

# Chapter 50

## Initial Topics

### This Is a High-Risk Client

If the client is high-risk, proceed slowly with EMDR therapy reprocessing phases. However, clients with complex trauma also need to heal. Many clients with severe trauma may not become more stable until they do some trauma work. It is generally not a good idea to work intensely in EMDR therapy with a client who is at high risk of decompensating. Clients who are already struggling need supportive care. The higher the risk the client is, the more likely I am to start Flash with them around the issues most contributing most to current distress. When practiced well, Flash is associated with a very low risk of promoting client decompensation.

### I'm Overwhelmed by the Volume of the Client's Trauma

It is easy for therapists to be overwhelmed by the volume and complexity of a client's wounding. However, the best strategy is to prepare the client to start working somewhere. One of the biggest risks is that we never start. When the client is prepared to start somewhere, see Chapter 34: *Oh My, Where Do We Start?* There is no single ideal place to start; just make sure that it is at the intersection of what is productive and what is tolerable. Clients with the most trauma are likely to struggle in Phase Two, so there may be time for clarity in the clinical picture to emerge.

### The Client Appears to Have a Profound Lack of Insight

If you are detecting a significant lack of insight, then you are listening closely for the presence of adaptive information. This is excellent. What is the nature of the deficit or misunderstanding and is it central to metabolizing the stuck information that the client is likely to need to work on? Clients who have profound deficits related to human needs may also lack a lot of the adaptive information that may be required to do EMDR

therapy well. Part of your Phase Two will need to focus on developing the needed adaptive information. We are always connecting stuck information to adaptive information in EMDR therapy, and this work assumes that the client already has enough adaptive information needed to resolve the stuck information. If this is not the case, it is your job to help the client develop the needed information. You may need to do this through attachment figure resources, parts work, perspective-taking exercises, working on smaller but adjacent targets in EMDR therapy, or other experiential techniques.

## The Client Appears Emotionally Dead

Clients need to be emotionally online to do the EMDR processing phases well. They should be embodied enough to notice. See Chapter 13: Phase Two Isn't Just Mindfulness Resources for some suggestions.

## The Client Is Always Profoundly Dysregulated

EMDR therapy reprocessing is typically a dive into distress. Clients need to have the capacity to feel worse on any given day that reprocessing occurs. However, I have worked with many clients who have a baseline level of 8/10 stress or distress, and they can do EMDR therapy well once adequately prepared and using strategies described in Chapter 37: How We Interact With the Memory Matters and Chapter 38: The Videotape Approach.

## Processing Goes Well, But Client Reports Instability After Sessions

We have to work differently if EMDR therapy is causing significant client instability between sessions. If the client is unable to function, reports debilitating memory flooding, or increases in high-risk behaviors or thoughts, it is important to make some changes before proceeding. Here are some suggestions:

- Difficulties between sessions can indicate that embers were spread during the client's session that caught fire in the hours and days after reprocessing. Explore this. Is the distressing content that is coming up from the same developmental era where we were working? If so, we need to incorporate into closure the

anticipation that this will happen again and send the client home with a concrete (and possibly written) plan to better manage this. If it continues to happen, this may be an indicator that they are simply working in too nested or complex of a territory for right now. Again, it is advisable to work in territories that are productive and tolerable. If a memory territory is causing intolerable responses after the session, then that isn't a tolerable territory, or the client needs specific enhanced resources to manage what is emerging. Shift to a territory that is more tolerable.

- If the difficulty emerges after working on an attachment wound memory, did you end the session with their attachment figure resource? If you are working on attachment wounds, it is important to end the session with their attachment figure resource to prevent attachment embers from spreading after the session. Using a well-developed and well-practiced attachment figure resource generally ends the multi-day difficulties that often occur following attachment work.
- If the client's decompensation is from a single childhood memory that emerged but was not processed in that EMDR session, you may need to pivot to the memory that is causing distress in either EMDR therapy or Flash to try to resolve it.

## The Client Is Worried That EMDR Will Surface Forgotten Memories

Rarely does EMDR therapy processing unexpectedly surface completely dissociated memory content that no part of the client knew existed. However, this client's worry isn't coming from nowhere, and the worry isn't limited to doing EMDR therapy. It is helpful to explore why this worry exists, what makes the client suspect that dissociated memory exists, and why the client thinks it is likely to emerge in EMDR therapy. Many media treatments of EMDR therapy in popular television series that clients may have been exposed to depict EMDR as a way to surface repressed memories.

It is essential that therapists do not attempt to fill in any blanks in memory. This is a matter of ethics and sound clinical practice. Clients do not need to remember in order to heal in EMDR therapy. However, if they do remember, that can help make their healing less complicated. It can also be helpful for the client to understand that if repressed memories do emerge, we will be able to effectively target them the same way that we

do any other memories. We want to normalize the client's worries about the emergence of new information. We want to be sensitive to the reality that the information contained in these memories could potentially have disrupting implications for the client's family system (this is often a client worry). It is also helpful to let the client know that whatever has happened to the client (whether they remember it or not), the nervous system is already carrying the weight of it and has been paying the tax on it. It is already seeping out into different parts of the self and different aspects of functioning.

When appropriate, I will sometimes communicate something like the following:

If something bad happened to you that you don't remember, I hope that some part of you can appreciate what I know for sure about it: that whatever happened is already over. It is not happening right now. If something does emerge, we can work on it and resolve it. We can use multiple different strategies to do that. I would like to start working on what you do have before we try to work on absences, but I'm committed to doing this work with you.

Also, see Chapter 46: Additional Strategies for Working With Absences.

## Clients With Borderline Tendencies

Clients with Borderline tendencies will often struggle with many of the core tasks of EMDR therapy. They often struggle with self-regulation, often have poor somatic awareness of distress until it comes in intolerable volumes, and have strong insecurities around "how do I know that the people who are there for me are there for me?" Clients with Borderline tendencies may need enhanced EMDR resourcing related to emotional regulation. Inconsistent childhood attachment is often a key component, and this type of wounding often shows up in EMDR therapy as profound deficits in adaptive information related to human needs. With adequate preparation and good front-loading, clients with Borderline tendencies can do good work in EMDR therapy, but this work is often a slow and challenging process. It may require regular intervention to keep the client on track. If clients with Borderline tendencies really need to heal but are struggling in EMDR therapy, they do tend to thrive with Flash approaches around whatever is getting stuck in EMDR or whatever is causing present dysregulation. Flash approaches around future targets after clearing past

ones are particularly helpful with this population. Flash can be an effective bridge to support stability for subsequent EMDR work.

## The Client Reports a History of Unresponsive Episodes

This is a very broad territory. Try to understand as much about the shutdown response as possible, including what (if anything) triggers it, how long it usually lasts, what happens during it, what (if any) assistance the client needs during it, and what helps the client get out of it. If the client has psychogenic seizures or other processes that render the client unable to respond or exercise agency, have a concrete plan in place with the client about what the client needs you to do and who you will contact (make sure that you have appropriate signed releases already in place in the event of client incapacitation to make this even less stressful or risky). Of course, it is important to work in tolerable areas in EMDR therapy and help make sure that the client is staying well within their window of tolerance. If the client is having intrusive symptoms and is not adequately prepared to do trauma work or does not have the current window of tolerance needed, Flash (particularly the Four Blinks version) is an appropriate intervention since care is taken at every step to make sure distress is being routed away from the client's nervous system.

## When Clients Report Prior Harm From EMDR Therapy

EMDR therapy is popular enough for a lot of therapists to be conducting it poorly. Even when therapists do practice EMDR therapy well and ethically, clients can still be harmed. It is helpful to try to understand what occurred in the prior EMDR session that was overwhelming or caused the difficulty and work to explore a range of alternatives. Sometimes, the client's prior EMDR therapy is stored as trauma. There are times when we cannot use EMDR therapy to resolve the harm that EMDR caused them. You may need to work in other approaches first (such as Flash) to resolve EMDR-related injury before using EMDR as a therapeutic intervention.

## Rethinking Marijuana and Benzo Use

Cautions abound in the EMDR community related to client marijuana and benzo use. However, I don't believe that a client has ever been harmed by attempting EMDR therapy with recent use of either. It is true that both

*might* prevent activation. Preventing or significantly impairing activation ensures that the client's EMDR session isn't going to go anywhere, but it also isn't likely to cause the client harm. Try it. If the client struggles to effectively activate, plan subsequent sessions as far away as possible from the last use. These substances are ubiquitous with clients with complex trauma, and both are commonly prescribed by licensed practitioners other than myself. I have no business telling a client when to take or not take a prescribed substance. There are so many things that might cause harm inside EMDR therapy, marijuana and benzodiazepine use are not likely to be among them.