**EMDR Case Conceptualization**

**Standard vs. Belief Schema Focused**

1990 - Past - Present - Future

- Future Triggers
- Present Triggers
- Past Triggers
- Past Touchstones

2007 Symptom
- Future
- Present
- Past

Symptom
- Emotion, Sensation, Person, Place, Cognition

Belief Schema

**Belief Focused Targeting Sequence Plan**

Presenting negative core belief defines the cluster

*Core Belief* - a verbalized felt sense of:
- Emotions
- Sensations
- Perceptions/Attitudes/Behaviors

All targets within the cluster resonate with that belief

- Future Triggers
- Present Triggers
- Past
- Additional past events (acute & others)
- Touchstone Event (first)

**Beliefs:**

- resonate with the client’s (and clinician’s reflexive) emotions and sensations
- are the ‘felt sense of self’ associated with the triggered emotions, sensations and perceptions
- have a strong ‘external locus of control’
- fall into developmental stages or PTSD
- are frequently simplistic / childlike in its structure:
  - *Ex.* “I’m bad.”
  - *Ex.* “I’m going to die!”
Characteristics of Negative Belief Schema

A Negative Belief Schema:
- is the meta-perception of the stored neuro-network's (emotions, sensations, and perceptions)
- is a verbalization of the activated neuro-network
- resonates with the neuro-network's activated emotions and sensations
- is the primary approach in organizing the Targeting Sequence Plan

Identifying Negative Belief Schema

A clinician's facilitated process (dance) of:
- Reflexive and reflective listening
- verbal and non-verbal attunement
- left brain guided by clinical knowledge of:
  - the presenting issue
  - attachment
  - childhood developmental milestones
  - core belief plateaus
- Right brain confirmed/validated:
  - Based upon the clinician's felt sense of the client's experiences

To join with the client in identifying and resonating (emotions & sensations) with the 'Negative Core Belief', the clinician:
- guides,
- suggests,
- questions,
- probes,
- interprets
- educates

All experiences (past, present and future) within the Targeting Sequence Plan will have the same maladaptive/dysfunctional negative core belief (pathological ego state bundle)

The negative belief schema resonates with:
- the future triggers,
- the present triggers,
- the past events (and touchstone)
Positive Core Beliefs

Core Beliefs:

- are a verbalization of the desired, adaptive sense of self
- are the meta-perceptions of the existing positive neuro-network
- resonate with the emotions and sensations of the existing positive neuro-network:
  - VoC - the ‘felt sense’ of how true the positive core belief feels now 1-7
  - Provides diagnostic information regarding processing and resourcing options

Self-referencing - "What it means to me!"

- Has a strong ‘internal locus of control’
- Is adult, adaptive, and realistic, not a polarity of the negative core belief
- Not:
  - "I am unlovable........I am lovable" 
  - But:
  - "I am unlovable........I am lovable regardless" (validating a strong internal locus of control)

- Strongly resonates with client (and clinician)

Is adaptive across the life span

- Resonates as a desired adaptive positive belief:
  - of the future triggers,
  - of the present triggers,
  - of the past events
  - of the touchstone event

The Clinician

- Constantly leads and validates
  - Assure continuity across Past Present Future

Accessing the Positive Belief from the touchstone event

- "If that were your child, what would you want them to believe about themselves?"
Adaptive Beliefs Schema Networks

“The ability, at any given moment, to have choices along a belief schema continuum.”

Congruent thru past, present and future

Developmentally appropriate?

Children - Polarities
Adults - Continuums

Continuums or Polarities?

Polarities
NC: “I’m incompetent.”
NC: “I’m unlovable.”

PC: “I’m competent.”
PC: “I’m lovable.”

Continuums*
NC: “I’m incompetent.”
NC: “I’m unlovable.”

PC: “I can accept my strengths and weaknesses.”
PC: “I’m lovable regardless.”

“Mental health—at any given time, have a number of choices along a continuum.”

Simple or Compound Statements?

Simple:
NC: “I’m defective.”
NC: “I have to be perfect.”
NC: “I’m abandoned / alone.”

PC: “I can accept myself.”
PC: “I can accept my strengths and weaknesses.”
PC: “I can get my needs met.”

Compound*
NC: “Because I’m defective, I’m worthless.”
NC: “If I’m not perfect, I’m alone.”

PC: “I am worthwhile regardless.”
PC: “I can get my needs met regardless.”

*When several inter-related beliefs resonate equally with the same issue
Goals or Journeys?

Goal: Adaptive positive network exists, reprocessing is reconsolidating isolated and adaptive networks

Goal: I can...

NC: “I’m defective.”
PC: “I can accept myself.”
NC: “I have to be perfect.”
PC: “I can accept my weaknesses.
NC: “I’m powerless.”
PC: “I can control what I can.”

Journey: Very anemic or non-existent adaptive network. Reprocessing opens the possibility of developing adaptive responses.

Often necessary when belief is pervasive through out the client’s life span—adaptive goal is out of reach.

Journey: “I can (begin) to...

NC: “I’m defective.”
PC: “I can begin to learn to accept myself.
NC: “I have to be perfect.”
PC: “I can begin to learn to accept my strengths and weaknesses.
NC: “I’m powerless.”
PC: “I can learn what I can and cannot control.”

Belief Schema Targeting Plans

Presenting Complaint - Symptoms of the Irrational “Belief”

<table>
<thead>
<tr>
<th>Negative Core Belief</th>
<th>Adaptive Belief</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I’m okay”</td>
<td>“I’m not good enough”</td>
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</table>

Future Triggers

Present Triggers

Past

Past incident

Past incident

Touchstone

- Negative Core Belief (NC)

Targeting Plan Considerations

Simple Presentations

Acute Stress

Recent Event

Single Incident

Comprehensive Presentations

Dominant Core Belief

Other (People, Emotions, Sensations, Behaviors, etc.)

(Multiple TSP’s, Id Beliefs, Prioritize)

Emotions/Sensations with no belief

Chronological

(Vague, complex)
Preparation--Resourcing

- EMDR Mechanics
  - Eye Movements vs. Tapping vs. Tones
- Stabilization based upon Belief Schema
  - RDI (Korn & Leeds)*
  - Calm/Soothing Inner Place
  - Mindfulness
  - Breathings
  - Muscle Relaxation
  - Meditation
  - Somatic Experiencing
  - Container
- Behavior Modification
  - Extended Resourcing (Kiessling)

PHASE 2 (Treatment Janet)

**EMDR Processing**

Phase 3: Access and Activate

Phase 4: Desensitization
  (Clinical Interventions)

Phase 5: Installation

Phase 6: Body Scan

Phase 7: Closure

Phase 3: Access and Activate
  (Phase 3-Assessment: Shapiro)

Goal: To access and activate the agreed upon target
- Baseline measurements
- VoC: 1-7
- SCID: 0-10

A check-list (2-3 minutes in length) of the predetermined:
- Target
- Negative Belief
- Positive Belief
The Checklist:

1) Target incident agreed upon during Target Sequence Planning:
   "Today we have agreed to reprocess ...., does that still seem like the right incident or is there another one now?"
   "Then...
   "What represents the worst part of that incident?"

2) NC: "When you think of that incident, does the negative belief (NC) still fit, or is there a better one now?"

3) PC: "When you think of that incident, does the positive belief still fit or is there a better one?"

4) VoC: "When you think of that incident, how true does the positive belief (PC) feel to you now on a scale of 1-7?"

5) Emotions: "When you bring up that incident and the negative belief (NC) ...., what emotions do you feel now?"

6) SUD: "On a scale of 0-10, .... how disturbing does the incident feel to you now?"

7) Body Sensation: "Where do you feel it in your body?"

Phase 4: Desensitization

Processing
   Bilateral Stimulation (Processing speed)
   Attunement
      Eye Movements
         - Right brain to right brain (seating on the left??)
         - Pacing
         - Non-verbal communication

   Channels of Association
   Back to target
   Taking a SUD (0-10)

   Goal: SUD=0 (or ecological)
Belief Informed Clinical Interventions
(Cognitive Interweaves - Shapiro)

1) Understand the Core Belief System
   - Recognize the belief system’s developmental gaps

2) Blocks that may arise when starting processing
   - Not good enough
   - Intellectualizing
   - Perfectionism
   - Care-taking
   - Control
   - OCD
   - Judgment

3) Insightful Intervention: “Do you think you are doing your ..... now?”

   - Recognize the potential ‘weakest links’ of processing
     1. Survival
     2. Responsibility
        - Control
        - Shame
        - Guilt
     3. Vulnerability
     4. Judgment
     5. PTSD

   - Attune to the client’s processing
   - Anticipate/feel the ‘next piece of track’
   - Use of self, non-verbal’s, pacing

Clinical Schema Focused Interventions (Examples)

Survival
   “It’s over... You’re safe now... That was then. It’s old stuff...”

Responsibility
   - Control
      “Whose responsibility is it?... Who’s the parent?... Whose is suppose to be in control?... I’m confused...”
   - Shame
      “Do all children...? Who’s responsible for helping the child...?”
      “I’m confused... What if your child...? Let’s pretend...”
   - Guilt
      “I’m confused... Whose responsibility... If it were child...? Let’s pretend... What if your child...?”
Vulnerability

— That was then...you have choices now...It's over....

Judgment

Psycho-education, sounding board,

— You can begin to....

PTSD (adult onset)

Typical:

— It’s over...You did the best you could...What have you learned?"

— or

— There will light at the end of the tunnel?"

Socratic

— Isn’t true that....

Phase 5: Installation

Confirm or modify the positive core belief

Link with the newly formed network associated with the original target and measure ----VoC: 1-7

Process with 'processing speed' BLS

Goal: VoC=7 (or ecological)

Phase 6: Body Scan

Link newly formed adaptive network of Target and Positive Belief

Scan body and report any sensations

Process any sensations with 'processing speed' BLS

Goal: Neutral body
Phase 7: Closure

Time to Stop
"I see we are almost out of time, would you like to do one more set or stop now?"

Stabilization
Agreed upon strategy or expanded stabilization intervention(s), i.e. Light stream, Spiral, Guided Imagery

Insights/Integration
Resourcing: W or w/o BLS?

Goal: Depart ‘stable enough’

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Phase 3 (Integration–Janet)

EMDR:

Phase 8: Reevaluation

and

Completing the Targeting Plan
1) Targeting Sequence Plan
   Or
2) Stair-step Integration

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Reevaluation (Phase 8)

Checking the work, global to specific

Clinical Landscape
   (global)

Presenting complaint

Specific Target
1) Complete one Targeting Sequence (Core Belief) before starting another.

2) Regardless of the original incident’s chronological positive (past, present or future) process any remaining incidents still having a disturbance (SUD>0).

3) Integration: resourcing, new insights, learning.

Regardless of the starting point (first, worst, recent, anticipated future), once reprocessed (0 SUD) all remaining incidents are reprocessed before another targeting plan is considered complete.

- May or may not follow Past / Present / Future sequencing.

### Completing the Targeting Sequence

Complex Belief Schema Processing

3 Dimensional / Non-linear Process

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<thead>
<tr>
<th>Targeting Plan (Integration)</th>
<th>Past</th>
<th>Present</th>
<th>Future</th>
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<tbody>
<tr>
<td>Stabilization</td>
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<tr>
<td>Processing</td>
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### Processing Future Triggers (Future Templates - Shapiro)

- **A) Normal Situation**
  1) Positive
  2) Minor Anxiety SUD<3
  3) SUD >3 (Phase 3-6)

- **B) Challenging Situation**
  New Targeting Plan
Belief Schema Targeting Plan Video

Background
1) Not Good Enough
2) Not Deserving
3) ??

Presenting Complaint: Awards dinner triggers?!
NC: "......"
PC: "........"

Future
Present
Past:

Touchstone

Workshop Targets

**GOAL** Describe the 4 primary Belief Schema Plateaus plus PTSD used in the 'Belief Schema Perspective' to EMDR, and how they assist in case conceptualization and processing.

- Judgment
- Vulnerability
- Responsibility
- Control/Power
- Shame
- Guilt
- Survival
- PTSD

Belief Schema

EMDR
Workshop Targets

**Goal**
Name 3 major differences between the Standard EMDR Protocols and Procedures and EMDR from a ‘Belief Schema Perspective.’

- Core Beliefs from the Targeting Sequence Plan
- Phase 3: A check list to access and activate a neuro-network (3-5 minutes)
- 3 Prongs- All targets within a Sequence Plan resonate with the Negative Core Belief Schema

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Workshop Targets

**Goal**
Demonstrate the ability to develop a Belief Schema Targeting Sequence Plan and appropriately reprocess the targets identified with, through the Standard Three-Pronged Protocols

- Pro-active – not ‘Staying out of the way’
- All targets congruent with Core Beliefs

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We’ve reached our goal!

Now it is your turn!!
(Complete your evaluation)

Have I hit my targets?
Final words of Encouragement

EMDR treatment creates Adaptive Belief Schemata that helps traumatic experiences to be viewed as challenges to be learned from and turned into Successes.

“Go with that!”