

Checklist for EMDR Therapy Consultation

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Phase I: CLIENT HISTORY AND TREATMENT PLANNING

AIP Mode Precept: Current life difficulties are informed by past experiences that are inadequately processed and maladaptively stored.

Reviewed	PURPOSE:
	Identify the presenting problem(s) and overall treatment objectives
	Identify the past-present connections based on the client's history as it relates to their current symptoms and their presenting problems(s) (<i>see History Taking and Treatment Planning Worksheet-Direct questioning, Floatback Technique, Affect Scan</i>)
	Develop a mutual AIP-informed understanding (case conceptualization) of the client's issue(s) to include prevalent clinical themes (<i>see Case Conceptualization Worksheet</i>) <i>Consider:</i> <ul style="list-style-type: none">• Informational plateaus (Responsibility, Safety, Control)• EMDR Therapy Three-Pronged Protocol (Past, Present, Future)
	Develop a comprehensive AIP-informed treatment plan that identifies past memories, current triggers, and future goals <i>8 common elements or symptoms that can be used to organize treatment plan</i> <ul style="list-style-type: none">• Specific types of experiences or events (e.g., formative attachment experiences); Irrational negative beliefs about self, Maladaptive behaviors, Emotional reactions -out of proportion to current context, Body sensations, Senses (taste, odors, sounds), Problematic places/ people/ things, External stimuli (e.g. facial gestures, harsh voice tones)
	Identify developmental deficits and needed skills as they relate to the client's presentation of the problem
	Consider EMDR therapy specific criteria related to client selection and informed consent <ul style="list-style-type: none">• Client stability, Developmental deficits, Ability to manage stress, Acute presentations, Stabilization, Medical considerations, Timing Considerations/Readiness

SKILLS- You should be able to:

- Obtain client history informed by AIP model
- Conceptualize the case by AIP model
- Determine if client meets selection criteria
- Determine target sequencing and appropriate target memory selection
- Identify touchstone memory that relates to the client problem

Phase 2: PREPARATION

AIP Model Precept: Availability of positive/adaptive memory networks are necessary to proceed with memory processing. Develop and strengthen adaptive experiences as part of the “work before the work.”

Reviewed	PURPOSE:
	Prepare clients for EMDR memory processing both during and after sessions (See Preparation Checklist) <i>“When a disturbing event occurs, it can get locked in the brain with the original picture, sounds, thoughts, feelings and body sensations. EMDR procedures seem to stimulate the information and allow the brain to reprocess the experience. That may be what is happening in REM or dream sleep. The eye movements help reprocess the memory and other associated experiences. It is your own brain that will be doing the healing and you are the one in control.”</i>
	Assess client skills and determine readiness for memory processing <i>Can the client:</i> <ul style="list-style-type: none">• Access their experience and notice their emotional response to it• Tolerate their experience for a period of time without getting overwhelmed and shutting down• Apply self-soothing strategies to use on their own as needed in between sessions (Safe/Calm Place, Containment Strategies, Breathing Techniques, Resource Development, and Installation)• Shift from one state to another state with relative ease (from a state of distress to a state of relative calm)• Maintain dual attention between two, sometimes competing states at the same time, usually between past and present• Observe and reflect on their experience, especially when prompted• Access positive adaptive information (positive experiences and associations)
	Solidify therapeutic alliance and establish rules of engagement <ul style="list-style-type: none">• Therapeutic alliance- mutually agreed upon goals, how goals will be achieved; establish emotional bond with safety and trust, truth-telling• Therapist’s role is to facilitate the client’s process, versus being an agent of change. Co-create conditions that make it possible for the client to “go there”• Clearly defined treatment parameters-commitment to attend sessions as scheduled; agrees to actively participate in evolving treatment plan• Has external resources available for additional support as needed
	Review EMDR therapy mechanics and parameters; obtain informed consent <ul style="list-style-type: none">• In Person sessions- Sitting position; Distance; Method of BLS-eye movement preferred without eyeglasses or contact lenses; Speed (as fast as client can comfortably track during Desensitization/ Reprocessing Phase); Direction (horizontal, diagonal)• Virtual sessions-Marking 2 points with stickies on client’s computer screen (if large), Clients can tap using the butterfly hug, Add a form of tactile stimulation with eye movements• Reprocessing aids (train, movie theater metaphor, stop and keep going signal)• Obtain informed consent (nature of memory, forensic issues, high level of disturbance possible, safeguards to prevent relapse)

SKILLS- You should be able to:

- Introduce EMDR to client and obtain informed consent
- Prepare clients for treatment by assessing for readiness, mechanics and parameters
- Develop self soothing strategies as needed eg. (Safe/Calm Place)

Phase 3: ASSESSMENT

AIP Model Precept: Target Memory is a means to an end as well as an end itself. Accessing the Target Memory activates the memory network of experiences that are linked by one or more similar associations, allowing the brain to reprocess the Target Memory and other related experiences.

Reviewed	PURPOSE:
	Access the Target Memory for EMDR processing by stimulating the current components of the memory (See Assessment and Reprocessing Worksheet)
	Take baseline measurements in a safe structured manner
	Access memory as it is currently stored, so it can be successfully processed

SKILLS- You should be able to:

- Obtain an appropriate image (sound, smell, etc.)
- Identify the central Negative Cognition (which clinical theme is the most applicable to the target memory as it relates to the client's current difficulties?)
- Identify the Positive Cognition
- Rate the PC on the Validity of Positive Cognition (VOC)
- Obtain the associated emotions
- Appropriately rate the SUD
- Obtain the location of the sensations in the body

Phase 4: DESENSITIZATION

AIP Model Precept: Information is being accessed as it is currently experienced. Accessing Target Memory activates the informational processing system and the associated channels, bringing into consciousness other aspects of the memory and other, similar experiences. Reprocessing (learning) takes place as disturbing information is metabolized and spontaneous linkages to more adaptive information occurs.

Reviewed

PURPOSE:

Reprocess Target Memory and associated experiences to an adaptive resolution (SUD should generally be 0 or ecologically appropriate)

"What we will be doing is a simple check on what you are experiencing. I need to know from you what is going on with as clear feedback as possible. Sometimes things will change and sometimes they won't. There are no 'supposed to's' in the process. So just give as accurate feedback as you can as to what is happening, without judging whether it should be happening or not. Let whatever happens, happen. We'll do the eye movements (tones, tactile) for a while and then I'll be checking in with you in between sets. Remember you have a stop signal should you need to use it.

So, bring up the image, the negative words____, notice where you feel it in your body, and follow the bilateral stimulation (BLS)."

SKILLS- You should be able to:

- Identify accurate baseline components and measurements
- Establish appropriate speed and length of sets
- Maintain good mechanics with BLS
- Maintain pace throughout process eg. talking and /or interpreting
- Return to target at the end of channel
- Maintain BLS through abreactions and use voice to support
- Manage under and over accessing of material
- Identify when when no new channels are opening and take a SUD rating
- Determine when Desensitization Phase is complete

Phase 5: INSTALLATION

AIP Model Precept: All memories are linked to other memories. The Installation procedure strengthens the linkage to adaptive memory networks. It facilitates generalization affects by strengthening the connection to other adaptively stored experiences.

Reviewed	PURPOSE:
	Strengthen the connection between the neutralized Target Memory and the Positive Cognition
	Ensure that positive belief accurately reflects the client's experience of self in real time

SKILLS- You should be able to:

- Check the PC to see if it still fits with TM
- Pair PC with the Target Memory with baseline VOC
- Continue BLS at the same speed as long as positive material continues to emerge or strengthen
- Identify and address any blocking belief that may arise
- Continue installation until VOC 7 or ecologically appropriate

Phase 6: BODY SCAN

AIP Model Precept: Aspects of the client's somatic experience may require additional time and focus for complete resolution, as it is the slowest to reprocess.

Reviewed	PURPOSE:
	Complete processing by checking for any residual body sensations associated with the Target Memory that need reprocessing <i>Close your eyes, holding in mind the original experience and the words (repeat the Positive Cognition). Then bring your attention to the different parts of your body, starting with your head and working downward. Any place you notice any unusual sensation, tell me</i>
	To ensure that the body is congruent with the processed memory and the associated Positive Cognition

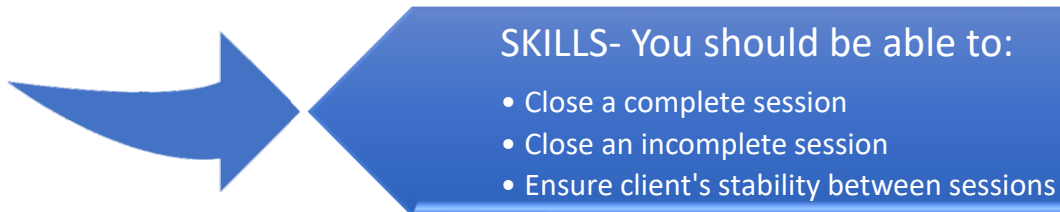
SKILLS- You should be able to:

- Use correct procedure by having client hold in mind memory and PC while scanning body
- Process any residual sensations using BLS
- Continue until client reports clear Body Scan
- Caution: Proceeds with body scan only if sufficient time is available, if not check in with client in the following session to proceed

Phase 7: CLOSURE

AIP Model Precept: Shifts focus away from memory network. Facilitates integration of experience.

consult	PURPOSE:
	Bring closure to the memory work and shift orientation to the here and now Incomplete Target Memory Session <ul style="list-style-type: none">Inform client it is time to bring closer to processing <i>"We are almost out of time and we'll need to close it down soon"</i>, offer validation, reorient to present, enable a state shift strategy Complete Target Memory Session (SUD=0, VOC=7, Clear body scan): <ul style="list-style-type: none">Acknowledge resolution of the Target Memory, offer validation <i>"You have done very good work today. How are you feeling?"</i>
	Ensure client stability at the completion of an EMDR therapy processing session
	Debrief client about the session and prepare for processing to continue Instructions for closing all sessions: <i>"Processing may continue after our session. You may or may not notice new insights, thoughts, memories, physical sensation, or dreams. Please briefly jot down whatever you notice. We'll talk about it at our next session. Remember to use one of your self-control techniques as needed"</i>
	Facilitate client stability between sessions See Self-Management Techniques (TOUCH Strategy, Safe/Calm place, Container etc.)



Phase 8: REEVALUATION

AIP Model Precept: Reprocessing will continue between sessions. Not all relevant channels will be accessed in each session. New experiences will stimulate previously dormant memory networks. New information or additional skills may be needed in order for changes to be successfully integrated into the client's life.

consult	PURPOSE:
	Follow up after reprocessing session (See Reevaluation Worksheet)
	Assess changes the client is experiencing as a result of the previous reprocessing session. Explore how client and significant others are responding to the changes Changes in symptoms, behaviors, reactions to present triggers (associated with the target memory), new thoughts, insights or information, dreams
	Evaluate client progress (individually and systemically)
	Evaluate the specific Target Memory "When you bring up the memory, what are you noticing now?"
	Identify other relevant associations that emerged as a by-product of the processing
	Evaluate remaining targets identified for processing Remember 3-pronged protocol; past, present triggers, and future templates

SKILLS- You should be able to:

- Evaluate globally, changes in client's life since memory processing
- Reevaluate the Target Memory at the beginning of each subsequent session and make an appropriate determination about next steps (continue processing or move to new target memory)