



## What is a meaningful target? EMDR work with children

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When I do a child training or supervise a new child therapist in EMDR work with children I find myself again and again connecting to the enthusiasm that I feel about this work and the tremendous potential it has for helping children through the difficult spots in life. On the other hand again and again I am brought face to face with the frustration of therapists, new to the work, when they try to actually build a meaningful target with the child and involve him/her in the processing. Again and again I hear "How do I get the child to focus on a target?" "He doesn't remember what happened to him" "He's not interested in the trauma situation".

The key, of course is in the phrase "meaningful target" Meaningful to whom? When there is a specific trauma in the near past, such as a terrorist attack or an automobile accident, the target is usually obvious and the child has some motivation to rid himself of the bad feelings which he can connect quite readily to something that happened to him. When, however, the trauma is in the past, or more within the realm of the sometimes ambiguous small "t" events, the situation becomes much more complicated. The child may have been brought to see us because his behavior disturbs or has come to the attention of a concerned adult. She herself may be resentful at coming, embarrassed at being exposed to a stranger or see absolutely no connection between "now" and the long ago traumatic event.

I am thinking of a 13 year old girl, who I'll call Gal, riddled with fear whenever she separates from her mother. The presenting problem was her insistence on sleeping in the same room as her parents. She feels babyish and would like to be able to sleep in her room but the fear and anxiety overwhelm her. She insists that she is willing to sleep in her own room, but only if she doesn't have the scary feeling at all. She refuses to try ways of gradually reducing the fear.

I learned that her mother became very ill with cancer when Gal was five years old. She was hospitalized for 6 weeks and came home in a wheel chair. Since then the illness has reappeared several times. Although Gal remembers that she "always" slept in her parents' room, her parents have told me that her fear of being alone began at the start of the illness. It seems clear that the place to begin our work is at the time when her mother first got sick. It was clear that, aside from the shock and anger involved in the prolonged separation, the family thought that the mother would die and this must have been conveyed in many ways to the little girl.

Gal, however is a child whose fear makes her stubborn and angry. She is also a pre teenager. She came to the first sessions, under protest, furious and convinced that I cannot help her. She insisted that there was absolutely no connection between her fear at being alone in her room at night and her mother's illness. When I suggested the possibility, her look told me that I must really be stupid to think such a ridiculous idea. When I mentioned my idea a second time she told me in a scathing tone of voice "I've already told you. There's no connection!"

How could this child be helped? I knew that facing and processing the anger, fear and helplessness that made up the trauma of her mother's illness was necessary to allow her to develop normally so that she could begin coping with the demands of adolescence. Yet her terror at facing the feelings that overwhelmed her at the threatened loss of her mother at age 5 precluded any work. She thought that the idea of relaxation exercises or working with resources, as I explain them, was "stupid". She hung on to her anger and stubbornness so that she would not come into contact at any level with her fear.

Gal is the sort of the child who must metaphorically be taken by the hand and led down a path which will introduce her gradually to the EMDR work. There are many like her. My experience in EMDR has taught me that this is an instance where I must remember that although I am trained in EMDR, I am first a child therapist. The question " Meaningful to whom?" which I asked about targets is one that I would ask at the beginning of any child therapy. Reaching the child means touching him at the point which most concerns him. The path that leads into EMDR processing must begin squarely where the child stands.

Gal was angry that she had been made to come. She was angry with me because I thought I knew what was bothering her. My approach must focus on what concerns her in the here and now. Is there a resource here

in her anger? Can her insistence on not doing what she didn't want to do be reframed as a positive strength? Is there a target here?

Touching Gal where she was at that moment dictated a positive answer to those questions. Gal's feeling of decision and protecting herself here in my clinic was immediate and concrete. When these were defined as resources Gal could relax and allow a connection with me to begin working. Our first target became her anger at being made to do something she didn't want to. Because it was a target meaningful to her, she allowed herself to look closely at that anger, to verbalize a Negative Cognition (Everyone's my boss) and a Positive Cognition (I can be my own boss) and to process through to feelings of control. (I can decide not to talk if I don't want to).

The message that children like Gal send me loudly and clearly is "Have patience. Stay with the child and his concerns. That is the place to find the first targets when the past is not accessible. That is the beginning of the road which will eventually lead to the processing of the major trauma or the issues which stem from it.

Gal worked with her anger at her mother's telling her what to do for two months before she began to associate to her mother's illness. By this time she had begun to trust me enough to know that the clinic was a safe place and that together we could handle the feelings that began to emerge.