EMDR THERAPY: COMMON MISTAKES

1 Disorganized Treatment Plan

Not utilizing 3 prongs and/or no thoughtfulness in regards to target sequence plan being problem driven, symptom driven, client driven, NC, etc.

2 Target memory, not specific enough

Chosen a memory that is not a specific event/ experience; too obtuse/ wide where client may take longer to reprocess

3 Target is too recent (i.e. feeder memories)

May be necessary to target a more recent target or present trigger first, but remember feed memories may need to be worked on before this memory get be completed

4 Under/Over Accessing

Client may not have dual attention- either too much in the past or too much in the present; need to do maneuvers to "loosen" or "tighten" (see cheat sheet)

5 Clients are hyperverbal after each set

Prepare clients to remain brief when telling you what they noticed ahead of time "the brain thinks faster than they speak", talk therapy can 'slow or stop the track'

6 Need to do "blocked processing" maneuvers

Know when you need to change the modality, refer to 'TICES', use an interweave (cognitive, somatic, parts, IFS, etc.)

7 Protector Parts

Make sure you check if there are protector parts not allowing you or the client to make progress- understand them by using IFS 6 F's, validate, compromise

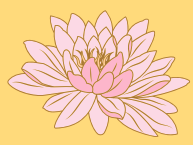
8 Fail to assess for structural dissociation

Get familiar with how to assess for structural dissociation. (see other cheat sheet, read books, get trained, seek consultation) *More common than you think!

9 Not enough Adaptive Information

Remember, effective processing relies on the AIP model! Make sure client is able to access AIP prior to reprocessing; if lacking, use RDI/ future temp/ PSG

10 Countertransference



Get consultation and check to see if your own "stuff" might be getting in the way of you being able to conceptualize your case; healers need healing too

When in doubt, go back to your manual, read Francine's EMDR: Basic principles, protocols, and procedures, and seek consultation!

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