

# Diverse Populations

Adapting EMDR therapy across unique client populations

PTI TRAINING



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# EMDR With Children



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OVERVIEW

## EMDR Therapy With Children

Children respond to EMDR in uniquely powerful ways – faster processing, fewer defenses, and a natural openness to healing through play.

3-hour Advanced Training available for purchase at [www.emdr-training.net](http://www.emdr-training.net)



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**Working with Children with EMDR (3)**  
We will be looking deeply into the layers of experiences that are having an impact on



### Faster Processing

Children move through material more quickly than adults

### Fewer Defenses

Less entrenched psychological blocks

### Kid-Friendly Protocol

Standard protocol adapted for developmental stage

### Creative Integration

Music, art, movement, and play in all phases

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## The 8 Phases with Children

The standard EMDR protocol is fully adapted for children – using developmentally appropriate language, creative tools like art and movement, and concrete measurement scales suited to each age.

3-hour Advanced Training available at [www.emdr-training.net](http://www.emdr-training.net)

### 1. History Taking

Gather developmental history and identify targets

### 2. Preparation / Safe Space

Build trust, teach resourcing and self-regulation

### 3. Assessment

Identify the target image, cognitions, emotions, and body sensations

### 4. Desensitization

Process the target memory using bilateral stimulation

### 5. Installation

Strengthen the positive cognition

### 6. Body Scan

Clear any residual somatic disturbance

### 7. Closure

Return to equilibrium; container exercises as needed

### 8. Reevaluation

Review progress and identify next targets

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## Phase 1: History Taking

- **Multiple Sources**  
Parents, school, foster caregivers, legal workers, or directly from the child
- **Identify Targets**  
Present triggers and likely early experiences
- **Child-Friendly NC/PC**  
Modify negative and positive cognitions into accessible language
- **The "Answer" for Kids**  
Frame the rationale in ways children understand
- **Concrete Tools**  
Use photographs, art, and tangible materials
- **Treatment Plan**  
Comprehensive and developmentally informed

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## PHASE 2

## Preparation

Building safety, trust, and stabilization before trauma processing begins.

See *The Answer for Kids*, in the manual



### Explain EMDR

For parents and child – books, games, puppets

### Calm/Safe Place

Establish a personalized resource for the child

### Container Exercise

Help children contain overwhelming material

### Parent Partnership

Work with caregivers for at-home stabilization

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## Phase 3: Assessment

Use child-friendly language and concrete measurement tools throughout the assessment phase.



### "Bad Thoughts" / "Good Thoughts"

Simplified framing for NC and PC that children can grasp



### Hand Measurement

Show disturbance level or VOC using hands spread wide or close together



### Feeling Faces

Visual scales with facial expressions to measure disturbance or VOC



### Body Detective

Magnifying glass or detecting device for identifying body sensations

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## PHASES 4-6

## Active Processing with Children

- **Movement Welcome**  
Children naturally move during processing – allow and encourage it
- **Shorter Sets**  
Processing moves faster – use briefer bilateral stimulation sets
- **Concrete SUD Checks**  
Use blocks or hands to show disturbance level each time
- **Simple Check-ins**  
"Better, Worse, or the Same?" – hand signals work well
- **Positive Linking**  
Include parents when present for linking into the positive
- **Story & Missing Experience**  
Narrative or experiential approaches support stuck processing

Know how to recognize dissociation in children. 3-hour Advanced Training at [www.emdr-training.net](http://www.emdr-training.net)

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## Phases 7 & 8: Closure & Reevaluation



### Parent Toolbox

Offer specific tools parents can use to support the child between sessions

### Attachment Activities

Set expectations and provide concrete attachment-based activities

### Target Review

Assess the previous target – is processing complete?

### Treatment Plan

Revisit and update the comprehensive treatment plan

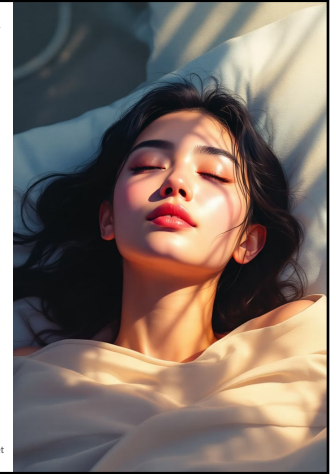
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# EMDR and Addictions

Understanding the trauma roots of substance use disorder

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ACE SCORE

## Adverse Childhood Experiences & Addiction

The ACE Study demonstrates a powerful link between childhood adversity and substance use disorder.

# 500%

ACE Score of 4

Increased likelihood of developing addictions

# 4,600%

ACE Score of 6

Increased likelihood of intravenous drug use

The more extensive the abuse, the higher the probability of health-risk behaviors.



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## Addiction as an Answer

From an AIP perspective, addiction is not a moral failure – it's a solution to unbearable pain.

### Emotional Regulation

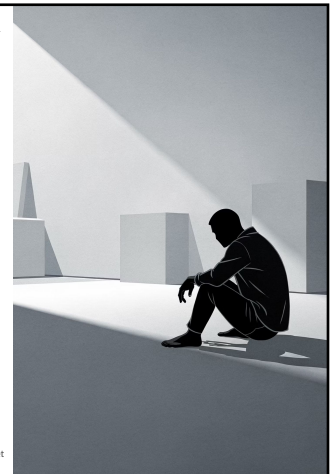
Substances help manage overwhelming affect that trauma left dysregulated

### Numbing the Pain

Addiction suppresses intrusive memories and emotional suffering

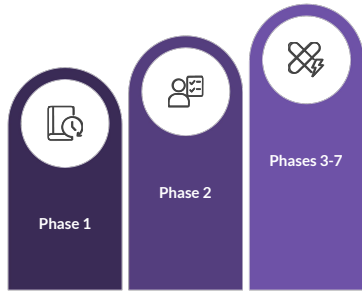
### Urges in Processing

Cravings and urges may surface during EMDR reprocessing – anticipate and plan



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# EMDR & Addictions: The Phases



Sequencing matters – build adequate stability before trauma reprocessing to prevent destabilization.

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PHASE 1

## History Taking



### → Current Resources First

Assess what supports, coping skills, and strengths the client currently has

### → Delay Trauma History

Wait until you understand affect management capacity before gathering trauma history

### → The Answer

Explore the function addiction has served – what problem was it solving?

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## Phase 2: Preparation

### Stages of Change

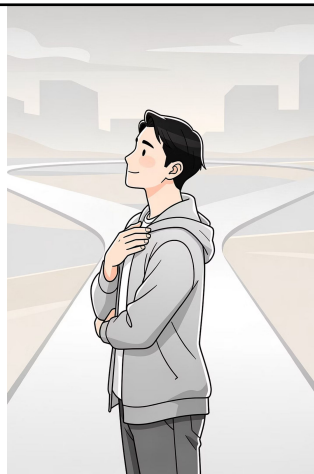
Assess client's readiness – meet them where they are

### Safety & Stability

Establish adequate stabilization before trauma work begins

### Treatment Timing

Complete sobriety may not be possible prior to trauma processing – proceed thoughtfully



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## Phases 3–7: Reprocessing

Once stability is established, target the **Touchstone Memory** for the most comprehensive treatment effects.

### DeTUR Protocol

Desensitization of Triggers and Urge Reprocessing – Arnold J. Popky, Ph.D.

### FSAP Protocol

Feeling State Addiction Protocol – Robert Miller, Ph.D.

### → Target Sequence Plan

May include standard or alternative protocol depending on client presentation

### → Touchstone Memory

Process the earliest/most central trauma memory once stability is solid

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# EMDR and Grief

Supporting clients through loss – when the natural grieving process becomes stuck

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COMPLICATED GRIEF

## When Grief Gets Stuck

The normal grief process is normal. We are looking at ways that the natural grief process is **blocked or stuck**.

EMDR does not eliminate grief – it restores the natural flow of mourning, allowing clients to process loss without becoming trapped in it.

## Possible Areas to Target in Grief



### Traumatic Events

Suffering, trauma, or distressing circumstances surrounding the loss



### Intrusive Images

Recurring mental images and nightmare imagery related to the deceased



### Present Triggers

Current situations activating grief responses



### Responsibility & Guilt

Mortality concerns, survivor guilt, and unresolved prior losses being triggered



### Blocking Beliefs

Core beliefs that prevent natural emotional processing and forward movement



### Previous Losses

Earlier unresolved grief being activated by the present loss



## Dissociative Disorders

Recognizing, understanding, and carefully navigating dissociation in EMDR therapy

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## EMDR & Dissociative Disorders

### Recognize Dissociation

Learn to identify dissociative signs in session – subtle and overt indicators

### Dissociation & Trauma

Understand the relationship between dissociation, the window of tolerance, and traumatic memory

### Trauma Models

Ego State Theory, BASK model, and the AIP framework – how they intersect

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## AIP and Dissociation

### → Overwhelmed Processing

The system could not sufficiently process the experience – memories remain unintegrated

### → Dissociated States

Different aspects of traumatic memory held in separate states – including distinct animal defenses and trauma reactions

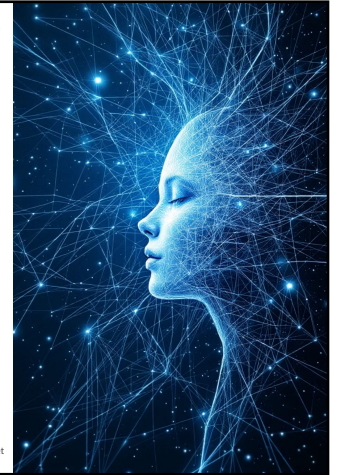
### → Ego States & Alters

Memory network configurations may manifest as ego states, alters, or personality states

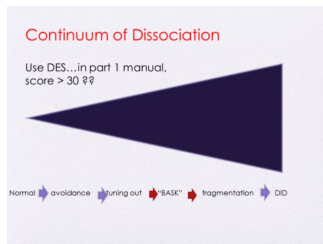
### → Absent Host/Self

The host, observer, or self is not established with a consistent sense of present-moment presence

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## The Continuum of Dissociation



Dissociation exists on a spectrum – from everyday absorption to full dissociative identity. Clinicians must know where clients fall and how to respond.

### Recognize Symptoms

Spacing out, amnesia, depersonalization, identity confusion

### Manage In Session

Grounding techniques to restore presence and safety

### Resourcing

Build internal resources before any trauma processing

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## Phases 3–7: Working with Dissociation

### Slow Down

Reduce the pace of processing significantly – consider shorter sets or pauses

### Limit or Omit Eye Movements

May need to avoid bilateral stimulation entirely with highly dissociative clients

### Monitor Window of Tolerance

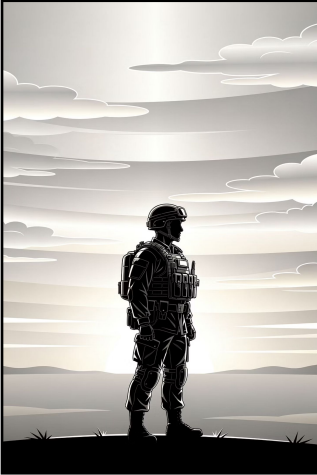
Constant evaluation – is the client present, grounded, and within their window?

### DID Requires More Training

For Dissociative Identity Disorder, additional specialized training is essential before reprocessing



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# Military & First Responders

Adapting EMDR for those who serve – unique culture, unique needs

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AIP CONSIDERATIONS

## Why This Population Is Vulnerable

### Trauma History

Prior ACEs or developmental trauma increases vulnerability to PTSD in high-stress roles

### Chronic High Stress

Ongoing occupational stress means memories are continuously being dysfunctionally stored

### Cumulative Exposure

Repeated critical incidents compound unprocessed traumatic material over time

PHASE 1 – SPECIAL CONSIDERATIONS

## History Taking

- **Goal-Driven Plan**  
Build treatment plan around client's specific goals – not a standard template
- **Assess Current Resources**  
What coping and support does the client currently have?
- **Expect Limited Detail**  
Clients may share little – work with what is offered
- **Present Triggers**  
Focus on what is currently activated, not only the full history
- **Life Stressors**  
Consider broader context – occupational, relational, and financial pressures



PHASE 1 – OTHER CONSIDERATIONS

## Deeper History Factors

- **Past Experiences**  
Pre-service trauma and adverse life events contributing to current presentation
- **Attachment & Development**  
Early attachment patterns shape how service members relate under stress
- **Military Culture**  
Understand the norms, values, and identity structures that shape disclosure
- **Treatment Goals**  
Clarify: symptom reduction only – or comprehensive trauma resolution?



## Phase 2: Preparation

### Safety Isn't Always Safe

Feeling "safe" may be foreign — hypervigilance is adaptive and protective

### Therapeutic Relationship

The container of trust is foundational before any processing begins

### Alternative Resources

Traditional safe-place may not work — develop appropriate alternatives

### Collaborative Approach

Work with the client as a partner — avoid top-down directives

### Normalize PTSD

Psychoeducation reduces shame and increases engagement

### Window of Tolerance

Continuously assess and respect the client's window throughout preparation



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PHASE 3

## Assessment Considerations

- **Limited Disclosure**  
Client may not share details — proceed with what is available
- **Low SUD Reports**  
Disturbance may be minimized or suppressed — gently explore
- **Predict Processing Blocks**  
Anticipate common blocks — duty, loyalty, moral injury, identity
- **Slow Processing**  
May need to reduce pace and use targeted cognitive interweaves



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PHASE 7

## Closure: A Special Challenge

Plan to get a report. It may be difficult to see arousal due to the client's training. Spend time finding out how you will know if there is still a disturbance.

Military and first responder clients are trained to suppress outward signs of distress. Explicit closure agreements and check-in structures are essential.



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## Broader Areas to Hold in Mind

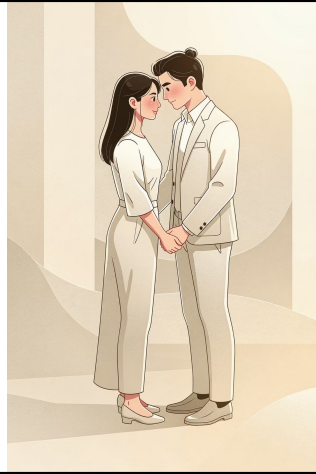
- Relational Issues**  
Impact on partners and families — reintegration challenges
- Substance Abuse**  
Comorbid addiction as a trauma coping mechanism
- Social Integration**  
Returning to civilian life and society after service
- Anger**  
Chronic anger as a trauma response and identity challenge
- Identity Issues**  
Who am I outside my role? Loss of purpose and self-concept

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# Couples

Applying EMDR within the relational system – individual healing in a shared context

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ADVANCED TRAINING

## EMDR With Couples

A deeper dive into couple dynamics, attachment, and trauma is available through PTI.

- 3-hour Distance Learning Course on EMDR with Couples available at [www.emdr-training.net](http://www.emdr-training.net)



Personal Transformation Institute  
**Working with Couples with EMDR (3)**  
We will be looking deeply into the layers of experiences that are having an impact on

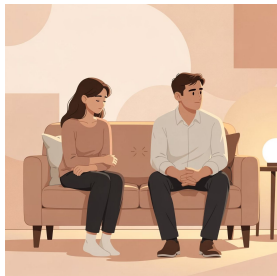
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AIP MODEL

## The Past Lives in the Present

The specific patterns, reactions, behaviors, attitudes, and beliefs that create conflict in a relationship are based on the past experiences of each person.

Each partner brings their own unprocessed memory networks into the relationship – shaping how they react, attach, and disconnect.



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## Phases 1 & 2: History & Preparation

### Commitment Level

Assess whether both partners are committed to the process and to each other

### Safety Assessment

Screen for domestic violence, power imbalances, and safety concerns

### The Answer

Use individually and as a couple – see manual for couple-specific version

### Finding Targets

Identify targets both individual and relational

### Treatment Plan

Build a complete, structured plan before beginning reprocessing

### Session Structure

Decide whether reprocessing will be joint, individual, or both – plan ahead

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ASSESSMENT TOOL

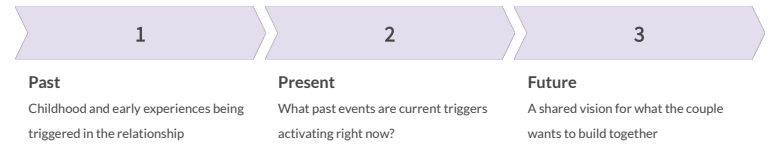
## Words Can Get In the Way

Use non-verbal exercises to access deeper relational truths beyond defensive language.

- **Current State**  
"Without words – show me the current state of your relationship"
- **Greatest Frustration**  
"Without words – demonstrate your greatest frustration"
- **Future Vision**  
"Without words – show what you'd like your relationship to look like"
- **Appreciation**  
"Without words – show what you appreciate about your partner"



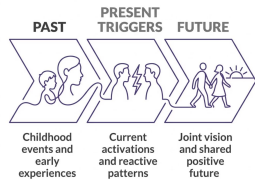
## Reprocessing with Couples



Follow your professional ethics. Navigate joint vs. individual reprocessing thoughtfully. Always have a plan if a partner needs to leave the session.



## Phases 3–8: Reprocessing to Reevaluation



The full processing arc for couples mirrors the standard three-prong protocol – past events fueling the present, present triggers, and an installed positive future template for the relationship.

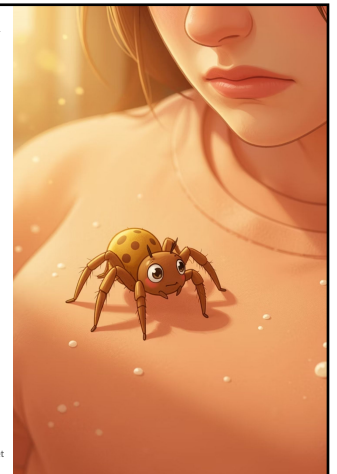
- Past Events**  
Individual histories driving relational reactivity
- Present Triggers**  
Interactional patterns being activated now
- Joint Vision**  
A future template installed for both partners



## Phobias

A structured EMDR protocol for resolving the roots of fear

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PHOBIA PROTOCOL

## Why Use the Full Protocol?

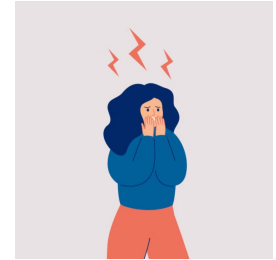
Research shows that when **all steps** of the Phobia protocol are used, treatment outcomes are significantly better.

The structured EMDR Phobia protocol targets not just the fear itself, but the underlying events, present stimuli, and future anticipatory anxiety.

PHASES 1 & 2

## History & Preparation

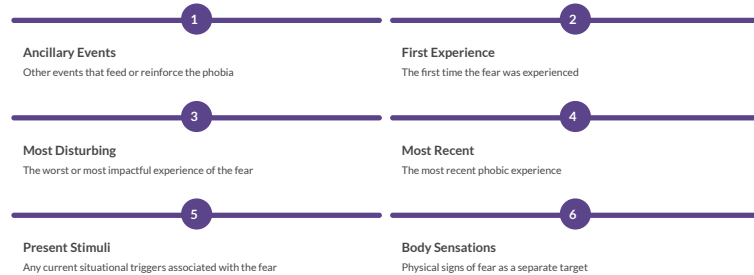
- **Fear of Fear**  
Educate client about anticipatory anxiety and the phobia cycle
- **Secondary Gain**  
Identify and address any reinforcing benefits the phobia provides
- **Triggers & Targets**  
What beliefs, events, and physical sensations are associated with the fear?
- **Self-Control Techniques**  
Container, Light Stream, Spiral Technique, Relaxation Cue/Safe Place



PHASES 3-7

## Order of Reprocessing

Work through phobia targets in this **specific sequence** for optimal outcomes:



## Additional Steps to Complete

- |  |   |  |
|--|---|--|
| <p><b>1 Positive Template</b><br/>Create a fear-free future action template – install a vision of confident, calm behavior</p> | <p><b>2 Action Contract</b><br/>Develop an explicit action plan with the client for real-world exposure</p>       | <p><b>3 Mental Movie</b><br/>Run a visualization of the full sequence over time and space – reprocess any disturbance that emerges</p> |
| <p><b>4 Prepare for Anxiety</b><br/>Help client expect residual anxiety and equip them with tools to manage it</p>             | <p><b>5 Between-Session Targets</b><br/>Complete reprocessing of any new targets that emerge between sessions</p> |  |




## Thank You

For more resources, advanced trainings, and clinical tools:



> Personal Transformation Institute   
**Working with Children with EMDR (3 Ho**  
We will be looking deeply into the layers of experiences that are having an impact on the



> Personal Transformation Institute   
**Working with Couples with EMDR (3 Ho**  
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### Full Training Resources

Visit [www.emdr-training.net](http://www.emdr-training.net) for the complete PTI catalog