

Attachment-informed (ai-)EMDR with OCD

Phase 1 - Case Conceptualisation:

How did this person get to be the way they are? When did the obsessive-compulsive responses start? What was happening emotionally before then? Where and how, much earlier in life, did they learn to affect-regulate/self-soothe – who was (or wasn't) there for them. *Be Radically Curious about formative experiences and how the OCD adaptive responses came to be. What's the underlying story?*

Phase 2 – Preparation:

OCD psycho-ed – OCD brief experiments – top up AIP if needed as per complexity. OCD as the adaptive child/parts language introduced. May use ACT/CFT/ i-CBT/ ERP. If client in crisis stabilisation as needed - see Thomas Zimmerman, Jim Knipe phase 2 complex cases

Special/Calm/Peaceful/Safe Place – BLS, heartbeat speed # hashtag/cue word tapped in >>>>

An imaginary or real location where, as an adult, you can feel at peace and relax. Notice what you can see, the landscape, the time of day. Notice what you can hear and smell. Maybe there's a taste. Notice the air on your skin, the ground beneath you.

An Attachment Figure (see Thomas Zimmerman script attached) BLS, heartbeat speed

Imagine an attachment figure (who may borrow qualities from real people who did care about you). What do/might they look like? How does it feel if they give you a hug? How do they show care for you? Is there anything this person could cook for you? How do they play with you? How do they greet you? How do they protect you?

Alternative/additional options for affect regulation:

Resource Team; Adapted Loving Eyes; Compassionate figure – CFT style; Ideal Nurturer; 4 blinks / Flash Technique; OCD Adapted Future Template /grounding, breathing, body-based regulation exercises

Phase 3 - Assessment/Targeting:

Determine session focus – collaboratively agree whether to work on known past event or with OCD belief, urge, feeling, or sensation. “If there's one thing you could change today, what would/might that be?” The moment needs to be anchored in space & time. Find a snapshot picture that captures that moment.

OCD specific* When working with OCD the aim is to connect to what's behind the OCD (adaptive response/ protective part) and the underlying memories, emotions, body sensations, and belief (e.g. 'I am bad/dangerous/ out of control etc). Present prong images (e.g. worrying they left the cooker on or hurt someone) are often symbolic of the actual underlying wounds, such as shame. For example, as a child being sent to their room and feeling overwhelmingly isolated, or being bullied at school.

IMAGE: OCD specific* Use clinical judgement whether the targeting image might be reflecting the OCD parts **distraction** from suppressed emotions/wounds. The image should **NOT** depict the obsession itself – this is the catastrophising 'worry chain'. E.g. if client has POCD, do **NOT** use an image of them abusing a child, or of being arrested. This risks being the distractor/protector part/defence that will take you both down rabbit hole). **If in doubt, leave the image out.**

OCD specific* Starting from the present obsession we can ask 'Imagine that you don't do the compulsion'

EMOTION: *What's the Emotion? Or What Are You Feeling? (Take the first. Don't discuss. Move quickly on).*

BODY: *Where's that Happening in Your Body?*

BELIEF: *Connecting with that Emotion and Physical Sensation, What's the Thought or Belief about Yourself that Goes with That? I...I'm...*

If bridging proves difficult, you can also use Shape/Body Sensation:

Where's that/would it be Happening in your Body? Shape? Size? Colour? Texture - Hard/Soft/ Rough/Smooth? Hot/Cold? Vibration - High/Low? If it had a Voice, What Might it Say?

Phase 3 - Assessment/Targeting ai-EMDR Bridging (SP “Floatback”):

Bridging (NO BLS): *Connecting with all of that (Emotion, Sensations in your Body, Belief, or Shape... (USE EXACT WORDS)*

1. **Drop Back in Time.**
2. **Go Back as Far as You Can**
3. **First Place You Land.** (WAIT)

Where are you? How old? If difficult Photo Album of early years, random page? Eagle view? Where did you live at 5?

Select target of formative experiences. **Re-Activate, positioned in space & time:** Note whether Portal, Stepping Stone, Root Target? As with Bridge, check **Image/Emotion/Body/Belief**

OCD specific* At this point, OK to use an image. This will be the wound *behind* OCD. Use clinical judgment.

Connecting with all that (remind) Now, Notice What you Notice. (Let Whatever Happens Happen.)

Phase 4 - Processing (with BLS):

This is where we are much more creative with the interweaves. Think of this as going back in time with your client and figuring out what needs to be witnessed, heard, updated. What did that young child need that wasn't happening. Walk through the scene with them to attune to their story and understanding to guide the interweave. At that point, the younger child part may not have access to the adult adaptive information, *so guide like you would with an actual child.* >>>>>>

- *What are you getting? What do you notice?*
- **If things are moving:** *Go with That/Notice That.*
- **When narrative unfolding:** *Follow That.*
- **In response to an insight:** *Think about That.*
- **If a new emotion:** *Stay with That.*

OCD specific* If OCD 'parts' intrude during processing (common), ask client to thank it and compassionately request that it 'stays close, but relax back' to allow healing. If necessary, explore this part's fears before continuing. **Remember, the block is the way forward.** You may need to 'pivot' to work with this first.

Interweaves: Reveal, Rewire, Repair: Use curiosity. Video (Zoom Out/In, Rewind/ Play Forward). Educational. Creative. "WTF". Ensure regular return to target.

When moment right ("Tipping Point"), once affect & meaning fully accessed, or ready to complete session, proactively ensure sufficient repair/closure. Three Ws. E.g.

- *What Needs to Happen? What Does the Child Need?*
- *Who Can Do That? Who Can Make That Happen?*
- *Would You Like to Imagine That?*

Phase 5 - Installation/Tapping In:

SUDs to zero if poss. Any distress left? If stuck at 1 or more, **What's keeping it there?** >>> Once emotions clear, identify PC. **What's the belief about yourself that goes with that now?** Or, **What are you taking from today?** VoC optional. Always tap in a positive.

Phase 6 - Body Scan:

Holding target and PC. Scan body. Any disturbance? If sensation, BLS to resolve/clarify.

Phase 7 - Closure:

Even if session "incomplete", close with a positive and via stepping stones, back over the Bridge. In future, when the adaptive child (the OCD essentially) is activated, their Wise Adult now has the capacity to understand / soothe them, and the client can tap on that.

Phase 8 - Re-evaluation: *Let's come back to where we started. How is that now?* Check bridging point, anticipated future. >>> optional.