

Subject: [EMDR] Incomplete sessions (SUMMARY BY LIST MODERATOR)

- > I have taken a little time to research this issue to insure that I am
- > describing the Standard EMDR Protocol regarding incomplete sessions and
- > targeting strategies for the next session.
- > Target/node has not been desensitized to a SUD=0 within the time allot -
- > requiring the clinician to close down the session - i.e. incomplete session.
- >
- > 1) Inform the client the time is almost over and seek consent to stop
- > processing. "We are almost out of time and we will need to stop soon. How
- > comfortable are you about stopping now?"
- > 2)Begin the process of stabilizing the client, depending upon the client's
- > level of distress you may:
- > a. "You can let it go now" or "It can be put in a box until next time."
- > b "You have done some very good work today, can you tell me a couple of
- > positive things you can take with you about this session?" "How are you
- > feeling now?"
- > c Do a containment exercise: Safe place, light stream, relaxation exercise,
- > etc.
- >
- > DO NOT -
- > take a SUD, VoC or do the body scan - these may tend to reopen the Node and
- > bring up distressful material (the next channel) to be processed - our goal
- > in session shutdown is to help the client move out of the node/processing
- > and into a more relaxed, present state.
- >
- > Establish grounding and safety
- >
- > Debrief and instruct the client to log during the week.
- > "The processing we have done today may continue after the session. You may
- > or may not notice new insights, thoughts, memories , or dreams. If so, just
- > notice what you are experiencing - take a snapshot of it, and keep a log."
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- > NEXT SESSION:
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- > I. Review the client's log for new material.
- >
- > a. IF NO NOTEWORTHY MATERIAL HAS ARISEN
- > 1) Check previous session's last channel (incident) being processed - if
- > still distressful - start with that: "When you think of that incident, what
- > emotions do you feel, take a SUD, and establish Body Location and then begin
- > Desensitization.
- > 2) If last channel (incident) has been processed between sessions, return to
- > the original target) "When you think of the original incident, what do you
- > get now?" "What emotions do you feel?" take a SUD, get the Body Location
- > and begin desensitization.

- > b. IF NOTEWORTHY MATERIAL HAS ARISEN: Take note of them and:
 - > 1) Generally, target as above with either the last session's channel - if
 - > still stressful, or the original target. "Think of the incident, what do
 - > you get now (emotions, SUD, Body Location) If the "last session's channel
 - > issue (or events that arose in between sessions) is still problematic they
 - > should emerge as associated channels. If they don't you can check on it
 - > later after the primary target is resolved.
 - >
- > c. IF THE NOTEWORTHY MATERIAL IS CURRENTLY DISTRESSFUL (still within the
 - > primary target's cluster/channels of association)
 - > 1) Target first only if the material is currently overwhelming and the
 - > client is overtly resistant to doing anything else.
 - >
- > d. IF THE LOG REVEALS OTHER DISTRESSFUL TRIGGERS - unrelated to the primary
 - > target note -
 - > 1) take note of these as they may become additional target clusters to be
 - > addressed AFTER THIS target has been fully reprocessed - SUD=0, VoC=7, clear
 - > Body Scan.
 - >
- > OVERALL STRATEGY:
 - > Always target the original if possible since that is a core issue. The
 - > exception is if the target has led to a peelback and a more distressing and
 - > pivotal event has been revealed during processing. Then that would become
 - > the target and the original one would take a secondary status and be checked
 - > subsequently.
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- > TARGETING STRATEGY:
 - > Once within the Desensitization Phase targeting would be: "When you think of
 - > the incident, what do you get now?" emotions, SUD and Body Location. Since
 - > we are operating within the originally assessed target node system it is not
 - > necessary to refer to the NC or PC (just as we do when following the
 - > protocols of returning to target within the Desensitization Phase - "When
 - > you think of the original incident, what do you get now?")
 - >
 - > This has been a very informative discussion - thanks to all who have
 - > participated and shared their perspectives.
 - >
 - > Respectfully
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