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What are the 8 phases of emdr

8 Phases of EMDR with Children and Adolescents: Integrating Play Therapy TechniquesPresented by Jackie Flynn, EMDRIA Approved Consultant & Registered Play TherapistIn this innovative, experiential workshop, participants learn practical application of EMDR Therapy through the integration of Play Therapy. EMDR and Play therapies are a robust combination that is an ideal approach to use with traumatized children and adolescents.Participants learn how to effectively deliver all 8 phases of EMDR Therapy with fidelity in a developmentally appropriate way through the therapeutic use of Play. A toy/art kit is mailed to participants prior to the training, providing the participant completes registration prior in enough time to receive it via mail, to support all of the experiential components though play-based emotional regulation, bilateral stimulation, somatic awareness, and expression. Clinicians learn and practice each component of 8 phases of EMDR (History Taking, Preparation, Assessment, Desensitization, Reprocessing, Body Scan, Closure & Re-evaluation) and the 3-pronged protocol while holding true to the basic protocol. The neuroscience of working with children is applied to the Adaptive Information Processing model through the lens of the therapeutic powers of Play is interwoven throughout the entire training. Participants finish the training with an abundance of knowledge and experience to confidently deliver EMDR therapy integrated with Play Therapy to their child and teen clients immediately following the workshop. This training is open to clinicians who are at least partially trained in EMDR.Here's our schedule for the week: (the time zone is EST, click here to convert to your time zone) June 21, 5 Hours - begins at 10:30am - ends at 4:30pm with lunch for 1 hourTuesday June 22, 5 Hours -begins at 10:30am- ends at 4:30pm with lunch for 1 hourWednesday June 23, 4 Hours -begins at 10:30am- ends at 3:30pm with lunch for 1 hourThursday June 24, 5 Hours -begins at 10:30am- ends at 4:30pm with lunch for 1 hourFriday June 25, 5 Hours - begins at 10:30am- ends at 4:30pm with lunch for 1 hourThis is NOT an EMDR basic training, EMDR, or Eye Movement Desensitization and Reprocessing, is an incredibly useful technique that was originally developed for the treatment of Post-traumatic Stress Disorder. Since its inception, research has been done that has shown EMDR to be an effective treatment option for multiple mental health issues such as eating disorders, anxiety, depression, and more! As EMDR becomes more mainstream (it was featured on an episode of Grey's Anatomy!), it's important to know how the treatment works. Phases of EMDR EMDR is divided into 8 phases. Some of which are repeated in almost every session, and some of which don't happen other than at the start of the treatment planning stage. Below are brief descriptions of each of the phases that are used in EMDR: Phase 1, History and Treatment Planning: In Phase 1, the counselor and client will work together to develop a treatment plan for their time working together. This phase begins with the intake session and continues with the counselor compiling lists of past events that created the problem the client is coming in for counseling on, the present situations or triggers that are causing distress, and the ways in which the client would like to change behaviors in the future. EMDR is a great way to confront traumatic experiences because this phase does not require an in-depth discussion of past events. Vague information is okay since the experiences are kept within the memory of the client. Phase 2, Preparation: Phase 2 is where the client and counselor will develop skills and coping techniques in order to make sure that the client will be able to manage the reprocessing that will take place. Counselor and client build trust in this phase, explains the theory and mechanics of EMDR, discusses stop and keep going signals. A counselor and client will also discuss grounding techniques that may be used if the reprocessing becomes overwhelming. Phase 3, Assessment: This phase is when a specific memory will be selected with the help of the counselor. The counselor and client will process through a series of questions that will activate the memory. This starts with selecting a specific image of the memory, a statement that expresses a negative belief about themselves that is associated with the event (I am bad, I am shameful, I am not safe, I am helpless, etc.), then a positive cognition that the client would rather believe about themselves when thinking about this experience. The counselor will then ask for a rating of the Validity of the Positive Cognition (VOC), from 1, completely false, to 7, completely true. After this, the counselor will ask about what emotions the client experienced when thinking about the event, the Subjective Units of Distress the client experiences when the event is brought to mind (from 0 to 10), and the body sensations that the client feels when considering the distress. Phase 4, Desensitization: The desensitization phase is the first phase in which eye movements are used. This phase is focused on the disturbing emotions, sensations, or thoughts, and works with the client's responses to these experiences. The counselor will start eye movements and after stopping, will ask for a brief description of what the client experienced during the eye movements. This phase continues until the SUD for the original experience is down to a 0 (sometimes a 1 or a 2, if more appropriate). Phase 5, Installation: After the SUD for disturbing emotions and beliefs is at a 0, the counselor and client will then work to install or reinforce the positive cognition. The counselor will ask the client if the positive belief still fits. The counselor will also ask how valid the cognition feels as the client thinks of it now. Eye movements will be used to install the positive belief until the VOC is up to a 7, completely true. Phase 6, Body Scan: Once the VOC is at a 7, or ethically appropriate, the counselor will ask the client to bring to mind the original experience and the positive cognition. The counselor instructs the client to scan their body from head to toe. During this phase, the counselor is looking for any sort of tension, tightness, or unusual sensation. If any is found, the counselor will administer eye movements until this sensation has dissipated. If there are no body sensations reported, then the memory target is considered to be successfully reprocessed. Phase 7, Closure: This phase ends every session, ensuring the client is able to leave feeling grounded and not in an activated state. If the current target memory is not finished, calming techniques will be used. The counselor will brief the client on how processing might be experienced throughout the time in between sessions. Phase 8, Re-evaluation: This phase is used at the beginning of each new session. It is done at either returning to the treatment plan to decide on the next memory to be reprocessed or reactivating the current target memory that was left unfinished at the end of the last session. This will ensure that the client is progressing well through the treatment plan in EMDR. ** Jack graduated from the College of William and Mary with a B.S. in Psychology. He recently finished his graduate work at Regent University with an M.A. in Clinical Mental Health Counseling. Throughout his studies, Jack has seen and worked with many clients. His clients have been adolescents and adults, struggling with depression, anxiety, post-traumatic stress disorder, adjustment issues. He has even worked with people with a desire to get to know themselves just a little bit better! The more Jack has worked with people, the more a simple truth has come to light: You are not alone! To learn more about Jack, visit HERE. EMDR therapy involves attention to three time periods: the past, present, and future. Focus is given to past disturbing memories and related events. Also, it is given to current situations that cause distress, and to developing the skills and attitudes needed for positive future actions. With EMDR therapy, these items are addressed using an eight-phase treatment approach. During EMDR treatment, the client will focus on a traumatic memory while their eyes track the therapist's hand movements. This bilateral stimulation is related to Rapid Eye Movement (REM) sleep functions and helps the client process their memories. In contrast to standard PTSD treatments, EMDR not only closes mental wounds, but it also transforms them into personal empowerment. Phase 1 The first phase is a history-taking session(s). The therapist assesses the client's readiness and develops a treatment plan. The client and therapist identify possible targets for EMDR processing. These include distressing memories and current situations that cause emotional distress. Other targets may include related incidents in the past. Initial EMDR processing may be directed to childhood events rather than to adult-onset stressors or the identified critical incident if the client had a problematic childhood. Clients generally gain insight into their situations, the emotional distress resolves and they start to change their behaviors. The length of treatment depends upon the number of traumas and the age of PTSD onset. Generally, those with single event adult onset trauma can be successfully treated in under 5 hours. Multiple trauma victims may require a longer treatment time. Phase 2 During the second phase of treatment, the therapist ensures that the client has several different ways of handling emotional distress. The therapist may teach the client a variety of imagery and stress reduction techniques the client can use during and between sessions. This stage is also used to foster trust between the therapist and client. The therapist will explain the EMDR process in great detail so the client will be informed, relaxed, and confident during treatment. The goal of EMDR therapy is to produce rapid and effective change while the client maintains equilibrium during and between sessions. Phase 3-6 In phases three to six, a target is identified and processed using EMDR therapy procedures. These involve the client identifying 3 things: The vivid visual image related to the memory A negative belief about self Related emotions and body sensations In addition, the client identifies a positive belief. The therapist helps the client rate the positive belief as well as the intensity of the negative emotions. After this, the client is instructed to focus on the image, negative thoughts, and body sensations while simultaneously engaging in EMDR processing using sets of bilateral stimulation. These sets may include eye movements, taps, or tones. The type and length of these sets are different for each client. At this point, the EMDR client is instructed to just notice whatever spontaneously happens. After each set of stimulation, the clinician instructs the client to let his/her mind go blank and to notice whatever thought, feeling, image, memory, or sensation comes to mind. Depending upon the client's report, the clinician will choose the next focus of attention. These repeated sets with directed focused attention occur numerous times throughout the session. If the client becomes distressed or has difficulty in progressing, the therapist follows established procedures to help the client get back on track. When the client reports no distress related to the targeted memory, they are asked to think of the preferred positive belief that was identified at the beginning of the session. At this time, the client may adjust the positive belief if necessary and then focus on it during the next set of distressing events until it feels true for them. Phase 7 In phase seven, closure, the therapist asks the client to keep a log during the week. The log should document any related material that may arise. It serves to remind the client of the self-calming activities that were mastered in phase two. Phase 8 The next session begins with phase eight. Phase eight consists of examining the progress made thus far. The EMDR treatment processes all related historical events, current incidents that elicit distress, and future events that will require different responses. If the client has multiple traumas, this phase will identify those areas and the process will begin again with a new target trauma. After successful treatment with EMDR therapy, patients will achieve physiological reconciliation, relieved distress, and the ability to reformulate negative beliefs. Eye Movement Desensitization and Reprocessing (EMDR) therapy (Shapiro, 2001) was initially developed in 1987 for the treatment of posttraumatic stress disorder (PTSD) and is guided by the Adaptive Information Processing model (Shapiro 2007). EMDR is an individual therapy typically delivered one to two times per week for a total of 6-12 sessions, although some people benefit from fewer sessions. Sessions can be conducted on consecutive days. The Adaptive Information Processing model considers symptoms of PTSD and other disorders (unless physically or chemically based) to result from past disturbing experiences that continue to cause distress because the memory was not adequately processed. These unprocessed memories are understood to contain the emotions, thoughts, beliefs and physical sensations that occurred at the time of the event. When the memories are triggered these stored disturbing elements are experienced and cause the symptoms of PTSD and/or other disorders. Unlike other treatments that focus on directly altering the emotions, thoughts and responses resulting from traumatic experiences, EMDR therapy focuses directly on the memory, and is intended to change the way that the memory is stored in the brain, thus reducing and eliminating the problematic symptoms. During EMDR therapy, clinical observations suggest that an accelerated learning process is stimulated by EMDR's standardized procedures, which incorporate the use of eye movements and other forms of rhythmic left-right (bilateral) stimulation (e.g., tones or taps). While clients briefly focus on the trauma memory and simultaneously experience bilateral stimulation (BLS), the vividness and emotion of the memory are reduced. The treatment is conditionally recommended for the treatment of PTSD. EMDR therapy uses a structured eight-phase approach that includes: Phase 1: History-taking Phase 2: Preparing the client Phase 3: Assessing the target memory Phases 4-7: Processing the memory to adaptive resolution Phase 8: Evaluating treatment results Processing of a specific memory is generally completed within one to three sessions. EMDR therapy differs from other trauma-focused treatments in that it does not include extended exposure to the distressing memory, detailed descriptions of the trauma, challenging of dysfunctional beliefs or homework assignments. In addition to getting a full history and conducting appropriate assessment, the therapist and client work together to identify targets for treatment. Targets include past memories, current triggers and future goals. Preparation The therapist offers an explanation for the treatment, and introduces the client to the procedures, practicing the eye movement and/or other BLS components. The therapist ensures that the client has adequate resources for affect management, leading the client through the Safe/Calm Place exercise. Assessment The third phase of EMDR, assessment, activates the memory that is being targeted in the session, by identifying and assessing each of the memory components: image, cognition, affect and body sensation. Two measures are used during EMDR therapy sessions to evaluate changes in emotion and cognition: the Subjective Units of Disturbance (SUD) scale and the Validity of Cognition (VOC) scale. Both measures are used again during the treatment process, in accordance with the standardized procedures. Validity of Cognition (VOC) scale The clinician asks, "When you think of the incident, how true do those words (repeat the positive cognition) feel to you now on a scale of 1-7, where 1 feels completely false and 7 feels totally true?" Completely false 1 2 3 4 5 6 7 Completely true Subjective Units of Disturbance (SUD) scale After the client has named the emotion he or she is feeling, the clinician asks, "On a scale of 0-10, where 0 is no disturbance or neutral and 10 is the highest disturbance you can imagine, how disturbing does it feel now?" No disturbance 0 1 2 3 4 5 6 7 8 9 10 Worst possible Desensitization During this phase, the client focuses on the memory, while engaging in eye movements or other BLS. Then the client reports whatever new thoughts have emerged. The therapist determines the focus of each set of BLS using standardized procedures. Usually the associated material becomes the focus of the next set of brief BLS. This process continues until the client reports that the memory is no longer distressing. Installation The fifth phase of EMDR is installation, which strengthens the preferred positive cognition. Body Scan The sixth phase of EMDR is the body scan, in which clients are asked to observe their physical response while thinking of the incident and the positive cognition, and identify any residual somatic distress. If the client reports any disturbance, standardized procedures involving the BLS are used to process it. Closure Closure is used to end the session. If the targeted memory was not fully processed in the session, specific instructions and techniques are used to provide containment and ensure safety until the next session. Re-evaluation The next session starts with phase eight, re-evaluation, during which the therapist evaluates the client's current psychological state, whether treatment effects have maintained, what memories may have emerged since the last session, and works with the client to identify targets for the current session. Special thanks to Louise Maxfield, PhD, and Roger M. Solomon, PhD, for their contributions to this description.

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