Issue/Symptom-Driven Treatment Planning Model

Rick Levinson, LCSW
EMDR Training Center of Texas

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"The goal of EMDR is to achieve the most profound and comprehensive treatment effects in the shortest period of time while maintaining client stability within a balanced system."

Francine Shapiro
2009 EMDRIA Annual Conference

Case Conceptualization ▸ Treatment plan

The Basic EMDR Therapy training inserts the lens of AIP. The more we practice thinking AIP, deliberately looking through that lens, the more established AIP becomes in our professional consciousness.

Viewed through the lens of AIP, the information we gather in Phase 1 leads us to begin to understand the help our client is needing and to formulate hypotheses about the origins of the problems they present, how to approach this work and the most effective and efficient treatment planning approach to utilize.

Range of treatment planning approaches

1 Single incident trauma

2 Chronological approach working off a timeline of traumatic events with different variations

3 Early intervention approaches: Shapiro's Recent traumatic event protocol; Elan Shapiro and B. Laub's R-TEP; I. Jarero and L. Artigas' PRECI

4 Various approaches integrating EMDR with ISSTD's 3-Phase model for complex PTSD and DD (e.g., D. Mosquera and A. Gonzalez's Progressive Approach)

5 DeprEND, approaches for treating depressive disorders, A. Hoffmann, M Hase, et al

Issue/Symptom Treatment Planning Model

Developed in 2004 by Deborah Korn, PhD

Developed as the treatment planning guide for NIMH study, van der Kolk, Korn, et. al.

Focus is on the current struggles of the client, the symptoms that reveal the underlying issues.

Issue/Symptom Treatment Planning Model

Further development by Andrew Leeds, integrating emphasis on adult attachment

EMDRIA Conference presentation, 2009* and

Chapter 4 in his book, <u>Guide to Standard EMDR Therapy Protocols for Clinicians, Supervisors, and Consultants, 2nd edition</u>

Issue/Symptom-Driven Treatment Planning

In Phase 1, we utilize all the information we have gathered beginning with the first question usually asked, "What brings you to therapy?"

As with any treatment model, in the initial phase of treatment, we especially pay attention to identifying the ways our clients are struggling in their life now, the dysfunctional symptoms and the underlying issues present.

Symptoms & Issues from an AIP perspective

AIP was and is revolutionary. Francine had the audacity to say that for most, symptoms are not the source of pathology, those debilitating feeling states of anxiety, worthlessness, fears; physical symptoms, GI issues, tension; intrusive thoughts, flashbacks, negative beliefs about self, life, the world.

Symptoms are evidence. Evidence that past traumas and painful experiences never got to move through the information processing system and remain maladaptively stored in their "original disturbing state".

Symptoms are the evidence these memories are there.

Symptoms become the issues we give words to.
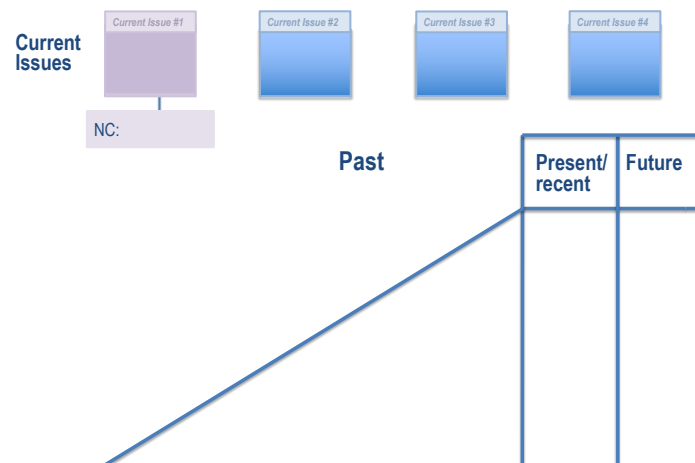
Issue/Symptom-Driven Treatment Planning

Categories of Issues/Symptoms*

- **Issues/blocks**: abandonment, perfectionism, intimacy struggles, fear of change
- **Intrusive PTSD symptoms**: withdrawal/avoidance, hyper-alertness, intrusive memories
- **Somatic complaints**: GI symptoms, headaches, fatigue
- **Phobias**
- **Intrusive emotions**: sadness, loneliness, anger, guilt, shame
- **Thematic triggers**: closeness, authority figures, rejection, loss
- **Dominant negative beliefs**: I am a worthless,   I am unlovable, I have no control

*adapted from Debbie Korn, 2004
Andrew Leeds, 2009 EMDRIA conference

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Issue/Symptom-Driven Treatment Planning Chart

Current Issues

| Current Issue #1 | Current Issue #2 | Current Issue #3 | Current Issue #4 |

NC:

Past

Present/ recent   **Future**

Rick Levinson, LCSW 2025   Can be freely copied, shared, and modified.

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Adaptive Information Processing Model:
Treatment planning

<u>General principles</u>

- The **default choice** is the earliest
  related memory (Touchstone event)

    Other factors may alter that direction,
    most commonly, an intrusive worst
    related memory

- Work with memories that currently
  hold some disturbance (activated)

- Treatment planning is a collaborative
  effort

Issue/Symptom-Driven Treatment Planning

Client example:

Maria is a 38 yr old gay woman;
married for 4 years, stable
relationship; accountant, works in
small firm; small group of close
friends

Issue/Symptom-Driven Treatment Planning

Our first step is to identify what is usually the expanded information from that question, "What brings you to therapy now?"

This begins the identifying of the primary issues and symptoms our client is struggling with now.

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Current Issues

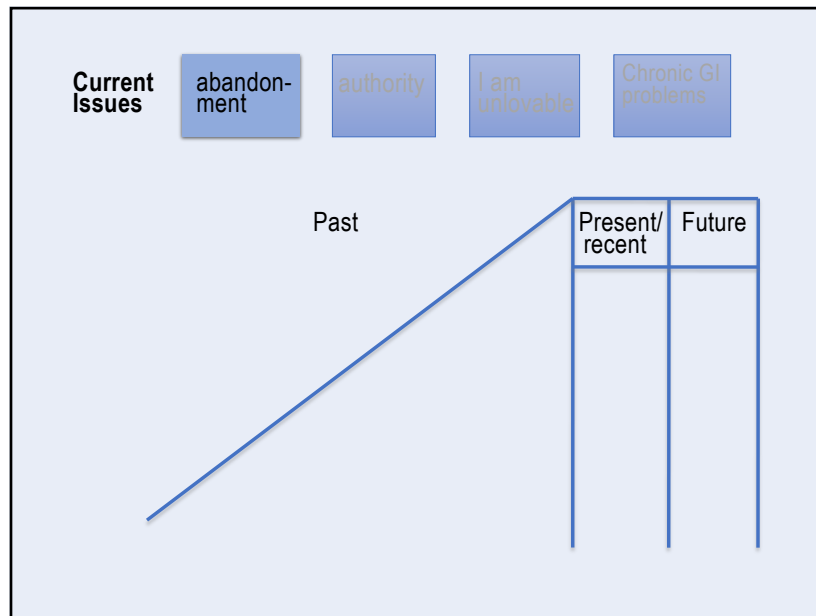| Abandon-ment | Reactivity to authority | I am unlovable | Chronic GI problems |

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Issue/Symptom-Driven Treatment Planning

We then assist the client to determine which current issue or symptom is **most important to them right now** to address first.

Typically, it's the most debilitating

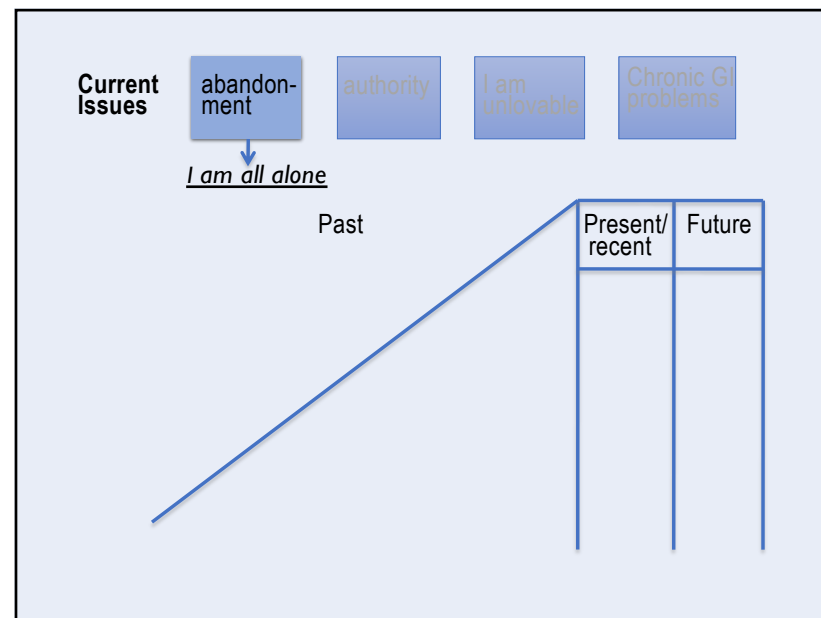Temporal factors may drive the client to want to start elsewhere

Issue/Symptom-Driven Treatment Planning

With the initial current issue identified, we then help the client to identify the Negative Cognition that best goes with that issue.

Identifying a related NC often provides clients a layer of tangible connection to the issue being explored

Present Prong

Turning attention to this first issue, we explore with our client the different ways that shows up in their current life, **what circumstances, people, experiences trigger this issue** (e.g., socially, at work, in their intimate relationships, with family, when they make a mistake, when alone at night, etc).

And with each one identified, we help client to provide a recent example of getting triggered in that way.
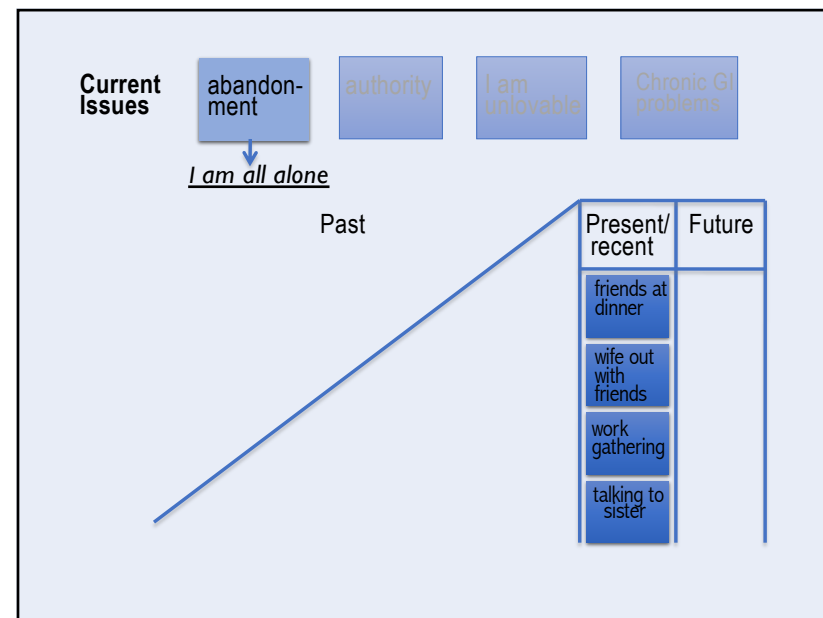
Present Prong

Important to know specifically how our client struggles with this issue, the ways it shows up, interferes in their life.

Give us a simple way to check, once we have successfully reprocessed all the past related events, to do one degree of checking to see how much change has generalized into the present. Change in the present is what all the processing is for.

Connecting with recent experiences of the issue being triggered can assist in exploring and identifying the past related disturbing experiences

Identifying the past related experiences

Guide the client to chose one of the recent triggering experiences that especially connects them with this chronic experience of the issue (of abandonment).

Help them to identify the elements present when they recall that event (related negative cognition, emotions present, sensations in their body)

Can use a variety of methods to help them connect with the related past events

Identifying the past related experiences

Can use **Floatback** to help them bridge back to the connected past memories (…Remember being on the phone with your sister, her upsetting comment, those words, 'I don't belong', the sadness and that heaviness in your chest-- and let yourself float back to the earliest time you remember experiencing this.")

Often, they need to be floated back multiple times to get to the earliest related memory.

Deany Laliotis teaches giving the direction to float back "to an earlier time you experienced this", gather information on that memory and float them back again and again to an earlier time, and then giving the instruction to go to the earliest.

Identifying the past related experiences

Can gather the information in a more exploratory fashion.

Francine's line: "When was the first time you remember feeling this way?" Or "when in the past did you experience this before?"
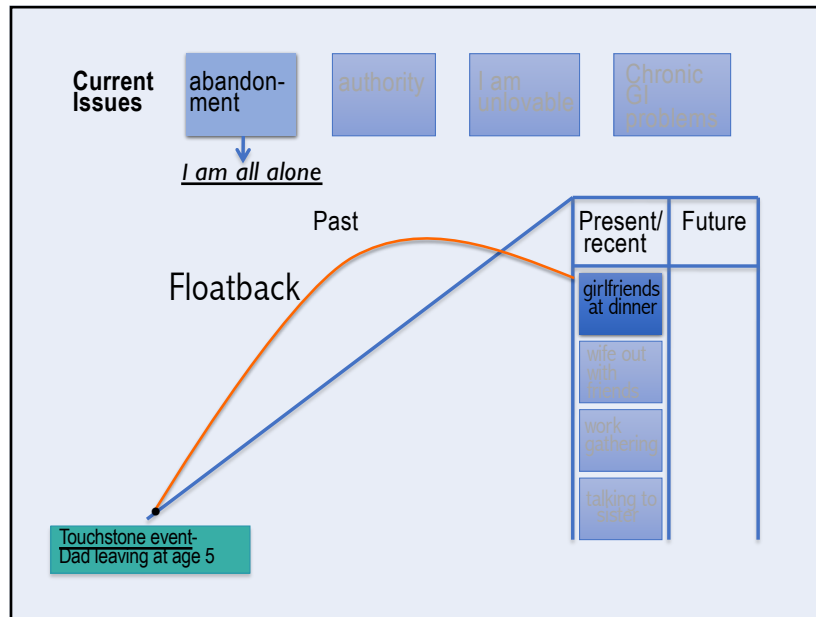
Past Prong

Identifying the additional past related experiences.

In this example, Maria floated back her earliest experience of abandonment, dad leaving the family at age 5.

We then explore with them when they next had this experience of abandonment. Can float them up or just guide them to explore.
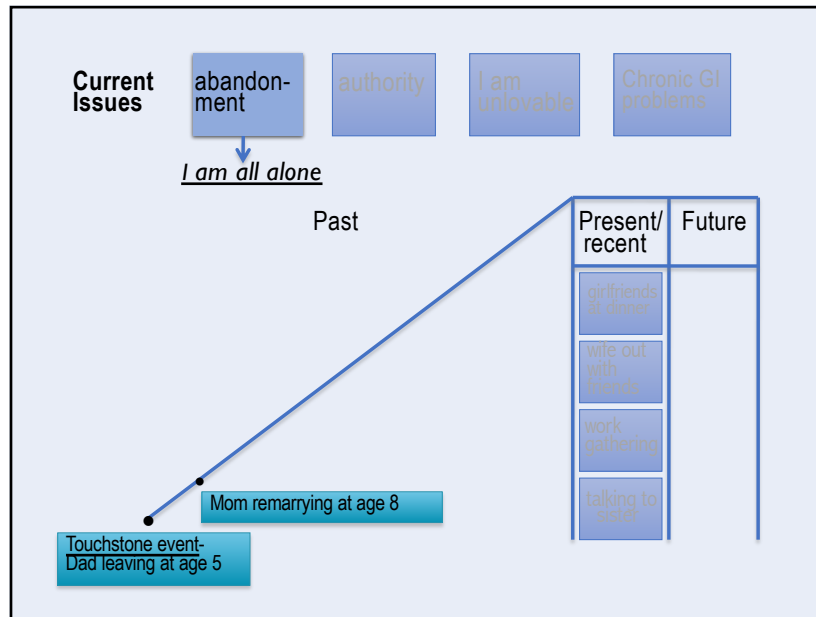
Past Prong

Identifying the past related experiences

And continue exploring and identifying additional past related disturbing experiences.

Current Issues

abandon-ment   authority   I am unlovable   Chronic GI problems

I am all alone

Past   Present/recent   Future

girlfriends at dinner

wife out with friends

work gathering

talking to sister

Step-brother moving in age 10

Mom remarrying at age 8

Touchstone event- Dad leaving at age 5

Current Issues

abandon-ment   authority   I am unlovable   Chronic GI problems

I am all alone

Past   Present/recent   Future

girlfriends at dinner

wife out with friends

work gathering

talking to sister

Painful breakup age 22

Came out to mom at 14*

Rejection by clique age 11

Step-brother moving in age 10

Mom remarrying at age 8

Touchstone event- Dad leaving at age 5

*likely a cluster

Past Prong

Reprocessing sequence

Default choice is the touchstone event, usually first target.

Sometimes a worst memory overshadows the earliest and needs to be addressed first. Once reprocessed (0 SUDS, VoC of 7, clear body scan) we then turn and address the touchstone event.
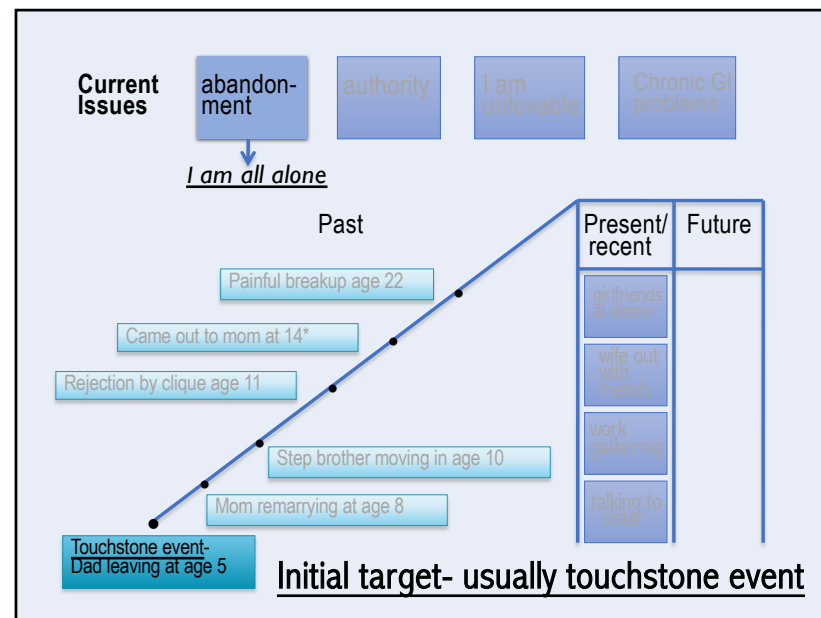
Current Issues

| abandon-ment | authority | I am unlovable | Chronic GI problems |

I am all alone

Past | Present/recent | Future

Painful breakup age 22

Came out to mom at 14*

Rejection by clique age 11

Step brother moving in age 10

Mom remarrying at age 8

Touchstone event- Dad leaving at age 5

girlfriends at dinner

wife out with friends

work gathering

talking to sister

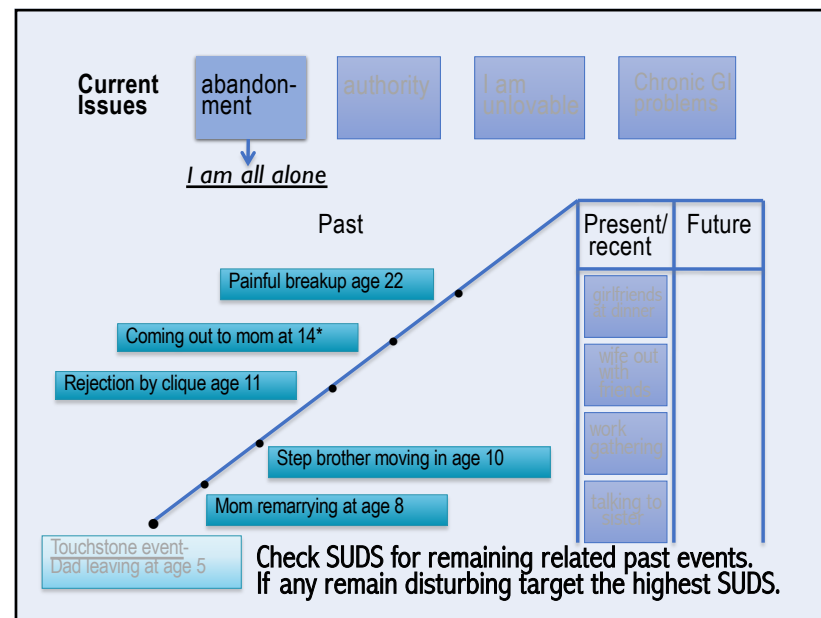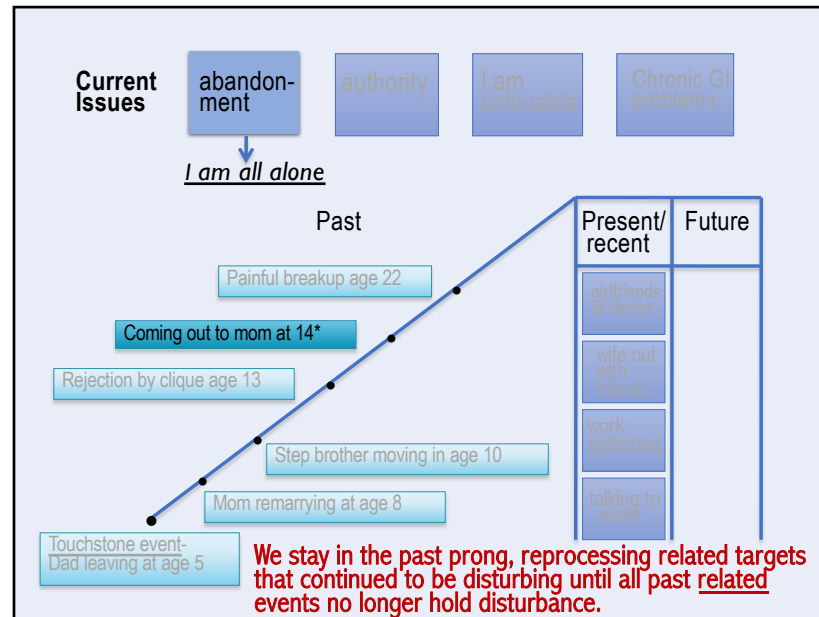**Initial target- usually touchstone event**

Past Prong
Reprocessing sequence

Once the touchstone event has successfully been reprocessed, take a SUDS reading on the remaining incidents and target the memory that now holds the most disturbance: (0 SUDS, VoC of 7, clear body scan)

Current Issues

| abandon-ment | authority | I am unlovable | Chronic GI problems |

I am all alone

Past | Present/recent | Future

- Painful breakup age 22
- Coming out to mom at 14*
- Rejection by clique age 11
- Step brother moving in age 10
- Mom remarrying at age 8
- Touchstone event- Dad leaving at age 5

girlfriends at dinner
wife out with friends
work gathering
talking to sister

Check SUDS for remaining related past events. If any remain disturbing target the highest SUDS.

Current Issues: abandon-ment | authority | I am unlovable | Chronic GI problems

I am all alone

Past | Present/recent | Future

Painful breakup age 22

Coming out to mom at 14*

Rejection by clique age 13

Step brother moving in age 10

Mom remarrying at age 8

Touchstone event-Dad leaving at age 5

girlfriends at dinner

wife out with friends

work gathering

talking to sister

We stay in the past prong, reprocessing related targets that continued to be disturbing until all past <u>related</u> events no longer hold disturbance.

Past Prong

If after reprocessing the touchstone event and the most disturbing, if any related memories remain disturbing, can either target that one that is now the most disturbing or target the rest in temporal sequence.

In whatever sequence we accomplish this, the goal is for all past events related to this issue to no longer hold any disturbance.

<u>And we stay in the Past Prong unil that has been achieved.</u>

Present Prong

Next step, return to the Present Prong to check the previously identified circumstances and specific events that triggered the issue.

We remind client of each they had identified and check the SUDS.

Any that still hold disturbance are targeted and reprocessed.

Then provide help with the integration of that work with setting up and installing a Future Template around the next time they imagine themselves in that situation.
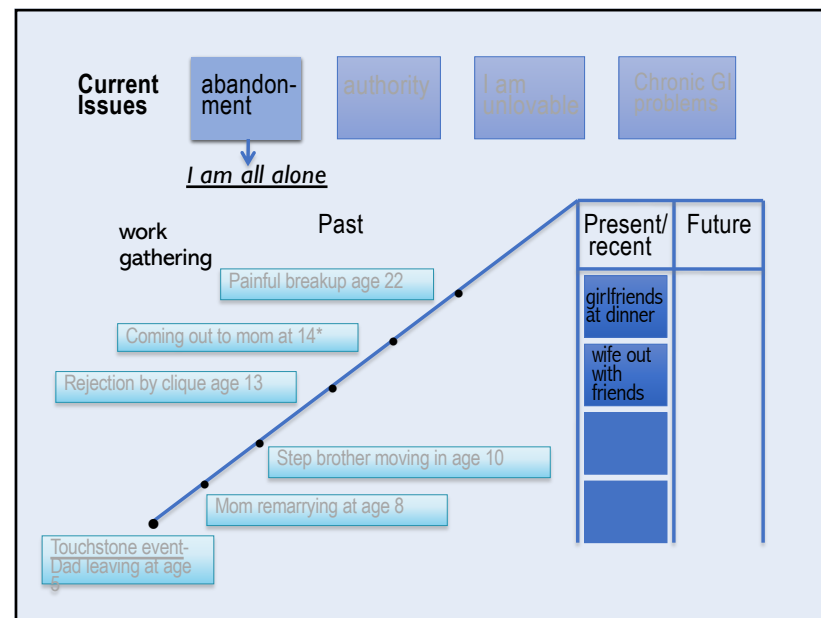
Future Prong

Explore with client if there are any circumstances in the future they can anticipate or imagine that could trigger an experience of abandonment.

If the SUDS is significant (rule of thumb, more than 2 or 3) set up a target on the imagined future event and fully reprocess it. And then set up a future template to do imaginal rehearsing on how they want the experience be for them.

If the SUDS is on the low end, set up and install a future template on that imagined future event and then check to make sure identified disturbance has cleared.
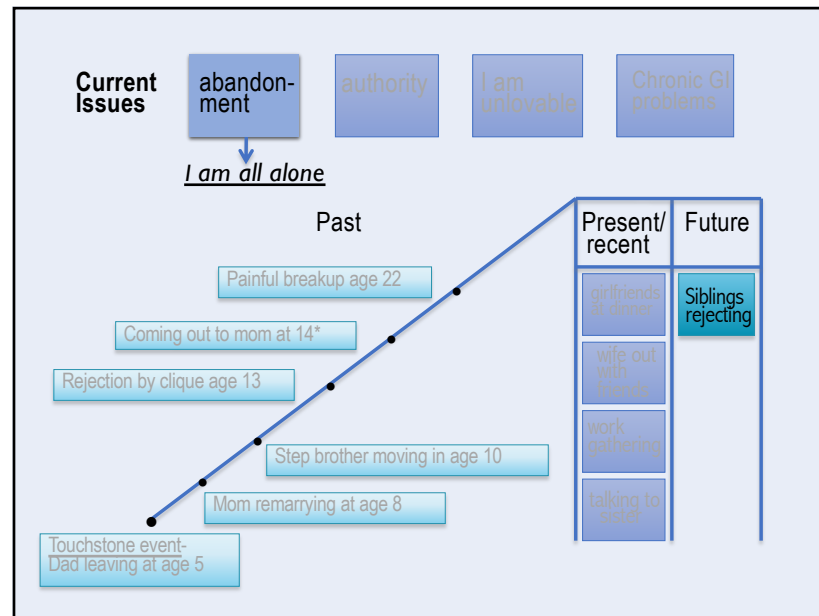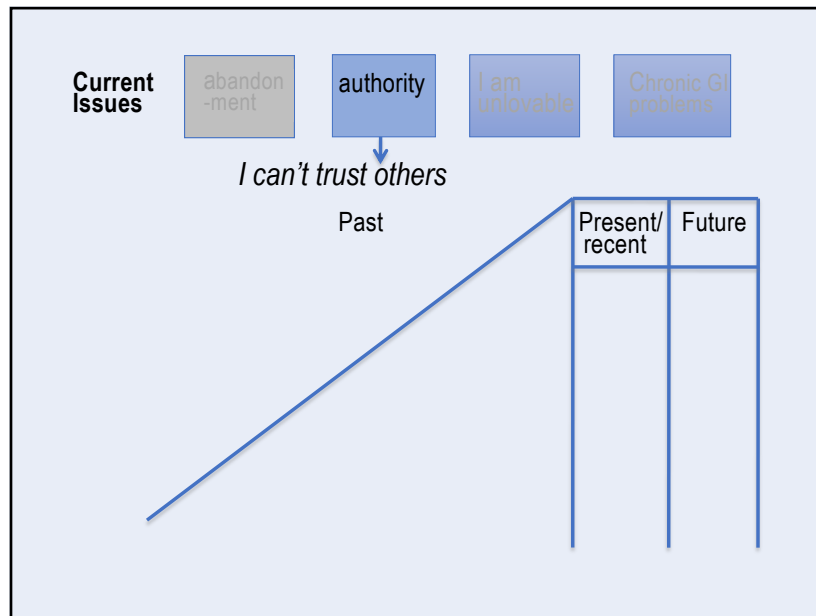
What's next?

Return to the previously identified list of current issues.

Explore with the client which issue they want to address next.

Follow the same steps with each issue.

Current Issues

| abandon-ment | authority | I am unlovable | Chronic GI problems |

I can't trust others

Past

| Present/ recent | Future |

Benefits of the model

Specific areas of struggle get to be
addressed in the order of importance
to the client so relief can be found in
the areas that are needed most.

At every point in the implementation of
the treatment plan, clinician can see
where they are in the process and
determine what is next.

Benefits of the model

Emphasizes for the new clinician the
criticalness of all three phases in EMDR
Therapy.

Going through the process of identifying
those painful events that underlie the
struggle often begins to makes tangible
for the client, "this isn't me, it's what
happened to me."

Often provides relief for the client getting
to see how a complex issue can be
addressed in pieces.

Additional points

Most issues clients struggle with have at least some overlap. So, you will commonly see the change from resolving one issue generalize to one or more of the issues.

Identification of the key past related events before reprocessing any of the memories allows us to know after each memory is targeted what other past related events to check for disturbance.

Clusters of similar experiences often are found in the identified past experiences, (e.g., coming out to mom, multiple painful incidents connected to step- brother being in the house). In this model, clusters are addressed as we would in any model.

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On another note…

Ours is not the task of fixing the entire world at once, but of stretching out to mend the part of the world that is within our reach.

Clarissa Pinkola Estés, PhD, Jungian analyst, author and poet
from "Letter to an activist" (in your handouts)

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