

APPENDIX H

EMDR with Children and Adolescents (SIG)

<https://www.emdria.org/group/emdr-with-children-adolescents/>

ITEMS TO CONSIDER PRIOR TO EMDR PROCESSING

Key Points: Play is a child's language and toys are their words! EMDR should be appealing to kids. EMDR should be predictable and playful for children in all phases. All eight phases can be done with children but may need to be modified according to the child's chronological age and cognitive/emotional age.

Caregiver Involvement: Stable and supportive environments are important factors in order to move forward with processing traumatic material. Additional preparation may be required with caregivers to increase understanding of trauma, traumatic symptoms, and its effects on children. We want caregivers to increase nurturance and support as well to understand the eight phases and give verbal consent for EMDR. In some situations, it would be beneficial for parents to be involved in the processing of traumas. Depending on the nature of the incident for which the child is being treated, the parent should be evaluated for their own trauma symptoms and referred for treatment if needed

Safety: Many issues can present itself at the beginning of treatment. There may be many necessary interventions such as increasing outside services to the family to provide stabilization. It is crucial that the child experience safety and stabilization before any EMDR therapy can be instituted. The therapist needs to provide a solid preparation phase for the child to create a sense of safety in the office. Safety in the office includes clearly stating the rules of treatment, having routines with the child, and even having food and drinks.

Attachment: Kids with secure attachments and stable supportive environments are often able to process memories easily. Kids with long histories of trauma or neglect, are likely to be much more reluctant to trust, and also to have more trouble with affect tolerance. So, more time will need to be spent on relationship building, case management and preparation. These children will need a lot of extra support, RDI and preparation to help to tolerate the difficult emotions during EMDR sessions. This statement is true for both kids and adults. The important difference when working with children is that we have the opportunity to evaluate the caregiving environment and then to provide psychoeducation and treatment to the family/ caregivers if repairs are needed.

Language: Therapists should use language that is appropriate to their client's age. Therapists should use child/teen language and metaphors that make sense to their clients.

Explanation of EMDR: There are some great metaphors and books that explain EMDR in a kid friendly way such as Ana Gomez's book of Dark Bad Day go away.

STANDARD PROTOCOL

Components of EMDR: Teaching and increasing cognitive, emotional, and sensory literacy in the preparation phase are important. The child should have practice in identifying all the

components: (NC, PC, feelings, location in the body, VOC, and SUDS) prior to starting the assessment phase. All of these components should be done in playful and tactile ways.

Present Triggers: Make a list of the present triggers (i.e., teacher yelling) and then have the child float back to a possible earlier target.

Trauma Lists: This can be done as a timeline and can include positive moments as well. Ask for details from caregivers without client present. List can be a metaphor such as rainbows and clouds, or a garden with flowers and weeds.

Teens

Teens can do the standard protocol but may need additional preparation work in tolerating affect.

They may need:

- Motivation preparation. “This is stupid, I don’t want to do this”
- Address high risk behaviors (drug/alcohol use, cutting and other self-harm behaviors)
- Containment and soothing strategies
- Emotions and negative belief preparation
- Have fidget toys to hold during processing

Pre-Teens:

- Fall in between the two and may need variations of both suggestions

Young Children:

- Children are not little adults!! They learn and process differently. They *process* through action and creative play and less with verbal. Being successful with kids will mean using valuable prop-based tools such as drawings, puppets, sand tray and clay.
- For younger kids, the steps in the protocol need to be simplified.
- We want caregiver participation at every age, but typically, the younger the kid, the greater the role of the parent(s).
- Processing can be brief and young children can only tolerate small moments of processing. As little as 2 minutes might be sufficient! Taking play breaks during processing is encouraged and this allows the child to tolerate processing more easily. If a child is checking out, then take a break and do grounding activities
- Keep it simple and keep it fun!

TOOLS AND STRATEGIES FOR USE OF EMDR WITH CHILDREN AND TEENS

Resource Development Strategies:

- **Team of Helpers:** Have child draw out a team of helpers: can be real people, animals, spiritual and/or imaginary: “This is the team that will help you with this memory”.
- **Competency Resources:** when there is avoidance or safe place is difficult and external resources are limited, install activities and experiences of competency like sports, hobbies, or other activities in which teens/kids have a sense that “I got this,” “I am good at this,” “I feel good about myself when I am...”

Containment or Emotional Distancing Strategies

Container: Draw or make out of clay or other play-based options.

Funny Hat and Glasses: Child can wear during processing to “distance” from material.

Shield: Make a shield out of cardboard/paper. Use to “push” away the perpetrator or memory.

Puppet: Have the puppet “tell the story” While child is holding the puppet with the tappers.

Sand Tray: Child can tell the story in the sand. The traumatic story can be about an animal.

Train Metaphor: Child is on a train, passing by the trauma and looking through the windows.

Camera Metaphor: Zoom in and out looking at trauma.

TARGET SET UP

Target

- Upsetting memory can be drawn on paper, or made in the sand or use clay Nightmares are a great target

Cognitions

- 4 Drawers that hold the cognitions
- Kids list of cognitions from Robbie Adler Tapia Ana Gomez’ Cognition cards
- On a Soccer Ball, write the cognitions out

Emotions

- Can be written on Jenga blocks, cubes, or a mood board
- Have a Doll cutout that the child can locate their body sensation with a crayon Feelings Thermometer
- Interview their body about bodily sensations

Body Sensations

- Feeling Detector: A fun toy that “locates” feelings in the body. Can be a magnifying glass
- Doll Cutout: Have a child draw where on the doll their feelings are located

Measures

- Hands close together to indicate a small feeling, medium is a bit more intense, and arms open wide to indicate a big feeling of distress
- Thumbs up or down or in between
- Foam Numbers: Large foam numbers with numbers on them that kids can manipulate or step on to indicate the SUDS or VOC
- Use of slinky, silly putty, or Hoberman's sphere stretched for appropriate measure
- Faces: Draw a happy face on the left side of the sheet with a sad face on the opposite end. Have them mark the spot in between that shows what they feel.
- Cups of sand or nesting dolls: 10 cups of sand of different measurements to show the SUDS level of 1 to 10. Cup 1 would have very little sand, increasing slightly to a full cup at number 10.
- Nesting dolls are similar. They can be opened and lined up from small to large to give children another way to show how much the NC is bugging them. The smallest doll would be equivalent to a SUDS of 1 and then the largest would be a SUDS of 10.

Closure

- Lotions to put on as you do Safe Place
- Smelling scents
- Reading kid meditation books, kid yoga
- Decorate a wooden person figure as a helper to take home

BI-LATERAL OPTIONS

- Use Tappers or put in child's pockets or shoes
- Magic Wand being waved back and forth or in circle 8 to keep the child's attention
- Puppets being waved back and forth and have the child follow
- Child holds the puppet and the tappers together
- Beating a drum in a bi-lateral way after each processing
- Play CD of BLS that alternates on speakers over the sand tray as the child plays. You can check in with the child when you notice shifts of emotion or thoughtfulness.
- Teens: Purchase unit that turns their music into BLS (NeuroTek).

Other options:

- **Hand Tapping/Hand Slapping:** Therapists holds his palm out, and the child using only one hand, taps the therapist's palms alternately. Make sure the child is moving their eyes. Keep your hands moving so eyes are moving also.
- **Hand Touch:** The child rests both of his hands on his knees and the therapists alternately touches them. Use only in special circumstances due to boundary and vulnerability issues.
- **Finger Popping:** Hold a fist up on either end of the child's visual range and pop up a finger on alternating hands.
- **Alternate Motions:** Circular, elliptical, diagonal, bumpy line or a sideways figure 8.
- **Ball Games:** Have the child throw the ball back and forth from one hand or up and down to the other as they talk about a distressing topic.

- **Coloring:** Have a child color from one side of the page to the other, while following their own hand movements and markings visually.

HOW TO INCREASE YOUR KNOWLEDGE IN EMDR WITH TEENS AND CHILDREN

Here is further information....

Child Sig: You can join EMDRIA as an associate member once you have completed Level 1 training. As a member of EMDRIA you may join any Special Interest Group (SIG). We have a Child/Adolescent Group which offers various resources including presentations, brochures, and bibliography; discussion group case consultation, listing of therapists and consultants you can contact for support, training opportunities, etc. Just visit www.EMDRIA.org. Go to “Get Involved” and go to Special Interest Groups.

Consultants who are Children and Teen Therapists, and are members of EMDRIA, are listed with their contact information on www.EMDRIA.org, at Child/ Adolescent SIG.