Navigating Dissociation & EMDR Therapy

dissociate: to sever

From the present moment and/or aspects of self/Self

A function of several brain systems designed to protect and to meet needs for the self/Self and the system

Manifests in adaptive and/or maladaptive ways

GROUNDING

- Use all available senses and experiences to bring into or remain in the here and now
- Comprehensive (more than just "Safe Place")
- Recognize where certain resources are not optimal

DISSOCIATIVE PROFILE

- Explore the adaptive and maladaptive ways a person severs from the present moment and in response to which cues or triggers
- A solid EMDR therapist will also know their own profile

KNOW THE SYSTEM

- Learn how a person's internal system of parts operates and let this guide case conceptualization
- A solid EMDR therapist will also know the intricacies of their own internal system

Now as you look back

Let this classic EMDR therapy directive be your overall guiding principle for safety



Always check your biases and make sure you are not operating from myths and misinformation

Precautions and General Best Practices for EMDR Therapy (Over)

PRECAUTIONS AND GENERAL BEST PRACTICES FOR EMDR THERAPY

RELATIONAL

- Having the protocol for a guide is solid, although avoid being rigid or scripted
- Avoid setting yourself up (as the therapist) to be a primary resource, especially for younger ego states
- Avoid using the phrase/command "You're in a safe place" or otherwise telling people what to feel
- Sometimes just a pause is needed to check the grounding instead of a full stop during abreactions
- Challenging and setting boundaries with the client is appropriate only after you have practiced validation of the system's experience
- Fear of dissociation is the biggest barrier to success

PHASES 1-2

- Thematic history is optimal since getting a chronological history is not likely and parts may perceive history differently
- Different parts may require different resources
- Attachment repair work can be helpful but—remember that detachment and acceptance may be a big part of the healing process too
- Remember the principle of start by starting—the system will take the person where they need to go and reveal what they are most able to handle
- Do your best to form an order of operations with your targets based on themes and what the system is prepared to handle

PHASES 3-6

- Most used Phase 3 modification: What image or part of the target memory are you willing to work on/is the system willing to work on?
- Willingness of system also a factor in target selection
- In Phase 4, be prepared to vary speed and length of sets so client can still process while also staying present—although you can shorten sets do not go as slowly as in Phase 2 preparation
- Bring your knowledge of the system into the interweaves you use
- When checking SUDs, VoC, and Body Scan, clarify if the numbers are accurate for all parts; if not, go with that or decide if another target needs to be created

As much as possible work with the part that most speaks for or represents the core self if one exists. Let them do the work on behalf of other parts as needed. You are not forcing integration. You are honoring the wholeness of the system. And also, be prepared to go with the flow. There is no formula.

PHASES 7-8

Develop a plan to address a person's dissociative profile inside and outside of session
If working with parts, different parts may require different resources or strategies for closure

 Honor the transition between main work of session and closure—avoid abruptness and allow appropriate time for closure

 Be mindful of the transition between sessions as it relates to overall treatment plan; reevaluation (the art of planning the next move) must happen every session

 A comprehensive Phase 2 takes much of the stress out of these two phases and in between session work

ABOUT THE DISSOCIATIVE MIND

- Do not sound the alarms just because you are seeing the first signs of dissociation—remain calm and respond on a client-byclient basis
- Some clients can resource or process in a light state of dissociation
- Advising a client to ignore a part or tell the part to "shut up" can cause more harm—what gets stuffed down will come out in some other way
- Calling on resources to assist with reprocessing may be appropriate
- Best to keep eyes open; if eyes do close, take time with adjustment back to eyes open
- Allow the client to use the form of DAS/BLS that keeps them most anchored to present

