RESTRICTED PROCESSING

(Adapted from Shapiro, 2001)

Understanding the Window of Tolerance is necessary for all trauma processing. We will have a 2 hour video on understanding the window of tolerance that will be available for all Basic training members.

PLEASE NOTE: EMD or Restricted protocol should not replace the EMDR protocol. It does not produce comprehensive reprocessing but only symptoms reduction.

Restricted processing should be done for clinical reasons, the person cannot tolerate the full EMDR processing protocol. If the person is able to process with the full protocol, that protocol should be used as it has been empirically shown to be effective in reducing disturbance and changing the way the client's system reacts.

We do not want you to use this protocol in place of the full protocol just because you feel it is easier for client or for you. :-)

No matter what type of processing you are doing with EMDR, it is necessary to do all 8 phases. We need to have some idea of the client's current resources, the ability to change states in a way that is not dangerous.

We want to know the client's history. We still find the targets and identify the root of the present issue.

We do not need to get all of the details, just the headlines. In the protocol for restricted processing we use the following steps with the script.

Step 1: Prepare the Client

- Explain we are using this protocol to take some of the charge out of the memory.
- Informed consent. The clients questions are answered.
- You have observed that the client has a tool to use to use as a resource, such as container, grounding or another somatic resource.

Step 2: Spoken movie from beginning to end with eye movement.

- **"In order to take some of the charge out of the event, I would like to invite you to tell the story of the episode from beginning to end, ending with where you are right now, while I do eye movements. If it is helpful you can imagine watching the episode on a movie screen."**

Step 3: Access and process the points of disturbance (POD).

- **"Now I would like you to run the movie again silently, while I do eye movements and use your stop signal at the first disturbing part and that will be our first target."**

- **"What is the worst part of the episode now?"**

Step 4: Access and and process the most disturbing part now.

1. Only if the POD is not an image ask: **"Is there a picture that goes with this first part of the disturbance?"**

2. **"What negative words about yourself or the world go with that _____ (name the POD)"**   Offer one if they have difficulty. **"Is it _____?**

3. **"When you bring up that part of the disturbance, what would you rather believe about yourself now?"** Offer one if they have difficulty. "Would you like to believe…. "I did the best I could?" "I'm safe now it's over?" - or another that may fit.

4. **"When you bring up that part of the memory what emotion do you feel now?"**

5. **"On a scale of 0 to 10 with 0 being no disturbance and 10 being the highest disturbance, how disturbing is that right now?**

Step 5: Processing that POD by doing the following:

1. **"I am going to start the eye movements. When I stop I will ask you to bring up the memory and notice how disturbing it feels. We will keep repeating that until there is no change in the disturbance." "I'd like you to bring up that piece of the memory and those words (repeat the NC) and follow my fingers."** 5 to 10 back and forth passes of fast eye movements

2. **"Take a breath. Think of that part of the disturbance and from 0 to 10 how disturbing is it right now?"**

3. **"Notice that."** 5 to 10 back and forth passes of fast eye movements

4. **"Take a breath. Think of that part of the disturbance and from 0 to 10 how disturbing is it now?"**

5. **"Notice that."** 5 to 10 back and forth passes of fast eye movements

Continue until there is no change in the disturbance, it may only get lower, not a 0. When it is staying at a lower number move on to the next step.

Step 6: Processing the rest of the memory.

Repeat step 3: **"Now I would like you to run the movie again silently, while I do eye movements and stop at the first disturbing part and that will be our next target."**

Go back to step 4 (previous page)

Repeat steps 3 and 4 (previous page): Continue until there is no change in the disturbance, it may not get to Zero. When it is staying at a lower number move on to repeating step 6 above until the disturbance is lowered and the client is noticeably less disturbed.

When the client reports no worst part of the memory after running the movie go to:

Step 7: Positive Cognition.

1. **"Does your original positive belief still fit or is there a better one now?"**
2. **"When you bring up that incident, how true do those words feel to you right now on a scale of 1 to 7, where 1 is completely false and 7 is completely true?"**
3. **"Notice that."** 5 to 10 sets of eye movements
4. **"How true does it feel now from 1 to 7?"** Repeat as long as it gets stronger.
5. End with Container or another resource as needed. No Body Scan.

EMD

Eye Movement Desensitization (EMD) (Shapiro, 1987)

EMD was Francine Shapiro's original method which she thought was desensitization of excess arousal, similar to exposure therapy. After using EMD with multiple individuals it was found that they spontaneously made new associations and there was a new learning aspect to the therapy, leading to the development of EMDR. EMDR allows the client's system to reprocess in a way that is more comprehensive than EMD. For this reason, if the client is able to tolerate the full processing of EMDR, that is the method of choice.

The EMD strategy – This is a narrow focused strategy which allows only associations related to the selected target. If the association is not directly related to the selected target the client is asked to re-focus by going back to target and checking the SUD frequently. The SUD can be taken after every set if there is any question about what to do.

When to use EMD:

Recent or Intrusive. There is still a need to do phases 1 & 2! This is a clinical decision.

How to use EMD

1. Choose a target memory. (May be one image, sound or another intrusive part)

2. Image that represents the worst part

3. What words best go with that image that would be a Negative belief about yourself

now?

4. What would you rather believe about yourself now?

5. When bring up the Image and the NC, how disturbing does it feel now from 0-10?

Script for EMD:

After each set of EM a SUD is taken.

Target Memory: _____
"What image represents the worst part?"_____

"What words best go with that image that would be a negative belief you have about yourself now?"_____

"What would you rather believe about yourself now?"_____

"On a scale of 0-10, with 0 being no disturbance and 10 being the highest disturbance you can imagine, how disturbing does it feel to you now?"

0   1   2   3   4   5   6   7   8   9   10

"Bring up that image, the negative words _____, and follow my fingers."

Begin eye movements. After each set of EM, check SUD until it is 0 or low.

"Take a breath. On a scale from 0-10, how disturbing is that memory now?" Once the client get's to a Zero or close you can move on to VOC.

"When you bring up that memory and the words _____ (PC), how true do those words feel to you now on a scale of 1-7, with 1 feeling completely false and 7 feeling completely true?"

Due to being one piece of the memory, it is unlikely the client will process to a VOC of 7.

Do not move to body scan, phase 6.