Ten Key Components in the Culturally Aware Application of EMDR Therapy

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Supplemental Materials and Resources

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Ten Key Components in the Culturally Aware Application of EMDR Therapy

1. Embrace the culturally adaptable capacity of EMDR therapy
2. Seek cultural competence in your practice
3. Include culturally based trauma, oppression and adversity in your clinical assessment and intervention approach
4. Understand and explore your client’s social identities
5. Identify and enhance cultural resources
6. Understand and integrate social information processing into your AIP approach
7. Expand your awareness of internalize negative cognitions that are linked to socially based adversity
8. Target and reprocess societally based trauma and internalized cultural messages
9. Dismantle social prejudice
10. Build multicultural and culturally competent EMDR communities
Phase 1: Cultural Assessment: Exploring social identity, culturally-based trauma, and prejudice.

The following are questions to consider as part of an initial client history or when cultural issues emerge in other phases of the therapy. It is important to explore these questions in language that is attuned to the client. Offering examples of social identities can be helpful. Some psycho-social education may be needed to clarify the questions.

- Can I ask you some questions about your social and cultural experiences? If yes,

Social Identity:

- What social or cultural groups are most important to you?
- What are positive and negative qualities you associate with these groups?
- Are there any cultural or social groups that others identify you with and how has that been for you?
- Are there ways you can better understand yourself or the issues that brought you to therapy in a social/cultural context?
- What else would help me understand more about groups or cultures that are important to you?

Extended exploration:

- What are sources of pride and shame for your social groups?
- Have you ever had to hide your social identity?
- (Consider introducing the Cultural Genogram.)
- (Consider introducing the Identity Circle.)

Social Trauma (discrimination, stigma/oppression)

- Have you ever felt seriously misunderstood or misjudged related to your social identity/culture?
- Are there ways in which you have been affected by discrimination, social stigma or oppression during your life?
- Do you have early memories of being avoided, shunned, ostracized, or devalued related to social dynamics?
- Do you have any early memories of being included or excluded from a group based upon your race/ethnicity, social class, gender, physical ability/appearance, etc.?
- Do you currently experience social microaggressions? (slurs, denigrating remarks, etc.)
• Have you had difficulties related to assimilating into another culture?

Social Trauma (discrimination, stigma/oppression)

If issues open up at this point, continue with:

• How have these experiences impacted you?
• What beliefs did you form about yourself as you were growing up that might be linked to your social experiences and/or culturally-based trauma?
• When did you first become aware of differences between types of people (wealthy people and poor people, different races)?
• Did these differences take on positive, or negative meaning, or both?
• How did members of your family handle apparent differences between people?
• What were your earliest experiences related to observing social stigma, prejudice or stereotyping? What was it like experiencing these dynamics?
• Do you avoid of certain types of people? ...get upset by types of people? .... feel powerless/ unsafe or inferior/superior related to types of people? .... have strong emotional or physiological reactions to types of people

Strong Beliefs about Society

• Do you have any strong beliefs about culture or society that you think are extreme, inflexible or problematic?

Prejudice

• Do you have any strong prejudices toward other people or types of people?
• How did you develop these beliefs?
• Do you see problems associated with having these prejudices?
• Do you want to better understand or change them?

Extended exploration:

• Explore questions above slanted toward illuminating exposure to prejudice.
• When have you objected to prejudice or stereotyping?
Cultural Genogram Questions

A culturally-focused genogram can be a valuable tool in exploring cultural identity. Diagramming your ancestral map can generate valuable insight into forces that may have shaped who you are today. These questions are designed to help you explore the perceptions, beliefs and behaviors of members of your cultural groups.

Please consider these questions for each group constituting your culture(s) of origin. Consider the implications of the answers in relation to your overall cultural identity.

1. What were the migration patterns of the group?
2. What were/are the group's experiences with social stigma and oppression? What were/are the markers of stigma/oppression?
3. What issues divide members within the same group? What are the sources of intra-group conflict?
4. Describe the relationship between the group's identity and your national ancestry (if the group is defined in terms of nationality, please skip this question).
5. What significance does race, skin color, and hair play within the group?
6. What is/are the dominant religion(s) or beliefs of the group? What role does religion and spirituality play in the everyday lives of members of the group?
7. How are gender roles defined within the group? How is sexual orientation regarded?
8. What prejudices or stereotypes does this group have about itself?
9. What prejudices and stereotypes do other groups have about this group?
10. What prejudices or stereotypes does this group have about other groups?
11. What occupational roles are valued and devalued by the group?
12. What is the relationship between age and the values of the group?
13. How is family defined in the group?
14. How does this group view outsiders in general and mental health professionals specifically?
15. How have the organizing principles of this group shaped your family and its members? What effect have they had on you?
16. What are the ways in which pride/shame issues of each group are manifested in your family system?
17. What impact will these pride/shame issues have on your work with clients from both similar and dissimilar cultural backgrounds?
18. If more than one group comprises your culture of origin, how were the differences negotiated in your family? What were the intergenerational consequences? How has this impacted you personally and as a therapist?

Modified questions for a cultural genogram (adapted from Hardy and Laszloffy, 1995)
Cultural competence goals for EMDR clinicians:

1. Understand the general importance of culture and the value of viewing individual client issues within a cultural context.
2. Understand the important dimensions of culture specific to each client (including norms, values, beliefs, needs, etc.).
3. Maintain an attitude of curiosity and humility about other cultures while being aware of and seeking to overcome one’s own cultural biases.
4. Adapt EMDR therapy methods to a client's cultural context and needs.
5. Provide psycho[social] education to clients as appropriate.
6. Empower clients in the face of culturally oppressive or stigmatizing conditions, including discrimination.
7. Implement EMDR interventions that effectively treat the internalized effects of culturally based trauma.
8. Implement EMDR interventions that effectively treat clients with culturally related prejudice and discriminatory behaviors, thus reducing the legacy of culturally based trauma.
9. Support and ally with humanitarian efforts for social change including victim/survivor empowerment, social justice and policy reform.
10. Sustain EMDR therapist organizations which support the cultural competence of practitioners and which are culturally competent organizations.
11. Seek ongoing education and training as needed to develop cultural competence.
EMDRIA Board statement regarding Diversity and Cultural Competence (2016)

EMDRIA acknowledges and promotes membership diversity for the purpose of fostering growth, learning, creativity and productivity in our professional organization. We value diversity and encourage inclusion, sharing and mutual respect for the multiple perspectives that foster a climate of understanding of the interdependence of multicultural humanity within our profession and in members’ service to the community. We foster diversity through education and the development of policies and practices that encompass multiple aspects of human differences, life experiences, and viewpoint, and further recognize their similarities and interrelationships. EMDRIA’s diversity perspective includes, but is not limited to, the influence of culture, race/ethnicity, nationality/citizenship, gender/gender identity, sexual/affectional orientation, socio-economic status, religion/spirituality, ability/disability, and/or age.

EMDRIA values cultural competence both as an organizational goal and as a core component of effective EMDR therapy. We seek to ally with and contribute to the general movement toward cultural competence within the fields of health service provision, education and elsewhere. We view culture as the common patterns of human behavior and overall meaning associated with particular social groups that can include thoughts and behaviors, language and communication patterns, customs, beliefs, values and other dimensions related to group identification and participation. Cultural groups include a wide range of socially salient groups, large and small, within a society. The impact of culture is both externally lived in a person’s life through social interactions as well as being internally experienced within a person’s sense of self. EMDRIA regards cultural competence as the capacity to understand and respect the importance of culture and to integrate that awareness into both organizational health and service delivery.

EMDRIA strives to educate and support EMDR clinicians as they implement culturally attuned EMDR therapy in a multicultural world. EMDRIA believes that cultural competence includes a deep and evolving appreciation of the role that cultural forces play in the well-being of all people, both constructive and destructive. We encourage culturally competent clinicians to pursue knowledge and understanding regarding the general importance of culture as well as cultural awareness specific to service to each client; and to further adapt and maintain EMDR therapy skills that are culturally sensitive and effective.
EMDRIA considers the following ongoing goals and practices to be consistent with our intention to be an organization that supports diversity and cultural competence.

**Cultural competence focus area for EMDRIA as an organization**

1. Endorse, as an organization, the importance of cultural competence, diversity and inclusivity.
2. Build and maintain cultural diversity of membership and leadership at all levels.
3. Provide and support opportunities for members of groups to get to know one another as individuals and learn from each other’s cultures and traditions.
4. Make EMDR treatment options available to and effective with people of all cultures.
5. Define and develop standards of cultural competence within EMDR therapy and integrate them into overall core competency standards of EMDR therapy.
6. Define and maintain cultural competence standards for EMDRIA approved educational programs, trainers and EMDRIA approved consultants.
7. Compile knowledge, and support education and training regarding culturally competent EMDR therapy.
8. Support innovation and research related to culturally competent EMDR therapy.
9. Promote to the public, mental health organizations and policy makers the ways in which EMDR interventions have demonstrated cultural competence and effectiveness.
10. Collaborate regarding cultural competence with other EMDR and non-EMDR organizations.
### Dimensions of social identities

Social identities can have many characteristics. Below is a list of important dimensions of these identities. Discussing these dimensions with the client can be helpful and this form can assist that. Sometimes these differences can be more accurately viewed along a spectrum.

<table>
<thead>
<tr>
<th>Social Identity (e.g. ethnicity, gender)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Visible to others <strong>and/or</strong> invisible to others (skin color/affectional orientation)</td>
<td>(V or I)</td>
</tr>
<tr>
<td>2. Conscious <strong>or</strong> unconscious (aware of identities meaning/unaware- meaning latent)</td>
<td>(C or U)</td>
</tr>
<tr>
<td>3. Ego syntonic <strong>or</strong> ego dystonic (aligned with identity/ in conflict with it)</td>
<td>(S or D)</td>
</tr>
<tr>
<td>4. Chosen <strong>and/or</strong> assigned by others</td>
<td>(C or A)</td>
</tr>
<tr>
<td>5. Valued by the person <strong>or</strong> not valued by the person</td>
<td>(V or NV)</td>
</tr>
<tr>
<td>6. Valued by one's family <strong>and/or</strong> not valued</td>
<td>(V or NV)</td>
</tr>
<tr>
<td>7. Valued by others beyond family <strong>and/or</strong> not valued by others beyond the family</td>
<td>(V or NV)</td>
</tr>
<tr>
<td>8. Constant <strong>or</strong> temporary</td>
<td>(C or T)</td>
</tr>
<tr>
<td>9. Contextually variable <strong>and/or</strong> relatively stable</td>
<td>(VorS)</td>
</tr>
<tr>
<td>10. Accepted actively or passively <strong>or</strong> rejected actively or passively</td>
<td>(A or R)</td>
</tr>
<tr>
<td>11. Minority identity <strong>and/or</strong> majority ident.</td>
<td>(MIorMA)</td>
</tr>
<tr>
<td>12. Easily assimilated into broader culture <strong>or</strong> difficult to assimilate</td>
<td>(EA or DA)</td>
</tr>
<tr>
<td>13. In relationship to specific “others”, the identity is in-group <strong>or</strong> out-group</td>
<td>(I or O)</td>
</tr>
<tr>
<td>14. In relationship to other person, high status <strong>or</strong> low status</td>
<td>(H or L)</td>
</tr>
<tr>
<td>15. In relationship to other person, earned <strong>or</strong> unearned</td>
<td>(E or U)</td>
</tr>
</tbody>
</table>
EMDR Protocol for Targeting Externalized Negative Beliefs:
often Associated with Problematic Anger, Hostility, and Prejudice

Mark Nickerson © 2011

This protocol is designed to identify, target and transform problematic anger, hostile beliefs and attitudes including negative social prejudice.

Externalization and Externalized Negative Cognitions:

Many clients present with interpersonal difficulties. A common but often unidentified component of these problems are the distorted negative beliefs that they hold about others. These beliefs may take the form of negative attitudes toward others or inaccurate judgements about others. These beliefs contribute to difficulties such as problems getting along with others, mistreatment of others, and avoidance of social interactions.

EMDR clinicians are skilled at helping clients identify negative self-referencing beliefs, often called negative cognitions (NCs). The core components of these beliefs are that they are negative, inaccurate, overgeneralized, emotionally resonant and about the self. Through the Adaptive Information Processing Model, EMDR clinicians view these beliefs as symptoms of maladaptive learning and misstored information unintegrated with more accurate and adaptive information that resides within the client’s memory network or is yet to be learned.

While EMDR therapy typically seeks to help a client identify and access the client’s negative beliefs about themselves, many client’s negative beliefs about themselves are obscured or denied because of a dominating external focus. A person in an angry or hostile state often externalizes the responsibility for a problem by projecting the blame and negativity about that issue onto outside forces such as other people. While this process may appear to serve the person by creating some sort of psychological relief from responsibility, it can deny them the opportunity to sort out their part of the problem. An additional problem is the impact the client’s beliefs and related actions may have on others. When externalizing, not only is the locus of control of the problem over attributed to external factors, but along with it, the client’s locus of control about possible solutions to the problem is externalized as well. This sets the client up to be uninformed by self-reflection and unaware of possible actions of self-control. Rather, it leaves the client with a propensity to manipulate external factors to fix the problem. In the case of irrational anger, hostility and prejudice, manipulating others is often inappropriate and compounds the problem.

I have found it useful to help clients identify what I call Externalized Negative Cognitions (ENCs). ENCs are similar to NCs in that they are negative, inaccurate, overgeneralized, and
emotionally resonant. Where they differ is that ENCs are held about others rather than about the self.

ENCs frequently underlie and justify persistent emotional anger, hostility and resentments toward others. ENCs may align with socially based negative stereotypes about others related to their social identity, and may manifest as discriminating, stigmatizing beliefs and behaviors toward a group of people or member of a group (e.g., racism, sexism, ageism). Examples of ENCs are “that person” is or “that group of people” are: stupid, lazy, incompetent, worthless, ugly, useless, different (in a negative way), dangerous, etc. Sexist beliefs have long been considered an enabling component of domestic violence.

As with NCs, ENCs are often developed through a combination of adverse life experiences, lack of accurate information and misinformation. These beliefs are often taught, modeled or reinforced by others as well as societally held or tolerated beliefs. Hence, we can expect that they can be treated effectively in EMDR therapy.

However, the EMDR clinician must identify the externalization process to help clients become aware of it and gradually turn their focus inward. As part of this process, ENCs often need to be explicitly identified because these beliefs often have operated beneath conscious awareness and unlinked to internal experiences. Sometimes ENCs are known but have been minimized.

ENCs are inaccurate and limiting beliefs about others, but they are also self-limiting for the person who carries them. Sometimes ENCs are explicitly stated and evident to the trained observer such as “justified” emotional anger and resentment (“she deserves to be yelled at for being so stupid”), biased judgments (“men need to make the major decisions in a family”), and prejudices that go unchallenged by those around them (“immigrants deserve second class treatment”). Sometimes ENCs are more implicit, latent, ego dystonic biases that a client does not want to have and may feel shame about. In either case, the clinician often must play an active role in helping the client identify ENCs and their impact.

ENCs may be identified as treatment targets to be addressed during Phases 1 and 2 or may appear as blocks to identifying a negative belief (NC) about the self during the Phase 3 Assessment. They may also emerge during Phase 4 Reprocessing.

When targeting (for reprocessing) a disturbing memory image associated with problematic anger, hostility or prejudice, many clients have trouble with the question, “What words go with that picture (image of the object of the anger) that best describe your negative belief about yourself now?” What resonates more is this question, “What words go with that picture that best describe your negative belief about the subject of that picture now?” This question elicits the ENC. Once the client and therapist better understand the ENC, the client can more readily
identify a NC with this question, *What words go with that picture and that belief (repeat ENC) about the subject of the ENC that best describe your negative belief about yourself now?*

As part of this protocol, it is important to also identify an externalized positive cognition (EPC) for reasons similar to identifying a PC in the standard protocol. Sometimes, the difficulty a client has maintaining a positive belief about another person is an indicator of the strong ENC. So, it is important that therapeutic work bring about a more adaptive EPC. This script offers the option of asking the client for a more adaptive EPC during the Assessment Phase in a manner parallel to how the standard PC about the self is identified. However, if this adaptive EPC is not easily accessible to the client, do not force it. Whether or not this step is taken during the Assessment Phase, an adaptive EPC should always be identified and installed during the Installation Phase, to increase the generalization effects.
EMDR Protocol for Targeting Externalized Negative Beliefs:
often Associated with Problematic Anger, Hostility, and Prejudice

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Phase 2: Preparation (if needed)

• Normal preparation as needed.

• Consider reprocessing prior memories of being the target of discrimination. This builds adaptive empathy and realizations that can assist the reprocessing of the prejudice.

• What is a personal quality of yours that will help you address this prejudice (e.g. open-mindedness, sense of fairness, curiosity)? Can you think of a time in your life where you had this quality? Access memory and enhance with bilateral stimulation (BLS).

Target selection: Identify prejudice. What is the prejudice (stereotype, hostile belief) you would like to reprocess today?

What prejudice would you like to address?

______________________________________________________________________________

______________________________________________________________________________

Phase 3: Assessment

Picture/image: What memory/thought related to the subject of the prejudice evokes the strongest reaction? What specific picture comes to mind?

______________________________________________________________________________

______________________________________________________________________________

Externalized Negative Cognition (ENC): Negative Cognition: What words go with that picture that best describe your negative belief about the subject of the prejudice now?

______________________________________________________________________________

Negative cognition (about self): What words go with that picture and that belief (repeat ENC) about the subject of the ENC that best describe your negative belief about yourself now?

______________________________________________________________________________

Positive Cognition: When you bring up that picture, what would you prefer to believe about yourself instead?
VoC: When you think of at that picture/image/incident, how true do those words (Repeat PC about the other from above) feel to you now on a scale from 1 to 7 where 1 feels totally false and 7 feels totally true?

1 2 3 4 5 6 7

Emotions: When you bring up that picture and those words (Repeat the NC), what emotion(s) do you feel now?

SUDs: On a scale of 0-10, where 0 is no disturbance or neutral, and 10 is the highest disturbance you can imagine, how disturbing does the incident feel to you now?

1 2 3 4 5 6 7 8 9 10

Body: Where do you feel it in your body?

Phase 4: Desensitization and Reprocessing

Proceed to reprocess with normal procedures. If a recent memory, consider a float back to earlier memories.

If SUDS moves to zero or one, proceed to installation.

Installation:

Positive Cognition: When you bring up the original subject of the prejudice, do the words “repeat the original PC” still fit, or is there another positive statement you feel would be more suitable?

Assess VoC (1-7), Hold the PC and the subject together. Sets of BLS to strengthen.

1 2 3 4 5 6 7

Administer BLS to strengthen PC to most adaptive resolution

Do not complete Body Scan yet.
Evaluate Externalized Negative Cognition: *From 0 (completely false) to 5 (completely true), how true do the negative words about the subject of the disturbance (repeat original ENC) feel now?*

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If 1 or 2, apply BLS to see if negativity comes to zero or ecologically correct. The clinician should look for generalized or exaggerated nature of the negativity to dissipate. Sometimes there is some truth to a belief. Proceed to installation of a positive cognition related to the original subject.

If over 2, look for another memory target that is linked to the continued externalized negative belief.

Externalized Positive Cognition (EPC): *When you bring up the original subject of the prejudice, what positive or neutral words describe a revised belief that you now hold about the subject of the original prejudice?*

______________________________________________________________________________

VoC: *Think about the subject, and those words (Repeat PC from above). From 1 (completely false) to 7 (completely true), how true do they feel?*

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*Hold them together.* Administer BLS. Continue to strengthen to most adaptive resolution.

Perform Body Scan

Closure: If session is incomplete, get SUDS of original and current target.

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<th>9</th>
<th>10</th>
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Whether desensitization was complete or not, consider returning to the original target and identify a temporary fitting self-related PC and externally-related PC. Install. The purpose of this is to assure an improved belief toward the targeted issue as the session ends in the event that the client will be interacting with the target of the negative belief.

Create closure and containment.
Protocol for Targeting Social Privilege and Advantages

Would you like to explore issues related to any advantages or privileges that you have in life related to any dimension of your social identity such as race/ethnicity, nationality, social class, sex, appearance, age, education, etc.? If yes, then... When you think of one or more of these advantages, what comes to mind? Take a moment to notice some of these advantages with an attitude of appreciation and gratitude. Enhance positive associations with sets of bilateral stimulation (BLS). Instruct the client to put any disturbing feelings into a "container".

What is a personal quality of yours that will help you consider the experience of those who do not have these advantages? (e.g. honesty, courage, curiosity)? Can you think of a time in your life where you had this quality? Access memory and enhance with BLS.

When you think of another person or group of people who have been disadvantaged compared to you, what comes to mind? What specific image most clearly captures these disadvantages? Proceed with standard protocol.

Targeting Social Disadvantages

Would you like to explore issues related to any disadvantages that you have in life related to any dimension of your social identity such as race/ethnicity, nationality, social class, sex, appearance, age, education, etc.? If yes, then... When you think of one or more of the advantages that you currently have in life, what comes to mind? Take a moment to notice some of these advantages with an attitude of appreciation and gratitude. Enhance positive associations with sets of BLS. Instruct the client to put any disturbing feelings into a "container".

What is a personal quality of yours that will help you consider the reality that others have advantages that you don’t? (e.g. strength, courage, resilience)? Can you think of a time in your life where you had this quality? Access memory and enhance with bilateral stimulation (BLS).

When you think of another person or group of people who have advantages that you don’t, what comes to mind? What specific image most clearly captures these advantages?

Proceed with standard protocol.
Treatment Planning- integrating social identity

1. Identify three of your clients who have likely faced significant stigma or oppression in their life.

2. Imagine being one of those clients and explore their possible Blocking Beliefs related to bringing these issues forward in therapy. (check those that seem possible.)

3. Look at Therapist Blocking Beliefs, and identify possible barriers that you might have related to addressing these issues with certain clients in their therapy.

4. Perform a Future Template to envision a plan for you to address these issues in future clinical sessions with a client. (See below)

Future Template:

1. Establish and access a positive cognition, a personal quality, a skill and/or another resource that will help with the future plan

2. “Holding ________ in mind, I would like you to imagine coping effectively with________”

3. Sets of BLS to refine and enhance.

Enhance with multiple sets of BLS until fully strengthened. Add in new skills and resources as needed.

If significant distress continues, target and reprocess memories linked to the distress.
REFERENCES


