

**Robbie Adler-Tapia, Ph.D.**

**EMDR Psychotherapy  
Case Conceptualization  
With a Reverse Protocol**

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**Introduction and  
Organization of Workshop**

- Introduction
- This is an interactive workshop
- History of Reverse Protocol within EMDR Therapy
- EMDR Therapy 8 phases
- Case Conceptualization with Reverse Protocol
- Practical Implications
- Summary
- Questions

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**How'd I get here?**

- EMDR Therapy only with children in the child welfare system
- Worked with child victims and witnesses to crime – Childhelp Study.
- Worked with Public Safety/Law Enforcement
- **I did EMDR Therapy wrong!**
- Thanks to those who helped me!
  - Kay Werk, Alicia Outcult, Susan Brown, Sue Thompson, Jamie Zabucovec, Francine Shapiro!

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### History of Reverse Protocol

- Adler-Tapia (2002) began using an EMDR “Inverse Protocol”; however, this protocol was often confused with an “Inverted Protocol” (Hoffman, 2004).
- In order to avoid confusion, this protocol was renamed the “Reverse Protocol” (2008) and later published (Adler-Tapia, 2012), which more accurately describes the protocol that is focused on reprocessing negative beliefs about the future and/or foreshortened sense of future.
- Francine Shapiro discussed in Plenary at EMDRIA Conference
- Susan Brown, LCSW teaches with addictions

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Robbie Adler-Tapia  
**Child Psychotherapy**  
*Integrating Developmental Theory into Clinical Practice*

Some information from this workshop derives from this book by **Robbie Adler-Tapia, Ph.D.**

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### Research Support

- Research has suggested that using eye movements to focus on future concerns and or stressors is efficacious in reducing client visual vividness and emotionality about the future (Engelhard, van den Hout, Janssen, and, van der Beek, 2010).

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### What IS the Reverse Protocol?

- The Reverse Protocol is about a starting therapy with a future focus – the three pronged approach in reverse.
- Within EMDR therapy treatment conceptualization, a clinical decision point involves choosing the Reverse Protocol to expedite trauma reprocessing and improve stabilization - reprocessing future targets before present triggers and past events.
- The protocol also allows for trauma reprocessing when the client is a witness in a legal proceeding.

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### What is the Reverse Protocol Within EMDR Therapy?

- This protocol uses all 8 phases of EMDR therapy.
- It is not about beginning therapy with a future template or resource development (Korn & Leeds, 2002; Leeds, 2001).
- Therapists who are familiar with Solution Focused Brief Therapy (SFBT) (de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1982) will recognize the concept of focusing on the solution rather than the problem.

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### EMDR Therapy and AIP Theory

- Phased treatment based on AIP Theory
- Therapist begins working with a client through the phases of EMDR Therapy; however, the client cannot participate in past trauma reprocessing for many reasons.
- Clients are not only processing information about the past, but are often simultaneously considering the future! At times, the presenting issue is about the future.
- Sometimes you can't get to the past because of the future.
- Sometimes the future triggers the present.
- The "worried well"! Reframe – "You are a most excellent worrier!"

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### EMDR Therapy Phased Treatment

- History Taking, Case Conceptualization & Treatment Planning
- Preparation
- Assessment
- Desensitization
- Installation
- Body Scan
- Closure
- Re-evaluation

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### History Taking, Case Conceptualization & Treatment Planning (Review)

- Initial contact and intake
  - Client Presentation
  - Symptom presentation
  - Appraisal of client's affect regulation and stability
  - Developing rapport
  - Symptom assessment – are assessment tools indicated?
- Distilling client's belief system and core negative beliefs
- Target Identification & Organization
- What if the client is highly dysregulated? Cycle through phases 1 and 2 of EMDR therapy
- Skills – aroma exercise and container
- Treatment Plan – create with client

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### Symptom Assessment

- Assess for symptoms including dissociation
- Assess for trauma exposure
- Document assessment in records

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### Identifying and Organizing Targets for EMDR Therapy

- How do I **identify and organize** targets?
- What is a targeting plan and how is it helpful?
- Therapy Lifeline Form
- When is starting with a Touchstone Event or earliest traumatic event not indicated?

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### Identifying Targets for Trauma Reprocessing

**Presenting Symptoms**  
• What brought the client in to therapy?

**Past Events**  
• Touchstone Event  
• Other events

**Present Triggers**  
• What symptoms trigger the client in the present?

**Future Concerns**  
• How will you handle it better in the future?

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### Phase 1 Clinical Considerations

- Does the client need extensive resourcing?
- Does the client lack the affect scaffolding necessary to build a positive future?
- Does the client have attachment trauma?
- Does the client have complex PTSD and/or dissociation?
- Does the client have a limited and/or foreshortened sense of future?
- Is the client anticipating imminent medical care, deployment, or other stressful events in the near future?

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### Reverse Protocol Conceptualization in the 8 Phases of EMDR Therapy

- Phase 1: History Taking, Case Conceptualization, and Treatment Planning
- Past/Present/Future contraindicated
- Cycle through Phases 1 and 2 with Future-Present-Past Case Conceptualization
- Phase 2: Preparation Phase
  - Resourcing/stabilization/affect management skills
  - Explaining EMDR Therapy, Stop Signal, BLS, Mechanics of EMDR therapy

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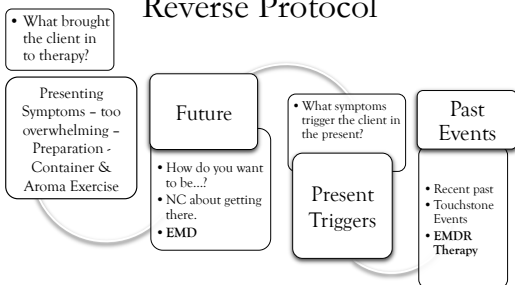
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### Identifying Targets for Trauma Reprocessing with Reverse Protocol



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### What are the goals and benefits of the Reverse Protocol?

- This Reverse Protocol serves to engage the client in treatment and build rapport.
- The client learns about EMDR therapy and has experiences in psychotherapy with positive outcomes.
- The client learns to be mindful and moves from the trauma focus of day-to-day survival, to having goals and objectives for the future.
- The foreshortened sense of future is relieved and the client's hope is reignited.
- With future goals most clients are more interested and confident in addressing past etiology in order to move toward that future goal.

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### Three Pronged Approach in Reverse Order

- The EMDR therapy Reverse Protocol focuses on addressing the client's negative beliefs about his or her future in order to elicit hope and direction for therapy.
- Once the negative belief about the future is reprocessed then current triggers and past events are reprocessed either by using EMD or EMDR therapy.

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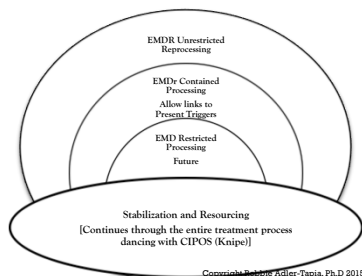
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### Reverse Protocol Case Conceptualization Within the 8 Phases of EMDR Therapy



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### Treatment Plan

- How do we reprocess the negative belief about the future to get the client to believe it can come true?
- Some clients will be able to generate a positive future – have hope – some don't. *Motivational Interviewing*.
- Therapists may need to integrate other skills such as motivational interviewing while also dancing with advanced resourcing skills
- Treatment plan includes mindfulness curiosity – *Miracle Question* (de Shazur)

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### Motivational Interviewing and EMDR Therapy

- Asking permission
- Eliciting/Evoking Change Talk
- Exploring Importance and Confidence
- Open-Ended Questions
- Reflective Listening
- Normalizing
- Decisional Balancing
- Columbo Approach
- Statements Supporting Self-Efficacy
- Readiness for Change Ruler
- Affirmations
- Advice/Feedback
- Summaries
- Therapeutic Paradox

Seholl and Sehall, ©2008

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### EMDR Therapy and The Miracle Question Exercise (Shapiro and de Shazur)

- *Imagine that you have just awakened from a night's rest and whatever challenge you have come here with was miraculously overcome while you were sleeping. The challenge was completely solved overnight; but you were sleeping, and so you didn't know it was solved. You wake up and something is different. You inherently know that something is different, that something must have happened during the night.*
- *What is the first thing you notice that confirms that something actually did happen? Using as much specificity as possible, describe this day using all five senses:*
- *How does it look? How does it smell? How does it sound? How does it feel? How does it taste? Who is around you? Who is NOT around you? What insight do you have that you didn't have the night before?*
- *What keeps you from getting there? Or, when you imagine the miracle coming true, what's your negative belief about yourself right now? (NC) \_\_\_\_\_*
- *What do you think you might rather believe instead? (PC) \_\_\_\_\_*

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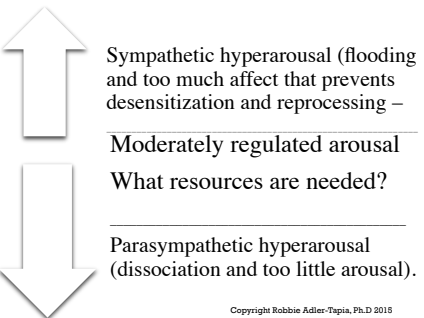
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Table 1.1, Siegel's Window of Tolerance with EMDR



Sympathetic hyperarousal (flooding and too much affect that prevents desensitization and reprocessing -)

Moderately regulated arousal

What resources are needed?

Parasympathetic hyperarousal (dissociation and too little arousal).

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**Expanding Window of Tolerance**

- Adding resources as indicated by the treatment plan

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**Preparation Phase: Goals**

- What is the goal of this episode of care for the client?
- What resources does the client have?
- What resources does the client need?
- Who are possible attachment figures? Real or imaginary?
  - Family Members, Teachers, Coaches, etc.
  - Spouses/significant others/friends
  - Pets

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**Preparation Phase:  
Interventions and Skills**

- Teach positive affect tolerance and resourcing focused on installing mastery experiences.
- Reprocessing the trauma from the earliest relationship
- Organize attachment traumas
- Identify a receptive attachment environment if possible
- Develop client resources in attachment
- Caregiver/Family involvement in treatment
- Trauma processing of the EMDR Phases 3 may be too much and the therapist may need to focus on the Preparation Phase for a period of time.

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**Preparation Phase  
(Safe/Calm Place)**

- The standard protocol
- What if it doesn't work?
- The therapist's office
- Transitional object that need to be returned.
- Creating imaginary places.
- Internal versus external safe/calm places or states
- Calm/Happy State when needed

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**Resourcing and Stabilization Menu  
for Trauma Treatment**

- Aroma exercise for self-soothing and grounding
- Containers for affect management
- Breathing exercises
- Calm/Happy Place Exercise
- Remote Control
- Abbreviated Mastery Experience
- Abbreviated Installation of a Significant Person
- Create a "Team of Helpers"
- Abbreviated Installation of a Metaphor or Symbol
- Butterfly hug
- Seeking Safety

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### Aroma Exercise

- Let's do it!!!!

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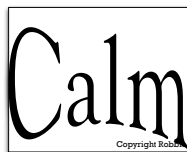
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### Breathing Exercises

- Teach 4 side/square/tactical breathing.
- Add an aroma.
- Breath in the aroma counting to 6, hold to 6, exhale to 6, hold to 6, and repeat.
- Put a positive word in the middle of the square
- Breath in the aroma again, counting to 6, hold to 6, exhale to 6, hold to 6, and repeat.



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### Containers for affect management

- Portable container – use a small plastic container in which the therapist places a mint that the client likes.
  - Place a mint in the container
  - Put the cue word for the aroma on the container
  - Add any stickers with the symbol that reminds client of any self-soothing metaphors or symbols. Use scratch and smell stickers
  - Instructions to the client, *If you get triggered or feel overwhelmed, eat the mint, and then put any disturbing thoughts into the container. Seal the container and bring it to our next meeting for us to process.*

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### Launch the Container into the Future

- Put all your thoughts, emotions/feelings, body sensations, and anything else that bothers you into a container
- Seal it up tight...
- Send it into the future until you have what you need to open it...
- When will that be?

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### Calm/Happy Feeling

- We are going to work on creating a calm/happy feeling that we can trigger just by saying a word.
- First, tell me something that gives you a calm/happy feeling? It could be a smell, picture, popcorn, a movie, someone you love?
- Now notice when you think of that something, what happy/calm picture comes to mind? (Add 2-4 passes)
- What good feeling does that something trigger in you? (Add 2-4 passes as long as it stays positive)
- Where do you notice that good feeling in your body? (Repeat BLS)
- Does it have a smell or sound, too? (Repeat BLS)
- What cue word or phrase could we use to help you remember that calm/happy feeling? (Repeat BLS)

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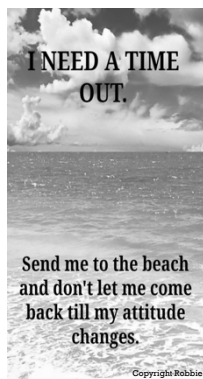
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## Remote Control Exercise

•Explain to the client, “We are going to create a remote that allows us to contain memories on different channels. There are channels for safe people and safe places, while there are also channels for the memories that cause you distress or haunt you.” (Therapist can use an actual remote to demonstrate how to change the channels.)

○Ask the client to identify people who are safe people or people who have been kind to you. These can be real people or people on television.

○ If the client cannot identify anyone, then the therapist can ask the client, *Has there ever been a friend’s parent who you wished was your parent? Or, Has there ever been someone on television or someone in your life who you wished was your mother or father?* The therapist can coach the client to imagine what it would be like to have that type of parent. These imaginal resources can come from the media, literature or other places the client reports.

○Instruct the client put memories of safe people on channels 1-9 of the television remote.

*Imagine those safe people on any single digit channel. What channel would you like to start with?*

○Next I’d like you to imagine safe places on double digit channels – channels 10-99. *Let’s start with identifying one safe place. When you think about that safe place, what channel would you like to put that on?*

○Finally, I’d like you to put any disturbing memories on the triple digit channels 100 - 999.

○*At any time that disturbing material arises, you can choose to notice what comes up or change the channel. Do you have any questions?*

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## Advanced Resourcing Skills

Abbreviated using TICES (all positive) and 2-4 slow passes

- Mastery
- People
- Metaphors/Symbols/Talisman/Totems/Tattoos

Adapted from Korn & Leeds

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## TICES for Resourcing

- T - What’s the target for affect management?
- I - *Tell me something you did that made you feel very good about yourself? What’s a nice image of that?*
  - *Think about that!* (2-4 passes)
- C – *What’s the best thing you can say about yourself right now? Notice that!* (2-4 passes)
- E - *Tell me what emotions/feelings you are noticing? Now notice the picture, your thoughts and your good feelings!* (2-4 passes)
- S - *Where do you notice those good feelings in your body?*
  - *Notice the smell/ aroma!*

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*Affect Dial*  
(Adapted from Carol Forgash, LCSW)

- Tell me something that makes you feel happy?
- Or ask the parent (adult ego state), *What seems to make your infant/child most comfortable and/or happy?*
- Ask the parent to think of the child's blankets, toys, rattle, siblings, music, people.
- Teach the child/parent how to "dial up" the emotion.
- Use bilateral stimulation and/or sensory data to install the emotion. Have the parent provide bilateral deep muscle pulsing on child's **arms** or legs
- Practice in sessions teaching parent how to help soothe the child.
- Play using parent-child interactions
- Teaching parent attunement

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**What's in Your Toolbox?**

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**Does the Client Need  
Psychoeducational Information?**

- Healing from trauma
- Grief, loss, mourning, bereavement

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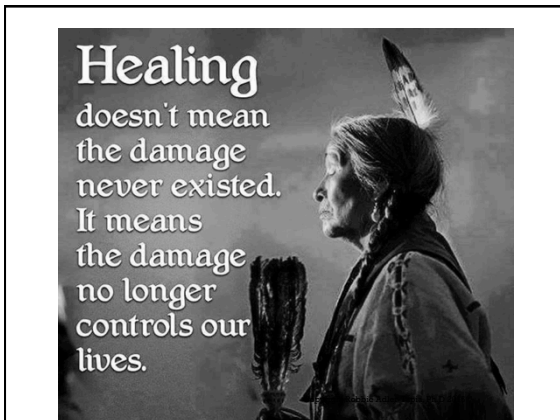
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### Grief

- Traumatic Grief
- Normal Grief and Mourning – Bereavement – Culturally based
- *How do you and/or your family deal with grief and loss?*
- *How did you learn about grief and loss?*
- *What's worked for you?*
- *Have you ever come to a better place with a loss?*
- Does the client need to learn about grief and loss?

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### Clients May Need to Learn the Stages of Grief

STAGES OF GRIEF

Loss-Hurt  
Shock  
Numbness  
Denial  
Emotional Outbursts  
Anger  
Fear  
Searchings  
Disorganization  
Panic

Loneliness  
Guilt  
Isolation  
Depression

Loss Adjustment  
Helping Others  
Affirmation  
Hope  
New Patterns  
New Strengths  
New Relationships

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## Grief

- How do you teach it?

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## Creating a Future Target

- ❑ Design Future with specific details, people, places, activities, sites, smells, sounds,
- ❑ Pick a specific date in the future/some type of marker
- ❑ Draw a picture, write about it, collage it! Save it!

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## What's your negative belief about the future?

- *I wonder if you'd like to use what we discussed in the Miracle Question Exercise? Remember you told me that \_\_\_\_\_ . And your negative belief was \_\_\_\_\_ (Repeat NC/NB)*
- *What prevents your from reaching that future outcome?*
- *This is your treatment plan? To get to the future!*

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**Procedural Steps for a Reverse Protocol**

1. Teach an aroma exercise
2. Teach breathing exercises
3. Teach other resources as necessary for the individual client's treatment plan.
4. Make appropriate referrals for skilling building and support – AA, NA, EA, DBT, Seeking Safety, others.
5. Teach containers and launch past and present events into the future for eventual reprocessing.
6. Focus on Future/ **Back to the Future!**

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**Phase 3 Assessment Phase  
Distilling the Future**

- T** – *The future we designed that you can't get to yet.*  
**I** – *What's the image you get when you imagine that future?*  
**C** – Continue with Miracle Question –
- i. *What keeps your from getting there?* \_\_\_\_\_
  - ii. *When you imagine that happening, what's the negative belief you're telling yourself right now?* \_\_\_\_\_
  - iii. *What do you need to get there?* \_\_\_\_\_
  - iv. *What do you want to believe instead?* \_\_\_\_\_
  - v. *How true does that belief that you can get to the future feel to you right now on a scale of 1 completely false or impossible to 7 completely true or possible?* \_\_\_\_\_
- E** – *When you think of the hopeless or disturbing future, what emotions do you get now? \_\_\_\_\_ How disturbing does your future feel to you now on a scale of 0-10? \_\_\_\_\_*  
**S** – *Where do you feel those disturbing emotions about your future in your body?* \_\_\_\_\_

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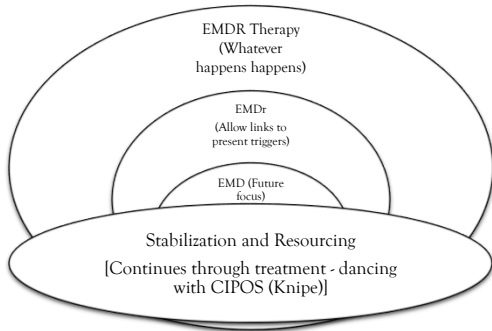
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**EMDR Therapy Processing about the Future**



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### Phase 4 Desensitization

- EMD – Back to the Future!
- *Bring up that future you want to achieve and hold it together with the negative belief you have about that coming true for you and follow my fingers* (Or other types of BLS).
- *What do you get now?*
- *Notice that and go back to the future!* (Cue if necessary)
- Continue to go back to the future until the future is no longer disturbing.

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### Blocked Processing

- **Missing skills?**
  - *What skills or tools do you think you need to get there?*
- **Anticipatory anxiety**
- **Possible cognitive interweaves:**
  - *What do you need to achieve your future goal?*
  - *What do you need to see your future coming true?*
  - *What will it take for the future to seem brighter?*

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### What if the Past Comes to the Future?

- Treatment planning with your co-therapist – your client!
- This is to be expected because All Roads Lead to Rome!
- *Do you want to go with the past or contain it and go back to the future?*
- *Do you need help to contain the past?*
- *Go with that!*

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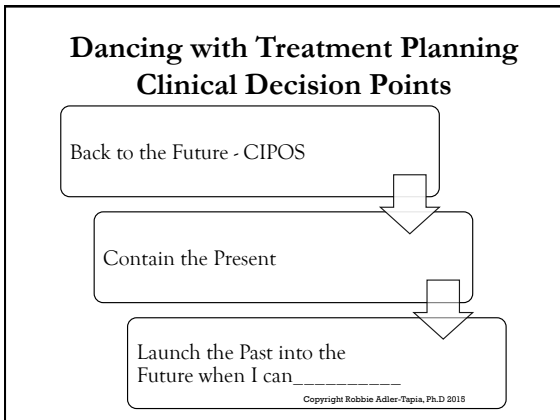
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**Alternative Desensitization Phase**

- Alternative version is to have the client –
- *I want you to run a movie from now until you see yourself reaching that positive future we discussed.*
- *Let me know if you get stuck anywhere.*
- *Now run the movie and follow my fingers (Or alternative BLS)*

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**Phase 5: Installation**

- *Do the words \_\_\_\_\_ (Repeat positive belief) still sound right or is there something better you want to believe about your future now?*
- *Hold that positive belief of your future \_\_\_\_\_ together with the future goal - how true do those words seem now on a scale of 1 completely false to 7 completely true?*
- *Hold together the best future you can imagine with the positive belief you want to have and follow my fingers (Or other BLS).*

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### Phase 6: Body Scan

- Bring up the Future Goal and your positive belief \_\_\_\_\_ (Repeat Positive Belief) about the future and scan your body from head to toe - let me know if you notice anything?
- Just notice that and follow my fingers (or BLS)
- What do you get now? \_\_\_\_\_
- Go back to the future and your positive belief and follow my fingers.

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### After Reprocessing the Negative Belief about the Future and Developing Hope

5. Present symptoms – monitor triggers, stressors and self-soothing. Then target triggers in the present.
- What triggers you regularly or on a daily basis?
  - Now that you can imagine the wonderful future

\_\_\_\_\_  
(Repeat client's identified future goal), how can you use that in the present to deal with triggers?

6. Target past traumas including history of abuse as the client is able per standard EMDR Therapy.

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### Practical Implications

- Legal cases
  - Law Enforcement
  - Victims
  - Witnesses
  - Waiting for trial
- Medical Issues
  - Upcoming treatments
  - On-going treatments
  - The unknown
- The Military
  - On Leave
  - Waiting on Deployment

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### Reverse Protocol Case Conceptualization for Forensically Complicated Clients

- Law Enforcement/Public Safety Personnel
- Victims
- Witnesses
- Waiting for trial

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### Legal/Forensically Complicated Cases

- Who gets to vote about the client's participation in therapy?
- Does the therapist need to contain and avoid the specific memory related to the legal process?
- Future focus on after the legal issues have resolved
- EMD about upcoming testimony
- Documentation – caution about notes!

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### Medical Issues

- Trauma of getting the diagnosis
- Upcoming treatment/surgeries/outcomes
  - Client comes in with issue of upcoming heart surgery
  - Adult
  - Jacob

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### Reverse Protocol with The Military

- The Military
  - On Leave
  - Waiting on Deployment
- Contain past and present – launch into the future
- *Imagine when you return from deployment what you want/hope your life to be like.....*
- *What's your future look like when you retire from the Military?.....*
- Walking EMDR therapy - Shapiro

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### Walking EMDR Therapy Using Cadences

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### Conceptualization...

- The Reverse Protocol is about reconceptualizing the targeting organization in EMDR therapy with a future focus – the three pronged approach in reverse.
- In psychotherapy, the focus of treatment is on a more positive outcome for the client.
- Within EMDR psychotherapy treatment conceptualization, a clinical decision point involves choosing the Reverse Protocol to expedite trauma reprocessing and improve stabilization - reprocessing future targets before present triggers and past events.
- The protocol also allows for trauma reprocessing when the client is a witness in a legal proceeding.

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**Benefits of EMDR Therapy Reverse Protocol**

- Clients learn that symptoms can be reduced and/or alleviated unlike other therapies that teach clients coping skills without the possibility of reprocessing to adaptive resolution, the etiology of the client's symptoms.
- This process can also improve attachment to self and others by encouraging the client to explore long abandoned dreams for relationships with friends, significant others, and possibly even dreams of having children with adult clients.
- The client has identified a goal for a healthy future thus providing much needed hope. A sense of hope for a better future can serve to buoy the client through the work of reprocessing traumatic past events.

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**Mother Teresa's *Anyway***

People are often unreasonable, illogical and self centered;  
 Forgive them anyway.  
 If you are kind, people may accuse you of selfish, ulterior motives;  
 Be kind anyway.  
 If you are successful, you will win some false friends and some true enemies;  
 Succeed anyway.  
 If you are honest and frank, people may cheat you;  
 Be honest and frank anyway.  
 What you spend years building, someone could destroy overnight;  
 Build anyway.  
 If you find serenity and happiness, they may be jealous;  
 Be happy anyway.  
 The good you do today, people will often forget tomorrow;  
 Do good anyway.  
 Give the world the best you have, and it may never be enough;  
 Give the world the best you've got anyway.  
 You see, in the final analysis, it is between you and your God;  
 It was never between you and them anyway.

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**Hug 'O War**  
by Shel Silverstein

I will not play tug o' war.  
 I'd rather play hug o' war.  
 Where everyone hugs instead of tugs.  
 Where everyone giggles and rolls on the rug.  
 Where everyone kisses, and everyone grins.  
 And everyone cuddles, and everyone wins.

-Shel Silverstein Copyright Robbie Adler-Tapia, Ph.D 2015

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**Presenter**

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# **A Proposal for an EMDR Psychotherapy Reverse Protocol**

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

**Robbie Adler-Tapia, Ph.D.**

### **Introduction**

Eye Movement Desensitization and Reprocessing (EMDR) psychotherapy is based on Adaptive Information Processing Theory (AIP) (Shapiro (1987, 1989, 1995, 2001). Significant clinical evidence exists to support the efficacy of EMDR psychotherapy (Carlson, Chemtob, Rusnak, Hedlund, Muraoka, 1998; Wilson, Becker, & Tinker, 1995; Wilson, Becker, & Tinker, 1997). Through AIP, Shapiro (2001) hypothesized that current symptoms are driven by maladaptively encoded experiences from the past. Because the etiology of symptoms theoretically lies in the past, critical events are typically reprocessed in chronological order starting with the past first. This three pronged approach focuses on reprocessing the events of the past first, then current triggers, and finally future concerns - in a chronological fashion. For many clients this is very effective, yet for some individuals this is overwhelming. When the client does not possess needed skills and has no hope for the future, past trauma reprocessing may be problematic.

In standard EMDR psychotherapy, Assessment, Desensitization, Installation, and Body Scan, and Closure are the trauma reprocessing phases of the standard EMDR psychotherapy protocol (Shapiro, 2001). However, before proceeding with past trauma reprocessing, the client needs adequate skills for emotional regulation in order to continue. Without sufficient affect regulation skills, some clients may not benefit from trauma reprocessing. Or the client may deteriorate without skills to manage intense affect that can arise from trauma reprocessing. Focusing on reprocessing past events and traumas may be too difficult initially because of age, life experiences, and or complex trauma. There is, however, another possibility to approach psychotherapy with any age client when the literal chronology of this three-pronged approach is overwhelming.

Even with documented positive outcomes, some clients with more complex trauma, are extremely dysregulated and/or suffer from dissociative symptoms and disorders, or have witnessed crime, may struggle and require extended resourcing and skill building before being able to participate in needed trauma reprocessing. When this occurs, the therapist and client may find that the phases of trauma treatment are delayed. This protocol is helpful for clients who are extremely dysregulated and cannot explore trauma reprocessing of past events or current triggers because of attachment issues, dissociative symptoms and/or substance use disorders.

The following will describe case conceptualization with a “Reverse Protocol” as an adaption of the original three-pronged-approach in which targets are reprocessed in reverse order – instead of past-present-future, the reverse protocol reprocess targets – future-present-past.

The Reverse Protocol offers an alternative to stopping EMDR psychotherapy altogether or staying in the Preparation Phase for an extended period of time for clients who do not have enough resources to pursue trauma reprocessing. Research has

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

suggested that using eye movements to focus on future concerns and or stressors is efficacious in reducing client visual vividness and emotionality about the future (Engelhard, van den Hout, Janssen, and, van der Beek, 2010). Adler-Tapia (2007) began using an EMDR “Inverse Protocol;” however, this protocol was often confused with an “Inverted Protocol” (Hoffman, 2004) that was used for resource development with EMDR. In order to avoid confusion, this case conceptualization was renamed the “Reverse Protocol” which more accurately describes the protocol that is focused on reprocessing concerns about the future.

At times the client may have no hope for the future; therefore, dealing with the stress of reprocessing the past is too overwhelming. In addition children are typically present oriented, therefore, the therapist may struggle to address anything in the child’s history. If this is thwarting progress in therapy, the therapist may need to consider EMDR psychotherapy case conceptualization with a “Reverse Protocol” – where the targets are addressed in a reverse chronological order - future-present-past. For children, this offers them a reason for participating in therapy, which at times might cause remembering very difficult events. Since children often do not understand the purpose of talking about the past and in fact, take significant steps to avoid even thinking about events from the past, focusing on the future is more desirable. Simply – the difference between the standard EMDR protocol and the Reverse Protocol is the temporal order of reprocessing targets.

The remainder of this document is written as an extension of the chapter *Integrating Theories of Developmental Psychology Into the Enactment of Child Psychotherapy* in the book *Child Psychotherapy: Integrating Developmental Theory Into Clinical Practice* by Adler-Tapia (2012) in order to answer questions that have arisen out of clinical practice using the Reverse Protocol.

### **EMDR Psychotherapy Case Conceptualization with a Reverse Protocol**

The Reverse Protocol is about a starting therapy with a future focus. In psychotherapy, the focus of treatment is on a more positive outcome for the client. Within an EMDR psychotherapy treatment template Reverse Protocol, this means reprocessing future targets before present triggers and past events.

This protocol uses all 8 phases of the standard EMDR psychotherapy protocol. It is not about beginning therapy with a future template or resource development (Korn & Leeds, 2002; Leeds, 2001). Therapists who are familiar with Solution Focused Brief Therapy (SFBT) (de Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich, & Weiner-Davis, 1982) will recognize the concept of focusing on the solution rather than the problem. The EMDR psychotherapy Reverse Protocol focuses on addressing the client’s negative beliefs about his or her future. The presenting symptoms provide direction for the answer. Treatment begins with identifying a positive future belief such as, “I will be ok.” Then the therapist distills the negative cognitions about why the client is currently unable to imagine a future free of symptoms. One possible negative cognition could be, “I’ll never get over what happened to me. My future is terrible.” This negative outlook for the future may be evident in beliefs such as, “I’m broken.” Or, “It’s going to always be this way.” In order to improve the client’s outlook about the future, the client’s

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

anxiety and negative cognitions about the future need to be addressed in psychotherapy before reprocessing present triggers or past events.

**When this is true, an alternative for case conceptualization is to reverse the temporal order of trauma reprocessing for treatment.** This idea still considers that maladaptively encoded information from the client's history is driving current symptoms; however, the client is not yet developmentally capable of focusing on trauma reprocessing about the past until the client could imagine a more positive future. Without hope for the future, clients may linger in therapy for extended periods of time without successful outcomes or hope that the future will be any different. With many psychotherapies, the underlying belief is that learning to cope with current symptoms is the only possible outcome. With EMDR psychotherapy, the clinical perspective is that the future can be positive when the past events are reprocessed through to adaptive resolution.

The "Reverse Protocol" is about reprocessing targets in reverse chronological order after several additional skills are taught during the Preparation Phase. The purpose of the protocol is on developing the client's future by asking, "What do you want your future to be?" Or, "How do you want to be thinking, feeling, behaving in the future?" This vision of the future is developed during the History Taking, Case Conceptualization, and Treatment Planning Phase of EMDR when the therapist asks the child, "How are we going to know when you are ready to graduate from therapy? What will feel better in your life?" In treatment planning, the therapist is considering the most critical issues that need to be addressed first in therapy and the possible amount of time available for treatment. When treatment is limited by financial or time issues, the therapist might determine that the focus of treatment needs to proceed in reverse chronological order – future/present/past.

The therapist may also determine that the future is the focus of treatment because the client may need extensive resource development, personality and affect scaffolding, and emotional regulation skills due to symptoms of attachment trauma, complex PTSD and/or dissociation. Because trauma clients typically function in survival mode where the client lives moment to moment with no thought of the future, establishing hope for the future is imperative for successful outcomes in therapy. As is common with depression and anxiety, the client experiences a foreshortened sense of future. When someone is living moment to moment with no future, it is extremely difficult in psychotherapy to have the client reprocess a traumatic past.

It is also possible that with an impending and threatening future event, the past does not seem as pertinent as the client's current concerns about the future. This may occur when a child is anticipating medical care or has a parent who is being deployed in the military.

With children, there is not an assumption that trauma exists, but rather that something is interfering with this child's ability to be happy and healthy. This could include lack of emotional regulation skills because of the current level of development or due to trauma. Regardless, the therapist and the client have concluded that without a positive future, it will be highly difficult to pursue past trauma reprocessing.

A ten-year-old girl was facing open-heart surgery over her summer break from school. Even though she had experienced multiple surgeries in her young life, the one that bothered her most was the one that she would be having soon. She had many fears

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

of dying. With the Reverse Protocol, the therapist had the child imagine returning to 5<sup>th</sup> grade feeling stronger and healthier than ever before. The child painted a picture of herself with her friends on the first day of school. The first day of school was to take place 6 weeks after her surgery. The child's negative belief about that future event was "I'm gonna die." Her positive belief she wanted to achieve was, "I'll be fine." The therapist and the child had agreed that some anxiety was normal for anyone facing surgery, but the child addressed all of her anticipatory anxiety and questions about what to expect during her surgery. The therapist worked through the phases of the Reverse protocol as described below and the child was excited on her first day of school. This child's father later reported that this was the first year the child had ever been excited to go to school. Focusing on anticipatory anxiety about the future as the presenting issue in child psychotherapy requires that the therapist consider the efficacy of a Reverse Protocol.

### **EMDR Psychotherapy Three-pronged Approach in Reverse Chronological Order**

#### **What are the Goals and Benefits of Using the Reverse Protocol?**

There are many benefits of using the Reverse Protocol that can be implemented into comprehensive treatment planning. Therapists need to consider the client's presenting issues and case conceptualization when creating the treatment plan. The following is a summary of considerations for decision points in a comprehensive treatment plan.

1. This Reverse Protocol serves to engage the client in treatment and build rapport.
2. The client learns the EMDR psychotherapy protocol and has experiences in psychotherapy with positive outcomes.
3. The client learns to be mindful and moves from the trauma focus of day-to-day survival, to having goals and objectives for the future. The foreshortened sense of future is relieved and the client's hope is reignited. With future goals most clients are more interested in addressing past etiology in order to move toward that future goal.
4. Clients learn that symptoms can be reduced and/or alleviated unlike other therapies that teach clients coping skills without the possibility of reprocessing the etiology of the client's symptoms to adaptive resolution.
5. This process can also improve attachment to self and others by encouraging the client to explore long abandoned dreams for relationships with friends, significant others, and possibly even dreams of having children with adult clients.
6. The client has identified a goal for a healthy future thus providing much needed hope. A sense of hope for a better future can serve to buoy the client through the work of reprocessing traumatic past events.

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

### **When might Psychotherapists consider the EMDR Reverse Protocol in Case Conceptualization?**

There are many client presentations when case conceptualization with the standard EMDR protocol is not indicated. Those include:

1. *When the client's trauma history is too intense and/or chronic for the client to reprocess past events first.* Clients with more extreme symptoms of dissociation, PTSD, and personality disorders may not have the ability to even participate in exploring past events without decompensating; therefore, the Reverse Protocol may be indicated.
2. *Limited time for treatment.* The Reverse Protocol is also indicated when there may be limited time for treatment when a client presents with an impending medical intervention such as upcoming surgery or pregnancy. When the episode of care does not allow for use of the entire standard protocol, the client can be taught skills to manage past events and present triggers in order to target the anxiety and negative cognitions about a future impending event. Military clients with future deployment or return to the service, clients with upcoming events that are very stressful such as medical procedures, court testimony, examinations, pregnancy, etc.
3. *Client lacks the personality structure and scaffolding to reprocess the past.* Clients who present with attachment trauma, dissociation, symptoms of a personality disorder and/or child clients may not have the developmental skills with which to proceed with past trauma reprocessing. Using the EMDR "train metaphor" (Shapiro, 2001), these clients lack parts of the train track itself and therefore do not have more adaptive skills with which to link up during the trauma reprocessing phases.
4. *Age of the Client at the Time of the Memory:* The memory of the event is preverbal or from very early childhood and therefore is not recalled in a way that the client can now understand; the client is a young child who cannot recount a memory; memories are so early that cognitive processing used in more traditional therapies is unsuccessful because the symptoms are rooted in preverbal memories that drive the client's symptoms: accessing sensory-motor memories of infancy and early childhood are too difficult to work with initially in EMDR treatment, therefore, focusing on targets in reverse order to assist the client to engage in treatment because progress is evident and the client gains confidence in themself and in the efficacy of treatment.
5. *Alteration of traumatic memory that occurred at the time of the event:* For some clients the trauma included a medical assault such as a traumatic brain injury, loss of consciousness, and/or chemical assault that impacted the memory. For example, a child who was given medication or alcohol that impacted how the memory was experienced and encoded. Therefore, attempts at reprocessing were overwhelming to the client because the somatic flashbacks are confusing and distressing. In addition, the client was assisted in understanding that the narrative of the memory would never be reprocessed in a manner that the client could understand, but with EMDR psychotherapy, the memory can still be reprocessed. The client's positive belief was, "I can get over this even if I don't remember what happened."
6. *The memory includes material that is shaming and/or would require the therapists to make a child welfare and/or criminal report.* When working with parents from the child welfare system who may need to reprocess shame about hurting their child, the Reverse Protocol offers an alternative to traditional processing while avoiding the traps of forensic

## A Proposal for an EMDR Psychotherapy Reverse Protocol

issues. If the client is a potential suspect and discloses in treatment to the therapist, the therapist will have to report the client's statements and potentially become a witness against the client. This is true when working with juvenile perpetrators who are sexually reactive/trauma reactive. One 13-year-old girl with a history of sexual abuse from her uncle was sexually acting out against her 5-year-old sister. The client was 5-years-old when she was molested by her uncle; therefore, her little sister's behaviors were triggering the client. The therapist asked the teen client focus on a positive future in which the girl could "feel those funny feelings in my body and not touch anybody else. I can learn to do something else until those feelings go away." By focusing on a positive future with replacement behaviors, the child was able to stop her offending behavior and the therapist was able to avoid the pitfalls of reprocessing past events and potentially having to make additional child welfare reports against this child. This purpose was not for the therapist to avoid the child's issues, but rather to provide the opportunity to reprocess the trauma that appeared to be driving the child's symptoms. While working with this client, the therapist also took steps to ensure the safety for the younger child. In this case, the child's attorney and the Judge in the case allowed the therapist to proceed with EMDR reprocessing about the past with specific instructions for the child to not incriminate herself. EMDR allows the client to address clinical issues without making inflammatory statements.

7. *The Client is a victim of crime and/or potential witness to criminal proceedings.* Some clients may be referred to an EMDR therapist for trauma reprocessing that is the result of a criminal or civil legal case. After addressing any concerns with attempting trauma reprocessing and the client memory as the result of EMDR, therapists may choose to focus on any anticipatory anxiety about the upcoming trial. Or if there are concerns about EMDR with an event for which the client will be asked to provide testimony, the therapist may need to contain the event and focus on reprocessing the client's concerns about the future. For example, a rape victim may need to testify in a criminal trial regarding this traumatic event, and prosecuting attorneys may be concerned about the EMDR focused on reprocessing the client's rape. If this is a forensic issue, therapists can focus on the client's future when he/she has healed from both the physical and psychological injuries. One client had a negative belief about the future of, "I'll never get over this." The therapist used the EMDR Reverse Protocol to distill a more positive future for the client when she could see herself with her positive cognition, "I am happy and whole."
8. *Upcoming Medical Issues.* Another instance when the therapist would consider this reverse protocol could occur when a client's presenting symptoms include anticipatory anxiety about a future surgery. In this instance, targeting past events could be contraindicated.
9. *Complicated and complex trauma history.* This is also true for clients with trauma, dissociation and depression who exist in survival mode. While in survival mode, a client is trying to survive moment to moment. Highly dysregulated clients struggle to participate in reprocessing past events because they experience life through a lens of trauma. Each day is filled with dysregulation, difficulty functioning, and a foreshortened sense of future. These clients need extended psychotherapy focused on skill building, affect regulation, and emotional intelligence in which the client can identify and tolerate intense emotions. Past trauma cannot be reprocessed without significant time in the

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

Preparation Phase of EMDR psychotherapy. The trauma that the client needs to reprocess from the past is too overwhelming for the client at the moment. This can be exhausting and frustrating for both the client and therapist.

### **The Concept of the Three-Pronged Approach in Reverse**

*Future:* The therapist might ask the client, “How do you see the future without these symptoms that brought you into treatment? What prevents you from accomplishing this future goal? (NC)”. Using the “Miracle Question” (de Shazer, 1985) (provided in detail below), therapists can identify future issues. The Miracle Question asks the client to imagine that a miracle happened and his/her symptoms have abated and a positive future has arrived.

For children, the therapist can ask, “How do you want to do things differently at school when you feel good about your reading?” Or, “What would it be like if you felt better about going to visit your dad?” The therapist is exploring the child’s beliefs about the future. If the child believes that the future cannot improve, it is difficult to convince him/her to participate in psychotherapy especially when treatment is focused on difficult past experiences.

The therapist is also exploring with the child what prevents him/her from having better thoughts about the future. Reprocessing frets or anticipatory anxiety about the future is also about creating alternative endings. “What could you do instead of hitting when you are angry with your little brother?” “Would you be willing to try that?” By having the child consider using replacement behaviors in the future the therapist is helping to broaden the options for the client. The therapist can also provide in-vivo practice in the office. “Let’s pretend your brother is here with us and is getting into your toys and won’t leave you alone, how would you feel?” Once the child answers, the therapist then coaches the child through the new behavior. “You told me that before you would get so mad that you would hit your brother and get in trouble. What do you think you could try now?” The therapist has the child practice the new response and then encourages the child to try this at home. “How do you think you would feel differently if you ask your mom for help keeping your brother away?” “Notice that feeling.” The therapist proceeds with installing mastery experiences with bilateral stimulation. This can be a brief clinical intervention in that the therapist says to the child, “Imagine yourself going to school and feeling happy. Now cross your arms and tap on your shoulders to make that feeling get stronger.” Creating a positive future image and using bilateral stimulation to install that feeling about being successful can instigate a greater investment in psychotherapy. Once the child can imagine a positive future, the therapist continues by addressing present symptoms.

*Present symptoms* - While reprocessing the future targets, therapy simultaneously monitors triggers, stressors and the use of self-soothing/self-calming skills. After the client has reprocessed negative cognitions, emotions, and body sensations about the future, then present triggers are reprocessed.

*Past events* - Past events/targets are reprocessed using the standard protocol. This still includes reprocessing the past target, present triggers and completing the target by installing a positive future template consistent with the standard EMDR protocol.

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

Essentially the temporal order of therapy is future-present-past (reverse protocol) and then past-present-future (standard protocol.) Why use the reverse protocol and the standard protocol? The therapist may consider the Reverse Protocol because the client cannot initially manage the standard protocol.

### **Clinical Decision Points in Psychotherapy**

There are decision points in clinical practice arising out of case conceptualization. EMDR trained therapists who encounter highly complicated, dysregulated, and fearful clients who are unprepared for trauma reprocessing, are offered an alternative conceptualization for thinking through EMDR.

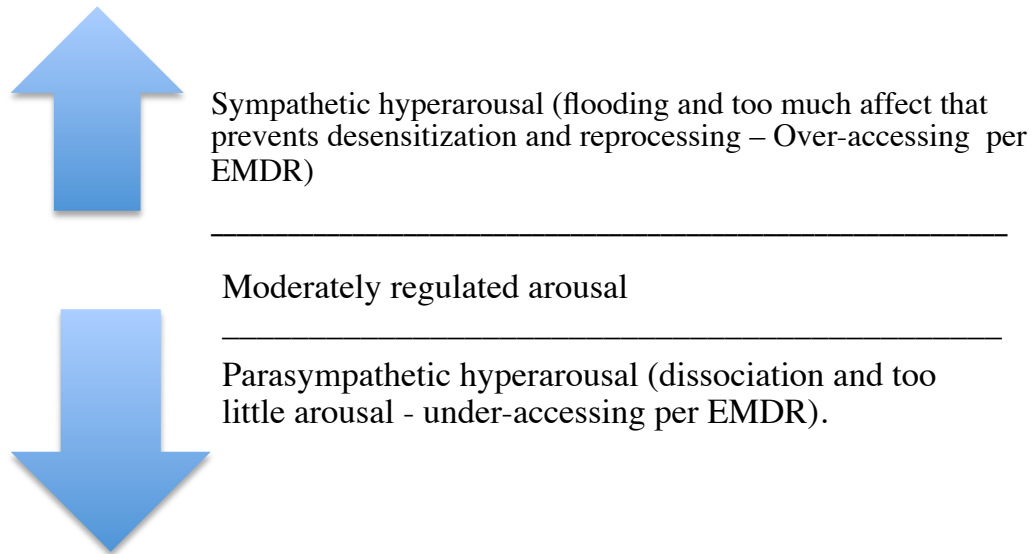
One clinical decision point when using this protocol is whether to do EMD (Shapiro, 1989) or EMDR (Shapiro, 2001) about the future. EMD is dedicated and “restricted reprocessing” (Outcalt, 2012, verbal communication) focused on reprocessing one target at a time rather than using the full EMDR (Shapiro, 2001) protocol in which all potential associative links are addressed. In case conceptualization with the reverse protocol, does the therapist keep the client focused on the future target only while containing any association with the present or past, such as would occur with EMD? Or do the therapist and client contract to make decisions to follow whatever comes up with the standard EMDR direction, “let whatever happens, happen” as long as the client is able to stay within the window of tolerance (Siegel, 1999)? In this way, the reverse protocol is trauma reprocessing about the future with the understanding for both the therapist and the client that maladaptively encoded memory networks from past events and present life stressors will most likely link up with the future target.

Siegel (1999) described a “Window of Tolerance” referring to the amount of affect a client can tolerate in order to most effectively work in psychotherapy. (See Table 1.1). In order to participate in trauma reprocessing, the client needs to have the resources available to tolerate a moderate level of arousal. Affect dysregulation can lead to flooding or dissociation in which trauma reprocessing is ineffective. This often happens with clients who have no hope for the future, which is a common symptom of depression and post-traumatic stress disorder (PTSD).

The decision to proceed with EMD versus EMDR about the future depends on the stability of the client and his/her ability to tolerate affect that includes both positive and negative memory networks. The therapist and client need to determine how much preparation or resourcing the client needs in order to stay at a moderate level of arousal in the “Window of Tolerance.” This diagram is helpful to illustrate the goal of affect arousal for the client.

## A Proposal for an EMDR Psychotherapy Reverse Protocol

Table 1.1. Siegel's Window of Tolerance with EMDR



Resource assessment and development are part of the goals of the standard Preparation phase of EMDR (Shapiro, 2001).

### Phase 2: Preparation Phase

Using the standard protocol, the therapist and client need to jointly decide when to continue with the trauma reprocessing phases of EMDR. At this decision point in therapy, the therapist needs to consider the following steps:

1. The therapist teaches the mechanics of EMDR psychotherapy as taught in basic training.
2. The therapist then determines if the client has sufficient and effective resources to participate in the trauma reprocessing phases of EMDR.
  - a. Does the client have 2 portable state change skills? EMDR standard protocol includes “Safe/Calm Place” and other advanced resourcing skills.
3. Advanced Resourcing Strategies: Therapists may need to provide self-soothing and calming skills for the clients to be able to proceed with trauma processing. Sometimes the Safe/Calm Place may be difficult to distill and/or can become contaminated. It is important to assess for Positive Affect Intolerance (Leeds, [http://www.andrewleeds.net/training/EMDRIADL/handoutsEMDRIADL\\_files/322AndrewLeeds2007.pdf](http://www.andrewleeds.net/training/EMDRIADL/handoutsEMDRIADL_files/322AndrewLeeds2007.pdf)).
4. Advanced Resourcing Strategies
  - i. Containers
  - ii. Television Remote
  - iii. Abbreviated Resourcing (Adapted from Korn and Leeds, 2002)
  - iv. Aroma Exercise (Adler-Tapia, 2014)

# A Proposal for an EMDR Psychotherapy Reverse Protocol

## Advanced Resourcing Strategies

*Containers:* This process can be beneficial with any psychotherapy, but is especially helpful with the Reverse Protocol. Container exercises teach the client how to manage and contain negative symptoms and emotions until those can be reprocessed. There are two types of containers that can be taught to clients (Adler-Tapia, 2012).

*1.Containers:* A client is asked to put all the bad thoughts, feelings, and body sensations into a container to hold them until the client feels better and the things that are bothering him/her can get better. Containers are used to manage intense emotion and to prevent flooding. This can also be used at the end of sessions to manage the residual of incomplete trauma processing sessions. (See container script below).

*2.Launching containers into the future:* Once a client has created a container to hold all the bad thoughts, feelings and body sensations, the container can be launched into the future. To launch containers into the future, the therapist helps the client create a time capsule that is sealed for now. Then the therapist asks the client, “When do you think you will be able to open this container?” and “What resources do you need to acquire/learn so that we can empty this container in the future?” A time capsule is designed to hold all of the memories, emotions and body sensations that will require additional skills for the client to manage and reprocess maladaptively encoded information. Because the overwhelming memories/emotions/body sensations have been placed into a container for the client to address in the future when the he or she feels better prepared, the therapists asks “What skills do you need to be able to deal with those issues in your container? How will you be thinking, feeling, acting in the future when you have more confidence that we can open your container and clear out those things that seem overwhelming right now?” This implies that the therapist believes the client will have the competency to address the issue in the future and installs hope.

- i. The therapist can have the client create a time capsule with a tangible product such as using a box to put in any reminders of the disturbing symptoms. The therapist can offer the client the option to leave the container in the office until he or she feels prepared to reprocess the information. By leaving the container in the therapist’s office, the therapist also provides an attachment experience through object permanency. “We will keep your container right here in the office until you come back next time.”
- ii. The client can create as many time capsules as necessary and/or add to the others by making deposits into the time capsule. The time capsule cannot be opened without the invitation of the client and therapist.
- iii. The client can create additional containers as needed both in sessions and outside sessions. The therapist can provide a small container the client can carry with them in which he/she can deposit any distressing symptoms that the client feels that he/she cannot manage without the therapist. In doing this, the therapist actually provides an affect management tool for the client to use between sessions.
- iv. This process is especially important with the Reverse Protocol in order that the client has a tool to contain past and present triggers that may arise during reprocessing the future.

## A Proposal for an EMDR Psychotherapy Reverse Protocol

- v. It is important to remind the client that these containers launched into the future will eventually be reopened for reprocessing when he/she is ready.
- vi. The therapist also needs to explain to the client that psychotherapy cannot prevent them from experiencing any more trauma because life has trauma; however, treatment is focused on clearing the old trauma in order to heal current symptoms and teach skills for the client to improve his/her capacity to manage whatever the future holds. The therapist can suggest that one possible positive cognition for the future could be, “I don’t know what the future holds, but whatever it is I CAN HANDLE IT!” This sets the stage for the Phases 3-6 of the Reverse Protocol.

*Television remote:* The television remote exercise is used as a way to manage intense affect. This works for both adults and children.

- 1) The therapist explains to the client that, “We are going to create a remote that allows us to contain memories on different channels. There are channels for safe people and safe places, while there are also channels for the memories that cause you distress or haunt you.” The therapist can use a real remote to demonstrate how to change the channels.
- 2) Next the therapist asks the client to identify people who are “safe people or people who have been kind to you. These can be real people.” If the client cannot identify anyone, then the therapist can ask the client, “Has there ever been a friend’s parent who you wished was your parent?” Or, “Has there ever been someone on television or someone in your life who you wished was your mother or father?” The therapist can coach the client to imagine what it would be like to have that type of parent. The process of developing nurturing resources is important for people. These imaginal resources can come from the media, literature or other places the client reports.
  - a) After identifying these resources as might be done with Resource Development and Installation (Korn & Leeds, 2001), the therapist can then have the client put memories of safe people on channels 1-9 of the television remote. “Now I’d like you to imagine those safe people on any single digit channel. Tell me who you would like to put on channel number one.”
  - b) The therapist can then explain to the client, “Next I’d like you to imagine safe places on double digit channels – channels 10-99. Let’s start with identifying one safe place. When you think about that safe place, what channel would you like to put that on?”
  - c) “Finally, I’d like you to put any disturbing memories on the triple digit channels starting with channel 100.”
  - d) “At any time that disturbing material arises, you can choose to notice what comes up or change the channel. Do you have any questions?”

*Abbreviated Resourcing:* Abbreviated resourcing strategies are an adaptation of Resource Development and Installation (Korn & Leeds, 200 ). The scripts for each of these protocols are included at the end of this document. The scripts include installing a mastery experience, or a person, or a metaphor or symbol as a resource for the client.

*Aroma Exercise:* Using theories of neuroscience regarding the impact of olfactory input on the brain, the therapist can install an aroma as a resource for EMDR psychotherapy (Adler-Tapia, 2014). This script is also included at the end of this chapter.

## A Proposal for an EMDR Psychotherapy Reverse Protocol

These advanced resourcing strategies are offered as a toolbox for clients to manage the intensity that may arise during the trauma reprocessing phases of EMDR psychotherapy. After filling the client's toolbox, the next step is to distill a positive future scene that is initial goal of the Reverse Protocol.

### Distilling a Positive Future Scene

Distilling a positive future target scene. The therapist starts with assisting the client in designing a target for the future. This can be accomplished using "The Miracle Question" (deShazer) exercise.

1. Imagine that you have just awakened from a night's rest and whatever challenge you have come here with was miraculously overcome while you were sleeping. The challenge was completely solved overnight; but you were sleeping, and so you didn't know it was solved. You wake up and something is different. You inherently know that something is different, that something must have happened during the night. What is the first thing you notice that confirms that something actually did happen? \_\_\_\_\_  
\_\_\_\_\_
2. When you think about this miracle coming true, what keeps you from getting there? Or, when you imagine the miracle coming true, what's your negative belief about yourself right now? (NC) \_\_\_\_\_  
\_\_\_\_\_
3. What would you rather believe instead? (PC) \_\_\_\_\_  
\_\_\_\_\_
4. "When you imagine your future, what do you think about now?" (Therapists may need to assist the client to identify a specific time or event in the future such as a major birthday or event in the client's life.). The therapist can ask some of the following questions:  
What is it that you want to accomplish in the future?" \_\_\_\_\_  
\_\_\_\_\_  
"What dreams do you want to have (or did you have in the past) about the future?" That can be, "How are we going to know when you're done and ready to graduate from therapy?" \_\_\_\_\_  
\_\_\_\_\_
5. The therapist can assist the client in teasing out a more realistic future by asking the client about something they did well that made them feel proud. This is where a "mastery experience" can be installed. (See Resourcing Mastery Script)  
\_\_\_\_\_  
\_\_\_\_\_
6. For some clients, the therapist may need to ask, "If you need additional skills/information to accomplish your dreams/goals then what's preventing you from gaining those skills?" \_\_\_\_\_  
\_\_\_\_\_

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

7. *Making the positive future real.* The therapist may ask the client to pick one dream or goal and instruct the client, “Now pretend you are watching a video of yourself and your dream is coming true. Are you able to watch your dream? What’s the positive thought?” Some clients may be able to identify a positive belief about the future while others may not. \_\_\_\_\_
8. If the client is able to identify a positive belief about the future, the therapist asks, “When you think about that coming true, what’s your negative belief about yourself now?” Some clients will not be able to identify a positive thought about the future and that negative belief about the future is the NC to be used in trauma reprocessing. \_\_\_\_\_
9. Either way, the NC/PC identified about the future are those that are then used for the remaining phases of the EMDR protocol.

After developing resources for managing intense affect, and a positive future target scene, the therapist needs to encourage the client to use the resources on a daily basis. It is important for the therapist to ask the client at the beginning of each session about a mastery experience that happened in the last week. Then the therapist can start each session installing another resource to build the client’s repertoire.

When the client has resources available for affect management about the future, the treatment continues with trauma reprocessing about the future. With some clients, identifying a positive future target offers hope that becomes a resource to tolerate intense affect. Reminding the client of the hope that is developing from the positive future target provides the willingness to participate in trauma reprocessing.

### **EMD/EMDR TRAUMA REPROCESSING PHASES FOCUSED ON THE FUTURE USING THE REVERSE PROTOCOL**

#### **Phase 3: Assessment Phase**

As previously noted, there are specific procedural steps in this phase that are the same as the standard EMDR protocol; however, with a reverse protocol, the steps are focused on the future rather than the past. This is different than doing a future template because the past and present triggers have not been cleared. It is also different from a future focused resource development (RDI) because the client is desensitizing and reprocessing the negative beliefs about the future even though it hasn’t happened yet. This option is actually trauma reprocessing focused on an upcoming event or a client with no hope for the future. The reverse protocol explores and creates a future target that might be for a feared future event (such as upcoming surgery), or a positive desired future that currently feels unattainable. This is especially problematic for addicted clients.

The Reverse Protocol is creating hope for the future that is often not present with attachment issues and/or PTSD. It creates a desired future while reprocessing the barriers – the associated negative memory network that is blocking access to health and healing.

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

### **Procedural Steps of the Assessment Phase with the Reverse Protocol**

The procedural steps of the Assessment Phase (Shapiro, 1995, 2001) start with identifying the image that represents the worst part about the future (See Adler-Tapia & Settle, 2008 for more extensive directions on working with children). For some clients the issue may be considering his/her death. If the client is experiencing medical issues such as breast cancer and having great anxiety about dying, it may be very helpful to target the client's fears of death and dying. At times the therapist needs to set this up as a future protocol focused on what the client wants to accomplish before they die. As much as the time and health of the client allows, it is important to help the client explore what is reasonable to pursue in the future and what unfinished life goals may not be achieved. In this instance it is important to help the client reprocess any regrets. This is often a place where clients get stuck because the anxiety about the future is so great.

Another option is to assist the client in developing a positive future, and from there identifying the block to this future – the dysfunctional memory network that keeps this client from being able to connect with that positive future.

Using an expanded example of the Miracle Question exercise (DeShazur, 1992), therapists can identify the client's negative belief about the future.

#### **Target:**

The therapist reminds the client about the future event that has been previously distilled in the Preparation Phase and this becomes the target for the Assessment Phase. "I want you to think about the future even we previously discussed." It is important for the therapist that this future target has to be a clearly identified time and image about the future. The future target cannot simply be a goal such as "I want to learn how to manage stress better."

#### **Image:**

*Identifying a future target:* As you imagine that future we identified, what image comes up for you right now? The image may stay the same as previously identified, or the client may see a negative image about the positive future such as imaging something go wrong. In this case the therapist may then needs to ask, "When you think about the future, what is the worst thing you can imagine right now?"

#### **Cognitions**

Offered below are two ways to distill the cognitions about the future. Therapists may chose the standard EMDR psychotherapy protocol, and/or use "The Miracle Question" to elicit the client's beliefs about the future.

##### 1. Standard EMDR Psychotherapy Procedures for Identifying Cognitions:

*Negative belief about the future.* "As you imagine this future, what's your negative belief about yourself now?" (If necessary, "what's your bad thought about you now?" In the case of a desired future, "what is the bad/negative thought about you that may keep you from this future?")

"If you have not been able to accomplish your future goal/dream, tell me where you got stuck and/or where it was uncomfortable."

## A Proposal for an EMDR Psychotherapy Reverse Protocol

These two steps help the client to identify the target about the future that is the focus of reprocessing. For example, “When I imagine myself having that surgery, I see the electricity going out and I die.” Clients may catastrophize and imagine all of the bad things that could happen in the future. Clients may also consider all the “what if’s” about the future. “What if the doctor dies while he’s operating on me?” “What if something goes wrong with my surgery?” All of these can be negative beliefs that are contributing to present symptoms about a future event. (For some clients the NC is “I’m going to die.”) The therapist is exploring anticipatory anxiety and/or missing skills preventing the client from accomplishing future dreams and ultimately a healthier future.

*Positive belief about the future:* What would you rather believe instead or the positive cognition (PC)? The positive cognition is typically a version of the client coming to resolution that the client can handle whatever the future has to hold. The PC very often includes an element of hope. (So for the NC of “I’m going to die. The PC could be, “Everyone dies someday. I can live my life the best I can and I can handle whatever happens.” One little boy with upcoming heart surgery had the NC “I’m gonna die.” Initially his PC was “I’ll be ok no matter what happens.” During reprocessing he started laughing and said, “If I die, I won’t be worried any more so who cares.”)

### 2. Identifying Cognitions Using “The Miracle Question” Exercise:

Imagine that you have just awakened from a night’s rest and whatever challenge you have come here with was miraculously overcome while you were sleeping. The challenge was completely solved overnight; but you were sleeping, and so you didn’t know it was solved. You wake up and something is different. You inherently know that something is different, that something must have happened during the night. What is the first thing you notice that confirms that something actually did happen? \_\_\_\_\_

\_\_\_\_\_

Using as much detail as possible, describe this day using all five senses:

How does it look? \_\_\_\_\_

How does it smell? \_\_\_\_\_

How does it sound? \_\_\_\_\_

How does it feel? \_\_\_\_\_

How does it taste? \_\_\_\_\_

Who is around you? Who is NOT around you? \_\_\_\_\_

What music is playing? \_\_\_\_\_

What insight do you have that you didn’t have the night before? \_\_\_\_\_

\_\_\_\_\_

## A Proposal for an EMDR Psychotherapy Reverse Protocol

When you think about this miracle coming true, what keeps you from getting there? Or, when you imagine the miracle coming true, what's your negative belief about yourself right now? (NC) \_\_\_\_\_

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What would you rather believe instead? (PC) \_\_\_\_\_

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Once the negative cognition is identified about the future, the therapist continues with the Assessment Phase.

*Validity of Cognition (VOC)* – The therapist asks the client to hold together the worst part about the future event and the positive cognition about successfully accomplishing the future event, and then rates the validity of the positive cognition from one (1) completely false to seven (7) completely true. For younger children, the therapist might say, “Let’s make a bridge from your bad thought to your good thought with 7 steps between the on the bridge. If you start at the bad thought, where are you on the bridge?” The therapist can draw this and make the motions to demonstrate the child walking from the bad thought to the good thought.

### Emotions

*Emotion:* The therapist says to the client, “When you think of that future event and your NC, what emotions do you experience now?” For young children, the therapist may need to rephrase this by saying, “When you think about that thing you’re worrying about, how do you feel right now?”

*Subjective Units of Disturbance (SUDS):* The therapist then says, “When you hold together that future event and the NC, how disturbing does it feel to you now from zero (0) no disturbance to ten (10) the worst feeling you can imagine?” For younger children, the child might say, “When you think about that thing you’re worrying about happening soon, how much does it bother you right now? A little bit or a lot”

### Body Sensations

The therapist says to the client, “And where do you notice that disturbance in your body now?” With younger children, the therapist can point to different parts of the therapist’s body by saying, “Do you feel that in your head, your heart, your tummy, your legs or maybe another part of your body?”

The therapist asks the client to hold together the image of the future that was previously identified, the negative cognition/belief about the future, the emotions, and body sensations, and to start a movie going forward from now until the identified future event. Next the therapist starts the previously agreed upon type of bilateral stimulation that is the beginning of the Desensitization Phase of EMDR.

*Assessment Phase With Children.* The therapist can use a sand tray to elicit these steps of the Assessment Phase. The therapist first divides the sand tray into two parts where on the left side the child designs the bad thought about the future and the right side is the good thought about the future. The therapist can then draw the 7 steps from the bad

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

thought to the good thought in order to measure the VoC. The therapist can then ask the child, “When you look at what you made, what’s the feeling you get about that bad thought?” And once the child answers, therapist asks, “How much does that bother you right now?” in order to assess the SUDS. And finally, the therapist asks the child, “Where do you feel that bad thought in your body? Once these procedural steps have been completed, the therapist can cover the good thought and ask the child to focus on the left side of the sand tray. The therapist can use a device to create bilateral tactile stimulation while the child works on the left side of the sand tray that represents the bad thought. Therapists may also use a device to create auditory bilateral stimulation by placing speakers on either side of the sand tray and then alternating the bilateral stimulation as the child works with the toys in the sand tray. As the therapist begins to see more positive examples in the sand tray, the therapist can remove the cover on the right side of the sand tray that represents the good thought and ask the child if anything has changed about the good thought. Eventually the entire sand tray will be used to create the positive future.

### **Phase 4: Desensitization Phase**

This is where the differentiation between EMD and EMDR begins. For EMD, the Desensitization Phase starts with the addition of bilateral stimulation and therapy is focused on reprocessing disturbance about the future. If present triggers and past events arise during this time, the therapist can offer the client two options. First, the therapist asks the client, “Do you want to think about that thing from the past now?” If so, the therapist continues with reprocessing. Or, if the client wants to return to refocusing on the future, cognitive interweaves are used to suggest that the client might want to place those triggers and events in the previously created future container/time capsule for later reprocessing.

*Cognitive interweaves may include:*

- “It is ok to put that past memory into a container to be reprocessed later. You have choices here. Just notice that.”
- “You can choose whether you want to follow that memory from the past or not. You will know what’s right for you.”
- Other cognitive interweaves may be necessary to keep the client focused on the future such as would be necessary with EMD.

*Motor interweaves:*

- “Tap your feet. Notice that you’re with me.”
- “I’m getting up to spray the aroma you said you liked because it reminds you of your safe place. Let me know when you start to smell it.”
- “Remember you are in my office and we are here together. Where am I now? Look at me and what color is my shirt?”

For children, the therapist can provide tangible evidence of this process by pointing to pictures that were drawn or to the scene the child designed in the sand tray

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

about the future. With EMD, the therapist takes the client to the original target and a SUDS score after each set of BLS.

**If a clinical decision has been made to do EMD**, it is important for the therapist to keep redirecting the client to the previously identified future event in order to achieve success on creating a positive future. In addition to engaging the client in therapy, this process also implies a “demand characteristic” in that the therapist conveys to the client that he/she believes that the client CAN be successful in the future.

With either EMD or EMDR, the therapist continues reprocessing issues about the future. The therapist has the client assess the level of disturbance about the future and when the SUDS equals zero, the future is considered reprocessed and the client is ready to proceed with installation of the positive cognition about the future.

### **Phase 5: Installing the Positive Cognition about the Future**

In this phase the therapist guides the client in installing the positive cognition about the future event. The therapist says, “Hold together the future we discussed and do the words (positive cognition) still fit or are there better words to describe what you think about your future now?” Whatever the answer from the client, the therapist then has the client hold together the future and the positive cognition, and measures the strength of the belief on a scale of 0-7 where 0 is completely false to 7, which is completely true. Once the validity of cognition (VoC) is measured, the therapist continues with the same type, speed, and number of repetitions of bilateral stimulation as used during the desensitization phase, continuing to reprocess anything that might interfere with the full positive installation of the positive cognition. This continues until the client reaches a VoC of 7. After this happens, the client is ready to proceed with the next phase of EMDR.

With some clients, it may be difficult to establish a VoC of 7 until the client has the opportunity to experience some hope for the future. After a few weeks of imaging a positive future, the VoC may spontaneously become 7. Either way the therapist needs to assess the VoC again to make sure a rating of 7 is reached.

For other clients this may not occur because the client has a “blocking belief” (Knipe, 1998). A blocking belief is one that infers with the positive cognitions such as “I don’t deserve to be happy” or “If I am happy something will always go wrong.” The therapist can first ask the client, “What keeps it from being a 7?”. The therapist then instructs the client to hold together the future goal and the positive cognition and continues with another set of BLS.

If the blocking belief continues, the therapist may choose to use a cognitive interweave such as, “What would you tell your best friend if he/she said that? Just notice that” and continue with bilateral stimulation to clear the blocking belief.

For other clients, identifying and reprocessing these blocking beliefs may require a full assessment starting over with the Assessment Phase. This is a decision point in therapy where the therapist needs to make a clinical decision about how to proceed with the protocol. If a blocking belief exists that cannot be cleared and requires a full assessment, then the therapist needs to help the client contain the current incomplete target and return to the Assessment Phase.

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

The following are possible choices at this juncture of the protocol:

- 1 The positive cognition cannot be installed to a VoC of 7 because the client needs to have some experience with the PC. The client and therapist can choose to wait until the next session to reassess. At times the process of digesting the newly discovered future can improve organically and the positive cognition feels better and more true at the next session.
- 2 Or, The positive cognition cannot to be installed because of a blocking belief and the therapist uses cognitive interweaves to help clear this belief.
- 3 Or, the positive cognition cannot be installed to a VoC of 7 and the therapist proceeds with exploring body sensations and sensory motor memories. The Validity of the Cognition may be difficult until the client assesses some body memories that are blocking the full installation of the Positive Cognition. The therapist asks the client, “What keeps it from **feeling** like a VoC of 7?” Whatever the client answers, the therapist instructs the client “Just notice that” and continues with another set of BLS. The positive cognition cannot be installed because of the blocking belief and the incomplete target must be contained until the blocking belief is reprocessed. At this point the blocking belief requires that a full Assessment Phase be conducted and reprocessing continues.
- 4 Finally, the blocking belief may have been a better Negative Cognition than the original one about the future. If the client can tolerate this process, the therapist can ask the client, “When’s the first time you remember thinking (blocking belief) about the future event we discussed?” After the client answers, the therapist then proceeds with the appropriate phases of the protocol. The therapist can ask the client, “Do you feel able to address that target or do you want to contain it for now and return to working on the original future we started with?”

If the PC is installed, the therapist continues with the Body Scan Phase about the future target. If the PC is not yet at a VoC of 7, the therapist continues with Installation Phase.

### **Phase 6: Body Scan Phase**

The next step is for the therapist to have the client imagine the future and hold that together with the positive cognition installed in the previous phase of EMDR. The therapist then asks the client to scan his/her body from head to toe noticing any disturbance or body sensations that are of concern. If any arise, the therapist proceeds with reprocessing using the same type, speed, and number of repetitions of bilateral stimulation as used during the desensitization phase to continuing reprocessing anything that might interfere with a clear body scan. This process continues until the client reports a clear body scan.

At this point the future target is completed; however, in some instances the entire process may not be able to be completed in one session. When this occurs, the therapist may need to take steps to close an incomplete session.

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

### **Choice points in reprocessing the future in the Reverse Protocol**

There are clinical choice points about when to continue working on the future, or return to the standard protocol. This is a decision made jointly between client and therapist depending on the client's circumstances and current stability. Some clients may be willing and able to address past traumas once a future has been established. Hope for the future often changes the client's willingness to use EMDR to reprocess the past and leave it behind.

Other clients may experience anticipatory anxiety and/or missing skills preventing client from accomplishing future dreams. The therapist asks the client, "When you think about that future, do you experience anxiety about what might happen?" This anticipatory anxiety may require intervention as might be needed with missing skills.

Missing skills are assessing what the client needs in order to achieve the positive future he/she imagines. The therapist asks the client, "When you think about the positive future we discussed, what skills do you think you need in order to be able to achieve those skills?" Once the missing skills are identified, the therapist and client may need to make a plan for how the client can acquire those skills. For example, one client wanted to earn a college degree; however, after enrolling in college and withdrawing 10 times, the therapist and client determined that her math anxiety needed to be addressed in order for her to be successful. The client began math tutoring and was successful in completing all the math classes she needed for her college degree. Her math issues were a combination of anxiety and missing skills. When the therapist asked the client to float back to the first time she remembered having this math anxiety, she was able to recall struggling with math in elementary school. The positive future was the client imagining herself graduating from the local university.

### **Incomplete Session Follow-Up**

Questions therapists have encountered using the Reverse Protocol include:

1) Do you have the client come up with an image representing the worst part of the future? Yes, during Assessment Phase. The therapist asks the client to notice an image that represents the worst part when they imagine what their future might be. Or, the therapist can decide to explore how the client wants to see the future? The therapist could ask the client to bring up the positive image of the future and ask, "When you think about that coming true in your life, what's your negative belief about yourself now?" Either way the therapist is trying to get the client to focus on the future. The therapist can ask the client to image a specific date in the future such as, "What do you image your life will look like on your 40<sup>th</sup> birthday?"

2) After an incomplete session, the therapist follows the same steps as during the standard protocol and can ask, "what comes up today/now?" After an incomplete session, the therapist can ask the client to bring up the future that you have been working on and ask, "What do you get now?" Or start with the image from the previous session? Is it appropriate if it's a new image? Hopefully it's a new image because with AIP it's always changing. You do not check in on the NC as the cognitions may also have changed, like

## A Proposal for an EMDR Psychotherapy Reverse Protocol

the image it was only a component of how the information was stored before reprocessing. With AIP, the memory network is changing as it is accessed, activated, and reprocessed.

### Summary and Conclusions

Eye Movement Desensitization and Reprocessing (EMDR) psychotherapy is based on the theoretical foundation of Adaptive Information Processing Theory (AIP) (Shapiro, 1987, 1989, 1995, 2001). EMDR psychotherapy is highly efficacious and evidence-based treatment; however, there are some clients who because of age or symptom acuity may initially not be able to participate in the trauma reprocessing phases. When this occurs, therapists may need to consider that using the Reverse Protocol will improve the efficacy and speed of treatment. The Reverse Protocol is a comprehensive approach to psychotherapy that adheres to the 8-phase EMDR psychotherapy protocol with case conceptualization that includes reprocessing targets in reverse order – future-present-past. The hypothesis that drives this case conceptualization is that the client has no hope for the future and limited resources to deal with the past or trauma reprocessing. Instead of the standard EMDR psychotherapy protocol that conceptualizes target reprocessing in a past-present-future chronology, this Reverse Protocol conceptualizes targets in a future-present-past order. This Reverse Protocol serves to engage the client in treatment, create direction for the train in EMDR psychotherapy, and help the client when the future is what brought the client into treatment.

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## A Proposal for an EMDR Psychotherapy Reverse Protocol

### SCRIPT FOR REVERSE PROTOCOL

Once a therapist has decided that the Reverse Protocol is indicated for the client, the treatment plan focuses on the three-pronged-protocol starting with the future.

#### I. TREATMENT PLAN:

Say, *“What dreams do you want to have (or did you have in the past) about the future?”* \_\_\_\_\_

*“How are we going to know when we’re done and you’re ready to graduate from therapy?”* \_\_\_\_\_

*“How do you want to be thinking, feeling, behaving when you know you are ready to graduate from therapy?”* \_\_\_\_\_

---

*“If you need additional skills/information to accomplish your dreams/goals then what’s preventing you from gaining those skills?”* \_\_\_\_\_

*What’s the negative belief you have about yourself when it comes to achieving/accomplishing that future?”* \_\_\_\_\_

**OR**

*“When you think about that coming true, what’s your negative belief about yourself now?”* \_\_\_\_\_

#### II. PREPARATION PHASE:

##### A. Containers:

##### Script for Containers

Say, *“Sometimes we have thoughts, or feelings, or body sensation that get in the way at work or at home. Do you ever have thoughts or feeling like that? I want you to know that if we need to we can put those thoughts or feelings in a container like a box or something really strong that they can’t get out. What do you think you would need to hold those thoughts or feelings?”*

---

Next say, *“I want you to be able to put all of those thoughts or feelings, or what we worked on today in that container. Sometimes we need different containers for different thoughts or feelings. Sometimes, it helps to draw pictures of the \_\_\_\_\_ (container) and make sure it’s strong enough to hold everything that you need it to hold. Let’s imagine that everything you worked on today is put in the container and we lock it away/seal it away until we meet next time when we can take it out to work on it again. When we get together we will work to empty your container so there’s always room for new stuff if you need it. If you start thinking about things that bother you that are too hard to handle or it seems to come out before our next session, you can just imagine putting it into the container and sealing it in there until we meet again. You could use a safe, or a tank, or some type of container that is strong and can be locked. What do you think would work for you that you can use until you come back to it later?”*

Say, *“Now imagine putting 100% of the thoughts, feelings, emotions, body sensations, and disturbance into the container that is sealed tightly, and let me know*

## A Proposal for an EMDR Psychotherapy Reverse Protocol

*when you're finished."*

### B. Mechanics of EMDR Psychotherapy

The therapist teaches the "mechanics of EMDR" per Shapiro (2001) that include seating, stop signal, bilateral stimulation, and some type of train metaphor to help the client understand how trauma reprocessing unfolds.

### C. Resources:

1. *Assess Resources:* Not all questions are necessary. Therapist and client determine how much resourcing is necessary to continue with the protocol.

Say, *"What resources do you have? \_\_\_\_\_  
What resources do you need to manage any overwhelming disturbance about the future?" \_\_\_\_\_*

Say, *"What are the types of resources that you count on?"*

\_\_\_\_\_  
After the client responds, then ask, about needed resources.

Say, *"What resources do you need?"*

Say, *"Ask yourself:*

*Do I need to assess my diet and improve my eating? \_\_\_\_\_*

*Do I need to improve sleep hygiene? \_\_\_\_\_*

*Do I need to care for my physical health? \_\_\_\_\_*

*Do I need to learn stress management skills? \_\_\_\_\_*

*Do I need to explore my spiritual needs? \_\_\_\_\_*

*Do I need to use the skills I already have? \_\_\_\_\_*

*Do I need to learn interpersonal skills in order to have healthier personal and professional relationships? \_\_\_\_\_*

*If I do, how do I process current stressors and traumas?*

*What skills and/or tools do I use? \_\_\_\_\_*

*What skills and/or tools do I need? \_\_\_\_\_*

2. *Install Safe/Calm Place per standard EMDR psychotherapy protocol.* The therapist should attempt to install a Safe/Calm Place and/or a safe/calm state that the client is aware of and can access as needed.

3. *Teach Aroma Exercise:*

- Say, *Have you ever noticed an aroma that you really like and that makes you feel comfortable, relaxed, or just good? What smell is that? (If the client cannot notice one, offer several different choices of room fresheners, hand lotion, essential oils, or something that smells good and then allow the client to pick one.)*

- *When you smell that \_\_\_\_\_ (smell the client chose) what do you notice now? \_\_\_\_\_*

## A Proposal for an EMDR Psychotherapy Reverse Protocol

- When you think about that \_\_\_\_\_ (smell), what's the best thought you could say about yourself right now? Or, what's the positive thought about you right now? \_\_\_\_\_
- When you think about that \_\_\_\_\_ (smell) what feeling/emotion do you get now? \_\_\_\_\_
- Where do you notice that feeling in your body? \_\_\_\_\_
- Now think about that thing that \_\_\_\_\_ (smell), the \_\_\_\_\_ (positive belief) about yourself, and the feeling of \_\_\_\_\_ (emotion) you get that you notice in \_\_\_\_\_ (body sensation). Therapist shows the client how to do a short set of slow BLS (2-4 no more).
- What do you notice now? \_\_\_\_\_
- **Continue with slow short sets of BLS several more times just checking the resource.**
- If I wanted to remind you of this smell in the future, what word or phrase should I use to remind you of this? \_\_\_\_\_
- Now say that word and notice what happens. \_\_\_\_\_
- **Add a short, slow set of BLS.**
- What do you get now? \_\_\_\_\_

### 4. Abbreviated Resource Installation

#### Installing a mastery experience as a resource:

- Tell me about something good that happened to you since our last session. Or, tell me about something that made you feel really proud of yourself.*  
\_\_\_\_\_  
\_\_\_\_\_
- When you think about what happened, what picture or image represents the best part of what happened?* \_\_\_\_\_
- When you think about that, what's your best thought you could say about yourself right now?* \_\_\_\_\_
- Or, what's the positive thought about you right now?* \_\_\_\_\_
- When you think about what happened, what feeling/emotion do you get now?*  
\_\_\_\_\_  
\_\_\_\_\_
- Where do you notice that feeling in your body?* \_\_\_\_\_
- Now think about that thing that happened, the \_\_\_\_\_ (positive belief) about yourself, the feeling of \_\_\_\_\_ (emotion) you get that you notice \_\_\_\_\_ (body sensation) and do a short, slow set of BLS (2-4 no more).*
- What do you notice now?* \_\_\_\_\_
- Continue with slow short sets of BLS several more times just checking the resource.* \_\_\_\_\_

## A Proposal for an EMDR Psychotherapy Reverse Protocol

- x. *If I wanted to remind you of this experience in the future, what word or phrase should I use to remind you of this?* \_\_\_\_\_
- xi. *Now say that word and notice what happens. Add a set of BLS. What do you get now?* \_\_\_\_\_
- 
- xii. *Now imagine yourself successfully using the resource \_\_\_\_\_ (Cue word) in the future to help when you need it. What do you notice now?* \_\_\_\_\_
- 
- xiii. *Remember if you ever need a resource to help you, all you have to do is take some deep breaths and say the word \_\_\_\_\_ (Cue word) and notice how you feel now.* \_\_\_\_\_
- 

### **Installing a important person as a resource:**

- i. *Tell me about someone who helps you feel better in your life - someone who could be good resource for you. This person can be real or imaginary. This could even be someone who was important to you who is no longer in your life.* \_\_\_\_\_
- ii. *When you think about this person, what picture or image do you get?* \_\_\_\_\_
- 
- iii. *When you think of this person, what's your best thought you could say about yourself right now? \_\_\_\_\_*  
*Or, what's the positive thought about you right now?* \_\_\_\_\_
- 
- iv. *When you think about that person, what feeling/emotion do you get now?* \_\_\_\_\_
- 
- v. *Where do you notice that feeling in your body?* \_\_\_\_\_
- vi. *Now think about this person, the \_\_\_\_\_ (positive belief) about yourself, the feeling of \_\_\_\_\_ (emotion) you get, and where you notice that in your \_\_\_\_\_ (body sensation).*
- vii. *Therapist adds a set of slow short BLS (2-4 no more).*
- viii. *What do you notice now?* \_\_\_\_\_
- ix. *Just notice that. (Continue with slow short sets of BLS several more times just checking the resource.) What do you notice now?* \_\_\_\_\_
- 
- x. *If I wanted to remind you of this experience in the future, what word or phrase should I use to remind you of this?* \_\_\_\_\_
- xi. *Now say that word and notice what happens. Add a set of BLS. What do you get now?* \_\_\_\_\_
-

## A Proposal for an EMDR Psychotherapy Reverse Protocol

### III. Installing a metaphor or symbol as a resource:

- i. Have you ever had a saying or a symbol that matters a lot to you? Something like a cross or a heart or some symbol? Or maybe a saying you like that helps you feel better \_\_\_\_\_
  - ii. When you think about that \_\_\_\_\_ (metaphor or symbol), what picture or image do you notice? \_\_\_\_\_
  - iii. When you think about that \_\_\_\_\_ (metaphor or symbol), what's your best thought you could say about yourself right now? \_\_\_\_\_
  - iv. Or, what's the positive thought about you right now? \_\_\_\_\_
  - v. When you think about that \_\_\_\_\_ (metaphor or symbol), what feeling/emotion do you get? \_\_\_\_\_
  - vi. Where do you notice that feeling in your body? \_\_\_\_\_
  - vii. Now think about that thing that \_\_\_\_\_ (metaphor or symbol), the \_\_\_\_\_ (positive belief) about yourself, and the feeling of \_\_\_\_\_ you get that you notice in \_\_\_\_\_ (body sensation).
  - viii. Therapist does a short set of slow BLS (2-4 no more).
  - ix. What do you notice now? \_\_\_\_\_
  - x. Just notice that. Continue with slow short sets of BLS several more times just checking the resource. \_\_\_\_\_
  - xi. If I wanted to remind you of this experience in the future, what word or phrase should I use to remind you of this? \_\_\_\_\_
  - xii. Now say that word and notice what happens. (Add a set of BLS.) What do you get now? \_\_\_\_\_
- 

Once the client's resources have been assessed and needed resources have been developed, and the client is taught the mechanics of EMDR psychotherapy, the therapist and client continue with the next phase of treatment.

### III. ASSESSMENT PHASE:

#### 1. Target:

The therapist starts with assisting the client in designing a target for the future.

Distilling a positive future target scene:

Say, "When you imagine your future, what do you notice now?"

---

Say, "What is it that you want to accomplish in the future?"

---

Say, "What date will that be exactly?: \_\_\_\_\_

Where are you?(Location): \_\_\_\_\_

What are you doing? \_\_\_\_\_

Who's there with you? \_\_\_\_\_

What can you see? \_\_\_\_\_

## A Proposal for an EMDR Psychotherapy Reverse Protocol

What do you hear? \_\_\_\_\_

What do you smell? \_\_\_\_\_

How do you feel? \_\_\_\_\_

Next say, "What word or phrase could we use to remind you of that future?" \_\_\_\_\_

---

### 2. Image:

Say, "As you imagine that future we identified, what image comes up for you right now?" \_\_\_\_\_

(The image may stay the same as previously identified, or the client may see a negative image about the positive future such as imaging something going wrong. In this case the therapist may then need to ask)

Say, "When you think about the future, what is the worst thing you can imagine right now?" \_\_\_\_\_

---

### 2. Cognitions

(Only one of these questions may be necessary to establish the negative belief about the future.)

Negative belief about the future:

Say, "As you imagine your future, what's your negative belief about yourself now?" \_\_\_\_\_

In the case of a desired future, "what is the bad/negative thought about you that may keep you from this future?" \_\_\_\_\_

"If you have not been able to accomplish your future goal/dream, tell me where you got stuck and/or where it was uncomfortable." \_\_\_\_\_

Positive belief about the future:

Say, "What would you rather believe about your future instead?" \_\_\_\_\_

Or, "What is the positive belief you would like to have about your future now?" \_\_\_\_\_

---

### Validity of Cognition (VOC)

Say, "Now hold together the worst part about the future event and the positive cognition about successfully accomplishing the future event, and on a scale from one (1) completely false to seven (7) completely true, how true does those words about your future feel right now?" VoC = 1   2   3   4   5   6   7

### 4. Emotions

Say, "When you think of that future event and your NC, what emotions do you experience now?" \_\_\_\_\_

Subjective Units of Disturbance (SUDS):

Say, "When you hold together that future event and the NC, how disturbing does it feel to you now from zero (0) no disturbance to ten (10) the worst feeling you can imagine?" \_\_\_\_\_

SUDS = 1   2   3   4   5   6   7   8   9   10

## A Proposal for an EMDR Psychotherapy Reverse Protocol

### 5. Body Sensations

Says, *“When you bring up that incident and those emotions, where do you feel that in your body now?”* \_\_\_\_\_

After eliciting the procedural steps of the Assessment phase, the therapist continues with the desensitization phase of EMDR. This is where the differentiation between EMD and EMDR begins. **If a clinical decision has been made to do EMD**, it is important for the therapist to keep redirecting the client to the previously identified future event in order to achieve success on creating a positive future. After asking the client “What do you get now?” The therapist will have to have the client focus on the future by saying, *“Continuing with that future we’re working on, just notice what came up and go with that.”* During the desensitization phase, the therapist is regularly helping the client to contain other associations and focus on the specific future that is the focus of this episode of care. Other associated incidents need to be documented for possible future care. With EMD, the therapist takes the client to the original target and elicits a SUDS score after each set of BLS. Next the therapist combines the target, negative cognition, body sensation and starts the previously agreed upon type of bilateral stimulation that is the beginning of the Desensitization Phase of EMDR.

### IV: DESENSITIZATION PHASE

Desensitization Phase starts with the addition of bilateral stimulation and therapy is focused on reprocessing disturbance about the future. Case conceptualization is the type of processing continuum to consider from EMD to EMDR. With the Reverse Protocol, it is often helpful to consider EMD. For this process

#### EMDR

To begin desensitization:

Say, *“Now hold together the image of the future that was previously identified, the negative cognition/belief about the future, the emotions, and body sensations, and start going forward from now until the identified future event.”*

Begin the BLS. (You established the BLS method and speed during the introduction to EMDR Psychotherapy). The type of BLS may need to be changed often in order to assist the individual in sustaining attention.

If the client appears to be too upset to continue reprocessing, it is helpful to reassure the client that by saying the following:

Say, *“It’s normal for you to feel more as we start to work on this. Remember we said it’s like \_\_\_\_\_(metaphor) so just notice it. It’s old stuff.”* (This is not always necessary.) \_\_\_\_\_

After a set of BLS, instruct the individual by saying the following:

Say, *“Take a deep breath.”* (It is often helpful if the therapist takes an exaggerated breath to model for the client, as the therapist asks the client for brief feedback on the process.) And then say, *“What did you get **now**? Or, “Tell me what you noticed?”* \_\_\_\_\_

## A Proposal for an EMDR Psychotherapy Reverse Protocol

Or if the client needs coaching, say, the following: “What are *you thinking, feeling, how does your body feel, or what pictures are you seeing in your head*”?

(It is not unusual for some clients to report detail as if writing a report, so therapists may need to teach clients to notice his/her own thoughts, emotions and body sensations.) If this occurs, it is helpful for the therapist to say, *“When you saw that, how did you feel and what did you notice in your body?”*

---

After the client recounts his/her experience, therapist says the following:

Say, *“Continuing with that future we’re working on, just notice what comes up, and go with that,”* and do another set of BLS. (Do not repeat the client's words/statements.) As an optional phrasing you can say, *“Just notice that.”* The therapist does not need to understand what is happening, because what matters is how the individual has maladaptively encoded the information. Dancing with EMD/EMDR case conceptualization, the therapist is taking the client “back to the future” after each set by reminding the client *“Continuing with that future we’re working on, just notice what comes up and go with that.”*

Again ask the following:

Say, *“What do you get now?”* \_\_\_\_\_

If new negative material presents itself, the therapist needs to make a decision with the client about whether or not to continue down that channel with further sets of BLS.

---

If present triggers and past events arise during this time, the therapist can offer the client two options.

Say, *“Do you want to think about that thing from the past now or contain it for later?”* \_\_\_\_\_

1. If the client wants to continue with what has arisen, the therapist continues with reprocessing. If the client wants to return to focusing on the future, the therapist can say, *“Continuing with that future we’re working on, just notice what comes up and go with that.”*

2. If the client struggles to focus on the future and put the past in a container, cognitive interweaves are used to suggest that the client might want to place those triggers and events in the previously created future container/time capsule for later reprocessing.

Cognitive interweaves may include:

Say, *“It is ok to put that past memory into a container to be reprocessed later. You have choices here. Just notice that.”* \_\_\_\_\_

Say, *“You can choose whether you want to follow that memory from the past or not. You will know what’s right for you.”* \_\_\_\_\_

Other cognitive interweaves may be necessary to keep the client focused on the future such as would be necessary with EMD. With either EMD or EMDR, the therapist continues reprocessing issues about the future. The therapist has the client assess the level of disturbance about the future and when the SUDS





## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

### **VII: CLOSURE PHASE**

Complete as much work as time and circumstances allow, leaving adequate time for closure and debriefing.

### **VIII: RE-EVALUATION PHASE**

With each new session the therapist obtains feedback on experiences/observations since last session. The therapist continues to check for new traumatic or positive events. The therapist needs to check the SUD and VOC on the previous incident, and for any unprocessed material from previous sessions and probe for any new material that might have emerged.

Say, *“When you think about the incident we worked on last week, what do you get now?”* \_\_\_\_\_

After the client responds say, *“On the SUDS scale, what do you get now?”* \_\_\_\_\_  
If SUD rating on previous week’s incident is greater than 0, continue desensitization.

Say, *“Bring up that incident, those words \_\_\_\_\_ (repeat the negative cognition), and notice where you feel it in your body”* and begin BLS. If the SUDS is zero, but the VOC rating for the previous week’s incident is less than 7 continue with the Installation Phase.

If the previous week’s target appears to be resolved (SUDS = 0, VOC = 7), then complete the body scan. After completion of the Body Scan, then move on to the next target on the treatment plan target list OR move on to target current triggers associated with the critical incidents.

### **Incomplete Session**

If the session is incomplete, remind the client of Container Exercise and other relaxation technique to prepare for ending session. Skills were discussed earlier in this chapter. Remind the individual to practice relaxation skills and containers in order to continue being successful in the line of duty.

*Say, “You’ve addressed a great deal of intense issues today and reprocessing could continue over the next few days. Remember to use your container that we talked about earlier and the relaxation techniques we’ve practiced in your sessions. Feel free to contact me if you need additional support.”*

This provides a scripted protocol for proceeding through the eight phases of the EMDR Protocol specifically focused on working on a reverse protocol.

# A Proposal for an EMDR Psychotherapy Reverse Protocol

## Case Conceptualization with Specialty Populations

### Reverse Protocol Adaptions for Children

#### Assessment Phase With Children.

VOC: Say, *“Let’s make a bridge from your bad thought to your good thought with 7 steps between the on the bridge. If you start at the bad thought, where are you on the bridge?”* \_\_\_\_\_

The therapist can draw this and make the motions to demonstrate the child walking from the bad thought to the good thought.

EMOTIONS: *“When you think about that thing you’re worrying about, how do you feel right now?”* \_\_\_\_\_

SUDS: For younger children, say, *“When you think about that thing you’re worrying about happening soon, how much does it bother you right now? A little bit or a lot”* \_\_\_\_\_

The therapist can use a sandtray to elicit these steps of the Assessment Phase. The therapist first divides the sandtray into two parts where on the left side the child designs the bad thought about the future and the right side is the good thought about the future. The therapist can then draw the 7 steps from the bad thought to the good thought in order to measure the VoC. The therapist can then ask the child,

Say, *“When you look at what you made, what’s the feeling you get about that bad thought?”* \_\_\_\_\_

And once the child answers, therapist asks,

*“How much does that bother you right now?”* \_\_\_\_\_

in order to assess the SUDS.

And finally, the therapist asks the child,

*“Where do you feel that bad thought in your body?”* \_\_\_\_\_

With younger children, the therapist can point to different parts of the therapist’s body by saying,

*“Do you feel that in your head, your heart, your tummy, your legs or maybe another part of your body?”* \_\_\_\_\_

Once these procedural steps have been completed, the therapist can cover the good thought and ask the child to focus on the left side of the sandtray. The therapist can use a device to create bilateral tactile stimulation while the child works on the left side of the sand tray that represents the bad thought. Therapists may also use a device to create auditory bilateral stimulation by placing speakers on either side of the sandtray and then alternating the bilateral stimulation as the child works with the toys in the sand tray. As the therapist begins to see more positive examples in the sandtray, the therapist can remove the cover on the right side of the sandtray that represents the good thought and ask the child if anything has changed about the good thought. Eventually the entire sandtray will be used to create the positive future.

## **A Proposal for an EMDR Psychotherapy Reverse Protocol**

### ***Desensitization Phase With Children***

For children, the therapist can provide tangible evidence of this process by pointing to pictures that were drawn or to the scene the child designed in the sand tray about the future. (See Adler-Tapia & Settle, 2008)

### ***Parade of Faces for First Responders:***

When you think about the calls that haunt you, what calls are the most difficult? What is the first call that haunts you? (This first call can actually have occurred long before the client became a first responder. Often the individual witnessed something in childhood. For example, police officers might have witnessed someone being beaten such as domestic violence or a bully. EMS personal have reported witnessing horrific injuries when they felt helpless.)

1. Imagine the calls are like a parade that you watch from the first to the most recent.
  - a. Suicides
  - b. Severe bodily injury
  - c. Children
  - d. Body odors – blood, brain matter, decomposition, burning flesh.
  - e. Shootings
  - f. Harm to colleagues
2. Channels
  - a. Now imagine we are going to take the parade and put it on one channel of your remote that you can change if you don't want to watch it.
  - b. When you think about those calls in that parade of faces that haunts you, what's your negative belief about yourself now? "I should have done something? I'm powerless? I can't forget or get over it."
  - c. EMDR Grief question: "What do you need to hold on to and what can you let go of?"
  - d. Is there anything left that you feel like you need to do?
    - i. Law enforcement especially when someone died, might need to come to some resolution when killing someone.
    - ii. First responders might need some type of closer.
    - iii. Religious/spiritual closer?
    - iv. What ifs?

For more information on working with First Responders and Public Safety Professionals see Adler-Tapia, 2012.