**LECTURE 11a**

**Recent Events**

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**Treating Recent Trauma and Beyond**

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**Workshop Targets**

**GOAL** 1. Describe the Processing Continuum:  
i.e. EMDR, EMDr, EMD, EM

**GOAL** 2. Understand how to treat Recent Trauma using the Processing Continuum
1. Describe the Processing Continuum:
   i.e. EMDR, EMDr, EMD, EM

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**Standard EMDR**

**Bio-psychosocial**

**Presenting Complaint**

**Interventions**

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**EMDR Standard Protocols**

**CASE CONCEPTUALIZATION**

**Phase 1: History**

1. Chronological Targeting (10 worst/best list)

   ![Timeline with stars]

2. Presenting Complaint (Symptom Informed)

   - Future Triggers
   - Present Triggers
   - Past
   - Touchstone

   ![Stars for future and present triggers]

**Phase 2:**

- BLS Mechanics
- Calm/Safe Place
PROCESSING
Phase 3: Assessment
- Target, NC, PC, VoC, Emotions, SUD, Body Location

Phase 4: Desensitization
- No suppose to’s / free association across the life-span
- BLS 20-35 seconds - processing speed
- “Take a breath, let it go, what do you get now? ....” “Go with that.”
- SUD=0

Phase 5: Installation
- BLS - speed?
- Validate PC & Install
- VoC=7

Phase 6: Body Scan
- BLS - speed?
- Clear / neutral body

What if...?
...the client experiences acute trauma:
- Assaults / Disaster / Terrorist Attacks

...the client wants symptom reduction, not comprehensive treatment

...the Referral Source limits treatment
- Managed Care
- Workman's Comp

...the trauma is on-going:
- Disasters / War zones

“The Processing Continuum”

STANDARD PROTOCOLS (aka EMDR) --- Standard 8 Phases and 3 Prongs

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

CONTINUOUS EM’s (aka ERP) --- EM’s with constant orientation to ‘here and now’, memories are over!
Contained reProcessing
EMDr

- Client can compartmentalize
- Can free associate within a 'specific target'
- Does not need processing to be restricted
- Client only wants to work on one aspect of a more global (past, present, future) issue
- Time-commitment to treatment may be limited

Goal: To allow the client to 'reProcess' a specific event

• Desensitization
• Insights
• Adaptive Learning

Goal: To allow the client to 'reProcess' a specific event

CASE CONCEPTUALIZATION

Phase 1: History - Typical --- rarely truncated

Phase 2: Preparation - Inner Peace / Container / Stop Signal

PROCESSING

Phase 3: Access & Activate Checklist

Phase 4: Desensitization

• To keep the client focused on a single target during the processing while allowing some degree of 'Processing', i.e., new insights, adaptive learning
• Present or future incident (past??)
• Single aspect of an incident, limited channels of association (targeted incident only)
• Standard sets of E.M.s (15-35 seconds)
• After every set of BLS, back to target
• Take a breath, when you think of ...., what do you notice now?...Go with that...
• SUD > 0

.CREATED BY C.B. 2009

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.DESCRIPTION: EMDR (Eye Movement Desensitization & Reprocessing) is a psychotherapy approach that uses eye movements during therapy to help clients process and reduce traumatic memories and other emotional distress. EMDR addresses the mind-body connection, focusing on the potential for the nervous system to heal itself. The therapist helps clients focus on a specific memory or thought and moves their eyes or body in a rhythmic way to process the memory. This can help reduce the emotional intensity associated with the memory and can lead to increased feelings of control and resolution. EMDR is typically used for treating PTSD, anxiety, and other conditions. It is a collaborative process between client and therapist, with the therapist providing guidance and the client actively engaging in the process.
Phase 5 - Installation
• Check PC
• Hold together - apply BLS
• VoC<7
• Use clinical judgment

Phase 6 - Body Scan
• Use clinical judgment
• If SUD=0 and VoC<7
• If SUD >0 and VoC<7

INTEGRATION
• Reevaluation
• Future Triggers
• Three Prongs (Standard EMDR?)

Video Set-up

EMDr Discussion

Restricted Processing: EMD
(Shapiro’s EMD - 1st Research Project)

Applications
• Client is
  • Unwilling to address ‘clinical landscape’
  • Unable to address ‘clinical landscape’
• Unstable
  • Inability to self-sooth due to environment
  • Dissociative
• Treatment Restrictions
  • Referral source
  • Treatment sessions
CASE CONCEPTUALIZATION

Phase 1: Bio-psychosocial (Target Sequence Planning)
- Clinical Judgment - limited or extensive
- target selection - present or future trigger
- past??

Phase 2: Stabilization/Affect Management
- Container
- Breathing (mindfulness)
- Inner Calm Space

Developing & Enhancing a Container

Steps
1. Image
2. “How would it feel if you could use it?”
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

PROCESSING

Phase 3: Access and Activate Checklist
- Stop Signal if anything ‘off target’ comes up*

Phase 4 - Desensitization (Restricted Processing)
- Shorter sets of EM’s (10-20 seconds)
- Steps
  1. “Take a breath... As you think of... how disturbing is it now, 0-10?...Go with that.”
  2. Repeat 1 2 three or four times then:
  3. “Take a breath... As you think of... what do you notice about it now?...And, 0-10, how disturbing?...Go with that.”
  4. Repeat the sequence 2 3 6+ until SUD bottoms out (ecological)
  5. Stop Signal
  6. Place in container
  7. Return to restricted processing
  8. “If Stop Signal” for a second time - STOP processing
  9. Revert to stabilization and other grounding strategies

*If ‘Stop Signal’ for a second time - STOP processing
Phase 5: Installation: VoC 47

Phase 6: Body Scan:
• Clinical judgment

INTEGRATION
• Reevaluation
• Future Triggers

Video Set-up

EMD Discussion

CONTINUOUS EYE MOVEMENTS
ERP

(Associate Room Procedures: Gary Quinn)

AIP - Client is frozen in the experience

Eye Movements (Research)
• Present Orientation-dual attention
• Images fade
• Reduction of affect

Applications
• Acute Trauma (moments/hours after the trauma)
• Abreactions (over-accessing the target)
EM Procedures

Eye Movements
• Continuous
• Processing Speed (Rapid)

Clinical Intervention
• Constant orientation to the ‘here-and-now’
  • “It is over, you are safe now here with me, the experience is over, it is in the past, you are here in the office......etc.”

Goal: Present time orientation