

# Flash Instructions

## Basic steps of the Flash Technique:

1. Choose a target
2. Identify and test a Positive Engaging Focus (memory/animal/activity/person/etc.)
3. Complete a single flash that is not at all activating
4. Complete 5 consecutive triple Flashes that are “easy” (are not at all activating)
5. Ask the client to think of the trauma memory and notice if there are any differences

**Choose a target:** The target should be disturbing with a Subjective Units of Disturbance ("SUD") of 6 or greater. Avoid a memory where the disturbance is being generated from an earlier event ("feeder memory"). If it is, you should consider using the flash technique on the earlier memory. It is sometimes beneficial to ask the client not to tell you about the memory in any detail. If the client describes a highly disturbing memory in detail, they can get activated and may need time and effort to get settled enough to utilize the flash technique. The flash technique can be extremely effective without the therapist knowing the nature or details of the target, other than the age at which the event occurred and that there is no feeder memory.

**Positive Engaging Focus:** Have the client bring up a positive engaging memory. Clients have used beach scenes, other landscapes, pets, family members, walks in the woods, skiing, dancing, memories of being with a doting grandmother, a favorite sports team or sports figure, or even just remembering a time when they laughed or played really hard. Positive scenes from movies may also work. Sometimes, just a favorite piece of music, which the therapist can play on a cell phone to strengthen its impact, is helpful. Strengthen this positive memory or image with a couple of short slow sets of eye movements.

**Basic client instruction:** Tell the client to again connect with their positive engaging focus in exactly the same way as just done, but with one added piece. After several passes of eye movements, you will ask them to do something they will find a bit strange, which we are referring to as a "flash." Flashing involves blinking without actually thinking of the memory. Other actions rather than blinking may accomplish the same thing, but we haven't experimented much because blinking works so well.

In rare cases, it may be helpful to the client to glance at or momentarily think of something that symbolically represents the memory. For instance, the therapist might place a blank sheet of paper between therapist and client and ask the client to pretend that the disturbing memory is somehow represented on the underside of the sheet of paper. Tell the client to glance in the general direction of the sheet of paper before each triple.

Tell the client that they should feel NONE of the disturbance associated with the memory: no images, no sounds, no body sensations, or have any thoughts. For most clients, the simplest way to convey this is to tell them, "Just blink your eyes."

**Checking that flashing was correctly done:** The therapist asks if flashing was easy, and if there was absolutely no disturbance when they blinked. This is a way of finding out if the client has accessed the traumatic material directly, which would interfere with the effectiveness of the flash technique. If there was any shade of negative material or feeling, explain to the client that they should blink very quickly and stay connected to their positive engaging experience the whole time. Tell them that although it seems illogical, Flash works best when they are completely unaware of connecting to the memory. Emphasize that you really expect them to feel no disturbance when flashing. Then repeat the process with another set.

If the engaging focus is not strong enough, either enhance it by having the client focus on the details or ask the client to choose a different focus. If the client still reports feeling at all activated, remind them that they are only blinking their eyes and that should not be at all disturbing to do. If it is, they must have been already connected ever so slightly to the trauma memory even before the flash. If they start out doing the flash technique with any connection to the trauma, the positive engaging focus is clearly not strong enough to entirely distract them from the trauma. If these steps are not working, see the attached Troubleshooting Handout for more ideas.

**Triple flashes:** After a successful flash (single blink) that the client characterizes as "easy" and not at all disturbing, ask the client to make "triple blinks," three blinks in rapid succession, while maintaining the engaging focus. These should be "easy" as well, although the client may initially describe some slight difficulty with one or more flashes out of the three. It is often difficult for clients to coordinate the blinks with self-tapping. Give them permission to stop tapping during the time they are blinking. If the difficulty remains more than slight, go back to single flashes until the client is ready for triples.

Checking the target after successive flash processing:

**After 5 triple flashes:** After 5 triple flashes have been done without difficulty, ask the client to bring up the target memory, acknowledging that previously you have been asking them to not think of the memory. Ask the client if they notice any changes. If they were flashing correctly, they should report that the target memory seems further away, or the image seems less vivid, or the memory just seems less upsetting. They may state that they still remember it, but the emotions don't seem connected to it. Some clients report that they are having difficulty even "finding" the image. These are all indications that the flashing was successful and the target is no longer overwhelming so that the therapist is free to ask the SUD rating, which is usually 6 or below.

If the SUD rating has not dropped in doing the first five triples, try to clarify if the problem. Has the client has been thinking of the memory to find out if the flash technique is working? Is there a blocking belief? Is the client is blinking their eyes in a mechanical way without any sense of this action being related to processing the memory. If there is any chance the client is not really selecting the target, put a blank sheet of paper on the floor or desk as described above. Correct for any problems, and try another set of five flashes.

**When progress decreases, begin the EMDR Assessment phase:** Once the disturbance has dropped significantly, the therapist can either begin the assessment phase of EMDR or do another set of five triple flashes. Non-EMDR trauma therapists might start cognitive processing at this point or whatever technique they are accustomed to using for processing trauma memories. If, at any point after the completion of two sets of five triple flashes, the client reports less than a two-point drop on the SUD scale, shift into the EMDR assessment phase or another method of processing trauma. Continue until the target is completely processed to a 0 or 1 SUD level.

**What to do if the initial flashing was not successful:** If the client is not reporting a significant reduction in disturbance after completing two sets of five triple flashes, the therapist should again re-evaluate whether the client is flashing correctly. If the client is not flashing correctly, the therapist needs to clarify the problem, usually in collaboration with the client. (See separate sheet for troubleshooting.) Then, after the therapist has resolved the issue, he or she should go back to doing a single flash until the client can do that fluidly and easily, and then again go on to triple flashes.

**What's wrong with this picture?** The most important thing that therapists should keep in mind when using the flash technique is that it will significantly reduce disturbance levels. If it is not producing that result, try to make sense of it. Use the troubleshooting sheet and correct the problem.