



Personal Transformation
I n s t i t u t e

Reducing Activation and Considering the Future: EMDR protocols that can be useful in times of Pandemic

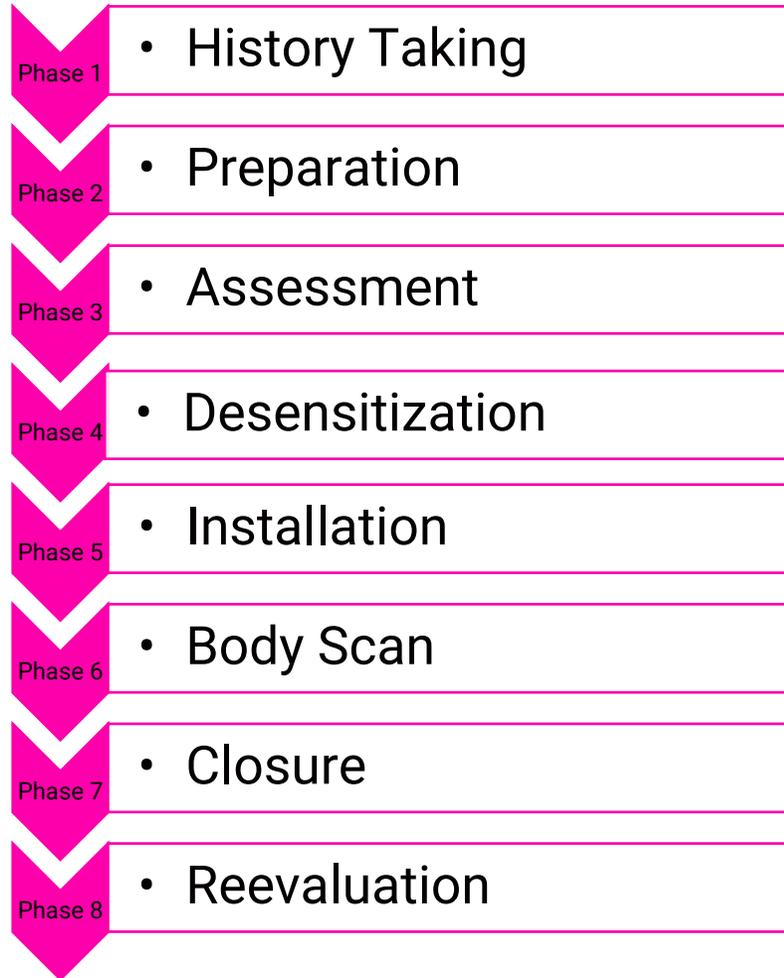
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The AIP stands for Adaptive Information Processing Model

- The AIP is addressing both Adaptive and Maladaptive Networks
- The AIP is our Roadmap in Treatment
- The Brain is adaptive and designed to move towards healing
- Recent Events can get linked into historical traumas

The AIP stands for Adaptive Information Processing Model

- Adaptive is up to date
- Adaptive is present moment
- Adaptive is Resourceful
- Adaptive is Resiliency
- Maladaptive is trauma symptoms
- Maladaptive is attachment responses
- Maladaptive is overreacting or under reacting
- Maladaptive is old lies



- Assess Current level of Resources
- Assess for current safety concerns
- Assess for History of Trauma
- Assess if Basic Needs being met
- Assess current functioning level
- Assess what resources are needed

- Explain the history of EMDR
- Give Psycho Education on the nature of trauma and the AIP
- Go over the mechanics of EMDR
 - Seating position
 - DAS (eye movements, tapping, equipment if you have it)
 - Teach Stop Signal

- Use Phase 1 information to inform Phase 2
- Ask Permission to offer a resource for the client to try to see if it helps

List of Resources

Calm/ safe
place

Container
Exercise

Diaphragmatic
Breathing

Progressive
Muscle
Relaxation

Somatic
Grounding
Exercise

Guided
Meditation

- Do a Floatback or Affect Scan with recent events. Present triggers to identify if there are any possible Touchstone memories that it is linking into.
- Create your target sequence list

- Remember Phase 3 is about how this memory is showing up in the present moment
- Phase 3 is about lighting up the limbic system
- Phase 3 looks a little different with recent events protocol. We will go through procedural steps with the script when we get to that portion of the training.

- Phase 4 is about desensitizing the memory that is stored in the maladaptive networks
- Phase 4 in EMD and Recent Events Protocol looks different than Phase 4 in the regular protocol
- Reprocessing is restricted to desensitization of the recent event in Recent Event Protocol and to the target memory only in EMD

- Installation of the Positive Cognition
- We are looking for the PC for the entire memory
- Install PC until VOC: 7 or ecologically sound 6

- If they are reporting a somatic sensation after completing all the other phases, you may assess if the somatic sensation is related to the incident you are working on, or if it is related to a feeder memory
- If it is related to a feeder memory, make a plan with the client to process the feeder memory in the next session
- If the somatic experience is related to the target memory, get a SUD, and do steps 3 & 4 with the somatic experience

Closing out the reprocessing session with one of two closures:

Complete

When all phases have been completed. It provides an opportunity for a summary of the session and client take away. It also provides an opportunity to assess if the client needs a resource offered before leaving the session

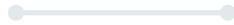
Incomplete

When not all phases have been completed but you are out of time in the session. Proceed to the incomplete session script and offer a resource to the client before they leave your office.

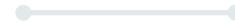
This takes place at the beginning of the following session

Three types of Reevaluation:

01



02

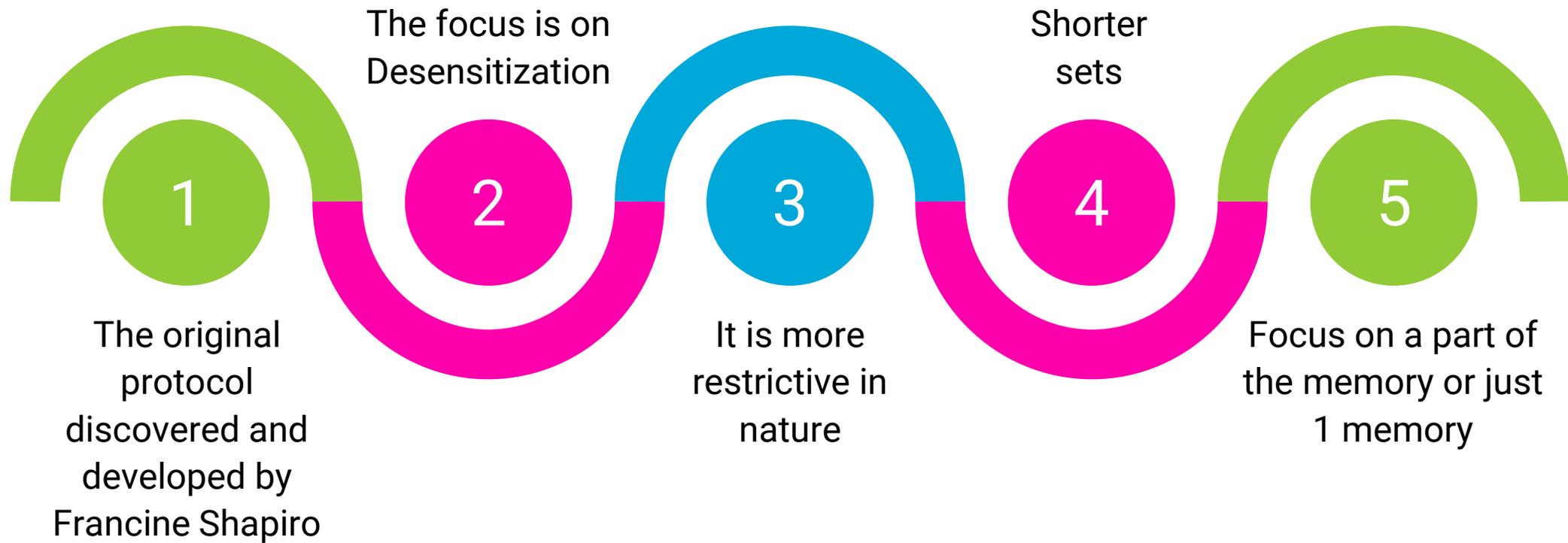


03

Reassessing the target memory you worked on to see if there is any additional charge

Reassessing overall reduction of presenting symptoms

Reassessing overall goals and targets at the end of the treatment term



01

Complete phases 1 and 2 as usual

02

In phase 2 make the clinical decision on clients needs. Does present trigger need to be focused on vs. touchstone memory? What is best of the client at this time.

03

If you decide to focus on present triggers or more recent events, create a container and contain any memories that came up in float-back.

04

Invite the client to set the container and memories aside and bring their attention to the recent event or present trigger.

- Complete phase 3 as usual
- Do 10-12 sets of DAS
- Do feedback portion “what are you noticing now? Go with that”
- If the client links into other memory networks, gently bring their attention back to the target memory “when you go back to the original memory we started with, what do you notice now?”

1

Invite client to just notice 1 part of the memory that feels disturbing. Do 10-12 sets of DAS in feedback portion say “As you notice this part of the memory what do you notice now? Go with that”

2

Further restriction – add Assessment of SUD during feedback portion
“as you notice this part of the memory, on a scale of 0-10 how disturbing does it feel to you now? Go with that”

Client is getting out of their WOT (window of tolerance)

The memory is not reducing in activation with regular EMD

The client voices concerns about processing the memory, that it might be too overwhelming

The client is having a hard time focusing on target memory

Adapted from Elan Shapiro's R-Tep by Deb Kennard

Recent Events Protocol is a restricted protocol

It is to be used if a client comes in with a recent Big Trauma event that has taken place in the last 6 weeks.

It can also be used for older memories if the memories are too overwhelming for the client to process and they need it restricted for desensitization.

1

Phases 1 and 2 are the same

2

In phase 2 finding the targets and making a target sequence list

- Create a container and contain any memories that came up in floatback.
- Invite the client to set the container and memories aside and bring their attention to the recent event.



“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.”



Phase 3 is completed on each POD of the memory in Recent Events Protocol



“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?”



- “Is there a picture that goes with this first part of the disturbance?”
- “What negative words about yourself or the world go with that _____ (name the POD)” Offer one if they have difficulty. “Is it ____?”
- “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.
- When you bring up that part of the memory what emotion do you feel now?”
- “On a scale of 0 to 10 with 0 being no disturbance and 10 being the highest disturbance, how disturbing is that right now?”

Reprocessing is restricted to just desensitization of the different PODS of the target memory

- “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
- “Take a breath. Think of that part of the disturbance and from 0 to 10 how disturbing is it right now?”
- “Notice that.” 5 to 10 back and forth passes of fast eye movements
- “Take a breath. Think of that part of the disturbance and from 0 to 10 how disturbing is it now?”
- “Notice that.”

1

Once the POD has been reduced to a SUD of at least a 4 (try to get it as low as it can go) then repeat steps 3 and 4 to get the next POD

2

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.”

3

Go back to step 4

Once they have scanned through the entire event from beginning to end and can no longer identify any new POD's then you move to phase 5.

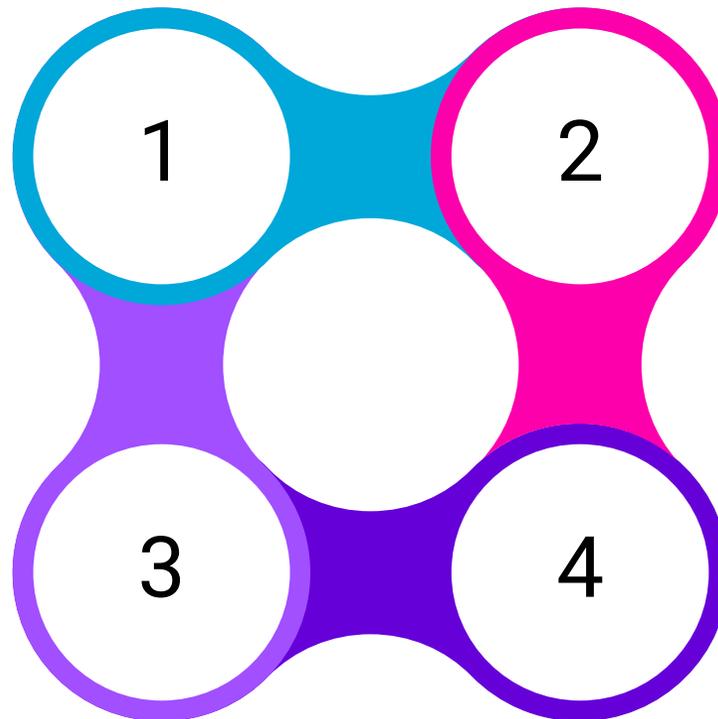
Sometimes they have a different PC for each POD. You can read back each PC and ask them which one fits best with the entire memory.

Phase 5 Positive Cognition.

- “Does your original positive belief still fit or is there a better one now?”
- “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?”
- “Notice that.” 5 to 10 sets of eye movements
- “How true does it feel now from 1 to 7?” Repeat as long as it gets stronger
- End with Container or another resource as needed. No Body Scan.

Body Scan is not used in Recent Events Protocol

If it is related to a feeder memory, make a plan with the client to process the feeder memory in the next session.



If they are reporting a somatic sensation after completing all the other phases you may assess if the somatic sensation is related to the incident you are working on, or if it is related to a feeder memory.

If the somatic experience is related to the target memory, get a SUD, and do steps 3 & 4 with the somatic experience.



“The processing we have done here today may continue. You may or may not have any new thoughts, insights, dreams, or memories that come up after today. If you have anything that feels related to what was processed today, you can record it in a journal. Remember you have the resources we worked on in a previous session you can use if you should need them.”





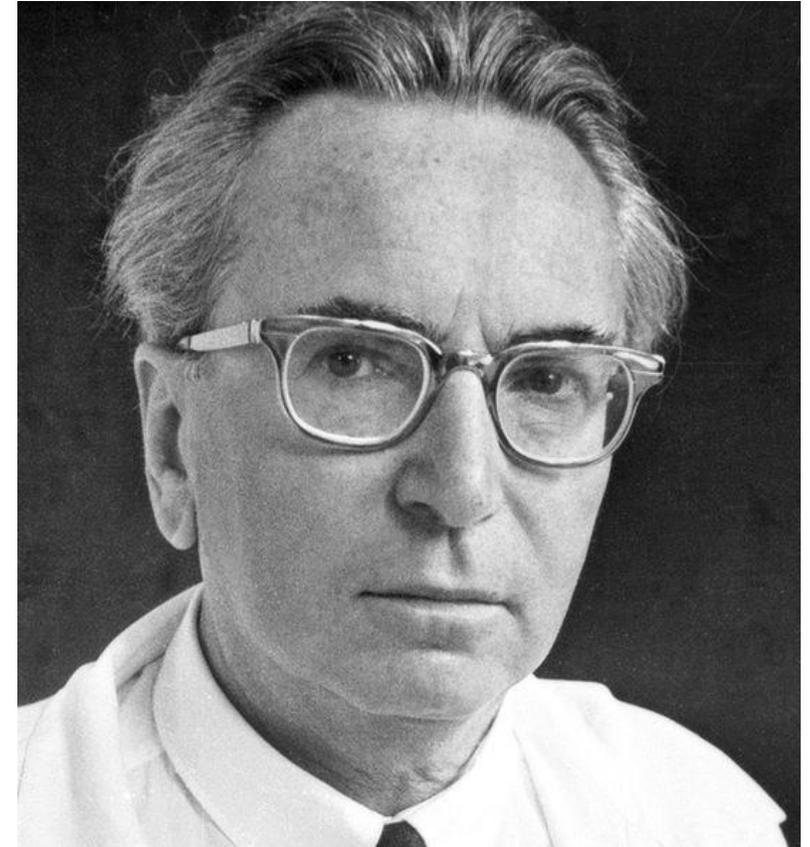
Victor Frankl



Man's Search for Meaning



Helping clients prepare and hope for a better tomorrow



What to look for:

- How the client would like to respond or feel
- What the client would like to be able to do
- How the client would like to handle situations that previously triggered urges or addictive behaviors
- Strengthen the new insights, behaviors and patterns that are more adaptive
- Reveal what is needed in terms of educations, skill or confidence
- May also reveal blocking or limiting beliefs in this treatment phase

“Let’s now work on how you would like to be able to respond to situations in the future:

“Identify a future situation and a positive belief (PC) you like to have about yourself in that situation”

“While holding the positive belief about yourself in mind, run a movie of the situation as you would like to be able to respond, from beginning to end. Let me know if there is a part or parts of the movie that are uncomfortable or challenging.”

What are you noticing?

Positive:

Run movie of adaptive response with DAS as positive response strengthens

Negative:

Focus on body sensations; add DAS until response is neutral.
Elicit from client desired response and run movie with das until response is positive

Neutral:

Ask for clarification. Generate with client desired response and run movie with DAS until client has achieved a positive response.

*Note: if negative associations open up, you may need to return to reprocessing

“Hold your positive cognition with that situation. On a scale from 1-7, how true does it feel?”
Install to VOC of 7 with DAS

1

Create multiple scenarios where there is an unanticipated or undesirable outcome and generate an adaptive response:

“I’d like you to think of a challenging situation that could occur”

2

“What are you noticing?”

Positive – add DAS sets as additional positives are reported

Negative – focus on body sensations with DAS until clear

3

Install PC to VOC = 7 with each situation

Complete the course quiz located in your Training Portal to receive an EMDRIA completion certificate.

Professional CEUs are available for separate purchase as well. A link to purchase can be found in your course.

