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Case Presentation of EMDR Development Protocol with an 8-Year-Old Boy Witnessing His Mother's Accident

Annesinin Kazasına Tanık Olan 8 Yaşındaki Erkek Çocukla EMDR Gelişim Protokolü Vaka Sunumu

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ABSTRACT

Witnessing someone they love being harmed can be a traumatic experience for children, potentially leading to negative impacts on their everyday functioning. Children who witness their attachment figures being harmed may experience fear and anxiety related to loss. This study aims to describe an EMDR intervention conducted with an 8-year-old boy who witnessed his mother breaking her leg by falling down the stairs and had to be separated from her for a month. The methodological approach carried out in this study is case work. This method is used to examine the client more in-depth, to portray individual differences and to analyze the process of personality formation. All personal information of the client in the research was altered and the client's name was coded as 'K.'. Case presentation demonstrates positive effects of EMDR Developmental Protocol on a child's traumatic experience. The EMDR sessions can be performed with child having traumatic problems. Researchers can carry out experimental studies to investigate the effectiveness and sustainability of the EMDR sessions.

Article Information

Keywords
Post traumatic stress disorder
Case report
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Anahtar Kelimeler
Travma sonrası stres bozukluğu
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ÖZET

Sevdikleri birinin zarar görmesine tanık olmak çocuklar için travmatik bir deneyim olabilir ve potansiyel olarak günlük işleyişleri üzerinde olumsuz etkilere yol açabilir. Bağlanma figürlerinin zarar gördüğüne tanık olan çocuklar, kayıpla ilgili korku ve kaygı yaşayabilirler. Bu çalışma, annesinin merdivenlerden düşerek bacağını kırdığına tanık olan ve bir ay boyunca kendisinden ayrı kalmak zorunda kalan 8 yaşındaki bir erkek çocukla yapılan EMDR müdahalesini anlatmayı amaçlamaktadır. Bu çalışmada gerçekleştirilen metodolojik yaklaşım vaka çalışmasıdır. Bu yöntem danışanı daha derinlemesine incelemek, bireysel farklılıkları ortaya koymak ve kişilik oluşum sürecini analiz etmek için kullanılır. Araştırmada danışanın tüm kişisel bilgileri değiştirilerek danışanın adı 'K.' olarak kodlanmıştır. Vaka sunumu EMDR Gelişim Protokolünün çocuğun travmatik deneyimi üzerindeki olumlu etkilerini göstermektedir. Travmatik sorunları olan çocuklarda EMDR seansları yapılabilir. Araştırmacılar EMDR seanslarının etkinliğini ve sürdürülebilirliğini araştırmak için deneysel çalışmalar yapabilirler.

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Ethical Declaration: The study was carried out within the framework of the Helsinki Declaration and all participants whose informed consents were obtained took part in this study as volunteers. The ethics committee of Malatya İnönü University approved for conducting this study.

INTRODUCTION

Traumatic experiences are defined as events in which death, the threat of death, injuries, and the endangerment of physical integrity occur, and these events are either experienced or witnessed by an individual (Haselden, 2014). Childhood is susceptible to the impact of traumatic events due to its vulnerable and sensitive developmental nature (Molnar, et al., 2020). Research on the traumatic experiences of children has shown that these experiences can be categorized under topics such as divorce in the family, loss of a loved one, being affected by natural disasters, and child abuse (Gewirtz-Meydan & Finkelhor, 2020; Kronick et al., 2018; Sanghvi, 2020). In the literature, it is noteworthy that the traumatic experiences that children may have been mostly direct events that happen to the child. During this period, traumatic experiences that children go through include difficulties in adapting to school (Başaran et al., 2014; Polat-Uluocak, 2009), divorce in the family (Öngider-Gregory, 2016), loss of a loved one (Sanghvi, 2020), being affected by natural disasters (Karabulut & Bekler, 2019), child sexual abuse (Geçkil, 2017; Gewirtz-Meydan & Finkelhor, 2020; Klika et al., 2019), experiencing violence (Esfandiari, 2017; Izaguirre & Cater, 2016), accidents-serious medical conditions-threatening events at birth (Toros, et al., 2002), terrorist incidents-war and migration events (Cenat & Derivois, 2015), and they are grouped under headings such as. However, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) has stated that children can also be affected by challenging life events that they did not experience themselves but witnessed (American Psychiatric Association, 2013).

It is known that the World Health Organization (WHO) recommends Eye Movement Desensitization and Reprocessing (EMDR) as a psychological counseling intervention that can be applied in cases involving traumatic experiences. Therefore, this research focuses on describing how EMDR works with a child who has experienced trauma. EMDR is an effective and long-lasting psychological counseling approach that has an 8-phase protocol used to alleviate the impact of traumatic experiences (Shapiro, 2016). After the first use of EMDR with traumatized children, EMDR applications for children have been referred to as the "Developmental Protocol" (Tinker & Wilson, 1999). The protocol includes how the 8 phases of EMDR can be applied to children according to their age and developmental characteristics (Lovett, 1999; Morris-Smith & Silvestre, 2014).

During the first phase, which is the client history and treatment planning stage, the child's developmental history, family history, and trauma history are comprehensively explored. In the second phase, called the preparation phase, the child's stabilization is assessed, and activities focusing on the child's resources, such as safe place exercises, muscle relaxation exercises, and breathing exercises, are conducted for children who are not yet ready to work on the traumatic memory (Adler-Tapia & Settle, 2020; Korkmazlar et al., 2020). In the third phase, the assessment phase, the most distressing image related to the target memory to be worked on is identified. Then, the Subjective Units of Disturbance (SUD) is rated on a scale of 0-10, and the Validity of the Cognition (VoC) is rated on a scale of 1-7. Finally, bodily sensations and emotions related to the worst image are explored. The fourth phase, called desensitization, can last only a few minutes in a single session or can involve multiple sessions lasting several months. Due to their limited life experience, children's memory networks are less complex, and therefore, the desensitization phase can yield faster results compared to adults. During this phase, desensitization can be done through drawing or storytelling, tailored to the child's developmental characteristics (Adler-Tapia & Settle,

2020; Zaghrout-Hodali et al., 2008). Installation/reprocessing focus is the fifth phase of EMDR, and the installation work is also completed more quickly in children compared to adults, similar to desensitization. When the child gives a SUD level of 0 during the desensitization phase, the installation phase is initiated. The installation phase is important to assess whether the child's positive belief is still valid. When VoC reaches 7, the body scan phase is initiated. During the sixth phase, which is the body scan, the child is asked to scan their body from head to toe while thinking about the core event with their positive belief and evaluating if they feel any discomfort. If any unusual sensations arise, Bilateral Stimulation (BLS) is continued. The closure phase is initiated when there are no more unusual sensations or if they never occurred (Adler-Tapia & Settle, 2020). The closure phase is the seventh phase, and it is considered important to include work related to the future in this phase. The aim is for the client to mentally leave with a positive state and a sense of safety (Shapiro, 2001). The eighth phase is reevaluation. In this phase, memories worked on with children are evaluated, and once symptoms are resolved, a healthy process for the future can begin. It is important to also assess whether there are any new symptoms by consulting with the family, and the process should be approached holistically (Adler-Tapia & Settle, 2020).

The unique value of this study lies in understanding and explaining the implementation of EMDR therapy in coping with traumatic experiences in children. Focusing on an incident where an 8-year-old boy witnessed his mother falling and fracturing her leg, the research aims to provide a detailed description of the EMDR intervention with the child and offer insights into its effectiveness. In this context, the study seeks to present an original perspective elucidating the effects and application of EMDR therapy on children. Considering this, the research problem for this study is formulated as follows: How does the EMDR sessions work with a child who has experienced a traumatic event?

METHOD

Research Design

The methodological approach carried out in this study is Case Work. This method is used to examine the client more in-depth, to portray individual differences and to analyze the process of personality formation. The data obtained from the case is descriptive. Thus, the findings should be conveyed by the researcher through their impressions given by the clients (what they do and what it may mean) rather than statistical analyses. Researchers interpret data using easily understandable figures in quantitative assessments (Burger, 2006). All personal information of the client in the research was altered and the client's name was coded as 'K.'

Case Introduction

The client, identified with the code name K, is an 8-year-old boy. He is the middle child in a family of three siblings, with an older brother and a younger sister. Although he is a communicative and talkative child with good social skills, he struggles with being separated from his mother. He is an average student academically and is well-liked in his friendships. After obtaining ethical approval from the Malatya İnönü University Ethics Committee (Approval No: 2023/17-3), EMDR sessions started.

Presenting Complaints

The counseling sessions were initiated by his mother, Mrs. T, who expressed K's difficulty in separating from her, including crying fits when she needs to go to the hospital, difficulty sleeping alone, and occasional outbursts of anger.

History

In the family history, it was revealed that the parents got married out of love and were happy about the unplanned pregnancies. Due to the father's long working hours, the mother was often alone with the children, and there was limited social support.

Assessment Tools

Participant Consent Form. A form explaining the content of the study was sent online to K and his family, requesting their consent. The form included information such as the online nature of the sessions, their duration of 50 minutes, the need to provide materials like coloring pencils and paper before the sessions, and the importance of being in a quiet and undisturbed environment to enhance the quality of the sessions.

Children's Revised Impact of Event Scale-8 (CRIES-8). In this study, CRIES-8 was used to determine K's inclusion in the research and assess whether the traumatic experience continued to have an impact after the counseling sessions. The CRIES-8 is a self-report scale used to screen for symptoms of post-traumatic stress disorder in children, using a 4-point Likert scale (Not at all=0, Rarely=1, Sometimes=3, Often=5). The scores that can be obtained from the scale vary between 0-40. It consists of two subscales: intrusion (e.g., "Images of the event come into my mind") and avoidance (e.g., "I try to avoid things that remind me of what happened"), and the total score ranges from 0 to 40 (Horowitz et al., 1979).

Case Conceptualization

The focus of this research is to present a case study on the use of the EMDR developmental protocol in the process of psychological counseling. By providing detailed explanations supported by the client's statements about the interventions used, it is aimed to provide the reader with comprehensive information about a psychological counseling approach they may be curious about. Therefore, each psychological counseling session has been transcribed. The findings are divided into sections that encompass the eight phases of EMDR and the transcribed sessions are used for descriptive purposes in the relevant sections. One of the data collection tools used in the study is CRIES. The scale was evaluated based on item scores for K. Pre-test, post-test, and follow-up test scores were compared.

To learn about K's personal history and the issues he was facing, both parents were invited to the initial interview. However, only the mother attended the session alone, and the assessment was completed in a single session. Information was obtained in the domains of family development and trauma, and a case formulation was established. K's development was within the normal range. Although there were no significant traumas within the family apart from the reason for referral, the father's emotional absence was noted. Based on this information, it was concluded that K had experienced a singular trauma, but it was important to strengthen the bonds among the father, mother, and child within the family system. The therapy plan included working on the memories related to the singular trauma using the EMDR developmental protocol and conducting interventions to strengthen K's family bonds.

FINDINGS

Course of Treatment

A total of six sessions, including a one-month follow-up meeting, were conducted using the EMDR developmental protocol in an online format with K.

Preparation Phase (1st and 2nd Sessions)

First session with K: In the initial session, I used a warm-up game with various questions to get to know K. K, who is able to express himself, was described as a social individual. It was determined that he had strong resources, enjoyed playing soccer, and had an inclination towards music. It was observed that he was left-handed and had a tendency for attention to easily wander. Even during play, he had a tendency to switch to another topic. The bilateral stimulation of EMDR was taught using the "butterfly hug metaphor." The safe place exercise was conducted through drawing, and it was noteworthy that his safe place was a soccer field. As an initial assessment, the CRIES-8 scale was filled out together, and his total score on the scale was determined to be twenty-five.

Second session with K: K expressed that he was ready for the session. He stated that his week had been good and that he had done the butterfly hug. He mentioned that he found relief by doing the butterfly hug when he was angry about something. The exercise for building secure attachments was conducted, but he only included his friends in the attachments and did not include any family members. He colored the hearts in the fanatical team colors because he supports Team X. He was able to do the butterfly hug when he loaded resources by thinking about happy memories with his friends. It was determined that he used the method of turning off the lights and closing his eyes to focus during the butterfly hug.

Assessment and Desensitization Phase (3rd and 4th Sessions)

Third session with K: At the beginning of the session, K appeared sleepy, and he also yawned at times during the session. This was noted as a possible dissociation symptom. Later, it became apparent that he had played soccer and returned home, experiencing genuine fatigue. K was taught to perform bilateral stimulation using rapid tapping at the beginning of the session. Initially saying, "I can't do it," K gradually realized that he could better synchronize with the rhythm. The assessment phase was then initiated, exploring the imagery of the worst scene, body sensations, emotions, and challenging negative beliefs, followed by checking the SUD level.

Worst image: It was determined that the worst image for K was the moment when his mother fell. K described feeling tension throughout his body, expressing his emotion as anxiety and his thought as something bad will happen. K, whose SUD level was determined to be nine, was given four sets of bilateral tactile stimulation, and after each set, he was asked to draw what came to mind. Below are K's descriptions of the drawings during the desensitization phase:

- 1st set: The moment my mother fell came to my mind.
- 2nd set: I remembered when my mother was going to the hospital, in a wheelchair.
- 3rd set: I stayed at my friend's house while my mother was in the hospital.
- 4th set: I stayed at my aunt's house while my mother was in the hospital.

At this point, the SUD level was asked again, and it was determined that the event caused a discomfort level of five. When asked what changed for him, K mentioned that talking and drawing helped, so relaxation exercises were conducted to help him stretch his body, and the session ended with the box exercise.

K's fourth session: K's cheerful demeanor was noticeable. Since the EMDR session was left unfinished in the previous session, the evaluation and desensitization phases were repeated in this session. A change in the worst image was that K was also present in the scene where his mother fell. This indicated that what was worked on in the previous session was still present. K reported feeling tension in his legs as a body sensation and had difficulty providing a negative belief. Instead, he came up with a positive belief, saying, "Nothing will happen to my mom." Starting with an SUD level of four, bilateral tactile stimulation was continued, and this time K preferred to narrate the flow rather than draw. During the desensitization phase, the flow that emerged was as follows:

- 1st set: I felt the image vividly.
- 2nd set: My mom falling and being taken to the hospital.
- 3rd set: The same thing.
- 4th set: I… We're still at my friend's house. What if my mom can't take care of us?
- 5th set: We're leaving my friend's house and going home, my mom wasn't there.
- 6th set: Nothing came up, my mom had a platinum implant.
- 7th set: My mom was resting, we had calmed her down.

Since there was a significant shift away from the image, it was revisited to determine the level of discomfort it caused. K reported feeling a discomfort level of two. Subsequently, the remaining body sensations, emotions, and negative thoughts were targeted, and bilateral stimulation was continued. The following flow emerged:

- 8th set: After my mom fell, nothing else will happen to her, she has experienced everything.
- 9th set: Nothing will happen to my mom, no troubles will come to her or anything like that.
- 10th set: I thought nothing would happen to my mom.

At this stage, a cognitive intervention was introduced, emphasizing that accidents can sometimes happen and that bad things are part of life just like good things. However, it was sensed that K was not ready for this intervention. When asked to think about the event again, K reported a discomfort level of one. He stated that since his mother had fallen, it could not be zero. As a result, the session concluded with relaxation exercises and breathing exercises.

Embedding, Body Scan, and Closing Phase (Sessions 5 and 6)

Before moving on to the fifth session with K, a meeting was held with his mother to write a healing story about the traumatic event they experienced. If the mother's distress level had been five or higher, it would have been necessary to work with the mother first. Since the discomfort level felt by the mother while listening to the story was two, it was concluded that we were ready to work with K.

Fifth session with K: K appeared excited at the beginning of the session. I told him that I would read him a story today, and we decided together on how he wanted to receive bilateral stimulation, and he chose tactile stimulation in the form of butterfly hugs again. The butterfly hugs continued throughout the story. The story was prepared in a computer environment using various visuals and placed where K could see it. During the story, K expressed that he did not want his mother to be present, but after the story, he expressed his need to read it again with his mother by saying, "Let's read it with my mom too." The mother was invited to the session, and after teaching K how to provide bilateral stimulation by giving compassionate touches on K's shoulders, the story was read again. The healing story is as follows:

The Brave Little Horse Who Overcame Fear of Something Bad Happening

There was a happy little horse who lived with his mother and father. This little horse had an older brother who was bigger than him and a younger sister who was smaller. This family of five horses lived happily in their stable. They showed their love to each other, played games together, and had fun. The mother horse was highly active, skillful, and tried to do everything herself. One day, something unexpected happened. The stairs that the mother horse always used to go up and down were wet that day, and when the mother horse took a step, she lost her balance and fell, hurting her leg. The little horse was so scared that he didn't know what to do, so he just cried. It is normal for little horses to feel scared, sad, confused, and cry when the adult horses who protect and love them get hurt. The mother horse was immediately taken to the hospital so that her leg would heal again and she would be able to walk. The mother horse had surgery at the hospital and had to be careful with her leg for a month. Meanwhile, the little horse was very scared and waited every day to be reunited with his mother. When the mother horse returned home, the other horses helped her. They fed her and helped with the cleaning. However, the mother horse could only see her little horses very little until she fully recovered. Because until the mother horse fully recovered, the little horses had to stay with others. The little horse continued to wait, thinking about the days when he would be with his mother again. While waiting, they missed each other so much. Both the mother horse and the little horse wanted to be together. The little horse wanted to give love, and the little horse wanted to feel the warmth and love of his mother again. The little horse would get upset when he was away from his mother and would start crying immediately if his mother moved away a little. When the mother horse saw that her little horse was worried, she decided to go to the wise cat who lived in the forest and helped other animals. The wise cat played games with the little horse, and they got used to each other. The wise cat taught the little horse to remember the places where he felt safe and the connections, he had with the people he trusted. The little horse understood that there was a heart-to-heart connection between him and his mother, and even if he couldn't see his mother, he could feel her love. In addition, the wise cat taught the little horse to do butterfly hugs and take deep breaths when he felt scared, angry, or worried. The little horse had more to learn. The little horse started to feel better and more comfortable over time. No one knows what will happen in the future. Bad things can happen from time to time, just like good things. What is important is to enjoy the beautiful days spent together and be able to give each other love. The little horse would learn to push away his worries more and more as time went on. Feeling the bond of love with his mother again, the little horse started to have more enjoyable days with his family.

After reading the story, K was asked if there was anything he wanted to change in the story, and he answered that everything was as it should be. When asked about the level of distress related to the story, he was able to give it a zero score and mentioned feeling relaxation in his body. It was observed that he could empathize and enjoy hugging his mother, reinforcing how harmonious their

relationship was. Towards the end of the session, games were played such as writing on each other's backs and applying cream to their hands, reflecting their excitement and happiness in their relationship. After working as a resource by focusing on this relationship and performing slow-paced butterfly hugs, the session was concluded.

K's 6th session: The session primarily focused on resource work and providing psychoeducational information to the family, following the completion of the therapeutic story and installation and body scan phases. It was observed that K was able to sleep comfortably after the healing story, allowed her mother to leave the house alone, and did not cry as frequently. During the session, a resource work called "Power Star" was conducted to identify areas where K felt skilled and talented, and slow and brief bilateral stimulus sets were applied to each area to reinforce the associated resources. Following the resource work, the CRIES-8 questionnaire was administered as a final assessment, and a total score of 4 was recorded. Since the father was unable to attend the sessions, a portion of the session was conducted with the mother, focusing on informing her about K's needed calming skills and providing guidance on what to pay attention to during her time with K.

Complicating Factors

It is known that when primary caregivers of children are physically injured, it can have traumatic effects on the children. In this example, the child named K experiences deep concern about their mother getting injured again and being separated from her. While fathers also have responsibilities in childcare, it can be seen as a limitation that the focus is often on the mother-child relationship during attachment processes. In this case, the father's presence within the family system is almost non-existent, indicating this limitation.

Access and Barriers to Care

Due to cultural perceptions that children are happier with their mothers, it is often considered normal for children to experience issues such as separation anxiety when witnessing their loved ones being physically harmed. The separation anxiety, which is considered a natural consequence of the attachment principle, can sometimes be overlooked as a potential symptom of PTSD in children (Saxe et al., 2006; Scheeringa et al., 2003).

Follow-up

After one month, K and her mother were reevaluated. The entire process was assessed, and it was observed that K's initial symptoms were no longer present. The CRIES-8 questionnaire was administered again as a pre-test. The examination of the CRIES-8 items related to K is presented in Table 1.

Table 1. CRIES-8 scores

Items	*Pre-test*	*Post-test*	*Follow-Up (One Month)*
1- Do you think about it even when you don't mean to?	Sometime	Rarely	Not at all
2- Do you try to remove it from your memory?	Often	Rarely	Not at all
3- Do you have waves of strong feelings about it?	Often	Not at all	Not at all
4- Do you stay away from reminders of it (e.g. places or situations)?	Sometime	Not at all	Not at all
5- Do you try not to talk about it?	Not at al	Not at all	Not at all
6- Do pictures about it pop into your mind?	Often	Rarely	Not at all
7- Do other things keep making you think about it?	Rarely	Not at all	Not at all
8- Do you try not to think about it?	Often	Rarely	Rarely
Total	25	4	1

* Not at all =0, Rarely=1, Sometimes=3, Often=5

CONCLUSION

Experiences that require children to be separated from their attachment figures create challenging and potentially traumatic situations for children, as they involve the fear of harm coming to their loved ones. This research does not aim to generalize as it reflects a process conducted with a single client. However, it is important in terms of providing a detailed illustration of the use of EMDR developmental protocol.

Considering the presented case study within the scope of this research, it was observed that engaging in movement-based play and conducting resource enhancement exercises during the preparation phase facilitated the transition to the desensitization phase. The use of drawing during the desensitization phase and the implementation of a healing story during the installation phase are also consistent with previous research in the literature (Merdan-Yıldız, et al., 2021; Rodenburg, et al., 2009). In a book study edited by İnci-İzmir & Çitil-Akyol (2023), it was emphasized that while EMDR studies were carried out with children, desensitization was performed through drawing in various pathologies. Korkmazlar and colleagues (2020) employed drawing during the desensitization phase and completed the installation phase with a healing story in their group interventions with children.

It is believed that this study will serve as a guiding resource for mental health practitioners in terms of providing a detailed description of the EMDR developmental protocol. Both EMDR therapists and professionals interested in utilizing EMDR with children can benefit from this article. Future studies should focus on describing different protocols of EMDR used with children. Future studies could investigate the effectiveness and permanence of EMDR sessions with several empirical methods. Additional studies with different traumatic experiences in children of similar age groups to the participants in this study. Further research using group EMDR protocols with larger sample sizes of individuals experiencing similar issues.

Ethics Committee Permission

This article was carried out with the permission of the affiliated Malatya İnönü University Ethics Committee numbered 2023/17-3.

Informed Consent

Written and verbal informed consent was obtained from the client and family.

Availability of data and materials

The datasets created and/or analyzed during the current study are not publicly available due to the sensitivity of the data for ethical reasons but are available from the corresponding author upon reasonable request.

Conflicting Interests

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Author Contributions

The related author carried out all the stages of the research herself.

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