

# Adaptive Information Processing Model

## AIP Current Understanding

- REM is critical to information processing
- Accelerates the rate of processing
- Links trauma information with adaptive information
- Eye movements or Bilateral Stimulation (BLS) activates “Reprocessing”
- Moves information along neuro-pathways - integration
- Positive shift; Eliminates disturbance (integration concludes)
- Blocked ability to process (frozen, dysfunctional, distressing memories)

## AIP Model

- Guides treatment: conceptualization, planning, and intervention
- Integrates explicit and implicit knowledge
  - Explicit – who, what, where, when – provides context
  - Implicit – emotions, body sensations, reflexes
- Neuro-structures
  - Prefrontal Cortex – executive
  - Thalamus – wakefulness and awareness
  - Amygdala – emotion center (Implicit)
  - Hippocampus – (Explicit)

## Necessary Clinical Conditions

- Sense of safety
- Therapist nonjudgmental
- Internal resources
- Ability to access memory
- Window of tolerance

# EMDR 8-Phase Protocol

## EMDR Phases

1. History Taking & Treatment Planning
2. Preparation
3. Assessment
4. Desensitization
5. Installation of PC
6. Body Scan
7. Closure
8. Reevaluation

# EMDR Phase 1

## Phase 1 – History Taking & Treatment Planning

- Appropriateness for EMDR
- Level and types of trauma
- Develop therapeutic relationship
- Identify resources
- Potential targets

Possible contraindications and considerations: neurological problems, epilepsy, brain damage or injury, concussions, migraines, ECT history, eye problems, cardiac conditions, schizophrenia, or active legal issues. Excessive use of benzos, stimulants or marijuana within 24 hours of sessions may hinder success.

## Incident History Taking

- Active and dormant symptoms
- Related internal images, thoughts, and feelings
- Developmental trauma history
- Relational and family context

## Basic Treatment Planning

- The ten worst experiences timeline (can also best)
- Identify touchstone events – earliest related memories or associations.
- Use the floatback or affect-bridge technique.
- Understand the desired outcome and client goals.
- Capture the negative cognition and positive cognition.
- Identify unwanted symptom(s) and any memories related to the symptom.
- Look for core themes and patterns - break down into until it more doable (small

increments or pieces) - and find a time for the theme (complex trauma)

### **Client Readiness factors**

- Support system
- Economic concerns
- Timing considerations
- Comorbid disorders
- Secondary gain issues

### **Screen for Complex Trauma & Dissociative Disorders**

- Years of unsuccessful therapy
- Depersonalization/Depersonalization
- Intrusive thoughts
- Flashbacks
- Memory lapses
- Flooding
- Active homicidal/suicidal

### **Assessments**

- Interview and getting to know the client
- Adverse Childhood Experiences Scale (ACES)
- Dissociative Experiences Scale (DES II)
- Multidimensional Inventory of Dissociation (MID v06)  
<https://www.mid-assessment.com/>
- Dissociative Disorders Interview Schedule DSM-5 (DDIS)
- Systematic Assessment of Dissociation (SCID-D)

# EMDR Phase 2 – Preparation

## Psychoeducation

- Provide a general understanding about EMDR.
- Trauma psychoeducation and some understanding of the nervous system.
- Give explanation of the Window of Tolerance.
- Identify a Stop signal.
- The role of the client (they cannot do this wrong).
- Use train or river metaphor.

## Resource Building & State Change Assessment

- Comfortable/Peaceful Place
- Containment Exercise
- Progressive Muscle Relaxation
- The 4 Elements Exercise
- Gathering Space or Dissociative Table
- Capacity to observe and describe internal experiences
- Capacity for Self-compassion
- Intense Sensations - Essential Oils
- Tapping-in positive felt sense states

## EMDR Mechanics

- Sitting position: make sure the client is comfortable and can easily see and connect.
- Select the form of BLS: Eye movements, tappers, lights, tapping, or other type of bilateral stimulation.
- Consider your distance from eyes and client.
- Attunement, connection, dual attention, and awareness.

# EMDR Phase 3 – Assessment

## Identifying EMDR Target

- Earliest touchstone memory
- Blocking beliefs work
- Internal conflict
- Recent incident

## Target Set-up

- Image of the worst part.
- Negative cognition (belief about self now?).
- Desired positive cognition (desired belief about self now?) VOC.
- Feelings and emotions felt now; Sensations: Where in the body do you feel this now?
- SUDs (units of distress).

## Negative Cognition (NC)

- Distorted/irrational belief from experience.
- Presently held as an “I” statement.
- Matches affect and is related to the target.

## Positive Cognition (PC)

- Positive and adaptive belief.
- It is not magical thinking; it is realistic.
- The client does not currently believe it fully.
- It relates to the negative cognition and target.

## Identify Blocking Beliefs

- If there are core blocking beliefs, target them first.
- See *the Core Blocking Beliefs Handout*.

# EMDR Phase 4: Desensitization

## EMDR BLS

- Reprocess the memory.
- Bring up Image, NC, and Body Sensations, and follow my fingers
  - “Just notice.”; “It’s old stuff.”; “That’s it.”; “Good.”; “Go w/ that.”
- Faster eye movements may be more efficient when possible, but always respect and attune to the client's pace.
- Keep the client in the present time.
- Standard Protocol: Typically, 24 – 35 passes.
- Restricted EMDR Protocol: Typically, 6 to 15 passes.
  - “Let it go”; “take a breath”; “What do you notice now?”
- When new channels open: “Notice that and continue the BLS
- Allow it to flow.
- Intervene as little as possible.

## Bringing the Client Back to Target.

*“When you notice the original incident, what do you notice now?”*

- Do this when the processing sticks, blocks, or loops.
- When you are not sure where the processing is at.
- To see how it is held in the body now.
- To open new associated channels.
- To keep going with BLS.

*If No new info, check the SUD.*

- If SUD is more than 1, do more BLS.
- If 0 or 1 (ecological), do one more set.
- Ask: “What is in the way of it getting completely neutral?”

## Processing Hints

- Keep doing sets if there is any change or movement.
- Focus on Dual Awareness – Window of Tolerance.
- Process all associated channels.
- Open eyes if they move out of the window of tolerance.
- Targets can require several sessions.
- Use closure to end incomplete sessions.

## Begin Next Session – Incomplete

- Bring up the original incident. "What do you notice now?"
- Get the SUD reading.
- Ask: "Where do you notice it in your body now?" and begin BLS.

## Slow Down Activation

- Do slower or shorter sets.
- Lengthen sets as tolerance increases.
- Patience – allow it to unfold.
- Find blocking beliefs.
- Ask all parts to participate.
- Ask for any fears or concerns.
- Fractionate the target.



## Phase 5: Installation of PC

### Installing the PC

- Does the PC still fit?
- Assist in changing PC, if needed.
- Check VOC now.
- Do a short set (6-15 passes).
- Until VOC is a 6-7, then do one more set.
- If less than 7: "what prevents these words from being a 7?"
- If a new channel opens, go back to using BLS, especially when the VOC is a 5 or less.
- Commonly, during the installation, some disturbance comes up. If so, go back to desensitization. *Yay! You found more disturbance to help client move through. So thorough.*

## Phase 6: Body Scan

### EMDR Body Scan

Check for any (even subtle) residual tension, discomfort, pain, or other body sensations.

- If so, use BLS on sensations or go back to the target.
- "Soften or close your eyes. Now, think about the target and the words (PC) while mentally scanning your body. Let me know if you feel anything."
  - If positive, do short sets to install
  - If discomfort, do BLS

# Phase 7: Closure

## Closure

- Debriefing
- Psychoeducation on completion of work
  - predictability of future experiences being neutral/better
  - report if any after-effects occur
  - build in safety, they can call/connect
- Containment strengthening
- Keep a log of related experiences (TICES log)
- Coping skill reminders

## Closure of Incomplete Session

- Give advance notice – 5-15 min warning
- Take a deep breath
- Sit back a little to show closure for processing
- Use a safe place, stabilization, or containment exercise
- Check-in and debrief – last 10 minutes

# Phase 8 – Reevaluation

## Integration and evaluation

- Check-in around the target (is there more work on this target or incident?)
- Evaluate what is next (where do we work next?)
- Check for adaptive integration happening in between sessions
- Ensure 3-Pronged approach
  - Past, Present, & Future