

Chapter 53

Phase Three through Seven Topics

The Client Doesn't Want to Return to a Partially Resolved Memory

Clients experience EMDR therapy differently than we do. A memory that was an 8/10 and is now a 3/10 isn't likely causing the client any right-now problems. It will feel, from their perspective, that they have much more pressing issues to resolve than that remaining 3/10. They aren't wrong. However, really good things happen when memories fully and adaptively resolve in EMDR therapy, and we need those good things for future targets. It is okay to have some memories "open" in EMDR therapy (in fact, complex trauma will pretty much guarantee that sometimes), but it is also important that we close them. On any given day, the client's goal may be simply to feel better. Our broader goal is to help the client reset his nervous system.

How Bad Is It for the Client to Have "Open" Targets

An open target is an unresolved memory, but the term is a bit misleading. While it is possible for EMDR therapy to contribute to the client opening a lot of memory territory that might result in the client destabilizing between sessions, simply having unresolved memory targets is rarely a contributor to that. Overactivation and working in intolerable territories might. Many new EMDR therapy trainees speak about unresolved memory targets in ways similar to an open wound. When we activate a tolerable memory in EMDR therapy and work in sensible ways, it is in working memory for a few hours until the nervous system returns the unprocessed parts to where trauma is stored in the brain. This does not mean that clients won't feel resonance, exhaustion, or adjacent memory activation days after EMDR therapy. The aftermath of EMDR reprocessing is something that we always want to inquire about, and when the client is struggling between sessions, we may need to shift how or where we are working. If the client is away from therapy for a few weeks, unresolved memories aren't generally the liability that many new EMDR

therapists seem to think they are. The nervous system knows what to do with the debris. It has been carrying it for decades probably. Also see Chapter 44: Why Finishing Things Matters in EMDR Therapy for a more detailed exploration.

The Client Did Great EMDR, Now They Don't Want to Resume It

This is the most sensible thing in the universe that confuses many new EMDR therapists. You just witnessed a client resolve a memory. They report astonishment. They did not know that they could heal from anything so quickly. You may think that they will return next session and want to work on a new memory. They probably will not. Why? Because they have experienced conflicting things in EMDR therapy. They have experienced healing. They also experienced that EMDR therapy is really difficult. It requires that they sit for long periods noticing the very things that they have spent their lives trying not to feel. The client can come to a talk therapy session and feel heard and validated. They get a predictable benefit from that. They can come to an EMDR session, and they cannot accurately predict how much it will suck. It's a gamble, and the benefit is at least partially unknowable. When you notice this dynamic, explore it with the client. Remind the client that we can work in more tolerable memory territories and that we have options in how we interact with the memory.

The Client Has an Issue to Work On, But No Individual Memory Emerges

Is the client struggling to identify a specific relevant memory because childhood trauma was daily and no individual memories stand out? See Chapter 47: Trouble Finding an Individual Memory when Trauma Was Daily. When first starting, it is wise to start with recent occurrences of the trouble or problem. It is also easier for many clients to find more recent instances of difficulties.

Lots of Memories Are Showing Up in Reprocessing

Very little good will come with clients with pervasively complex trauma when lots of memories want to come. We need memory content to come, but we need it to come at a tolerable and digestible rate and intensity. See

Chapter 40: When to Let New Memories In, When to Container for concrete guidance when memories want to flood in.

The Client Activates and Then Quickly Shuts Down

An immediate or almost immediate shutdown response at the beginning of Phase Four generally comes from one of these sources (or a combination):

- The client is attempting to work in memory territory that is not currently tolerable to the client. See Chapter 35 Oh My, Where Do We Start.
- One or more of the client's parts does not consent to working in this territory. See Chapter 26: More About Consent from Parts.
- Memory content came into awareness at a rate faster than the client had the capacity to notice and digest and immediately pushed the client out of his window of tolerance. See Chapter 37: How We Interact With the Memory Matters for options that may allow distress to come into awareness in more tolerable pieces.
- This is the first attempt at an attachment wound target and it is simply bigger than the adaptive information that the client has accessible. See Chapter 42: The Quicksand of Attachment Wound Targets.

Chapter 29: And Then the Client Dissociated can also be helpful in these cases.

The Client Does Not Activate

If the client activates and then shuts down, see the topic above. If the client fails to activate across multiple targets, are you sure that the client is embodied enough to notice? EMDR therapy is a somatic psychotherapy and activation often requires some level of embodiment. See Chapter 13: Phase Two Isn't Just Mindfulness Resources. When appropriate, see the topic above related to recent marijuana and benzo use.

The Client Only Tells Me Thoughts

If the client appears to be trying to figure out the memory or appears to be processing on the thought channel without any noticing, I am likely to stop them. These strategies are often bypasses around the distress I'm asking them to activate and notice. See Chapter 34: There is Nothing to Figure Out Today.

We Have Tried to Process This Memory for Many Sessions

Sometimes, we simply need to process a target even if it takes multiple sessions. However, in these cases, I can articulate a clear reason why this makes clinical sense. Here are some of the reasons why I may recommend that we stick with a difficult memory across multiple sessions:

- It is presenting as a Mount Everest that is blocking or obscuring everything else. This is frequently the case with child loss, relationship betrayal, existential health crises, or related. There isn't going to be another target that is accessible.
- We have worked on many memories successfully and this is our first major attachment wound memory. Attachment wound memories often take multiple sessions when we first encounter them. I always make sure that we end them with adequate attachment figure resources to put out any embers that this work may spread.
- The client struggled with this memory but made good progress with it. The trajectory is good, and the client had a tolerable experience after the prior session ended.
- The client struggled with this memory, and it did not seem to shift much from my perspective, but the client indicated that she would like to keep working on it and that things are shifting for her in helpful ways.

Other than the above reasons, I'm unlikely to recommend a second session resuming work on a memory that did not shift at all or caused a hard shutdown response. When my clients with complex trauma are attached to whales or nuclear-powered submarines, I suggest that we get scissors and disconnect from them as soon as it becomes clear that the target is larger than what is tolerable today.

Continually attempting to target a single memory without any real progress or movement is a risky activity with clients with complex trauma. If you feel the compulsion to continue to return to an intolerable and unproductive target, consider these questions:

- Is there a solid clinical reason why this is the hill that you want the client to die on?
- If we are connecting stuck information to adaptive information, do you suspect that there is enough adaptive information for this memory to connect to and metabolize into? What is the evidence of that? See Chapter 36: The Canaries in the Coal Mine.

The Client Is Struggling to Stay Regulated in Phase Four

Consider if one or more of these scenarios seem to describe the client's struggle:

- Is it possible that this memory turned out to be bigger than the client anticipated? In fact, is it bigger than the client's boat of adaptive information? If so, you can always disconnect from it and go to Phase Seven and work in more tolerable memory territories.
- Is the client opening up a lot of adjacent memory content? Try to keep them focused on this memory. See Chapter 40: When to Let New Memories In, When to Container.
- Does the client seem to be pushing into the memory rather than taking a bite of it and noticing deeply that bite? You can always encourage the client to notice what is happening in their body during the BLS and invite the client not to think about the bad memory during the BLS. You can always send them back to the target when the current channel of distress starts to dissipate.
- Back to the EMDR therapy Tricycle metaphor, EMDR therapy reprocessing involves three primary components: tolerable activation, noticing, and BLS. Is the client stuck doing something other than one of those three things? Are they trying to figure out something? Are they actively noticing? Are they stuck in guilt, shame, blame, responsibility? If so, Chapter 41: Where Clients Get Stuck and How to Intervene is likely to be helpful.

Dissociative Processes are Showing Up

Dissociation is often a byproduct of overactivation. See Chapter 29: And Then the Client Dissociated, for strategies to help the client stay grounded enough to work effectively, depending on how dissociation is showing up in the client's session.

The Client is Walking Through the Memory Step by Step, But Not Noticing

Many clients assume that this is what EMDR therapy requires. That is how we do other therapies that they may have done or heard about. They are missing the central component: noticing. With clients with severe trauma, I do not want them to walk through the memory from beginning to end. I want them to engage with the memory briefly and then notice deeply what comes from that "bite." Slow down, take a bite, and notice, notice, notice. That's how we do EMDR therapy well with clients with complex trauma. EMDR therapy is different from our regular approach to problems. It is different from what we have done in prior therapy. We are doing EMDR therapy now because it is different, therefore our doing of it should not revert to our old ineffective strategies.

The SUDs Will Not Go Lower than a One, Two, or Three

While your Phase Four scripts may not capture this nuance, the SUDs is an evaluation of the amount of distress that remains in the memory that you started Phase Three with only. It does not matter that you have had a lot of similar wounds in your life. Those other memories aren't our right-now target. It does not matter, from the point of view of the SUDs, that your mother continues to do these things to you. We can work on that with a future template. From the point of view of the SUDs, it does not matter that the negative cognition still feels true for you in your right-now life and the positive cognition does not feel true for you. These are not the questions that constitute the SUDs. We are in Phase Four and for the purposes of Phase Four, I want you to put a 100-foot brick wall at the beginning of that memory and another 100-foot brick wall at the end of that memory. Between those two walls only, how much distress is in that memory? If it's not a zero, what is it that keeps it from being a zero? Identify it and have the client name it. When they find it, notice it. When they do notice it, 99% of the time it goes lower. It does not matter that

the client says that the distress isn't going to go any lower than a one, two, or three that it currently is. It was just a seven and the client didn't think it would go lower than seven. Identify it and notice it, and it is very, very likely to go lower.

Problems with Installation

Phase Five is largely cleaning up debris on the thought channel from the core of the work that was done in Phase Four. In the vast majority of sessions, more than 90% of the desensitization and reprocessing is done in Phase Four. Like with the SUDs, it is important that you realize that the VOC is an evaluation of how true the positive belief feels right now related to the memory that you started Phase Three with only. Because there is so much redundant trauma learning with people with complex trauma, the client can come to believe something positive about themselves fully related to a single memory, yet not believe the same positive thing at all more broadly. This is completely normal for complex trauma. If Phase Five is becoming more complicated than this summary suggests, then it is likely because of one of these reasons (and most of them are easily fixable):

- The client is rating the VOC of the positive cognition based on how they feel about themselves generally right now, rather than related to how true it feels related to the target memory from Phase Three only. Clarify that the VOC is related to the target memory only. What specifically in that memory makes that positive belief not 7/7 true? Identify that. Notice that deeply. Again, it does not matter that the positive cognition does not hold more broadly. That's not what we are evaluating.
- While you probably did check to see if the positive cognition changed when you first moved into Phase Five, sometimes the problem with installing the positive cognition is that you are trying to install the wrong belief. If the cognition that the client is trying to install doesn't seem like it fits, ask the client: "What is easier to believe about yourself related to the memory that we started with right now?" Install that cognition.
- Other memories may have made their way into working memory and the client may not have told you. Transitioning from Phase Four to Phase Five is often a time when other memories want to come. When distress comes unexpectedly in Phase Five, check to make sure that new memory content has not emerged without your

awareness. If so, container it. Attempt to resume Phase Five if there is time. If not, pivot to closure.

Importantly, Phase Five is an opportunity to slow down and have the disconfirming experience of sitting with a difficult experience and noticing the schema shift. We do not want to rush Phase Five. We have spent all that time noticing distress, so let's be present with the good stuff too. The client has had very little experience sitting with recovery, resilience, redemption, resolution, or peace.

Problems With Body Scan

Phase Six is largely cleaning up debris on the body channel from the core work that was done in Phase Four. The vast majority of the work and difficult noticing occurs in Phase Four. If Phase Six becomes unexpectedly complicated, it may be because of one of these reasons:

- Other memory content not related to the target memory is making its way into working memory. New memories want to come as old ones are wrapping up. Anticipate this and remind the client that the door to awareness is their door and not everything that wants to come into awareness at the end of a session should be allowed to.
- Pain. The client may report sensations when their baseline state of the body is varying degrees of pain. If it is unclear if the pain is from the memory, from an organic body state, or from simply sitting for so long in one position, ask them to get comfortable and notice it.

Phase Six is an opportunity to slow down and have the disconfirming experience of sitting with a previously difficult experience and noticing the positive or neutral body response. We do not want to rush Phase Six. We have spent a lot of time noticing distress, let's be present with the good stuff too. The client has had very little experience sitting with recovery, resilience, redemption, resolution, or peace.

Mindful Closure Strategies Do Not Lower Distress Much

Sometimes, clients become overactivated or pervasively shut down in the processing phases and our attempts to use mindfulness resources in Phase

Seven are largely ineffective. If this is the case, you can try one of the following strategies:

- Ground. Grounding is one of the most powerful resources. It connects the client to the “safety” of the present and may be required before the client can be present enough to engage in the other mindfulness resources that you may have planned for them in Phase Seven.
- Is the client stuck in the existential loneliness of an attachment wound? See Chapter 42: The Quicksand of Attachment Wound Targets. It is best to teach attachment figure resources before you need them. They are very difficult to teach when the client is stuck inside an existentially lonely state activated by a difficult EMDR session.