

Adaptations to EMDR Protocol for use with Children

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What is my clinical background?

- Accredited Child centred Play therapist working within CAMHS service. Part of MDT
- BACP accredited
Counsellor/Psychotherapist -Private
EMDR clinic with all ages, including adults.

Dilemma

- How to be creative, and child centred while remaining aware of the EMDR protocol.

EMDR with children

- Brevity of EMDR treatment
- Importance of safe place
- The re occurrence of symp, but for different reasons than originally
- Lack of dramatic change within session, accompanied by dramatic change uoutside of session

Using EMDR with Children

- Need for parental cooperation and support for treatment
- Problem of motivating children who do not request treatment, or who have short attention spans or not verbally orientated
- Need to creatively integrate EMDR into other modalities

When to introduce EMDR

- Strong enough therapeutic relationship?
- Child's level of trust?
- Child's capacity for tolerating pain, anxiety and fear?
- Child's attachment history?
- Age of child?
- Child's level of motivation?

EMDR Protocol-the 8 phases of Treatment

- Phase 1: Client History and Treatment planning.
- Phase 2: Preparation
- Phase 3: Assessment
- Phase 4: Desensitisation
- Phase 5: Installation
- Phase 6: Body Scan
- Phase 7: Closure
- Phase 8: Re-evaluation

Phase 1. History taking and treatment planning

- Obtain Developmental history
- Obtain trauma history
- Assess current family environment
- Select target to desensitise
- Explain EMDR to parents/carers

Phase 2: Preparation

- Establish Therapeutic relationship with child
- Address child's concerns
- Establish safety procedures (Safe place)

Phase 3: Assessment

- Obtain target image
- Obtain negative cognition
- Obtain positive cognition
- Obtain validity of cognition rating (VOC)
- Obtain emotions associated with the target image
- Obtain a rating of emotional disturbance (SUDS)
- Obtain the physical sensations associated with the emotions
- Obtain the locations of the physical sensations

Kid's list of Cognitions – Adler-Tapia & Settle

Bad Thoughts (NC)

I'm bad

I'm in fog

I'm going to explode

I'm hot

I don't belong

I'm stupid

I can't do it

I don't understand

I can't get help

I am not lovable

I am uncomfortable in my skin

I am fat

I messed up

Good Thoughts (PC)

I'm good

I'm in a clear place/sunshine

I'm calm

I'm cool (as a cucumber)

I do belong

I'm clever

I can do it

I do understand

I can get help

I 'm lovable

I fit in my skin

I'm just right

I did the best I could

Phase 4:Desensitization

- Follow the child's chain of associations using eye movements or other BLS until SUDS reduced to 0-1

Phase 5: Installation

- Pair the target memory with the positive cognition and do a set of Eye movements or BLS. If the VOC at 7, go on to phase 6. If the $VOC < 7$, process further until SUDS is at 0 and the VOC is up to 7

Phase 6: Body Scan

- Ask the child to hold the installation elements in mind and scan the body for sensations
- Process positive or negative sensations
- Generally children aged 9+ can complete a body scan. If the child is not able to understand the body scan, do sets of eye movements with the safe place until the child feels safe and relaxed.

Phase 7: Closure

- Give closing comments to the child or to the child and the parents together.

Phase 8: Re-evaluation

- At the beginning of the next session, review progress and decide on the next course of action.

Safety!

- Alliance with parents
- Child access to parents
- Demonstration
- Rapport
- Therapeutic relationship
- Baby steps
- Positive installations/resources
- Stop!

Modification age 2-3 years

- Omit NC, PC and VOC.
- Safe place –often parent’s knee!
- Parental knowledge used to understand trauma –often specific events.
- Photos/pictures/using props/toys/play therapy
- Use of stories – Joan Lovett .
- Best if can use child’s own chains of association
- Not able to do EM. (Use of drum/musical instruments/ pat-a-cake/moving toy / ‘tappy feet’
- Parent/toys being used to show child the process.

Maddie – 2 years 9 months

- Regular Eye ops due to cataracts
- Phobia re doctors/hospitals
- Use of play and drumming

Age 4-5

- Establish safe place, then evoke a description of an event, then a described image of it
- May not manage EM, but worth trying
- May manage something popping up Left then right better than tracking
- No cognitions, but instead identify target, then get child's feelings about it. Rate using hands or verbal
- Use of games
- Use of metaphor

Max –aged 5 years

- Sexual abuse by neighbour
- Session with parent in room
- Use of magic wand on back of his hands
- Target - nightmare of 'Tiger'
- Resource work/Safe place
- 'Dream catcher'

Age 6-8

- May have trouble developing NC, PC and VOC
- May develop rudimentary pos. cog, then 'backing into negative cog'
- May cope with SUDS or use of hands
- Channels short -1-10 sets of EM
- Therapist may need to be active to identify different aspects of a trauma, due to lack of associative chaining
- Early installation –rather than cognitive interweave
May develop 'late positive cog. Which could be used for installation stage

Sami –aged 8 years

- Baby sister died unexpectedly –underlying heart condition.
- Mother expecting another baby imminently
- Used the drum, within play therapy setting





Age 9-12

- Very few modification required
- Importance of Safe place
- May be more able to make associative connections

Sara –aged 11

- Been in RTA, best friend killed.
- Use of drawing, and theratappers
- Use of imaginary helper.

Jake –aged 12

- History of domestic violence and abuse from step-father
- Use of football on string
- Use of punch bag –made a face to put on it!
- Used body diagram to show where in body has feelings

Feelings are something we feel in our body.



- sad - blue
- fear - black
- guilt - brown
- anger - red
- jealous - green
- nervous - orange
- happy - yellow

Where do you feel your feelings?)

(now the places with these colors)

Adolescence 13 -17 years

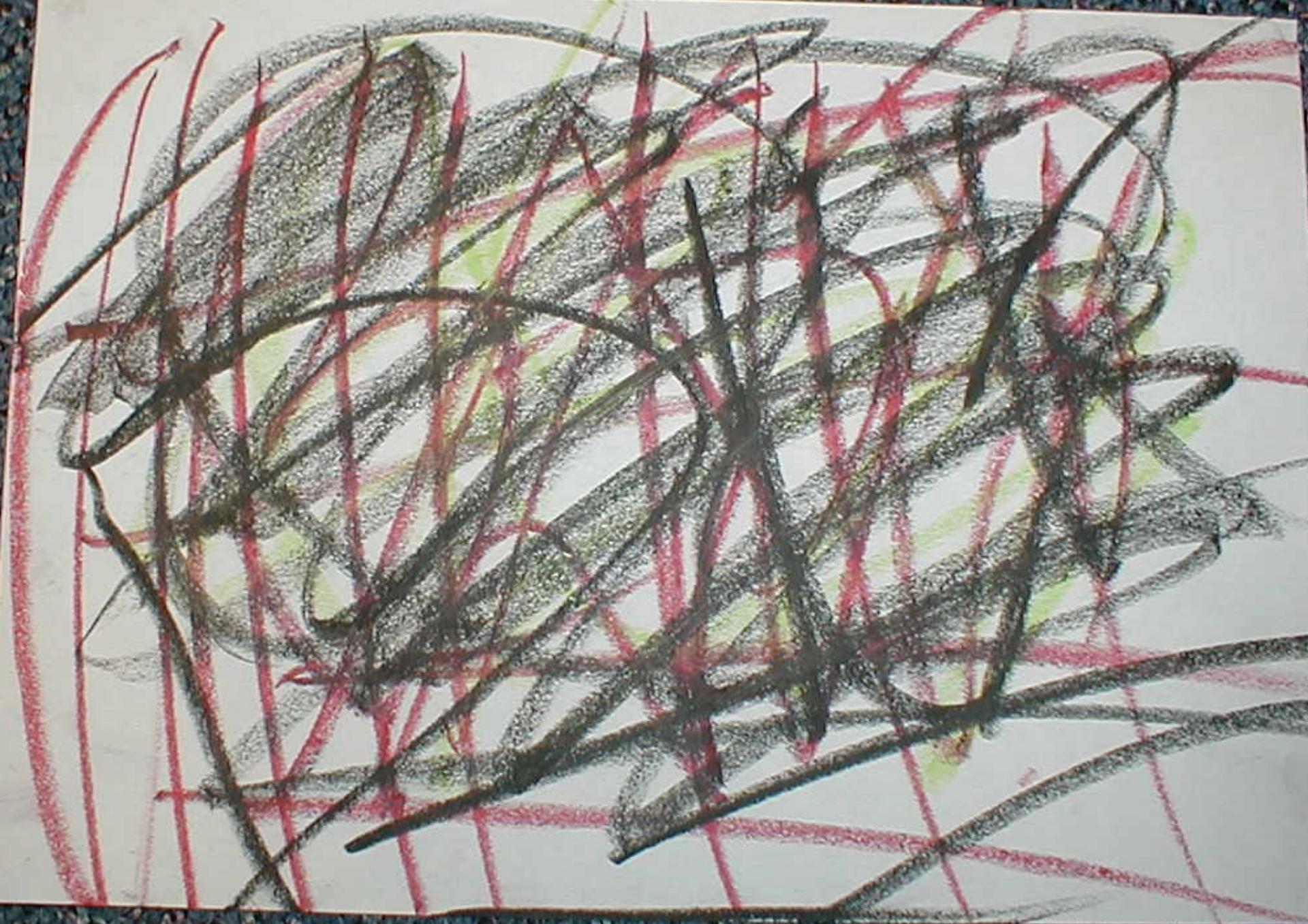
- Use of friends
- Music –both as a target, and as an auditory BLS
- Thera-tappers

Annie aged 15

- History of sexual abuse
- Person centred approach using talking and art
- Opportunity came from piece of Music
- Target image –both music and lyrics
- Negative cog: my life is ruined
- Positive cog: my life is good
- Emotions anger/sadness/loss
- Physical sensations: feeling dirty/pain inside/knot in stomach
- SUDS: 9
- Hand taps while listening to the song

Sophie -15

- Abused by her teacher
- Anger towards parents and school
- Self-harming



SUDS Adaptations

- Use of hands
- Happy –sad scale
- Feel-o-meter
- Child's own ideas!



BAD

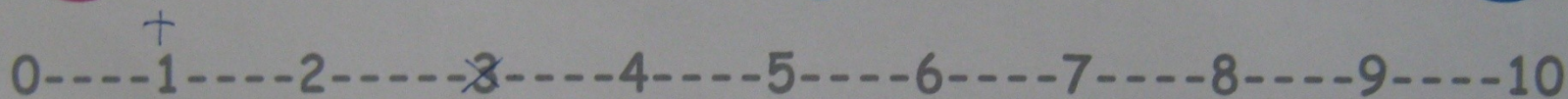
GREAT

NAME: ~~_____~~

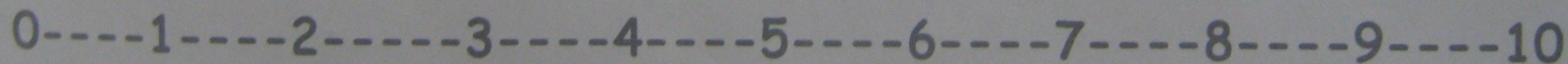
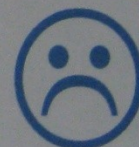
DATE: 8/11/00

SESSION #: 6

Start of session



End of session



BLS-Adaptations

- Pat -a -cake
- Thera-tappers
- Butterfly hug
- Drum and other musical instruments
- Dots on wall
- Puppets or toys
- Punch bag/kicking
- Dancing or jogging on the spot







Resource Development and Installation for children

- used when child needs to feel stronger, and more ready to cope with EMDR processing.
- Identify problematic life situation
- What qualities/skills needed
- when have you felt you had these qualities/who do you know who would cope/has these qualities?

educational/imaginal Interweaves

- Teach children then it is never okay for children to be mistreated even if perpetrator gives them a gift
- Responsibility -“ Was that your job?”
- Good taste to make bad taste go away!
- Empowerment- Teach child to have a strong voice and how to call for help.
- Adolescents need guidance in developing judgement

Future templates with Children

- e.g. with bullying:
- Imagine walking past the bully feeling strong and 'not bothered', head held high.

My approach to EMDR!

- Awareness of the protocol(s) which provides useful structure
- Child-centred to engage.
- Follow child's lead, if can use normal protocol do, if not look for a way in, possible targets/resources/creative ways of working

Useful References

‘Through the Eyes of a Child: EMDR with Children’-

Robert Tinker and Sandra Wilson

‘EMDR in Child and Adolescent Psychotherapy’-Ricky Greenwald

‘EMDR and the Art of Psychotherapy with Children’ - Robbie

Adler-Tapia and Carolyn Settle

‘Small wonders: Healing Childhood Trauma with EMDR’- Joan

Lovett

‘Tapping for Kids’- Angie Muccillo (EFT, ‘Feel-o-meter’)

‘When something terrible happens’ – Marge Heegaard

Recognising and dealing with dissociation

- Use of verbal encouragement
- Use of touch
- Use of hand taps
- Suggest return to safe place
- Return to target more frequently
- Use of shorter sets
- Use of imaginal techniques –hero
- Make a distinct change to environment
- Back off!

Basic Components of EMDR

- Imagery
- Negative Cognition
- Positive Cognition
- VOC
- Emotion
- SUDS
- Physical Sensation
- Eye Movements/BS