Syzygy Institute’s Step Two: **IFS-Informed EMDR 2-day** is a two-full-day didactic & experiential workshop offering a specific view of ego-states as parts, in the context of EMDR therapy through an IFS lens, regarding their ubiquitous appearance, defenses, & relational phenomena. A conceptual bridge is formed between the two models, yielding additional language to enrich therapist-client communication about the client’s internal process. In this workshop, psychologists, social workers, mental health counselors, and marriage & family therapists will learn the integration of IFS within the EMDR Standard Protocol, focusing on EMDR’s critical phases 1 through 4.

Fidelity to both methods is maintained as course material is developed from standard EMDR (Shapiro, 2018) & IFS (Schwartz & Sweezy, 2020; Anderson et al., 2017) background texts, and each workshop is led by an instructor who has completed IFS training by the IFS Institute, and who is also an EMDRIA Approved Consultant. PowerPoint slide lectures, Q & A discussion, case examples, live demonstrations, and numerous guided practice sessions in therapist and client roles offer participants the opportunity to observe numerous examples of the process throughout the workshop.

Eye Movement Desensitization & Reprocessing (EMDR) is a powerful and well-established methodology for treating PTSD, but numerous concerns have been raised about its safety and efficacy when used in a context of complexity, such as significant attachment wounds, and multiple or complex trauma. Interweaving various formulations of ego state therapies (EST) has been described and utilized to support and enhance safe utilization of EMDR procedures (Paulsen, 2018; Shapiro, 2018; van der Hart et al.,2014; Forgash & Copeley, 2008).

Internal Family Systems therapy (IFS) is an evidence based (Hodgdon et al., 2022) ego state therapy which offers unique qualities that match key components of the EMDR’s foundational Adaptive Information Processing (AIP) model. IFS methods have been utilized in the context of EMDR therapy to enhance therapist-client communication about their internal experience and troubleshoot processing difficulties (O’Shea Brown, 2020; Gomez & Krause, 2013; Twombly & Schwartz, 2008).

Both IFS and EMDR have been described as experiential psychotherapies which can facilitate a form of neuroplasticity called memory reconsolidation, which uniquely unlocks and rewrites implicit memories that underlie many of the symptoms treated with these methodologies (Ecker et al., 2012). Concepts and language from Coherence Therapy support and clarify key IFS concepts around exploring positive (adaptive) intentions behind symptoms with curiosity, compassion & persistence (i.e., Self-presence), and healing sequence (Anderson, 2021) while also mirroring the requisite dual attention condition for EMDR processing. These additional conceptual tools enable the IFS-informed EMDR therapist to more consistently generate juxtapositions (a critical condition required for memory reconsolidation), beginning in the Assessment Phase of EMDR and continuing through the subsequent phases of the EMDR Standard Protocol (Ecker & Bridges, 2020; Ecker et al, 2012).

In conventional EMDR, the SUD scale measures distress, which is usually understood in terms of affect. Affect is one type of energy known to bind states of mind or neural networks in their state-dependent dysfunctional form (Seigel, 2022; Shapiro, 2019). This works well when we are directly processing trauma parts. But measuring urge-energy has been shown to be more relevant and useful when dealing with defenses or protective parts which block the path to processing trauma parts (Knipe, 2019; Popky, 2005). IFS-Informed EMDR introduces a comprehensive scale to assess the activation of these defenses & target protective parts for processing, called the Level of Urge to Protect (LUP) scale, which subsumes the Popky and Knipe scales and is applicable to any possible variety of defensive strategy.

Additional precision in targeting underlying implicit memories, through application of memory reconsolidation research via Coherence Therapy, can increase the accuracy of identifying and elaborating appropriate positive and negative cognitions in the Assessment Phase. A protector’s Negative Cognition can reveal an underlying Protector Positive Intention (PPI) (Ecker, 2012; Schwartz & Sweezy, 2020), which is more useful in targeting these parts for EMDR processing (Knipe, 2019).

IFS-Informed EMDR infuses the Assessment Phase with IFS perspective, starting with the widely understood notion of target networks as conscious relational entities: ego states or parts. IFS-Informed EMDR goes a step further by consolidating the previously separate notions of the adaptive network and adult ego state into a single coherent relational consciousness: the Self (from IFS). The Self relates to the target from its own adaptive, compassionate perspective and embodies the inherent healing capacity of a person known in both EMDR & IFS. Learn to use the Presence of Self (POS) scale, as an additional tool to measure the engagement and integration of the adaptive information network and assure functional dual attention (similar to the VOC scale), beginning in phase two (Kolodny & Mazero, 2023).

Accessing the adaptive network is one of the lesser-known purposes of obtaining a Positive Cognition in the EMDR Assessment Phase (Shapiro, 2018) which in this course is more fully articulated by intentionally soliciting it from the corresponding conscious relational Self. This differentiates possession of such adaptive knowledge (by the Self) from the consciousness (part) burdened with a Negative Cognition and which would conversely be the appropriate source for the VOC. This avoids potential confusion in obtaining these two pieces of information. The rest of the phase three information (image, emotion, body sensation, and SUD) are all best understood as part-specific for clarity and effectiveness in targeting (Kolodny & Mazero, 2023; Gomez & Krause, 2013). Composing such an IFS-informed Assessment Phase creates an initial juxtaposition and brings EMDR into alignment with the memory reconsolidation formula of Coherence Therapy (Ecker & Bridges, 2020; Ecker et al, 2012).