Tools for CITs

Explaining EMDR Assessing for Readiness Where to Start

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Who are we?

Jennifer Marchand, MA, CCC, RCAT, is a Canadian trauma therapist and EMDRIA-approved consultant with over 10 years of clinical experience in a diverse range of settings and cultural contexts.

She currently lives in Addis Ababa, Ethiopia specializing in work with conflict-affected populations, complex trauma and dissociation, and the impacts of vicarious trauma (such as with humanitarian aid workers, health professionals, journalists, and activists).

Jennifer has been an EMDR Basic Trainer with the Trauma Institute & Child Trauma Institute with Dr. Ricky Greenwald (2020-2023) where she continues to offer advanced EMDR trainings on creative arts therapies and complex trauma. She is also an editor and author in the exciting new publication on combining EMDR and Creative Arts: EMDR and Creative Arts Therapies (Routledge, 2022).

Rebecca Rondeau, LICSW, MLADC discovered an early passion for helping others and is dedicated to fostering a safe space for healing and growth. Using an eclectic approach, she integrates Internal Family Systems (IFS), Eye Movement Desensitization and Reprocessing (EMDR), and Acceptance and Commitment Therapy (ACT to support clients in achieving a fulfilling life.

Rebecca earned her Master's in Clinical Social Work from Boston College in 2004. She has since worked in various settings, including outpatient clinics and residential facilities, and has led multidisciplinary teams while supervising MSW interns and psychological fellows

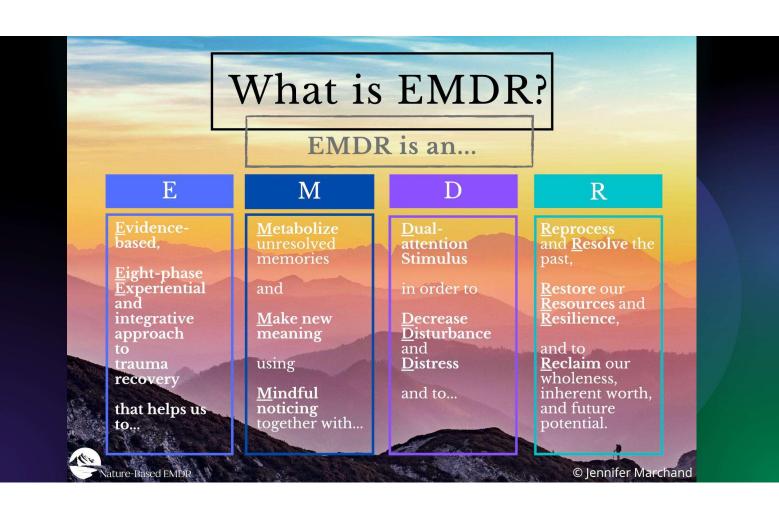
Rebecca enjoys teaching and has developed training programs on assessment, clinical documentation, risk management, and trauma-informed care. She operates her private practice in New Hampshire, offering therapy and consultation via telehealth across multiple states.

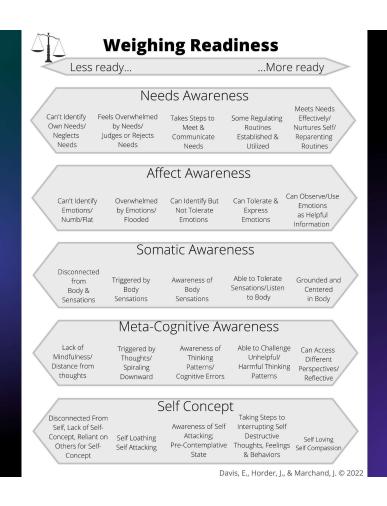
Objectives

- 1. Provide consultees with a visual tool to explain the core components of EMDR to their clients (Phase 1/2).
- 2. Effectively use the Assessing Readiness for EMDR handout to support consultees in evaluating client readiness for reprocessing (Phase 2).
- 3. Refine skills in guiding consultees through case conceptualization, including addressing common challenges in Phase 1, including target mapping and formulating effective target sequences.

EMDR Tools for Consultants

- Explaining EMDR Tool
 - Overview of the handout tool.
 - How to use this tool to help consultees explain EMDR components to clients.
- Assessing Readiness for EMDR
 - Overview of the handout tool for assessing readiness.
 - How to use this tool to support consultees in evaluating client readiness for reprocessing.







Conceptualizing Target Sequencing

Challenges and Approaches to Target Sequence Planning

- After basic training, most EMDR therapists struggle with the question "Where to start?!"
 - Organizing all of the information gathered in Phase 1
 - Conceptualizing treatment and developing a target sequence plan
- Point to Remember!
 - While regulated, there are different takes on the EMDR phases. Each EMDR basic training can teach slightly different approaches to gathering information and identifying earlier memories/material for reprocessing.
 - o It is important to inquire what approach/approaches your consultee has learned and reinforce the approach they are comfortable with while also broadening their approach through case conceptualization and understanding of client needs.
 - Not to know HOW but to know WHY
- As a consultant you help your consultees/clinicians figure out their target sequence plan.
 - Asking your consultee "How did you decide to target that memory."
 - Make sure they have a plan and the target is specific enough (i.e. not general issue).

Methods for Gathering Information

Different ways we gather information

- Direct questioning (what earlier experiences do you think are associated with this issue?)
- Floatbacks (from the NC or somatic experience)
- Affect scans (no NC needed)
- Lists of worst and best (inventories or "river of life" NET)
 - Attention and sensitivity to here to dissociation and staying within window of tolerance when gathering information. Careful not to push for too much too fast.
 - o Inventories become a living document and are often added to throughout treatment.

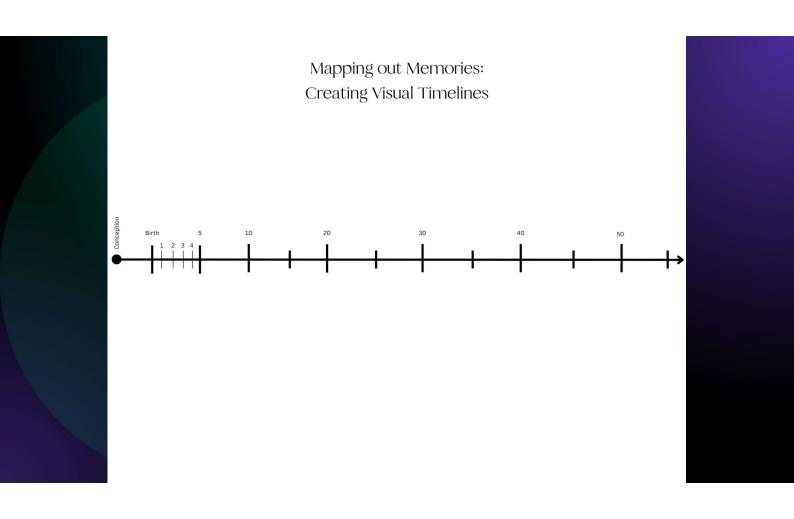
Organizing and Sequencing Targets

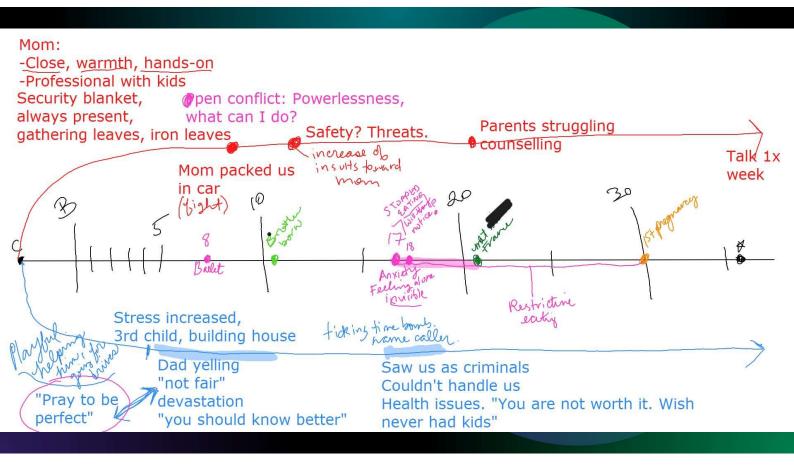
New clinicians are then left with all that information

- "How do I organize it?"
- "Where do I start?"
- Is it a memory in the way of something else, maybe in the way of resource building
- Is it the 'low hanging fruit' (highest distress that is already accessible and activated in the client's daily life)

Discussing ways to apply visual timeline







Wrap Up and Questions