EMDR Preparation & Resource Building

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Aims

1. To discuss how to prepare clients for the Reprocessing phases of EMDR

2. To discuss Resource Installation for different clinical presentations
Essential Elements of Preparation Phase
Forming a Strong Therapeutic Alliance Which Facilitates HONESTY From the Client
Therapeutic alliance is the foundation for all psychotherapy.

Successful outcome depends on meeting the unique needs of each client.

Accurate empathy, appropriate pacing, responding to moments of expressed concern or misattunements are just as important in achieving successful outcomes in EMDR as in any other form of psychotherapy.
Debates about the Centrality of the Therapeutic Relationship
Which is most important in EMDR – the therapeutic alliance or fidelity in the application?

Is EMDR a “technique” or a comprehensive psychotherapy approach?

Lively debate in EMDR community on these questions
How Much Time Should be Devoted to Developing the Therapeutic Relationship – Especially When the Client Wants to Push onto Reprocessing?
Can vary from a few minutes to a few months

Depends on client characteristics such as experiences of betrayal of trust, insecure attachment etc

As case complexity increases and risk factors increase, the role of the therapeutic alliance becomes more central

No formal studies on the role of the therapeutic relationship and outcomes in EMDR
Providing Clients With the Essential Information Needed for INFORMED CONSENT
Informed Consent

Should touch on at least three main issues
1. Re–experiencing Aspects of the Traumatic Event/s
- Can lead to emotionally intense re-experiencing of painful feelings and somatic sensations

- Failure to prepare client can lead to client being caught off guard and experiencing needless additional shame, distress and fear

- Generally, the period of re-experiencing is a matter of a few minutes at most
2. Remembering Suppressed or Dissociated Material
Prepare client for the possibility that they will recall disturbing aspects of memories that had been minimized or forgotten or other memories may emerge that they had forgotten.
3. Changes in the Way Memories are Experienced
Sensory aspects tend to fade after reprocessing

Memory is experienced as “just as an old memory” – not as a form of re-experiencing

EMDR does not erase any memories

Positive, meaningful memories are not lost

Implications for personal injury claims and legal matters
Psycho-Education on the EMDR Approach to Resolving Traumatic Experience
People vary greatly in the extent to which they need different kinds of information & preparation

Some clients need only basic info to make an informed choice while others want extensive info on the research and mechanisms of action
Clients need to understand the following:

- Their diagnosis
- Their symptoms
- The impact of trauma
- The stages of the treatment plan: past, present & future
- What to expect during EMDR reprocessing
- Agreeing a STOP signal
Fostering an Attitude of MINDFUL NOTICING to Support Effective Reprocessing
Guidance and metaphors to orient client to standard EMDR reprocessing procedure

E.g. riding a train metaphor; one foot in the past & one foot in the present; remembering not reliving
Introducing Clients to Forms of BILATERAL STIMULATION (BLS)
Most clients don’t need more than about 2 to 3 minutes trial for you to assess their responses

Published research suggests that the E/M’s are more efficient

However, client safety, comfort and treatment response should guide clinical choices in the mode of stimulation
Stabilisation (Ego-Strengthening) & Skills Building to Assure Client Has Capacity to Cope with Current Symptoms and the Process of EMDR
Stabilisation

How Much is Needed & What Kind of Interventions?
- Single incident PTSD require limited stabilization
- Clients have some anxiety, mood disturbances or dissociative symptoms
- Safe Place Installation over 1 to 2 sessions is usually sufficient
The Safe Place Exercise

- Can be called whatever feels right for the client
- Make sure you have screened for dissociation before doing any BLS – even short sets
- Serves as both a stabilisation exercise and also an assessment tool
Clients who respond well demonstrate simple, positive shifts in state and an absence of any negative associations.

Clients who respond well in session to the safe place exercise are generally good candidates for EMDR reprocessing.
Selecting Memories & Images to Use in the Calm Place

- If client has history of chronic adverse childhood events use a memory associated to adult experiences

- If using an imaginary made up scene check that this is not related to fantasy escapes in childhood from inescapable fear and anxiety
- If client has structural dissociation the needs of different ego states must be addressed.

- May need to have different safe/calm places or if using one place it must have only positive associations for ALL parts of the personality.

- Client must be able to demonstrate use of the calm place exercise to achieve at least some sense of self-control over intrusive recollections and states of hyper-arousal.
Recent Debate

- The role of Eye Movements in Safe Place & RDI is being questioned by Dutch researchers (Hellen K Hornsveld; Ad de Jongh; Erik ten Broeke, 2012)

- BLs has usually been understood to be a method for accelerating information processing in BOTH negative and positive material

- However, some studies suggest that the FADING effects of E/M’s may lead to positive memories (such as those used in RDI/Safe Place) to become less vivid and less emotional
- RDI may be more effective without E/M’s

- Some argue that the limitations of the research and the focus on just E/M’s and not the FULL RDI protocol limits applicability to RDI (Leeds and Korn, 2012)
Reference

Journal of EMDR Practice and Research, Volume 6, Number 4, 2012
Clinicians should do their own experiments to investigate the effects of Safe Place exercise and RDI *with* and *without* E/M’s
Clients with Multiple & Complex Trauma Histories Have SERIOUS Anxiety, Mood Disturbances & Dissociative Symptoms
- Often cannot identify a calm place or respond aversively to the exercise

- Require both more complex treatment plans and more sophisticated EMDR skills from clinicians

- May need extensive stabilisation interventions and Resource Development and Installation (RDI) prior to reprocessing trauma
Clinical Indicators to Start With RDI
Clients who cannot control tension reduction, avoidant or aggressive behaviours that involve:

- Risk of serious self-injury, mutilation or death
- Life threatening abuse of dangerous substances
- Harm to others
- Loss of economic stability, housing or essential social support with no acceptable alternatives
Clients with dismissing, fearful & insecure attachment styles may have limited or adverse responses to RDI

May need modified approach or a focus on developing positive affect tolerance (Leeds, 2006)

No controlled research yet on RDI
Concerns about RDI

- Clinicians Using RDI Inappropriately or Excessively (Korn, Weir & Rozelle, 2004; Shapiro, 2004)
Why Might This Be?
- Lack of sufficient training, experience or skills in using EMDR

- Aversion to the content of clients' memories

- Personal unresolved experiences may be re-stimulated by doing EMDR reprocessing with client

- Anxieties about possible client abreaction
Preference for helping the client to “feel good”

Fears about not being able to complete the session

Having a “vague sense” that the client is “unstable”
Hazards of Inappropriately Excessive RDI for the Client?
- May convey message that client is too weak to tolerate the traumatic material

- May increase avoidance and anxiety about EMDR reprocessing

- If client self funding may deplete their financial resources and prevent completing effective treatment
What Percentage of Those with PTSD Need RDI Before Starting Standard EMDR Reprocessing?
No definitive studies to answer this question
Developing and Installing Resources

- Several different written versions published
- All essentially have the same steps
- When eliciting and selecting resources consider both the current stimuli and the original childhood experiences in which resources were lacking
Resources Can be Drawn From 3 Broad Domains of Experience
Mastery Experiences

- Past successes & achievements
- Effective boundary setting
- Assertiveness
- Self care
Relational Resources

Two sorts: Supportive Others and Role Models
Supportive Others

- People who have provided:
  - Direct care
  - Empathy
  - Support
  - Validation
  - Mentoring or guidance

- Certain degree of implied dependence, trust, and direct relationship
Role Models

- People/Characters who demonstrates ways of being and capacities that the client wants to emulate

- Can be historic/fictional figures as well as real people
Symbols

- Can be derived from:
  - Cultural, Religious and Metaphysical sources
- Can be generated by the client from dreams, guided imagery, or art work
How Many Resources?

- For those with complex childhood/developmental trauma the following Resources are usually needed for Imagery Interweaves in instances of Looping:
  - Nurturer Figure/s
  - Protector Figure/s
  - Advisor Figure/s
  - Circle of Supporters – from real people if possible
Reading Material

Andrew Leeds – RDI

Laurel Parnell – Resourcing for Complex Trauma Reprocessing

April Steele – Inner Child Nurturing

Peggy Pace – Lifespan Integration

Shirley Jean Schmidt – Developmental Needs Meeting Strategy
Note of Caution for Clients With Histories of Pervasive Emotional Neglect
Clients with avoidant insecure attachment often have an adverse reaction to attempt to install resources that imply any trust in others or dependency on others.

May not be able to draw on any real people at all and find imagining Resources equally aversive.

Illustration Client M
In contrast, clients with anxious-ambivalent insecure attachment generally respond extremely well to installation of supportive others.
Other Interventions May Be Needed to Stabilise the Client Prior to Reprocessing
- Anxiety/Panic Attacks
- Mood – Depression
- Impulse Control and Self Harming Behaviours
- Dissociative Symptoms
- Serve a similar assessment role to the calm place
Thank You for Your Contributions

Final Questions?