The Blind to Therapist Protocol (B2T)

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AGENDA

- 15 minutes background explanation/rationale and demonstration
- 30 minutes practicum

Please start thinking now of a small ‘t’

- 10 minutes Q&A

Have you ever encountered the following?

- A client who refuses point blank to discuss a target image?
- A client who is reluctant to describe in detail a target image?
  - relating to sudden loss of control?
  - from a professional 'executive decision makers' occupational group?
- A client with a history of sexual abuse, who is ashamed, disgusted, embarrassed etc. at what happened?
  - can't bring him/herself to describe the target image AND/OR
  - does not wish to upset the therapist by describing the target OR
  - fears therapist rejection because of the disgusting content of the target?
- A strong possibility of vicariously traumatising the therapist (i.e. you) given the content or nature of the client's trauma?

What do you do… what are the options?

Quotable quotes…

- *"It is our job (as therapists) to ease the way for clients, not to force them through a protocol"* (Shapiro 2001, p.278)
- *"It is useful to assure the client that nothing will be imposed (on the client) during treatment…"* (Ibid, p.129)
- *"Sometimes a client is unwilling to concentrate on a specific memory because of shame or guilt…(the client) need not divulge the details of the memory"* (Ibid, p.132)
- *"The ability to process traumatic memories without the client providing a clear picture… can be very helpful to the clinician (where there is a likelihood of vicarious traumatisation)"* (Ibid; see also McCann & Pearlman 1990
- *"When a picture is unavailable, the clinician merely invites the client to "think of the incident""* (Shapiro 2001, p.133)

Demonstration

- T I noticed when we did the assessment that you didn't want to describe the memory/ies in detail. Normal treatment requires that you describe, in detail, images and memories that are upsetting. However, it is possible to conduct EMDR without describing the image or memory content at all. [Pause to check client understands]

- T Treatment will not suffer and you will still be in control throughout the treatment process. [Pause to check client understands]

- T In fact there is no need to tell me about the content of your images, memories, your evaluation of your memories, or your evaluations of your what you did. Remember treatment will not suffer as a result.

T Please focus on the image you do not wish to describe. Now choose a neutral word to refer to that image or memory that either reminds you about it [examples: '27' 'lamp post' 'evening'] or represents some quality about the image or memory [examples: 'big' 'huge' 'vivid'] What cue word have you chosen?

C [Cue word] _____

T [Do not attempt to identify an NC or a PC or, therefore, a VoC but do identify an emotion, SUDS and bodily location] When you look at [cue word] what emotion do you notice now?

C [Emotion] _____

T On a scale of 0-10 where 0=no [emotion] and 10= the worst [emotion] you could imagine, what number would you pick?

C [SUDS] _____

T Where do you feel that [number] now in your body?

C [Bodily Location] _____

T [Now describe to the client what 'change' – and therefore processing - is like to experience. Don't be over complicated but do provide several examples] After the eye movements/taps. I will ask you what change to your image do you notice. All I need to know is if things are changing, not the content of the image itself. [Pause to check client understands] Because you are not going to describe the image, it will probably not be easy for me to assess progress, so, before we start processing, I need to describe a few of the specific types of change you might experience.

T Images can change in many ways, they can seem to move away, or get smaller. They can go out of focus like viewing the image behind frosted glass, or there may be more, or less, detail. You may see totally new images. You may also notice other changes relating to your emotions or bodily sensations. Only tell me what you feel comfortable with.

- T [First set] Now notice [cue word] the [emotion] and [its bodily location] and now follow the lights/fingers/ taps [BLS]
- T [At the end of the set] Is there any change? [At first you may need to allow a little extra time for feedback so that the client has a chance to spot subtle changes. If feedback is too long, direct the client back to their body as follows] That is interesting… where do you feel it in your body? [BLS]
- T [Change: Yes or first No] Notice that and now follow the lights/ fingers/ taps
- T [Change: Second No: use basic strategies for unblocking or visual interweave – don't attempt cognitive interweaves! Use visual interweaves: 2 image strategy, or morphing work best]
- T [2 image strategy] Imagine the stuck image at arms length on the left. Now create a version of the same image on the right in which you are totally in control of what is happening. Now get the images to just touch each other. Now follow the lights/fingers/ taps
- T [Morphing] Look at the 'stuck' image and imagine you can stretch the whole picture so that it looks funny in some way. Now follow the lights/fingers/ taps

T [Returning to target] I'd like you to go back to [cue word] and give me some idea of what it is like now.

C _____

T ['Returning to target' can trigger disclosure. If so proceed as per normal protocol. If not continue as before]

T [Client identifies a PC?] Thank you for that. We will use that later [Do not attempt to identify an NC from the PC. Do not rate PC the VoC]

T [When SUDs=0 proceed with installation if you have a PC – followed by the rest of the protocol]

T [Incomplete session: as per normal protocol: skip installation and body scan and go to closure]

T [Re-evaluation: if disclosure happens during this phase be prepared to extend phase 8 to accommodate any discussion or explanations the client wishes to make. On the other hand, disclosure may never occur]

Any questions before we start…?

Mini-Practicum

- Quickly split up into pairs and arrange chairs as ‘ships passing in the night’
- Choose therapist and client. Client must have a target with SUDs not > 5
  - Assume therapeutic relationship formed
  - Client is suitable for treatment but in the assessment refused to go into details about targets
  - Client has a safe place
- Therapist: follow instructions on handout. Write down responses where required
- If time permits change round and try again
- Time is precious try hard not to discuss just follow the written instructions. Notice will be given when 5 minutes to go to end of practicum
- Time for more questions afterwards

Blind to Therapist Protocol

Summary of key points

P1 Identify non-disclosure during safety assessment/ history-taking

P1 Explain that treatment will not suffer if material cannot be disclosed

P2 Coach client to recognise change, as therapist may have difficulty establishing whether change is happening

P3 Give undisclosed image a cue word

P3 Do not obtain NC or PC

P4 Commence first set by saying:

Notice (cue word),(emotion),(location)

P4 Process as normal

P4 Disclosure may never occur, but PC may do so

P4 Even with PC don't attempt to obtain an NC

P5 Install PC if one surfaces in normal manner

B2T help can be obtained via: help@davidblore.co.uk