C-PTSD EMDR Protocol
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<u>Pre Processing Check List:</u>

- Resourcing
    - Calm/Peaceful Place
    - Parts work
    - Container exercise
    - Reorienting to current time and place
    - Allies (nurturer, protector, wise figure, preferably multiple)
    - Somatic awareness
    - Mindfulness/Noticing
    - Safety in relationship with therapist (key to working with any kind of trauma, but especially C-PTSD)
    - Creating a checklist of coping skills for clients to take care of themselves when activated (this could be a long process, which is ok)
    - Stabilizing enough in general to go into the processing phase (can be a long process, as well)
- Explain EMDR basic concepts
    - How it works
    - Noticing is the yellow line in the road, all you need to do
    - Dual Awareness
    - Allowing free association, don't try and lead the process
    - Try and stay with the emotional and imagery between sets

- Decide on BLS type
- Decide on stop and start signal "You have the agency to start and stop the process anytime"
- Explain phases

- Decide if you will start with more recent events or somatic symptoms (recommended for clients with less available resources and more complex trauma) or older/worse traumas.
- Invite clients to notice how current symptoms are showing up in their lives, which they can begin to log. TICES framework for tracking is helpful.
    - Triggers
    - Images
    - Cognitions (thoughts - NC)
    - Emotions
    - Sensations
- Create treatment plan

<u>Treatment Planning:</u>

Float Back:

- Bring up recent experience, notice worst moment
- Notice emotions and sensations and any negative beliefs that emerge
- Close your eyes
- Follow the current activation in your body back in time to explore relevant felt memories
- Might do multiple float backs to find earliest times

Affect Bridge:

- Hold recent experience in your mind
- Notice Emotions
- Notice Body Sensations
- Go back in time and let me know if you have experienced something similar

Direct Questioning:

"What other experiences in your life have you had that feel similarly to this one?"

Single Incident: “Whats the worst parts of this experience as you remember it?”

Zimmerman’s Topographic Float Back:

- Negative Cognition
- What are you noticing in your body?
- From the point of view of NC and Somatic/Emotion - What age does that come from?
- Feel age, NC, somatic/emotion
- Where are you, home, school or in the community?
- Can you picture a floor plan/location of (home, school or community)
- Check your gut - age, NC, somatic/emotion - what room in house (where in school or community)
    - Get more specific here - room, where in room, what furniture?
- From the perspective from this place, repeat NC, repeat age, look around and let me know the first memory that comes into your awareness.

EMDR Standard Protocol for CPTSD:

Parts Check In:
“Let's check in with your parts, are there any parts that have any questions, objections, or anything they want to say about doing EMDR today?”

Container: if needed you can have the client contain anything not related to what we are doing today using the container exercise. Don't contain parts, just thoughts or intrusions.

Issue for Processing:

Image/Snapshot of Memory: “What represents the worst part of the memory?”

Negative Cognition (NC): “When you think of that moment, what do you believe about yourself?”

Positive Cognition (PC): “When you think of that moment, what would you like to believe about yourself?”

Validity of Cognition (VOC): "When you think of that moment, how true do the words (PC) feel to you (can be on scale of 1-7 or not at all, a little, somewhat, neutral, yes, very much, completely)"
OR - you can Ask - "Is there any part of you that believes that could be true"

Emotions: "When you think of that moment, and (NC), what emotions do you feel?"

Subjective Units of Disturbance Scale (SUDS): "On a scale of 0-10, 0 being neutral and 10 being the most disturbing you can imagine, how disturbing is it now?"

Somatic:

- Sensations or Impulses
    - "Where do you feel it in your body? Is there an urge to do something?

<u>Processing Phase:</u>
"Bring up the moment in time/image and the words (NC), notice the emotions and how you feel them in your body, and just notice."

Begin BLS: Approximately 20-50 sets, based on what client prefers - you can check in with them about what they like.

Checking in: After every pass of 20-50 sets, check in, keep it simple and broad "What are you noticing?" or "What's happening?"
Then "Ok, notice that" or "OK, keep going with that" If the client is getting too deep in story here - gently ask to to come back to emotions and sensations, imagery, sensory experiences and just notice.

Relational connection: During sets, you can keep relational connection with the client: “I’m right here” “Keep going” “Doing great” and small verbal sounds so they know you are with them. Be judicious with this, and only use it if you think it will be helpful and not distracting or make them feel condescended in any way.

Stay in dual awareness: If the client is going to far away into processing, or can’t go to processing, check for either dissociative parts that might need to be addressed (see parts work cheat sheet for more info) or bring them back into current time and place, with you. Slow down, take a breath, orient themselves to their (or your) space. Could stand up, toss a ball, push with hands on wall, reorient them back to current age and time.a

Interweaves: If a client gets stuck and stops moving forward in processing, we need to help them get back on the train track. Be very judicious here, meaning do not do this too quickly/too soon, let the process unfold and if after a few passes of no apparent movement, bring in an interweave. Keep it short and relational in tone (safety is key in staying in the limbic state).

Interweaves can be: Parts work, somatic process, socratic questioning, psycho-education, relational/safety, re-orienting, reality testing (ex: how old were you and how old was he?), externalizing (ex: if someone you cared about was going through that?), and more.

Return to Target: When client has had 2-3 neutral or positive report backs, go back to the original moment/image “When you think of that original moment/image how disturbing is it now, 0-10?” If not an ecological 0, “Feel what keeps it a (#) and just notice” Return to BLS.

When you have completed the session and hit ecological 0, begin installation.

<u>Installation Phase/Bringing in the Positive Cognition (PC):</u>

- “Does the (PC from earlier) still fit, or is there something better?

or

- “What do you believe about yourself with that memory now?”

- "When you think of _____now, what do you want to believe about yourself?"

Validity of Cognition (VOC): "When you think of that moment, how true do the words (PC) feel to you (can be on scale of 1-7 or not at all, a little, somewhat, neutral, yes, very much, completely)"

- "Hold that belief as you replay that (target) you just gave me",
  or
- "When you think of the incident".
  Add BLS.

Future Template:

- "Imagine yourself in future if _____happens"
- Can move forward in time bringing in resources
- Can rewrite what happened with new PC and resources
- Ex: "Imagine what you would have done with what you know now"
- Can check in with child/baby: What do they need?
- Turn it into an imaginary movie with a beginning, middle and end.

Body Scan:

"Now notice that moment in time, and the (PC) and scan your body from head to toe and let me know if there is any disturbance or impulse"
If so, add BLS until the disturbance is gone.

Incomplete Target: If you are unable to complete a target in one session, you can either use Calm/Peaceful Place to tuck the client back in or you can offer a powerful interweave that will bring Self or a safe adult/ally in to help the process.

Completion:
At the end, let the client know things might come up from the processing, ie: strange dreams, more memories, more triggers, feeling destabilized, etc. They can use the list of coping skills created in the processing phase and if needed reach out to the therapist. They also just might feel better. Either outcome is normal. Some questions you can ask: "What feels like the most important thing you learned about yourself? What was it like to experience this? What was it like to do this work with me?"

Reevaluation:
In the next session, check SUDS and check-in. Some possible questions:

“How did your week go? What was relevant to the work that we did together? What's changed with regard to your symptoms? How are you sleeping? Any dreams or nightmares?”
The target may have shifted on the previous work. “What picture represents the worst part of that memory or trigger situation now?”