

The Resource Connection (RC) procedure in the EMDR Standard Protocol

A Worksheet - Brurit Laub *

Stage 2. Preparation + Past Resource Connection (PRC)

Preparation is done as written in the standard protocol: *explanation* of EMDR, *specific instructions*, *stop signal*, establishing *appropriate distance*, the *metaphor* to use, *Safe Place* (which may be left out according to clinical judgement), and presenting **issue** or memory. After establishing the issue proceed to **PRC**.

Past Resource Connection (PRC)

Recall of a positive memory.

“Before we start I would like you to recall a memory in which you *felt good with your self*...a time or a situation in which you felt *really well and whole*... it can be an early memory or a more recent one...It could be a memory of few moments or an extended period of feeling well...What is the first thing that comes to mind?”

Client relates the memory to the therapist.

Connecting to Past Resource

1. compact focusing (on the sensual,emotional, cognitive and somatic aspects)

Client is asked to close her eyes and enter it anew. While tapping therapist says: “Take all the time necessary to *relive* the memory with all your *senses*... notice what you hear, smell and see... allow your *feelings, sensations* and *thoughts* to emerge ... breathe into it...let yourself be there for a few moments.” Therapist gives *short and slow bilateral stimulation (up to 14)* and reminds the client to stay there as long as she needs even after the BLS has stopped. Then the therapist *inquires* about *the feelings, thoughts, and sensations* and *writes them down*.

(If the past resource is only partially positive, including some negative elements as well, suggest focusing on the positive aspects only. Alternatively client may be encouraged to find another more positive memory).

2. Verbal Cue

Therapist asks the client to *tune in and return* to the memory for a *second* time. During the **short BLS** therapist asks the client to *choose a name, a word or a sentence*, which is most matching to the picture. Therapist *inquires* about the experience and *writes it down*. Therapist explains that the verbal cue is one entrance point to recall the positive memory in order to strengthen herself.

*approved EMDRIA consultant, EMDR institute facilitator, clinical psychologist in the Community Mental Health Center in Rishon Lezion, teaching in the Program of Integrative Psychotherapy at the Hebrew University and private practice.

Address: 12 Hadar St', Rehovot 76466. Israel

Tel: 08-9461249, Fax: 089362544 e.mail: brurit@zahav.net.il

Stage 3. Assessment

Assessment is done according to the standard protocol: *Picture, Negative Cognition, Positive Cognition, VoC, Emotions, SUDs, Somatic Sensations*.

Stage 4. Desensitization

Desensitization is done according to the standard protocol.

Notice Present Resources (Pr.RC)

Notice the emerging resources and write it down without interfering with the processing. They may appear *spontaneously* or be induced by the intervention of the therapist *via Cognitive Interweaves*.

Check the SUDs

When client reaches desensitization you may **check the SUDs**. Continue if SUDs is more than 1 and if you have time. Proceed to installation of the closing resource if the SUDs is 0 or 1.

Stage 5. Installation

Regular installation of PC

Installation is done according to the standard protocol.

Closing Resource Connection(for complete and incomplete session)

If the session is **complete** after the installation proceed to the connection of the **closing resource**. If the session is *incomplete* proceed according to the standard protocol but instead of a relaxation exercise, or Safe Place, do *resource connection to the closing resource*.

Choice of a closing resource

Therapist reviews with the client all the resources that emerged in the session, (*PRC and Pr.RC*) and asks her to choose the *preferred closing resource or resources*.

Connecting to the closing resource

1. Compact focusing

Therapist Client is asked to reconnect to the resource and *notice* her feelings, thoughts and sensations while therapist gives a **short slow BLS**. *Inquire* about the experience and *write it down*.

2. Verbal cue

Notice if there is a positive spontaneous sentence (*power sentence*) which accompanies the image and inquire if client agrees to use it as a verbal cue for eliciting the closing resource. If not – ask the client to *tune in* and *reenter* the resource in order to find a fitting *cue word or a sentence*. Give a short slow **BLS**, *inquire* about the experience and *write it down*.

3. Somatic cue

Therapist asks the client to *choose a posture* which goes well with the resource. Therapist asks the client to reenter the resource together with the name and the posture. The client is asked to give herself a *short and slow BLS in order to exercise independently resource connection including all its components.*

4. Suggestion for use of resource connection in the future

Therapist emphasizes that the resources have now become *accessible* and encourages the client, in times of need, to *connect* to them in order to recharge her batteries. Resources are likened to pictures in an album which may be picked up at whenever one feels like. (or like an empty car to be filled)

Another way of finding a closing resource – expanded resource

If client doesn't find an appropriate closing resource she may bring up an *image matching the final PC*. ("when you repeat the sentence...notice the feelings and sensations in your body and see if any image emerges"). If no image emerges the *PC* can still be installed *via the accompanying sensations and emotions* coming along with it. This can also be done for a meaningful sensation or feeling.

Expanded installation (this is an optional step and not a necessary element of the procedure)

Therapist asks the client to reconnect to the closing resource and then bring up the original incident while giving a short and slow BLS. Therapist inquires what came up and writes it down.

Future resource connection (FRC) (this is an optional step and not a necessary element of the procedure)

Eliciting a future resource

Ask the client to imagine how he would like to see himself in the future. Therapist may suggest adding previous resources to the image.

Connecting to future resource

1. Compact focusing

Client is asked to *notice her feelings, thoughts and sensations* while therapist gives a short and slow *BLS*. Therapist *inquires* about the experience and *writes it down*.

2. Verbal Cue

Therapist asks the client during short and slow BLS to choose a cue word or sentence which goes well with the image.

Stage 6. Body Scan

This is done according to the standard protocol

Stage 7. Closure/Debriefing

This is done according to the standard protocol.