



EMDR Case Conceptualization

Standard vs.. Belief Schema Focused

1990 - Past-Present - Future

2007 Symptom

Future

Present

Past

Symptom

Emotion, Sensation, Person, Place, Cognition



Future Triggers



Present Triggers



Past



Touchstone



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 (worst & 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

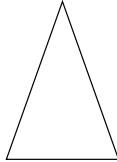
A Negative Belief Schema:

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-networks'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)



Is emotionally and affectively triggered across the life span
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'

Ex: "I'm okay as I am."

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."

PC: "I'm competent."

NC: "I'm unlovable."

PC: "I'm lovable."



Continuums*

NC: "I'm incompetent."

PC: "I can accept my strengths and weaknesses."

NC: "I'm unlovable."

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."

PC: "I am worthwhile regardless."

NC: "If I'm not perfect, I'm alone."

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."

NC: "I have to be perfect."

NC: "I'm powerless."

PC: "I can accept myself."

PC: "I can accept my weakness"

PC: "I can control what I can."

Journey: Very anemic or non-existent adaptive network. Reprocessing opens up 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."

NC: "I have to be perfect."

NC: "I'm powerless."

PC: "I can begin to learn to accept myself."

PC: "I can begin to learn to accept my strengths and weaknesses."

PC: "I can learn what I can and cannot control."

Belief Schema Targeting Plans

Presenting Complaint - Symptoms of the Irrational 'Belief'

Negative Core Belief

Adaptive Belief

"I'm okay"

Future Triggers.....

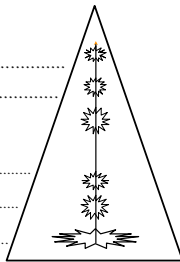
Present Triggers.....

Past

Past incident.....

Past incident.....

Touchstone.....



Negative Core Belief: (NC) I'm not good enough

Targeting Plan Considerations

Simple Presentations

Acute Stress

Recent Event

Single Incident

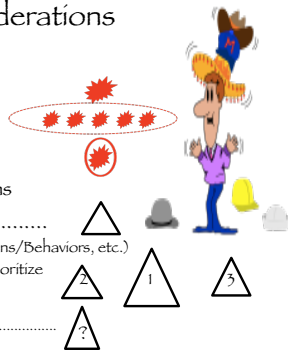
Comprehensive Presentations

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
- Breathing
- 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

SUD: 0-10

A check-list (2-3 minutes in length) of the predetermined:

Target

Negative Belief

Positive Belief

The Checklist:

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 yournow?"

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...? Lets 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'

Phase 3 (Integration-Janet)

EMDR:



Phase 8 : Reevaluation

and

Completing the Targeting Plan

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

Reevaluation (Phase 8)

Checking the work, global to specific

Clinical Landscape
(Global)



Presenting complaint



Specific Target ✨

Completing the Targeting Sequence

- 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,

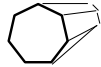
Regardless of the starting point (first, worst, recent, anticipated future), once reprocessed (0,7, CB) all remaining incidents are reprocessed before another targeting plan is considered complete

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

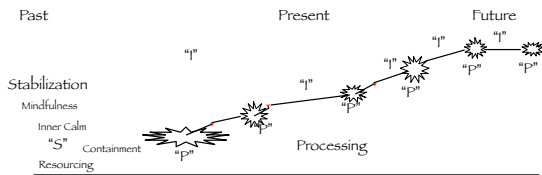


Complex Belief Schema Processing

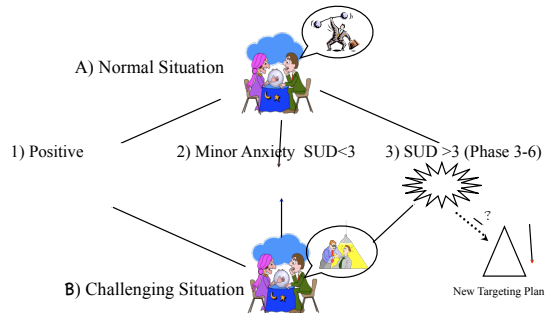
3 Dimensional / Non linear Process



Targeting Plan (Integration)



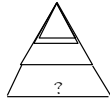
Processing Future Triggers (Future Templates - Shapiro)



Belief Schema Targeting Plan Video

Background

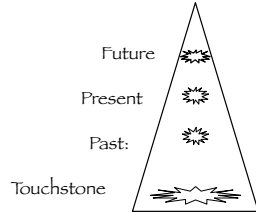
- 1) Not Good Enough
- 2) Not Deserving
- 3) ?



Presenting Complaint: Awards dinner triggers??

NC: ".....?"

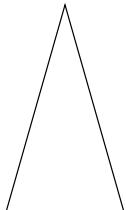
PC: "....."



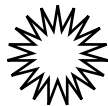
Belief Schema EMDR

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



5. PTSD

Workshop Targets



GOAL Name 3 major differences between the Standard EMDR Protocols and Procedures and EMDR from a 'Belief Schema Perspective.'

Core Beliefs form 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

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



We've reached our goal!

Now it is your turn!!

(Complete your evaluation)

Have I hit my targets?



Final words of Encouragement

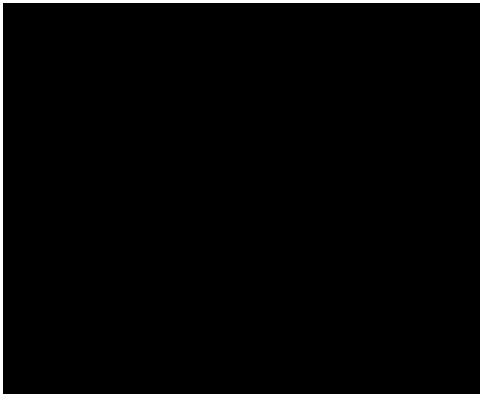
EMDR treatment creates

Adaptive Belief Schemata
that helps traumatic experiences
to be viewed as challenges
to be learned from
and
turned into



Successes





“Go with that!”