

MODIFIED EMDR RESOURCE DEVELOPMENT & INSTALLATION PROTOCOL

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[This protocol, adapted from the EMDR Resource Development and Installation protocol developed by Korn & Leeds (2002), is intended to facilitate the development of internal resources and increased affect tolerance in clients with more severe symptomatology and/or a paucity of positive experiences.]

1. Defining the purpose of the resource:

- Ask the client to identify the most distressing issue, feeling or challenge in current life **OR** the most distressing part of the current crisis **OR** the most difficult feature of an upcoming challenge
- For example, “What issue in your life seems to be most distressing on a day-to-day basis? What part of this issue or situation is the most overwhelming for you? Where do you usually get defeated by it?”

2. Envisioning a resource that would help:

- Ask the client to imagine the type of resource s/he would need to feel or respond differently: “What inner strength or resource or capacity would help you to not feel so overwhelmed? So demoralized? So helpless? So inadequate?”
- If that is too abstract, ask, “What feeling or belief would you need to have to be able to _____?”
- Or ask the client to imagine what resources allow “other people” (i.e., the average person) to get through or master such situations
- Or ask the client to think of someone known (either personally or generally) who epitomizes or embodies the resource
- Then, ask the client to free-associate about that quality or resource: “When you think about what it means to have _____, what comes to mind?”

3. Imaginatively developing the resource:

- Next, ask the client to “imagine what it would feel like” or “what it would be like” to have that resource **already** inside the mind and body

- ❑ Use evocative images and phrases to access the client's intuition and imagination: "If you woke up every morning with that resource by your side, what would be different? How would you greet the day?" or "If you had that resource in every cell in your body, what would it be like?"
- ❑ Challenge the client's assertion that it is not possible to envision or that it could never happen with reminders that the resource is supposed to be something that seems impossible now. OR that, if s/he has the ability to imagine bad feelings, she also has the ability to imagine good ones

4. Elaborating the resource:

- ❑ Layer and chain together the guided imagery provided by the client: "Yes, and if you felt more _____, what would follow from that?" "And if you felt more _____ and you were able therefore to _____, what else would follow from that?"
- ❑ Link these images to bodily sensations, feelings and cognitions: "As you imagine being able to feel _____ and do _____, notice what it feels like in the body" "Notice how it feels emotionally . . ." "Notice how your thinking is different when you have this resource available to you . . ."
- ❑ Create "mini-future templates:" "Imagine going to work with this resource available to you . . ." "Imagine facing [the challenging situation] now with this resource in every cell of your body . . ."
- ❑ When the client has elaborated the resource and has positive sensations and emotions connected to it, that resource can now be installed. [Caveat: if client is getting intrusions at this point, see section on "Dealing with intrusive material" at end of the protocol]

5. Installing the resource:

- ❑ Re-state and re-evoke the most significant images and phrases associated with the resource: "Once again, imagine yourself with this resource of _____ already in every cell of your body, allowing you to feel more _____, _____, and even _____. Notice the feeling in your body that goes with having _____ within you."
- ❑ Connect the word picture of the resource with body sensations
- ❑ Use short (4-12) sets of bilateral stimulation to install

- Then re-state and re-evoke the words and images before the next set: “Yes, with _____ inside you, you feel calmer and more peaceful as well—go with that.”
- Continue installation process until a positive state is consistently reached **or** until client experiences intrusive feelings or thoughts
- When positive state is installed, then it can be “tested” using Future Templates of mildly challenging situations
- If client instead experiences intrusions, use the procedure below

6. Addressing negative intrusions:

- When client reports intrusive feelings, thoughts, sensations, or images, those intrusions should be welcomed and re-framed as a “challenge” or “test” of the reliability of the resource
- Target the intrusion by re-stating it in the patient’s own words and locating it in the body
- Then ask the client to imagine facing the intrusive material with the resource available: “What would your _____ say to that anxiety?” “Bring your sense of _____ to the feeling in the pit of your stomach and notice what you get” “Imagine having your resource on your side as you face _____”
- Use short (2-8) sets of bilateral stimulation until the client reports positive benefit: i.e., anxiety is calmed, perspective is regained or even strengthened, positive images emerge
- If negative intrusions persist after several attempts to address them, stop the bilateral stimulation and provide some psychoeducational reassurance: need to go slowly, difficulty trusting positive feelings, need for more than one resource to combat post-traumatic material
- Subsequent resource sessions should then be abbreviated so that installation is stopped before the intrusions become intractable

7. Summary and reinforcement:

- Re-state the client’s emotional and somatic experience of what it was like to imagine having the resource available to her
- Ask the client to imagine “a symbol, an image, a word or a mantra that could help you evoke the resource whenever you needed it in the course of your day.”
- Pair the resource images with the symbol or mantra and install using short sets of bilateral stimulation
- Encourage client to evoke the image or mantra frequently and to use visual or written cues in her environment to remind her to do so

8. Strengthening the resource over time:

- Follow up on the client's use of the resource at subsequent sessions: "How did it go using the image [or mantra] to help you connect to the resource?" "When that happened, did you try to access your resource to help you feel less overwhelmed?"
- Remember that the less resourced and more affect-intolerant the client is, the greater the need to "practice" how and when to use a resource
- Use Future Templates to "rehearse" the use of resources: starting with images of mildly challenging situations, have the client imagine using or just having the resource available, then install the positive results
- If the client has difficulty, decrease the amount of challenge **OR** increase the amount of resource: add additional new or previously installed resources to the Future Template situation
- Make the resources part and parcel of every therapy session: imagine them as "therapeutic allies" of both client and therapist

9. Helping the client to generalize use of resources:

- For clients who have had few experiences of mastery or safety or feeling resourced, learning to generalize newly developed resources is a vital part of treatment
- Use psychoeducation to teach the client how, when and where to utilize resources in the course of daily life: in preparation for stressful events or daily challenges, when triggered, when anxious or overwhelmed, at "anniversary times" of day or year
- Use Float Back or Float Forward techniques to prospectively or retrospectively install the use of the resource in these types of situations: starting with the Future or Past Template, have the client imagine having the resource "by your side" or "in every cell" or "available intravenously," then layer and install the imagined positive response along with any new positive cognitions.
- Intrusions should be anticipated and addressed as in section 6
- For highly unstable or affect intolerant clients, the use of continuous bilateral stimulation is often helpful: because their ability to tolerate even short sets can be so limited, continuous stimulation provides a way to install the talking, problem-solving, and psychoeducational parts of therapy

