

Using EMDR with Children: Tools and Tricks

Suzanne Rutti, MSW, LISW-S
Tammy Moore, MSW, LISW-S
EMDR Certified Therapists & Approved Consultants
Ohio Institute for Trauma & Wellness

About Us

The Ohio Institute for Trauma and Wellness, LLC (OTW) was founded by Lisa Hayes, LISW-S, Tammy Moore, LISW-S and Suzi Rutti, LISW-S in 2019. The purpose of OTW is to provide high quality, socially conscious, culturally humble trauma-informed training, consultation and other services.

OTW strives to create safe spaces for professional curiosity, professional development, community engagement, equitable access, critical self-evaluation and increased cultural humility. OTW seeks to provide the community with trauma-informed trainings, consultation and other services that will enhance our community and ensure standards of practice.

OTW acknowledges the impact of trauma in our personal, local and global communities and is committed to continuous learning and trainings that increase the trauma competency of professionals serving these communities.

Our Core Values: OTW values diversity of community, identity and ideas. We seek to reflect those values in our work and in our community interactions.



Land Acknowledgement

We would like to acknowledge that the land we are meeting on today has long served as a site of meeting and exchange amongst Indigenous peoples.

Specifically, in the Central Ohio region where Suzi and Tammy are based: the Shawnee, Chippewa, Iroquois, Wyandotte, Miami and Delaware nations.

We honor and respect the diverse Indigenous peoples connected to this territory on which we gather. We encourage each participant to increase their awareness of the historical and current realities of indigenous peoples in your local community.

Disclosure and Self-Care

- The content of this presentation includes information that may be triggering to program participants. Please listen to your body and take care of yourself as needed.

- *Grounding Exercise*

- Confidentiality statement regarding videotapes

Assumptions and Acknowledgements

- Literacy/English proficiency
- Visual ability
- Basic EMDR therapy knowledge/partial training
- Desire to learn and add to knowledge base
- Belief that trauma impacts children's development
- Collective desire to create a "safer space" for this discussion
- Curiosity and interest in working with children

Objectives

- Describe the triune brain model and the impact of trauma on the brain
- Describe the window of tolerance model and identify 2-3 grounding strategies to manage hyperarousal symptoms and 2-3 alerting strategies to manage hypoarousal symptoms
- Discuss the impact of preverbal trauma on development
- Describe dissociative symptoms as they present in children and adolescents
- Complete trauma-focused history taking with children and adolescents
- Identify 1-2 ethical considerations and challenges with working with children and adolescents
- Utilize case conceptualization strategies when working with children and adolescents using the AIP model
- Demonstrate 2-3 Phase 2 Preparation strategies for use with children and adolescents
- Identify 2-3 adaptations and interventions appropriate for children and adolescents for Phases 3-8
- Identify 2-3 situations during which an interweave may be appropriate or necessary
- Describe the storytelling technique for the integration of EMDR Therapy with children and caregivers
- Describe 1-3 alternative methods of therapy that can be integrated into EMDR Therapy

Children and Trauma

Trauma Definition

- Serious injury (actual or perceived) to self/witness serious injury or death of someone else
- Threats of serious injury/death (actual or perceived) to self or others
- Psychological harm/violation of integrity
- Powerlessness, helplessness, horror, fear, terror

2003)

(NCTSN,

Helplessness to protect yourself; Helplessness to protect someone else

Threat you are not prepared to handle

(O'Shea, 2012)

Types of Trauma

Acute	Chronic	Complex
<ul style="list-style-type: none"> • Unanticipated single events • Examples: school shootings, car accidents, homicides, traumatic losses 	<ul style="list-style-type: none"> • Long-standing or repeated exposure to extreme external events • Examples: physical abuse, sexual abuse, emotional abuse, neglect, domestic violence • War 	<ul style="list-style-type: none"> • Chronic • Interpersonal in nature, early onset with varied traumas • Betrayal trust (consider caregivers, family members) • Dissociative

Victim Identification

- Primary
 - Directly witnessed/experienced event
- Secondary
 - Received 1st hand account
 - Community workers/1st responders/School staff
 - Members of impacted community
- Tertiary
 - Vicarious traumatization
 - Re-traumatization*
 - Populations with culturally/population specific trauma history
 - Refugee/war exposure
 - Hate crimes
 - Police brutality

Examples of Trauma

Car Accident
 Natural Disaster
 Serious Medical Treatment
 Bullying/cyberbullying/school violence
 Community Violence
 Domestic Violence
 Emotional Abuse
 Physical Abuse
 Sexual Abuse
 Parent/Guardian Incarceration
 Civil war/ terrorism
 Suicide
 Poverty
 Systemic racism and oppression
 Immigration/ refugee / undocumented trauma

Neglect
 Homelessness
 Exposure to Alcohol/Drugs
 Parent/Guardian with Mental Illness
 Sudden Death/Loss/Survivor suicide
 Robbery
 Kidnapping
 Witness to Death/ dying
 Birth Trauma/ perinatal trauma/ interrupted pregnancy
 Separation from Caregiver(s)
 Living unsafe communities
 Police targeting/ brutality (fear of or experience of)
 Intergenerational trauma
 Pandemic

(adapted from Childhood Trust Events)

Adverse Life Experiences

- It is *all* trauma
- ACE Study
 - 10 Questions including instances of
 - Verbal, physical, sexual, emotional abuse
 - Neglect
 - Parental separation or incarceration
 - Parental untreated mental health
 - Household alcohol and drug addictions
 - Caregiver violence
 - Compares current adult health status to childhood experiences decades earlier

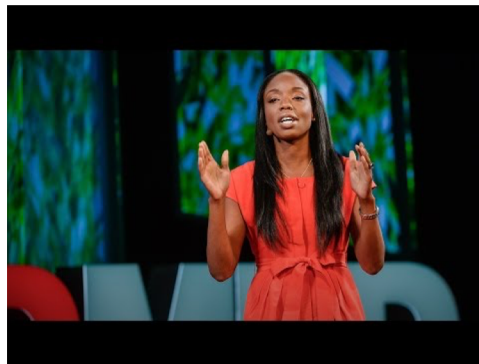
<https://cls.unc.edu/wp-content/uploads/sites/3019/2016/08/From-ACESTOOHIGH-ACES-and-Resilience-questions.pdf>

ACE Study Key Findings:

• Presence of 1 or more adverse childhood experience increased likelihood of a person experiencing the following:

- Alcoholism
- COPD
- Depression
- Fetal Death
- Health-related quality of life
- Adolescent pregnancy
- STI's
- Smoking
- Suicide attempts
- Illicit drug use
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Early initiation of sexual activity
- Unintended pregnancies

Adverse Life Experiences



- <https://www.youtube.com/watch?v=95ovlJ3dsNk>

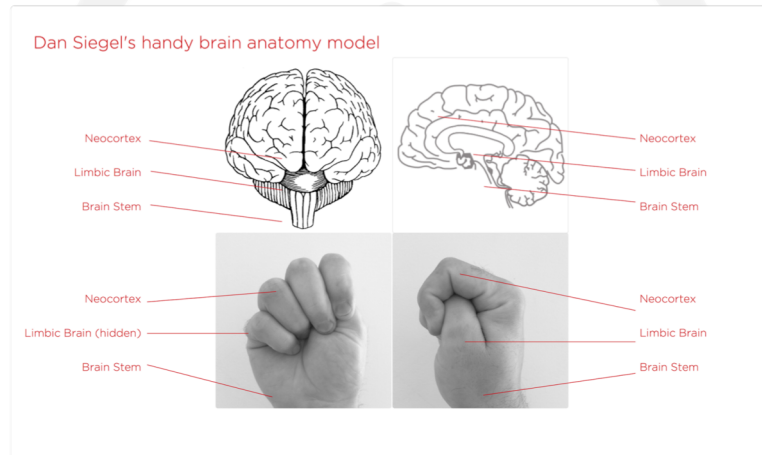
ACE Conceptual Framework



Preverbal Trauma

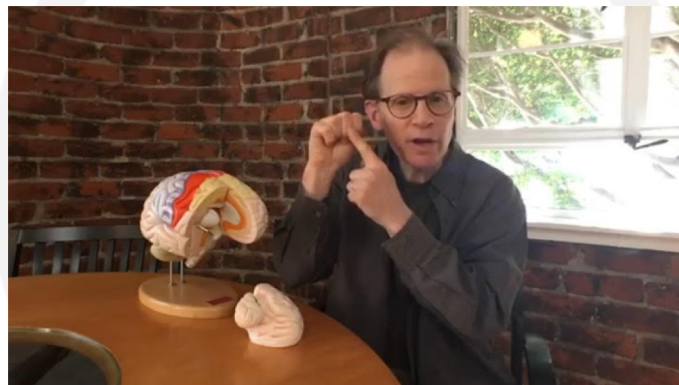
- Lack of prenatal care
- Traumatic birth
- Neglect/ Abuse
 - Physical Abuse
 - Sexual Abuse
 - Witnessing Abuse
- Early Surgeries/ Hospitalizations/ Medical issues
- Foster Care/ Adoption- multiple placements
- Caregiver's untreated mental health/ addiction issues
- Failure to thrive/ deprivation
- Separation from primary/ biological caregivers
- Poor attachment
- Unwelcomed pregnancy/ birth
- Generational trauma

Hand Model of the Triune Brain (Siegel, 2010)



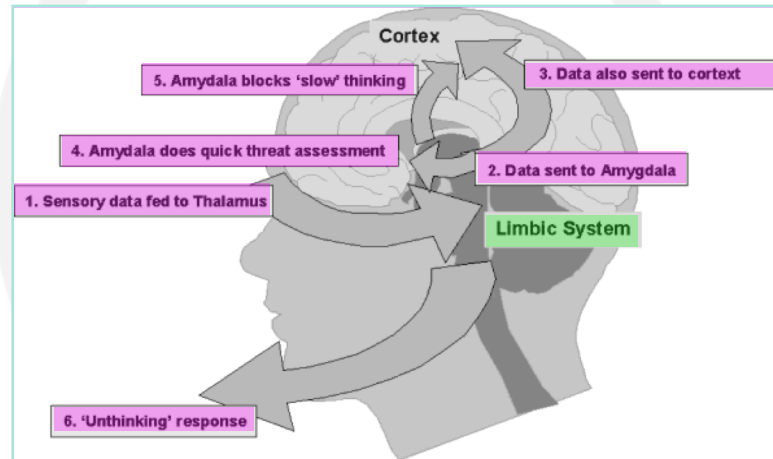
English, 2016

Triune Brain, Cont.



- <https://www.youtube.com/watch?v=f-m2YcdMdFw>

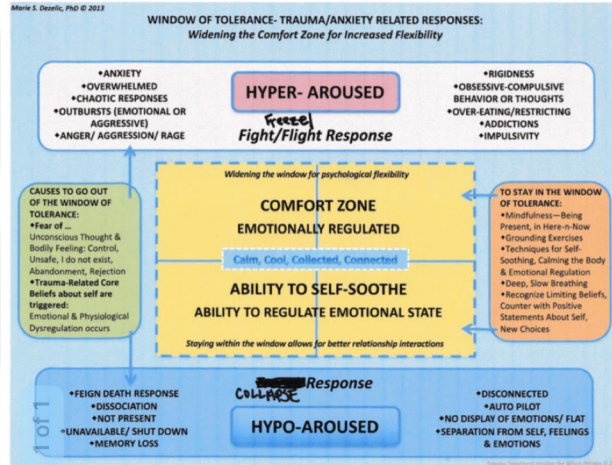
Brain's Response to trauma



Six Steps to Unthinking Response

1. Sensory input
2. Data sent to amygdala
3. And cortex at the same time (longer route to cortex)
4. Amygdala assesses threat of sensory stimuli
5. Amygdala blocks slow thinking process in cortex
6. Unthinking Response

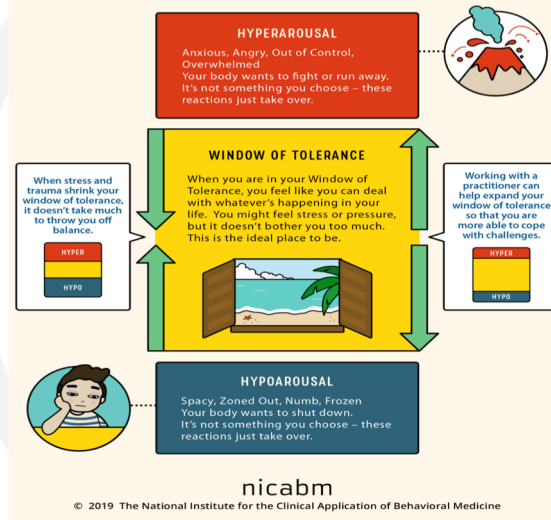
Window of Tolerance



21

Dezelic, 2013

How Trauma Can Affect Your Window Of Tolerance



Trauma Symptoms

Hyper Arousal

- “All feeling, no function”
- Anxiety/ panic
- Increased heart rate/ breathing
- Sweating, shaking, physical response
- Outwardly upset
- Visibly emotional
- Difficulty attuning to details, facts, etc.

Hypo Arousal

- “All function, no feeling”
- Apparently normal personality
- Low affect range-can be misinterpreted as indifference
- Dullness of senses
- Numbness
- Slow, shallow breathing

23

Grounding Strategies (Handout)

Calming (hyper arousal)

- Deep breath
- Warm drink/tea
- Soft, low lighting
- Soft textures
- Rocking, slow movements

Alerting (hypo arousal)

- Strong scent
- Sour/minty candy
- Bright lights/ colors
- Cool air/ water/ room
- Physical movement

24

Polyvagal Theory

When our neuroception detects safety, our body continues to be regulated by **ventral vagal** pathways: allowing for connection and social engagement.

When our neuroception signals threat, our neural platform shifts to a **sympathetic** response which prepares our body for an active response. If the threat persists, our neural platform shifts again and becomes regulated by our **dorsal vagal** pathways which respond to life threat by collapse and shutdown.

The shifts in neural platform are sequential-like walking down a flight of stairs.

It is important to think of the experiences that put us in danger of "falling down" the stairs of our autonomic nervous system and the tools we will need to "walk back up" to feelings of safety and connection.

© The Ohio Institute for Trauma and Wellness 2020

Child Brain Development

- Experience changes the brain
 - "Activity dependent"
 - Early life experiences determine the capacity of the brain
 - Vulnerable to developmental problems
 - Impoverished
 - Un-nurturing
- Mirror neurons
- Automatic learners
 - Observe
 - Practice
 - Teach
- Adult behavior NOT adult brain function
- Attachment matters

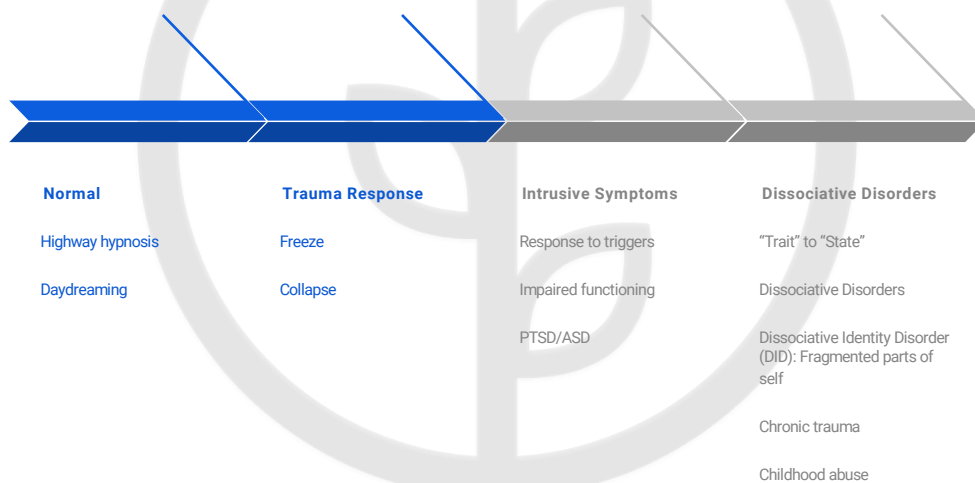
National Center for Infants, Toddlers, and Families, 2015

Dissociation

- Spectrum
- Chronic trauma/Homeostasis
- Dissociative disorders
- Ego States
- Internal Family Systems
- Vulnerability to negative coping
 - Self-harm, risky behavior, substance abuse
- Grounding/Alerting strategies



Dissociation



Dissociation Screening Tools

- Child Dissociative Checklist (CDC)
- Adolescent Dissociative Experience Scale-II (A-DES)
- Imaginary Friends Questionnaire



Video Example: Explaining Dissociation

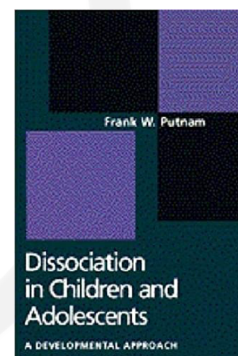


Telehealth and Dissociation

- Adequate time in Phase 2 Preparation
 - Awareness of system: both client and clinician
 - Recognition of signs of dissociation
- Communication strategies
- Plan for connection disruption
 - Other disruptions
- Stop signal
- DAS considerations
- Consider environment
- Enough time for closure/plan after sessions
- Inclusion of caregivers

For More Training on Dissociation

- International Society for the Study of Trauma and Dissociation (ISSTD) www.isst-d.org
 f <https://www.isst-d.org/wp-content/uploads/2019/02/childguidelines-ISSTD-2003.pdf>
- National Child Traumatic Stress Network www.nctsn.org
- Frank Putnam
- Consultation!



3-Stage Consensus Model of Trauma Treatment

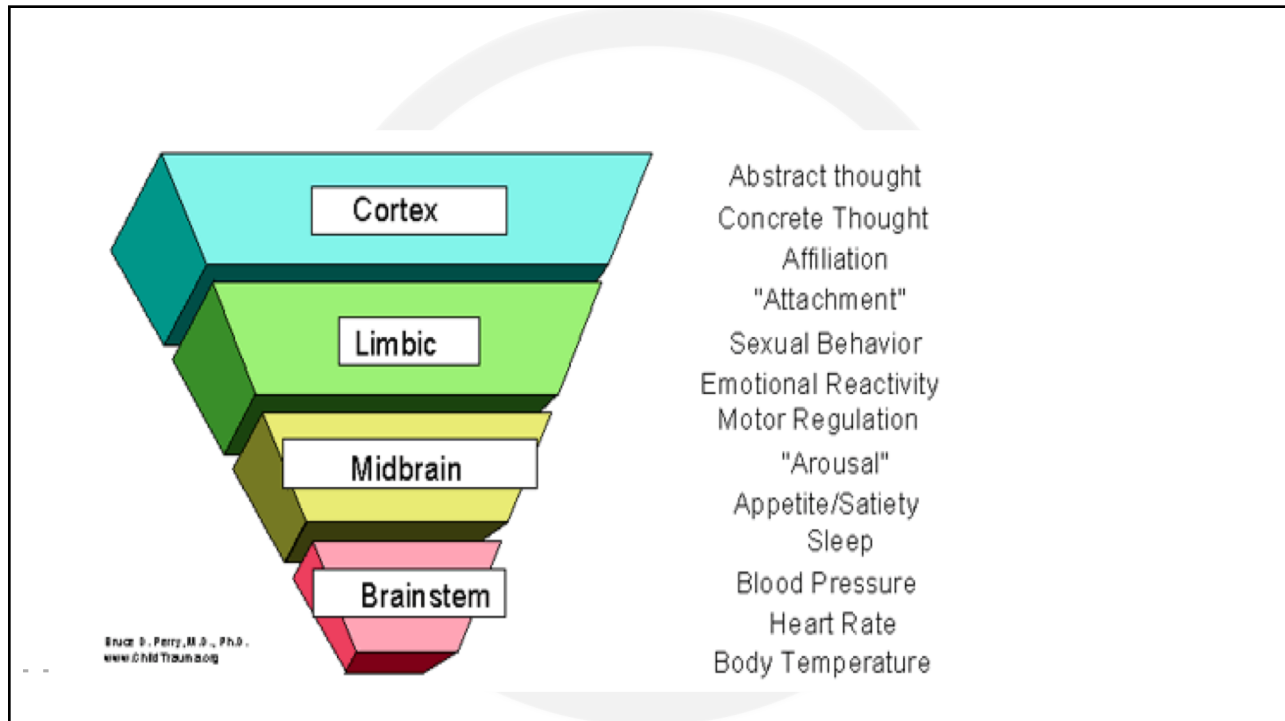
- Stages of trauma treatment (Janet, 1889; ISTSS, 2012)
 1. Stabilization/Preparation
 2. Trauma Processing
 3. Relapse Prevention/Rehabilitation

Client Implications



The client's primary survival need is to regulate their body and brain. An unregulated/symptomatic client does not have access to relational or complex reasoning skills.

Perry, 2010



EMDR Therapy and Children

Ethical Considerations

- Experience with children
- Knowledge base of trauma and children, child development
- Informed consent
- Documentation
 - Knowledge of parental rights
 - Reporting
- Parent/guardian inclusion in sessions
- Safety planning
- Court involvement
 - What we know about disclosures
- Cultural humility

About Child Disclosures

- Estimated 60-80% of childhood sex abuse victims withhold disclosure
- Over half of disclosures are delayed for 5 years or more
- Often tell the non-abusing parent (mother typically)
 - First disclosure
 - More coherently
 - More frequent
- False allegations are rare (about 2%)
 - Understate rather than overstate
 - Easy to detect
- Difficult to tell stranger
- Neurological trauma response

(Alaggia, R., 2010)

Child Development and Sexual Health

Examples of Sexual Behaviors in Children Aged 2 Through 6 Years

Normal, common behaviors	Less common normal behaviors ^a	Uncommon behaviors in normal children ^b	Rarely normal ^c
<ul style="list-style-type: none"> • Touching/masturbating genitals in public/private • Viewing/touching peer or new sibling genitals • Showing genitals to peers • Standing/sitting too close • Tries to view peer/adult nudity • Behaviors are transient, few, and distractible 	<ul style="list-style-type: none"> • Rubbing body against others • Trying to insert tongue in mouth while kissing • Touching peer/adult genitals • Crude mimic of movements associated with sexual acts • Sexual behaviors that are occasionally, but persistently, disruptive to others • Behaviors are transient and moderately responsive to distraction 	<ul style="list-style-type: none"> • Asking peer/adult to engage in specific sexual act(s) • Inserting objects into genitals • Explicit imitation of intercourse • Touching animal genitals • Sexual behaviors that are frequently disruptive to others • Behaviors are persistent and resistant to parental distraction 	<ul style="list-style-type: none"> • Any sexual behaviors involving children who are 4 or more years apart • A variety of sexual behaviors displayed on a daily basis • Sexual behavior that results in emotional distress or physical pain • Sexual behaviors associated with other physically aggressive behavior • Sexual behaviors that involve coercion • Behaviors are persistent and child becomes angry if distracted

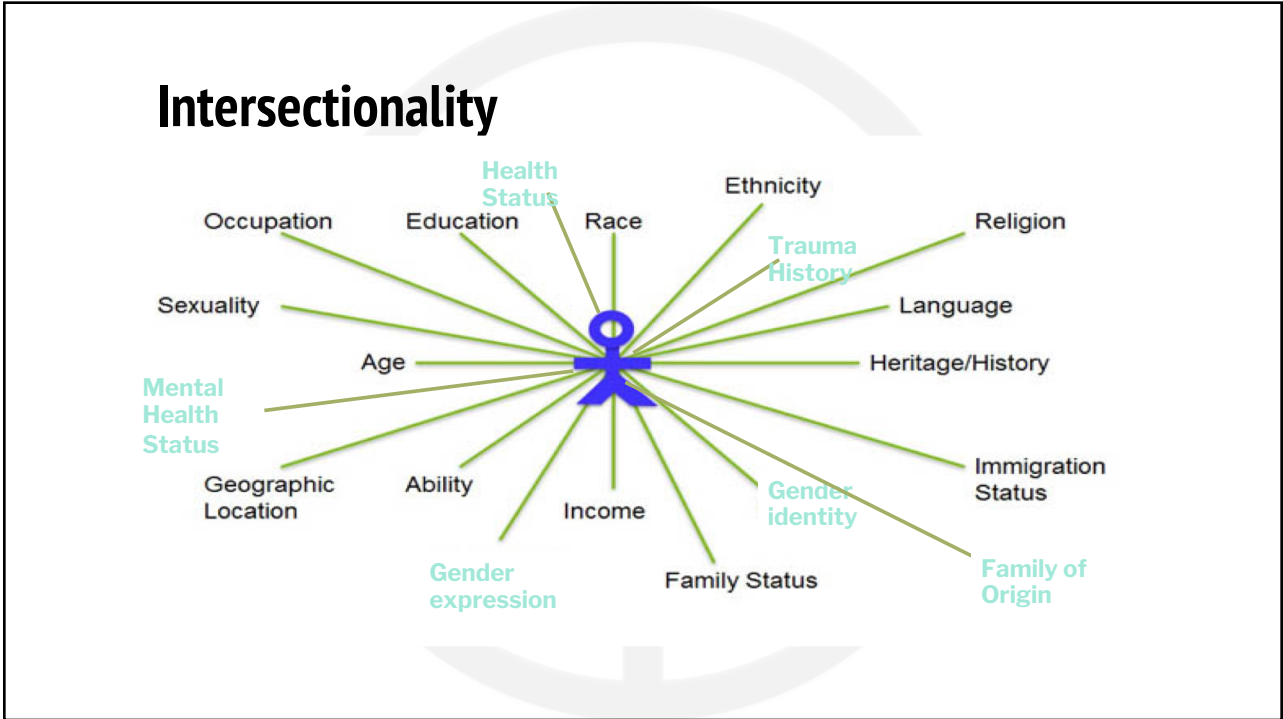
- ^aAssessment of situational factors (e.g., family nudity, day care, new sibling) contributing to behavior recommended.
- ^bAssessment of situational factors, family characteristics (e.g., violence, abuse, neglect) recommended.
- ^cAssessment of all family and environmental factors and report to child protective services recommended.
- **Note:** This table was adapted from the American Academy of Pediatrics (AAP) clinical report, *Evaluation of Sexual Behaviors in Children*, and should not be used in isolation to determine if a child has been sexually abused. Please bring up any concerns with your child's pediatrician.

<https://www.healthychildren.org/English/ages-stages/preschool/Pages/Sexual-Behaviors-Young-Children.aspx>

Cultural Humility

- Commitment to lifelong learning, self-evaluation, and self-critique
- Addresses power imbalances
- Mutually respectful relationships
- Considers intersectionality and personal experiences
- "humble reflection that one's knowledge is always partial, incomplete, and inevitably biased" (Wear, 2008)
- Client and their families are the expert on their lives, experiences
- Competency is a journey, not a destination

<https://implicit.harvard.edu/implicit/takeatouchtest.html>



Inclusivity

www.mypronouns.org

- Trauma **does not** cause a child to become gender diverse
- Trauma **does not** impact sexual orientation
- Variations of gender expression and identity are normal aspects of human diversity

Educating Children about Trauma and EMDR Therapy

- Triune brain
 - Trauma response
 - Book list
 - Media references
-
- Parent/Guardian Education
 - What is EMDR Therapy?
 - What to expect between sessions
 - Coping/grounding strategies

Videos:

<https://www.youtube.com/watch?v=D7yKY8Hm12Y>

<https://www.youtube.com/watch?v=EE-ljBTquAI>

<https://www.youtube.com/watch?v=C5Yl6cy7m4Y>

Video: Explaining EMDR Therapy



Children and Trauma and the AIP Model

- Adaptive Information Processing (Shapiro, 2018)
- Learned experiences
- Early intervention
 - Later diagnoses due to untreated childhood trauma
- Healing the root of the problem vs. treating symptoms

Case Conceptualization

Appropriateness for EMDR Therapy

All clients can benefit from EMDR therapy!

Considerations:

- Length of time/sessions available
- Informed consent/consent from parents
- Access to privacy/private space
- Timing of sessions: what do they have right before/after?
- Preparation is key and everyone can benefit from Phase 2 work!

Case Conceptualization/Treatment Planning (Marich, 2015)

- Presenting Issue
- Goal & Desired Objectives
- EMDR Preparation Resources, Targets or Future Templates to Address

Case Conceptualization: Example (modified from Marich, 2015)

- Presenting Issue:
 - Separation anxiety
- Goal & Desired Objectives:
 - Improve transitions from caregivers: decrease anxiety and aggression at onset of transitions/separation from caregivers
- EMDR Preparation Resources, Targets or Future Templates to Address:
 - Identify existing coping strategies/resources
 - Develop and enhance resources (safe space, five senses, grounding, container)
 - Target NC “I am not safe” connected to early memory of home invasion while with babysitter
 - Future template: visualize transitions to school from caregivers with PC

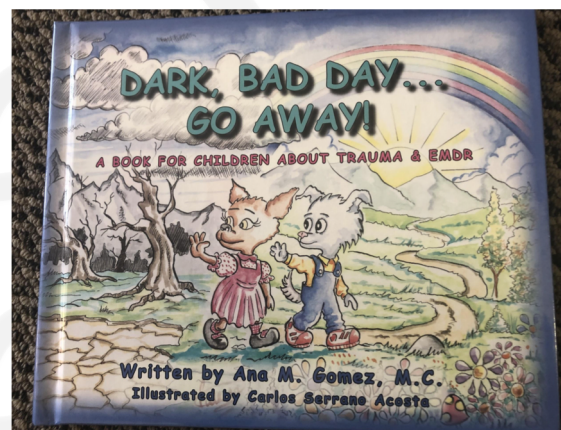
Utilizing EMDR with Children: The 8 phases

- Phase One: Client History
- Phase Two: Preparation
- Phase Three: Assessment (of Targeting Sequence)
- Phase Four: Desensitization
- Phase Five: Installation
- Phase Six: Body Scan
- Phase Seven: Closure
- Phase Eight: Re-Evaluation

Phase One: Client History

Phase One: Client History

- Three Wishes
- Ana Gomez- Dark, Bad Day
- Playing back movie analogy; remote
- Floatback technique
- TF-CBT Upset Confusing Events
 - Kid and teen versions
- Thoughts cards
 - Thoughts Kit for Kids



Common Cognitions for Use with Children/Teens

- Responsibility
 - I should have done something
 - I did something wrong
 - It is my fault
- Safety
 - I am not safe
 - I cannot trust anyone
 - I can't show my feelings
- Control
 - I am not in control
 - I am weak
- Value
 - I am a bad kid
 - I am terrible
 - I am stupid



Cognitions

Mixed-Up Thoughts

I should have known better
 I should have known
 I should have done something
 I did something wrong
 It is my fault
 I can't be trusted
 I am not safe
 I cannot trust anyone
 I am bad
 I messed up
 I am going to die
 I am in danger
 I am not in control
 I cannot stand it
 I have to be perfect
 I am weak
 I am trapped
 I can't do it
 I can't get help
 I'm going to explode
 I can't get what I want
 I can't handle it
 I am powerless
 I am helpless
 I can't get help
 I am dying
 I am bad
 I am a bad kid
 I am damaged
 I am broken
 I am not important
 I am not good enough
 I am ugly
 I am alone
 I am stupid
 I am not loveable
 I deserve to die

Good Thoughts

I did the best I could
 I can learn from it
 I make good choices
 I did my best
 It was not my fault
 I can be trusted
 I am safe now
 I can choose who I trust
 I am a good kid/person
 It's ok to make mistakes
 I have a way out
 It is over
 I can help myself
 I can handle it
 I am ok the way I am
 I am strong
 I can get out
 I can do it
 I can get what I need
 I am ok
 I can ask for help
 I can handle it
 I am powerful
 I can protect myself
 I can ask for help
 I am ok now
 I am good
 I am a good kid
 I am ok as I am
 I have purpose
 I am important
 I am good enough
 I am beautiful
 I have people that care about me
 I am smart
 I am loved/loveable
 I deserve to live

Ohio Institute for Trauma & Wellness, 2021 (modified from Marich & Associates, 2015)

Client History and Target Identification

- Wish/Theme:
 - Negative cognition:
 - First
 - Worst
 - Most recent

- Wish/Theme:
 - Negative cognition:
 - First
 - Worst
 - Most recent

3 Wishes Example

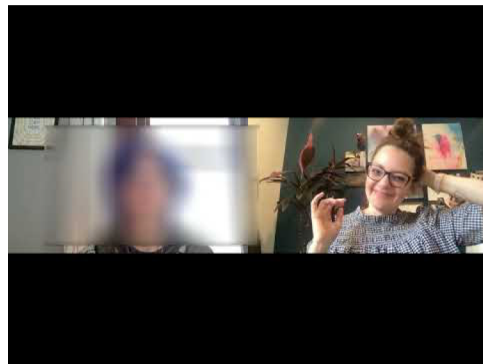


My 3 Wishes



- _____
- _____
- _____

Phase One: Video Example



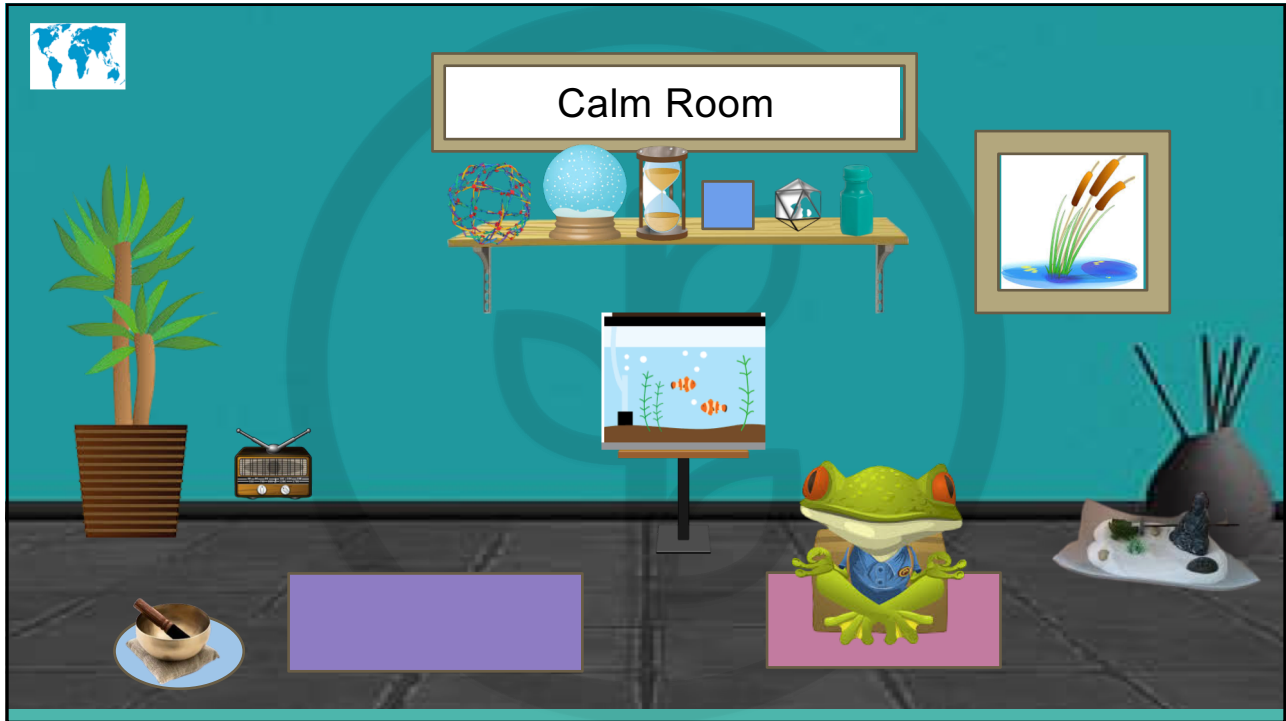


Phase Two: Preparation



Preparation

- Identify existing resources/coping strategies
- Develop new strategies
- Integration of BLS with skills you already teach
 - Psychoeducation
 - TF-CBT Workbook <https://tfcbt.org/wp-content/uploads/2014/07/Your-Very-Own-TF-CBT-Workbook-Final.pdf>
 - Mindfulness
 - Feeling expression
 - Coping/grounding skills
 - Self-esteem
 - De-escalation techniques
 - Yoga and movement



Phase 2 Strategies

Categories:

- Education
- Containment/Grounding
- Mindfulness
- Resourcing
- Affect Tolerance

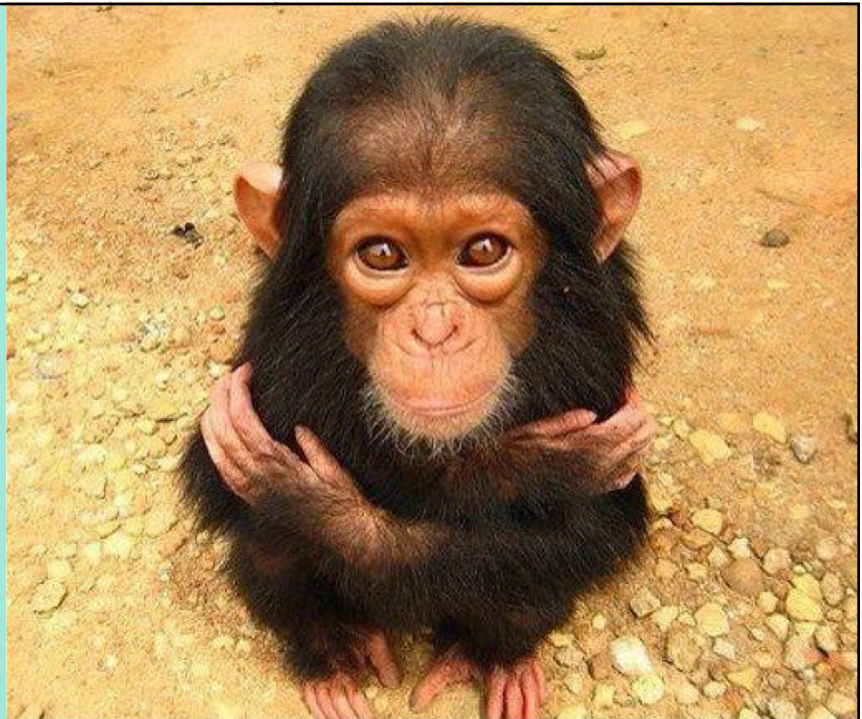
Preparation Skills: Education

- Trauma education
- Triune Brain
 - flipping lid
- EMDR Therapy Education
- Butterfly Hug/Monkey Taps



Butterfly Hugs/Monkey Taps

Demonstration



Preparation Skills: Containment/Grounding

- Safe Place
- Container
- Five Senses
- "I Spy"
- Coping Kit
- Yoga Poses
- Earth Wind Water Fire

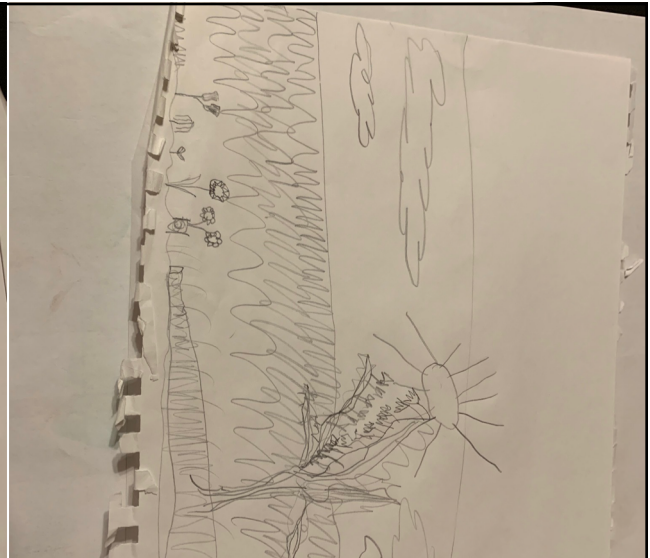
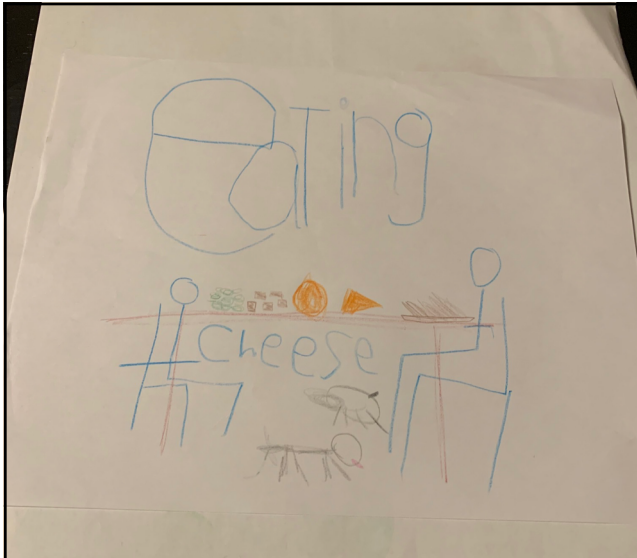
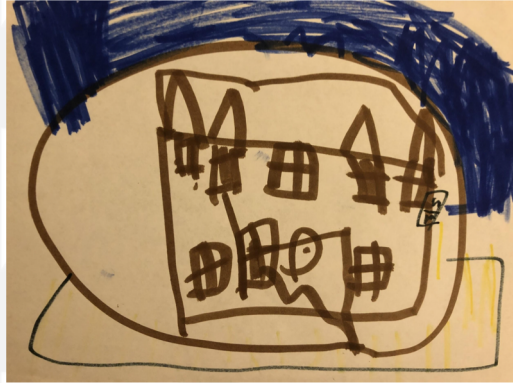


Safe Place

- Art
- Sandtray
- Photos
- Google images
- Addition of sensory elements
- Safety considerations



Safe Place: Examples



Safe Place: Examples

Safe Place: Examples



Safe Place: Examples



Video: Safe Place

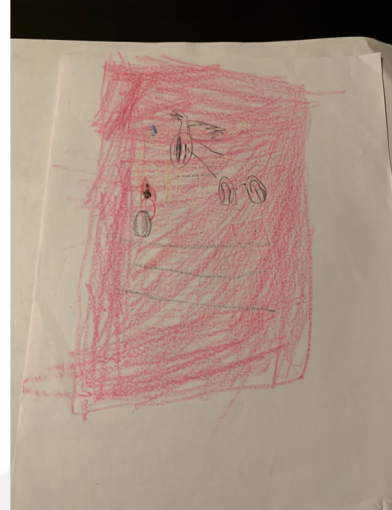


Container

- Visualization
- Art/physical container
- Journaling
- Worry box
- Worry dolls












Container: Examples



Video: Container



5 Senses

				
VISION	HEARING	SMELL	TASTE	TOUCH
				

"I Spy"

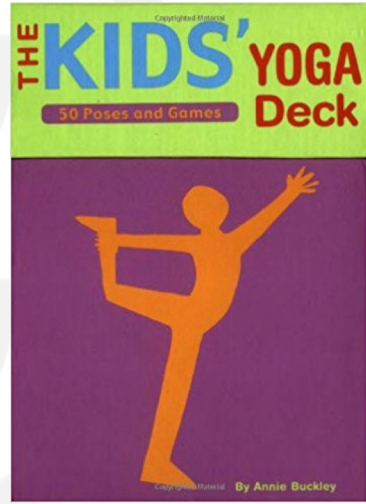




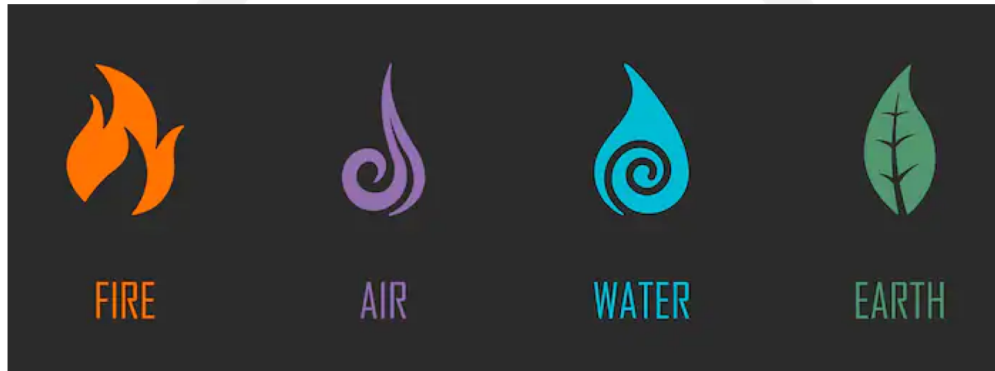


Coping Kit

Yoga/Movement



5 Elements



Preparation Skills: Mindfulness

- Balloon Breathing
- Bubble Breaths
- Lion's Breath
- Body Scan
- Glitter Jar
- Feelings Detector
- Progressive Muscle Relaxation
- Brushing
- Yoga
- Movement

Single sense exercises:

- Sight
- Sound
- Taste
- Touch
- Smell

Mindfulness Exercises



Cosmic Kids Zen Den: The Listening Game

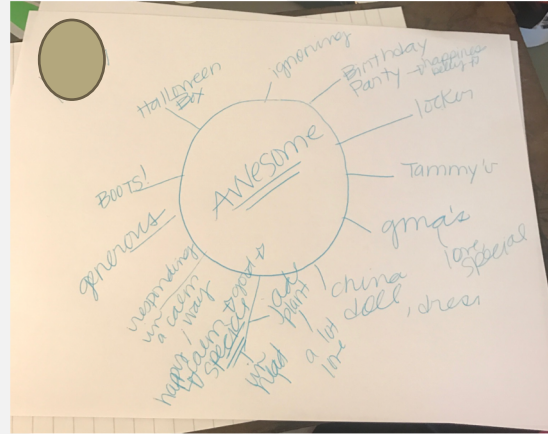
https://www.youtube.com/watch?v=uUIGKhG_Vq8#action=share

Preparation Skills: Resourcing

- All About Me
- Resource Installation
- Circle of Strength
- Heart Jar (Gomez, 2013)
- Support system
- Protective Figures



Circle of Strength



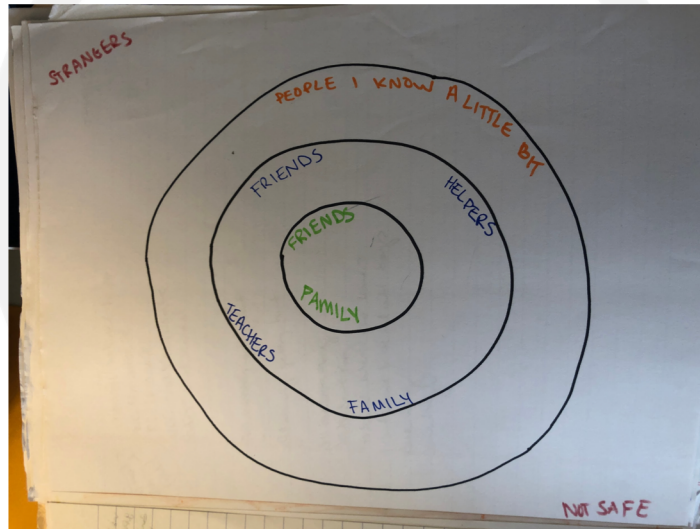
Circle of Strength



Video: Heart Jar



Support System: My Safe People



Protective Figures

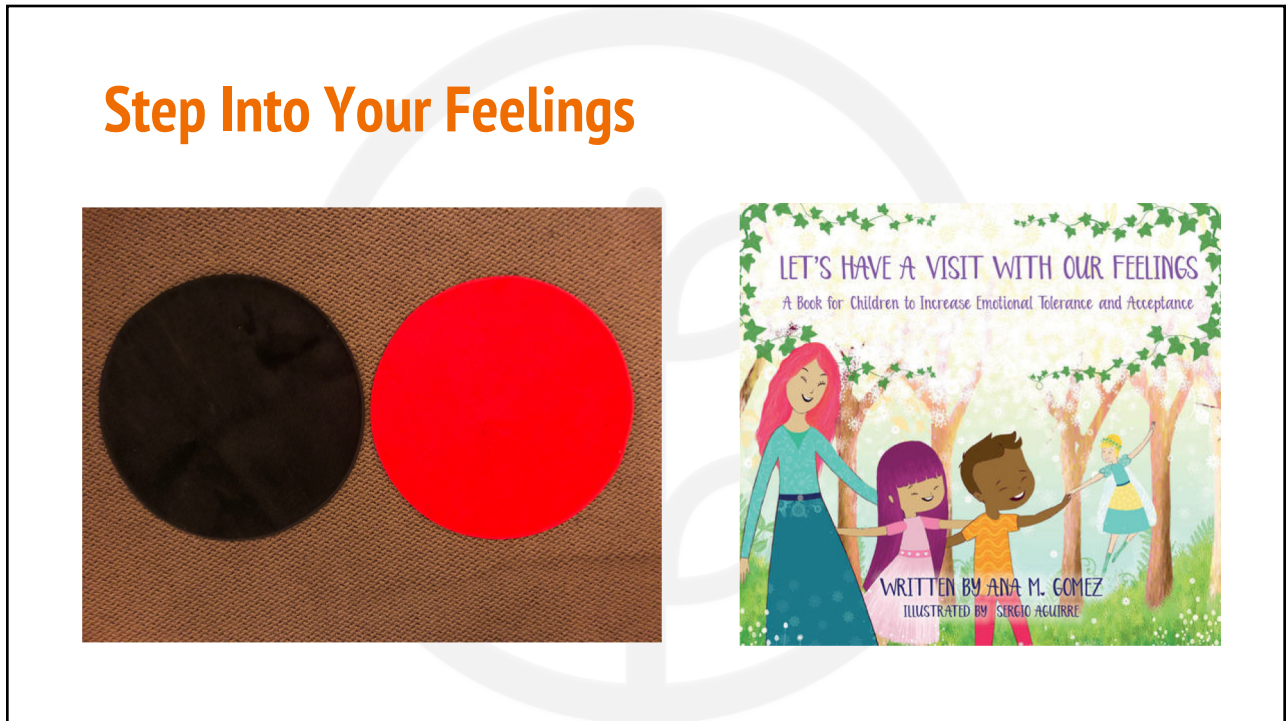
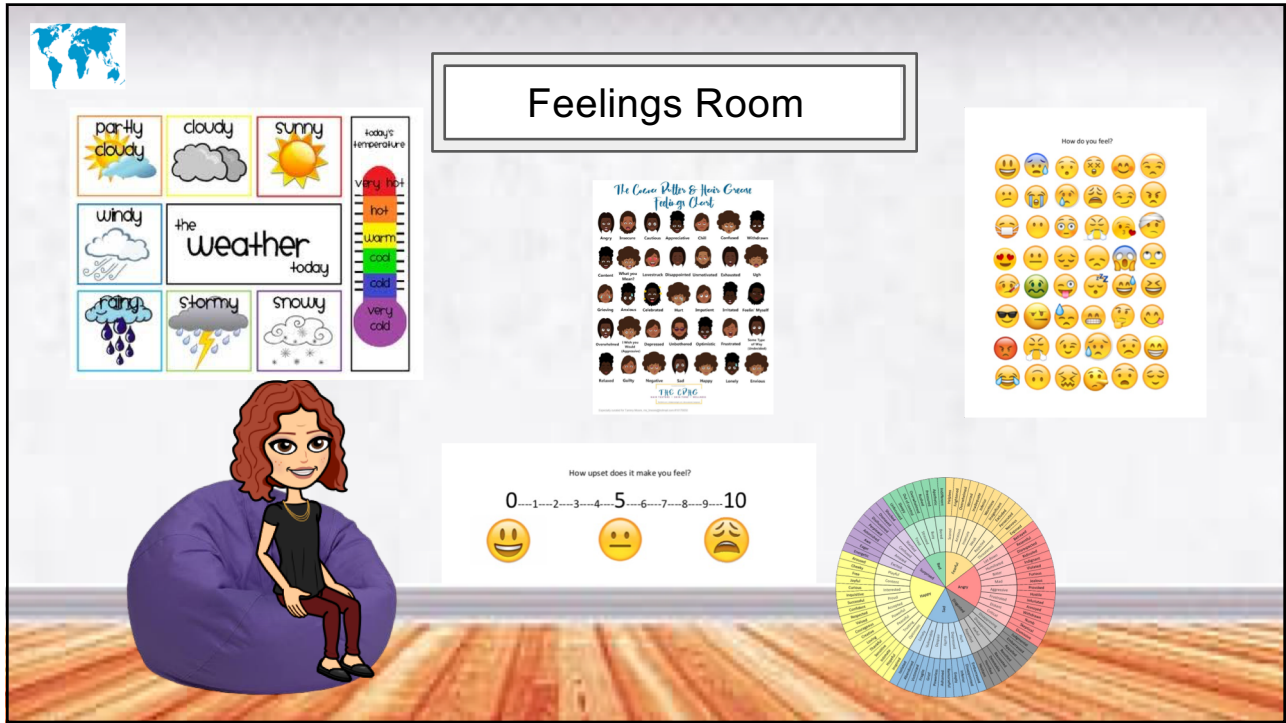


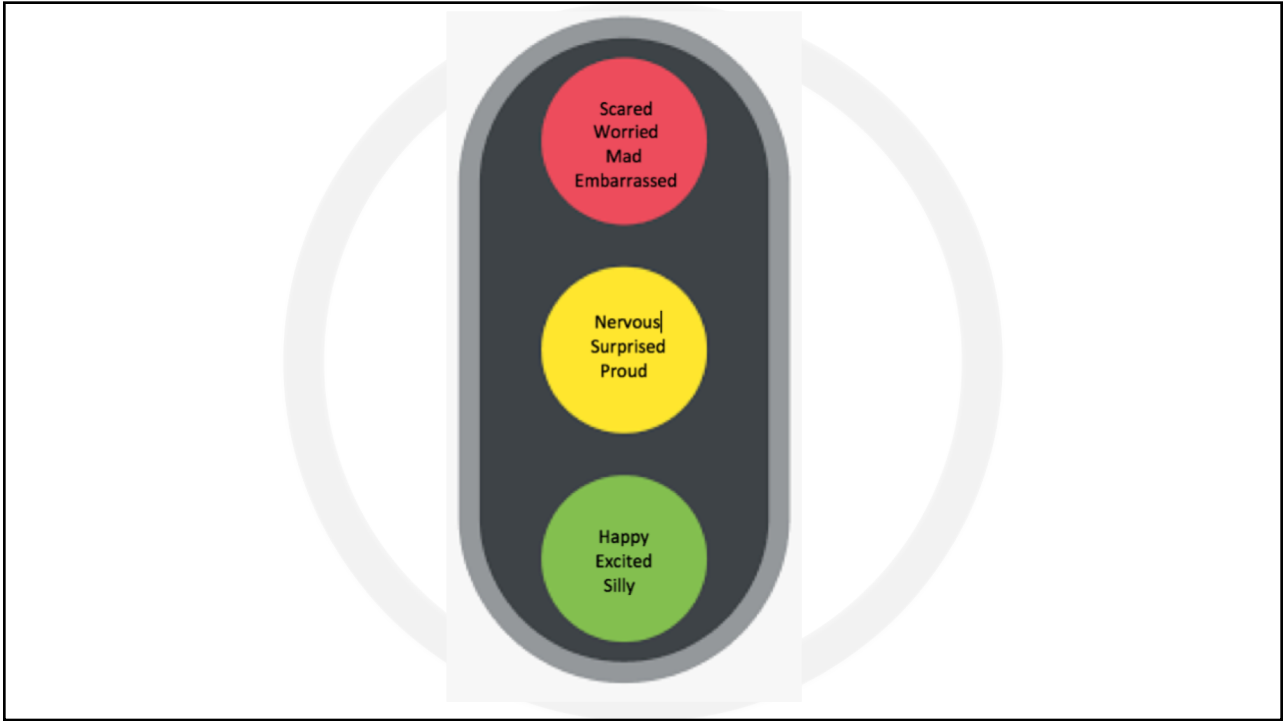
<https://cliparts.zone>

Preparation Skills: Affect Tolerance

- Feeling Identification
- Color Your Feelings
- Step into your feelings
- Stop signal
- Safety planning
- Coat of arms
- Feeling Circuits (Paulsen & O'Shea)







Preparation Skills: Affect Tolerance

● Feeling Circuits (Paulsen & O'Shea)

Safety Circuits:

Helpless; Connected; Powerful

Protective

Sorry/Ashamed

Sorry for yourself

Disgusted

Scared

Mad

Sad

Loved



Proud

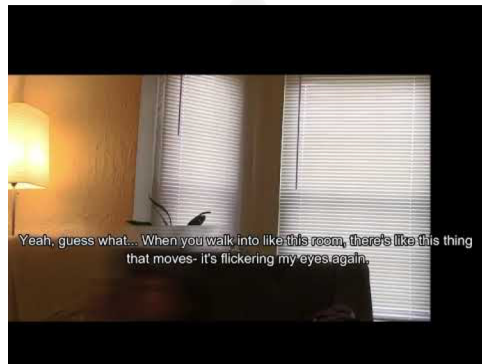
Thankful

Happy

Curious

Loving

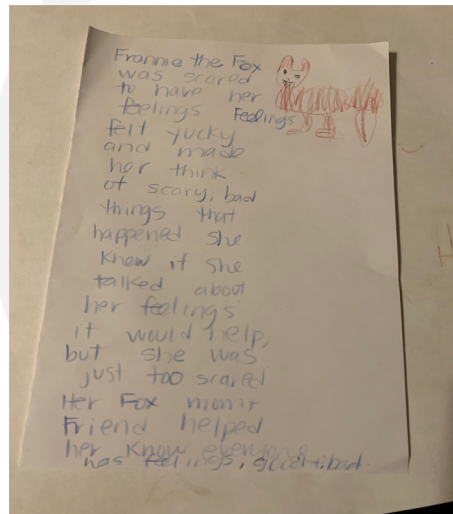
Video: Feeling Circuits



Feeling Circuits: Examples



Feeling Circuits: Examples



Preparation

- How long to stay in preparation phase?
 - Stability of living situation/exposure to perpetrator(s)
 - Current presenting issues
 - Support system/resources in place
 - Demonstration of use of skills between sessions
- Getting stuck in preparation phase
 - Self-evaluation

Check Your Flight Plan



Before moving to Phase 3:

- Stop sign
- Test out DAS
 - Types of DAS
 - Faster speed/longer sets
 - Use of DAS instruments/equipment

Testing the DAS: Video Example



DAS and Telehealth

Butterfly hugs

Eye movement

DAS: drumming, walking in place, drawing, metronome, etc.

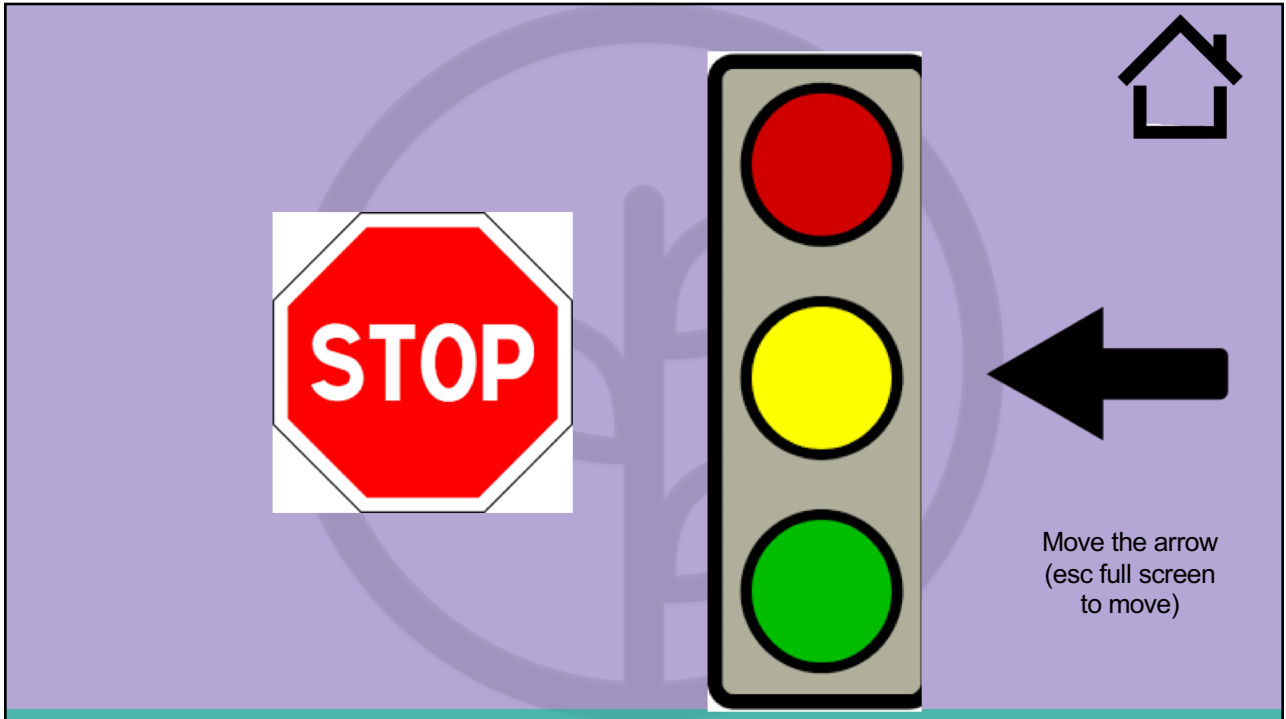
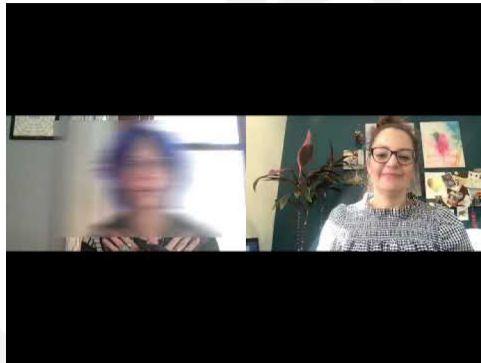
EMDR platforms:

www.remotemdr.com

<https://www.bilateralstimulation.io/>

Full list: <https://www.emdria.org/publications-resources/practice-resources/coronavirus-clinical-resources/>

Testing the DAS: Telehealth Example





Phases 3-7: Targeting Sequence Plan

Phase Three: Assessment (Marich, 2015)

- TARGET (Memory or incident)
 - Image or worst part
 - Negative Cognition
 - Validity of Cognition (VOC)
 - Emotions
 - Subjective Units of Disturbance (SUDs)
 - Body Sensation

Finding a Target Image/Worst Part

- Integration of play therapy
- Sand tray
- Art/expressive arts
- Remote control



(Homeyer & Sweeney) Sandtray therapy: A practical manual

Play Therapy/Sandtray

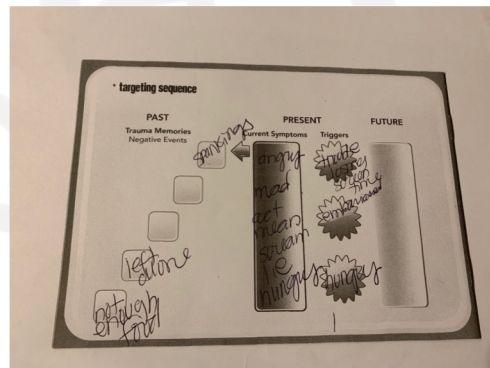


Phase 3: Examples

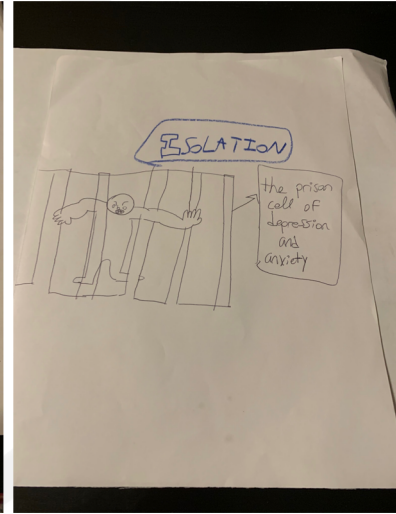
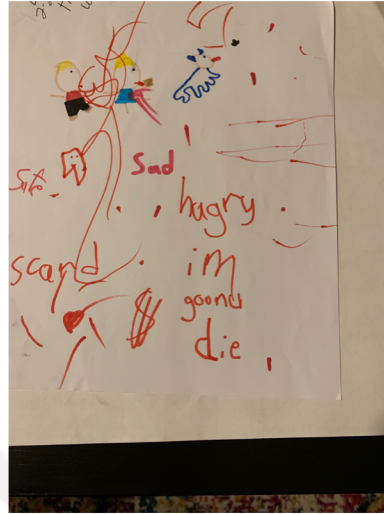
TICES LOG

TRIGGER	IMAGE (picture)	COGNITION (thought)	EMOTION (feeling)	BODY SENSATION (where in your body?)	SUDS (0-10) <small>none/neutral/severe</small>
co-workers joking about hanging themselves	finding my mom	it's not a joke it's a serious issue & people actually experience it	helpless, alone	heart drop	7
target/moms buying college stuff		forgot to shop w/ her again	sad + disappointed & missing out		8

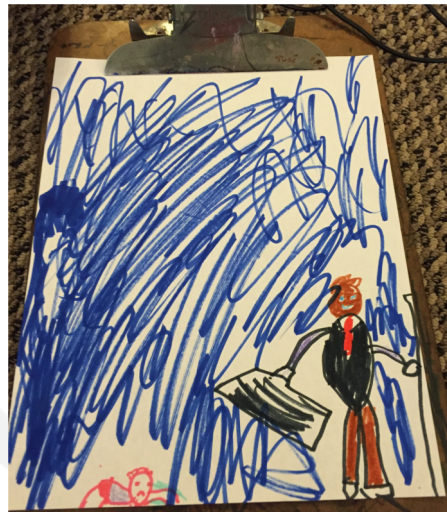
Phase 3: Examples



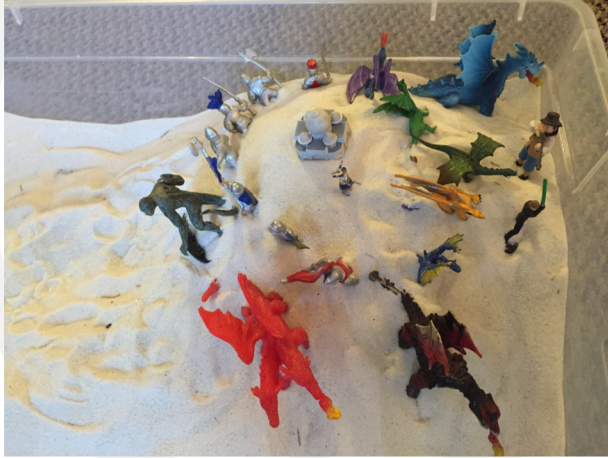
Phase 3: Examples



Phase 3: Examples



Phase 3: Examples



Phase 3: Examples



Phase 3: Examples



Phase 3: Examples



Phase 3: Examples



Phase 3: Examples



Phase 3: Examples



Cognitions

Mixed-Up Thoughts

I should have known better
 I should have known
 I should have done something
 I did something wrong
 It is my fault
 I can't be trusted
 I am not safe
 I cannot trust anyone
 I am bad
 I messed up
 I am going to die
 I am in danger
 I am not in control
 I cannot stand it
 I have to be perfect
 I am weak
 I am trapped
 I can't do it
 I can't get help
 I'm going to explode
 I can't get what I want
 I can't handle it
 I am powerless
 I am helpless
 I can't get help
 I am dying
 I am bad
 I am a bad kid
 I am damaged
 I am broken
 I am not important
 I am not good enough
 I am ugly
 I am alone
 I am stupid
 I am not loveable
 I deserve to die

Good Thoughts

I did the best I could
 I can learn from it
 I make good choices
 I did my best
 It was not my fault
 I can be trusted
 I am safe now
 I can choose who I trust
 I am a good kid/person
 It's ok to make mistakes
 I have a way out
 It is over
 I can help myself
 I can handle it
 I am ok the way I am
 I am strong
 I can get out
 I can do it
 I can get what I need
 I am ok
 I can ask for help
 I can handle it
 I am powerful
 I can protect myself
 I can ask for help
 I am ok now
 I am good
 I am a good kid
 I am ok as I am
 I have purpose
 I am important
 I am good enough
 I am beautiful
 I have people that care about me
 I am smart
 I am loved/loveable
 I deserve to live

Ohio Institute for Trauma & Wellness, 2021 (modified from Marich & Associates, 2015)

Validity of Cognition (VOC)

How true does it feel?

- 7- Very True
- 6- True
- 5- Somewhat true
- 4- Neutral
- 3- Not very true
- 2- Not true
- 1- False



MOVE ME!
(Click the hand
and drag the top
dot to rotate)

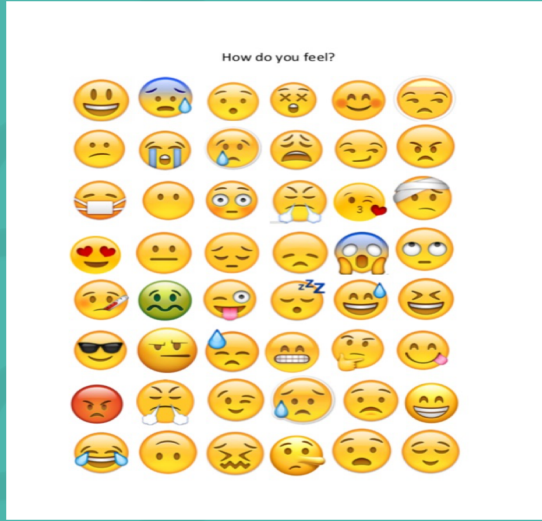


How true does it feel?

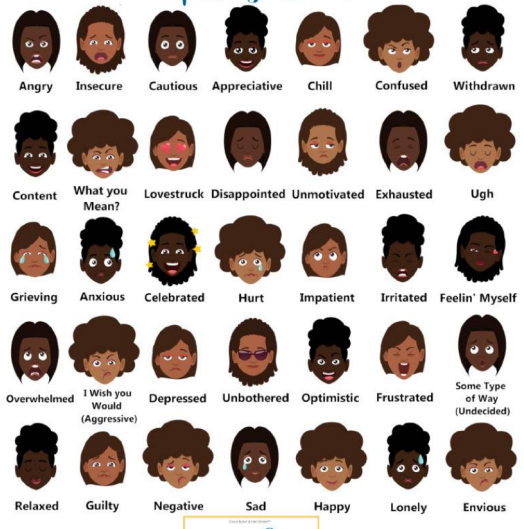
- 7- Very True
- 6- True
- 5- Somewhat true
- 4- Neutral
- 3- Not very true
- 2- Not true
- 1- False



Emotions



The Cocoa Butter & Hair Grease Feelings Chart

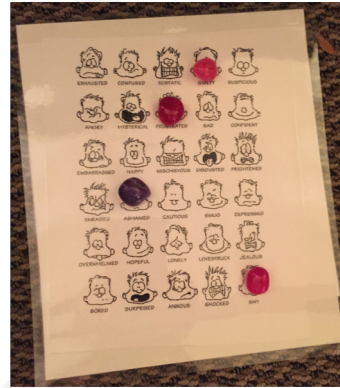


THE COCOA BUTTER & HAIR GREASE
HAIR TEXTURE • SKIN TONE • WELLNESS

Especially curated for Tameya Moore, ms_tmoore@hotmail.com #16179050

Emotions

Emotions

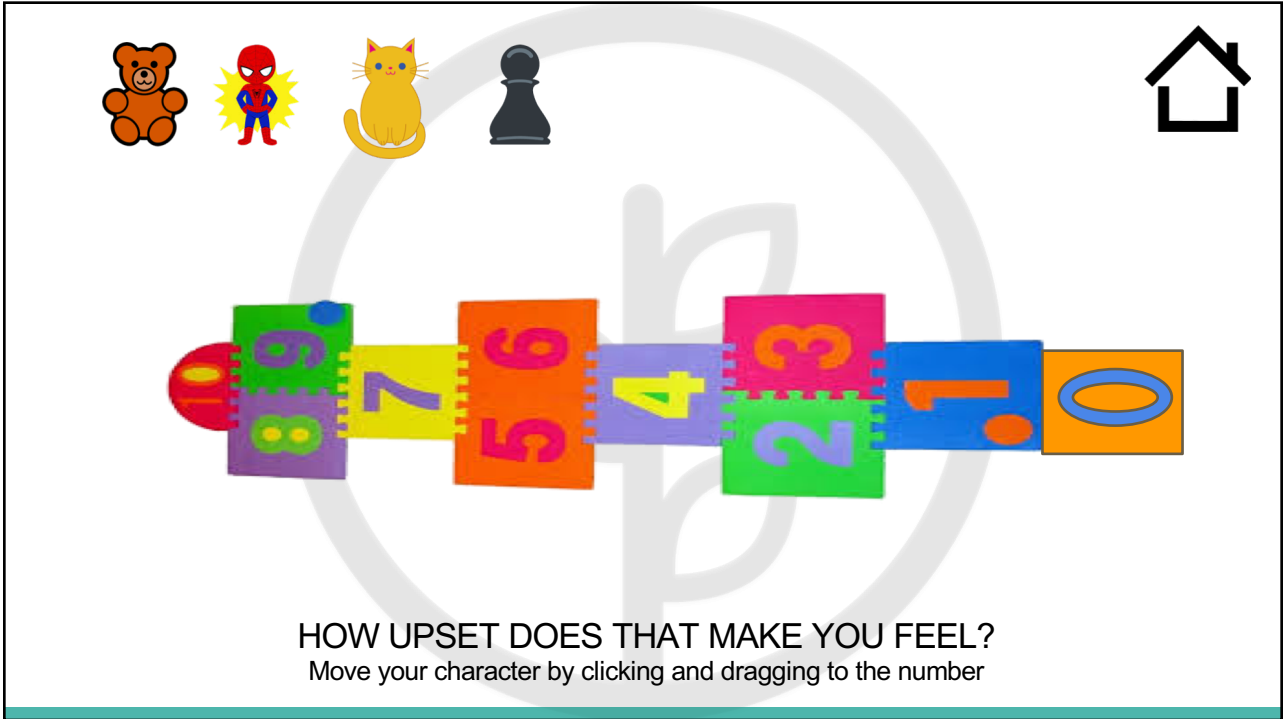


Subjective Units of Disturbance (SUDs)

How upset does it make you feel?

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





The image shows an interactive number line from 0 to 10. The numbers are on colorful blocks: 0 (orange), 1 (blue), 2 (green), 3 (pink), 4 (purple), 5 (orange), 6 (orange), 7 (yellow), 8 (purple), 9 (green), and 10 (red). Above the number line are four character icons: a brown teddy bear, Spider-Man, a yellow cat, and a black chess knight. A home icon is in the top right. The background features a faint circular logo with a tree.


HOW UPSET DOES THAT MAKE YOU FEEL?
Move your character by clicking and dragging to the number

Body Sensations

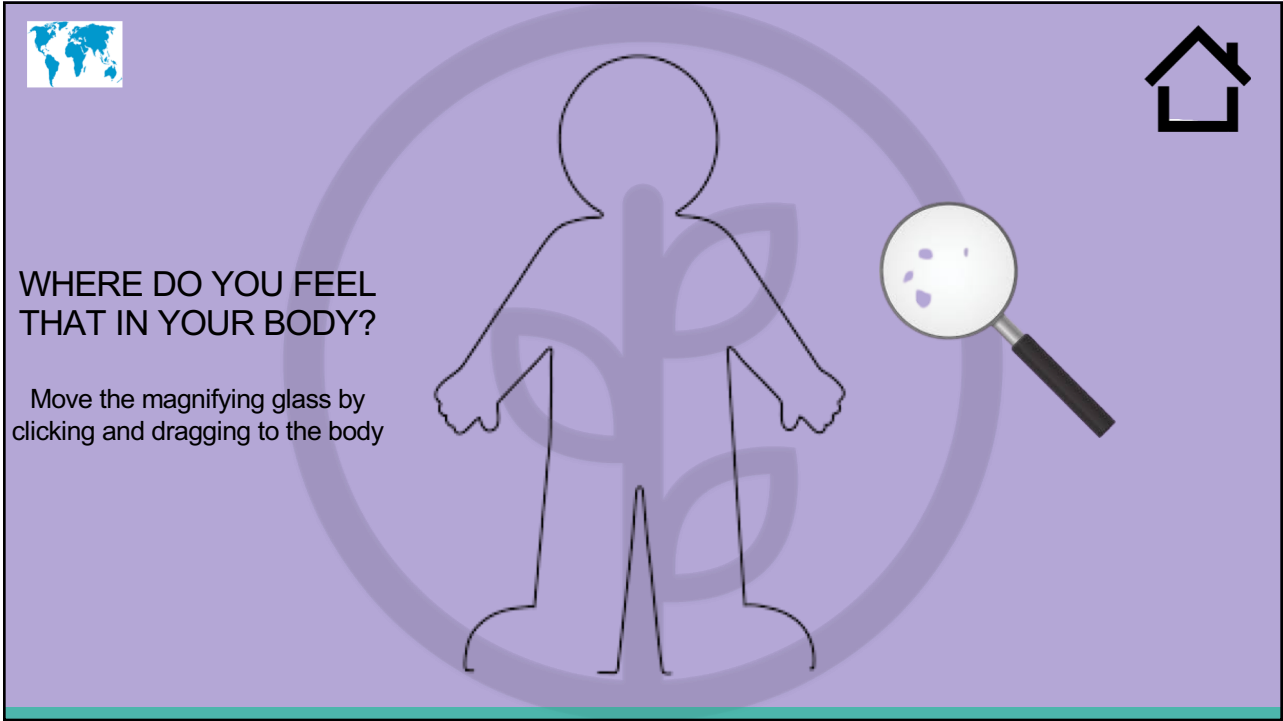
Feelings Detector

Preparation skills to reference/continue to access:

- Color your feelings
- Body Scan
- Progressive muscle relaxation



A magnifying glass with a light blue lens and a brown handle is positioned on the right side of the page. The background features a faint circular logo with a tree.



WHERE DO YOU FEEL THAT IN YOUR BODY?

Move the magnifying glass by clicking and dragging to the body

This graphic features a purple background with a large, faint circular watermark in the center. On the left, there is a small globe icon. On the right, there is a house icon. In the center is a white outline of a human figure. To the right of the figure is a magnifying glass with a black handle and a white lens. The lens is currently focused on the right side of the human figure's torso.

Phase Three: Video Example



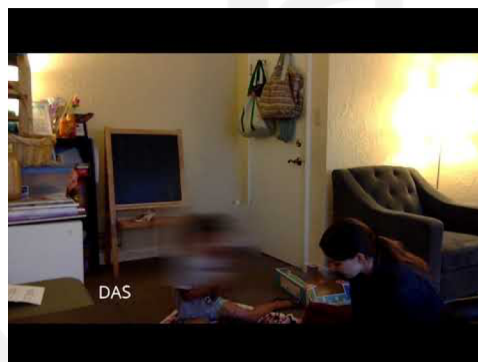
A video frame showing a person sitting at a desk in a room. The person is wearing a dark shirt and is looking down at something on the desk. The room has a desk with a chair, a small chalkboard, and a lamp. A subtitle at the bottom of the video frame reads "It's not my fault".

Phase Four: Desensitization

- Considerations
- Types of DAS
 - get creative
 - video example
- Parent/ caregiver present
- Time constraints
- How to end incomplete sessions (Phase 7)



Phase Four: Video Example



Phase Five: Installation

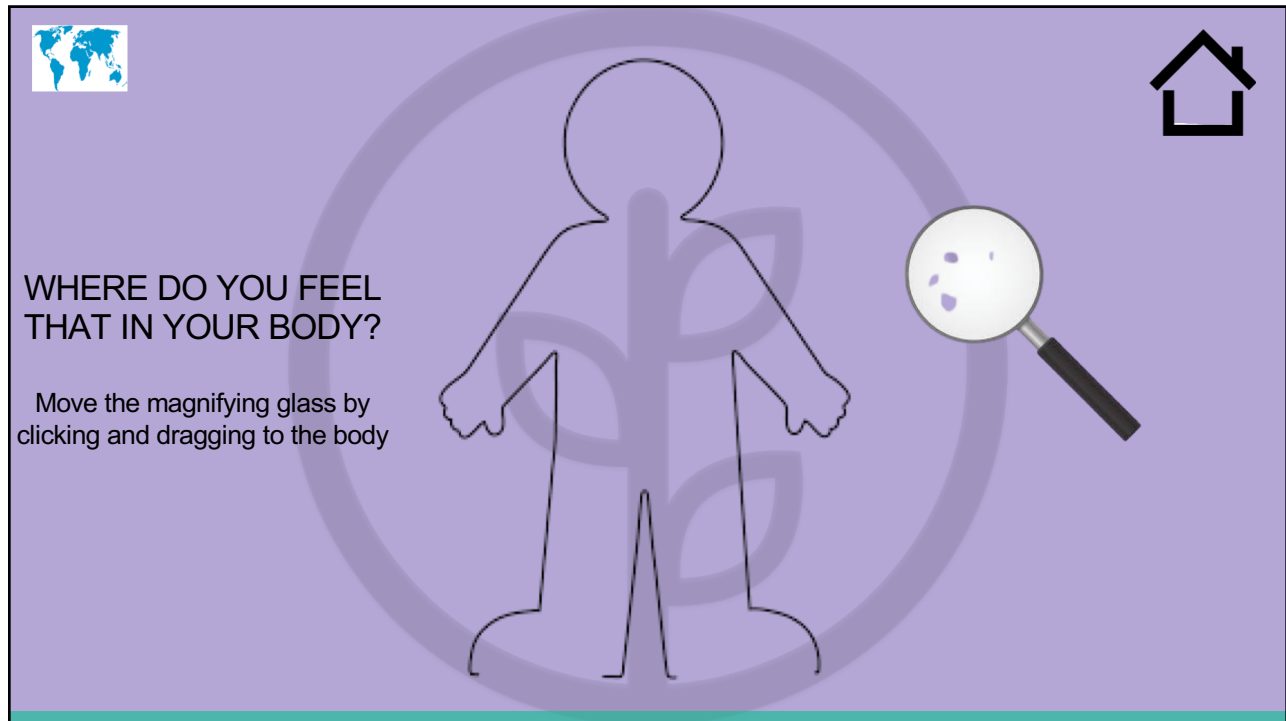
- Check PC
- Evaluate VOC of PC
- Installation
- "Save As"
- FAST DAS



Phase Six: Body Scan

Feelings Detector





WHERE DO YOU FEEL THAT IN YOUR BODY?

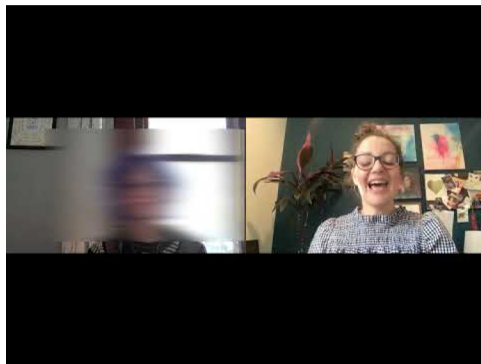
Move the magnifying glass by clicking and dragging to the body

Phase Seven: Closure

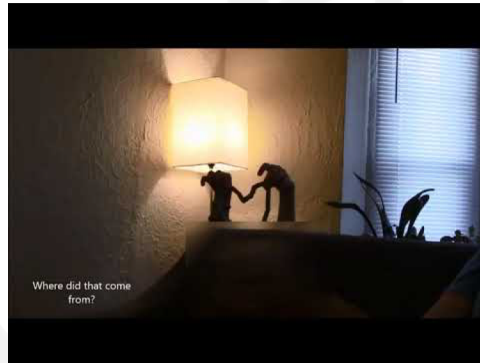
- Review/practice resources
- Containment/Safe place
- With or without DAS (slow/short)
- Educate client/guardian re: what to expect/do between sessions
- Establish/review safety plan



Closure with DAS: Video Example



Phases 3-7: Video Example



Phase Eight: Re-Evaluation

- Checking in on installed targets
- Continuing reprocessing
- Future template
- Additional targets/treatment plan

Re-evaluation: Video Example



Challenges

- Focus
- Avoidance
- Dissociation
- Parent involvement
- Pre-verbal/non-verbal
 - Use of play therapy
 - Better/same/worse
 - Chart
- Integrating EMDR with other methods of therapy
- Use of interweaves

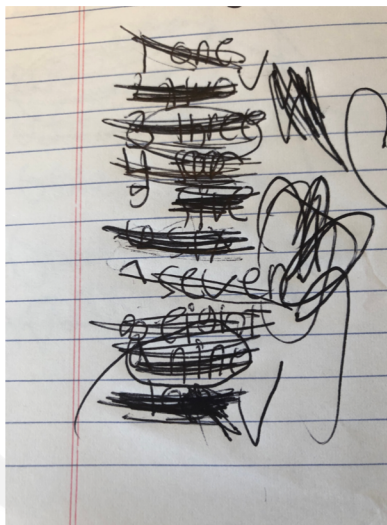


Abreaction and Interweaves

- When to use:
 - Avoidance
 - Distraction
 - "Nothing"
 - Excessive use of stop sign
 - Encouragement
 - Focus
- Not just cognitive
 - Movement
 - Breath
 - Grounding/present orientation
 - Somatic



Avoidance



Avoidance/Abreaction Video Example



Telehealth Challenges

- Engagement
- Distraction
- Avoidance
- Length of sessions
- DAS options
- Fidgets/tools on hand
- Room setup
- Confidentiality/ privacy

Virtual Office Resources

- www.suzannerutti.com/bitmoji
- <https://sites.google.com/view/suziruttioffice>



EMDR Therapy and Group Work

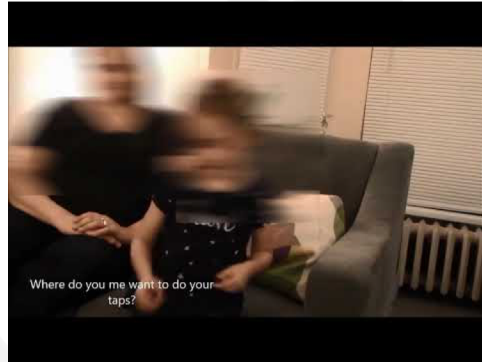
- Preparation/stabilization work can always be done in a group
 - What Phase 2 strategies could you use in a group setting?
- Thematic history taking
- Reprocessing as a group
- Group Traumatic Episode Protocol (G-TEP)



Preverbal Trauma with Standard Protocol

- Considerations with identification of themes/targets
- Inclusion of caregivers for target memories
- Somatic responses
- Nondeclarative/Implicit memory
 - Expect lack of language/words/images

Preverbal with Standard Protocol: Video Example



Preverbal Advanced EMDR Protocol (O'Shea & Paulsen)

Steps:

"Review"

"Release"

"Repair"

When There Are No Words

Repairing Early Trauma and Neglect From the Attachment Period With EMDR Therapy



Written and Illustrated by Sandra L. Paulsen, Ph.D.
Coauthor - Kate O'Shea, M.S.

Preverbal Protocol (O'Shea & Paulsen)

Time stages (adapted for children):

- Pre-conception
- Pregnancy
- Birth, 1st week of life
- First 3-6 months of life
- 6-12 months
- 1st year
- 2nd year
- 3rd year



Preverbal Protocol: Examples



Preverbal Protocol: Examples

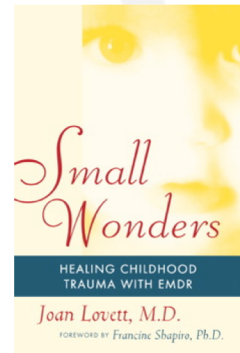


Preverbal Protocol: Video Example

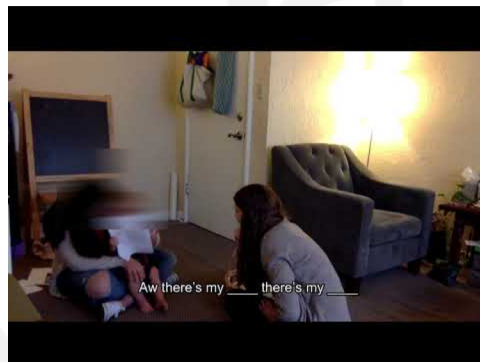


Storytelling Technique (Lovett, 2007)

- When to use
- Preparation sessions with guardian
- DAS considerations
- Ethical considerations



Storytelling: Video Example



Self-Care/Secondary Trauma

- What's your self care plan?
 - before, during after clients/ work day
 - occupational supports- colleagues, supervision, trauma informed services
 - plan b
 - case consultation
- BOUNDARIES
- Trauma symptoms, burnout, stress
- Therapy!
- Secondary Trauma: Awareness, Resilience & Support (STARS)
 - <http://www.suzannerutti.com/stars>
- Professional Quality of Life Scale (PROQOL)
 - https://www.proqol.org/uploads/ProQOL_5_English_Self-Score.pdf



Steps From Here

www.thinkific.com

- complete steps in Thinkific
- complete evaluation

Consultation

- Suzi Rutti, LISW-S
Suzanne.rutti@gmail.com
(614) 398-1927
www.suzannerutti.com
www.suzannerutti.com/consultation
- Tammy Moore, LISW-S
tammymoorelisws@gmail.com
(614) 398-1180
www.tammymoorecounseling.com
<https://tammymoorecounseling.com/projects/>





Questions/Comments



Resources

- EMDRIA <https://www.emdria.org/default.aspx>
- International Society for the Study of Trauma & Dissociation <https://www.isst-d.org/>
- National Child Traumatic Stress Network <https://www.nctsn.org/>
- Child Trauma Institute (Ricky Greenwald) <http://www.childtrauma.com/>
- Ana Gomez <https://www.anagomez.org/>
- Child Trauma Academy (Bruce Perry) <https://childtrauma.org/>
- Trauma Made Simple <https://www.traumamadesimple.com/>
- Institute for Creative Mindfulness <https://www.instituteforcreativemindfulness.com/>

Let's Work Together

Ohio Institute for



Trauma and Wellness

www.ohioinstitutefortraumaandwellness.com

info@ohioinstitutefortraumaandwellness.com

References

- Cincinnati Children's Hospital Medical Center (2009). The Childhood Trust Events Survey: Children and Adolescents. Retrieved November 2, 2018 from <https://www.cincinnatichildrens.org/service/c/childhood-trust-events-survey>.
- Dezelic, M. (2013). Window of tolerance- trauma/anxiety related responses: Widening the comfort zone for increased flexibility. Retrieved March 2, 2019 from <https://www.drmariedezelec.com/window-of-tolerance-trauma-anxiety-rela>.
- English, A. (2016). Part One: Understanding heuristics and biases in homeland security: the triune brain. Medium. Retrieved March 2, 2017, from https://medium.com/homeland-security-the-triune-brain-5745171506a0?from_story_top.
- Felitti, V.I. & Anda, R.F. (1997). The Adverse Childhood Experiences (ACE) Study. Centers for Disease Control and Prevention. Retrieved August 13, 2015.
- Gomez, A. (2013). *EMDR therapy and adjunct approaches with children: Complex trauma, attachment and dissociation*. New York: Springer Publishing Company.
- International Society for the Study of Trauma and Dissociation (2004). Guidelines for the evaluation and treatment of dissociative symptoms in children and adolescents. *Journal of Trauma & Dissociation*, Vol 5(3) 119-150. Retrieved online March 28, 2019 at: <https://www.isst-d.org/wp-content/uploads/2019/02/childguidelines-ISSTD-2003.pdf>.
- Lovett, J. (2007). *Small wonders: healing childhood trauma with EMDR*. New York: The Free Press.
- Marich, J. (2011). *EMDR made simple: Four approaches to using EMDR with every client*. Eau Claire, WI: Premiere Publishing & Media.
- Marich, J. & Associates (2015). *Eye movement desensitization and reprocessing (EMDR) therapy : training course part 1*. Warren, OH: The Institute for Creative Mindfulness.
- Marich, J. & Associates (2015). *Eye movement desensitization and reprocessing (EMDR) therapy : training course part 2*. Warren, OH: The Institute for Creative Mindfulness.

- National Child Traumatic Stress Network (n.d.). What is a traumatic event? Retrieved November 4, 2018 from <https://www.nctsn.org/print/765>.
- National Institute for the Clinical Application of Behavioral Medicine (nd). How trauma can affect your window of tolerance. Accessed December 1, 2019 at: <https://www.nicabm.com/trauma-how-to-help-your-clients-understand-their-window-of-tolerance/>.
- O'Shea, K. (2011, October) When There Are No Words: EMDR for Early Trauma and Neglect Held in Implicit Memory. Presentation at the Crime and Trauma Assistance Program, Columbus, OH
- Paulsen, S. & O'Shea, K. (2017). *When there are no words: repairing early trauma and neglect from the attachment period with EMDR therapy*. Bainbridge Island, PA: Bainbridge Institute for Integrative Psychology.
- Perry, B. (2010) Integrating Principles of Neurodevelopment into Clinical Practice: Introduction to the Neurosequential Model of Therapeutics (NMT). Presentation 2015, February, Columbus, OH.
- Siegel, D. (2017). Dr. Dan Siegel's The Hand Model of the Brain [video file]. Retrieved from <https://www.youtube.com/watch?v=f-m2YcdMdfw>.
- Shapiro, F. (2018). *Eye movement desensitization and reprocessing therapy: Basic principles, protocols, and procedures*, 3rd ed. New York: The Guilford Press.
- Workers, N. A. (2008). *NASW code of ethics (Guide to the everyday professional conduct of social workers)*. Washington, DC: NASW.