Session 2

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EMDR Boot Camp: an EMDR Skills Refresher Course

Housekeeping Issues
Handouts are on:
www.Compassionworks.com/CompassionWorks-Blog

EMDR Boot Camp
- Previously trained EMDR therapists
- Professionals who are interested in learning how EMDR works
- Know when and whom to refer
- This is NOT EMDR training which is 6 days + 10 hours of consultations
- Other trainings (PESI) are not EMDRIA approved
The biologically organized emotional core is biased toward certain emotional responses that are driven by neural templates (emotional, cognitions/beliefs, and memories) of early attachment experiences. Hence, present life interpersonal experiences activate the neural maps of earlier childhood. This occurs unconsciously and, often, regardless of what is actually occurring, thus biasing our emotional perception of personal interactions.

Why EMDR

Eight Phase Review

- Phase 1 – History
- Phase 2 – Preparation
- Phase 3 – Assessment
- Phase 4 – Desensitization
- Phase 5 – Installation
- Phase 6 – Body Scan
- Phase 7 – Closure
- Phase 8 – Reevaluation
Basic Components of EMDR Methodology

- Picture (Sensory level: images, sounds, smells, touch, taste)
- Cognitions (Neg & Pos Cogs)
- Emotions
- Body Sensations
- Measurement Scales (SUDs & VoC)
- Bilateral Stimulation

Phase One: History Taking, Case Conceptualization & Treatment Planning

- Client Readiness
  - Level of rapport with Therapist
  - Affect tolerance and regulation
  - Life stability
  - Suicidal/Homicidal assessment
  - Support System
  - General Physical Health
  - Medications, Drugs, Alcohol

Phase One: History Taking, Case Conceptualization & Treatment Planning

- Client Readiness
  - Systems Issues, Secondary Gains
  - Timing Considerations
  - Legal Requirements
  - Dissociation (Dissociative Experiences Scale)
Phase One: History Taking

- Standard intake process
- Focus on trauma history
- Genograms and trauma timelines
- Presenting Problem and Symptoms
  - Listen for images, NCs, EMs, body sensations

Phase One: History Taking

- Duration
- Initial Cause (First) and additional past occurrences (what’s pushing symptoms)
- Other complaints
- Present Constraints/Triggers
- Desired State

Phase One: Treatment Planning

- Clinical judgment in choosing a comprehensive treatment plan
  - Psycho-education
  - Problem-solving
  - Stress Management tools
  - EMDR (some clients need strengthening of internal and external resources first)
  - etc
Past Traumatic Issues:
- Touchstone Event
- Single Incidents
- Repetitive Similar Incidents (clusters)
- Identify-first, worst, most recent
- Top Ten List (10 worst incidents)
- Relational Trauma w/ Significant People

Top Ten List (10 worst incidents)

Identifying EMDR Targets
- Target the dysfunction
  - Negative Cognitions/beliefs
  - Emotions
  - Body Sensations
  - Grief/Loss
  - Difficult Decisions

Treatment Planning
- Four Basic Options (Shapiro, 2006)
- Symptom Focused
  - Single Incident PTSD
  - Single Issue, Brief Treatment
- Comprehensive
  - Multiple Issues
  - Complex PTSD
Phase Two: Preparation

- Appropriate Therapeutic Relationship
  - Client-centered approach; client empowerment
  - Therapist attunement to facilitate bonding
  - Sufficient trust for client honesty about his/her experience

Phase Two: Preparation

- Introducing EMDR to Clients
  - EMDR Background
  - Research Supporting EMDR
  - Cautions for Clients
  - DAS setup
  - Metaphor for EMDR Processing
  - Expectations or fears about EMDR

Phase Two: Preparation

- Containment
  - Image of Container
  - Gather disturbing images, thoughts, emotions, body sensations
  - Put in the Container
  - Close Container and put it away
  - Reverse Spiral Technique
  - Light Stream Technique
  - Safe Place Exercise
  - Dual Attention
Phase Three: Assessment
(AKA - Target Formation)

• Issue
  • “What issue would you like to work on today?”
  • “When is the first time you remember feeling that way?”

Phase Three: Assessment
(AKA - Target Formation)

• Image
  • “What picture represents the worst part of the incident?”
  • “When you think of the incident what comes to mind?”

Phase Three: Assessment
(AKA - Target Formation)

• Negative Cognition
  • “What words go best with that picture that express your negative belief about yourself now?”
  • “What does that make you believe about yourself now?”
  • An “I” statement
  • Stated in the Present: “I’m worthless”
Phase Three: Assessment (AKA - Target Formation)

Positive Cognition
- “When you bring up that picture, what would you like to believe about yourself now?”
  - Self-referenced, generalizable belief
- Positive language – avoid the word “not”
- Appropriate and relevant, same issue as Neg Cog, avoid “always” and “never”
- Identified by what feels right to the client

Phase Three: Assessment (AKA - Target Formation)

Validity of Cognition (VoC)
- “When you think of the picture, how true do those words (repeat PC) feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?”

Phase Three: Assessment (AKA - Target Formation)

Emotions
- “When you bring up the picture, and the words (repeat NC), what emotions do you feel now?”
Phase Three: Assessment
(AKA - Target Formation)

- SUDS (Subjective Units of Disturbance)
  - "On a scale of 0 to 10, where 0 is no disturbance or neutral, and 10 is the highest disturbance you can imagine, how disturbing does it feel now?"

Phase Three: Assessment
(AKA - Target Formation)

- Body Location
  - "Where do you feel that in your body?"

Phase Four: Desensitization

- Reprocessing the disturbing material.
- Goal is to reduce the disturbance to a SUDs of Zero.
- Remember Cognitive restructuring is also occurring during this phase of EMDR
Phase Four: Desensitization

• “Remember, it is your mind and body doing the healing. It’s like you’re on a train riding through the landscape of disturbing material. Just let whatever happens, happen. It may be unexpected or odd; any information is connected in some way. Let yourself experience the images, thoughts, emotions, and body sensations without judging them or trying to understand them. You stay silent during the processing, and then we’ll stop and check-in briefly about what’s coming up.”

Phase Four: Desensitization

• “Now, bring up the picture and the words (NC) and notice where you feel it in your body, and follow my fingers.”

• Observe and stay connected
• Supportive statements
• Begin with 24 sets during processing and adjust as necessary

Phase Four: Desensitization

• Check-in Point
  • Educate the Client
    • Does not need to report everything, only what’s happening now.
    • Important to report changes in images, emotions, body sensations
    • Be honest
Phase Four: Desensitization

• Negative Material: “Go with that.”
• Mixed Neg/Neutral/Pos Material: “Go with that disturbance.”
• Neutral Material: “Go back to the original image, and go with any disturbance.”
• Positive Material: “Go back to the original image, and go with any disturbance.”

Phase Four: Desensitization

• Once all associated channels have been processed, returning to the original memory will result in no disturbing emotions, thoughts, or body sensations arising for the client and a SUDs = 0, the target is considered desensitized.

Phase Five: Installation

• Check the PC
  “Do the words (PC) still fit or is there another positive statement that fits better?”
• Check the VoC
  “When you bring up the original picture, how true do the words (PC) feel on a scale from 1 to 7, where 1 is completely false and 7 is completely true?”
Phase Five: Installation

- Install the PC
  - “Now think of the original image/memory and hold it with the positive belief (PC). Keep repeating the positive belief and notice your experience.”
  - Keep doing sets until the VoC=7 or higher

Phase Six: Body Scan

- “Close your eyes and keep in mind the original memory and the positive cognition. Then bring your attention to the different parts of your body, starting with your head and working downward. Any place you find any tension, tightness, or unusual sensation, tell me.”

- If any tension or disturbance, target with DAS sets.

- The body scan phase is complete when the client, holding the target image and PC, can mentally scan the body and report no residual tension.

- Positive sensations can be targeted with short DAS sets.
Phase Seven: Closure

• Complete Session

  “Remember that following an EMDR session you may experience continued processing in the next few days, including dreams, insights, new memories, emotional vulnerability, and body sensations. This is normal. You can keep a log of things that arise, especially potential future targets. If something disturbing arises, write it down and do the Containment, Safe Place &/or Spiral technique. If you feel it necessary, you can call me.”

Phase Seven: Closure

Incomplete Session

• Inform the Client

  “We are almost out of time and it is clear that there is more processing to be done on this issue. Is this a good place to stop for today?”

• Acknowledge the Client’s Work

  “You have done some very good work today, moving through this issue.”

Phase Seven: Closure

Incomplete Session

• Skip the Installation of PC and Body Scan
• Containment, Safe Place, or any other relaxation exercise that you are comfortable with
• Same closing comments as for a complete session
Phase Eight: Reevaluation

- Reevaluation occurs at every session following EMDR processing.
- Focus on
  - Has the target been resolved?
  - Has associated material been activated that should be addressed
  - Have all necessary targets been reprocessed. Peace with the past, empowered in the present, able to make choices for the future

Eight Phases of EMDR Treatment

- Phase One: Client History
- Phase Two: Preparation
- Phase Three: Assessment
- Phase Four: Desensitization
- Phase Five: Installation
- Phase Six: Body Scan
- Phase Seven: Closure
- Phase Eight: Reevaluation

Three Prong Review
The goal of treatment is: Process dysfunctionally held “negative cognitions” and incorporate new adaptive ways of viewing the past, i.e., “positive cognitions.” Let go of the past.

Past: What memories set the foundation?
Present: What situations trigger the disturbance?
Future Templates: What skills, behaviors, information are necessary for optimal functioning in the future?

Three Pronged Protocol

Calm/Safe place

Practice Session

Practicum

- Phase Three: Assessment
  - Image
  - NC
  - PO
  - VoC
  - Emotions
  - SUDS
  - Body Sensations
- Phase Four: Desensitization
- Phase Five: Installation
- Phase Six: Body Scan
- Phase Seven: Closure (Complete or Incomplete)
EMDR Practice Session

Phases 3 through 7
Assessment to Closure

What did you learn?

Questions?

What did you learn?

Thank you, please fill out your evaluations