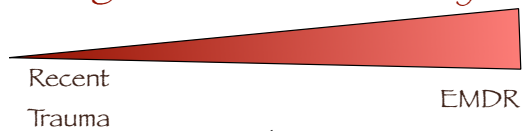


LECTURE 11a

Recent Events

Treating Recent Trauma and Beyond



Roy Kiessling, LISW
EMDRIA Approved
Trainer and Consultant
www.emdrconsulting.com
roykiessling@me.com

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

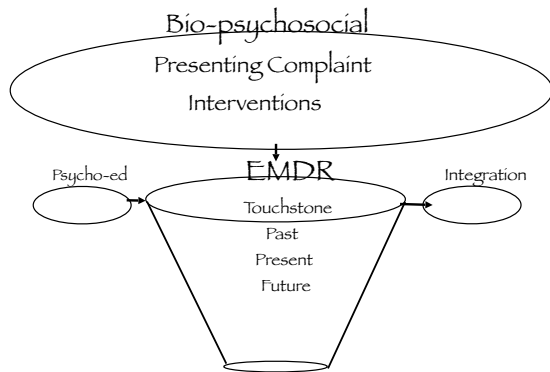
Workshop Targets



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



Standard EMDR



EMDR Standard Protocols

CASE CONCEPTUALIZATION (Francine Shapiro)

Phase 1: History

1. Chronological Targeting (10 worst/best list)



2. Presenting Complaint (Symptom Informed)

- Future Triggers
- Present Triggers
- Past
- Touchstone



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"

EMDR EMD ERP



✓ **STANDARD PROTOCOLS** (aka EMDR) ---Standard 8 Phases and 3 Prong Processing

• **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

Contained reProcessing Procedures EMDr



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 EMs (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



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

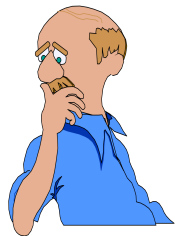
INTEGRATION

- 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-soothe due to environment
 - Dissociative
- Treatment Restrictions
 - Referral source
 - Treatment sessions



Restricted Processing Procedures

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."
 - Repeat 1 & 2 three or four times then:
- Take a breath... As you think ofwhat do you notice about it now?.....And, 0-10, how disturbing?...Go with that"
 - Repeat the sequence 2,3 & 4 until SUD bottoms out (ecological)
- Stop Signal
 - Place in container
 - Return to restricted processing
- *If 'Stop Signal' for a second time - STOP processing
 - Revert to stabilization and other grounding strategies



Phase 5: Installation: VoC <7,

Phase 6: Body Scan:

- Clinical judgment

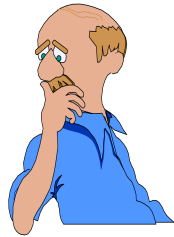
INTEGRATION

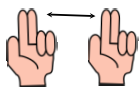
- Reevaluation
- Future Triggers

Video Set-up



EMD Discussion





CONTINUOUS EYE MOVEMENTS

ERP

(Emergency 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: Presenting orientation
