

COMMENTS INVITED

-please send to Yvonne Tauber <yvotau@zahav.net.il>or Brurit Laub <brurit@zahav.net.il>

Comments on this version of the Butterfly Hug Protocol from Elan Shapiro:

Thank you Shula for this contribution.

Although the case was interesting & seems to have worked well enough I was wondering about work with less compliant or sophisticated clients. Variations & applications are inevitable & give an opportunity to raise questions about justifying departures from the basic protocol & when is it still called EMDR. I have some specific & general responses.

1. Firstly within the context of this kind of application how about starting with a Safe Place drawing & then giving the instructions (a la Bob Tinker) to look at the drawing or close eyes & butterfly hug (B/H) until it strengthens/ you feel it more strongly / get in touch with the experience more -& then do the next drawing. This can be done several times to enhance the SP.

Also in the processing part giving the instruction of tapping " until the picture changes " avoids issues of counting or limiting it to 10 etc. & gives a suggestion of change / movement .

Incidentally, the bridge / path idea is also reminiscent of Ricky Greenwald's manual for work with oppositional adolescents in which he suggests running the "good movie" of how you would like your life to be in say 1 or 2 (or 5) years time -then taking the last scene of the happy ending as a kind of PC & processing how you get there from today.

2. With regard to departures from the basic protocol my position is that it should be done with knowledge & justification – if its not broken then why fix it ?

I very much agree with Yvonne that the emotions should always be an explicit part of the protocol- after all the main function of the NC (according to Andrew Leeds) is to evoke the *Affect* & then the BLS (Bi-Lateral Stimulation) processing just moves it on to a more adaptive resolution- & *this* is the essential therapeutic process.

One minimalistic definition of EMDR- especially when working with young children- is that it should meet the ABC triangular criteria of :

A. Focus on the problem.
B. Bi-Lateral Stimulation. C. Evidence of processing or associative chaining. From this perspective the Butterfly Protocol meets minimal criteria. However I would prefer to go further & try to keep closer to the wisdom & clarity of the proven basic protocol where possible- especially for more difficult cases. Why leave out a tighter assessment setup which *sharpens the focus* -e.g. SUDS & VOC which helps us to check the appropriateness of the cognitions selected, fine tune the set up & monitor the process? It would also be helpful when the client gets stuck or things don't go so smoothly.

Comment on Elan's comment:

The BH is not a procedure meant to replace the standard protocol (SP).

It is one out of many tools which can facilitate connection to resources together with some kind of processing of a problem. Shula Brin draws upon it with clients who have some resistance working with the SP like the bereaved father in her example, or "other resisting clients who need maximum control (they were just drawing Kishkushim)". It seems to me that between the poles of the the traumatic processing of the SP and the other pole of resource work (RDI) there is a very interesting "space" of combining the two in different ways. My

procedure of RC in the SP tries to utilize the dialectical healing connection between the problem and the resources within the SP. Other tools in this "space" are different resource connections outside the protocol (RCOP- a paper to be published) which consist of RC elicited right after phrasing the problem or different combinations of transitions between the resources and negative experiences. Shula has shown nicely in the BH a tool of working in this "space"- processing from the picture of the NC towards a concrete pictured resolution (PC). Does the suggestion of the resolution help ? Does the process of the drawing add something?

I hope therapists will be encouraged to try and find for themselves what suits them and their clients best side by side with processing trauma with the SP.

Brurit Laub