

## Learning Objectives

1. Identify concepts, resources and procedures for affective regulation and readiness for EMDR treatment.
2. To evaluate how the use of games can contribute to the evolution of EMDR treatment.
3. To identify other indicators of the validity of the use of complementary resources to improve readiness and adherence to treatment.

## Abstract

Difficulties in stabilizing and advancing Eye Movement Desensitization and Reprocessing (EMDR) reprocessing in complex cases prompt practitioners to investigate concepts and expand resources. Reprocessing requires a state of regulation of the autonomic nervous system so that the neuroception system does not continually recruit old vagals, in order to diminish defenses by allowing an interaction that calms physiology, consequently supporting health, growth and restoration (Porges, 2012). In the more regressed and/or dissociative patient, strong neural patterns of amygdala reactivity can overrun positive facilities (Phase 2 of the standard protocol) with a flood of negative content, thus truncating fragile channels of access to positive networks. However, abstract thinking, represented by ideas, feelings (limbic abstractions) or cognitions (neocortical abstractions) - that we intend to strengthen - regardless of the origin of the stimulus, can arise either from memories (declarative or not), or from external stimuli captured by the sensory organs (Oliveira & Amaral, 1997). Although thought involves all the functional units of the brain, abstract thinking demands more advanced and complex functional regions. Concrete thinking, on the other hand, seems to be more associated with areas of projection, more primitive functions related to sensitivity and motricity (Núria, 1973, Porges, 2015). With games, we intend to stimulate the primary motor area (direct connections with specific muscles in discrete movements) and primary sensory areas that detect specific sensations - visual, auditory and somatic. First, we stimulate the parietal-temporal-occipital cortex in the non-dominant hemisphere, a more emotional part associated with body language, voice intonation (Benicio, 2013), and then secondary areas that give meaning to the primary areas.

Four games are used to extend Phase 2 as a therapeutic project aimed at the ego restructuring of patients with malformation of the building blocks of the psyche (Shore, 2015, Zampieri, 2016, 2017). Taking into account the adaptive information processing (AIP) systemic model (Shapiro & Cols, 2007, Bowen, 1978; McGoldrick, 1999; Minuchin & Fishman, 1981) and psychodrama (Moreno, 1985), this approach includes status change exercises, access, mapping and installation of positive resources and affections, and recognition of family patterns and transgenerational stressors. It aims to stimulate the process of individuation and reduce anxiety (Bowen, 1978), favoring the stabilization and enlargement of the window of tolerance, enabling dual care for reprocessing (Zampieri, 2016, 2017).

We aim to present the games, as innovative resources created by the author, to work with EMDR for patients with difficulty accessing cognitive-affective-sensory nuclei and maintain dual care for reprocessing, in an exemplified exhibition using videos: a case of waiting for adoption and another case of a 12-year-old boy diagnosed with schizophrenia, in which feedback from parents and the psychiatrist after three sessions using the games were indicators of validity.