EYE MOVEMENT DESENSITIZATION AND REPROCESSING

EMDR SCRIPTED PROTOCOLS

BASICS AND SPECIAL SITUATIONS

MARILYN LUBER
EDITOR

SPRINGER PUBLISHING COMPANY

Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols

About the Editor

Marilyn Luber, PhD, is a licensed clinical psychologist in general private practice in Center City, Philadelphia, Pennsylvania. She was trained in Eye Movement Desensitization and Reprocessing (EMDR) in 1992. She has coordinated trainings in EMDR-related fields in the greater Philadelphia area since 1997. She teaches Facilitator and Supervisory trainings and other EMDR-related subjects both nationally and internationally and was on the EMDR Task Force for Dissociative Disorders. She was on the Founding Board of Directors of the EMDR International Association (EMDRIA) and served as the Chairman of the International Committee until June 1999. In 1997, Dr. Luber was given a Humanitarian Services Award by the EMDR Humanitarian Association, and later, in 2003, she was presented with the EMDR International Association's award "For Outstanding Contribution and Service to EMDRIA." In 2005, she was awarded "The Francine Shapiro Award for Outstanding Contribution and Service to EMDR." In 2001, through EMDR HAP (Humanitarian Assistance Programs), she published *Handbook for EMDR Clients*, which has been translated into eight languages. She has written the "Around the World" and "In the Spotlight" articles for the EMDRIA Newsletter, four times a year since 1997. She has worked as a Primary Consultant for the FBI field division in Philadelphia. Dr. Luber has a general psychology practice, working with adolescents, adults, and couples, especially with Complex Posttraumatic Stress Disorder (C-PTSD), trauma and related issues, and dissociative disorders. She runs Consultation Groups for EMDR practitioners.

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PART I

Client History

In Phase 1 or the Client History Phase of the 8-Phase EMDR protocol, practitioners are responsible for gathering the information that will inform how the treatment of clients will unfold. Acquiring the information that is needed is a crucial step in Case Conceptualization and becomes the organizing foundation for practitioners' thinking. In the training of mental health practitioners, this subject is a standard staple in the art of becoming a professional in the field.

Eliciting a client history from an EMDR-informed approach is a seminal way to insure that the basic components of solid EMDR practice are obtained. It can also be a training ground to teach clients the basics of an Adaptive Information Processing (AIP) approach. The key to history taking is understanding the background of clients in the form of the developmental, familial, interpersonal, medical, work or school, psychological histories, and so forth.

Conceptualizing the best and parsimonious treatment plan entails the following:

- Understanding the ability of the client to contain affect and to achieve stabilization in the face of distressing material in the environment or internally. Sometimes, the client will need to learn stabilization and skill building—because of the nature of the problem—even before Phase 1 is completed.
- Assessing the client's attachment style especially concerning his ability to work in collaboration with the therapist.
- Checking on medical issues that might require special consideration.
- Making sure that the timing for the EMDR session is optimal concerning life events and the availability of the client and therapist for follow-up.

When all of the above criteria are in place, clients are ready to move on to the desensitization and reprocessing phases of EMDR. Crucial to this endeavor is to understand the nature and history of the presenting problem by having an idea about the full measure of the problem as well as the types of associations that might occur. Although by the very nature that maladaptive information is held in the brain, every moment of the client's history will not be known, even with the most detailed history, nor is it necessary. What is needed is a "map" of the territory and this includes the knowledge of the 3-prong approach that addresses the full measure of the problem along the developmental experience of the client. To accomplish this goal it is helpful to elicit the important elements (i.e., images, negative cognitions, positive cognitions, emotions, and sensations) of the presenting problem(s) during the history taking and then connecting them—if possible or appropriate—to the earliest event connected to the problem (Touchstone Event). There are certain populations and situations, however, that call for beginning the desensitization phase with the second or third prong (see below and Luber, in press). The second prong of the 3-prong approach is to recognize and ultimately address the current triggers or conditioned responses that are often the causes for clients to seek counsel in the first place.

This highlights the strength of the EMDR model as it targets the issue clients entrust to us from many different aspects and throughout the time line of their lives. This allows us to be thorough in our ability to access the problem, stimulate the information-processing system and move the information to an adaptive resolution.

In order to be complete concerning the reprocessing of the problem(s), it is important to address the desired treatment goals. EMDR accomplishes this through a future, positive outcome template that enables clinicians to address the possible concerns and anxieties that clients encounter related to how the presenting problem could manifest for them in the future. It also reveals the need for skill building that is often necessary for success.

In this way, a clear, concise, and targeted history taking enables practitioners to capture all aspects of the client's problem(s), teaches the client how to think and conceptualize the issue, and supports the success of the clinical treatment.

In this section, the authors include different ways to gather this data. The first chapter by the editor is a one-page sheet that summarizes basic information salient to EMDR psychotherapy to ensure the therapist a quick way to remember the pertinent facts of a client's history. The time line is another resource to assist both therapists and clients to understand the nature of the positive and negative life events and where they fall along their life's trajectory. The targeting sequence is a helpful way to conceptualize information according to the AIP model and the EMDR-Accelerated Information Resourcing Protocol (EMDR-AIR) assists us in rapidly gaining information about clients, especially concerning familial patterns and legacies.

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EMDR Summary Sheet

Marilyn Luber

This author has been interested in the idea of consolidating information in an accessible form throughout her career. The EMDR Summary Sheet was the result of a need on her part to have access to all of the relevant information concerning client information and EMDR interventions at a glance. This EMDR Summary Sheet is a way to consolidate important client information quickly and succinctly.

EMDR Summary Sheet

NAME: _____ DIAGNOSIS: _____
MEDICATIONS: _____
PAPER AND PENCIL TEST RESULTS:
IES-R _____ DES _____ BDI-II _____ Other _____
GOALS
1. _____ 2. _____ 3. _____
PRESENTING PROBLEM-PP #A PP #B PP #C
A. _____ B. _____ C. _____
TOUCHSTONE EVENT
A. _____ B. _____ C. _____

EXPERIENCES		EXPERIENCES	
Birth—12 years of age (Childhood)			
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
13 years through 19 years (Adolescence)			
4. _____	4. _____	4. _____	4. _____
5. _____	5. _____	5. _____	5. _____
6. _____	6. _____	6. _____	6. _____
20 years and higher (Adulthood)			
7. _____	7. _____	7. _____	7. _____
8. _____	8. _____	8. _____	8. _____
9. _____	9. _____	9. _____	9. _____
10. _____	10. _____	10. _____	10. _____
Present Triggers			
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
Future Template/Anticipatory Anxiety			
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____

MAJOR THEMES/COGNITIVE INTERWEAVES

Safety/Survival			
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
Self-Judgment/Guilt/Blame (Responsibility)			
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
Self-Defective (Responsibility)			
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
Choice/Control			
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____

PRESENT RESOURCES

Safe Place	Mastery
1. _____	1. _____
2. _____	2. _____
Attachment	Symbols
1. _____	1. _____
2. _____	2. _____