EMDR Considerations

Case Conceptualization
Clustering & Targeting Sequence Planning
Clinical Judgement
  Resourcing
  Processing
Target Selection
  (Past, Present, Future)
Processing Management
  Standard, Contained, Restricted

What if...?

The client experiences
  Assaults
  Disaster
The Environment
  Disasters
  War zones
The client doesn’t want to
  Symptom reduction
The Referral Source
  Managed Care
  Workman’s Comp

Single Incident, Symptom, or Multiple Symptoms

EMDR’s Standard Eight Phases, 3 Prongs

1. History
   - In-depth, biopsychosocial Intake
   - Client Selection Criteria
   - EMDR Phase 1 Targeting Sequence Plan
2. Preparation (Phase 2)
   - Mechanics
   - Calm Place (Affect Management Skill–Calm Place)
3. Access and Activate (Phase 3)
   - Target, NC, PC VoC, Emotions, SUD, Body Location
   - Desensitization (Phase 4)
     - Free Association, non-directive, channels of associations
4. Installation (Phase 5)
5. Body Scan (Phase 6)
6. Closure (Phase 7)
7. Reevaluation (Phase 8)
EMDR Standard Protocols (Francine Shapiro)

1. Presenting Complaint (Core Belief or other Symptom)
2. Past
   - Touchstone
   - Worst
3. Present
   - Triggers
4. Future
   - Anticipated Anxieties

---

- **STANDARD PROTOCOLS** (aka EMDR) — Standard 8 Phases and 3 Prong Processing
- **R-TEP**—Expanded Recent Events Procedures useful for acute stress situations in ‘now-stable’ environments
- **A-TIP**—Acute Traumatic Incident Procedures—minimal history, single incident, symptom reduction, unwilling, unable, or clinically inappropriate for full EMDR 3 Pronged Protocols
- **Contained** (aka EMDr) —8 Phases/3 prongs but contained processing (Phase 4) focusing on only target specific channels of association,
- **Restricted** (aka EMD)—Restricted processing, focusing only on the target (no associated channels) and SUD’s & VoC. No body scan
- **RECENT EVENTS**—Incident presents as ‘fractionated’ - multiple ‘mini-targets’ initial

---

Acute RE Single Symptom Multiple Complex
Developing & Enhancing a Container

Steps
1. Image
2. When used or how would it feel if you could
3. Enhance
4. BLS
5. Cue Word-BLS
6. Self-cuing
7. Cuing w disturbance
8. Self-cuing w disturbance
9. Practice
10. Re-evaluate

Contained/Restricted Processing Hierarchy
- Symptom Focused Targeting
- Acute present stress
- Present focus
- Unwilling to address past
- History
  - Informed decision
- Preparation
  - Container, firewall, reprocessing resource
- Reprocessing
  - Hierarchy
    - Standard
    - Contained
    - Restricted

- Standard: EMDR (free association)
  "Take a breath, let it go, what do you get now?"

- Contained: EMDR (back to target)
  "Take a breath when you think of __, what do you notice now?"
  "is it now from 0-10?"
**Contained Processing Review - Q&A**

- Phase 1: History
- Phase 2: Preparation (Container... Stop Signal)
- Phase 3: Activate/Access
- Phase 4: Desensitization (Back to Target...SUD>؟)
- Phase 5: Installation (Target Specific, VoC <؟)
- Phase 6: Body Scan (Clinical Judgement)
- Closure

**Restricted: EMD (target & SUD)**

"Take a breath, let it go, when you think
of ___, your negative thought, how disturbing
is it now from 0-10?"

Every 3-4 sets:

"What are you noticing now about the incident?"

**CAUTION: Excessive contamination-STOP**
### Restricted Processing Considerations

- Stop Signal
- Desensitization
  - SUD > 0
- Installation
  - VoC < 7
- Body Scan?
Restricted Processing Review - Q&A

- Phase 1: History
- Phase 2: Preparation (Container... Stop Signal)
- Phase 3: Activate/Access
- Phase 4: Desensitization (Back to Target...SUD>∅?)
- Phase 5: Installation (Target Specific, VoC <7?)
- Phase 6: Body Scan (Clinical Judgement)
- Closure