

8 PHASES OF EMDR WITH CHILDREN & ADOLESCENTS: INTEGRATING PLAY THERAPY TECHNIQUES SUPPORT WORKBOOK



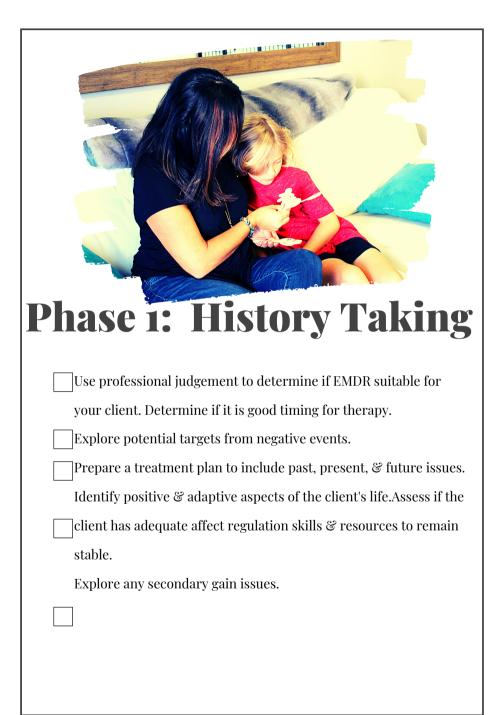
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This workbook is designed to support your EMDR Therapy work with children and Dear Child Therapist, teens. In the following pages, you will find a checklist to support your work with each phase of EMDR Therapy. EMDR therapy is to be performed by EMDR trained

I created this fidelity checklist as a training aid to assist you in my 8 Phases of EMDR professionals only. Therapy with Children and Adolescents: Integrating Play Therapy Techniques advanced training in providing quality EMDR Therapy for your clients in accordance with EMDRIA's Definition of EMDR. Please visit www.emdria.org for the original source of this definition in it's complete form.

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Phase 2: Preparation

Discuss the framework of EMDR for informed consent with parent
(and client if appropriate).
Ensure the therapeutic relationship is sufficient for client's
emotional safety.
Assess and support the clients ability to engage in self-soothing
and affect regulation.
Assess and support adequate adaptive resources.
Assess and support adequate affect regulation skills for
development of positive and adaptive memory networks to expand
the client's window of tolerance and development of capacity for
relationship.



Phase 3: Assessment

Identify the components of the target/ issue and establish a baseline
response.
Ensure the therapeutic relationship is sufficient for client's emotiona
safety.
Assess and support the client's ability to engage in self-soothing and
affect regulation.
Assess and support the client's presence of adaptive resources.
Assess and support the client's affect regulation skills for
development of positive and adaptive memory networks to expand
their window of tolerance and development of capacity for
relationships.



Phase 4: Desensitization

Activate the memory/issue.
Ask the client to notice his/her experiences while alternating
bilateral stimulation.
Instruct the client to report observations - new insights,
associations, information, and emotional, sensory, somatic or
behavioral shifts.
Use specific procedures and interweaves if processing is blocked.
(only when needed, don't overuse cognitions).
Continue until the SUD level is reduced to o (or an ecologically valid
rating.
Assist the individual in maintaining an appropriate level of arousal
and affect tolerance.



Phase 5: Installation

Check for a potential new positive belief related to the target
memory.
Support the client in selecting a new belief or accessing the
previously established positive cognition.
Direct the client to hold the positive cognition in mind, along with
the target memory (not the original target image), and to rate the
selected positive belief on the VOC scale of 1 to 7.



Phase 6: Body Scan

	Direct the client to think of the target event and the positive belief
((cognition) at the same time, then scan their body for any tight,
-	tense, or any unusual sensation.

If the client reports a body sensation, continue BLS (bilateral stimulation) until the client reports only neutral or positive sensations.



Phase 7: Closure

Use techniques to orient the client fully to the present and
facilitate stability at the completion of the session and between
sessions.
Inform the client that processing may continue after the session.
Provide instructions for maintaining stability and ask the client to observe and log significant observations or new symptoms.



Phase 8: Re-evaluation

Utilizing the EMDR standard three-pronged protocol, assess the
effects of previous reprocessing of targets looking for and
targeting residual disturbance.
Look for new material that may have emerged, current triggers,
anticipated future challenges, and systemic issues.
If any residual or new targets are present, repeat Phases 3-8.

Important THINGS

