

Supervised Practicum Overview

- There will be 20 hours of supervised practicum.

Practice Exercises

Dyads or triads depending on the number of participants.

Role of the clinician and the clinical recipient are required.

Unless cleared by the trainer, practice will be on real life experiences.

Practice will be for each section of the 8 phases.

Day 1. History & Preparation Phase

Day 2. Phases 3 -7

Day 3. Re-evaluation, EMD, Present Triggers, Future Template, Needed Resources

Day 4. History & Preparation Phase

Day 5. Phases 3-7

Day 6. Reevaluation, Complete the Treatment Plan

FOR ALL PRACTICE – EXCHANGE MANUALS. You take home your information.

PREPARATION CHECKLIST FOR PRACTICUM

Ask client if there are any concerns you should be aware of prior to practice. Current medical conditions that may be relevant? Acute stressors? Dissociative Issues?

EMDR Seating Position

Practice Seating Position (Ships in the night; likely knees passing each other)

Eye Movements

Practice Eye Movements (Use of Eye Movements for practice is recommended)

Distance (Start close and come out slowly)

Speed (Start fast and slow down)

Alternative Directions (Back and forth, diagonal, infinity symbol)

Alternative Dual Attention Stimulation

Tapping (Practice tapping on backs of hands or directly on knees; ASK First)

Explanation of EMDR

(This is a refresher for clients and is not intended to be a replacement for complete Informed Consent.)

AIP/REM

“When something disturbing happens, it can be stored in your system with the original images, sounds, thoughts, emotions, and body sensations. EMDR seems to access and stimulate that information and allows the system to reprocess the experience. This could be similar to the processing of REM sleep, the eye movements or the Dual Attention stimulation help to reprocess the material. This is your natural healing process that we will be accessing. You are the one who is in control.”

Dual Awareness and Safety Dual Awareness

Train/Video Metaphor: ***“For some people, using a metaphor like watching the events going by the window of a train or watching it happen on a video screen is helpful. Which one of those would you like best?”***

Stop Signal: ***“Any time you want to stop for any reason, it is okay. Would you like to raise your hand or use a time-out sign?”*** (Have them practice which they would like to do.)

“The Answer”

Very short answers for the practicum. (In your office you may discuss in detail each one). You are **not** discussing each question. Finding what is Over- and Under-developed. Corresponds with Character Type chart on page 8. This is to begin to get an idea of what the client does under stress and what resources are needed.

Some sample questions:

What are you most proud of?

What is difficult for you to do?

What do you do when under stress?

How do you handle extreme pressure?

How are you with deadlines?

How do you get your “way”?

Is it easy for you to say “no”?

Do you cry easily?

What do you do when you are upset?

Do you cry in front of others?

Would you call yourself a “rule follower”?

How do you deal with conflict?

In an emergency situation what are you likely to do?

Is it easy for you to ask for help?

Is it difficult for you to accept help?

How convincing are you?

What are you likely to do when someone tells you “no”?

(in one or 2 words) **“So it sounds like you are good at _____, and it is harder for you to _____. When you get close to pain I wonder if you will _____. (Looking for what is over and under developed for the client.)**

The Calm Place Exercise

(Adapted from Shapiro 2001, pp. 125-126)

(Check for distance/seating and slow eye movement for Safe Place)

IMAGE

“Bring up a place, preferably an imaginary place, that when you imagine being there you feel a sense of calm. What place would that be for you?” _____

EMOTIONS & SENSATIONS

“When you imagine being there, just notice any sensory things, like what you see, hear or smell there and how you feel right now..... What do you notice?”

ENHANCE

“Stay with those _____ (describe what client said) and that feeling of _____ (Offer DAS) after stopping say.....” And what do you notice now?”

IMPORTANT: If **positive** go on, stop if **negative** is coming in and use a different resource.

Offer 3 to 4 short, slow sets of DAS. Stop, Say: ***“What are you noticing now?”***
(If positive go on.) ***“Go with that.”***

CUE WORD

“When you bring up that calm place, what word or phrase best goes with that?”
_____ ***“So notice those words and that calm place.”*** Link that with some slow, short sets of DAS.

SELF-CUE

“Okay now bring up that calm place on your own and the cue word and notice the shift.” After they report you can offer some DAS or they can do tapping on their own to enhance it.

CUE WITH DISTURBANCE

“Bring up a mildly irritating issue that may have happened today or yesterday and notice how you feel” (let them answer) “Now bring up the calm place and the cue word and see if you feel a positive shift.”

SELF-CUE WITH DISTURBANCE

“Now I’d like you to do that again. Think of another mildly irritating issue and bring up the calm place and word on your own and let me know when you are finished.”

PRACTICE AT HOME

“When you are home you can practice bringing up your word and your calm place and notice the shift.”

Finding the Targets

Practicum Exercise Day 1

(Presenting issue should be real and something that you are willing to work on in a training setting. Although many presenting issues may be resolved in the 3 days, if there is more work to do, you are agreeing to be responsible for your own self-care.)

Begin with the Presenting Issue:

“Please give me a brief description of something in your present life that is a possible presenting issue that you would like to work on. Possibly some way you feel limited.”

Recent Example PRESENT TRIGGERS: (Each should be a moment in time)

“When you bring up that issue, what is a recent example of that issue?” (Present Trigger #1)

“What other areas of your life do you experience this issue?” Other Present Triggers. If needed ask about Work/ Community/ Intimate Relationships/Social.

1. _____

2. _____

In Practicum at training Please call your assistant over to assist with the NC here.

***“As you bring up the worst part of this issue, what is the worst part of it now?
____ How disturbing is it right now, on a scale of 0-10 with 0 being no disturbance and 10 being the highest disturbance you can imagine?”***

SUD (Level of Disturbance)

0 1 2 3 4 5 6 7 8 9 10

lowest

highest

“When you bring up this disturbance what is the negative belief you have now?”

Immediately ask the Direct Questioning Question on next page.

Past Experiences: (Record the memories under Past Events)

These methods are in order of accessing depth. If you get to an early memory using **Direct Questioning** you do not need to continue to the **Float-back** or the **Affect Scan**.

1. Direct Question:

“When you bring up the worst part of the present issue and the words _____ (NC) What is an earlier time you can remember feeling similar?”

No matter what earlier memory they report you will ask, **“And can you think of an earlier time?”** You will ask that several times until they are no longer giving you an earlier memory.

If the Direct Questioning does not produce a childhood memory (age 10 or younger), continue to the next level. *Before proceeding, be sure your client is stable and is not dissociative. These techniques can break through defensive barriers and access deeper emotion.*

----- *Only if needed* -----

2. Floatback (Shapiro, 2001, pp. 433-434):

“As you bring up the recent experience of _____, notice the image that comes to mind, the negative belief you are having about yourself along with any emotions and sensations, and let your mind float back to an earlier time in your life when you may have felt this way before and just notice what comes to mind...”

This method is similar to the *hypnosis affect* or *somatic bridge* (Watkins, 1971).

3. Affect Scan (Shapiro, 1995):

“Bring up that experience, the emotions and the sensations that you are having now, and allow yourself to scan back for the earliest time you experienced something similar..”

Past Events: (List in chronological order with age. You do not need details here.)
Each event should be a **moment in time!**

Example:

2nd Grade Humiliation by teacher Age 7

Past Event

Age

1. _____

2. _____

3. _____

4. _____

Present Triggers: You will get these triggers from the Presenting Complaints and recent times this has been a problem. *The number is not important — there can be more than 3 or less for actual clients. Each should be a **moment in time.***

1. _____

2. _____

3. _____

“What would you rather believe about yourself now instead of _____ NC.”

Future Template: “How would you like to be able to handle each of the above situations in the future?” How would you like to feel, respond or behave instead of the way you currently react?

(For **each** present trigger, you will have a future desired experience.)

1. _____

2. _____

3. _____

Next Step: Go to next page, Treatment Planning, and fill in the rectangles with the information from above. Each of the rectangles should be a discrete memory, moment in time. Each item in the chart is a possible Target for beginning phase 3.

Treatment Planning

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Future Desired States

#1 _____ _____	#2 _____ _____	#3 _____ _____
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↑	↑	↑
Present Trigger #1 _____ _____	Present Trigger #2 _____ _____	Present Trigger #3 _____ _____

Presenting Problem

NC _____

G
O
I
N
G

Y
O
U
N
G
E
R

Past Event

_____ Age _____

Past Event

_____ Age _____

Past Event

_____ Age _____

Resources to Use

Touch Stone (Earliest) _____ Age _____ Worst _____ Age _____

Practicum Days 2 & 4
(Small Group)

Practice

-
- Review target memory and targeted sequence plan from Day 1
- If there is a change from yesterday, consult with assistant.
- Review seating position, exchange manuals
- Review safe/calm place
- Check with eye movement speed and distance
- Divide up time among number in group
- Use incomplete session protocol if time is up
- Complete the Assessment Phase 3 Worksheet
- As soon as the last question is asked on the Phase 3 worksheet, Phase 4 should begin
- Reprocess — following reprocessing worksheet
- At end of processing, return to Calm/Safe place or other resource
- Complete treatment notes

OBSERVER: Please contact assistant if you feel there is an issue and allow them to assist in correcting it.

There will be time to debrief at the end. Please rotate in a timely manner to assure all get a turn at the roles.

Phase 4: REPROCESSING

A. DESENSITIZATION: After the DAS of 20-30 back and forth, ***“What are you noticing now?”*** Allow them to answer, and no matter what they say, you say: ***“Go with that.”*** Then do another set of DAS; generally 20 or more passes/customized to need of client.

Repeat: ***“What are you noticing now? Go with that.”*** (DAS generally 20 or more passes/customized to need of client) as long as client reports change or new information (as many sets of DAS as necessary) until the client stops reporting change for two consecutive sets of DAS, then ask (B).

B. BACK TO TARGET: ***“When you go back to the original memory, what are you noticing now?”*** (Pause for a response). ***“Go with that.”*** (DAS generally 20 or more passes/customized to need of client).

Repeat: ***“what are you noticing now?”*** (Pause for a response). ***“Go with that.”*** (set of DAS). Continue with sets of DAS long as client reports change or new information (as many sets of DAS as necessary).

When the client goes back to original target after two consecutive sets of DAS and still reports no change check SUD (see C below).

C. CHECK SUD: When you believe they are at or near end of processing.

“When you bring up the original memory, on a scale of 0 to 10, where 0 is no disturbance and 10 is the highest disturbance you can imagine, how disturbing does it feel to you now? Go with that.” (Sets of DAS.)

If SUD is **stuck** at 1 or 2, ask, ***“Where do you feel it in your body? ___ Go with that.”*** Set(s) of DAS or, ***“What is the most disturbing part of that memory now?”***
REPEAT Steps A, B, and C until SUD is 0 twice (or ecologically sound).

Phase 5: INSTALLATION

Linking the desired positive cognition with the original memory/experience:

1. ***“Do the words*** (repeat the PC) ***still fit, or is there another positive statement you feel would be more suitable?”***
2. ***“Think about the memory and those words*** (repeat the selected PC). ***From 1, completely false, to 7, completely true, how true do they feel?”***
3. ***“Hold them together. Those words _____ and that memory.”*** Do DAS.
4. ***“On a scale of 1 to 7, how true do those words (PC) _____ feel to you now?”*** (After each set)
5. Continue installation as long as the material is becoming more adaptive. Continue sets of DAS until the VOC no longer strengthens. Once the VOC=7 (or ecological), go to Phase 6: Body Scan.
6. If client reports a 6 or less, check appropriateness and address blocking belief (if necessary) with additional sets of DAS. (Note: If running out of time, set aside the blocking belief to be addressed at a later time and proceed to closure for incomplete session.)

Phase 6: BODY SCAN

“Close your eyes and keep in mind the original memory and the words (repeat the selected 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 sensation is reported, do DAS. If a positive/comfortable sensation, do DAS to strengthen the positive feeling. If a sensation of discomfort is reported, reprocess until discomfort subsides.

After a clear Body Scan: **“Is there a gesture or movement that would help you connect with that feeling of _____ (name the PC or new positive feeling)?”**

Phase 7: CLOSURE

An unfinished session is one in which a client’s material is still unresolved (i.e., s/he is still obviously upset; the SUD has not gone down to 0; the VOC has not gone up to 7; = you have not had time to complete the Body Scan). The following is a procedure for closing down an unfinished session. The purpose is to acknowledge clients for what they have accomplished and to leave them well-grounded before they leave the office.

*** Procedure for closing **unfinished** sessions*** If complete go directly to #3.

1. Give the client the reason for stopping. **“We are almost out of time and we will need to stop soon.”** Give encouragement and support for the effort made. **“You have done some very good work and I appreciate the effort you have made. What feels like the most important thing you have learned about yourself or for yourself today?”**
2. Do a containment exercise: **“I suggest we do a relaxation (or a container) exercise before we stop. I suggest we _____”** Suggest either a relaxation exercise or a container exercise. Examples include: Container imagery (put it away in a container until the next session); Safe/ Calm Place; Light Stream; etc.).
3. Read the “Debrief the Experience” section to the client, as scripted below:

Closure for all Sessions: **“The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories, or dreams. If so, just notice what you are experiencing-take a snapshot of it (what you are seeing, feeling, thinking, and the trigger) on the Memories & Lies log. Use the resources we have worked on to help manage any disturbance. We can work on this material next time. If necessary, you can call me.”**

Phase 8: REEVALUATION

Reevaluate the target from last session. ***“Do you remember what we worked on last time?”***

- ***Unfinished Reprocessing Session***
- ***Ask generally about the following.***

Check for what client experienced between sessions.

Assess if the client processed more between sessions.

Changes in symptoms

Changes in behaviors or patterns of relating

Changes in reactivity or previous triggers

Dreams

New thoughts or insights

a. Assess the current state of the previous target

Is it still disturbing?

Were other associated memories brought up?

Were the present triggers more or less active?

Remember incomplete session can be incomplete for phases 4, 5, 6

If INCOMPLETE to restart Phase 4 Reprocessing:

“What is the image that is the worst part of this memory now?”

“What emotions are you feeling now?”

“On a scale of 0- 10, how disturbing does that feel to you now?”

“Bring up that memory, notice where you feel that disturbance in your body, and follow my fingers.” Continue sets of DAS, as if you are starting in top of Phase 4, until you get to a 0, then move on to Phases 5-7.

If COMPLETE Reprocessing: Go next memory in chronological order **that still has a charge, by taking a SUD**, and process phases 3-7.

ADDITIONAL STRESS MANAGEMENT STRATEGIES (Shapiro, 2001)

(For incomplete sessions or additional stabilization)

A. LIGHT STREAM TECHNIQUE

1. Ask client to concentrate on upsetting body sensations.
2. Identify the following by asking, *"If it had a _____, what would it be?"*

a. shape b. size c. color d. temperature e. texture f. sound

Ask, *"What is your favorite color you associate with healing?"*

Say: "Imagine that this favorite colored light is coming in through the top of your head and directing itself at the shape in your body. Let's pretend that the source of this light is the cosmos, so the more you use, the more you have available. The light directs itself at the shape and resonates, vibrates in, and around it. And as it does, what happens to the shape, size, or color?"

If client gives feedback that it is changing in any way, continue repeating a version of the underlined portion and ask for feedback until the shape is completely gone. This usually correlates with the disappearance of the upsetting feeling. After it feels better, bring the light into every portion of the person's body, and give her a positive statement for peace and calm until the next session. Ask client to become externally aware at count of five.

B. SPIRAL TECHNIQUE

Client is asked to bring up a disturbing memory and to concentrate on the body sensations that accompany the disturbance. Client is told this is an imaginal exercise and there are no right or wrong responses.

"When you bring up the memory, how does it feel from 0-10?"

"Where do you feel it in your body?"

Clinician then asks client to concentrate on body sensations.

"Concentrate on the feeling in your body. Pretend the feelings are energy. If the sensation was going in a spiral, what direction would it be moving in, clockwise or counterclockwise?"

Whatever the client answers, respond with, *"Good,"* and instruct him/her to move the spiral in the opposite direction.

“Now with your mind, let’s change direction and move the spiral (state clockwise or counterclockwise to indicate the opposite direction). “Just notice what happens as it moves in the opposite direction.”

Ask, *“What happens?”*

If the technique works the client will report that moving in the opposite direction will cause the feelings to dissipate and the SUD to drop. Teach it to the client for self-use. If the client says the spiral doesn’t change, doesn’t move, nothing happens, then choose another technique.

C. BREATHING SHIFT

Ask the client to bring up a good, happy, or positive memory. Try to use whatever affect is most useful. Ask him to notice where his breath is starting and to put his hand over that location in his body. Let him breathe a moment or two and instruct him to notice how it feels. Now ask him to bring up a memory with a low level of disturbance and notice how his breath changes. Ask him to put his hand over that location in his body. Now ask him to change his hand to the previous location and deliberately change his breathing pattern accordingly. This should cause the disturbance to dissipate. Teach it to the client for self-use.

D. DIAPHRAGMATIC BREATHING

1. Ask the client to take a deep breath and fill lungs completely so they get the most out of breathing. You may suggest that they scoot forward in their chair and place one hand over their abdomen and the other hand over their chest (demonstrate for client).
2. *“Start by exhaling and then breathe in all the way with your abdomen for a count of two and then breathe in all the way with your chest for a count of two. Hold that for a count of seven and then breathe out all the way with your abdomen for a count of four and breathe out with your chest for a count of four.”*
3. Demo for the client and/or do it together. Repeat the sequence four times.

Somatic Resources (Ogden, 2002)

Grounding

hypo and hyperarousal

In a seated position, gently push both feet into the ground. Gradually begin to notice how the body feels as this grounding takes place. Going up the body notice the seat on the chair, back against the chair. Noticing what changes in energy, attention, breath etc.

Alignment

Hyperarousal and Hypoarousal

For hypo-arousal: “Notice what happens as you bring your attention to your spine and begin to lengthen it. What do you notice? You can continue bringing your attention from the bottom to the top of your head, gradually noticing the alignment. Eventually, standing to notice the complete alignment.”

For hyper: Begin by noticing the current state of the spine. Relaxing the spine may be helpful first. Followed by lengthening. Following what feels best for the client.

Centering

Hyperarousal

“Beginning by placing one hand on your heart and one on your belly, notice what happens in the body as you drop your thoughts and focus on your hands. Observe the weight on your hands, temperature, sensations, change in breath, energy.”

If this is too difficult, just placing one hand on heart and focus on heart beat and breath. Or just placing a hand where the most anxiety is present.

Containment (Body Squeeze)

Hyperarousal

“Begin by feeling the top of your head with both hands and gently squeezing, saying “this is my body”. Continue going down the body, shoulders, arms, hips, legs, gently squeezing and saying “this is my body”. **(Some clients may be able to tolerate this exercise.)**

Orienting

Hyperarousal or Hypoarousal

When a client appears to be dissociating or too far into a memory, orienting can bring them back to dual awareness, back into the room. Have them slowly turn their head from side to side, leading up to 360 degree turning movements through the head, neck and spine. Having them notice what happens in their body as they do this.

Ask the client to notice 3 things in the room that are red (or any color). Have them tell you how they know they are here in the room. Ask them to focus on their favorite item in the room.

Boundaries

Practicing the “Stop signal” is one example of a boundary. Experiment with how it feels in the body as they practice the stop signal. Instructing them to do what feels “good”. Maybe the stop signal out in front of their body, holding arm out straight feels better for some. Being aware that this can be triggering for some clients.

Experimenting with boundaries by using a scarf, or a tie on the floor. Where does the boundary feel good to them. How far away. You can also experiment with distance in chairs of what feels like a good distance apart or standing and walking closer. Being aware of internal cues that tell them it is a good distance. **Using caution that this can be triggering for some clients.**

Days 3 & 6: Practicum Instructions

Review Reevaluation Worksheet

Review progress on Target Memory Sequence

Review Future Template

Options:

1. Practice EMD on new memory
2. Complete an incomplete session full protocol
3. Complete an incomplete session using EMD

Practice Future Template

End with a resource or Calm Safe Place

Complete Treatment Summary Notes

Day 3 Practicum: EMD Worksheet

Eye Movement Desensitization (EMD)

(Shapiro, 1987)

When to use EMD:

EMD can be used for an intrusive image of a recent trauma. The purpose of taking a SUD each time is to keep the associations to a minimum and it is more of a desensitization of a single incident.

This can also be used prior to full association reprocessing to help a client who is not able to remain in the window of tolerance or experiencing flooding of memories.

How to use EMD

1. Choose a target memory
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?

After each set of EM a SUD is taken.

Target Memory: _____

“What image represents the worst part?” _____

“What would you rather believe about yourself now?” _____

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

“On a scale of 0-10, 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.

“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.

FUTURE TEMPLATE

If you don't know where you are going you might not get there.

The future template is an important part of the EMDR protocol. After working through the past and the current triggers, it is a way of giving the client a vision and a way of seeing what may be needed or missing in order to have the desired future.

Steps:

1. Identify how they would like to respond in the future, instead of current response to a present trigger. This should be on the treatment planning sheet.

2. Run a movie. ***“I would like you to run a movie of the desired state and the words (PC) _____ . If you get to anything negative or a roadblock, stop and tell me.*** Allow them to do that. If they complete without a block ask them: ***“What are you noticing?”***

If POSITIVE: Add DAS sets while client runs the movie. Keep going as long as positive continues to get more positive.

If NEUTRAL: Explore what the client needs. Assist them in developing a desired response. Add DAS with running movie until response is positive.

If NEGATIVE: Have client focus on body sensations: add DAS until response is Neutral. Then help client develop desired response and add DAS with running movie until response is positive.

3. Install the Positive Cognition until VOC is 7

- ***“Hold the words _____ PC with that situation. On a scale of 1-7, how true does it feel to you now?”*** Keep doing sets until VOC is 7.

4. Create a Challenge

- ***“I'd like you to think of a something that could be challenging and imagine that happening in the movie”*** (You may need to offer a menu of options.)

- ***“What are you noticing?”***

- If POSITIVE: Add DAS as long as it continues to be positive.

- If NEGATIVE: Focus on body sensation with DAS until neutral.

- Install PC to VOC of 7 if possible (Back to step 3)

