

# The Flash Technique: Basic Principles and Protocols

Webinar: August 13th, 2022

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(The webinar will begin in a few minutes.)

# Video 1: Brief use of Flash Technique

# Video 2: Brief use of Flash Technique

# Welcome

My name is Phil Manfield and I will be conducting the webinar today.

- I have just shown two videos demonstrating the flash technique.
- I will begin with information to help you get the most out of the webinar.

# Phil Manfield, PhD

- EMDR trainer approved by the EMDR International Association.
- Trained therapists in the Bay Area, Southern California, Oregon, Idaho, and on six out of seven continents
- Author of an excellent book on the treatment of personality disorders called **Split Self/Split Object: Understanding and Treating Borderline, Narcissistic, and Schizoid Disorders**
- Editor of **EMDR Casebook**
- Author of two other highly readable and informative books, **Dyadic Resourcing: Creating a Foundation for Processing Trauma** and **EMDR Up Close: Subtleties of Processing Trauma**
- The lead author of two articles, the first with L. Engel, J. Lovett, Manfield, entitled “**The Flash Technique: Four Case Examples**” and the second, with L. Engel, R. Greenwald, and D. Bullard entitled, **Flash Technique in a Scalable Low-Intensity Group Intervention for COVID-19 Related Stress in Healthcare Providers**, full citations on slide 54

# emdrvideo.com

44 EMDR

resourcing and trauma processing sessions  
are available online **for no fee** at

[www.emdrvideo.com](http://www.emdrvideo.com)

Only 2 videos on this site include the the Flash Technique, but participants in Flash Technique follow-up research will have an opportunity to see additional videos illustrating Flash.

# Lewis Engel, PhD

Dr. Lewis Engel is a psychologist in San Rafael

- Since the early development of the Flash Technique by Dr. Manfield, Dr. Engel has collaborated in the further development of the Flash Technique, Flash research projects and this Webinar.
- EMDRIA Approved Consultant and Facilitator at EMDR trainings
- Consults with groups and individuals for both EMDR and Flash
- Author with Tom Ferguson, MD of **Imaginary Crimes: Why We Punish Ourselves and How To Stop**—role of irrational unconscious guilt in psychopathology
- Contributed a chapter to **EMDR Casebook** edited by Philip Manfield

# Multimodal Learning Experience

- Lecture
- PowerPoint slides
- Live and submitted Q&A
- Videos of real Flash sessions.
- Live demonstrations with some of you
- Practicum in which you can experience Flash for yourself.
- Handouts (If you have not downloaded them, please do so during the morning break.)



# Handouts

## **5 Documents**

1. PowerPoint of all slides shown in webinar
2. Brief Instructions for the Flash Technique
3. Troubleshooting Guide
4. Practicum Result Sheet
5. Quiz questions

**Download and print at the break if you don't have them**

# Rough Schedule

**Begin 10am PDT**

**Break 11:30 (15 min)**

**Close of Webinar 1:15 PDT**

# Zoom - Contacting Us

## Buttons on Bottom of Zoom Screen

**Q&A starting with first break** - questions about the flash technique. Not for questions about Zoom. (Use Chat for that.) Please be patient and don't repeat questions.

**Chat** –Use to communicate with the other participants on the webinar. You can also ask questions about Zoom and our tech team will try to help. Remember to address your chat to “to all panelists and attendees” if you want others to respond.

**Hand up**-when live questions or demonstration volunteers are requested.

**(Q&A and CHAT will be turned off during demonstrations)**

# Zoom - Control Your View

Zoom should allow you to see the presenters, and the slides (slides are not shown at all times during the webinar).

**If you can't see the person speaking or the slide we are referring to, toggle between views by clicking on the settings in the View Options menu at the top of the screen or opening "View" at the top right of your screen.**

On most computers the view boxes you see on the screen can be adjusted in size by dragging their edges.

# Your Privacy

- Please be aware that **your picture may be intentionally or unintentionally displayed on the screens of all the participants in this webinar.** Please keep this in mind when considering your dress and behavior.
- If you chat or volunteer to participate actively in a speaking role, your comments and image will be displayed on other participants' screens and will be part of the seminar recording. Demonstration will not be asked to reveal personal details of their targets. **Please do not reveal any personal information that you do not want shared.**

# Implied Consent

- This webinar is being recorded. No one else will be able to see you, unless you volunteer to participate more actively. BUT, your participation and chat comments will be available to a wide audience. If you do not want to be part of the recording, you can refrain from chatting and from volunteering to be on screen. **The webinar recording will be made available to attendees and registrants who are unable to view this webinar live and may be viewed by other people in the future.**
- **Allowing your image and words on the shared screen is implied consent to allow yourself to be recorded and others to view the portion of the video containing your participation.**

# Q & A

## **Live Q & A**

- When I ask for “questions”, click on “raise hand.”
- If chosen you will appear on everyone's screen (unless you turn your video off by clicking on the camera – bottom left)
- I will ask you to un-mute yourself (microphone icon)
- Your participation will become part of the video recording of the webinar.

## **Written Q & A**

- You can also ask questions in writing after the first break using Q & A button.
- Time permitting, I will answer the most commonly asked questions. Keep in mind that many questions are asked and I cannot answer all of them. If you don't get an answer to your question through Q & A, you can also ask the question live or post it on chat, so that other participants can attempt to answer it. Please, however, do not re-post your question to Q&A while waiting for an answer. Also use Chat for Tech/Zoom questions.

# Live Demonstrations

- Click “raise hand” when I ask for volunteers. Do not volunteer if you are watching from a phone.
- If chosen, you will probably NOT be asked to reveal the content of your disturbing memory.
- You will appear on everyone’s screen and your words and appearance will be recorded.



# Workshop Practicum

Today you will have the opportunity to experience the flash technique in a practicum, because it can be self administered.

We suggest you **do not** participate in the practicum if:

- YOU THINK THAT PARTICIPATION IN THE PRACTICUM MIGHT BE HARMFUL TO YOU IN ANY WAY
- IF YOU ARE UNCERTAIN THAT YOU CAN THINK OF A DISTURBING MEMORY AND THEN SET IT ASIDE WHILE YOU WATCH AND LISTEN TO THIS WEBINAR
- OR IF YOU DO NOT HAVE GOOD SELF-SOOTHING SKILLS

# Flash Technique

## Basic Protocol (1)

- The client is asked to focus on a person, pet, memory, activity etc. that provides an immediate experience of pleasure, or is at least positive and engaging. (Referred to as a “Positive Engaging Focus [PEF]).
- The client is asked to identify the memory to be processed and rate the level of disturbance that the memory or issue or sensation would be if the client let themselves feel it. (The client is encouraged not to feel it.)
- If the client is already activated or likely to become highly activated, the therapist can wait to ask the SUD scale until after several sets of flash. At that point the client’s activation is likely to be significantly lower and the SUDS can be asked without causing undue distress.

# Flash Technique

## Basic Protocol (2)

- “I am going to pat my thighs, and I’d like you to do the same, following my movements, focusing on the positive engaging activity, memory, or person/animal you have just thought of. I don’t want you to intentionally think of the disturbing memory.”
- “When you are ready, I’ll say ‘FLASH’ and I’d like you to blink three or four times rapidly while continuing to think of the Positive Engaging Focus(PEF). Let me know when you are ready.”
- Do 5 or 6 triple blinks separated by about 8 seconds without stopping BLS.

# Flash Technique

## Basic Protocol (3)

- At the end of a set of five or six triple blinks, stop and ask the client if the memory seems different in any way. (Do not ask, “What is coming up for you now?”).
- Continue with three or more sets of five or six triple blinks.
- If SUDs was decreasing but is now no longer decreasing move into Phase 3 of the EMDR protocol or whatever trauma treatment you are accustomed to using.
- If it has not decreased at all try for a stronger PEF & repeat.

# Demonstration #1

- We would like a volunteer for a flash demonstration
- You will NOT need to reveal the content of the memory you are processing.
- Please volunteer only if your target experience took place after age four, has a SUDS of 6 or greater, is clearly remembered, and is not recent or repeating. To the best of your knowledge, your target memory should not have a **feeder** memory (an earlier event contributing to the intensity of this one). If it does, the feeder memory may make a good demonstration target.
- Please do not volunteer if you are viewing the webinar on a phone.
- These target restrictions apply ONLY to the webinar, not to what you can work with in your office using Flash.

# Flash Technique: Basic Principles and Protocols

**Break**

# History of Flash Technique (1)

## Extreme Titration

- The Flash Technique originally evolved as Philip Manfield sought a strategy to be used during the **Preparation phase** of EMDR to titrate an overwhelmingly disturbing memory so that clients could tolerate those memories without shutting down, becoming overwhelmed or dissociating. (The original inspiration came from Krystyna Kinowski's "paired titration" technique.)
- **Clients were encouraged to think of their target memory for shorter and shorter amounts of time until they were able to tolerate the affect generated by that exposure.**

## History of Flash Technique (2) Eliminating Conscious Defenses

- In the original form of the flash technique, clients were told to think of the target so briefly that they wouldn't experience any of the disturbance.
- If they felt any disturbance or “stickiness” in relation to the trauma memory, they were told to make their “contact” to the memory “much more brief.”
- Eventually the contact would be so brief that it was barely conscious, too brief to engage conscious defenses. Processing was effective, but took an average of 20 minutes.



# History of Flash Technique (3)

## How Fast is Too Fast

- The original idea for the flash technique came in thinking about what actually constituted memory retrieval for trauma processing.
- Phil observed that during extremely brief exposures to traumatic memories, the brain's processing of the memories appeared to accelerate significantly, and substantial reductions in disturbance occurred.
- Experimentation with pushing this phenomenon to the extreme resulted in impressive processing results. This was what was first termed the “flash technique.”

## History of Flash Technique (4)

### Evolution of a Theory

- Phil Manfield, PhD, Lewis Engel, PhD, Joan Lovett, MD, and David Manfield, PhD each tested the technique on a variety of targets and obtained rapid and surprising results. A paper resulted, and was submitted to the Journal of EMDR Practice and Research. The first draft of the paper was rejected, because there was no theoretical explanation for why this worked.
- Much credit goes to Louise Maxfield, PhD, editor of the journal, who found the reported results intriguing and encouraged the development of a theoretical understanding of the mechanism responsible for these results.
- After revision, the paper was published in the November 2017 issue of the Journal.

## **History of Flash Technique (5)**

### **Hypothesizing a Mechanism of Action**

- Eventually Phil hypothesized three phenomena to possibly be primarily responsible for the rapid results observed:
  - Subliminal or “unreportable” processing, bypassing conscious defenses (calming the amygdala).
  - Modified memory reconsolidation
  - Cultivation of a present observer position, rather than reexperiencing.

## History of Flash Technique (6)

### Unreportable Processing

- Particularly, the idea of unreportable processing appeared to be a reasonably plausible explanation.
- With no research to verify or deny the accuracy of this theory, the next best thing was to modify the clinical practice to conform to the theory and see if results improved.

## History of Flash Technique (7)

### Practice Informed by Theory

- Phil tried skipping the brief exposures so clients were no longer asked to even think at all of their disturbing memory during processing.
- Results did improve. The flash technique became faster and more effective.
- Typical processing time went down from 20 minutes to 10 minutes.

# Painless Retrieval

- Currently, we tell clients we do not want to stimulate conscious defenses. In fact we do not want them to try to think about what is happening, or to intentionally recall their disturbing memory, and we do not want them to feel any disturbance.
- Clients are instructed instead to think of a *positive engaging focus* (PEF).
- Conforming more closely to the EMDR protocol, Flash is now used in the preparation phase, followed by an Assessment or elaboration phase, followed by the Flash Technique in a Reprocessing Phase.

# Practicum Preparation

- I am about to provide instructions for choosing a practicum target. IF YOU ARE UNCERTAIN IF YOU CAN THINK OF A DISTURBING MEMORY AND THEN SET IT ASIDE WHILE YOU WATCH THIS WEBINAR, I SUGGEST THAT YOU DO NOT PARTICIPATE IN THIS PRACTICUM.
- Similarly, do not participate if you do not have good self soothing skills. We want to make sure you will be able to manage your activation effectively should you become activated.

# Practicum Track Record

Flash has had a strong track record of **NOT** increasing the disturbance of someone participating in the practicum!

In over 9000 practicum sessions, no one has reported a negative experience.

But if you are unsure you can manage your activation effectively, please do not participate in the practicum.



# Practicum Preparation

- Before we start, I would like you to think of a disturbing memory or image, perhaps from movies. Also, one very positive or engaging thought or memory that you can think of whenever you want to connect to a good feeling.
- Rate the disturbance level of your memory, and choose a pair of reminder words for the disturbing memory.

# Practicum Preparation

The target memory should be disturbing with a **SUDS Rating of 6** or greater.

Avoid a memory where the disturbance is being contributed to by an earlier event (feeder). If you are uncertain whether the memory you thought of has a **feeder**, choose another one.

The memory should be clearly remembered and should be from the age of 4 or later.

Should have occurred more than 2 years ago and should not be something that happened repeatedly

If you are having difficulty thinking of a suitable memory that you have not already processed, **look at the list** located in the next few slides for some possible targets.

# PEF Suggestions

- beach scenes, other landscapes. Hikes
- pets, current or past
- children or other family members
- activities: walks in the woods, skiing, dancing,
- memories of being with a doting grandmother
- a favorite sports team or sports figure
- remembering a time when you laughed or played really hard.
- positive or funny scenes from movies.
- a favorite piece of music, which the therapist can play on a cell phone to strengthen its impact

# Practicum Target Suggestions

Single incidents which may be unprocessed or incompletely processed like:

- Hospitalizations or injuries
- Car accidents
- Assaults or violence (witnessing or experiencing)
- Loss/death, person or animal, betrayal, helplessness
- Scene from movie
- A failure
- Nightmares
- Getting lost

# Practicum Target Suggestions

- Moving as child, loss of friends, new school/house
- Incident involving major shame, guilt, fear, sadness
- Natural or man-made disaster
- Sibling relationship rupture, or separation
- Relationship loss, rejection (If no feeder)
- Changing jobs, separation from colleagues
- Legal conflict
- Giving birth, incident involving blood or intense pain
- Abortion/miscarriage
- Anything referenced in the Adverse Childhood Events scale

# Ace Score Items

- 1 emotional abuse
- 2 physical abuse
- 3 sexual abuse
- 4 emotional neglect
- 5 physical neglect
- 6 absence of a parent though divorce, death or abandonment
- 7 a mother or stepmother who was treated violently
- 8 a household member who abused alcohol or drugs
- 9 a household member who was diagnosed with a mental illness
- 10 a household member who went to prison

# Flash Technique: Basic Principles and Protocols

## Practicum #1

# Flash Technique: Basic Principles and Protocols

**Poll**

• 2:00



# Flash Technique: Basic Principles and Protocols

**Q & A**

# Demonstration #2

- We would like a volunteer for a flash demonstration
- You will NOT need to reveal the content of the memory you are processing.
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- Please do not volunteer if you are viewing the webinar on a phone.
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# Research Supporting Flash

- We have discovered and are finding more studies in the psychology literature that supports the principle that **subliminal or unconscious exposure** to fearful stimuli can greatly lessen the subjects reactivity to that stimulus.
- **Very Brief Exposure: The Effects of Unreportable Stimuli on Fearful Behavior**, Paul Siegel, Joel Weinberger, *Consciousness and Cognition* 18 (2009) 939–951
- “Unreportable stimuli” means very brief exposure to images of spiders so that spider phobic subjects were unaware of what they had seen.

# How Close Can You Get?



# 10 papers of carefully controlled research from 2009 to 2021

- “Unreportable” brief exposure is more effective for reducing spider fear than flashing it long enough to be consciously aware
- Fear is experienced when spider image is “reportable,” shown long enough to be conscious
- No fear experienced when image is “unreportable”
- Effects are long lasting (still present after a year)

# Conscious Awareness is Unnecessary

- Both CBT (Prolonged Exposure Therapy) and EMDR agreed
- Must have conscious contact with trauma memory
- Siegel study shows that's not true
- Non-conscious exposure to spider images allowed subjects to get much closer to live Tarantula than conscious exposure

# What is happening in the brain?

- **Less is More: Neural Activity During Very Brief and Clearly Visible Exposure to Phobic Stimuli**
- [Paul Siegel, Ph.D., Richard Warren, Zhishun Wang, Ph.D., Jie Yang, Ph.D., Don Cohen, Jason F. Anderson, M.S., Lilly Murray, and Bradley S. Peterson, M.D. Hum Brain Mapp. 2017 May; 38\(5\): 2466–2481.](#)
- Free  
at:<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5385151>

# What is happening in the brain?

- “phobic participants processed spiders automatically (outside of conscious awareness) during VBE”(Very brief exposure)
- “VBE activated, and CVE (Clearly Visible Exposure) deactivated, regions that prototypically support emotion regulation and higher-order language”
- CVE activated sympathetic arousal portions of the brain (fear), VBE did not



# Siegel fMRI Studies

Significance for the flash technique:

- The operation of the parts of the brain that process trauma is impaired by the experience of trauma-related disturbance.
- Those parts of the brain are working hard, however, during Very Brief Exposure when the client is not consciously aware of the exposure and does not feel the disturbance.
- This suggests that the parts of the brain that process trauma can become extremely active during the Flash Technique, when there is no disturbance.

## 6 Of 10 Current Published Papers About Flash

- Manfield, P., Lovett, J., Engel, L., & Manfield, D. (2017). **Use of the flash technique in EMDR therapy: Four case examples.** *Journal of EMDR Practice and Research*, 11(4), 195–205.
- Wong, S-L. (2019). **Flash technique group protocol for highly dissociative clients in a homeless shelter: A clinical report.** *Journal of EMDR Practice and Research*, 13(1), 20–31.
- Shebini, N. (2019), **Flash technique for safe desensitization of memories and fusion of parts in DID: Modifications and resourcing strategies.** *Frontiers of the Psychotherapy of Trauma and Dissociation*. 3(2):151-164
- Manfield, P., Engel, L., Greenwald, R., & Bullard, D.(2021). **Flash Technique in a Scalable Low-Intensity Group Intervention for COVID-19 Related Stress in Healthcare Providers**, JEPR, May, 2021, *Journal of EMDR Practice and Research*, 15(2)
- Wong, S-L. (2021). **A model for the Flash Technique (FT) based on working memory and neuroscience research.** *Journal of EMDR Practice and Research*, August, 2021.
- Yasar, Alisan & Gundogmus, Ibrahim & Gündüz, Anil & Konuk, Emre(2019). **Investigation of the effect single session of "Flash Technique" at a group.** *Klinik Psikofarmakoloji Bulteni*, 29, 73-73

## More Published Papers About Flash

- Yasar, Alisan & Gundogmus, Ibrahim & Gündüz, Anil & Konuk, Emre. (2021). **The Effects of Single Session EMDR Flash Technique Group Application on Traumatic Symptoms.** *The Israel journal of psychiatry and related sciences.* 58. 41-46.
- Brouwers, T.C., Matthijssen, S.J.M.A., de Jongh, A. (2021) **The effects of FLASH 2.0 vs an abbreviated EMDR protocol on the emotionality of aversive memories.** *Frontiers in Psychology.* 12(7)
- Cox, D., Fellows, J. L., & Goulding, J. M. (2022). **Patient perspective on a novel psychological therapy approach (flash technique) for neurofibromatosis.** *Clinical and Experimental Dermatology.* <https://doi.org/10.1111/ced.15064>
- Yaşar, A. B., Emre Konuk, Kavakçı, Ö., Uygun, E., Gündoğmuş, İ., Taygar Afra, S., & Uludağ, E. (2022). **A Randomized-Controlled Trial of EMDR Flash Technique on Traumatic Symptoms, Depression, Anxiety, Stress, and Life of Quality With Individuals Who Have Experienced a Traffic Accident.** *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.845481>
- Wong, S-L. & Forman-Patel, H (2022) **Flash Technique sans Bilateral Stimulation and Prompted Blinking: 3 Case Studies.** *Journal of EMDR Practice and Research*, In Press.

## Current Research RCT's in Progress

- ❖ Manfield, P., Engel, L., Greenwald, R., **Flash Technique in Group Treatment of Survivors of Covid-19**
- ❖ Babaei, N., & Ritvo, P. (2021) **An Assessment of Flash/Eye Movement Desensitization Reprocessing (EMDR) for Reducing Memory Distress Using Online Programming**, Study in Progress, York University Office of Research Ethics, Toronto, Canada, Certificate #: e2021 – 141
- ❖ Dang, K., & Ritvo, P. (2021) **A Clinical Assessment of Eye Movement Desensitization Reprocessing for Reducing Memory Distress Using Online Programming**, Study in Progress, York University Office of Research Ethics, Toronto, Canada, Certificate #: e2021 - 027

## Current Research RCT's in Progress

- ❖ Manfield, P., Engel, L., Greenwald, R., **Flash Technique in Group Treatment of Survivors of Covid-19**

Refer interested Participants to [www.flashtechnique.com](http://www.flashtechnique.com)

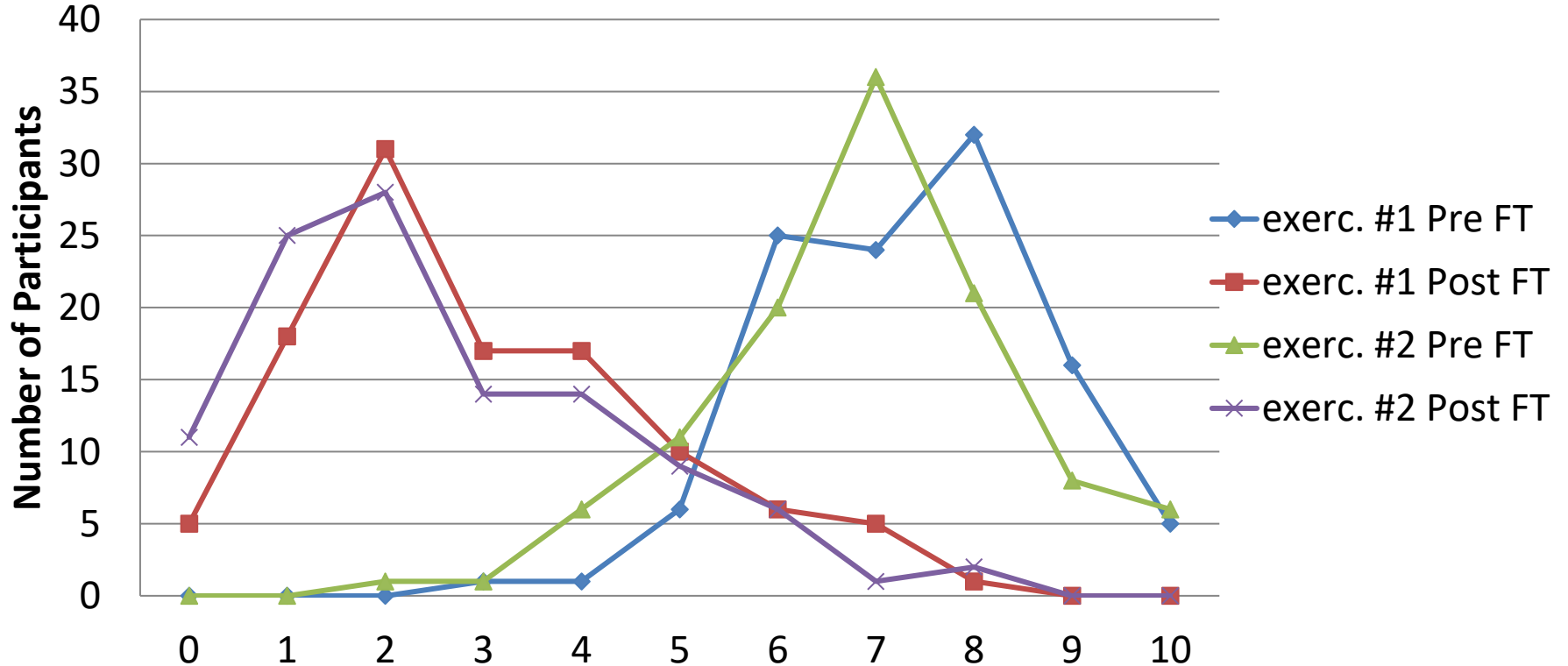
- ❖ Babaei, N., Manfield, P., Engel, L., & Ritvo, P. (2021) **An Assessment of Flash/Eye Movement Desensitization Reprocessing (EMDR) for Reducing Memory Distress Using Online Programming**, Study in Progress, York University Office of Research Ethics, Toronto, Canada, Certificate #: e2021 – 141
- ❖ Dang, K., Manfield, P., Engel, L., & Ritvo, P. (2021) **A Clinical Assessment of Eye Movement Desensitization Reprocessing for Reducing Memory Distress Using Online Programming**, Study in Progress, York University Office of Research Ethics, Toronto, Canada, Certificate #: e2021 - 027

# Healthcare Workers Flash Study

- Requested by 40,000-member Healthcare Workers Union.
- One hundred seventy-five volunteers participated in these webinars, including 98 mental health therapists and 77 non-therapist healthcare providers, 55 of whom reported being impacted professionally by COVID-19.

# Results from Healthcare Workers Flash Study

**Distribution of SUD Scores Comparing Exercise #1 & #2  
(110 Participants)**



# EMDR 8 Phase Protocol

- 1. Client History (Blue)
- 2. Preparation (Green)
- 3. Assessment (Orange/Yellow)
- 4. Desensitization (Red)
- 5. Installation
- 6. Body Scan
- 7. Closure
- 8. Reevaluation

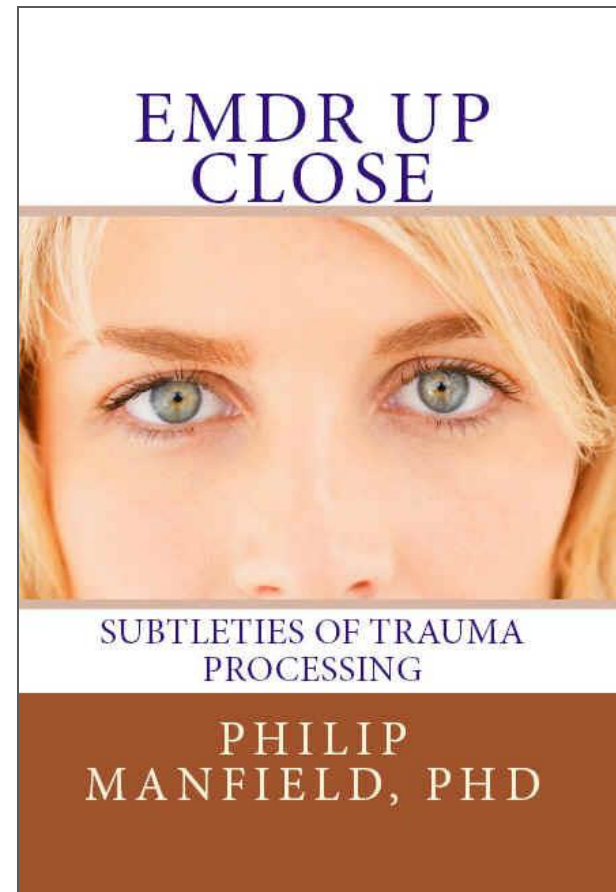


# Flash Technique 8 Phase Protocol

- 1. Client History (Blue)
- 2. Preparation (Green) including Flash
- 3. Target Clarification (Orange/Yellow)
- 4. Reprocessing (Red)
- 5. Installation
- 6. Body Scan
- 7. Closure
- 8. Reevaluation

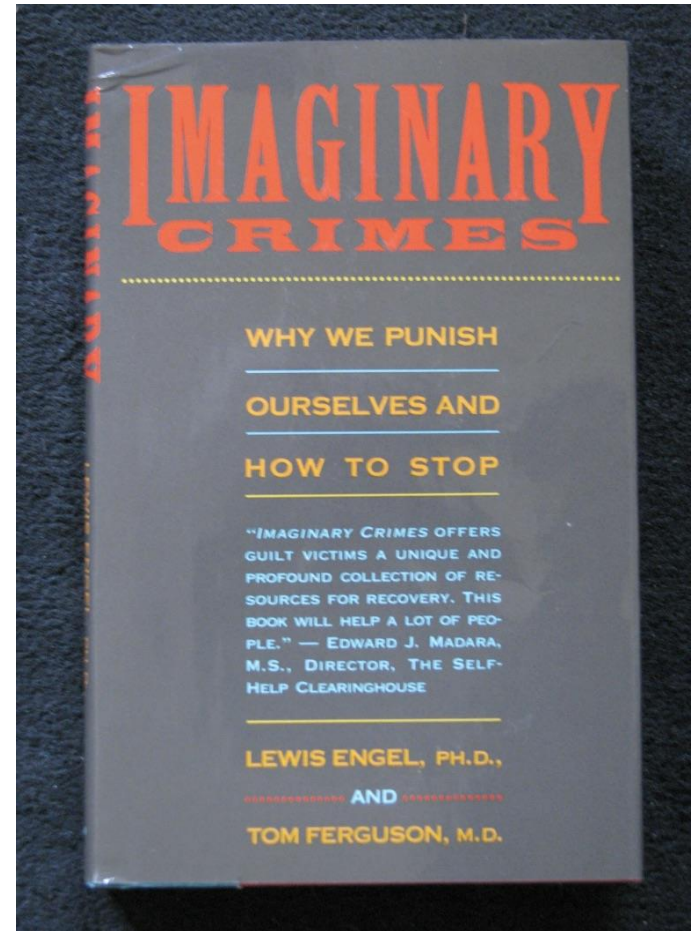
# EMDR Up Close

## EMDR Up Close: Subtleties of Processing Trauma



# Imaginary Crimes

## Imaginary Crimes: Why We Punish Ourselves and How to Stop



# Flash Technique

## Close of the Workshop

- Thank you for attending.