

ADAPTING EMDR FOR CHILDREN WHO EXHIBIT REACTIVE ATTACHMENT DISORDER BEHAVIORS

It is recommended that EMDR be utilized weekly for best results. The child and parent may need to meet with a second therapist weekly for family therapy to help the parent attune to the child emotionally, gain insight into the beliefs underlying the child's behaviors, and learn parenting, communication, and problem-solving skills. This allows the EMDR therapist to focus on EMDR consistently.

Why are adaptations necessary for EMDR with Children with RAD behaviors?

Children or adults with a history of poor attachments are left with significant emotional and social deficits. These deficits negatively impact the capacity for the patient to utilize therapy of any kind, including EMDR. These deficits may include any or all of the following:

1. The child has little capacity for recognizing his own internal state. He has little awareness of his own emotions, body sensations, or thoughts, and he has difficulty putting words to his internal state.
2. The child is easily emotionally dysregulated.
3. The child automatically avoids thoughts or memories that trigger strong emotions, and he automatically copes with strong emotions by dissociating or acting out.
4. The child has very little trust for adults, especially adults he considers authority figures. Because of this, he has very little capacity to receive comfort or reassurance, and he has difficulty accepting direction.
5. The child lacks appropriate, rational, adaptive information related to his traumatic experiences, even at a cognitive level.

Effective utilization of EMDR with a child with poor early attachment experiences requires extra assistance from the therapist to help the child safely identify, access, and reprocess emotions, sensations, and cognitions, and to access related memories, thoughts, beliefs, and adaptive information.

Phase One: History-Taking

Develop Positive Relationships With the Parents and Child From the Start

With a younger child, the intake begins with parent(s) without the child if at all possible, whether parents are biological parents, adoptive, foster, or guardians. The adolescent may be interviewed along with the parents in the initial intake to avoid a mistrustful reaction from the teen. However, the parents should be interviewed without the teen once the initial rapport has been established with the child. It is important to maintain ongoing 1:1 contact with the parents.

There are two reasons for seeing the parents without the child:

1. The relationship with the parents is vital to make changes in the system.

2. The parents will be able to share information that the child might be upsetting to the child.

The therapeutic relationship with the family can be challenging as parents may be initially defensive and mistrustful as they may have been blamed for their child's behaviors by extended family, school personnel, and other professionals. The therapeutic relationship with the child is usually challenging due to issues of mistrust.

Behaviors commonly observed in children with early problem attachments

Child is either indiscriminately affectionate or he is unaffectionate and avoids closeness.

Child does not go to caregivers for comfort or help.

Child does not respect caregivers as authority figures.

Child exhibits oppositional and defiant behaviors or conduct disorder behaviors.

Child has an explosive temper.

Child interprets normal discipline as rejection and reacts to normal discipline with anger.

Child is acutely envious of positive attention received by siblings and reacts with anger.

Family/Social History (Begin Developing the Targeting Sequence Plan.)

As the therapist gathers the history, the therapist should look for events in the child's history that may have interfered with the child's capacity to form affectional bonds.

These "touchstone events" will become important targets in the EMDR Targeting Sequence Plan.

Typical touchstone events:

Early experiences of neglect or abuse by caregivers.

Early medical interventions.

Early experiences of pain that may have interfered with the child being able to relax and bond, such as ear pain or colic.

Early separations from primary caregivers due to hospitalizations or any other reasons.

Early loss of primary caregivers and/or changes in primary caregivers.

Frequent changes in sitters.

A frightening or chaotic environment that may have interfered with the child being able to relax and bond, such as domestic violence.

Parental addictions that would have removed the safe emotional presence of the parent.

Parental stressors that would have removed the safe emotional presence of the parent, such as illness in the family, death in family, job loss, etc.

Parental emotional problems such as PTSD that would have removed the safe emotional presence of the parent.

The child being told something that interfered with feelings of safety and trust in parents.

If the child experienced traumas in his first two or three years that he does not remember, ask the parents what the child knows, how he was told, and how he tells his story to others.

The Parents – Emotional State, Behavioral Responses

The therapist should ask about the parent's discipline techniques, what has worked, and what has not worked. Often the therapist will discover that the parent's response to the ineffectiveness of behavioral consequences has been to increase the severity of the consequences to drastic levels (for example, 6 months of grounding or 1,000 sentences) with still no positive results. Parent and child are often stuck in a vicious cycle of anger, hurt, and fear.

As the relationship permits, the therapist should ask about the parent's emotional state and social support, including extended family. This can help the therapist begin a discussion about the parent's upbringing.

Raising a child with RAD behaviors can be acutely challenging and sometimes traumatic to even the most resourceful parents. Parenting the child with RAD behaviors often leaves parents feeling inadequate, frustrated, angry, hurt, rejected, embarrassed, hopeless, and depressed. Stressed couples frequently fight over how to handle the child, and parenting tactics by struggling parents have often led to exacerbation of the child's behaviors. Parents who enter the situation ill-equipped due to unhappy experiences in their own families-of-origin are even more prone to maladaptive responses that escalate the child's behavior, leading to stuck cycles of anger and aggression on the part of both parent and child.

After building the relationship, the parent may agree to begin EMDR to reprocess traumatic events related to raising the child as well as touchstone events in the parent's childhood.

Hypothesize Negative Cognitions (Targeting Sequence Plan)

The therapist should invite the parents to look at the child's social history and current behaviors and help hypothesize negative cognitions. This activity can help parents begin to view their child's behaviors from a new perspective. Together, pair the negative cognitions with probable associated early events to continue development of the EMDR Targeting Sequence Plan.

I can't trust mom/dads.
She/he is out to get me.
She/he is against me.
It is not fair.
She/he deserves to be punished.
I have to be in control.
It's not safe to be close.
I'm bad.
I'm evil.
I should have done something.
It is all my fault.
I am not good enough.
I am different.
I don't belong.

I am defective.
My feelings are bad/unsafe/scary.
It's not safe to share my feelings.
It's not safe to love.
It's not safe to accept love.
I don't deserve to be loved.
I don't deserve to be complimented.
Good things aren't safe.
A compliment is unsafe.
I will disappear if you don't see me, hear me.

Current Triggers

As part of the history-taking and the development of the targeting sequence plan, the therapist, parent, and child should explore current and recent triggers related to the negative cognitions and the child's intense negative reactions. The therapist can ask the child about recent "big feelings" and "big reactions" and identify the events that triggered the "big feelings." These events will become recent targets in the EMDR Targeting Sequence Plan.

Examples of Current Targets:

Mom/Dad/Teacher saying no.
Mom/Dad giving attention to a sibling.
Mom/Dad/Teacher giving a direction.
Mom/Dad/Teacher with an angry face.
Receiving a consequence.
A family holiday or birthday.
A good grade.
A bad grade.
A criticism.
A compliment.
A transition from one activity to another.
Time to go to school.
Something exciting coming up.
Frustrating or confusing job or homework.

Phase Two: Preparation Phase

Introducing EMDR

Briefly explain EMDR to the parents. Offer handouts and refer them to the EMDR websites.

Demonstrate to child the various methods of using BLS and let the child try them out briefly. "This helps big feelings get smaller." Challenge the child to use the lights (or follow your fingers) by saying, "A lot of kids have trouble following these lights (finger) with their eyes. So if you can't use the lights, that will be okay...."

Outline what to expect when the child begins EMDR

Let the parent know that EMDR (or any therapy that helps the child open up emotionally) will leave the child feeling a heightened sense of vulnerability and sensitivity – therefore MORE emotionally reactive - until some of the emotional distress is reduced. Coach the parents to expect the heightened reactivity and to stay as calm as possible through the storms. Consider it an investment that will pay off in the near future.

Educate parents about trauma

Help the parent understand the child's acting out behaviors as rooted in trauma. Help the parent view the child's behaviors as driven by fear and the belief that others can't be trusted, he is not loved, he is not safe, and he will ultimately be rejected and abandoned. Teach the parent to respond to the child's behaviors in ways that help regulate the child's brain and calm his fears.

For example, instead of angrily sending the angry child to a time-out in his room, the parent can be coached to remain calm and direct the child to sit in a "calming chair" near the parent or sit right next to the parent in a "time-in." Tell the child, "You need to sit here near me, until your brain is calm. I love you and I will keep you safe. Take some deep breaths and tell you brain to calm down. As soon as you are calm, you can get up again." If the child needs space to calm himself down, ask him to go to his safe, calm room so he can get his brain to calm down, and let him know he is welcome to come back as soon as he is calm.

The parent who is traumatized by his or child (and perhaps is affected by childhood trauma as well) may be stuck in anger and unable to avoid getting triggered by the child. The parent's angry reactions at home can undo any progress made in the therapy sessions. Through empathy and understanding, the parent may be enticed into individual EMDR therapy.

Recommended readings for parents

The Science of Parenting by Margot Sutherland

Beyond Consequences, Logic and Control, Volume 1 by Heather Forbes and B. Bryan Post

Beyond Consequences, Logic and Control, Volume 2 by Heather Forbes

The Explosive Child by Ross Greene

Parenting With Love and Logic by Foster Cline and Jim Fay

Resource Development With Bilateral Stimulation (BLS)

(Total of 2-4 Sessions prior to trauma treatment, but continue to repeat and reinforce throughout treatment.)

Ideally, the parent(s) who wish to be long-term in the child's life should be present for resource development sessions if at all possible.

(Adjust the language of the following exercises to fit the age of the child.)

(BLS = Bilateral stimulation: During guided imagery exercises, use Theratappers, tapping, headphones, or eye movements -- at a slower rate of speed to avoid triggering negative material. The BLS may be used continuously through the exercise, as long as the therapist is speaking and guiding the thoughts. Stop the BLS with silence.)

Safe Place

Script: "Think of a place you have in your life, or you have seen in pictures, or a place you create completely from your imagination." Then, "Can you describe it to me?"

With BLS: "Put yourself there now. Notice what you see there, what you hear, what you smell, what you touch. Relax there and just notice the calm feelings in your body right now." Stop BLS. "How did that go?" (If positive, repeat with BLS. If there was a problem, change or alter the safe place as needed, before repeating.)

Competency Memory

Script: "Think of a situation, either recent or long ago, that made you feel good about yourself, or made you feel kind of grown-up/mature." Then, "Can you tell me about it?"

With BLS: "Put yourself back in that situation now. Think about how you were standing/sitting, how your voice sounded, how you felt. Notice how you feel in your body right now as you think about this situation." Stop BLS. "How did that go?" (If positive, repeat with BLS, with emphasis on noticing the positive sensations in the body. If negative material was associated with the positive memory, ask the child to "put parenthesis around the positive part" and repeat, or look for a different memory to use altogether.)

Belonging

(Helpful only with children who have a good support system.)

Script: "Let's make a list of all the people you have in your life who care about you." (You may want to ask the child to draw a picture using stick figures.)

With BLS: "Picture all these people in this room with you. Imagine they are all here to support you and show you how loved you are."

Butterfly tap

Script: (Show the child how to cross his arms and tap on his shoulders.) "I'd like you to bring up your safe place in your mind. Let me know when you have it. Put yourself there in your safe place. Use the butterfly tap to reinforce the relaxed, safe feelings for yourself. (Pause.) You can practice this at home anytime. A good time to practice is in bed, before you fall asleep at night."

Container

Script: "Let's create a container in your mind so you have a place to put all the yucky memories and feelings when you don't want to be carrying them around with you. Can you think of a container that would be nice and big and strong we could create in your mind?" Then, "What does it look like?" With BLS: "Picture it now. Notice how solid it is, how strong, how secure. You can send anything to this container you want to."

Anytime something comes up in between our sessions, you can send it to the container and lock it up.”

Positive Movie Exercise (developed by Ricky Greenwald)

Script: “Think about where you would like to be and what you would like to be doing 10 years from now (or whatever time seems appropriate).” Reinforce with BLS and note the positive emotions and sensations. “Now, let’s imagine a movie of your life, and let’s fill in the steps you will want to take between now and then to make sure you get that positive ending to your real-life movie.” List the steps, and then, “I would like you to run the movie in your mind now, as I read the steps, and then visualize the good ending. Hold in mind the words, ‘I can do it.’ ” Reinforce with BLS.

“Now, let’s think about what the ending will be to your movie if you keep taking the steps you have been taking.” Talk about what that ending would look like. “Now, visualize this ending, and hold in mind the words, ‘It’s not worth it.’ ”

Then go back and re-visualize the positive movie with BLS.

Nurturing Holding Attachment Work When a Nurturing Figure Exists:

Preparation for Nurturing Holding Attachment Work

The parent and child are invited and encouraged to cuddle together during these exercises, in whatever way is comfortable. (Encourage, but don’t force physical closeness.) The child can hold tappers or the therapist can tap on the child’s knees or feet. With resistant children, it is very helpful for the therapist to comment to the child, “You get to just settle back and relax. You don’t have to do a thing. Your parent has to do all the work today.”

Reinforcing the Bond

As the parent and child cuddle or sit close, the therapist coaches the parent:

*“Can you talk about positive memories you hold about the first time you met your child?” (adoption)

*“Can you talk about your positive memories regarding the pregnancy, birth, and early years with your child?” (birth child)

Probe with further questions as needed. Apply BLS with the child whenever the parent is sharing positive memories.

*“Can you talk about what things you most enjoy doing with your child?”

*“Tell about what traits and potential traits you see in your child that you most appreciate.”

*“Tell us about the traits or habits the two of you have in common.”

*“What are the things you hope to share with your child in the future, or you hope to watch your child do in the future?”

Utilize BLS with the child while the parent shares.

Create other parent-child experiences of closeness within the therapy session.

■Coach the parent to hold or cuddle and...

*Look at early photos and tell stories about them. Reinforce feelings of closeness with BLS.

*Talk about the positive feelings of all the people who care about the child.

*Listen to parent's heartbeat, listen to lullabies together, cuddle under a blanket. Add BLS.

*Suck on a popsicle or lollipop while doing any of the nurturing attachment work. Add BLS.

*Younger children--Sway side to side with music, while swaying or tapping, sing positive messages such as "Janie has a good mom who loves her so!" or whisper nurturing affirmations.

Magical Cord of Love--

Script: (Utilize BLS with child while you conduct the visualization.) "Close your eyes and picture the magic invisible cord that connects you to your mother (father, etc.) heart-to-heart. The cord is made of a beautiful light. What color is your cord? See its color, and know that this magical cord can stretch, so no matter how far away you go, and no matter how far away your mother goes, it can stretch and stretch so you are always connected. Now, just notice the relaxed feelings as you lay back comfortably with your mom/dad." (Next, utilize BLS with the parent, saying "Just notice how comfortable and close you feel right now.")

Draw pictures of the magical cord between the child and parent in situations in which the child typically feels insecure, rejected, or unloved, while asking the parent to talk about how they still love the child in these situations. (For example, the parent giving attention to a sibling or the parent disciplining the child.) Ask the child to look at the picture while applying BLS.

Creating a Safe Place and Bonding Experience for the Smaller Child Within--

Script: "What ages were you when you were most hurt?"

"Within your mind's eye, we can create a safe place for the little hurt child (baby) who still lives inside your heart, to help him heal. Let's think about what kind of place would be most comfortable, secure, and enjoyable for the little you inside."

(Discuss with child, enlist help of parent, perhaps even draw a picture of the safe place together.)

(Utilize BLS with the child while you conduct the visualization.) "Think of this place, notice what you see there, what you hear, what you might feel. See the little you there, comfortable, relaxed, secure."

(Turning to the parent) "Mom (Dad), I would like to invite you to picture this safe place now, and see yourself there with this little one. Can you talk about what you will do there with this little one now?" (Utilize BLS with the child to reinforce feelings of comfort, while the parent talks about how they might cuddle, rock, play, sing, etc. with

the little one in the safe place. The therapist may wish to utilize some BLS with the parent as well as the child, to reinforce feelings of closeness and comfort for the parent.)

Trouble-Shooting

****The uncooperative child –***

When a child wriggles or resists sitting close to mom, you may be able to negotiate sitting close for a short time with a reward at the end. Or if it helps, allow the child to sit as close as they feel comfortable. Don't force eye contact. With the resistant child, it can be helpful to coach the parent in speaking lovingly about the child to the therapist, as if the child were not present in the room. Allowing the child to "listen in" as others speak helps lower the child's defenses. Offer a lollipop "to help the medicine go down." The sucking and the sweetness enhances the bonding experience.

****The awkward parent –***

Some parents have a non-nurturing voice tone or a natural "teacher voice." Ask them to whisper or "almost whisper" during the exercises. Prepare them ahead of time by writing down ideas for positive messages and positive stories to talk about during the attachment work.

****Rebound Effects Following Feelings of Closeness --***

The child usually feels an increase in feelings of affection with the parent during and immediately following the Nurturing Attachment Work. Some children experience a "rebound" effect afterwards, as the resulting closeness and intimacy leads to heightened fear of rejection later. Because of this, the child may be extremely sensitive to feelings of rejection. A stern look or a redirection from the parent in the week following attachment resource work may trigger a huge reaction in the child.

The therapist should forewarn parents prior to the attachment resource session: "Most of us can remember our first puppy love in junior high or high school, and the horrible hypervigilance that accompanied our newfound feelings. If the object of our infatuation paid attention to us, we were in seventh heaven, but if we perceived that we were being ignored, we were furious and ended the whole thing. This is very similar to what the child with attachment problems goes through when he begins to feel closeness.

When a Nurturing Attachment Figure Does Not Exist for the Child (Ward of the State, No Permanent Placement):

Creating a Safe Place and Imaginary Attachment Figure for the Smaller Child Within--

A safe place may be created for the smaller child within and/or the hurt baby inside as above—

Script: "What ages were you when you were most hurt?"

“Within your mind’s eye, we can create a safe place for the little hurt child (baby) who still lives inside your heart, to help him heal. Let’s think about what kind of place would be most comfortable, secure, and enjoyable for the little you inside.”

(Discuss with child, perhaps draw a picture.)

(Utilize BLS with the child while you conduct the visualization.) “Think of this place, notice what you see there, what you hear, what you might feel. See the little you there, comfortable, relaxed, secure.”

Next, create a caregiver for the child within—

Script: “Let’s think of someone who could care for your younger self, there, in the safe place. This could be someone you have actually known in your life, it could be a spiritual figure of some kind, or it could be someone famous who you think would be a good caregiver. This caregiver will protect, nurture, and care for the younger self.”

(Discuss with the child.)

(Utilize BLS with the child while you conduct the visualization.) “Picture there, in your mind’s eye, your younger child self, comfortable and relaxed there, in the safe place. See the loving caregiver, watching over the little you, doing all the loving things that good people do for little ones. Know that this younger you can stay here, in this safe place, with the loving caregiver, forever, relaxed, happy, and safe.”

Talking “to” and “for” the “Inner Child Within the Child

The therapist can help the child and the child’s parent find empathy for the “child within” and understand how the child’s behaviors relate to underlying feelings by talking “to” and “for” the “littler child within.”

For example, the therapist may say --

“I think the little scared David who lives inside your heart is telling Mom, ‘I want you Mom, but I am scared to get close to you.’”

“What do you think the little David inside your heart felt when Mom had to go on her business trip?”

“Mom, the littler David who lives inside David’s heart believes that all Mom’s leave. What could you say to him about that?”

“David, what could you say to the littler David in your heart about that?”

Motivating the Child to Use EMDR With Past Memories

Monster in the Closet Metaphor—

Tell the child:

“Imagine you are laying in bed and you think you hear a sound in your closet. You say, ‘Mom! Come here! I think there is a monster in my closet!’ How would you feel if your mom came in and said, ‘Well, then, I’m not opening that closet if there’s a monster in there! Just forget about it and go back to sleep.’ Now you’re sure there really IS a monster in your closet, right? OK, now imagine you call your mom in and she throws open the closet door and says, ‘Look, there’s just a bunch of old junk in here. There’s no

monster!’ Now you feel a lot better, right? Well, it’s the same thing with your old upsetting memories. You think you have to keep the closet door shut because you have a bunch of monsters in there, right? But I believe that if we open the door and take a look – and use a little EMDR – you will come to see, as I do, that there’s just a bunch of old junk in your closet and then it will no longer have power over you!”

The Quest Metaphor

Tell the child:

“You are exactly like a character in one of your video games. You are a knight on a quest, and you are beginning a very important journey to conquer your memories. The EMDR is a special power, and it will help you find the other special powers you need to zap each one of your memories, and then to put each of them inside a special, powerful container.” (You can have fun with this one. Interweaves might include, “What special power can you find to help you with this memory?” and “What special power can you use to put this into your container today?” You can present the child with a small knight figure to empower him on his journey (credit to Stefanie Armstrong, PLMHP.)

Providing Adaptive Information Through a Story

Many children benefit greatly by hearing their story in the third person prior to use of the standard protocol. The story supplies the adaptive information needed for successful EMDR reprocessing by “correcting” the negative beliefs of the character in the story. The story can be written about another “little girl” or “little boy” who has been through similar circumstances.

For the younger child, the story can be told about little stuffed animals who live in the therapist’s office. The presence of the stuffed animal gives the younger child an opportunity to “talk to” the animal and “reassure” the stuffed animal that he is safe now and he is loved now. The child can even tap on the animal’s paws to provide the stuffed animal (and the child) some BLS, reinforcing the positive thought.

For example, a story can be told about a baby bear who is now adopted. This baby bear doesn’t trust his new mother because his birth mother didn’t take good care of him. The therapist, the child’s mother, and the child can together reassure the little stuffed bear that he is safe and that his new mother will take good care of him. The child can tap on the baby bear’s paws to help him feel better.

Phase Three: Assessment Phase

Choosing the Target: Past Event – Present Trigger

Although logically it makes sense to reprocess past traumas prior to present-day triggers, the work is often less anxiety-provoking for the child when one or more moderately upsetting present triggers are targeted first. Often, the therapy focus shifts back and forth between targeting of past memories and targeting of current triggers. Ultimately, the past touchstone events should be reprocessed to change the child’s core negative beliefs and automatic emotional/behavioral reactions.

Choosing the Target: Present Trigger -- Future Template

After targeting a present-day trigger, the child and therapist (and parent) should role-play a more adaptive behavioral response to the trigger, then add BLS to reinforce the adaptive behavior (either during the role-play or during a mental rehearsal.) This present trigger/future template work should be done repeatedly, week after week, until no major triggers are left. This will ultimately change the hard-wired maladaptive behavioral patterns.

Choosing the Targets: Case Example

Amy presented with multiple behavioral and emotional issues. One of her mother's biggest concerns, however, was Amy's aggressive reaction to the word "no." The therapist asked Amy, "When Mother says no, what is your belief about that? Is she saying 'no' to help you in some way, or is she saying 'no' to be mean to you?" The child responds "Yes, she is being mean."

The therapist asked Amy, "And when did you first learn that mothers are mean?" The child responded by mentioning an early experience with her birth mother, and another experience with a foster family. (The therapist identified these experiences as "Touchstone Events"). To help lower Amy's anxiety, two recent events when Amy was triggered by mom saying "no" were reprocessed. NC – "Moms are mean." PC = "My new mom cares about me." The cognitive interweave "And how is your new mom different from your other moms?" helped move the reprocessing along. In the next three sessions, the old "Touchstone Events" with her birthmother and foster mother were reprocessed with EMDR to address the negative cognition, "Mothers are mean," and the positive cognition was installed, "My new mom takes good care of me."

Following the Touchstone work, several current triggers related to her saying no were reprocessed.

Then the therapist, Mother, and Amy role-played various situations where Amy's mother might have to say "no" and appropriate responses were reinforced with bilateral stimulation.

Then, both Amy and Mother reported that Amy was doing much better at accepting "no." The therapist, Mother, and Amy decided to work next on Amy's fear of men. A whole new targeting sequence plan was developed to address Amy's fear of men, including "Touchstone Events," current triggers, and future template.

Target Pictures From Events Prior to Verbal Memory

Even though early events such as removal from birth parents or changes in caregivers might not be stored in the verbal memory system, children often know the story and they have a mental picture of the event that they have created through the years from their own imagination, along with feelings, sensations, and beliefs. This mental picture should be targeted with EMDR. Often, the EMDR involves correcting misunderstandings the child has developed along the way.

Symbols for Memory Targets

Some children have great difficulty talking about their traumatic memories. The therapist can ask the child to draw a symbol for each memory target on a piece of paper. The papers (memories) can be “contained” in some kind of physical container such as a box or jar between session. The memories can be targeted one-by-one with no or very little verbal description of the memory by the child.

Helping Children Put Words to Feelings

It can be helpful to use a list of feelings words or feelings faces. Children will often deny that they STILL have any feelings about the earlier event. It can be helpful to ask, “What do you suppose you DID feel when you WERE in that situation?” Then ask, “Do you suppose you have a little bit of those feelings inside you now?” or, “Do you suppose the littler you inside your heart still has some of the feelings?” The therapist may make suggestions such as, “I can imagine myself when I was little in that situation, and I think I would have felt sad and mad.” The therapist should stay attuned to the child’s reactions to find feelings that resonate with the child.

Helping Children Find Sensations in the Body

If this is difficult, ask, “If this feeling had a certain place in your body where it hung out, where do you guess it might be?”

Helping Children Identify the Negative Cognition

It may be helpful to ask for the emotion first, and then ask, “And what is the (mad/sad/scary/confused) thought or belief that goes along with that feeling?” Again, children will often deny the negative beliefs and it is helpful to ask, “What do you suppose was the upsetting belief you carried in your heart when this happened? Do you suppose you still carry a little of this belief today? ” It is often necessary to make suggestions: “I think I would have believed. . .Do you suppose you had a similar belief?” If the child doesn’t have the patience for this process, skip this step. Belaboring the issue is not worth it if you lose the child’s cooperation.

Helping Children Identify the Positive Cognition

Ask, “What would you like to be able to say to yourself when you remember this event?” Or simply suggest, “Would you like to be able to remember the event and say to yourself, ‘ _____ ’ and believe it?”

If the child is showing impatience, skip it and identify the positive cognition after the beliefs have shifted.

Suds and VOC

The HAP Laminated Scale is really quite useful with children. Otherwise, just using hands to show a large, medium, or small number is fine. The important thing is to make this step fast and easy. If the child is losing patience, skip it and move to desensitization.

Phase Four: Desensitization

Nurturing Holding of the Child During Desensitization--

It is vital to provide complete emotional safety, warmth, and acceptance for the child during EMDR reprocessing. If there is a committed parent figure, the therapist should invite the child to cuddle up next to the parent or sit near the parent during the EMDR so the parent can provide the child with emotional safety and regulation. If the parent is unable to be supportive due to his own struggle with the child on a particular day, he should be invited to take a break and relax outside the therapy office. If a parent is unable to relinquish control to the therapist or to the child during the child's EMDR, do the reprocessing without the parent's physical presence and entice the parent into his or her own individual EMDR therapy.

IMPORTANT: Explain to the parent that he will need to wait for the therapist's cues to speak, or the parent may interfere with the reprocessing.

If There is No Stable Person in the Child's Life

If the child is a state ward and no long-term or committed parent figure is present in the child's life, the therapist can expect a much longer preparation phase, including developing a trusting therapeutic relationship, teaching skills for identifying and managing emotions, and using BLS for safe place, container, and resource work. The therapist should begin reprocessing with current triggers and then move to painful past events only with the child who is willing and motivated. A child should never be forced to target emotionally painful memories with EMDR, and the therapist should be especially cautious about opening up difficult material with a child who is a ward of the state and has no supportive parent figure.

Metaphors to Help the Child Keep One Foot in the Present

Video Metaphor--

The video metaphor is helpful with children, just as it is with adults. "Picture yourself plugging an old home video tape of your memory into your VCR. You have the remote in your hand. You can push play, pause, fast forward, fast rewind, or you can turn it off whenever you choose. Remember, this is an old memory, so the tape may be a little scratchy and fuzzy. You can watch the memory from the safety of your favorite chair, with your favorite blanket and pillow." The therapist can invite the child to picture the littler child self in the safe place before beginning, and also think about a "power memory" to find the competent state just prior to trauma work.

Photograph Metaphor--

The photograph metaphor is helpful with especially painful memories. Take a Post-It Note, crumple it up, and stick it on the wall. Suggest the child "Visualize the memory as an old photograph. Picture the photograph on this Post-It Note. It's old, so it's all crumpled up, and a little faded."

Intense feelings in children may look like—

* Silliness

- * Agitation/aggression
- * Pushing adults away
- * Hiding behind the pillow, the chair
- * Shirt up over face
- * Becoming very, very still, contained

To reduce the intensity of the feelings--

1. Utilize one of the metaphors in the previous list.
2. Increase caregiver comfort and support.
3. Take the child to a safe place or power memory and then return to trauma work.
4. Ask the child to describe colors, objects, textures in the therapist office.

Children With Attachment Problems Often Require Repeated Interweaves

EMDR helps right-brain, dysfunctionally-stored traumatic material to link up with left-brain adaptive information. The therapist typically will need to actively intervene with therapeutic interweaves during reprocessing with a child with RAD, because:

1. the child has created barriers to accessing memories, emotions, and body-sensations.
2. once the child accesses memories and feelings, he lacks skills to self-regulate and becomes quickly overwhelmed.
3. the child lacks the necessary adaptive information to find his own insights during reprocessing.

Interweaves for the child who says, “I don’t know” or “nothing” in response to ‘What is there now?’

**“Any changes in memory, thoughts, feelings, or your body?”

* “I will continue the eye movements, and you can just look up or signal me when you have a thought, feeling, or picture that you want to share.”

* “Can you tell me a little more about this memory? And then what happened?”

* “You say nothing right now, but what do you guess you felt at the time? What do you guess you believed at the time?”

* “How about the little boy who still lives inside your heart? What would you guess he is feeling right now? What might he believe?”

* “Wow, just thinking about what happened to you makes ME feel (sad, mad, anxious).”

* “Mom (Dad), if this had happened to you, what would you be feeling?”

* “Mom (Dad), how do YOU feel right now, just knowing what happened?”

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*"I am imagining that this is me in the picture. Here is what I am getting right now....."

* "And what is the most upsetting thing about that?"

And whatever the response to the interweave is, you can say, "Go with that!"
(Some children are just not forthcoming, and they require an interweave after every set of BLS. The good news is, they still get better!)

Interweaves for Emotion Regulation

* "You know, you can have these feelings and still be okay."

* "You're safe here in this office."

* "Notice your mom's arms around you."

* "By feeling your feelings, you can heal your feelings."

* "These feelings are temporary. They are like waves – they wash up on shore for awhile, then they subside."

* "Let your feelings move on through your body."

* "You can have these upset feelings and still know inside that you are loved, you are safe, you are comfortable."

*"What does the littler you who lives inside your heart need to hear right now?"

*"Mom, what could you say to the little one inside David's heart right now?"

Interweaves to Provide Important Information

* "I'll bet you didn't know that children are never responsible for the actions of adults."

* (Turn to parent): "Mom (Dad), do you think a child is ever responsible for abusive behavior by adults?"

* (Turn to parent): "Mom (Dad), do you believe that children who are relinquished for adoption are unlovable?"

* "I'll bet you didn't realize that a lot of kids do what you did to cope with the hurt they carry in their hearts."

Interweaves to Shift the Child Out of Distress When They Are Stuck in the Upsetting Memory and Emotions

* “If you could get in a little car that flies back and forth through time, and you could fly back in time and bring along anyone or anything to help you, who and what might you bring along?”

* “Mom, Dad, if you could travel back in time, what would you do? How would you care for the little one?”

* “Could you take the little one to the safe place? What would you do for him there?”

* (Bring out drawing paper and markers.) “Can you draw the upsetting picture that is stuck in your mind?” (Do a set of eye movements after drawing the picture and go with whatever comes up.) “Now you can draw the picture again, but this time, change the picture in any way you wish. Now you have permission to change the picture in your mind the same way.” (Do a set of eye movements to reinforce.)

*(Bring out drawing paper and markers.) “Okay, draw the little you on one side of the paper. Now draw a simple figure representing the bad person on the other side of the paper. Now take a black crayon and scribble back-and-forth until he disappears. Now let’s rip him up and throw him away!” Repeat

* (Bring out a sand tray and small figures and toys.) “Can you arrange some things in the sand tray to represent the upsetting picture in your mind?” (Do a set of eye movements after the child arranges a picture and go with whatever comes up.) “Now you have permission to move the figures around and you can decide how you want the picture in the sand tray to look. Now you have permission to change the picture in your mind the same way.” (Do a set of eye movements to reinforce.)

The lowered distress following this interweave does not mean complete resolution of the memory. More work is probably left to be done. But this type of interweave gives the child a feeling of empowerment over the pictures in his mind and allows you to always end the session on a positive note, with feelings of safety and connectedness.

Memories of Misdeeds

Memories of their own misbehaviors can be especially troubling for children, especially memories of acting out sexually on other children or hurting other children or animals. They typically need lots of interweave help.

Common Negative Cognitions for Misdeeds--

“I am bad.”

“I am evil.”

Helpful Positive Cognitions for Misdeeds--

“I am good in my heart, because I don’t want to do those things anymore.”

“My heart is healing and I don’t do those things anymore.”

“I know how to make better choices now.”

“I have better control of myself as my heart heals.”

Helpful Interweaves-

“You probably didn’t know this, but that kind of behavior is common in kids with hurt hearts.”

“I’ll bet you didn’t know that kids who feel sad inside often try to fix their sad feelings with anything that they think will make them feel good or powerful.”

“You feel guilty about what you did. Do you think someone who was evil would feel guilty?”

“Knights in the Middle Ages would often do some kind of special good deed to atone for some wrong that they did. Can you think of a special good deed you could do to make up for what you did?”

Phase Seven: Closure

Even though the child may not be ready to install the positive cognition to a 7, you can ask, “What would be most helpful for you to keep in mind about this memory right now?” Add a short slow set of BLS to reinforce. Most children can at least end the session with something like, “It’s all over now,” or “My new parents/foster parents/grandparents will keep me safe” or “I do have people in my life now who care about me” or “It wasn’t my fault” or “I am good in my heart.”

Phase Eight: Reevaluation

At the beginning of the following session, check with the parent first, and ask what behaviors the parent observed. Interpret the behaviors in terms of the issues the child is dealing with. Then bring the child into the room, show them the HAP scale or use hand gestures and ask the child, “When you think about what we worked on last time, how upset do you feel?” “What is the most upsetting part about it now?” Or, “Is there anything else related to this event that is bothering you?”

When a Child’s SUDS Remain High

Some children will repeatedly report a SUD of 8, 9, or 10, even after much work has been done, using many interweaves. These children may not be able to actually tune into their own internal state, and they may be black-and-white thinkers. The child may think of the situation and assume that because it was a bad situation, the SUD should remain high.

In this situation, the therapist should assess whether the work is complete by whether or not the beliefs have changed. If the beliefs have changed, reinforce the positive belief with BLS until the belief is a 7, and then help the child find an effective container to contain the old pictures and old thoughts.

Container at End of Memory Work

Many children benefit from some very concrete container work at the end of the memory work. The exercise signals the end of a piece of work, and putting the memories away.

Children can look for a useful container to use or make a container by decorating a box or a sack. The child can draw pictures which represent the various memories that have been reprocessed and cut them out or fold them up and place them in the container. The therapist may ask the imaginative child, “What magic or special power can you use to zap the memories into the container?” Then, utilize BLS to reinforce the emotions and sensations associated with placing the memories in the container.

The Three-Pronged Approach

EMDR is a three-pronged approach. The three prongs include: Past, Present or Recent, and a Future Template.

Present

Desensitization of current triggers is extremely important to making behavioral changes. Even when past memories have been thoroughly reprocessed, entrenched behavioral patterns won't change without direct targeting.

The therapist can explain, “Triggers are any situations that cause automatic big feelings or behaviors. A trigger might be something someone does or something someone says to you, a look on someone's face, a challenging situation of any kind. A trigger can even be something that seems like a happy thing, like a compliment or something exciting.”

Each week, the therapist should ask the child and parent, “What were the triggers this week?”

Separating Past From Present--

An important goal of EMDR therapy is to remove the reminders of past traumas from the child's life. An important therapeutic interweave during reprocessing of current triggers is: “And how is this current situation different from the past, when you learned (“I can't trust adults,” “I am not safe,” etc.)

For example:

Present-day trigger: “Mom saying no.”

Negative Cognition: “I can't trust moms.”

Positive Cognition: “I can trust my new mom.”

Therapeutic interweave: “And how is this mom actually different from your first mom?”

Other common useful interweaves for present-day triggers:

What feels most upsetting about this present-day situation?

What feels unsafe about this?

What is the worst thing that could happen in this present-day situation?

What would be scary about letting go of trying to control this situation?

Why wouldn't you deserve this good thing?

What would be most helpful to say to yourself?

What does the little boy/girl inside your heart feel about this present-day situation?

What could the big you say to the little girl about that?

Current triggers should be targeted repeatedly consistently – until the child is no longer triggered by situations in his present-day life.

Reinforcement of Future Templates

For every situation that has been a trigger to a child, there is potential for a future template. Once that trigger has been processed, talk with the child about how he would hope to handle the situation. Role-play the hoped-for response while the child holds the tappers or wears earphones. Then guide the child in visualizing the hoped-for response, while adding BLS.

When a child reports difficulty, assess what part of the template was difficult. The therapist may need to give the child more guidance in how to handle the situation or repeat the visualization with BLS until the child can complete the imagery without disturbance. If the disturbance is too high, target the negative material and reprocess with EMDR. Then repeat the future template.

Future Template for Positive Self-Talk

After teaching the child how to use positive self-talk through lots of examples and demonstrations, guide the child in imagining future challenging situations and use of positive self-talk, with BLS to reinforce the child's use of this skill. It's a very simple exercise, but extremely effective, and can be repeated frequently for use with various situations.

For example, the therapist guides the child in picturing his teacher at school raising her voice at the class. The child says the following pre-planned statements to himself, either aloud or silently: "Her voice is loud, but it's not dangerous. I'm fine. She's not going to hurt me. She's a pretty nice person. She won't be loud for long." Utilize BLS to reinforce the child's use of the self-talk throughout the guided imagery exercise.

Ongoing EMDR Work With Children With RAD Behaviors

1. Continue to reinforce resources with BLS:
 - a. Experiences from the week that made the child feel competent, grown-up, or good about himself.
 - b. Safe place
 - c. Little child in the safe place with nurturing from mom or dad.
 - d. Nurturing holding from parents while talking about things child did that week that made them feel proud.
2. Examine triggers from the week. Possible interventions include:
 - a. Target current triggers with standard protocol. Do "contained reprocessing" to keep focus on the present-day trigger. Separate the current trigger from

the past events with a cognitive interweave: “Even though it FEELS the same, how is this situation actually DIFFERENT from the past situation?”

- b. Identify behaviors driven by the “little scared child inside.” Reassure and reinforce safety for the inner child with BLS. Reinforce competent, more grown-up state with BLS.
- c. Identify behaviors pushed by memories that remain unresolved, and target those unresolved memories with standard protocol.
- d. Re-do ineffective behaviors with imaginal or role-play rehearsal and reinforce with BLS.