EMDR Autumn Workshop 2009

Leeds

Trouble shooting

Common Difficulties when using the Standard EMDR protocol

Kay Toon

Focus today
Getting to grips with the protocols

This session:

Getting to grips with the **standard protocol**

– difficulties and errors when using the standard protocol with single or multiple simple traumas

- Focus on the reprocessing phase

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- **Worked in NHS for > 20 years**
- **Now works independently at The Orchard, Horsforth, Leeds** www.orchardleeds.co.uk
- **EMDR Therapist, Supervisor, Performance Enhancement**
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- **Facilitator of training workshops (not EMDR trainer)**

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Motivation

- Consultant training (standard protocol and supervision skills)
- Joany Spiering – inspiration and materials
- Getting even better results!
- Share learning and learn more!
- Why me?

Aims of this session

- To increase the confidence and effectiveness of the participants in their use of the EMDR standard protocol (with single or multiple simple traumas, etc).
- To increase knowledge of the standard protocol by looking at common errors and problems that can occur and by using the theoretical basis to find solutions.
- To encourage participants to keep to the standard protocol where possible; and to understand the circumstances when it may be necessary to deviate from it.
- For us all to learn something and enjoy ourselves!

Programme

- Common difficulties when using the standard protocol
- Reprocessing phase
  - speed of processing
  - Window of Tolerance
  - errors in the process of Desensitisation
- Summary
- Questions

Overheads will be put on the website (www.emdryorkshire.org)

Back burner

Common problems and difficulties

- What problems/difficulties do you experience when using the standard EMDR protocol?

Common problems and difficulties

- *Confidence in self or the protocol/model*
- Finding clients
- Management support
- Client engagement
- Explaining the model to clients/other professionals
- Integrating with own theoretical orientation
- Selecting targets/ where to start
- *Overwhelming emotions*
- *Processing - stalling or being very slow*
- *Looping*
- *When to intervene*
- Using interweaves
- Finishing/ closure

(thanks to D Blore)

Trouble Shooting - Focus today:

8 Phase Treatment Approach

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

Desensitisation

- What are the aims/purpose of the desensitisation phase?
- How is this achieved - theoretically?
  - practically?

Desensitisation - aims

- Focus on negative affect related to the target as measured by the SUDS
- To reprocess and clear out the dysfunctional material in all the associated channels
- To reduce the SUDS to 0

Desensitisation and Reprocessing – how is it achieved?

- Reprocessing dysfunctional material to an adaptive resolution by accelerated reprocessing of information
- This is achieved by maximally activating the neural networks involved in the representation of the target event; at the same time as using bilateral stimulation to enable information processing
- If the **basic components** are correctly identified in the assessment phase this will help to maximally activate the appropriate neural networks by making links to the dysfunctional material
- Re-processing will be optimized by following the protocol

Speed of processing

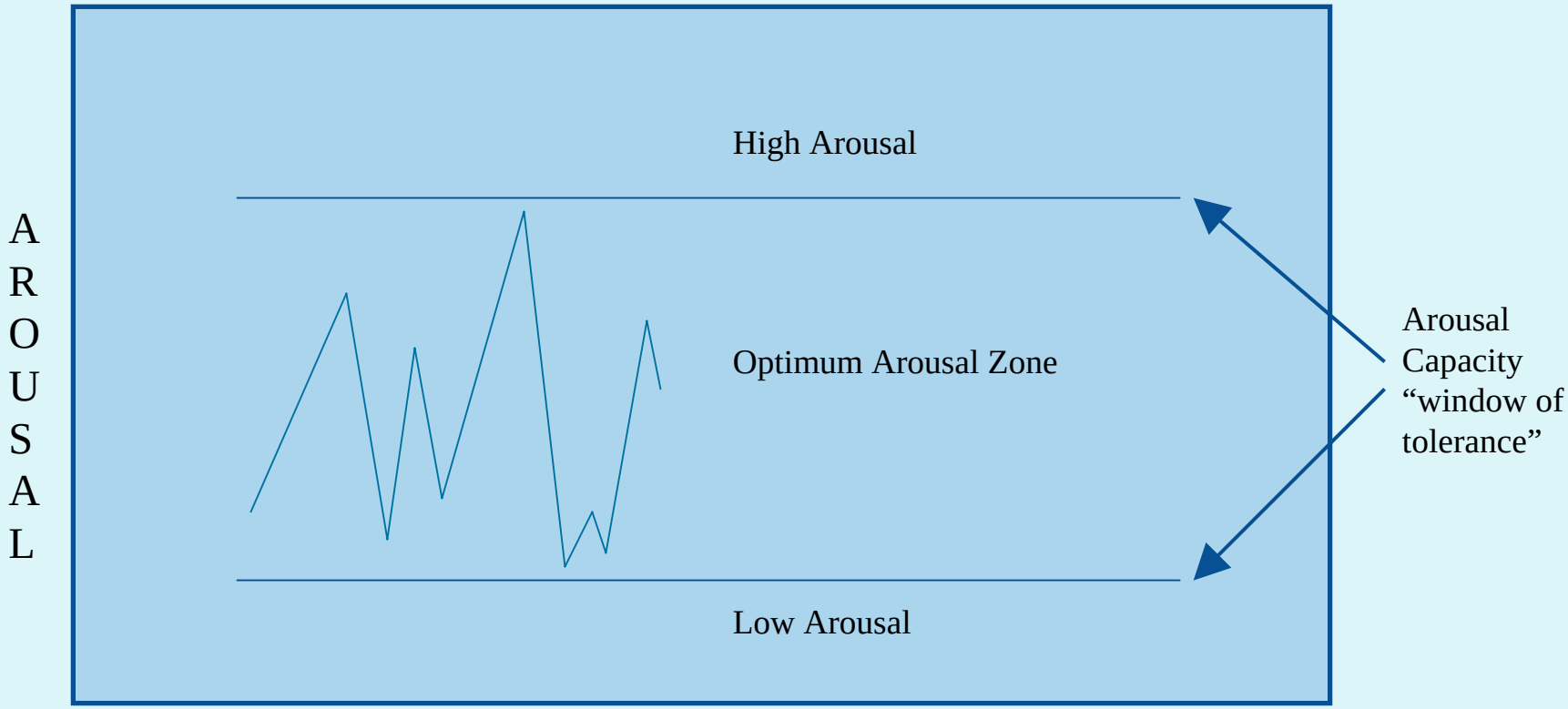
Many problems during the desensitisation phase are related to the speed of processing eg

- **Too fast – abreaction/ being overwhelmed**
- **Too slow – little or no change occurring**

Window of Tolerance

Optimum Arousal Zone

Spiegel (1999) Ogden and Minton (2000)



Too fast – abreaction/ being overwhelmed

Why does processing result in my client being overwhelmed?

How can we prevent this?

How can we slow it down again?

Too fast -Being overwhelmed

- Client or therapist overwhelmed?
- Processing is still happening during abreaction
- Level of arousal , (preparation of client)
- Relationship with therapist
- Not following the protocol
- Association chain to previous traumas

Too slow – little or no change occurring

Why is processing so slow with this client? Why has it stalled?

How do we get it going or speed it up again?

Reprocessing

What factors may slow or stop processing ?

- Arousal too high or too low
- Not following the protocol! eg
  - Returning to the target after each set
  - Too much intervention
  - Too much time between sets
  - Not getting the optimal negative cognition
  - Errors in identifying the positive cognition
- Client blocking process (fear/other issues/litigation/secondary gains/ reln with therapist) - preparation phase
- Alcohol, medication or other substances
- Active listening!! Slows processing
- Blocking beliefs

Blocking beliefs - examples

- It's not possible to get over this
- I've had it so long its who I am/part of my life
- If I get over his/her death I will be betraying my son/mother/partner
- I won't get compensation if I don't have PTSD any more

Working with blocking beliefs

- "Even though you believe you can never get over this – would it be OK if you did?"

  If answer is "YES" – "stay with that" - BLS

  (Jim Knipe)
- Install PC with BLS
- "What would you prefer to think about yourself?"
- Challenge thoughts, use BLS

Common errors in the process of desensitisation

- Therapist interventions – doing too much!
- Measuring SUDs too often
- Stopping because negative affect has initially increased
- Abreactions – stopping BLS, talking the client thro' it
- Spending too long between sets (talking, notes)
- Going back to target before reached end of chain of associations, (stops processing)
- Selection and order of components during assessment phase – vital to get these components right.

Getting even better results

- Stick to the standard protocol wherever possible, each step is there for a reason; including the **order**
- If you need to deviate from the protocol, using your clinical judgement, then discuss the reasons at supervision.
- Minimal intervention whilst the process is moving on. (Self healing, minimal intervention)
- Take a video to supervision and work thro with supervisor (or watch yourself!)
- Back to basics!

Final questions/ discussion

- **Back burner** - any unanswered questions?
- Any remaining questions/ comments?
- **Aims of session** – achieved?
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