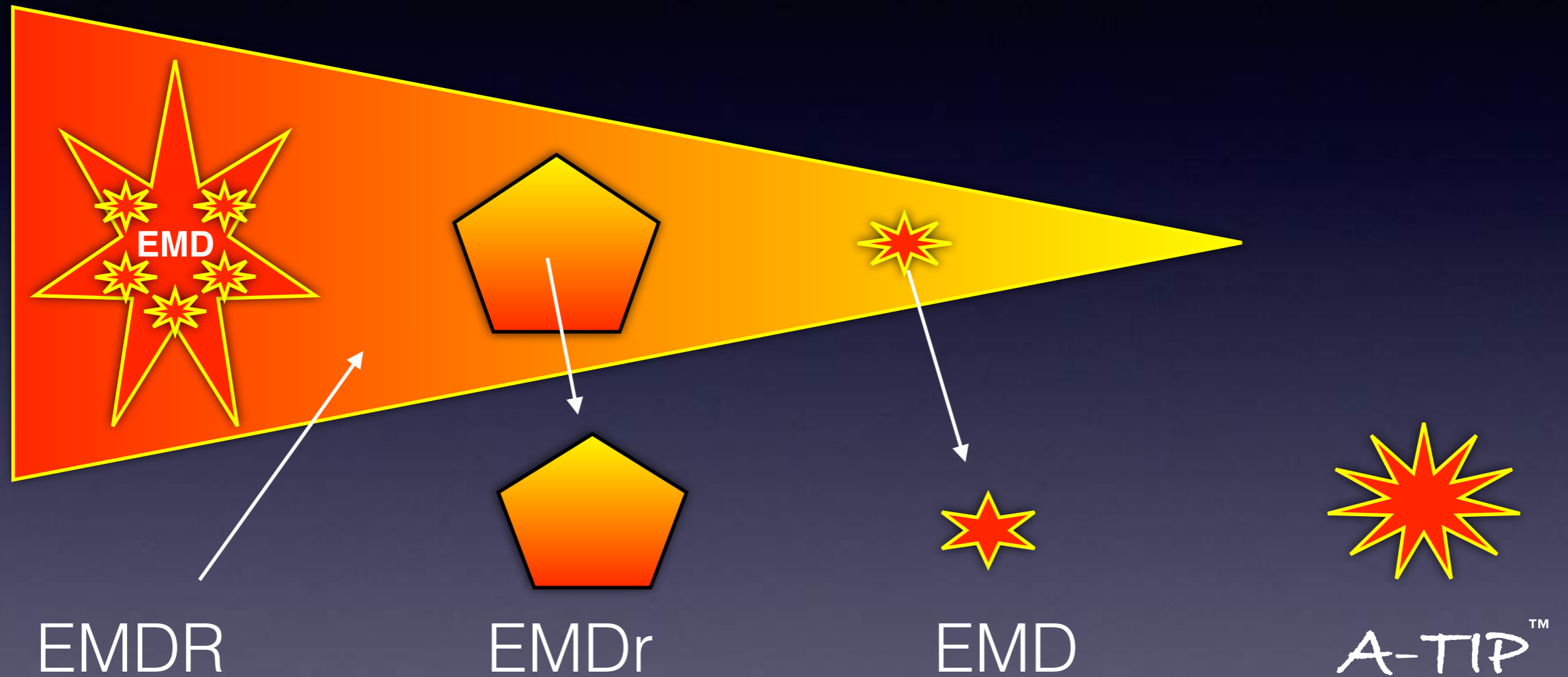


The Processing Continuum



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Workshop Goals



Understand The Processing Continuum



Describe The Processing Continuum's application in target selection and processing



Practice using *A-TIP*[™] on a single incident

2014: EMDR Therapy

EMDRIA Newsletter: Dec 2014 Vol. 19, Issue 4

- *This may involve breaking old habits...*
- Mark Nickerson: EMDRIA Board President
- World Health Organization (2013) CBT & EMDR are the only two psychotherapies recommended for children, adolescents and adults with PTSD

Presenting Complaint Considerations

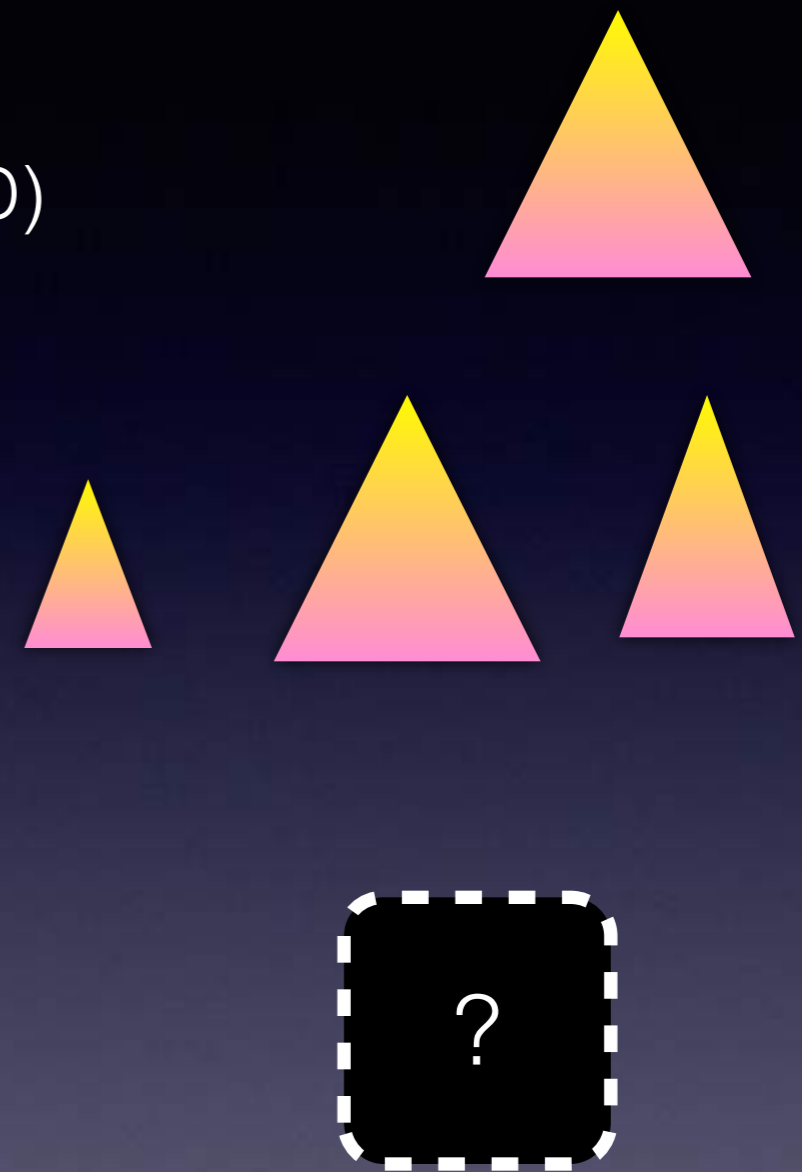
Simple

- Acute Stress
- Recent Event
- Single Incident

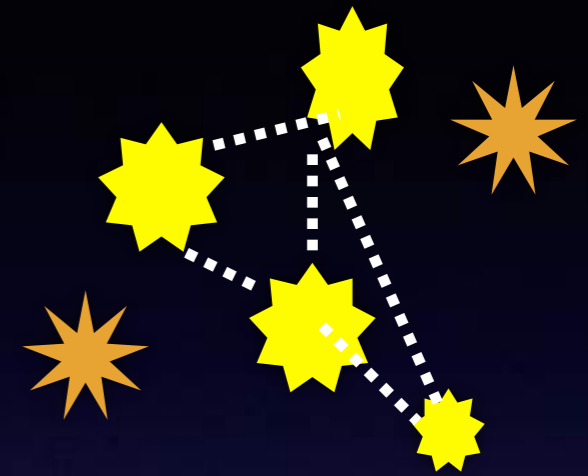


Comprehensive

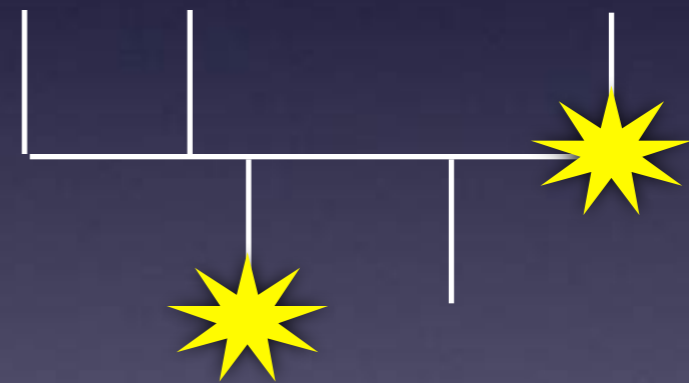
- Dominant Belief (Complex PTSD)
- Multiple Beliefs
- Somatic Complaints



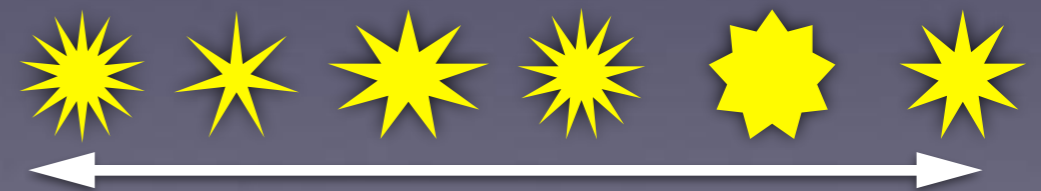
- Target Mapping (Connect the Dots)



- Genogram



- Chronological Incident



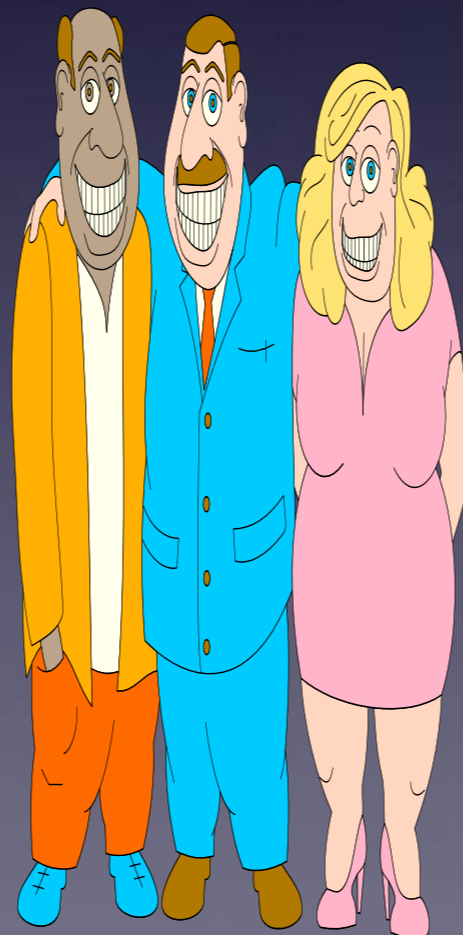
EMDR Therapy's Stage-oriented Treatment of Trauma (Kiessling 2013)

Phase-oriented treatment of PTSD: Pierre Janet (1897)

Phase 1: Stabilization

Phase 2: Identification

Phase 3: Relapse prevention



Phase-oriented treatment of structural dissociation:

Steel, van der Hart, et. al.

Phase 1: Symptom reduction and stabilization

- Overcoming phobia of attachment and attachment loss of therapist, mental contents, dissociative parts

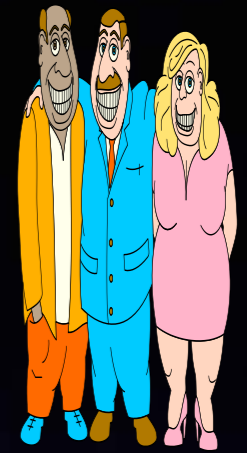
Phase 2: Treatment of traumatic memories

- Overcoming phobia of traumatic memories, and phobias related to insecure attachment to perpetrator

Phase 3: Integration or rehabilitation

- Overcoming phobia of normal life, healthy risk taking, change, and intimacy

EMDR Therapy's Stage-oriented Treatment Approach (Kiehl)



- Stage 1: Case management
 - Affect Management (EMDR's Phase 2*-Preparation)
 - Target Sequence Planning (EMDR's Phase 1* History)
- Stage 2: Processing
 - Phase 3: Access & Activate Checklist (Assessment)
 - BLS/DAS Stimulated phases:
 - Phase 4: Desensitization
 - Phase 5: Installation
 - Phase 6: Body Scan
 - Phase 7: Closure
- Stage 3: Integration
 - Phase 8: Reevaluation / 3 pronged approach

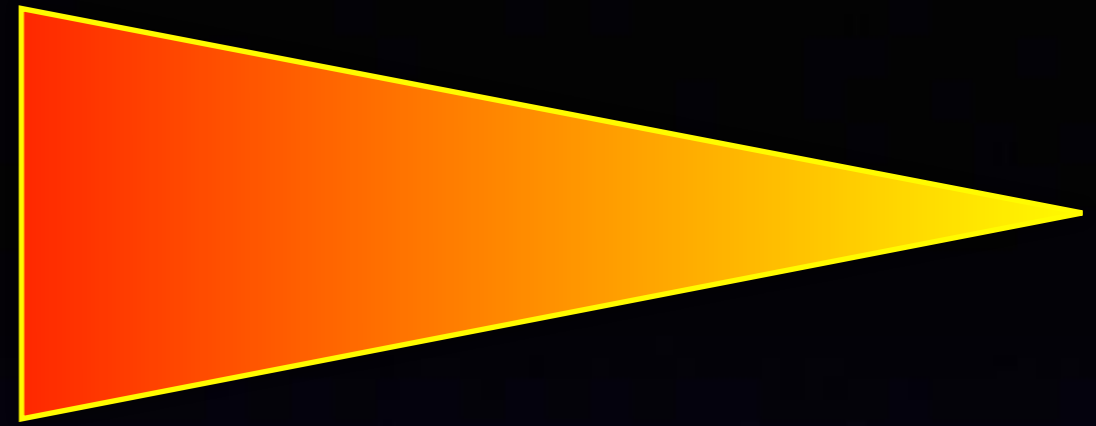
EMDR Therapy

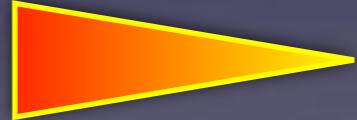
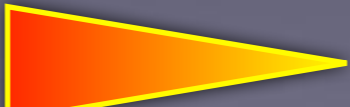
- Client Selection Criteria?
- Affect Management?
- Treatment Resources?
- Informed Consent?
- EMDR 3 Prong Processing?



EMDR

Unrestricted Processing



- Client Selection Criteria
- Affect Management Skill(s)
- Treatment Resources - sufficient to complete treatment plan
- Informed Consent - free association 
- EMDR 3 Prong Processing - regardless of the target selected 

EMDR

Unrestricted Processing Procedures

- Phase 1: Targeting Sequence Plan
- Phase 2: Stabilization
 - Affect Skill
 - Calm / inner secure / peaceful place
- Phase 3: Access and Activate (Assessment-Shapiro)
 - Activate the targeted maladaptive and adaptive neural networks
 - Baseline measurements: SUD, VoC

- Phase 4: Unrestricted Processing (EMDR)
 - Link, bind, and consolidate maladaptive and adaptive neural networks
 - Process channels of association across the life span regardless of the target selected
 - Past, present, future
 - Extended sets of BLS (paced to client's non-verbals)
 - *Take a breath, let it go...What do you get now?...Go with that*
 - Physical and emotional experiences within the window of tolerance
 - Clinical interventions (Cognitive interweaves-Shapiro) as needed
 - Multiple Sessions
 - SUD=0



- Phase 6: Installation
 - Strengthen the positive belief's binding and consolidation
 - VoC = 7
- Phase 7: Body Scan
 - Identify and process residual components within the neural network
 - Past, present, future
- Phase 8: Reevaluation
 - Process all targets within the Targeting Sequence Plan
 - 3 pronged approach, i.e. past, present, & future
- Integrate treatment to accomplish treatment plan goals
 - Additional forms of psychotherapy may be necessary

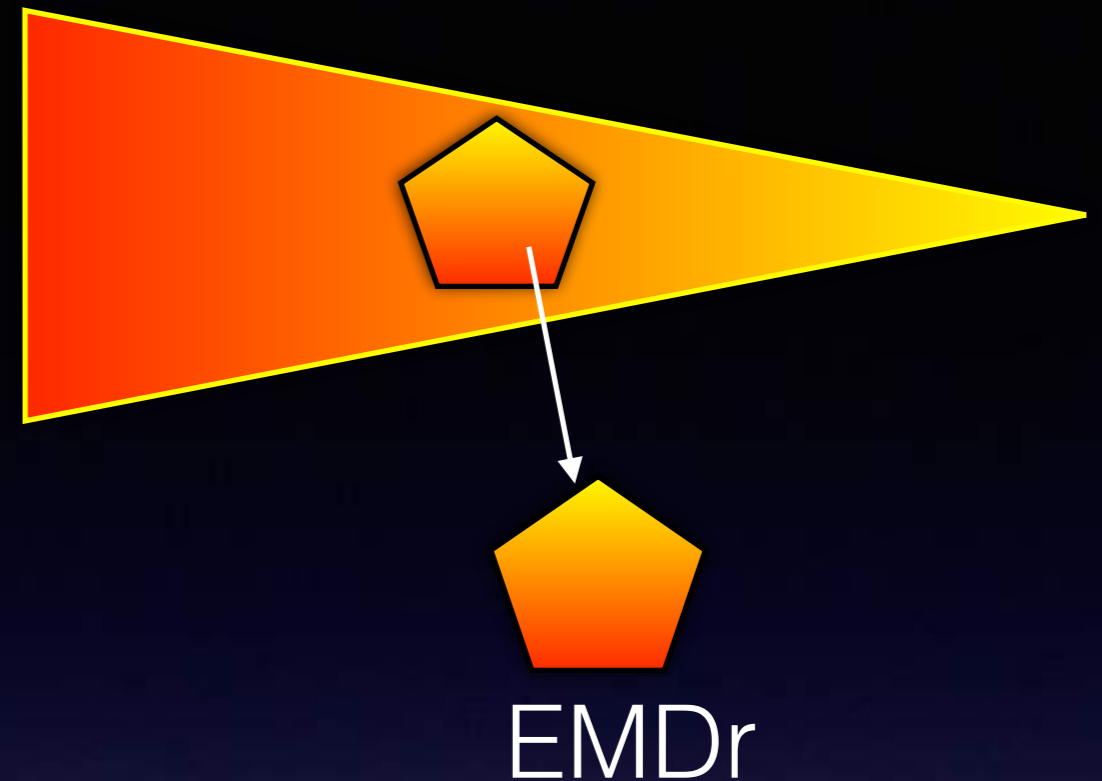


EMDr

Contained Processing

☑ Client Selection Criteria

- ★ Client has the ability to compartmentalize
- ★ Affect Management Skill(s)
 - Containment / compartmentalization skills
- ★ Treatment Resources - limited treatment sessions or agenda
- ★ Informed Consent
 - Only to process an agreed targeted arena  within the Target Sequence Plan
- ★ Single Prong Processing
 - ★ Agreement to process only within an agreed targeted arena 



EMDr

Contained Processing Procedures

- Phase 1: Targeting Sequence Plan
- Phase 2: Stabilization
 - ★ Containment skill
 - ★ Container
- Phase 3: Access and Activate (Assessment-Shapiro)
 - ★ Activate the targeted maladaptive and adaptive neural networks associated with the agreed target arena
- Baseline measurements: SUD, VoC



- Phase 4: Contained Processing (EMDr)
 - ★ Link, bind, and consolidate maladaptive and adaptive neural networks within an agreed targeted arena
 - ★ Managed sets of BLS (10-20 seconds)
 - *Take a breath, let it go... **When you think of the incident**, what do you get now?... Go with that*
 - ★ Limit channels of association to only those specific to the agreed upon targeted arena
 - ★ **Stop Signal** - when anything other than the agreed upon targeted arena comes up
 - ★ Limit physical and emotional experiences within the window of tolerance
 - ★ Clinical interventions (Cognitive interweaves-Shapiro) as needed to keep processing contained to the agreed upon targeted arena
 - ★ Completed sessions
 - ★ **SUD>0?**

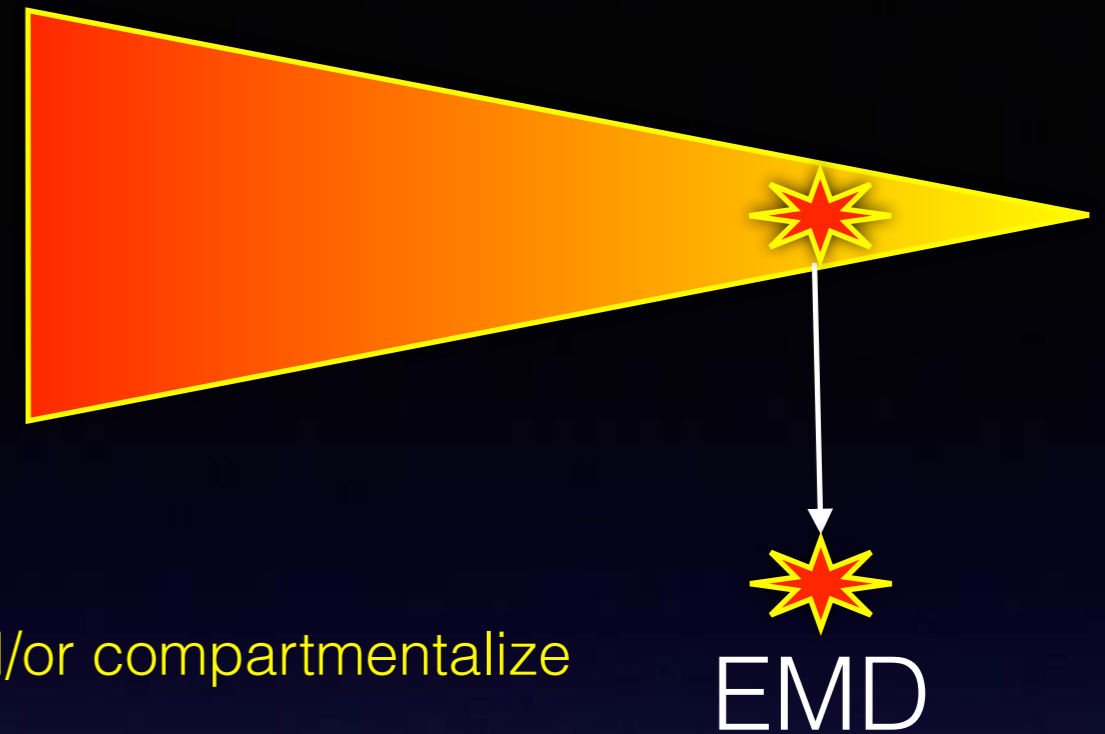
- Phase 6: Installation
 - Strengthen the positive belief's binding and consolidation
 - VoC < 7?
- ★ Phase 7: Body Scan
 - **Caution:** Only body sensations specific to the targeted arena
 - Skip the Body Scan if the sensations are not related to the targeted arena
- Phase 8: Reevaluation
 - ★ Reevaluate targeted arena specific symptoms
 - ★ Integration of treatment plan goals may be limited
 - Additional forms of psychotherapy may be necessary

Contained Processing EMDr

EMD

Restricted Processing

- ★ Client Selection Criteria
 - ★ Client does not have the ability to feel safe and/or compartmentalize
- ★ Limited Affect Management Skill(s)
 - ★ Secure place
 - ★ Containment / compartmentalization skills
 - ★ Resourcing: affect management, behavior, mastery, nurturing, etc
- ★ Treatment Resources - brief or long term
- ★ Informed Consent
 - ★ Only to process a specific target  within the Target Sequence Plan
- ★ Specific target desensitization
 - ★ Agreement to process only a specific target 



EMD

Restricted Processing Procedures

- Phase 1: Targeting Sequence Plan
- Phase 2: Stabilization
 - ★ Containment skill
 - ★ Container, Mindfulness, Breathing, Aroma, etc.
- Phase 3: Access and Activate (Assessment-Shapiro)
 - ★ Activate the target
 - ★ Baseline measurements: SUD, VoC
 - ★ Body Location?
 - ★ Clinical judgment regarding client's ability to manage body sensations

- Phase 4: Restricted Processing (EMD)

- ★ Target specific processing

- Desensitization
- Limited insights

- ★ Restricted sets of BLS (10 seconds)

- *Take a breath, let it go...When you think of the incident, how disturbing is it now from 0-10?.....Go with that*

- ★ Desensitization of the target

- ★ Stop Signal when:

- ★ anything other than the target comes up
- ★ SUD increases
- ★ body sensation unrelated to the target is experienced

- ★ Little if any physical and emotional experiences

- ★ Completed sessions

- ★ SUD>0?

- Phase 6: Installation

- Strengthen the positive belief's binding
- VoC < 7?

- ★ Phase 7: Body Scan

- Caution:
 - Clinical judgment: Does the client have the compartmentalization skills to process body sensations and stay within the target?
 - If not: Skip the Body Scan!

- Phase 8: Reevaluation

- ★ Reevaluate target specific symptoms

- ★ Integration of treatment plan goals may be limited

- Additional targets may be processed with EMD, EMDr or EMDR
- Additional forms of psychotherapy may be necessary

EMDR
TARGET SEQUENCE PLANNING

The Target Sequence Plan Summary Outline

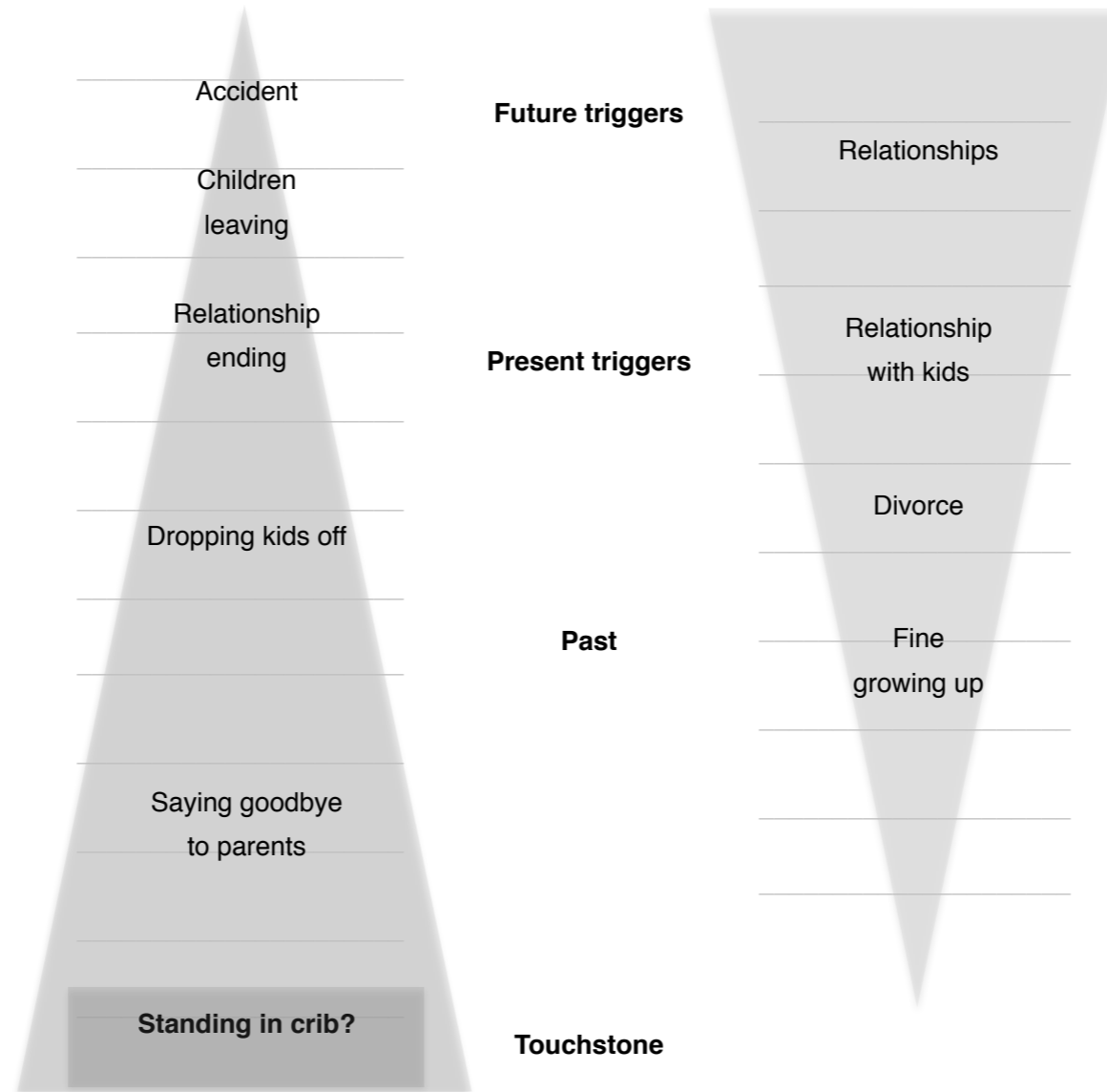
Presenting complaint: Kids leaving

Negative belief

Oh no..I'm going to die

Positive belief

I'm fine

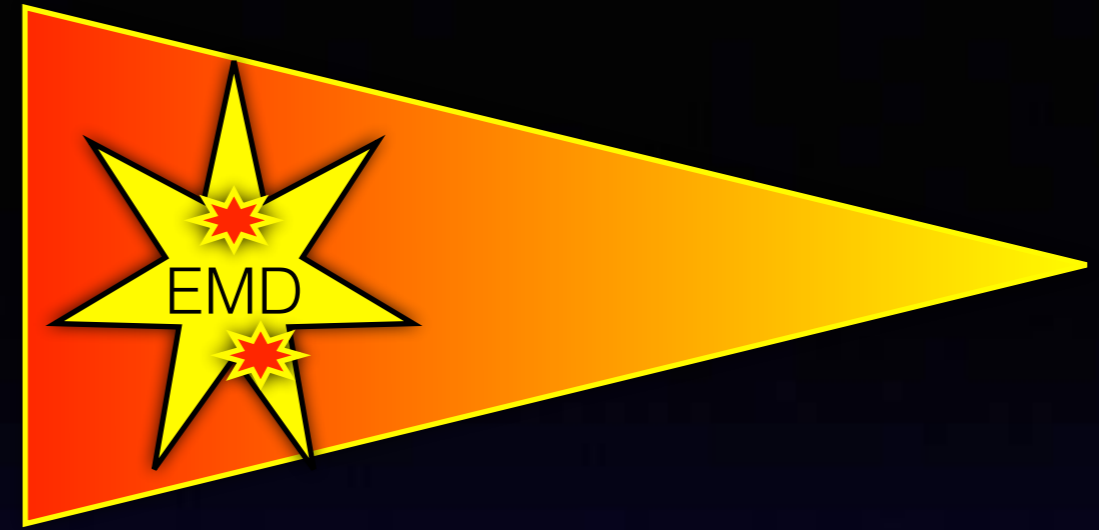


RESTRICTED PROCESSING

Future Trigger



Fractionated Targeting



- ★ Client Selection Criteria

- ★ Complex PTSD, Dissociation

- ★ Client does not have the ability to compartmentalize / manage the entire target

- ★ Limited Affect Management Skill(s)

- ★ Secure place

- ★ Containment / compartmentalization skills

- ★ Resourcing - affect, behavior, mastery, nurturing, etc

- ★ Treatment Resources - long term

- ★ Informed Consent

- Only to process components of a target

- Systematic desensitization

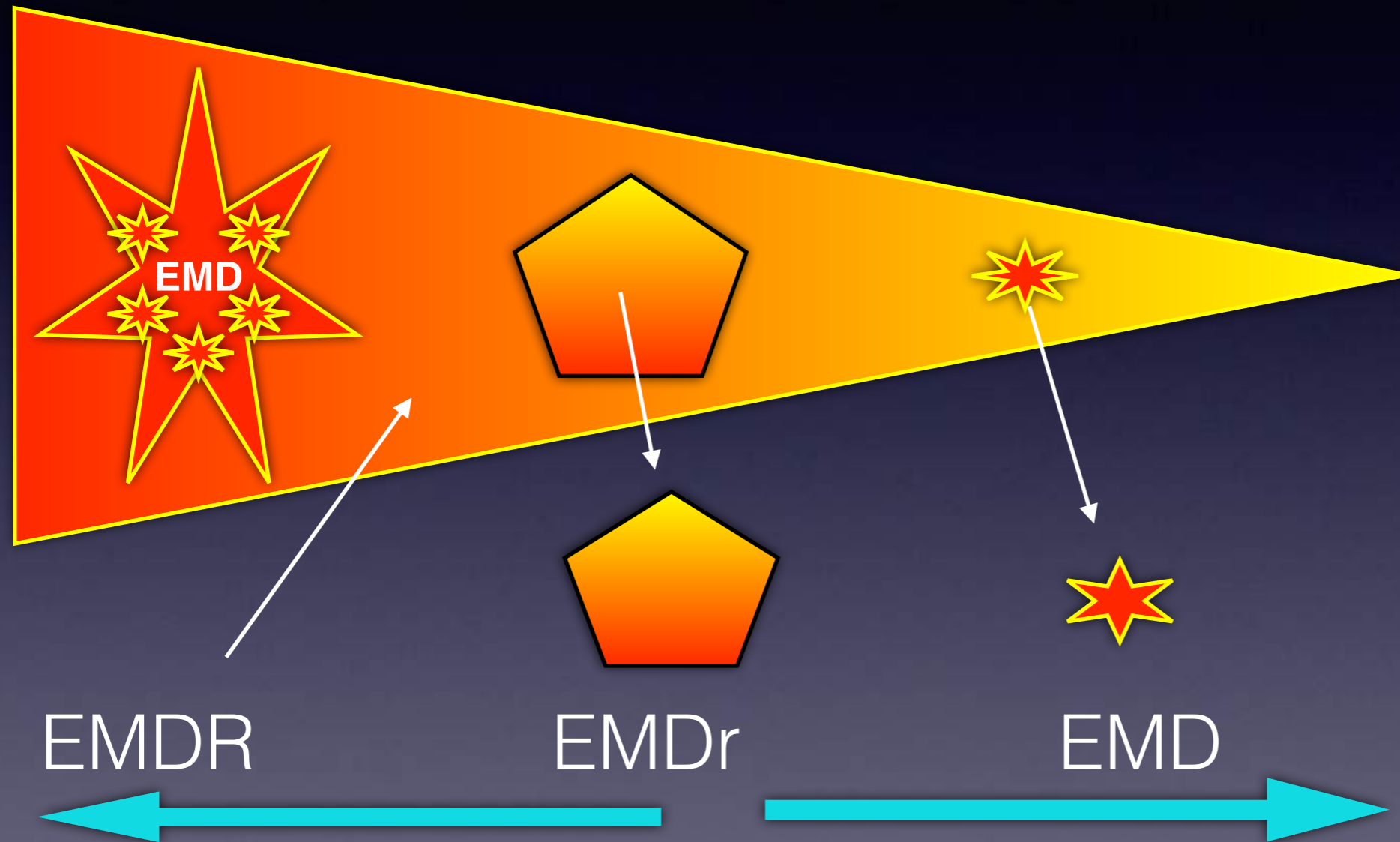
- ★ Fractionated processing

- ★ Agreement to process only fractions of a target

Fractionated Processing Procedures

- Use restricted processing procedures (EMD)
- Fractionate target
 - Chronological sequence
 - Least to worst

Processing Flexibility



Expand or contract processing according to the client's processing abilities or wishes

Crisis Intervention

A-TIPTM
Acute Traumatic Incident Processing



1: Calm it: Establish a safe, supportive relationship

2: Hear it: *Tell me what happened?* (consider “walking thru” the incident)

3: Consent to it: Obtain permission to use A-TIP and eye movements

4: Name it: *How did you feel?*
or
*When that happened,
you must have felt.....*

- I'm vulnerable / going to die*
- I'm powerless*
- I'm Trapped*
- I'm Helpless*
- I'm out-of-control*
- It was my fault*
- I should have done something*
- I'm responsible*
- I'm a failure*
- I'm inadequate*
- I'm not good enough*
- I have to be perfect*
- _____

5: Measure it:
How disturbing is it: 0-10?
(0 no disturbance, 10 highest disturbance)

0 1 2 3 4 5 6 7 8 9 10

6: Tame it: *How would you like to feel?*
or
*When its over, I imagine you'd
like to feel....*

- It's over, I survived*
- I can control what I can even when powerless*
- I can control what I can even when trapped*
- I can control what I can even when helpless*
- I can control what I can when out-of control*
- I did the best I could under the circumstances*
- I did the best I could under the circumstances*
- I can recognize appropriate responsibility*
- I'm okay regardless*
- I'm okay regardless*
- I'm good enough as I am*
- I can accept my strengths and weaknesses*

7. Validate it:
How strong does your positive belief feel now?
(1 feels totally false, 7 feels totally true?)

1 2 3 4 5 6 7

8: Stop it

- a. *Remind the client to use his/her stop signal if anything other incident comes up.*

9: Process it!

Instructions: Think of the incident and follow my fingers. When I stop let me know how disturbing the incident feels. We'll then return to doing more eye movements and repeat that process. Once the disturbance has stopped dropping, we'll strengthen your positive belief and help you focus on what you can do to handle the situation.

- a. EM's: 10 round trips of rapid eye movement
- b. *Take a breath, blow it out....Think of the incident, how much does it bother you now, 0-10? Start with that. (EM's)*
- c. Repeat "a" & "b" several times then proceed to "d"
- d. *Now when you think of the incident, what's different?..And now, 0-10? Start with that. (EM's)*
- e. Repeat a,b c and d until the disturbance is no longer dropping. Then proceed to #8.

Stop processing if the person reports another incident, the disturbance goes up, or a body sensation not related to the incident is reported.

If any of these occur, discuss options with the client. Generally, stop processing, talk about it # 11 and record it #12

10: Strengthen it! (The positive adaptive belief)

- a. *Now think of your positive belief about the incident, how true does it feel now, 1-7?*
- b. EM's: 10 round trips of rapid eye movement
- c. *How true does it feel now 1-7? (EM's)*
- d. Stop when the belief is no longer are getting stronger

11. Talk about it.

- a. Talk about the experience
 - b. Help the person see options, alternative, next course of action, etc.
-

12: Record it

- a. Complete the A-TIP summary outline*

13: Close it

- a. Help client explore how to handle things as they come up between session.*
- b. Processing may continue between sessions.*

A-TIP

Acute Traumatic Incident Processing

Integrative Psychotherapy

← Adaptive Information Processing →

Client Presentation (Complexity)

Simple

Complex PTSD

Crisis PTSD Adj D/o's Addictions Anxiety Depression Phobias Axis II DDNO DID



A-TIP

**EMDR
Therapy**



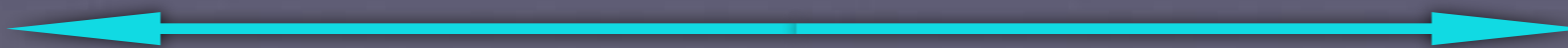
**Psycho-
therapy**

% of Clinical Intervention

EMD

EMDr/EMDR

EMD



The Processing Continuum

Workshop Goals



Understand The Processing Continuum



Describe The Processing Continuum's application in target selection and processing



Practice using *A-TIP*[™] on a single incident

Adaptive Information Processing

The ability to see adaptive options even when under stress

Adaptive
Information
Processing

Go with that

