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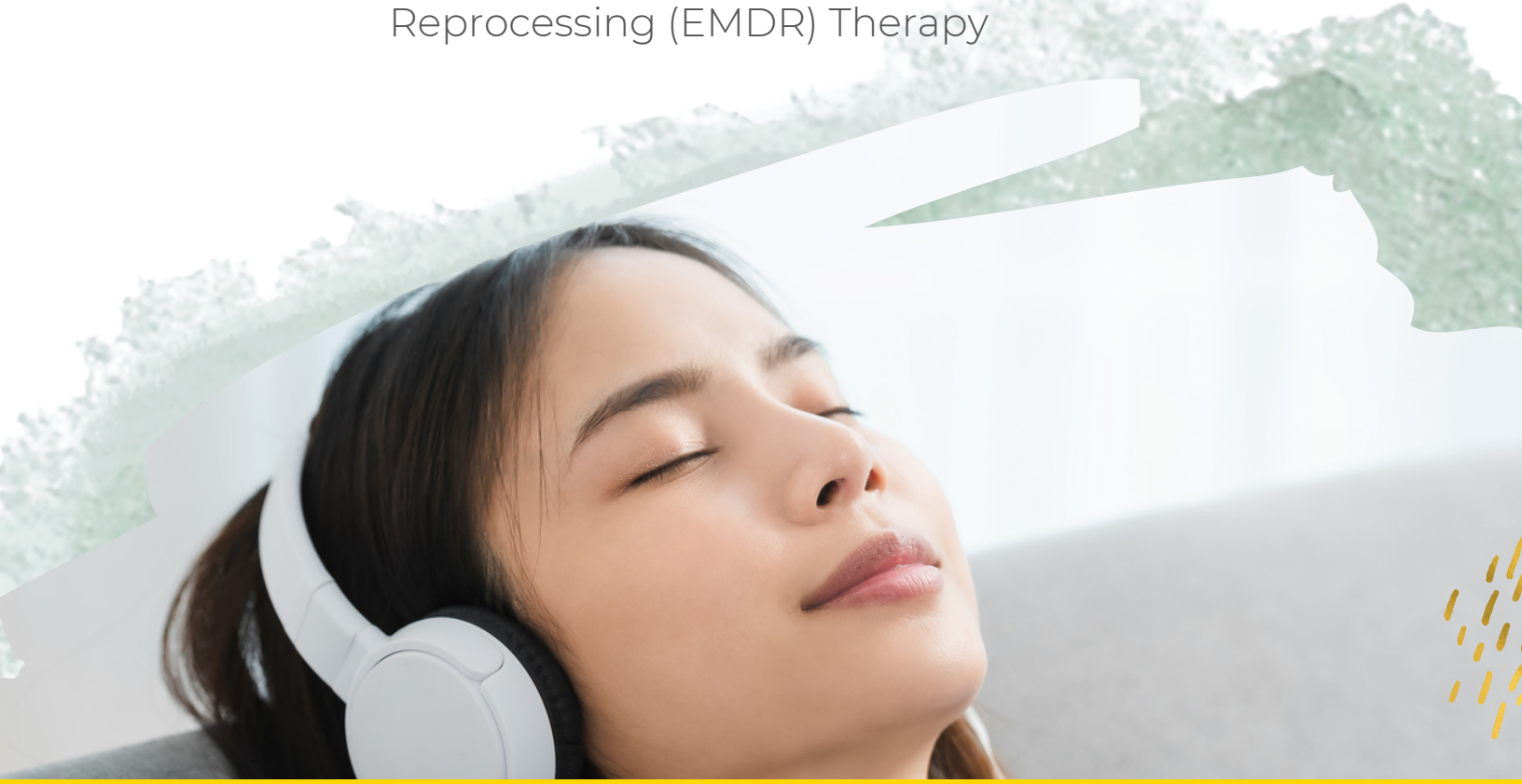
COMBINED DELIVERY GUIDELINES

SSP + EMDR

Integrating the Safe and Sound Protocol (SSP) into Eye Movement Desensitization and Reprocessing (EMDR) Therapy



EXCERPT

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Dear Reader,

You are involved in profound, meaningful work. With each pass of the Earth around the sun, humanity seems to accumulate more pain. Your dedication to healing arts creates a channel for that stored pain to have the opportunity to also become a growing capacity for resilience. We thank you for that remarkable gift.

The deep work of trauma healing necessitates considerable courage and connection, both of which are only cultivated through the experience of safety within the context of a supportive and nurturing relationship. Shared moments of safety generate an internalization of one another, leading to increased regulation with contact.

Tragically, humans do not all have equal access to internal and external experiences of safety. As a result, these dear people often exist in a chronic state of aloneness and isolation, which decreases experiences of co-regulation and ultimately intensifies trauma responses. Perceived threat can come from outside stressors or inner somatic cues, but either source leads to a same nervous system patterning of proactive and reactive self-protection, even at the expense of overall well-being.

EMDR therapy presents a beautiful entrance to relational and regulated contact with these pain-laced memory networks. It seeks to work with the body's inherent wisdom as it emphasizes enhancing resources before accessing sources of struggle. However, as so many have experienced, even after engaging with resources, the nervous system can remain in a chronic state of defense, often outside the client's own awareness. In cases like this, one's nervous system may need sips of pure safety as a way of repatterning toward connection at the deepest layer. Fortunately, the Safe and Sound Protocol (SSP) was created with this in mind.

With a shared passion for the healing potential of EMDR therapy, we believe safety in connection is at its heart. Therefore, together we sought to explore how the SSP might be responsibly and effectively integrated into EMDR therapy's phased treatment plan as a means of establishing that safety. The following guidelines attempt to offer a supportive and flexible structure for clinicians striving to integrate these approaches that have such potential to enrich one another.

We hope this is the beginning of a journey marked by expanding research and application of the ways the SSP and EMDR therapy enhance each other's outcomes for the sake of those who need them. We are delighted to be in community with you.

Sincerely,
The Guideline Authors

I. INTRODUCTION

According to research and evidence-based practice, unprocessed traumatic experiences can have a profound impact on individuals, leading to symptom manifestations in mental health, chronic illness, and injury (Shapiro, 2018). According to Herman (2015), persons who have been traumatized feel as though their nervous systems have become disconnected from the present, which leads to symptoms of hyperarousal, intrusion, and constriction, a cluster of symptoms that persons with a history of trauma commonly experience. When traumatic experiences are prolonged and repeated, and early attachment systems ruptured, additional symptoms of pathological dissociation, chronic emotional dysregulation, somatization, and altered schemas about the self, others, and the world manifest (van Dijke et al., 2015). When seeking therapy, clients may present with a myriad of said neuro-bio-psycho-social struggles that are unique to the past and present context and circumstances for each unique individual. This consideration calls on therapists to provide evidence-based practice that incorporates both "top-down" and "bottom-up" therapeutic modalities and techniques that are trauma-specific and tailored to each client's goals, needs, and presenting neuro-bio-psycho-social symptomatology, while simultaneously honoring the ways in which behavioral, relational, emotional, and psychological patterns of chronically traumatized persons also represent defensive adaptations in order to manage overwhelming stress (Cook et al., 2003, p. 14).

Following an approach to trauma treatment that recognizes the importance of both "top-down" and "bottom-up" therapeutic modalities and techniques to healing, this document specifically focuses on recommended guidelines for integrating two of such modalities, the Safe and Sound Protocol (SSP) and Eye Movement Desensitization and Reprocessing (EMDR) therapy. The combination of these modalities honors the impact of trauma on the autonomic nervous system and offers EMDR therapists an adjunctive option for restoring and rebuilding a felt sense of safety. This is largely based on the Polyvagal Theory, which according to Dr. Stephen Porges (2021) "helps us understand how cues of risk and safety are continuously monitored by our nervous system, [and] influence of physiological and behavioural states" (p. 193). Within this document, you will find best practices and considerations for integrating the SSP into EMDR therapy in a way that values the Polyvagal Theory, and eliminates some of the trial and error that might dissuade therapists from attempting to integrate the SSP into EMDR therapy treatment plans.

These guidelines address foundational principles but do not replace clinical judgment and decision-making. The authors recognize each client's needs and presentation are highly unique, and encourage providers to seek out additional consultation based on their professional background and expertise. This document is not a substitute for consultation, supervision, or peer support, nor are they intended to be a rigid set of rules to follow, but instead are a set of recommended guidelines that call for flexibility and creativity to enable each client's trauma to be witnessed as unique and important. Through the creation of these guidelines, the authors have held in mind the fidelity of EMDR therapy, while also recognizing that clinical judgment and decision-making will lead to deviations and adaptations to meet clients where they are at in their healing journeys. The aim of these guidelines is to further support and empower EMDR therapists who integrate the SSP into EMDR therapy to achieve the most safe and effective results. This intention of empowerment is accomplished by offering rationale for combined delivery, assessment considerations, and insights and considerations on integration in practice.

II. PURPOSE/RATIONALE FOR COMBINED DELIVERY

The SSP is a practical application of Polyvagal Theory and may be considered as an adjunct to therapy, rather than a modality in and of itself, as it functions as a portal to enhance both treatment readiness and efficacy. The SSP is designed to reduce sound sensitivities and improve auditory processing, behavioral state regulation, and social engagement behaviors through specially-filtered music. It may be further thought of as an integrative therapeutic tool that considers the mind-body connection and the influence of the autonomic nervous system on health and well-being. Delivery of the SSP may support greater access and availability within clients to better approach the work of EMDR therapy, as it supports a more fluid move through autonomic states. When considering the impact of trauma on the autonomic nervous system, we can draw on EMDR Therapy and its guiding model, the Adaptive Information Processing (AIP) Model, which conceptualizes such present day symptoms and struggles with mental wellness, chronic illness and injury as a manifestation of unprocessed traumatic memory, with dysregulated autonomic states getting triggered in the present by internal and/or external stimuli that later become neurocepted as dangerous or threatening to one's sense of internal and external safety. The integration of Polyvagal Theory allows us to understand our client's level of affect tolerance, the ease by which they can move through autonomic states, and what interventions may be needed to support clients in Phase 2: Preparation in EMDR Therapy. As we endeavor to support client's to build resources, skills, and capacities in the preparatory phase of EMDR Therapy, we may encounter additional blocks rooted in physiological defensive adaptations that arise to manage the felt sense of not being safe. Intentionally integrating the SSP into EMDR Therapy may be thought of as a method of building the therapeutic alliance and ability to connect within relationships to "other" by repatterning the nervous system towards social engagement, when "other" has been a source of trauma and distress; supporting autonomic nervous system regulation and a greater ability to access, experience, and tolerate change via a ventral vagal state; and developing an understanding of the complex role physiological arousal plays in managing mental health, while honoring the ways in which the mind and body work together and thus must be treated together in the treatment of trauma.

Intended Audience/Readers

This document is intended for EMDR therapists who have been trained by an approved and accredited EMDR Trainer Provider (including, but not limited to: EMDRIA Approved EMDR Therapy Training, Humanitarian Assistance Program [HAP] EMDR Therapy Training, EMDR Europe, EMDR Asia, EMDR Australia, or EMDR Institute EMDR Therapy Training), and are SSP-trained and interested in integrating or enhancing their current integration of the SSP into their EMDR therapy practice. The authors do not endorse or recommend integrating the SSP into EMDR therapy if you are not formally trained in EMDR therapy by one of the aforementioned approved providers.

Combined Delivery and Key Terms

Combining the SSP and EMDR therapy follows a therapeutic frame that is grounded in the phase-oriented treatment of traumatic stress (Courtois & Ford, 2020; Courtois & Ford, 2015; Van der Hart et al., 1989), and considers Affective Neuroscience (Pankseep, 2004), Attachment Theory (Bowlby, 1988; Liotti, 2006), and the Polyvagal Theory (Porges, 1995, 1997, 1998, 2001, 2003, 2007, 2018). Throughout this document, terms from the AIP model, EMDR therapy, the SSP, and the Polyvagal Theory are referenced, and providers are encouraged to ensure they are acquainted with the language of these theories.

Within the context of these delivery guidelines, case conceptualization follows the core tenets of Phase 1 of EMDR therapy and considers symptom presentation and functioning according to Terr (1992) and Solomon and Heide's (1999) Trauma Typologies. Trauma symptoms are understood as unique to each individual client, rather than generalizable, so intentional consideration around client symptom assessment and need is recommended. After case conceptualization and assessment, treatment and pacing follow EMDR therapy and its eight-phase approach, and symptom-oriented treatment, stabilization, and preparation are required prior to the processing of traumatic memories. While the integration of the SSP may be introduced within different phases of EMDR according to client needs and symptoms, the overarching goal is to support the creation of the conditions for a new, adaptive experience that builds and supports a greater sense of inner safety and ease. Considerations for delivery are additionally important, as its "success is, in part, due to the 'safe' context in which the intervention is delivered" (Porges, In A letter from Dr. Porges, ND).

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Become an SSP Provider today to access the complete SSP + EMDR Combined Guidelines.

Or, speak with a Program Consultant — many of whom are practitioners — to discuss how you can integrate the SSP into your unique practice.

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