

EMDR Yorkshire Region Quiz Night

Quiz Masters:

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Adjudicator:

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Order of the Day

- 45 minute Quiz on the AIP Model and the Eight Phases of EMDR (& maybe a few extra questions).
- Groups of 5 with a nominated scribe/spokesperson, plus a consultant.
- 10 minute comfort break
- Swap over of answer sheets with another group for marking.
- 65 minute answers and discussion. **And Prizes**

Q1. What are the 3 principles of the AIP Model?

3 marks

- There is an inherent system in the brain for adaptation to stressors
- Trauma or persistent stress during a developmental stage can cause a blockage
- EMDR clears the blockage & restores balance leading to rapid self-healing.

3 marks

Q2 AIP Model Q2

Shapiro describes a model of memory networks that serves to help organize observations of what occurs during EMDR reprocessing. What are they? (6 points)

- Visual image
- Sounds
- Thoughts– at the time of the event
- Physical sensations
- Emotions – that arise in the present
- Negative belief - that is held in the present

- 6 points

Others (i.e. Leeds) include a 7th element & suggest that this should also be incorporated into the treatment planning for each target memory 1 point

- Impulses not acted upon, or remembered coping actions that may be linked to feelings of shame or embarrassment that may be judged inappropriate at the time.

1 point

What are the 6 elements of EMDR that make it an effective & well tolerated treatment? 5 points

- Dual focus of attention to the selected target memory to be reprocessed
- During reprocessing the periods of exposure tend to be brief
- And are regularly interrupted by distracting BLS
- Clients are able to associate to other positive and negative memories
- Client has more control – stop signal
- Client is not required to produce a detailed narrative

6 points

Q5 List in sequence the 8 stage Basic

Protocol

8 points

- History taking & case formulation
- Preparation
- Assessment
- Desensitization
- Installation
- Body scan
- Closure
- Reevaluation

8 points

Q6 Phase 1 H.T & Case Formulation

Give 3 reasons why we screen for dissociation

3 points

- EMDR is capable of causing rapid associative chaining of memories that can overcome amnesic barriers
- This can cause flooding of emotions, traumatic images etc
- This can re-traumatize the client
- This can lead to potentially dangerous loss of impulse control, acting out, parasuicide, suicide and aggressive behaviours.

3 points

Q7 Phase 1 H.T. & Case Formulation Q7

When would EMDR be contraindicated? 4 points

- Health risks
- Secondary gain
- Substance abuse
- Current external crises
- Poor social support
- Suicidal ideation, self-injury, injury to others
- Unable to regulate emotion
- DID or DDNOS, amnesia, fugue etc
- Bi-polar & psychosis
- High risk behaviours

4 points

Why is it important to obtain a touchstone memory ?

3 points

- Because a more recent disturbing event usually has a connection with an earlier memory that has been encoded into the memory network
- The sequence in which experiences have been encoded into memory networks is the foundation upon which we formulate treatment
- Reprocessing the earlier targets generally makes the reprocessing of the later traumatic events more effective and efficient.

3 points

How do we elicit these early touchstone memories? 4 points

- Exploring external triggers (sounds, smells, other people's facial expressions & gestures, anniversaries, being touched in a certain way etc) & linking them to earlier memories
- Life graphs/Time lines
- Using Bridge Techniques
- Linking the most common negative beliefs to early memories.

4 points

Q10 Phase 1 H.T. & Case Formulation

In time limited practice which will be the most relevant memories to process? 2 points

- Memories that are linked to the initial contract, i.e. what event the client has sought help to resolve
- Memories that are linked to the worst of the client's symptoms

2 points

Shapiro talks about a three pronged generic division of the targets. What are they? 3 points

- Past
- Present
- Future

3 points

Q12 Phase 2 Preparation

List three examples of alternatives to a Safe Place

3 points

- Progressive muscle relaxation exercises
- Diaphragmatic breathing exercises
- Mindfulness meditation exercises
- Resource installation
- Healing light exercise
- Container imagery

3 points

Q13 Phase 2 Preparation

Give 4 examples of when a client is ready to do desensitization and reprocessing work 4 points

- Client has the ability to regulate their emotions
- Client is oriented to the present
- Client has sufficient social support
- Client has few other external concerns in the present
- Client can maintain dual attention

4 points

Give reasons why we obtain a negative cognition

1 point

- Although the target event may have occurred in the distant past, it's recollection is likely to cause feelings of dysfunction and distress that feed the client's negative self-belief about him/herself in the event – but also in the present. So it is important that the desensitization targets the client's past & present perception of him/herself.

1 point

Q15 Phase 3 Assessment

What are the criteria for a negative cognition?

6 points

- It is self-referential
- It is stated in the present – as it refers to how the client judges him/herself at the time *and* continues to judge themselves .
- It is a belief rather than a description of the circumstances or of other people involved in the targeted event.
- It should link up to the significant emotion expressed.
- It is dysfunctional
- It is generalizable to other aspects of the client's life and behaviour

6 points

What is the criteria for a good positive cognition?

4 points

- It should be the most powerful statement the client can conceive
- It is a valid self-assessment regarding the targeted memory (it doesn't contain wishful thinking)
- It incorporates the same theme or personal issue as the negative cognition i.e. it comes from the same domain as the negative cognition
- It must closely approximate a positive therapeutic direction

4 points

Q17 Phase 3 Assessment

What is wrong with the following Pairings?

1. NC: I am helpless PC: I am a good person
2. NC: I am Frightened PC: I can be in control
3. NC: I am weak PC: I am not weak 3 points

1. They are from different domains
2. NC is an emotion
3. PC is presented as a negative

3 points

Q18 Phase 3 Assessment

Name the 3 domains that the negative cognition should fall into. 3 Points

- Responsibility (Defectiveness & Actions)
- Safety
- Control, Choices and self-efficacy

3 points

Q19 Phase 3 Assessment

Give 2 reasons why we obtain a VOC 2 points

- We obtain a VOC of the PC to obtain a baseline measure of how strong the belief is
- To assess whether the the PC has flaws in logic and applicability (especially when the VOC is stated as 1/7).
- 2 points

Q20 Phase 3 Assessment

When someone isn't able to access body sensations give 3 examples of how you might approach this. 3 points

- The client could be coached by asking what emotion they may be feeling & then obtaining a SUDs rating
- Check to establish whether the client has dissociated & if so then ground them in the present
- Establish whether the client believes that they feel numb, blocked or stuck and if this is the case then ask them to locate the sensations in their body

3 points

Q21 Phase 4 Desensitization

What indicators might mean that the client is no longer functioning within the window of tolerance? 5 points

- The client freezes
- The client appears disoriented to their environment after a set
- The client reports that they see themselves up on the ceiling
- The client displays/reports panic symptoms
- The client reports unmanageable rage

5 points

When a client expresses strong intense emotions & does not give the stop sign what should you do?

3 points

- Don't interrupt the set – keep going
- Increase the number of movements per set of BLS from 24 to up to 40 or 50
- Increase the the frequency of verbal encouragement
- Remain calmly supportive

3 points

How would you help maintain dual awareness?

3 points

- Teach them 'The back of the head scale' & then to use it to:
- Orient the client to the present between sets by throwing a cushion to them to catch, to name things that they can see around them of a particular colour, ask them to stand up and feel the floor beneath them
- Visual & auditory manipulations of the memory

3 points

Why would you not take a SUDS rating at the end of each set?

1 point

- Because it would disrupt the processing

1 point

Q25 Phase 4 Desensitization

How fast should the BLS go? 1 point

- As fast as the client can comfortably manage

1 point

Q26 Phase 4 Desensitization

What form of BLS is most effective for processing trauma memories? And why? 2 points

- Eye movement
- Because it activates more the brain in memory retrieval

2 points

Give 3 examples of what you might do when a client consistently reports a SUDS of 2 3 points

- Check whether the client has a blocking belief that is limiting progress
- Check whether the client is confused & has given a SUDs rating for a positive emotion, like calmness or well being
- Ask what the worst part of the memory is now and 'go with that.....'
- Ask where the client feels the emotion in their body and instruct the client to 'go with that...'

3 points

Q28 Phase 5 Installation

What are the goals of the installation phase? 2 points

- To continue to process the target with the deliberate inclusion of the preferred neutral or positive belief
- And then to fully integrate the preferred belief into the memory networks as indicated by 7 VOC

2 points

Q29 Phase 5 Installation

How do you know when to begin the installation? 2 points

- When the client describes visual, auditory, olfactory, sensory &/or thought changes of the target image
- When the client reports a 1 or zero SUDS (and no physical sensations) when thinking of the target image

2 points

Q30 Phase 5 Installation

How do you install the PC? 4 points

- Ask the client to evaluate the PC they chose during the Assessment Phase as to the appropriateness of it. If it is not, ask if there is another PC that feels more appropriate
- Ask the client to think of the incident now and how strong the PC feels in relation to it, using the VOC scale
- Ask the client to think of the event and to hold it together with the PC words and then proceed with a new set
- Repeat the sets until such time as the client rates the PC as a 7 and then continue until the client holds the PC as a VOC consistently

4 points

If the VOC consistently remains below 7, what can you do?

4 points

- Change direction of eye movements or modality
- Establish whether there is something that prevents (a blocking belief) the PC from being a 7
- If it is an *innocuous* blocking belief (e.g. I'll have to go through with it to be certain it is true) then proceed to the Body Scan
- If the *dysfunctional* belief does not remit with successive sets, then the clinician will have to target it with the full EMDR treatment on the associated memory.

4 points

Why might you omit the Body Scan? 1 point

- If you have run out of time & you do not wish to elicit disturbing memories.

1 point

If new material emerges during the Body Scan what do you do? 1 point

- Continue with the processing of this new material.

1 point

What is the goal of the Closure Phase? 1 point

- To ensure client stability and current orientation at the close of each reprocessing session so that the client leaves the session in a positive frame of mind and is able to safely return home.

1 point

Give 4 examples of how to close an incomplete session

4 points

- Take a SUDs rating as a reference for the next session
- Ask the client what important information they've gleaned from the processing, followed by the question, "and what does that they say about you?" – if it's a positive statement, install it
- Ask the client to access their Safe Place, Light Stream or Container image
- Orient them to the present, especially if they have had a strong abreaction

4 points

Q36 Phase 8 Re-evaluation

What is the goal of the Re-evaluation Phase? 1 point

- To verify that all aspects of the treatment plan are being addressed

1 point

Q36

Why do we do a future template? 3 points

- To overcome residual anticipatory anxiety & avoidance by reprocessing images of the future *with low to moderate SUD rating*
- To mentally rehearse new skills and adaptive behaviours with respect to new challenges
- To consolidate a new sense of self by gathering mastery memories that represent treatment gains and a new identity

3 points

Q37

What is a Flash Forward? 2 points

- It's a negative intrusive image about a *catastrophic* event that may occur in the *future*

2 points

Q38

How would you proceed with the Flash Forward? 3 points

- Ask the client to *think* of the worst thing that could happen (or the worst part of the perceived future event) and then ask them to *describe* it
- Then proceed with the standard protocol

3 points

Q38

Between completing the first 7 Phases and the doing the Future Template or Flash Forward what would we have missed out?

1 point

- Targeting the current triggers

1 point

The end!!!!!!!

- Please add up the scores
- And then wait for prize giving!