Adaptations to EMDR Protocol for use with Children

Anita Sabey
EMDR Consultant
Accredited Play Therapist (BAPT)

Ajsabey@aol.com
What is my clinical background?

• Accredited Child centred Play therapist working within CAMHS service. Part of MDT

• BACP accredited Counsellor/Psychotherapist - Private EMDR clinic with all ages, including adults.
Dilemma

• How to be creative, and child centred while remaining aware of the EMDR protocol.
EMDR with children

• Brevity of EMDR treatment
• Importance of safe place
• The reoccurrence of symp, but for different reasons than originally
• Lack of dramatic change within session, accompanied by dramatic change outside of session
Using EMDR with Children

• Need for parental cooperation and support for treatment
• Problem of motivating children who do not request treatment, or who have short attention spans or not verbally orientated
• Need to creatively integrate EMDR into other modalities
When to introduce EMDR

• Strong enough therapeutic relationship?
• Child’s level of trust?
• Child’s capacity for tolerating pain, anxiety and fear?
• Child’s attachment history?
• Age of child?
• Child’s level of motivation?
EMDR Protocol—the 8 phases of Treatment

• Phase 1: Client History and Treatment planning.
• Phase 2: Preparation
• Phase 3: Assessment
• Phase 4: Desensitisation
• Phase 5: Installation
• Phase 6: Body Scan
• Phase 7: Closure
• Phase 8: Re-evaluation
Phase 1. History taking and treatment planning

• Obtain Developmental history

• Obtain trauma history

• Assess current family environment

• Select target to desensitise

• Explain EMDR to parents/carers
Phase 2: Preparation

• Establish Therapeutic relationship with child

• Address child’s concerns

• Establish safety procedures (Safe place)
Phase 3: Assessment

- Obtain target image
- Obtain negative cognition
- Obtain positive cognition
- Obtain validity of cognition rating (VOC)
- Obtain emotions associated with the target image
- Obtain a rating of emotional disturbance (SUDS)
- Obtain the physical sensations associated with the emotions
- Obtain the locations of the physical sensations
## Kid’s list of Cognitions – Adler-Tapia & Settle

<table>
<thead>
<tr>
<th>Bad Thoughts (NC)</th>
<th>Good Thoughts (PC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m bad</td>
<td>I’m good</td>
</tr>
<tr>
<td>I’m in fog</td>
<td>I’m in a clear place/sunshine</td>
</tr>
<tr>
<td>I’m going to explode</td>
<td>I’m calm</td>
</tr>
<tr>
<td>I’m hot</td>
<td>I’m cool (as a cucumber)</td>
</tr>
<tr>
<td>I don’t belong</td>
<td>I do belong</td>
</tr>
<tr>
<td>I’m stupid</td>
<td>I’m clever</td>
</tr>
<tr>
<td>I can’t do it</td>
<td>I can do it</td>
</tr>
<tr>
<td>I don’t understand</td>
<td>I do understand</td>
</tr>
<tr>
<td>I can’t get help</td>
<td>I can get help</td>
</tr>
<tr>
<td>I am not lovable</td>
<td>I’m lovable</td>
</tr>
<tr>
<td>I am uncomfortable in my skin</td>
<td>I fit in my skin</td>
</tr>
<tr>
<td>I am fat</td>
<td>I’m just right</td>
</tr>
<tr>
<td>I messed up</td>
<td>I did the best I could</td>
</tr>
</tbody>
</table>
Phase 4: Desensitization

- Follow the child’s chain of associations using eye movements or other BLS until SUDS reduced to 0-1
Phase 5: Installation

- Pair the target memory with the positive cognition and do a set of Eye movements or BLS. If the VOC at 7, go on to phase 6. If the VOC < 7, process further until SUDS is at 0 and the VOC is up to 7
Phase 6: Body Scan

• Ask the child to hold the installation elements in mind and scan the body for sensations

• Process positive or negative sensations

• Generally children aged 9+ can complete a body scan. If the child is not able to understand the body scan, do sets of eye movements with the safe place until the child feels safe and relaxed.
Phase 7: Closure

• Give closing comments to the child or to the child and the parents together.
Phase 8: Re-evaluation

• At the beginning of the next session, review progress and decide on the next course of action.
Safety!

- Alliance with parents
- Child access to parents
- Demonstration
- Rapport
- Therapeutic relationship
- Baby steps
- Positive installations/resources
- Stop!
Modification age 2-3 years

- Omit NC, PC and VOC.
- Safe place – often parent’s knee!
- Parental knowledge used to understand trauma – often specific events.
- Photos/pictures/using props/toys/play therapy
- Use of stories – Joan Lovett.
- Best if can use child’s own chains of association
- Not able to do EM. _(Use of drum/musical instruments/ pat-a-cake/moving toy / ‘tappy feet’
- Parent/toys being used to show child the process.
Maddie – 2 years 9 months

• Regular Eye ops due to cataracts

• Phobia re doctors/hospitals

• Use of play and drumming
Age 4-5

• Establish safe place, then evoke a description of an event, then a described image of it

• May not manage EM, but worth trying

• May manage something popping up Left then right better than tracking

• No cognitions, but instead identify target, then get child’s feelings about it. Rate using hands or verbal

• Use of games

• Use of metaphor
Max – aged 5 years

- Sexual abuse by neighbour
- Session with parent in room
- Use of magic wand on back of his hands
- Target – nightmare of ‘Tiger’
- Resource work/Safe place
- ‘Dream catcher’
Age 6-8

- May have trouble developing NC, PC and VOC
- May develop rudimentary pos. cog, then ‘backing into negative cog’
- May cope with SUDS or use of hands
- Channels short -1-10 sets of EM
- Therapist may need to be active to identify different aspects of a trauma, due to lack of associative chaining
- Early installation — rather than cognitive interweave. May develop ‘late positive cog. Which could be used for installation stage
Sami – aged 8 years

• Baby sister died unexpectedly – underlying heart condition.

• Mother expecting another baby imminently

• Used the drum, within play therapy setting
Age 9-12

- Very few modification required
- Importance of Safe place
- May be more able to make associative connections
Sara – aged 11

• Been in RTA, best friend killed.

• Use of drawing, and theratatappers

• Use of imaginary helper.
Jake –aged 12

- History of domestic violence and abuse form step-father
- Use of football on string
- Use of punch bag –made a face to put on it!
- Used body diagram to show where in body has feelings
Feelings are something we feel in our body.

Where do you feel your feelings? (Use these colors)

sad - blue
fear - black
guilt - brown
anger - red
jealous - green
nervous - orange
happy - yellow
Adolescence 13 -17 years

• Use of friends
• Music –both as a target, and as an auditory BLS
• Thera-tappers
Annie aged 15

- History of sexual abuse
- Person centred approach using talking and art
- Opportunity came from piece of Music
- Target image – both music and lyrics
- Negative cog: my life is ruined
- Positive cog: my life is good
- Emotions anger/sadness/loss
- Physical sensations: feeling dirty/pain inside/knot in stomach
- SUDS: 9
- Hand taps while listening to the song
Sophie -15

• Abused by her teacher
• Anger towards parents and school
• Self-harming
SUDS Adaptations

• Use of hands
• Happy – sad scale
• Feel-o-meter
• Child’s own ideas!
Start of session

End of session

0---1---2---3---4---5---6---7---8---9---10
BLS-Adaptations

• Pat-a-cake
• Thera-tappers
• Butterfly hug
• Drum and other musical instruments
• Dots on wall
• Puppets or toys
• Punch bag/kicking
• Dancing or jogging on the spot
Resource Development and Installation for children

• used when child needs to feel stronger, and more ready to cope with EMDR processing.

• Identify problematic life situation

• What qualities/skills needed

• when have you felt you had these qualities/who do you know who would cope/has these qualities?
educational/imaginal Interweaves

• Teach children then it is never okay for children to be mistreated even if perpetrator gives them a gift

• Responsibility - “Was that your job?”

• Good taste to make bad taste go away!

• Empowerment- Teach child to have a strong voice and how to call for help.

• Adolescents need guidance in developing judgement
Future templates with Children

- e.g. with bullying:
- Imagine walking past the bully feeling strong and ‘not bothered’, head held high.
My approach to EMDR!

• Awareness of the protocol(s) which provides useful structure

• Child-centred to engage.

• Follow child’s lead, if can use normal protocol do, if not look for a way in, possible targets/resources/creative ways of working
Useful References

‘Through the Eyes of a Child: EMDR with Children’- Robert Tinker and Sandra Wilson

‘EMDR in Child and Adolescent Psychotherapy’- Ricky Greenwald

‘EMDR and the Art of Psychotherapy with Children’ - Robbie Adler-Tapia and Carolyn Settle

‘Small wonders: Healing Childhood Trauma with EMDR’- Joan Lovett

‘Tapping for Kids’- Angie Muccillo (EFT, ‘Feel-o-meter’)

‘When something terrible happens’ – Marge Heegaard
Recognising and dealing with dissociation

- Use of verbal encouragement
- Use of touch
- Use of hand taps
- Suggest return to safe place
- Return to target more frequently
- Use of shorter sets
- Use of imaginal techniques – hero
- Make a distinct change to environment
- Back off!
Basic Components of EMDR

• Imagery
• Negative Cognition
• Positive Cognition
• VOC
• Emotion
• SUDS
• Physical Sensation
• Eye Movements/BS