).



# Efficacy of Telehealth

- “Telehealth has demonstrated significant statistical and clinical positive impact.”

# Efficacy of Telehealth

- The efficacy of telehealth “Held true for various disorders including some of the most commonly treated difficulties such as Social Anxiety Disorder, Posttraumatic Stress Disorder, and Panic Disorder.”
- “Telehealth has shown great satisfaction after utilization amongst both the clinician and client whether from a civilian or military background and even when used with children and families.”

# The Difference Between Your Client Being On Your Laptop Than in the Office

- It might feel weird.
- You can use all your EMDR knowledge and tools to establish rapport and ease.
- Make adjustments to resourcing and stabilization.
- The client is still seeing you.

# Telehealth: Adaptable and Providing an Avenue for New Opportunities

- There is “Significant evidence that clients quickly adapt and establish rapport with their teleprovider and are able to provide information via telehealth as they would in person, in some cases being reported to disclose even more due to what has been termed the online disinhibition effect.”

# Responsible Active Innovation and Integration

- This is a real opportunity for people to get some data as they are doing this.
- Innovation and research have made EMDR therapy what it is today.
- We are integrating systems that have been independently researched.
- Let's support and utilize the experience of the 60 percent of EMDRIA members who are delivering all eight phases of EMDR therapy virtually, and in Dr. Shapiro's words, "get some data on that."

# METIDA PROTOCOL

Mindfulness and EMDR Treatment Template for Agencies

# Introduction to the MET(T)A Protocol

- At StartAgain, we believe that integrating mindfulness and EMDR therapy represents best practice for providing trauma resolution, and trauma resolution represents the best outcome for people suffering from mental and emotional health issues including substance use disorders (SUDs) and eating disorders (EDs).
- We have developed a comprehensive, trauma-focused treatment system from which to run treatment centers, agencies, and private and group practices called the MET(T)A Protocol - Mindfulness and EMDR Treatment Template for Agencies.
- This protocol aids in case conceptualization of individual cases in any treatment setting, provides a base for trauma-sensitive treatment, and provides a catalyst and format for taking trauma-informed care one step further into trauma-focused treatment.

# Introduction to the MET(T)A Protocol

- MET(T)A is a new and innovative way to envision and implement agency mental health treatment that is grounded in the over 30 years of research, theory and practice of EMDR therapy, as well as the 2600 years of research, theory and practice of Buddhist psychology.
- It honors the current belief touted by thought leaders and action leaders that there is a deep need for trauma resolution to be a key focus of treatment in order to strengthen relapse prevention and create sustainable long-term recovery.



# The MET(T)A Protocol: A Trauma-Focused Solution

- The MET(T)A Protocol uses the eight phase protocol and the AIP model of EMDR therapy, Pierre Janet's three stages of trauma treatment (1889), and Buddhist psychology as the "Meta" philosophy and structure of the workings of the agency.
- It is a trauma-focused solution in which trauma resolution and adaptive reprocessing are the focal points of treatment and the implementation of mindfulness techniques and Buddhist psychology serve to deepen stabilization and boost retention of treatment gains.

# The MET(T)A Protocol: An Integration of Three Systems

- The MET(T)A Protocol represents a true integration of the three systems set forth by:
- Pierre Janet: Three Stage Model for Trauma Treatment (1889)
- The Buddha: The Four Noble Truths, Eightfold Path, and Mindfulness
- Dr. Francine Shapiro, the creator of EMDR therapy: AIP Model and Eight Phase Protocol

# The MET(T)A Protocol: An Integration of Three Systems

- Each system can be found embedded within each other, while each maintains its own primary integrity.
- Janet's Stages are infused by the Eightfold Path of the Buddha and are drawn out into the Eight Phases of the EMDR therapy protocol.
- The commitment to case conceptualization through this lens leads to a number of possible positive results.

# Pierre Janet's Three Stage Model of Trauma Treatment (1889)

- Stage 1: Stabilization - symptom-oriented treatment, and preparation for liquidation of traumatic memories;
- Stage 2: Identification - exploration, and modification of traumatic memories;
- Stage 3: Relapse prevention - relief of residual symptomatology, personality reintegration, and rehabilitation.
- Janet's model calls for a beginning, middle and end to treatment, thus providing clients with a vision for the future and the possibility of beginning, participating in, and terminating treatment.

# The Buddha's Teachings: The Four Noble Truths and the Eightfold Path

1. The first truth says there is suffering or unsatisfactoriness (dukkha) in life.
2. The second truth declares that clinging, craving, aversion, and attachment are the cause.
3. The third truth states that it is possible to end suffering, by turning toward the causes and conditions of clinging, craving, aversion, and attachment and healing them.
4. The fourth truth describes the Eightfold Path, which suggests building wisdom in order to set skillful intentions, living ethically in speech, action and livelihood, and making the effort to develop mindfulness and concentration through meditation practice.

# The Eightfold Path

- The Eightfold Path gives both therapist and client a design for living that extends out beyond the office, where mindfulness can become the rule rather than the exception.
- This can bring a greater attunement between client and therapist, a deeper preparation phase, more effective reprocessing, and most of all, more robust relapse prevention and personality reintegration.

# Mindfulness

- English term mindfulness first coined in 1881.
- Comes from the Sanskrit word smriti meaning “awareness,” specifically, “coming back to awareness.”
- Paying attention in a particular way: on purpose, in the presence of the moment, and non-judgmentally; as if your life depended on it (Kabat-Zinn, 2003; 2005; 2011).
- The self-regulation of attention to the conscious awareness of one’s immediate experiences while adopting an attitude of curiosity, openness, and acceptance (Bishop, Lau, Shapiro et al., 2004).
- Mindfulness is often described as the practice of responding to instead of reacting to stress.
- Being able to hover calmly and objectively over our thoughts, feelings, and emotions and then take our time to respond (van der Kolk, 2014).
- This process allows the executive brain to inhibit, organize, and modulate the hardwired automatic reactions preprogrammed into the emotional brain (van der Kolk, 2014).

# Mindfulness

- Mindfulness represents best practice for stabilization and preparation more than ever.
- There is a long history of online mindfulness coaching and mindfulness in therapy in an online format.
- We can mindfully innovate our way into EMDR therapy delivered through Telehealth.



# The Adaptive Information Processing (AIP) Model of EMDR Therapy

- “According to the AIP model, inadequately or unprocessed experiences are the basis of pathology across the clinical spectrum, and processed experiences are the basis of mental health” (p. 38).
- “AIP regards most pathologies as derived from earlier life experiences that set in motion a continued pattern of affect, behavior, cognitions, and consequent identity structures” (p. 15).

# The Eight Phases of EMDR Therapy

1. Client History
2. Preparation
3. Assessment
4. Desensitization
5. Installation
6. Body Scan
7. Closure
8. Reevaluation

# How to Leverage MET(T)A Protocol for Telehealth

- We are making most of our adjustments in phases 1, 2, and 8.
- During phases 3 through 6, we have to be more mindful of abreaction and dissociation and have a specific safety plan for technical difficulties.
- If you do your due diligence in phases 1 and 2, you will be successful in the reprocessing phases in a Telehealth format.

# The AIP Model, the Eight Phase Protocol, & Mindfulness

- The eight phase protocol, when seen through the AIP model and used as the primary therapeutic modality, provides a trauma-focused solution that brings relief to sufferers of a variety of maladies already reflected in the EMDR therapy research on PTSD.
- Relief from maladaptively processed adverse life events comes when they are adaptively reprocessed through the eight phase protocol, with the implicit mindfulness becoming explicit, and treatment is structured through Janet's three stages and the AIP model.

# EMDR Therapy as an Expression of Janet's Three Stages of Trauma Treatment

- The first two phases of EMDR therapy correspond to the first stage of trauma treatment, that of client history, stabilization and preparation.
- The 3<sup>rd</sup> through 6<sup>th</sup> phases of EMDR therapy provide the second stage of trauma treatment, that of the reprocessing and transformation of traumatic material.
- Finally, Phases 7 and 8 of EMDR therapy provide the third stage of trauma treatment, that of personality reintegration, relapse prevention and application of new insights in day to day living.

# Treatment Components of the MET(T)A Protocol

- Every client seeking treatment is considered to be in Phase 1 and/or 2 of EMDR therapy upon arrival at a MET(T)A center, as every MET(T)A agency's job is to provide Phase 1 (i.e., History-Taking and Treatment Planning) and Phase 2 (i.e., Stabilization and Preparation) for every client.
- Employs trauma-focused mindfulness practices to enhance self-regulation skills and to foster individuals to adopt adaptive and mindful living patterns.
- Teaches ethical livelihood practices based on the Buddhist psychology of the Eightfold Path.
- Based on the premise that mindfulness practice is the foundation for successful trauma resolution as it appears to desensitize trauma and PTSD symptoms.

# Treatment Components of the MET(T)A Protocol

- The MET(T)A Protocol takes Shapiro's admonition from her AIP model as the core principle that informs treatment: Maladaptively stored memories become a primary focus of treatment and adaptive resolution of those memories is a primary goal.
- Clients are resourced and prepared to tolerate the trauma resolution work, and then when ready, begin reprocessing the maladaptively stored events.
- All clinicians at a MET(T)A center are trained in EMDR therapy with a trauma-focused mindfulness approach and clinical meetings are conducted in the fashion of EMDR therapy consultations.

# Treatment Components of the MET(T)A Protocol

- All staff are trained in trauma-focused care from the CEO to line staff to support this model.
- The MET(T)A Protocol asserts that behaviors are a function of unhealed trauma.
- We are adding Telehealth training and services to the MET(T)A Protocol, leaning into the 2600 years of Buddhist psychology, over 100 years of Janet, over 30 years of EMDR therapy to deal with the pandemic and beyond.



# Lessons from MET(T)A Protocol and Telehealth

- All therapists at one MET(T)A Protocol Accredited agency are reporting seamless transition to online therapy.
- They have been going back to phases 1 and 2 to see if anything has changed in resourcing, stabilization and choice in BLS while online.
- Even complex cases (Robin Shapiro discussed this in a recent blog) are able to work with and through dissociation, abreactions and other issues using the same techniques as in face-to-face therapy.
- We need for the client to have what they need to ground themselves available while online.

# EMDR Therapy as a Complete Psychotherapy

- EMDR therapy serves as a complete psychotherapy, with a:
- Model (AIP)
- Methodology (Eight phases)
- Mechanism (Mindfulness, right and left-brain integration, REM sleep, orienting response and working memory)
- Protocol (Three prongs: treating the past, present and future), and is
- Structured with a beginning, middle, and an end.

# How to Implement EMDR Therapy as a Complete Psychotherapy

- Use Buddhist mindfulness, the eight phases, AIP model, and the three-pronged protocol to guide treatment planning and to provide a systemic structure for clinical treatment in a mental health agency or private practice.
- Treat every client as an EMDR therapy client in Phases 1 and/or 2 upon admission to a treatment center or private practice.
- Apply EMDR therapy as delivering the three stages of trauma treatment originally proposed by Janet in 1889 and as described by van der Hart, Brown, and van der Kolk in 1989.

# This Is Not a Sprint, It is a Marathon

- We are doing what we have to in order to support our communities to get through this pandemic.
- We are also looking beyond the immediate crisis to the tail of the comet in a world where the Telehealth timeline is pushed forward.
- Some people won't go back to Telehealth, some people will integrate it and for others it will become their new way of life.
- This is our moment as trauma therapists because the entire world is going through a collective trauma. We have to show up in this way because we know that our intervening in a coherent, mindful and intelligent way will prevent PTSD symptoms for many and treat those symptoms that do arise.

# The Future of Mental Health

- Isolation is creating new mental health problems.
- For some people, their worst fears have manifested.
- The current landscape of mental health is changing before our eyes.
- Face-to-face therapy may still be best practice, but Telehealth is best practice in this moment. In the pandemic paradigm where survival is the focal point, doing Telehealth ensures that doing no harm includes the health and wellbeing of providers as well as clients.
- Now... Go with that...

Questions?

# Thank You!

May you be free from fear.

May you be healed.

May you be happy.

May you be at ease.

Stephen Dansiger, PsyD, LMFT

[steve@drdansiger.com](mailto:steve@drdansiger.com)

# References

Available upon request from [Justine@startagainassociates.com](mailto:Justine@startagainassociates.com)