

New Training for Complex Trauma and Dissociative Personality Structure

An interview with Jim Knipe, PhD

We are very excited to introduce a new training, **EMDR Therapy with Complex Trauma**, by one of the leaders in the EMDR community. Part of our online Master Series, joining Roger Solomon and Carol Forgash, this training expertly guides EMDR trained clinicians toward a new level of proficiency. If you have been in the EMDR community for any length of time, you are probably aware of Jim Knipe. Jim is a very skilled presenter who makes complex concepts easy to understand and implement. He is able to bring humor and expertise together in a supportive manner. Jim has been a part of the EMDR community since 1992 and has built an impressive track record of expanding EMDR practice around the world. This most recent endeavor allows Jim and Trauma Recovery, EMDR Humanitarian Assistance Programs (HAP) to help EMDR practitioners better serve clients with complex trauma and dissociative personality disorders.



In a recent interview, Jim said, "The research is very clear that standard EMDR is the treatment of choice – reliable, robust and effective – for most initial client presentations that can be tracked back to clearly remembered traumatic memories. For many clients, though, full access to original

traumatic memories is prevented by conflicts between internal personality "parts," psychological defenses, and lack of full conscious access between "parts." For these clinical situations, additional EMDR-related "Tools" are often needed. With the use of these additional "Tools," the healing power of EMDR can be made available to a much larger group of clients. They are designed to assist clients in maintaining orientation to the safety of the therapist's office while targeting and resolving various experiential distortions originating in overwhelming past events."

Jim continues, "I think the concept of psychologically traumatic memory is evolving in a way that is often clarifying and helpful to clients. In the original definition, from 1980, a diagnosis of Post-Traumatic Stress Disorder (PTSD) required exposure to actual or threatened death, serious injury, or sexual violation, and subsequent re-experiencing of that life threat. Practitioners, though, soon understood this definition to be too limiting. Mol and colleagues (2005) found that the most distressing (and, by implication, impactful) memories for the majority of clients were not life-threatening events. For example, if a parent tells a child, "We were happy until you were born", that is not a life-threatening event, but it is something that is likely to severely alter that child's developing sense of self. The problems of many adult clients originate with this type of experience.

It is often valuable, when talking with clients, to shift the wording from Traumatic Memory to Trauma Reliving. This is language that most clients will understand, as it relates to their presenting problem. The therapist can say, "You know you are here in my safe office, but when you think of that traumatic event (e.g. when you barely escaped from the burning house, or when your father hurt you badly when you were 7), you can see that you are beginning to have a recurrence of what actually happened at the time – a feeling, a mental picture, some sensations and/or a negative thought about yourself. The purpose of what we will be doing in this therapy is to turn these "re-livings" into just being normal memories – like, 'yes I remember that.' – no longer like a gut punch, but just part of your life story."

Some clients have developed powerful and sophisticated defenses to prevent the emergence into consciousness of these "re-livings." EMDR related procedures can be used to target and resolve these defenses. For those clients who have a significant lack of access between dissociated personality parts, other procedures are described in this training which can extend the healing power of EMDR therapy to these clients, in a way that maintains emotional safety.

In conclusion Jim notes, "I'm particularly happy to have this training available online. Practitioners at non-profit agencies with the smallest budgets are often dealing with some of the most complex traumas, and the broader our reach, the more people can be helped."

Jim Knipe, PhD, has been a licensed psychologist in private practice in Colorado since 1976 and has been using EMDR therapy since 1992. He has written chapters for EMDR Casebook (PManfield, 2002), EMDR Solutions, Vols I and II (RShapiro, 2005, 2007), Healing the Heart of Trauma and Dissociation (CForgash & MCopeley, 2007), EMDR Scripted Protocols: Special Populations (Luber, 2009), and EMDR and Dissociation (Gonzales & Mosquera, 2012). These writings have described specific procedures that can be utilized to extend EMDR therapy to clients who present with self-defeating psychological defenses and/or dissociative symptoms.

Dr. Knipe is a Trauma Recovery/HAP Trainer, an EMDRIA Approved Consultant and Instructor, and was designated a "Master Clinician" by EMDRIA in 2007. He was a Keynote speaker at the 2010 EMDRIA conference, and was an invited guest speaker at the 2006 and 2007 EMDRIA Annual Conferences, the 2006, 2008 and 2012 EMDR-Europe Annual Conferences, the 2010 EMDR Asia Conference and national EMDR conferences in Denmark, Germany, Scotland, Italy, Belgium, Sweden, Spain, the Netherlands, Turkey, and Japan. He has been involved with Trauma Recovery/HAP, serving on the Board of Directors and as Research and Training Director, and has also been involved in Trauma Recovery/HAP efforts in Oklahoma City, Turkey, New York (following 9/11), the Palestinian Territories, Sri Lanka and Indonesia. In addition, he is a co-author of published outcome research documenting the effects of EMDR therapy with survivors of 9/11 and with those traumatized by the 1999 Marmara earthquake in Turkey.

Complex Trauma and Dissociative Personality Structure training is available at www.emdrhap.org.