

Principles and Procedures for Enhancing Current Functioning with EMDR Resource Development and Installation (RDI) in Complex Posttraumatic Stress Disorder

(Adapted from Korn & Leeds, 2002)

PURPOSE

To develop and strengthen specific qualities or attributes needed to address specific challenges.

To increase access to adaptive memory networks.

To increase capacity to tolerate affects, both positive and negative.

To strengthen ability to shift from one state to another.

Types of Resources:

Resources appropriate for RDI are associated with positive affects (confidence, competency, mastery, interest, excitement, enjoyment, pride, triumph) and adaptive responses that the client already possesses, but in other contexts. Appropriate resources are based in adult states; unambiguous in content or theme. Identify client resources within three broad domains of experience in the order presented:

1. Mastery Resources (internal to the client) include:

- The client's own experiences of mastery; previous coping responses to challenging situations or experiences associated with relevant positive affect states (e.g., strength, self-compassion, confidence, competency, pride, triumph, etc.).
- A physical stance or movement that evokes the capacity to act with agency on one's own behalf.

2. Relational Resources include:

- Positive role models who have demonstrated capacities the client would like to incorporate such as courage, persistence, boundary setting, or truth telling. People the client knows or knows of that embody the quality the client wants to develop. Can be real life heroes or public figures; characters from books, stories, cartoons, movies, TV.

- Memories of supportive others including caregivers, relatives, teachers, authority figures, religious figures, peers, or pets who have provided soothing, care, affection, protection, or other desired qualities.

3. Symbolic Resources include:

- Any animal or element from the natural world such as an eagle, a mountain stream, a rock or a tree that symbolizes a specific quality. Religious, archetypal, totemic and transpersonal symbols.
- An image of a positive goal state or future self that represents the outcome of being successful at attaining their goal.
- Figures or symbols from dreams or imagination which express the client's capacity for adaptive functioning or inspiration.

IDENTIFY NEEDED QUALITY

"What quality do you need (more of) as you consider (processing this traumatic experience)?" OR, "How would you like to be able to FEEL (about yourself) so that you can respond more effectively (in the challenging situation)?"

IDENTIFY THE EXPERIENCE OF THE RESOURCE

"Can you remember a time when you embodied this quality OR, have seen it in someone or something else?"

IMAGE

"Describe the experience." (Pause. Wait for a response.) "What image represents this quality?"

EMOTIONS AND SENSATIONS

*"As you think of that quality/resource, notice what you see, hear, and feel right **now**. What do you notice?"*

ENHANCEMENT

"Focus on that positive experience...what you see, hear, smell and notice in your body right now. Take a moment to vivify your experience. (Pause.) Tell me more about it."

REINFORCE EXPERIENCE OF RESOURCE WITH BLS

"Bring up the image of this quality. Notice where you feel those sensations in your body and allow yourself to experience them fully. Concentrate on the experience and follow my fingers." (8-10 slow BLS.) How does it feel to you now?"

If positive: *"Focus on that." (BLS.) "What do you notice now?"*
Repeat with several sets of BLS until resource is fully internalized.

If negative: Redirect attention to another experience associated with that resource; or, consider another resource.

CUE WORD

"Is there a word or a phrase that represents this resource? Think of _____ and notice the positive feelings you have when you think of that word. Concentrate on those sensations and the word _____ and follow my fingers" (8-10 slow BLS).

*"How do you feel **now**?"* Repeat with several sets of BLS until fully strengthened.

SELF-CUING

"Now I would like you to say that word, _____ and notice how it feels."

FUTURE REHEARSAL USING POSITIVE RESOURCE

"Now imagine the situation that you would like to manage (or respond to) more effectively. Run a movie of your desired response using your resource. What do you notice?"

Add several sets of slow BLS until desired scenario has been firmly established. Length of sets can vary, depending on the client's ability to stay with the desired response without activating a negative association. Can also install one segment of the experience at a time to minimize possible contamination.

CHALLENGE SITUATION (Optional):

"Now imagine a challenge situation that could arise. Run a movie of your desired response to this situation using your resource. What do you notice?"

PRACTICE

Instruct the client to practice using this resource in situations that are stressful or hard to manage. Evaluate utility of the resource in subsequent sessions. Adjust as needed to optimize effectiveness. Use BLS to reinforce positive experiences of successfully applying the resource.

This process may be repeated for each of the qualities the client wants to develop and strengthen, and with each of the specific images/positive associations generated by the client.

USE OF RDI:

Clinicians should periodically reevaluate resources that have been developed to determine their effectiveness on the client's overall stability. When the client is ready for memory processing, the therapist can re-introduce a previously installed resource that is needed to address the traumatic material.

The resource state can also be used to assist with closure for an incomplete Target Memory by helping the client return to a state of mastery by invoking a resource that has already been established.

NOTE: You may want to use EMD to reduce the client's distress about the challenge situation before applying the resource to a future demand. Install corresponding Positive Cognition with it.

Korn, D. L., & Leeds, A. M. (2002). Preliminary Evidence of Efficacy for EMDR Resource Development and Installation in the Stabilization Phase of Treatment of Complex Posttraumatic Stress Disorder. *Journal of Clinical Psychology*, 58(12), 465.