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Emdr grief protocol worksheet

Protocol for Excessive grief is extracted from Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Illustrating a scripted protocol from Francoine Shapiro's 6 basic protocols. Scripting informs and reminds EMDR practitioners of the components, sequence and language used to create effective results and also generates a template that practitioners and researchers use for reliability and/or common denominator so that the form of work with EMDR is consistent. This protocol includes 5 steps: process real events, including the suffering or death of your loved one; processes any intrusive images that take place; Process nightmare images. processes any stimuli/triggers associated with pain experience; personal responsibility issues, mortality or previous unresolved losses. The future template is included This protocol addresses many aspects of pain and bereavement to ensure the complete processing of customer concerns. Scripted protocols have been developed so that eye movement desensitization and reprocessing practitioners (EMDRs) can access EMDR protocols in a way that adheres to EMDR's best clinical practices (Luber, 2009a, 2009b, 2012a, 2012b). This means incorporating the STANDARD EMDR Protocol which includes working on past, present and future problems (3-Pronged Protocol) related to the problem and the standard 11-step procedure, which includes attention to the following steps: image, negative cognition (NC), positive cognition (PC), validity of cognition (VoC), emotion, subjective disturbance units (SUD), and location of body sensation. This way, the effectiveness of this powerful incorporate protocols into a large amount of explanatory material, which is essential in the learning process of EMDR. However, sometimes, as a result, practitioners depart from the basic importance of maintaining the integrity of the EMDR Standard Protocol and keeping in mind the adaptive processing of information when conceptualising the course of treatment for customers. In this way, the effectiveness of this powerful methodology is lost. Scripting becomes a way not only to inform and remind the EMDR practitioner of components, sequence, and language used to create an effective result, but also generates a template for practitioners and researchers to use for reliability and/or common denominator, so that the form of work with EMDR is consistent. However, it is important to remember that reading a script is by no means a substitute for proper training, competence, clinical acuity, and integrity; if you are not an EMDR-trained therapist and/or are not knowledgeable in the field for which you want use the script, this script is not for you. The Protocol for Excessive Pain (Luber, 2009a, pp. 175–187) is dr. Shapiro's (2001) text and article (Shapiro, 2006). When someone we love dies, there is a process of pain and mourning that occurs naturally and resolves over time. However, when the level of suffering and self-recrimination is so intense that the adjustment of loss is affected, EMDR offers a way to grieve in a more balanced way, but does not exclude normal, appropriate emotions, would be sadness and pain. In this protocol, it is often useful to target any of the intrusive past memories, nightmares, or fantasies related to the loved one, which may be blocking customers' access to the full scope of their relationship, which includes the happy and positive experiences they had together. The approach triggers the present, would be any situations, events, or stimuli that trigger customer pain is essential for a complete understanding and processing of customer experiences. Issues of personal responsibility and safety can occur as intense pain is processed and are an important part of treating the hidden part of suffering. Other targets may include early unresolved losses and customer thoughts about personal injury and/or mortality of other loved ones. The ultimate goal is that customers are able to accept the loss of their loved one and have access to the wide range of feelings and experiences they have shared together and advance in their lives. This protocol (Luber 2009a, pp. 175–187) should be used when there is a high level of suffering, self-denigration and lack of remediation over time with regard to the loss of a loved one. EMDR does not eliminate adequate healthy emotions, including pain. It allows customers to grieve with a greater sense of inner peace. The protocol is similar to the standard EMDR protocol for trauma. The purpose of this work is to have the client accept the loss and think back on aspects of life with the loved one with a wide range of feelings, including an appreciation for the positive experiences they have shared. Francine Shapiro often brings the problem: How long do you have to mourn? It asks us not to place our limitations on our customers, as this would be antithetical to the notion of ecological validity of the self-healing process of the customer. For example, a woman who thought her son's death was her fault, despite doing everything she could to prevent it, worked with EMDR shortly after his death. I can feel it in my heart. I'm grateful for our time together. He is in a better place Her work with EMDR did not take away her mourning, but allowed her to accept the loss and have a full range of feelings towards her son. The following is a summary of the Excessive Pain Protocol (Shapiro, 2001, p. 232). When there is pain target the following:Past memories1 Real events, including the suffering or death of the loved one2 Intrusive images3 Nightmare imagesThis nightmarePresent Presents Trigger5 Issues of Personal Responsibility, Mortality, or Previous Unsolved LossesFuture Template6 Create a Future TemplateStep 1: Process Real Events, Including The Suffering of Your Loved One or DeathSay, What are the moments or events that stand out about the death of your loved one? _____Reprocess event using the EMDR Standard Protocol. IncidentSay, The memory with which we will begin today is _____(state the target of the suffering or death of the loved one).

_____Say: What happens when you think of _____(say the target of the suffering or death of your loved one)? _____Or says: When you think of _____(say the target of the suffering or death of the loved one), what do you receive? _____PictureSay, What image represents the entire _____(specify the target of the suffering or death of the loved one)? _____Say, What image is the most traumatic part of _____(affirming the target of the suffering or death of your loved one)? _____Positive Cognition (PC)Say: When you bring that image or _____ (you say the target of the suffering or death of your loved one), what would you like to think of yourself now? _____Negative Cognition (NC) Say, What words go best with the image that expresses your negative belief about you now? _____Validity cognition (VoC)Say: When you think of _____ (affirms the target of the suffering or death of the loved one, or image), how are these words _____ (the clinician repeats the positive cognition) now feeling you on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true? 1 2 3 4 5 6 7 (completely false) (completely true)Sometimes it is necessary to explain further. Say: Remember, sometimes we know something with our head, but it feels different in our instinct. In this case, what is the gut feeling of the truth of _____, from 1 (completely false) to 7 (completely true)? 1 2 3 4 5 6 7 (completely false) (completely true)EmotionsSay, When bringing the image (specify the target of the suffering or death of the loved one) and those words _____ (clinician affirms negative cognition), what emotion do you feel now? _____Subjective Disruption Units (SUD)Say, On a scale of 0 to 10, if 0 is no disturbance or neutral and 10 is the biggest disturbance you can imagine, how disturbing it feels now? 0 1 2 3 4 5 6 7 8 9 10 (no disturbance) (the biggest disturbance)Location of Body SensationSay, Where do you feel it (disruption) in your body? _____Continue with phases 4 through 7 for each incident. Step 2: Process any intrusive images that appearSay, Are there intrusive images that you are experiencing? _____Reprocess any intrusive images using EMDR Standard Protocol. IncidentSay, the intrusive image that we will begin with today is _____ (select the intrusive incident to be targeted).

_____Say, what happens when you think about the intrusive image? _____Or say, When you think of the intrusive image, what do you get? _____PictureSay, What image does the entire intrusive image represent? _____Say, What image is the most traumatic part of the intrusive image? _____Negative Cognition (NC) Say, What words best go with the image that expresses your negative belief about you now? _____Positive Cognition (PC)Say, When you bring that intrusive image or image, what would you like to think of yourself now? _____Validity cognition (VoC)Say, When you think about the intrusive image (or image), how true are these words _____ (the clinician repeats positive cognition) you feel for yourself now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true? 1 2 3 4 5 6 7 (completely false) (completely true)Sometimes it is necessary to explain further. Say: Remember, sometimes we know something with our head, but it feels different in our instinct. In this case, what is the gut feeling of the truth of _____ (clinician asserts positive cognition), from 1 (completely false) to 7 (completely true)? 1 2 3 4 5 6 7 (completely false) (completely true)EmotionsSay, When you bring up the image (or intrusive image) and those words _____ (clinician affirms negative cognition), what emotion do you feel now? _____Subjective Disruption Units (SUD)Say, On a scale of 0 to 10, if 0 is no disturbance or neutral and 10 is the biggest disturbance you can imagine, how disturbing it feels now? 0 1 2 3 4 5 6 7 8 9 10 (no disturbance) (the biggest disturbance)Location of Body SensationSay, Where do you feel it (disruption) in your body? _____Continue with phases 4 through 7 for each incident. Process all intrusive images, checking after completing each to see if other targets need to be processed. If so, continue processing until all are complete and then proceed to the next step. Step 3: Process Nightmare ImagesSay: Do you have nightmares about your loved one? What are the images that come from your nightmares? _____Reprocess any nightmare using EMDR Standard Protocol. IncidentSay, the nightmare with which we will start with today is _____ (select the nightmare to be targeted). _____Say, what happens when you think of the nightmare? _____Or say, When you think of the nightmare, what do you get? _____PictureSay, What picture does the whole nightmare represent? _____Say, What image is the most traumatic part of the nightmare? _____Positive Cognition (PC)Say, When you bring that picture or nightmare, what would you like to think of yourself now? _____Negative Cognition (NC) Say, What words best go with the image that expresses your negative faith about you now? _____Validity cognition (VoC)Say, When you think of nightmare (or image), how true these words _____ (clinician repeats positive cognition) for you now on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true? 1 2 3 4 5 6 7 (completely false) (completely true)Sometimes it is necessary to Still. Say: Remember, sometimes we know something with our head, but it feels different in our instinct. In this case, what is the gut feeling of the truth _____ (clinician affirms positive cognition), from 1 (completely false) to 7 (completely true)? 1 2 3 4 5 6 7 (completely false) (completely true)EmotionsSay, When you bring the image (nightmare) and those words _____ (clinician affirms negative cognition), what emotion do you feel now? _____Subjective Units of Disruption (SUD)Say, On a scale of 0 to 10, if 0 is no disturbance or neutral and 10 is the biggest disturbance you can imagine, how disturbing it feels now? 0 1 2 3 4 5 6 7 8 9 10 (no disturbance) (the biggest disturbance)Location of Body SensationSay, Where do you feel it (disruption) in your body? _____Continue with phases 4 through 7 for each incident. Process all nightmares, checking after each is complete to see if other targets need to be processed. If so, continue processing until all are complete and then proceed to the next step. Step 4: Process any stimuli or triggers associated with Grief ExperienceSay, What situations, events or stimuli trigger pain? Processing these situations, events, or stimuli triggers one by one. Situations, Events, or Trigger Pain Stimulations List _____IncidentSay, Situation, Event, or Stimulus that triggers that we will start with today is _____ (select the next trigger to be targeted). _____Say, What happens when you think about the _____ (state situation, event, or stimulus) that triggers you? _____Or says: When you think of the _____ (say the situation, event, or stimulus) that triggers you, what do you get? _____PictureSay, What image represents the entire _____ (state situation, event, or stimulus) that triggers you? _____Say, What image is the most traumatic part of _____ (state situation, event, or stimulus) that triggers you? _____Negative Cognition (NC) Say, What words go best with the image that expresses your negative belief about you now? Cognition (PC)Say, When bring that image or _____ (state situation, event, or stimulus) that triggers you, what do you want to think about yourself now? _____Validity cognition (VoC), When you think about _____ (state situation, event, or stimulus) that triggers you (or image), how true for you now on a scale of 1 to 7, if 1 feels completely false and 7 feels completely true? 1 2 3 4 5 6 7 (completely false) (completely true)Sometimes it is necessary to explain further. Say: Remember, sometimes we know something with our head, but it feels different in our instinct. In this case, what is the gut feeling of the truth of _____), from 1 (completely false) to 7 (completely true)? 1 2 3 4 5 6 7 (completely false) (completely true)EmotionsSay, When you bring up the image or _____ (state situation, event, or stimulus) that triggers you and those words _____ (clinician affirms negative cognition), what emotion do you feel now? _____Subjective Disruption Units (SUD)Say, On a scale of 0 to 10, if 0 is no disturbance or neutral and 10 is the biggest disturbance you can imagine, how disturbing it feels now? 0 1 2 3 4 5 6 7 8 9 10 (no disturbance) (the biggest disturbance)Location of Body SensationSay, Where do you feel it (disruption) in your body? _____Continue with phases 4 through 7 for each incident. Process all the triggers present, checking after each is complete to see if other targets need to be processed. If so, continue processing until all are complete and then proceed to the next step. Step 5: Address issues of personal responsibility, mortality, or previous unresolved lossesPersonal responsibility and safety issues can occur after intense sadness and emotional pain are processed. Write them down as your client is processing them and be sure to be respectful as he reveals this hidden part of his suffering. Look for previous experiences of unresolved emotional loss (es). Be sure to question the client's thoughts about personal injury or mortality of other family members. The use of the float-back technique and/or the scanning affects can be useful here. Say: There are other issues where you felt responsible for saying or doing something negative or bad for your girlfriend Are there any other issues you have with your personal responsibility or the personal safety of others?

_____Say, are there any earlier losses that came from the loss of your loved one? _____Say, are you worried about something happening to other family members or friends in your life since your loss or before? _____Reprocess these issues using the EMDR Standard Protocol. IncidentSay, The problem that we will start with today is _____ (select the next issue to be targeted). _____Say: What happens when you think of _____(say the problem)? _____Or say: When you think of _____(say the problem), what do you get? _____PictureSay, What image represents the entire _____(state problem)? _____Positive Cognition (PC)Say: When you bring that image or _____(say the problem), what would you like to think of yourself now? _____Validity cognition (VoC)Say: When you think of _____ (the problem or image is said), how true these words are _____ (the clinician repeats positive cognition) feel now on a scale of 1 to 7, where 1 feels fake and 7 feels completely true? 1 2 3 4 5 6 7 (completely false) (completely true)Sometimes it is necessary to explain further. Say: Remember, sometimes we know something with our head, but it feels different in our instinct. In this case, what is the gut feeling of the truth _____, from 1 (completely false) to 7 (completely true)? 1 2 3 4 5 6 7 (completely false) (completely true)EmotionsSay, When you bring up the image _____ (state problem), and these words _____ (clinician affirms negative cognition), what emotion do you feel now? _____Subjective Disruption Units (SUD)Say, On a scale of 0 to 10, if 0 is no disturbance or neutral and 10 is the biggest disturbance you can imagine, how disturbing it feels now? 0 1 2 3 4 5 6 7 8 9 10 (no disturbance) (the biggest disturbance)Location of Body SensationSay, Where do you feel it (disruption) in your body? _____Process all relevant aspects of previous personal responsibility, mortality or unresolved losses, verifying after completion of each to see if other targets need to be processed. If so, continue processing until all are complete. Again, remember that the purpose of this work is to have your client accept the loss and think back on aspects of life with the loved one with a wide range of feelings, including an appreciation for the positive experiences they have shared and hold those positive feelings and to move forward into the future. Note that in the summary for the Protocol for Excessive Pain (Shapiro, 2001, p. 225), Dr. Shapiro does not mention the use of any future templates, however, the use of the future template is implicit in all EMDR works. See Appendix A of Luber (2009a). In Luber (2012), summary sheets are included in scripted protocols. The purpose of the summary sheet is to allow the recording of the data collected in the scripted protocol and to serve as a memory tickler for the protocol itself. It is found in Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols with Summary Sheets CD-ROM Version: Basics and Special Situations (Luber, 2012). The summary sheet in this CD and the downloadable version allow an expandable, downloadable format that can be accessed digitally. Because EMDR is a rather complicated process, and often intimidating, this scripted protocol can be helpful in many ways. For starters, by facilitating the collection of important data from the client protocol, the scripted protocol, and/or the summary sheet then inserted into the customer's chart as documentation. The summary sheet can help the clinician in formulating a and a clear treatment plan with clients and can be used to support the rapid recovery of essential problems and experiences during treatment. Practitioners can improve their expertise more quickly by having a place that instructs them of the essential parts of EMDR practice. With a portable document completion form (PDF), clinicians can easily adapt the scripted protocol and summary sheet to the needs of their clients, their consultants and theirs by editing and saving the protocol script and summary sheet. Script and summary sheet forms are available as a digital download or on a CD-ROM and work with any computer or device that supports a PDF .M. Luber (Ed.). (2009a). Desensitization of eye movement and reprocessing (EMDR) scripted protocols: Getting started and special situations. New York, NY: Springer Publishing.M. Luber (Ed.). (2009b). Scripted protocols desensitization and reprocessing of eye movement (EMDR): Special populations. New York, NY: Springer Publishing.M. Luber (Ed.). (2012a). Protocols scripts for desensitization and reprocessing of eye movement (EMDR) with summary sheets CD-ROM version: Getting started and special situations. New York, NY: Springer Publishing.M. Luber (Ed.). (2012b). Protocols scripts for desensitization and reprocessing of eye movement (EMDR) with summary sheets CD-ROM version: Basic principles, protocols and procedures (second ed.). New York, NY: Guilford Press.F. Shapiro (2006). EMDR: New notes on adaptive processing of information with case form principles, forms, scripts, and worksheets. Watsonville, CA: EMDR Institute.Editor's Note: This article is a reprint from Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Locations, (pp. 175-187), by M Luber, 2009, New York, NY: Spring Publishing. Copyright 2009 by Springer Publishing. Reprinted with permission. Article Period of Use Summary Full PDF Total Dec 2020 44 209 49 302 Nov 2020 42 202 46 290 Oct 2020 40 256 52 348 Sep 2020 31 211 58 300 Aug 2020 34 193 53 280 Jul 2020 12 191 55 258 June 2020 179 173 34 386 May 2020 30 160 37 227 April 2020 36 201 69 306 Mar 2 020 304 174 42 520 Feb 2020 1383 282 74 1739 January 2020 64 444 95 603 Dec 2019 69 154 33 256 Nov 2019 95 179 60 334 Oct 2019 890 194 62 1146 Sep 2019 11 277 80 368 Aug 2019 43 81 30 154 Jul 2019 492 73 78 643 June 2019 2019 2019 9 71 40 120 May 2019 16 66 18 100 April 2019 47 31 86 Mar 2019 27 35 20 8 2 Feb 2019 31 38 18 87 Jan 2019 18 30 18 66 Dec 2018 38 7 3 48 Nov 2018 43 0 2 45 Oct 2018 51 1 53 Sep 2018 24 1 2 27 Aug 2018 4 0 0 4 Jul 2018 13 0 0 13 June 2018 0 0 1 1