Mechanics/Preparation Sheet- 2nd Weekend

<u>Practicing the Mechanics:</u>

The seated position should be close for eye movements, knees passing in a ships in the night position.

Eye Movements:

Distance:

"We are going to practice the eye movements. I am going to start close and you can let me know when it is a tolerable distance." Therapist starts about 8 inches from the clients face and slowly moves out asking the client if that is a good distance.

Speed:

"I will start out fast and and slow down if needed. We want it to be as fast as you can tolerate. You do not need to try hard focus on the fingers, it is just a way to help you move your eyes back and forth." The therapist starts with fast movements and only slows down if the client says they need slower.

Directions:

"There are times when a change in direction can be useful so would it be okay to practice diagonal movements?" The therapist does diagonal movements starting from top left first, then the other way, from top right.

Tapping:

"There are times when it can be useful to switch from eye movements to tapping. Would it be okay to practice tapping on your knees? I can tap directly on your knees, on the back of your hands or on your palms, which of those would you like?" The therapist can also use a pet or another object to do the tapping if there is an ethical issue or preference to not touch the client.

Reminder Instructions:

"The EMDR process is intended to bring balance to your system. I will be asking you some questions with the intention of helping you to find the root of your presenting issue. As we have discussed, some disturbing experiences become stored in your system with the original images, sounds, thoughts, emotions and body sensations. When these memories are activated in the present it may feel like an over-reaction but it is just the inadequately processed memories that are being activated. As we go through this process the best thing you can do is notice your experience and give honest feedback. You do not need to try to do anything. I will

do the eye movements for awhile and then stop and ask you what you are noticing. At that time you can just give me a snapshot of what you are experiencing. I do not need to know everything that you experience. Whatever you experience is okay."
Dual Awareness/ Noticing the experience The Train/Video metaphor.

"Some people like to use the metaphor of watching the experience go by like looking out of the window of a train or watching a video on a screen. Would one of those feel useful to you?"

Stop Signal

"If you would like to stop at any time, it is okay. Would you like to raise your hand or do a time-out signal?" Therapist demonstrates the 2 methods and asks the client to practice doing the signal.

Introduction of "The Answer".

"***The first information we want to get is regarding your strengths and what you do under stress. This information will help us in the preparation phase for you. We will see what you are really good at doing and also what is less developed for you. This information will be useful as we continue the EMDR treatment process."***

"As you answer the following questions, there is no need to read into them too much. Whatever comes to mind first will be fine."

“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.

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” or what you want?

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”?

How do you handle criticism or feedback?

(On 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, predicting the dangerous and annoying things that may block processing and healing.) **(See The Answer Expanded version in Resources Section)**

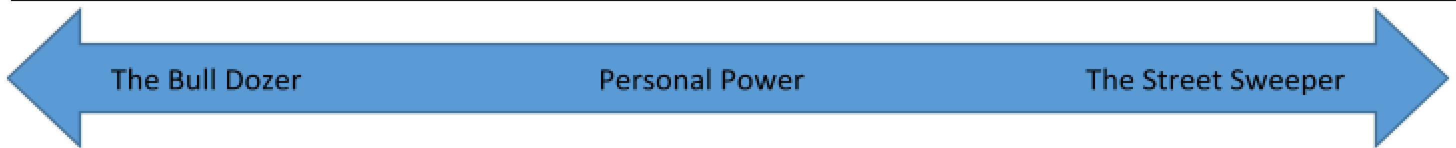
Collaboratively look at these areas , draw a line where the client currently is. Use the information from "The Answer" to look at these different areas for the client. Where are they on each continuum? You will then use this to suggest a plan for building resources and preparing for reprocessing phases. Use the suggested resources or make one up based on client need. Resource instructions found in resource section of manual.

Avoids Intimacy Difficulty asking for help Few close relationships Private doesn't share personal Detached/Keeps distance	Ability to freely give and receive Clear about personal rights and rights of others Ability to choose	Overshares personal info Difficulty saying no Overinvolved with problems of others Worried about opinions of others May be abused or disrespected

Resources: Scarf Exercise, Proximity Awareness, Practicing Stop signal/No, Relational Mindfulness

Over talking	Able to put words to feelings A balance of listening and talking A choice to express or not	Difficulty expressing

Resources: Putting words to sensations, awareness of silence, playing catch conversation



Takes what they want	Clear about wants and need, Aware of effect on others, Clear about choices	Takes what they get

Resources: Beanie Baby Choices, Trust Exercises, Dreams List, Boundaries, Somatic Mindfulness

Global view, may miss details or make mistakes	Balance of big picture and details	Misses big picture, focus and at times obsession with details and perfection

Resources: Calm Safe Place, Spiral Technique, Breathing Exercises, Mindfulness Practices, Grounding

Only regulates by being alone	Ability to go from upset to calm alone or with others	Only regulating with others, co-regulation

Resources: Somatic resources, Calm Safe Place Exercise, Breathing Exercises

Doesn't feel the pain of others	Ability to tolerate pain of self and others while remaining connected & boundaried	Takes in the pain of others. Deeply feels others pain.

Resources: Energetic Boundary Exercise, Scarf Exercise, Somatic Mindfulness Exercise

Anger response to conflict common	Stays present, engaged and regulated in conflict Clear about rights of self and others	Uncomfortable with conflict and avoids

Resources: Somatic Mindfulness Exercise, Boundary Exercises, Relational Mindfulness

Often goes to exhaustion or past limits of time and energy	Balance of rest and activity Listens to bodily signs and sets limits with time and energy	Often shuts down, procrastinates

Resources: Boundary Exercises, Somatic Mindfulness, Relational mindfulness, Somatic Resources

Rarely plays and often works too much	A balance of work and play	Often neglects responsibility for impulse to play

Resources: Boundary Exercises, Relational mindfulness, Somatic Resources

High ability to convince others and lower ability to be influenced or go along with others	Ability to ask for what they want Doesn't take advantage or get taken advantage of often	Unlikely to ask for wants or needs. Goes with the flow

Resources: Boundaries, Relational Mindfulness, Beanie Baby Games, Somatic Resources

We are looking at each area and where the client falls on the continuum. Recognizing the adaptive nature of the current strengths, we will always frame the statements in a positive manner. For example: "You are really good at feeling the pain of other people and trying to help them" - if someone is hypersensitive or

"You are really good at setting boundaries and delineating your issues from the issues of others." - if someone is insensitive.

Collaborate with client, select a resource and practice it together.

Finding the Targets
Getting to the Root of the Present Issue

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In this section the clinician is just getting "the headlines", not details about the events. This is generally competed in a session prior to processing and getting too many details can be too activating. For the practicum purpose you are also only getting the headlines. As soon as it is clear that the client has a specific memory and it is a "moment in time" the therapist should ask for the age and then ask, "and what is an earlier time". Note that the recent examples of how the issue appears in the current life, Present Triggers, are then used at the end of the form for getting the Future desired behavior/state the client want instead of the Present triggers.

Script:

"Please tell me some way you feel limited in your present life or a current symptom or issue you would like to focus on."	(Looking for what is difficult for them to do)
"Please tell me a recent time that would be an example of this issue" -(Moment in time.)	Socially, Work, Intimate Relationships
"Can you give me an example of how this shows up in your life socially?"(Moment in time)	Present Trigger PT #1 :
"Can you give me an example of how this show up in your intimate relationships?" (Moment in time)	Present Trigger PT #2:
"Can you give me an example of how this shows up in your life at work?" (Moment in time)	Present Trigger PT #3:
"As you bring up the worst part of this issue, what is the worst part of it now?	
"How disturbing is it 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
"When you bring up this disturbance what is the negative belief you have now?"	NC:
"When you bring up the worst part of the present issue and the words ______(NC) what is an earlier time you can remember experiencing something similar?"	Earlier memory: Age:

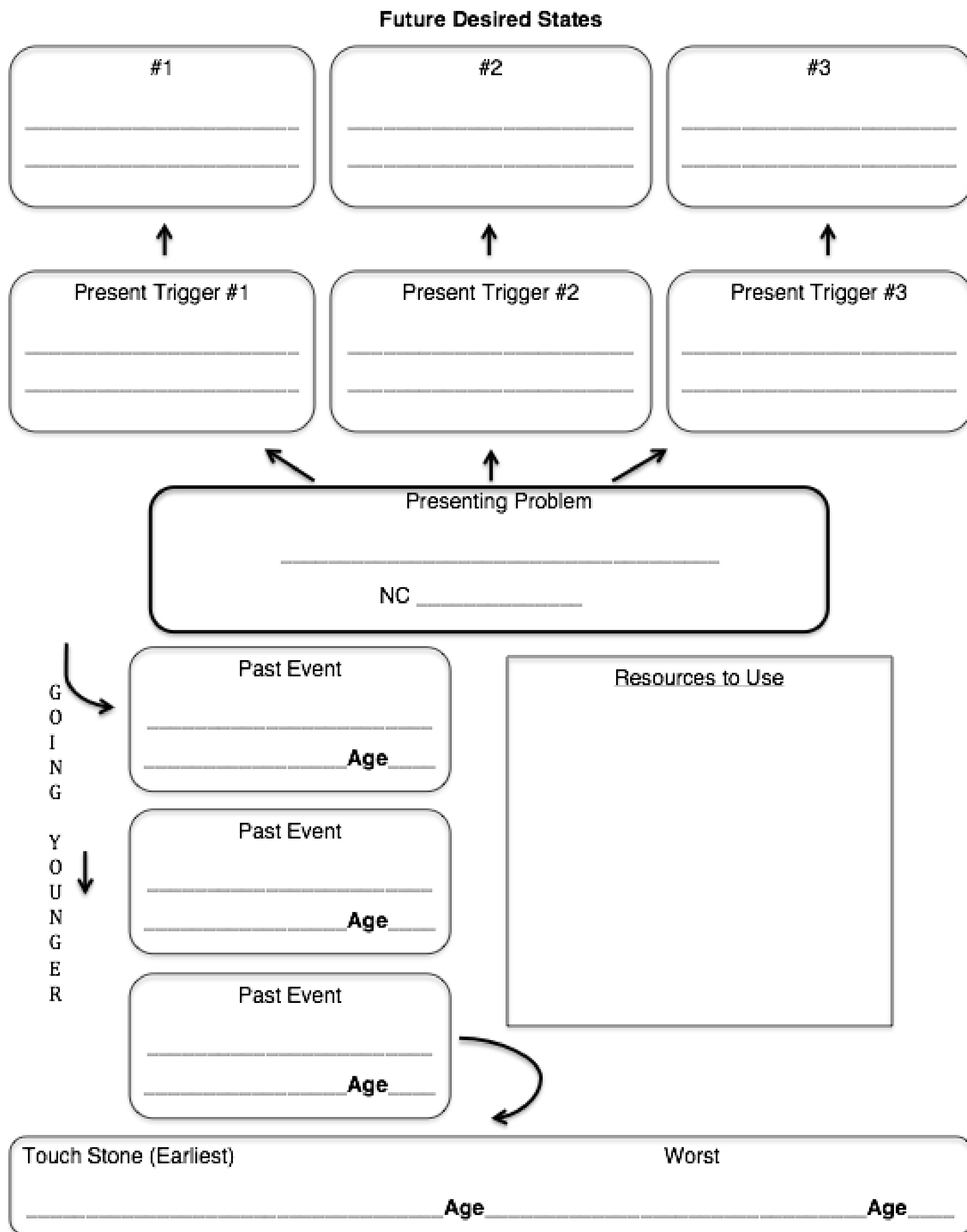
"And what is an earlier time?"	Earlier Memory: Age:
"How about an earlier time?"	Earlier Memory: Age:
"How about an earlier time?"	Earlier Memory: Age:
"How about an earlier time?"	Earlier Memory: Age:
"How about an earlier time?" Clinician keeps asking as long as the client keeps answering. Earliest is the "touchstone". The therapist keeps asking until the client stops answering. **At this point an option is to go directly to phase 3, reprocessing with the target memory being the earliest, touchstone, memory. We recommend this for training, then returning to complete the treatment.**	Earlier Memory: Age:
"Now I would like us to look at each present trigger and decide how you would like to react, behave, or feel in that situation when or if it happens in the future." (This needs to be something you can imagine happening)	Future desired state:
One for each present trigger listed above. Present trigger 1 (From above) : **"*As you think about the present trigger of_______, how would you like to be able to react, feel or behave when that or something similar happens in the near future."***	Future desired state:
Present trigger 2:	Future desired state:

"As you think about________(name 2nd PT), how would you like to be able to react, feel or behave in the future?"	
Present trigger 3: ***"As you think about________(name 3nd PT), how would you like to be able to react, feel or behave in the future?"***	Future desired state:
Present trigger 4: ***"As you think about________(name 4nd PT), how would you like to be able to react, feel or behave in the future?"*** There can be more or less you don't have to have a certain number.	Future desired state:

Red Flags

No family of origin memories	"What happened when you told your parents (caregivers)?
No affect with memories	Does the client appear to be thinking about what "should" be connected? How is the client's "Answer" here? Is he/she good at analyzing, figuring things out?
Memories appear to go in a straight line without much or any affect	How is the client's "Answer" here? Was the NC too specific?
All memories are examples of the client's "Answer", staying safe of staying connected.	"What happens when you don't/can't do that?" i.e "What happens when you are not perfect?"
Not any affect or reported disturbance and about one caregiver.	"What happened when you told the other parent (caregiver)?"

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.



Note: The worst is noted only as information, touchstone event suggested to process.

Phase 3: Assessment- Full Protocol Reprocessing Worksheet

Specific Instructions: Prior to starting please make sure you are in the **correct seating**, have already practiced speed, distance and type of DAS, practice **stop signal.** *You should be ready to start eye movements after the final question in Assessment.*

TARGET: (Memory chosen to be the focus of reprocessing. This should be a moment in time, not an issue.) ____

"***When you bring up that memory, what image represents the worst part?*****:** _____________

ONLY if no image (may be another perception of the five senses): ***"As you think of the experience, what is the worst part of it?"***

Negative Cognition: ***"What words go best with that picture that express your negative belief about yourself now?"***____

Positive Cognition**:** ***"When you bring up that picture, what would you prefer to believe about yourself instead?"***____

Validity of Cognition (VOC**):** ***"When you think of that picture, how true do those words*** (repeat the positive cognition above) ***feel to you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?"***

1 2 3 4 5 6 7

completely false completely true

Emotion**:** **"When you bring up that picture and those words (negative cognition above), what emotion do you feel now?"**

SUD**:** ***"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 the memory feel to you now?"***

0 1 2 3 4 5 6 7 8 9 10

no disturbance/neutral highest disturbance

Location of Body Sensation**:** **"Where do you feel it in your body?"**__________________

"I'd like you to bring up that picture, those negative words (repeat the negative cognition)***, and notice where you are feeling it in your body—and follow my fingers."*** (DAS generally 20 or more passes/customized to need of client.) ** **Important: immediately start DAS and are in PHASE 4.** **(Turn to next page.)**

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:

7. ***"Do the words*** (repeat the PC) ***still fit, or is there another positive statement you feel would be more suitable?"***

8. ***"Think about the memory and those words*** (repeat the selected PC). ***From 1, completely false, to 7, completely true, how true do they feel?"***

9. *"**Hold them together. Those words________ and that memory. "*** Do DAS.

10. ***"On a scale of 1 to 7, how true do those words (PC) _________ feel to you now?"*** (After each set)

11. 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.

12. 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 assist the in being present and as stable as possible prior to leaving.

<u>*** Procedure for closing **unfinished** sessions*** If complete go directly to #3.</u>

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 and if you wish you can record it 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?"***

- ***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

b. ***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.

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.

Describing to the client:

"*We have addressed the past events, the root of the present disturbance, as well as the present triggers and now we will look at what you would like to be different in the future. We have a specific protocol to imagine your desired future and process blocks and enhance and deepen the positive states."*

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)

Memories and Lies Chart

Date/ time	What was your experience?	SUD 1-10	What was the memory or lie?	Savor what is New and True

What is EMDR?

EMDR is a type of psychotherapy and not a technique. The EMDR approach has a model which is the Adaptive Information Processing Model, AIP. The basis of the model is that memory networks and the way they are stored in the human system create the way the world is experienced. A combination of our genetic predisposition and our experiences create these memory networks and these are the source of dysfunction as well as resources and health.

In the EMDR therapy, there are specific protocols to help access the way these memory networks are currently stored and then help move them from a place of emotional activation to a more logical, rational place. This movement of activation has been documented in research done with imaging neurobiological changes in an EMDR session. (Pagani, M. 2014)

EMDR therapy has been used with a wide variety of client presentations and is currently one of the most researched methods of contemporary psychotherapy. EMDR therapy has been shown empirically to be effective in the treatment of post traumatic stress disorder (PTSD). By changing the way the traumatic memories are stored, EMDR relieves the symptoms of trauma.

When something traumatic happens it gets stored in the brain without a time and date stamp. The person who has a traumatic experience can feel like that traumatic event is about to happen at any moment or is currently happening. EMDR changes the way those traumatic memories are stored so the human system can know and feel that the event is actually in the past. The things that happen in the present, which previously triggered an emotional activation because they remind the person of the past traumatic event, no longer have the same charge. Thus, the person can be more present and just react to what is actually happening now, instead of having an over-reaction due to a past event.

One of the keys to successful EMDR is accessing the disturbing memories in a way in which the client remains present. This is one major difference between EMDR and therapies in which the client is regressed. In EMDR we are interested in finding the earlier memories that are fueling the present distress and then we access the way that earlier memory is currently stored, while the client remains aware and present. In EMDR we are more interested in the way the past events manifest in a person's system at this moment than in gathering historical data. The reason we want to know how those early memories are manifesting, is because they are linked to the client's presenting complaints. So we are always asking about what is happening now with EMDR and not about how the person felt at the time of the event. We want to know what happens with them now as they remember that early event because that activation is appearing in their life as an over-reaction to present day events.

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