Guidelines and tips for EMDR treatment for Autism Spectrum Disorders

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General information

This generally involves complex treatment of PTSD

An EMDR treatment in clients with ASD rarely goes exactly according to protocol and may require modifications in various areas. This is mainly due to the nature and complexity of ASD.
During the EMDR treatment the therapist will have to take into account the clients' problems concerning the processing of information such as slowness in recording and processing what is being said and done. Limitations concerning communication (contact, verbalization) and the ability to visualize can also determine the way of treatment.
It is not always evident what part the "trauma" plays in relation to the symptoms and what can be attributed to the autism spectrum disorder. For the treatment to be successful, it appears that it is not strictly necessary to make this distinction in advance.

Identifying possible distressing experiences can be difficult; a one-off occurrence, even an apparently trivial incident can be experienced as extremely traumatic in a client with ASD, due to the meaning that he has attached to it.
Many ASD clients are (have been) faced with frequent bullying and have been confronted with their failings on a social and emotional level throughout their lives. This means that a negative self-image and lack of self-confidence must also be taken into account.

The different variants of ASD and EMDR treatment

The specific nature and severity of the disorder can require specific attention. Known pitfalls during treatment are: becoming stuck in "over" verbalisation and getting embroiled in intellectual discussions or confrontations with preoccupations, obsessive thoughts and/or compulsive behaviour.

Tip: Contact and collaboration with parents and/or caregivers is usually recommended, also in adult clients.

There are some ASD clients, of whom at the intake it is said, that they are barely able to give any facts about what happened (even yesterday can already appear to be "gone").
This need not be a contra-indication for the treatment:

Tip: As with young children, the information: the "story" about a distressing experience can be told by the parents and or care givers (storytelling 'Lovett') and the target memory can be activated.

By having contact with the important people in the client's life, the therapy process can be followed more adequately and adapted if necessary.

Dwelling on feelings and experiencing a particular feeling sometimes seems impossible. However, also where these clients are concerned, it is worth inviting them for an intake interview. Some clients eventually surprise with their ability to experience their traumas and to talk about them if the therapist takes sufficient time to understand their means of communication.

The influence of age on the treatment

In view of the developmental disorders in ASD, it can sometimes be necessary, even with adults, to use the child protocol. ASD clients, even the adults, are not always able to indicate that their symptoms are related to distressing events in their lives. Sometimes they are unable to express what actually happened and parents or caregivers will then have to be consulted.

Tip: Make sure that you are aware of the modifications in protocol for children of different ages (EMDRIA training, protocols for various age groups), so that you can make adjustments in case the treatment fails or when you meet limitations in clients with ASS.

The "story telling method" of Lovett can also be used for example. With this method, other persons (parents for example) describe the story of the trauma during the EMDR treatment. For all age groups it is necessary that the therapist plays a more active role and that he provides for example, the negative cognitions (NC's) or positive cognitions (PC's).

Medication during treatment

It can be that a client is using medication when registering for treatment. Checking the type of medication used and consulting with the doctor treating the client can be essential. This is in order to prevent, for example, that the medication is suddenly stopped or that there is a change in the dosage. It may be that the medication suppresses the emotions too strongly and therefore an assessment will have to be made to determine if treatment with EMDR is achievable.

There are some clients who want to stop taking their medication immediately because they think that the EMDR treatment will replace it. It is therefore important to make the correct arrangements concerning this.

Phased treatment in ASD

In view of the complexity of the treatment of PTSD and ASD, the EMDR therapist will have to take more precautionary measures and a longer preparation time will sometimes be necessary. The therapy process itself can also take longer due to the slow processing of information and the often long chain of association filled with details.

Therapist requirements

As with every specific population where EMDR is used as a method of treatment, knowledge and experience of the population and in the field of EMDR is essential.

The practice

The preparation phase

Assessing and developing coping ability

Careful monitoring of the client's coping ability is essential during the entire treatment and must start at the very first session.

An assessment can also be made of the client's ability to remain within the 'window of tolerance' (Ogden and Minton, 2000) during the treatment.

The therapeutic relationship

It can be important for the therapist to literally join in with the (perhaps sometimes strange) language usage of the client and to use the same words. Connecting completely with "the inner process" of the client, which is the basis of the EMDR treatment, requires precision with clients with ASD.

If it appears that the therapist has knowledge of ASD and understands that the processing of information sometimes takes a long time for the client, if he understands that the input has to be gradual and that a great deal has to be recorded on paper, this can promote a feeling of calm and trust. When the therapist takes the client's ideas concerning his symptoms seriously, even when these appear to differ from those close to him, inspires trust. In addition, these ideas could perhaps form access to the trauma material!

The "imaginative" power

A check must take place to determine if the client can remember anything that happened in the past and if he is able to recall (visual) images of this. You could ask for example, "can you remember anything that happened yesterday?" When you tell me about it, do you see this as a sort of film in your head?"

If this is not the case, it would be advisable to check whether the client is able to make an image of something that is not taking place at this exact moment. Some ASD clients are unable to see a "picture" in their heads, but they are able to form other sensory images. You could for example, enquire about this by asking the following:

Tip: Inquire about the imaginative abilities of the client: "Can you think of a flower at this moment, do you see it in your head as a picture?" (Take time to do this as it can take a long time). If the answer is no, ask, "Can you imagine a sound (a whistle, for example) or a smell?" In addition to this, check all the senses, as there can be large differences between the perceptions of the various senses in clients with ASD.

Obtaining information from other important persons (parents, care givers) concerning which triggers give an emotional reaction or provoke negative behaviour can be essential for gaining access to the traumatic memory.

Sometimes the client is able to describe something but does not (yet) have any images. Pictures of the experience can be constructed (drawings, comic strips) based on the descriptions from the memory. It may be that a drawing, a photograph or other tangible objects can still evoke the traumatic memory in images. This can be time consuming, however, it may also be that the traumatic memories are "triggered" and sustained through another sense (hearing, touch, smell).

Checking and involving as much sensory information as possible is therefore very important. With the help of RDI and the installation of a “safe place”, more clarity can be obtained concerning the imaginative capacity and what role the different senses play in this.

Deciding upon and practising with the bilateral stimulation
Selecting the appropriate bilateral stimulation requires precision where this stimulus-sensitive population is concerned. It can be important to have, not only the type (visual, auditory, tactile) but also the frequency and intensity of the bilateral stimulation tuned precisely. For clients who are unable to tolerate anything on their heads, the handheld vibrating devices are a solution. Sometimes a combination of several stimuli is necessary to achieve the right effect. Whether or not to allow the stimulus (clicks, vibrating devices) to continue during asking the question: ‘what are you noticing now?’ can be an issue. Some clients with ASD are unable to give an answer to this question when the stimulus continues; others are unable to stay with the process when the bilateral stimulation is stopped. Some clients become over-stimulated so quickly that they have to practice first with experiencing the bilateral stimulation without becoming preoccupied by it.

If possible we try to work with eye movements. However, experience shows that eye movements for clients with ASD are not always easy. Slowing down the eye movements may be sufficient, but sometimes it will be necessary to use other types of bilateral stimulation with this population.

Stabilization and reduction of symptoms
An assessment of the degree of stability and affect tolerance of the client can be made based on tests and the observation from the introduction phase. Measures can be taken such as making arrangements with the client’s support group and the treating physician. Informing them about the EMDR procedure and the possible after- effects that the client may experience is important; due to the usual slower processing of information, a reaction can come much later than expected, but it can also be more intense. Keeping in contact with all concerned is essential.

Tip: Even though it is not always necessary for the parent/care giver to be present at the EMDR session, it can (also) be helpful to (adult) clients when someone else is present. This can possibly help later with putting the experiences into words, or forming links between the after-effects and the EMDR session.

Resource Development and Installation (RDI):
Involving and installing resources with the help of RDI is an excellent tool for increasing skills.
RDI can strengthen the ability to close oneself off: the resource becomes, for example, a “shield” for protection which can be called upon if required. Quite often the client is well aware of what he needs to do this. In clients with ASD it can be necessary for the therapist to actively help discover these resources. The therapist can then make suggestions which can then be tried out.
In addition to this, the social skills that the client may have, but is often afraid to use, can be strengthened with RDI.

The safe place
In view of the vulnerability and the emotional powerlessness that we often encounter in ASD clients, installing a "safe place" can be an excellent tool which can also be practiced at home and if necessary used. In addition, installing a "safe place" can be used to find the right bilateral stimulus and to make the client familiar with the EMDR protocol.
Finding a "safe place" sometimes requires effort and the therapist will have to search actively to do this and help to construct one. Quite often, situations in nature where there are animals can lend themselves for this purpose.

Dysfunctional core beliefs
In clients with ASD there can be strong, dysfunctional beliefs that can block the process of coming to terms with a trauma. In addition to this, it is not uncommon for these dysfunctional beliefs to be considerably rigid and difficult to change. First of all it may be necessary to identify these beliefs together with the client and then treat them first with EMDR.

Explaining EMDR
Depending on the age and intellectual level of the client, the EMDR should be explained as clearly as possible. Sometimes it can be useful to put a short explanation down on paper for the client.

Tip: For clients with ASD who have difficulty in imagining anything, the best way to describe something is to demonstrate it to them: You can ask the client about a small unpleasant incident from his daily life and then give a short demonstration.

Organizing the traumatic material
Identifying and exploring the traumatic memories will require the necessary work. Collecting the actual material (photographs, objects) and recording life facts (use of time lines) on paper together with the client creates structure, order and an overview and supports the memory. It is important to limit the amount of information per session.
In order to give the client the opportunity to become accustomed to and to practice with the protocol, it is advisable to choose a distressing event that is not too severe. This is therefore completely different to the standard protocol, whereby the most significant distressing experience is desensitized first.

Tip: Choose therefore a situation with an NC from the domain "control" because most clients with ASD often experience having no control over situations. This is due to their specific inability to understand the world around them. Regaining some of this control during a first EMDR session can have a very empowering effect.

Stowing away the traumatic memories again at the end of the session deserves some attention: sometimes a system can be devised together with the client whereby the materials used are literally placed in a box, or placed in the cupboard or something similar. The lifeline can also be used to put the traumatic experience into perspective again alongside all the nice things that are on the lifeline.

In view of the experience that many traumas in clients with ASD develop from experiencing powerlessness and loss of control or because people with ASD can easily become swamped by stimuli, it is important during the EMDR treatment to devote time to indicate when "to mark time ", and to practice this signal beforehand.

Tip: The remote control can be used during the EMDR session (which is literally next to the client), whereby the client can press the "pause", "stop" or "rewind" button. In addition it is also important to indicate that the processing will always continue afterwards, if necessary after a cognitive interweave.

Interweaves
The ASD clients are inclined only to become conscious of the rational associative "channel" during the desensitization phase. They often only have thoughts when asked the question "what are you noticing now?" At some point this can hinder or even block the process of working through the trauma. Being aware of (bodily) feelings can be aroused by asking the question "Where do you feel that?" There is a large chance that the reply will be: "in my head."

Tip: Subsequently you can ask: "Can you feel that anywhere else in your body?" After this, ask again "What are you noticing now?"

Cognitive interweaves
Clients with ASD can sometimes have very strong dysfunctional beliefs that hinder working through the trauma. A cognitive interweave can establish a connection between the dysfunctional and functional networks. It may be that the client does not have the functional information or insight at his disposal, the therapist can then supply them with this (briefly formulated) information.

Tip: It is important not to start up a dialogue when giving a cognitive interweave as the clients with ASD definitely have a tendency to do this.

The role of control
Clients with ASD have a strong need for control. During the EMDR treatment it can sometimes be very essential that the client:
. can determine his own tempo (probably very slow)
. may decide for himself when something is said about what comes to mind
. may determine for himself the length (usually long), intensity and method of bilateral stimulation

The EMDR protocol

1. Traumatic memories and target selection

Try to use as few words and descriptions as possible to get to the core and the target selection. The instruction for the child protocol is therefore more compact than that of the adult protocol and therefore recommended.

2. Negative cognition (NC)

Question: What is the reason why this picture is still so distressing for you to look at, or: Why is it that this sound/touch/smell is still so distressing for you to hear/feel/smell?
It is likely that the client connects a different word than distressing to the memory, in that case use this!
There is a good chance that the NC can be found in the domain of control or self-esteem.

3. Positive cognition (PC)

If it is about control then provide the PC immediately and if necessary, "translate" it into the client's own words.

4. VOC

The ASD client can sometimes want to be overly precise, "unnecessarily exact" in giving marks. This may cause resistance or an inability in the client to give marks or increase the tendency to start extensive discussions about this.

In order to avoid this, you can work with indicating the degree, by means of, for example, hands or facial images. Sometimes it is sufficient to introduce terms such as: very bad, bad, less bad, hardly etc.

5. Emotion

Emotions are difficult to experience and understand for ASD clients. Asking about a feeling in the body and in which part of the body this can be specifically felt can help the client to make contact with these feelings. It may be necessary to devote time to this in advance. It may also be advisable to first assist the client to learn how to deal with emotions.
The question concerning "how real does it *feel* now" can often be difficult for clients with ASD. It may be that he answers how real he *finds* it now. As long as the process continues it probably makes no difference to the client or to his process.
The hope is that by focusing attention on the difference, preferably beforehand, the client will be able to get in touch with his feelings. Younger clients are not always able to name the emotion, but sometimes a feeling in their body; this is usually something in their head. The experience up to now, is that accepting everything that is mentioned is sufficient to start the desensitization process.

6. SUD

This does not usually give any problems except where giving marks is concerned just as with the VOC.

7. Localized tension

Many ASD clients indicate that their head is the place where the tension and emotion are "felt". It may help to ask them to place their hand on the spot where it (also) can be felt in order to stimulate the awareness of the rest of the body.
In this phase there is often notably little to notice outwardly in the client.

8. Desensitisation

As with young children, it is not always possible to see if there is a lot of arousal, yet afterwards quite often it turns out that a great deal seems to have happened!
Sometimes a difference in body expression can be observed.
It is not always possible for the client to react to: "what are you noticing now?" it is therefore important to observe if any subtle physical changes appear to have taken place (otherwise ask where something can be felt) and when there is stability, return to the target in order to measure the SUD.

9. Back to target

Active support from the therapist is sometimes required to find out what is still making the image unpleasant.

10. Installation

11. Bodyscan

12. Future template

Imagining a future situation is not always possible. Introducing role play into the session can be a means to imagining this future situation and also to practicing it.

13. Positive closure:

The previously created timeline, with possible photographs, objects or drawings of important events can be used in closure of the session, i.e. by putting these away in a box or covering up what has been dealt with.
It can also be necessary to call up images of the safe place or to do relaxation exercises in order to feel calm.
Repeating the same ritual each time at the beginning and end of the EMDR session is a structure that is sometimes necessary in order for the client to return home feeling better.