

Predictive Processing Flash

Healing Complex Trauma
A Microslice at a Time

Thomas Zimmerman, Ms.Ed., LPCC

Foreword by David Archer

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EMDR Training Collaborative/EMDR Cleveland

Important Safety Information

This is a book for therapists. It sketches out one way that clients can leverage the predictive mind to update stuck experiences in positive ways. Handling trauma is a potentially risky activity. Failing to address difficult past experiences also has costs. Nothing in this book should be considered a substitute for working with a licensed and professional trauma-focused therapist.

This book should also not be considered medical advice for any specific case. It suggests that working in this way may be more tolerable than in many other approaches. However, that may not be true for every client. If anything in this approach causes difficulty, it is important that the therapist immediately stop and use the approach's resources to regulate the client. This process only works well when it is nearly painless. One of the core principles in this version of Flash is that clients do not push into distress. If distress arises, they must immediately stop and resolve that distress before attempting to move forward.

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Reviews

Thomas Zimmerman's book clearly and deeply explains how to use Flash with a variety of client situations, including complex trauma. He shows the amazing efficacy and importance of this technique. I think every therapist should read and learn how to use Flash in order to heal all kinds of trauma quickly and fully. ~ Robin Shapiro, Robin Shapiro, LICSW

Tom's book again succinctly and plainly explains to clinicians and clients alike how to be successful in an exciting therapy approach, and that has the capacity to be life-changing. He so clearly outlines what is happening and why it happens that way—with metaphors and without academic/medical jargon—that makes it accessible to all clinicians, no matter their education, expertise, or experience level. He brilliantly writes the TLDR or the quick-start version of awful graduate school textbooks! He writes what you need to know to get started with healing now! ~ Leslie Pertz, LMSW, PMH-C, NIC

Reading *Predictive Processing Flash* felt like watching the future of trauma therapy become more humane, more accessible, and more deeply respectful of the nervous system. Zimmerman offers clinicians a clear and structured way to help clients process trauma, a microslice at a time, without requiring them to be flooded, overwhelmed, or burned by the work. The possibility of giving clients tools they can safely self-administer is not just clinically exciting; it is a complete game changer for client agency, stabilization, and the way we imagine healing from complex trauma. ~ Amanda Hearne, MS, LMFT, LPCC

Predictive Processing Flash is an invaluable and readily accessible treatment option to begin trauma processing in a compassionate, effective, and expeditious manner ~ Rev. Karla Fleshman, LCSW, MDiv.

Zimmerman's *Predictive Processing Flash* book is a brilliant, cutting-edge, and deeply humanistic contribution to the field. It offers a clear, comprehensive roadmap for both seasoned trauma clinicians and those new to Flash. Zimmerman grounds readers in the theory of predictive processing while providing practical, precise guidance and session scripts that make the approach immediately usable. A must-read for therapists at any stage of their career. ~ CP Handler

Tom Zimmerman's cogent new manual guides therapists in the utilization of Predictive Processing Flash. His collaborative, consent-oriented approach harnesses the brain's capacity to update predictive processing when it repeatedly pendulates between an emotionally positive experience and a titrated microslice of a traumatic memory that is held ever-so-lightly in working memory. *Predictive Processing Flash* includes step-by-step protocols and their underlying rationales, necessary strategies and resources, creative accommodations and customizations, guidance on using Flash with special populations, counterarguments for myths and misunderstandings about Flash, and ideas for troubleshooting common challenges. Therapists who are eager to co-create effective healing experiences with their clients, especially in the context of complex trauma, will benefit greatly from the guidance offered within this compassionate and easy-to-follow book. ~ Cynthia Good, MS, LMHC, PMH-C

With the Predictive Processing Flash model, Thomas Zimmerman takes the daunting experience of healing from intractable memories and makes it feel both possible and pleasant. In a world that often insists on "no pain, no gain," this approach is nothing short of a miracle. ~ Helen Kaplan LCSW-R

Who could have imagined that you could process traumatic memories with your favorite YouTube? *Predictive Processing Flash* will revolutionize trauma therapy. ~ Tomoaki Shizuka

This book offers a compelling and practical approach to integrating Predictive Processing Flash into trauma therapy. As a clinician trained in EMDR, IFS Level 3, and art therapy, I found the author's use of metaphors valuable, enriching both my creativity and my clients' engagement in the therapeutic process in my practice. This version of Flash is particularly effective in working with clients with C-PTSD, helping clients access and shift both mental and somatic experiences in a safer manner. Additionally, Thomas Zimmerman's integration of parts work aligns seamlessly with an IFS framework, making this a highly adaptable and insightful resource for trauma-informed practitioners. ~ Noriko Baba, MA, MSc(A)

Predictive Processing Flash offers a rare and clinically useful bridge between Flash and the predictive processing model of the mind. Zimmerman gives trauma therapists a way to understand why microactivation, positive sensory experience, and careful avoidance of overactivation can support memory resolution without requiring clients to flood, cathart, or suffer through the work. This is an important contribution for clinicians working with complex trauma and for anyone interested in how memory, prediction, and healing actually meet inside psychotherapy. ~ Maria Rheba Estante, LMFT, LPCC

Predictive Processing Flash is a fantastic addition to any trauma therapist's toolbox. Zimmerman's book is beautifully written, clear, and easy to follow. Such a helpful and hopeful approach: a lighthouse in the storm for people of all ages affected by trauma. ~ Sara Northey, Consultant Clinical Psychologist

This book is a cutting-edge neuroscience-informed guidebook that will help bring healing to trauma survivors around the world. A must-have resource for every therapist in our field! ~ Daphne Fatter, Ph.D. Author of Integrating IFS into EMDR Therapy

Zimmerman distills nuanced elements of complex trauma healing into easy-to-grasp education and steps. In a world of quick-fix promises that don't work and often cause additional harm, juxtaposed with the pervasive false narrative that the best that we complex trauma survivors can hope for is symptom management, Zimmerman's highly accessible methods for complex trauma resolution are important advances in our field. ~ Paula Soto, LCSW, LISW-CP, ERYT, YACEP

I appreciate how Zimmerman uses predictive processing to clearly explain why the Flash Technique is so effective. Many of our most powerful trauma modalities work because they align with how the brain naturally updates and heals. This book highlights that mechanism in a way that feels both grounded and illuminating, offering a deeper understanding of not just this technique, but how change happens at all. ~ Alyce Messer, MSW, LCSW-S

Tom Zimmerman gets right to the point in explaining how therapists can use this method of Flash technique to guide clients through healing. He includes specific steps of the process, potential issues that can come up, and how to handle them in an understandable, compassionate, and relatable format. ~ Kate Budnik, LCSW

Thomas knocked it out of the park again. His ability to take complex topics and break them down into manageable and easy-to-understand steps is a gift to clinicians at all stages of their professional growth. The need to have effective tools to support those with complex histories is growing exponentially. To provide this support in ways that do not overwhelm clients or clinicians is a gift and a testimony to our innate ability to heal. Thank you, Thomas, for your compassionate and tireless work to help people heal and make the world a better place. The world is a better place because of you! ~ Deb Camphous, LMSW, EMDR Certified Therapist

Acknowledgements

It has been an honor to meet excellent, kind, and dedicated trauma therapists from all over the world over the past few years. The people I have encountered uniformly want to reach and assist their clients more effectively. It often feels that the world is filled with trauma, but trauma therapists tend to be remarkable and exceptional humans. Their clients are in good hands.

The Flash and other training adventures of the last five years have been consuming. I deeply appreciate my partner, Cathy, who is patient, encouraging, and supportive of my excesses.

David Archer is my training collaborator and is the developer of Rhythm and Processing, an innovative Flash-based psychotherapy for racial trauma (Archer, 2022, 2024). David shares my enthusiasm for transformational change with those who most need to heal. I am grateful for our long conversations weekly about how to bring the remarkable lessons of this work into more therapy offices. This book probably would have remained in draft form absent David's encouragement.

Many people offered to review drafts of this book. I am particularly thankful to Cynthia Good, who provided comprehensive and detailed comments that positively shaped most sections of the book. I am grateful for the review by Maria Rheba Estante, who provided: "What stayed with me most was the way the book keeps returning to a deceptively simple clinical truth: trauma work does not become more legitimate because the client is suffering more." This book has been shaped by conversations and interactions over the past few years with Ireneusz "Eric" Sielski. The following people also provided feedback for the book that was significant and helpful: Kenya Rocha, Amanda Hearne, Kristin Cuzzourt, Evelyn Couper Black, Dr. Sara Northey, and Lisa Johanns.

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Foreword

What the world needs now is Predictive Processing Flash (PPF). Tom has effectively simplified psychotherapy while revolutionizing it at the same time. He has also done this without paywalls, creating an open-source method for healing. His trainings have reached tens of thousands of therapists around the world, from diverse cultures, age groups, and locations, reaching even some practitioners in active war zones. Through his generosity, kindness, and determination, Tom represents the embodiment of change for a new generation of mental health professionals.

Though Tom is a humble guy, and I respect that, let's not downplay his awesomeness. I have never met anyone more committed to wellbeing in our field. In some weeks, he trains hundreds of therapists, many of them for free. In some months, he easily trains thousands and provides more low-cost and high-quality workshops than anyone I have ever heard of. His Facebook groups have tens of thousands of therapists, and he has, through this community, fostered a standard for mutual aid and support that is beyond comparison. Above all, while many are concerned about their bottom line, he does this from the heart, being the single most generous EMDR therapy trainer, educator, and colleague in the trauma therapy community.

Over the years, I have gotten to know him. I learned that he didn't have it easy growing up in the South of the United States. He is a complex trauma survivor. He didn't come from old money; he made it to this point in spite of the horrors, the unspeakable realities, of childhood poverty and adversity. It is perhaps because he has been through so much that he is able to speak with empathy for those who have been through it all.

Before becoming a therapist, he was a software engineer, developing applications that helped add interactivity to the early internet. His experience in computer science inspires his perspectives

on psychotherapy. His pragmatic approach and his emphasis on efficiency drove him to debug, reverse engineer, and deploy trauma therapies without the fluff and without the BS, and this book will show you how.

Although I have some different cultural origins, we also share a background in computer science and sought alternative means of healing before learning and training in EMDR therapy. And that is why I was honored that he asked me to write this foreword. Meeting him changed my life, too. Before we met, my focus was on working with people who suffered from racial trauma. Generally, in our field, we had limited interventions to rely on that would account for both complex trauma and the symptoms that complex racial trauma and identity-based stresses would unearth for people.

Therapists who assessed for societal stresses were not always assessing for dissociation. Those who assessed for complex PTSD knew little about discrimination and systemic oppression. What I found in Predictive Processing Flash (as it is now called) was an essential part for me to include in my psychotherapy to bridge that gap and change my theory into a workable set of interventions. Whether you use this as your main therapy or as an adjunct, Predictive Processing Flash is a way of rounding out any approach to well-being.

What PPF does is allow the client to bring their culture into the room. And when I say culture, I mean who the client *really* is. Does your client have a pet? We can use that pet to process trauma. Are they a fan of '80s disco music? We've got music for them. Do they enjoy bubbly hot pizzas? Well, we've got options for that too.

By using online streaming websites, the client's own multimedia available to them, or really any object in their natural environment, we can mobilize healing. We can turn the clients' interests into a disconfirmation of the prediction of suffering that is at the core of trauma. This means we can use a culturally responsive therapy. This means we do not have to be needlessly exposed to traumatic narratives that can vicariously traumatize therapists (and retraumatize clients). This means that, yes, we can make therapy accessible to special populations who have not always been able to benefit as much from therapy.

But don't let the fun stuff fool you. We are still creating deep clinical change. Tom has included safety mechanisms such as the Container and Shop-Vac resources to ensure that while healing can be quick and smooth, it can also be done safely and without unnecessary flooding for complex trauma survivors.

But I get it. There may be some skeptics—some people who might not believe that memory reconsolidation and predictive processing could be used so seamlessly in therapy, or even in the way that Tom will describe to you. I really get where you're coming from because I also started off as a skeptic. I also never thought that I would ever be treating phobias, anxiety, depression, dissociative disorders, substance use disorders, disordered eating, or obsessive-compulsive disorders while watching Michael Jackson moonwalking in session. And I really understand the hesitation, because just yesterday my client watched a video of a guinea pig eating a pomegranate to assist in healing deep attachment wounding that was previously unresponsive to other therapies. So, I understand the skepticism. I still get surprised every session where this happens. But because it keeps happening, we have to share this with the world.

This book will explain the neuroscience behind PPF. Tom will introduce the idea that we no longer need catharsis as a prerequisite to deep healing. Instead, by learning how to use the dip-your-toe in resources, by learning how to intentionally direct attention toward a disconfirmatory stimulus of your choice, by taking action, you, too, will have clients who can finally update their internal model of their inner worlds. Tom will give you the exact scripts, troubleshooting, and step-by-step instructions so you can actually use PPF today.

In this book, you will see that regardless of what your discipline is—whether you are an experienced transformational trauma therapist, a newer practitioner to the field—Tom has gifted us an approach that is easy to adapt, intuitive to troubleshoot, and elegant in its implementation. Welcome to the paradigm shift. Join the community, step into a new generation of trauma healing, and have a wonderful adventure.

Blessings, Strength, and Healing,
David Archer, PSW, MFT, MSW

Preface

We have been trying to heal for as long as we have been human. Through every form of cultural direction, misdirection, catharsis, dissociation, and rumination, we have tried to make workable peace with the wounds of our past. We have tried to make ourselves lovable, prove ourselves relevant, or count ourselves among those who deserve to be here. We have discovered repeatedly that trauma is like tar, clinging tightly to our insides. Using the strategies of our best individual and cultural intuition, trauma will not “just let go.” Many people throughout human history have likely carried much of their wounding into their very last moments of life.

And for all this time, our human nervous system has known how to recover from difficult experiences. Through all the wars; through all the bad moms; through all the bad men; through all the flu and epidemic weekends that extinguished half of a family or half of a city; and through all the shaming, blaming, and retraumatizing mental health “treatments” of the modern era, inside of each of us has always been the capacity to rescue ourselves from the past.

If this is one way that humans can heal, no one owns that. It is our common heritage and our common birthright. We should heal ourselves from our difficult experiences as a function of being human.

Resolving individual memories using this approach is a relatively simple task for most people who engage in this process carefully and attentively. Recovering from complex trauma is not easy. Complex trauma is what we carry following repeated and deep wounding that happens throughout all or much of childhood. Complex trauma affects many parts of the self. The approach described in this book can play a significant role in recovering from complex trauma, but recovery is often our life’s work. It is an onion that we will need to continually peel.

There are many ways that healthy people can heal. One of the real privileges of a healthy nervous system is the large amount of accessible positive information that comes from having had a reasonably good life. Good experiences also teach us. It is much easier for people to heal when the periods of trauma are remarkable because they were rare and exceptional. But for many of my clients, trauma was daily. It was as constant and present as a sibling. There are just under 158,000 hours in childhood, and wounding did not end the moment most people with complex trauma turned eighteen years old. There are remarkably few tolerable ways that people who have been the most wounded by this life can heal. Flash tends to work well, even for many of those for whom nothing else has.

This book also shows therapists how to reconceptualize trauma work through the predictive processing framework and to show one way that clients can uneventfully reconcile themselves with past experiences.

Understanding Healing

What Happens When a Memory Fully Resolves?

Clients will say, “Why work on individual memories when clients have 55,296 of them? Isn’t that going to take hundreds of years?” No, but it won’t be fast or easy either. Resolving a single memory will result in some of the closely associated memories also resolving, or at least partially resolving. This concept in trauma recovery is known as generalization. When a memory resolves, new learning occurs, and what helps resolve the specific memory will also help resolve at least some associated memories we never have to touch.

However, bringing many memories into awareness during this work will likely result in none of them resolving, and in the distress of all of them showing in the nervous system. Too much memory content will feel unpleasant at best and retraumatizing at worst. This is the beauty and efficiency of working on and fully resolving one memory at a time. Clients may be able to resolve many related items without additional cost to them, but working on many at once may not work at all and may leave them feeling horrible.

When a single memory fully resolves, the experience of it shifts dramatically and permanently. Trauma memories contain or activate the take-home lesson from the experience in the form of short language-based beliefs about the self and/or the world. These beliefs are called schemas, and the following are just a few examples: *I’m stupid, don’t trust, run, don’t relax, people will take advantage of me, the world is completely unsafe, I’m fat, I’m disgusting, I’m bad, I can’t trust myself, everyone will leave you, I’m unlovable, I don’t deserve to get better, I’m broken, etc.*

When a client resolves a memory, beliefs about themselves related to that specific memory shift to a more accurate or flexible view. These shifts in beliefs happen automatically as a by-product of doing this work. They are part of the evidence of the full resolution of a memory. Broad shifts in self-concept typically require resolving multiple core memories that underpin this belief.

A single traumatic memory often contains the sensory elements that entered the client’s nervous systems at the time of the trauma—the things they saw, felt, smelled, tasted, or heard. Connected with the memory is also a snapshot of them, their internal parts, and the worldviews at the time of the trauma. If they deeply access a memory from third grade, that memory may be re-experienced as though they were back there in that classroom.

Memories contain lessons in the form of schemas and sensory elements that are experienced and reexperienced through the lens of the worldview that existed at the time of the bad memory. Encountering this stuck information typically causes a cascade of unpleasant emotions and affect. When a memory fully resolves, all these elements spontaneously resolve. After full resolution, it may be difficult for clients to access every millisecond of the memory. It will be experienced by their nervous systems and their various parts of the self as objectively over. That memory will behave the way a “normal” memory from that developmental era behaves. They will have more positive beliefs about themselves and the world related to that experience. They will be able to explore or interact with the memory anytime they want, and it will not feel like a kick from a horse. They may feel sad for the little-kid version of them who had to endure that experience, but alongside that empathetic sadness will be the full awareness that all parts of them survived it.

What is Flash?

Flash was originally developed by an Eye Movement Desensitization and Reprocessing (EMDR) therapist named Philip Manfield (for more information, see <https://FlashTechnique.com>). It was initially understood as a way to remove some of the distress from a difficult memory before working on the memory in EMDR therapy. Since its first publication (Manfield et al, 2017), Flash has evolved into a way to fully resolve memories independent of EMDR therapy. It is currently heavily used by EMDR therapists to help clients process traumatic memories until they are resourced enough to tolerate the intensity of EMDR therapy.

There are many versions of Flash. Unlike some psychotherapies, Flash is not trademarked. Different versions or conceptualizations of it are legally permitted. This version of Flash explored in this book is called Predictive Processing Flash. It is conceptually and practically different from other versions. It was developed for clients with complex trauma and was designed to be used as a stand-alone approach to healing. It is built around a single, specific understanding of how humans heal, which may be unique to this version.

I do not claim that this version is superior to others, but I do believe it offers additional scaffolding for clients with complex trauma. This version of Flash was conceptualized as a potential approach to psychotherapy from its inception. If we can recognize that Flash fully resolves memories, we must admit that there are dozens of other approaches to psychotherapy that are built on less.

Currently, EMDR therapists (Shapiro, 2018) are the population that uses assorted Flash approaches the most. This is because Flash was born as a technique inside the EMDR community and worldview. Many EMDR therapists continue to see Flash only as a technique inside the established framework of EMDR therapy. It can certainly be used that way. However, if Flash fully resolves memories, it is easy to learn, is less distressing than other therapies, and is highly effective; it deserves a broader audience.

Flash approaches generally have two defining components: ultra-brief activation of an individual bad memory, followed by many exposures to a positive experience. After essential resources are in place and the client understands how to do Predictive Processing Flash, the client is asked to think about a bad memory very quickly for the purpose of accessing a tiny slice of it. This can be a challenging task for some clients and may need to be practiced using experiences other than trauma. After a very brief exposure to the memory, the therapist asks the client to pivot to a positive experience, which in this version of Flash is usually a compelling YouTube video, for 30 seconds at a time. While watching the YouTube video, the therapist says the word “blink” every five seconds. When the therapist says “blink,” the client blinks their eyes closed once for about half a second or blinks them several times very quickly. After each instruction to purposefully blink, the client simply returns to the positive experience video. The process repeats many times, with tiny pieces of the memory being activated each round, followed by a 30-second round in the positive experience, with the client blinking every five seconds.

Other sections of this book explain each step in this process in much greater detail. When done in individual client sessions, a therapist who is experienced in this approach to Flash is likely to see a client fully resolve whatever memory is targeted most of the time in a single session.

An Overview of This Approach to Flash

This version of Flash has seven simple steps. While the steps are easy to understand with a little patience, some of them may be challenging to do initially. Several of the steps require practice because they involve interacting with bad experiences in ways that are radically different from how we usually do.

The first two steps develop the four core resources that will allow us to do this work safely. As a group, these resources form the four walls of our metaphorical chimney of Flash that allows us to do this work without substantial risk of burning the living room down. Although they can be revisited and revised at any time, these steps are typically completed once, and the work to resolve individual memories begins at Step Three once the client has the core safety resources in place.

The container resource of Step One and the positive scene of Step Two are the core elements required to engage this version of Flash. The Shop-Vac resource introduced in Step One and the sensory grounding introduced in Step Two allow us to more easily manage periods when too much activation appears.

Step Three is where we select the memory that the client will resolve. We are careful to make sure that clients do not think much about the memory or talk about it at all. Clients select the memory in this step, but go out of their way not to activate it or talk much about it.

Much of the session is spent in a loop between Step Four and Step Five, where clients bring a tiny piece of the memory into awareness and then push it out of direct focus (Step Five), then immediately pivot to the positive scene for 30 seconds at a time (Step Four). Every five seconds, they blink their eyes in the positive scene to briefly disrupt it. The blinks generate a large number of very short exposures to the positive experience. As we will see, the experience of the positive scene creates an experiential mismatch with the

expectation that the nervous system has about the tiny slice of the memory that was just activated. The loop between Step Five and Step Four ends when it becomes difficult to identify what still remains charged in the memory when glancing at it quickly.

The last processing step when working on a past memory is to play the video of the bad memory (Step Six) and process any residual distress that is encountered by using the positive scene with blinks (Step Four).

The final step (Step Seven) allows clients to leverage the learning that occurred when resolving a past memory toward a future scene. This allows them to prepare for a future event and may make it easier for them to respond adaptively if that event occurs. The future template is not typically used to process catastrophic events, but can be helpful with expected and probable events, such as a conflict with a partner, boss, or family member.

The following is an outline of each of the steps of Predictive Processing Flash:

Step One: Teach the Container and Shop-Vac Resources

Step Two: Develop the Positive Scene and Sensory Grounding Skills

Step Three: Select a Single and Tolerable Memory

Step Four: Be in the Positive Scene (With Disruptions)

Step Five: Microactivate the Memory and Contain a Tiny Slice of It

Step Six: Play the Video of the Memory and Clean Out All Debris

Step Seven: Process the Distress In a Future Scene

Understanding the Predictive Mind

How Our Predictive Minds Heal

Difficult experiences often wound us. Things happened that should not have happened, and that can be wounding. Sometimes, things that we needed to happen didn't happen, and that can also be wounding. We also learn through the experience of getting our needs met, and through the difficult experience of not getting them met.

Healing is not simply a matter of understanding and having the right thoughts. Parts of us may have up-to-date, correct, and compassionate information, but parts of us may not be able to access it at all when it is most needed. Most modern transformational trauma therapies suggest that we heal experientially. There is growing awareness that we heal when we have experiences that allow us to embody things that are different from the lessons of our wounding.

For much of the last fifty years, trauma therapists have relied heavily on the triune brain model, which was developed in the 1950s and 1960s by neuroscientist Paul MacLean. MacLean (1990) specialized in the evolution of vertebrates and believed that the human brain was primarily composed of three core regions, which subsequent clinicians have described as the brainstem, limbic region, and neocortex.

In this model, each region is evolutionarily and functionally distinct, much like three separate brains fighting for control over thought, feeling, and behavior. The brain stem was responsible for many of the automatic/autonomic functions, such as heart rate, respiration, and digestion. The limbic region, believed to be about 150 million years old, was described as the home to emotions and was central to how memories are organized and processed. In this model, the neocortex was viewed as the most evolutionarily recent part and as the home of reason, language, planning, and consciousness.

The triune brain model resonated, in part, because of its tripartite and hierarchical structure, which echoed similar constructs in ancient Greece and in Freud's id, ego, and superego. Many approaches to

therapy over the past fifty years have been built on the assumption that the limbic brain is the source of much of our trauma “pathology,” and interventions were directed largely at settling the limbic regions so that the rational regions could more easily come online.

The triune brain model was helpful for clinicians because it gave them a clear target: the limbic region, which was running 150-million-year-old software as the cause of our severe trauma responses. This was an improvement over some prior models that attributed characterological differences of individuals to explain why war trauma profoundly broke some soldiers and not others. The triune brain was more compassionate because it blamed something that the trauma survivor couldn’t change.

At its core, the triune brain is an evolutionary model. Yet, we are very sure that its evolutionary foundation is simply not true. Few modern neuroscientists believe that the human brain consists of three separate brains pancaked atop one another over hundreds of millions of years of vertebrate development. Modern neuroscientists believe that we have one brain that is always on until we die.

In the modern lens, the brain is always changing. The triune brain describes a brain that is largely reactive. Modern neuroscientists are beginning to understand that the brain is primarily predictive rather than reactive (Steffen et al., 2022).

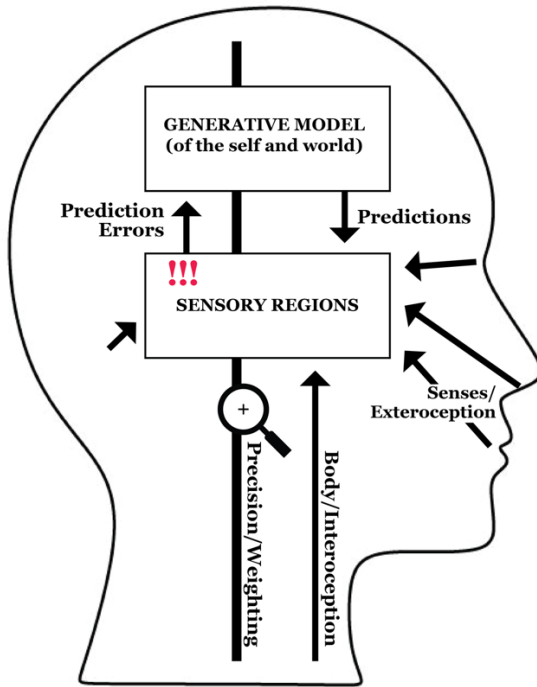
Over the past twenty-five years, neuroscience has become increasingly organized around the idea that the primary job of our brain and nervous system is to construct our current reality by making predictions about what is happening and what is about to happen. The brain is inside the black box of the skull, and perception begins with the mind’s best guesses or predictions (Parr et al., 2022).

In the predictive processing framework (Clark, 2023; Seth, 2021), the brain consists of several core components: a model of the self and the world built from everything a person has experienced; predictions that form deep in the brain and are sent down toward the sensory regions of the brain; prediction error signals that emerge and are returned to the deeper regions when the predictions do not match incoming sensory data; and precision weighting that functions as the brain’s largely unconscious version of attention.

In this model, precision weighting is how the brain figures out what information is most important to focus on among the billions of elements in the model of the self and the world; in the megabits of sensory data coming into the senses and the internal sensory states of the body every second; in the stream of potentially tens of thousands of predictions every second; and in the large number of possible prediction errors that are also returned when predictions do not match incoming sensory data.

One of the most relevant features in this model related to trauma is that when predictions do not match incoming sensory information and prediction errors are returned, those errors either cause a new cascade of revised predictions to be sent down the brain toward the sensory regions or they force an update in the pieces of the model of the self and the world from which the brain generated the original predictions.

Figure A



The mind uses past experiences to predict, the senses correct, and prediction errors help update the model/memory.

In older models of perception, we believed that information came in through the senses and moved deeper and deeper into the brain until an image and meaning emerged. Many neuroscientists now believe that perception begins with our brain's best guesses about what we are about to sense, and then revisions or updates are made based on additional and subsequent sensory information. If it seems strange that perception is governed by this model, similar processes can be found across the brain. Without the brain having models, predictions, sensory inputs, prediction errors, and precision weighting, we would not be able to easily move, learn, speak, or efficiently manage core bodily resources such as energy, water, oxygen, or temperature. The interplay between these elements appears central to understanding what a mind is.

This model profoundly reorients us to what trauma is. It clearly suggests how we might update troublesome past experiences stored

in our models of ourselves and the world by leveraging the right kind of present-based prediction errors. This version of the mind is also highly compatible with the writing of therapist and researcher Bruce Ecker (2024), who argues that we heal when we activate a specific difficulty and then sit with an experience that disproves the expectation in the bad memory. This experiential mismatch or prediction error can help update how that memory is subsequently experienced by the nervous system. Predictive Processing Flash does this by bringing a tiny piece of the memory into awareness and then asking the client to have multiple back-to-back experiences that show the nervous system that the tiny piece of the memory isn't happening right here and right now.

In summary, the predictive processing framework is a profound reconceptualization of what a brain is. It has remarkable explanatory power and fills many cracks in our prior conceptual models of the brain. Its critics point out that it is such a broad model of everything, including perception, consciousness, emotions, learning, movement, and individual identity, that it is difficult to disprove. It's so broad that it easily expands even more to consume the arguments of its critics. Even if this framework evolves into something else, or if something with even more explanatory power comes along to replace it, helping clients heal by having experiences that deeply and viscerally contradict the experience of their wounding is an approach to therapy that we are unlikely to ever regret.

Flash Through the Lens of Predictive Processing

Trauma and the lessons learned from it aren't meant to be changed easily. These lessons are hard-learned and may be redundantly reinforced. The more content clients try to move, the more compelling the disconfirming learning needs to be. Fortunately, Flash allows us to update the brain's assumptions and predictions about only a tiny slice of memory at a time.

A single memory can contain many individual elements. In this approach, clients do not process the entire memory at once. The memory as a whole remains in their brains, where trauma is located. They are processing only a tiny microslice of it at a time. They bring a tiny piece of it into working memory at a time. Individually, those microslices do not represent large and significant pieces of learning. They are easy to update if they give the brain the right type of sensory disconfirmation.

As they update each microslice of the memory, the whole memory is eventually resolved once all of its pieces are updated. Their nervous systems are able to update each microslice of the memory because they have multiple experiences in the positive scene that demonstrate that the last slice of the memory is not happening right now, because no part of the nervous system is experiencing it that way. Or, said from the perspective of predictive processing, the brain updates each microslice and becomes able to make different predictions about that piece of memory content when it is subsequently encountered.

Across an entire session, Flash approaches allow clients to process a whole memory, one tiny piece at a time, without feeling and noticing the distress that usually emerges when they engage with the memory as a whole or large pieces of it. They do this without purposefully figuring anything out, noticing the activation, or having a difficult catharsis from the memory. We can use Flash to process

the information in the memory as information, rather than as distress.

If clients do not cut the memory into small enough pieces, distress may show up in the body and nervous system in ways that do not produce a consistent prediction error. Too much distress that is activated in any slice of the memory may confirm the expectation in the bad memory rather than disconfirm it. If distress is strongly present, clients need to immediately use resources to move the distress out of the nervous system and take care to access a much smaller piece of the memory next time. They reduce distress by dramatically shortening the time they engage with the bad memory.

It is better to activate too little than too much, since there are no substantial consequences to accessing too little of it, whereas activating too much may be retraumatizing at worst and will render Flash ineffective at best. It is important to start with small memories first, while clients are learning how to master microactivation of difficult past experiences.

Why a Predictive Mind is Good for Therapy

The more we learn about the predictive mind, the better news it is for experiential psychotherapies. Present-based sensory information is one of the few handles that we have from the predictive processing framework lens to update saliently stored information (Farb & Segal, 2024).

Part of the reason that saliently stored information is resistant to updates is that precision weighting automatically shifts attention toward the learning in the trauma at the expense of the right-now sensory information that might disconfirm it. Trauma feels so stuck because we are immediately pulled out of the only state that we have to counter it. It's no wonder that a trauma-haunted generative model tends to produce highly dissociative or reactive responses.

There are many elements in this version of Flash that can be found in other transformational trauma therapies. Most require some level of activation of specific content. Many leverage titration and pendulation in different ways. All of the transformational trauma psychotherapies appear to differ in two key respects: how they activate parts of the generative model of the self and the world (which includes memories) and what they ask clients to purposefully attend to. What clients activate shapes predictions. What they purposefully attend to might cause therapeutically helpful prediction errors. Purposeful attention is one of the only currencies that we have in therapies informed by the predictive mind.

Attention is a key driver of prediction error. We need to be more intentional about what we ask clients to attend to in therapy. We need to help them construct disconfirming experiences and attend to them. Flash is relatively distinct among the approaches to psychotherapy in that what we ask clients to activate is incredibly small, and what we ask them to attend to is unrelated to the activation. Flash widens the range of what we might productively attend to. It potentially turns almost any resource or any source of positive salience into a transformational psychotherapy.

A Highly Non-Intuitive Approach

Clients (and some therapists) are attached to the wrong intuitions about healing. The strategies that most people with “mental health issues” have used in managing or attempting to heal have remarkably poor outcomes.

Yet they make perfect cultural sense. Numbing, avoidance, distraction, staying ahead of it, trying to be loved whole by others, trying to fix or heal others, control, and rumination come to help clients try to carry or process their traumatic load, but they almost never work (Farb & Segal, 2024; Lane & Nadel, 2020; Jackson, 2026). They can spend our entire lives engaging in ineffective strategies that make internal and cultural sense, but typically only result in more wounding.

Most of us live in a broad nest of cultures that range from our individual families of origin to complex global online networks. Our clients were wounded in cultural contexts. The words, constructs, metaphors, sensations, and meanings that they make from their wounding experiences are heavily shaped by the landscape of the cultures that surround them.

Almost every trauma therapy that has the potential to shift memories fully and permanently in a single session is culturally weird. Why? The same cultures that wound our clients heavily shape what they are allowed to count as wounding. The cultures that wound them typically try to disappear those wounds. They profoundly shape their intuition about which healing strategies make sense and which are weird.

On its face, Flash is exceptionally strange. Clients think about a bad memory incredibly fast and then do a series of blinks while distracted in a positive scene. An untrained observer may think that we are simply spinning our unfortunate clients around so much that they get confused about what was distressing in the memory. However, I have seen thousands of people fully, permanently, and adaptively resolve memories in the Flash groups that I have

conducted. Full resolution of memories has been reported in research conducted in many cultures and contexts (Manfield et al., 2024).

Professionally, many therapists have been convinced that clients heal only through catharsis since Breuer and Freud (1895) told us that 130 years ago. Many people with trauma have had an enormous amount of trauma-related activation and catharsis in their lives. We have equated the lava of trauma almost entirely with its heat. Flash suggests that clients can handle trauma without being burned if they cut it into small enough pieces. Flash allows them to metaphorically wet their hands and handle a tiny piece of traumatic lava quickly and safely. As with all firewalking, it takes a little practice to do it well.

From a predictive processing perspective, exposure and talk alone may not be enough. In Flash, clients bring small pieces of a memory into awareness and then have present-based experiences that update that old information. They heal when we have experiences that contradict the expectations in the bad memory (Ecker 2024). They heal across experiential mismatch, prediction error, and discrepancy. Having real-time corrective experiences is a strategy that has been intuitive in trauma work for decades.

Yet there is not enough distress in Flash for many therapists to believe that it is real. Trauma therapies where clients suffer more are not inherently more legitimate. Our cultural idea that clients must have a certain type of catharsis in session comes largely from insecure and unhealed men in the 1890s, who never saw the type of transformational healing that modern trauma therapists see daily. Yet this assumption still guides a lot of clinical practice. However strange Flash may seem, it can't be any stranger than endlessly relying on all of the same cultural strategies that make sense but have never worked. We can learn new things. This world contains them.

Flash offers a remarkable opportunity. It allows clients to quickly resolve individual memories with little distress, especially when they work in tolerable, accessible territories. However, to do it well, they need to follow what this approach requires. There are several effective ways to travel from Cleveland, Ohio, to San Francisco, California. How clients make this journey has advantages and has limits. If they choose to travel with United Airlines, they can get there

quickly, but they cannot have the windows open, smoke, or decide that they should stop in St. Louis because they are flying over it. It is essential that they allow this version of Flash to teach them its rules, rather than immediately defaulting to their usual strategies when they start to get activated from past wounding.

This version of Flash works because it is different from what they normally do when we activate trauma. The doing of it must also be different, even when their intuition or impulses suggest otherwise.

Why We Push the Activation Out of Focus

When we say that Flash brings a tiny piece of a memory into working memory, what does that mean? Our client's nervous system holds vast amounts of information about their experiences across all developmental areas of their life. That information forms a mental model of themselves and the world that allows them to navigate their spaces and their lives at any given moment.

But all of that information can't be in direct awareness right now. It wouldn't be helpful for all of it to be. Working memory is a much more limited set of information that helps them reach their right-now goals or shape their right-now attention. A smartphone may have the potential to navigate them to millions of addresses, but at any single moment, it is only giving directions to one of them. Listening to, remembering, and following those directions for a few moments is an example of using working memory. Working memory helps them recollect the beginning of a sentence so that the end of the sentence makes logical sense.

When clients remember a difficult piece of a bad memory, what are they likely to notice as it comes into awareness? They will typically notice that emotions and body sensations appear automatically. These are generated by their predictive minds based on what their mind associates with that memory and what their nervous systems think is about to happen to them. It also may predict, calculate, and start to make available the body energy that will be needed if that prediction turns out to be true. Clients may notice that they want to avoid that flood of emotions, or they may notice that they want to replay that memory more deeply to see if accessing it more deeply is helpful to some part of themselves.

As their bodies feel a certain way, more memories may want to come into awareness. They may keep doing this loop until their bodies and their predictive systems fully line up, and they think and feel that they are small, broken, bad, and unlovable everywhere and all at once.

In Flash, we guide clients to bring such a small microslice of the memory into working memory that their predictive system isn't quite sure what predictions and emotions to generate about it. We instruct clients to push it out of direct focus by using the container or other strategies. Once they touch it and push it away from their awareness, they aren't doing anything that promotes its growth (such as looking at it, trying to make sense of it, playing more of it, noticing any activation, or feeling toward or about it). Bringing a tiny piece of the memory into working memory brings it into a potentially changeable or plastic state. That tiny piece is still in working memory even though it is not in their direct focus. Since it is still in working memory, their nervous system will continue to make predictions about it, and those predictions are heavily shaped by what their current experience of it is.

Flash allows them to have multiple back-to-back experiences in the positive scene that demonstrate that whatever is in working memory right now isn't awful because none of their current predictions are. This is confirmed by their entire internal (interoceptive) and external (exteroceptive) sensory systems.

These microslices of the bad memory are quickly introduced into working memory and pushed out of direct focus, the way they might handle a hot potato. This process, repeated dozens of times across hundreds of positive scenes, allows them to strategically hack the predictive brain. If Flash is done well and is successful, the future predictions and experience of each piece of that memory are permanently updated. That memory and all its pieces can become core evidence of their survival, rather than of their defectiveness. That memory will be experienced by all parts of them as something that is objectively over.

There is a small cost to working this way. The cost is that clients can't work with memories in this approach in the same ways that they are accustomed to. If they do, then the client's predictions are very likely to reinforce the trauma. But if they can work differently, they might come to learn and appreciate a whole new intuition that emerges from healing in this way. Part of that new intuition is that healing itself doesn't have to be awful. It doesn't have to be an

emotional root canal. They don't have to set their insides on fire to heal. With that new intuition, they may be able to rescue themselves.

The Core Steps of Predictive Processing Flash

A Brief Introduction to Parts

This version of Flash invites us to check in with different parts of the client at key points in the process to get consent. While we cannot explore parts therapies in detail in this short book, learning to engage parts can help us avoid some difficulties that might otherwise emerge. We want clients to work in territories that all parts of them think are a good idea. We want to make sure that the resources that we develop work for all parts of them. This approach assumes that most people have parts or aspects of themselves that may align or conflict with other parts or aspects of themselves. Many modern trauma therapists understand that parts are a completely normal feature of the human experience, even in the absence of severe trauma.

When introducing the concept of parts to clients, we can ask clients the following questions: Have you ever wanted to go somewhere and didn't want to go at the same time? Have you ever wanted to have an important conversation with someone about something and didn't want to risk opening that conversation at the same time? Have you ever loved someone and kind of hated them at the same time?

When I explain parts to my clients, I like to tell them the story of why I don't have cereal in my house. You can use a similar disclosure to normalize your own parts. I often notice my own parts in the cereal aisle of the grocery store. Part of me is drawn to the artificially colored sugary cereal of my childhood. Then another part reminds me that I'm in my fifties, and I have several chronic health issues where healthy lifestyle choices are strongly recommended. In short, this part reminds me that I'm trying not to die.

Another part suggests that I go look at the "healthier" cereals, while yet another part reminds me that those cereals all taste like cardboard. Yet another part of me chimes in to say that breakfast is important, life is short, I work hard, and I deserve a breakfast that doesn't taste like cardboard.

If the above questions or my cereal scenario sounds like some of their own internal talk in different contexts, you can use similar examples to help clients glimpse their own parts system at work. Can we see how, in each of the above dilemmas, different parts of me are trying to help me meet my needs or keep me safe, even if they don't agree on which decision to make at any given time?

You can explore parts in more detail in other books (Schwartz, 2020; Floyd, 2024), but we need to sketch out a basic understanding of parts so that clients can do the experiential aspects described with the consent of all parts. Please be aware that some client parts may not communicate with words. They may communicate with increased anxiety or other symptoms.

When clients try to get consent from their parts to engage in any exercise described in this book, and they notice a strong body-based response before starting, it is probably safe to consider that response a "no" and find a safer and more tolerable memory territory for their parts to explore. If we can, we might also gently ask the part that is bringing the fear response if it can communicate what it is afraid will happen if we work in this territory. If possible, we can use this information to thank that part for trying to protect the client. We can also ask whether that part has any suggestions for other individual memories or territories the client can explore today that might feel safer.

Step One: Container and Shop-Vac Resources

Many people without complex trauma are able to simply think about the bad memory in Flash and effortlessly pivot to the positive scene. When they do this, the distress quickly self-extinguishes, and they can be fully present in the positive scene. This is often more difficult for people with complex trauma because a tiny spark of activation can ignite volatile things in their nervous systems that can quickly grow into an inferno. It is often helpful to immediately contain and proactively send away whatever is activating before moving into the positive scene. The container gives distress a place to go other than deeper into their awareness or into the body.

What Exactly Gets Put into the Container?

It may be tempting to think that clients are putting the whole memory into the container. They are not. To contain the whole memory would require that they touch the whole memory, and this approach is organized to prevent that. The memory stays in the brain where it has been for months, years, or decades since the bad experience. They are only bringing a paper-thin slice of the memory into awareness, and that tiny piece is what they send away.

In Step Five, they think about the memory lightning fast and immediately contain whatever comes into their awareness in that very fast glance of the memory. Playing too much will likely cause too much distress in their bodies or nervous systems and may cause Flash to stop working at best or be retraumatizing at worst.

Building the Container Resource in Your Imagination

The container can be an imaginary box of any type. Since clients will put difficult information into it, they should not copy an actual box

or container that has sentimental value to them. It should probably have some type of lid or door. It might be a file box, mailbox, cookie jar, safe, vault, tinted Tupperware, or bank deposit box. It doesn't have to be huge. Remember, they are using it to hold a tiny slice of the memory at a time. They will have other resources (specifically sensory grounding) to manage large pieces of distress or activation from their nervous systems.

We invite clients to consider what comes to mind from our description of the container. We ask them to notice how it is constructed. We invite them to notice the colors and materials used. They explore how it opens and closes. If they struggle imagining the box, they can try to find a small actual box among their belongings and use that instead.

We invite the client to test the container by imagining putting a small blank piece of paper into it. We invite them to close the lid or door on it and inquire if the paper feels like it is in there. Finally, we imagine the container magically zooming away at many times the speed of light until it is billions of miles away.

If that went well, we guide the client to imagine a warehouse filled to the ceiling with exact copies of their empty containers. They will typically use 20 to 60 containers to process each memory in a Flash session, so having a warehouse full of them conveys that one is available whenever needed. Clients never bring a used container back. They send it away, and it stays away. A brand-new empty container comes every time in Step Five.

We verify that the container works for all parts of them. If different parts of us need different containers, we can develop multiple versions.

The Purposes of Containment

The primary purpose of containment is to help make sure that distress activated in the quick glances at the bad memory in Step Five has somewhere to go other than deeper into awareness, the sensory system, or the body. The act of glancing quickly at the memory, containing the tiny piece of distress, and sending it away is all part of the same movement.

Clients handle trauma in Flash the same way they handle a hot potato. To handle it safely, small pieces of trauma content need to move away from them the instant they first touch it. The memory content entering the container and then quickly being sent far away sends a very strong message to the nervous system that they are not going to think about or ruminate on that part of the memory or feel it anywhere in their nervous system.

The advantage of quickly sending each little piece of distress far away from us is that it makes space for all their awareness to focus on the positive scene. If the container or the distress is still somewhat in direct focus or awareness, it may easily intrude into their positive scene and “junk up” their experience of the positive scene. And remember, it’s the *experience* of the positive scene being different than the experience of the trauma memory that is causing updates to that tiny piece of the model of the self and the world.

This is a very non-intuitive process. Have your clients thought about a memory for only a few milliseconds and put whatever tiny piece or frame of distress that emerges into a container and then sent it away? If they haven’t done Flash, they probably haven’t. Parts of them may want to feel distress in the bad memory the way they normally do. The process of containing the distress reminds them not to.

Flash works because they are doing something profoundly different than what they normally do when they activate difficult experiences. It is important that they don’t revert to old strategies when they are doing Flash, such as trying to make sense of the pieces of the memory or feeling the distress from that content.

Is Containment a Form of Avoidance?

Therapists and clients may initially believe that the containment in this approach is simply another form of avoidance. It is not. The tiny piece of the memory that clients put into the container and send far away is the portion of the memory that is about to be fully or partially resolved in the next round of Step Four of the positive scene with blinks.

Looking at the memory and catching a tiny piece of distress brings only that piece into working memory. That piece of the memory is still in working memory even when it is not in their direct focus, allowing their nervous systems to leverage prediction error to update it. Remember that the vast majority of predictions operate outside of their conscious awareness. While clients do need to bring a tiny piece of it into working memory, they do not need to remain focused on it for it to fully or partially update.

Imagine that a tiny piece of the memory that the client just put into the container and sent far away isn't fully resolved in the next round of the positive scene with blinks. What happens to that residual piece of distressing content? It automatically finds its way back into the memory in their brains. Any residual will show up in subsequent quick checks of the memory or when they walk through each frame of the memory in Step Six. That's how bad memories work. Whatever remains unprocessed will automatically return to the memory in that form.

This is also why they never need to bring any individual container back into direct awareness to check its content. They process the memory a microslice at a time, and they get each microslice directly and only from the memory, not from any container.

Much of the literature on bad memories suggests that a bad memory is either in working memory or it is not, much like a bowling ball is either in our hands or it is not. This version of Flash takes a different perspective. Imagine that a bad memory is like a beanbag sitting in our minds, where bad memories live. Clients are bringing only a single bean of the beanbag into working memory at a time. The rest of the memory stays where it is. Flash allows us to resolve each bean in the beanbag, eventually resulting in a fully resolved memory.

Problems with Containment

Some of the default resources in this version of Flash require visualization. Shop-Vac is largely a visualization exercise. The instructions in Step Five to “think about the memory and catch, contain, and send far away any distress” are primarily visualization

tasks. Some people are born with the inability to easily visualize in this way. Others carry so much trauma that the creative tasks of visualization have been taken offline or impaired as a long-term survival strategy. People who struggle to visualize also clearly need to heal.

One helpful strategy is to replace these tasks with more concrete motor movements. For instance, some parts of containment can be replaced by using one of our hands and pushing away whatever is distressing, as if they are swatting a small insect away.

We can use a collection of beanbags, foam balls, small soft toys, or balls of shredded paper to help make the visualization tasks of Flash more concrete. Let's use beanbags for this example. I have fifty multi-colored beanbags in my office that I empty on a small table between my seat and the client's seat. The wicker basket that normally holds the beanbags is across the room on the floor.

When doing Flash, I ask the client to toss one beanbag into the air and only think about the memory while the beanbag is in the air, and then catch the beanbag with his hands. The client selects how high they would like to toss it based on what they fear is coming. I ask the client to associate whatever is distressing in that quick exposure to the memory with the beanbag. The client then quickly tosses the "distressing" beanbag into the wicker basket. Many of them miss the basket, and that is part of the fun.

This is an elegant approach. Tossing and catching a beanbag is like a timer that helps limit exposure to the bad memory, since they are only thinking about the memory when the beanbag is in the air. To catch it, they need to follow it with their eyes, which helps keep them grounded in the present room (again, helping to prevent overactivation and decreasing the chance that the quick glance will turn into a flashback).

When they associate whatever is activating with the beanbag, containment is made more concrete. Throwing the beanbag toward the wicker basket sends a message to the nervous system that it is moving away from them. All of these can be helpful accommodations to help manage difficulties related to visualization and help make microactivation easier.

When we are using this accommodation to help the client microactivate, they can stop using the beanbag after the first dozen or so rounds. They may report that they can't throw the beanbag high enough to find distress before it falls. It's the first dozen rounds where flashbacks and other forms of overactivation are most probable. People who struggle to visualize may need to use the beanbag throughout to help contain the activation by making it concrete enough to send away.

Overactivation Causes Containment Problems

When developing the container, if they can imagine a small business card or paper clip fitting into it, it is logical to assume the container can contain something. In the event of problems with containment while doing Flash, the actual issue is usually overactivation. It is difficult to manage the containment of an overactivated piece of content.

Sometimes, the best strategy when clients are strongly overactivated is to skip containment and pivot directly to sensory grounding. Sensory grounding is also a containment strategy and is one of the most powerful strategies that clients have. Problems with containment that float back to problems with overactivation must be addressed in the subsequent rounds by looking at the memory many times faster than they did when problems occurred. If they need to use sensory grounding multiple times, or they simply cannot contain the distress consistently, it is essential that we immediately stop and do not go forward until the overactivation can be prevented.

Remember, Flash works across a mismatch in the expectation in the memory and their right-now experience. If their bodies or nervous system have the same feeling as the trauma, Flash can potentially be retraumatizing. If this process is not painless, immediately stop and manage the pain. Do not ever push into distress in this version of Flash.

If clients encounter sensory information from the memory that is showing up in awareness, they can attempt to contain that sensory information. Sometimes clients hear the voice of the abuser. They can try to put that voice into an imaginary soundproof box and then

contain the box. If that does not easily work, they should immediately pivot to sensory grounding because they are likely having an intrusive trauma symptom (sensory flashback). They should use grounding to manage intrusive smells, tastes, or other senses from the bad memory when these cannot be quickly contained.

If we find that clients often need to use resources other than the standard container, or that the container is taking longer than a few seconds in any repeated way, it is important that we stop and develop a plan to engage with the memory much faster or work in a territory that is more tolerable. Repeated overactivation is how harm might occur in Flash approaches. If the client floods, Flash may “pair” the positive scene with the bad memory, making the positive scene a direct trauma trigger. Even if harm does not occur, nothing good is likely to come because Flash can’t work well when clients are consistently overactivated by the memory.

Shop-Vac Resource

There are many approaches to psychotherapy in which activation of the body is a central ingredient of healing. This is not the case in Flash. EMDR therapy is not Flash and vice versa. Body distress or sensations generated from interacting with the bad memory will produce an experience that partially or fully confirms the expectation in the bad memory, rather than produce an experiential mismatch.

Many people believe that they need to be able to deeply feel a part of a memory to know that they have activated it enough. Feeling the memory in the body is a strong indication that they have overactivated it. Overactivation is inevitable in Flash, but it is almost always a problem. It is also true that trauma doesn't want to be accessed in small pieces, and it doesn't want to be experienced small.

Sometimes simply thinking about approaching a bad memory might cause distress to show up in the body. If this happens, that may be a solid indicator that the specific memory is too big to focus on right now in Flash. We want to focus on memories that feel tolerable today, especially if clients carry a lot of complex trauma.

The Shop-Vac resource is named after a brand of utility vacuum cleaners popular in the United States. This resource allows clients to quickly vacuum distress out of the body. We inquire if clients have used a vacuum like this before. If so, we ask if they have removed the attachment from the end and noticed how strong the suction was?

If not, we inquire if they have ever removed the hose from a canister vacuum cleaner and used it to clean a couch or other object? Or have they ever dropped coins into a vacuum at a car wash? In whatever form most resonates with the client, we encourage them to try to connect with the experience of holding the hose of a vacuum and notice the strength of the suction.

When they can get in touch with that sensation, we ask them to try to find some body distress. Clients should not try to vacuum physical pain. We invite clients to try to move the imaginary vacuum

hose over that sensation. We ask them not to allow the vacuum to pull their skin. We guide them to visualize the stress or tension leaving their body like colored smoke going into the vacuum hose. They do not need to vacuum all of the distress out, just try to get as much as will come. If the vacuum makes anything worse, stop and use sensory grounding to connect to the present moment in your right-now space and try to revisit this resource later.

We check to make sure that the vacuum works for all client parts. We can make modifications or use something else if assorted parts of you need something different.

What Distress Do We Vacuum?

Many people with complex trauma carry a lot—stress, anxiety, rumination, and worry. It is probably a good idea to use resources prior to starting a Flash exercise to get the baseline level of stress down some, including the Shop-Vac resource. However, the primary use of the vacuum resource is to contain body-based distress that emerged as a result of interacting with the target memory. The vacuum resource is the container for body-based distress from the target memory only. Again, the vacuum resource does not work well for most people with physical pain that was present before the session began and should not be used for that purpose.

How Big of a Problem Is Body Activation in Flash?

Flash works because it is able to update each tiny slice of the target memory. It does that by having new learning while in the positive scene that demonstrates to the nervous system that the old microslice of the memory is not happening right here and right now.

For the nervous system to learn that it is over, the present-based experience must contain clear internal (interoceptive) and external (exteroceptive) evidence that it is not happening right now. If the feelings, thoughts, and sensations of the bad memory are in awareness or in the body, it is likely that the nervous systems will not have a fully disconfirming experience in the positive scene. If distress is showing up in any way, it is important that we immediately stop

and help clients manage that distress. We do not proceed until the distress from the memory is moving away from their awareness.

If clients are not managing body-based distress, it is entirely possible that Flash will be a retraumatizing experience. It may spread embers in their nervous systems that result in fires after Flash stops. If clients push into distress rather than stop and manage it, Flash may pair the positive scene and the bad memory, making the positive scene a direct trauma trigger potentially for decades.

The primary rule in this version of Flash can't be repeated enough: If clients are encountering any distress, immediately stop. Do not move forward until the distress is moving away from them. Then, the next time they need to look at the memory 100 times faster than they did last time to try to get a much smaller microslice. If overactivation continues to occur despite looking at the memory faster, then that memory is too big for today, and we have the client stop, ground, and try to find a memory that is small enough to microactivate today.

Problems with Vacuuming

The Shop-Vac resource is a go-to resource when body activation appears. We should immediately stop and use this resource when any distress from the memory appears in the body.

Most of us have baseline distress from having had a difficult day or week. The Shop-Vac resource isn't primarily for that. We use the vacuum for what comes as a result of the quick engagement with the memory content. Body activation is a problem in Flash because it is a primary source of interoceptive predictions. If the body feels ways that are similar to the memory, the nervous system is unlikely to make the conclusion that the last microslice in the container is over.

Shop-Vac is a visualization resource, and many people who struggle with visualization tasks may find it challenging. Many clients are able to use their hands to "scoop" the distress out of their body and make a tossing movement to send it away from them. Also, see the prior chapter for navigating problems with visualization.

Some people also have medical trauma where vacuums were used, or vacuums were used as punishment in their childhoods. In

these cases, we will need to find accommodations that help the client quickly manage body-based distress. Any well-practiced mindfulness strategy can help here. Sometimes, standing up and moving a little can be helpful, or using their hands to push away distress, the way someone might swat away a fly. We can also imagine the distress as an imaginary ball and toss it away with our hands. Some people may find it more effective to imagine the wind or flowing water (e.g., a gentle waterfall) quickly carrying distress away. Alternatively, people might prefer to use a soft paintbrush to tangibly brush distress away.

When clients struggle with the Shop-Vac resource, it can be helpful to explore whether they already have strategies to quickly shift body sensations. Sometimes, grounding can serve as a substitute for the Shop-Vac resource. Other times, it is helpful for us to stand up and move a little. If they have a strong breath practice, they can breathe out the distress. If Shop-Vac doesn't work, they need some other strategies to accomplish the same end.

Step Two: Positive Scene and Grounding Skills

The Positive Scene

All of the “work” in this version of Flash is done while the client is having back-to-back positive experiences in Step Four. This is the center of this version of Flash. The positive scene is healing our clients a little bit at a time by updating each microslice that they bring into working memory.

The first task in developing a positive scene is to explore what the client deeply enjoys and find a video of that on YouTube. If they love Golden Retrievers, find videos of them playing in fields of hay. They can watch highlight videos of their favorite television shows (highlight videos are recommended, since television shows may be too slow to shift how clients feel in as little as a few seconds). When working with children, finding a video of their favorite YouTuber playing their favorite video game often makes an excellent positive scene. Many people who are neurodivergent do well in Flash. They just need to select positive scenes that are deeply interesting to them.

While we recommend using a video as the positive scene, clients could also engage with an actual pet that they like. They can dance. They can listen to or sing along with their favorite Spotify playlist.

Once they have discovered a positive scene that shifts their affective state quickly, we need to instruct the client how to purposefully blink to very briefly disrupt the positive scene. When clients are engaged in the positive scene, the therapist will say the word “blink” approximately every five seconds. The client can blink one time slowly for about half a second, then simply re-engage with the positive scene. The client can also blink several times quickly. They do not have to blink any specific number of times. It is important that whether they blink once, twice, three times, or four times, all the blinking should be done in less than one second. The

goal is to make sure that they have at least four full seconds to re-engage with the positive scene before the next time we ask them to blink.

The purpose of the blinks and alternatives to blinking are described in detail in Step Four.

Problems with the Positive Scene

The positive scene is where clients spend the majority of their time when doing Flash. We are discussing problems now, rather than in Step Four, since many of these problems originate with the development of the positive scene, rather than its use in Step Four. It needs to quickly shift how clients feel in the present moment in a positive direction. In this version of Flash, we highly recommend using a YouTube video as the positive scene. Clients should not use things like reading as a positive scene, since they will only be able to engage in a few words before the next “blink,” and those few words may not shift affect enough.

Because the positive scene generates an experience that is fundamentally different from the expectation in the bad memory, the positive scene should not contain anything from the bad memory. For instance, clients cannot use a YouTube video of a beautiful beach in Maui to process divorce trauma if that is where they honeymooned. They cannot use videos of laughing babies to process the memory of a pregnancy loss. They cannot use highlight videos of the television series *The Office* to process divorce trauma if the client and their ex watched that whole series together.

If they are using a Spotify playlist, they want to make sure that the music from that playlist wasn't used as a coping or dissociative strategy during the same era of life that the trauma they are working on occurred. Intersections of the bad memory and the positive scene happen often. When they do, ask the client to quickly change the positive scene to something that doesn't intersect with the bad memory.

The positive scene does not always have to be calming or relaxing. It has to quickly generate an experience that is different than the expectation in the bad memory. It does not have to be the

opposite of the feelings in the bad memory. If the central emotion in the memory is fear, the positive scene does not have to be explicitly about safety. Clients can process memories of childhood sexual abuse using videos of bubbly hot pizzas coming out of the oven. The positive scene needs to generate a positive experience that does not intersect with the bad experience in any way, including emotion or body sensation. Again, the goal is to leverage prediction error and to allow parts of the memory to be updated by the new learning in the positive scene.

While positive scenes, such as calm place exercises, are traditionally imaginary resources, this version of Flash strongly discourages imaginary positive scenes. Since clients blink or visually disengage with the positive scene every five seconds, they are only in the positive scene for about four seconds between blinks. That's not enough time for many people to fully recreate and experience the positive scene in their minds. It is the experience of the positive scene that creates the prediction error or the expectation mismatch. My clients usually process much faster and with much less distress when the positive scene is outsourced to a YouTube video, Spotify playlist, or actual engagement with a pet.

If the positive scene becomes boring or neutral, that may not generate enough of an experiential mismatch. If the positive scene does not rapidly shift how they feel in the present moment, it is important to change it to something more engaging.

It is essential that each client select videos on their own. Therapists may think that some videos work for almost everyone, yet allowing clients to select their own positive scene is an exercise in agency, and it allows them to select something that they find highly salient and pleasant.

It is not surprising that sometimes a piece of the bad memory that they just put in the container shows up in the positive scene. Flash participants need to be informed that if any part of the bad memory shows up in the positive scene, they need to immediately stop. This is a sign of overactivation, that they did not push the container far enough away, or that a part of them wants to try to figure out some aspect of the memory. All three of these are problems. Start by trying to “catch that content, contain it, and send

it hundreds of millions of miles farther away . . . Let me know when it is gone . . . Load up your positive scene . . .”

If content keeps showing up, inquire if the client has a part of the self that is trying to figure out something from the memory. If so, inquire if that part will consent to figuring this out later. If the part that wants to explore it will not defer, it is important to stop and negotiate with that part about how we should proceed. We cannot continue if the client continues to think/ruminate about the bad memory while in the positive scene, as this breaks our primary safety rule in Flash.

The positive scene requires shifts in how clients feel. They must be capable of feeling for Flash to work. If they are in shock, Flash may not work. If they are completely emotionally numb and cannot shift affect, Flash may not work.

Develop Sensory Grounding

All of the “work” in this approach is done in the disconfirming experience of the positive scene. Sometimes, when clients attempt to glance at a memory quickly, the memory pulls them into it. This might result in a flashback experience, and they may dissociate into it. Or, they may be pulled into rumination.

In Flash, these experiences are inherently overactivating at a time when they are trying to microactivate. Sensory grounding is a powerful resource of purposeful engagement with right-now senses to more deeply connect with the present moment. While the present moment may have its challenges, it is usually a safer place than the worst parts of the bad memory. Additionally, it’s the only place that is real enough for clients to fully inhabit with their feet under them.

Problems with Sensory Grounding

While brief engagement with sensory grounding is tolerable for many people, asking people with severe trauma to engage with their senses too slowly or in ways that are too spacious may cause problems. The sensory ground script used in this version of Flash is designed specifically for clients with complex trauma. However, it is possible

to struggle with many aspects of it. They can try it very fast, then experiment with slowing it down if they are somewhat phobic of being present or more aware of the present. This is an essential resource for doing trauma work safely. There are alternatives to the container resource and the Shop-Vac resource, but there are few powerful alternatives to this core resource.

The goal of sensory grounding is to connect more strongly with the present moment and the present space. While the present moment may not be where clients need to be in their lives and the present space may be complicated, the present moment is often much safer than the worst parts of the bad memory.

Some people with severe pain may report that as they become aware of the present, the pain intensifies. It is sometimes helpful to remind them that this is not a body scan exercise, and we are not necessarily asking them to become more embodied; they are simply engaging their senses quickly to orient to their current space and time. If anything gets worse, they can stop.

Step Three: Select a Single and Tolerable Memory

This step assumes that all four of the resources are in place or appropriate accommodations substitute for them. In this step, we work with them to select the memory that they will work on. However, we are very careful not to bring it into working memory. That means they are not doing any of the following: interacting with its content, thinking about what the memory means or who is responsible for it, talking about it, thinking about related memories, or exploring how they feel about this memory. In this step, they are literally selecting the memory as quickly as they can while going out of their way not to bring it into focus or awareness. If some of it comes into awareness and shows up in their nervous systems, they need to immediately use a resource to manage that distress.

Memory selection in this version of Flash has the following rules:

- The first several memories that clients target should be more frustrating than traumatizing. Starting small is much safer. Once they learn how to microactivate and send distress away effectively, they can work on larger memories.
- The memory must be tolerable, meaning that they have the ability to microslice it into minimally distressing pieces. If simply thinking about it causes a lot of distress, that is a strong indication that they need to find a smaller and more tolerable memory.
- We work on one memory at a time only. If other memories want to come, the answer is simply “no.”
- We need to check to make sure that all of the parts of the client think working on this memory is a good idea today. If a part says “no,” there are many other memories that they

can select today. Work there instead. Trust that their parts generally know what they are doing.

- We need to make sure that the memory they are working on is an actual memory that happened at a particular place and time. Bullying in seventh grade is not a memory. “Why was my mom mean to me?” is not a memory. A memory lasts from a few moments to a few hours. It is not days long.

In general, Step Three should take about 15 seconds or less most of the time. Step Three might look like the following:

Therapist: Hi, is there a memory you thought about working on today?

Client: Yes.

Therapist: Good. Is it an individual memory that happened at a specific place and time?

Client: Yes.

Therapist: Do all parts of you think working on this memory and working on it in this way is a good idea today? Check.

Client: Yes.

Therapist: Okay, just push that memory out of your awareness and let me know when it is gone. Look at a blank wall or ceiling really quickly, if that helps blank it out. If you notice any distress in selecting that memory, let’s use your resources right now to help move that away from you.

Client: It is gone.

Therapist: Good, load up your positive scene and let me know when you are there.

If that seems remarkably short, it is. In the above instance, the therapist does not know what the client is working on. They don't need to. Asking about it or the client telling the therapist about it risks bringing too much of it into working memory. The client with complex trauma has identified something that is distressing to them that they would like to resolve. What more does the therapist really need to know? What was the therapist planning to do in that session that was more important than the client resolving something that he identified as needing to be resolved? Yes, we can inquire at the end of the session if we need to know some details for our clinical notes.

It is possible to talk about memories in one session and process them in subsequent ones. Even in this case, the client must play a central role in selecting the memory. This version of Flash is not something a therapist does to a client. The client leads. Therapists provide the framework, support safety, and suggest strategies for efficient recovery.

Problems Selecting a Memory

When first starting, it is essential that we help clients select a memory that is tolerable. The tasks of this approach can be difficult at first because they are not intuitive. While the client is learning how to microactivate, container, and quickly pivot to the positive scene, it is helpful to start with a small and tolerable memory first.

The initial few memories should be more annoying than traumatic. It is also important not to overly think about what memory to start with, since rummaging through our trauma memories is likely to be unnecessarily activating when our goal is simply to find a place to start. Once they demonstrate competence with several small memories can move on to larger, more foundational memories.

What Is a Bad Memory?

A bad memory is a piece of difficult information from an experience that lasted several moments or up to several hours. Clients work on a single memory at a time. Things that happened across several days

are not a single memory. For instance, finding out that someone died and attending their funeral are typically two different memories. It is important that the client does not try to tackle too much information at once.

What Memory Should They Select When First Starting?

The first few memories they target should ideally be from the past several months and contain some distress, but should not be among the worst one hundred things we have experienced. It should be an individual memory that happened at a specific place and time. It should not be a theme, a group of memories, a thought, or a question about yourself, others, or the world.

Why Do We Work on Only One Memory at a Time?

Do not try to process groupings of memories in this version of Flash. A single memory is a piece of information that has a beginning, middle, and end. The more memory content that they touch, the more difficult it may be for any of it to transform. Resolving a single memory can create new learning that automatically spreads to adjacent memory content. Fully resolving one memory can resolve many. Trying to tackle many at once typically resolves none of them and risks overactivation. Clients who fully resolve a memory quickly may be able to start another one if there is enough time in that session.

It is essential that clients do not start with a single memory and then pivot to a theme or an existential question. For instance, if the memory involves a sibling being treated better than they were, it is important that they do not switch the target memory to the big existential question, “Why did my father know how to love my sister but not me?” This is not what they are trying to resolve in Flash; a single memory is. If this happens, they need to ground using their senses, and once the distress is managed, they will return to a microslice of the original specific memory.

Qualities That Make a Memory More Difficult to Resolve

Some memories make better initial targets than others. With complex trauma, many memories connect to other memories. Every abandonment is built, to some degree, on the foundation of prior abandonments. In most cases, clients can work effectively on recent memories. However, memories that get all or most of their heat from another memory are usually not a good place to start. For instance, it may be difficult to resolve what occurred at a funeral service if they have not processed the memory that holds the shock of finding out that the person died.

Do not start by working with memories from very early childhood, where most or all of the memory is missing. If all they have from the memory is a body imprint, do not start there. That is advanced work, and they may need to work with a therapist who specializes in preverbal trauma and related unconscious, preverbal, and non-verbal parts of the self. Or, the Flash therapist may need to get good consultation. Start small, and start with the memories that the client clearly has.

The Client Can't Identify a Memory

If someone with complex trauma cannot identify a frustrating, difficult, or challenging memory to work on from any part of their lives (including in the past few months), the problem may not be what it appears. Make sure that trauma work isn't something that we are pushing them into. This life is wounding for most of us, and most of us can find a difficult experience from the past several months to start with, assuming we are emotionally online enough to feel.

The Client Wants to Talk About It

If the client really wants to tell you about the memory, then they probably don't understand Flash well enough to do it. This approach to Flash works by bringing a tiny slice of the memory into working memory. If the client tells you about the memory, it will probably bring the whole memory into working memory. If they do narrate

about the memory before we start, they need to use sensory grounding before proceeding to get the memory far enough away to start to bring pieces of it into working memory.

The Client Is Getting Flooded Before They Start

When the client gets overly activated before they start, immediately stop and use sensory grounding. Check with client parts. Either the memory is too large for Flash today, or parts of the client may have concerns about this memory or memory territory. Find a memory that they can touch pieces of today without catastrophe.

The Memory Just Happened: How Recent Is Too Recent?

Flash works well with recent memories, but if the client comes to the session flooded or numb from a recent event, today may be too soon to work on it. We can guide clients to use sensory grounding to contain it and get it far enough away from the client to start to microactivate it. However, if the memory is already fully in working memory and is sitting strongly in the body, Flash is unlikely to work well until that activation diminishes.

Step Four: Be in the Positive Scene (With Disruptions)

This step is where all healing happens in this conceptualization of Flash, because this is where the most prediction error and new learning occur. Most of the session is spent in a loop between Step Five (microactivate and container) and Step Four (positive scene and blinks, or other disruptions).

In this step, clients engage deeply with the video or activity that they developed in Step Two for about 30 seconds each time they are in this step. Every five or so seconds, the therapist says “blink,” and the client blinks their eyes once slowly or several times quickly. After blinking, the client quickly returns to get another brief exposure to the positive scene. This loop typically lasts 30–40 minutes, until it becomes difficult to find distress in the memory when thinking about it quickly. It can be shorter or longer.

The Positive Scene with Blinks

Sample language for the positive scene in this step is as follows:

Therapist: Load up your positive scene, let me know when you are there.

Client: [nods or indicates when experiencing the positive scene]

Therapist: [Wait five seconds] Blink [five seconds] Blink [five seconds] Blink [five seconds] Blink [five seconds] Blink [five seconds] Good. How did that go? Were you able to find your way into the positive scene easily after the blinks?

Client: Good.

What Do the Blinks in the Positive Scene Do?

The blinks or other disruptions split the 30-second positive scene into six five-second positive segments (see Figure 1). The blinks are a purposeful motor movement designed to briefly disrupt attention on the positive scene. Clients exit the positive scene briefly when they blink and return to the positive scene after they blink. The blinks produce a large number of short mini-exposures to the positive scene, which expedite the healing process.

One of the things that Flash approaches teaches us is that if we want to process a memory fast, it's not the length of the exposures that matters. It's not the depth of the positiveness in the scene. It may simply be the large number of exposures to the positive information. A large number of positive experiences (even if very short) creates multiple opportunities for prediction error and may help facilitate updating the microslices of the memories held in working memory.

In informally deconstructing this approach to Flash, we found that not blinking at all in the positive scene still results in the memory resolving; it just takes about two hours rather than about 30 minutes, likely because it simply takes longer to get to the hundreds of disconfirming experiences of the positive scene needed for the resolution of the whole memory.

Figure B



A 30-second scene without blinks

Figure C illustrates how blinks or other disruptions split a single 30-second exposure of the pleasant scene into six individual, five-second-long pleasant scenes, thereby generating a large number of exposures to pleasant information and helping resolve the memory in a much shorter time (typically 30–40 minutes).

Figure C



The blinks or disruptions create six mini positive scenes

Alternatives to Blinking

Blinking every five seconds is not comfortable or sustainable for some clients, whose eyes may get irritated. Also, some people may blink slowly, and some people may blink quickly. They may blink so quickly that it might not clearly create a new experience of the positive scene. For most of my clients and all of my current trainings, we practice Flash using strategies other than blinking.

Since the purpose of the blinks is to split the positive scene into smaller positive scenes, there are many ways to accomplish the same goal without blinking. For instance, in my office (see Figure D), I have multicolored beanbags on the coffee table in front of the television, where the client is watching their positive scene on the YouTube app. Instead of saying “blink,” I say one of the colors of the beanbags. The client looks away from the television, finds the beanbag with the color that I said, then immediately returns to the positive scene on television.

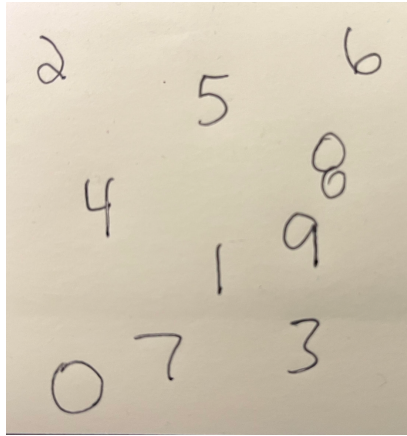
Figure D



Television, beanbags, random numbers, and sensory grounding

The most common way that I do Step Four in trainings and with clients is to ask the client to randomly write numbers from 0 to 9 on a blank piece of paper (see Figure E). Every five seconds, I randomly say a number. The client disengages from the positive scene, finds the number on the sheet, and then immediately returns to the positive scene. Sometimes we will mix colored bean bags with numbers. When doing Flash with children, we can use photos of cartoon characters instead of colors or numbers.

Figure E



Numbers from zero to nine randomly placed

If the Bad Memory Shows Up in the Positive Scene

If a piece of the bad memory appears in the positive scene, clients should immediately stop, catch the part of the memory that appeared in the positive scene, and send it billions of miles away. A part of the memory showing up in the positive scene probably means one of the following: the memory was overactivated last time and was not properly contained, it was not sent far enough away when it was contained, or a part of the client really wants to think about or feel about the memory right now. Any of these must be addressed before continuing.

If the Positive Scene Feels Stale or Boring

The positive scene needs to quickly shift how clients feel in the present moment. If it doesn't, clients should immediately change it to something more engaging. It is the experience of the positive scene that is providing the prediction error. That positive experience is essential to Flash working well for many clients.

Step Five: Microactivate the Memory

In Step Five, clients glance at the bad memory very quickly and try to access only a tiny piece of the memory or a piece of activation from it. It is better to get too little than too much.

Language for Step Five is as follows:

Therapist: Lightning fast, think about the bad memory, whatever is distressing in this millisecond, catch it, contain it, and let me know when it is gone.

Client: [indicates that it is gone]

[Return to Step Four, positive scene with blinks]

What If It Is Difficult to Contain the Microslice?

Difficulty containing the microslice of the memory is a strong sign that too much memory content was accessed. Use resources, especially grounding and Shop-Vac, to manage the distress. Once the distress moves away from the client, we guide the client to engage in a round of positive scene with blinks to process some of what they just sent away. If the prior round was overactivating, it is important to guide the client to engage with the memory 100 times faster than they did last time. Clients manage activation by looking at the memory faster. The faster they look at the memory, the less time there is for activation to accumulate.

What if Too Much Distress Keeps Showing Up?

If we keep asking clients to look at the memory faster and they keep overactivating, that may be a strong indicator that the memory is simply too big for them to work on today, and it doesn't want to be accessed in microslices. In Flash, clients do not keep pushing into distress. If this work isn't largely painless, it is essential that they stop. Real harm may occur if they do not.

Strategies to Practice Microactivation

Microactivation is the least intuitive of the strategies that Flash requires. Clients look at the memory for a fraction of a second at a time and let a tiny piece of the memory into awareness. If they bring in too much, it immediately results in overactivation.

Sometimes, memory can't be accessed in such small pieces. It may only know how to come into the room like Kramer from the television series, *Seinfeld*. Parts of them want to feel it or believe they need to have a certain type of catharsis with it in order to heal. Since clients have little experience interacting with memories with such a light touch, it is helpful to practice interacting with something quickly. In the resources described below, we are not asking the client to engage with trauma. We are showing them how to engage with something neutral extremely briefly, to model the speed and process of microactivation.

If the therapist has a desk with a drawer containing assorted items, invite the client to quickly open it and then close it. The client will probably see multiple things. Ask the client to try to open it and close it so quickly that they can only see one object. If they see more, try to make it faster. If they don't see any, try to slow it down.

Clients can also open a book and hold it at a good reading distance. Then, they close both of their eyes. They quickly open one eye fast enough that they only see one word. If they don't see any words, do it again, but slower. If they see multiple words, do it faster.

You can ask the client to try reading a sentence like the following out loud: "Flash is one way to leverage the predictive mind to update a bad memory one microslices at a time." After reading it, ask the

client to look at the sentence very quickly and randomly select a single letter and speak out loud how only that letter is pronounced in that word in that sentence. This should be a single syllable. If they accidentally say more than one syllable, try it again.

When clients have success with strategies like the above, they can practice with a very small memory that is more annoying than traumatic. See if they can engage the memory and access only a single frame of distressing information. If they can't, keep practicing until they can. Use increasingly smaller memories if needed.

Microactivation is an essential skill in this version of Flash. It's difficult to cut things into small pieces. But once mastered, this skill allows clients to heal themselves a microslice at a time. It can become something close to a superpower. Eventually, they will be able to process a whole mountain of memory, one tiny slice of it at a time. For now, the goal is to learn how to make the ultra-thin slices at all.

How to Know When to Stop the Step Five/Step Four Loop?

Clients spend much of a Flash session in a loop between Step Five and Step Four. When they cannot easily find what is distressing when quickly glancing at the bad memory, we take them to Step Six, where they will play each frame of the bad memory, looking for any debris that remains in the memory. We do not ask them to check the level of distress that remains in the memory in this version of Flash, because that is an activation strategy, and we are trying not to activate the memory as a whole. If the client is doing what we are asking them to do, assume that they are on track. If we think that the memory may have lost much of its distress, we can say the following to the client once: "When you can't find distress when glancing at the memory quickly, just let me know." Don't keep saying it, or they may feel rushed or pressured.

Step Six: Play the Video of the Memory

Full resolution of the memory is the goal in this version of Flash. A mostly desensitized memory is good, but a fully processed memory will generalize most broadly through the client's nervous system, potentially resolving many related experiences that they never have to touch. They are not done until they can play the video of the memory, and there is no distress on any channel of the nervous system (e.g., memory, emotion, body, or thought). This element of this version of Flash comes from my original Flash training with Ricky Greenwald's team (see <https://www.ticti.org> for training in that model).

As clients start Step Six, we use the following language:

Therapist: Now that you can't find distress when glancing at the memory very quickly, play the memory from the very first frame and let me know with one hand when you find the first piece of distress in it.

Client: [indicates that they have found a piece of distress by raising a hand or otherwise indicating]

Therapist: Quickly, catch it, contain it, send it far, far, away. Let me know when it is gone.

Client: [indicates that the distress is gone]

Therapist: [returns the client to Step Four, positive scene with blinks]

After returning from Step Four, we use the following language:

Therapist: That piece of the memory that just had distress in it—is there any distress in it at this moment?

Client: [Indicates if distress is found or not.]

Therapist: [If distress is found] Quickly, catch it, contain it, send it far, far, away. Let me know when it is gone. [If distress is not found] Play the memory forward until you find the next piece of distress. When you find it, let me know. [When it is found] Quickly catch it, contain it, send it far, far away, let me know when it is gone.

Client: [Indicates that it is gone]

Therapist: [returns the client to Step Four, positive scene with blinks, then returns to this section, where the client checks the latest piece of activation to see if it has distress or needs to play the memory forward.]

We continue the Step Six/Step Four loop until the client can play the whole memory all the way through without any distress on any channel. Then, clients are done with that memory in Flash.

While we do not typically inquire about cognitions in Flash approaches, it is helpful to ask the client after a memory has fully resolved, “Is there something that is easier to believe about yourself related to this memory only?” They will typically tell you a positive belief. You can then ask them, “How much do you believe that is related to the memory you just resolved?”

They will usually tell you that they believe the positive belief very strongly. You can ask them, “How does that belief about yourself feel when you think about the memory? Where are you noticing it?” You can then ask, “How true does that belief feel about you generally?” You can then follow that question with, “What memories would you need to work on in future sessions that might help strengthen that belief in yourself more broadly?”

While this can be potentially activating, especially at the end of a session, it does allow the client to notice more deeply the progress they made today and also look forward to the future work they need to do in this territory.

Step Seven: Targeting a Future Scene

Trauma's footprint isn't just in the past. It regularly exerts pressure on the present and future. Once a past memory has been resolved, it can be helpful to shift the lens and work in a future scene that shares some similarities with the past memory. The future scene should be something that is likely to happen in the next few weeks or months and should not be catastrophic (no one should die or get a serious illness in it).

While working in the future as its own step, we simply repeat everything we did in Steps Three through Six, but instead of working on a past memory, we work on a future scene. For instance, we select, but do not activate, the future scene using language very similar to Step Three:

Therapist: Is there a future scene that you would like to focus on today that is somewhat related to the memory you resolved? It should not be catastrophic, but something that is likely to happen in the next few weeks or months.

Client: Yes.

Therapist: Good. Can you quickly fill this out a little bit and imagine the scene happening with specific people in a specific place and time?

Client: Yes.

Therapist: Do all parts of you think working on this future scene and working on it in this way is a good idea today? Check.

Client: Yes.

Therapist: Okay, just push that future scene out of your awareness and let me know when it is gone. Look at a blank wall or ceiling quickly if that helps blank it out. If you notice any distress in selecting that future scene, let's use your resources right now to help move that away from you.

Client: I'm good.

After selecting the memory, we move into Step Four, where our language is identical to the standard language in Step Four. Then, in ways similar to Step Five, we use the following language to microactivate the future scene:

Therapist: Very quickly, think about the future scene. Whatever is distressing in this millisecond, catch it, contain it, and send it far away. When it is gone, load up your positive scene.

We return to Step Four as usual, continuing the loop between Step Five and Step Four until the client cannot easily find distress when glancing at the future scene in Step Five. We then transition to the Step Six and Step Four loop, which continues until they can play the whole future scene, and there is no distress on any channel of our nervous system (emotion, body, thoughts, etc). Language for playing the video is identical to the language of Step Six, except that we replace "memory" with "future scene" as follows:

Therapist: Now that you can't find distress when glancing at the future scene very quickly, play the future scene from the very first frame and let me know with one hand when you find the first piece of distress in it.

Client: [indicates that they have found a piece of distress by raising a hand or otherwise indicating]

Therapist: Quickly, catch it, contain it, send it far, far, away. Let me know when it is gone.

Client: [indicates that the distress is gone]

Therapist: [returns the client to Step Four, positive scene with blinks]

In subsequent checks of the future scene, clients return to the piece that had some distress and check it for any residual distress. If some is found, they “catch it, contain it, and send it far away” before returning to Step Four for another round of positive scene with blinks. We guide them to continue playing the future scene forward, digesting each piece that appears, until the client can play the whole future scene beginning to end with no distress.

After successful resolution of a future scene, clients may notice that their nervous system automatically produces different predictions when something like the future scene happens, and may be accompanied by a different emotional response than they normally have when this trigger occurs.

Problems in the Future Scene

Sometimes the future scene doesn't hold because there are still too many unprocessed past memories in that territory. If the future scene keeps generating distress, or if it keeps pointing back toward the past, stop and address that distress using resources. If the future scene does not resolve uneventfully, we may need to work on more of the client's underlying past memories before the client will be able to resolve the future scene.

Session Closure and Re-evaluation Strategies

If the session ended before the client was able to fully resolve the memory, it is unlikely that there will be significant amounts of distress in the client's nervous system, as there might be at the end of an EMDR therapy or exposure therapy session. The client is constantly resourced throughout the session, and any periods of significant distress were immediately addressed when they occurred.

Flash sessions generally end uneventfully, even when the memory does not resolve. If there is some residual distress, clients can use the Shop-Vac resource or sensory grounding to help manage it. Remind the client to use the container, Shop-Vac, positive scene (without blinks), and sensory grounding as individual resources between sessions as needed to manage trauma-related activation.

If the memory did not resolve, it is typically easy to resume retargeting it in a subsequent session. Simply start in Step Three and proceed as though you are working on a new memory. The parts of the memory that the client fully or partially resolved in the prior session will typically still be resolved, and they will be working to process whatever remains.

Working with clients with complex trauma rarely follows a predictable trajectory. It is important for therapists to keep track of the memories that have been resolved and those that have not been resolved. It is important to complete the memories that clients start, because when a memory fully resolves, new learning will spread more broadly throughout the nervous system.

Logistics and Safety

Conducting In-Person and Telehealth Sessions

For both in-person and telehealth sessions, clients will need a screen to watch YouTube on, if that is how the positive scene will be provided. While I have a large television running the YouTube app for in-person sessions, clients can also use their smartphones, a tablet, or other video device for online sessions.

Most online clients who attend sessions on a computer or laptop can easily toggle between the telehealth window and the YouTube window. For clients who struggle with technology and cannot do this easily, the therapist can share the client's positive scene video for them so that it plays on the therapist's and the client's screens (most telehealth apps allow this), or clients can have a separate device where the video will play.

It is sometimes helpful to work with the client to decide where in the room they will look when they microactivate the memory and where they will send the distress away. We typically will not want them to try to activate while watching the pleasant video. Most clients respond well by looking toward one side of the room when microactivating and containing, then turning their heads to the opposite side to send the microslice of distress away. While this strategy is not required, it is helpful to reinforce the idea that microactivation occurs only when looking at specific parts of the room, not when looking at the pleasant scene. Figure F represents one way to divide the room into assorted tasks.

Most of my clients prefer to have the positive scene play from the beginning of Step Three through the end of the session, with the therapist speaking over the audio in the YouTube video. If clients are distracted by the audio in the positive scene during the check-in and activation steps, they can pause the positive scene video. Clients should not pause the video when blinking or in lieu of blinking.

It is essential that clients have their grounding objects ready and accessible. Most of my clients will need to use sensory grounding more than once in an average Flash session. Their essential oils, stuffed animals, texture objects, ultra-sour candies, and hot or cold drinks should be within easy reach of the client for both in-person and online sessions.

Figure F



Dividing the therapy room into zones

Essential Safety and Efficacy Rules

In order to work safely and effectively in this approach, therapists and clients need to understand the following core rules. Clients need to let us know when they are struggling with any of these.

- If distress appears, clients must immediately stop, deal with that distress, and not move forward until the piece of distress is moving away from their nervous system.
- Repeated overactivation means that they are looking at the memory too long and should engage the memory in the next round much, much faster than in the prior glance at it. If overactivation continues, it is essential that clients stop and identify a memory that they can microactivate before moving forward with this approach.
- If the positive scene doesn't shift how the client feels in the present moment, they need to change it to something more engaging.
- Clients work one memory at a time in this version of Flash. There are no exceptions. The same door that lets two memories in may let dozens in.
- Clients will only purposefully think about the memory during the ultra-brief moments that the therapist is directing them to. If they are thinking about the memory any other time, that is an overactivation, and they should immediately stop, contain that content, and not resume until distress decreases.
- Some memories are just bigger than are tolerable today. That's okay. Let's work at the intersection of productive and tolerable. When it is clear that the client cannot do what we are asking them to do, they must stop and recalibrate. Do not push into distress in this version of Flash.
- All client parts of us must agree to do this work and to do it in this way. Consent of all parts is essential. If a part thinks working on a particular memory today is a bad idea, it probably is. Work somewhere else where parts can consent.

Where This Version of Flash Tends to Break

Overactivation

Most problems in this version of Flash stem from overactivation. Even thinking about the memory for a few fractions of a second may be too much. It can be very helpful to practice microactivation using things that are not trauma, as described in the Step Five orientation chapter above. After a few sessions, microactivation becomes progressively easier for most people. It is also the most difficult and least intuitive part of this approach. Remember, this approach works because clients bring only one metaphorical bean from the memory beanbag into working memory at a time. If they bring too much, the nervous system easily makes the prediction that they are not okay and starts to construct emotions that reinforce that sense of danger.

Problems Containing

Problems with containment typically trace back to overactivation. If a small piece of something comes out of the memory, it is easy for clients to contain it and push it away. If a London street bus comes out of the memory and it feels like it is sitting on their chest, that is much harder to contain. Sensory grounding is the most powerful resource for most people and should be used first if significant overactivation or intrusive trauma symptoms are preventing the client from pivoting away from the memory content.

Too Big Too Soon

If the client's parts object to the memory being targeted, or if the memory resists access in microslices, they are working too big, too soon. The urgency to heal from terrible experiences must be balanced against tolerability. Work that isn't tolerable isn't safe. Start somewhere small, then gradually work on larger things.

Who Is Likely to Struggle in This Version of Flash?

In any psychotherapy, people tend to struggle when they are unable to effectively perform the core tasks that the therapy requires. This version of Flash requires microactivation. Most people will struggle with it until they master it. In this version of Flash, engagement with the memory is always accompanied by an explicit and immediate disengagement. Outside of Flash, clients never engage with trauma ultra briefly. The moment they touch it, they may want to ruminate about it, feel it, get mad about it, or see what else it connects to. Flash requires that they touch it and then immediately pull away from it. Some clients and their parts cannot or will not learn that skill.

Once we engage and disengage the memory quickly, Flash requires that clients have multiple experiences in the positive scene. If the experience in the positive scene does not create enough of a juxtaposition with predictions generated from the brief engagement with bad memory, prediction error may not occur.

Clients heal across prediction error. Clients who are unable to experience any emotions are very likely to struggle in this version of Flash because the positive scene requires a positive affect shift. Clients who have a pervasively negative effect can heal in Flash, as can angry and anxious clients. But clients who are completely emotionally shut down or numb will struggle.

Flash involves rapid task switching. It requires brief engagement with the memory, quickly shifting to the positive scene, then shifting out of the positive scene with each blink, and then re-engaging with it. Clients who have profound difficulties with task switching may struggle in Flash.

All accessible client parts need to consent to working on a specific memory and agree to working in this way. If a client part is worried that the system will not be safe after the resolution of a memory, that part may not allow Flash to work. If a part strongly wants to feel the distress in the memory, Flash may be retraumatizing. Some parts may

also attribute meaning to the easy resolution of a memory. For instance, “If it was that easy to heal, then that must mean that the experience really wasn’t that bad,” or “I need to strongly remember this memory, or I will be hurt like this again.” It is essential that therapists work to address the concerns that parts of the client have about this work.

This approach may not be safe for clients with dissociative identities until all parts are able to understand it, consent to it, and be resourced for it. Some client parts may exist primarily to protect the client from the traumatic content and will not respond well if the therapist attempts trauma work without their consent. It is important to screen for dissociation, understand the varieties of dissociative presentations, and do enough parts work until the client can engage in this approach safely and with the consent of all parts.

Like all approaches to psychotherapy, Flash has its requirements. It does not require deep embodiment, significant somatic activation, noticing distress, insight, or the presence of internalized adaptive information (as is needed in EMDR therapy). It does not require that clients combust themselves. It has no minimum or necessary level of catharsis.

Scripts for Individual Therapy Sessions

The Seven Steps

In the scripts that follow in the sections, the bold and italicized sections are meant to be read to the client when engaging in this approach. Once you understand the structure and meaning of the script, you can adjust the words to better match the developmental needs of each client. The scripts teach the seven core steps of Predictive Processing Flash as conducted in individual sessions. The group protocol is included in the appendix. All core scripts are downloadable at PredictiveProcessingFlash.com.

Step One and Step Two include two essential resources each. It is important that clients have all four of these resources (or appropriate accommodations) solidly in place before attempting to process a memory. Once the client is prepared to start working on memories, we encourage the client to start with a small non-traumatic memory and work on increasingly larger ones until the client has resolved at least three or four memories effortlessly. Before attempting larger traumatic memories, we want the core tasks of microactivation, containment, and pivoting to the positive scene to be automatic and intuitive for the client, as evidenced by their ability to resolve smaller memories in Flash uneventfully.

Step One: Container

We will work one memory at a time, and one ultra-tiny slice of one memory at a time. We are going to try to resolve this memory by not thinking about it or feeling anything about it. We want to develop a container or a box that will hold whatever small pieces of the memory we activate and keep them out of direct awareness. What kind of container might be helpful? It can be a file box, a safe, a pot with a lid, or anything that can hold something for just a little while.

Ask the client to visualize the container: *What color is it? | What is it made of? | How does it close?*

Can you imagine a blank slip of paper or a business card going into this container? | Can you see the container close? | Can you imagine pushing that container far away until it is just a tiny dot on a tiny dot on the horizon? | Does it feel like that container and its contents are far enough away for it to be out of your focus for just right now?

Parts Language: *Does this container work for all parts of you? | Are there parts of you that may need a different type of container or need to make modifications to this one?*

Step One: Shop-Vac Resource

Have you ever used a Shop-Vac or a large coin vacuum at a carwash? | Can you imagine holding the hose of a vacuum with one hand and feeling its suction with the other?

Can you imagine it picking up a small pile of dirt or sand?

Can you imagine something that is mildly frustrating, like an annoying boss or something mildly frustrating that a friend does? When you find that frustration, can you try to find where it is showing up in your body right now? | Once you find it, can you try to vacuum it with your imaginary vacuum hose? | Can you imagine the “gunk” of that going into your Shop-Vac hose, and just try to see the stress or feelings leaving those places and going into the hose like it is colored smoke?

Note: It is not important that the client vacuum it all away (or even most of it). The Shop-Vac can become a ritual-like resource that may help direct attention and awareness away from that triggering sensation in the body.

Good. Can you see the canister of the vacuum get pushed far out of awareness... just send it one billion miles away?

We let the client know that we will use the Shop-Vac resource any time distress shows up in the body, even if using it requires time. When clients are severely activated in the body, we use the sensory grounding resource below instead of the vacuum resource.

Step Two: Developing, Using, and Testing the Positive Scene

Can we find a YouTube video that quickly shifts how you feel? It can be anything that you usually find funny, calming, relaxing, interesting, beautiful, distracting, or very interesting. What ideas do you have?

Work with the client to identify a video or music playlist that the client deeply enjoys. Test to ensure the client can quickly experience the positive scene as pleasant.

The positive scene has two rules: It must shift how you feel in the present moment quickly in a solidly positive way, and it cannot intersect with the bad memory that you will work on in any way. If you ever find that a positive scene does intersect with the memory you are working on, let me know, and we can switch the positive scene to something else.

Does this pleasant scene work for all parts of you? Do any parts need a different kind of positive scene?

Step Two: Teach Sensory Grounding

When we have difficult experiences, those experiences may be linked in ways that have prevented the brain from knowing that the experience is over. Sometimes accessing a memory takes us out of the present and pulls us into an experience that feels unsafe or awful. I'd like to show one strategy that you can use to find your way back into the present. Often, the present may not feel "safe,"

but it is likely to be safer than the experience from the bad memory. The exercise will ask you to very briefly engage your senses, one at a time. We will spend only a few seconds at a time getting information from each of the senses. If we keep it very brief, many people are able to tolerate this exercise well. If anything difficult comes up, we can stop. Is this an exercise that all parts of you can consent to try, assuming that we do it quickly and that you can stop any time you like?

If there is an objection, stop and explore that objection. See if there is a way to do this that is not objectionable to the client or parts of the client. Otherwise, stop (parts will need to know that they can stop).

I invite you to look around the room and notice several things you see. Notice several objects and notice the color of those objects. Also, notice that if you were to go up and touch these objects, would they be hard, soft, or some other texture? [Wait 5–10 seconds]

Place an open hand on the table or furniture next to you for just a moment and notice if it is colder, warmer, or the same temperature as your hand. [Wait 2–5 seconds] *Good. Move your fingertips across the surface and notice if it is completely smooth or has a texture.* [Wait 2–4 seconds] *Good. Move your fingertips across the texture of that surface and just notice if the temperature changes as you move.* [Wait 2–5 seconds] *Good.*

I'm going to be very quiet. Notice whatever you hear in order of loudest first. [Wait 5–8 seconds] *Good.*

I'll give you a few moments to smell the essential oil [or another object] that you selected. [Wait 5–10 seconds] *Good.*

I'll give you a few moments to taste, smell, or feel the temperature of the drink that you brought to the session. [Wait 5–10 seconds] *Good.*

How was that? [explore]

What was your experience with that exercise? [explore] *Which of those senses seemed to be the most helpful in bringing your awareness more into the present?* [explore]

Step Three: Select a Single and Tolerable Memory

We have talked about using Flash to work on difficult memory. Do you have a specific bad memory that would be helpful to work on today? Maybe one that has been coming up the past week or so. It can be recent or old, but it should be an individual memory, and we will only work on this memory. Without telling me much about it, can you let me know when you have a memory that you would like to work on? | Good. Is that memory a single experience that happened at a specific place and time? | Do all parts of you think working on that memory is a good idea today? Check. If so, see the general idea of that memory go out of your awareness, look at a blank wall if that is helpful. Send it billions of miles away. Let me know when it is gone.

You may need to use the Shop-Vac or sensory grounding resources if identifying the memory caused body activation.

Step Four: Be in the Positive Scene (With Disruptions)

Load up your positive scene, let me know when you are there. Once they indicate that they are in the positive scene, the therapist says “blink” every five seconds (or engages in another distracting task).

When you have said *blink* a total of five times at about five seconds apart, ask the following question: *“Good. Were you able to keep finding your way back into the positive scene?”*

If a piece of the memory comes into awareness while the client is in the positive scene, instruct the client with the following: *See the part of the memory that came into your positive scene go into your container, see the door close, and push your container even farther away. Push it billions of miles away.* Then immediately return to Step Four for another round of the positive scene with blinks.

If the client was able to keep having positive experiences in the scene, go to Step Five to get the next microslice of the memory.

Since loading the positive scene quickly is such a key part of this therapy, it is a good idea to do two rounds in Step Four before checking the bad memory in Step Five the first time in any session.

Step Five: Microactivate the Memory and Contain a Tiny Slice of It

Very quickly, think about the bad memory. Whatever is distressing in this millisecond, catch it, contain it, and push it out of your awareness. Let me know when it is gone.

When the client indicates that the microslice of the memory is contained, quickly go back to Step Four and cycle between Steps Four and Five until the client can glance at the memory and can't identify any distress.

When the client cannot find any distress when glancing at the memory, go to Step Six.

Step Six: Play the Video of the Memory and Clear Out All Debris

After the client cannot identify any distress in the memory in Step Five, say:

Now that you can't find distress when looking quickly, let's walk through the memory slowly, like it's a video you are playing from the very first frame. Let me know the instant you find any distress, even if it's a tiny bit.

When they find distress, say: *Catch it, contain it, and send it far away. Let me know when it is gone.*

When the client indicates that the last piece of distress is contained, quickly return to Step Four and do another round of positive scene with blinks.

When returning to Step Six after a round of Step Four, ask the following question: *Is there any distress remaining in that part of the memory that just had distress a moment ago?* If there is any residual distress, contain it and immediately return to Step Four for a round of positive scene with blinks. Keep checking for distress in just that piece of the memory and send the client back to Step Four until there is no distress in that piece of the memory.

When there is no distress in that part of the memory, instruct the client with the following phrase: *Play the memory forward and let me know as soon as you find the next link of distress.* When the next piece of distress is found, catch it, contain it, and send it far away. Keep doing loops between Step Four (the positive scene with blinks) and checking the distress of the last piece of activation until all distress is gone in that piece. Keep playing the memory forward until the client arrives at the end of the memory.

Once the client arrives at the end of the memory, start playing it again and digest each piece of distress that emerges as instructed above. Keep digesting the residual pieces of distress using the positive scene with blinks until the client can play the full memory from beginning to end with no distress on any channel.

Step Seven: Process the Distress in a Future Scene

Can you think of something that is related to the memory that you just completed that might happen in the next few weeks or months that would be helpful to explore? That future scene should not be catastrophic (no one should die or get seriously sick). If so, push that future scene out of your awareness. Look at a blank wall or ceiling if that is helpful. When it is gone, load up your positive scene. Let me know when you are there.

Engage in the following loop by reading the left column, then the right column, until the client has a difficult time finding distress in the future scene:

| Microactivate Future Scene | Do Positive scene with Blinks |
|--|--|
| <p><i>Think very quickly about that future scene. Whatever is distressing in this moment, catch it, contain it, and send it far away. Let me know when it is gone.</i></p> | <p><i>Load up your positive scene and let me know when you are there.</i></p> <p><i>Blink [five seconds] Blink [five seconds] Blink [five seconds]</i></p> <p><i>Blink [five seconds] Blink [five seconds] Blink [five seconds]</i></p> <p><i>How did that go?</i></p> |

End by playing the video of the future scene, containing any distress that appears, and doing rounds in the positive scene with blinks until the client can play the future scene from beginning to end with no distress on any channel (memory, body, thoughts, or emotions).

Abbreviated Script

This script assumes that all four of the core resources are in place, that the client is well instructed in how to do this approach, and that everything is ready to go.

Step Three: *Is there a memory that you would like to work on today?* | [Check to make sure it is an individual memory.] | *Do all parts of you think working on that memory is a good idea today?* | *Good, just push the general idea of it out of your awareness, look at a blank wall or ceiling to blank it out. Let me know when it is gone.*

Load up your positive scene, and let me know when you are there.
| *Blink* | *Blink* | *Blink* | *Blink* | *Blink* | *Good, how did that go?*
[Repeat once.]

Read the left and then the right sides of the table below in a loop until the client can't find distress when thinking about the memory quickly.

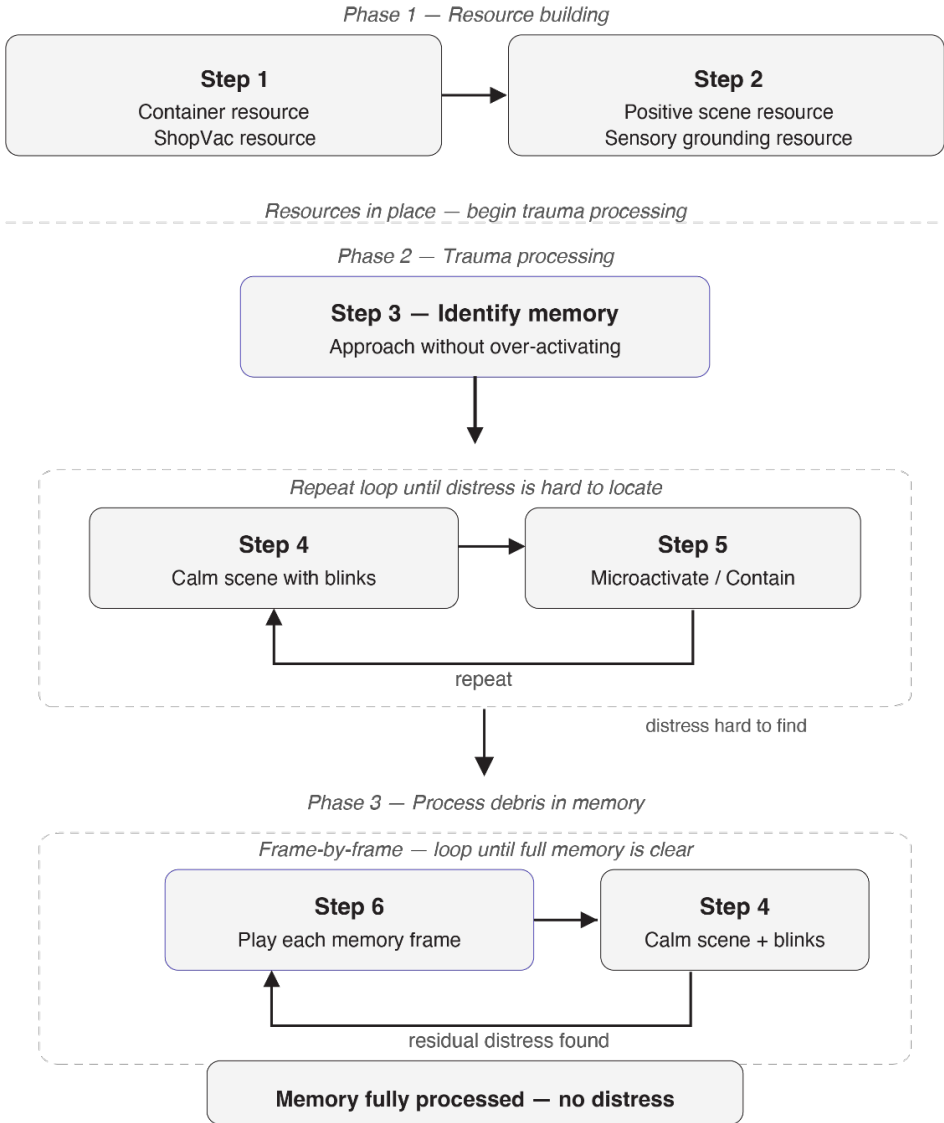
| Step Five | Step Four |
|--|---|
| <i>Lightning fast, think about the bad memory. Whatever is distressing in this millisecond, catch it, contain it, send it far away. Let me know when it is gone.</i> | <i>Load up your positive scene. Let me know when you are there.</i> <i>Blink</i> <i>Blink</i> <i>Blink</i> <i>Blink</i> <i>Blink</i> [pausing about five seconds between] <i>How did that go?</i> |

Continues next page.

Clean out any debris in the memory by looping through the table below.

| Start at the Beginning | Process Debris |
|---|---|
| <p>Step Six: <i>Play the memory from the very first frame and let me know when you find the first little piece of distress.</i> [When distress is found, say:] <i>Lightning fast, catch it, contain it, and send it far, far, away. Let me know when it is gone.</i></p> <p>Go to the right side of this table.</p> | <p>Step Four: <i>Load up your positive scene. Let me know when you are there.</i> <i>Blink</i> <i>Blink</i> <i>Blink</i> <i>Blink</i> <i>How did that go?</i></p> <p>Step Six: <i>Check the last piece of the memory that just had distress in it. Is there any distress in it now?</i></p> <p>If distress is found, say: <i>Catch it, contain it, and send it far, far, away. Let me know when it is gone.</i></p> <p>When it is gone, go to the top of this cell and do a round of positive scene with blinks.</p> <p>Move through the memory and fully digest each piece of debris. When the client gets to the end of the memory, play it again by going to the left cell of this table.</p> <p>Continue this loop until the client can play the entire bad memory from the beginning to the end without finding any distress on any channel.</p> |

A Flowchart of Steps One Through Six



Special Populations

Using Flash with Children

Most psychotherapy training for children stresses the importance of making therapy fun and engaging. Play is, after all, one of the core tasks of childhood and a key driver of healthy development. From a predictive processing perspective, play is also a natural vehicle for generating the experiential mismatch and prediction error that healing requires.

Transformational trauma therapy with children has typically been the domain of specialists, yet most child therapists realize that the vast array of “problems” with children is little more than trauma and unmet need masquerading in its various forms, typically rippling through generations. Flash can play an important role in helping children mend wounds in ways that children will want to come to sessions to do. They can heal with very little need for language, with virtually no distress, and can do so in the briefer sessions that are common to school counseling settings.

Children tend to do well with the beanbag approach described in the Step One chapter. Kids with ADHD tend to thrive in Flash because the positive scene is highly salient and deeply engaging to them. A child who likes video games may select a video of their favorite YouTuber playing their favorite video game. If kids like to dance, therapists and clients can do video game console dance competitions to the child’s favorite songs while doing Flash. Children with Autism Spectrum Disorder often have objects or processes of deep fascination. You can work with them to try to find YouTube or other videos that capture those fixations.

Kids need to be introduced beforehand to the details of this approach, including the importance of thinking about the memory only when you ask them to and doing it quickly. You will need to review grounding strategies and work with them to quickly release distress from the body using imaginary vacuums, movement strategies, magical portals, or other techniques. It is vitally important that you empower the child to start with small memories that are of

direct relevance to them. It is easy for many therapists to fall for the heavy-handed behavioral agendas of other grown-ups. Help the child heal, and the behaviors often align with a more regulated child's nervous system.

Neurodivergence

Clients with neurodivergent nervous systems are frequently harmed by surrounding cultures that make performance, attentional, interactional, or energetic demands on them to meet cultural norms and expectations. When working with clients who have been systemically harmed by these expectations, it is vital that we approach these clients from a place of curiosity and compassion.

Normative expectations are insidious. They find their way into therapy sessions through the ubiquity of language constructs, the potential pathologizing nature of diagnosis, and the power differential that may come from one person providing a treatment for the “mental health issue” of the other person. Flash is not a machine that we put people through. Otherwise, we risk replicating in therapy the very cultures of harm that necessitate recovery.

It is deeply helpful to allow your client’s nervous system to instruct you about how they need to do Flash or any other psychotherapy. Difficulties bring helpful information. To do Flash, clients need to engage with a specific memory quickly. There are countless ways to experiment with strategies to do that. Following that activation, they also need to engage with positive information to help the predictive brain produce the type of prediction error signals that may be helpful for updating each small piece of learning in memory. Many clients with neurodivergence are deeply interested in things. We should explore those things.

We can anticipate that the rapid task-switching between microactivation and the positive scene, and back to microactivation, may need to be adjusted to a pace that is manageable for the client’s nervous system. Some clients may need more time to transition back to the positive scene after activation. Some clients may notice that they want to stay focused on the salience of the positive scene, even though the therapist is distracting them from it with blinks or is sending them back to the memory to activate the next piece. It is helpful to describe the goals of each step of the process in ways that

resonate with the client's nervous system and then enlist their own creativity in helping them find solutions to procedural challenges. Actively empowering client agency in structured therapies is often inherently disconfirming and may be healing in its own right.

Clients Who Don't Want to Feel Vulnerable

Flash can be an ideal initial treatment for clients who have survived by avoiding difficult or vulnerable emotional states. Flash does ask clients to engage with a positive scene and experience a shift in emotional state. They need to have the capacity to feel; otherwise, there may be no disconfirming experience in the positive scene to create the needed prediction error.

Unlike somatic psychotherapies, Flash does not require visceral activation. There is no clear minimum level of activation of a piece of a bad memory that a client needs to feel. If clients can engage with the memory content in Flash, quickly disengage with that activation (as avoidant people usually know how to do), and engage in repeated exposures to positive information, the memory is likely to move in a positive direction.

In short, Flash is an ideal approach for many first responders, veterans, prisoners, angry teenagers (or people with angry-teen parts), or anyone who can feel emotions but has embargoed many of the most vulnerable ones. By cutting the memory and its predicted emotional sequelae into tiny pieces, clients may be able to process the information in the memory as information rather than as visceral, vulnerable distress.

If clients start to feel emotional states that feel vulnerable and uncomfortable, the Predictive Processing Flash process suggests that we can simply ask the client to ground and then re-engage the memory 100 times faster than they engaged with it last time. We help clients manage distress by more proactively helping the client manage the time they are exposed to the memory content, or we can stop and find a memory that feels more tolerable for the client today.

Highly Dissociative Clients

Dissociation is a huge continuum. It is how many of us have survived. Many trauma therapists tend to be highly phobic of dissociation (Marich, 2023). It is important to assess for dissociation, explore the client's parts system with curiosity and compassion, and assess the level of access and coordination that client parts have to other parts.

This version of Flash is parts-centered and consent-focused. With clients who may have significant estrangement between their parts, I am careful and engage in parts work first to ensure that the client's parts understand Flash's intention, procedures, and processes so that we can work with consent. With clients whom I suspect have dissociative systems, I always engage the system for weeks or months so that client parts can develop some familiarity and comfort with me.

With clients who seem to have access and communication with their parts, I often suggest Flash in the first few sessions. I can often get a lot of information about potential dissociative challenges by paying close attention to how they navigate the core resources. To do this version of Flash, clients need the capacity to consent to it, to feel, to be capable of microactivation, to disengage from small pieces of distress, and to have pleasant experiences in the positive scene. When clients can't do these things effectively, we need to do additional work to help them before we can proceed with Flash.

When clients have dissociative challenges that may make it difficult to complete one or more of the core tasks of Flash, that issue can often be explored productively with the client's consent through parts work, expressive arts interventions, or other approaches.

Flash and Addictions

The predictive processing framework significantly reconceptualizes what addictions are and how we might treat them (Miller et al., 2020). However, I would encourage new Flash therapists not to think of Flash as a direct treatment for addictions or related processes immediately. Deciding which memories to target and their order emerges from a careful case conceptualization process described in more detail in subsequent sections. Few people wake up on a particular day with a raging addiction. For most people with clinically significant addiction, it may be the culmination of a lifetime of attempts to disconnect and numb from what they carry.

When clients start processing memories in Flash, it is usually wise to begin with a small and present stressor. Flash can be helpful in supporting current stability by targeting memories associated with present life stressors, since some people relapse due to these stressors. Many people in recovery have challenges within their recovery resources, such as people or requirements in their recovery community that may annoy or upset them. These are often sensible places to start work until the client has processed enough small memories to microactivate the larger and more fundamental ones.

As the client has demonstrated competence in targeting larger memories in Flash, they can start working on the ones that are at the center of their insecurities as a human, including core attachment needs. Addictions are often developmentally stunting if they are pervasive enough. Clients can fully believe that everything that has ever happened to them is their fault, but if they can do what we are asking them to do in Flash, the memory is likely to resolve uneventfully. Yet, the full resolution of any memory in Flash generates adaptive information.

Flash can be helpful to desensitize relapse triggers by working on addiction-specific past and future targets. This process, along with other supportive work, can help support the client's recovery.

In short, we can use Flash to support current stability with many people in recovery. Clients can work on increasingly larger targets. The resolution of memories creates more adaptive information that the client can use in the service of their recovery, as frontloading for more intensive work in other approaches that do require adaptive information, and for living a more adaptive life.

Flash for Crisis Stabilization

Flash works well with recent events. If a difficult experience just happened or the client came to the session emotionally flooded from a traumatic remembrance, much of that specific memory may be strongly present in consciousness and in the body. Flash works because clients bring a tiny piece of the memory into awareness at a time, and then the client has an experience that disconfirms it. Clients can't do that if they come to the session with the experience already lodged in their nervous system. We may need to lead the client through sensory grounding (Step Two) to push the memory far enough away for them to microactivate it. Sometimes Flash doesn't work because the client entered the session embodying the memory too strongly.

It is also important to realize that many clients have a very high baseline level of stress and distress that comes from the allostatic load of carrying all of their unprocessed trauma. Even when clients come to the session with 8.5 out of 10 levels of anxiety, they can still usually do Flash successfully. It's not their baseline stress that is particularly problematic in Flash. It's the activation that comes from the specific memory that they are working on, which must be carefully managed before and during a successful Flash session.

Flash for Community Violence, Disasters, or War

I have trained thousands of therapists in Flash approaches to effectively treat the effects of community violence, natural disasters, and war zones. I provided Flash training for both Israeli and Arab-speaking therapists in the aftermath of October 7, 2023; in response to a mass shooting in Maine; for hurricane relief in North Carolina; for therapists working in Ukrainian war zones (and with Russians affected by the war); and with therapists in Minneapolis, Minnesota, following government violence. All these trainings have included follow-up consultations that provided informal evidence of the efficacy of Flash approaches in response to community-wide events. Initial research globally has been supportive of the use of Flash as a crisis intervention, although much more research needs to be conducted (Kınık, et al., 2025; Konuk, 2021; Yaşar, 2024).

These training experiences have left me with several strong impressions about how we might better train therapists in crisis interventions. First, it is remarkably difficult for therapists to learn a new intervention when they are as profoundly affected by the violence, disaster, or war as many of their clients are. Some of the therapists I trained were in bomb shelters, while others were in roadside hotels and were unsure if their own houses had survived the floods that they had recently escaped. Some of the therapists that I trained in Minneapolis witnessed violence on the streets where they lived or worked.

Since we are the only professionals who can do this work, it is important that all therapists be trained in crisis interventions. Since we can't predict when and where these skills may be needed, it is vital that therapists have them before they are needed. It is also important that therapists have opportunities to heal from the stressors of crisis work, including the use of therapist-only Flash processing groups, which I have conducted weekly for free for several years.

When working with people in the context of communal violence or upheaval, it is critical to understand that much of what they may need to process in any given meeting may already be embodied before they walk in. Therapists working in these contexts should begin most sessions with the sensory grounding exercises of Step Two so that clients can push the memory content far enough away to microactivate it effectively.

When the trauma is ongoing and isn't objectively over, it is usually more challenging in any psychotherapy to process old or recent memories. Clients will intuitively want to prematurely switch from a past memory to a future scenario. It is helpful to anticipate this and remind clients that they can work in the future once they have resolved some past content. It is also helpful to confirm that the client is working on a single memory that is not longer than several hours. In periods of extended and recent crisis, unaided by restful sleep, many memories may blur and run together.

One of the challenges in working in extreme contexts is that it can be difficult to find tolerable memories to start with when it feels like the entire world has been upended. While clients are learning the very non-intuitive procedures of Flash, it is helpful to have them start with memories that are more tolerable than the worst ones.

Consultees have also reported that it may be more difficult to find positive scenes that are uncomplicated and unpolluted by the recent upheaval. In the case of natural disasters and war, utility and other disruptions might also prevent clients from accessing YouTube or similar services.

Flash in Couples Therapy

In couples therapy, we teach our clients how to have conversations that are less likely to end in rupture. We teach them how to disengage when they are flooded and reconnect to resume once they are able to regulate. We teach them to communicate using their own feelings and experiences, rather than projecting guilt, shame, blame, and humiliation onto the other partner. The problem in many relationships is that what one person needs to feel okay is existentially triggering to the other and vice versa. We often teach them many excellent things they cannot or do not do.

Even when they do follow our advice, something like this often happens: The couple attempts to have a conversation, which results in a rupture. One of them gets flooded, and one of them disengages. One or both regulate using the skills that we taught them. They attempt to re-engage to resume the conversation, but the rupture happens again because they have only regulated. They have not shifted the core sensitivity that keeps causing the rupture. They come to couples therapy to have the same argument the third time.

Imagine a scenario where they are both trained in self-administered Flash. When they have a rupture, they go into separate rooms, and they both use sensory grounding. They both engage in self-administered Flash on what was upsetting in that interaction. After they can both play that interaction without distress, they agree to resume the conversation and begin the discussion, with each starting the conversation with what feels different about it since doing Flash. Resuming the conversation can sometimes be productive when only one person has successfully used Flash.

Since the positive scene and the bad memory cannot intersect in Flash, I don't recommend Flash sessions in couples therapy where both partners are in the same room, working on the same target that involves both of them.

Flash and Grief

Trauma work often brings grief. It has a thousand forms. We do not use Flash to process grief itself. As humans, we grieve by grieving. If Flash opens grief for the client, stop and encourage them to feel it. Flash is an excellent tool for clearing what has kept grief blocked. If accessing positive memories about a person requires first passing through guilt, shame, blame, or a sense of responsibility, the grieving process may be blocked in ways that Flash can help resolve. Target the memories that carry those feelings directly.

Before working on a memory that connects with grief (and not all grief is about death), consider whether the client has been able to start the grieving process with this loss. If not, explore whether active grieving feels possible right now for the client. If not, work elsewhere and return to this territory when grief feels accessible and safe enough for the client.

Grief often comes like a wave. Try to anticipate it and plan for its arrival. Encourage the client to feel it when it arrives. When clients know what it is, it is likely to move through them. When the wave settles, encourage them to take a few deep breaths or use grounding exercises (if those are helpful resources) and resume Flash on the memory if the client is willing.

As Flash may open previously inaccessible grief, it is important to encourage clients to feel it between sessions.

Flash as an Approach to Psychotherapy

Flash Will Become a Psychotherapy

Flash emerged as a discrete intervention designed for use within EMDR therapy. The original use of Flash was to make memories less intense, so they could be more easily processed in EMDR. While Flash has grown beyond that, as evidenced by its use as a stand-alone intervention in most of the research conducted on Flash globally to date (Manfield et al., 2024), many therapists remain skeptical of Flash as a psychotherapy approach.

However, Flash resolves memories. That is not controversial among the major Flash trainers. Any intervention that can help remediate the core of most of the “psychopathology” that we treat must become an approach to psychotherapy. It must. There are dozens of well-established and well-researched psychotherapies that do less, some of them much less. Trauma is one of the longest-running public health crises of our species. None of our deeply intractable social or cultural problems (healthcare, education, gendered violence, or community violence) is likely to find resolution absent progress on our collective and individual traumatic loads.

When practiced well, Flash has the ability to reach many clients with severe trauma in ways that few other approaches can. Flash has a very low admission cost. Other approaches to trauma work require dozens of hours to train a therapist to work effectively and safely with a reasonably healthy person. Flash is easy to train and easy to do, even with most clients with extreme trauma. Flash allows us to do trauma work in ways that are unlikely to contribute to client decompensation and, in the vast majority of cases, resolve whatever they target in a single session. That sounds like an approach to therapy that, with additional supporting research, could go global by using culturally relevant resources for disconfirmation.

Many EMDR therapists use Flash safely and effectively. Yet, in the nearly ten years since its development, Flash has struggled to expand beyond the EMDR community. Most therapists simply don’t realize that there are “safe,” effective, fast, and low-intensity ways for

clients who most need to heal to do this work in ways that are not horrible.

This book is one of the first on Flash, and one of the first to sketch out what Flash as an approach to psychotherapy might look like. There is much more research, writing, advocacy, and training to do.

Explaining Flash Using Metaphors

We need new metaphors to explain both trauma and new interventions, including Flash. The old metaphors suggested that trauma was such a uniquely horrible type of learning that it was stored in special and isolated parts of our brains. We have suspected for a while that this is not true. We also needed complex and specialized ways (and people) to help us transform it.

Through the predictive processing framework, trauma can be understood as little more than deeply salient learning. It is learning where precision weighting (the brain's largely unconscious version of attention) automatically and strongly shifts predictions toward the learning in the trauma and away from the right-now sensory information that might counter it. A single microslice of a traumatic memory is one tiny piece of the large generative model of the self and the world. Flash teaches us that a tiny piece of learning can be easily updated if clients have the right type of sensory disconfirmation.

As they repeat that process, they can resolve an entire memory. As they resolve more memories, they can significantly shape the future predictions their minds make in daily life. They can turn a trauma-haunted model of themselves and the world into models that might be spacious enough for them to live or to wake up on a Thursday morning and believe that they also deserve to be here.

Here are some of the new metaphors that might emerge from the predictive processing framework:

- Your brain is always changing and updating every millisecond that you have been alive. In fact, what a brain is emerges as the by-product of the trillions of milliseconds of experience that have shaped it.
- There is no question that you can heal. There is no question that trauma can be updated with the right type of sensory disconfirmation.

- Your negative thoughts about yourself and your emotions float on top of your predictive system, the way a foam mat floats on a pool. Your mind uses your internal model of the world to form the predictions that shape your affect. A trauma-haunted model of the world causes trauma-haunted predictions that spawn deeply unpleasant affect.
- Your brain is not malfunctioning because of the trauma that it holds. It is doing what brains do. It just doesn't know that it is over, and it keeps generating the same emotional and sensory predictions that have kept you safe during all prior contacts with it.
- Trauma isn't meant to be changed easily. It is information in the service of survival. For your brain to make subsequent predictions that it is over, it needs to experience it as over. It's unlikely to reach the conclusion that it is over without strong sensory evidence that compels the brain to update that piece of the memory.
- When this world set about wounding those of us with complex trauma, it slowed all the way down, and it took its time. For those of us with complex trauma, recovery is possible, and it will also take its time.

We can conceptualize the procedures of this version of Flash inside the predictive processing framework as follows:

- In Flash, clients bring a tiny piece of memory into working memory, which requires their minds to issue predictions about it for some period of time.
- As soon as they touch it with their awareness, they push it out of awareness to prevent more activation and more predictions.
- Some of those predictions are (understandably) predictions of danger, shame, humiliation, etc.
- However, the client's present-based sensory experience (internally and externally) is of puppies playing on YouTube, etc.

- The predictions about this content do not match the sensory input that they are experiencing.
- This generates a strong flow of prediction error signals back deep in their brains.
- Prediction error signals either cause a cascade of new and updated predictions to be tested against internal and external sensory data, or they force an update to the piece of the generative model (i.e., that microslice of the memory) from which the original predictions were based.
- Flash allows our client's brains to make subsequent predictions that a memory is over because it has experienced all parts of that memory as over.

Case Conceptualization

What we expect from Flash heavily shapes what we get from it. When we understood Flash as a tool to desensitize a memory so that we could subsequently resolve it in EMDR therapy, it delivered desensitization. Now that we understand that Flash can fully and adaptively resolve memories, generalize that resolution to other memories, and shift how we think about ourselves and the world, we can start to expect that from it and design our procedures accordingly.

How do you want to use Flash in your practice with your clients? How you conceptualize Flash and how you conceptualize the client's case will heavily shape how you work. Here are just a few of the ways that you can use Flash:

- To help promote current stability by processing the most pressing current stressors in Flash.
- As a foyer to EMDR therapy or other forms of healing.
- When needed to help clients deal with intrusive symptoms.
- To process certain types of wounding and use other approaches to process other types.
- In trauma processing groups.
- To respond to community violence or critical events.
- As a backup intervention when clients have problems inside your primary psychotherapy approach.
- As your primary psychotherapy approach, while using other approaches as supplements.

Regardless of how we intend to work, it is sensible to start with small memories first to allow clients to acclimate to the procedures in Flash before attempting the big ones. This is sound guidance in all the ways that Flash is practiced: in trauma groups, in individual sessions, and when clients engage in self-administered Flash between sessions.

Since I work almost exclusively with clients with complex trauma, one of my primary goals is to help clients start trauma work as soon as they are resourced well enough to start somewhere. One of the big challenges in trauma work with clients with complex trauma is that therapists get so overwhelmed with the complexity of the client's presentation that they don't start. I want to prepare the client to start and assess whether their parts of self can provide consent to start. If the client has a highly dissociative system, they may need to do parts work to help gain clarity into the client's internal landscape.

Strategies to Identify and Track Memories

If Flash is a way that humans can reliably and safely heal from difficult experiences, it will become an approach to psychotherapy. We have very few ways that people with extreme trauma can tolerably heal from wounding experiences with great predictability in under an hour. Flash is one of those.

For Flash to become a full approach to psychotherapy, more research will need to be done to support its efficacy. A lot of research has already been conducted in countries around the world, but it needs a more solid evidence base to be incorporated into mainstream mental health care. We need ways to conceptualize cases in Flash and fully incorporate it into the treatment plan. We need strategies to organize therapy and organize the work that clients need to do.

Fortunately, we already have good models from other transformational memory-focused psychotherapies that can be helpful. Predictive processing provides a powerful framework for understanding how Flash works and why it is a sensible approach to healing. Flash integrates well with other approaches; it is one of its real strengths. This section summarizes ways to better track and conceptualize your cases through a more comprehensive Flash lens.

Taking a detailed trauma history from severely complex clients at the outset is often unwise, since extensive history-taking can itself destabilize. Most therapists who work with severe trauma clients are able to quickly get some sense of the general themes or “buckets” of wounding. We do not need to know the exact contents of the buckets. We typically know what childhood was like and what attachments were like within a few sessions. We know enough about current symptomology and its history to develop a treatment plan. Treatment plans can easily be updated as needed.

The process of recovery for clients with severe trauma is typically slow. Flash allows clients to resolve individual memories relatively easily, but the client may have many thousands of bad memories, and

a lot of them may be deeply stuck in the crevices of identity. There are 158,000 hours in childhood. This work will take time.

Where do we start? We want to work at the intersection of productive and tolerable. When we are first starting, we want to make sure that the client’s target memory is very tolerable. We do not start until all of the required resources are in place. Start somewhere small. If that goes well, work in a memory that feels larger but isn’t a lot larger. If that goes well, work even larger.

After the client has resolved three or four smaller memories, I encourage them to work where they would like to work, even if the memory is relatively large. This version of Flash, when practiced well, is effective in working on individual memories of attachment wounds. Very often, clients will bring suggestions for the memories that they would like to resolve. If this sounds haphazard, remember that with complex trauma, we are not in a sprint to unburden their nervous systems in the most efficient ways possible. Beginning somewhere tolerable allows us to start. It generates momentum and new learning. We always need to work at the intersection of productive and tolerable.

Some clients can keep their own written lists of memories, or therapists can keep an ongoing list organized by theme or “bucket” of what needs to be resolved and what has been resolved. A few of my clients keep folded Post-It notes in a glass candy jar with a few keywords for the memory on each one. Remember that clients need to do grounding between discussing the memory in detail and targeting it in a single session. I often track processed and potential future target memories in a format similar to:

| Date Identified | Bucket/ Theme | Age | Description | Date Started/ Completed | Future Scene? |
|-----------------|---------------|-----|-------------|-------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Target Sequence Suggestions

The order that clients target memories depends on client goals, present stability, and level of trauma resonance in the client's life. As mentioned seemingly endlessly in prior chapters, my strong preference is to start with a very small memory and work increasingly larger through the resolution of about four memories. If part of the goal in starting with Flash is to help promote current stability, I'm likely to suggest clients start with the themes or territories that are contributing most to current instability, working with the least intense recent memories in that territory first.

Usually, by the completion of the fourth memory, the client has gained substantial competence in microactivation, containment, vacuuming, grounding, and rapid task switching necessary to do Flash well. Small memories allow us to practice the core skills that the larger memories will demand. When clients want to start with huge memories first, I often use the following metaphor, unless it risks sounding patronizing to the client:

Working in this way is very non-intuitive. Have you ever taught someone who has never caught a ball to play catch? We ask them to cup their hands, and then we toss the ball into their hands. When they have that skill, we ask them to throw it. We toss the ball to them from a little more distance, and they experience moving their hand to catch the ball. We continue backing up and throwing harder and with gloves. To catch the fastballs, which the large memories are, your hand needs to automatically move to where the ball will be. This needs to be something that your body already knows how to do, so that you can catch the fastball rather than it hitting you and causing injury.

The elegance of the ball metaphor is that the larger memories resolve the same way the smaller ones do. The client experiences the microslices of the memory with more intensity or velocity than in the

smaller ones, but the core Flash tasks have become largely automatic body responses for the client.

Once the client has learned to embody their Flash superhero powers, Flash can resolve memories more quickly with clients with complex trauma than they can in most other transformational psychotherapies several sessions in, including EMDR therapy. I want the client to start working on large memories as soon as they can. First- and worst-memory memories in any category tend to lead to broad generalization and resolve many other memories that they will not need to touch.

The Flash future template process should be considered with every resolved memory. Some targets do not lend themselves to Flash future templates, but most do. For our clients to embody their desired future responses, it is really helpful if they can, in session, experientially remove the obstacles in the future scene. As clients have successes between sessions with the scenarios that they have targeted, they have additional reinforcements in learning.

Troubleshooting Tips

- **Do not check the SUDs in this version of Flash.** Checking the SUDs (assessment of disturbance on a 0–10 scale from EMDR therapy) is an activation strategy to assess how much distress remains in the memory. You are likely to cause unnecessary activation of parts of the memory that the client has not yet brought into awareness. If you would like to know the size of this memory for the client’s note, ask after the memory has been fully reprocessed (the client will remember how “hot” that memory was, but it will be safer to check it). For this version of Flash to work, there is no reason why you need to know the SUDs.
- **Let the client know that the memory content that they are handling is like a hot potato.** Touch it only as long as needed to very quickly toss it into the container. Slowing down containment can cause distress to seep into awareness and the body.
- **Enter an agreement with the client not to overly activate the memory.** Parts of the client’s system typically like this agreement not to overly activate the memory and to work only a tiny microslice at a time.
- **Be aware of your pacing.** Metaphorically, the loops that occur between Step Four and Five act as a kind of pump for tiny pieces of distress and traumatic memory content at a time. Keep the pump going and keep it going quickly. Practice the loop between Steps Four and Five so that you can quickly move the client from one to the other without pauses between your instructions. Too much empty time can cause connections to form with other memory content, or distress may start to seep, and both of these are problems in Flash.

- **If the memory does not appear to be reprocessed or still has residual distress, check the body for activation.** We do not want body activation. If the body is activated from the memory, Flash is not working optimally. All distress, including body activation, should be immediately sent away like it is a hot potato. Using “metaphorical hands” or an imaginary vacuum cleaner, get the sensations out of the body and into the container as quickly as possible. See the Shop-Vac resource script.
- **Clearly instruct clients that they are working on one memory at a time.** Allowing many memories to connect is a recipe for disaster. The free association of EMDR therapy is not permitted here, nor is noticing distress (any distress needs to be immediately contained, regardless of where or why it appears). You can instruct the client not to allow other memories into awareness and to let you know if other memories are trying to intrude, and you can help the client contain the assorted memories.

Adjacent memories coming into awareness are also an indicator of overactivation and body distress. Check for body distress and container or vacuum it out immediately. Body activation may act like a magnet for memories of similar times the body felt that way.

- **Keeping the memory out of direct attention/awareness is critical.** Briefly bringing microslices of the memory into awareness, containing it, pushing it out of direct attention, and loading up a positive scene that we interrupt with blinks are the central elements in this process. It is important that the positive scene and the memory not interact with each other. It is important that the container be pushed far enough away (and the client feels that the memory is far enough away that it won’t intrude into the scene).

If the memory keeps intruding into the positive scene, strengthen the container and push it farther away. Changing the calming scene to something even more compelling can also help. Avoid imaginary positive scenes. You can play a beach scene from YouTube or another video that the client

finds relaxing. Many clients with trauma struggle to visualize in compelling ways. Outsourcing the visualization part to simply actively watching a video will often result in much faster reprocessing. Problems with containing are often problems of overactivation.

- **If the client activates too much and is having a flashback, immediately use sensory grounding.** See the sensory grounding script from Step Two. It will walk you through how to handle a flashback and how to resume reprocessing after a flashback.
- **Don't be surprised if substantial pieces of distress show up in Step Six.** This may require a few more rounds of the positive scene with blinks, but typically these peaks of distress processes quickly to no distress (one or two rounds through Step Six).
- **When you are first in Step Four, do two rounds in the positive scene.** The first time you are in Step Four (just after you completed Step Three), do two rounds in Step Four before getting the first microslice out of the memory. This can help verify that the client can easily access the positive scene with blinks or other disruptions.
- **Be careful not to start Step Three before you finish Steps One and Two.** Also, if you are starting a new session after the client has already done Flash reprocessing in a prior session, make sure that the container and the positive scene are accessible before starting Step Three, since Steps Four and Five will require immediate access to these assets.

Common Misconceptions

“But Media Use Isn’t Healing Us”

Some critics say, “If we can heal from trauma by watching YouTube videos, then surely we would have healed our species by now.” To dismiss this version of Flash because it commonly relies on YouTube or other media to leverage prediction error ignores the other elements and procedures in this approach. This approach requires that clients engage with the difficult memory dozens of times in a typical session, which is not something that people normally do when watching YouTube. We also disrupt our attention on the positive scene hundreds of times with blinks or other motor movements, which are also novel elements. Clients are using media as an element of this process. To reduce the entire process to a single element is not a serious critique.

“Flash Just Desensitizes a Memory”

Therapists often say, as though they are stating a fact about the world, that “flash only desensitizes.” Desensitization is partial processing. There are ways to fully and adaptively process memories in Flash reliably, predictably, and consistently in as little as a single session. Predictive Processing Flash is one of them. Full resolution of a memory causes some generalization to associated or adjacent memory content because new adaptive learning entering the predictive mind must be assimilated into the generative model of the self and world.

“Flash Doesn’t Shift Cognitions”

It is untrue that this version of Flash does not shift cognitions. When practiced well, Flash fully resolves memories. What a resolved memory means is that our thinking about ourselves and the world related to that memory has shifted. If it hasn’t, then that memory isn’t fully resolved. Using Flash to resolve a single memory will resolve the belief structure of that memory and may cause some generalization to other content in the generative model.

Complex trauma is deeply reinforced through many memories. Broad and deeply reinforced negative beliefs about ourselves through hundreds of thousands of hours of learning aren't meant to be shifted easily. Clients may need to work on many memories that support a specific negative belief about themselves before they no longer broadly endorse it.

“Flash Doesn’t Work with Attachment Wounds”

When practiced well, Flash resolves memories. A memory of an attachment wound is a memory. It is not wise to start with attachment wound memories. Once the client has internalized the procedures in Flash and can effectively microactivate and pivot away from them, attachment wound memories will resolve as other memories do in this version of Flash. Of course, attachment wound memories may spawn grief if they sit with them slowly. Clients grieve by grieving.

“Flash Works Because It Taxes Working Memory”

Taxing working memory is currently one of the leading theories behind the efficacy of EMDR therapy and Flash. Since Flash emerged within an EMDR context, many EMDR therapists attribute the same working mechanism to both. Clearly, we are activating the client and immediately distracting them from that activation.

On its face, that might sound somewhat disruptive and taxing. But is getting a tiny slice of the memory taxing? It is purposefully designed not to be. Is blinking in the positive scene taxing? As we have seen, we can easily do Flash without blinking at all. I have also conducted Flash therapist practice groups where participants load their YouTube videos into an application on a website. The website shows the YouTube video for five seconds, blanks it out for one second, then shows it again for another five seconds. Flash appears to work just as well this way. Is it taxing working memory if the website does the blinking for you? Is the YouTube video itself taxing working memory?

The predictive mind explains Flash's efficacy well. Taxing working memory isn't the best explanation. My worry is that adding disruptions may distract clients from one of the most important tasks I'm asking them to do: having many pleasant experiences in the positive scene. From the predictive mind lens, Flash disrupts the predicted affective sequelae. The mismatch between what the brain guessed and what it experienced is what allows the memory to update.

This lens also provides a compelling reframing of taxing working memory as *the* explanation of how we unlearn saliently learned information. When we encourage clients to engage in behaviors that intensely tax or disrupt working memory, aren't we always disrupting the predicted affective sequelae? Again, the disruptions themselves seem to cause the client to have an experience of the trauma that is different from the predictions the brain has constructed. This generates a large stream of therapeutically useful prediction error.

“Flash is Just Exposure Therapy”

There are clear exposure elements in this version of Flash. We are careful to minimize the amount of memory content that the client accesses. If this is exposure therapy, it is remarkable among them for the lightness of the exposure. Clients spend most of a Flash session engaging in a positive scene and very little of it exposed to the bad memory. The predictive processing framework helps reframe exposure therapies as one of many ways for clients to experience the type of experiential prediction error that might update a stuck memory.

Appendix

Appendix A: Positive Scene Video Search Ideas

YouTube contains tens of billions of videos. This section contains some keywords that can be helpful when helping clients search on YouTube for things that interest them. These categories are common ones that start the conversation.

Animals

Golden Retrievers playing
dogs in costumes
kittens play fighting
sleeping puppies
funniest animal videos
dogs playing in leaves

Babies/Kids

cute babies sleeping
Kids Say the Darndest Things

Beaches

beach bonfire
beach waves relaxation
island beach relaxation

Cleaning

satisfying power washing

Comedy

best standup sets
best bloopers ever

Food

beautiful coffee making
best pizza compilation
food that looks like real things

Music

[favorite band] music video

Sports

best Celtics moments of all time

Television/Movies

the best of Michael Scott
the best of Leslie Knope
highlight clips *Bridesmaids*
highlight clips *Harry Potter*

Travel/Scenery

Switzerland Tim Janais
Austria Tim Janis
scenic railroad

Appendix B: Predictive Processing Group Protocol

Information for Group Leaders/Facilitators

This guide is public domain/not copyrighted. Rework and rewrite until it better fits your context. This protocol depends on all participants coming to the 75-minute reprocessing group with the four key resources already in place:

- Container
- Shop-Vac/Vacuum
- Positive scene
- Sensory Grounding

You will need to do preparation groups before processing groups. You will need to have procedures in place to help any participant who is struggling with any of the resources.

Options for introducing the resources to group participants prior to the 75-minute reprocessing group:

- Individual sessions with each participant, where these resources are developed and tested
- Group preparation sessions, ensuring time and opportunities to troubleshoot problems individual participants may have. Group preparation sessions may also allow group members to get to know each other and start to develop a group dynamic.
- If working with reasonably healthy people, you can have each participant watch the videos at: <http://TraumaTherapyGroups.com> or this YouTube playlist: <https://shorturl.at/GY056>. It is a good idea to check with participants to help verify that all resources are in place.

If you need to do resourcing groups or teach these resources individually, the scripts for these resources are included at the end of this appendix. Doing this work safely depends upon these skills being accessible to each participant, and each participant needs to know when to use these resources. Participants need to know that if distress appears, they must immediately stop and deal with that distress using a resource. Do not go forward, even if the distress is coming well inside the window of tolerance.

You need to have facilitators to assist you and a plan to deal with group members who are struggling in both in-person and online groups. You can manage this online through pre-defined breakout rooms where a facilitator and a participant can meet to troubleshoot problems or de-escalate.

Reprocessing Group Itinerary:

- Review the group Flash process related to (10 minutes):
 - Required Skills
 - Safety
 - Managing Time
- Reprocess a memory using the attached script (45 minutes)
- Future Scene (optional, 15 minutes)

More detailed information about this version of Flash is available at: <http://FourBlinks.com>, and group-specific information is available at: <http://TraumaTherapyGroups.com>.

10 Minute Review

Read or paraphrase what is bold and italicized.

Review Resources

Thanks, everyone, for coming. In this group, we are going to be doing a version of Flash to resolve an individual memory. It is important that everyone already has their resources in place. As a reminder, all distress or content that comes when you quickly glance

at the memory will go into your container, or you will use your hand to send it away from you. Is your imaginary (or real) container accessible to you? [give several moments for them to confirm]

Good. I'll give you about a minute to load up your positive scene. If it's a video, find it, make sure it is accessible to you, and just notice it. If it is a process, engage in that process and notice it. You are always allowed to change the scene to something more interesting if you like. [Give about 60 seconds.]

Good. Let's do some quick grounding, just to make sure that resource is available to you. Look around you and see if there is something you can use for the senses of smell and taste. [Pause at least 15 seconds.] *Look around the room and notice several things you see. Also, notice the color of that object. If you were to touch it, would it be hard, soft, or have some other texture?* [Wait about 5 seconds] *Good. If there is a piece of furniture near you, touch it and notice if it is warmer, cooler, or the same temperature as your hand.* [Wait about 5 seconds]. *Good. I'll be very quiet so you can just notice whatever you hear in order of loudest first.* [Wait about 5 seconds]. *Good. If you have something that has a smell, just engage with that.* [Wait about 5 seconds]. *Good. If you have something that has a taste, just taste it and notice it.* [Wait about 5 seconds]. *Good. How did that go?* Respond to questions if needed.

Good. Let's get in touch with your vacuum resource. Scan your body and see if there is any distress that you notice. If so, switch on your vacuum cleaner and imagine any distress going into the hose, like colored smoke. [Wait about 15 seconds.] *Good. How did that go?* Respond to questions if needed.

Important Safety Review

If any distress comes into your awareness other than when you quickly glance at the memory, you will need to immediately stop and contain it. If you are having trouble putting it in your container or pushing your container out of awareness, immediately do sensory

grounding and check your body. Do the Shop-Vac resource also if needed.

If parts of the bad memory show up in your positive scene, stop. Contain it. Push that container a billion miles farther away than last time, so there isn't time for it to show up.

If other memories want to come, that's a sign of overactivation. Stop. Contain them. Put them in a large, separate vault. Let them know you can get to them another time.

Long story short, if any distress comes, there is only one thing that we do in these approaches. What is it? [Correct answer is: Stop, container, and push away. Use your other resources if needed, but do not go forward if distress is present. The only place that distress is allowed is in the container and out of direct awareness.]

There are multiple ways that you can disrupt the positive scene in groups. You can do blinks, numbers, colors, or a combination of elements. Before providing the instruction below, decide how the group participants will be disrupting the positive scene every five seconds and adjust the language below accordingly.

When you are in the positive scene, I will say "blink" [or a number or color] roughly every five seconds. When I say blink, you just blink once slowly or twice quickly and then go right back into your positive scene. Once slowly looks like this: [demonstrate] and twice quickly looks like this: [demonstrate]. If your eyes are closed while you are in your positive scene because you are listening to music, just open them briefly and then close them (that's also a blink). If you have eye irritation issues, see the help documentation for how to do this without blinking. Also, you will blink naturally during this process, so just ignore the blinks that you naturally do. It's the blinks that you do on purpose that matter.

Finally, if you are struggling in this group practice, here is how you can get assistance from facilitators: [Explain your contact and assistance procedures, assistance break-out rooms, etc.]

Time Management

The portion of this group where we work on a memory lasts 45 minutes, or until all participants indicate that the memory is resolved, or until we run out of time. When you look quickly at the memory and cannot find distress, start playing each frame of the memory from the beginning until you find the first piece of distress and push it out of awareness. It may take you a while to find that distress, so feel free to rejoin in the next round of the positive scene with blinks. Keep playing the memory like a video until there is no distress in any part of the memory.

If you finish the memory quickly and there are at least 20 minutes remaining, feel free to work on another memory, but do not work on multiple memories at the same time. I will announce when there are 20 minutes remaining. If you finish the memory before the full 45 minutes is over: [inform what you would like them to do until they come back for debrief and possible future template, i.e., take a break, engage in the positive scene with or without blinks but skip activation parts, or observe the processes of others in the group].

Reprocessing (45 Minutes)

We will start with two rounds in the positive scene with [blinks, colors, or numbers], and then we will select the memory to work on. For now, just load up your positive scene and notice it. [Wait 10–15 seconds until it appears people are engaging in their positive scene] [Wait 5 seconds.] **Blink . . . Good. Notice your positive scene.** [Wait 5 seconds.] **Blink** [Wait 5 seconds.] **Blink** [Wait 5 seconds.] **Blink** [Wait 5 seconds.] **Blink** [Wait 5 seconds.]

If that went okay, let's do another round. Load up your positive scene. [Wait 5 seconds.] **Blink . . . Good. Notice your positive scene.**

[Wait 5 seconds.] **Blink** [Wait 5 seconds.] **Blink** [Wait 5 seconds.]
Blink [Wait 5 seconds.] **Blink** [Wait 5 seconds.]

Good. Let's select the memory you would like to work on. Make sure it is an individual memory that happened at a specific place and time. Do all parts of you think that working on this memory today is a good idea? [Wait a few seconds] *If so, just push it out of awareness. If not, work with that part until you can find something safer to work on. Again, push that memory out of your awareness, look at a blank wall if you need to, or use your Shop-Vac if you need to. When it is gone, load up your positive scene and just notice it.*

Positive scene. [Wait 10 seconds.] **Blink.** [Wait 5 seconds.] **Blink**
[Wait 5 seconds.] **Blink** [Wait 5 seconds.] **Blink** [Wait 5 seconds.]
Blink [Wait 5 seconds.] Good.

[The text in the table below is what you will repeat over and over for what remains in the 45-minute reprocessing part of the group. Read the text on the left side quickly. Make note of the time, as this loop will end about 40 minutes from now.]

| | |
|--|---|
| <p><i>Very quickly, glance at the bad memory and whatever is distressing in this millisecond, catch it, contain it, and push it far, far away.</i> [The group leader should model sending the distress away by making moving their hands as though tossing a ball.] <i>When it's gone, notice your positive scene.</i></p> | <p><i>[Wait 10 seconds.] Blink.</i> <i>[Wait 5 seconds.] Blink</i> <i>[Wait 5 seconds.] Blink</i> <i>[Wait 5 seconds.] Blink</i> <i>[Wait 5 seconds.] Blink</i> <i>[Wait 5 seconds.] Good.</i></p> <p>How did that go? [If possible, get a thumbs up, thumbs sideways, or thumbs down. If people are struggling, direct them to where they can find assistance, including the Client Guide in the Appendix that follows.]</p> |
|--|---|

On about the third round after starting and after reading the right column, you can say something like this once: ***Don't forget to check your body and ShopVac, if you need to.***

[After about 20 minutes and after reading the right column, you can say something like this once: ***If you are having trouble finding the distress when looking quickly at the bad memory, start playing the memory like a piece of video and catch the first piece of distress. Keep doing this until there is no distress in any part of the video of the memory.***]

At the halfway point, you can say something like this once after reading the right column: ***We are halfway through our time. If you are finished with the original memory, you can start working on a new one. If not, just keep going.***

In the last few rounds before running out of time, simply let participants know the following after reading the right column: ***We have [3,2,1] more rounds before we will need to go to closure.***

Closure

Good. I hope that went okay. If you did not get to finish your memory, please feel free to scoop it up and put any residue into the container, and we can work on that next time. Also, remember that you have your positive scene (which you can load up anytime without blinking), a container for other memories or sensations that may appear, your Shop-Vac resource, and sensory grounding. Use all of these resources as needed to manage any residual distress.

Debrief Reprocessing

Here are some options for debrief:

- Allow people to ask questions about the process and respond to any difficulties encountered.
- Allow people to describe their experiences.

The text in the table below is what you will repeat over and over for what remains in the 15-minute future scene part of the group. Read the text on the left side quickly.

| | |
|--|---|
| <p><i>Very quickly, glance at the future scene and whatever is distressing in this millisecond, catch it, contain it, and push it far, far away. When it's gone, notice your positive scene.</i></p> | <p><i>[Wait 10 seconds.] Blink. [Wait 5 seconds.] Blink [Wait 5 seconds.] Blink [Wait 5 seconds.] Blink [Wait 5 seconds.] Blink [Wait 5 seconds.] Good.</i></p> |
|--|---|

In the last few rounds before running out of time, simply let participants know the following after reading the right column: *We have [3,2,1] more rounds before we will need to go to closure.*

Debrief Future Scene

Do debrief however you like. Here are some options:

- Allow people to ask questions about the process and respond to any difficulties encountered.
- Allow people to describe their experiences.
- Engage in other mindful resources to manage any reported residual distress.
- Get feedback on how you might be able to do this more effectively with them next time.

Appendix C: Client Guide for Flash Groups

This guide is provided to clients prior to starting a Flash group. It provides information to help with difficulties during a group. To engage safely in this version of Flash, the core resources of **container, positive scene, grounding, and Shop-Vac** (or workable accommodations) must be in place.

This version of Flash has several absolutely core rules:

- **If distress comes, even a little bit, stop.** Use one of the four resources to move the distress away from the body and away from awareness. Do not push forward or harm may occur, including the risk of making the positive scene a trauma trigger.
- **You can change the positive scene at any time.** It must shift how you feel in a positive direction when you engage with it.
- **If the bad memory intrudes into the positive scene, stop.** Catch it and send it out of the solar system.
- **The positive scene and the bad memory cannot intersect in any way.** If they intersect, you should immediately change the positive scene to something that does not intersect.
- **We work one memory at a time.** One memory only. If other memories really want to come, that is a sign of overactivation. Check for body-based distress, manage it, and be careful not to overactivate the memory in the next rounds.

Problems with Activation

I'm having trouble only activating a tiny piece of the memory at a time. I am feeling a lot of distress. In the next few rounds, when I am talking, try to tune me out (or turn down the volume if you need to). If the memory feels really vivid, use sensory grounding. Then, use Shop-Vac to get the distress out of your body (you do not have to get all of it out). Once you feel more connected to the present, you can join the next round of positive scene with blinks. To avoid this from continuing to happen, it is important that you glance at the memory even faster and catch the first bit of distress even sooner. If this keeps happening, try focusing on a different part of the memory and come back to the distressing part later. If that does not work, stop checking the memory when I'm directing you to, but just be in your positive scene with blinks for a while.

I'm feeling a lot of distress. Do I just push forward? No. Stop and manage the distress using sensory grounding or Shop-Vac. Do not push into distress. If distress is present, Flash isn't working.

Other memories want to come. Other memories coming into awareness may be an indicator of overactivation. Send the memories that want to come into a large vault and let them know that you can get to them at another time. Use sensory grounding or Shop-Vac if you notice distress in them. In this group, we are working with only one memory at a time.

The bad memory intrudes into my positive scene. Stop. Immediately stop and contain whatever content intrudes. Push it billions of miles farther away than you pushed it last time. The positive scene and the memory cannot exist in the same mental space, or problems will occur (thus the need to push the memory content out of awareness so that you can make all of awareness available to the positive scene). If you continue to struggle with the memory intruding into the positive scene, use your resources and stop. Take a break. Pick a more tolerable memory from a different part of your life and rejoin.

The Positive Scene Itself is Distressing Me

The positive scene is distressing me because there is something in it that reminds me of the bad memory. The positive scene and the bad memory cannot intersect in any way. If they are, you need to change the positive scene to something else immediately. Use grounding or Shop-Vac during the transition if you need to. If you need help from facilitators, contact them.

If the positive scene itself is distressing because it is getting paired with the bad memory, it is essential that you stop immediately. You have probably been pushing into the distress rather than trying to manage and contain the distress before continuing to the positive scene. Use grounding and Shop-Vac immediately. Do not continue reprocessing. Go take care of yourself. Pet a dog. Go for a walk. Or, let a facilitator know that you need some help.

I Can No Longer Find Distress in the Memory. What Do I Do?

I can glance quickly at the memory, and I cannot find any distress. Now that you can't find distress, when the group leader sends you back to the memory, try to walk through each frame of the memory from the beginning, like walking through a piece of videotape. As soon as any distress appears (even a little bit), catch it, contain it, and push it out of awareness, and continue the process until you can play the whole video of the memory, and there is no distress.

I can play the memory without any distress, but there is still time. If we have at least 15 minutes left to go, feel free to start another memory. If not, feel free to just be in your positive scene without activating anything until the group is done. Or, you can turn off your video and come back in time for feedback or working on future targets.

Problems with the Positive Scene

Can I change the positive scene? Yes. Positive scenes may get boring or stale, and it is important to change them as needed. Yes, you can change them mid-process.

The bad memory intrudes into my positive scene. Stop. Immediately stop and contain whatever content intruded. Push it 1,000 miles farther away than you pushed it last time. The positive scene and the memory cannot exist in the same mental space, or problems will occur (thus the need to push the memory content out of awareness so that we can make all of awareness available to the positive scene). If you continue to struggle with the memory intruding into the positive scene, use your resources and stop. Take a break. Pick a more tolerable memory from a different part of your life and rejoin.

It's Not Working

I've been doing this for 20+ minutes, and nothing is changing as I look at the memory. Are you sure the positive scene is making you feel relaxed, distracted, safe, or amused? Your positive scene needs to shift how you feel in the present moment in a positive direction. If not, try switching to a positive scene. If your positive scene is engaging, scan your body. If you are having distress, Shop-Vac it or use sensory grounding. Keep an eye on any distress, since distress will contaminate your positive scene.

This is Making Me Tired

If the positive scene is making you tired, are you using an imaginary positive scene? If so, try switching to a YouTube video that may feel relaxing or distracting. Imaginary positive scenes can be exhausting to recreate many, many times in a session.

If the positive scene is a video, and you are feeling tired. Is it possible that the positive scene is relaxing you, and it's the relaxation

response you are noticing? Try stopping for a few rounds, getting up, and moving around. Get a warm or cool drink before trying to continue.

My Eyes Are Irritated, or I'm Having Trouble with the Blinks

Eye problems. It is not essential that you blink to disrupt your positive scene. If you are watching a video, look at an object in your current room for about half a second when the facilitator says "blink," then look back at the video. If your positive scene isn't a video, simply tap your legs quickly and focus on the sensation of the tap (or engage in another quick motor movement that briefly distracts you from the positive scene).

Appendix D: Self-Administered Process

Once most of my clients learned Flash, the process was so easy that I could not stop them from trying it on their own between sessions. I quickly learned to help them decide which memories are safe enough for them to work on between sessions and which should be held for their work with me in session. These are the categories of memories that generally make good self-administered Flash targets:

- Relational incidents with friends, partners, neighbors, or children.
- Workplace stressors related to coworkers or bosses.
- An old memory that is coming strongly into awareness, assuming that it is not one of the worst things that has ever happened to you (and also assuming that multiple memories are not coming in a “swarm”). If many memories are coming, do sensory grounding.
- A bad dream, after you engage in sensory grounding.

I remind clients that the following memories are issues that should be avoided in self-administered work:

- Memories that are coming in clusters or swarms.
- Trying to target themes or existential questions.
- The memories that most broke you in childhood, or any of the worst 10 memories.
- Memories that just happened, if you cannot successfully ground yourself first (because the distress will still be strongly in the body from what you are trying to process).

If it does not sound trauma-informed to permit clients to do Flash on their own between sessions, it is important to remember that clients with complex trauma have been actively trying to reconcile themselves with their trauma for as long as they have been carrying it. They have been endlessly using cultural strategies such as

rumination, withdrawal, reenactments, numbing, avoidance, or relational catharsis, which have only resulted in further wounding.

Even if Flash doesn't work perfectly for them when self-administered, I would rather they use the gentle procedures of Flash than most of their other long-term survival strategies. One of the clear lessons of the predictive mind is how deeply reinforcing rumination is to the generative model of ourselves and the world. When my clients use Flash between sessions to process the stressors between sessions, they come to the next session and let me know what work they have done. They are instructed to stop if this work is not going well.

Healing yourself, on your own, is a fantastic goal of therapy. It is a great exercise in client agency. It is what they have been trying to do, even when they didn't know what they were doing.

The easiest way to help your clients do Flash between sessions is to make an audio recording for them to follow. There are sample recordings that you can distribute to them in the self-administered section of the website: <https://PredictiveProcessingFlash.com>.

Appendix E: Additional Resources

Books

A good introduction to the predictive processing framework is Clark (2023), *The Experience Machine*. The most comprehensive review of the neuroscience of predictive processing for psychotherapy is Lane & Nadel (2020), *Neuroscience of Enduring Change: Implications for Psychotherapy*. Farb & Segal (2024), in *Better in Every Sense*, offer accessible ways to incorporate present-based sensory disconfirmation into everyday life, which may be helpful for therapists and their clients as we look to leverage precision weighting of the sensory present.

Trainings

I currently offer life Predictive Processing Flash trainings at least three times monthly at: <https://EMDRCLeveland.com>.

Phil Manfield currently offers training in the original version of Flash at: <https://FlashTechnique.com>.

Ricky Greenwald currently offers training in his versions of Flash at: <https://www.ticti.org>.

Other Resources

Downloadable scripts, resources, and demos for individual therapy sessions, group processing sessions, and self-administered Flash sessions are available at: <https://PredictiveProcessingFlash.com>.

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