

**EMDR and the**

**Art of Psychotherapy**

**With Children**

**Treatment Manual**

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Treatment Manual**

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# Introduction to the Manual

This manual is based on EMDR theory created by Dr. Francine Shapiro and documented in Dr. Shapiro's books (1995, 2001). We have written this treatment manual to provide a simple and practical way to use EMDR in psychotherapy with children and adolescents. The EMDR scripts, protocols, and forms that were detailed in the book *EMDR and the Art of Psychotherapy With Children*, also written by the authors of this manual. The manual was derived from the *EMDR Fidelity Research Manual* for children, also created by these authors. By using a standard treatment protocol for providing EMDR psychotherapy for children and by conducting pre- and post-treatment assessments, therapists can also conduct their own study of treatment outcomes. In addition to contributing to research, this manual is beneficial to the therapist and the client in order to monitor treatment progress and outcomes.

The manual is organized consistent with the chapters in the book and begins with the directions to the therapist, session protocols, therapist's scripts, and forms for each phase of the protocol. Instructions to the therapist provide an overview of the goals for the specific phase of EMDR with suggestions for case conceptualization. Session protocols include the steps for the specific phase of treatment. Next we have provided therapist's scripts that include possible wording for the therapist to use with the child, set in italics. The final section of each phase includes forms as templates for the therapist to use for documentation and case planning.

For the purposes of this treatment manual, the reader will note that the terms *child* and *parent* are used to refer to the client and the client's parent or caretaker. The session protocols are suggested guidelines; however, the timing of the individual sessions is tailored to the individual child and parent needs.

When using the EMDR protocol with clients of any age, but especially with children, the therapist can integrate techniques and tools from play therapy, art therapy, sand tray therapy, and any other techniques the therapist determines helpful for clients to express themselves.

The forms in this *Manual* are available to all purchasers. Please go to [www.springerpub.com/adlerforms](http://www.springerpub.com/adlerforms). After you download the file, you can access the forms by entering the password ADLER1.

# Section 1

## Client History and Treatment Planning Phase

This section relates to chapter 3 of the book, *EMDR and the Art of Psychotherapy With Children*.

### Instructions to the Therapist for Client History and Treatment Planning

With Phase 1 of EMDR, Client History and Treatment Planning, begins the process of becoming attuned with the client's unique concerns and issues and physical and emotional capacities and creating the safety necessary for clients to process trauma. Pacing the use of EMDR is an important part of the therapist's role of attuning himself or herself to client physical and emotional presentation and needs, and preparing the client for EMDR. Special emphasis should be placed on assessing the child's age, developmental level, and understanding of the context of the child's life experiences in order to guide the treatment process. The therapist should *also* attend to the child's nonverbal communication, including changes in breathing, mannerisms, skin tone, and so on during treatment. The child's ability to tolerate affect also needs to be assessed. In addition, the therapist should assess the child's current stability. Assessment of the child's current stability should include evaluation of any risk of suicidal behaviors and/or whether a child is medically fragile. Children who are currently not stable may require more time spent in the Preparation Phase as is discussed in chapter 4 of *EMDR and the Art of Psychotherapy With Children*.

Evaluating targets also begins as you take the child's history. It does not mean that you have identified the specific targets for processing at this point, but that you make notes, mental or written, to explore the possible target issues and negative beliefs as you proceed.

The therapist begins the Client History and Treatment Planning process by completing the Client History and Treatment Planning Forms. When it is time for the Target Identification Process, the child is asked to wait in the playroom while the parent is interviewed. Deciding not to have the child in the office while interviewing the parent is for several reasons: First, the parent may have his or her own issues and unresolved affect related to the incidents, which will be identified for the child. Second, the parent's targets may be different from the child's, and we do not

want the parent's statements to contaminate what the child may report. If the child listens to the parent's statements, the child may echo the parent's statements rather than reporting the child's own issues/targets. The parent's idea or beliefs about targets for the child may be different from those of the child. However, the child might not volunteer targets that are embarrassing, or the child may have forgotten a target that needs to be addressed in treatment. All of these issues need to be considered by the therapist; yet ultimately, the target selected must resonate for the child. We suggest that the therapist interview the parent for possible targets while the child waits in an adjacent room or consider having the child not attend this session.

This protocol describes session guidelines; however, the amount of information to be included in each session depends on the unique needs of the child and family. This process is explained in great deal in chapter 3 of the book, *EMDR and the Art of Psychotherapy With Children*. It is possible to integrate the Mapping and Graphing techniques to identify targets starting from the Client History and Treatment Planning Phase of EMDR.

## Session Protocol for Client History and Treatment Planning

1. Prior to or at the first session of EMDR the parent receives and completes:
  - Informed Consent for Treatment
  - Informed Assent for Treatment (to be signed by child)
  - Health Insurance Portability and Accountability Act (HIPAA) (For therapists practicing in the United States)
  - Additional paperwork as indicated by the therapist's professional, agency, and/or governmental guidelines
2. The therapist greets and introduces himself or herself to the child and parent.
3. The therapist reviews the Initial Patient Information Packet and all Informed Consent forms. The therapist explains psychotherapy and reviews the forms with parents and children. The therapist then answers child and parent questions.
4. The parent participates in the intake process per the professional and/or agency's intake procedures.
5. The parent completes the Intake Form for Child/Adolescent Psychotherapy.
6. The parent participates in the Child/Adolescent Intake Interview with the therapist.
7. The child participates in the Child/Adolescent Intake Interview.
8. The therapist contacts other providers, including pediatrician or primary care physician, psychiatrist, therapists, or other medical/mental health providers.
9. The therapist has parent(s) sign appropriate release of information forms.
10. The therapist contacts other professionals including school and day care.
11. The therapist requests other assessment, testing, or additional records that would assist in treatment planning.
12. The therapist provides the parent with self-report instruments and explains the purpose of the instruments. The parent is instructed to complete the Behavioral Assessment System for Children (2nd ed., Reynolds & Kamphaus, 2004; BASC-2), Children's Dissociative Checklist, Version 3 (CDC3; Putnam, 1997), or the Adolescent Dissociative Experiences Scale (A-DES; Armstrong et al., 1997) Sensory Integration Checklist, and Traumatic Stress Checklist for Infants and Toddlers, Preschoolers (if child is less than 8 years; Adler-Tapia, 2000) and return forms to the therapist. (See chapter 3 in *EMDR and the Art of Psychotherapy With Children* for detailed information and references for assessment tools.)
13. The therapist reviews assessment forms with the parent as appropriate. If the child is over 8, the therapist will complete Trauma Symptom Checklist for Children (TSCC; Briere, 1996) with the client in the first session. The parent is also asked to have the teacher/caregiver complete BASC-2 Teacher Format and return the forms at the next session.
14. The therapist completes the Children's Impact of Traumatic Events Scale-Revised (CITES-R; Wolfe et al., 1991) or *The Child's Reaction to Traumatic Events Scale-Revised* (CRTES-Revised; Jones, Fletcher, & Ribbe, 2002) and TSCC with the child in the therapy session.

15. The therapist completes the Client History and Treatment Planning using forms provided. (Client History and Treatment Planning process is completed with the child and parent in session except where indicated on the form.)
16. The therapist begins to note possible targets for EMDR based on presenting problems suggested by the child and parent to assist in case conceptualization.
17. The therapist uses targets identified to create a targeting sequence for use in the Assessment Phase of EMDR. It is possible to integrate Mapping and Graphing techniques (included in section 11 of this manual) during this phase of the EMDR protocol.
18. The therapist identifies general treatment goals with measurable behavioral objectives and completes the treatment plan form. For example, *"I know my child will have completed therapy when he/she has a 50% increase in successful school attendance."*
19. The therapist explains the Child/Adolescent Symptom Monitoring Form for use between sessions and gives the parent a copy of the Child/Adolescent Symptom Monitoring Form for parent use.
20. The therapist reviews treatment goals with the child and parent and answers any questions.
21. The therapist schedules the next appointment.
22. The therapist escorts the child and parent to the waiting room/exit.

## Therapist Script for Client History and Treatment Planning

After interviewing the parent, bring the child into the session and utilize the following script when interviewing the child. “*What did your mom/dad/caretaker tell you about why you came here today?*” If the child does not respond, then the therapist continues with the following. “*Your mom/dad/caretaker told me that you had some worries, thoughts or feelings that are bothering you.*” If no response from the child, the therapist offers some symptoms presented by the parent. For example, “*Your mom/dad/caretaker said you have bad dreams.*” Continue: “*I’m wondering if there are other things that are bothering you that your mom/dad/parents/caretaker doesn’t know about that we should talk about today.*” Based on the therapist’s attunement with the child, the therapist first attempts to have the child verbalize the target, but the child may need alternative options. “*If you want to, we can draw a picture or put all those things that are bothering you on my whiteboard so we don’t miss any.*” Allow the child to select the therapeutic tool to use in identifying targets for desensitization. The therapist can use sand tray, toys, or other activities to engage the child in identifying targets.

# Intake Form for Child/Adolescent Psychotherapy

Child's name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

Child primarily lives with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Mother's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_

Employer: \_\_\_\_\_

Custody: \_\_\_\_\_

Please list others living in mother's home, ages, and relationship to child:

\_\_\_\_\_  
\_\_\_\_\_

Father's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_

Employer: \_\_\_\_\_

Custody: \_\_\_\_\_

Please list others living in father's home, ages, and relationship to child:

\_\_\_\_\_  
\_\_\_\_\_

Step-parent's/Guardian's information: (If applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_

Employer: \_\_\_\_\_

Who has legal guardianship of your child? \_\_\_\_\_

Please describe custody and the child's current living arrangements: \_\_\_\_\_

Is there any legal involvement with your child? Yes \_\_\_ No \_\_\_ If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Please bring copies of any court orders that impact your child.

Who are your child's significant others living with your child? Please list their names, ages, relationships, grades, and jobs if applicable:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Who are your child's significant others *not* living with your child? Please list their names, ages, relationships, grades, and jobs if applicable:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## Intake Form for Child/Adolescent Psychotherapy (Page 2 of 2)

Child's name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

School attending and grade level (if applicable): \_\_\_\_\_

Child's job and employer (if applicable): \_\_\_\_\_

Work phone: \_\_\_\_\_ Work days and hours: \_\_\_\_\_

How were you referred: \_\_\_\_\_

Reason(s) for seeking therapy: \_\_\_\_\_

What goals do you have for therapy? \_\_\_\_\_

Have you sought mental health treatment before for your child?  Yes  No

If so, when and with whom? \_\_\_\_\_

Current medical doctor/Family physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Current medications (type and dosage): \_\_\_\_\_

Has there been any history or suspicion of physical, sexual, or emotional abuse? (If so please explain)

\_\_\_\_\_

\_\_\_\_\_

Have there been any suicide attempts? (If so, explain) \_\_\_\_\_

\_\_\_\_\_

*In case of emergency, please notify:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Insurance* (The following questions are about the policy holder.)

Policyholder's name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Insurance company: 1. (*Medical*) \_\_\_\_\_

2. (*Mental health*): \_\_\_\_\_

Authorization #: \_\_\_\_\_ Number of sessions authorized: \_\_\_\_\_ Co-pay: \_\_\_\_\_

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

If you are a dependent, what is your relationship to the policyholder: \_\_\_\_\_

By completing this form, my signature indicates that the information provided is truthful and accurate.

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_







## Child Interview Questions

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

These questions are used to gather information from the child and build rapport in the therapeutic relationship. These questions can be used any time during the intake process. Any of the child's answers can be possible resources or targets for treatment.

1. Do you go to school? What school do you go to?
2. What's your teacher's name?
3. What is your favorite subject in school besides recess and lunch? (This usually gets a giggle from the child.)
4. If you had three wishes, what would they be?
5. What's your favorite color?
6. If you ruled the world, what would be two things you would change right away?
7. What's your favorite television program?
8. What makes you laugh?
9. What's your favorite sport or activity?
10. Tell me something that makes you sad.
11. What's your favorite animal?
12. Who lives at your house? (Explore people and pets.)
13. Who is your favorite superhero/heroine? (Possible resource)
14. Ask children about their bedroom. Who shares your room? Who decorated your room? What's your favorite thing in your room? (This question gets at information about the child's position in the family. Who makes decisions in the family? Is the child allowed to make decisions about their own room or did a parent decorate the room and did the child have any input?)



# Consent for Treatment of Minor/Child Assent Form

## Consent for Treatment of Minor

This is an authorization for \_\_\_\_\_ (therapist name) to provide treatment and/or diagnostic services to my child/adolescent, \_\_\_\_\_ (name). By signing this Consent for Treatment, I certify that I legally have custody or joint custody of my son or daughter and, thus, can legally consent for treatment of my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Child Assent Form

I understand that my parent or guardian may consent for my treatment; however, I have also been asked to give my assent for my own treatment. By signing below, I realize that the therapist listed above has elicited my own assent for treatment.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Sign your name here

\_\_\_\_\_  
Witness

# Treatment Plan

Client name: \_\_\_\_\_ Date: \_\_\_\_\_

Client ID #: \_\_\_\_\_ Therapist: \_\_\_\_\_

Current Behavioral Functioning Summary:

DSM-IV Diagnosis	Axis I:		
	Axis II:		
	Axis III:		
	Axis IV:	___ primary support	___ educational
		___ housing	___ social environment
		___ occupational	___ economic
		___ legal	___ access to health care
	Axis V:	___ current score	
		___ highest score past year	
		___ lowest score past year	

Problem Statements	Goals/Objectives Client Is to Achieve	Target Date

## Treatment Plan (Page 2 of 2)

Client name: \_\_\_\_\_

Date: \_\_\_\_\_

Client ID #: \_\_\_\_\_

Therapist: \_\_\_\_\_

### Mode of treatment

Individual                       Group                       Parent/Child dyad

Assessment

Court-ordered                       Family                       Supervised visit

Frequency of Treatment \_\_\_\_\_

### Treatment Methodology

Anger Management                       Conflict Resolution

Problem-Solving Skills                       Art Therapy

Desensitization                       Psychoeducational

Assertiveness Training                       Feeling Identification

Relaxation/Stress Mgmt                       Assessment

Grief Work                       Safety Planning

Behavior Modification                       Insight Oriented

Sand Tray                       Play Therapy

Bonding/Attachment                       Music Therapy

Trauma Focused                       EMDR

Parent Training                       Communication Skills

Other \_\_\_\_\_

\_\_\_\_\_  
Client/Legal guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist signature

\_\_\_\_\_  
Date

Date of review \_\_\_\_\_

(6 months from client signature)

# Child/Adolescent Symptom Monitoring Form

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Parent Completing Form: \_\_\_\_\_

Therapist: \_\_\_\_\_

Symptoms	Day by Day (Following Therapy)						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Stomach aches							
Diarrhea/Constipation							
Sleep Disturbance							
Behavioral Problems							
Tantrums/Acting Out							
Crying							
Avoidance Behaviors							
Agitation							
Urination/Bowel Problems							
Refusal Behavior							
Anxiety							
Change in eating habits							
Headaches							

Note: 1 = minimal, 2 = moderate, 3 = severe

## Other symptoms possibly related to treatment:

Symptoms	Day by Day						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Note: 1 = minimal, 2 = moderate, 3 = severe

Additional Comments/Concerns:

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Please complete this form and bring it to your child's next session. Thank you!

## EMDR Progress Note

(This progress note is utilized after intake when Client History and Treatment Planning is completed, for initial or subsequent sessions starting with the Preparation Phase of EMDR.)

Review the developments since the last session (affective, somatic, cognitive, behavioral, imagery, symptoms, environmental changes. Therapist makes notes of any new concerns or changes in the child's life).

---

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---

Preparation: (What skills/resources does the child have and what skills/resources does the child need to continue with the EMDR protocol?)

---

---

---

---

---

Following the Targeting Sequence Identified as part of Client History and Treatment Planning or if the therapist previously started Assessment and Desensitization of targets.

---

---

---

---

---

SUD on previous session's target (0-10) (Note particular type of measurement used by the child.):

---

---

---

---

---

VoC on previous session's positive cognition (1-7) (Note particular type of measurement used by the child.):

---

---

---

---

---

Body scan on previous session's target (Note location of any negative or positive body sensations reported.)

---

---



EMDR Progress Note (Page 3 of 4)

*Emotions*

---

---

*SUD*

0 1 2 3 4 5 6 7 8 9 10  
Neutral, no disturbance Worst disturbance

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*Body sensations (location and description)*

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*Resources*

Resources used:

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*Closure*

SUD at end of session (0-10):

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VoC (if applicable) at end of session (1-7):

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Body scan (Note location of any negative or positive body scan reported.)

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Completed session:  YES  NO

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Closure exercise used (i.e. Safe/Calm Place, Relaxation Exercise, Containers):

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Additional notes on back?  YES  NO

EMDR Progress Note (Page 4 of 4)

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Therapist's Signature

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Date