

# **Child EMDR Psychotherapy**

## **An Integrative model**

Bar Sade Ester

[st@elkol.com](mailto:st@elkol.com)

EMDR Child Trainers@

Wizansky Barbara

[wizansky2@gmail.com](mailto:wizansky2@gmail.com)

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## An Integrative model

### Basic Assumptions

The key to understanding and treating early childhood trauma lies in the child –parent relationship.

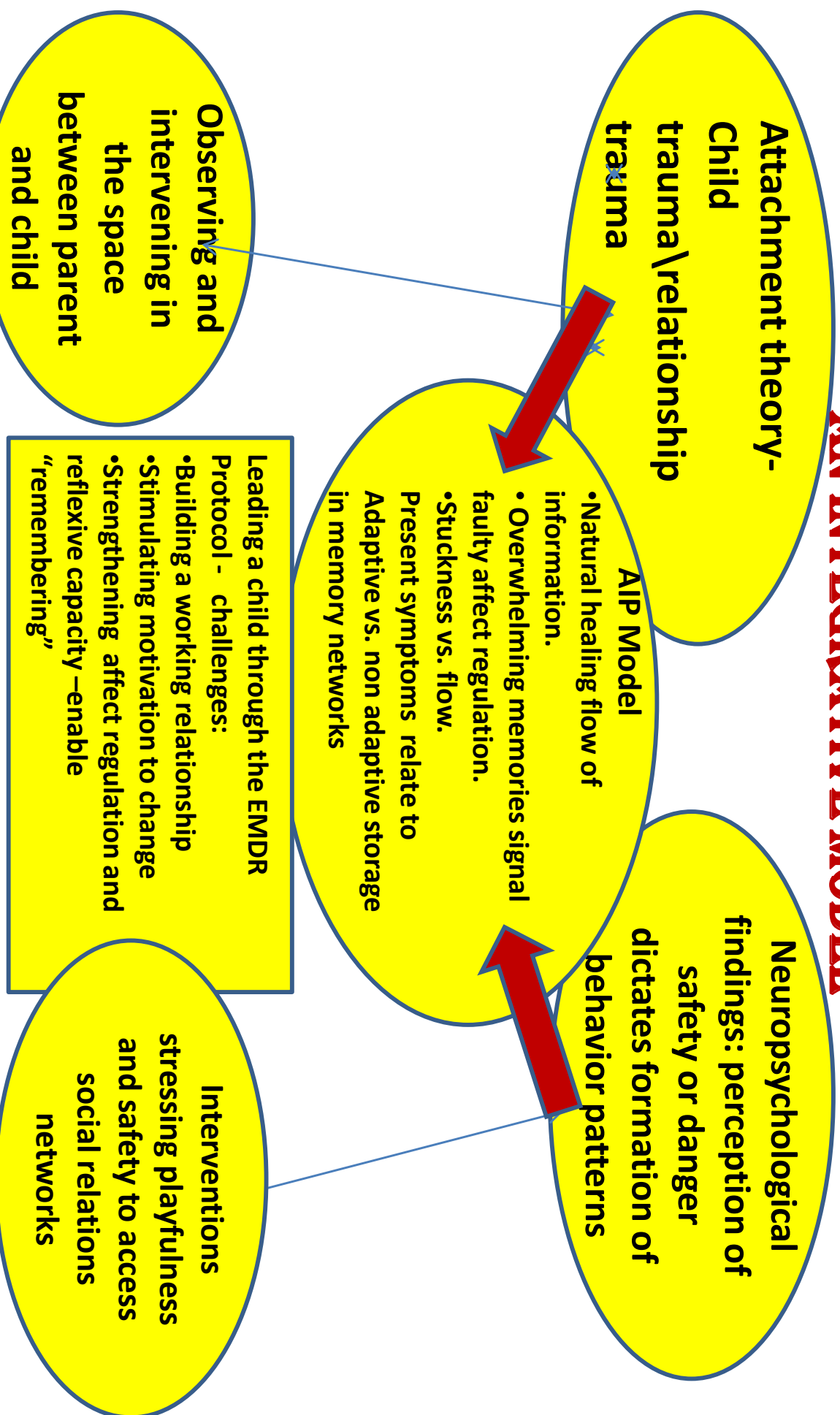
- The severity of the traumatic reaction is dictated by the nature of the parent –child relationship, before, during and after the traumatic event.
- Treatment goals are best achieved as therapist observes and intervenes in **holding** and **strengthening** the parent child relationship, as we work through the EMDR protocol.

# CHILD EMDR PSYCHOTHERAPY-

Bar-Sadeh, Wizansky,

2016@

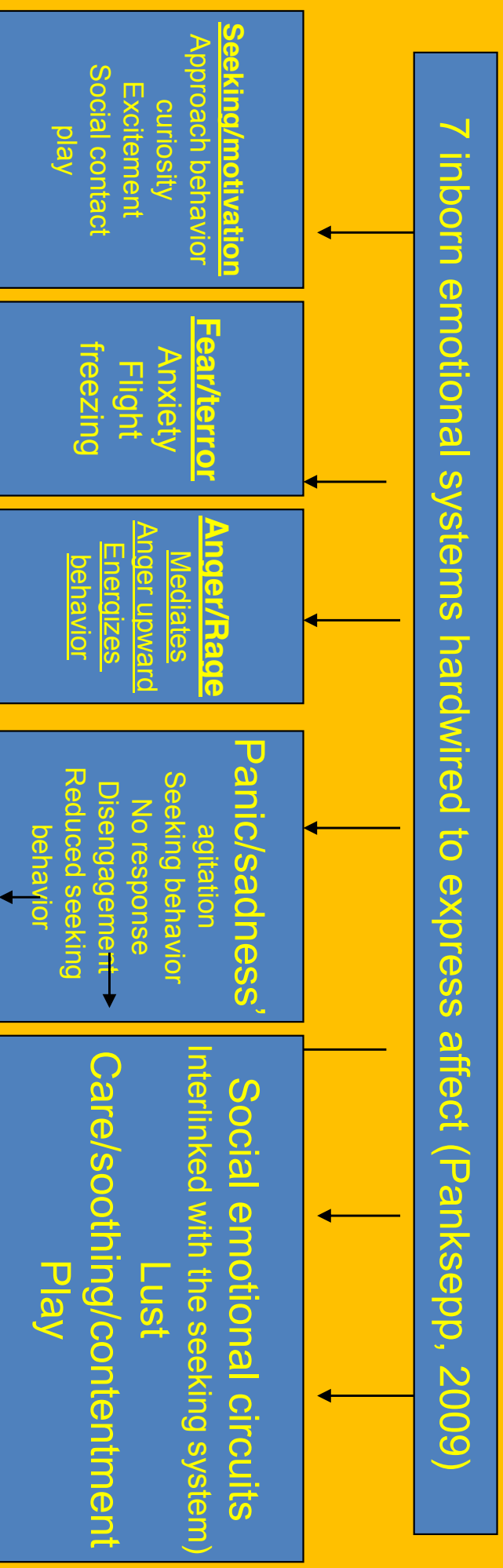
## AN INTEGRATIVE MODEL



**Keep in mind- Developmental level of the child-(Erik Erickson)**

- 1.trust vs.mistrust(hope);
- 2.autonomy vs shame; (will)
3. initiative vs. guilt; (purpose)
- 4.industry vs inferiority (competency).

# PANKSEPP .(2009) – DESCRIBES 7 INBORN EMOTIONAL SYSTEMS HARDWIRED TO EXPRESS AFFECT



# The quest for safety: Emergent properties of physiological states

Environment outside the body and inside the body

Nervous system  
"Neuroception"



**Safety: Spontaneously engage other people:**

- Positive Affect
- Optimal arousal
- Approach behavior
- Excitement
- Social Engagement
- Social Contact
- and PLAY

eye contact, voice facial expression

**Danger: Defense strategies: Negative affect**

- Hyper-arousal
- Defensive Avoidance or Aggressive Approach
- and / or attack
- i.e. Flight or Fight
- Dissociated rage;

**Life Threat Defense strategies: Negative Affect / Shut down**

- Hypo-arousal
- Numb
- Freeze
- Dissociated fear
- Dissociated collapse

# Generic EMDR Psychotherapy vs. Developmental EMDR Psychotherapy

We are traditionally taught in the generic training that the client needs the ability to regulate affect and a perception of safety in order to begin processing.

Our focus widens the therapeutic lens to encompass the constant interaction between child and parent as a regulatory relationship.

# Comparison of Steps involved in a dyadic, developmental versus generic approach

## General steps for EMDR

(Leeds, 2001)

- Gather History and establish a therapeutic alliance (building a safe context)

## General steps for Dyadic work

(Bar Sadeh, E., Wizansky, B., 2015)

- Gathering information focuses, not only on objective trauma history, but on imbalances/gaps between parent's perspective and child perspective.
- Therapist actively contains & regulates parent anxiety about the attachment relationship.

# Steps involved in a dyadic vs. generic approach

## General Steps for EMDR (Leeds, 2001)

- Identify skills and resources (or lack of them)

- Identify current problems or symptoms and their triggers

## General Steps for Dyadic Work (Bar Sadeh, E., Wizansky, B., 2015)

- Assess the attachment relationship with attention to connection between quality of parenting and child's skills and resources (or lack of them).

- Identify current relationship issues and how they function as triggers. Identify other problems, symptoms & triggers.

# Dyadic vs. Generic Approach

## General Steps for EMDR (Leeds, 2001)

- Identify earliest memory connected with current situation.

- We assume that the dysfunctional, stored information is feeding the current problem.

## General Steps for Dyadic Work(Bar Sade,E.,Wizansky,B.,2015)

- Identify earliest relationship issues and consider how they relate to current problems, symptoms and their triggers. We must often rely on parents' memory and aid them in constructing a coherent narrative of child's history.

- We assume that the dysfunctional current relationship is feeding the current problem as well as triggering past dysfunctional stored information.

# Generic vs. Dyadic Approach

## General Steps for EMDR

(Leeds, 2001)

- Once the touchstone and other past dysfunctional memories are reprocessed, move to present and future events.

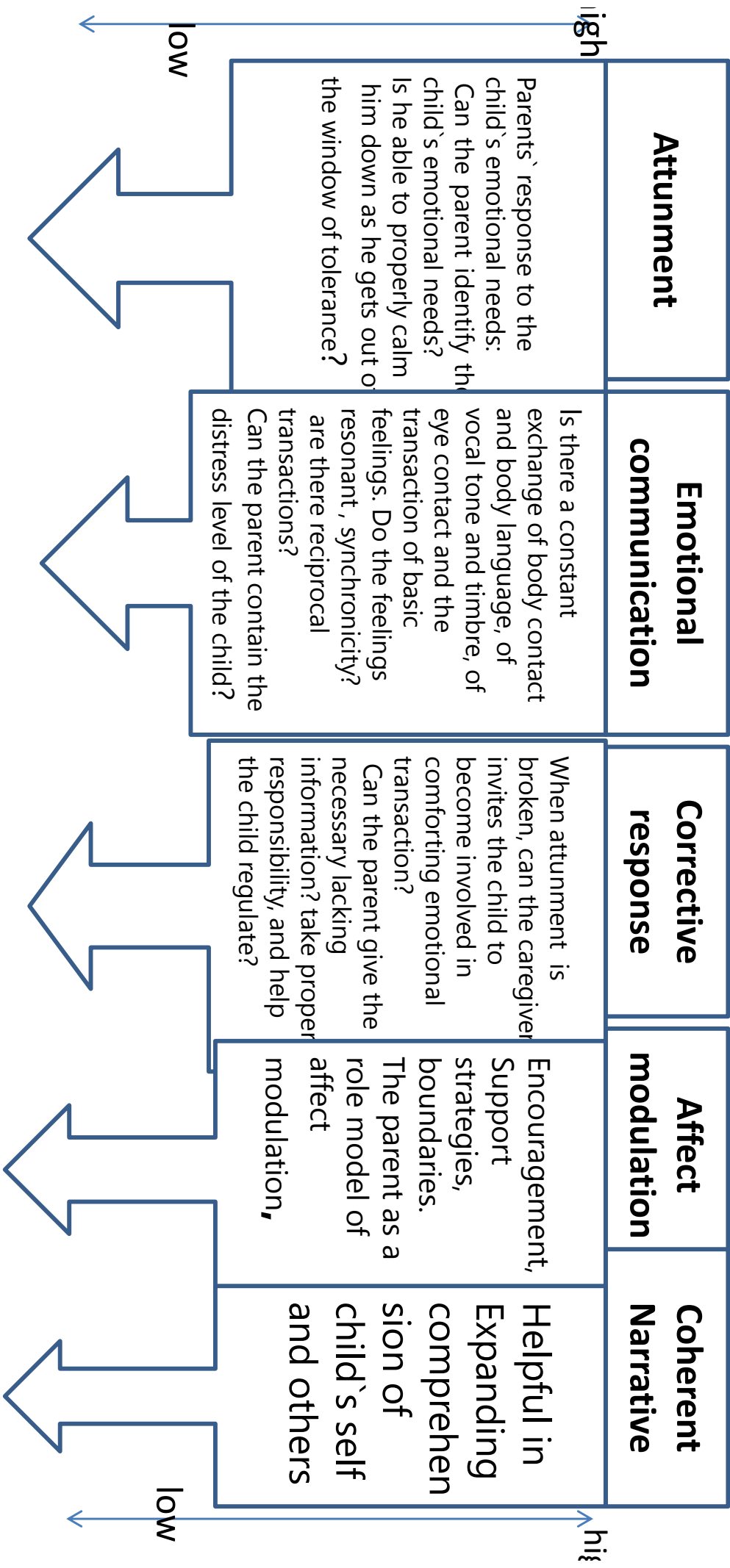
## General Steps for Dyadic

Work(Bar Sadeh,E.,Wizansky,B.,2015)

- Once reparative, playful experiences are brought into the present relationship, dysfunctional and past memories can be reprocessed.

# Scheme for evaluating the quality of dyadic relationship

## In Dyadic in EMDR Processing (Bar-Sadeh, Wizansky, 2015@)



Child`s parent transaction in relation to the dysfunctional traumatic memory

## Conceptualize the case and treatment in terms of the EMDR Protocol and the parent child interaction

- What do child and parent need to establish a sense of safety.  
What material triggers danger?  
Often the parent's ability to relate to painful issues develops step by step through the child's ability to contain and face traumatic triggers.
- The child's "neuroception"(Porgess,2011 ) of safety relies on the parent's growing ability to contain anxiety. If the parent is stuck, the child is stuck.

# PARENT IN THE ROOM

**Attachment theory**  
Assimilation of new information influenced by relationship of parent and child in the present

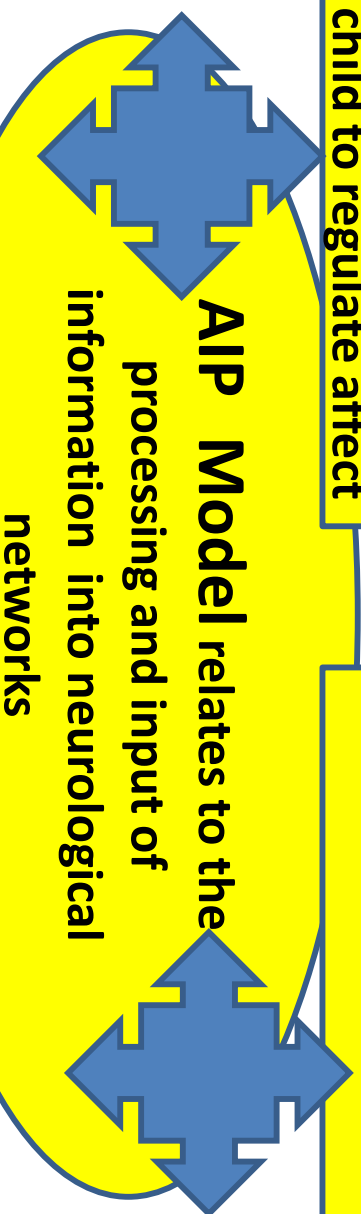
We observe the dyad in order to Intervene

parents role as:  
A trigger  
Maintaining the symptom  
Helping child to regulate affect

Neuropsychology tells us that safety, caring touch, playfulness opens up networks of curiosity

We observe the dyad in order to Intervene

parents role, enabling safety and growth as: Enhancing positive affect,



# A Terrified Little Boy (see handout)

- A direct, simple example of dyadic interventions and interweaves (**dyadic holding**) in a securely attached boy who had achieved the developmental task of “safety and trust in the world as a safe place. On this was built the achievement of other age appropriate developmental tasks.
- The sudden exposure to the picture of the massacre plunged him into a terror reaction, **that shattered his basic trust** and caused regression in many other areas of his functioning.
- Memory networks of past and present terror attacks were opened and constantly racing through his mind, putting him a state of continuing anxiety.
- The processing is a body processing. Simple dyadic interweaves, using his father’s touch, gradually re anchor his body feeling of safety.
- With the help of his father, he moves through the process, re connecting to a view of himself as competent to cope.

# Therapist is thinking in terms of Neuro-networks

- Memories
  - Senses / emotions / sensations / thoughts
- Memory Networks
  - Neurons that fire together, wire together
- Cognitions:
  - The verbalization / meta-perception of triggered memory networks

(Based on Roy Kising 2013).

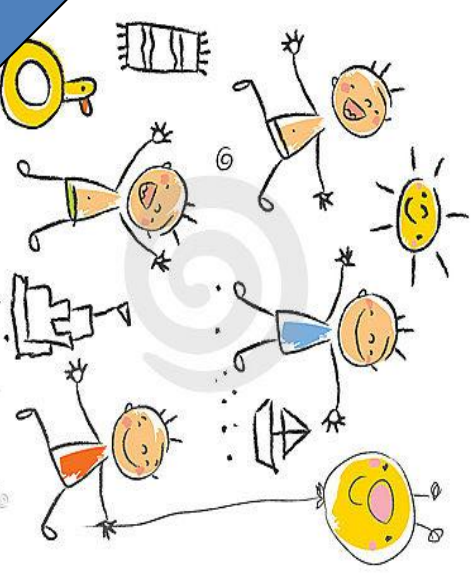
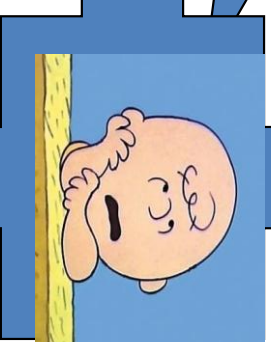
# **Playfulness**

**Neuropsychology teaches us that playfulness lowers defenses by conveying safety, encouraging connection, curiosity and seeking behavior.**

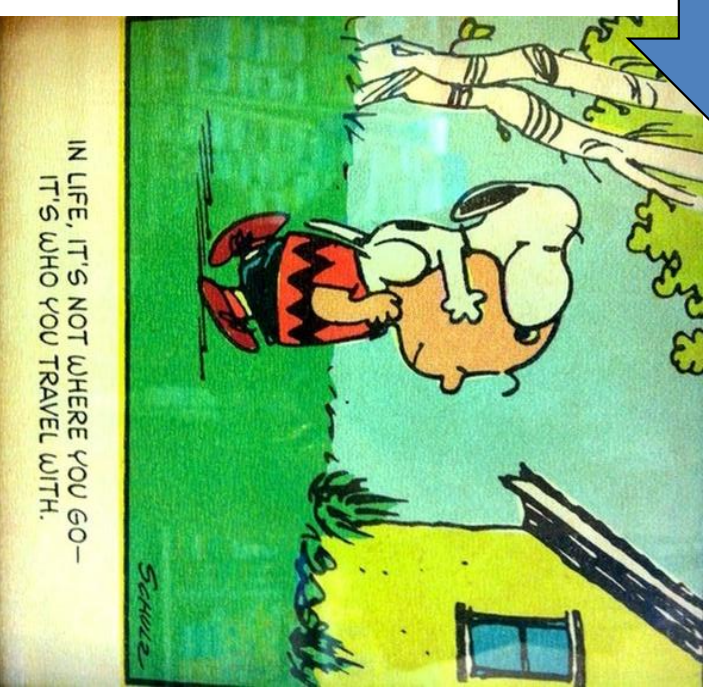
# DYADIC EMDR PSYCHOTHERAPY STRIVES TO ENGAGE SEEKING, CARE AND PLAY SYSTEMS:

**Activation of Seeking**  
system – activation that  
brings calming helps  
develop a stable social  
engagement system

**Activation of Care  
and Play system –**  
(Panksepp, 2009)  
may actually help  
develop “fine-  
tuned” social  
brains.



dreamstime.com

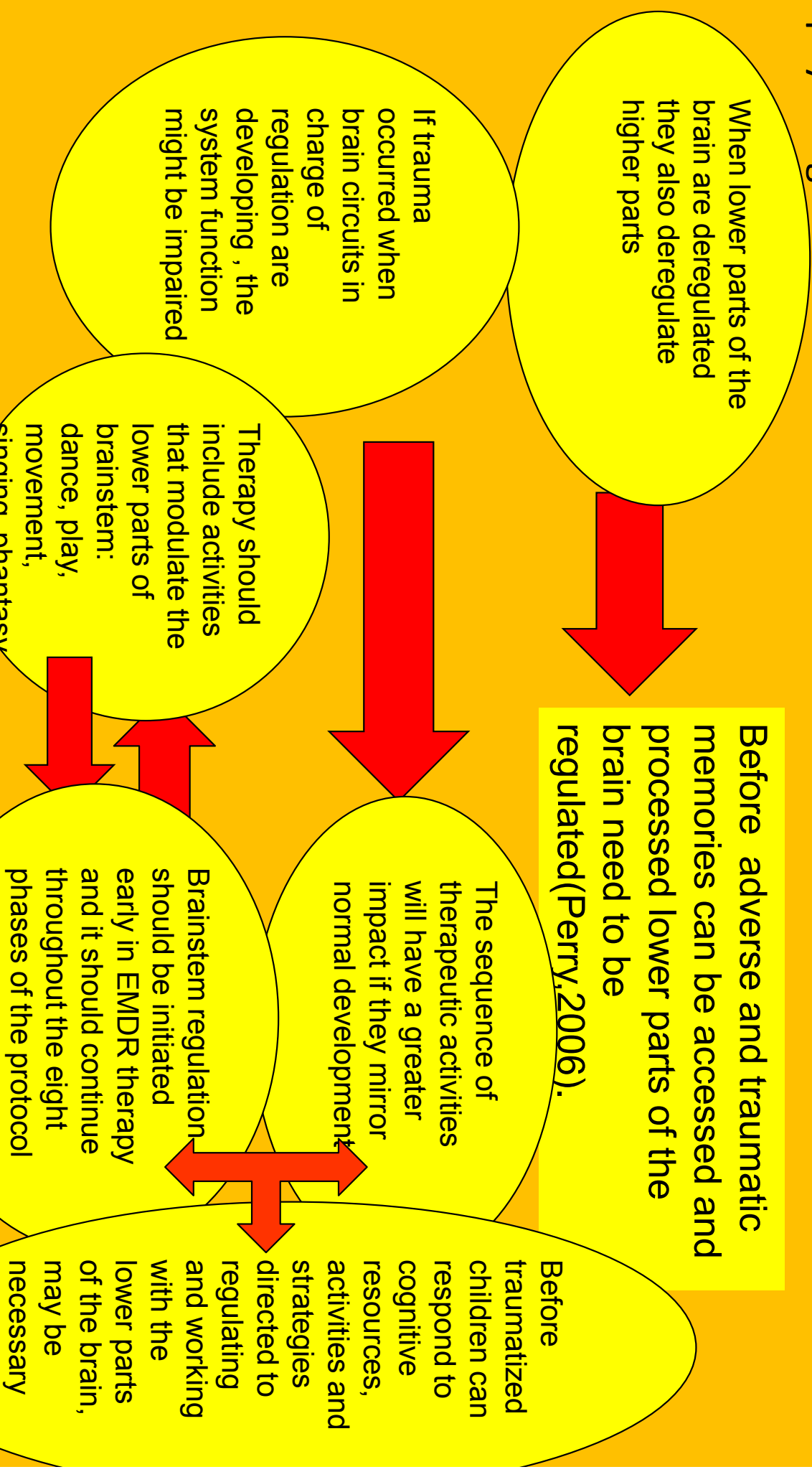


IN LIFE, IT'S NOT WHERE YOU GO—  
IT'S WHO YOU TRAVEL WITH.

Schwartz

# PERRY, 2006: NMT- THE NEUROSEQUENTIAL MODEL OF THERAPEUTICS

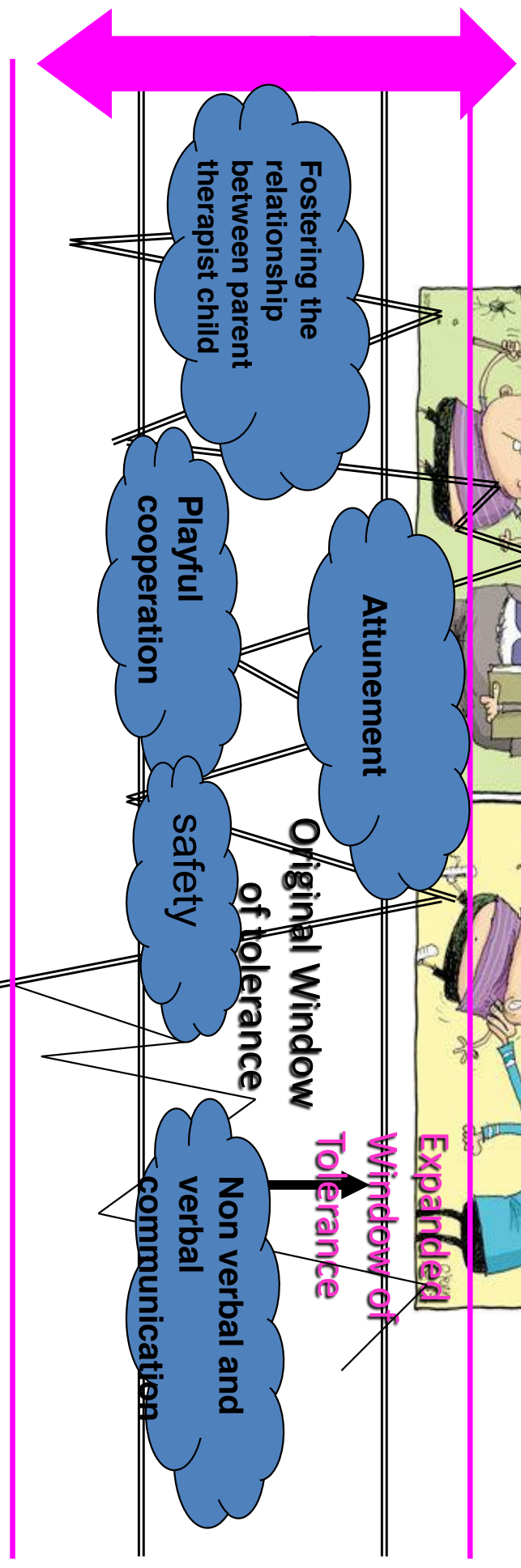
Provide activities that match and correspond to the developmental stages and physiological needs of traumatized children.



# Window of Tolerance

THE FLYING MCCOYS

BY GARY & GLENN MCCOY



***THERE'S A TIME TO INSIST ON MOVING  
A WAY FROM THE PROBLEM TOWARDS  
THE RELATIONSHIP AND ALL ITS  
POTENTIAL***



# The girl who did not want to go to school

(see handout)

Playful interventions to lower mother and child anxiety and to give mother a new view of her competent little girl.

# The Girl Who Wanted to Love her Mother (see handout)

Finding containment and fun in being together

Let's look at some of the playful intervention that you've seen:

- \*Massage

- \*Feather game (blowing away your worries)

- \*Swinging back and forth (who has control?)

- \*Imitating movements(Tracing and leading).

- \*Balancing on cushions to show competency.

- \*Counting to regulate affect

- \*What's your favorite candy?

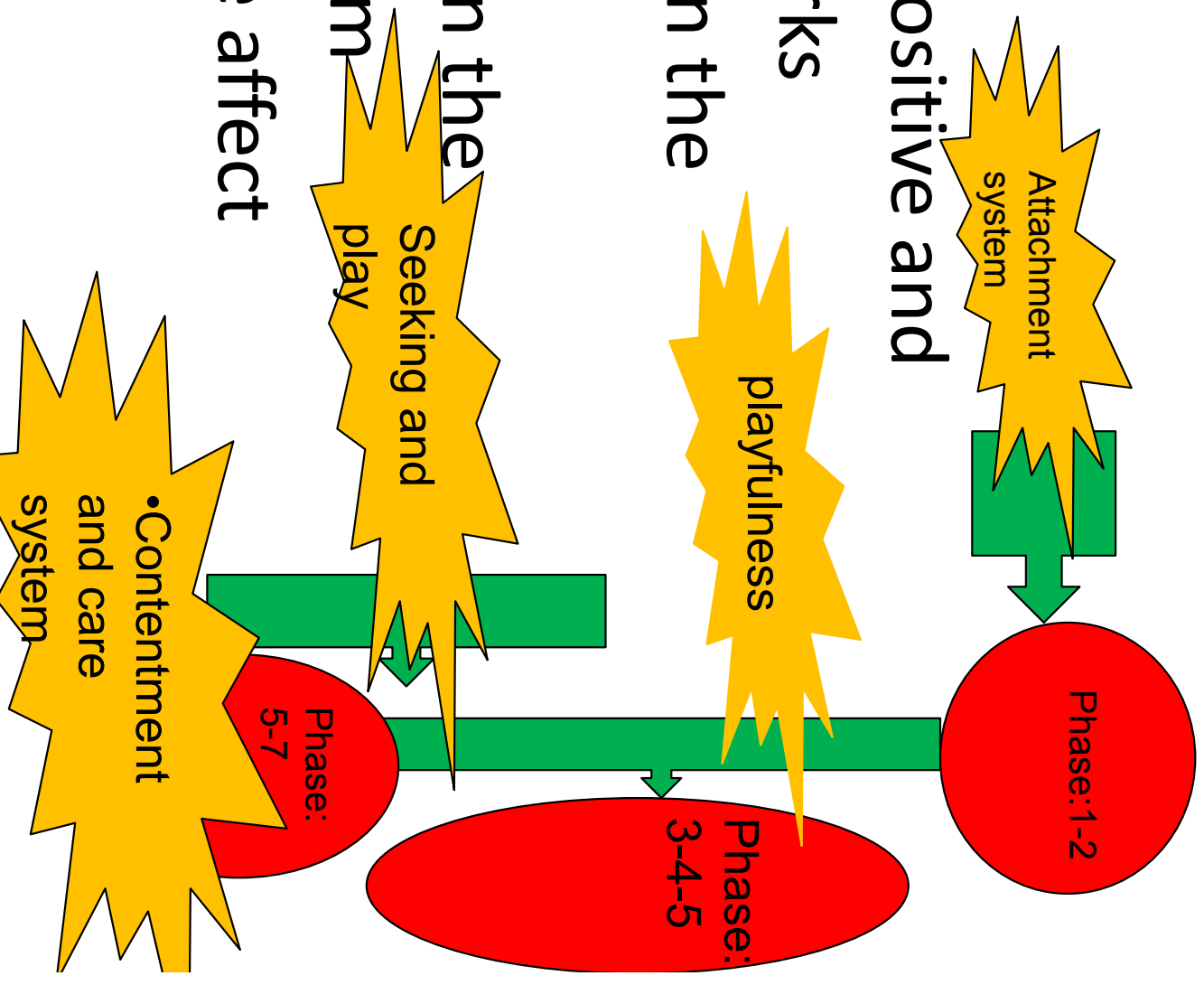
- \*Imitating and identifying facial expressions.

- \*Acting out the symptom

(adapted from Theraplay: Helping parents and children Build Better Relationship Through Attachment-Based Play Booth,P.B.& Jernber.A.,M.,2010).

# 6 FUNDAMENTAL ELEMENTS IN EMDR TREATMENT OF CHILDHOOD TRAUMA

- Safety
- Affect regulation
- Capability of accessing positive and negative memory networks
- Emotional engagement in the traumatic material
- Emotional engagement in the social seeking-care system
- Enhancement of positive affect

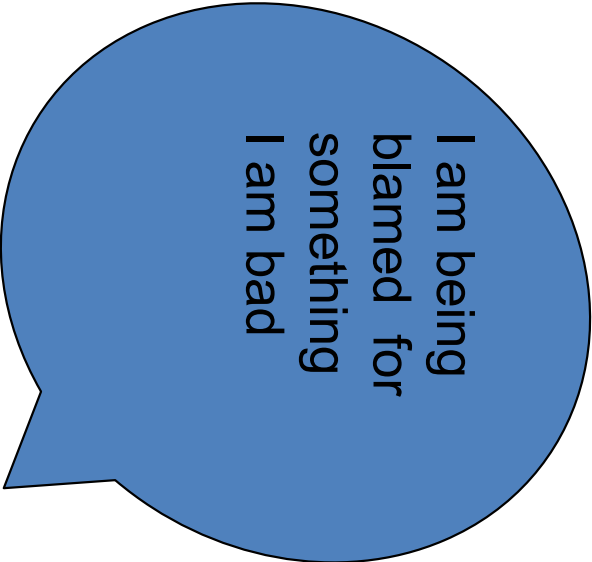


based on (Cook et al., 2005)

# PHASES 2 & 3 -LEARNING ABOUT AND

## ACCESSING EMOTIONS

### BEGINNING TO TARGET MEMORIES



I am being  
blamed for  
something  
I am bad



Loosing  
control

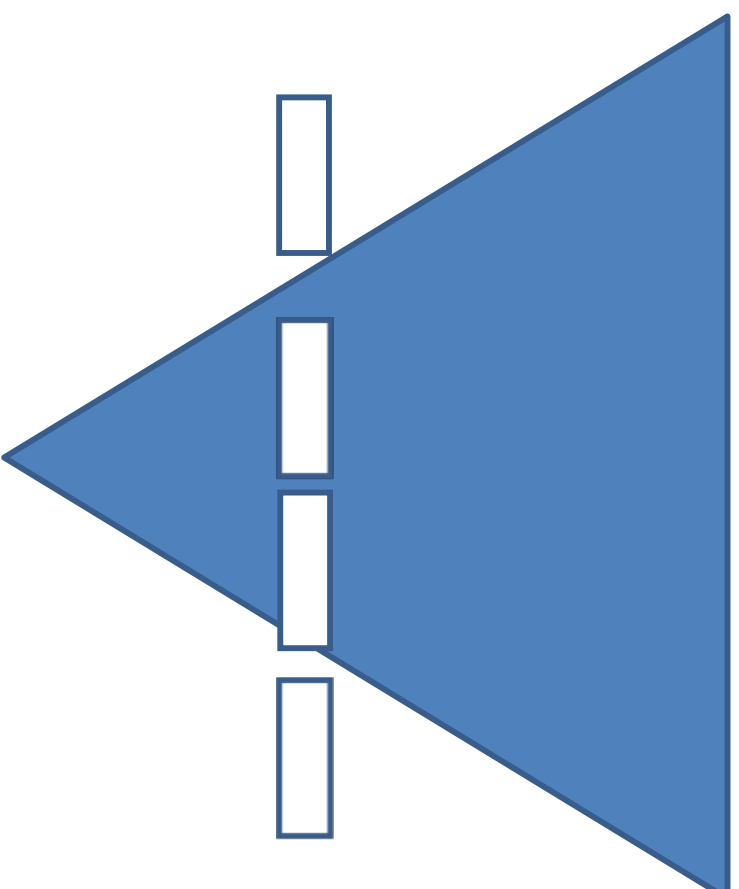
## THE THERAPIST AS AN “INTERPRETER” OF CHILD’S MIND AND PARENT’S MIND:

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- Every child's symptom and behavior has a purpose and a meaning.
- Symptoms are survival strategies triggered by anxiety. They can be triggered by developmental anxieties or stressors in the environment).
- Emotional and behavioral expression of anxiety in children can be displaced emotions from early losses and traumas.

# The triangle of working with blocked emotion which lead to the release of blocking belief-The Furious Bull

Defenses against emotional experiences and against relational experiences



Red flags against anxiety, fear, shame

Blocking belief "I am crazy", "I am alone"

Core emotional state of loneliness=abandonment and defectiveness

# The Furious Bull (see handout)

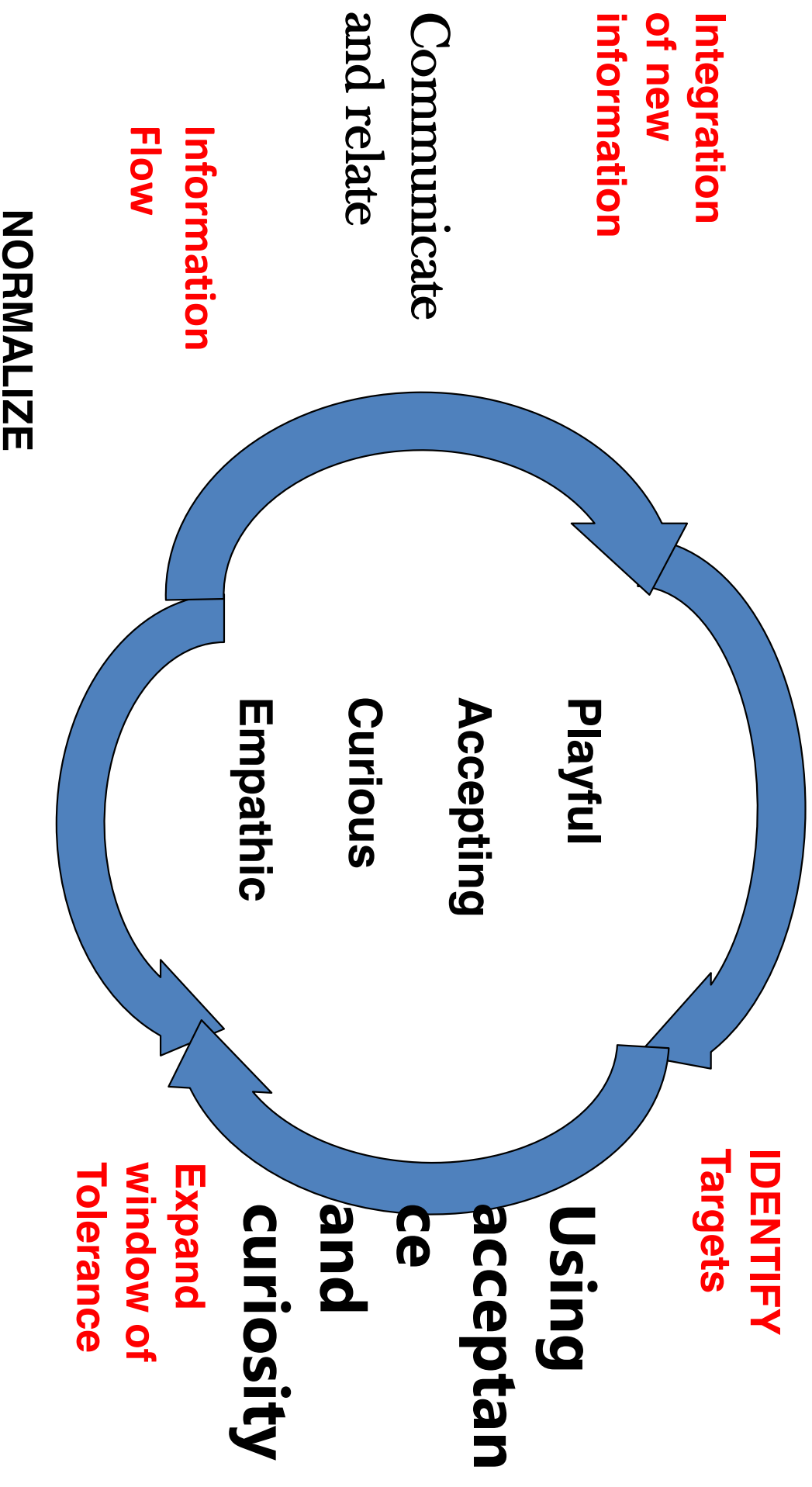
## Example of Pacing and Tracing

Projecting his internal monster through drawing into the “between space” parent and child.

An opportunity to let both mother and child see the anger, the acting out behavior – safely, distanced, fancifully

An opportunity for the therapist to encourage the playful projection to pinpoint a target – an authentic internal experience.

# DYADIC DEVELOPMENTAL THERAPEUTIC STRATEGIES WITHIN THE EMDR MODEL



Based on  
Hughes.D

Using  
empathy

# Therapist is thinking in terms of Neuro-networks

- Memories
  - Senses / emotions / sensations / thoughts
- Memory Networks
  - Neurons that fire together, wire together
- Cognitions:
  - The verbalization / meta-perception of triggered memory networks

(Based on Roy Kising 2013).

Children often need help “remembering”

# HIERARCHY OF THERAPUTIC GOALS FOR THE NARRATIVE

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Creating a joint narrative  
Integration between emotional  
sensual and cognitive fragments  
Enabling the child parent  
relationship to be more flexible ,  
building trust and less conflictual

Coping with symptoms related to  
the trauma and facing triggers

Safety:  
Physical  
Psychological  
Emotional regulation, lessening  
endangering behaviors. Safe  
empathic boundaries.

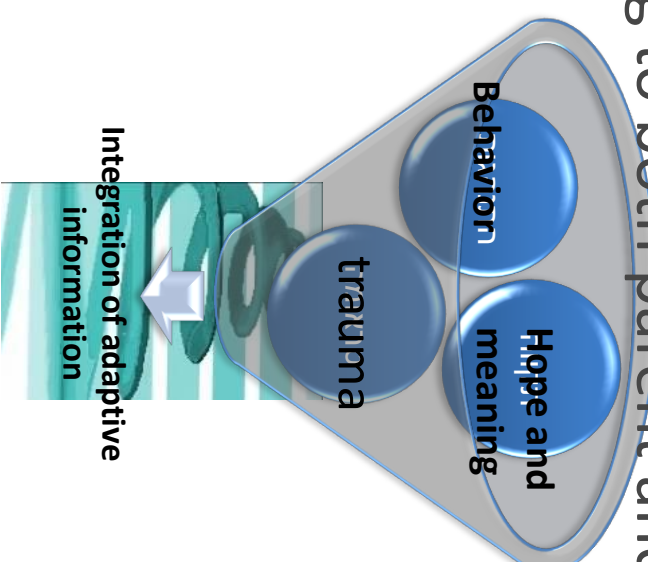
# Clinical Approaches To Trauma Narrative

## For younger children

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Didactic, Structured, Verbal vs. Spontaneous ,free flowing, expressive

Following the child`s association through different channels, capturing emerging behaviors and interpreting them in a narrative which brings new meaning to both parent and child.



**“Knowing what you  
are not supposed to  
know and feeling  
what**

**you are not supposed  
to feel”**

**BOWLBY**



# **A Child Living under the shadow of domestic violence(see handout)**

## **HELPING A CHILD TO INTEGRATE FRAGMENTED MEMORIES**

# The Traumatic Narrative – Working with early trauma.

| The Narrative constructed for the child   | The Narrative constructed by following the child  |
|---|---|
| <p><b><u>A structure</u></b> for working with either very young children, or with older children who suffered early trauma and have no conscious memory of what happened to them, or where the child is too overwhelmed by shame or guilt.</p> <p>·</p> <p><b><u>The Goal</u></b></p> <p>To access and connect to an event that is experienced through physical symptoms and anxiety about which the child has no clear understanding.</p> <p>To enable adaptive processing of that event.</p> <p>To allow distancing from events that have caused deep unexplained wounds.</p> | <p><b><u>A structure</u></b> for working with either very young children, or with older children who suffered early or relational trauma who have some of conscious memory of what had happened to them, but can only focus on the memory fragment by fragment</p> <p>,pacing in and out of the process.</p> <p><b><u>The Goal</u></b></p> <p>To access and connect to the trauma in order to enable adaptive processing of that event, by following the child's associative channels and flow of information.</p> <p>To create integration of what is fragmented and unresolved.</p> |

# The Traumatic Narrative – Working with early trauma

| The Narrative constructed for the child   | The Narrative constructed by following the child  |
|---|---|
| <p><b>Constructing the Story- Therapist and parent/s meet without the child to construct the story.</b></p> <p><u><b>Principles</b></u></p> <p>There should be a beginning, middle and an end</p> <p>Simple language</p> <p>Not too long</p> <p>Sometimes you can use just "a boy or girl"</p> <p>Sometimes you can use the child's name</p> <p>.</p> | <p><b>Phase one:</b></p> <p>Let the child draw a drawing around the theme which relates to the trauma.</p> <p>Ask the child about the drawing, in details focus especially around the protagonist feelings, sensations, and thoughts.</p> |

# The Traumatic Narrative – Working with

early trauma

## Middle

- The Traumatic event occurs.  
Describe it truthfully and in detail with sights, sounds, smells, feelings etc.

Describe the

scary, sad, or angry feelings, possible negative cognitions, symptoms that might be connected.

Stay with the child's point of view.

## Phase two:

Echo back to the child his story emphasizing ,the scary, sad, or angry feelings, possible negative cognitions, symptoms that might be connected.  
Add BLS

**“Knowing what you  
are not supposed to  
know and feeling  
what**

**you are not supposed  
to feel”**

**BOWLBY**



- In this last section we'll be continuing with dyadic work with complex trauma by showing you a film of a little girl who we call "a guilty little girl", sexually abused by her mother's boyfriend who she was "big enough to have known better". It illustrates how finally the presence of a trusted attachment figure allowed memory to begin surfacing.

# A Guilty Little Girl (see handout)

- Remember Estie's little girl, living under violence and the construction of her narrative. Here we see associative bits gradually emerging which can later be joined with other memories to construct this child's own narrative, when she is ready to begin processing this traumatic sexual experience.
- Illustrates "processing in small segments" as memories begin to surface, often a necessity in complex trauma.
- Illustrates the child's strength in having chosen and insisted on her grandmother as an attachment figure.
- Illustrates the necessity of therapist's role in leading the process and strengthening grandmother's role in containing her granddaughter's anxiety.
- Illustrates the grandmother's process as she goes through the experience with her granddaughter.
- Illustrates a release of the traumatic energy.

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- Every child's symptom and behavior has a purpose and a meaning.
  - Symptoms are survival strategies triggered by anxiety. They can be triggered by developmental anxieties or stressors in the environment).
  - Emotional and behavioral expression of anxiety in children can be displaced emotions from early losses and traumas.

# THE RAPID THERAPEUTIC OBJECTIVES:

## WHY DO WE NEED TO INVOLVE THE

### CAREGIVER?

Affect Regulation: Feeling safe

- Psychoeducation of appropriate responsibility

- Trust in relationship

Processing shame and guilt

Allowing “HEALTHY” FIGHT ENERGY TO BE RELEASED

*IF YOU LOOK AT SOMETHING WITH  
LOVE IT BECOMES BEAUTIFUL*

“If there ever comes a  
day when we can't be  
together, keep me in  
your heart, I'll stay there  
forever”

—Winnie the  
Pooh

