

# TROUBLE-SHOOTING IN EMDR

GRATEFULLY DEDICATED TO ALL OF MY  
FAILED EMDR TREATMENTS  
1994-2016

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Definition of an expert:

**AN EXPERT IS SOMEONE  
WHO MADE  
ALL THE POSSIBLE MISTAKES**

# TAKE HOME MESSAGES

1. NOT EVERY EMDR PROBLEM IS AN EMDR PROBLEM
2. A PROBLEM HAS BE SOLVED AT ITS OWN LEVEL

(motivational problems need motivating solutions, relationship problems need relational solutions, technical problems need technical solutions, etc)

# PROBLEM LEVELS

FUNCTION OF THE PROBLEM

THERAPEUTIC RELATIONSHIP

CASE CONCEPTUALIZATION

PHASING AND TIMING: STABILIZATION

EMDR : PROCEDURE & TECHNIQUE

INTERWEAVES: PROCESS & CONTENT

NOT EVERY PROBLEM  
CAN BE SOLVED  
or  
SHOULD BE SOLVED

# THE RELATIONSHIP BETWEEN THE CLIENT AND THE PROBLEM

# CLIENT ↔ PROBLEM

- Client has no problem
- Client does have a problem, but wants to keep it: problem has a function
- Client has a problem, wants to solve it, but is unwilling to work, just wants 'help':
  - lack of motivation
  - passive coping style
- Client has a problem, wants to solve it, and is willing to do the necessary work

CLIENT HAS NO PROBLEM



# CLIENT HAS NO PROBLEM

- If the client comes to therapy ONLY because (s)he is forced or sent, there is no choice from within
- Even then, sometimes, the client can become really interested in healing

# CLIENT HAS NO PROBLEM

- Possible solution:
- *Build up a working alliance, sometimes by conspiring against the person or authority who forces the client to do therapy*
- *And then slowly make a U-turn*
- *End up working on the client's issues*

CLIENT HAS A PROBLEM  
AND WANTS TO KEEP IT:  
THE PROBLEM HAS A FUNCTION

An important and useful problem  
cannot 'just be solved'

# THE PROBLEM HAS A FUNCTION FOR THE CLIENT

- Solving the problem is not always the client's highest priority in life
- Sometimes there is another priority, the client needs the problem, or loves the problem
- Secondary gain: 'Every disadvantage has it's advantage' (Johan Cruijff)
- When the profits exceed the costs, healing is not to be expected

# SECONDARY GAIN IN EMDR: HOW DO YOU FIND OUT?

- Clients rarely put their motives open on the table 'Hello, I'm so-and-so, I'm not really coming for therapy, I come for an alibi'
- Systematically distrusting all clients is not a solution
- From conjecture to exploration:
- The 47 good and important reasons NOT to say goodbye to your problems

# PROBLEM ATTITUDE QUESTIONNAIRE

(Jim Knipe, Eddie Besselsen)

- NAME..... DATE .....
- PROBLEM TO BE SOLVED .....
- Give a number from 1 (does not feel true) to 7 (feels completely true) for every statement with regard to this problem

# PROBLEM ATTITUDE QUESTIONNAIRE: SOME EXAMPLES

- If I solve this problem, I lose a part of my true self ...
- I like people who are suffering from this problem much more than people who don't
- If I solve this problem, I can never go back ...
- I don't deserve to be allowed to solve this problem...
- If I solve this problem, I have to find a job ...

# SOME MOTIVES & SOLUTIONS



# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Narcissistic gain
  - The client is more interested in being a client than in his/her healing process
  - Competition: World Championship Martyrdom  
'My trauma is worse than yours'
- *Organize the World Championship 'Most impressive Healing' (with lots of awe, admiration and applause)*

# THE HOLY VIRGIN OF THE SEVEN LAMENTS



# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Narcissistic gain
- Moral superiority: The Holy Virgin of the Seven Laments  
(‘This is how I am, always helping other people, but when I need help...)
- *Isn't it even more superior and morally upright to be traumatized so badly and still triumph...? Healing is the ultimate but noble revenge!*





**'I want to upgrade my psychosis to a trauma'**

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Narcissistic gain
  - It's better to be a victim than just some loser
- ....*But how about being a winner?*

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Narcissistic gain
  - Secret victory over the therapist:  
‘You too cannot heal me, I knew it,  
you are all the same, all incompetent.’
  - ‘I am the most difficult client ever,  
even the best therapists cannot heal me’
- *Humble and respectful: ‘You are so right, I can  
not heal you. The only one who can is you!’*

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Legal gain
  - Residence permit, asylum status
- *Wait till the battle has been won (or lost)*
- Material gain
  - Sick-benefit versus unemployment benefit
  - Compensation settlement, damage claims, smart-money .
- *Wait till the client has got the prize (or not)*

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Social gain
- To be spared from demands and difficulties
- Avoidance of obligations and responsibilities
- *Explore and work through the underlying fears and negative beliefs*



# SECONDARY GAIN IN EMDR: MOTIVES & SOLUTIONS

- Relational gain
- To get compassion and care  
(Underlying belief: once you are ok, strong or competent , nobody looks after you anymore)
- *Positive labeling and acknowledgement:  
There is nothing wrong with the longing for  
compassion and care*
- *Challenge the belief, and go for new ways to  
get these needs met*

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Specific relational gain: the problem is the excuse to keep seeing the therapist
- *Acknowledge and validate the need for a significant other, who listens and cares; there is nothing wrong with that longing, but the therapist is not the one to fulfill that need*
- *Maybe do some additional grief work*
- *...Or see the client 4 times a year forever after*

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Strategic gain: Systemic approach
- Problematic client is holding the family together
  - The case of sulking Birgit and sugary Anita
- Client has no permission to heal, for systemic reasons
- *Work with the system first*

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Strategic gain: Systemic approach
- (Someone in) the family needs the client to be problematic: the client's problem solves someone else's problem
  - Because Sanne is sooo disturbed, her mother cannot possibly be asked to treat her with love
  - Because Sanne feels rejected and unloved, she cuts herself to pieces, which mother finds too difficult to deal with

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Strategic gain: Systemic approach
- There can be no healing since there is no trauma: the (fake) story was made up for systemic reasons
- *If the client does not tell you, there is nothing you can do*
- *If the client does tell you, sympathize with and work on the underlying neglect, fear or pain*

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Strategic gain: winning is losing somehow
- ‘If I would solve my problem, it seems like it was not such a big deal after all’
- *Create a memorial ritual, a small monument*
- ‘If I can solve my problem now, I could have solved it back then, so I’m a loser after all.’
- *You could also have waited for another 20 years...*

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Gain in the relationship to the perpetrator:  
The indictment can never expire
- *Reassurance: the indictment will not expire, but living in pain is not necessary for that. He will still be wrong if you live a happy life*

# SECONDARY GAIN IN EMDR: SOME MOTIVES & SOLUTIONS

- Identity gain
- Being traumatized has become an identity (status, narrative) , especially when the media are involved
- Client is a professional client  
(especially if the client's life is unsuccessful in many other areas)
- *Being a professional client is a vocation, but being an ex-professional client is a vocation too!  
Expert by experience, shining example, etc.*



# WHAT CAN YOU DO?

- Sometimes: **Nothing**
- But even while you can't do anything, you still can do something:
- Offer the possibility of elegant retreat
- Client can leave with his/her head held high ... and maybe come back later

CLIENT HAS A PROBLEM,  
BUT IS UNWILLING TO WORK,  
JUST WANTS 'HELP':

lack of motivation and/or passive  
coping style

# COPING STYLES

1. **Active problem solving, confronting**
2. **Seeking social support**
3. Avoidance, awaiting (*'hanging plant'*)
4. Palliative reaction, mitigating
5. Passive (depressive) reaction pattern
6. Expression of emotions
7. Reassuring and soothing thoughts

DIVISION OF LABOUR:  
THERAPIST'S JOB,  
CLIENT'S JOB

# ROLE OF THE THERAPIST: NAVIGATION DEVICE

- Client is behind the steering wheel and has to do the driving
- Therapist is the navigation device (TomTom)
- Client has to enter the destination: 'Where do I want to go with myself?'
  - Without destination, no navigation
  - When the client is not following the directions, the navigation device cannot prevent the client from getting lost

# LACK OF COMMITMENT: WARNING SIGNALS

- Look at the actions, do not listen to the words
- Client is not doing the homework, or just a little bit, half heartedly
- Mood-dependent behaviour
- Avoidance of important steps
- Giving priority to the stress of the moment at the expense of the overall treatment plan

# LACK OF COMMITMENT: WARNING SIGNALS

- Cancelling sessions because of little illnesses
- ‘Yes, but ...’ attitude
- Taking no responsibility for the therapy
- Little or no spontaneous ‘soul-searching’
- Frequently answering ‘I don’t know’  
*(demonstration of the rule for not knowing)*
- Preference for / indulging in the victim role
- ‘Hanging plant’
- Massive self-pity

# CHOICE & COMMITMENT: INTERVENTIONS

- Self-compassion ≠ self-pity
- Self-pity needs an audience
- Self-pity is not solution-oriented
- Self-pity usually comes with taking little responsibility
- The right amount of self-pity:  
The pity the client would feel for someone else, in exactly the same situation



From this day on

Radio

Self-pity

is

not well received

here

# CHOICE & COMMITMENT: INTERVENTIONS

- If the client shows little commitment, give homework assignments
- If the client does not do the homework, you suggest that the client needs more time between sessions.
- Or you ask the client to contact you, once the homework assignment is done

# CHOICE & COMMITMENT: INTERVENTIONS

- Don't ask 'How are you?' (Don't go there)
- Instead ask questions like:  
'Give yourself two scores (0-10),  
one for effort, one for result'
- Effort = how well did you coach yourself  
through difficult days, using what you  
learned?  
Result = and what did it bring you?
- Express wonder if the client scores low on  
effort, give compliments for high scores

# WHAT CAN YOU DO?

- Be warned
- Be sensitive
- Don't waste your time and energy on a client who doesn't deserve it
- My best advice:  
Get old and get a bit tired of the blah-di-blah

# DON'T DO TOO MUCH

- Overinvestment is a signal of your own issues:
- ‘I will do for others what someone should have done for me’  
(since I am the shining example)
- ‘I can never let anybody down’  
(since I am such a noble person)
- ‘Maybe a better therapist could heal this client, so I just have to try harder to compensate’ (since I am not good enough)

# THERAPEUTIC RELATIONSHIP

# IT'S NOT ABOUT THE MARBLES, IT'S ABOUT THE GAME

- The more axis II is involved in the client's problems, the more problematic the therapeutic relationship will be
- The relationship is shaped by the personality (or personality disorder) of the client AND the personality (or personality disorder) of the therapist
- Going after the trauma-marbles without grasping the rules of the game, is getting lost

The therapeutic relationship  
depends on two people;  
we tend to focus on the client  
and forget the therapist



# THE THERAPIST

- Sprey, 2002: Therapist pitfalls in the therapeutic relationship:
- The insecure therapist
- The irritated therapist
- The dejected therapist
- Each has his/her specific (dysfunctional) pattern of reacting to a client, shaping the relationship

# THE THERAPIST: PITFALLS

- Disproportionate feelings in the therapist, evoked by the client, influencing his/her therapeutic behavior
- Insecurity: too much going with the client
- Irritation: too much going against the client
- Dejection: not going anywhere

# THE INSECURE THERAPIST

- ‘In love and war, everything is permitted’  
Therapy is a combination of the two
- The insecure therapist misses out when firmness is needed
- Risks in EMDR therapy:
- Overdoing stabilization
- Postponing EMDR treatment
- Allowing the client too much avoidance

# THE IRRITATED THERAPIST

- ‘In love and war, everything is permitted’  
Therapy is a combination of the two
- The irritated therapist misses out when compassion is needed
- Risks in EMDR treatment:
- Impatiently pushing the client into (premature) traumaconfrontation
- ‘Punishing’ the client for lack of results

# THE DEJECTED THERAPIST

- Not going anywhere, withdrawing, distancing, too little reaction to the client, low energy.
- Risks in EMDR treatment:
- Powerlessness of the therapist infects the client
- Giving the client too little encouragement to overcome difficult EMDR moments
- Diminished attunement and lack of creativity for cognitive interweaves

**GROUP EXERCISE:  
THE INSECURE, IRRITATED OR  
DEJECTED THERAPIST**

# EXERCISE

- The oldest person in the group plays the insecure therapist
- The second-oldest plays the irritated therapist
- The third-oldest plays the dejected therapist
- The youngest person in the group plays the client

# EXERCISE

- As a client, you can choose one of the personality disorders to inspire you
- And choose one of these two possibilities:
- Client: *'I do not want to get into my trauma's yet, I need more trust'*
- Or: *'Don't give me that stabilization nonsense, just give me EMDR'*



# THE ROLE OF THE CLIENT IN THE THERAPEUTIC RELATIONSHIP

# THERAPEUTIC RELATIONSHIP

- Client brings his/her schemas and cognitions into the office, and these give the therapeutic relationship its color and atmosphere
- In complex trauma the personality is **formed, deformed, or malformed** by the traumatization.
- This forms, deforms or malforms the therapeutic relationship

# THE CLIENT'S GLASSES: HOW DOES THE CLIENT PERCEIVE THE THERAPIST?

- Client brings his/her schemas and cognitions into the office, and perceives the therapist accordingly
- Once the client is interpreting your behaviour in a certain way, a self-fulfilling process starts
- The client's image of the therapist, per personality disorder (Sprey, 2002)
- (If time permits: the evolutionary perspective on personality disorders: the story of the apes and the bananas)

# CLUSTER A: THE THERAPIST IS...

- Paranoid
- Schizoid
- Schizotypal
- Out to abuse me, hostile
- Pushy, troublesome
- Not to be trusted, threatening

# CLUSTER B: THE THERAPIST IS...

- Antisocial
- Borderline
- Histrionic
- Narcissistic
- Vulnerable,  
can be used
- Untrustworthy,  
rejecting,  
out to abuse me
- Admiring,  
to be seduced
- Inferior, admiring

# CLUSTER C: THE THERAPIST IS...

- Avoidant
- Dependent
- Obsessive-compulsive
- Critical, humiliating
- (Idealized) competent, supportive
- Irresponsible, incompetent

# CLUSTER NOS: THE THERAPIST IS...

- Passive -aggressive
- Demanding, controlling, dominating
- Depressive
- Abandoning, failing

HAVING A MAP AND A COMPASS:  
CASE CONCEPTUALIZATION  
-WHERE TO GO, WHAT (NOT) TO DO-



# CHASING THE WRONG RABBIT

- How do you know you're chasing the wrong rabbit?
- It does not show in the beginning
- Client is working through trauma's, SUDs go down, VOCs get up, but the symptoms do not disappear
- The story of the man who was looking for his keys...

# CASE CONCEPTUALIZATION: main mistakes

## 1. Overdiagnosing trauma

- Interpreting all the client's symptoms and behaviour as trauma reactions
- 'IF YOU ONLY HAVE A HAMMER, YOU HAVE TO TREAT EVERYTHING AS A NAIL'
- Eagerness to use EMDR, since it is so effective

## 2. Underdiagnosing trauma

- Reluctance to use EMDR, since it can do damage

# CASE CONCEPTUALIZATION: main mistakes

3. Chaotic, ad hoc treatment plan (= no plan)  
‘What do you want to work on today?’  
Shifting focus, too often used to avoid  
difficult parts of trauma work
4. Starting from present day situations,  
triggers, or consequences of the problem,  
instead of touchstone events  
‘The fruits of the tree,  
instead of the roots of the tree’

# CASE CONCEPTUALIZATION

## overdiagnosing trauma

- If you are wearing EMDR-glasses only, you will see what you can treat with EMDR, and you might overlook other issues
  - Relationship problems
  - Secrets
  - Addictions
- Other diagnoses could be missed
  - Autism , ADD / ADHD, thyroid problems,
  - .....

# CASE CONCEPTUALIZATION: underdiagnosing trauma

- Treating the less relevant issue is to neglect the essential issue
- Many psychiatric clients with severe symptoms, who are in and out of therapy for many years, are actually undertreated
- Especially when they are diagnosed with
  - Schizophrenia
  - Borderline personality disorder
  - Low IQ

# DANGEROUS DIAGNOSES

- Schizophrenia, borderline, low IQ
- Chances are the client will never get a proper treatment
- Year after year the client's file gets bigger and bigger, the life story is buried beneath a pile of reports , and nobody is looking anymore
- The next therapist just starts to work from the perspective of the previous therapist
- The story of Marion

# CASE CONCEPTUALIZATION

- Essential question:
- If the client is not born with the symptoms, something must have happened.
- How to find the missing link between the symptoms and the events?
- How to find the most promising targets?
- SYSTEMATIC TRAUMA MAPPING

# PROBLEM LEVELS

FUNCTION OF THE PROBLEM

THERAPEUTIC RELATIONSHIP

CASE CONCEPTUALISATION

PHASING AND TIMING: STABILIZATION

EMDR : PROCEDURE & TECHNIQUE

INTERWEAVES: PROCESS & CONTENT



# PHASING AND TIMING: STABILIZATION

# STABILIZATION: WAS THE CLIENT READY FOR TRAUMAPROCESSING?

- Two possible mistakes:
- Overly optimistic therapist starts prematurely, while the client is not ready yet, trauma confrontation ends in a failure experience or retraumatization
- Overly cautious or pessimistic therapist wastes time and energy, while keeping the client from a healing experience

# STABILIZATION: WAS THE CLIENT READY FOR TRAUMAPROCESSING?

- If it does not help, it does hurt.
  - Client gets stuck in the trauma processing
  - The traumatic material is activated, the symptoms manifest themselves
  - But there is no resolution, no liberating insight, no redemptive twist
  - Trust in the therapist, in EMDR, and in the client's ability to heal is damaged

# PROCESSING

## TRAUMA-INFORMATION

THE TRAUMATIC



THERE- AND-  
THEN

MOVIE  
EP  
IN  
THE WOUNDED PART  
OF THE CLIENT

## DAILY LIFE INFORMATION

THE SAFE



HERE-AND-  
NOW

MOVIE THEATRE  
ANP  
OUT  
THE HEALTHY PART  
OF THE CLIENT

# STABILIZATION: WAS THE CLIENT READY FOR TRAUMAPROCESSING?

- The ratio between the healthy part of the client and the damaged part of the client determines the prognosis for EMDR
- If the healthy part of the client is too small, too fragile, too underdeveloped: the traumatic material overrules the coping, no healing

# PROCESSING



THERE- AND-THEN

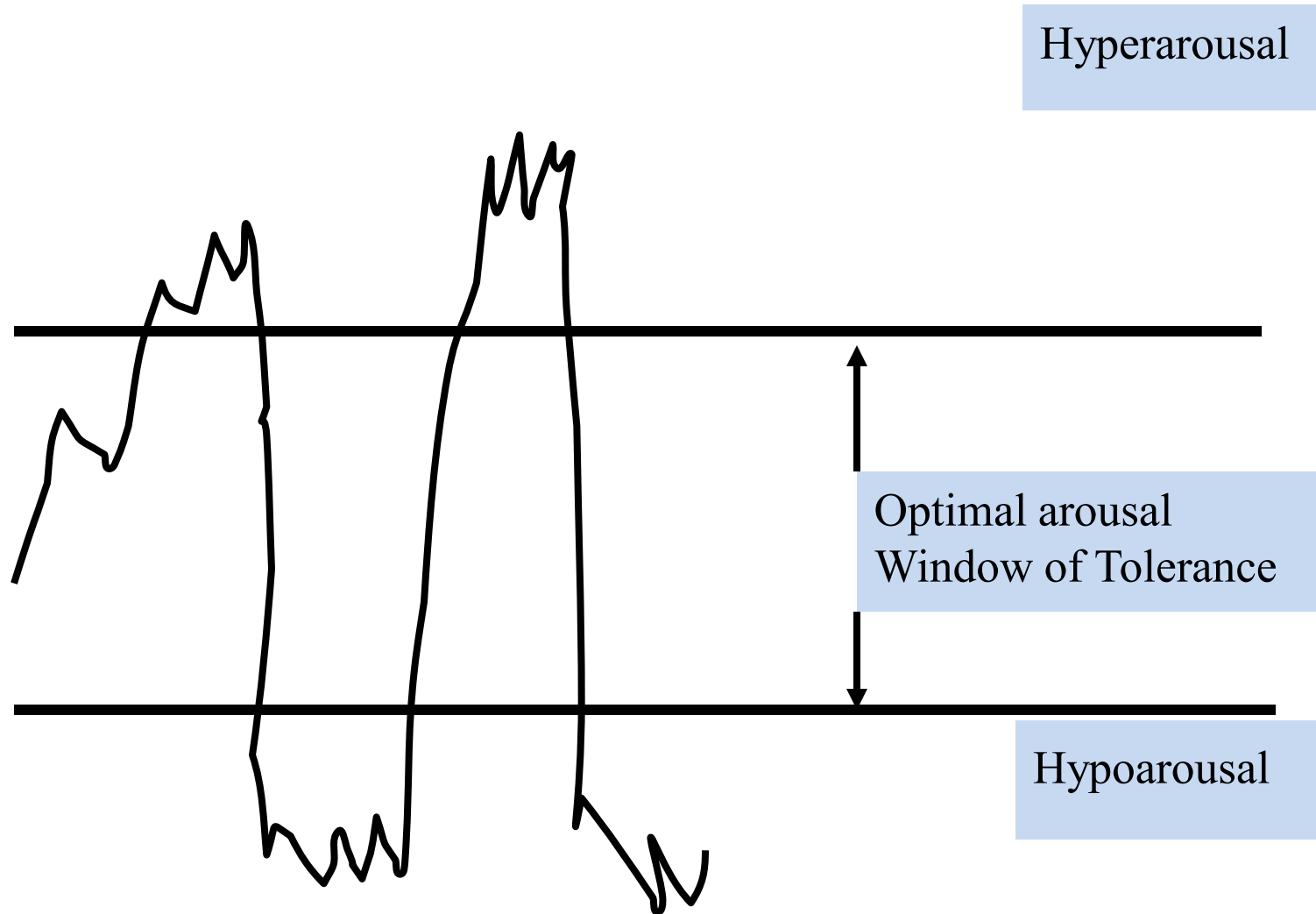
**THE WOUNDED PART  
OF THE CLIENT**



HERE-  
AND-  
NOW

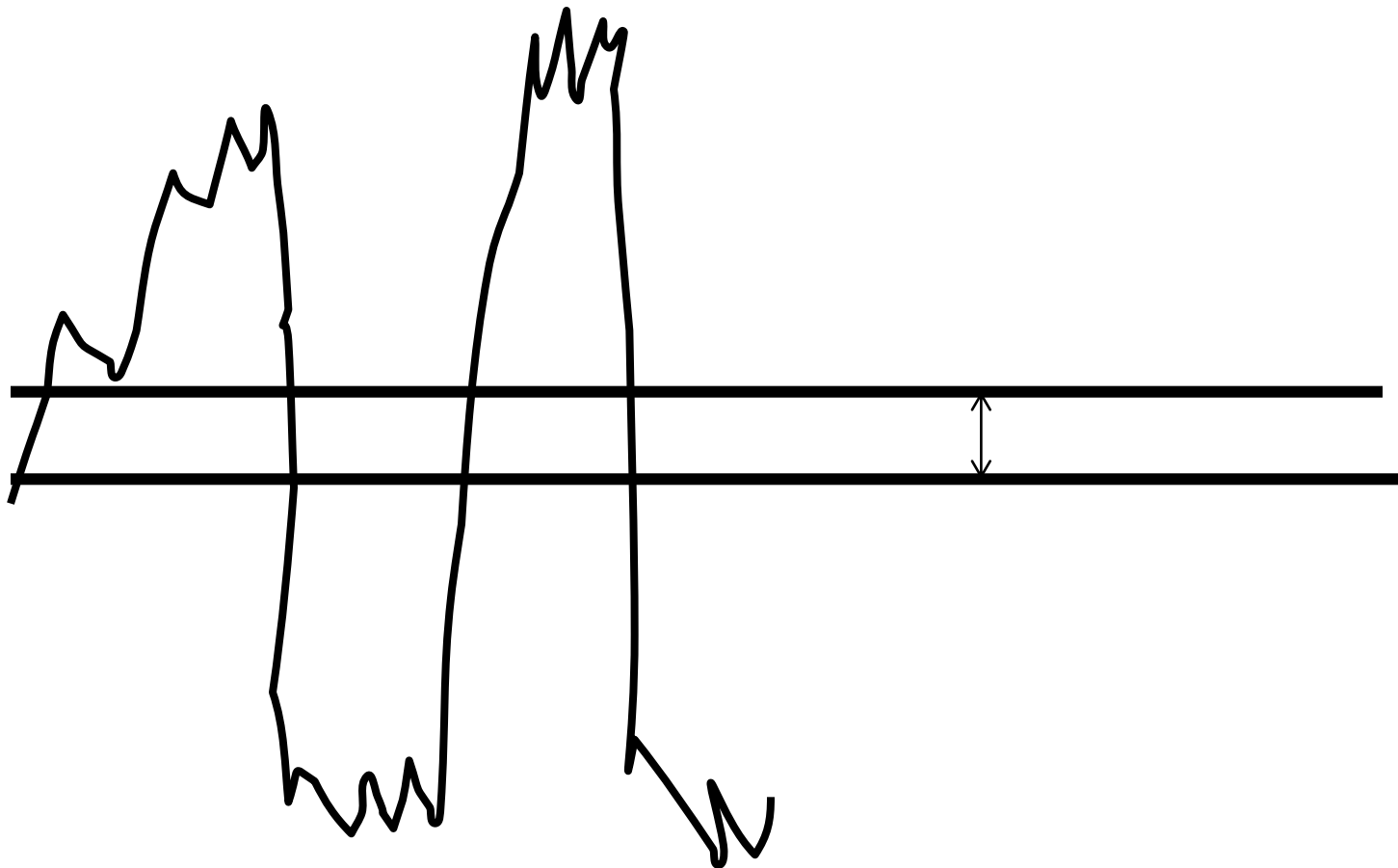
**THE HEALTHY PART  
OF THE CLIENT**

# WINDOW OF TOLERANCE



Ogden and Minton (2000)

# WINDOW OF TOLERANCE





# HOW DO YOU FIND OUT?

- During the session:
- Problems on the process level: frequent, disrupting hyper- and hypo-arousal
- Problems on the content level: interweaves don't work
- Between sessions:
- Increase of symptoms
- Self regulation problems

# DURING THE SESSION: WARNING SIGNALS FOR HYPERAROUSAL

- Problems on the process level
- Hyperarousal:
- Client frequently becomes agitated, dysregulated
- Client wants to quit
- (Aspects of) fight, flight, and freeze reactions

# DURING THE SESSION: WARNING SIGNALS FOR HYPOAROUSAL

- Client is far away: reacts very slow (or does not react at all) to questions and instructions
- Client loses connection with safe here-and-now, disappearing into there-and-then
- Client dissociates
- Client is not following the bilateral stimulus any more
- Client reacts demotivated, down-hearted, wants to give up

# DURING THE SESSION: WARNING SIGNALS

- Problems on the content level:
- Client is overwhelmed by (an aspect of) the traumatic material
- Cognitive interweaves do not have enough impact to bring about a significant shift
- Like bringing a wall down by throwing pebbles

# DURING THE SESSION: WARNING SIGNALS

- SUD is not going down, sometimes SUD is even going up
- Frequent blocking and looping
- Associations running round in circles, like a roundabout: making lots of miles and still getting nowhere

# BETWEEN SESSIONS: WARNING SIGNALS

- Client loses control over his/her arousal, falls back on more primitive coping, e.g. self-harm, substance abuse, destructive choices
- Tsunami of intrusive traumatic material
- Panic attacks
- Client cancels next session

# WHAT NEEDS TO BE DONE?

- Explore together with the client what caused the dysregulation
  - Analyze in detail what happened in the inner or outer world, that made the arousal go up
  - Coping inadequate?
  - Also check for serious problems in daily life, adding to the client's load

# RE-ASSESSING BEARING STRENGTH

- If you see signals of frequent hyper- or hypoarousal, re-assess the client's bearing strength
- Width of the client's window of tolerance determined by
  - Affect regulation skills
  - Amount of connectedness
  - Amount of self compassion



# TOP 3 MOST IMPORTANT & DANGEROUS WHEN MISSING

- Attachment: the client is much more lonely than you realized
- Anger: the client is much more inhibited than you realized
- Self compassion: the client is much more hostile towards him/herself than you realized

# DANGEROUS WHEN MISSING: ATTACHMENT

- The client is 'all alone in the world', 'like a fly in a hostile universe'
- Reaching out for help during the EMDR, but no one is coming
- Stuck in depressive reaction, 'I do not deserve ...', 'I am worthless'

# MISSING ATTACHMENT

- ‘Nobody is there for me’ is probably not the whole and complete truth
- The other way around: Loneliness is often the result of ignoring or rejecting the warmth of others
- Dismissive towards others
- Misplaced pride, facade of being ‘strong’

# SOLUTIONS FOR ATTACHMENT

- Misplaced pride, facade of being 'strong'
  - *Psychoeducation about real strength, make a choice*
- Ignoring or rejecting the warmth of others, dismissive behavior
  - *After becoming aware, make a choice*
  - *Underlying self compassion issues?*

# SOLUTIONS FOR ATTACHMENT

- *Inside world:*
- *Destroy, poison and impeach other people's warmth*
- *'Yes, but....', 'If they really knew me...'*

# DANGEROUS WHEN MISSING: ANGER

- 'Healing anger' helps to make the essential shift, the liberating turn
- From depression & victim position to aggression & moral victory
- If anger is restricted or taboo, the client will pull the emergency break

# DANGEROUS WHEN MISSING: ANGER

- Check permission: If the 'healing anger' is not allowed, the client will stay in powerlessness
- Demotivating, 'I will never win, I will never recover'

# MOST DANGEROUS OF ALL WHEN MISSING: SELF COMPASSION

- Willingness to treat yourself warmly and friendly
- Choose sides with yourself
- Stand by yourself, for better and for worse
- Be loyal to yourself first of all



# SELF IMAGE VS. SELF COMPASSION

- Essential difference between self image and self compassion
- SELF IMAGE IS WHAT YOU SEE WHEN YOU LOOK AT YOURSELF
- Self image: 'So I am....'  
Self image is the resultant of every interaction in your life  
(...including the interaction with yourself)

# SELF IMAGE VS. SELF COMPASSION

- SELF COMPASSION IS NOT WHAT YOU SEE, IT IS HOW YOU LOOK
- If you are looking with cold eyes, everything you see is stupid, ugly, bad, weak, disgusting, worthless
- Warm eyes vs. cold eyes
- Warm glasses vs. cold glasses

# LACK OF SELF COMPASSION

- Refusing to take care of the child inside: postponed grief and intense anger
- Possible blocking beliefs:
- I do not have the right to feel compassion for myself
- I do not deserve to be treated friendly, not even by myself

# LACK OF SELF COMPASSION

- Badness as a defence (Jim Knipe)
- 'It is better to be a bad kid with good parents, than a good kid with bad parents'
- For the client 'Being bad' is an essential structuring element of the personality
- *Take time, treatment style: matter of fact, rather neutral than positive*
- *Work from the third person perspective*

# EXERCISE 1. SELF COMPASSION

- Warm eyes, cold eyes:
- Preparation: choose two personal qualities, one 'good', one 'bad'
- Imagine looking with warm eyes, and discuss both of your qualities for 2 minutes
- Now imagine looking with cold eyes, and discuss those same qualities for 2 minutes

## EXERCISE 2. SELF COMPASSION

- Bring or choose an object (e.g. stuffed animal, rotten apple) that represents the damaged child inside
- Show without words how you deal with that child
- In the past, in the present and in the future

# EXERCISE 3. TWO COLUMN EXERCISE TO ENHANCE SELF COMPASSION

NEGATIVE SELF TALK

- .....
- .....
- .....

...AND WHAT WOULD  
I SAY TO A LOVED ONE

- .....
- .....
- .....

# EMDR PROCEDURE AND TECHNIQUE



# TECHNICAL PROBLEMS

- Type A: therapist makes mistakes in the EMDR technique or procedure
- Type B: therapist makes mistakes because of the pressure to avoid type A mistakes at all costs
- Type C: client related problems

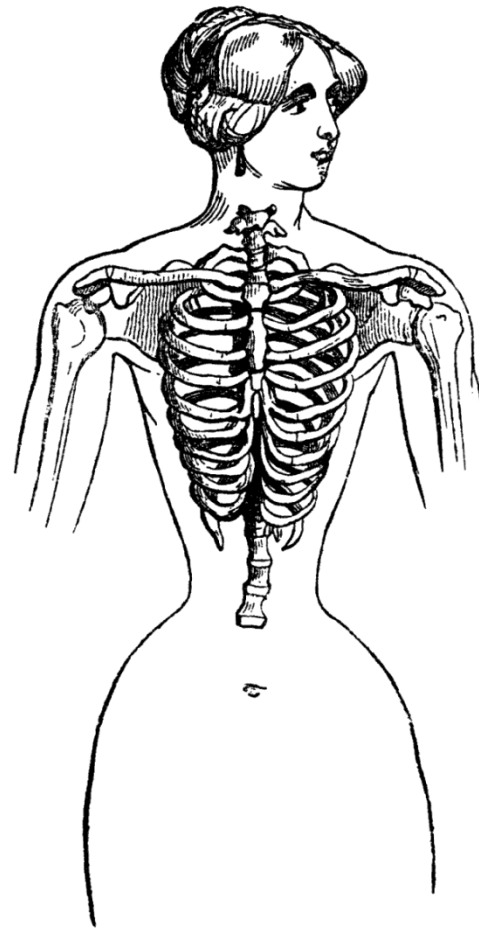
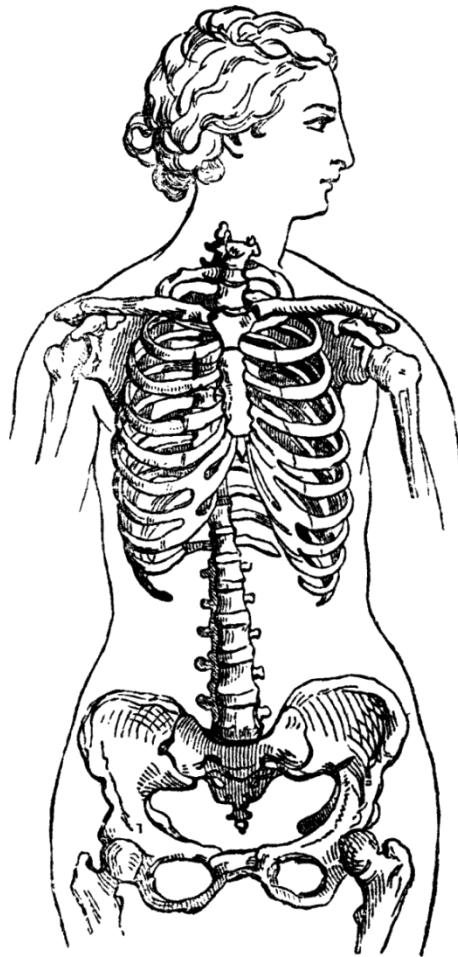
# EMDR-TECHNICAL PROBLEMS: TYPE A

- List of possible mistakes in the application of the EMDR protocol
- ‘EMDR is a forgiving method’
- Some mistakes make only a small difference, or no difference at all (e.g. VOC from 0 to 10)
- Some mistakes make a big difference (e.g. accepting a NC ‘I am guilty’, when the client is actually guilty)

# EMDR: A CORSET?



# EMDR: A CORSET?



# EMDR-TECHNICAL PROBLEMS: TYPE B

- Rushing desperately through the assessment (as if the EMDR police is watching)
- ‘O help, if only I can find the right domain of the negative cognition’
- Preoccupation with the therapist’s own functioning
- Working memory has only limited capacity. A therapist’s working memory too!

# EMDR-TECHNICAL PROBLEMS: TYPE B

- Excessive cerebral activity and insufficient affective contact with the client to notice undertones, subtle changes in face expression, body language, nuances in the client's voice
- Translate 'Staying out of the way' into 'Not being there with the client'
- Going through the desensitization like a robot
- Avoiding eye contact, therefore less attunement or missing cues

# EMDR-TECHNICAL PROBLEMS, TYPE C: CLIENT RELATED PROBLEMS

- Client is not doing his/her job
- Client is not following instructions
- Starting problems
- Zapping
- Client is withholding essential information
- Client is glued to what happened back then, just repeating and repeating

# CLIENT RELATED PROBLEMS

- Histrionic associations
  - ‘Interesting’ associations  
client is more interested in being interesting than in healing
  - Make a show, drama queen behavior
- In spite of therapist’s efforts client does not make contact with his/her body
- In spite of therapist’s efforts client can not be structured, associating all over the place



# CLIENT RELATED PROBLEMS

- Secretly steering the process, pushing and pulling inside
- Censoring, judging and condemning
- Extreme need for control
- Overly detailed, obsessed with precision
- Socially desirable answers, instead of authentic answers
- Pleasing the therapist

# CLIENT RELATED PROBLEMS

- Previous EMDR treatment has been traumatizing
- Failure anxiety: often the same theme as the NC, repeating itself in the associations
  - NC 'I am a failure'
  - Afraid to be an EMDR-failure

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Overly detailed, obsessed with precision
  - *What are the underlying fears?*
  - *The Golden Key Question:*
  - *'No doubt you have a good and important reason to do as you do... What could that good and important reason be?*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Extreme need for control
  - *What are the underlying fears?*
  - *The Golden Key Question:*
  - *'No doubt you have a good and important reason to do as you do... What could that good and important reason be?*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Starting problems
  - The motor is not starting: the connection with the inner world or the traumatic material is disrupted
  - *Help the client get in touch with the event by describing the target image in detail, starting with more neutral details, working towards the more traumatic details*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Starting problems
  - The horse is prancing before the obstacle: shrinking back
  - *Discuss fears and disaster scenario's*
  - *Discuss motivation: why did the client want to do this in the first place?*
  - *Develop safety measures together with the client*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Zapping
  - Client is zapping from trauma to trauma to trauma during the desensitization, without coming to resolution
  - *‘Hold the reins short’: give the client limited space*
  - *Make an agreement upon staying within the target event*
  - *Have the client give a warning sign as soon as an association comes up that is related to another event*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Client is withholding essential information
  - Being an accomplice (received money or gifts)
  - Sexual arousal
  - Embarrassing facts
- If you have a clue / suspicion:
  - *Tell the client about an imaginary client in the same situation ('Last week a client in a situation a lot like yours told me...')*
  - *Psychoeducation*



# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Secretly steering the process, pushing and pulling
  - *Lack of trust in him/herself, or in EMDR*
  - *Metaphor of the body, that can heal its own wounds, while you cannot even tell the body what to do or how to do that*
  - *Or is there something specific that can not be allowed to happen?*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Censoring, judging and condemning
- *Check self compassion*
- *Give psychoeducation about primary and secondary reactions*
- *Give the client no time for reflection:  
‘Give me the first answer that is coming up’*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Extreme need for control
  - *What are the underlying fears?*
  - *The Golden Key Question:*
  - *'No doubt you have a good and important reason to do as you do... What could that good and important reason be?*

# CLIENT RELATED PROBLEMS: THE CASE OF MARIËLLE

- The case of Mariëlle
  - NO CRYING !!!!!
  - Squeezing, frowning, looking away, rubbing her face, singing children's songs inside...
- Good and important reasons
  - Sexual abuse by sadistic brother who was sexually aroused by her signs of distress
  - Afraid of not being able to function anymore as a mother: *flash forward on loss of control*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Good and important reasons
  - If I cry even ONE tear, people will start to ask questions and the whole abuse story will be out on the street
  - *Demonstration / metaphor of a waterballoon and a waterbottle*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Overly detailed, obsessed with precision
  - *What are the underlying fears?*
  - *The Golden Key Question:*
  - *'No doubt you have a good and important reason to do as you do... What could that good and important reason be?'*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Socially desirable answers, instead of authentic answers
  - *What are the underlying fears?*
  - *The Golden Key Question:*
  - *'No doubt you have a good and important reason to do as you do... What could that good and important reason be?*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Pleasing the therapist
  - *During treatment: being very clear about the kind of response that pleases you as a therapist:  
‘What pleases me is the truth’*
  - *‘I appreciate your honesty very much, it is my favourite kind of answer’*
  - *Would you tell your doctor your fever is lower than it actually is, just to please him?*



# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Histrionic associations
  - ‘Interesting’ associations  
client is more interested in being interesting than in healing
  - Make a show, drama queen behavior
  - *Acknowledge the beautiful / impressive / deep associations*
  - *...and gently ask if the client might be interested in healing too*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Previous EMDR treatment has been traumatizing
  - *Analyze together with the client what went wrong*
  - *Take measures to prevent repetition*
  - *Do EMDR on the EMDR*

# CLIENT RELATED PROBLEMS: SOME SOLUTIONS

- Failure anxiety: often the same theme as the NC, repeating itself in the associations
  - NC 'I am a failure'
  - Afraid to be an EMDR-failure
- *Sometimes: just let the associations go on*
- *'Whatever comes up is ok, the only one who can do something wrong is the therapist'*
- *Lots of affirmation, encouragement, etc.*

# INTERWEAVES

# WHAT CAN BE WRONG WITH AN INTERWEAVE?

- Missing the point, not well attuned
- Too intellectual /cognitive (vs. primitive)
- Too verbal (vs. visual or experiential)
- Too casual (vs. high impact)
- Necessary information is missing completely

# ATTUNEMENT

- Not well attuned, missing the point:
- In therapy, the brain of the client and the brain of the therapist are synchronized
- Parallel process: as the client associates, so does the therapist
- Well attuned therapist = spot-on, bullseye, striking interweave

# ATTUNEMENT

- If the therapist is preoccupied, attunement will be less
- Preoccupied with
  - Correct EMDR technique and procedure
  - Being a good therapist
  - Irritation, insecurity, demotivation

## THE ESSENTIAL QUESTION: WHAT INFORMATION IS MISSING?

- A good interweave brings exactly the missing information within reach, no more, no less
- Not at random, no trial-and-error, but with surgical precision and Fingerspitzengefühl
- The art of EMDR
- Derived from a hypothesis on what is missing
- In a style adapted to this unique client



# THE FINGER ON THE SORE SPOT

- Everything you know about the client
- Everything you know about the problem
- All of your expertise
- If you want to know what's wrong with a client...

**ASK 'M!!**

- Golden key question

# THE GOLDEN KEY QUESTION

- ‘No doubt you have a good and important reason to do as you do.

....

....

....

....

What could this good and important reason be?’

# INTERWEAVE IS INCORRECT

- For example:
- The client is stuck in a guilt issue
- The therapist makes guilt interweaves
- Therapist does not realize the guilt has a function, which cannot be taken away
- Or: Therapist does not realize there is real guilt, which cannot be taken away

IF THE GUILT HAS A FUNCTION, NO  
INTERWEAVE WILL MAKE IT GO AWAY

# REASONS TO (CONTINUE TO) FEEL GUILTY

- Guilt to show that you have a strict conscience, therefore you are a good person. The more guilty I feel, the more virtuous I am. The guiltier, the better.....
- Narcissism: Look how guilty I feel!
- Pride: Ask forgiveness? Receive mercy? No thank you, I'd rather feel guilty.

# REASONS TO (CONTINUE TO) FEEL GUILTY

- Badness as a defence (Jim Knipe):
- It is better to be a bad kid with good parents, than a good kid with bad parents (Survival is more important than anything else)
- Guilt to maintain the illusion of control

## REASONS TO (CONTINUE TO) FEEL GUILTY

- The guilt is realistic; no therapy can take away realistic guilt
- Evolutionary survival value of guilt: it helps to keep the herd intact, by regulating destructive behavior between members of the group
- Secrets: receiving money, blackmail

# TOO INTELLECTUAL

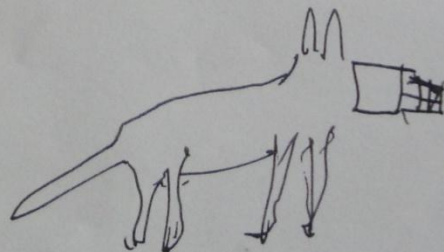
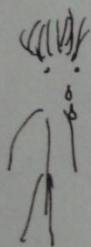
- Too intellectual /cognitive (vs. Primitive)
- The missing / inaccessible information must be provided AT THE LEVEL WHERE THE CLIENT IS STUCK
- The interweave must be presented in a form that corresponds with the cognitive level involved

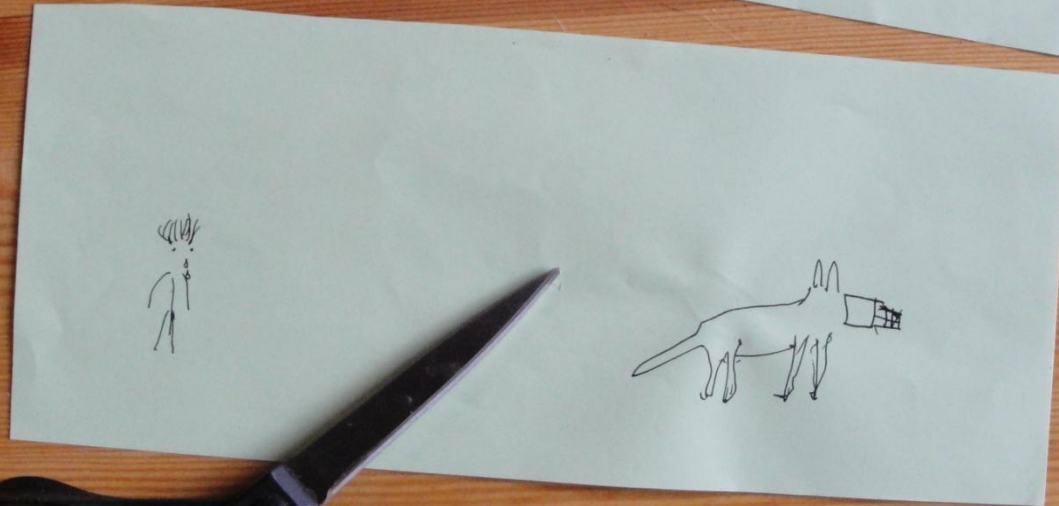
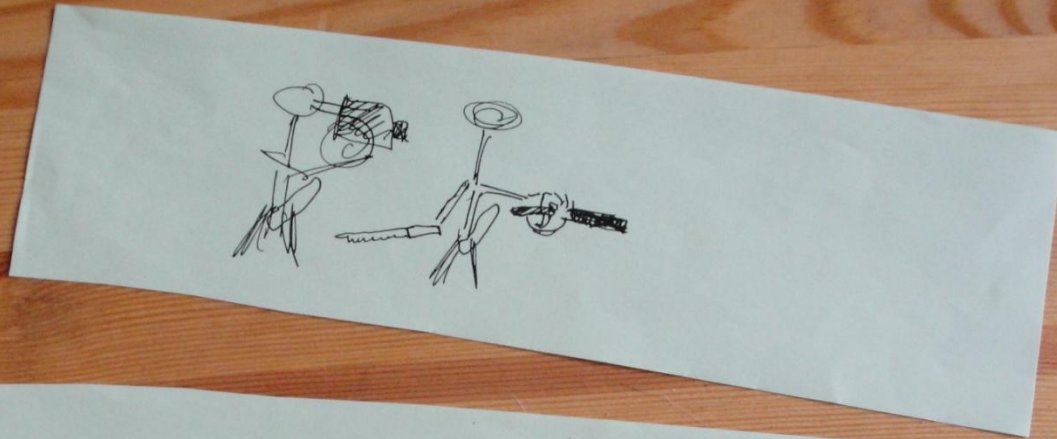


# HIGHER VS. LOWER LEVEL

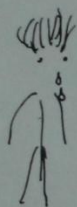
- Abstract
- Internalized
- Coordinated
- Concrete
- Externalized
- In pieces

# SOME EXAMPLES OF PRIMITIVE INTERWEAVES











# TOO VERBAL

- Too verbal (vs. visual or experiential)
- Especially with verbally gifted clients, who use words to avoid experiencing
- When you are getting into discussions and verbal power struggles with the client
- ‘Yes, but...’







# TOO CASUAL

- Too casual (vs. high impact)
- Quickly in and out of the process is not always possible
- Sowing and harvesting  
Precooking and final cooking
- *The left-handed interweave*

# TOO CASUAL

- Make your client see things
- Make your client DO things

